

MINUTES

	Meeting Title:		2017/2018 CSC Annual Planning Session	
	Date:	5/25/17	Time:	4:00 p.m.
	Location:		2300 High Ridge Road, Boynton Beach	
	Facilitator:	Tom Weber	Scribe:	Lisette Usborne
Participants:	<p>Council Members: Thomas Bean; Paulette Burdick; Judge James Martz; Dennis Miles; Debra Robinson, M.D.; Tom Weber</p> <p>Staff: John Bartosek, Shana Cooper, Lourdes Diaz, Debra Gotlib, Michelle Gross, Adrienne Heritage, Robert Kurimski, Kasha Owers, Tanya Palmer, Randy Palo, Christy Potter, Michael Roedel, Elsa Sanchez, Leah Shaw, Tom Sheehan, Shay Tozzi, Lisette Usborne, Lisa Williams-Taylor, Ph.D.</p> <p>Members of the Public: Karen Mayer (Office of the Inspector General)</p>			
WELCOME, INTRODUCTION AND OVERVIEW OF PLANNING SESSION		Chair Tom Weber		
<p>Chair Weber welcomed everyone. He stated that they would review CSC’s Mission and Vision and assess proposed refinements. Child Outcomes would be reviewed, and close attention should be paid because the results were not always as positive as hoped-for. The five-year planning cycle would be reviewed, in addition to the 17/18 budget.</p>				
CHILDREN’S SERVICES COUNCIL OVERVIEW		Lisa Williams-Taylor, Ph.D.		
<p>Overview – Guiding Principles</p> <p>Lisa Williams-Taylor, Ph.D. – An overview of the agenda was given; the back of the Planning Session booklet contains an Appendix with larger-size diagrams and the Pathways document. Handouts included “Where the Money Goes” report, and the Racial and Ethnic Equity Impact Statement.</p> <p>CSC is the largest funder in Palm Beach County with a prevention focus, focused on children 0-5. CSC has chosen to focus its funding in this way because research shows it gives the highest return on investment. CSC’s focus and investments are research and data-driven, progress is tracked to determine whether a program is making a difference or not. CSC invests in evidence-based programs to ensure that it is more likely to achieve desired child outcomes and its goals. CSC values its ability to be innovative in meeting the needs of the community, including development and implementation of new and creative programs, services, and systems to best serve the community. Families voluntarily engage in CSC services, and they are the experts on their own families; CSC wants to help families meet their goals and provide the minimum amount of intervention necessary.</p> <p>Current Mission/Vision - Recommended Mission/Vision</p> <p>Current Mission: The mission of the Children’s Services Council of Palm Beach County is to enhance the lives of children and their families and to enable them to attain their full potential by providing a unified context within which children’s needs can be identified and resolved by all members of the community. To achieve its mission, the Council will plan, develop, fund and evaluate programs and promote public policies that benefit Palm Beach County’s children and families.</p> <p>Current Vision: Children’s Service Council aspires to be an innovative leader creating a community where children and families reach their full potential.</p> <p>Proposed Mission: To plan, fund and evaluate prevention and early intervention programs and services that benefit all Palm Beach County children and families.</p> <p>Proposed Vision: All children grow up healthy, safe, and strong.</p> <p>Council members concurred that they liked the brevity of the proposed mission.</p> <p>Thomas Bean - Are the words “Prevention” and “Early Intervention” the right descriptors for the programs and services? It comes across as nebulous and it may need a little clarity.</p> <p>Lisa Williams-Taylor, Ph.D. – The original revision was proposed without those words, however there was a preference to ensure that it was delineated that this has always been CSC’s focus, and that the most impact is to be made in those early years.</p> <p>Tom Weber – Perhaps ‘intervention’ has negative connotations and ‘early assistance’ would be better?</p> <p>Debra Robinson, M.D. – If those words are removed, the remaining statement doesn’t suggest that the work is focused on the need. The goal of wanting children ready for Kindergarten doesn’t seem to fit into the proposed Vision statement.</p> <p>Lisa Williams-Taylor, Ph.D. – The “Strong” covers ready for Kindergarten, that their minds are strong.</p> <p>Tom Sheehan – Historically “early intervention” has been included to delineate that deep-end services are excluded.</p> <p>Judge Martz – All the programs I am familiar with in dependency fit under this umbrella. If it is eliminated, do we start</p>				

giving scholarships to kids? It opens up a panacea of things that don't seem to fit our mission.

Paulette Burdick – I would expand the abbreviated version: “To enhance the lives of children and their families, and to enable them to attain their full potential by planning, funding, and evaluating prevention and early intervention programs, and to promote public policies that benefit Palm Beach County’s children and families.”

Lisa Williams-Taylor, Ph.D. – Based on your research, what is the recommended length of a mission statement in order for it to be remembered and impactful?

John Bartosek – Around 10 words, with a Vision down to 3 words. It depends on the nature of the work.

Judge Martz – Who is our audience? To the general public it needs to be simple and convey the message.

Debra Robinson, M.D. – I’m in accordance with Ms. Burdick. The Vision can be a sound bite but the mission needs to have a little more clarity.

Paulette Burdick – The piece about promoting good public policy is an important piece because CSC carries its message in collaboration with many other agencies throughout the county.

Dennis Miles - When the mission and vision are put together with the goals it really clarifies the mission and vision.

Lisa Williams-Taylor, Ph.D. – We will take this and review it with the feedback that has been given and bring back some options.

Goals

Based on research and Council policy decisions, CSC has continued to refine its focus, and the outcomes sought for children are that they are:

Born Healthy

Safe from Abuse and Neglect

Ready for Kindergarten

Have access to quality afterschool and summer programs

Last year we adopted a focus of reducing disparities in child outcomes. The goals outlined above will be achieved through CSC’s Early Childhood System of Care.

Early Childhood System of Care

The composition of CSC’s Early Childhood System of Care was reviewed.

Individual Child & Family Services

- **Healthy Beginnings** – this is a multi-agency initiative with centralized intake and referral, offering a comprehensive and coordinated set of direct services to prenatal and postnatal women, and families with infants and young children. It seeks to promote healthy births among the county’s most vulnerable populations, and provides prevention and early intervention support services to parents and children to increase their chances of school readiness. Examples of programs within this system are: home visiting, parenting, mental health counseling, and programs optimizing a child’s development.

Quality Child Care – Improving access to care, in addition to the quality of care.

- **Scholarships** – for early care and education, afterschool, and summer programs. Match dollars for Head Start.
- **Quality Care** – includes professional development for teachers and staff, coaching, technical assistance, salary supplements and tiered reimbursement.
 - Strong Minds
 - Afterschool – QIS

Neighborhood-Based Approach

- **BRIDGES** – 10 community hubs to ensure that the neighborhoods, in spite of decades of dis-investment, unemployment and concentrated poverty, become the kinds of places enabling children to succeed and thrive. It builds on the strengths and resources of the neighborhoods and heightens awareness of children growing up healthy, safe and strong.

Systems could not function without the infrastructure and needed supports through professional development, public awareness and outreach, and CSC’s data infrastructure which helps CSC determine whether it is making a difference. CSC’s system has received national attention, one reason being is that the system receives sustained funding, whereas some systems don’t receive sustained funding over time. Programs continued to receive sustained funding unless CSC’s strategies or overarching goals change, or unless the provider is not meeting performance expectations.

Steps to Success

The first four steps in the Steps to Success model are those primarily funded by CSC. CSC is the main funder of creating a

foundation for a child's success early on. CSC is responsible for ensuring that children are born healthy, attached to caregivers, preventing (or minimizing) the effects of toxic stress and trauma, and ensuring that children are developmentally on-track and ready for school.

CSC also focuses on other stages in a child's life: contributing to ensuring children are on grade-level, are connected to their peers and adults, engaging in pro-social behaviors, and avoiding teen pregnancy and adolescent substance use. Funded programs to achieve these stages are BRIDGES, quality afterschool, Primary Project (operated within schools K through 2), summer reading program, book distributions, teen outreach program, teen triple P, parenting, mentoring, and investments with the Substance Awareness Coalition.

Client Count by Age Group

CSC clients are represented by a figure of 65% in the age group of 0 to 5, with 35% in the age group of 6 to 18.

Thomas Bean – How is a parenting program represented across these two age groups?

Lisa Williams-Taylor, Ph.D. – The regular Triple P program goes from age 0 to 12, and spans across to age 18 when the teen Triple P program is included.

Funding by Age Group

Funding for the 0 to 5 age group covers 72% of funding, with 28% of funding spent in the 6 to 18 age category.

By the Numbers

- CSC directly contracts with 36 agencies to deliver 55 programs, however, CSC's work is carried out through many more organizations as a sub-recipient of CSC funding. (An example of this is a child care center or an afterschool provider). CSC funding goes to 540 organizations in the community. Some agencies may not know the extent of CSC funding because they have a relationship with the Early Learning Coalition, Prime Time, or the County. (A report entitled "Where the Money Goes" was provided as a handout which outlines which organizations receive CSC funding.)

PROGRAM PLANNING PROCESS

Tanya Palmer

Investment & Accountability Model

PLAN – Strategy Review Allocation Analysis and Exploration. As new programs are identified in which CSC may like to invest, due diligence is performed to ensure the organization or program is a good fit for the community.

DO – Program Selection, Contracting, Implementation – Organizations have typically gone through an RFP or ITN process. It can take from 3 to 5 years until a program can reach full maturation, and to the point where a more in-depth evaluation can be performed.

Paulette Burdick – Why does it take so long to get there?

Tanya Palmer – With installation you need to have the appropriate policies and procedures in place to support the program; staff needs to be recruited, credentialed, and trained (some programs require an accreditation process to credential the staff, there may be testing to ensure the program is being delivered with fidelity).

The first 18 months the focus is on ensuring fidelity in dosage, making sure everyone is getting the program intervention in the way it was designed. There could be difficulties in the engagement of families. The intensity of service provision will strengthen and develop. Five years is an estimate for a program with a great deal of complexity, such as Strong Minds where there are a myriad of system components coming into play. Most programs will have enough data through CPPA to determine success of implementation within three years. There are articles regarding the Science of Implementation and the lifecycle involved with implementation that can be provided for Council members.

Lisa Williams-Taylor, Ph.D. – There was a study conducted on the Nurse Family Partnership which showed outcomes every year up to five years, and it wasn't until five years that you could really see the benefits. The Science of Implementation tells us that a decision could be made that a program was ineffectual, when in fact it had not been given enough time to mature.

CHECK – Comprehensive Program Performance Assessment, Program & System Evaluation – The information coming from this stage of the cycle is used for decision making in the Act stage for system refinements.

ACT – Program & System Refinements

Accomplishments in Last Year

PLAN – PLANNING:

- Community Needs Assessment
- Birth to 22: Youth Master Plan

- Disaggregated Child Outcomes

EXPLORATION:

- Family Engagement/Early Literacy
- STEM/STEAM
- HB Workforce – Initial phase

DO

- Launched Great Ideas Initiative – funding taken from underexpenditures was used to fund community ideas that would not have normally been funded through CSC’s typical program funding avenues. Grants of \$25,000 (or less) have been awarded to 24 agencies to implement their Great Ideas.
- Head Start/Strong Minds/Healthy Beginnings Integration – the connectivity between Head Start and the Strong Minds system, using resources to continue to improve child care quality. Screening takes place and children may be identified as needing additional supports, they are quickly linked to Home Safe for intake and referral.
- Implementation of Project DULCE
- Mental Health Refinement
- Implementation of Child First

CHECK – EVALUATION:

- Strong Minds – Year 2 was presented in February
- METIS Home Visiting – Year 4 will be presented in June

PERFORMANCE ASSESSMENT:

- CPPA
- System Metrics & Scorecard

ACT (refinement)

- Modification of WHIN, a nursing home-visiting program focused on Black women to reduce infant mortality
- Increase reach of Parent Child Home Program, supporting early literacy for young children
- Screening & Assessment – an important component that drives entire system. Have engaged a clinical director to ensure meeting a family’s needs

[Status of Initiatives Identified at Last Planning Session](#)

Initiative to Support Workforce in Health Beginnings

There is a struggle to have an educated workforce to deliver mental health trauma-informed services, at the same time meeting the needs of the population from a cultural, background, and language capacity. How can we model and have scholarships (such as those in place in the Early Care and Education arena) which enable practitioners to go back to school for them to get a Masters degree and intern to clinical practice and licensure? This would build the workforce and ensure there would be sufficient capacity to meet the needs of children and families. Exploration will continue, it is hoped to launch the scholarship program in FY 18/19.

Areas of Community Need

- Special Needs – was discussed at Planning Session in 2016, CSC co-funded with Unicorn Children’s Foundation, ensuring funding available to support 211 help line, as well as reallocation to Early Steps, the Part C program with established delays, ages 0-3.
- Birth to 22 – In 2017 included co-sponsoring My Brother’s Keeper Race to Equity Summit. CSC was also a participating funder in Achieve Palm Beach County, focusing on the transition from High School into college and career choices.
- Training on EBP for Therapeutic Interventions – we were very clear that we would not fund professional development unless there was a program in place to deliver services. An action team from the Birth to 22 initiative is active and considering all the angles associated. CSC has been providing ongoing support in education and awareness regarding the impact of trauma.

[Status of FY 2016-17 Council Member Interest](#)

STE(A)M Initiative:

- Great Ideas Initiative – Expanded reach of STEM through Police Athletic League (PAL) and Women’s Foundation of PBC.

At the Girls Leadership Institute there were 200 middle and high school girls assigned to small groups and doing things around forensic evidence collection, landscape architecture, 3D printing, robotics, female flight test pilots

from Sikorsky, this year they were able to double their reach and provide a parent track. How can we continue to support that involvement?

- Funding Support to Green Mouse Academy for FIRST Lego League – 62 teams that are active, supporting 1,700 students. Funding was received to bring on an additional 140 children from Kindergarten through 4th grade in underserved populations.
- Areas of Expansion, FY 2017-18 – i) STEAM Coordinator: Support Pre-K STEAM Programming in child care centers ii) STEAM Coordinator at Prime Time, ensuring that it is directly connected to School District programming; iii) Expand STEAM Programming for afterschool programs in QIS.

Pre-K Collaborative in Targeted Communities:

- Working with Community Partners, Early Learning Coalition, Stonybrook – All 4-year olds in Stonybrook, a public housing authority in Riviera Beach, are now participating in VPK. Dr. Robinson has been leading a group to ensure that every 3 and 4-year old has access to quality care in Riviera Beach.

A video was played. Stonybrook has 216 apartments spread over 4 buildings. Things started changing in 2008/2009, it was not formerly a conducive environment for children and families. Community Partners saw what was happening in Stonybrook and developed a pocket strategy, their plan was to reduce instances of child abuse by providing more services for parents. They needed to focus on community safety first. Working with residents they conducted community meetings and invited the Riviera Beach Police Department and other local officials. Lines of communication were open and police calls dropped significantly. Residents are now engaged in ongoing community action forums, taking what was discussed and transforming it into action. Residents have developed three priorities – i) Creation of a Buddy System, getting kids to school safely; ii) Getting the School District to provide transportation to the local elementary school, children currently have to cross a major highway and a railroad track to get to school; and iii) Have a Community Kickoff with a basketball court because older kids do not have much to do. These activities have rekindled the sense of community that was lost. Community Partners has been paving the way for residents to be more self-sufficient.

Tanya Palmer – All 4 year olds are currently enrolled in VPK, but the importance lies in ensuring that those children continue to attend. One of the components of the resident leaders' action plan is the Buddy System – many 4 year olds attend West Riviera Elementary which is just shy of the 2-mile mark (hence no transportation available to them).

Debra Robinson, M.D. – They will have a bus next year, it's already approved.

Paulette Burdick – What are the other communities are you working in, to ensure all 4 year olds attend VPK?

Tanya Palmer – We have recognized the amount of work it takes to bring a community to a state of readiness. In terms of the broader initiative of engaging 4 year olds, this is something that the Early Learning Coalition is taking the lead on.

Lisa Williams-Taylor, Ph.D. – In terms of what this would look like if it were packaged and brought to another community – it would look completely different because it is tailored to the specific community. We are learning as we go, there is no plan of what it looks like because this is very new.

Tanya Palmer – More than likely it will follow in line with where our BRIDGES are located.

Paulette Burdick – Outside of our cities there are 85 communities like Stonybrook. The County is already doing the work of community revitalization so we don't necessarily have to start from scratch.

Debra Robinson, M.D. – I have an issue whether it is parent-driven or community-driven. I attended Suncoast graduation 5/24 and Palm Beach Lakes graduation 5/25. If the kids at Palm Beach Lakes from birth had the benefits the kids at Suncoast had, they would also have an HPA (Honors Points Average) of 4.5 (which is the HPA of 75% of the graduates of Suncoast). We have multi-generational lack of access, and dreams have just disappeared, we have a community-wide depression. It's a steeper mountain than we imagine.

- Pilot the expansion of Foster Grandparents in select child care centers in Riviera Beach – Foster Grandparents will have training in trauma also.

Summer Camp/Afterschool Programming for Special Populations:

- Summer Camp 2016 – Funded DJJ Program at Palm Beach Lakes High School – have continued to expand the number of slots available to children in the foster care system and the juvenile delinquency system.
- Summer 2017 – Summer Camp Scholarship Program: An increase of 75 slots for the Department of Juvenile Justice (DJJ), and an increase of 61 slots for children in foster care.

Summer Learning Programs

- 6 additional participating camps offering academic enrichment activities in partnership with the School District.

WHO WE SERVE AND CHILD OUTCOMES

FY 2016 Demographics of the CSC Population

About half of CSC clients are Black, a little over one third are White, and one third are Hispanic.

Demographics Compared to County

When an overlay is presented of CSC's clients vs. the demographics of the county there is an overrepresentation of Black clients with an underrepresentation of White clients. Race and ethnicity are some of the biggest predictors of child outcomes, and are indicators of risk. The representation is not a concern in terms of whether CSC programs are serving the right clients, however, there is a concern regarding how we change the trajectory moving forward. In terms of ethnicity the representation is closer, with 32% of CSC clients being Hispanic vs. 28% in Palm Beach County.

Debra Robinson, M.D. – This data is not representative of socio-economic status?

Tanya Palmer – No, it is demographic only.

Debra Robinson, M.D. – Will you do a bar graph for socio-economic representation?

Tanya Palmer – Data is limited depending on the data source. CSC can report on the income of those families receiving scholarships of CSC funding, but there is not income information from the other data sources. For Healthy Beginnings there is a general question about income, but income does not determine eligibility such as it does regarding scholarships. We can take a look at presenting it, but the data will not be as clean and precise. The State (Healthy Start) Risk Screen determines "at risk" by scoring at 6 or above. By virtue of being Black, you receive 3¹ points at the outset. It is recognized that Black women are at risk of a poor birth outcome so there is recognition of this at the outset to try and mitigate those risks.

Child Outcomes

The outcome measures were described as:

% of premature births, and % of low birthweight births

% of children (birth to five) with verified abuse or neglect

% of children scoring ready on the state Kindergarten readiness assessment

of children enrolled in quality afterschool or summer programs – Data for FY 2015/16 shows 11,904 children received CSC funding to attend afterschool and/or summer programming. 17,860 children were served in afterschool Quality Improvement System sites in 2014/15; this is a larger number because not only does it include the slots that CSC funds, but the quality is delivered to the children whose parents are private pay.

FY 2015-16 Child Outcome Measures – Access to Quality Afterschool & Summer Programs

Children receiving CSC funds to attend an Afterschool and/or summer program:

2013/14 – 13,019; 2014/15 – 11,742; 2015/16 – 11,904.

Children served in afterschool quality improvement system (QIS) sites:

2013/14 – not available; 2014/15 – 17,860; 2015/16 – 17,634.

Are We Making a Difference with our Clients?

- How is CSC doing compared to itself (over time)? Green indicates moving in the right direction, red indicates the wrong direction.
- How is CSC doing compared to others?

Data is hot off the press, so there has not yet been time to fully analyze the data and determine all the reasons why the results are negative.

FY 2015-16 Child Outcome Measures - CSC Compared to Itself Scorecard

% of babies born low birthweight: baseline – 9.4%; FY 15/16 - 9.9% = +0.5% . There is a 0.5 percentage point increase of babies being born too small over the baseline year (not moving in the right direction).

% of preterm births: baseline – 9.3%; FY 15/16 – 11.7% = +2.4%. There is a 2.4 percentage points increase of babies being born too soon (not moving in the right direction).

% of verified abuse and neglect cases for children ages 0-5: baseline – 1.2%; FY 15/16 0.9% = 0.3 percentage point decrease. There was a decline of 0.3%, so this indicator is moving in the right direction.

¹ The Healthy Start Risk Screen scoring for being Black was quoted as a score of 4 during the presentation and the correct scoring is actually 3. These Minutes have been revised to reflect the corrected number.

% of children ready for Kindergarten: baseline – 93.9%; FY 15/16 – 92.1% = -1.8%. There was a 1.8 percentage points decrease in children being ready for Kindergarten.

Paulette Burdick – What does **N** equal?

Tanya Palmer – It equals the number of CSC clients who are participating in programs that have a direct outcome associated with that particular indicator (such as having a healthy birth.) In FY 2015/16 there were 787 clients participating in programs with a direct outcome associated with healthy births. There may be other programs associated with having a healthy birth but it is not their direct outcome. They had a baby that was born at less than 5.5 lbs.

Debra Robinson, M.D. – **N** went up and % went down in child abuse and neglect.

Tanya Palmer – In this case we brought more programs online that focus on abuse and neglect. There is movement over time.

Paulette Burdick - There were 2,632 children identified with abuse and neglect?

Tanya Palmer – There were 2,632 children enrolled in programs with a direct outcome to prevent abuse and neglect. The number of verified cases was less than 1% of this number.

Guiding Questions

- How is CSC doing compared to others like CSC?
 - Propensity Score Matching – this is the closest you can come to a randomized controlled trial without denying anyone services. The profile of a CSC family is matched to a like (non client) profile on a number of indicators such as demographics, Zip code area, first child, multiple children, etc. It is as close a comparison apple-to-apple as possible.

FY 2015-16 Child Outcome Measures – CSC vs. Comparison Group Scorecard

% of babies born low birthweight: CSC- 9.7%; Comparison - 8.8% = +0.9% - CSC's clients, compared to a matched comparison group, fared worse than the comparison group in terms of low birthweight: CSC clients' babies were smaller.

% of preterm births: CSC – 11.7%; Comparison - 9.17% = +2.6% - CSC's clients, compared to a matched comparison group, fared worse than the comparison group in terms of pre-term births, CSC clients' babies were born earlier.

% of verified abuse and neglect cases for children ages 0-5: CSC – 1.1%; Comparison 1.8% = -0.7% - CSC's clients, compared to a matched comparison group, fared better than the comparison group in terms of abuse and neglect (the comparison group did not receive interventions related to abuse and neglect).

% of Kindergarteners ready for school: CSC – 95.1%; Comparison 90.8% = +4.3% - CSC's clients, compared to a matched comparison group, fared better than the comparison group in terms of being ready for school.

Paulette Burdick – Does Highland Elementary have a BRIDGES program? (Yes.) Looking at a School Board document, (3rd grade reading report) there is a 14% decline.

Lisa Williams-Taylor, Ph.D. – The 3rd grade reading report is a different indicator than children being ready for Kindergarten.

Tanya Palmer – there are a couple of things – not everyone who attends Highland Elementary is included in the CSC client count, they may not be a member of BRIDGES, and may not have participated in a program which has a direct outcome corresponding to school readiness. At the Council meeting there will be an agenda item regarding a BRIDGES evaluation to determine whether or not we have been able to make an impact at the community level by virtue of having a BRIDGES in place. This will be a different look or insight into the effectiveness of the model, vs. this look which is regarding discrete individuals who have received a direct service for at least one day. All those different pieces and insights are needed to improve the program, and determine whether investments are being made in the most appropriate areas.

Debra Robinson, M.D. – I would like further explanation which shows there is no harm being done in terms of birth outcomes.

Tanya Palmer – We are now at a point in time to be able to look at data *not* in terms of one year compared to a baseline, but over periods of time, which gives insight into trends. It gives information how the CSC clients compare to a comparison group over a rolling 3-year period. When dealing with small numbers there is the possibility to get noise or “chatter” which may depict a negative movement, and although it's something to pay attention to, it needs to be put within context.

The [Low Birthweight: Moving Averages](#) slide was reviewed with the conclusion that CSC clients were faring better than the comparison group because the gap was widening (with less low-birthweight babies) over time. As access to more years of sets of data is gained, there is more ability to present it in different ways. By looking at it from different perspectives CSC can determine whether it is responding appropriately and responsively, and not shutting a service down too early, or not ignoring something that consistently pops up.

Judge Martz – There is a question about who is drawn to CSC services, the consequences of their actions and their lives sometimes dictate they are drawn to CSC, so it could be a different subset of people, even though they are similar demographically.

Tanya Palmer – It could be a motivation to participate in a program, there is some self-selection, which are all potential messy nuances when working with data.

Understanding the Data

- Who are we including in the analysis? We look at every person who was enrolled, even if they were only enrolled for one day, which is under a design called “intent to treat”. It is high stakes and there are attrition rates to be mindful of. How do we continue to dig into the data, and does the picture look different if we were to look at those families who received the minimum dosage?
- How are we measuring and reporting success? The Year Four Evaluation (at the June Council meeting) will reveal that the Prenatal Plus program resulted in increases in birthweights and increases in gestation. 37 weeks is considered full-term and while some clients may not make the finish line, every additional day a baby stays in-utero has incredible power with regards to brain development. If we can achieve an extra 3 or 5 more days, there is a significant difference.

At the January Council meeting when CPPA is presented we talk about associated outcomes. We have programs demonstrating they are scoring in the green, but how does it roll up in the broader system context? How do we use that insight to build out what our system needs to continue to be responsive? Michelle will be talking about what programs are we most successful at impacting. How does dosage impact outcomes? Who is most likely to drop out of programs, and how can we mitigate that from happening?

Paulette Burdick – Have you considered incentives to encourage families to stay in the program?

Tanya Palmer – There are some programs that have incentives such as giving a children’s book, it continues to reinforce literacy. It’s worth exploring whether adding additional incentives would help continue with that engagement.

Lisa Williams-Taylor, Ph.D. – One home visiting program uses incentives such as books or toys to model the interaction between child and parent. The parent receives an incentive (toy or book) at each session with which they can play with/read to the child. The rates of engagement in this program are great. Another big factor is the staff person implementing the program, whether you have the right person in the job. We will take a look at this.

Investment & Accountability Model – (Plan, Do, Check, Act)

Engagement in programs is one of the key struggles that many early childhood systems face.

Strategic Planning

Michelle Gross - The Strategic Review and Allocation Analysis (SRAA) is an 18-month process conducted approximately every 5 to 6 years; it represents the driving force in determining the overall make-up of CSC’s program portfolio. The purpose of SRAA is to ensure that taxpayer dollars are spent on the most effective and efficient programs, strategies, and services to reach child outcomes, and ensure that CSC’s services are aligned with the strategies found to be the most effective. The last page of the Planning Session booklet has the Pathways document.

Through SRAA CSC staff review national program models and best practices, analyze countywide data and trends, analyze and assess program and system needs, and recommend strategic (re)allocation of CSC funds. It could result in a recommendation to explore new approaches, strategies and programs, or it could result in a recommendation for system refinement and reallocation of funding to serve more clients in the most effective programs.

This is the second time SRAA has been conducted; one organizational goal is to strategically focus on the four critical child outcomes, including reducing disparities. The first step in reducing disparities is to disaggregate system and program-level data to see where disparities exist. Additionally, CSC is exploring new research, advances in the field related to birth outcomes, child abuse and neglect, school readiness, and quality child care. CSC is focusing on ensuring equity within its services and outcomes, that the client’s voice is emphasized, and that we work to engage the whole family.

Context for Presentation

The first Strategic Review and Allocation Analysis (SRAA) related activity examines trends and disparities in child outcome data. A population's likelihood to be Healthy, Safe, and Strong varies by many factors including race and ethnicity. Examination of this data will lead to CSC's ability to develop and then implement strategies for change. System-level analyses have been performed for all CSC's goals (desired outcomes) of:

- Born Healthy
- Safe from Abuse and Neglect
- Ready for Kindergarten
- Access to quality afterschool and summer programs

Disparities for Palm Beach County will be presented, in addition to disparities for CSC clients.

What Questions are Addressed?

What are the disparities in child outcomes in Palm Beach County? Is CSC engaging families most at risk of poor outcomes? What are the disparities in child outcomes for CSC clients? What is CSC doing to address disparities?

Birth Outcomes: Low Birthweight

For presentation purposes the presentation was focused only on the low birthweight outcome. Data regarding the other outcomes (goals) is contained within the Planning Session booklet.

What are the Racial/Ethnic Disparities in Babies Born Low Birthweight? (Slide depicts the whole of Palm Beach County)

This slide is on page 18 of the Planning Session booklet with races and ethnicities outlined as: White Non-Hispanic, Black Non-Hispanic, Hispanic, and Haitian; percentages listed are for years 2013/14, 2014/15, and 2015/16 respectively.

For the county, the lowest percentage of babies born low-birthweight is in the White Non-Hispanic group (7.2%; 6.4%; 6.1%) with very similar data for Hispanic (7.3%; 6.9%; 7.2%). The highest percentage of babies being born low birthweight is in the Black Non-Hispanic (12.3%; 13.4%; 14.3%) and Haitian (10.7%; 10.3%; 11.7%) groups.

Outcomes for the Black Non-Hispanic and Haitian groups (regarding low birthweight) in general became worse over time. In 2016 the percentage of Black Non-Hispanic babies born low birthweight (14.3%) is more than double the rate of White Non-Hispanic babies born low birthweight (6.1%). Palm Beach County data is consistent with State trends.

Debra Robinson, M.D. – Thank you for including Haitian as a subset. How is this data collected?

Michelle Gross – It is State data collected from Vital Statistics birth certificate information. We do not have the same level of data for child abuse and neglect.

Debra Robinson, M.D. – So they self-identify as Haitian? (Yes.) Can they choose Guatamalan? (No.)

Demographics of Participants in Programs Targeting Low Birthweight

This slide is on page 19 of the Planning Session booklet. Before the CSC client data regarding low birthweight outcomes was examined, a look was taken at the demographics of those (low birthweight) CSC clients. If the Black Non-Hispanic group is collapsed together with the Haitian group the figure becomes approximately 45% of CSC clients, with the Hispanic group comprising an additional 45%. These figures are much higher than the representation of those groups within the county.

Tanya Palmer – This is specifically for the CSC funded programs that are directly related to birth outcomes. It's different cuts of the data.

Michelle Gross – The lowest percentage by far (of CSC clients experiencing low birthweight) is White Non-Hispanic, which, for county residential demographic data is by far the highest group.

Demographics of CSC clients have remained fairly stable over time, with CSC's services being directed to clients more likely to face challenges.

Where are the Racial/Ethnic Disparities in Babies Born Low Birthweight? (CSC clients)

This slide is on page 19 of the Planning Session booklet. For CSC clients you can clearly identify disparities within the client population, the group that is doing best is the Hispanic group, remaining stable over the 3-year period of time. In 2015/16 the percentages of both the Black Non-Hispanic babies born low birthweight (11.0%) and the Haitian babies (11.9%) is almost double that of Hispanic babies born low birthweight (6.2%). There is also a puzzling increase in the rates of low birthweight over the three years for the White Non-Hispanic group (from 7.0% to 17.6%). There will be

further examination in this area. The number of CSC clients in this group is low, for 2015/16 there were 74 White Non-Hispanic clients. The low birthweight outcome was for 13 of those clients.

[Where are the Racial/Ethnic Disparities in Babies Born Low Birthweight?](#) (CSC clients side-by-side the Palm Beach County)

This slide is on page 20 of the Planning Session booklet. The trends in low birthweight outcomes for Hispanic babies are similar for both the County and CSC, although CSC consistently performed better than the County. Trends for low birthweight Black Non-Hispanic and Haitian babies are increasing for the County, but are showing up and down variability for CSC clients. For Black Non-Hispanic babies in 2014/15 and 2015/16, CSC is doing better than the County. For White Non-Hispanic babies, the increasing percentage over time for CSC clients does not occur for the County.

Paulette Burdick – Can you help me understand why there was a downwards trend and now it's going back up. What happened?

Michelle Gross – This is one of the reasons why it is important to look at several years of data in order to eliminate anomalies with the up and down and variability of the data; we are looking at that year, is it reflected only in the clients CSC is serving or is there something happening community-wide?

[Efforts Underway](#)

Disparities in birth outcomes related to race have long been identified in the field of maternal and child health. CSC has been engaged in efforts to reduce disparity related to birth outcomes. As mentioned earlier, being Black is recognized as a risk factor in the Universal Healthy Start Risk Screen. Community Voice is a grassroots program that uses community volunteers to promote healthy pregnancies and reduce Black infant mortality. CSC has recently refined the Women's Health Initiative (WHIN) which has intensive home visiting services, coupled with nutrition and mental health counseling for Black African American women. These interventions have specifically focused on healthy births, and we have not yet addressed disparities throughout all our goals and system of care.

[Data Highlights for Other Outcomes](#) (actual trend lines are on pages 32-34 on Planning Session booklet)

- Preterm Births – Racial and ethnic disparities mirror those for low birthweight, for CSC clients they have decreased over time.
- Child Abuse & Neglect – In PBC and CSC we see that racial and gender disparities exist, and the percentage of child abuse and neglect is greater for Black children than for White children. The difference between Black and White children is much smaller for CSC clients than with Palm Beach County.
- Kindergarten Readiness – for both PBC and CSC racial and gender disparities exist, there are similar patterns. White females scored the highest for Kindergarten-ready, and Black and Hispanic males scored the lowest. Most groups (for CSC clients) show increases in readiness over time, except White males and females.

The findings will guide what is done with the SRAA process.

Lisa Williams-Taylor, Ph.D. – CSC's work on reducing disparities is not new for CSC, CSC has been engaged in this work since the early 2000's. A racial and ethnic disparities report was written by CSC in 2006, and I reviewed countywide data from 2004. If the data from 2004 is compared to the current data it reveals that White moms are doing better, and Black and Hispanic moms are doing worse, 11 years later. We want to make a dedicated stance on what CSC stands for and the work unfolding in the next year. We believe we must intentionally focus on disaggregating our data, and understand what is and what isn't making a difference. The racial and ethnic impact statement (a handout at the table) is a way to communicate that CSC is intentionally focused and committed to reducing disparities for all children. Disaggregation of data, and the SRAA with a racial equity lens and a focus on reducing disparities, is work that will be focused upon for the next year and beyond. We would like Council feedback on this statement.

Debra Robinson, M.D. – "Equity" needs to be defined. In my experience, many people hear "equity" but they think of "equality".

Dennis Miles – In Broward county the Urban League connected us (the Department of Children and Families) with the Black Administrators of Child Welfare organization who are doing racial disparity work with surveys. They drilled the data down and isolated two zip codes in Broward county with high disparity. Perhaps the same could be done in Palm Beach County. The Black Administrators of Child Welfare has provided a lot of literature and data to the community in Broward which has been very helpful and valuable. The entire system is excited about where it is headed, they are hopeful to see some real progress in those communities.

Parenting Campaign Update

John Bartosek – Planning for the parenting campaign began in late 2014, RFPs for web production and apps moved forward in 2015 and were approved in 2016. Technical work has now been completed and the launch is scheduled for August to coincide with the start of the school year.

A video was played “Welcome to Every Parent”, reviewing the features of the website and the apps.

Shana Cooper – From now until the launch the website will be loaded with fresh content daily. We are currently vetting the website content with CSC staff, programs, PBC Parks and Recreation Department, the Cultural Community Council, and other subject matter experts and community groups in our system and outside the system. We are developing a feedback group to address concerns and questions. Once we go live it will give us more ideas for content and identify gaps.

Mike Roedel – With regard to technology we have successfully completed the development phase for the website and apps, and have entered into maintenance agreements for those. We are staying up to date with Google and Apple, and any changes to their phones. We have started testing for any issues with interface design or usability, and are expanding testing with providers, community members, and any others identified by our outreach team. Testing will last until the end of June, allowing until the end of July to make any appropriate changes. Analytics will be important as we move forward for launch. Analytics will be used to identify issues that had not been anticipated or that were not identified through testing. For instance, pages with a high bounce rate (where viewers left the page and didn’t explore deeper into the site) may need additional content or may need to be reevaluated to ensure content is relevant.

Christy Potter – Phase One of the promotion of the Parenting Campaign rolled out in December to increase awareness of CSC’s role and credibility. Parents were reached in various ways: 13 billboards throughout the county, movie theaters during the Holiday season, local radio stations, Pandora radio, public television, social media, and a strategic digital campaign optimizing online banner, video, and advertisements.

For the testing and vetting phase, the campaign was/will be freshened with a focus on Mother’s Day which runs through May, with a separate focus on Father’s day set for June.

The promotion has been supported by on-the-ground outreach efforts including meetings with town managers at the largest municipalities, in all birthing hospitals and children’s hospitals. CSC has also participated in multiple community events, and will sponsor several large events planned for the summer. There will be two pool parties and a CSC day at the PBC Zoo.

In Phase Two (the public launch of the website and apps) the promotion will intensify with a robust digital campaign adding Facebook, Instagram, Precise Mobile and App Profile Targeting. We will continue with billboards – refreshing the art, along with adding additional local radio stations, Pandora radio and public television.

Thomas Bean – Do the Apps work on tablets or only phones? (Yes, they work on tablets.) Please expand on the privacy and security measures.

Mike Roedel – We have worked with the vendors to ensure that we have really strong privacy measures in place, in addition to working with CSC’s Information Management department.

Thomas Bean – Does it work through the Cloud storage? (Yes).

Paulette Burdick – Is it in multiple languages?

Shana Cooper – No, only in English.

Paulette Burdick – How do we measure success?

John Bartosek – The success measurement that has been identified is the number of families with children that have signed up. The ultimate five-year goal is to have at least 10% of the families in Palm Beach County with children under the age of 18 signed up (a goal of 13,500 sign-ups).

Debra Robinson, M.D. – It seems that technology can do anything nowadays, is it possible for a parent with poor literacy skills to push a button and have it read to them?

Mike Roedel – There are screen-readers in place for disability devices only. We have talked about having the information on video for Creole-speaking and Spanish-speaking families down the road.

Debra Robinson, M.D. – We have to find the people who will carry the message to the most at-risk people, they are the ones whose access I am worried about. We should give the launch information to hip hop DJs to advertise. Is there a way to text them a link to make it easy for them to sign up and for them to receive content? The articles look great but they also look intimidating if you are not comfortable reading. Another means of promotion is churches, there will be a meeting in two weeks with African American clergy, we can talk about sharing with that audience. Lastly there is the language barrier, you already mentioned translating into Spanish, but we have to figure out how to reach populations

with other languages. Google Translate would work, however, it is written and would not speak the translation. I would like to set this as a goal, to have videos with the same information, or explore technology to speak the information. This could be something to introduce in the pre-K arena, if they have a parent event at the start of the new school year, such as the next Riviera Beach Pre-K Collaborative meeting.

Paulette Burdick – We have folks in the Glades with limited literacy, the articles look good but they are long. I like sound bites because I like the scope and breadth of the information. If we are targeting African American and Haitian families, then the Creole translation is important.

John Bartosek – It will be a priority. For the purposes of a general public education campaign it is targeted to a universal audience and it is for all Palm Beach County parents. A lot of the information will apply to all families.

Paulette Burdick – All families pay the taxes, however there is a sense of urgency, our energies should be focused now we have the data.

Lisa Williams-Taylor, Ph.D. – We do want to make sure that it's a universal parenting campaign, but there's another layer for the families we are targeting.

Paulette Burdick – This goes towards that equity piece – we want to do things equitably for everyone. We have to look at equity very differently, in some communities we need to provide the information faster.

Debra Robinson, M.D. – From my experience I know people that would read the articles, and some who probably wouldn't, and they are not low income so there is not that barrier. The School District had previously had conversations about a Parent University where highly-motivated parents could go to get more information. This was a good idea, but we have to find a way to inspire parents to get the information on the day they know they want it or need it. This why the third party validators are important in carrying the message.

Shana Cooper – When new parents sign up they can access the website, however we also have the app and can push out relevant and timely information to them through their cell phones.

Christy Potter – The hospital liaisons will introduce it to new moms in hospital when they perform the screening.

Shana Cooper – It will be multi-level. The family will be reading articles and will get a message once in a while reminding them about vaccinations and regular milestones for their infant/toddler.

Debra Robinson, M.D. – We may want to shift more energy to those messages, for those parents who would not normally seek this information independently.

Judge Martz – Is this going to be independent of everything else that CSC does? It seems like it's encapsulated, and I wonder why we wouldn't have each and every person who touches CSC be required to sign up, especially if we are doing give-aways. Why not draw them in any way we can, and every way we can. Is that already a part of it?

Christy Potter – We are working with our providers to encourage clients to sign up, it's a big part of the outreach effort.

Judge Martz – If they are asking for services now, the offer into the insight of future challenges they may face later would probably be well-received, especially if they are recipients of services that are valuable to them. They will know when they see it that it's not just spam.

Thomas Bean – What is the size of the app? I have two different phones, a work phone and a personal phone. My personal one is a large I-phone, and my work phone has half or a quarter of the capacity. If I have too many photos I get alerts that there are settings issues, therefore some things need to be deleted. If I decide I no longer want the CSC app on my phone, how is the information pushed there?

Mike Roedel – The app is 42 Megabites, the same size as the Safe Map app. We do a lot of work in the Cloud which is how we keep the size down.

BUDGET FY 2017-18

Lisa Williams-Taylor, Ph.D. – We would like to propose that the Budget conversation be continued at the Council meeting. (The budget discussion was held at the May 25, 2017 Council meeting. Link to Minutes of that meeting:

<https://cscpsc.box.com/s/l3d5b16bg5diox8yryy15q5i0yzagjd6>).

WRAP UP

The meeting was adjourned at 6:02 p.m.



Vincent Goodman, Secretary

Thomas P. Weber, Chair, Secretary Pro Tem



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