By Senator Pruitt

27-771B-01

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A bill to be entitled 1 2 An act relating to prevention and amelioration 3 of learning problems and learning disabilities 4 in young children; authorizing a 3-year 5 demonstration program to be called Learning 6 Gateway; creating a steering committee; 7 providing for membership and appointment of steering committee members; establishing duties 8 9 of the steering committee; authorizing demonstration projects in three counties; 10 providing for funding; providing an effective 11 12 date. 13 WHEREAS, learning problems in children encompass all 14 areas of development and may affect cognition; communication; 15 16 attention; perception; behavior; and social, emotional, 17 sensory, and motor functioning, and WHEREAS, learning problems and learning disabilities 18 19 place children at risk for significant learning and adaptation 20 problems in school, and, over time, adversely affect students' 21 school performance as well as their social, physical, and 22 emotional functioning and quality of life, and 23 WHEREAS, the impact of learning problems on a child's school performance, such as grade retention and referrals to 24 25 special education, may not be evident until the elementary 26 school years, but warning signs or precursors of learning 27 problems and learning disabilities are exhibited much earlier, 28 and WHEREAS, new research identifies factors that predict 29

which children are at risk of early learning problems prior to

school age, including biological, environmental, and behavioral risks, and

WHEREAS, while no single risk factor can accurately predict the occurrence of a learning disability, the presence of multiple risks assists in identifying those children who are most vulnerable, and

WHEREAS, recent advances in brain research show that the greatest potential to influence a child's developing brain exists during early years of life, and that the environment sculpts the young child's brain as neurons form connections and mature in response to stimulation and the environment, and

WHEREAS, strategies to successfully intervene and instruct before the children experience failure in the early elementary grades are being tested and disseminated by a variety of demonstration research settings but are not widely implemented in general practice, and

WHEREAS, identification of potential learning problems is essential to facilitate the provision of services to children during the critical years of development, but inappropriate assessments of young children can create inaccurate, stigmatizing long-term misperceptions about the child's potential as a competent learner and citizen, and

WHEREAS, specific programs exist to provide services to children with established disabling conditions and moderate-to-severe developmental delays that qualify under Part C and Part B of the Individuals with Disabilities Education Act (IDEA) and to their families, and

WHEREAS, few, if any, programs exist that specifically target children with early learning problems and mild developmental delays, and these children frequently do not qualify for services or supports provided through

federally-funded programs such as Part C and Part B of the IDEA, and

WHEREAS, providers of education, health services, mental health services, and other systems of care for children and their families may be unaware of or untrained in current research on early warning signs and effective instructional strategies and methods of intervention, and

WHEREAS, parents are usually the best and most important source of support for their children, but access to information and services is often inconsistent and fragmented across the state, and

WHEREAS, the benefits to be generated by early identification and intervention with learning problems, learning disabilities, and mild developmental delays are significant in the lives of children and families, NOW, THEREFORE,

Be It Enacted by the Legislature of the State of Florida:

Section 1. Learning Gateway. --

- (1) The Legislature authorizes a 3-year demonstration program, to be called the Learning Gateway, the purpose of which is to design and test an integrated community-based system to lessen the effects of early learning problems and learning disabilities for children from birth through age 9 through prevention, early identification, early education, and intervention. The goals of the Learning Gateway are to:
 - (a) Improve community awareness and education of parents and practitioners about the warning signs or precursors of learning problems and learning disabilities, including disorders or delayed development in language,

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attention, behavior, and social-emotional functioning, including dyslexia and attention deficit hyperactivity disorder, in children from birth through age 9.

- (b) Improve access for children who are experiencing early learning problems and their families to appropriate programs, services, and supports through improved outreach and referral processes among providers.
- (c) Improve developmental monitoring and the availability of appropriate screening resources, with emphasis on children from birth through age 9 who are at high risk of having learning problems.
- (d) Improve the availability of appropriate education and intervention programs, services, and supports to address learning problems and learning disabilities; address gaps in the array of services and supports so that an appropriate child-centered and family-centered continuum of education and support is readily available in each community.
- Improve accountability of the system through improved planning, integration, and collaboration among providers and through outcome measurement.
 - (2) Learning Gateway Steering Committee. --
- (a) To ensure that children with potential learning problems and learning disabilities have access to the appropriate necessary services and supports, a 23-member steering committee is created. The steering committee is assigned to the Department of Education for administrative purposes.
- (b) The duties of the Learning Gateway Steering Committee are to provide policy development, consultation, oversight, and support for the implementation of three demonstration programs, and to advise the agencies, the 31

Legislature, and the Governor on statewide implementation of system components and issues and of strategies for continuing improvement to the system.

- (c) The steering committee shall direct the administering agency of the Learning Gateway program to procure the products delineated in section 2 of this act through contracts or other means.
- (d) The steering committee must include representatives of the disciplines relevant to diagnosis of and intervention in early learning problems, including education, speech and language pathology, audiology, psychiatry, pediatrics, psychology, genetics, occupational and physical therapy, and social work. The steering committee also must include three parents of children who are eligible for services by the Learning Gateway and three providers of related diagnostic and intervention services, including a school psychologist.
- (e) To support and facilitate system improvements, the steering committee must also include representatives from the Department of Education, the Department of Health, the Florida Partnership for School Readiness, the Department of Children and Family Services, the Agency for Health Care Administration, the Department of Juvenile Justice, and the Department of Corrections and the director of the Learning Development and Evaluation Center of Florida Agricultural and Mechanical University.
- (f) The Governor, the President of the Senate, and the Speaker of the House of Representatives shall each appoint one-third of the members. The Governor shall designate as chairman one of the committee members listed in paragraph (d).
 - (3) Learning Gateway Demonstration Projects.--

(a) The Learning Gateway Steering Committee shall accept proposals from interagency consortia in Broward,

Manatee, and St. Lucie counties which comprise public and private providers, community agencies, business representatives, and the local school board in each county to serve as demonstration sites for design and development of a system that addresses the requirements in section 2 of this act. Multi-county collaboration is encouraged, where appropriate.

- (b) The proposals for demonstration projects must provide a comprehensive and detailed description of the system of care. The description of the proposed system of care must clearly indicate the point of access, integration of services, linkages of providers, and additional array of services required to address the needs of the targeted children and families.
- (c) The demonstration projects should ensure that the system of care appropriately includes existing services to the fullest extent possible and should determine additional programs, services, and supports that are necessary to implement the requirements of this act.
- (d) The projects, in conjunction with the steering committee, shall determine what portion of the system can be funded using existing funds, demonstration funds provided by this act, and other available private and community funds.
- (e) The demonstration projects shall recommend to the steering committee the linking or combining of some or all of the local planning bodies, including school readiness coalitions, Healthy Start coalitions, Part C advisory councils, Department of Children and Family Services community alliances, and other boards or councils that have a primary

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1	focus on children from birth to age 9, to the extent allowed
2	by federal regulations, if such changes would improve
3	coordination and reduce unnecessary duplication of effort.
4	(f) Demonstration projects shall use public and
5	private partnerships, partnerships with faith-based
6	organizations, and volunteers, as appropriate, to enhance
7	accomplishment of the goals of the system.
8	(g) Addressing system components delineated in section
9	2 of this act, each demonstration project proposal must
10	include, at a minimum:
11	1. A method for establishing communication,
12	coordination, and planning processes within the community.
13	2. Action steps for making appropriate linkages to
14	existing services within the community.
15	3. Procedures to determine gaps in services and
16	identify appropriate providers.
17	$\underline{4}$. Plans to contract for specialty services as needed.
18	5. Plans to provide additional direct service, if
19	necessary, with a limit of self-referrals.
20	6. A lead agency to serve as the system access point,
21	or gateway.
22	(h) As authorized under the budget authority of the
23	Department of Education, demonstration projects,
24	representative of the diversity of the communities in this
25	state, shall be established in Broward, Manatee, and St. Lucie
26	counties as local Learning Gateway sites and shall be
27	authorized to hire staff, establish office space, and contract
28	with private providers as needed to implement the project
29	within the budget designated by the Legislature.

Section 2. Components of the Learning Gateway. --

1	(1) The Learning Gateway system consists of the
2	following components:
3	(a) Community education and family-oriented access
4	strategies
5	1. Each local demonstration project shall establish an
6	access point to provide the system access point, or gateway,
7	by which parents can receive information about available
8	appropriate services. An existing public or private agency or
9	provider or new provider may serve as the system gateway. The
10	local Learning Gateway should provide parents and caretakers
11	with a single point of access for screening, assessment, and
12	referral for services for children ages birth through age 9.
13	The demonstration projects have the budgetary authority to
14	hire appropriate personnel to perform the required functions.
15	These staff members must be knowledgeable about child
16	development, early identification of learning problems and
17	learning disabilities, family service planning, and services
18	in the local area. If the following services are not provided
19	by existing service systems, the gateway provider shall:
20	a. Conduct intake with families.
21	b. Conduct appropriate screening or refer for such
22	services.
23	c. Conduct needs/strengths-based family assessment.
24	d. Develop family resource plans.
25	e. Make referrals for needed services and assist
26	families in the application process.
27	f. Provide service coordination as needed by families.
28	g. Assist families in establishing a medical home.
29	h. Conduct case management and transition planning as
30	necessary.
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- <u>i. Monitor performance of service providers against</u> appropriate standards.
- 2. The Learning Gateway Steering Committee and demonstration projects shall designate a central information and referral access phone number in each pilot community. This centralized phone number should be used to increase public awareness and to improve access to local supports and services for children from birth through age 9 and their families. The number should be highly publicized as the primary source of information on services for young children. The telephone staff should be trained and supported to offer accurate and complete information and to make appropriate referrals to existing public and private community agencies.
- 3. In collaboration with local resources such as
 Healthy Start, the demonstration projects shall develop
 strategies for providing systematic hospital visits or home
 visits by trained staff to new mothers. The Learning Gateway
 Steering Committee shall provide technical assistance to local
 demonstration projects in developing brochures and other
 materials to be distributed to parents of newborns.
- 4. In collaboration with other local resources, the demonstration projects shall develop public awareness strategies to disseminate information about developmental milestones, precursors of learning problems and other developmental delays, and the service system that is available. The information should target parents of children from birth through age 9 and should be distributed to parents, health care providers, and caregivers of children from birth through age 9. A variety of media should be used as appropriate, such as print, television, radio, and a community-based internet web site, as well as opportunities

such as those presented by parent visits to physicians for well-child check ups. The Learning Gateway Steering Committee shall provide technical assistance to the local demonstration projects in developing and distributing educational materials and information.

- a. Public awareness strategies targeting parents of children from birth through age 5 shall be designed to provide information to public and private preschool programs, childcare providers, pediatricians, parents, and local business and organizations. These strategies should include information on the school readiness performance standards for kindergarten adopted by the School Readiness Partnership Board.
- b. Public awareness strategies targeting parents of children from ages 6 through 9 must be designed to disseminate training materials and brochures to parents and public and private school personnel, and must be coordinated with the local school board and the appropriate school advisory committees in the demonstration projects. The materials should contain information on state and district proficiency levels for grades K-3.
 - (b) Screening and developmental monitoring. --
- 1. In coordination with the Partnership for School Readiness, the Department of Education, and the Florida Pediatric Society, and using information learned from the local demonstration projects, the Learning Gateway Steering Committee shall establish guidelines for screening children from birth through age 9. The guidelines should incorporate recent research on the indicators most likely to predict early learning problems, mild developmental delays, child-specific precursors of school failure, and other related developmental

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indicators in the domains of cognition; communication; attention; perception; behavior; and social, emotional, 2 3 sensory, and motor functioning. The steering committee should assist projects in developing and testing screening processes 4 5 to address social/emotional/behavioral interactions between the child and caregiver which could indicate future problems or delays.

- 2. Based on the guidelines established by the steering committee and in cooperation with the Florida Pediatric Society, the steering committee shall adopt a comprehensive checklist for child healthcare checkups and a corresponding training package for physicians and other medical personnel in implementing more effective screening for precursors of learning problems, learning disabilities, and mild developmental delays.
- Using the screening guidelines developed by the steering committee, local demonstration projects should engage local physicians and other medical professionals in enhancing the screening opportunities presented by immunization visits and other well-child appointments, in accordance with the American Academy of Pediatrics Periodicity Schedule.
- 4. Using the screening guidelines developed by the steering committee, the demonstration projects shall develop strategies to increase early identification of precursors to learning problems and learning disabilities through improved screening and referral practices within public and private early care and education programs and K-3 public and private school settings. Strategies may include training and technical assistance teams to assist program providers and teachers. Personnel should refer those children who exhibit potential learning problems to the appropriate community

resource for further evaluation and services. The program shall collaborate appropriately with the school readiness coalitions, local school boards, and other community resources in arranging and providing training and technical assistance for early identification and screening.

- 5. The demonstration project shall work with appropriate local entities to reduce the duplication of cross-agency screening in each demonstration project area.

 Demonstration projects shall provide opportunities for public and private providers of screening and assessment at each age level to meet periodically to identify screening practices where gaps or duplication of efforts exists.
- 6. Based on technical assistance and support provided by the steering committee and in conjunction with the school readiness coalitions and other appropriate entities, demonstration projects shall develop a system to log the number of children screened, assessed, and referred for services. After development and testing, tracking should be supported by a standard electronic data system for screening and assessment information.
- 7. In conjunction with the technical assistance of the steering committee, demonstration projects shall develop a system for targeted screening. The projects should conduct a needs assessment of existing programs and services where targeted screening programs should be offered. Based on the results of the needs assessment, procedures must be established within the demonstration community to ensure that periodic developmental screening is conducted for children from birth through age 9 who are served by state intervention programs or whose parents or caregivers are in state intervention programs. Intervention programs for children,

1 parents, and caregivers include those administered or funded 2 by the: 3 Agency for Health Care Administration; 4 Department of Children and Family Services; Department of Corrections and other criminal 5 6 justice programs; 7 Department of Education; d. 8 e. Department of Health; and 9 Department of Juvenile Justice. 10 When results of screening suggest developmental 11 problems, potential learning problems, or learning disabilities, the intervention program shall refer the child 12 to the Learning Gateway for coordination of further 13 assessment. The Learning Gateway shall make referrals to the 14 appropriate entities within the service system. 15 The local Learning Gateway shall provide for 16 17 followup contact to all families whose children were found ineligible for services under Part B or Part C of the IDEA. 18 19 10. In consultation with the steering committee, demonstration projects shall pilot the expansion of newborn 20 21 screening to include tandem mass spectrometry, pursuant to 22 section 383.14, Florida Statutes, with the intention of statewide implementation at the earliest feasible date. 23 24 11. Demonstration projects shall pilot an automatic 25 referral of high-risk newborns by the Office of Vital 26 Statistics to the local Learning Gateway. Upon receipt of 27 referral, staff of the local Learning Gateway shall contact the parents and provide information about available services. 28 29 Parental consent is required for further referral for 30 evaluation and services. The procedures established must be

consistent with applicable confidentiality requirements.

1	(c) Early education, services and supports
2	1. The demonstration projects shall develop a model
3	system of care that builds upon, integrates, and fills the
4	gaps in existing services. Qualified providers of
5	family-based or center-based interventions or public and
6	private school personnel shall offer services in a manner
7	consistent with the standards established by their profession
8	and by the standards and criteria adopted by the steering
9	committee and consistent with effective and proven strategies.
LO	The specific services and supports may include:
L1	a. High-quality early education and care programs.
L2	b. Assistance to parents and other caregivers, such as
L3	home-based modeling programs for parents and play programs to
L4	provide peer interactions.
L5	c. Speech and language therapy that is age
L6	appropriate.
L7	d. Parent education and training.
L8	e. Comprehensive medical screening and referral with
L9	biomedical interventions as necessary.
20	f. Referral as needed for family therapy, other mental
21	health services, and treatment programs.
22	g. Family support services as necessary.
23	h. Therapy for learning differences in reading and
24	math, and attention to subject material for children in grades
25	<u>K to 3.</u>
26	i. Referral for Part B or Part C services as required.
27	i There and a constant to the board consists for
	j. Expanded access to community-based services for
28	parents.
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- 2. Demonstration projects shall develop strategies to increase the use of appropriate intervention practices with children who have learning problems and learning disabilities within public and private early care and education programs and K-3 public and private school settings. Strategies may include training and technical assistance teams. Intervention must be coordinated and must focus on providing effective supports to children and their families within their regular education and community environment. These strategies must incorporate, as appropriate, school and district activities related to the student's academic improvement plan and must provide parents with greater access to community-based services that should be available beyond the traditional school day. Academic expectations for public school students in grades K-3 must be based upon the local school board's adopted proficiency levels. When appropriate, school personnel shall consult with the local Learning Gateway to identify other community resources for supporting the child and the family.
- 3. The steering committee, in conjunction with local demonstration projects and local school boards, may develop a plan for creating incentives for educators and parents or caregivers to use appropriate practices for young children from birth through age 9 which address the unique needs of children who are at risk of learning problems and learning disabilities that may impede success in school. Incentives should be awarded based on the integration of instructional strategies, staffing ratios, staff training requirements, family involvement, and other specialized services and supports that are designed to meet the unique needs of all learners.

- 4. The steering committee shall work toward the goal of ensuring that every teacher has the ability to identify and properly respond to children who have learning problems and learning disabilities. In cooperation with the universities in the state and the Department of Education, the steering committee shall identify competencies for instructional personnel to address learning problems and learning disabilities that may impede school success. These competencies must be used to develop or adopt research-based preservice and inservice training programs for teachers and personnel in public and private early care and education programs and grades preK-3. Each teacher preparation program in the state university system must require a minimum of 3 hours of credit in coursework in normal child development and the disorders of development.
- 5. The steering committee shall work with the Department of Education to ensure that certification and recertification requirements prepare teachers to identify developmental problems in students and to use research-based, effective instructional and behavioral strategies for speech and language development, emerging literacy, and developmentally appropriate practices and learning strategies for diverse learners.
- 6. The steering committee, in cooperation with the Florida Partnership for School Readiness, shall identify the elements of an effective research-based curriculum for early care and education programs.
- 7. The steering committee, in conjunction with the demonstration projects, shall develop processes for identifying and sharing promising practices and shall showcase these programs and practices at the dissemination conference.

1 As funding is available, the committee may recommend monetary awards to programs selected as "promising practices" to be 2 3 used for program enhancements. Processes for selecting promising practices should include: 4 5 Establishing criteria for selection, including 6 length of time in operation and evidence of effectiveness 7 (outcome data); 8 Establishing a nomination process; b. 9 Establishing a review panel and review process; 10 d. Making the selection based on a written 11 description; e. Conducting a site visit; 12 f. Completing the selections; and 13 14 Disseminating program descriptions. g. The steering committee shall establish processes 15 for facilitating state and local providers' ready access to 16 17 information and training concerning effective instructional and behavioral practices and interventions based on advances 18 19 in the field and for encouraging researchers to regularly guide practitioners in designing and implementing 20 21 research-based practices. At a minimum, the steering committee shall assist the demonstration projects in conducting periodic 22 conferences to ensure the dissemination of information on best 23 24 practices and new insights about early identification, education, and intervention for children from birth through 25 age 9. The conference should be established so that continuing 26 27 education credits may be awarded to medical professionals, teachers, and others for whom this is an incentive. 28 29 9. Demonstration projects shall investigate and may 30 recommend to the steering committee more effective resource

allocation and flexible funding strategies such as central

financing, if such strategies are in the best interest of the children and families in the community. The Department of Education and other relevant agencies shall assist the demonstration projects in securing state and federal waivers as appropriate. Effectiveness of interventions, such as reduced referrals to special education, should not negatively affect the schools' or district's budget.

Section 3. Accountability .--

- (1) The steering committee shall assist the School
 Readiness Estimating Conference and the Enrollment Conference
 for Public Schools in developing estimates of the population
 of children from birth through age 9 who are at risk of
 learning problems and learning disabilities by establishing
 cross-agency standards for data collection and sharing.
- demonstration projects, shall develop accountability
 mechanisms to ensure that the demonstration programs are
 effective and that resources are used as efficiently as
 possible. Accountability should be addressed through a
 multilevel evaluation system, including measurement of
 outcomes and operational indicators. Measurable outcomes must
 be developed to address improved family functioning, improved
 child development, improved child health, and success in
 school. Indicators of system improvements must be developed
 to address quality of programs and integration of services.
 Agency monitoring of programs shall include a review of child
 and family outcomes and system effectiveness indicators with a
 specific focus on elimination of unnecessary duplication of
 planning, screening, and services.
- (3) The steering committee shall oversee a formative evaluation of the project during implementation, including

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reporting short-term outcomes and system improvements. By January 2003, the steering committee shall make 2 3 recommendations to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the 4 5 Commissioner of Education related to the merits of expansion of the demonstration projects. 6

- The steering committee, at any time, may recommend (4) statewide expansion of any component of the system which has demonstrated effectiveness as documented by the formative evaluation.
- (5) If statewide expansion of the comprehensive system is recommended after the second year of the program, the steering committee, in conjunction with the demonstration projects, shall develop state-level and community-based strategic plans to formalize the goals, objectives, strategies, and intended outcomes of the comprehensive system, and to support the integration and efficient delivery of all services and supports for children from birth through age 9 who have learning problems or learning disabilities. In conjunction with the demonstration projects, the steering committee shall develop a statewide strategic plan for implementing a model system statewide. Community-level strategic plans must include, but need not be limited to, strategies to:
- (a) Improve early identification of those who are at risk for learning problems and learning disabilities;
- (b) Provide access to an appropriate array of services within the child's natural environment or regular classroom setting or specialized training in other settings;
- (c) Improve and coordinate screening for children from 31 | birth through age 9;

Τ	(d) Improve and coordinate services for children from
2	birth through age 9;
3	(e) Address training of professionals in effectively
4	identifying factors, across all domains, which place children
5	from birth through age 9 at risk of school failure and in
6	appropriate interventions for the learning differences;
7	(f) Provide appropriate support to families;
8	(g) Share best practices with caregivers and referral
9	sources;
10	(h) Address resource needs of the assessment and
11	intervention system; and
12	(i) Address development of implementation plans to
13	identify action steps, responsible parties, and implementation
14	schedules, and to ensure appropriate alignment with agency
15	strategic plans.
16	Section 4. The Legislature shall appropriate a sum of
17	money to fund the demonstration programs and shall authorize
18	selected communities to blend funding from existing programs
19	to the extent that this is advantageous to the community and
20	is consistent with federal requirements.
21	Section 5. This act shall take effect upon becoming a
22	law.
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25	SENATE SUMMARY
26	Authorizes a 3-year demonstration program, designated as Learning Gateway, which is aimed at the prevention and
27	amelioration of learning problems and learning disabilities in children who are between birth and age 9.
28	Creates a steering committee. Provides for membership and for the appointment of members of the steering committee.
29	Establishes duties of the steering committee. Authorizes demonstration projects in Broward, Manatee, and St. Lucie
30	counties. Provides for funding.
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