



**Program Services and Childhood Health
Committee Meeting Transcript**

February 1, 2018

1 THE CHILDREN'S TRUST PROGRAM SERVICES
2 AND CHILDHOOD HEALTH COMMITTEE MEETING
3

4 The Children's Trust Program Services and Childhood
5 Health Committee Meeting was held on Thursday, February
6 1, 2018, commencing at 3:35 p.m., at 3250 S.W. 3rd
7 Avenue, The United Way, Ryder Room, Miami, Florida
8 33129. The meeting was called to order by Pam
9 Hollingsworth, Committee Chair.

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11 Committee Members

12 Pam Hollingsworth, Early Learning Coalition
13 Lileana de Moya, Gubernatorial Appointee
14 Claudio Grillo, United Way of Miami-Dade
15 Gilda Ferradaz, Florida Dept. Of Children & Families
16 Marta Perez, Miami- Dade County Public Schools
17 Karen Weller, Miami-Dade County Health Department
18 Tiombe-Bisa Kendrick-Dunn, Gubernatorial Appointee
19 Leigh Kobrinski, Assistant County Attorney

20 STAFF:

21 James Haj, President/Chief Executive Officer

22 Imran Ali

23 Anna Dilernia

24 Bevone Ritchie

25 Blanch Johnson

Dalia Garcia

Danielle Barreras

Donovan Lee-Sin

1 STAFF (continued):

2 Emily Cardenas

3 John Ise

4 Juana Leon

5 Juliette Fabien

6 Kathleen Dexter

7 Lisa Pittman

8 Lori Hanson

9 Muriel Jeanty, Clerk of the Board

10 Rachel Spector

11 Robert Feiler

12 Sabine Dulcio

13 Stephanie Sylvestre

14 Tatiana Canelas

15 Vivianne Bohorques

16 William Kirtland

17 Yurena Driggs

18 Zafreen Jaffery

19

20 GUESTS:

21 Dr. Amy Rubinson

22 Giovanni Terry

23 David Castrillon

24 Linda Freeman

25 Michele Lozano

1 GUESTS (continued):

2 Hortensia Lozano

3 Fiorella A. Christie

4 Jeannine Schloss

5 Caroline Rohan

6 Farllond Alexis

7 Lakeesha Morris

8 Octavia Woods

9 Rafael Casals

10 Elizabeth Deveaux

11 Etienne Bejarano

12 Josephine Tavares

13 Crystal Hayes

14 Daniel Devries

15 Ezra Dieuveille

16 Mirva Cadet

17 Vanessa Thorington

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1 PROCEEDINGS

2 (Recording of the meeting began at 3:35
3 p.m.)

4 MS. HOLLINGSWORTH: Good afternoon. Welcome
5 to the Program Services & Childhood Health Committee
6 meeting. Today is Thursday, February 1st.

7 We'd like to welcome you all here today. We
8 have several resolutions for your consideration. But
9 before we get to that, we do have a few public comments.
10 And I'd like to invite Linda, David, Giovanni and
11 another David up to the podium, please.

12 MS. FREEMAN: Good afternoon. My name is
13 Linda Freeman. I'm the executive director of the
14 Peacemaker Family Center at Trinity Church. Our
15 organization has been a Children's Trust provider since
16 the very first round of contracts were administered.
17 That's more than 14 years ago.

18 And today, I want to talk to you about the
19 utilization rate for children in foster care. Last
20 week, I got a call from one of the program managers to
21 discuss the utilization rate from last summer in a
22 program we had called "Generation 22 (phonetic).

23 And unfortunately, our utilization rate was
24 lower than it should have been. But I knew why, and it
25 was because out of our 50 students that we serve, 17 of

1 them came from the foster care system, specifically from
2 "His House." That is 33 percent of our students.

3 And I did that intentionally because one of
4 our target groups that we were trying to reach was
5 foster care children. And out of that 17, only six
6 completed the program.

7 The rest of the children in our program
8 completed. And when I was asked to explain why the
9 children's attendance was not good, I was really shocked
10 because the lives of foster care children are
11 well-documented, and the children that we serve, many of
12 them had court dates over the summer, they had family
13 meetings, they had therapy, they were moved out of His
14 House to another location.

15 And the reasons for their poor attendance
16 was out of their control and out of our control. And
17 one of the questions and the reason why I was being
18 asked to talk about it was to consider what to do about
19 our funding for this summer coming up with that group of
20 kids.

21 And at first, I must tell you, I was angry,
22 because being in this type of work for the number of
23 years that I have serving the Children's Trust, I really
24 could not believe that I was being asked about the
25 attendance of children in foster care, and that by us

1 targeting them and serving them and being faithful to
2 the mission of serving all children, that we were facing
3 some type of consequence.

4 And so when I was asked, what should we do
5 about it, I could come up with three reasons or three
6 ways to deal with it; 1) the hardest decision would be
7 not to serve children in foster care because I don't
8 want to get those kinds of telephone calls.

9 Number 2 would be to serve them and not to
10 put them in the system. They would be like ghosts but
11 we would serve them because it's important to us to
12 serve them.

13 And the third way is to change the way the
14 utilization rate is calculated for children in foster
15 care.

16 And so I just want to throw that out to you
17 today, to consider that the policies for attendance for
18 foster care children does not align with the way that
19 their lives go.

20 And I just want to stand here and be an
21 advocate for them, to say that they're important.
22 They're personally important to me. I serve on the
23 Board of His House. They're important to me. I've
24 served as a mentor to a young lady for a number of
25 years. And I think it should be important for all of us

1 to serve children in foster care. They are our future
2 as much as any other child in Miami-Dade County. Thank
3 you.

4 MS. HOLLINGSWORTH: Thank you.

5 MS. FREEMAN: And let me just introduce to
6 Giovanni Terry. He's one of our participants from last
7 summer. He's a resident of His House Children's Home.

8 MR. TERRY: Hello, everybody. My name is
9 Giovanni Terry. I'm here to explain how important the
10 camp is. I just want to say that the camp, how I
11 benefit, I felt really good about myself. I was just
12 proud of myself.

13 And I just want to say that the camp, it
14 helped me a lot with, like, being social and, like,
15 coping with people, because when I went -- before, when
16 I first started the camp, I was very quiet. I had no
17 type of, like, social skills.

18 I also want to say that when, I was, like --
19 I was, like, I couldn't control, like, when I was absent
20 from the camp because sometimes I would have a doctor's
21 appointment or something going on at the house or there
22 was something that (indiscernible) and I was just
23 getting very, like, upset for, like, pulling me out of
24 the camp for the same reason.

25 MS. HOLLINGSWORTH: Thank you, Giovanni.

1 (WHEREUPON, there was applause from all in
2 attendance.)

3 MR. CASTRILLON: Hi, good afternoon. My
4 name is David Castrillon. I'm the development director
5 for His House Children's Home. Gio is the voice for so
6 many children that we have at His House. His House, for
7 those of you who are unfamiliar, is a non-profit,
8 faith-based organizations in Miami Gardens area, where
9 we have 216 children living on campus in colleges.

10 We're the largest provider for children that
11 are in transition with 236 beds in the State of Florida.
12 And, you know, my background in the organization, my
13 background is we have been involved in education
14 programs for children for the past 15 to 20 years.

15 And one of the things that is so critical
16 for them is the opportunity to have programs that Dr.
17 Freeman has just spoken about, where they are able to
18 learn about themselves, to know that they are not broken
19 kids, that they're just wounded, and that they have so
20 many wonderful opportunities in front of them.

21 But without the support and the kind of
22 programming that we can, you know, that all of you can
23 kind of put together for children like Gio, they make a
24 huge difference in their lives, not only about how they
25 feel about themselves but also their outlook, where

1 they're going, that it doesn't matter the things that
2 they did, it's where they're going.

3 And so we ask for your assistance to really
4 develop a program that specifically works to help
5 children that are in foster care, taking into
6 consideration the variety of different issues that they
7 have to struggle with, where they have to go to see a
8 therapist or go to medical appointments with case
9 managers. And all of these things have to be taken into
10 account in terms of developing the program.

11 And I would like to extend a very personal
12 invitation to you to come and visit His House. I think
13 one thing is when you can see Gio, when you see us here
14 speaking on behalf of the children, it will be very
15 different when you go there and you see how we create
16 this loving environment for children, but you'll see the
17 element of education that needs to be augmented more.

18 We do the best that we can. But the
19 Children's Trust, as a premiere provider in Miami-Dade
20 County, we really need to get assistance to be able to
21 do more because the kids really need it. They need for
22 all of us to come together to do something.

23 So I ask, please, in the brochure, my
24 business card is in there and it talks a little bit more
25 about what His House Children's Home is. As I said,

1 again, please consider my personal invitation to come
2 and visit so you can actually see us and the children
3 that we're trying to change every day. Thank you so
4 much.

5 MS. HOLLINGSWORTH: Thank you, David. We
6 will take you up on that visit.

7 DR. PEREZ: Madam Chair?

8 MS. HOLLINGSWORTH: Yes, Dr. Perez.

9 DR. PEREZ: The first speaker was not
10 speaking about His House.

11 MS. HOLLINGSWORTH: From Trinity Church.

12 DR. PEREZ: But this is about programs that
13 receive children from His House. And the issue, I
14 think, was that they had 50 slots and only six finished;
15 is that correct?

16 MS. SYLVESTRE: No, no --

17 MS. HOLLINGSWORTH: Seventeen.

18 MS. SYLVESTRE: No, no, the issue is that
19 they had 50 slots but of that 50 slots, 17 were foster
20 care children. And because of the way we do our
21 calculation, the 17, their numbers didn't look like they
22 had as high a utilization as is necessary to meet our
23 contractual obligations.

24 So one of the things is just to explain why
25 it is when they're having foster care children in the

1 program.

2 DR. PEREZ: Do we have other programs that
3 have foster children --

4 MS. SYLVESTRE: Yes.

5 DR. PEREZ: -- and do they also have this
6 issue --

7 MS. SYLVESTRE: Yes.

8 DR. PEREZ: -- everyone? So it seems to be
9 that when there are foster children in a program, that
10 those children do not attend as much? Is that the
11 issue?

12 MS. SYLVESTRE: So the issue -- there's a
13 range of issues and it's very at a child level. But you
14 can have a child start a program and then they get
15 placed in the home that's so far from where the program
16 is that they drop out. And that would impact the
17 program's numbers.

18 Or a child starts the program and because of
19 whatever requirements they have, maybe they have a
20 requirement to go to counseling or a doctor's
21 appointment and so forth, they might not be able to
22 attend all the sessions that are required to attend.
23 And then, again, that impacts the numbers.

24 So we have a certain baseline that you must
25 meet in terms of number of participants, number of days

1 attended for you to get an advance which is meeting our
2 expectations.

3 DR. PEREZ: And is it -- because it's
4 certainly not a good thing if the children move,
5 children in foster care or children in non-foster care,
6 especially during the school year. That's one of the
7 things that affects.

8 Is there a way that we can work with some
9 other agencies to curtail that so that these students --
10 you said -- what you're saying is that of the 17 --
11 there are 17 children that were in foster care and of
12 those, only six finished, so 11 did not.

13 And what steps can be taken so that these
14 foster children -- what would be the agency to help us
15 with that as far as -- so that these children don't have
16 to miss and could continue to go so that it wouldn't
17 create a problem for them?

18 MR. HAJ: Dr. Perez, if I may, we recently
19 had a meeting -- it was last week in Tallahassee with
20 George Sheldon, who runs Our Kids. We are following up.
21 We have a meeting set up next week or the week after
22 regarding data and about transportation with the school
23 system because we have the same issue with the schools
24 about transportation provided and how can we work
25 together sharing data so that these incidents -- you

1 know, kids will get moved, but how can we minimize the
2 impact of those.

3 So we had a very lengthy two-hour meeting in
4 Tallahassee with a follow-up in the next couple of weeks
5 that we'll be talking about sharing data between all of
6 our institutions, transportation and how can we minimize
7 the effect of these children who are most vulnerable
8 getting moved around and how can we provide some support
9 around them.

10 DR. PEREZ: Yes, sir, because rather than
11 saying, well, they're foster kids, you know, they're
12 going to be -- you know, you're going to start out with
13 17 but only six are going to finish, that doesn't seem
14 right to me.

15 What seems right to me is there's 17 and
16 we're going to work for 17 to finish and what do we have
17 to do and who has to do something so that all 17 finish,
18 rather than be lenient with us and just, you know,
19 accept the fact that, you know, I don't think that's the
20 best way to proceed.

21 MS. DE MOYA: Excuse me. I have a question.
22 So what -- I know that Trinity Church is on Resolution
23 2018-B. But what is happening that prompted them to
24 feel like they needed to come and speak about this issue
25 today? Are they losing funding? Are they --

1 MS. SYLVESTRE: No, they're not losing
2 funding. They're part of the package of agencies that
3 were requesting for renewal. This is the standard
4 protocol whenever we're reviewing and preparing for a
5 Board meeting.

6 We look at all of our programs, their
7 program performance. If the numbers don't meet our
8 expectations, we reach out to all of our providers to
9 understand the story behind the numbers.

10 And as Linda said, we reached out to her and
11 we had a conversation. And she felt that she wanted to
12 be able to express the story behind the numbers to the
13 Board, and that's quite normal for us to do.

14 MS. DE MOYA: Okay, I understand. So
15 really, it's more proactive to explain the reason for
16 the staff contacting you about the utilization?

17 MS. FREEMAN: Correct.

18 MS. SYLVESTRE: Absolutely.

19 MS. DE MOYA: And I just heard you -- when I
20 heard you saying how you were angry and so on and so
21 forth and the obstacles, you know, good things that
22 people do are hard, and don't stop serving children in
23 foster care because of the obstacles. Just keep doing
24 the work you're doing. You're doing great work.

25 MS. HOLLINGSWORTH: Thank you. Amy

1 Rubinson.

2 DR. RUBINSON: Hi. My name is Amy Rubinson.
3 I'm from Educate Tomorrow. So our entire population is
4 youth who have been in the foster care system or
5 homeless or are transient in some way.

6 I just wanted to mirror that we also have a
7 similar problem. And I don't know that we got a call
8 like that, but I can see us getting a call like that.
9 And it would be very upsetting because we're working as
10 hard as we can to get the kids there and to have them
11 engaged.

12 And so whatever kind of solution you come up
13 with, we would really greatly appreciate having support
14 from that also.

15 MS. HOLLINGSWORTH: Thank you. Dr. Perez?

16 DR. PEREZ: Would it be okay for us as Board
17 members to propose that maybe there would be a group
18 that could brainstorm and try to see if, you know, and
19 include the users like them that would maybe help to
20 create a solution for that?

21 MS. HOLLINGSWORTH: It sounds like, based on
22 your meeting last week, some conversations are underway.

23 MR. HAJ: Correct. We can have the
24 conversations initially with George Sheldon and his
25 organization and first, second and third follow-up

1 meetings and invite some of the providers present to
2 have their input as well.

3 DR. PEREZ: And I would love to hear some of
4 the things -- some of the ideas so that we can address
5 this issue.

6 DR. RUBINSON: We'd love to be a part of
7 that conversation also. Thank you.

8 MS. HOLLINGSWORTH: Thank you.

9 MS. FERRADAZ: Madam Chair?

10 MS. HOLLINGSWORTH: Yes, Gilda.

11 MS. FERRADAZ: There are so many children --
12 there are so many different -- there are so many
13 different people involved with these children that the
14 conversation we had with Mr. Sheldon is a good one.

15 I would expect that -- there's a lot of
16 providers that work with them. There's therapists.
17 There's case managers. There's -- we have that issue
18 also with the school attendance. There's the judiciary
19 with the court hearings.

20 There's so many people involved with these
21 children that it's not any one person who can do that.
22 So His House shelters the children but they have no
23 control over when the case managers schedule a visit or
24 a sibling visit or a parental visit. There's certain
25 things that these kids have to participate in as part of

1 their case plan and, you know, it gets complicated.

2 But just the point that there are so many
3 people involved in trying to help these children in
4 different areas of their lives, that this is why this
5 happens.

6 So basically, all of these people that are
7 working with these children have to maybe coordinate
8 better, you know, do more nighttime visits, I don't
9 know, whatever it is.

10 But it's not just going to be one person.
11 It's going to take a lot of people because there are so
12 many people helping these children.

13 MR. HAJ: Yes. And Gilda, that was just our
14 initial discussion, too, because what came up during
15 this discussion is all the complexities that you
16 mentioned, that we need to start going down the road and
17 see what we can do to support these young men and women.

18 MS. DE MOYA: I just have one other comment.
19 I urge you to, as you move forward in these
20 conversations, that you just said you had one initial
21 conversation, is not to forget that a very big majority
22 of kids in foster care have disabilities.

23 MS. HOLLINGSWORTH: Thank you. And thanks
24 to all who participated in the public comment section of
25 the meeting.

1 Committee members, you will find the minutes
2 from January 11th in your packet. And I'm sure you've
3 had an opportunity to review in advance. May I have a
4 motion to approve the January 11th, 2018 minutes?

5 MS. DE MOYA: Move it.

6 MS. HOLLINGSWORTH: And a second?

7 MS. KENDRICK-DUNN: Second, Kendrick-Dunn.

8 THE COURT REPORTER: Who made the motion?

9 MS. DE MOYA: I did, Lileana de Moya.

10 MS. HOLLINGSWORTH: And we will now move on
11 to the resolutions. Resolution 2018-A, authorization to
12 negotiate and execute a third and final contract renewal
13 with Jewish Community Services (JCS) for 211 Helpline
14 Call Center and Help Me Grow for children and families
15 in the community, for term of 15 months commencing April
16 1, 2018 and ending June 30, 2019, for a total amount not
17 to exceed \$1,717,720.00.

18 MS. GRILLO: So moved, Grillo.

19 MS. HOLLINGSWORTH: Thank you. And a
20 second, please.

21 MS. WELLER: Second.

22 MS. HOLLINGSWORTH: Are there any recusals?

23 (NO VERBAL RESPONSE.)

24 MS. HOLLINGSWORTH: Moving on to discussion,
25 you'll see a handout in your packet about 211. Any

1 questions or discussion points from the committee?

2 (NO VERBAL RESPONSE.)

3 MS. HOLLINGSWORTH: Hearing none, all those
4 in favor?

5 (WHEREUPON, the Board members all responded
6 with "aye".)

7 MS. HOLLINGSWORTH: Any opposed?

8 (NO VERBAL RESPONSE.)

9 MS. HOLLINGSWORTH: Motion carries.

10 Resolution 2018-B, authorization to negotiate and
11 execute second and final contract renewals with twelve
12 providers of summer programs for youth enrichment
13 services for middle and high school-age youth, each for
14 a four-month period commencing May 1, 2018 and ending
15 August 31, 2018, total contract amount not to exceed
16 \$1,926,659.00.

17 May I have a motion?

18 DR. PEREZ: Move it, Perez.

19 MS. HOLLINGSWORTH: Thank you. And a
20 second?

21 MS. KENDRICK-DUNN: Second, Kendrick-Dunn.

22 MS. HOLLINGSWORTH: Are there any recusals?

23 (NO VERBAL RESPONSE.)

24 MS. HOLLINGSWORTH: Moving on to discussion.

25 And this is where we opened our meeting today. And

1 you'll recall that this resolution sits inside the
2 headline that includes, "Students will succeed
3 academically and will successfully transition into
4 adulthood."

5 And with this program, we're looking --
6 we're working to reach a hard-to-serve and hard-to-reach
7 audience. And so let's move to discussion. Dr. Perez?

8 DR. PEREZ: Yes. The City of Homestead, the
9 program participation is in the "struggling" area, as is
10 Gang Alternative, I think, in the participation, and
11 also the last two in participation and the outcome,
12 especially the outcome.

13 And could we have an explanation of those,
14 please.

15 MR. HAJ: Yes, Dr. Perez. Let me tee it up
16 and then I'll kick it over to Stephanie, and then we
17 also have the providers here if we need further
18 explanation from the providers.

19 But as you recall, this is a summer-only
20 initiative that we developed last year. This is a new
21 initiative that we put out at the very last moment and
22 we had to ramp up really quickly. And as with all new
23 initiatives, there's some issues with ramping up.

24 The three areas are areas we felt were
25 needed for young men and women and also what we heard

1 from the Board, the college prep, the career and
2 technical, the entrepreneurship and the business
3 experience.

4 There are some other areas we're going to
5 talk about but you heard it from people who are here.
6 There are some challenges with students who have
7 different needs.

8 For participation challenges, the ones that
9 you identified, we have talked to the providers. We're
10 confident we have a plan in place going into next year
11 for the second year that we believe will meet their
12 targets. Stephanie?

13 MS. SYLVESTRE: City of Homestead, Gang
14 Alternative, and you had one other agency, Dr. Perez,
15 that you had a question about?

16 DR. PEREZ: Is Gang Alternative in there?

17 MS. SYLVESTRE: Gang Alternative and City of
18 Homestead. So City of Homestead's challenge was that
19 they hired a subcontractor to help recruit.
20 Unfortunately, the subcontractor didn't deliver the
21 numbers that they were contracted to do and so they
22 weren't able to meet their numbers.

23 Since last summer, the City of Homestead has
24 come together with a coalition of other entities and
25 they believe that now they will have access to recruit

1 the number of kids that they're contracted to serve.

2 And this is a note that because the
3 subcontractor didn't deliver the number of kids, they
4 weren't paid for services.

5 For Gang Alternative, this was, again, this
6 was a data entry issue and some of the data was not
7 entered. When we run our reports, if the data is not
8 entered in the system, then we run a report even if
9 after running the report, the data is entered.

10 We've spoken with Gang Alternative and
11 because of this incident, they have looked into how
12 they're running their data collection and their
13 reporting process and have done some revamping to ensure
14 that this doesn't happen.

15 This is, I would say, an isolated incident
16 with the organization. We normally don't have
17 challenges with Gang Alternative submitting data on
18 time.

19 DR. PEREZ: Madam Chair, with Gang
20 Alternative, in participant outcomes, and it says it was
21 struggling. What are the outcomes that they're
22 struggling with? What were we expecting?

23 MS. SYLVESTRE: So they did not -- they
24 didn't enter in their post-test results. So with our
25 programming, we do pre-tests, and depending on what it

1 is, we might do a pre-test and a post-test.

2 So if we enter a pre-test and there's no
3 post-test entered, then it looks like the participant --
4 the participant outcome, we can't determine what the
5 participant outcome is.

6 DR. PEREZ: And this will be addressed?

7 MS. SYLVESTRE: Yes, absolutely. The agency
8 has already put stronger protocols in place to ensure
9 that this doesn't happen again.

10 DR. PEREZ: Madam Chair, if I also may, I'm
11 trying to see in my mind, going back to the City of
12 Homestead, you know, the utilization of the dollars, I
13 guess.

14 We give them the money and then -- but they
15 hire -- they hire a subcontractor? It just seems like
16 there's -- you know, that the monies are not going
17 directly to the kids' services in the sense that getting
18 a subcontractor to look for kids for their programs; is
19 that what it is?

20 MS. SYLVESTRE: Well, that's not quite the
21 way it works. So just to create a little bit of
22 context, South Dade is a very spread-out part of our
23 County and they will only enroll in programs if they
24 know the person recruiting them.

25 So City of Homestead reached out to a

1 subcontractor to help with recruitment and the
2 subcontractor did not recruit at a school that they said
3 they were going to recruit at.

4 DR. PEREZ: Well, who was the subcontractor?

5 MS. SYLVESTRE: The subcontractor is
6 Communities in Schools.

7 DR. PEREZ: And what do they -- Communities
8 in Schools, do they do other things for other entities
9 that we finance?

10 MS. SYLVESTRE: Communities in Schools
11 provides services in Homestead High School and Homestead
12 Middle School.

13 DR. PEREZ: What do they do for those
14 schools?

15 MS. SYLVESTRE: They provide tutoring,
16 mentoring and after-school services.

17 DR. PEREZ: But here, they're providing
18 recruitment?

19 MS. SYLVESTRE: Yes. It's not uncommon
20 for -- it's not uncommon for one entity to help another
21 entity with recruitment.

22 DR. PEREZ: And Communities in Schools, do
23 we -- are they providers for us directly --

24 MS. SYLVESTRE: Yes.

25 DR. PEREZ: -- and also indirectly?

1 MS. SYLVESTRE: Yes. They're full direct
2 providers and subcontractors. This is not an unusual
3 arrangement. It's something that we advocate. If
4 you're a provider and have had skill in one particular
5 service and there's another provider that's not as
6 strong in it, then, yes, it would be much better for the
7 two providers to partner.

8 DR. PEREZ: But is there money -- if we just
9 gave the monies to Communities in Schools directly, I
10 mean, it just seems like there's an extra step that some
11 monies are not utilized most efficiently or -- I don't
12 know.

13 MS. SYLVESTRE: So every program, we pay for
14 recruitment. Some programs have a staff member and one
15 of their job duties is to do recruitment and some
16 programs partner with other entities to help with
17 recruitment.

18 You have to understand that when we do
19 recruitment, our entire population is not just going to
20 sign up for a program if they don't know the program.
21 And it's easier to get them to build trust and for them
22 to sign up for a program if they know the person that's
23 advocating for the program.

24 And so Communities in Schools has a long
25 history of providing services in the schools in South

1 Dade. So I'm not too sure what happened, but this is a
2 summer program for six weeks. And when you have a
3 six-week window, one mistake gets magnified because
4 you'll have the school year when you can course-correct
5 and recover.

6 DR. PEREZ: So Communities in Schools has
7 these students from a couple of schools that they tutor
8 or they do other services for children. And so the City
9 of Homestead says, we're going to sponsor this program,
10 we need some kids, and so they have to pay Communities
11 in Schools to give them the names?

12 MS. SYLVESTRE: They didn't pay them.

13 DR. PEREZ: Well, they didn't because of a
14 glitch. But ordinarily, they would.

15 MS. SYLVESTRE: Well, it's work. To recruit
16 the program, that's a valid task that a staff would have
17 to be engaged in, so we would pay for staff to be
18 engaged in recruitment. And if a staff is unfamiliar
19 with the community and there's a community person that's
20 available --

21 DR. PEREZ: It just seems that they had the
22 list, they had the names because they do that
23 themselves. It just seems -- maybe I'm completely
24 wrong.

25 MS. HOLLINGSWORTH: Thank you. Are there

1 further comments or discussion?

2 MS. KENDRICK-DUNN: I just wanted to know a
3 little bit more about the New Jerusalem Community
4 Development Corporation. There are three sections in
5 yellow. I see the staffing (indiscernible) but the
6 program participant and outcome services focuses in the
7 "struggling" range.

8 MS. DE MOYA: And outcomes.

9 MS. SYLVESTRE: This -- again, this was a
10 data entry issue. They had a staff -- they had a staff
11 turnover and the new staff member was not familiar and
12 wasn't trained to submit the data.

13 And again, this is another example of, if
14 this was a year-round program, we would have caught it
15 early enough that we could have course-corrected.

16 We have had numerous conversations with New
17 Jerusalem. And our action plan for this coming summer
18 is to meet with them on a weekly basis so that we know
19 on the front end whether or not they still have this
20 data entry issue and then make sure that they can
21 rectify it.

22 MS. HOLLINGSWORTH: Thank you. And you'll
23 note that the dashboards all contain a results summary.
24 It gives a great overview of what's going on inside the
25 programs.

1 And many of the programs that we've just
2 been discussing today have a very specifically
3 articulated growth plan to guide them throughout the
4 next year. Further discussion?

5 (NO VERBAL RESPONSE.)

6 MS. HOLLINGSWORTH: Hearing none, all those
7 in favor?

8 (WHEREUPON, the Board members all responded
9 with "aye".)

10 MS. HOLLINGSWORTH: Any opposed?

11 (NO VERBAL RESPONSE.)

12 MS. HOLLINGSWORTH: Motion carries.

13 Resolution 2018-C, authorization to submit a partnership
14 proposal in response to the Thirty Million Words (TMW)
15 Community-Wide Demonstration Project Request for
16 Partnership (RFP), due March 5th, 2018.

17 May I have a motion?

18 MS. KENDRICK-DUNN: So moved, Kendrick-Dunn.

19 MS. HOLLINGSWORTH: Thank you. And a
20 second?

21 MS. FERRADAZ: Second, Ferradaz.

22 MS. HOLLINGSWORTH: Thank you. Recusals?

23 MS. GRILLO: Can I just ask -- so if we are
24 maybe going to be involved, should we just recuse?

25 MS. KOBRINSKI: Yes.

1 MS. GRILLO: Grillo, United Way, recuse.
2 Thank you.

3 MR. HAJ: Yeah, you may have many recusals
4 on this one because there's a lot of partners at the
5 table.

6 MS. KOBRINSKI: Look at the list under
7 "Description of services to be provided."

8 MR. HAJ: It's on page 31.

9 MS. HOLLINGSWORTH: So any of the partners
10 must recuse. I'll be recusing as well, Hollingsworth.

11 MS. WELLER: I'll recuse as well, Karen
12 Weller.

13 DR. PEREZ: Miami-Dade County Schools,
14 that's us.

15 MR. HAJ: Lily, you may be on your own on
16 this one.

17 MS. DE MOYA: It's all up to me?

18 MR. HAJ: But if we may, Madam Chair, I'd
19 like to brief the Board on this initiative so everybody
20 is well aware of what has occurred. Have we moved to
21 discussion?

22 MS. HOLLINGSWORTH: Yes, we've moved into
23 discussion.

24 MS. KENDRICK-DUNN: I have to recuse. I see
25 Miami-Dade County.

1 MS. DE MOYA: Where's the list? I want to
2 recuse, too.

3 MS. JEANTY: You moved. You are the second.

4 MR. HAJ: Lily or Gilda, can one of you move
5 and one of you second?

6 MS. FERRADAZ: I seconded it already.

7 MS. HOLLINGSWORTH: Can you move the motion?

8 MS. DE MOYA: I'm reading. Okay, I'll move
9 it.

10 MS. HOLLINGSWORTH: Thank you.

11 MS. FERRADAZ: I second.

12 MS. HOLLINGSWORTH: And recusals, we've
13 already stated for the record. And moving on to
14 discussion, Lori, would you take this one up for us.

15 MR. HAJ: And if I may, Madam Chair, the
16 Thirty Million Word initiative is an innovative,
17 evidence-based intervention program designed to help
18 narrow the language gap between children from
19 lower-income families and those in wealthier households
20 with the focus of birth to age three.

21 It was brought to our attention by a prior
22 Board member. When Manoucheka was serving on the Board,
23 she was pushing the Thirty Million Word initiative. And
24 we got together a number of other Board members,
25 including our Board chair, other members of the early

1 childhood work group encouraged our further exploration
2 to what this group was doing.

3 In early December, we learned that the
4 Thirty Million Word Center would be issuing a request
5 for partnership to identify the community and when we
6 could roll this out, evaluate and learn more about the
7 public health focus interventions.

8 This resolution seeks approval for us to
9 apply for matching funds for this five-year partnership.
10 We've had a lot of members, obviously you see here, a
11 lot of Board members, a lot of partners, as well as many
12 that are not here, in numerous meetings leading up to
13 this discussion.

14 So Dr. Hanson is going to go into some of
15 the details. And since many of the people who recused
16 cannot discuss, we'd like to fill them in as much as
17 possible.

18 DR. HANSON: Okay. So I guess I wasn't
19 expecting the recusal decision to be what it is because
20 what's before you right now is to ask for the Board's
21 approval to invest \$200,000.00 this year in some things
22 that we think could be useful to lay the groundwork for
23 us to be very competitive for being selected as this
24 partner community.

25 That money, as you will see on the last page

1 of the resolution, page 32, is allocated as \$150,000.00
2 that would go through UM and support the Miami-Dade
3 County Partnership for School Readiness and Early School
4 Success data collaborative and then \$50,000.00 would be
5 allocated towards support of the newborn component of
6 Thirty Million Words and expansion of our -- expansion,
7 improvement, enhancement of our new birth packet of
8 materials.

9 So right now, we have a very small amount in
10 that, trying to get information out to all new babies
11 born. And it's kind of a paper-heavy packet of
12 information and we want to kind of jazz it up a little
13 bit so you can be better engaged and focused on this
14 literacy message.

15 So that's the only funding that's being
16 allocated to this, aside from the commitment, if we are
17 selected, to budget up to \$500,000.00 a year for the
18 five-year partnership.

19 That \$500,000.00 amount would come back to
20 you for approval with specifics about how that would be
21 invested. At that time, you know, if there was a
22 particular investment partner, you would know that and
23 we would make sure that any of those recusals were
24 appropriately made.

25 But right now, the idea is that the Thirty

1 Million Word group in Chicago would be fundraising
2 themselves to bring 75 percent of the cost of
3 implementing their suite of interventions in a new
4 community and that the community would bring the other
5 25 percent.

6 Their estimated amount of that 25 percent
7 over the five-year period was 1.5 to 2.5 million,
8 knowing that we're proposing a very high-need community,
9 a large community, a diverse community, we felt that
10 we'd like to get them to fundraise as much money as
11 possible. We wanted to bring as much to the table as
12 possible.

13 So we're asking to commit in our
14 application, that's due at the beginning of March,
15 that the Trust would bring five hundred a year to the
16 table -- \$500,000.00 to the table to make that 2.5
17 million over five years, but with the idea that that
18 would leverage another 7.5 million from the Chicago
19 folks bringing in funding to implement this in their
20 partner community. I guess if there are specific
21 questions from Board members --

22 MS. DE MOYA: You go first.

23 MS. FERRADAZ: I think you mentioned it but
24 I may have missed it. You said that the other partners,
25 you don't know yet what their commitment would be as far

1 as monetary --

2 DR. HANSON: The partners that we need
3 engaged to be competitive for this RFP are existing
4 service infrastructure partners in the health -- in the
5 birthing hospital and health care realm, in the early
6 learning realm and in the social services realm.

7 The majority of these partners do not have
8 piles of cash laying around that they can bring to the
9 table. What they have and what we need is they have the
10 places that serve the children and the families and
11 those can be accessed.

12 And that is why we have all the partners
13 involved with health care, the Department of Health.
14 There's also other health care partners in terms of our
15 birthing hospitals and pediatric care providers.

16 In early learning, of course, it's the Early
17 Head Start and Head Start providers as well as the early
18 childhood division of the school system. And then in
19 terms of social services, we were expecting most of our
20 funded providers, other social service entities would be
21 involved with offices and places that can reach the
22 families that are needed to be reached for this.

23 The rollout is expected that in the first
24 year -- the first year, they want to roll out the
25 newborn component. So the first year would be focused

1 on a universal rollout within the City of Miami because
2 we're trying to think of a smaller -- relatively smaller
3 bite of the whole county in the births that take place
4 in the City of Miami.

5 And then we would move to putting in the
6 well-baby piece which would also be focused probably on
7 maybe Jackson clinics and FQHC's that are in the City.
8 So we have a number of things that we can leverage in
9 terms of, we already have investments in Reach Out and
10 Read and Healthy Steps which are both programs that are
11 based in pediatric care offices so we would leverage
12 those as well.

13 MS. DE MOYA: I think my main question is,
14 we're already -- our portfolio is even (phonetic). I
15 know that this is a very good program and I remember
16 Manoucheka really advocating for the Trust to get
17 involved with it.

18 Our portfolio is very heavy in early
19 childhood and reading, the Read-to-Learn program, and
20 most -- or a lot of our -- not all -- our after-school
21 care programs and summer programs all have that
22 component in them.

23 So how is this different and are we not
24 overlapping services in any way?

25 DR. HANSON: So there's -- the answer is

1 "yes" and "no" and I'll tell you how it's "yes" and
2 "no." So the answer, "yes, overlapping," is that really
3 that's the intention of this.

4 These folks don't want to come into a
5 community, create a new program, you know, in a new
6 location that has to reach new families. They want to
7 do it in places where families are already being
8 reached.

9 And so I think that they see us, in the
10 conversations that we've had with them so far, as a very
11 competitive community because of the great variety of
12 things that we have already done and also because of our
13 proclivity toward learning from what we're doing and
14 looking at data and trying to share data and be informed
15 by that.

16 And that's kind of their philosophy.
17 They're looking for other like-minded communities to do
18 that work, that learning partnership together.

19 The way that the answer is "no" is, I don't
20 believe that we have much invested at all in the birth
21 to three age range. And that really came out from the
22 early childhood work group discussions when a lot of our
23 discussions were about child care slots and child care
24 quality, but most of the slots tend to be the three and
25 four-year-olds.

1 A lot of the work that we do, even in early
2 intervention, you know, kids aren't being picked up for
3 an early intervention assessment, you know, when they're
4 six months old, some of them, maybe, but, you know, more
5 and more kids, as they get older, get picked up.

6 So really, when we looked at that, and that
7 was one of the themes that came out of the work group's
8 conclusions, was we need to look for more ways to serve
9 that birth to two, birth to three population.

10 And I think, although, yes, we've had early
11 literacy reading-rich focus, and notwithstanding our
12 book club, because that's the only group getting the
13 book club are three-year-olds, of course, is focused on
14 that, you know, really a lot of the other work around
15 reading has been on older kids.

16 And I think what the research tells us is,
17 you know, we need to start earlier. And, in fact, one
18 of -- the crux of the model of the Thirty Million Words
19 folks is that they believe that many of the systems that
20 work with families that are trying to work on this tough
21 problem, this gap that we see, aren't leveraging the
22 most important resource, which is the parent and the
23 caregiver.

24 That's the most powerful person who can make
25 a change and so their interventions are really focused

1 on, you know, teaching the caregivers about the power
2 that they have to influence their child's development
3 trajectory, so the power of exposing them to
4 language-rich environments and responsive caregiving.

5 So you see that their themes are, you know,
6 teach more, talk more -- now my computer just froze up
7 on me -- but, you know, the responsive caregiving piece.
8 And that's really where they're trying to bring that
9 into, you know, even, like, you just had your baby,
10 somebody's coming in to check their hearing, why?

11 You know why, because babies can hear and
12 you should talk to your baby and they can benefit in
13 many ways from hearing lots of words in their
14 environment.

15 And, you know, the well-baby care visits are
16 actually four visits that take place before the age of
17 six months. So it's at the two, four -- those early
18 visits.

19 And so that's really how it's a little bit
20 different and it will bring, I think, a little bit
21 heavier investment for us in those very earlier months
22 and years that are important.

23 MS. DE MOYA: Thank you.

24 MS. HOLLINGSWORTH: Thank you, Lori.

25 Further questions, discussion?

1 (NO VERBAL RESPONSE.)

2 MS. HOLLINGSWORTH: Hearing none, all those
3 in favor?

4 (WHEREUPON, the Board members all responded
5 with "aye".)

6 MS. HOLLINGSWORTH: Any opposed?

7 MS. DE MOYA: Opposed.

8 MS. KOBRINSKI: You're opposed, Lily?

9 MS. DE MOYA: Yes.

10 MS. KOBRINSKI: And you're in favor?

11 MS. FERRADAZ: Yes.

12 MS. HOLLINGSWORTH: Thank you. Moving on
13 to --

14 DR. PEREZ: Madam Chair, point of order.
15 Did she move it?

16 MS. JEANTY: Yes.

17 MS. KOBRINSKI: If she can move it to
18 discuss it, she can still oppose it.

19 DR. PEREZ: If something fails here, does it
20 get moved to the entire Board?

21 MS. KOBRINSKI: No, but perhaps it can get
22 reconfigured at another meeting.

23 DR. PEREZ: But is that -- we can always --
24 I mean, that's because we want it that way, because I
25 know at the school district, you know, if it fails at a

1 meeting, it still goes before the entire Board.

2 MS. DE MOYA: So if that fails at committee,
3 you're saying that it does not go to the entire Board?

4 MS. KOBRINSKI: I'll have to check the
5 by-laws but I think it would have to be a majority. But
6 perhaps we can look into it and maybe the Executive
7 Committee --

8 MS. DE MOYA: Okay, then, I'll take it back.
9 I'll approve it. I want it to go to the full Board.

10 DR. PEREZ: And we can change that, I think,
11 because if it is written in the by-laws, we can change
12 that if we want. I don't know if we would like to,
13 because I know we do it at the school district. If it
14 fails at our committee meeting, it still goes to the
15 entire Board.

16 MS. GRILLO: Madam Chair, I'd like to thank
17 Lily for reconsidering, but I'd also like, Leigh, when
18 you're researching it, if you could also just validate
19 that, in fact, we all did need to recuse ourselves.

20 Because as Lori -- I ask, and I'm sorry if
21 I'm making a mess. I just want to always be doing the
22 right, you know, technical thing. But if, in fact, this
23 money is all going for an enhancement of what we already
24 do and not to any of our -- I'm just not -- I'm not
25 sure, and so that needs to be looked at as well.

1 MS. KOBRINSKI: Well, I think in the first
2 year of the program, there are specific programs that
3 it's going to. But the idea is that in the application,
4 the Children's Trust is committing funding for future
5 years and all the partners would all be benefiting.

6 DR. HANSON: But just to clarify, the
7 application would say that we're going to bring match to
8 the table but not specifically for what or for whom.
9 And those resolutions would come back to the Board at
10 that time.

11 So this is really asking us to be able to
12 submit the application, saying that the Board is
13 supportive of this framework and bringing it to Miami
14 and would be willing to have a line item in the budget
15 of \$500,000.00 a year for the next five years to support
16 this initiative at the discretion of the Board.

17 You know, you have to approve anything
18 that's going to be expended in the future. And it would
19 be tied to future budget, you know, all of our proposal
20 would have to say, contingent upon available budgeting,
21 you know, in our budget process, etc.

22 So the commitment right now is, are we
23 allowed to submit the application stating that there's a
24 desire to have the matching commitment in the future
25 with details to be approved at that time and then the

1 \$200,000.00 that specified the amounts in the first
2 year, in this current year, actually, even before we're
3 selected, to be prepared -- better prepared.

4 MS. WELLER: I have a question. When I was
5 at the Department of Health, this would be services that
6 were provided. We would not be taking any monetary, you
7 know, that's the way I look at it, so it would be a
8 partnership. So I guess that is a question with the
9 recusals, if you're offering services as a partnership
10 as opposed to actually getting funding, that would be my
11 question if we would have to recuse ourselves.

12 MS. HOLLINGSWORTH: I think that applies to
13 all of the partners.

14 MS. KOBRINSKI: So in the by-laws, it says,
15 "Prior to voting on a funding issue that involves any
16 program or agency in which they participate as an
17 employer or member of the governing authority shall
18 disclose their interest in said program or agency."

19 Lori, could you clarify if any of the
20 funding -- so this resolution authorizes us to apply for
21 it and then it shows where the Children's Trust match
22 funding would be going, but it doesn't say where the
23 funding would be going from the Thirty Million Words.

24 MR. HAJ: Madam Chair, if I may, for the
25 sake of time, I think our vice chair has said that she

1 was going to vote in favor, and then it gives us time to
2 research for the full Board and then come back at the
3 full Board with direction.

4 MS. DE MOYA: Yes, that's what I said.

5 MS. HOLLINGSWORTH: Do we need to vote again
6 or is it sufficient where we are?

7 MS. KOBRINSKI: You can vote again.

8 MS. HOLLINGSWORTH: All those in favor?

9 (WHEREUPON, the Board members all responded
10 with "aye".)

11 MS. HOLLINGSWORTH: Any opposed?

12 (NO VERBAL RESPONSE.)

13 MS. HOLLINGSWORTH: The motion carries.

14 MS. KENDRICK-DUNN: Can I ask a question
15 since the vote has already taken place on the Thirty
16 Million Words. So my question is, will the project
17 involve some language in their native -- well, these
18 kids receiving the services in their native language,
19 not only English? That's what I want to know.

20 DR. HANSON: I absolutely think we would
21 have, you know, we would be able to partner and say what
22 we think works for our community and that's going to be
23 part of what we have going for us, actually, in the
24 community here.

25 And I think part of what they're looking

1 for, having come from their main roots being the inner
2 urban population in Chicago, they're looking for a more
3 diverse population to work with, so, yes.

4 MS. DE MOYA: Excuse me. So since we agreed
5 that we were going to provide a little bit more
6 information before it went to the Board, that is why I
7 took it back, because I'm in agreement with Claudia that
8 I just wasn't really sure.

9 Part of what made me oppose was the fact
10 that we're putting in this money but we don't have any
11 real information on all the other partnerships. So it's
12 really great to say, I'm a partner, but, you know, what
13 skin do they have in the game?

14 So we already know how much we're going to
15 be putting in, but I'd like to know what they're doing,
16 and that's really the main reason why I spoke. I didn't
17 feel like there was enough information for me to
18 approve.

19 It's not that I think it's a bad program. I
20 think it's a great idea and a great program. But it
21 feels preliminary for us to be the first ones to be,
22 like, yeah, okay, let's spend the money, so I would like
23 more information before it goes to the Board in that
24 area.

25 MS. HOLLINGSWORTH: Thank you, Lily. Moving

1 on to the CEO report, Jim?

2 MR. HAJ: Madam Chair, I have no comments at
3 this time.

4 MS. HOLLINGSWORTH: Ladies and gentlemen, we
5 are adjourned. Thank you.

6 (Whereupon, at 4:32 p.m., the meeting was
7 adjourned.)

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REPORTER'S CERTIFICATE

STATE OF FLORIDA:

COUNTY OF MIAMI-DADE:

I, Fernando Subirats, Court Reporter and Notary Public in and for the State of Florida at Large, do hereby certify that I was authorized to and did report the proceedings in the above-styled cause; that the foregoing pages, numbered from 1 to 46, inclusive, constitute a true and complete record of my notes.

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

Dated this **19th day of February, 2018.



Fernando Subirats
Court Reporter

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