# MINUTES

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| Children's Services Council PALM BEACH COUNTY Healthy. Safe. Strong. | **Meeting Title:** | **2015/2016 CSC Annual Planning Session** | | |
| | **Date:** | 4/23/15 | **Time:** | 4:00 p.m. |
| | **Location:** | **2300 High Ridge Road, Boynton Beach** | | |
| | **Facilitator:** | Greg Langowski | **Scribe:** | Elsa Sanchez /Lisette Usborne |

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| **Participants:** | **Council Members**: Thomas Bean; Vince Goodman; Judge Kathleen Kroll; Greg Langowski, Tom Lynch; Debra Robinson, M.D.; Shelley Vana; Tom Weber<br>**Staff:** Marc Baron, John Bartosek, Ron Bazil, Karen Brandi, Bill Cosgrove, Jen Diehl, Debra Gotlib, Michelle Gross, Robert Kurimski, Tanya Palmer, Randy Palo, Christy Potter, Elsa Sanchez, Leah Shaw, Tom Sheehan, Deb Tatonetti, Shay Tozzi, Lisette Usborne, Lisa Williams-Taylor, Ph.D.<br>**Members of the Public:** Karen Mayer (Office of the Inspector General), Elaine Webb-Alvarez |

**OVERVIEW and STRATEGIC PLANNING PROCESS** **Lisa Williams-Taylor, Ph.D.** **4:05 – 4:40 p.m.**

Lisa Williams-Taylor reviewed the Planning Session notebook compilation stating that it included the agenda, CSC's Mission, Vision, and Theory of Change. She stated that the Theory of Change reviewed the theory and research and informed why CSC invested in the way it does. Page 7 contained the policy guidelines which drive decision-making, and the main presentation would be from pages 9 to 34. The Appendix started on page 35 with larger versions of some of the previous diagrams. She encouraged Council members to interject during any presentations should they have questions.

She outlined the meeting agenda: overview, strategic planning process, child outcomes and CSC's current standings, update on two projects: i) engagement and ii) social return on investment, followed by budget discussion. She stated that the Program Review Committee and Council meetings would begin at 6:00 p.m.

Overview

CSC invests in primary prevention and early intervention targeting the earliest stages. Research shows that by starting very early you are more likely to impact child outcomes. Renowned economist Dr. James Heckman states that by investing in ages zero to three you would more likely receive return on investment. CSC invests in evidence-based programs; CSC's general policy has been that once a need has been identified and there was an evidence-based program available to meet that need, CSC should invest. If there was not an evidence-based program available to meet the prescribed need then CSC would develop a program locally, and monitor and evaluate the program to ensure CSC would receive its desired impact. Data drives all decisions at CSC, and accountability and transparency -both CSC as an organization, and providers (as stewards of taxpayer dollars)- helped ensure programs worked, and if they didn't, difficult decisions needed to be made. CSC needed to adapt and be flexible. CSC needs to constantly learn from its practices so that it continues to move in the right direction and be innovative. CSC needs to be creative to meet various community needs.

Goals

Lisa Williams-Taylor – Children are born healthy, are safe from abuse and neglect, are ready for Kindergarten and have access to quality Afterschool and Summer programs. Page 10 contains the revised pathway document with the Goals (what CSC wants), Child Outcomes (what CSC measures to understand if it is moving in the right direction), Key Indicators (what CSC tracks, either across individual programs or across systems), and Primary Strategies (the primary interventions in which CSC invests). The top 10 primary strategies were listed, many more were identified, however research shows that if CSC invested in the top 10 listed it would be more likely to move the needle on the goals outlined.

Prenatal Care – has significant impacts on low birthweight, prematurity, and infant mortality.

Teen Pregnancy Prevention – is critical because children of teens are more likely to have poor birth outcomes and be victims of child abuse and neglect, among other negative outcomes.

Provision of parent education and awareness can have a direct effect on child abuse and neglect.

A child's development is profoundly affected by negative experiences such as domestic violence, parental mental health, and substance abuse issues, and such development impacts later life success.
When a parent reads to a child it can not only have an immediate effect on literacy, but long-term effects on academic success.
Quality early care and education, quality afterschool, and interventions focusing on summer learning loss all have long-term effects on academic success.

Three Year Organizational Plan

In 2012 a plan was developed with five goals:

- In the Program Division – focusing where $ are spent to achieve child outcomes
- Public Awareness and Education – so people know about CSC's services and programs
- Be Data-driven
- Maintain a high-performing staff
- Have efficient pperations

The plan drives the work of CSC down to each individual employee's goals and projects. A high level diagram of the plan was shown which depicted each employee's goals contributing towards the five organizational goals.
Goal number one regarding achieving child outcomes was further outlined in the following section.

**WHO WE SERVE & CHILD OUTCOMES** **Lisa Williams-Taylor, Ph.D.** **4:40 – 5:00 p.m.**

Lisa Williams-Taylor – Achieving child outcomes was driven by investment in quality services and optimizing the performance and efficiency of the funded programs. In order to optimize performance the programs are implemented, assessed, evaluated, and regularly monitored. Investment in quality services involved looking at the community, determining its needs, and exploring programs to meet those needs.
Once programs have been implemented and assessed to determine whether they are working, information learned was used to refine and redesign the Early Childhood System of Care.

Early Childhood System of Care

Lisa Williams-Taylor – There are two county-wide systems funded by CSC, in addition to a neighborhood-based strategy. The two county-wide systems are Healthy Beginnings (HB) and Quality Child Care. The HB system serves children ages zero to five with targeted interventions for children and their families. The system comprises of at least 9 evidence-based programs, in addition to programs focusing on parental depression, maternal attachment, literacy, and early identification and screening. Scholarships for children within the HB system were automatically provided for inclusion in the second county-wide system, Quality Child Care, through the Strong Minds network. Strong Minds focuses on children aged zero to five, and in afterschool ages 5 and above.
The third neighborhood strategy is the BRIDGES which occur in 10 neighborhoods across Palm Beach County which have the worst child outcomes. Poor outcome indicators include: a high rate of teen pregnancy, poor birth outcomes, low FCAT scores, poor graduation rates (dropouts), and child abuse and neglect rates. In order for the systems and programs to work, investment must be made in professional development promoting a skilled workforce providing the services.
Awareness and outreach campaigns serve to ensure that people were aware of programs so they could access the services they needed. A much broader part of the community could be reached by the public awareness and outreach and campaigns. CSC's data system serves as its accountability system.
Vince Goodman - Who provides equipment for handicapped children? Lisa Williams-Taylor - CSC had a special needs fund with funding provided to the United Way.
Tanya Palmer - The special needs fund operated as the "payor of last resort". Special equipment may be able to be accessed by Medicaid or private insurance, or utilizing federal funding from the Early Steps program Part B and Part C through Child Find. If further equipment was required and there was no funding source, a family

would apply to the Special Needs Fund managed by United Way.
Shelley Vana – Does CSC work in partnership with a place that recycles medical equipment? Thomas Bean - Clinics Can Help was a United Way agency.
Strategic Planning Process
Lisa Williams-Taylor – At the 2014 Planning Session there had been a presentation on quality data, on improving the quality of the data to make better decisions, and a question had arisen "how has the improved data quality informed your decision making?" CSC has a very formalized process to make decisions, especially within the Program Division, utilizing the Plan Do Check Act model.
Karen Brandi – Strong Minds is the new quality rating and improvement system which replaced Quality Counts. These are strategies designed to elevate the quality of care in state and local early care and education systems, and to support and improve child development. There are 40 statewide quality rating improvement systems nationally, with 6 states in planning phases. There are only 3 states which have local systems, with Florida being one of them. In the State of Florida there are 11 counties either fully implementing a quality rating system or in a pilot process.
Quality Counts began in 1998 as a small pilot of 6 programs, there had been many cycles of the Plan Do Check Act process over the years, as of 2014 Quality Counts had 210 sites serving over 10,000 children. Changes to the Quality Counts system were first discussed three years previously, considering the impacts on child gains, and how quality was sustained within the child care programs. The question was asked "could we do better?" Data and evaluations were reviewed, national research was considered, including trends in the realm of quality rating and improvement systems. Discussions ensued with child care providers, focus groups were undertaken with the parents, and two national consultants, experts in quality rating systems, were engaged. Based upon all the information collected a new concept was devised for how they wanted the new quality rating and improvement system to look. The supports needed to be refined in order to support the child care provider community to impact the child gains that were sought.
In the past they had been looking at enhancing the quality of the child care environments, and now the focus was to impact the child gains. New data systems were needed to support all the changes, in addition to refinements to career advising and other supports to providers.
A strategic project plan was developed (using Project Management supports) and a thorough risk analysis was undertaken. A Theory of Change was developed, a logic model was developed, new standards and processes were developed. Technical assistance, career advising, and financial supports were reviewed. All activities so far had fallen into the "Plan" section of the model.
In the next round of "Do", the current Quality Counts system needed to be sunset by the end of 2014, including conducting Town Hall meetings and ongoing information sessions. A soft launch of Strong Minds had been undertaken in November, 2014 and feedback was sought. A full launch was undertaken January, 2015. There were 281 programs involved; 140 of those programs have been approved and are in the network, 6,100 children were currently being served (as of 4/23/15). Due to the positive response to the new system the goal for the year had been met within the first three months, and they had had to put a hold on any new applications into the system until the balance of the original applicants could be processed.
Considerations for the next round of Plan Do Check Act:

- Creation of a new evaluation plan
- Continuation of build-out of the database enhancements for ease of use for the childcare community
- Reliance on technology to reach more providers and more families, a more effective way of doing business
- Strong Minds provider kickoff planned for September 2015
- Provision of Strong Minds materials and strategies to providers for them to market to their parents, outlining what quality child care looks like
- Review of a Boston program (which partners the Boston public school system) with community Pre-K teachers and community Pre-K programs in the most at-risk communities. First year results showed

exciting child gains in those communities. The City of Seattle and New York City were also very interested in the Boston program.

- Strategies continue to be developed intentionally linking Strong Minds with the HB System and with BRIDGES, in addition to the larger early care and education community, Head Start, and Early Head Start.

Tom Weber – What barriers are being faced in onboarding all applicants to the Strong Minds system? Only 6,000 children are currently being served.

Karen Brandi – There are over 600 child care providers eligible for the system. They had budgeted for 280 programs based on Quality Counts history. 140 programs have been assessed and are receiving technical assistance. The other 140 programs are in the pipeline, they have to meet pre-entry requirements, have to get assessed and rated, upon which the full 280 can be part of the system.

Over the years they had made an impact by educating with coursework about how child care programs were an integral part in making a difference with child outcomes, so that children were ready to enter Kindergarten. Every course being offered is currently full, and those that deliver the training had been informed that they need to provide more Web-based training to reach a wider audience. YouTube vignettes were discussed, in addition to child care providers taking the time to train their own staff at their staff meetings. Scores in the child assessment tests were increasing, attributed to the increased level of professional development.

Vince Goodman – What happens to children that are bi-polar?

Karen Brandi – CSC serves the birth through five population in child care settings, and if children are identified with bi-polar issues CSC can work with child care providers and parents to direct them to resources. The Strong Minds program was not designed to address these types of issues.

Lisa Williams-Taylor – CSC has mental health programs within the Healthy Beginnings System.

Karen Brandi – Parents and child care providers of a bi-polar child can be referred to the appropriate mental health program and resources.

Lisa Williams-Taylor – There is an inter-linking between the HB system and the Strong Minds system to ensure that parents can be linked to services, navigation to whatever the family needed.

Karen Brandi – There is a screening process through the Ages and Stages questionnaire (for all children in child care programs receiving subsidies) whereby a child would be identified early, and linked to services through the HB system.

Shelley Vana – Is Strong Minds going to be the yardstick to determine whether Head Start and Early Head Start was working, now it was being operated by Lutheran Services? When will we know?

Karen Brandi – One of the requirements of Lutheran Services assuming the Head Start contracts was that they must all be part of the Strong Minds system within the year. All programs that were delegates or contracted sites are all currently in, with their directly-operated sites, 3 of the 9 of them have applied, and the other 6 need to apply by the end of the year. They had kept space open to ensure there was space available for them to come in to the system.

Shelley Vana – What happens if they don't?

Karen Brandi – A conversation will prevail regarding contractual requirements.

Lisa Williams-Taylor – When the "Check" part of the process is undertaken they can always look up Head Start sites separately.

Karen Brandi – A liaison has been developed at CSC to work with Lutheran to help them to adhere to certain benchmarks and agreed goals.

Thomas Bean – Is Strong Minds a locally created program? What is the genesis of the name?

Karen Brandi – Strong Minds is CSC's brand. Focus groups were undertaken in an effort to determine what resonated with the families, the name was based on the families' feedback. Several other names were forerunners but they had to be eliminated due to duplication or copyright.

Thomas Bean – What specific feedback (from consultants) differentiates Strong Minds from Quality Counts?

Karen Brandi – Quality Counts' focus had been on quality of the child care environments. Quality Counts had

been in existence for 11 years, and during that time the environments had increased immensely in quality. But they had needed to address the classroom teachers who were of varying levels of experience and education, and figure out how to teach the teachers to adequately prepare the children for Kindergarten. The re-design started around the professional development strategies.
Thomas Bean – Quality Counts had served over 10,000 children, now there are more sites but currently less children being served, please expand.
Karen Brandi – It depended on how many children the site had the capacity/desire to serve, they had to meet child care licensing regulations with regard to ratios. If they can't find the staff, they can't have the children. It is also based on funding, funding from subsidized child care and from CSC.
Debra Robinson, M.D. – The (child care) center is the same center, but the rules of evaluation have changed.
Karen Brandi – The assessment tool has changed. They used to use the Environmental Rating Scale, and it was very process-heavy. They had moved to a tool that was being used around the country, focusing on the adult-child interactions with a focus on instructional support and creating the climates for good instructional support, which was called the CLASS (Classroom Assessment Scale). It was through observation that gave a good picture of the environment in the classroom, as well as the methods and strategies the teacher used to reach out to the children and individualize the lesson plans. They were conducting a cycle of learning by teaching teachers how to observe children, document what they see, and then create lesson plans. This has not been done before in this community, and the teachers were learning a lot. The CLASS assessment coupled with the Teaching Strategies GOLD assessment (assessing the child) connected beautifully and the teachers really understood why they were teaching differently than before.
Debra Robinson, M.D. – The evaluation of Strong Minds will be the results of both the CLASS and the GOLD?
Karen Brandi – The GOLD is to take a look at where the child currently is, and as a teacher what you needed to do to work with that child. Providers are not held accountable to scores on a child assessment.
Debra Robinson, M.D. – Is there criteria around parental engagement?
Karen Brandi – There is not criteria around parental engagement but using the GOLD there is a component that includes parent engagement with their child's learning. A parent presented to the Council regarding the GOLD parent engagement component at the March Council meeting. GOLD is the tool being used to have those conversations with the parents, and providers are being trained to further utilize this component.
Debra Robinson, M.D. – Is there scaled reimbursement?
Karen Brandi – The tiered reimbursement is based upon meeting all the pre-entry criteria, in addition to where they position in the CLASS tool. This determines what their tiered reimbursement would be, and it depended on where the program was located in the community. A program based in an at-risk area (based on Census track information and Zip code) will get a slightly higher percentage.
Debra Robinson, M.D. – Does Strong Minds require a specific curriculum?
Karen Brandi – The (State) Office of Early Learning through subsidized childcare and voluntary pre-K has determined curriculum, therefore CSC will not impose any more requirements regarding curriculum. Programs mostly used High Scope or the Creative curriculum.
Debra Robinson, M.D. – I thought we had ended all High Scope.
Karen Brandi – There are programs that still use it.
Debra Gotlib – A single program was reviewed, and how the Plan Do Check Act model applied to a single program.
The program, Parent Child Home Program (PCHP) is a two-year evidence-based home visiting model preparing young children for school success by increasing language skills, enhancing social emotional development, and strengthening the parent-child relationship. It serves children ages 21 months to 42 months, and serves approximately 315 families. In this report the Plan Do Check Act model begins with "Do". In 2010/2011 the PCHP was not consistent with the national program design, it was a variation from the model. They had served children within the target population but they had also served higher-risk children outside of the target population. They also provided more face-to-face services than the program designed for, with the intention

that more was better.
The Comprehensive Program Performance Assessment (CPPA) had been conducted in 2012 for the 2010/11 performance year. It showed a lack of fidelity to the model, with an attrition rate of 75%. As a result of Plan Do Check Act, CSC acted and decided to adhere to the model and target the lower-risk children that the program was designed to serve. They decided to use the Healthy Beginnings Data System (HBDS) to track fidelity, and to track how the programs were implementing the model so that they could have real-time data, and could enter their data as they provided the service.
Next came the "Plan" component. It was planned to train all the PCHP staff on the national model requirements so that they were working with fidelity, and had also planned for the development and buildout of the HBDS system to track how the program was doing in real time.
Next came the "Do" component. In 2013/2014 the program has been implemented as designed. Providers and CSC staff were consistently using the data system to track performance.
Next came the "Check"component. The CPPA checked the program two to three times per year. Over these years CPPA has shown adherence to the program model, the attrition rate dropped to 25% for 2012/13 and dropped to 11% for 2013/14. The most recent rate for the current FY CPPA was another attrition rate drop to 7%. It was a good demonstration on how the "Check" and the refinements actually worked.
Tanya Palmer outlined the pilot undertaken with the Incredible Years parenting program, a program they had wanted to pilot that was identified as part of the Strategy Review and Allocation Analysis (SRAA) process. The SRAA had investigated the outcomes, the current list of programming, and the areas where some beefing-up was needed. One area was in the outcome of school readiness. The Incredible Years parenting program is intended to impact school readiness by working on parental competency, addressing parental involvement and being able to manage behavior issues. Incredible Years has a strong focus on understanding the natural stages of a child's development.
CSC had undertaken the implementation of the Incredible Years program. This was a unique position to be in because CSC typically funded contracted providers for service provision. It was decided for CSC to undertake the pilot so that it could really understand what the implementation would look like and be in the best position, should a decision be made to move forward, to contract with the appropriate agency.
Following the planning cycle CSC brought staff on, facilitators for the IY training program, underwent a training and credentialing process, and found sites to offer the program. They were mindful, because it was a pilot to frequently look at data and determine what the pilot was divulging, in order to make good decisions moving forward.
During the "Check" process they had reviewed the status of implementation, and had looked at how easily parents were recruited to participate, and had measured the level of engagement and completion. They also considered the costs associated with the program, bringing a program to scale and how that process would influence the efficiency of the program. They also continued to monitor the emerging data occurring at a national level around IY. As part of the "Check" process a decision was made that while the pilot was informative, they decided not to move forward for full implementation. This was determined by a variety of factors, the complexity of the actual implementation of the program, the associated costs, the engagement/completion rate, and that the data around IY as it relates to the parenting series was not as strong with regard to school readiness. The Council notebook for later that evening included an informational agenda item outlining that they would not be moving forward with full implementation, and will continue the parenting series planned for the balance of FY 14/15 and move forward and explore other options to focus on the outcome of School Readiness.
Thomas Bean – How long was the program piloted?
Tanya Palmer – It was piloted over the course of 15 months.
Tom Lynch – Is this the first time CSC has piloted its own program?
Tanya Palmer – From a piloting standpoint, CSC had been involved (many years ago) in doing some parenting support services with its Parenting Education Center.

Lisa Williams-Taylor – It had been a long time, around 7 years since CSC decided not to move forward with the Parenting Center.
Debra Robinson, M.D. – Where was the (IY) program held?
Tanya Palmer – There were some BRIDGES sites that participated, Spanish River Heights, and a church. There was a low number of parents initially signed on, it takes place weekly over a 10 week period. It was hard to sustain that level of energy, and it was an expensive program to offer with the supports and the materials.
Debra Robinson, M.D. – Did the BRIDGES sites have better success?
Tanya Palmer – We can pull the numbers and see what that looks like. Dr. Robinson stated that she was sad because she had wanted it to work.
Tanya Palmer – The past three examples have demonstrated that CSC uses a systematic process to make decisions as well as to continue to refine existing programming. In the planning mode staff refer to the Strategy Review and Allocation Analysis, a comprehensive look at what was happening nationally, what literature said, and what strategies should be invested in. The SRAA was crosswalked with CSC programming to identify gaps.
There was also an element of Planning from a standpoint of exploring. CSC may formerly have got excited over a program and hoped it would fit, and they had to pay careful attention to whether or not the program fit in the community context, in addition to the system context. Exploration has taken a critical role in making informed decisions about a program's "fit" within the community.
Moving to the "Do" part involved the competitive procurement processes, contracting with the providers and installation and implementation of programs.
As part of the "Check" component they worked through the Comprehensive Program Performance Assessment (CPPA) together with program and system evaluation. When something like 'strategy review' was mentioned you can now have a sense of where it fell in the "Plan Do Check Act" cycle.
Review of Implementation of Existing Programs identified through the Strategy Review and Allocation Analysis
There are several programs in the planning stages: discussion at previous Council meetings identified wanting to move forward with "Light Touch" (or less intensive) services, working with families around maternal depression. Work is underway exploring an early literacy program, exposing and supporting literacy in the 0-2 age group with an anticipated result of increases in school readiness and literacy.
Behavior management and mental health supports were overlays that will continue to bolster the work underway in Strong Minds and early care and education. Karen Brandi had talked about wanting to focus in on student gains, and these programs are the types of supports needed. Mr. Goodman had asked what happened to a child with a psycho-social concern, and while there were individual supports in the system for that child, they would like to also be in a position to help the classroom teacher understand how to effectively help a child within their midst.
They are currently in the middle of expanding the group prenatal care model (Centering Pregnancy), and were working on Help Me Grow, a universal opportunity for parents to get access to developmental screens for young children.
They are currently in the "Check" process for prenatal plus and Healthy Steps, planning has started several years previously, the first year of implementation was completed and they were reviewing the successes, and how to continue to use that to refine.
Tom Lynch – Under "Act", is that where you decide that a program needs rehab, you need to find another provider, or you decide to end the program? If you needed to rehab it, do you do that internally?
Tanya Palmer – Some of it happens internally, especially if it is a locally-developed program, but if it is a national evidence-based program they may bring in national experts, such as with the Strong Minds redesign.
Lisa Williams-Taylor – There is a timeline as CSC moves forward. Three months are typically allocated to understand and research the program, then there is a process where all the staff are being trained and skilled up. The programs are then given a year to tweak, to ensure it is being implemented well, at one year they are told to hold the program steady because CSC needed to evaluate it and determine whether they are getting

outcomes. In the past they had continued to make ongoing changes which had made it difficult identify a program's fidelity at a particular moment in time.
Tom Lynch – 3 months prep, 1 year of operation, how long before you finalize the evaluation?
Tanya Palmer – A formative evaluation would be conducted in year two, to understand whether they were implementing the program with fidelity, during the third year they would looking at how the program was performing in terms of achieving the outcomes.
Thomas Bean – Sees programs for literacy and behavior, are there any programs that address early math learning? If not, why not?
Karen Brandi – Programs are not specific in math, within the curriculum administered in child care programs the activities work towards pre-math activities. There has been some development in the early education field, technical assistance specialists are very well versed in ensuring the child is exposed in all areas, although math is a weak area. They try to introduce it and enhance a child's learning with hands-on experiences and play which is a best practice.
Thomas Bean – Should there be a specific math curriculum?
Karen Brandi – No, not at that age.
Thomas Bean – Internationally it is driven from age 3.
Karen Brandi – Yes math is happening, but from ages 3 to 5 it is not happening in the same way it happens in the school system, there is not a specific math curriculum.
Lisa Williams-Taylor- We can look at the curriculums and see what is happening within those curriculum that specifically address math.
Thomas Bean – CSC has a set aside program specifically focused on early literacy, math is a bedrock piece for everyone with their education.
Karen Brandi – We will do a crosswalk of the three top curriculum and look at a national level.
Shelley Vana – A long time ago we had teachers with Bachelors degrees who knew how to teach math. It was decided that this was not a good investment. With a GED you can teach emergent reading but it takes a special skill to teach math.
Thomas Bean – It is not about adding a layer on top of a layer that already exists, it's a high enough priority to take a look at to ensure that that part of a child's preparation for school is being addressed.
Karen Brandi – It is important to remember that a 3 year old has only been around 36 months, and the natural way a child learns is different than how older children learn.
Kathleen Kroll – Are you implying that in the progress of brain development, the ability to speak in the literacy world comes first, so perhaps CSC (we) needs to become educated with regard to the age group of 0 to 5 in the mathematical arena. Certainly the U.S. is behind in math and science, it may be that the U.S. is not behind in the 0-5 age group, but is behind in what it is doing when the children are in pre-K or Kindergarten.
Thomas Bean - China and India definitely drive math earlier than the U.S.
Kathleen Kroll – Not sure whether best practices will indicate that (such a push) is a good thing. I want to see the research, where does the analytical science begin to kick in. The best public school system isn't China, it's Finland.
Karen Brandi – Here in the U.S. we have an Early Childhood System that is very very appropriate with regard to (cognitive development).
Kathleen Kroll – I think we should know that, where does that analytical part of the brain have to kick in.
Karen Brandi – Early literacy experiences including math and science are all included (in the U.S. Early Childhood System). However, those math and science experiences are done differently than China and India. It is incorporated almost subliminally.
Lisa Williams-Taylor – There are also play opportunities to incorporate that learning.
Thomas Bean – I have a six year old and a 4 year old at home and they are different personalities – one is verbal and one is technical. I have seen them pick up math concepts early on, working through those conceptual concepts through play.

Karen Brandi – Those kinds of methods (through play) is definitely happening.
Lisa Williams-Taylor – We will bring that back.
Debra Robinson, M.D. – My experience in the K-12 system is that children get lost in math because they have poor literacy skills. Math is a whole other language. If we don't teach children how to manipulate language, they can't manipulate this new language called math. It's a great topic to explore, but if there will be a discussion about removing resources from literacy (to favor math) I would be against that. Mayor Vana concurred.
Vince Goodman – We have experts in the room. He mentioned Marc Baron.
Debra Robinson, M.D. – (in jest) Dr. Baron had conducted many studies when he worked for the School District and nothing ever worked, nothing ever had statistical significance.
Lisa Williams-Taylor – We are now through the first cycle of our three year plan. We propose doing a SWOT analysis, later in the year CSC could conduct a workshop to inform next year's planning session and how we move forward. She asked for thoughts.
Tom Lynch - We need to bring in the top CSC staff to that workshop.
Outcomes
Marc Baron – Since the Planning Session had begun that day Council members now had a better idea of what CSC did and how it was conducted, and he would answer who CSC serves and how they fare with regard to child outcomes. He shared information about outcomes, not only by individual systems, but also by how those systems interacted.
Demographics – About 25% of the children in Palm Beach County are Black, but more than 57% of CSC's clients are Black. 63% of Palm Beach County's residents are White, but CSC's White clientele numbers 35%. The children CSC serves varies greatly from the community makeup. He was using 2013 data because from a *County* perspective, that is the most recent data available for comparison. He shared CSC's numbers for 2014 which were very similar to those of 2013.
They had looked at clients and determined outcomes in these areas: percentage of premature births, percentage of low-birthweight births, percentage of children affected by abuse and neglect, and percentage of children scoring 'ready' on the State Kindergarten readiness test. The 'rate' of child mortalities was not computed because it was a very small number from which to make any conclusions. The percentage of children enrolled in quality afterschool was not an outcome, it was a CSC collected figure.
Two questions were asked to answer whether CSC was making a difference with its clients – how is CSC doing compared it itself, and how is CSC doing compared with others?
CSC's performance compared to itself: showed scorecard – babies born low-birthweight, a *lower* score is better for this particular indicator. Baseline year was 2012, 8.6% of CSC clients had a low birthweight baby out of about 3,000 clients. In 2014 the number had reduced to 7.3%, again out of approximately 3,000 – giving a decrease of -1.3, **lower being better**.
The percentage of preterm births = **-** 0.5%
The percentage of verified cases of abuse and neglect = **-**1.5%
The percentage of Kindergarteners being ready for school had increased +2.7% (***higher*** being better in this case).
Tom Weber – Clarified that n=number, the population was increasing but the numbers were going down which was good.
Marc Baron – The numbers were calculated on the number of children that CSC served.
Tom Lynch – With 2012 being the baseline, it was still a time of economic downturn, and could the economic downturn affect the scores/be part of the issue?
Marc Baron – Wanted to hold the answer and explained that the other way CSC looked at it would answer his question.
When those four indicators were considered, CSC had made progress overall. This was the traditional way that social services agencies and even public education reported, this year compared to last year. CSC wanted

something much more comprehensive and rigorous to answer the question about CSC's impact on the children it served. In order to do so, CSC needed a robust data infrastructure and talented staff. CSC fortunately has both, and is therefore able to answer the question "how is CSC doing compared to others like CSC?" Think Tank national experts introduced Propensity Score matching. Propensity Score matching is a way to say "find out who your clients are, and match them to people who did not receive services and were *the closest possible match* to those clients." Clients were not only matched in demographic variables, but they were also matched by other factors such as prior birth outcomes, prior instances of abuse and neglect, marital status, educational status, and Zip code residence. Clients were matched to non-clients on those variables, and were virtually indistinguishable from each other. As a result, when comparisons were performed, when baseline to baseline was compared, they were comparing like to like.

Propensity scorecard was presented: of the 3,000 clients that had just been compared in the above paragraphs they had been able to *exactly match* 2,000 of those 3,000 clients (with like families who had *not* received services). This match of 2,000 clients represented 67% of CSC's total clients in this group.

For the baseline, the percentage of low birthweight babies: 8.1% of 2,000 babies that had received CSC services (were able to exactly match 2,000 of the 3,000 babies for propensity score) were born low-birthweight compared to 7.4% of low- birthweight babies born in the comparison group. This category in 2014 had fared better – 7.2% of babies receiving CSC's services had been born low-birthweight compared to 8.7% being born low-birthweight in the comparison group. CSC had fared better than the comparison group by -1.5%.

The relative difference column answered whether CSC's rate of improvement was better or worse, it subtracted one from the other and ended up with -2.2%, it started out worse and it got better.

Percentage of pre-term births – in the baseline there was no difference in the scores from CSC-funded births to the comparison group. In 2014 CSC had fared better than the comparison group by -1.5%, which also carried across to the relative difference column, a total of -1.5 when both the baseline and 2014 were compared.

Percent of verified abuse and neglect- baseline scores - CSC families receiving services was 3.7% vs. other families were 4.4%, CSC had fared better.

This same category for 2014 had a CSC figure of 1.5% vs. a non-CSC figure of 1.2%, therefore CSC had fared more poorly in this category in 2014. When the baseline was compared to 2014 for the relative difference overall, CSC had fared more poorly (0.3%) because the non-CSC group had had a *greater rate of improvement* from one year to the next, hence the lower relative difference comparison score, with CSC being worse overall than the comparison group by 1%. This was reflected by being highlighted in red. CSC had lost ground, but it was important to point out that CSC had gone from 3.7% to 1.5% from baseline to 2014, while the comparison group had gone from 4.4% to 1.2%. CSC had actually improved, but CSC's *rate of improvement* was not as strong as that of the comparison group.

Percentage of Kindergarteners being ready for school – CSC outperformed the comparison group in both the baseline and 2014, with a relative difference of +11.8%.

The scorecard was designed to give an easy look at where CSC stood vs. the comparison group.

They were looking into the number of verified cases of abuse and neglect (to determine why CSC had fared worse than the comparison group) and one of the possible explanations is that CSC did not have services available for the high at-risk families in Palm Beach County. Planning for high-risk families would be addressed by Tanya Palmer later in the Planning Session.

If they had used "statistical significance" everything would have looked yellow (no statistical significance) – except Kindergarteners being ready for school– and there would not have been the opportunity to identify these anomalies, they would have been missed.

Tom Lynch - Were the comparison group in the same geographic location?

Marc Baron – yes, they were matched client by non client, in the same at-risk Zip codes (or not in the at-risk Zip codes).

CSC had fared better in three of the outcomes and has work to do in the fourth one, the neglect outcome.

Debra Robinson, M.D. – The comparison group started higher and went lower in the abuse and neglect

category, is there an explanation why everyone decreased?
Marc Baron we are looking into that. We are not happy with the available services for at-risk families.
Tanya Palmer – It was good to see an overall reduction from 2012 to 2014 but we were unable to determine why the reduction had happened.
Debra Robinson, M.D. – In the babies born low-birthweight category, the figures in the comparison group had significantly increased from baseline to 2014.
Marc Baron – Unfortunately we don't know much about the comparison group because they didn't receive services. We don't have much information on them except their outcomes.
Tanya Palmer – W would like to think it is because the CSC group families had been receiving services, hence the better outcomes.
Judge Kroll – The dependency judges, the ones who deal with abuse and neglect, they began to say "how come the Court doesn't do the same parenting programs as CSC, why doesn't DCF ***require*** that the families get parenting programs?" The Court therefore had begun to demand that DCF use Triple P, because of the positive outcomes happening with families receiving CSC services. Because of the Court making this ruling there was possibly a trickle-down effect (in the scores) related to DCF providing the required programs to their abuse and neglect families.
Tom Lynch – Has the judicial system changed from 2012 to 2014?
Judge Kroll – It has changed by *demanding* that DCF use evidence-based programs, judges are not social workers and were not aware of the results of evidence-based programs, and she had undertaken evidence-based training to learn about it. They had brought in the experts, had mandated to DCF that they couldn't choose their own parenting programs and had mandated only evidence-based parenting programs. DCF had converted over to solely using Triple P, it was great that CSC was bringing on the Triple P teen program. Now that the Court was mandating the use of (an) evidence-based parenting program and DCF was using it, hopefully the outcomes for the non-CSC funded families had improved also. The School Board was also credited, the abuse and neglect kids often cross over to delinquency, and as the relationship was improved with the judiciary with those families in the education system, they had seen improved services there too. With the little kids there had been better parenting, and with the older kids, better schooling.
Tom Lynch – It looks like it is working.
Tanya Palmer – We recognize that we have gaps in our early childhood system of care especially with the high risk, high need families.
For **mental health services** they had issued an RFP and are just entering into a contract with Child and Family Services. While mental health services have been provided in the past, this time the program has been given direction that the mental health services must be delivered using one of six evidence-based modalities. The focus is on parents and addressing issues of depression, as well as the parent-child dyadic interaction, helping with the secure bonding attachment. This provides solid interventions for those families with a mental health concern.
**Child First** will be up and running in October, the program outlines a care coordinator working with a mental health therapist for high needs families.
(Tonight's) Council meeting will see an agenda item to implement **Teen Triple P** for ages 12 to 17.
It is believed that the combination of the above three programs in CSC's cadre of services will address rates of abuse and neglect in Palm Beach County and will be a very good investment by CSC in terms of outcomes.
Council members were cautioned that it takes a while for the outcomes to change, due to the necessary time for the programs to be installed and implemented. Council members were cautioned not to be disappointed if the outcomes had not yet changed by the 2015 Planning Session.
Debra Robinson, M.D. – Have the mental health counselors been through cultural competency training?
Tanya Palmer – All CSC funded agencies have a required set of trainings they need to participate in: Cultural Competency, Bridges out of Poverty, and Touchpoints®. It is important that providers are entering the family unit and joining with the family, recognizing that the parent is the expert on the child.

Engagement

CSC is unable to improve upon outcomes unless families are engaged in services. Discussion ensued specifically regarding the Healthy Beginnings System, and it was pointed out that engagement was extremely prevalent with the work being done in quality childcare and BRIDGES.

The Healthy Beginnings System (page 24 of notebook) – gray buttons at the top are the screening opportunities: the **Healthy Start Prenatal Risk Screen** – offered by Obstetricians at the first prenatal care appointment (170 Obstetricians are making this screen available).

The **Healthy Start Infant Risk Screen** is offered at the maternity/birthing hospitals, CSC has staff embedded in the hospitals to conduct the infant risk screen.

**Ages and Stages Questionnaire** – is focused on screening for developmental concerns for young children, with a whole host of providers of this screen (approximately 700 providers).

Thomas Bean – If there are 170 providers of the prenatal risk screen, how does a mother know where to go?

Tanya Palmer – The State of Florida has mandated that every Obstetrician has to offer the Healthy Start Prenatal Risk Screen at the first prenatal appointment.

Thomas Bean – I meant how does a mother know where to show up for prenatal care?

Tanya Palmer – CSC has outreach through the two Entry Agencies: Healthy Mothers Healthy Babies (HMHB) focuses on an expectant population, Home Safe focuses on young children and families. HMHB does outreach in the broader community, the BRIDGES also messages prenatal care, and there is programming like Community Voice which educates community residents about the importance of prenatal and preconception health, encouraging trying to drive people to access care early.

Once a screen has been completed, if there is a concern with the screen they are referred to one of the screening agencies and encouraged to take a second level assessment. At that point they would be able to determine whether the family needed additional services, and if so, would be referred to a community program (reflected in the diagram on page 24), or the family may not need services, but would know who to contact should an issue emerge later.

In FY 2014 there was an estimated 14,389 births (actual number of births provided by the Department of Health). The 170 Obstetricians in Palm Beach County had screened 11,118, or 77.3% of total births which is comparable to what happens across the State of Florida. From those 11,118 screened, 2,977 had been identified "at risk" by the screen. They had either scored-in with a 6 or greater, or there was another factor that would have placed them at-risk for a poor birth outcome (such as a teen mother or smoker), therefore elevating the number of at-risk women to 6,955 (2,977 scoring 6 or greater, and 4,170 identified because of other factors). 97.3% of those women identified at-risk were referred to the Entry Agency which means that CSC had the opportunity to investigate further and engage those women in services.

Entry agencies are only successful in enrolling 57.1% of those at-risk women. It is a voluntary screen, some families choose not to engage in services. From 6,955 identified, only 3,968 engaged in services, therefore there were 2,987 who may not have been successfully contacted, or who may have refused services.

Metis Associates' study identified that there were important opportunities for engagement to address such a drop-off, such as between the initial screen and the effort of the assessment agency, that clients may decline services or drop out of services. The volume of the lack of engagement had occurred at the initial contact.

Themes that came from the METIS study were that the mothers do not always understand the process. Time is also major barrier. Data captured by the Metis study has informed CSC's action plan progression.

Of the women that were not enrolled, 53% were not aware that someone was trying to contact them, and those 53% *would* have been willing to speak to someone. They may have still have chosen *not* to participate, however, *they were not aware* that a contact attempt had been made. This is described as an "unable to locate" population.

In addition to the 53% willing to talk to someone (but unaware the attempt was being made), there was an additional 8% who were *not* willing to talk to someone, and also *unaware* the attempt was being made).

Lastly there were 39% of women that *were* aware, but failed to return calls because they were just not

interested.
There is a prime opportunity to focus in on that population that were not aware that someone was trying to contact them (53% + 8% = 61%). The Healthy Beginnings system is not always clear and understood. How are those providers giving the screen equipped with information to give to the parents, so that the parents are primed for the follow-up from Healthy Mothers Healthy Babies? Obstetricians are very busy, CSC needs to have collateral materials available to doctors to give to moms that they should expect a call from Healthy Mothers Healthy Babies. In addition, the collateral materials may contain information outlining that if Healthy Mothers Healthy Babies had *not* called the parents then they should contact this number (allowing the client to take the initiative). Women at-risk should understand the benefit of services to their child(ren), and that an array of services were offered.
Once CSC was well organized with implementing the unable to contact/unaware of attempts to contact opportunities identified above, it could move forward with Phase 2, addressing time and the different experiences a potential client may have had in this process. They will look at how many times there were hand-offs between a screen, assessment, and a service, and try to make that process more smooth. Another area to address is to ensure that service offerings are expanded, such as Light Touch and less intensive services. It would be a good program for those parents who are too busy to participate in an ongoing intensive home visiting program. They wanted to ensure that the families participate in decision-making and feel like their voice is valued and honored. They wanted to ensure that the families actually saw the value of participating in the System.
Thomas Bean – What are the physical barriers, maybe mothers are interested and want to enroll, maybe they have economical barriers because they had to get to work and could not enroll, or maybe they did not have access to transportation. Would be interested to find out whether there were physical or economic barriers, either perceived or real.
Tom Lynch – People don't have land lines anymore so how do we get their numbers?
Tanya Palmer – The Prenatal Risk Screen collects the information. CSC is beginning to understand that more and more people are more comfortable receiving a text instead of a phone call, and CSC was therefore trying to adapt. CSC needed to be cognizant in this, that if a family has to pay for minutes or data rates, we have to be careful not to impose those charges upon those families.
Tom Lynch – Does the Prenatal Risk Screen capture the phone numbers 100% of the time?
Tanya Palmer – Yes, the contact information is complete.
Shelley Vana – When Military families give birth it's a *given* that multiple home visits will occur. When a visit occurs, it is an opportunity for engagement.
Tanya Palmer – When it comes to the opportunity at birth, the Infant Risk Screen, the "unable to locate" rate is much lower than that of the Prenatal Risk Screen. With the Prenatal Risk Screen there is not a *person* interfacing directly with the family. A screen is received, and then CSC has to try and find the family. It is the same situation with the Ages and Stages questionnaire.
There are 3 attempts to contact a family, a phone call, a letter, and (starting in July) a physical drive by the house.
Vince Goodman – What is marital status of women? How are families who are adopting babies classified?
Tanya Palmer – Families can take all shapes and sizes, the Prenatal Risk Screen is offered to every family whether they are married or single. If it is an adopted child it would be the Ages and Stages questionnaire, CSC is definitely engaging and supporting those families.
Judge Kroll – Would CSC ever consider one staff person to be assigned to the Courthouse because of the volume of pregnant women at the Courthouse?
Tanya Palmer – We have been working closely with DCF and the protective investigators that when they see a pregnant woman, to refer her to Healthy Mothers Healthy Babies.
Judge Kroll – The Courthouse also has problem contacting the families because the families haven't paid their phone bills. There is an opportunity there. They do, however, come to Court because they are scared.

Debra Robinson, M.D. – CSC could possibly provide a multi-language video to show in the OB office so that it is not completely dependent on the OB to make the contact. Text messages are the way to go now. If a text message is sent they can respond yes they would like to receive further text messages. It could become an ongoing educational program by text

Tanya Palmer – At the national level there is the Text for Babies program. There is no cost, the cost is passed on to the phone carriers. Once a family signs on they get two educational messages per month, which continue until the child's first birthday.

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| **SOCIAL RETURN ON INVESTMENT –** due to time constraints this discussion was postponed to a future Council meeting. | | **5:20 – 5:35 p.m.** |
| **BUDGET** | **Bill Cosgrove, Jennifer Diehl** | **5:35 – 5:50 p.m.** |

Tom Lynch – CSC is expecting to go from 102 to 104 employees in FY 15/16, with merit increases in salaries budgeted at an average of 3%.

Health insurance renewal has been budgeted with a 15% increase.

Cost of operations (building) has been budgeted with a 3% increase.

Computer equipment will be totally replaced in 2016/2017, no funds have been budgeted for computer equipment in 15/16.

For funded programs CSC will need an additional $2.5 million for Child First.

Thomas Bean – What about Head Start? There will be more money needed each year as the County gets out.

Lisa Williams-Taylor – It's $1 million per year, each year.

Tom Lynch – Turn to page 43, with regard to revenue there are variables. The amount of money for the tax base in PBC is set by the Property Appraiser. CSC does have the ability to change the Millage rate, in 2014 the Millage rate went down to .6745, we expect it to stay at that level for a while. It was a good move for CSC, especially as it was going out to Referendum, to ensure it uses the money it collects and there is not a big balance leftover.

The last two columns on page 43 is the Balance Fund. The goal was to have a balance that we could justify we needed, roughly 30% of the budget of $122 million, a goal of $36.6 million. It is currently $55 million, so the plan is to use the money for implementation in order to bring it down to $36 million, which is one way to keep the Millage rate down. The only other way to change expenditures is to cut programs. If you look at a budget of $122 million, $100 million goes to programs, and $22 million to costs - $18 million to overheads, staff, costs, and $4 million in uncollectable debts (taxes).

Recommend keep millage at .6745, other funders' income will be reduced (Head Start), want to keep 30% in the balance fund because CSC doesn't receive the tax money right away. If there is a slowdown in the economy and the tax base goes down (as in recent years) CSC needs to have a cushion, it doesn't want to cut programming because there was not enough money. CSC will continue to maintain 5% of the budget for safety.

Recommendation of the Finance Committee, looking at the four variables outlined is to keep the Millage at .6745. They are anticipating an 8% increase in the tax base because the economy has been improving. Will keep the fund balance at 30% so that we would not have to reduce any program funding. Looked at 4 scenarios, recommend the fourth scenario.

Shelley Vana – Will summer camp scholarships continue?

Lisa Williams-Taylor - Yes. In the coming year they will be proposing to add more dollars to summer camp scholarships because that is where funds have historically been added when there are underexpenditures.

Tom Lynch – The Finance Committee has a sensible approach with a realistic way of looking at CSC's three and five year plan. If they see that the tax revenues come in below what was estimated then they have a strategy.

**WRAP UP**

Lisa Williams-Taylor – Thanked everyone for attending and for their feedback. A lot of information was received today which would be considered in more detail. Expect updates over the next year of the items discussed, and updates on the plans in progress.

Vincent Goodman, Secretary

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