

2006 Florida Children’s Summit – Workshop Recommendations By Age Group

Commitment Issue	0-6 year olds	7-12 year olds	13-18 year olds	Overarching
ASSESSMENT AND EARLY INTERVENTION	Provide funding for early intervention for all children who need these services prior to kindergarten.	Provide school based mental health services for children and families.	Create a screening and assessment program for middle school children for health and behavioral development purposes.	Provide incentives to communities in order to facilitate a comprehensive cohesive system of care that improves overall child well being.
BEFORE AND AFTER-SCHOOL PROGRAMS	Establish total comprehensive services for all families, including health services, developmentally appropriate care, support for families, and well credentialed/educated providers.	Provide additional funding to allow eligibility for school readiness funding to be based on needs of families and not on ages of children.	Open high schools for “out of school programs”, including those assisting with character building, career decisions, and graduation.	Create a set aside for a protected, graduated funding stream from the state to support “out of school” programs that are accessible for all families.
EARLY CHILDHOOD EDUCATION	Early learning programs should be adequately funded with costs of living increases every two years.	There needs to be a separate funding stream that does not detract from existing funding sources for high quality before and after school care.	We need to ensure that there is adequate number and adequate funding for out of school programs and activities for children 13 to 18.	There needs to be improved coordination and a governance structure for children.
FAMILY FRIENDLY NEIGHBORHOODS	Booster seat legislation increased for all children ages 4 to 7.	Provide tax incentives for communities that provide active juvenile accountability boards, neighborhood based affordable and accessible after school/summer and school break activities.	Provide training opportunities to youth, with incentives being higher education or training that then require them to give back to the community.	Create a Children’s Commission for the state which will lead the charge in creating the conversation between communities and government.
FREE FROM ABUSE AND NEGLECT	All new parents and expectant parents should have access to home visitation and/or mutual support groups.	Only evidence-based programs should be funded.	Develop an interagency communications system for juveniles age 13 to 18 who have involvement with multiple agencies, such as DCF, DJJ and DOE, etc.	All agencies must work together and this can be accomplished with the formation of a Children’s Cabinet.

Commitment Issue	0-6 year olds	7-12 year olds	13-18 year olds	Generic
HEALTH CARE	Newborn screenings with privacy considerations.	Broad based school support services using a best practices model with adequate funding.	Comprehensive target approach regarding health care including medically accurate sex education and vaccines (prescreening for cervical cancer).	Declare health care as a right for all children.
JUVENILE JUSTICE	Ensure that programs for at-risk youth include practices that involve the nuclear family and the local communities, and address behavioral, mental and emotional health.	Focus on diverting youth from entering the juvenile justice system.	Explore options to address overloading of the juvenile justice system. For example, examine alternatives to zero-tolerance policies.	Change mission statement to one that insists that a full continuum of services be provided to address the needs of youth. Ensure that these services are adequately funded.
MENTAL HEALTH / SUBSTANCE ABUSE	Require screening assessments, treatment and funding for the early identification of the therapeutic needs of children who have parents with substance abuse and mental health issues.	Fully fund and implement the comprehensive child and adolescent mental health services as described in Florida Statute 394 Part III. Under this statute, the mental health and substance abuse corporation is given the authority and blended funding streams to implement the law.	Funding for mental health and substance abuse should be focused on the whole family rather than just the child identified with a need.	Adequately fund Medicaid behavioral health managed care to meet the goal of recovery and resiliency.
POSITIVE YOUTH DEVELOPMENT <i>** Involve the voice of the youth in decision-making and implementation of all “positive youth development” initiatives.</i>	Secure continuous funding that includes evidence-based relationship skills development; also teach parents about the importance of education.	Secure continuous funding for evidence-based collaborations that integrate families and students into systems that foster their potential and are flexible enough to meet diverse needs.	Provide leadership opportunities for youth that teach decision-making and how to create a personal vision, and that provide opportunities for their voices to be heard.	Collaborations that integrate family, school and communities.

Commitment Issue	0-6 year olds	7-12 year olds	13-18 year olds	Generic
<p>PRENATAL CARE</p> <p>NEW CHALLENGE STATEMENT: <i>Assure universal access to comprehensive family planning, prenatal, preconception, and interconception care for all girls and women, including medical, dental, mental health, and other specialty services.</i></p>	<p>Redefine Medicaid family planning waiver as part of the state Medicaid plan, so that it is no longer a waiver, and expand it to include preconception and interconception care.</p>	<p>Provide comprehensive community-based, age-appropriate individualized care and group education (school and non-school) including: nutrition, dental, physical activity, Human Papilloma Virus vaccine, substance abuse education, and abstinence plus education.</p>	<p>Provide comprehensive community-based, age-appropriate individualized care and group education (school and non-school) including: nutrition, dental, physical activity, Human Papilloma Virus vaccine, substance abuse education, abstinence plus education, family planning, and appropriate medical services.</p>	<p>Increase eligibility for all pregnant girls and women to 200% of the federal poverty level through KidCare (SCHIP) and, if necessary, Medicaid.</p>
<p>YOUTH TRANSITIONING</p> <p><i>** Involve the voice of the youth in decision-making and implementation of all “positive youth development” initiatives.</i></p>	<p>Develop Permanency Plan for Young Children</p>	<p>Mentorship program</p>	<p>Develop more wrap-around programs that provide activities, including but not limited to, college-prep, job/professional training, as well as mentoring, life skills.</p> <p>18 and Over: Fully fund the Road to Independence.</p>	<p>Coordinated services and mentorship programs through adult transition.</p>

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<p>ADEQUATE SUPPORTS</p>	<p>Priorities: These were established under category 4 (overarching for entire family) and ranked by priority as follows:</p> <ul style="list-style-type: none"> • Encourage the State of Florida to support local efforts to include financial literacy, access to public benefits, including the EITC, and build awareness about predatory lending practices (and punish predatory lenders and businesses targeting low-income families). • Provide relationship skills education for adults, parents and youth (life-skills training for youth leads to financial literacy skills building). • Give employers incentives to and rewards for providing employees substantive personal development and provide accompanying rewards to employers. • Provide immigrant children access to college education at in-state tuition rates.

