



Board of Directors Meeting

February 19, 2019

1 THE CHILDREN'S TRUST

2 BOARD OF DIRECTORS MEETING

3
4 The Children's Trust Board of Directors Meeting
5 was held on Tuesday, February 19TH, 2019, commencing at
6 4:04 p.m., at 3250 S.W. 3RD Avenue, United Way, Ryder
7 Conference Room, Miami, Florida 33129. The meeting was
8 called to order by Kenneth C. Hoffman, Chair.

9
10 Officers/Executive Committee:

11 Kenneth C. Hoffman, Chair, Miami Coalition of
12 Christians and Jews

13 Mark Trowbridge, Vice Chair, Coalition of the
14 Chambers of Commerce

15 Karen Weller, Secretary,
16 Miami-Dade County Health Department

17 Steve Hope, Treasurer,
18 Miami Bridge Youth & Family Services

19
20 THE BOARD OF DIRECTORS:

21 Honorable Isaac Salver, League of Cities

22 Miami-Dade County

23 Maurice Kemp, Office of the Mayor, Miami-Dade
24 County

25 Dr. Daniel Bagner, Florida Int'l University

1 THE BOARD OF DIRECTORS CONTINUED:
2 The Honorable Orlando Prescott, Juvenile Court
3 Division
4 Dr. Marta Perez, Miami-Dade County Public Schools
5 Marissa Leichter, Gubernatorial Appointee
6 Nelson Hincapie, Office of the Mayor, Dade County
7 Frank Manning, Florida Department of Juvenile
8 Justice
9 Roderster Brandon, At-Large Board Member
10 Mary Donworth, United Way of Miami-Dade
11 Javier Reyes, At-Large Member
12 Lourdes Gimenez, Gubernatorial Appointee
13 Nicole Gomez, Gubernatorial Appointee
14 Pastor Richard P. Dunn, Gubernatorial Appointee
15 Constance Collins, Gubernatorial Appointee
16 Shanika Graves, Assistant County Attorney
17 Dr. Magaly Abrahante
18 Sanford Bohrer
19 Honorable Barbara Jordan, Miami-Dade County Board
20 of County Commissioners
21 Marissa Leichter
22 Dr. Susan Neimand
23 Honorable Isaac Salver
24 Dale Clark
25

1 STAFF:
2 James Haj, President/Chief Executive Officer
3 Imran Ali
4 Bevone Ritchie
5 Carol Brogan
6 Danielle Barreras
7 Deborah Robinson
8 Donovan Lee-Sin
9 Felix Becerra
10 Giovany Delgado
11 Juana Lion
12 Juliette Fabien
13 Lisete Yero
14 Lori (Katherine) Hanson
15 Muriel Jeanty
16 Rachel Spector
17 Sabine Dulcio
18 Stephanie Sylvestre
19 Susan Marian
20 Tatiana Canelas
21 Vivianne Bohorques
22 William Kirtland
23 Ximena Nunez
24
25

1 GUESTS:

2 Katie Hart

3 GUESTS CONTINUED:

4 Kelly Vergara

5 Isabel Chica

6 Anike Sakariyawoe

7 Markyse Bernadin

8 Milagros Hernandez

9 Angela Thomas

10 Tery Jusedla

11 Gabriela Rojas

12 Dan Michel

13 Allison Weinstein

14 Suzy Schumer

15 Devin Brown

16 Nicole Fernandez

17 Priscilla Morales

18 Erika Coles

19 Nia Saunders

20 Makeesha Coleman

21 Michael Nozik

22

23

24

25

1 (Thereupon, recordings of the meeting commence at
2 4:04 p.m.)

3 MR. HOFFMAN: First, at the outset, I'd like to
4 introduce our Board newest member, Commissioner Barbara
5 Jordan.

6 (WHEREUPON, there was applause from all those in
7 attendance.)

8 MR. HOFFMAN: Commissioner of Jordan is appointed
9 by the Chair of the Miami-Dade County Board of County
10 Commissioners. She was elected to the District 1 seat
11 of Miami-Dade County Board of County Commissioners in
12 November of 2004, and was elected unopposed for a
13 fourth and final term in 2016. She represents the city
14 of Opa-locka and Miami Gardens, as well as
15 unincorporated communities, including California Club,
16 Ives Estates, and Country Club Lakes.

17 She currently serves as Chairwoman of the
18 Infrastructure and Capital Improvements Committee as a
19 member of the Transportation and Works Committees,
20 Transportation and Finance Committee, Chairwoman's
21 Policy Council, Community Disparity Subcommittee and
22 Youth Commission. She has a Bachelor Degree in Arts in
23 English, and a minor in psychology from Morris Brown in
24 Atlanta, and a Master of Science in Human Services from
25 Nova Southeastern University in Davie. Welcome.

1 MS. JORDAN: Thank you.

2 MR. HOFFMAN: I have a couple of announcements, and
3 just things to bring to the board. First of all, about
4 a week ago at the Miami-Dade Public School Commission,
5 Marta Perez introduced -- Dr. Perez introduced a
6 resolution honoring Gloria Newell (phonetic) for her
7 service to the community, but in particular, her
8 services as Chair on the Children's Trust Board. I want
9 to thank Dr. Perez for bringing that proclamation. And,
10 it was a very nice event. Jim and Mark Trowbridge were
11 also in attendance.

12 Last Friday, Children's Trust hosted a bus tour of
13 several provider sites, and was done in conjunction
14 with Black History Month. And for those who joined,
15 which were about seven or eight of our Board Members
16 and 40 or 50 staff members. Those who were on the bus
17 got the privilege of being with Dr. Paul George
18 (phonetic), who's a historian from the District of
19 Miami who gave us sort of an overview of the areas,
20 every area, and probably every corner of every program
21 we were in.

22 We visited Easterseals, University of Miami
23 Gallivan Center, and the Overtown Youth Center. And
24 we've already had the opportunity to talk both those
25 leadership of those institutions, as well as see them

1 in action. So, any of the Board Members who were there
2 like to say anything about their experience?

3 DR. PEREZ: You know, I have to admit, because I
4 was so impressed -- particularly when we visited the
5 Mailman Center. And there they have a program that I
6 think we should all be so proud to be on the Children's
7 Trust that -- that we are able to finance this program,
8 it's called Parent-Child Interaction Therapy. And all
9 of us know -- I mean, I know because I'm on the School
10 Board, but everyone has known parents who have
11 children with problems or -- you know, behavior
12 problems, not necessarily mental, but just behavior
13 problems.

14 And the success rate of this Center is amazing.
15 All documented, all researched, and very, very
16 impressive. They -- they treat the parent, and the
17 child through a two-way mirror, and with headphones on
18 the parent. And it's so impressive, and it is my
19 understanding that this if offered free. It's amazing.
20 I mean, I took ever pamphlet that they had. And I think
21 I'm gonna try it out soon -- because it's just
22 excellent. Thank you.

23 MR. HOFFMAN: Thank you, Dr. Perez. Anyone else
24 like to chime in?

25 Okay, and as we had talked about at the Board

1 Meeting at the end of last year, and the Executive
2 Committee -- we are looking to have opportunities like
3 this to bring our board members to see providers to
4 learn a little bit more about the workings of the
5 Trust. In the same day last year at the Executive
6 Committee, we also talked about focusing some of our
7 presentations at the Board Meetings on the functioning
8 of the Trust, and how the Trust works. We're going to,
9 in a minute, do a presentation about how the Trust
10 works. Which was done, I think, two years ago. But we
11 have a lot of new Board Members, so we'll do that
12 presentation again. And I will turn it over to you.
13 Well, first of all then, we'll just roll it back. Do we
14 have any public comments here? Okay. Before we get to
15 approval of minutes, I just want to note we have a new
16 court reporter. The court reporter hasn't been with us,
17 so if you do make a motion or raise your hand for
18 comment, please state your name so she knows who it is.
19 Thank you. Approval of minutes.

20 MS. WELLER: The Board of Directors met on Tuesday,
21 January 22ND, 2019. The minutes for the meeting are in
22 your packets, and can be found on pages four through
23 six. Hopefully everyone had an opportunity to review.
24 Could I please have the motion for approval?

25 MR. HOFFMAN: So moved. Brandon?

1 MR. BRANDON: Second the aye.

2 MS. WELLER: Any discussion? All those in favor?

3 (WHEREUPON, Board Members say "aye.")

4 MS. WELLER: Then it's a pass.

5 MR. HOFFMAN: Okay, so now we'll move into the --
6 how the Children's Trust work presentation.

7 MR. HAJ: Mr. Chair, thank you. As Ken mentioned,
8 two-years-ago we gave this presentation, but we've
9 updated it -- I think we've come a long way. The
10 leadership of this Board since 2017, we started out
11 with a strategic plan to release our new five-year
12 solicitation.

13 We've automated our systems, at the same time
14 doing community work, and letting the community know
15 what's coming down the pike -- working with our
16 organizations or providers in partnership to elevate
17 this community. So we wanted to go through this
18 presentation again, and answer any questions. Lori will
19 start, I'll jump in and Vivian part of this
20 presentation. Lori, do you want to start?

21 MS. HANSON: Sure. So, I'm not going to read the
22 mission and vision statements to you. Hopefully many of
23 you are familiar with these, but -- and many of you
24 who've been in Miami for a long time know that in 2002,
25 when the Children's Trust passed to focus on this

1 mission and vision, it was the second time around of
2 attempting to bring a children's services counsel to
3 our community. And really -- really part of that was
4 our founding Board Chair's vision of having the Trust
5 be for all children. And we also were able to put in a
6 Sunset Provision that helped that first passage.

7 We had a very successful second approval in 2008,
8 with 86 percent of the voters reauthorizing the
9 Children's Trust. So, very strong community support.
10 And even, as you know, other things that were going on
11 in 2008, when that was passed with such strong
12 community support, it was a lot of hard economic time
13 and -- people in our community really come together
14 for children. And so we think that that's really a key
15 part of the mission and the vision, is the partnering
16 together with others.

17 So, it's not just about the Children's Trust, we
18 love doing this work, but working together as a
19 community so that all children can achieve their full
20 potential. So a few of our-- so those of you who have
21 seen our Strategic Plan that's on the Website, has some
22 narrative in it that goes through a number of
23 foundational values. So -- that the most basic one, as
24 I mentioned, about all children are our children. So we
25 know that, you know, cliché, but kids come with

1 instruction manuals. And many of the supports and
2 services and information that's available that the
3 Trust facilitates in our community is needed for all,
4 by all parents, and all families, and all children.

5 Then some other key foundational points is that we
6 have to pay attention to the whole child, so it's not
7 just about the child's educational development or so,
8 it's not just their social development. It's also their
9 economic environments that they live in, it's the
10 safety of their community, it's the health of their
11 environments.

12 So, all of those things contribute to the support
13 of the whole child. And that even though we know all
14 children need some basic things, we also recognize,
15 particularly in our community, that we have vulnerable
16 populations and vulnerable neighborhoods that need
17 additional resources. So, we fund the Children's Trust
18 from the beginning of time has had a focus on children
19 -- supporting children with disabilities, and children
20 with special needs. We work a lot with children who are
21 in foster care, or involved with the juvenile justice
22 system, or living in situations that might involve
23 homelessness.

24 So these are all vulnerable populations that we
25 know also need special attention. And then we have --

1 we're trying to create a lot of things, but hopefully
2 you can see that while the Trust does for sure see that
3 we need to invest early, early childhood, it gives us a
4 very high return on investment. We have to also pay
5 attention to the full-developmental continuum. So, you
6 have to have to invest early, and sustain that
7 investment across the lifespan. So that's why the
8 Children's Trust really has been about birth, to the
9 transition to adulthood.

10 Some of our sister organizations across the state
11 focus only in on early childhood. The Trust really
12 feels like yes, early childhood, and not only early
13 childhood, but full development. And so then the
14 evidence-based programming that Center One has also
15 been a cornerstone of our work, and of what we have
16 funded throughout the community -- wanting to make sure
17 that we're using things that we already kind of know
18 have worked for, or worked in our community.

19 And then, as I said about the mission, that
20 partnerships and the community engagement are critical
21 to us getting where we need to go, no single program,
22 no single organization can achieve the kinds of results
23 that we're looking for in our community alone. So, we
24 partner across systems with other funders, with service
25 providers to carry-out the work. We partner through

1 community engagement with resident groups to really
2 hear their input about what's needed. And then we also
3 have that last one that says continuous learning. And
4 so, that's really a mindset about a growth mindset.
5 It's about, no matter how good we are, we can always
6 make things better. And so we really try to work in
7 partnership with our -- with our providers around
8 looking at continuous learning, and strengthening the
9 services that are available to the people in our
10 community.

11 So, in terms of how we work, I had -- and so we
12 have kind of a cycle of activity that, as you're on the
13 Board for longer periods of time, you'll kind of start
14 to see pieces of it. And so we think it's helpful for
15 you to see kind of what you're-- what you're going to
16 be coming into contact with. Our year usually begins
17 with a review of our strategic plan, along with our
18 budget process, and then this helps to inform what
19 we're funding through our solicitations process. Once
20 we make funding recommendations, we begin contracting -
21 - a contracting process for those services.

22 So, we spent then the year with funded providers
23 focusing in on that continuous learning piece, and the
24 quality improvement. We have a set of program metrics
25 that we track the progress on, and then we do group

1 planning with all of our providers. So even the top-
2 performing providers that are doing everything they
3 need to do can have a growth plan on how to make things
4 work even better. And then we are able to periodically
5 analyze and disseminate the data, and to talk about the
6 impact.

7 You will be getting a parting-gift today, that has
8 some summary results in it that you can take away to
9 read at your leisure. We use that information to inform
10 our decisions, and inform the new way forward. We work
11 closely with partners across the state to work on
12 public policy, and other cross-funder collaborations to
13 support children and families -- and leverage
14 additional dollars when possible, because we know that
15 our funding is not enough for the types of means that
16 we need to support.

17 So all of this cycle is only possible through the
18 leadership of the Board -- you know, sort of setting
19 policy, and direction, and vision. The work of the
20 staff is you go kind of around the circle to actually
21 execute and implement on these things. And then the
22 dedication and passion of our service, community
23 service providers, and the community stakeholders that
24 we work with to see -- how to see that that whole
25 circle supports this cycle of work.

1 So, who is on our team? We have, as you probably
2 know, a 33-member Board of Directors that represent
3 different entities and communities and expertise. So
4 you see some of those types of Board Member memberships
5 listed there. Our staff is made up of the departments
6 that you see listed in the green box. But our
7 departments really work closely together towards
8 aligning common organizational goals, and supporting
9 the progress toward those goals to execute on the
10 vision of the Board. And then, on the blue box, you see
11 our providers, and they're the ones who really are the
12 staff on the ground, working to support children and
13 families across.

14 And what you see listed here are the seven
15 strategic investment areas of our Strategic Plan. So
16 this is sort of the funding categories that we -- that
17 we invest in to support children. From parenting, early
18 childhood development, youth development, health and
19 wellness, family and neighborhood support, community
20 awareness, and advocacy, and program, and professional
21 development -- all in pursuit of that mission that you
22 saw on the first page.

23 So, what roles do we play in those different
24 groups? So, what you just kind of see here is a
25 reiteration of that cycle. So, you know, we have

1 strategic planning that starts with vision, and you
2 know the, staff are kind of -- keep that plan up-to-
3 date and fresh. We usually do kind of an annual refresh
4 with the Board. We have an annual budget process where,
5 as those who have been through this know, we have a
6 public hearing process, called the trim hearings, to
7 review the budget and the millage rate each year that's
8 set -- and the staff manage that budget process, our
9 fiscal staff.

10 And then solicitations, these happen on a multi-
11 year cycle. So, we're operating on five-year cycles
12 now. But the Board approves the release of the
13 solicitation funding, then the staff manages that
14 competitive solicitation process, and brings the
15 resulting recommendations to the Board. And then that
16 moves us into the contracting box, where the Board
17 approves funding recommendations, and then within the
18 five-year cycle when there's not a competitive
19 solicitation each year, then gets the approval of
20 contract renewals based on the program metrics data
21 that's reviewed on an ongoing basis.

22 So then the staff, in terms of contracting, does
23 contract negotiations, the ongoing review of the Pirus
24 (spelling) metrics. And then, of course, offering the
25 program of professional development supports for that

1 continuous learning.

2 MR. HAJ: And where are we now? And also, just for
3 the Board Members, this also on your iPad's if you have
4 difficulty seeing, their on your iPad on the third tab.
5 But we've just completed a very successful solicitation
6 process. We released 19 grant opportunities totaling
7 115 million, and awarding 222 contracts for a five-year
8 funding cycle. So the pivot from last cycle, last cycle
9 was a three-year cycle, now we're moving to a five-year
10 cycle. We phased, through the last two years, all these
11 RP's out, so that we have the bandwidth to accommodate.
12 So what you're seeing today, you're going to see three
13 recommendations in front of you.

14 And the next one you'll see that innovation coming
15 in front of you -- and that will be pretty much our
16 entire portfolio that had been released and brought
17 back to you in the last two-years. So you have three
18 today, innovation next month, and then the entire
19 solicitation, which was approved by this Board in the
20 retreat, I believe it was August of 2017 -- been
21 finalized, and you will see renewals coming through
22 here for the next four-years.

23 The new and improved process, when we look back at
24 the last solicitation about -- we looked, we actually
25 looked fact-based. We heard a lot of things about what

1 was wrong, what was right. So we started doing a deep
2 dive, and a barrier to entry to get trust funding was
3 not a grant opportunity to having a grant writer, or if
4 you're large or small-- it really were already getting
5 funded by the Trust. So the barrier entry was being --
6 that our new providers were having a difficult time
7 getting in.

8 And I'm pleased to announce, and we announced it
9 when we brought this back to you, that previous cycle,
10 8 percent of new funder providers got into trust
11 funding. This cycle, it increased to 59 percent, and I
12 think that was a lot of work that we did on the front-
13 end -- getting out to the community, our engagement
14 team, speaking throughout the county a year in advance
15 of how to apply for trust funding. Across the funding
16 areas, we saw an increase in the number of funded
17 programs.

18 And while we always maintain their presence in
19 historically-funded areas of need, we significantly
20 expanded services in additional priority areas. Some
21 under-served area out West and Deep South -- also in
22 the Northeast Corridor. And this is evident, clearly.
23 We -- part of the discussion we had at the retreat a
24 couple years ago was, also volumes that chilled the
25 child population was a major shift heading to the South

1 part of town, and trying to get to ahead of that.
2 Through the Board's vision, this funding cycle
3 represents an increase of 28 million dollars. We
4 brought an item to the Board right before -- I'm not
5 sure what month that was, but when we had that meeting
6 at the Miami-Dade County Auditorium, we added an
7 additional 28 million dollars per year. That's 140
8 million for a five-year cycle, and additional funding
9 for children.

10 MR. BOHORQUES: So, we've done a historical
11 perspective of who we are, and what we do now, and
12 where we are now. And as we did have a very successful
13 solicitation process, and as we think of how we work
14 with our providers to execute on those-- on those
15 programs that we, in those initiatives that we funded -
16 - we're thinking of how do we do that in the most
17 efficient way, so that we are providing our service
18 providers the support and guidance that they need to
19 provide quality services.

20 And so, I'm going to take you a little bit on the
21 way we used to do things, right. So, in the past,
22 everything was done on paper. And Jim wanted me to show
23 you a real-life example of what our contracting
24 process, it used to be done on paper. These are three
25 copies of a contract that providers needed to-- we

1 needed to execute on and get it signed. Each one is
2 over 100 pages of them on paper, and our solicitations
3 process was done this way, invoicing process was done
4 with this way. And that's how we used to do things --
5 not the most efficient way, and we've come a long way
6 since then. We then went to the old-way, which we
7 started to automate some of our processes receivers, so
8 that our invoices started to be done through a system.

9 Our grants, in the same way were done in system;
10 our contracts were still done on paper. And even though
11 things were done in the system, some of that
12 information had to be pulled and done-- and analyzed
13 and looked at in Excel spreadsheets, and we still had
14 some things done on paper. The current way is that
15 almost all of our processes are now automated -- right.
16 Our solicitations are done within our central system,
17 so is our contracts, our invoices, our programmatic
18 data. We have automated all of our key processes in our
19 main operations.

20 But there is -- some of it still exists in
21 different places, right? So, the direction that we're
22 going is that all of our data, and all of our
23 information is stored in one repository, which will
24 make it much easier for us, providers, the community,
25 Board Members, to access information about our

1 programs, and what we do -- and will make our processes
2 more efficient, both for us, and for the providers. So
3 this is the direction that we're going.

4 So we are experiencing some transition, and we
5 wanted to make sure that we -- that we share this
6 information with the Board, because some of the
7 information that you will see during the renewal
8 process may be a little different than what you've seen
9 in the past. So all of the contracts that we've awarded
10 over the last two-years, many of them are coming back
11 for renewal. As Jim mentioned, you have some final
12 recommendations today. And then the innovation grant
13 next month, but we have some contracts that have been
14 in place since last year. And you'll start to see those
15 renewals in -- some in March, but mostly in April and
16 May.

17 And so, what you expect in the meantime, right? As
18 we make this transition to have this one data
19 repository. In the past you had all of our contracts
20 for renewals, you would see just a number that captured
21 their performance. And we made a big transition in the
22 last two or three years to enter into a partnership --
23 a real partnership with our providers, and really think
24 about continuous learning and quality improvement. And
25 what you would see, at that point, was a dashboard --

1 that showed, instead of just one number, a more
2 holistic-view of the program itself. And it looked at
3 different components, that was part of our program
4 metrics, which Roy mentioned as part of the cycle,
5 right? This is our approach to quality improvement and
6 growth planning with our providers.

7 And so, that's what you would see before. And now
8 what you will see in the future, is an improved version
9 of this dashboard that will pull information from
10 different areas, and give you a good overview of how
11 the program is performing. So, we're in a transition
12 right now with what that dashboard is going to look
13 like. So for the next couple months that you'll see
14 these renewals -- so this is for mostly for April and
15 May. What you'll see instead of this dashboard as we
16 make this transition, you'll see some key information
17 about the program; you'll see their service
18 utilization, their population-focus, which is a percent
19 of children with disabilities that they're serving,
20 their staff rating, which is from our program metrics.

21 Process, same thing as their data-quality rating
22 and their fiscal-health rating. So you'll see different
23 data points about the program as we go through the
24 renewal process -- as we go through this transition
25 from the old version of the dashboard to the new and

1 improved version of the dashboard, and we build our --
2 and we integrate all of our data into this one
3 repository. So we wanted to just set that you know up-
4 front, that you'll see something a little different
5 this time around as we go through this transition. And
6 then the new, improved dashboards will be around for
7 next renewal cycle. So stay tuned for what's coming,
8 we're excited about all the data that we're going to
9 have access to in one place, and the types of reports
10 that we're going to be able to produce from there.

11 MR. HOFFMAN: Okay. Thank you Lori, Jim, and
12 Vivianne. Any questions? Dr. Perez.

13 DR. PEREZ: Of course. Well, I just want to thank
14 you very much for the presentation. And one of the
15 things - for example, I represent the School District -
16 - the School Board. And when I discuss my participation
17 here, one of the things that the other Board Members
18 want to know about is the quality of the programs. and
19 if the programs are being rated, and how successful
20 they are in their particular districts. And even just
21 thinking about the Children's Trust, I think that that
22 program rating is so important and gives us so much
23 credibility also -- and writer also. So -- so just
24 thank you for that.

25 MR. HOFFMAN: Commissioner Jordan?

1 MS. JORDAN: Thank you, Mr. Chair. Recognizing that
2 I need to be caught up on everything that's good now,
3 as opposed to what it was known for five-years-ago when
4 I was here. In the process of doing automation, are you
5 also supporting automation equipment and process report
6 training for the providers?

7 MR. HAJ: Yes. Yes ma'am. Part of the process to
8 automate is also to make it not cumbersome for the
9 providers, they need to do what they do best, and do
10 that touch-points. And so it's developing our system
11 internally -- and also not only putting systems in
12 place to learn to do it easier, but also to give them
13 feedback and data that they can use to improve their
14 organizations.

15 MS. JORDAN: But my question, though, I admit --
16 are you also for sponsoring within their budgets the
17 equipment and the training that they will need in order
18 to feed into your systems?

19 MR. HAJ: We provide the training in terms of the
20 equipment. Stephanie?

21 MS. SYLVESTRE: Yes, so we allow for I.T.
22 expenditure in the budget, and we have both capital
23 equipment -- sorry, I.T. equipment. We also pay for
24 I.T. -- I.T. services, and we are doing -- currently
25 doing two I.T. project pilots with some of our

1 providers. One is to be able to help them with
2 collecting daily attendance, so to make reporting
3 easier. And then one is to create a portal where they
4 can merge the data that they put into Trust Central
5 with data from other entities.

6 So we are doing some very small-scale pallets with
7 some of our providers. And as these pallets evolve,
8 where we're getting learnings to understand what are
9 going to be the challenges. As we roll out and push for
10 more automation and technological solutions in our
11 ecosystem. But that is the direction that we're working
12 towards.

13 MR. HOFFMAN: Any other questions? Okay. Before I
14 hand it over to Karen Weller, just a reminder to
15 please, if you're making an motion or a comment, please
16 state your name. So, Karen?

17 MS. WELLER: The Program Services and Childhood
18 Health Committee met on Thursday February 7, 2019. And
19 today we have six resolutions to bring before you. The
20 first one is resolution 2019 36, authorization to
21 negotiate and execute contracts with the University of
22 Miami, Be Strong International Incorporated, and
23 Florida International University -- to deliver brief
24 parenting workshops, educational, or public health
25 events. In a total amount not to exceed 1 million

1 295,868, for an initial term of 17 months, commencing
2 March the 1ST, 2019, and ending July 31ST, 2020 -- with
3 three remaining 12-month renewals, subject to annual
4 funding and appropriations. And have a motion.

5 MR. HOPE: Second, Steve Hope.

6 MS. WELLER: Recusals?

7 MR. BAGNER: Bagner, employed by FIU.

8 MS. WELLER: The session?

9 MR. DUNN: Question. In regard to the parenting
10 effort -- the workshops, and educational public health
11 events. Does this grant instruct FIU, of the University
12 of Miami to reach out into the Miami-Dade County Public
13 Schools COPL (phonetic) Program, and other programs
14 that they have where the young ladies have had -- that
15 have babies already, and their trying to continue their
16 education. Is this the type of collaboration in Miami-
17 Dade County in this area?

18 MR. HOFFMAN: Lori?

19 MS. HANSON: Yes. So, we already have a lot of
20 current, more intensive parenting program that serves
21 the populations with more of an ongoing group that
22 gives a little bit more support. These are intended to
23 be one-time workshop. So all of those three entities
24 that you see listed here have, in their proposals,
25 included four nations with the school district in

1 different schools across the community with different--
2 the Family Services, I think, Division of the district,
3 which is where the Parent Academy is housed now. So
4 they -- we will be helping coordinate that across the
5 three providers, which we want this to be a unified
6 effort of reaching out into the community in all three
7 languages across all the parts of geographies in the
8 community. But the COPL, specific, the COPL population,
9 is served with more intensive parenting programs,
10 because those roles typically a little bit more
11 support. Questions?

12 MS. JORDAN: Thank you, Mr. Chair, Barbara Jordan
13 asking the questions. And I really apologize to the
14 Board in advance, because I tend to have a lot of
15 questions sometimes when it comes to RFT's and ITN's.

16 First of all, I noticed with all six of these
17 recommendations, all of them say county- wide. County-
18 wide doesn't tell us whether or not there are several
19 locations, or just one location, and whether parents
20 have to get their own. But then I think that I thought
21 I heard her say that this is designed to be a one-time
22 workshop. One workshop with 1.3 million dollar? One
23 giant workshop?

24 MS. HANSON: This is going -- the idea is to reach
25 all parents in Miami-Dade County, some 150,000 kids. We

1 want every parent to have certain basic information.
2 So, we're using a public health model of basic
3 education that city parents can attend work in many
4 different taxes possible, and there would be different
5 topics based on whether you have a baby or you have a
6 teenager. There would be a positive development
7 spectrum, as well as offered in at least three
8 different languages that we do everything in. They
9 would be offered in locations across the community.
10 They would offer things like health care. Yes?

11 MS. JORDAN: Quick pause--

12 MS. HANSON: Yes.

13 MS. JORDAN: --I understand that they are across
14 the community. But it doesn't tell me exactly where
15 across the communities, you have three different
16 programs. So assuming that one would be dealing with
17 babies, because it's pediatric -- infant and toddlers
18 kind of thing. Is that correct?

19 MS. HANSON: Not exactly. So--

20 MS. JORDAN: So exactly what it is?--

21 MS. HANSON: Part of it's-- part of what we're
22 trying to achieve here is a unified vision of universal
23 parenting information that can be delivered in the
24 community. So, much like the Book Club (phonetic), we
25 want a standard set of information to be available to

1 parents. So we are aligning these three providers to
2 offer -- to make sure that we have the coverage of all
3 of those things, So for example, only one of the
4 providers has the curriculum that focuses on parents
5 and teens. So they would need to be offering that
6 workshop across the whole community, in all the
7 languages.

8 The others are offering a curriculum that focuses
9 on birth to 12 -- birth to 12 years of age. So, then
10 we can have people delivering services based on the
11 sites that they proposed. So some of them also proposed
12 similar sites, and part of what we're going to be doing
13 in the negotiation process is making sure that the
14 sites are laid-out.

15 We're going to be reaching out to the District
16 because they were partners in a couple of these -- and
17 making sure that we're coordinating what's being
18 offered, and not duplicating so. So, all -- we just, in
19 fact, had our first negotiation work meeting to
20 coordinate with these three providers, to start talking
21 about what's the standard operations, how we lay out
22 the plans. And then the idea would be to brand this not
23 as universal parenting, but some communications people
24 come up with a better brand. But basically, something
25 for all parents to come and tap into, and have it be

1 consistent, regardless of the three providers that are
2 offering me the information.

3 MS. JORDAN: Okay. Perhaps I need to understand
4 better about how. If it's an ITN, which is the intent
5 to negotiate. What was the initial amount requested,
6 and what did you negotiate it to? Because of the total
7 amount comes to almost 1.3 million dollars. But I don't
8 have -- everything that you just said, I don't see in
9 this item. I guess I need more information before this
10 exchange--

11 MS. SYLVESTRE: Commissioner Jordan, Ken, can I
12 maybe paraphrase what she said? So, we have a parenting
13 program that has a number of different courses and
14 sessions that requires a long-term commitment of
15 multiple weeks, or multiple months, depending on the
16 level of intervention. And we saw a need in the
17 community to be able to provide parenting classes where
18 parents can drop in, and it's not a commitment, and so-
19 forth.

20 And we also understand that parenting classes have
21 to be conveniently located for our participants. So
22 from the North of the county, to the South of the
23 county, we will be having a number of parenting
24 courses. We have not decided on every single location
25 yet, because we are just now making the funding

1 decision. This is going to be a coordinated effort, and
2 because it has to cover the entire county, and it has
3 to cover a diverse group of people in our county, we
4 had three different entities that we selected for.

5 MS. JORDAN: I understand you have three different
6 entities. I understand you have three different
7 entities. What is not clear here, Stephanie, is whether
8 or not you will have those services all across Miami-
9 Dade County location-wise?

10 MS. SYLVESTRE: Yes. Yes.

11 MS. JORDAN: But that's not clear. You say county-
12 wide, but for me to know that it's countywide, I need
13 to know where the areas that you find that -- that you
14 plan to have 57? Do we have 27 workshops county-wide? I
15 need to know how many are going to be North -- extreme
16 North-Dade -- how many are going to be South, to make
17 sure. In other words, to me it's coming to the Board
18 premature because this information is not here. It's
19 not here.

20 MS. SYLVESTRE: Okay, so I understand your -- your
21 position. Normally when we say county-wide, we mean
22 that we will ensure that there are sites throughout the
23 county. And we don't have the sites -- normally we
24 don't select the sites, then bring the resolution to
25 the Board. We bring the resolution so that we can start

1 contract negotiation to determine the sights And then
2 we make -- we ensure that our entire county is covered.
3 But I understand your point.

4 MS. JORDAN: Okay. Because this is my first
5 meeting, and this is the way you've been doing it, I
6 would need to have a meeting with the Director, because
7 I feel that the Board needs to get more information if
8 we're going to make sure that it's county-wide. We
9 should be able to know that before, when it comes here,
10 it should be on here. I've had experience, and I'm sure
11 you have too, programs will list that they're providing
12 services countywide, and they never reach countywide.

13 If I ask for a list of addresses of parents who
14 may have had training in the Northwest area, they said,
15 okay, we're located in Coral Gables, or we're located
16 in Goulds -- and the parents from North-Dade can't get
17 there. So, a more realistic listing of the areas -- if
18 they have four locations, that's fine. Because then
19 you're talking about North, East, South, and West. But
20 if you're talking about just one location, and they're
21 going to be rotating people coming in, as opposed to
22 rotating going out to the community--

23 MS. SYLVESTRE: This is -- this is a different
24 program from our traditional program, where we have
25 defined sites. Because it's throughout the county, and

1 it's for -- for a limited period of time, as opposed to
2 our sites where you're doing an eight-week session or
3 so forth. We are going to be selecting the sites
4 throughout the county to ensure that we have the
5 appropriate coverage. So, it's -- this is slightly
6 different from our traditional parenting program or
7 after-school program, where the site is static and has
8 to be static for an extended period of time.

9 And I understand your -- your concern about site
10 location, based on your prior experience on the Board.
11 And that is something that we pay extremely close
12 attention to, and monitor it, and with our new system
13 that Vivianne was talking about, the only person that
14 you approve a site location change is me. So, you can't
15 -- we used to have before where somebody says, "Here's
16 the site, I'm going to provide services," and then when
17 it's time to provide the services, they change -- that
18 no longer happens because our system doesn't allow you
19 to change your site without approval.

20 MS. JORDAN: So my other question regarding the
21 ITN, in terms of the application, the initial process
22 for submitting -- is that the number that you came up
23 with after negotiating, versus what was requested? And
24 when -- when will the Board get a chance to see the
25 benefit of the negotiation if we don't have what was

1 initially proposed, versus what we ended up? That's a
2 recommendation for the Chair going forward.

3 MR. HOFFMAN: Thank you.

4 MR. SALVER: Thank you. I have similar concerns to
5 the Commissioner in that this resolution didn't contain
6 a lot of detail that, in the staff's defense, usually
7 accompany these resolutions. There wasn't a lot of
8 detail, and I did notice that, and I'm concerned about
9 that.

10 But a greater concern that I have in relation to
11 this resolution is that parents that need parenting
12 guidance the most won't go to a workshop, or won't go
13 to a health fair. I think this type of service needs to
14 be brought right into their homes. That's just my
15 logic, because the parents that need this the most are
16 not going to say, "Okay, you know what, Wednesday night
17 I'm going to leave my three kids" -- she's a single
18 parent, or my mother, or aunt, or man, and go into a
19 parenting class. I mean, I don't know how practical
20 this is. I mean I will support it; Stephanie's
21 explanations were adequate for me to support this. But
22 you know, I would like to see spent -- if we spent 1.3
23 million, that we're getting more of a retail-type of
24 product delivered into the neediest homes.

25 MR. HAJ: Isaac, if I may, before I turn it over to

1 Lori -- as you are aware, this is part of our parent
2 portfolio. We do have the home visitation program, and
3 we do have the group parenting. But this is -- this is
4 a supplement to what we currently do. Lori, do you want
5 to expand on that?

6 MS. HANSON: Sure. Yes, we actually have -- I'm
7 just looking for the number. We have about 16 million
8 dollars invested in parenting programs already. What we
9 -- what we noticed is that we were investing in her
10 home visitation programs, which is the most needy
11 population. We're not just offering that universally,
12 anyone who wants visitation, that's the highest-risk
13 families, and the highest-need families.

14 And then the middle piece is more -- you know,
15 there are some -- there's some more intensive needs,
16 maybe there's not a major problem, or you know -- yet,
17 but maybe families need a little bit more support. So
18 that's where you see the ongoing group programs that
19 typically range, maybe six to eight to 10 or 12
20 sessions, and those are group sessions. And what we
21 realized is not, so it's kind of the flip-side here.

22 Yes, we've been serving the population you're
23 describing. But the flip-side is that some parents just
24 need like some basic information, and they're not going
25 to commit to an eight session, three-hours a week thing

1 -- or to commit to a person coming to their home for a
2 year or two of their child's early development -- but
3 they just need some basic information. And we felt that
4 the bottom part of the pyramid, like the universal more
5 -- that's what I sort of describe as public health.
6 Like everybody needs to know to put a car seat in their
7 -- that's kind of not a perfect example, but you know.
8 Some of the basics that you just need to know about
9 responsive care-giving for infants, and appropriate
10 monitoring for adolescents -- and that kind of thing.
11 That's really what this is intended to be.

12 And the 1.3 million is actually a 17 month amount.
13 So, the annual amount, a little bit less than that. And
14 so this initial launch really includes some planning
15 time for us to sort of iron-out all those details of
16 where these services are going to take place. And as
17 Stephanie said, it's a little different because it's
18 not like they're only to take place in the offices of
19 the providers.

20 So we're -- we're reaching out as the Trust to
21 make sure that these are branded, come to the
22 Children's Trust, you know, parenting 305, or whatever
23 it's called or branded. That -- you know, come and get
24 basic information. This is the go-to source of
25 information, it's connected, it will connect in to our

1 Website, to the parent app that we want to develop. You
2 know, so really just that kind of that foundational
3 information for parents to have access across the
4 community.

5 MR. HOFFMAN: I think one other important thing to
6 note, Commissioner Jordan, is that our last strategic
7 planning meeting the Board, a refresh -- the Board was
8 directing the staff, among other things, to keep
9 looking at the county map, as was mentioned earlier.
10 Because it's changing always, but also to make sure
11 that we're spreading our services to the places that
12 are recovering. And as Lori said, we do have a whole
13 range of programs, some of which are very direct-
14 service to an individual -- and some of which have more
15 community-wide type of programs

16 MS. JORDAN: If I may, Mr. Chair. I understand that
17 there would be a variety of programs, and they all have
18 a specific purpose. As the funding agency, we want the
19 program to come to us already cooked. We don't want to
20 cook it along with the provider, and the proposal --
21 because than it's not their proposal. If we are putting
22 up something for a pilot program, that's different.
23 Because we're trying to establish policy, and see where
24 we're going. But when I look at 1.3 million dollars,
25 that's a lot of money for one-time workshops without

1 having specific information about exactly what's going
2 to be done in those workshops, and where they going to
3 be as a Board. To me, that information should be a part
4 of the information that's provided to us, so we can
5 make a valid decision

6 MR. DUNN: Richard Dunn through the Chair. If I may
7 offer some suggestions. I believe we are blessed and
8 have marvelous relationships already established with
9 the Miami-Dade County Public School System. And of
10 course, we have representation with Jackson Memorial
11 Hospital Health Plan, and of course, if we want to go a
12 little bit further -- we have representation from the
13 judicial system right here, on this Board. It should
14 not be difficult for us to track where the problem
15 areas are -- the zip codes. All you have to do is look
16 at -- get the data from those hospitals and from
17 Jackson Memorial, get the data from Miami-Dade County
18 Public Schools, and we can see the hot-spot areas where
19 parenting is desperately needed.

20 And I think that would be a good starting point.
21 We will work those areas already set up, even if we
22 have to work some kind of collaboration with COPL -- I
23 keep mentioning COPL because I know that they reach-out
24 to many of our students who end up with teen pregnancy.
25 So those are areas, or at least starting points.

1 All we have to do is look at the census look at --
2 one of my colleagues administrators used to call it the
3 wheel of poverty. It starts with teenage pregnancy. It
4 starts with, if it continues, it morphs into crime, in
5 drugs -- with drugs, alcohol, crime, and you know the
6 rest of the story -- prison or death. So, I think if we
7 would consider reaching-out, at least tapping into the
8 resources that we already have available to us through
9 the Miami-Dade Public Schools and Jackson Memorial
10 Health, because most people get the assistance of the
11 teenage pregnancy -- most of our young people use that.
12 There's a lot of teenage births that take place and all
13 of those locations with the Health Trust. And I think
14 we can at least have a starting point about where we
15 can disperse some of these services.

16 MR. HINCAPIE: Through the Chair, maybe one of the
17 things that we could do, or staff could do, is include
18 some of the curriculum. I know that Triple P has a
19 curriculum already set that maybe you can -- can be
20 included in -- and I know that they do early education,
21 and then they do teenagers. They have different things
22 and they have everything set up, so I don't know if
23 including, maybe, that. Nelson. Sorry, Nelson,
24 Hincapie.

25 THE COURT REPORTER: Thank you.

1 MR. HOPE: Steve Hope. Sorry. The second paragraph
2 states that the Children's Trust currently offer
3 evidence these group programs, or individual parenting
4 groups. Is this program an evidence-based program?

5 MS. HANSON: The one in the current resolution?

6 MR. HOPE: Yes.

7 MS. HANSON: 'Yes. These are really using Triple P
8 and the parent childhood interaction therapy concept.

9 MR. HOPE: So there is current data to show how
10 successful this particular model is?

11 MS. HANSON: Yes.

12 MR. HOPE: Is that something that maybe you can
13 provide to the Board, maybe at some later point in
14 time?

15 MS. HANSON: Sure, sure. Some summary of the
16 curriculum. We can follow up with that provision.

17 MS. GIMINEZ: Lourdes Giminez. Just to piggyback on
18 you, just saying, what I like about it, is the fact
19 that yes, they do currently offer the group and
20 individual for the parents, and parent sessions, but
21 it's they're six to eight weeks commitment. We know
22 that our families that are the neediest, it's very
23 difficult for them to give up six weeks as a commitment
24 to go to parenting. So, trying to catch them at least
25 in these brief sessions of parenting sessions for them

1 to -- not only are they going to be getting strategic
2 information from the presenters, but also there's a
3 link involved where they're going to be doing referrals
4 for families that they feel may need additional
5 services.

6 So, I think even though we are establishing that
7 yes, we may want to identify specific locations for
8 future resolutions -- that we do regarding parenting,
9 or any type of services that we offer county-wide. I
10 believe that what I read in here, and I read it very
11 carefully, because I think you know, knowing the needs
12 of our community, especially the neediest -- which we
13 serve all kids, and that's in our vision, and we know
14 that. But we also have to look at trying to help those
15 parents that need the most assistance in helping their
16 own children. So having that caveat in there and having
17 a link where you're going to be able to make those
18 referrals in one session, that maybe that parent would
19 never go to the six weeks, but you can, at that
20 particular session, be able to identify a need that
21 they specifically have for their child or family.

22 MS. COLLINS: Thank you. Constance Collins with
23 Women's House, Women's Shelter. A couple of thoughts.
24 One is that yes, these are evidence-based parenting
25 programs. We are intimately familiar with these

1 programs, both Triple P and PCIT -- and have had
2 tremendous success with those, with a very high special
3 needs children and moms, many of whom are parenting
4 youth. But of course, we serve moms of all ages. Both
5 of these programs are intensive when delivered in the
6 full series. We have gotten tremendous reviews from our
7 mothers as to appreciating the content of the program.
8 So, I would say not only are they evidence-based, but
9 we have found their application in a very challenging
10 environment to be a positive one.

11 The second thing I would say is, if we're talking
12 county-wide, and we look at the map of all the many
13 different sites that you're offering services for,
14 which you reviewed earlier in how we work as a trust. I
15 wondering if you could just offer what your thought-
16 process is on how you will distribute this universal
17 so-to-speak, with folks around that parenting-type of
18 program -- operates across the county?

19 MS. HANSON: I think our expectation is to take
20 those sites that were proposed, which include many
21 public school sites, maybe childcare, early childcare
22 site, as well as other community sites that were
23 proposed by some of the agencies -- and really map
24 those out. We've also had offers of sites from other
25 public entities, such as art museum, you know, like

1 thinking about public spaces that we could partner with
2 to -- to have this information out in the community.

3 Thinking about our current, you know, our current
4 maps on the maps that we have other -- have other
5 established community agencies -- because the referral
6 linkage piece is really, this is going to be a pathway
7 in to some of those more intensive programs for those
8 parents that sort of hang-back after the workshops
9 over, and maybe have more questions, or need more
10 support. This is a way that we -- see the merits to
11 those programs that can offer a little bit more support
12 as well.

13 So, yeah -- this is what we're doing, in the most
14 immediate period is looking at where that's going to
15 be. We want to have a coordination meeting because the
16 applicants had separate, sort of public school places
17 in their application, so we want to make sure that
18 those are not three-separate agreements -- but that
19 information together through the school system and
20 other faith-based locations -- where included private
21 corporations and locations in the community. So, we
22 really want to ensure a comprehensive a reach.

23 MS. COLLINS: Thank you. I want to say that I'm
24 very much in favor of the substance of this course
25 material that's being offered, because we've seen it in

1 practice and we know it is an evidence-based -- both of
2 them are evidence-based programs that we see tremendous
3 results from. And I really, honestly, trust the staff
4 of the Trust to identify a wide and diverse range
5 across the county, so that we really do achieve county-
6 wide results. Thank you.

7 MR. HAJ: Mr. Chair, and as we go through the
8 process, we'll be happy to report back to the Board all
9 the sites, as well as the curriculum in the report.

10 MS. WELLER: Ready to vote? All those in favor.

11 (WHEREUPON, all Board members say "aye.")

12 MS. WELLER: All opposed? Motion carries.

13 Resolution 2019 37, authorization to negotiate and
14 execute a contract with Florida International
15 University Board of Trustees to provide reading
16 enhancement services, in a total amount not to exceed
17 \$882,168, for a term of 12-months, commencing October
18 1ST, 2019, ending September 30TH, 2020 -- with four
19 remaining 12-month renewals, subject to annual funding
20 appropriations. Is there a motion?

21 MS. DONWORTH: So moved, Donworth.

22 MS. WELLER: Second?

23 MR. HOPE: Second. Steve Hope.

24 MS. WELLER: Any recusals?

25 MR. BAGNER: Dan Bagner, employed by FIU.

1 MS. WELLER: Any discussion?

2 MR. DUNN: Yes. I have a question as it relates to
3 it -- and I respect the institutions of higher learning
4 in the University of Miami, and Florida International
5 University. I'm just curious as to, has anyone from our
6 staff reached out to Florida Memorial University?

7 MR. HAJ: I'm not sure if anyone reached out, this
8 was a competitive solicitation that was published and
9 put out into the community -- and FIU was the only one
10 that responded.

11 MR. DUNN: Okay.

12 MS. WELLER: Any questions? All those in favor?
13 (WHEREUPON, all Board members say "aye.")

14 MS. WELLER: Oppose? Motion carries. Resolution
15 2019 38, authorization to negotiate and execute
16 contracts with eight providers to provide early
17 intervention summer camp services, for children birth
18 to five-years of age. In a total amount not to exceed
19 \$2 million 217,499 for a term of six-months,
20 commencing, March 1ST, 2019, and ending August 31ST,
21 2019. With four remaining six-month renewals, and a
22 total amount not to exceed \$2 million 217,499 --
23 subject to annual funding and appropriations. May I
24 have a motion?

25 MR. BRANDON: So moved, Brandon.

1 MS. DONWORTH: Second, Donworth.

2 MS. WELLER: Recusals?

3 MR. BAGNER: Dan Bagner, employed by FIU.

4 MS. WELLER: You have a question?

5 MR. SALVER: Yeah, real quick. It doesn't directly
6 relate to this resolution. But for next meeting, I'd
7 like to request a list -- a very, very simple list of
8 the top 10, recipients of funds from the Children's
9 Trust. That's from the -- during the last calendar
10 year, from January 2018 to December 2018. I'm only --
11 only mentioning that now, because I think the last
12 three -- the last three recusals from Dan involve FIU,
13 and I think in the last 15 minutes, we've given FIU
14 about 2 million and change. If I did the math right,
15 probably not, but I'm on the clock. So if we can have
16 that, I think it would be very, very interesting to see
17 what the concentration is about, where our
18 concentrations of funding lay.

19 MS. WELLER: Any other questions? All those in
20 favor?

21 (WHEREUPON, all Board members say, "aye.")

22 MS. WELLER: Oppose? Motion carries. Resolution
23 2019 39, authorization to negotiate and execute
24 contracts with 18 small community-based organizations
25 identified herein for the first year of a two-year

1 capacity building initiative. In a total amount not to
2 exceed \$585,000 for a term of 12 months, commencing
3 April 1ST, 2019, and ending March the 31ST of 2020,
4 with one 12-month renewal, subject to annual funding
5 appropriations. May I have a motion?

6 MR. BAGNER: So moved, Bagner.

7 MR. SALVER: Second, Salver.

8 MS. WELLER: Discussion? All those in favor?

9 (WHEREUPON, all Board members say, "aye.")

10 MS. WELLER: Oppose? Motion carries. Resolution
11 2019 40, authorization to negotiate and execute
12 contract amendments to extend three funder
13 collaboration contracts with Miami Homes for All, Inc.,
14 Hosanna Community Foundation (phonetic), and Big
15 Brothers, Big Sisters of Greater Miami, Inc. -- through
16 September 30TH, 2019, and to increase funding to
17 correspond with the additional months of service to
18 align the contracts of the fiscal year. Beginning on
19 October 1ST, 2019, in a total amount not to exceed
20 \$112,500. May I have a motion?

21 MR. DUNN: So moved, Dunn.

22 MR. PRESCOTT: Second, Prescott.

23 MS. WELLER: Any recusals? Discussion? All those in
24 favor?

25 (WHEREUPON, all Board members say "aye.")

1 MS. WELLER: Opposed? The motion carries.
2 Resolution 20 1941, authorization to negotiate and
3 execute a contract amendment with Institute for Child
4 and Family Health for additional family strengthening
5 services. In a total amount not to exceed \$87,000,
6 commencing August 2018 and ending July 31ST, 2019 --
7 and a new total amount not to exceed \$259,042. May I
8 have a motion?

9 MR. PRESCOTT: Prescott moves.

10 MS. DONWORTH: Second, Donworth.

11 MS. WELLER: Recusals? Discussion?

12 MR. BAGNER: Just a question, I was hoping to hear
13 from this provider. It seemed like there were some
14 challenges with recruitment, and I'd like to hear. It
15 sounds like that's improved, but I'd like to hear a bit
16 more about the plans for ensuring that that's not going
17 to be an issue with the additional funds to support
18 this program.

19 MR. HAJ: Suzy, would you like to come on up? And
20 while you walking up, just to give you some background.
21 This was a new initiative when we started. As you know,
22 a new initiative takes a little while to ramp up. They
23 weren't meeting the success in getting the amount of
24 kids. So Suzy and I met, we reduced our contract in
25 half, and said we will give you time to ramp up, and as

1 soon as you ramp up, we'll increase funding to get what
2 you need.

3 MS. SCHUMER: Good afternoon. I'm Susie Schumer,
4 CEO of the Institute for Child and Family Health. As
5 Jim just said, while we've been a provider for the
6 Trust for several years, long before I got to ICFH.
7 This was a new program, not to ICFH, but funded with
8 the Trust, in a new area in Naranja, We had to get new
9 office space, hire staff, build the whole
10 infrastructure. That was happening right when the
11 hurricane came, so we were set back. And that's really
12 what happened, we're about 3-months behind.

13 So we were going to lose all our funding, Jim --
14 and that's what we agreed to -- we would get half the
15 funding. We would not meet a full-target, but we would
16 get to a certain number, which we reached 92 percent
17 of. And then we would come back now, which we did, to
18 get additional funding. We also front-loaded the
19 contract, so all the money's been spent, and we still
20 have staff, and we stop the program going. So we need
21 this additional funding to keep us going through the
22 end of the year. Any other questions? Thank you.

23 MS. WELLER: Next question?

24 MS. JORDAN: I understood that this is -- even
25 though they received funding from the previous

1 programs, this is a new program. And -- I don't know,
2 when I was here before. And I don't know you still do
3 it, I just want to know -- the Trust is to provide the
4 startup, first three months of funding, and then they
5 submit reimbursement each month. Because small
6 community-based organizations doesn't have the
7 advantage of having a line of credit. Do you still do
8 that?

9 MR. HAJ: We still do it as needed.

10 MS. JORDAN: Alright, thank you.

11 MS. WELLER: Any other questions? All those in
12 favor?

13 (WHEREUPON, all Board members say "aye.")

14 MS. WELLER: Opposed? That concludes the program
15 committee authorizations.

16 MR. HOFFMAN: Thank you. Jim?

17 MR. HAJ: Mr. Chair, thank you. We just had some
18 great news today regarding our YAC, students the Youth
19 Advisory Committee. We have six sites throughout Miami,
20 but deep South. Just got an e-mail that said, YAC
21 members secured space at the Bulls Park (phonetic) back
22 in August. They cleaned out the room, painted murals on
23 the walls, gathered over 800 donated books and
24 furniture, had a local committee member building
25 bookshelves, and then developed a weekly mentoring, a

1 reading program for the elementary-age children that
2 spend their weekday afternoons at the park.

3 The YAC members presented their project to Awesome
4 Foundation and earned a thousand dollars towards their
5 project bookshelves - book shelves, furniture, and
6 books in the student center. So they received a check
7 yesterday afternoon, and we're very happy about that.

8 (WHEREUPON, there was applause from all those in
9 attendance.)

10 MR. HAJ: And they will also be traveling up to
11 Tallahassee the second week of March, Don? Third. Third
12 week of March.

13 Champions for Children, June 13TH, we set the
14 date. We will be putting it in your calendars if that
15 has not been in your calendars its back at (inaudible
16 1:06:04). Last year, we had a huge success, a little
17 over a thousand participants, we had to start turning
18 people away. So, please plan on attending, it's great
19 to have the Board present.

20 The CO contracts under \$25,000 is on Page 22.
21 Board attendance is on Page 23 and 24, we've had a
22 great Board attendance. The media report is also
23 attached, it's either attached, or you have a hard copy
24 in front of you.

25 And as you are leaving, fresh off the presses, we

1 are passing them out right now, is the annual Children
2 Trust Annual Report. You have time to peruse or read at
3 your leisure. Thank you, Mr. Chairman.

4 MR. HOFFMAN: Thank you Jim. Entertain a motion to
5 adjourn?

6 MR. DUNN: So moved.

7 MR. HOFFMAN: Unanimously approved. Thank you.

8 (Thereupon, the meeting adjourns at 5:10 p.m.)

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1 CERTIFICATE OF COURT REPORTER

2

3 THE STATE OF FLORIDA:

4 :ss.

5 COUNTY OF MIAMI DADE:

6

7 I, EMILIE BRAVE, a Court Reporter
 8 in and for the State of Florida at Large, do hereby
 9 certify that I was authorized to and did report the
 10 proceedings in the above-styled cause, at the time and
 11 place set forth; that the foregoing pages, numbered from
 12 1 through 52, inclusive, constitute a true and complete
 13 record of my notes.

14 I further certify that I am not a relative,
 15 employee, attorney or counsel of any of the parties, nor
 16 am I a relative or employee of any of the parties'
 17 attorney or counsel connected with the action, nor
 18 financially interested in the action.

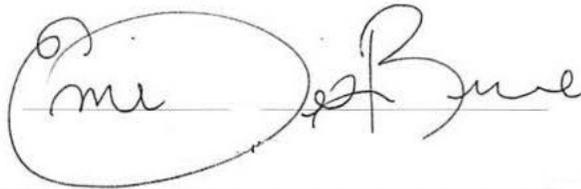
19

20 Dated this 19TH day of February, 2019.

21

22

23



24

Emilie Brave

25

Court Reporter

	115 17:7		51:21	
\$		2		5
\$112,500 47:20	12 29:9 35:19 47:2	2 46:14	27 31:14	57 31:14
\$2 45:19,22	12-month 26:3 44:19 47:4	20 48:2	19:3,7	59 18:11
\$25,000 51:20	12-months 44:17	2002 9:24		7
\$259,042 48:7	13TH 51:13	2008 10:7,11	3	7 25:18
\$585,000 47:2	140 19:7	2017 9:10 17:20	3-months 49:12	8
\$87,000 48:5	15 46:13	2018 46:10 48:6	305 36:22	8 18:10
\$882,168 44:17	150,000 27:25	2019 8:21 25:18,20 26:2 44:13,18 45:15,20,21 46:23 47:3,11, 16,19 48:6	30TH 44:18 47:16	800 50:23
-	16 35:7	2020 26:2 44:18 47:3	31ST 26:2 45:20 47:3 48:6	86 10:8
-I 28:13	17 26:1 36:12	217,499 45:19,22	33-member 15:2	9
1	18 46:24	22 51:20	36 25:20	92 49:16
1.3 27:22 30:7 34:22 36:12 37:24	19 17:6	222 17:7	37 44:13	A
10 35:19 46:8	1941 48:2	22ND 8:21	38 45:15	able 7:7 10:5 14:4 23:10 25:1 30:17 32:9 41:17,20
100 20:2	1:06:04 51:16	23 51:21	39 46:23	about 7:2,25 8:4,6,9 10:17,24 11:7 12:8,19 13:2,4,
	1ST 26:2 44:18 45:20 47:3,19	24	4	
			40 47:11	

5 14:5 17:24, 25 20:25 21:24 22:17,23 23:8, 18,21 29:21 30:4 32:19,20 33:9,13 34:8 35:7 36:8 38:1 39:14 40:18 43:1,3 46:14, 17 48:16 49:12 51:7	added 19:6 additional 11:17 14:14 18:20 19:7,8 41:4 47:17 48:4,17 49:18, 21 addresses 32:13 adequate 34:21 adjourn 52:5 administrators 39:2 admit 7:3 24:15 adolescents 36:10 adulthood 12:9 advance 18:14 27:14 advantage 50:7 Advisory 50:19 advocacy 15:20 after 33:23 43:8 after-school 33:7	afternoon 49:3 51:7 afternoons 51:2 again 8:12 9:18 age 29:9 45:18 agencies 42:23 43:5 agency 37:18 ages 42:4 ago 8:10 18:24 agreed 49:14 agreements 43:18 ahead 19:1 alcohol 39:5 align 47:18 aligning 15:8 29:1 all 7:6,8,15 8:13 9:2 10:5,19,24 11:3,4,12,13, 24 14:1,17 15:21 17:10	20:15,18,22 21:9,19 23:2,8 26:23 27:6,7, 16,17,25 29:2, 6,18,25 31:8 36:15 37:17 38:15 39:1,12 41:13 42:4,12 44:8,10,11,12 45:12,13 46:19,21 47:8, 9,13,23,25 49:13,19 50:11,13 51:8 allow 24:21 33:18 almost 20:15 30:7 alone 12:23 along 13:17 37:20 already 12:17 18:4 26:15,19 35:8 37:19 38:8,21 39:8,19 Alright 50:10 also 8:6 10:5 11:8, 14,25 12:4,14 13:2 17:2,3 18:21,24 23:23 24:5,8,11,12, 16,23 29:11 30:20 37:10 41:2,14 42:24	49:18 51:10,22 always 13:5 18:18 37:10 amazing 7:14,19 amendment 48:3 amendments 47:12 among 37:8 amount 25:25 30:5,7 36:12,13 44:16 45:18,22 47:1, 19 48:5,7,23 analyze 14:5 analyzed 20:12 announce 18:8 announced 18:8 annual 16:3,4 26:3 36:13 44:19 45:23 47:4 52:1,2 answer 9:18 anyone 7:23 35:12 45:5,7
---	--	---	--	--

anything 7:2	April 21:15 22:14 47:3	51:18	away 14:8 51:18	16:20 28:5 29:10 33:10
apologize 27:13	area 18:21 26:17 32:14 49:8	attention 11:6,25 12:5 33:12	Awesome 51:3	basic 10:23 11:14 28:1,2 35:24 36:3,24
app 37:1	areas 15:15 18:16, 19,20 22:10 31:13 32:17 38:15,18,21,25	Auditorium 19:6	aye 9:1,3 44:11 45:13 46:21 47:9 50:13	basically 29:24
applause 51:8		August 17:20 45:20 48:6 50:22	aye.' 47:25	basics 36:8
applicants 43:16		aunt 34:18	<hr/> B <hr/>	basis 16:21
application 33:21 42:9 43:17	around 10:1 13:7 14:20 23:5,6 42:17	authorization 25:20 44:13 45:15 46:23 47:11 48:2	babies 26:15 28:17	before 8:14 19:4 22:7 25:13,19 30:9 32:9 33:15 34:25 49:6 50:2
apply 18:15	art 42:25	authorizations 50:15	baby 28:5	
appreciating 42:7	ask 32:13	automate 20:7 24:8	back 8:13 17:17,23 18:9 21:10 44:8 49:11,17 50:21 51:15	begin 13:20
approach 22:5	asking 27:13	automated 9:13 20:15,18	background 48:20	beginning 11:18 47:18
appropriate 33:5 36:9	assistance 39:10 41:15	automation 24:4,5 25:10	Bagner 26:7 44:25 46:3 47:6 48:12	begins 13:16
appropriations 26:4 44:20 45:23 47:5	assuming 28:16	available 11:2 13:9 28:25 39:8	bandwidth 17:11	behavior 7:11,12
approval 8:15,19,24 10:7 16:19 33:19	attached 51:23	awarded 21:9	Barbara 27:12	behind 49:12
approve 33:14	attending 10:2	awarding 17:7	barrier 18:2,5	being 18:5 23:19 29:17 43:25
approved 17:19 52:7	attend 28:3	aware 35:1	based	believe 17:20 38:7 41:10
approves 16:12,17	attendance 25:2 51:9,21, 22	awareness 15:20		benefit
	attending			

33:25	47:9,25 50:13	brought	24:22	certain
best	51:19,21,22	17:16 18:9	captured	28:1 49:16
24:9	Board's	19:4 34:14	21:20	Chair
better	19:2	budget	car	9:7 24:1 27:12
13:6 14:4	BOHORQUES	13:18 16:4,7,8	36:6	34:2 37:16
29:24 30:4	19:10	24:22	care	38:6 39:16
big	book	budgets	11:21 28:10	44:7 50:17
21:21 47:14,15	28:24 51:5	24:16	care-giving	Chair's
birth	books	build	36:9	10:4
12:8 29:9	50:23 51:6	23:1 49:9	carefully	Chairman
45:17	bookshelves	building	41:11	52:3
births	50:25 51:5	47:1 50:24	carries	challenges
39:12	both	Bulls	44:12 45:14	25:9 48:14
bit	21:2 24:22	50:21	46:22 47:10	challenging
8:4 19:20	42:1,4 44:1		48:1	42:9
26:22 27:10	bottom	C	carry-out	Champions
35:17 36:13	36:4	calendar	12:25	51:13
38:12 43:11	box	46:9	catch	chance
48:15	15:6,10 16:16	calendars	40:24	33:24
blessed	brand	51:14,15	categories	change
38:7	29:22,24	call	15:16	33:14,17,19
blue	branded	39:2	caught	46:14
15:10	36:21,23	called	24:2	changing
board	Brandon	7:8 16:6 36:23	caveat	37:10
7:1,10,25 8:3,	8:25 9:1 45:25	came	41:16	check
7,11,20 9:3,10	brief	33:22 49:11	census	51:6
10:4 13:13	25:23 40:25	camp	39:1	child
14:18 15:2,4,	bring	45:17	center	7:17 11:6,13
10 16:4,12,15,	8:3 10:2 25:19	can't	7:5,14 12:14	18:25 41:21
16 17:3,19	31:24,25	32:16 33:14	51:6	48:3 49:4
19:4 20:25	brings	capacity	central	child's
21:6 23:16,17	16:14	47:1	20:16 25:4	11:7 36:2
27:14 31:17,25	Brothers	capital	CEO	childcare
32:7 33:10,24	47:15		49:4	42:21
37:7 38:3,13				
40:13 44:8,11,				
15 45:13 46:21				

childhood 12:3,11,12,13 15:18 25:17 40:8	cliché 10:25	32:21 36:1	29:6 30:17 37:4 41:12	connect 36:25
children 7:11 10:5,14, 19,24 11:4,14, 18,19,20 14:13 15:12,17 19:9 22:19 41:16 42:3 45:17 51:1,13 52:1	clock 46:15	commencing 26:1 44:17 45:20 47:2 48:6	42:22 43:2,5, 21 45:9 47:14	connected 36:25
children's 7:6 9:6,25 10:2,9,17 11:17 12:8 23:21 36:22 40:2 46:8	close 33:11	comment 8:18 25:15	community-- 32:22	consider 39:7
chilled 18:24	closely 14:11 15:7	comments 8:14	community- based 46:24 50:6	consistent 30:1
chime 7:24	Club 28:24	Commissioner 23:25 30:11 34:5 37:6	community- wide 37:15	Constance 41:22
circle 14:20,25	codes 38:15	commit 35:25 36:1	competitive 16:14,18 45:8	contact 13:16
city 28:3	collaboration 26:16 38:22 47:13	commitment 30:14,18 40:21,23	completed 17:5	contain 34:5
class 34:19	collaborations 14:12	committee 8:2,6 25:18 50:15,19,24	components 22:3	content 42:7
classes 30:17,20	colleagues 39:2	common 15:8	comprehensive 43:22	continue 26:15
cleaned 50:22	collecting 25:2	communicatio ns 29:23	concentration 46:17	continues 39:4
clear 31:7,11	Collins 41:22 43:23	communities 15:3 28:15	concentrations 46:18	continuous 13:3,8,23 17:1 21:24
clearly 18:22	come 9:9 10:13,25 20:5 29:24,25 36:21,23 37:19 48:19 49:17	community 9:14,17 10:3,9, 12,13,19 11:3, 10,15 12:16, 18,20,23 13:1, 10 14:22,23 15:19 18:13 20:24 27:1,6,8 28:9,14,24	concept 40:8	continuum 12:5
	comes 27:15 30:7 32:9		concern 33:9 34:10	contract 16:20,23 19:25 32:1 44:14 47:12 48:3,24 49:19
	coming 9:15 13:16 17:14,21 21:10 23:7 31:17		concerned 34:8	contracting 13:20,21 16:16,22 19:23
			concerns 34:4	contracts
			concludes 50:14	

17:7 20:10,17 21:9,13,19 25:21 45:16 46:24 47:13,18 51:20	correct 28:18	31:2,3	11 19:2,8 22:4 23:7	46:10
contribute 11:12	correspond 47:17	coverage 29:2 33:5	cycles 16:11	decided 30:24
conveniently 30:21	Corridor 18:22	covered 32:2	<hr/> D <hr/>	decision 31:1 38:5
cook 37:20	counsel 10:2	create 12:1 25:3	Dade 26:17 31:9	decisions 14:10
cooked 37:19	county 18:14 19:6 26:12,17 27:25	credibility 23:23	daily 25:2	dedication 14:22
coordinate 27:4 29:20	30:22,23 31:2, 3,9,23 32:2,25 33:4 37:9 38:9, 17 42:18 44:5	credit 50:7	Dan 44:25 46:3,12	deep 18:1,21 50:20
coordinated 31:1	county- 27:17 31:11 44:5	crime 39:4,5	dashboard 21:25 22:9,12, 15,25 23:1	defense 34:6
coordinating 29:17	county-wide 31:14,21 32:8 41:9 42:12	critical 12:20	dashboards 23:6	defined 32:25
coordination 43:15	countywide 31:12 32:12	cross-funder 14:12	data 14:5 16:20 20:18,22 21:18 22:23 23:2,8 24:13 25:4,5 38:16,17 40:9	deliver 25:23
copies 19:25	couple 18:24 22:13 29:16 41:23	cumbersome 24:8	data-quality 22:21	delivered 28:23 34:24 42:5
COPL 26:13 27:8 38:22,23	course 16:24 23:13 38:10,11 42:4 43:24	curious 45:5	date 16:3 51:14	delivering 29:10
copy 51:23	courses 30:13,24	current 20:14 26:20 40:5,9 43:3	day 8:5	departments 15:5,7
Coral 32:15	court 8:16 39:25	currently 24:24 35:4 40:2,19	dealing 28:16	depending 30:15
cornerstone 12:15	cover	curriculum 29:4,8 39:18, 19 40:16 44:9	death 39:6	describe 36:5
corporations 43:21		cycle 13:12 14:17,25 15:25 16:11,18 17:8,9,10 18:9,	December	describing 35:23
				designed 27:21
				desperately

38:19	directing 37:8	27:2	21:7 46:9	21:2
detail 34:6,8	direction 14:19 20:21 21:3 25:11	documented 7:15	<hr/> E <hr/>	effort 26:10 27:6 31:1
details 36:15	directly 46:5	dollar 27:22	e-mail 50:20	eight 35:19,25 40:21 45:16
determine 32:1	Director 32:6	dollars 14:14 19:3,7 30:7 35:8 37:24 51:4	each 16:7,19 20:1 50:5	eight-week 33:2
develop 37:1	Directors 8:20 15:2	Don 51:11	earlier 37:9 42:14	either 51:23
developed 50:25	disabilities 11:19 22:19	donated 50:23	early 12:3,6,11,12 15:17 36:2 39:20 42:21 45:16	elementary-age 51:1
developing 24:10	discuss 23:16	done 8:10 19:10,22, 24 20:3,8,9,10, 11,14,16 38:2	earned 51:4	elevate 9:16
development 11:7,8 12:13 15:18,21 16:25 28:6 36:2	discussion 9:2 18:23 45:1 47:8,23 48:11	done-- 20:12	easier 20:24 24:12 25:3	else 7:23
different 15:3,23 20:21 21:8 22:3,10, 22 23:4 27:1 28:4,8,15 30:13 31:4,5,6 32:23 33:6 36:17 37:22 39:21 42:13	disperse 39:15	Donworth 44:21 46:1 48:10	East 32:19	employed 26:7 44:25 46:3
different-- 27:1	disseminate 14:5	down 9:15	economic 10:12 11:9	end 8:1 18:13 38:24 49:22
difficult 18:6 38:14 40:23	distribute 42:16	drop 30:18	ecosystem 25:11	ended 34:1
difficulty 17:4	district 23:15 26:25 27:2 29:15	drugs 39:5	education 26:16 28:3 39:20	ending 26:2 44:18 45:20 47:3 48:6
direct- 37:13	districts 23:20	Dunn 26:9 38:6 45:2, 11 47:21 52:6	educational 11:7 25:24 26:10	engagement 12:20 13:1 18:13
	dive 18:2	duplicating 29:18	efficient 19:17 20:5	enhancement 44:16
	diverse 31:3 44:4	during		
	Division			

enough 14:15	even 10:10 11:13 14:1,4 20:10	29:3 36:7	7:2 32:10 33:10	40:22 41:4
ensure 31:22 32:2 33:4 43:22	23:20 38:21 41:6 49:24	exceed 25:25 44:16 45:18,22 47:2, 19 48:5,7	experiencing 21:4	family 15:19 27:2 41:21 48:4 49:4
ensuring 48:16	events 25:25 26:11	Excel 20:13	expertise 15:3	favor 9:2 43:24 44:10 45:12 46:20 47:8,24 50:12
enter 21:22	ever 7:20	excellent 7:22	explanations 34:21	February 25:18
Entertain 52:4	every 28:1 30:24	exchange-- 30:10	extend 47:12	feedback 24:18
entire 17:16,18 31:2 32:2	everybody 36:6	excited 23:8	extended 33:8	feed 24:18
entities 15:3 25:5 26:23 31:4,6,7 42:25	everyone 7:10 8:23	execute 14:21 15:9 19:14 20:1 25:21 44:14 45:15 46:23 47:11 48:3	extreme 31:15	feedback 24:13
entry 18:2,5	everything 14:2 19:22 24:2 28:8 30:8 39:22	executive 8:1,5	extremely 33:11	feel 32:7 41:4
environment 42:10	evidence 40:3	Executive 8:1,5	<hr/> F <hr/>	feels 12:12
environments 11:9,11	evidence-based 12:14 40:4 41:24 42:8 44:1,2	exists 20:20	facilitates 11:3	felt 36:3
equipment 24:5,17,20,23	evident 18:22	expand 35:5	fact 29:19 40:18	few 10:20
especially 41:12	evolve 25:7	expanded 18:20	fact-based 17:25	final 21:11
establish 37:23	exactly 28:14,19,20 38:1	expect 21:17	fair 34:13	finalized 17:21
established 38:8 43:5	example 19:23 23:15	expectation 42:19	faith-based 43:20	finance 7:7
establishing 41:6		expenditure 24:22	familiar 9:23 41:25	find 31:13
		experience	families 11:4 14:13 15:13 35:13,17	fine 32:18

first 8:13 10:6 15:22 25:20 27:16 29:19 32:4 46:25 50:4	follow 40:16	full 10:19 12:13 42:6	future 22:8 41:8	10:22
fiscal 16:9 47:18	forth 30:19 33:3	full-	<hr/> G <hr/>	good 13:5 22:10 24:2 38:20 49:3
fiscal-health 22:22	forward 14:10 34:2	developmental 12:5	Gables 32:15	gotten 42:6
FIU 26:7,11 44:25 45:9 46:3,12, 13	foster 11:21	full-target 49:15	gathered 50:23	Goulds 32:16
five-year 9:11 16:11,18 17:7,9 19:8	found 8:22 42:9	functioning 8:7	gave 9:8	grant 17:6 18:3 21:12 26:11
five-years 45:18	Foundation 47:14 51:4	fund 11:17	geographies 27:7	grants 20:9
five-years-ago 24:3	foundational 10:23 11:5 37:2	funded 12:16 13:22 18:5,16 19:15 49:7	getting 12:21 14:7 18:4,7,13 25:8 34:23 41:1 48:23	great 50:18 51:18,22
flip-side 35:21,23	founding 10:4	funder 18:10 47:12	giant 27:23	greater 34:10 47:15
Florida 25:23 44:14 45:4,6	four 8:22 26:25 32:18 44:18 45:21	funders 12:24	Giminez 40:17	green 15:6
focus 9:25 11:18 12:11	four-years 17:22	funding 13:19,20 14:15 15:16 16:13,17 17:8 18:2,11, 15 19:2,8 26:4 30:25 37:18 44:19 45:23 46:18 47:4,16 49:1,13,15,18, 21,25 50:4	give 22:10 24:12 40:23 48:20,25	ground 15:12
focuses 29:4,8	free 7:19	funds 46:8 48:17	given 46:13	group 13:25 26:21 31:3 35:3,18, 20 40:3,19
focusing 8:6 13:23	fresh 16:3 51:25	furniture 50:24 51:5	gives 12:3 23:22 26:22	groups 13:1 15:24 40:4
folks 42:17	front 17:13,15 23:4 51:24	further 38:12	go-to 36:24	growth 13:4 14:3 22:6
	front- 18:12		goals 15:8,9	guess 30:9
	front-loaded 49:18		goes	guidance

19:18 34:12	30:23 38:1 41:16 50:7	24:4 26:24 28:22 31:7,18, 19 32:9,10 35:21 38:13 41:10 50:2	35:2,10 36:1 homelessness 11:23 homes 34:14,24 47:13 honestly 44:3 Hope 26:5 40:1,6,9, 12 44:23 hopefully 8:23 9:22 12:1 hoping 48:12 Hosanna 47:14 Hospital 38:11 hospitals 38:16 hot-spot 38:18 House 41:23 housed 27:3 huge 51:16 hurricane 49:11	24:21,23,24,25 ICFH 49:6,7 idea 27:24 29:22 identified 46:25 identify 41:7,20 44:4 immediate 43:14 impact 14:6 implement 14:21 important 23:22 37:5 impressed 7:4 impressive 7:16,18 improve 24:13 improved 17:23 22:8 23:1,6 48:15 improvement 13:24 21:24 22:5 inaudible 51:15 include 39:17 42:20
<hr/> H <hr/>	heading 18:25 headphones 7:17 health 11:10 15:18 25:18,24 26:10 28:2,10 34:13 36:5 38:11 39:10,13 48:4 49:4 hear 13:2 48:12,14, 15 heard 17:25 27:21 hearing 16:6 hearings 16:6 help 25:1 41:14 helped 10:6 helpful 13:14 helping 27:4 41:15 helps 13:18 here 8:14 15:14,24 17:22 23:17	Here's 33:15 herein 46:25 high 12:4 42:2 higher 45:3 highest-need 35:13 highest-risk 35:12 Hincapie 39:16,24 hire 49:9 historical 19:10 historically- funded 18:19 HOFFMAN 7:23 8:25 9:5 23:11,25 25:13 26:18 34:3 37:5 50:16 52:4,7 holistic-view 22:2 home	<hr/> I <hr/> I.T.	

included 26:25 39:20 43:20	26:1 30:5 33:21 36:14	interesting 46:16	11:21 41:3	Jordan 23:25 24:1,15 27:12 28:11, 13,20 30:3,11 31:5,11 32:4 33:20 37:6,16 49:24 50:10
includes 36:14	initially 34:1	internally 24:11	ipad 17:4	
including 39:23	initiative 47:1 48:21,22	International 25:22,23 44:14 45:4	ipad's 17:3	
Incorporated 25:22	initiatives 19:15	intervention 30:16 45:17	iron-out 36:15	judicial 38:13
increase 18:16 19:3 47:16 49:1	innovation 17:14,18 21:12	intimately 41:25	is?-- 28:20	July 26:2 48:6
increased 18:11	input 13:2	into 9:5 13:16 16:16 18:10 21:22 23:2	Isaac 34:25	jump 9:19
individual 37:14 40:3,20	instead 22:1,15	24:18 25:4 26:12 27:6 29:25 34:14, 18,24 39:4,7 45:9	issue 48:17	June 51:13
infant 28:17	Institute 48:3 49:4		it's-- 28:21	justice 11:21
infants 36:9	institutions 45:3		item 19:4 30:9	juvenile 11:21
inform 13:18 14:9,10	instruct 26:11	invest 12:3,6 15:17	ITN 30:4 33:21	
information 11:2 14:9 20:12,23,25 21:6,7 22:9,16 28:1,23,25 30:2,9 31:18 32:7 35:24 36:3,24,25 37:3 38:1,3,4 41:2 43:2,19	instruction 11:1	invested 35:8	ITN's 27:15	<hr/> K <hr/>
	integrate 23:2	investing 35:9	itself 22:2	Karen 25:14,16
	intended 26:22 36:11	investment 12:4,7 15:15	<hr/> J <hr/>	keep 16:2 37:8 38:23 49:21
	intensive 26:20 27:9 35:15 42:5 43:7	invoices 20:8,17	Jackson 38:10,17 39:9	Ken 9:7 30:11
infrastructure 49:10	intent 30:4	invoicing 20:3	January 8:21 46:10	key 10:14 11:5 20:18 22:16
initial	interaction 7:8 40:8	involve 11:22 46:12	Jim 19:22 21:11 23:11 49:5,13 50:16 52:4	kids 10:25 27:25 34:17 41:13 48:24
		involved		

kind 12:17 13:12, 13,15 14:20 15:24 16:2,3 28:18 35:21 36:7,10 37:2 38:22	lay 29:21 46:18	35:24 36:4,6, 18 40:18 42:25 46:7 48:13,14, 15,19	27:19 30:24 32:20 33:10,14	39:12
kinds 12:22	leadership 9:10 14:18	learn 8:4 24:12	location-wise 31:9	Lourdes 40:17
knowing 41:11	learning 13:3,8,23 17:1 21:24 45:3	learned 33:1	locations 27:19 28:9 32:18 39:13 41:7 43:20,21	love 10:18
known 7:10 24:3	learnings 25:8	line 50:7	logic 34:15	<hr/> M <hr/>
knows 8:18	least 28:7 38:25 39:7,14 40:24	link 41:3,17	long 9:9,24 20:5 49:6	made 15:5 21:21
<hr/> L <hr/>	leave 34:17	linkage 43:6	long-term 30:14	Mailman 7:5
ladies 26:14	leaving 51:25	listed 15:5,6,14 26:24	longer 13:13 33:18	main 20:19
laid-out 29:14	leisure 14:9 52:3	listing 32:17	looked 17:24,25 20:13 22:2	maintain 18:18
languages 27:7 28:8 29:7	less 36:13	little 8:4 19:20 21:8 23:4 26:22 27:10 35:17 36:13,17 38:12 43:11 48:22 51:16	looking 8:2 12:23 13:8 35:7 37:9 43:14	major 18:25 35:16
large 18:4	letting 9:14	live 11:9	Lori 9:18,20 23:11 26:18 35:1,4 37:12	make 8:17 12:16 13:6,20 14:3 20:24 21:1,5, 18 22:16 24:8 25:2 29:2 31:16 32:2,8 36:21 37:10 38:5 41:17 43:17
last 8:1,5 13:3 17:8,10,17,24 21:10,14,22 37:6 46:9,11, 12,13 51:16	level 30:16	living 11:22	lose 49:13	making 25:15 29:13,17 30:25
later 40:13	leverage 14:13	local 50:24	lot 8:11 10:12 11:20 12:1 17:25 18:12 26:19 27:14 34:6,7 37:25	man 34:18
launch 36:14	lifespan 12:7	located 30:21 32:15		manage 16:8
	like 7:2,24 8:2 12:12 22:13 28:10,24 34:22	location		

manages 16:13	43:9	mentioned 9:7 10:24 21:11 22:4 37:9	17:7 19:3,7,8 25:25 27:22 30:7 34:23 35:7 36:12 37:24 45:19,22 46:14	22:13 26:1 30:15 47:2,17 50:4
manuals 11:1	mean 7:9,20 31:21 34:19,20	mentioning 38:23 46:11	mindset 13:4	more 8:4 21:2 22:1 25:10 26:20, 21,22 27:9,10 30:9 32:7,17 34:23 35:14, 15,17 36:4 37:14 43:7,9, 11 48:16
many 9:22,23 11:1 21:10 28:3 31:15,16 38:24 42:3,12,20	means 14:15	mentoring 50:25	minute 8:9	morphs 39:4
map 37:9 42:12,23	meantime 21:17	merge 25:4	minutes 8:15,19,21 46:13	most 10:23 19:16 20:5 34:12,15 35:10 39:10,11 41:15 43:13
maps 43:4	media 51:22	merits 43:10	mirror 7:17	mostly 21:15 22:14
March 21:15 26:2 45:20 47:3 51:11,12	meet 49:15	met 8:20 25:18 48:24	mission 9:22 10:1,15 12:19 15:21	mother 34:18
marvelous 38:8	meeting 8:1,21 19:5 29:19 32:5,6 37:7 43:15 46:6 48:23	metrics 13:24 16:20,24 22:4,20	model 28:2 40:10	mothers 42:7
material 43:25	Meetings 8:7	Miami 9:24 25:22 26:12 45:4 47:13,15 50:19	moms 42:3,4	motion 8:17,24 25:15 26:4 44:12,20 45:14,24 46:22 47:5,10,20 48:1,8 52:4
math 46:14	member 15:4 50:24	Miami- 26:16 31:8	money 37:25	move 9:5
matter 13:5	members 7:1 8:3,11 9:3 17:3 20:25 23:17 44:11 45:13 46:21 47:9,25 50:13, 21 51:3	Miami-dade 19:6 26:12 27:25 38:9,17 39:9	money's 49:19	moved 8:25 44:21 45:25 47:6,21 52:6
may 21:8,16 22:15 32:14 34:25 37:16 38:6 41:4,7 45:23 47:5,20 48:7	memberships 15:4	middle 35:14	monitor 33:12	
maybe 30:12 35:16, 17,19 39:16, 19,23 40:12,13 41:18 42:21	Memorial 38:10,17 39:9 45:6	might 11:22	monitoring 36:10	
	mental 7:12	millage 16:7	month 17:18 19:5 21:13 36:12 50:5	
		million	months	

moves 16:16 48:9	31:12,15 32:6 34:11,15 35:17,24 36:3, 8 41:4,15,20 43:9 49:2,20	Nelson 39:23	noticed 27:16 35:9	Once 13:19
moving 17:9		never 32:12 41:19	number 10:22 18:16 21:20 22:1 30:13,23 33:22 35:7 49:16	one 10:23 12:14 13:3 17:14 20:1,23 21:18 22:1 23:2,9,14, 17 25:1,3,20 27:19,22 28:16 29:3 32:20 37:5 39:2,16 40:5 41:18,24 42:10 45:9 47:4
much 17:15 20:24 23:14,22 28:24 43:24	needed 11:3 13:2 19:25 20:1 38:19 50:9	new 8:11,15 9:11 14:10 17:23 18:6,10 22:25 23:6 33:12 48:7,21,22 49:7,8 50:1	<hr/> O <hr/>	
multi- 16:10	neediest 34:24 40:22 41:12	news 50:18	October 44:17 47:19	
multiple 30:15	needs 11:20 32:7 34:13 35:15 36:6 41:11 42:3	next 17:14,18,22 21:13 22:13 23:7 46:6 49:23	off 51:25	one-time 26:23 27:21 37:25
murals 50:22		needy 35:10	offer 28:10 29:2 38:7 40:2,19 41:9 42:15 43:11	ones 15:11
museum 42:25	negotiate 25:21 30:5,6 44:13 45:15 46:23 47:11 48:2	night 34:16	offered 7:19 28:7,9 29:18 43:25	ongoing 16:21,23 26:21 35:18
<hr/> N <hr/>	negotiating 33:23	normally 31:21,23	offering 16:24 29:5,8 30:2 35:11 42:13	only 12:11,12 14:17 24:11 29:3 33:13 36:18 41:1 42:8 45:9 46:10,11
name 8:18 25:16	negotiation 29:13,19 32:1 33:25	North 30:22 31:15 32:19	offers 42:24	operates 42:18
Naranja 49:8	negotiations 16:23	North-dade 31:16 32:16	office 49:9	operating 16:11
narrative 10:22	neighborhood 15:19	Northeast 18:22	offices 36:18	operations 20:19 29:21
nations 26:25	neighborhoods 11:16	Northwest 32:14	old 22:25	opportunities 8:2 17:6
necessarily 7:12		note 8:15 37:6	old-way 20:6	
need 11:14,16,25 12:3,21 14:3, 16 18:19 19:18 24:2,9,17 29:5 30:3,9,16		notice 34:8		

opportunity 8:23 18:3	8:22	parenting-type 42:17	partnership 9:16 13:7 21:22,23	51:18
Oppose 45:14 46:22 47:10	page 15:22 51:20,21	parents 7:10 11:4 27:19,25 28:3 29:1,4,25 30:18 32:13,16 34:11,15 35:23 37:3 40:20 41:15 43:8	partnerships 12:20	percent 10:8 18:10,11 22:18 49:16
opposed 24:3 32:21 33:1 44:12 48:1 50:14	pages 8:22 20:2		parts 27:7	Perez 7:3,23 23:12, 13
order 24:17	painted 50:22	park 50:21 51:2	pass 9:4	perfect 36:7
organization 12:22	pallets 25:6,7	part 9:19 10:3,15 18:23 19:1 22:3,4 24:7 28:21 29:12 35:1 36:4 38:3	passage 10:6	performance 21:21
organizational 15:8	pamphlet 7:20	participants 30:21 51:17	passed 9:25 10:11	performing 14:2 22:11
organizations 9:16 12:10 24:14 46:24 50:6	paper 19:22,24 20:2, 10,14	participation 23:16	passing 52:1	Perhaps 30:3
others 10:16 29:8	paragraph 40:1	particular 23:20 40:10 41:20	passion 14:22	period 33:1,8 43:14
our-- 10:20	paraphrase 30:12	particularly 7:4 11:15	past 19:21 21:9,19	periodically 14:4
over 8:12 20:2 21:10 25:14 34:25 43:9 50:23 51:17	parent 7:16,18 27:3 28:1 34:18 35:1 37:1 40:8, 20 41:18	parting-gift 14:7	pathway 43:6	periods 13:13
overview 22:10	Parent-child 7:8	partner 12:24,25 43:1	pause-- 28:11	person 33:13 36:1
own 27:20 41:16	parenting 15:17 25:24 26:9,20 27:9 28:23 29:23 30:12,17,20,23 33:6 34:11,19 35:3,8 36:22 38:19 40:3,24, 25 41:8,24 42:3	partnering 10:15	pay 11:6 12:4 24:23 33:11	perspective 19:11
<hr/> P <hr/>		partners 14:11 29:16	PCIT 42:1	peruse 52:2
packets			pediatric 28:17	phased 17:10
			people 10:13 13:9 29:10,23 31:3 32:21 39:10,11	phonetic 26:13 28:24 47:14 50:21
				piece 13:23 35:14

43:6	pleased 18:8	34:19	39:6	40:4 42:7,18
pieces 13:14	point 21:25 32:3 38:20 39:14 40:13	practice 44:1	private 43:20	48:18 49:7,20 50:1,14 51:1
piggyback 40:17	points 11:5 22:23 38:25	pregnancy 38:24 39:3,11	probably 15:1 46:15	programmatic 20:17
pike 9:15	policy 14:12,19 37:23	premature 31:18	problem 35:16 38:14	programming 12:14
pilot 37:22	population 18:25 27:8 35:11,22	Prescott 47:22 48:9	problems 7:11,12,13	programs 18:17 19:15 21:1 23:18,19 26:13 27:9 28:16 32:11 35:8,10,18 37:13,15,17 40:3 41:25 42:1,5 43:7,11 44:2 50:1
pilots 24:25	population- focus 22:18	presence 18:18	process 13:18,19,21 16:4,6,8,14 17:6,23 19:13, 24 20:3 21:8 22:21,24 24:4, 5,7 29:13 33:21 42:16 44:8	progress 13:25 15:9
Pirus 16:23	populations 11:16,24 26:21	present 51:19	processes 20:7,15,18 21:1	project 24:25 51:3,5
pivot 17:8	portal 25:3	presentation 8:9,12 9:6,8, 18,20 23:14	produce 23:10	proposal 37:20,21
place 21:14 23:9 24:12 36:16,18 39:12	portfolio 17:16 35:2	presentations 8:7	product 34:24	proposals 26:24
places 20:21 37:11 43:16	position 31:21	presented 51:3	professional 15:20 16:25	proposed 29:11 34:1 42:20,23
plan 9:11 10:21 13:17 14:3 15:15 16:2 31:14 38:11 51:18	positive 28:6 42:10	presenters 41:2	program 7:5,7 12:21 13:24 15:20 16:20,25 22:2, 3,11,17,20,23 23:22 25:17 26:13,20 30:13 32:24 33:6,7 35:2 37:19,22	proud 7:6
planning 14:1 16:1 22:6 36:14 37:7	possible 14:14,17 28:4	presses 51:25		provide 19:19 24:19 30:17 33:16,17 40:13 44:15 45:16 50:3
plans 29:22 48:16	potential 10:20	pretty 17:15		
play 15:23	poverty 39:3	previous 18:9 49:25		
	practical	prior 33:10		
		priority 18:20		
		prison		

provided 38:4	push 25:9	range 35:19 37:13 44:4	32:17	48:14
provider 37:20 48:13 49:5	put 10:5 25:4 36:6 45:9	rate 7:14 16:7	realized 35:21	recusals 26:6 44:24 46:2,12 47:23 48:11
providers 8:3 9:16 12:25 13:7,22 14:1,2, 23 15:11 18:6, 10 19:14,18,25 20:24 21:2,23 22:6 24:6,9 25:1,7 27:5 29:1,4,20 30:1 36:19 45:16	putting 24:11 37:21 51:14	rated 23:19	really 10:3,13,14 12:8,11 13:1,4, 6 15:7,11 18:4 21:23 27:13 36:11,14 37:2 40:7 42:23 43:6,22 44:3,5 49:11	reduced 48:24
providing 19:17 32:11	pyramid 36:4	rating 22:20,21,22 23:22	reauthorizing 10:8	referral 43:5
provision 10:6 40:16	<hr/> Q <hr/>	reach 26:12 27:24 32:12 43:22	received 49:25 51:6	referrals 41:3,18
public 8:14 14:12 16:6 25:24 26:10,12 28:2 36:5 38:9,18 39:9 42:21,25 43:1,16	quality 13:24 19:19 21:24 22:5 23:18	reach-out 38:23	receivers 20:7	refresh 16:3 37:7
published 45:8	question 24:15 26:9 33:20 45:2 46:4 48:12 49:23	reached 45:6,7 49:16	recipients 46:8	regard 26:9
pull 22:9	questions 9:18 23:12 25:13 27:11, 13,15 43:9 45:12 46:19 49:22 50:11	reaching 27:6 29:15 36:20	recognize 11:14	regarding 33:20 41:8 50:18
pulled 20:12	quick 28:11 46:5	reaching-out 39:7	Recognizing 24:1	regardless 30:1
purpose 37:18	<hr/> R <hr/>	read 9:21 14:9 41:10 52:2	recommendati on 34:2	reimbursement 50:5
pursuit 15:21	raise 8:17	reading 44:15 51:1	recommendati ons 13:20 16:15,17 17:13 21:12 27:17	reiteration 15:25
	ramp 48:22,25 49:1	Ready 44:10	recovering 37:12	relate 46:6
		real 21:23 46:5	recruitment	relates 45:2
		real-life 19:23		relation 34:10
		realistic		relationships 38:8
				release 9:11 16:12

released 17:6,16	requested 30:5 33:23	retreat 17:20 18:23	32:14 36:17 37:12 48:25 49:5 50:20	44:22,23 46:1 47:7,22 48:10 51:11
remaining 26:3 44:19 45:21	requires 30:14	return 12:4	Salver 34:4 46:5 47:7	secured 50:21
reminder 25:14	researched 7:15	review 8:23 13:17 16:7,23	same 8:5 9:13 20:9 22:21	seeing 17:4,12
renewal 21:7,11 22:24 23:7 47:4	resident 13:1	reviewed 16:21 42:14	saw 15:22 18:16 30:16	seemed 48:13
renewals 16:20 17:21 21:15,20 22:14 26:3 44:19 45:21	resolution 25:20 31:24,25 34:5,11 40:5 44:13 45:14 46:6,22 47:10 48:2	reviews 42:6	say 7:2 9:3 27:17, 21 31:11,21 34:16 42:8,11 43:23 44:11 45:13 46:21 47:9,25 50:13	seen 10:21 21:8 43:25
report 24:5 44:8,9 51:22 52:2	resolutions 25:19 34:7 41:8	RFT's 27:15	Richard 38:6	select 31:24
reporter 8:16 39:25	resources 11:17 39:8	roles 15:23 27:10	roll 8:13 25:9	selected 31:4
reporting 25:2	respect 45:3	room 50:22	saying 40:18	selecting 33:3
reports 23:9	responded 45:10	rotating 32:21,22	says 13:3 33:15	separate 43:16
repository 20:23 21:19 23:3	responsive 36:9	Roy 22:4	school 7:9 23:15,16 26:25 38:9 42:21 43:16,19	September 44:18 47:16
represent 15:2 23:15	rest 39:6	RP's 17:11	schools 26:13 27:1 38:18 39:9	series 42:6
representation 38:10,12	resulting 16:15	<hr/> S <hr/>	Schumer 49:3	serve 41:13 42:4
represents 19:3	results 12:22 14:8 44:3,6	safety 11:10	seat 36:6	served 27:9
request 46:7	retail-type 34:23	said 12:19 30:8,12	second 9:1 10:1,7 26:5 40:1 42:11	service 12:24 14:22,23 19:17 22:17 34:13 37:14

47:17	shelves 51:5	sites 29:11,12,14 31:22,23,24 32:25 33:2,3 42:13,20,21, 22,24 44:9 50:19	9:12 16:13,14, 19 17:5,19,24 19:13 45:8	spaces 43:1
services 10:2 11:2 13:9, 21 18:20 19:19 24:24 25:17 27:2 29:10 31:8 32:12 33:16,17 36:16 37:11 39:15 41:5,9 42:13 44:16 45:17 48:5	shift 18:25	situations 11:22	solicitations 13:19 16:10 20:2,16	speaking 18:14
servicing 22:19 35:22	should 7:6 32:9,10 38:3,13	six 8:23 25:19 27:16 35:19 40:21,23 41:19 50:19	solutions 25:10	special 11:20,25 42:2
session 26:8 33:2 35:25 41:18,20	show 19:22 40:9	six-month 45:21	somebody 33:15	specific 27:8 37:18 38:1 41:7
sessions 30:14 35:20 40:20,25	showed 22:1	six-months 45:19	something 23:4 29:24 33:11 37:22 40:12	specifically 41:21
set 13:24 16:8 23:3 28:25 38:21 39:19,22 49:11 51:13	sights 32:1	slightly 33:5	sometimes 27:15	spectrum 28:7
setting 14:18	signed 20:1	small 46:24 50:5	soon 7:21 49:1	spelling 16:24
seven 15:14	significantly 18:19	small-- 18:4	sorry 24:23 39:23 40:1	spend 51:2
several 27:18 49:6	similar 29:12 34:4	small-scale 25:6	sort 14:18 15:16 36:5,15 43:8, 16	spent 13:22 34:22 49:19
share 21:5	simple 46:7	so- 30:18	sounds 48:15	sponsoring 24:16
Shelter 41:23	since 9:10 20:6 21:14	So-- 28:19	source 36:24	spreading 37:11
	single 12:21,22 30:24 34:17	so-to-speak 42:17	South 18:21,25 30:22 31:16 32:19 50:20	spreadsheets 20:13
	Sisters 47:15	social 11:8	space 49:9 50:21	staff 14:20 15:5,12 16:2,8,9,13,22 22:20 37:8 39:17 44:3 45:6 49:9,20
	site 33:7,9,14,16, 19 42:22	solicitation		staff's 34:6

stakeholders 14:23	26:5 40:1 44:23	48:23 51:16	Suzy 48:19,24	tapping 39:7
standard 28:25 29:21	still 20:10,13,20 49:19 50:2,7,9	successful 10:7 17:5 19:12 23:19 40:10	SYLVESTRE 24:21 30:11 31:10,20 32:23	taxes 28:4
start 9:19,20 13:13 21:14 29:20 31:25 51:17	stop 49:20	such 10:11 42:25	system 11:22 20:8,9, 11,16 24:10 33:12,18 38:9, 13 43:19	team 15:1 18:14
started 9:10 18:1 20:7, 8 48:21	stored 20:23	suggestions 38:7	systems 9:13 12:24 24:11,18	technological 25:10
starting 38:20,25 39:14	story 39:6	summary 14:8 40:15	T	teen 38:24
starts 16:1 39:3,4	strategic 9:11 10:21 13:17 15:15 16:1 37:6 41:1	summer 45:17		teenage 39:3,11,12
startup 50:4	strengthening 13:8 48:4	Sunset 10:6		teenager 28:6
state 8:18 12:10 14:11 25:16	strong 10:9,11 25:22	supplement 35:4	tab 17:4	teenagers 39:21
statements 9:22	student 51:6	support 10:9,12 11:12 14:13,16 15:12,17,19 19:18 26:22 27:11 34:20,21 35:17 43:10,11 48:17	take 14:8 19:20 36:16,18 39:12 42:19	teens 29:5
states 40:2	students 38:24 50:18	supporting 11:19 15:8 24:5	takes 48:22	tend 27:14
static 33:7,8	subject 26:3 44:19 45:23 47:4	supports 11:1 14:25 16:25	talk 14:5	term 26:1 44:17 45:19 47:2
stay 23:7	submit 50:5	Susie 49:3	talked 7:25 8:6	terms 13:11 16:22 24:19 33:21
Stephanie 24:20 31:7 36:17	submitting 33:22	sustain 12:6	talking 29:20 32:19,20 33:13 42:11	than 21:8 36:13 37:21
Stephanie's 34:20	substance 43:24		Tallahassee 51:11	their 7:2 10:19 11:8, 10 13:2 17:4 18:18 21:21 22:17,18,20, 21,22 23:20
Steve	success 7:14 42:2		tap 29:25	

24:13,16 26:15,24 27:20 34:14 36:1,2,6 37:21 41:15,21 42:9 43:17 51:2,3,4	three 17:12,17 19:24 21:22 26:3,23 27:5,6 28:7,15 29:1,20 30:1 31:4,5,6 34:17 46:12 47:12 50:4	to-- 19:25	track 13:25 38:14	try 7:21 13:6
therapy 7:8 40:8	three-hours 35:25	today 14:7 17:12,18 21:12 25:19 50:18	traditional 32:24 33:6	trying 12:1 19:1 26:15 28:22 37:23 40:24 41:14
thing 22:21 28:18 35:25 36:10 37:5 42:11	three-separate 43:18	toddlers 28:17	training 24:6,17,19 32:14	Tuesday 8:20
things 10:10 11:12,14 12:1,17 13:6 14:3,21 17:25 19:21 20:4,11, 14 23:15,17 28:10 29:3 37:8 39:17,21	three-year 17:9	together 10:13,16,18 15:7 43:19	transition 12:9 21:4,18, 21 22:11,16,24 23:5	tuned 23:7
thinking 19:16 23:21 43:1,3	through 7:17 8:22 9:17 10:22 12:25 13:19 14:17 16:5 17:10,21 19:2 20:8 22:23,24 23:5 38:6 39:8,16 43:19 44:7 47:15 49:21	took 7:20	traveling 51:10	turn 8:12 34:25
third 17:4 51:11	throughout 12:16 18:14 31:22 32:25 33:4 50:19	top 46:8	treat 7:16	turning 51:17
those-- 19:14	Thursday 25:18	top- 14:1	tremendous 42:2,6 44:2	two 8:10 17:10 21:22 24:25 36:2
thought 27:20	time 9:13,24 10:1, 12 11:18 13:13 18:6 23:5 33:1, 8,17 36:15 40:14 48:25 52:2	topics 28:5	trim 16:6	two-way 7:17
thought- 42:15		total 25:25 30:6 44:16 45:18,22 47:1,19 48:5,7	Triple 39:18 40:7 42:1	two-year 46:25
thoughts 41:23		totaling 17:6	trust 7:7 8:5,8,9 9:6, 25 10:4,9,17 11:3,17 12:2,8, 11 18:2,5,10, 15 23:21 25:4 36:20,22 39:13 40:2 42:14 44:3,4 46:9 49:6,8 50:3 52:2	two-years 17:17 21:10
thousand 51:4,17		touch-points 24:10	Trustees 44:15	two-years-ago 9:8
		toward 15:9		type 26:16 34:13 37:15 41:9
		towards 15:7 25:12 51:4		types 14:15 15:4 23:9
		town 19:1		typically 27:10 35:19

U	14:9 24:13 39:11	Vivian 9:19	9:9 14:10 19:17,21 20:3, 4,5,9,14 32:5 43:10	39:3 WHEREUPON 9:3 44:11 45:13 46:21 47:9,25 50:13 51:8
Unanimously 52:7	used 19:21,24 20:4 33:15 39:2	Vivianne 23:12 33:13	Website 10:21 37:1	
under 51:20	using 12:17 28:2 40:7	volumes 18:24	Wednesday 34:16	whether 27:18,19 28:5 31:7
under-served 18:21	usually 13:16 16:3 34:6	vote 44:10	week 35:25 51:11,12	while 12:2 18:18 48:20,22 49:5
understand 25:8 28:13 30:3,20 31:5,6, 20 32:3 33:9 37:16	utilization 22:18	voters 10:8	weekday 51:2	who've 9:24
understanding 7:19	V	W	weekly 50:25	whole 11:6,13 14:24 29:6 37:12 49:9
understood 49:24	valid 38:5	walking 48:20	weeks 30:15 40:21,23 41:19	whom 42:3
unified 27:5 28:22	values 10:23	walls 50:23	Weller 8:20 9:2,4 25:14,17 26:6, 8 44:10,12,22, 24 45:1,12,14 46:2,4,19,22 47:8,10,23 48:1,11 49:23 50:11,14	wide 27:17,18 31:12 44:4,6
universal 28:22 29:23 36:4 42:16	variety 37:17	want 8:15 9:20 23:13,18 27:5 28:1,25 35:4 37:1,18,19 38:11 41:7 43:15,17,22,23 50:3	wellness 15:19	will 8:12 9:18 14:7 17:15,21 20:23 21:1,7 22:8,9 23:6 24:17 27:4 30:23 31:8,22 32:11 33:24 34:20 36:25 38:21 42:16 48:25 51:10,14
universally 35:11	version 22:8,25 23:1	wanted 9:17 19:22 21:5 23:3	went 20:6	
University 25:21,23 26:11 44:15 45:4,5,6	versus 33:23 34:1	wanting 12:16	West 18:21 32:19	
up- 23:3	vision 9:22 10:1,4,15 14:19 15:10 16:1 19:2 28:22 41:13	wants 35:12	whatever 36:22	
up-to- 16:2	visitation 35:2,10,12	way	wheel	
updated 9:9	visited 7:4			within 16:17 20:16 24:16
use				

without 33:19 37:25	wrong 18:1	
Women's 41:23	<hr/> Y <hr/>	
wondering 42:15	YAC 50:18,20 51:3	
words 31:17	year 8:1,5 13:16,22 16:7,11,19 18:14 19:7 21:14 36:2 46:10,25 47:18 49:22 51:16	
work 9:6,14 10:18 11:20 12:15,25 13:6,11 14:4, 10,11,19,24,25 15:7 18:12 19:13 28:3 29:19 38:21,22 42:14	years 8:10 17:10 18:24 21:22 29:9 49:6	
worked 12:18	yesterday 51:7	
working 9:15 10:18 15:12 25:11	yet 30:25 35:16	
workings 8:4	you're-- 13:15	
works 8:8,10	young 26:14 39:11	
workshop 26:23 27:22,23 29:6 34:12	youth 15:18 42:4 50:18	
workshops 25:24 26:10 31:14 37:25 38:2 43:8	<hr/> Z <hr/>	
writer 18:3 23:23	zip 38:15	