



JACKSONVILLE COMMUNITY COUNCIL INC.

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CHILDREN WITH SPECIAL NEEDS

FINAL IMPLEMENTATION REPORT

to the

JCCI BOARD OF DIRECTORS

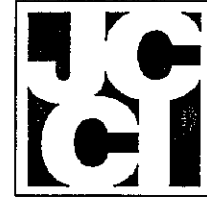
November 19, 1999





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The study on *Children With Special Needs* was released in the Fall of 1997. The Jacksonville Children's Commission contracted with JCCI to conduct the study process and implementation effort. The purpose of the study was to explore the myriad challenges facing children with special needs and their families and to influence public policy by recommending actions which community leaders and service providers can take to better serve this population.

The JCCI implementation effort was guided by chair **Virginia Borrok**, who also chaired the study. Virginia selected several individuals who served on the study's management team to act as subcommittee chairs during the implementation effort. The task force conducted much of its work through five subcommittees. Together, Virginia and her team formed the steering committee for the implementation task force.

During the early course of the implementation phase, certain events influenced the task force's decision to focus its efforts on advocating for recommendation #6—one of the most challenging of the study's recommendations because of its far-reaching implications for children's services. Four of five implementation subcommittees joined efforts in this regard. The fifth, the Duval County Public Schools Implementation Subcommittee, continued to advocate separately for those recommendations aimed at the school system.

The most promising of the events which took place involved the appointment to leadership positions of several Representatives of the Duval County Legislative Delegation. This offered local service providers an enhanced opportunity to lobby for substantial funding increases to benefit children and families in Northeast Florida. Another important occurrence involved the appointment of Dr. Thomas Chiu, an implementation task-force member, as Medical Director of Children's Medical Services for five Northeast Florida counties. This provided him with a direct link to the Florida Department of Health, an important source of funding and information on behalf of special-needs children.

The task force's focus on recommendation #6 dominated most of its energies during the two-year implementation phase. The concept of an Institute for Behavioral and Developmental Pediatrics (the Institute), a potential coordinating body, was first suggested by Dr. Chiu during the early meetings of the task force. Enthusiasm about this possibility led task-force members to invest considerable time and effort advocating for the implementation of this recommendation. The results of their efforts are discussed below under recommendation #6.

JCCI records document 49 formal meetings of some or all of the task-force members held between November 1997 and September 1999. This does not include several additional meetings of the JCCI volunteers with representatives from the Human Services Council, the Jacksonville Children's Commission, and officials from the Duval County Public Schools. It also does not include the many additional hours volunteers spent informally making plans and contacts and gathering additional information.

The study and implementation contract between the Jacksonville Children's Commission and JCCI ended on September 30, 1999. This final implementation report to the JCCI Board outlines the results of the implementation process and makes recommendations.

Analysis of implementation efforts

Some of the recommendations aimed at the Duval County Public Schools (DCPS) are similar to others offered by the New Century Commission on Education (NCC) report, which was released shortly after JCCI released its report on *Children with Special Needs*. The NCC report encouraged community-wide participation in setting new directions for the school district and recommended new initiatives and structures. This community-wide emphasis on quality education helped to make the advocacy work of task-force members easier. The primary work of the task force involved face-to-face meetings with school officials from various departments, including the Exceptional Student Education (ESE) office, the Community Education office, and each of the regional superintendents.

1. ***The Duval County Public Schools should improve the delivery of educational services to children with special needs by:***
 - ***improving the process of recognizing early signs that a special need exists and taking steps to eliminate delays in identification and placement of children with special needs;***

Task-force volunteers learned that in 1998-99 the DCPS hired additional professional staff, including social workers. It also upgraded its automated student-record system and hired a technical consulting firm to review its workflow process. The intent was to reduce delays in identifying and placing children with special needs in appropriate classrooms. Preliminary reports by school officials indicate that positive initial results have been achieved, but that further evaluation is needed.

Furthermore, decentralization of the DCPS system into five regional districts (offices) allowed central administration to staff each regional office with newly hired professionals and student coordinators trained in exceptional education. Task-force members learned that in at least one regional district, school staff were on target with student evaluation tasks, thus eliminating recent placement delays.

Task-force members believe that this recommendation is fully implemented.

- ***improving the effectiveness of exceptional student education to meet the needs of children by:***

- ***reducing the time taken to develop and implement each child's individual education plan (IEP);***
- ***ensuring that families and caregivers are invited to all child study team meetings and increasing participation by families and caregivers in child study team and IEP assessment meetings;***

ESE administrators have been responsive to JCCI's advocacy efforts toward these two specific recommendations. To equip teachers and school administrators with skills to reduce the time taken to develop and implement student IEPs, the DCPS instituted training in the writing of Quality IEPs. Since February 1999, over 1,600 administrators and ESE teachers have been trained in this technique. This effort was supplemented by the installation in all schools before 1998-99 school year of a computerized Quality IEP program, Linking Individual Needs and Knowledge for Students (LINKS). Since the training included on-site related material, LINKS will continue to be a source of training.

School officials informed task-force members that one of the most challenging tasks for ESE staff is encouraging parents and caregivers to participate more fully in their children's IEP assessment meetings. Although few changes have resulted from the task force's advocacy efforts in this regard, school officials stated that they will continue to seek new ways of involving parents, including conducting assessments during summer months. School officials also reported that challenges with parental involvement persist despite their efforts, including phone calls and formal letters.

Task-force members believe that this recommendation is **partially implemented**.

- ***raising the expectancy levels for academic performance for mildly and moderately disabled children and increasing the numbers of students following educational plans most appropriate for their needs; and***
- ***placing children in educational settings most appropriate to their ability to learn and develop, especially in terms of placement in classes containing children with a variety of special needs, and ensuring that teachers are adequately trained to meet the needs of children with differing special needs in the same classroom.***

Task-force members learned that in 1998-99, the DCPS adopted a student testing policy. It mandates that all students will be assessed using the state/district assessments or an alternative measure. The DCPS, in cooperation with the Florida Department of Education, developed the Performance Assessment System for Students with Disabilities (PASSD). This alternative assessment for exceptional-education students allows school teachers and staff, including IEP committees, to determine each student's academic abilities and to ensure that students follow appropriate educational plans. In addition, curriculum revisions were instituted to identify and incorporate PASSD performance expectations. Since the beginning of the 1998-99 school year, approximately 715 teachers have been trained using the new assessment, with additional training scheduled district-wide.

Furthermore, the DCPS has instituted various training programs to assist administrators, regular- and exceptional-education teachers, and support staff in exercising inclusionary practices by placing exceptional- and regular-education students in the same classrooms. For

example, 97 teachers from 37 schools participated in "Skills for School Success" in January 1998, which program provided curriculum and materials to develop organizational and study skills needed for ESE student participation in regular-education classes. In addition, 25 schools participated in "Quality Designs for Inclusive Schools" training—an initiative designed to develop demonstration sites for inclusionary practices. In all new programs initiated by the DCPS, both teachers and administrators are being trained to meet the needs of children with differing special needs in the same classroom and to include, where appropriate, exceptional-education students in regular-education classrooms.

Finally, through partnerships between the DCPS and institutions of higher education (the University of Central Florida, the University of Florida, and the Florida State University), satellite masters-degree programs have been established offering special-education certificates. Furthermore, ESE office staff and local university administrators at the Jacksonville University and the Florida Community College at Jacksonville are discussing the possible addition of other ESE programs at these schools for both teachers and paraprofessionals.

Task-force volunteers believe that these two recommendations have been **partially implemented**. They also believe that continued implementation efforts by the DCPS will improve the chances that the study committee's recommendations will be fully implemented.

- *setting a standard for an appropriate ratio of support-services staff to children with special needs and hiring additional staff as indicated by the results;*

In 1998-99, the ESE office hired 12 additional staff, including early childhood and hearing impaired specialists to improve the ratio of support-services staff to children with special needs. In addition, administrative decentralization in Fall 1998 resulted in redeployment of 45 staff members to the regional offices, including coordinators, admissions specialists, program specialists, interventionists, and clerks.

Task-force members believe that this recommendation is **fully implemented**.

- *seeking resources to provide access to before- and after-school care for all children with special needs who need it;*

During Fall 1998, task-force volunteers learned of the 21st Century Community Learning Center grant available through the federal government. Working in partnership with the Jacksonville's Children's Commission (JCC) and the DCPS, task-force volunteers helped prepare a successful grant proposal which awarded to the DCPS \$1.5 million per year for three years, the ninth highest award amount for this grant in the nation. The DCPS was one of 175 selected groups nationwide from a pool of over 2,000 applicants. Approximately \$409,000 each year from this total grant is being provided to two local human-service agencies serving children with special needs. Recipient agencies are now developing and operating two separate after-school extended-day enrichment programs at two exceptional-education centers, which heretofore was not financially feasible for either parents or school administrators.

In light of this new development, task-force volunteers believe this recommendation has been **fully implemented** as originally envisioned by the study committee.

- *providing social-skills training throughout public education, beginning with pre-kindergarten;*

Task-force volunteers did not directly advocate for this recommendation because their implementation timeframe ran out. However, task-force members learned that the DCPS already offers social-skills training for its pre-K and kindergarten students. Such training is not available at higher grade levels.

In light of this fact, the task force believes that this recommendation has **not yet been implemented**.

- *fully meeting the demand for transitional programs, including workforce-preparation training.*

Since the release of the study report, the DCPS has made a number of changes to improve workforce-preparation training for exceptional-education students. School officials admitted to challenges in meeting the transitional needs of exceptional students. They stated, however, that they abide by state and federal guidelines in establishing transitional plans for every student. The severity of each student's disability is taken into account when Transitional-Individual Education Plans (T-IEPs) are developed. According to school personnel, one of the major challenges for the school system is motivating parents of special-needs students to participate in their children's T-IEPs. Despite these challenges, school officials stated that they continue to look for ways to involve parents even as early as their child's 8th grade (about age 14).

Task-force members believe that the changes and improvements currently being made are sufficient not to require further advocacy efforts. They believe this recommendation to be **fully implemented**.

2. *The Early Intervention Program (EIP) should continue to ensure that all children from birth to their third birthday, and their families and caregivers, have access to appropriate early-intervention services.*

Task force advocacy, combined with increased awareness by EIP officials of the need for better access to needed services, resulted in the following EIP-sponsored actions:

- The establishment of a toll-free number providing referral services to parents and caregivers.
- Expanded collaboration between EIP and Child Find, a state-funded outreach and education program to families with children ages zero to five. Child Find offers community presentations and distributes printed material to parents, providers, and the medical community.
- A newly established EIP Regional Policy Council, with parental representation, designed to address additional outreach and early intervention concerns.

Task-force members believe that this recommendation is **fully implemented**.

3. Because early identification is so vitally important for the benefit of children with special needs, the Florida Legislature should increase EIP funding to provide additional parent education and early prenatal care.

Early intervention advocates have lobbied for \$5 million in statewide funding for 2000-01. At this time, it is uncertain whether this request will be fully funded. However, State CMS/EIP officials have been successful recently in obtaining \$500,000 from the Florida Legislature to screen all newborns. In addition, over \$1 million was added to the 1998-99 State CMS/EIP budget from recent lawsuits against tobacco companies.

Task-force volunteers believe that this recommendation is **partially implemented**.

4. The Jacksonville Children's Commission should initiate a comprehensive effort, in cooperation with other major funders, to improve child care for children with special needs, including the following:

- **targeting funds to meet training needs of child-care workers, families and care givers, and service providers, that focus on the unique aspects of child care for children with special needs, and that ensure the accessibility of training;**

During discussions with JCC staff, task-force members learned that the JCC targets funds to meet the training needs of service providers and caregivers through various sources and programs. Some providers, families, and caregivers can access this training via the JCC's Department of Development, Training, and Evaluation. However, task-force members believe that specific training in special-needs issues is basic in scope. More specific training focusing on the unique aspects of child care for special-needs children is still needed, particularly for child-care workers and parents.

Although task-force members recognize the benefits that JCC-funded training offers some local providers and caregivers, they believe that more can be done. Therefore, task-force members believe that this recommendation is **partially implemented**.

- **providing financial incentives to child-care providers who meet higher training standards than those required by law;**
- **educating existing child-care providers of the need to enroll children with special needs and providing financial incentives for child-care providers to enroll them; and**
- **promoting national accreditation of child-care centers and developmental programs for children with special needs, as a means of enhancing the quality of services.**

In 1998, partly in response to the JCCI study report, the JCC began a pilot program with 20 family-based child-care facilities to provide financial incentives and certification to facility employees who receive additional training on working with children with special needs. This Blue Ribbon Initiative (BRI) provides up to 140 hours of related training, far exceeding the State's minimum of eight hours, and is being expanded to include more child-care centers beginning January 2000. The expanded phase will offer training and certification to non JCC-

funded providers and child-care workers. In addition, as a major funder of children's services, the JCC can negotiate subsidized child-care rates with agencies serving children with special needs who can show that their training standards are higher than those required for basic licensing.

The State of Florida's eight-hour child-care training module currently educates providers regarding the inclusion of children with special needs in regular child care.

Through BRI, the JCC promotes national accreditation of child-care centers as a means of enhancing the quality of services. BRI provides financial support and technical assistance to those facilities seeking accreditation, which can later translate into higher subsidies.

Task-force members acknowledge the benefits of BRI, yet believe that it does not specifically target caregivers and service providers who work primarily with special-needs children. Additional topics focusing on children with special needs should be added to the BRI curriculum.

In light of these facts, the task force believes these recommendations to be **partially implemented**.

5. *The Jacksonville Children's Commission, working in cooperation with other funders, should take actions for the benefit of children with special needs, including the following:*

- ***funding training opportunities for families and caregivers on how to identify and gain access to services and how to be an effective advocate for their child;***
- ***funding training for service providers on how to identify a child's special needs, the availability of services in the community and how to make referrals, and how to work effectively with children with special needs;***

No specific task force activity has occurred with regards to these specific recommendations. Although various identification and referral training programs for families and service providers are currently funded by the JCC, they do not specifically target the unique issues of children with special needs and their families. Task-force volunteers believe more can be done to improve identification of special needs and access and referral to related services.

Therefore, task-force members believe that these recommendations are **partially implemented**.

- ***funding programs for children with special needs that provide:***
 - ***recreational activities unique to the needs of children with special needs;***
 - ***social-skills training;***
 - ***early intervention and prevention;***
 - ***respite care; and***
 - ***mental-health services for families and caregivers.***

Task-force members did not advocate directly to the JCC concerning these recommendations. Although they initially planned to meet with JCC staff, with officials from the Department of

Parks and Recreations, and with officials from the DCPS in relation to this recommendation, they instead shifted their focus toward the overall strategy of promoting the implementation of recommendation #6 (see below).

The JCC funds programs for children with special needs through their annual summer camp scholarships. In order to be eligible for this funding, recipient agencies must demonstrate that their program(s) will serve special-needs children and their families.

The JCC recently received a large 21st Century Community Learning Centers grant for after-school programs. The majority of these funds will be used to support and expand existing comprehensive after-school programs in the DCPS that serve elementary and middle school-aged students, including those with special needs, in academic, recreational, and cultural activities.

Although task-force members recognize that JCC-funded programs benefit some children with special needs, they believe that the majority of funds are utilized on behalf of children not identified as having special needs.

Task-force members believe this recommendation to be **partially implemented**.

- ***improving the effectiveness and efficiency of the funding and reporting process of the Commission by:***
 - ***revising the funding application form used by the Jacksonville Children's Commission and the Human Services Council to include information on how the applicant agency plans to include children with special needs in its program and the percentage of children with special needs that are currently served by the program;***

Task-force volunteers sought implementation of this recommendation from the Human Services Council (HSC). In response, the HSC attached an addendum to its Common Application requesting information from applicant agencies on how they plan to include children with special needs in their proposed and existing programs.

Task-force members believe this recommendation is **fully implemented**.

- ***including in the Commission's annual report the number of children with special needs that received services funded by the Commission.***

In response to this recommendation, the JCC decided to include in future annual reports the number of children with special needs that received services through JCC-funded programs.

Task-force volunteers believe this recommendation is **fully implemented**.

6. ***The Human Services Council (HSC) should convene and facilitate, working with existing coordinating groups such as the Multi-Agency Coordinating Council and the Commission on Special Needs, Birth to Five, the establishment of an overall***

coordinating body to focus on the needs of all children with special needs throughout Duval County.

Recommendation #6 became a strategic focus of the implementation task force's efforts. Community-wide support for the concept of a coordinating body was evident from the beginning. Although the task force was successful in its overall advocacy toward this recommendation, aligning community providers and securing the changes necessary to form this body was quite challenging.

By choice, task-force members spent much effort throughout the implementation phase in advocating for this recommendation. They met several times with HSC partners, service providers, and other community leaders. Through group consensus at a March 1999 meeting convened by the HSC, the Duval County Commission for Children with Special Needs, Birth through Five—a 40-plus member organization—agreed to expand its services and become the new coordinating body referenced in the JCCI study report. Its individual members voted in May 1999 to change the name, mission, and bylaws of the organization in order to accommodate its new purpose and function.

The new coordinating body, now known as the Commission on Services for Children with Special Needs (the Commission), has plans to present a new business plan to the HSC at a meeting in November 1999. The Commission's business plan identifies all sub-recommendations below as its goals and objectives and is currently seeking a Program Coordinator and other staff to begin implementing these recommendations. Although some work has begun in this regard, the Commission foresees a gradual implementation of all recommendations over a number of years, depending on funding availability.

The overall coordinating body should assume or facilitate the following functions:

- ***developing and maintaining a database of useful information in relation to children with special needs that will allow service providers to document needs, assess the effectiveness of service delivery, identify delays and gaps in services, and measure outcomes;***

Through its Asset Mapping committee, the new Commission has been exploring the availability of existing local databases as noted in this recommendation. A central database of information does not now exist. Members of the mapping committee have identified several sources of database information and are exploring the feasibility of consolidating as many databases as possible so that important service-related information can be made available to all providers and caregivers.

This recommendation is partially implemented.

- ***developing standards for outcome measures in cooperation with service providers and providing training in outcome measurement to service providers;***

The committee believes the above two items should receive immediate attention; the Jacksonville Children's Commission has agreed to convene an interim group to begin work on these items.¹

- ***advocating to the Florida Legislature to enable service providers to share client data that will assist in the development of a database of information about children with special needs;***
- ***advocating to the Florida Legislature for adequate funding for services for children with special needs;***
- ***educating funding sources and insurers regarding appropriate outcome measures for the kinds of services provided for the diverse and unique population of children with special needs;***
- ***ensuring that a comprehensive source of information about services for children with special needs, families and caregivers, and service providers is available, is kept current, and is distributed widely throughout the community;***
- ***identifying the full range of specialized services for children with special needs available in the community and ensuring that major service providers, such as the school system and EIP, are aware of these services and make appropriate referrals to them;***
- ***increasing community awareness, using local media and other channels of public communication, about children with special needs, especially the benefits of early intervention, services needed and those available;***
- ***developing and implementing a system with a seamless continuum of services and a centralized, coordinated case-management system;***
- ***serving as a community-level advocate on behalf of children and their families or caregivers in their relationship with schools and service providers;***
- ***increasing participation and the diversity of families and caregivers involved in advocacy groups on behalf of children with special needs;***
- ***studying the impact of changes in insurance for children with special needs, including Medicaid and managed care, and advocating to the Florida Legislature for reforms as needed;***

¹ This statement is part of the study's recommendation #6 and is not inserted here as a current notation. The JCC convened an interim group to begin work on the two items referenced in this statement, but only the second item on developing standards for outcome measures was initially addressed. The Outcomes Measures Implementation Subcommittee of the JCCI implementation Task Force subsequently took over this responsibility soon after the interim group was formed. The results of the subcommittee's work is noted below under recommendation #7.

- *providing assistance to providers in adjusting their service delivery to the demands of managed care, without jeopardizing their commitment to serving children with special needs;*
- *advocating to federal, state, local, and private funders to adopt policies that allow service providers to use funding more flexibly, than is possible with categorical funding, to meet differing needs of each child with special needs;*
- *coordinating resource development for providers who offer services to children with special needs and ensuring that services are not duplicative;*
- *advocating that the development of programs should focus on documented unmet needs of children with special needs;*
- *encouraging collaborative program development to take advantage of cost sharing opportunities;*
- *examining service-delivery models in other areas of the state and country to identify best practices, and encouraging service providers to incorporate best practices, as feasible, into the delivery of services.*

Task-force volunteers believe that their advocacy efforts produced positive results and a process by which the new Commission will gradually implement all of recommendation #6. Individual task-force volunteers also serve as members of the new Commission and are committed to seeing its JCCI-inspired goals and objectives come to fruition.

Despite the infancy of the Commission, task-force members believe that recommendation #6 has been fully implemented.

7. *Service providers should develop and improve the manner in which they measure the outcomes of their program, and funders should provide resources which help service providers assess and evaluate their programs.*

By choice, task-force members did not advocate to service providers or funders to improve the manner in which program outcomes are measured. Neither did they seek to educate funders or insurers regarding appropriate outcome measures for various types of special needs, as stated in recommendations six. Instead, they sought information on outcome measures specific to special-needs children. Task-force members obtained and reviewed copies of outcomes identified in contracts established by funders of services for special-needs children. They also began contacting organizations both within and outside the State of Florida to discuss and obtain models of outcome development efforts.

After the concept of the Institute became the focus of the implementation effort, the task force decided to take a "wait and see" position on this recommendation. The business plan of the new Commission on Children with Special Needs calls for an Outcome Measures committee as part of the Commission's organizational structure. Therefore, task-force members believed that this committee should take the lead in implementing all recommendations pertaining to outcome measurement and related service-provider training.

Task-force volunteers believe that this recommendation has **not yet been implemented**, but that future efforts by the Commission's Outcome Measures Committee have the potential to fully implement this recommendation.

8. *Hospitals and other health-care providers should seek opportunities to provide information to families and caregivers of newborn infants regarding how to identify early signs that a special need exists and should offer referrals when appropriate.*

No specific task-force activity occurred with regards to this recommendation. However, task-force members learned that Healthy Families Jacksonville provides families of newborn infants with education and training on how to identify early signs that a special need exists and where to go to seek assistance. Two developmental specialists are also available at parents' request to screen infants in their homes. Task-force members also believe that the new Commission will address this recommendation further.

They therefore conclude that this recommendation is **partially implemented**.

9. *Hospitals should encourage private physicians to refer women with high-risk pregnancies to the Healthy Start program.*

Although specific task-force advocacy with regards to this recommendation did not occur, task-force members learned that the Healthy Start Coalition began a new screening program shortly after the JCCI study was released. In March 1998, Healthy Start hired a specialist to ensure that hospital-based practitioners and other physicians perform screening to identify at-risk pregnancies and infants. As a result of this new program, Healthy Start has one of the highest screening rates in the State of Florida—almost 10 percentage points above the State rate. In addition, the program has improved linkages among the agency, hospitals, and private practitioners throughout Northeast Florida.

Task-force members believe this recommendation is **fully implemented**.

10. *To meet the transportation needs of children with special needs, transportation providers and funders in Duval County should fully implement the recommendations in JCCI's 1997 Study on Transportation for the Disadvantaged.*

An implementation task force was organized to address the recommendations of JCCI's Transportation Study around the same time that the Special-Needs implementation task force was formed. No direct effort was made by the Special-Needs task force to advocate for recommendation #10 because the other volunteer task force was already concentrating on related transportation issues. Indirectly, various task-force members individually encouraged service providers and funders to address the transportation needs of special-needs children.

Since the Transportation Implementation Task Force's work is not yet over, the Special-Needs Implementation Task Force is currently not able to determine to what degree any of the Transportation Study's recommendations have been implemented.

Recommendation from the implementation task force to the JCCI Board of Directors

Task-force members believe that they have accomplished positive change in both the community mindset about services for special-needs children as well as in community-wide partnerships. In light of the momentum created in the community toward improving the delivery of services for special-needs children and their families, task-force volunteers feel satisfied that their time and efforts were well spent. Although gaining community-wide consensus was difficult and challenging in the last two years, the volunteers believe that a monumental task was accomplished by securing the formation of the coordinating body, the new Commission. They further believe that since the implementation phase is over, individual and provider interest in improving the service-delivery system will continue with some strength. In fact, various service providers who are either members of the coordinating body or who are involved with the DCPS, will seek to encourage the continued implementation of the study's recommendations and to ensure that efforts to do so will remain on track.

Given these ideas, the task force recommends that the JCCI Board of Directors approve the following strategy:

- Consistent with JCCI's contract with the Jacksonville Children's Commission, formal JCCI implementation should be suspended as of September 30, 1999;
- Individual task-force members should be encouraged (and can be expected) to continue their personal involvement with the new coordinating body and in the pursuit of an improved continuum of care for children with special needs; and
- The JCCI Board should recommend to JCC officials that the JCC continue its efforts to fund programs and services that specifically benefit children with special needs and their families.

