

CHILDREN'S SERVICES COUNCIL OF PALM BEACH COUNTY

October 26, 2017, 4:30 p.m.

MINUTES

1. Call to Order

Chair Weber called the meeting to order at 4:30 p.m.

Present:

Thomas Bean

Paulette Burdick

Vince Goodman

Greg Langowski

James Martz

Debra Robinson, M.D.

Thomas P. Weber

Excused: Robert M. Avossa, Ed.D.; Tom Lynch; Vern Melvin.

A. Invocation – led by Vince Goodman

B. Pledge of Allegiance – led by Vince Goodman

C. Presentations

1. Child First, Inc. – Isandra Zayas, Program Officer (CSC); Karen Haag, LMHC, Clinical Director, Institute for Child & Family Health Inc; Clarissa DeWitt, LMHC, RPT, Clinical Director, Center for Child Counseling, Inc; Mary Mitchell, LCSW, Clinical Director, Families First of Palm Beach County; Rebecca Padilla, Ph.D., IMH-E (IV-C), National Clinical Director, Child First, Inc.

Child First (CF) services are provided by Center for Child Counseling, Inc., Families First of Palm Beach County, and The Institute for Child and Family Health, Inc. on behalf of CSC. CSC has funded CF since April, 2015. CF originated in Connecticut 15 years ago and became nationally recognized for its effectiveness and positive outcomes with vulnerable children ages 0-5 and their families. Most CF families have experienced trauma or toxic stress. Trauma is described as “an exceptional individual experience in which powerful and dangerous stimuli overwhelm a person’s capacity to regulate emotions.” Toxic stress is defined as “a strong, frequent, or prolonged activation of the body’s physiological system in response to the environment, and usually in the absence of a buffering and protection of a supportive relationship.”

Families referred to the CF program have endured domestic and community violence, abuse and neglect, mental health issues, child behavioral and developmental problems, and profound poverty. The overarching goal of the program is to enhance the child-caregiver relationship to promote healing from the effects of these negative experiences.

A slide entitled “Trauma Impacts Brain Development” showed how in an abused child’s brain there were deficits: trauma affects the brain as it develops. CF has designed program components that support the mitigation of these effects. The two-pronged intervention makes the CF program so effective: Care Coordinators decrease toxic psychosocial stressors for the family, stabilize them, and build executive functioning so that families are better able to focus on their emotional well-being. The mental health/developmental clinicians facilitate responsive, nurturing parent-child relationships. Research has shown that the caregiver/child relationship serves as a template for all future relationships.

An important component of the CF intervention is a therapeutic technique called Child-Parent Psychotherapy. It is an evidence-based dyadic intervention with a child who has been exposed to trauma and the child’s caregivers, to include social-emotional health, language and cognitive development, and physical health.

The CF program works at strengthening a caregiver’s capacity, because the mental health of the caregiver

<p>has a direct impact on a child's well-being. The team works closely on stabilization, because stabilization needs to occur before the family can address the trauma. The CF program works to diminish the impact of toxic stress while strengthening attachment and co-regulation, which will prepare the child to be successful in school.</p> <p>CF meets the family where they are located and strives to be culturally sensitive to their needs. CF's philosophy is that the earlier they can intervene, the greater chances they will have to foster change from a multi-generational perspective. CF works with families the most at-risk, and 99% of the caregivers have experienced trauma themselves.</p> <p>The slide entitled "Issues Facing Our Families" shows the percentage of clients exhibiting problems across core assessment domains at intake. Significant percentages of clients reported improvement across all domains. Videos were shown of CF clients discussing their successes.</p>	
<p>What percentage of CF clients will end up in the juvenile justice system?</p>	<p>Data is not available because the program is still in the implementation stage and has only been seeing clients for 2 years.</p>
<p>What percentage of CF clients will have success in school locally?</p>	<p>It would be necessary to perform some longitudinal data research on children in Palm Beach County, but it is understood that when an early intervention is made there is a much higher success rate in third grade. If children with behavioral problems and social-emotional disregulation between the ages of 0 to 3 are identified and treated with an appropriate intervention there will be much better outcomes in term of disruptive behavior.</p>
<p>How do you combat the attitudes of kids who are emulating their parents' (bad behavior)?</p>	<p>The focus of CF is to build the relationship of the child with its caregiver(s); many caregivers have not experienced a positive, nurturing relationship themselves. You ask how is change going to occur? In the CF model the change occurs in the basis of the relationship. There is much time invested in fostering the relationship and it is done in many subtle ways.</p>
<p>Are you saying that most parents did not have in <i>their</i> lives what their children are missing?</p>	<p>Yes.</p>
<p>How are families referred?</p>	<p>Agencies receive referrals from Healthy Mothers Healthy Babies and Home Safe. There is also a pilot program with the (Early Childhood) Court system.</p>
<p>What percentage of families are living in poverty?</p>	<p>100%.</p>
<p>Please explain the demographic breakdown because there are more White people than I expected. Is this reflective of the opioid crisis?</p>	<p>The "White" designation includes Hispanic families. (Lisa Williams-Taylor, Ph.D. later added that the breakdown was 34% Hispanic, 66% non-Hispanic).</p>
<p>The primary language designation mentions English and Spanish. I would like to see the primary language broken down in the future to African American English and English.</p>	<p>We do not collect this data.</p>
<p>Do you consider it a problem when families carry their children around in their carseats/carriers and not in their</p>	<p>Yes. Many times we will go into a home and a baby is propped up getting a bottle, or in a bouncy seat. We encourage them to hold the baby and we talk about the importance of touch in a child's</p>

<p>arms? Is there research to support this?</p>	<p>development. We have not specifically seen research related to car seats/carriers, but there is research related to touch.</p>
<p>Some kids are mentally challenged and don't fit into any category. How does CF provide services to a child who is mentally challenged?</p>	<p>There are 12 to 14 assessments undertaken for every child in the household. Any child who may exhibit a problem around their capacity to learn will be referred to appropriate resources such as the Early Steps program for early intervention. Other referrals may be for occupational therapy or speech therapy. Another goal of care coordination would be to help the parent understand a particular child's delays so that the parent doesn't just think the child is being bad, which therefore strengthens the caregiver-child bond. By understanding their child's behavior, a parent will then be more likely to buy-into all the interventions the child will need. 80% of the brain develops in a child's first 3 years, so if a child is in a nurturing, supportive environment the brain forms healthy connections. If a child is in a toxic, chaotic environment the brain development is suppressed, which may be what brings the question about being mentally challenged. If Child First can get in the home and change the trajectory for the child and foster a nurturing, secure attachment, it will change the brain structure of the child. Much of what CF does is based on neuroscience and what goes on with the developing brain in the first three years.</p>
<p>It sounds like the program goes on for about a year or so, what other referrals are made for ongoing improvement? Are these connections tracked?</p>	<p>CF works with families from 6 to 12 months. This can be extended if there are circumstances that warrant it. A discharge plan is developed and connections are provided to the family. It is tracked as CF terminates with the family. There is also an evaluation, so the program is tracked over time how well the families are doing. Families are also part of the broader HB system, so people can come in and out of the system depending on their ongoing needs.</p>
<p>The County has a program in 27 schools for trauma. How are you working with the schools to ensure there is not duplication?</p>	<p>CF targets certain Zip codes in the county, which is why there are three different agencies providing services, with the Center of Child Counseling covering the northern part of the County, the Institute covers the center and south part of the County, with Families First in the Glades area. In order to not duplicate services, when families undergo their first assessment we ask whether they are involved in any other type of services.</p>
<p>Families have to be referred. How do you reach out in cases where there is a shooting and the father has been killed, the mother is left with three small children. So CSC does not reach out to them? Do we think that those three small children are traumatized? What are we doing about it?</p>	<p>Families are referred to the HB System of Care through DCF and other avenues. There are all kinds of ways for families to get into the HB System, through the Courts for example. Other outreach opportunities include BRIDGES, Health Mothers/Healthy Babies. No. Absolutely. We had a real-life instance where a father was found dead in the car from an opioid overdose. Home Safe was there to support the</p>

	<p>mother with two small children. Home Safe performed the assessment and reached out to CF immediately and asked CF to speed up intake from the normal process, which is what happened, the family is currently in services.</p>
<p>How are we reaching out to the families of parents who die of opioid overdose? There were 160 babies born in Palm Beach County last year who had opioids in their system.</p> <p>How many of the 160 opioid-addicted babies are we providing services for?</p> <p>I don’t like the referral piece, I think we are missing a lot of children.</p>	<p>Home Safe, which serves as one of CSC’s entry agencies, has Hospital Liaisons in maternal hospitals. The role of the hospital liaison is to meet with parents of newborns, give the risk screen and make them aware of services, and engage with the family. Some families are not interested in services, and have reasons why they don’t want anyone to be involved with them. The Hospital Liaisons provide the parents with information should things change, and later on may be a better time for the family to engage in services.</p> <p>Families can also call 211. When 211 understands that they have a child between the age of 0 to 5 the family will be connected to a Help Me Grow specialist. It is another opportunity to engage with families and talk about the importance of developmental support, and make connections into Healthy Beginnings.</p> <p>CSC screens 98% of all births in Palm Beach County.</p> <p>We know the number of babies born, but we don’t always know the (opioid-addicted) identity, so this is information that we don’t have.</p> <p>CSC services are voluntary, so parents must be willing to engage in services.</p>
<p>No one I know outside of these meetings thinks that 211 is the answer. Maybe the billboard should be “Mommy needs help? Call this number” because in the hospital it is a safe cocoon, however once you get home then realization sets in. I am looking for a mechanism for self-referral.</p>	<p>211 is just one example of a pathway to services.</p> <p>We can put together a future presentation to discuss all the methods of outreach and referral, but on a high-level, Home Safe has relationships with all pediatric practices to encourage developmental screening. If they come across a family experiencing stress or developmental concerns, Home Safe is the point of contact. In some pediatric practices there are already Family Support Specialists employed, to meet with the families. In child care centers there is the Ages and Stages questionnaire (screening) which is another opportunity to connect them into Healthy Beginnings should a child be experiencing some delays. Physicians can refer patients into the HB System of Care. Community resources can make referrals into Home Safe. BRIDGES is another connection.</p>
<p>I’m not talking about outreach. I’m a mom and I’m at my wit’s end. Who do they call if they don’t have family to call? I’m not talking about the Every Parent campaign, I’m talking about people who are disengaged. I think that there are a lot of young parents out there who are suffering in</p>	<p>A father in the CF program brought his baby into Home Safe and said that he needed services and he was immediately connected to CF and engaged in services. He knew that Home Safe was the place to go, he was a self-referral.</p> <p>A child at a child care center may be exhibiting behavioral problems which reflect issues going on in the home.</p>

<p>silence. All these pathways require more than a phone call. What’s the momma hotline? Referring to the opioid crisis, when a parent has a rare few hours of lucidity, they need to be able to grab the help number quickly, there needs to be more saturation out there about who to call.</p>	
<p>Has your clientele been growing since implementation of the program? What is the rate of growth? How many families do you serve/how many children? How many new files each year? Who is providing services to the families? How many employees? So that’s 8 people for each of three agencies?</p>	<p>Between the three agencies, 127 families are being served. It has been growing. Since the inception of the program, April 2015 through Sept 2017 we have reached out to 378 families. Because we follow the Science of Implementation for the first year (the first six months of installation) there is not much recruitment taking place during that time, recruitment starts to take off in the second year. As we expand our Zip codes we will see growth occur. Employees of the three agencies. 4 teams (of two) per agency – one clinician and one care coordinator. Yes.</p>

2. Minutes

A. September 28, 2017 Council Meeting

A motion by Bean/Burdick to approve the Minutes of the September 28, 2017 Council meeting as presented was approved by unanimous vote.

B. September 28, 2017 TRIM Public Hearing

A motion by Bean/Burdick to approve the Minutes of the September 28, 2017 TRIM Public Hearing as presented was approved by unanimous vote.

3. Individual Appearances – Agenda Items – N/A

4. Council Committees:

- Finance Committee

The Finance Committee approved the Finance Committee Minutes of September 14, 2017, and financial statements of August 31, 2017. The Committee recommended the Council approve the Minutes and Financials.

A motion by Burdick/Langowski to approve the Finance Committee Minutes of September 14, 2017 and the financial statements of August 31, 2017 was approved by unanimous vote.

- Personnel Committee

The Personnel Committee recommended approval of the employee benefits renewal for calendar year 2018 with Cigna. The renewal cost reflects an increase of 4% over the 2017 rate, which is under the amount budgeted.

A motion by Goodman/Burdick to approve the employee benefit renewal for calendar year 2018 with Cigna was approved by unanimous vote.

5. Consent Agenda

1. Additions, Deletions, Substitutions – N/A
2. Items to be Pulled for Discussion – Agenda item 5B(2) (Reference #4) was pulled for discussion purposes.
3. Adoption of the Consent Agenda and Walk-in Warrants List

A motion by Bean/Robinson to approve the Consent Agenda with the exception of Agenda item 5B(2) (Reference #4), and approve the Walk-in Warrants list was approved by unanimous vote.

A. Program – N/A

B. Business

1. Warrants List – Approved by Consent
2. Proclamation Declaring November 2017 as Prematurity Awareness Month

Delores Haynes, Program Officer read the Proclamation declaring November, 2017 as Prematurity Awareness Month.

Thomas Bean edited verbiage in the 7th “WHEREAS” clause of the Proclamation from “at least 8.1%” to “a maximum of 8.1%”.

A motion by Burdick/Robinson to approve the revised Proclamation to raise awareness and recognize November 2017 as Prematurity Awareness Month was approved by unanimous vote.

NOTE - There was a typographical error in the 7th “WHEREAS” clause of the Proclamation; the decrease percentage referred to should have been from 2015, not 2014. After receiving approval of the Chair, who had signed the Proclamation, staff corrected the error and the Proclamation was published.

6. Non Consent Agenda

A. Business

1. Resolution #17-027 Authorizing Increased Allocation for FY 16/17 Transportation Consultant Program

<p>Elizabeth Clark, Program Officer, stated that the transportation consultant had facilitated and coordinated transportation services to the Healthy Beginnings System of Care clients and Head Start families. The Provider’s primary role was to ensure transportation access to critical medical appointments utilizing taxis, bus passes, Uber, and Lyft. Due to extenuating circumstances the invoicing for the last few months of the 16/17 fiscal year had been delayed, which was when CSC had become aware that the Provider had exceeded the allocation due to increased transportation usage.</p> <p>Staff is requesting an allocation increase of \$20,000 to cover the additional cost of transportation use.</p>	
<p>What are the checks and balances? How do you know that the rides are being used for a medical appointment instead of, for example, a ride to the grocery store?</p>	<p>The rides are tracked electronically, and it is also part of the normal auditing process.</p> <p>The coordination of the rides is handled by the Provider, a request for transportation is made, and the taxi company understands that it will only get paid for a ride to the doctor’s office and back.</p> <p>The Healthy Beginnings providers request the transportation on behalf of the clients. Clients do not call the taxi company/Uber themselves.</p>

A motion by Burdick/Goodman to approve Resolution #17-027 authorizing the Chief Executive Officer to enter into an amendment to the agreement with the transportation consultant Tomas Boiton in an additional amount not to exceed \$20,000 effective August 1, 2017 was approved by unanimous vote.

B. For Informational Purposes Only – N/A

7. Walk-In Items – N/A

8. Chief Executive Officer’s Report

1. SEEK Scholarship Program and ACHIEVE Salary Supplements – The CEO Report contains a follow-up regarding the SEEK scholarship program and ACHIEVE salary supplements which was presented at the September 14, 2017 Council meeting.
2. CSC PBC Funding Supporting the Dependency System – There were questions regarding in what amount CSC supported the dependency system; the CEO Report contains a follow-up report with those amounts. It is broken down with the total dollar amount supporting dependency directly, and the programs with direct outcomes related to child abuse and neglect, in addition to programs that have an indirect outcome to decrease abuse and neglect, which is monitored by CSC.

3. Strategy Review and Allocation Analysis (SRAA) – Every 6 years the SRAA is performed which informs CSC's planning for the next 5 years. The core planning team has been reviewing CSC's outcomes and the best strategies, it also reviewed the latest research over the past few years, in addition to CSC's own reports and analyses. The CEO Report contains some items that have risen to the top in these areas, information is being shared before (in preparation for) the Planning Session proposed for June, 2018. It specifies the need to address intimate partner violence and substance abuse concerns, in addition to increasing father involvement. Another area is to continue to focus on maternal depression. More information will be provided at the Planning Session and recommendations will be brought forward.
4. Hurricane Irma Recovery Efforts – At the September 28 Council meeting CSC approved specific programs using under expenditures to assist individual families recover in the aftermath of Hurricane Irma. CSC authorized \$209,025 in this effort. Staff has coordinated local nonprofit funders to create an application process, and there were 41 different organizations that had submitted applications, with 29 agencies receiving a total of over \$350,000. CSC has funded \$50,000 of the \$350,000 to go directly to the Palm Beach County Food Bank to replenish food lost in the warehouse, in order to continue to get food out in the neighborhoods and food pantries.
5. Update on Great Ideas Initiative Awards of 2016 – Gold Coast Down Syndrome Organization, Inc. had sent a letter thanking the Council for the grant award and had described all they had been able to do with the grant.
6. Communications Update – Council members were each provided with a copy of the Family Guide which incorporates an English version and Spanish version in the same book; 32,500 copies had been printed and had been distributed in over 110 locations in the County. Council members were asked to let staff know if they would like additional copies to distribute.

Winter School Book Distribution – CSC had received bonus books which would be distributed through the School District to the 27 public elementary schools operating on extended days to provide extra reading for children.

7. Research & Evaluation Officer Presents at CityMatCH – Jeff Goodman, Research & Evaluation Officer, presented at the national CityMatCH conference. He presented on the significant findings of clients in the Healthy Beginnings System of Care.
8. Employee Service Award – CSC congratulates Patricia Vitello, Accounting Assistant, on her 10 years of service with CSC.
9. Media Release – CSC Receives the Florida Head Start Corporate Award – CSC was honored on Wednesday, October 25th with the Head Start Association Corporate Award, for both the region and for the State of Florida. CSC is now in the running for the national award which will be announced in February, 2018.
10. Planning Session Proposed for June, 2018 – in order to get the data disaggregated (as a result of the SRAA – which looks at racial and ethnic disparities), more lead time is needed, which is why the Planning Session is proposed to take place in June, 2018. A proposal this early is being

made to the Council because Council members are strongly requested to attend the Planning Session.

9. Legal Reports

1. Motion to Adopt 2018 Calendar of Council Meetings (in CEO Report)

Upon approval the 2018 Council meetings will be published, which is required by statute. The meetings will also be listed on the CSC website. The Palm Beach Post also lists Government meetings weekly, which is a free service. The Council notebook in its entirety is posted on the CSC website once it is released, and it is updated with any handouts and other materials upon completion of the meeting.

The September meeting dates are not listed because, by statute, CSC cannot schedule its September dates until the School District and the County post their meeting dates for September, to ensure that CSC avoids a conflict with the dates of those entities and their TRIM hearings. September dates will be noticed later in the year.

A motion by Goodman/Bean to approve the 2018 Calendar of Council Meetings as outlined in the CEO Report was approved by unanimous vote.

2. Annual Submission of Certificate of Compliance with Conflict of Interest Policy of CSC

Reminder to Council members to fill out, sign, and submit the "Certificate of Compliance with Conflict of Interest Policy" to the Clerk of the Council by the January Council meeting (1/25/18).

10. Individual Appearances – Non-Agenda Items – N/A

11. Council Comments

Paulette Burdick asked whether the Health Department was handing out the Literacy Coalition books at their clinics. (A follow-up will be forthcoming.) Ms. Burdick complimented Dr. Williams-Taylor on the informative CEO Reports.

12. Adjournment

The meeting was adjourned at 5:33 p.m.



Vincent Goodman, Secretary



Lisa Williams-Taylor, Ph.D., Chief Executive Officer