Bill No. <u>CS for SB's 2488 & 2314</u>

Amendment No. ____ Barcode 630872

CHAMBER ACTION

	Senate House
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11	Senator Pruitt moved the following amendment:
12	behaver frames moved one reframing amenamene
13	Senate Amendment (with title amendment)
14	On page 10, between lines 29 and 30,
15	on page 10, between 11nes 25 and 30,
16	insert:
17	Section 2. Learning Gateway
18	(1) PROGRAM GOALSThe Legislature authorizes a
19	3-year demonstration program, to be called the Learning
20	Gateway, the purpose of which is to provide parents access to
21	information, referral, and services to lessen the effects of
22	learning disabilities in children from birth to age 9.
23	Parental consent shall be required for initial contact and
24	referral for evaluation and services provided through the
25	Learning Gateway. Each pilot program must design and test an
26	integrated, community-based system to help parents identify
27	learning problems and access early-education and intervention
28	services in order to minimize or prevent learning
29	disabilities. The Learning Gateway must be available to
30	parents in the settings where they and their children live,
31	work, seek care, or study. The goals of the Learning Gateway

are to:

- (a) Improve community awareness and education of parents and practitioners about the warning signs or precursors of learning problems and learning disabilities, including disorders or delayed development in language, attention, behavior, and social-emotional functioning, including dyslexia and attention deficit hyperactivity disorder, in children from birth through age 9.
- (b) Improve access for children who are experiencing early learning problems and their families to appropriate programs, services, and supports through improved outreach and referral processes among providers.
- (c) Improve developmental monitoring and the availability to parents of appropriate screening resources, with emphasis on children from birth through age 9 who are at high risk of having learning problems.
- (d) Improve the availability to parents of appropriate education and intervention programs, services, and supports to address learning problems and learning disabilities.
- (e) Identify gaps in the array of services and supports so that an appropriate child-centered and family-centered continuum of education and support would be readily available in each community.
- (f) Improve accountability of the system through improved planning, integration, and collaboration among providers and through outcome measurement in collaboration with parents.
 - (2) LEARNING GATEWAY STEERING COMMITTEE. --
- (a) To ensure that parents of children with potential learning problems and learning disabilities have access to the appropriate necessary services and supports, an 18-member

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

- (b) The duties of the Learning Gateway Steering

 Committee are to provide policy development, consultation,

 oversight, and support for the implementation of three

 demonstration programs and to advise the agencies, the

 Legislature, and the Governor on statewide implementation of

 system components and issues and on strategies for continuing

 improvement to the system.
- (c) The steering committee shall direct the administering agency of the Learning Gateway program to expend the funds appropriated for the steering committee's use to procure the products delineated in section 3 of this act through contracts or other means. The steering committee and the Learning Gateway pilot programs will provide information and referral for services but will not provide direct services to parents or children.
- (d) The steering committee must include parents, service providers, and representatives of the disciplines relevant to diagnosis of and intervention in early learning problems. The Governor shall appoint one member from the private sector who has expertise in communications, management or service provision, one member who has expertise in children's vision, one member who has expertise in learning disabilities, one member who has expertise in audiology, one member who is a parent of a child eligible for services by the Learning Gateway, and one provider of related diagnostic and intervention services. The President of the Senate shall appoint one member from the private sector who has expertise in communications, management or service provision, one member

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

- (e) To support and facilitate system improvements, the steering committee must consult with representatives from the Department of Education, the Department of Health, the Florida Partnership for School Readiness, the Department of Children and Family Services, the Agency for Health Care Administration, the Department of Juvenile Justice, and the Department of Corrections and the director of the Learning Development and Evaluation Center of Florida Agricultural and Mechanical University.
- (f) Steering committee appointments must be made, and the committee must hold its first meeting, within 90 days after this act takes effect. Steering committee members shall be appointed to serve a term of 3 years. The Governor shall designate the chairman of the steering committee.
- (g) Steering committee members shall not receive compensation for their services, but may receive reimbursement for travel expenses incurred under section 112.061, Florida

Statutes.

- (3) LEARNING GATEWAY DEMONSTRATION PROJECTS. --
- (a) Within 90 days after its initial meeting, the
 Learning Gateway Steering Committee shall accept proposals
 from interagency consortia in Orange, Manatee, and St. Lucie
 counties which comprise public and private providers,
 community agencies, business representatives, and the local
 school board in each county to serve as demonstration sites
 for design and development of a system that addresses the
 requirements in section 3 of this act. If there is no proposal
 from one of the designated counties, the steering committee
 may select another county to serve as a demonstration site by
 majority vote.
- (b) The proposals for demonstration projects must provide a comprehensive and detailed description of the system of care. The description of the proposed system of care must clearly indicate the point of access for parents, integration of services, linkages of providers, and additional array of services required to address the needs of children and families.
- (c) The demonstration projects should ensure that the system of care appropriately includes existing services to the fullest extent possible and should determine additional programs, services, and supports that would be necessary to implement the requirements of this act.
- (d) The projects, in conjunction with the steering committee, shall determine what portion of the system can be funded using existing funds, demonstration funds provided by this act, and other available private and community funds.
- (e) The demonstration projects shall recommend to the steering committee the linking or combining of some or all of

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.

- (f) Demonstration projects shall use public and private partnerships, partnerships with faith-based organizations, and volunteers, as appropriate, to enhance accomplishment of the goals of the system.
- (g) Addressing system components delineated in section
 3 of this act, each demonstration project proposal must
 include, at a minimum:
- 1. Protocols for requiring and receiving parental consent for Learning Gateway services.
- 2. A method for establishing communication with parents and coordination and planning processes within the community.
- 3. Action steps for making appropriate linkages to existing services within the community.
- 4. Procedures to determine gaps in services and identify appropriate providers.
- 5. A lead agency to serve as the system access point, or gateway.
- (h) As authorized under the budget authority of the

 Department of Education, demonstration projects,

 representative of the diversity of the communities in this

 state, shall be established in Manatee, Orange, and St. Lucie

 counties as local Learning Gateway sites and shall be

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

- (i) The steering committee must approve, deny, or conditionally approve a Learning Gateway proposal within 60 days after 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, 2002. Funds must be available to a pilot program 15 days after final approval of its proposal by the steering committee. Funds must be available to all pilot programs by January 1, 2003.
 - Section 3. Components of the Learning Gateway. --
- (1) The Learning Gateway system consists of the following components:
- (a) Community education strategies and family-oriented access.--
- 1. Each local demonstration project shall establish the system access point, or gateway, by which parents can receive information about available appropriate services. An existing public or private agency or provider or new provider may serve as the system gateway. The local Learning Gateway should provide parents and caretakers with a single point of access for screening, assessment, and referral for services for children from birth through age 9. The demonstration projects have the budgetary authority to hire appropriate personnel to perform administrative functions. These staff members must be knowledgeable about child development, early identification of learning problems and learning disabilities, family service planning, and services in the local area. Each demonstration project must arrange for the following services

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

- 4. In collaboration with other local resources, the demonstration projects shall develop public awareness strategies to disseminate information about developmental milestones, precursors of learning problems and other developmental delays, and the service system that is available. The information should target parents of children from birth through age 9 and should be distributed to parents, health care providers, and caregivers of children from birth through age 9. A variety of media should be used as appropriate, such as print, television, radio, and a community-based internet web site, as well as opportunities such as those presented by parent visits to physicians for well-child check-ups. The Learning Gateway Steering Committee shall provide technical assistance to the local demonstration projects in developing and distributing educational materials and information.
- a. Public awareness strategies targeting parents of children from birth through age 5 shall be designed to provide information to public and private preschool programs, childcare providers, pediatricians, parents, and local businesses and organizations. These strategies should include information on the school readiness performance standards for kindergarten adopted by the School Readiness Partnership Board.
- b. Public awareness strategies targeting parents of children from ages 6 through 9 must be designed to disseminate training materials and brochures to parents and public and private school personnel, and must be coordinated with the

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

- (b) Screening and developmental monitoring. --
- 1. In coordination with the Partnership for School
 Readiness, the Department of Education, and the Florida
 Pediatric Society, and using information learned from the
 local demonstration projects, the Learning Gateway Steering
 Committee shall establish guidelines for screening children
 from birth through age 9. The guidelines should incorporate
 recent research on the indicators most likely to predict early
 learning problems, mild developmental delays, child-specific
 precursors of school failure, and other related developmental
 indicators in the domains of cognition; communication;
 attention; perception; behavior; and social, emotional,
 sensory, and motor functioning.
- 2. Based on the guidelines established by the steering committee and in cooperation with the Florida Pediatric Society, the steering committee shall adopt a comprehensive checklist for child healthcare checkups and a corresponding training package for physicians and other medical personnel in implementing more effective screening for precursors of learning problems, learning disabilities, and mild developmental delays.
- 3. Using the screening guidelines developed by the steering committee, local demonstration projects should engage local physicians and other medical professionals in enhancing the screening opportunities presented by immunization visits and other well-child appointments, in accordance with the American Academy of Pediatrics Periodicity Schedule.

- 4. Using the screening guidelines developed by the steering committee, the demonstration projects shall develop strategies to increase early identification of precursors to learning problems and learning disabilities through providing parents the option of improved screening and referral practices within public and private early care and education programs and K-3 public and private school settings.

 Strategies may include training and technical assistance teams to assist program providers and teachers. The program shall collaborate appropriately with the school readiness coalitions, local school boards, and other community resources in arranging training and technical assistance for early identification and screening with parental consent.
- 5. The demonstration project shall work with appropriate local entities to reduce the duplication of cross-agency screening in each demonstration project area.

 Demonstration projects shall provide opportunities for public and private providers of screening and assessment at each age level to meet periodically to identify gaps or duplication of efforts in screening practices.
- 6. Based on technical assistance and support provided by the steering committee and in conjunction with the school readiness coalitions and other appropriate entities, demonstration projects shall develop a system to log the number of children screened, assessed, and referred for services. After development and testing, tracking should be supported by a standard electronic data system for screening and assessment information.
- 7. In conjunction with the technical assistance of the steering committee, demonstration projects shall develop a system for targeted screening. The projects should conduct a

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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;

- a. Agency for Health Care Administration;
- b. Department of Children and Family Services;
- c. Department of Corrections and other criminal justice programs;
 - d. Department of Education;
 - e. Department of Health; and
 - f. Department of Juvenile Justice.
- 8. When results of screening suggest developmental problems, potential learning problems, or learning disabilities, the intervention program shall inform the child's parent of the results of the screening and shall offer to refer the child to the Learning Gateway for coordination of further assessment. If the parent chooses to have further assessment, the Learning Gateway shall make referrals to the appropriate entities within the service system.
- 9. The local Learning Gateway shall provide for followup contact to all families whose children have been found ineligible for services under Part B or Part C of the IDEA to inform them of other services available in the county.
- 10. Notwithstanding any law to the contrary, each agency participating in the Learning Gateway is authorized to

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

- (c) Early education, services and supports.--
- 1. The demonstration projects shall develop a conceptual model system of care that builds upon, integrates, and fills the gaps in existing services. The model shall indicate how qualified providers of family-based or center-based interventions or public and private school personnel may offer services in a manner consistent with the standards established by their profession and by the standards and criteria adopted by the steering committee and consistent with effective and proven strategies. The specific services and supports may include:
 - a. High-quality early education and care programs.
- b. Assistance to parents and other caregivers, such as home-based modeling programs for parents and play programs to provide peer interactions.
- c. Speech and language therapy that is age-appropriate.
 - d. Parent education and training.
- <u>e. Comprehensive medical screening and referral with</u> biomedical interventions as necessary.
- $\underline{\text{f. }}$ Referral as needed for family therapy, other mental health services, and treatment programs.
 - g. Family support services as necessary.
- h. Therapy for learning differences in reading and math, and attention to subject material for children in grades

1 K-3. i. Referral for Part B or Part C services as required. 2 j. Expanded access to community-based services for 3 4 parents. 5 k. Parental choice in the provision of services by 6 public and private providers. 7 The model shall include a statement of the cost of 8 9 implementing the model. 2. Demonstration projects shall develop strategies to 10 increase the use of appropriate intervention practices with 11 12 children who have learning problems and learning disabilities within public and private early care and education programs 13 and K-3 public and private school settings. Strategies may 14 15 include training and technical assistance teams. Intervention must be coordinated and must focus on providing effective 16 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 related to the student's academic improvement plan and must 20 21 provide parents with greater access to community-based services that should be available beyond the traditional 22 school day. Academic expectations for public school students 23 24 in grades K-3 must be based upon the local school board's adopted proficiency levels. When appropriate, school personnel 25 26 shall consult with the local Learning Gateway to identify 27 other community resources for supporting the child and the family. 28 29 3. The steering committee, in cooperation with the 30 Department of Children and Family Services, the Department of

Education, and the Florida Partnership for School Readiness,

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

- 4. The steering committee, in conjunction with the demonstration projects, shall develop processes for identifying and sharing promising practices and shall showcase these programs and practices at a dissemination conference.
- 5. The steering committee shall establish processes for facilitating state and local providers' ready access to information and training concerning effective instructional and behavioral practices and interventions based on advances in the field and for encouraging researchers to regularly guide practitioners in designing and implementing research-based practices. The steering committee shall assist the demonstration projects in conducting a conference for participants in the three demonstration projects for the dissemination of information on best practices and new insights about early identification, education, and intervention for children from birth through age 9. The conference should be established so that continuing education credits may be awarded to medical professionals, teachers, and others for whom this is an incentive.
- 6. Demonstration projects shall investigate and may recommend to the steering committee more effective resource allocation and flexible funding strategies if such strategies are in the best interest of the children and families in the community. The Department of Education and other relevant agencies shall assist the demonstration projects in securing state and federal waivers as appropriate.

Section 4. Accountability.--

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

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

- demonstration projects, shall develop accountability
 mechanisms to ensure that the demonstration programs are
 effective and that resources are used as efficiently as
 possible. Accountability should be addressed through a
 multilevel evaluation system, including measurement of
 outcomes and operational indicators. Measurable outcomes must
 be developed to address improved child development, improved
 child health, and success in school. Indicators of system
 improvements must be developed to address quality of programs
 and integration of services. Agency monitoring of programs
 shall include a review of child and family outcomes and system
 effectiveness indicators with a specific focus on elimination
 of unnecessary duplication of planning, screening, and
 services.
- evaluation of the project during implementation, including reporting short-term outcomes and system improvements. By January 2005, the steering committee shall make recommendations to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Commissioner of Education related to the merits of expansion of the demonstration projects.
- (4) By January 1, 2005, the steering committee, in conjunction with the demonstration projects, shall develop a model county-level strategic plan to formalize the goals, objectives, strategies, and intended outcomes of the comprehensive system, and to support the integration and

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.

Section 5. 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.
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6	(Redesignate subsequent sections.)
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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 16, 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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