

By the Committee on Appropriations; and Senator Pruitt

304-311G-02

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 demonstration
5 program to be called Learning Gateway; creating
6 a steering committee; providing for membership
7 and appointment of steering committee members;
8 establishing duties of the steering committee;
9 authorizing demonstration projects in specified
10 counties; authorizing designated agencies to
11 provide confidential information to such
12 program; providing for funding; providing an
13 effective date.

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

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

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

29 WHEREAS, parents are usually the best and most
30 important source of support for their children, but access to

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1 information and services is often inconsistent and fragmented
2 across the state, NOW, THEREFORE,

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

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6 Section 1. Learning Gateway.--

7 (1) PROGRAM GOALS.--The Legislature authorizes a
8 3-year demonstration program, to be called the Learning
9 Gateway, the purpose of which is to provide parents access to
10 information, referral, and services to lessen the effects of
11 learning disabilities in children from birth to age 9.
12 Parental consent shall be required for initial contact and
13 referral for evaluation and services provided through the
14 Learning Gateway. Each pilot program must design and test an
15 integrated, community-based system to help parents identify
16 learning problems and access early-education and intervention
17 services in order to minimize or prevent learning
18 disabilities. The Learning Gateway must be available to
19 parents in the settings where they and their children live,
20 work, seek care, or study. The goals of the Learning Gateway
21 are to:

22 (a) Improve community awareness and education of
23 parents and practitioners about the warning signs or
24 precursors of learning problems and learning disabilities,
25 including disorders or delayed development in language,
26 attention, behavior, and social-emotional functioning,
27 including dyslexia and attention deficit hyperactivity
28 disorder, in children from birth through age 9.

29 (b) Improve access for children who are experiencing
30 early learning problems and their families to appropriate

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1 programs, services, and supports through improved outreach and
2 referral processes among providers.

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

7 (d) Improve the availability to parents of appropriate
8 education and intervention programs, services, and supports to
9 address learning problems and learning disabilities.

10 (e) Identify gaps in the array of services and
11 supports so that an appropriate child-centered and
12 family-centered continuum of education and support would be
13 readily available in each community.

14 (f) Improve accountability of the system through
15 improved planning, integration, and collaboration among
16 providers and through outcome measurement in collaboration
17 with parents.

18 (2) LEARNING GATEWAY STEERING COMMITTEE.--

19 (a) To ensure that parents of children with potential
20 learning problems and learning disabilities have access to the
21 appropriate necessary services and supports, an 18-member
22 steering committee is created. The steering committee is
23 assigned to the Department of Education for administrative
24 purposes.

25 (b) The duties of the Learning Gateway Steering
26 Committee are to provide policy development, consultation,
27 oversight, and support for the implementation of three
28 demonstration programs and to advise the agencies, the
29 Legislature, and the Governor on statewide implementation of
30 system components and issues and on strategies for continuing
31 improvement to the system.

1 (c) The steering committee shall direct the
2 administering agency of the Learning Gateway program to expend
3 the funds appropriated for the steering committee's use to
4 procure the products delineated in section 2 of this act
5 through contracts or other means. The steering committee and
6 the Learning Gateway pilot programs will provide information
7 and referral for services but will not provide direct services
8 to parents or children.

9 (d) The steering committee must include parents,
10 service providers, and representatives of the disciplines
11 relevant to diagnosis of and intervention in early learning
12 problems. The Governor shall appoint one member from the
13 private sector who has expertise in communications, management
14 or service provision, one member who has expertise in
15 children's vision, one member who has expertise in learning
16 disabilities, one member who has expertise in audiology, one
17 member who is a parent of a child eligible for services by the
18 Learning Gateway, and one provider of related diagnostic and
19 intervention services. The President of the Senate shall
20 appoint one member from the private sector who has expertise
21 in communications, management or service provision, one member
22 who has expertise in emergent literacy, one member who has
23 expertise in pediatrics, one member who has expertise in brain
24 development, one member who is a parent of a child eligible
25 for services by the Learning Gateway, and one member who is a
26 provider of related diagnostic and intervention services. The
27 Speaker of the House of Representatives shall appoint one
28 member from the private sector who has expertise in
29 communications, management or service provision, one member
30 who has expertise in environmental health and allergies, one
31 member who has expertise in children's nutrition, one member

1 who has expertise in family medicine, one parent of a child
2 eligible for services by the Learning Gateway, and one member
3 who is a school psychologist providing diagnostic and
4 intervention services.

5 (e) To support and facilitate system improvements, the
6 steering committee must consult with representatives from the
7 Department of Education, the Department of Health, the Florida
8 Partnership for School Readiness, the Department of Children
9 and Family Services, the Agency for Health Care
10 Administration, the Department of Juvenile Justice, and the
11 Department of Corrections and the director of the Learning
12 Development and Evaluation Center of Florida Agricultural and
13 Mechanical University.

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

19 (g) Steering committee members shall not receive
20 compensation for their services, but may receive reimbursement
21 for travel expenses incurred under section 112.061, Florida
22 Statutes.

23 (3) LEARNING GATEWAY DEMONSTRATION PROJECTS.--

24 (a) Within 90 days after its initial meeting, the
25 Learning Gateway Steering Committee shall accept proposals
26 from interagency consortia in Orange, Manatee, and St. Lucie
27 counties which comprise public and private providers,
28 community agencies, business representatives, and the local
29 school board in each county to serve as demonstration sites
30 for design and development of a system that addresses the
31 requirements in section 2 of this act. If there is no proposal

1 from one of the designated counties, the steering committee
2 may select another county to serve as a demonstration site by
3 majority vote.

4 (b) The proposals for demonstration projects must
5 provide a comprehensive and detailed description of the system
6 of care. The description of the proposed system of care must
7 clearly indicate the point of access for parents, integration
8 of services, linkages of providers, and additional array of
9 services required to address the needs of children and
10 families.

11 (c) The demonstration projects should ensure that the
12 system of care appropriately includes existing services to the
13 fullest extent possible and should determine additional
14 programs, services, and supports that would be necessary to
15 implement the requirements of this act.

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

20 (e) The demonstration projects shall recommend to the
21 steering committee the linking or combining of some or all of
22 the local planning bodies, including school readiness
23 coalitions, Healthy Start coalitions, Part C advisory
24 councils, Department of Children and Family Services community
25 alliances, and other boards or councils that have a primary
26 focus on services for children from birth to age 9, to the
27 extent allowed by federal regulations, if such changes would
28 improve coordination and reduce unnecessary duplication of
29 effort.

30 (f) Demonstration projects shall use public and
31 private partnerships, partnerships with faith-based

1 organizations, and volunteers, as appropriate, to enhance
2 accomplishment of the goals of the system.

3 (g) Addressing system components delineated in section
4 2 of this act, each demonstration project proposal must
5 include, at a minimum:

6 1. Protocols for requiring and receiving parental
7 consent for Learning Gateway services.

8 2. A method for establishing communication with
9 parents and coordination and planning processes within the
10 community.

11 3. Action steps for making appropriate linkages to
12 existing services within the community.

13 4. Procedures to determine gaps in services and
14 identify appropriate providers.

15 5. A lead agency to serve as the system access point,
16 or gateway.

17 (h) As authorized under the budget authority of the
18 Department of Education, demonstration projects,
19 representative of the diversity of the communities in this
20 state, shall be established in Manatee, Orange, and St. Lucie
21 counties as local Learning Gateway sites and shall be
22 authorized to hire staff, establish office space, and contract
23 for administrative services as needed to implement the project
24 within the budget designated by the Legislature.

25 (i) The steering committee must approve, deny, or
26 conditionally approve a Learning Gateway proposal within 60
27 days after receipt of the proposal. If a proposal is
28 conditionally approved, the steering committee must assist the
29 Learning Gateway applicant to correct deficiencies in the
30 proposal by December 1, 2002. Funds must be available to a
31 pilot program 15 days after final approval of its proposal by

1 the steering committee. Funds must be available to all pilot
2 programs by January 1, 2003.

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

4 (1) The Learning Gateway system consists of the
5 following components:

6 (a) Community education strategies and family-oriented
7 access.--

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

23 a. Conducting intake with families.

24 b. Conducting appropriate screening or referral for
25 such services.

26 c. Conducting needs/strengths-based family assessment.

27 d. Developing family resource plans.

28 e. Making referrals for needed services and assisting
29 families in the application process.

30 f. Providing service coordination as needed by
31 families.

1 g. Assisting families in establishing a medical home.
2 h. Conducting case management and transition planning
3 as necessary.
4 i. Monitoring performance of service providers against
5 appropriate standards.
6 2. The Learning Gateway Steering Committee and
7 demonstration projects shall designate a central information
8 and referral access phone number for parents in each pilot
9 community. This centralized phone number should be used to
10 increase public awareness and to improve access to local
11 supports and services for children from birth through age 9
12 and their families. The number should be highly publicized as
13 the primary source of information on services for young
14 children. The telephone staff should be trained and supported
15 to offer accurate and complete information and to make
16 appropriate referrals to existing public and private community
17 agencies.
18 3. In collaboration with local resources such as
19 Healthy Start, the demonstration projects shall develop
20 strategies for offering hospital visits or home visits by
21 trained staff to new mothers. The Learning Gateway Steering
22 Committee shall provide technical assistance to local
23 demonstration projects in developing brochures and other
24 materials to be distributed to parents of newborns.
25 4. In collaboration with other local resources, the
26 demonstration projects shall develop public awareness
27 strategies to disseminate information about developmental
28 milestones, precursors of learning problems and other
29 developmental delays, and the service system that is
30 available. The information should target parents of children
31 from birth through age 9 and should be distributed to parents,

1 health care providers, and caregivers of children from birth
2 through age 9. A variety of media should be used as
3 appropriate, such as print, television, radio, and a
4 community-based internet web site, as well as opportunities
5 such as those presented by parent visits to physicians for
6 well-child check-ups. The Learning Gateway Steering Committee
7 shall provide technical assistance to the local demonstration
8 projects in developing and distributing educational materials
9 and information.

10 a. Public awareness strategies targeting parents of
11 children from birth through age 5 shall be designed to provide
12 information to public and private preschool programs,
13 childcare providers, pediatricians, parents, and local
14 businesses and organizations. These strategies should include
15 information on the school readiness performance standards for
16 kindergarten adopted by the School Readiness Partnership
17 Board.

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

26 (b) Screening and developmental monitoring.--

27 1. In coordination with the Partnership for School
28 Readiness, the Department of Education, and the Florida
29 Pediatric Society, and using information learned from the
30 local demonstration projects, the Learning Gateway Steering
31 Committee shall establish guidelines for screening children

1 from birth through age 9. The guidelines should incorporate
2 recent research on the indicators most likely to predict early
3 learning problems, mild developmental delays, child-specific
4 precursors of school failure, and other related developmental
5 indicators in the domains of cognition; communication;
6 attention; perception; behavior; and social, emotional,
7 sensory, and motor functioning.

8 2. Based on the guidelines established by the steering
9 committee and in cooperation with the Florida Pediatric
10 Society, the steering committee shall adopt a comprehensive
11 checklist for child healthcare checkups and a corresponding
12 training package for physicians and other medical personnel in
13 implementing more effective screening for precursors of
14 learning problems, learning disabilities, and mild
15 developmental delays.

16 3. Using the screening guidelines developed by the
17 steering committee, local demonstration projects should engage
18 local physicians and other medical professionals in enhancing
19 the screening opportunities presented by immunization visits
20 and other well-child appointments, in accordance with the
21 American Academy of Pediatrics Periodicity Schedule.

22 4. Using the screening guidelines developed by the
23 steering committee, the demonstration projects shall develop
24 strategies to increase early identification of precursors to
25 learning problems and learning disabilities through providing
26 parents the option of improved screening and referral
27 practices within public and private early care and education
28 programs and K-3 public and private school settings.
29 Strategies may include training and technical assistance teams
30 to assist program providers and teachers. The program shall
31 collaborate appropriately with the school readiness

1 coalitions, local school boards, and other community resources
2 in arranging training and technical assistance for early
3 identification and screening with parental consent.

4 5. The demonstration project shall work with
5 appropriate local entities to reduce the duplication of
6 cross-agency screening in each demonstration project area.
7 Demonstration projects shall provide opportunities for public
8 and private providers of screening and assessment at each age
9 level to meet periodically to identify gaps or duplication of
10 efforts in screening practices.

11 6. Based on technical assistance and support provided
12 by the steering committee and in conjunction with the school
13 readiness coalitions and other appropriate entities,
14 demonstration projects shall develop a system to log the
15 number of children screened, assessed, and referred for
16 services. After development and testing, tracking should be
17 supported by a standard electronic data system for screening
18 and assessment information.

19 7. In conjunction with the technical assistance of the
20 steering committee, demonstration projects shall develop a
21 system for targeted screening. The projects should conduct a
22 needs assessment of existing services and programs where
23 targeted screening programs should be offered. Based on the
24 results of the needs assessment, the project shall develop
25 procedures within the demonstration community whereby periodic
26 developmental screening could be offered to parents of
27 children from birth through age 9 who are served by state
28 intervention programs or whose parents or caregivers are in
29 state intervention programs. Intervention programs for
30 children, parents, and caregivers include those administered
31 or funded by the:

1 a. Agency for Health Care Administration;
2 b. Department of Children and Family Services;
3 c. Department of Corrections and other criminal
4 justice programs;
5 d. Department of Education;
6 e. Department of Health; and
7 f. Department of Juvenile Justice.
8 8. When results of screening suggest developmental
9 problems, potential learning problems, or learning
10 disabilities, the intervention program shall inform the
11 child's parent of the results of the screening and shall offer
12 to refer the child to the Learning Gateway for coordination of
13 further assessment. If the parent chooses to have further
14 assessment, the Learning Gateway shall make referrals to the
15 appropriate entities within the service system.
16 9. The local Learning Gateway shall provide for
17 followup contact to all families whose children have been
18 found ineligible for services under Part B or Part C of the
19 IDEA to inform them of other services available in the county.
20 10. Notwithstanding any law to the contrary, each
21 agency participating in the Learning Gateway is authorized to
22 provide to a Learning Gateway program confidential information
23 exempt from disclosure under chapter 119, Florida Statutes,
24 regarding a developmental screening on any child participating
25 in the Learning Gateway who is or has been the subject of a
26 developmental screening within the jurisdiction of each
27 agency.
28 (c) Early education, services and supports.--
29 1. The demonstration projects shall develop a
30 conceptual model system of care that builds upon, integrates,
31 and fills the gaps in existing services. The model shall

1 indicate how qualified providers of family-based or
2 center-based interventions or public and private school
3 personnel may offer services in a manner consistent with the
4 standards established by their profession and by the standards
5 and criteria adopted by the steering committee and consistent
6 with effective and proven strategies. The specific services
7 and supports may include:
8 a. High-quality early education and care programs.
9 b. Assistance to parents and other caregivers, such as
10 home-based modeling programs for parents and play programs to
11 provide peer interactions.
12 c. Speech and language therapy that is
13 age-appropriate.
14 d. Parent education and training.
15 e. Comprehensive medical screening and referral with
16 biomedical interventions as necessary.
17 f. Referral as needed for family therapy, other mental
18 health services, and treatment programs.
19 g. Family support services as necessary.
20 h. Therapy for learning differences in reading and
21 math, and attention to subject material for children in grades
22 K-3.
23 i. Referral for Part B or Part C services as required.
24 j. Expanded access to community-based services for
25 parents.
26 k. Parental choice in the provision of services by
27 public and private providers.
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29 The model shall include a statement of the cost of
30 implementing the model.
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1 2. Demonstration projects shall develop strategies to
2 increase the use of appropriate intervention practices with
3 children who have learning problems and learning disabilities
4 within public and private early care and education programs
5 and K-3 public and private school settings. Strategies may
6 include training and technical assistance teams. Intervention
7 must be coordinated and must focus on providing effective
8 supports to children and their families within their regular
9 education and community environment. These strategies must
10 incorporate, as appropriate, school and district activities
11 related to the student's academic improvement plan and must
12 provide parents with greater access to community-based
13 services that should be available beyond the traditional
14 school day. Academic expectations for public school students
15 in grades K-3 must be based upon the local school board's
16 adopted proficiency levels. When appropriate, school
17 personnel shall consult with the local Learning Gateway to
18 identify other community resources for supporting the child
19 and the family.

20 3. The steering committee, in cooperation with the
21 Department of Children and Family Services, the Department of
22 Education, and the Florida Partnership for School Readiness,
23 shall identify the elements of an effective research-based
24 curriculum for early care and education programs.

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

29 5. The steering committee shall establish processes
30 for facilitating state and local providers' ready access to
31 information and training concerning effective instructional

1 and behavioral practices and interventions based on advances
2 in the field and for encouraging researchers to regularly
3 guide practitioners in designing and implementing
4 research-based practices. The steering committee shall assist
5 the demonstration projects in conducting a conference for
6 participants in the three demonstration projects for the
7 dissemination of information on best practices and new
8 insights about early identification, education, and
9 intervention for children from birth through age 9. The
10 conference should be established so that continuing education
11 credits may be awarded to medical professionals, teachers, and
12 others for whom this is an incentive.

13 6. Demonstration projects shall investigate and may
14 recommend to the steering committee more effective resource
15 allocation and flexible funding strategies if such strategies
16 are in the best interest of the children and families in the
17 community. The Department of Education and other relevant
18 agencies shall assist the demonstration projects in securing
19 state and federal waivers as appropriate.

20 Section 3. Accountability.--

21 (1) The steering committee shall provide information
22 to the School Readiness Estimating Conference and the
23 Enrollment Conference for Public Schools regarding estimates
24 of the population of children from birth through age 9 who are
25 at risk of learning problems and learning disabilities.

26 (2) The steering committee, in conjunction with the
27 demonstration projects, shall develop accountability
28 mechanisms to ensure that the demonstration programs are
29 effective and that resources are used as efficiently as
30 possible. Accountability should be addressed through a
31 multilevel evaluation system, including measurement of

1 outcomes and operational indicators. Measurable outcomes must
2 be developed to address improved child development, improved
3 child health, and success in school. Indicators of system
4 improvements must be developed to address quality of programs
5 and integration of services. Agency monitoring of programs
6 shall include a review of child and family outcomes and system
7 effectiveness indicators with a specific focus on elimination
8 of unnecessary duplication of planning, screening, and
9 services.

10 (3) The steering committee shall oversee a formative
11 evaluation of the project during implementation, including
12 reporting short-term outcomes and system improvements. By
13 January 2005, the steering committee shall make
14 recommendations to the Governor, the President of the Senate,
15 the Speaker of the House of Representatives, and the
16 Commissioner of Education related to the merits of expansion
17 of the demonstration projects.

18 (4) By January 1, 2005, the steering committee, in
19 conjunction with the demonstration projects, shall develop a
20 model county-level strategic plan to formalize the goals,
21 objectives, strategies, and intended outcomes of the
22 comprehensive system, and to support the integration and
23 efficient delivery of all services and supports for parents of
24 children from birth through age 9 who have learning problems
25 or learning disabilities. The model county-level strategic
26 plan must include, but need not be limited to, strategies to:

27 (a) Establish a system whereby parents can access
28 information about learning problems in young children and
29 receive services at their discretion;

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

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

4 (d) Improve and coordinate screening for children from
5 birth through age 9;

6 (e) Improve and coordinate services for children from
7 birth through age 9;

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

12 (g) Provide appropriate support to families;

13 (h) Share best practices with caregivers and referral
14 sources;

15 (i) Address resource needs of the assessment and
16 intervention system; and

17 (j) Address development of implementation plans to
18 establish protocols for requiring and receiving parental
19 consent for services; to identify action steps, responsible
20 parties, and implementation schedules; and to ensure
21 appropriate alignment with agency strategic plans.

22 Section 4. The Legislature shall appropriate a sum of
23 money to fund the demonstration programs and shall authorize
24 selected communities to blend funding from existing programs
25 to the extent that this is advantageous to the community and
26 is consistent with federal requirements.

27 Section 5. This act shall take effect upon becoming a
28 law.

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STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
COMMITTEE SUBSTITUTE FOR
Senate Bill 88

Parental consent is required for all Learning Gateway activities. Pilot programs may provide information and referral but may not provide direct services. There will not be automatic referral of high-risk newborns to the Learning Gateway and the Learning Gateway is not provided access to student records under s. 228.093, F.S. Also tests will not be added to the infant screening program in the pilot counties.

Agencies participating in the Learning Gateway are authorized to provide to the Learning Gateway information regarding a developmental screening on any child participating in the Learning Gateway who has been the subject of a developmental screening within the jurisdiction of that agency. The broader authority for agencies to share records is deleted.

The steering committee is reduced from 23 to 18 members and membership is revised. By January, the steering committee, in conjunction with the pilot programs, must develop a model county-level strategic plan to support the integration and efficient delivery of services and supports