

Children's Services Council  
**PROGRAM REVIEW COMMITTEE MEETING MINUTES**

Thursday, October 23, 2014 - 4:30 p.m.

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**1. Call to Order**

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

Present: Thomas Weber, Thomas Lynch, Dennis Miles, Vince Goodman, Thomas Bean, and Greg Langowski.

**2. Minutes of September 25, 2014 PRC Meeting**

**A motion by Goodman/Bean to approve the Minutes of the September 25, 2014 Program Review Committee Meeting was approved by unanimous vote.**

**3. A. Consent Agenda:**

- a) Additions, Deletions, Substitutions: None
- b) Items to be Pulled from Consent Agenda –

Agenda item 3(A)3 “Notification of Agency Progressive Intervention: Corrective Action – Level 2” was pulled by Tana Ebbole for discussion purposes

- c) Adoption of Consent Agenda

**A motion by Goodman/Bean to approve the Consent Agenda with the exception of Agenda item 3A(3) was approved by unanimous vote.**

- 1. Warrants List-Program Reimbursements – Approved by Consent
- 2. RTI Evaluation for Child First – For informational purposes only; no action required
- 3. Notification of Agency Progressive Intervention: Corrective Action – Randy Palo, Director of Program Performance and LaNita Garmany, Program Officer.

Tana Ebbole stated that at the September 25, 2014 Council meeting Randy Palo, Director of Program Performance, and Alissa Nicholson, Director of Program Operations, shared a summary of CSC's CPPA process and that this agenda item is part of the CPPA process. Under the CPPA process requirements, a report of any program that is “on yellow” will be brought to the Program Review Committee. Randy Palo stated that this agenda item had been pulled because during the presentation on the CPPA process at the September Council meeting it was stated that one of the ways that Council members would be informed about the process is to share those programs that are in a corrective action.

Children’s Home Society for the Bridges Program was placed on a corrective action plan and has a progressive intervention plan that it is already working on. He stated that LaNita Garmany is the Program Officer and was available for any questions; in addition, the Provider was also available in the audience for any questions. There were no questions from Council members.

**For informational purposes only; no action required.**

**B. Business Agenda – N/A**

**C. Investing for Results Update – N/A**

**D. System of Care Update**

1. Centering Expansion Program Update – Christine Walsh, Program Officer

Christine Walsh, Program Officer, stated that the Centering Pregnancy program is an evidence based model of group prenatal care that includes assessment, education and support. She stated that CSC intended to expand the Centering Pregnancy program to the Belle Glade community beginning October 1, 2014.

Healthy Mothers, Healthy Babies along with the Children’s Services Council, the March of Dimes, Alleghany Franciscan Ministries and the Quantum Foundation, in support of the Centering program, has partnered with the ObGyn Specialists of the Palm Beaches and will be providing this program in Belle Glade. The program will serve women from Pahokee, South Bay and Belle Glade. This program is unique as it offers women support, and it is proven to have very positive birth outcomes. It is expected that the expansion will support and serve 150 women in the first year, that it will result in substantially better birth outcomes and prenatal experiences for these women.

Vince Goodman asked how women were recruited to be part of this program, Christine Walsh stated that there are a number of ways of recruiting women. She stated that there was an outreach program run by Healthy Mothers Healthy Babies that does targeted outreach for all pregnant women in the community. She stated that women are screened and then determined to be eligible for the program through some of the other providers. She stated that there was a substantial outreach process to ensure that women who do not have a prenatal care provider or would like to participate in this program can do so.

Vince Goodman asked who would not be eligible for this program. Christine Walsh stated that previously, only women who were considered to be medically low-risk were eligible because typically they would have to be sent to a perinatal center to receive services from this program. She stated that ObGyn specialists in Belle Glade has a perinatologist on staff which means that they can deliver the additional prenatal visit that high risk pregnant women warrant. She stated that no one would be excluded if they were interested in participating.

Tana Ebbole stated that this was one of the items that was discussed during the 2014 Council Planning Session during the Strategy Review. She stated that it was agreed that this was one of the items that CSC would be moving forward with, as this program was part of CSC's strategy of expanding services to increase and improve birth outcomes.

Thomas Bean stated that he understood that CSC was exploring options to further expand this program and asked for more details. Christine Walsh stated that (with the Centering program) CSC only serves medically low-risk women through the Lantana and Delray Health Department, and although there had been considerably good birth outcomes in those instances, they had now been able to secure approval from the Centering Health Institute (the developer of the Centering Pregnancy Program) to provide services to the medically high-risk women, which they hoped would provide even greater birth outcomes and savings in medical costs because of the reduction in prematurity and low birth weight.

Ms. Walsh stated that the Delray Beach Health Department chose not to move forward with the Centering program this year due to some issues that they were experiencing. She stated that CSC was therefore looking into the possibility of moving to Bethesda Medical Center, and providing Centering services with an ObGyn specialist that can serve medically high-risk women, resulting in greater return on investment in terms of health outcomes for the babies. Thomas Bean asked if this was due to issues from the Health Department, Christine Walsh stated that it was related to some staffing issues within the Health Department.

2. Light Touch Service Update – Delores Haynes, Program Officer

Delores Haynes, Program Officer, stated that as reviewed and discussed in previous Council meetings, it was recommended from the Strategy Review and Allocation Analysis that exploration should begin for Light Touch services to augment the current Healthy Beginnings System of Care.

Ms. Haynes stated that Light Touch services will be short term, with a duration of six months or less. She stated that the services were designed to meet the needs of young children with an identified developmental or social and emotional vulnerability. She stated that, through a planning grant, up to three providers will submit a plan to develop the new Light Touch Service that is based in evidence. She stated that, as a requirement of the plan, the providers must engage community providers, as well as families, to participate in the planning process. She stated that at the conclusion of the planning phase the providers must present a feasible plan to implement a solution that would significantly reduce or improve the results for children as well as their families. She stated that the plan must be adaptable to the current Healthy Beginnings System of Care and address at least one of CSC's child outcomes to include that children are born healthy, they are safe from abuse and neglect, or ready for Kindergarten.

Ms. Haynes stated that the timeline for implementation was as follows: in December, a group of community partners would be convened to present the Light Touch Service concept; in January, they would release the Request for Proposal (RFP) for the Light Touch Services, and select providers by March, 2015. The exploration of the providers that are selected will continue from approximately April 2015 through October 2015. She stated that they would select the plans and

move forward with implementation at that time. Tana Ebbole stated that the Council would be informed as each process unfolded, including who was selected and the process itself.

Thomas Bean asked Ms. Haynes to define vulnerability of the program. Ms. Haynes stated that there were children scoring on the Ages and Stages questionnaire as “monitor”, meaning that there is some level of concern but that it did not rise to the level of an actual disability. She stated that it was a primary prevention upstream approach in which CSC was hoping to address the vulnerability before a disability was actually identified.

Vince Goodman asked who approved the clients and where would they go when the program was in place. Delores Haynes stated that the plans would be developed by the providers. She stated that program services would be sought through a Request for Proposal process, with a committee of internal and possibly external providers who would review the submissions and select the providers with whom to move forward.

Tana Ebbole stated that the RFP recommendations come to the Council for final approval. She stated that a committee reviewed each submission and went through the selection process, and then was then brought before the Council. She stated that there were two phases, one was a competitive bid process to select the organizations to develop the plan, and the second phase was to bring the proposals back with the plan, which would be what would come to the Council. Thomas Weber asked what specifically would come to the Council, would it be the recommendation or all of the proposals? Tana Ebbole stated that it would be the final recommendations from all proposals, brought forward through the committee which goes through the rigorous process of evaluating each individual proposal.

Thomas Bean stated that Ms. Haynes had mentioned that the services were to identify vulnerabilities based on the ASQs, which he assumed would be for children that were already receiving services. Ms. Haynes stated that those children may not already be receiving services but they had been identified through the Healthy Beginnings system, and they had at least received the screen, with those scores having been reported to the Healthy Beginnings system.

Tana Ebbole stated that for context, all of the child care centers that were part of CSC’s subsidized child care program, as well as all the Bridges programs provide availability of developmental and social emotional screenings for all children that were in those child care settings, as well as events at the Bridges. She stated that the screenings were the ASQ and ASQSE, one was for development and the other one was for behavior. She stated that those were the ones that Ms. Haynes was referring to, as those children who were screened and identified as having that vulnerability, they would then be offered Light Touch service.

Thomas Bean asked for clarity, whether they would be able to identify all kids in the county, or only those who were screened? Tana stated that what they try to do is screen as universally as they could from birth through 5, which was part of the outreach for the Healthy Beginnings system that Ms. Haynes was referring to. She stated that this was performed through the child care centers, the Bridges, pediatric practices, and the Healthy Steps program. She stated that they wanted to

identify those children early and get them into services before they move from a moderate level to an established condition.

3. Prenatal Plus Follow-Up – Debra Gotlib, Director of Program Performance.

Debra Gotlib stated that during the September meeting she had provided an update on Prenatal Plus, and a Council member had asked a specific question on how many clients the nurses were able to make contact with actually enrolled in the Prenatal Plus program. She stated that the answer was an enrollment rate of 86.3%. She stated that Council members had been provided a packet which gave specific information on how many were enrolled, how many did not enroll and how many consented, but had declined. She stated that, essentially, from the ones that the nurses actually made contact with (which meant made contact by phone or otherwise) there was an acceptance rate of 86.3%.

E. Evaluations – N/A

F. Presentations – N/A

4. **Adjournment**

The meeting was adjourned at 4:47 p.m.