

Bill No. CS for SB 1844

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1 are to:

2 (a) Improve community awareness and education of
3 parents and practitioners about the warning signs or
4 precursors of learning problems and learning disabilities,
5 including disorders or delayed development in language,
6 attention, behavior, and social-emotional functioning,
7 including dyslexia and attention deficit hyperactivity
8 disorder, in children from birth through age 9.

9 (b) Improve access for children who are experiencing
10 early learning problems and their families to appropriate
11 programs, services, and supports through improved outreach and
12 referral processes among providers.

13 (c) Improve developmental monitoring and the
14 availability to parents of appropriate screening resources,
15 with emphasis on children from birth through age 9 who are at
16 high risk of having learning problems.

17 (d) Improve the availability to parents of appropriate
18 education and intervention programs, services, and supports to
19 address learning problems and learning disabilities.

20 (e) Identify gaps in the array of services and
21 supports so that an appropriate child-centered and
22 family-centered continuum of education and support would be
23 readily available in each community.

24 (f) Improve accountability of the system through
25 improved planning, integration, and collaboration among
26 providers and through outcome measurement in collaboration
27 with parents.

28 (2) LEARNING GATEWAY STEERING COMMITTEE.--

29 (a) To ensure that parents of children with potential
30 learning problems and learning disabilities have access to the
31 appropriate necessary services and supports, an 18-member

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1 steering committee is created. The steering committee is
2 assigned to the Department of Education for administrative
3 purposes.

4 (b) The duties of the Learning Gateway Steering
5 Committee are to provide policy development, consultation,
6 oversight, and support for the implementation of three
7 demonstration programs and to advise the agencies, the
8 Legislature, and the Governor on statewide implementation of
9 system components and issues and on strategies for continuing
10 improvement to the system.

11 (c) The steering committee shall direct the
12 administering agency of the Learning Gateway program to expend
13 the funds appropriated for the steering committee's use to
14 procure the products delineated in section 4 of this act
15 through contracts or other means. The steering committee and
16 the Learning Gateway pilot programs will provide information
17 and referral for services but will not provide direct services
18 to parents or children.

19 (d) The steering committee must include parents,
20 service providers, and representatives of the disciplines
21 relevant to diagnosis of and intervention in early learning
22 problems. The Governor shall appoint one member from the
23 private sector who has expertise in communications, management
24 or service provision, one member who has expertise in
25 children's vision, one member who has expertise in learning
26 disabilities, one member who has expertise in audiology, one
27 member who is a parent of a child eligible for services by the
28 Learning Gateway, and one provider of related diagnostic and
29 intervention services. The President of the Senate shall
30 appoint one member from the private sector who has expertise
31 in communications, management or service provision, one member

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1 who has expertise in emergent literacy, one member who has
2 expertise in pediatrics, one member who has expertise in brain
3 development, one member who is a parent of a child eligible
4 for services by the Learning Gateway, and one member who is a
5 provider of related diagnostic and intervention services. The
6 Speaker of the House of Representatives shall appoint one
7 member from the private sector who has expertise in
8 communications, management or service provision, one member
9 who has expertise in environmental health and allergies, one
10 member who has expertise in children's nutrition, one member
11 who has expertise in family medicine, one parent of a child
12 eligible for services by the Learning Gateway, and one member
13 who is a school psychologist providing diagnostic and
14 intervention services.

15 (e) To support and facilitate system improvements, the
16 steering committee must consult with representatives from the
17 Department of Education, the Department of Health, the Florida
18 Partnership for School Readiness, the Department of Children
19 and Family Services, the Agency for Health Care
20 Administration, the Department of Juvenile Justice, and the
21 Department of Corrections and the director of the Learning
22 Development and Evaluation Center of Florida Agricultural and
23 Mechanical University.

24 (f) Steering committee appointments must be made, and
25 the committee must hold its first meeting, within 90 days
26 after this act takes effect. Steering committee members shall
27 be appointed to serve a term of 3 years. The Governor shall
28 designate the chairman of the steering committee.

29 (g) Steering committee members shall not receive
30 compensation for their services, but may receive reimbursement
31 for travel expenses incurred under section 112.061, Florida

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1 Statutes.

2 (3) LEARNING GATEWAY DEMONSTRATION PROJECTS.--

3 (a) Within 90 days after its initial meeting, the
4 Learning Gateway Steering Committee shall accept proposals
5 from interagency consortia in Orange, Manatee, and St. Lucie
6 counties which comprise public and private providers,
7 community agencies, business representatives, and the local
8 school board in each county to serve as demonstration sites
9 for design and development of a system that addresses the
10 requirements in section 4 of this act. If there is no proposal
11 from one of the designated counties, the steering committee
12 may select another county to serve as a demonstration site by
13 majority vote.

14 (b) The proposals for demonstration projects must
15 provide a comprehensive and detailed description of the system
16 of care. The description of the proposed system of care must
17 clearly indicate the point of access for parents, integration
18 of services, linkages of providers, and additional array of
19 services required to address the needs of children and
20 families.

21 (c) The demonstration projects should ensure that the
22 system of care appropriately includes existing services to the
23 fullest extent possible and should determine additional
24 programs, services, and supports that would be necessary to
25 implement the requirements of this act.

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

30 (e) The demonstration projects shall recommend to the
31 steering committee the linking or combining of some or all of

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1 the local planning bodies, including school readiness
2 coalitions, Healthy Start coalitions, Part C advisory
3 councils, Department of Children and Family Services community
4 alliances, and other boards or councils that have a primary
5 focus on services for children from birth to age 9, to the
6 extent allowed by federal regulations, if such changes would
7 improve coordination and reduce unnecessary duplication of
8 effort.

9 (f) Demonstration projects shall use public and
10 private partnerships, partnerships with faith-based
11 organizations, and volunteers, as appropriate, to enhance
12 accomplishment of the goals of the system.

13 (g) Addressing system components delineated in section
14 4 of this act, each demonstration project proposal must
15 include, at a minimum:

- 16 1. Protocols for requiring and receiving parental
17 consent for Learning Gateway services.
- 18 2. A method for establishing communication with
19 parents and coordination and planning processes within the
20 community.
- 21 3. Action steps for making appropriate linkages to
22 existing services within the community.
- 23 4. Procedures to determine gaps in services and
24 identify appropriate providers.
- 25 5. A lead agency to serve as the system access point,
26 or gateway.

27 (h) As authorized under the budget authority of the
28 Department of Education, demonstration projects,
29 representative of the diversity of the communities in this
30 state, shall be established in Manatee, Orange, and St. Lucie
31 counties as local Learning Gateway sites and shall be

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1 authorized to hire staff, establish office space, and contract
2 for administrative services as needed to implement the project
3 within the budget designated by the Legislature.

4 (i) The steering committee must approve, deny, or
5 conditionally approve a Learning Gateway proposal within 60
6 days after receipt of the proposal. If a proposal is
7 conditionally approved, the steering committee must assist the
8 Learning Gateway applicant to correct deficiencies in the
9 proposal by December 1, 2002. Funds must be available to a
10 pilot program 15 days after final approval of its proposal by
11 the steering committee. Funds must be available to all pilot
12 programs by January 1, 2003.

13 Section 4. Components of the Learning Gateway.--

14 (1) The Learning Gateway system consists of the
15 following components:

16 (a) Community education strategies and family-oriented
17 access.--

18 1. Each local demonstration project shall establish
19 the system access point, or gateway, by which parents can
20 receive information about available appropriate services. An
21 existing public or private agency or provider or new provider
22 may serve as the system gateway. The local Learning Gateway
23 should provide parents and caretakers with a single point of
24 access for screening, assessment, and referral for services
25 for children from birth through age 9. The demonstration
26 projects have the budgetary authority to hire appropriate
27 personnel to perform administrative functions. These staff
28 members must be knowledgeable about child development, early
29 identification of learning problems and learning disabilities,
30 family service planning, and services in the local area. Each
31 demonstration project must arrange for the following services

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- 1 to be provided by existing service systems:
- 2 a. Conducting intake with families.
- 3 b. Conducting appropriate screening or referral for
- 4 such services.
- 5 c. Conducting needs/strengths-based family assessment.
- 6 d. Developing family resource plans.
- 7 e. Making referrals for needed services and assisting
- 8 families in the application process.
- 9 f. Providing service coordination as needed by
- 10 families.
- 11 g. Assisting families in establishing a medical home.
- 12 h. Conducting case management and transition planning
- 13 as necessary.
- 14 i. Monitoring performance of service providers against
- 15 appropriate standards.
- 16 2. The Learning Gateway Steering Committee and
- 17 demonstration projects shall designate a central information
- 18 and referral access phone number for parents in each pilot
- 19 community. This centralized phone number should be used to
- 20 increase public awareness and to improve access to local
- 21 supports and services for children from birth through age 9
- 22 and their families. The number should be highly publicized as
- 23 the primary source of information on services for young
- 24 children. The telephone staff should be trained and supported
- 25 to offer accurate and complete information and to make
- 26 appropriate referrals to existing public and private community
- 27 agencies.
- 28 3. In collaboration with local resources such as
- 29 Healthy Start, the demonstration projects shall develop
- 30 strategies for offering hospital visits or home visits by
- 31 trained staff to new mothers. The Learning Gateway Steering

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1 Committee shall provide technical assistance to local
2 demonstration projects in developing brochures and other
3 materials to be distributed to parents of newborns.

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

20 a. Public awareness strategies targeting parents of
21 children from birth through age 5 shall be designed to provide
22 information to public and private preschool programs,
23 childcare providers, pediatricians, parents, and local
24 businesses and organizations. These strategies should include
25 information on the school readiness performance standards for
26 kindergarten adopted by the School Readiness Partnership
27 Board.

28 b. Public awareness strategies targeting parents of
29 children from ages 6 through 9 must be designed to disseminate
30 training materials and brochures to parents and public and
31 private school personnel, and must be coordinated with the

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1 local school board and the appropriate school advisory
2 committees in the demonstration projects. The materials should
3 contain information on state and district proficiency levels
4 for grades K-3.

5 (b) Screening and developmental monitoring.--

6 1. In coordination with the Partnership for School
7 Readiness, the Department of Education, and the Florida
8 Pediatric Society, and using information learned from the
9 local demonstration projects, the Learning Gateway Steering
10 Committee shall establish guidelines for screening children
11 from birth through age 9. The guidelines should incorporate
12 recent research on the indicators most likely to predict early
13 learning problems, mild developmental delays, child-specific
14 precursors of school failure, and other related developmental
15 indicators in the domains of cognition; communication;
16 attention; perception; behavior; and social, emotional,
17 sensory, and motor functioning.

18 2. Based on the guidelines established by the steering
19 committee and in cooperation with the Florida Pediatric
20 Society, the steering committee shall adopt a comprehensive
21 checklist for child healthcare checkups and a corresponding
22 training package for physicians and other medical personnel in
23 implementing more effective screening for precursors of
24 learning problems, learning disabilities, and mild
25 developmental delays.

26 3. Using the screening guidelines developed by the
27 steering committee, local demonstration projects should engage
28 local physicians and other medical professionals in enhancing
29 the screening opportunities presented by immunization visits
30 and other well-child appointments, in accordance with the
31 American Academy of Pediatrics Periodicity Schedule.

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1 4. Using the screening guidelines developed by the
2 steering committee, the demonstration projects shall develop
3 strategies to increase early identification of precursors to
4 learning problems and learning disabilities through providing
5 parents the option of improved screening and referral
6 practices within public and private early care and education
7 programs and K-3 public and private school settings.
8 Strategies may include training and technical assistance teams
9 to assist program providers and teachers. The program shall
10 collaborate appropriately with the school readiness
11 coalitions, local school boards, and other community resources
12 in arranging training and technical assistance for early
13 identification and screening with parental consent.

14 5. The demonstration project shall work with
15 appropriate local entities to reduce the duplication of
16 cross-agency screening in each demonstration project area.
17 Demonstration projects shall provide opportunities for public
18 and private providers of screening and assessment at each age
19 level to meet periodically to identify gaps or duplication of
20 efforts in screening practices.

21 6. Based on technical assistance and support provided
22 by the steering committee and in conjunction with the school
23 readiness coalitions and other appropriate entities,
24 demonstration projects shall develop a system to log the
25 number of children screened, assessed, and referred for
26 services. After development and testing, tracking should be
27 supported by a standard electronic data system for screening
28 and assessment information.

29 7. In conjunction with the technical assistance of the
30 steering committee, demonstration projects shall develop a
31 system for targeted screening. The projects should conduct a

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1 needs assessment of existing services and programs where
2 targeted screening programs should be offered. Based on the
3 results of the needs assessment, the project shall develop
4 procedures within the demonstration community whereby periodic
5 developmental screening could be offered to parents of
6 children from birth through age 9 who are served by state
7 intervention programs or whose parents or caregivers are in
8 state intervention programs. Intervention programs for
9 children, parents, and caregivers include those administered
10 or funded by the:

- 11 a. Agency for Health Care Administration;
- 12 b. Department of Children and Family Services;
- 13 c. Department of Corrections and other criminal
- 14 justice programs;
- 15 d. Department of Education;
- 16 e. Department of Health; and
- 17 f. Department of Juvenile Justice.

18 8. When results of screening suggest developmental
19 problems, potential learning problems, or learning
20 disabilities, the intervention program shall inform the
21 child's parent of the results of the screening and shall offer
22 to refer the child to the Learning Gateway for coordination of
23 further assessment. If the parent chooses to have further
24 assessment, the Learning Gateway shall make referrals to the
25 appropriate entities within the service system.

26 9. The local Learning Gateway shall provide for
27 followup contact to all families whose children have been
28 found ineligible for services under Part B or Part C of the
29 IDEA to inform them of other services available in the county.

30 10. Notwithstanding any law to the contrary, each
31 agency participating in the Learning Gateway is authorized to

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1 provide to a Learning Gateway program confidential information
2 exempt from disclosure under chapter 119, Florida Statutes,
3 regarding a developmental screening on any child participating
4 in the Learning Gateway who is or has been the subject of a
5 developmental screening within the jurisdiction of each
6 agency.

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

8 1. The demonstration projects shall develop a
9 conceptual model system of care that builds upon, integrates,
10 and fills the gaps in existing services. The model shall
11 indicate how qualified providers of family-based or
12 center-based interventions or public and private school
13 personnel may offer services in a manner consistent with the
14 standards established by their profession and by the standards
15 and criteria adopted by the steering committee and consistent
16 with effective and proven strategies. The specific services
17 and supports may include:

18 a. High-quality early education and care programs.

19 b. Assistance to parents and other caregivers, such as
20 home-based modeling programs for parents and play programs to
21 provide peer interactions.

22 c. Speech and language therapy that is
23 age-appropriate.

24 d. Parent education and training.

25 e. Comprehensive medical screening and referral with
26 biomedical interventions as necessary.

27 f. Referral as needed for family therapy, other mental
28 health services, and treatment programs.

29 g. Family support services as necessary.

30 h. Therapy for learning differences in reading and
31 math, and attention to subject material for children in grades

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1 K-3.

2 i. Referral for Part B or Part C services as required.

3 j. Expanded access to community-based services for
4 parents.

5 k. Parental choice in the provision of services by
6 public and private providers.

7
8 The model shall include a statement of the cost of
9 implementing the model.

10 2. Demonstration projects shall develop strategies to
11 increase the use of appropriate intervention practices with
12 children who have learning problems and learning disabilities
13 within public and private early care and education programs
14 and K-3 public and private school settings. Strategies may
15 include training and technical assistance teams. Intervention
16 must be coordinated and must focus on providing effective
17 supports to children and their families within their regular
18 education and community environment. These strategies must
19 incorporate, as appropriate, school and district activities
20 related to the student's academic improvement plan and must
21 provide parents with greater access to community-based
22 services that should be available beyond the traditional
23 school day. Academic expectations for public school students
24 in grades K-3 must be based upon the local school board's
25 adopted proficiency levels. When appropriate, school personnel
26 shall consult with the local Learning Gateway to identify
27 other community resources for supporting the child and the
28 family.

29 3. The steering committee, in cooperation with the
30 Department of Children and Family Services, the Department of
31 Education, and the Florida Partnership for School Readiness,

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1 shall identify the elements of an effective research-based
2 curriculum for early care and education programs.

3 4. The steering committee, in conjunction with the
4 demonstration projects, shall develop processes for
5 identifying and sharing promising practices and shall showcase
6 these programs and practices at a dissemination conference.

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

22 6. Demonstration projects shall investigate and may
23 recommend to the steering committee more effective resource
24 allocation and flexible funding strategies if such strategies
25 are in the best interest of the children and families in the
26 community. The Department of Education and other relevant
27 agencies shall assist the demonstration projects in securing
28 state and federal waivers as appropriate.

29 Section 5. Accountability.--

30 (1) The steering committee shall provide information
31 to the School Readiness Estimating Conference and the

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1 Enrollment Conference for Public Schools regarding estimates
2 of the population of children from birth through age 9 who are
3 at risk of learning problems and learning disabilities.

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

19 (3) The steering committee shall oversee a formative
20 evaluation of the project during implementation, including
21 reporting short-term outcomes and system improvements. By
22 January 2005, the steering committee shall make
23 recommendations to the Governor, the President of the Senate,
24 the Speaker of the House of Representatives, and the
25 Commissioner of Education related to the merits of expansion
26 of the demonstration projects.

27 (4) By January 1, 2005, the steering committee, in
28 conjunction with the demonstration projects, shall develop a
29 model county-level strategic plan to formalize the goals,
30 objectives, strategies, and intended outcomes of the
31 comprehensive system, and to support the integration and

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1 efficient delivery of all services and supports for parents of
2 children from birth through age 9 who have learning problems
3 or learning disabilities. The model county-level strategic
4 plan must include, but need not be limited to, strategies to:

5 (a) Establish a system whereby parents can access
6 information about learning problems in young children and
7 receive services at their discretion;

8 (b) Improve early identification of those who are at
9 risk for learning problems and learning disabilities;

10 (c) Provide access to an appropriate array of services
11 within the child's natural environment or regular classroom
12 setting or specialized training in other settings;

13 (d) Improve and coordinate screening for children from
14 birth through age 9;

15 (e) Improve and coordinate services for children from
16 birth through age 9;

17 (f) Address training of professionals in effectively
18 identifying factors, across all domains, which place children
19 from birth through age 9 at risk of school failure and in
20 appropriate interventions for the learning differences;

21 (g) Provide appropriate support to families;

22 (h) Share best practices with caregivers and referral
23 sources;

24 (i) Address resource needs of the assessment and
25 intervention system; and

26 (j) Address development of implementation plans to
27 establish protocols for requiring and receiving parental
28 consent for services; to identify action steps, responsible
29 parties, and implementation schedules; and to ensure
30 appropriate alignment with agency strategic plans.

31 Section 6. The Legislature shall appropriate a sum of

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1 money to fund the demonstration programs and shall authorize
2 selected communities to blend funding from existing programs
3 to the extent that this is advantageous to the community and
4 is consistent with federal requirements.

5
6 (Redesignate subsequent sections.)

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8
9 ===== T I T L E A M E N D M E N T =====

10 And the title is amended as follows:

11 On page 1, line 26, after the semicolon,

12
13 insert:

14 authorizing a demonstration program to be
15 called Learning Gateway; creating a steering
16 committee; providing for membership and
17 appointment of steering committee members;
18 establishing duties of the steering committee;
19 authorizing demonstration projects in specified
20 counties; authorizing designated agencies to
21 provide confidential information to such
22 program; providing for funding;

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