

By Representative Harrell

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  
31

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,

17

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, including  
11 education, speech and language pathology, audiology,  
12 psychiatry, pediatrics, psychology, genetics, occupational and  
13 physical therapy, and social work. The steering committee  
14 also must include three parents of children who are eligible  
15 for services by the Learning Gateway and three providers of  
16 related diagnostic and intervention services, including a  
17 school psychologist.

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

27 (f) The Governor, the President of the Senate, and the  
28 Speaker of the House of Representatives shall each appoint  
29 one-third of the members. The Governor shall designate as  
30 chairman one of the committee members listed in paragraph (d).

31 (3) Learning Gateway Demonstration Projects.--

1       (a) The Learning Gateway Steering Committee shall  
2 accept proposals from interagency consortia in Broward,  
3 Manatee, and St. Lucie Counties which comprise public and  
4 private providers, community agencies, business  
5 representatives, and the local school board in each county to  
6 serve as demonstration sites for design and development of a  
7 system that addresses the requirements in section 2 of this  
8 act. Multi-county collaboration is encouraged, where  
9 appropriate.

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

17       (c) The demonstration projects should ensure that the  
18 system of care appropriately includes existing services to the  
19 fullest extent possible and should determine additional  
20 programs, services, and supports that are necessary to  
21 implement the requirements of this act.

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

26       (e) The demonstration projects shall recommend to the  
27 steering committee the linking or combining of some or all of  
28 the local planning bodies, including school readiness  
29 coalitions, Healthy Start coalitions, Part C advisory  
30 councils, Department of Children and Family Services community  
31 alliances, and other boards or councils that have a primary

1 focus on children from birth to age 9, to the extent allowed  
2 by federal regulations, if such changes would improve  
3 coordination and reduce unnecessary duplication of effort.

4 (f) Demonstration projects shall use public and  
5 private partnerships, partnerships with faith-based  
6 organizations, and volunteers, as appropriate, to enhance  
7 accomplishment of the goals of the system.

8 (g) Addressing system components delineated in section  
9 2 of this act, each demonstration project proposal must  
10 include, at a minimum:

11 1. A method for establishing communication,  
12 coordination, and planning processes within the community.

13 2. Action steps for making appropriate linkages to  
14 existing services within the community.

15 3. Procedures to determine gaps in services and  
16 identify appropriate providers.

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

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

20 6. A lead agency to serve as the system access point,  
21 or gateway.

22 (h) As authorized under the budget authority of the  
23 Department of Education, demonstration projects,  
24 representative of the diversity of the communities in this  
25 state, shall be established in Broward, Manatee, and St. Lucie  
26 Counties as local Learning Gateway sites and shall be  
27 authorized to hire staff, establish office space, and contract  
28 with private providers as needed to implement the project  
29 within the budget designated by the Legislature.

30 Section 2. Components of the Learning Gateway.--  
31

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

3           (a) Community education and family-oriented access  
4 strategies.--

5           1. Each local demonstration project shall establish an  
6 access point to provide the system access point, or gateway,  
7 by which parents can receive information about available  
8 appropriate services. An existing public or private agency or  
9 provider or new provider may serve as the system gateway. The  
10 local Learning Gateway should provide parents and caretakers  
11 with a single point of access for screening, assessment, and  
12 referral for services for children ages birth through age 9.  
13 The demonstration projects have the budgetary authority to  
14 hire appropriate personnel to perform the required functions.  
15 These staff members must be knowledgeable about child  
16 development, early identification of learning problems and  
17 learning disabilities, family service planning, and services  
18 in the local area. If the following services are not provided  
19 by existing service systems, the gateway provider shall:

20           a. Conduct intake with families.

21           b. Conduct appropriate screening or refer for such  
22 services.

23           c. Conduct needs/strengths-based family assessment.

24           d. Develop family resource plans.

25           e. Make referrals for needed services and assist  
26 families in the application process.

27           f. Provide service coordination as needed by families.

28           g. Assist families in establishing a medical home.

29           h. Conduct case management and transition planning as  
30 necessary.

31



1           i. Monitor performance of service providers against  
2 appropriate standards.

3           2. The Learning Gateway Steering Committee and  
4 demonstration projects shall designate a central information  
5 and referral access phone number in each pilot community. This  
6 centralized phone number should be used to increase public  
7 awareness and to improve access to local supports and services  
8 for children from birth through age 9 and their families. The  
9 number should be highly publicized as the primary source of  
10 information on services for young children. The telephone  
11 staff should be trained and supported to offer accurate and  
12 complete information and to make appropriate referrals to  
13 existing public and private community agencies.

14           3. In collaboration with local resources such as  
15 Healthy Start, the demonstration projects shall develop  
16 strategies for providing systematic hospital visits or home  
17 visits by trained staff to new mothers. The Learning Gateway  
18 Steering Committee shall provide technical assistance to local  
19 demonstration projects in developing brochures and other  
20 materials to be distributed to parents of newborns.

21           4. In collaboration with other local resources, the  
22 demonstration projects shall develop public awareness  
23 strategies to disseminate information about developmental  
24 milestones, precursors of learning problems and other  
25 developmental delays, and the service system that is  
26 available. The information should target parents of children  
27 from birth through age 9 and should be distributed to parents,  
28 health care providers, and caregivers of children from birth  
29 through age 9. A variety of media should be used as  
30 appropriate, such as print, television, radio, and a  
31 community-based internet web site, as well as opportunities

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

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

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

22 (b) Screening and developmental monitoring.--

23 1. In coordination with the Partnership for School  
24 Readiness, the Department of Education, and the Florida  
25 Pediatric Society, and using information learned from the  
26 local demonstration projects, the Learning Gateway Steering  
27 Committee shall establish guidelines for screening children  
28 from birth through age 9. The guidelines should incorporate  
29 recent research on the indicators most likely to predict early  
30 learning problems, mild developmental delays, child-specific  
31 precursors of school failure, and other related developmental

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

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 improved  
26 screening and referral practices within public and private  
27 early care and education programs and K-3 public and private  
28 school settings. Strategies may include training and  
29 technical assistance teams to assist program providers and  
30 teachers. Personnel should refer those children who exhibit  
31 potential learning problems to the appropriate community

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

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

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

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

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

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

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 conjunction with local  
21 demonstration projects and local school boards, may develop a  
22 plan for creating incentives for educators and parents or  
23 caregivers to use appropriate practices for young children  
24 from birth through age 9 which address the unique needs of  
25 children who are at risk of learning problems and learning  
26 disabilities that may impede success in school. Incentives  
27 should be awarded based on the integration of instructional  
28 strategies, staffing ratios, staff training requirements,  
29 family involvement, and other specialized services and  
30 supports that are designed to meet the unique needs of all  
31 learners.

1           4. The steering committee shall work toward the goal  
2 of ensuring that every teacher has the ability to identify and  
3 properly respond to children who have learning problems and  
4 learning disabilities. In cooperation with the universities in  
5 the state and the Department of Education, the steering  
6 committee shall identify competencies for instructional  
7 personnel to address learning problems and learning  
8 disabilities that may impede school success. These  
9 competencies must be used to develop or adopt research-based  
10 preservice and inservice training programs for teachers and  
11 personnel in public and private early care and education  
12 programs and grades preK-3. Each teacher preparation program  
13 in the state university system must require a minimum of 3  
14 hours of credit in coursework in normal child development and  
15 the disorders of development.

16           5. The steering committee shall work with the  
17 Department of Education to ensure that certification and  
18 recertification requirements prepare teachers to identify  
19 developmental problems in students and to use research-based,  
20 effective instructional and behavioral strategies for speech  
21 and language development, emerging literacy, and  
22 developmentally appropriate practices and learning strategies  
23 for diverse learners.

24           6. The steering committee, in cooperation with the  
25 Florida Partnership for School Readiness, shall identify the  
26 elements of an effective research-based curriculum for early  
27 care and education programs.

28           7. The steering committee, in conjunction with the  
29 demonstration projects, shall develop processes for  
30 identifying and sharing promising practices and shall showcase  
31 these programs and practices at the dissemination conference.



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

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

8 Section 3. Accountability.--

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

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

30 (3) The steering committee shall oversee a formative  
31 evaluation of the project during implementation, including

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

7 (4) The steering committee, at any time, may recommend  
8 statewide expansion of any component of the system which has  
9 demonstrated effectiveness as documented by the formative  
10 evaluation.

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

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

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

30 (c) Improve and coordinate screening for children from  
31 birth through age 9;

