

By the Committee on Education and Senator Pruitt

304-1466-01

1 A bill to be entitled
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
8 steering committee members; establishing duties
9 of the steering committee; authorizing
10 demonstration projects in three counties;
11 providing for funding; providing an effective
12 date.

13
14 WHEREAS, learning problems in children encompass all
15 areas of development and may affect cognition; communication;
16 attention; perception; behavior; and social, emotional,
17 sensory, and motor functioning, and

18 WHEREAS, learning problems and learning disabilities
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
24 school performance, such as grade retention and referrals to
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

29 WHEREAS, new research identifies factors that predict
30 which children are at risk of early learning problems prior to
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1 school age, including biological, environmental, and
2 behavioral risks, and

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

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

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

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

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

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

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

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

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

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

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

19

20 Section 1. Learning Gateway.--

21 (1) The Legislature authorizes a 3-year demonstration
22 program, to be called the Learning Gateway, the purpose of
23 which is to design and test an integrated community-based
24 system to lessen the effects of early learning problems and
25 learning disabilities for children from birth through age 9
26 through prevention, early identification, early education, and
27 intervention. The goals of the Learning Gateway are to:

28 (a) Improve community awareness and education of
29 parents and practitioners about the warning signs or
30 precursors of learning problems and learning disabilities,
31 including disorders or delayed development in language,

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

4 (b) Improve access for children who are experiencing
5 early learning problems and their families to appropriate
6 programs, services, and supports through improved outreach and
7 referral processes among providers.

8 (c) Improve developmental monitoring and the
9 availability of appropriate screening resources, with emphasis
10 on children from birth through age 9 who are at high risk of
11 having learning problems.

12 (d) Improve the availability of appropriate education
13 and intervention programs, services, and supports to address
14 learning problems and learning disabilities; address gaps in
15 the array of services and supports so that an appropriate
16 child-centered and family-centered continuum of education and
17 support is readily available in each community.

18 (e) Improve accountability of the system through
19 improved planning, integration, and collaboration among
20 providers and through outcome measurement.

21 (2) Learning Gateway Steering Committee.--

22 (a) To ensure that children with potential learning
23 problems and learning disabilities have access to the
24 appropriate necessary services and supports, a 23-member
25 steering committee is created. The steering committee is
26 assigned to the Department of Education for administrative
27 purposes.

28 (b) The duties of the Learning Gateway Steering
29 Committee are to provide policy development, consultation,
30 oversight, and support for the implementation of three
31 demonstration programs, and to advise the agencies, the

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

4 (c) The steering committee shall direct the
5 administering agency of the Learning Gateway program to
6 procure the products delineated in section 2 of this act
7 through contracts or other means.

8 (d) The steering committee must include
9 representatives of the disciplines relevant to diagnosis of
10 and intervention in early learning problems. The Governor
11 shall appoint one member having expertise in education, one
12 member having expertise in speech and language pathology, one
13 member having expertise in audiology, one member who is a
14 parent of a child eligible for services by the Learning
15 Gateway, and one provider of related diagnostic and
16 intervention services. The President of the Senate shall
17 appoint one member having expertise in psychiatry, one member
18 having expertise in pediatrics, one member having expertise in
19 psychology, one member who is a parent of a child eligible for
20 services by the Learning Gateway, and one member who is a
21 provider of related diagnostic and intervention services. The
22 Speaker of the House of Representatives shall appoint one
23 member having expertise in genetics, one member having
24 expertise in occupational and physical therapy, one member
25 having expertise in social work, one parent of a child
26 eligible for services by the Learning Gateway, and one member
27 who is a school psychologist providing diagnostic and
28 intervention services.

29 (e) To support and facilitate system improvements, the
30 steering committee must also include representatives from the
31 Department of Education, the Department of Health, the Florida

1 Partnership for School Readiness, the Department of Children
2 and Family Services, the Agency for Health Care
3 Administration, the Department of Juvenile Justice, and the
4 Department of Corrections and the director of the Learning
5 Development and Evaluation Center of Florida Agricultural and
6 Mechanical University.

7 (f) Steering committee appointments must be made, and
8 the committee must hold its first meeting, within 45 days
9 after this act takes effect. The Governor shall designate as
10 chairman one of the committee members listed in paragraph (d).

11 (3) Learning Gateway Demonstration Projects.--

12 (a) Within 90 days after its initial meeting, the
13 Learning Gateway Steering Committee shall accept proposals
14 from interagency consortia in Broward, Manatee, and St. Lucie
15 counties which comprise public and private providers,
16 community agencies, business representatives, and the local
17 school board in each county to serve as demonstration sites
18 for design and development of a system that addresses the
19 requirements in section 2 of this act. Multi-county
20 collaboration is encouraged, where appropriate.

21 (b) The proposals for demonstration projects must
22 provide a comprehensive and detailed description of the system
23 of care. The description of the proposed system of care must
24 clearly indicate the point of access, integration of services,
25 linkages of providers, and additional array of services
26 required to address the needs of the targeted children and
27 families.

28 (c) The demonstration projects should ensure that the
29 system of care appropriately includes existing services to the
30 fullest extent possible and should determine additional
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1 programs, services, and supports that are necessary to
2 implement the requirements of this act.

3 (d) The projects, in conjunction with the steering
4 committee, shall determine what portion of the system can be
5 funded using existing funds, demonstration funds provided by
6 this act, and other available private and community funds.

7 (e) The demonstration projects shall recommend to the
8 steering committee the linking or combining of some or all of
9 the local planning bodies, including school readiness
10 coalitions, Healthy Start coalitions, Part C advisory
11 councils, Department of Children and Family Services community
12 alliances, and other boards or councils that have a primary
13 focus on children from birth to age 9, to the extent allowed
14 by federal regulations, if such changes would improve
15 coordination and reduce unnecessary duplication of effort.

16 (f) Demonstration projects shall use public and
17 private partnerships, partnerships with faith-based
18 organizations, and volunteers, as appropriate, to enhance
19 accomplishment of the goals of the system.

20 (g) Addressing system components delineated in section
21 2 of this act, each demonstration project proposal must
22 include, at a minimum:

23 1. A method for establishing communication,
24 coordination, and planning processes within the community.

25 2. Action steps for making appropriate linkages to
26 existing services within the community.

27 3. Procedures to determine gaps in services and
28 identify appropriate providers.

29 4. Plans to contract for specialty services as needed.

30 5. Plans to provide additional direct service, if
31 necessary, with a limit of self-referrals.

1 6. A lead agency to serve as the system access point,
2 or gateway.

3 (h) As authorized under the budget authority of the
4 Department of Education, demonstration projects,
5 representative of the diversity of the communities in this
6 state, shall be established in Broward, Manatee, and St. Lucie
7 counties as local Learning Gateway sites and shall be
8 authorized to hire staff, establish office space, and contract
9 with private providers as needed to implement the project
10 within the budget designated by the Legislature.

11 (i) The steering committee must approve, deny, or
12 conditionally approve a Learning Gateway proposal within 60
13 days after receipt of the proposal. If a proposal is
14 conditionally approved, the steering committee must assist the
15 Learning Gateway applicant to correct deficiencies in the
16 proposal by December 1, 2001. Funds must be available to a
17 pilot program 15 days after final approval of its proposal by
18 the steering committee. Funds must be available to all pilot
19 programs by January 1, 2002.

20 Section 2. Components of the Learning Gateway.--

21 (1) The Learning Gateway system consists of the
22 following components:

23 (a) Community education and family-oriented access
24 strategies.--

25 1. Each local demonstration project shall establish an
26 access point to provide the system access point, or gateway,
27 by which parents can receive information about available
28 appropriate services. An existing public or private agency or
29 provider or new provider may serve as the system gateway. The
30 local Learning Gateway should provide parents and caretakers
31 with a single point of access for screening, assessment, and

1 referral for services for children ages birth through age 9.
2 The demonstration projects have the budgetary authority to
3 hire appropriate personnel to perform the required functions.
4 These staff members must be knowledgeable about child
5 development, early identification of learning problems and
6 learning disabilities, family service planning, and services
7 in the local area. If the following services are not provided
8 by existing service systems, the gateway provider shall:
9 a. Conduct intake with families.
10 b. Conduct appropriate screening or refer for such
11 services.
12 c. Conduct needs/strengths-based family assessment.
13 d. Develop family resource plans.
14 e. Make referrals for needed services and assist
15 families in the application process.
16 f. Provide service coordination as needed by families.
17 g. Assist families in establishing a medical home.
18 h. Conduct case management and transition planning as
19 necessary.
20 i. Monitor performance of service providers against
21 appropriate standards.
22 2. The Learning Gateway Steering Committee and
23 demonstration projects shall designate a central information
24 and referral access phone number in each pilot community. This
25 centralized phone number should be used to increase public
26 awareness and to improve access to local supports and services
27 for children from birth through age 9 and their families. The
28 number should be highly publicized as the primary source of
29 information on services for young children. The telephone
30 staff should be trained and supported to offer accurate and
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1 complete information and to make appropriate referrals to
2 existing public and private community agencies.

3 3. In collaboration with local resources such as
4 Healthy Start, the demonstration projects shall develop
5 strategies for providing systematic hospital visits or home
6 visits by trained staff to new mothers. The Learning Gateway
7 Steering Committee shall provide technical assistance to local
8 demonstration projects in developing brochures and other
9 materials to be distributed to parents of newborns.

10 4. In collaboration with other local resources, the
11 demonstration projects shall develop public awareness
12 strategies to disseminate information about developmental
13 milestones, precursors of learning problems and other
14 developmental delays, and the service system that is
15 available. The information should target parents of children
16 from birth through age 9 and should be distributed to parents,
17 health care providers, and caregivers of children from birth
18 through age 9. A variety of media should be used as
19 appropriate, such as print, television, radio, and a
20 community-based internet web site, as well as opportunities
21 such as those presented by parent visits to physicians for
22 well-child check ups. The Learning Gateway Steering Committee
23 shall provide technical assistance to the local demonstration
24 projects in developing and distributing educational materials
25 and information.

26 a. Public awareness strategies targeting parents of
27 children from birth through age 5 shall be designed to provide
28 information to public and private preschool programs,
29 childcare providers, pediatricians, parents, and local
30 business and organizations. These strategies should include
31 information on the school readiness performance standards for

1 kindergarten adopted by the School Readiness Partnership
2 Board.

3 b. Public awareness strategies targeting parents of
4 children from ages 6 through 9 must be designed to disseminate
5 training materials and brochures to parents and public and
6 private school personnel, and must be coordinated with the
7 local school board and the appropriate school advisory
8 committees in the demonstration projects. The materials
9 should contain information on state and district proficiency
10 levels for grades K-3.

11 (b) Screening and developmental monitoring.--

12 1. In coordination with the Partnership for School
13 Readiness, the Department of Education, and the Florida
14 Pediatric Society, and using information learned from the
15 local demonstration projects, the Learning Gateway Steering
16 Committee shall establish guidelines for screening children
17 from birth through age 9. The guidelines should incorporate
18 recent research on the indicators most likely to predict early
19 learning problems, mild developmental delays, child-specific
20 precursors of school failure, and other related developmental
21 indicators in the domains of cognition; communication;
22 attention; perception; behavior; and social, emotional,
23 sensory, and motor functioning. The steering committee should
24 assist projects in developing and testing screening processes
25 to address social/emotional/behavioral interactions between
26 the child and caregiver which could indicate future problems
27 or delays.

28 2. Based on the guidelines established by the steering
29 committee and in cooperation with the Florida Pediatric
30 Society, the steering committee shall adopt a comprehensive
31 checklist for child healthcare checkups and a corresponding

1 training package for physicians and other medical personnel in
2 implementing more effective screening for precursors of
3 learning problems, learning disabilities, and mild
4 developmental delays.

5 3. Using the screening guidelines developed by the
6 steering committee, local demonstration projects should engage
7 local physicians and other medical professionals in enhancing
8 the screening opportunities presented by immunization visits
9 and other well-child appointments, in accordance with the
10 American Academy of Pediatrics Periodicity Schedule.

11 4. Using the screening guidelines developed by the
12 steering committee, the demonstration projects shall develop
13 strategies to increase early identification of precursors to
14 learning problems and learning disabilities through improved
15 screening and referral practices within public and private
16 early care and education programs and K-3 public and private
17 school settings. Strategies may include training and
18 technical assistance teams to assist program providers and
19 teachers. Personnel should refer those children who exhibit
20 potential learning problems to the appropriate community
21 resource for further evaluation and services. The program
22 shall collaborate appropriately with the school readiness
23 coalitions, local school boards, and other community resources
24 in arranging and providing training and technical assistance
25 for early identification and screening.

26 5. The demonstration project shall work with
27 appropriate local entities to reduce the duplication of
28 cross-agency screening in each demonstration project area.
29 Demonstration projects shall provide opportunities for public
30 and private providers of screening and assessment at each age
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1 level to meet periodically to identify screening practices
2 where gaps or duplication of efforts exists.

3 6. Based on technical assistance and support provided
4 by the steering committee and in conjunction with the school
5 readiness coalitions and other appropriate entities,
6 demonstration projects shall develop a system to log the
7 number of children screened, assessed, and referred for
8 services. After development and testing, tracking should be
9 supported by a standard electronic data system for screening
10 and assessment information.

11 7. In conjunction with the technical assistance of the
12 steering committee, demonstration projects shall develop a
13 system for targeted screening. The projects should conduct a
14 needs assessment of existing programs and services where
15 targeted screening programs should be offered. Based on the
16 results of the needs assessment, procedures must be
17 established within the demonstration community to ensure that
18 periodic developmental screening is conducted for children
19 from birth through age 9 who are served by state intervention
20 programs or whose parents or caregivers are in state
21 intervention programs. Intervention programs for children,
22 parents, and caregivers include those administered or funded
23 by the:

- 24 a. Agency for Health Care Administration;
25 b. Department of Children and Family Services;
26 c. Department of Corrections and other criminal
27 justice programs;
28 d. Department of Education;
29 e. Department of Health; and
30 f. Department of Juvenile Justice.

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1 8. When results of screening suggest developmental
2 problems, potential learning problems, or learning
3 disabilities, the intervention program shall refer the child
4 to the Learning Gateway for coordination of further
5 assessment. The Learning Gateway shall make referrals to the
6 appropriate entities within the service system.

7 9. The local Learning Gateway shall provide for
8 followup contact to all families whose children were found
9 ineligible for services under Part B or Part C of the IDEA.

10 10. In consultation with the steering committee,
11 demonstration projects shall pilot the expansion of newborn
12 screening to include tandem mass spectrometry, pursuant to
13 section 383.14, Florida Statutes, with the intention of
14 statewide implementation at the earliest feasible date.

15 11. Demonstration projects shall pilot an automatic
16 referral of high-risk newborns by the Office of Vital
17 Statistics to the local Learning Gateway. Upon receipt of
18 referral, staff of the local Learning Gateway shall contact
19 the parents and provide information about available services.
20 Parental consent is required for further referral for
21 evaluation and services. The procedures established must be
22 consistent with applicable confidentiality requirements.

23 (c) Early education, services and supports.--

24 1. The demonstration projects shall develop a model
25 system of care that builds upon, integrates, and fills the
26 gaps in existing services. Qualified providers of
27 family-based or center-based interventions or public and
28 private school personnel shall offer services in a manner
29 consistent with the standards established by their profession
30 and by the standards and criteria adopted by the steering
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1 committee and consistent with effective and proven strategies.
2 The specific services and supports may include:
3 a. High-quality early education and care programs.
4 b. Assistance to parents and other caregivers, such as
5 home-based modeling programs for parents and play programs to
6 provide peer interactions.
7 c. Speech and language therapy that is age
8 appropriate.
9 d. Parent education and training.
10 e. Comprehensive medical screening and referral with
11 biomedical interventions as necessary.
12 f. Referral as needed for family therapy, other mental
13 health services, and treatment programs.
14 g. Family support services as necessary.
15 h. Therapy for learning differences in reading and
16 math, and attention to subject material for children in grades
17 K to 3.
18 i. Referral for Part B or Part C services as required.
19 j. Expanded access to community-based services for
20 parents.
21 k. Parental choice in the provision of services by
22 public and private providers.
23 2. Demonstration projects shall develop strategies to
24 increase the use of appropriate intervention practices with
25 children who have learning problems and learning disabilities
26 within public and private early care and education programs
27 and K-3 public and private school settings. Strategies may
28 include training and technical assistance teams. Intervention
29 must be coordinated and must focus on providing effective
30 supports to children and their families within their regular
31 education and community environment. These strategies must

1 incorporate, as appropriate, school and district activities
2 related to the student's academic improvement plan and must
3 provide parents with greater access to community-based
4 services that should be available beyond the traditional
5 school day. Academic expectations for public school students
6 in grades K-3 must be based upon the local school board's
7 adopted proficiency levels. When appropriate, school
8 personnel shall consult with the local Learning Gateway to
9 identify other community resources for supporting the child
10 and the family.

11 3. The steering committee, in conjunction with local
12 demonstration projects and local school boards, may develop a
13 plan for creating incentives for educators and parents or
14 caregivers to use appropriate practices for young children
15 from birth through age 9 which address the unique needs of
16 children who are at risk of learning problems and learning
17 disabilities that may impede success in school. Incentives
18 should be awarded based on the integration of instructional
19 strategies, staffing ratios, staff training requirements,
20 family involvement, and other specialized services and
21 supports that are designed to meet the unique needs of all
22 learners.

23 4. The steering committee shall work toward the goal
24 of ensuring that every teacher has the ability to identify and
25 properly respond to children who have learning problems and
26 learning disabilities. In cooperation with the universities in
27 the state and the Department of Education, the steering
28 committee shall identify competencies for instructional
29 personnel to address learning problems and learning
30 disabilities that may impede school success. These
31 competencies must be used to develop or adopt research-based

1 preservice and inservice training programs for teachers and
2 personnel in public and private early care and education
3 programs and grades preK-3. Each teacher preparation program
4 in the state university system must require a minimum of 3
5 hours of credit in coursework in normal child development and
6 the disorders of development.

7 5. The steering committee shall work with the
8 Department of Education to ensure that certification and
9 recertification requirements prepare teachers to identify
10 developmental problems in students and to use research-based,
11 effective instructional and behavioral strategies for speech
12 and language development, emerging literacy, and
13 developmentally appropriate practices and learning strategies
14 for diverse learners.

15 6. The steering committee, in cooperation with the
16 Florida Partnership for School Readiness, shall identify the
17 elements of an effective research-based curriculum for early
18 care and education programs.

19 7. The steering committee, in conjunction with the
20 demonstration projects, shall develop processes for
21 identifying and sharing promising practices and shall showcase
22 these programs and practices at the dissemination conference.
23 As funding is available, the committee may recommend monetary
24 awards to programs selected as "promising practices" to be
25 used for program enhancements. Processes for selecting
26 promising practices should include:

27 a. Establishing criteria for selection, including
28 length of time in operation and evidence of effectiveness
29 (outcome data);

30 b. Establishing a nomination process;

31 c. Establishing a review panel and review process;

1 d. Making the selection based on a written
2 description;

3 e. Conducting a site visit;

4 f. Completing the selections; and

5 g. Disseminating program descriptions.

6 8. The steering committee shall establish processes
7 for facilitating state and local providers' ready access to
8 information and training concerning effective instructional
9 and behavioral practices and interventions based on advances
10 in the field and for encouraging researchers to regularly
11 guide practitioners in designing and implementing
12 research-based practices. At a minimum, the steering committee
13 shall assist the demonstration projects in conducting periodic
14 conferences to ensure the dissemination of information on best
15 practices and new insights about early identification,
16 education, and intervention for children from birth through
17 age 9. The conference should be established so that continuing
18 education credits may be awarded to medical professionals,
19 teachers, and others for whom this is an incentive.

20 9. Demonstration projects shall investigate and may
21 recommend to the steering committee more effective resource
22 allocation and flexible funding strategies such as central
23 financing, if such strategies are in the best interest of the
24 children and families in the community. The Department of
25 Education and other relevant agencies shall assist the
26 demonstration projects in securing state and federal waivers
27 as appropriate. Effectiveness of interventions, such as
28 reduced referrals to special education, should not negatively
29 affect the schools' or district's budget.

30 Section 3. Accountability.--

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1 (1) The steering committee shall assist the School
2 Readiness Estimating Conference and the Enrollment Conference
3 for Public Schools in developing estimates of the population
4 of children from birth through age 9 who are at risk of
5 learning problems and learning disabilities by establishing
6 cross-agency standards for data collection and sharing.

7 (2) The steering committee, in conjunction with the
8 demonstration projects, shall develop accountability
9 mechanisms to ensure that the demonstration programs are
10 effective and that resources are used as efficiently as
11 possible. Accountability should be addressed through a
12 multilevel evaluation system, including measurement of
13 outcomes and operational indicators. Measurable outcomes must
14 be developed to address improved family functioning, improved
15 child development, improved child health, and success in
16 school. Indicators of system improvements must be developed
17 to address quality of programs and integration of services.
18 Agency monitoring of programs shall include a review of child
19 and family outcomes and system effectiveness indicators with a
20 specific focus on elimination of unnecessary duplication of
21 planning, screening, and services.

22 (3) The steering committee shall oversee a formative
23 evaluation of the project during implementation, including
24 reporting short-term outcomes and system improvements. By
25 January 2003, the steering committee shall make
26 recommendations to the Governor, the President of the Senate,
27 the Speaker of the House of Representatives, and the
28 Commissioner of Education related to the merits of expansion
29 of the demonstration projects.

30 (4) The steering committee, at any time, may recommend
31 statewide expansion of any component of the system which has

1 demonstrated effectiveness as documented by the formative
2 evaluation.

3 (5) If statewide expansion of the comprehensive system
4 is recommended after the second year of the program, the
5 steering committee, in conjunction with the demonstration
6 projects, shall develop state-level and community-based
7 strategic plans to formalize the goals, objectives,
8 strategies, and intended outcomes of the comprehensive system,
9 and to support the integration and efficient delivery of all
10 services and supports for children from birth through age 9
11 who have learning problems or learning disabilities. In
12 conjunction with the demonstration projects, the steering
13 committee shall develop a statewide strategic plan for
14 implementing a model system statewide. Community-level
15 strategic plans must include, but need not be limited to,
16 strategies to:

17 (a) Improve early identification of those who are at
18 risk for learning problems and learning disabilities;

19 (b) Provide access to an appropriate array of services
20 within the child's natural environment or regular classroom
21 setting or specialized training in other settings;

22 (c) Improve and coordinate screening for children from
23 birth through age 9;

24 (d) Improve and coordinate services for children from
25 birth through age 9;

26 (e) Address training of professionals in effectively
27 identifying factors, across all domains, which place children
28 from birth through age 9 at risk of school failure and in
29 appropriate interventions for the learning differences;

30 (f) Provide appropriate support to families;

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1 (g) Share best practices with caregivers and referral
2 sources;

3 (h) Address resource needs of the assessment and
4 intervention system; and

5 (i) Address development of implementation plans to
6 identify action steps, responsible parties, and implementation
7 schedules, and to ensure appropriate alignment with agency
8 strategic plans.

9 Section 4. The Legislature shall appropriate a sum of
10 money to fund the demonstration programs and shall authorize
11 selected communities to blend funding from existing programs
12 to the extent that this is advantageous to the community and
13 is consistent with federal requirements.

14 Section 5. This act shall take effect upon becoming a
15 law.

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1 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
2 COMMITTEE SUBSTITUTE FOR
3 SB 1018

4 The committee substitute differs from Senate Bill 1018 in the
5 following ways:

6 1. The 23-member Learning Gateway Steering Committee will be
7 comprised of 8 agency and program representatives and 15 other
8 members. The governor will appoint one member with expertise
9 in education, one member with expertise in speech and language
10 pathology, one member with expertise in audiology, one member
11 who is a parent of a child eligible for services by the
12 Learning Gateway, and one provider of related diagnostic and
13 intervention services. The President of the Senate will
14 appoint one member with expertise in psychiatry, one member
15 with expertise in pediatrics, one member with expertise in
16 psychology, one member who is a parent of a child eligible for
17 services by the Learning Gateway, and one member who is a
18 provider of related diagnostic and intervention services. The
19 Speaker of the House of Representatives will appoint one
20 member with expertise in genetics, one member with expertise
21 in occupational and physical therapy, one member with
22 expertise in social work, one parent of a child eligible for
23 services by the Learning Gateway, and one member who is a
24 school psychologist providing diagnostic and intervention
25 services.

26 2. The steering committee must be appointed and must hold its
27 first meeting within 45 days after the bill becomes law.
28 Within 90 days after its initial meeting, the steering
29 committee will accept proposals from interagency consortia in
30 Broward, Manatee, and St. Lucie Counties to serve as
31 demonstration sites for design and development of the
components of the Learning Gateway. The steering committee
must approve, deny, or conditionally approve a Learning
Gateway proposal within 60 days of receipt of the proposal. If
a proposal is conditionally approved, the steering committee
must assist the Learning Gateway applicant to correct
deficiencies in the proposal by December 1, 2001. Funds must
be available to a pilot program 15 days after final approval
of its proposal and no later than January 1, 2002.