AGENDA

1. Welcome, Introduction and Overview of Planning Session

2. Advancing Equity
   - Reference materials:
     - Racial and Ethnic Equity Impact Statement
     - Racial Equity Training Opportunities
     - NY Times Article excerpt, “Why Americans Black Mothers & Babies Are in a Life-or-Death Crisis”

3. BRIDGES
   - Reference materials:
     - Place-based Initiatives Transforming Communities
     - BRIDGES Overview of Saturation, Retention and Immersion
     - BRIDGES Implications and Recommendations

4. Measuring Our Impact

5. Kindergarten Readiness Assessment Tool and Disaggregation of Data
   - Reference materials:
     - Star Early Literacy Assessment (FLKRS)

6. SRAA Primary Approach and Strategies
   - Reference materials:
     - Resident Engagement Practices
     - Concrete Needs Overview

7. Summer Camp Discussion
   - Reference materials:
     - Summer Camp Overview

8. STEM

9. Strong Minds
   - Reference materials:
     - Summary Table of Current/Future School Readiness Program

10. Budget

11. Funding Process and Accountability
Planning Session
2018-19

Children's Services Council
Palm Beach County
Healthy. Safe. Strong.
2018-19 Planning Session
June 28, 2018

Areas for Discussion

• Discuss our work in BRIDGES
  ◦ Current strategy
  ◦ Measuring our impact
  ◦ Use of evaluation

• Preview our future work in resident & community engagement
  ◦ Our current experience and areas of growth

• Affirm our investment in concrete & income supports
  ◦ Current level of investment & categories of support

• Guidance on our investment in Summer Camp
  ◦ Responding to need versus capping our level of investment
Areas for Discussion

- Affirm our role and investment in STEM
  ◦ Initial exposure to STEM for underserved, underrepresented populations
- Preview our work in QCC – Strong Minds
  ◦ Responding to community priorities and state changes
- Budget Buckets/Allocation Analysis
  ◦ Balance between sustaining early childhood system of care and responding to community priorities
- Review our funding processes, levels of accountability
  ◦ Recap of current process
  ◦ Preview of future areas of funding

Mission/Vision

**Mission:**
To plan, fund and evaluate prevention and early intervention programs and services, and promote public policies that benefit all Palm Beach County children and families.

**Vision:**
All children grow up healthy, safe and strong.
Goals

- Born healthy
- Safe from abuse & neglect
- Ready for kindergarten
- Have access to quality afterschool & summer programs

Leading with Racial/Ethnic Equity

- 2016 - Revision of Goal #1:
  - Strategically focus our investments on our four critical child outcomes, including reducing disparities
- 2017 - Adoption of Racial/Ethnic Equity Impact Statement
- Why lead with race?
- What does it mean to advance equity within our work?
Guiding Principles

Children’s Services Council is:
• Prevention-focused
• Data-driven and accountable
• Innovative
• Participant-driven
• Committed to advancing equity

Early Childhood System of Care
BRIDGES

• Strategy behind BRIDGES

• Key Messages
  ◦ BRIDGES most consistent and obvious outcomes are in *connections* and *relationships*
  ◦ BRIDGES works by helping families set the *stage for success*
  ◦ Must *understand context* to understand outcome achievement

• Measuring Impact:
  ◦ Individual family success
  ◦ Return on Investment

THE BRIDGES JOURNEY
**Outreach**

BRIDGES touched over 25,000 people
- 1,551 Pregnant Women
- 7,158 Parents with Children 0-8

85% got to know other parents through BRIDGES
69% received help or support from other parents at BRIDGES

**Engagement**

93% of Parents return after their First Visit
37% of Parents become Immersed

81% increased knowledge of community resources
67% feel more supported in their role as a parent

**Navigation**

Referred to HB:
- 600+ Pregnant Women
- 800+ Children 0-5
- 4,800+ referrals for Food

99% of parents agreed they are able to get the services they need

**Coordination of Services**

3000+ children received CSC scholarships to attend quality childcare or afterschool

Increased parents connection to childcare, libraries, adult education, school advisory, and volunteer opportunities

**Partnerships & Strategic Alliances**

106 partnerships with schools, libraries, faith-based, childcare, social services, health care, law enforcement, and others

100% of parents agreed BRIDGES is valuable to families
98% of partners agreed their partnership was beneficial to families
BRIDGES Next Steps

• Continue to create opportunities for meaningful engagement with families and communities
  ◦ Around the needs of their children
  ◦ Around the interests of their community

• Consideration for how we address issues of equity and investment in vulnerable communities
  ◦ Implicit bias
  ◦ Community identity
  ◦ Community regeneration

• Further definition of immersion and measuring community engagement/parent leadership
Measuring Our Impact and Child Outcomes

- Individual family success
- Outcome achievement at program level
- Outcome achievement at system level
  - Dashboard
  - Disaggregated data
- Return on Investment
## Child Outcomes

<table>
<thead>
<tr>
<th>% of premature births, and % of low birthweight births</th>
<th>% of children (birth to five) with verified abuse or neglect</th>
<th>% of children scoring ready on the state Kindergarten readiness assessment</th>
<th># of children enrolled in quality afterschool or summer programs</th>
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</thead>
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## Are We Making a Difference With Our Clients?

### Guiding Questions

- How is CSC doing compared to
  - itself (over time)?
  - others?
- Where are the disparities and is CSC closing the gaps?
Child Outcome Performance Trends and Disparities

Identify racial/ethnic/gender disparities in birth, child abuse and neglect and kindergarten readiness outcomes for Palm Beach County and for women and children who participated in CSC programs

- Is there disparity in the outcomes?
- To what extent are we addressing it now? Who are we serving?
- Are we closing the disparity?
Kindergarten Readiness Outcome

**Defined as:**
Children who were screened ready on the Florida Kindergarten Readiness Screener, the Work Sampling System (WSS), Star

Are there demographic disparities in children ready for kindergarten in Palm Beach County?

![Graph showing children ready for kindergarten by race/ethnicity and gender, WSS](image)
Demographic composition of children assessed for kindergarten readiness

Children by Race/Ethnicity and Gender

Are there demographic disparities in children ready for kindergarten?
Are there demographic disparities in children ready for kindergarten?

### Children Ready for Kindergarten by Race/Ethnicity and Gender FY17

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<th>CSC</th>
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<td>40.0% FY17</td>
<td>56.2%</td>
<td>61.6%</td>
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### Data Takeaways

- **Kindergarten Readiness**
  - Across all years and for both CSC and PBC groups, readiness gaps by gender and by race/ethnicity widened.
  - Black males experienced the greatest decline in readiness from 2015 to 2016, while CSC White females and PBC White males did not experience a decline.
  - Across all years, CSC largely outperformed PBC children.
  - In 2017, CSC Hispanic males and females outperformed their PBC counterparts by more than 10 percentage points.
  - In 2017, the widest gap in readiness is 32 percentage points: PBC White females (73.8%) versus PBC Hispanic males (41.7%).
Data Takeaways

• Births
  ◦ FY 2017, CSC mothers in each racial/ethnic group had better outcomes than comparable race/ethnic group at the County level
  ◦ Racial disparity is narrower for CSC clients compared to Palm Beach County

• Child Abuse and Neglect
  ◦ Overall rates of CAN are higher for CSC versus PBC racial/ethnic groups; CSC population is an at-risk population whereas PBC reflects all children
  ◦ Racial/ethnic disparity gaps are wider for CSC clients compared to Palm Beach County; it is important to note that this is partially a function of small numbers
  ◦ The percentage of black children with verified abuse and neglect is overrepresented
**Strategy Review and Allocation Analysis Recommendations**

**Purpose:** Ensure dollars are spent on the most effective programs, strategies and systems to reach child outcomes.

**Review of:**
- Community needs assessment
- CSC data, research, and best practices in all related fields
- Identification of the most influential strategies
- Identification of gaps/duplications in the Early Childhood System of Care

**Results lead to:**
- Exploration of new strategies and programs
- Reallocation of funding for more effective programs

*Results of the SRAA inform CSC’s strategic planning for the upcoming five years.*
SRAA 2013: History and Status

• When we began initial SRAA, we had recently:
  ◦ Completed evidence-based committee work
  ◦ Established Healthy Beginnings System (2009) and BRIDGES (2011)

• SRAA 2013 resulted in:
  ◦ 22 influential strategies were identified
  ◦ 7 new programs, 1 redesigned and 1 system redesign (Strong Minds)
  ◦ Science of Implementation guides how we implement new programs

Scope of Current SRAA

• Core of early childhood system of care is in place, with solid investments in quality programming

• Desire to gain more traction (INCREASE OUR IMPACT) through refinement and enhancements to the system
  ◦ Meaningful engagement of families in services
  ◦ Services and supports that are community-based

• Strategically focus our investments on our critical child outcomes and reducing disparities
Overview of SRAA Process

• Understanding the needs of families and communities:
  ◦ Community needs assessment
  ◦ Stakeholder input throughout

• Learning from the experts and our own data:
  ◦ Held an equity planning forum to learn from national experts
  ◦ Reviewed nearly 300 research articles, 36 CSC data reports, analyses, and evaluations (2012-2016)

• Strategy development:
  ◦ Prioritized identified strategies
  ◦ Cross walked recommendations with current programming

• Allocation analysis:
  ◦ Assessed current allocations
  ◦ Developed recommendations

Community Needs Assessment

• Needs of Families with Young Children
  ◦ Access to quality affordable child care and early learning
  ◦ Information/services to ensure children are developing socially and emotionally
  ◦ Access to helpful programs
  ◦ Healthcare access and overall outcomes for pregnant women
  ◦ Mental health services

• Community Needs
  ◦ Basic needs
  ◦ Affordable housing
  ◦ Community safety
  ◦ Jobs
  ◦ Access to food
Equity Planning Forum

“Addressing Equity within Early Childhood Systems of Care: A Forum to Guide Planning.”

4 national experts on supporting racial equity within early care and education programs and systems.

Key takeaways:
• It is important to have the perspective of the population we serve
• It’s not a "one size fits all" approach
• Racial equity is a way of doing business, not an initiative
• Allow for flexibility in programs and services to reflect the needs as identified by the population we serve

Primary Approach to Our Work

Ensure continued refinement of the early childhood system of care to focus on reducing racial disparities in our child outcomes

This includes:
• How we use disaggregated data
• How services and supports are selected within our system
• How families prefer to access services and supports and adjust as needed
• How we learn from the community and client experiences and co-create strategies to increase engagement

What will this look like over the next 5 years?
Primary Approach - Next 5 Years

• Develop effective processes and structures for parents and community members to be actively involved in how our system of care functions

• Obtain ongoing and systematic community and client input and feedback

• Increase knowledge on the effects of implicit bias and institutional racism through provider professional development

• Support a racially and ethnically diverse workforce to develop trusting relationships and engage with families

Lessons Learned/ing: Community Change

• Stonybrook
  ◦ Work of Stonybrook
    ▪ Resident leaders (GII, Ripples of Transformation mini-grant)
    ▪ Importance of PreK and how to access services
    ▪ Supports to help children attend PreK
      ♦ Transportation, Buddy System
  ◦ Community priority versus our priority:
    ▪ Community Violence versus PreK
  ◦ Length of time to develop relationships/not linear process
  ◦ Balancing our role: Funder/participant/supporter and the various power dynamics
Strategy 1:

**Improve opportunities for family choice**

- Design procurement process and fund community based initiatives to develop supports/services for high-need communities
- Explore short-term, less intense models for healthy births, child abuse and neglect and school readiness
- Expand Parent Child Home Program (PCHP)

Strategy 2:

**Promote resiliency and support families on their path to self-sufficiency**

- Support families to identify, access, and receive concrete supports in times of need
  - Continue our current level of investment in concrete/income supports
  - Explore co-location of family resource managers
- Strengthen the availability and quality of social connections and informal supports
  - Continue our work in BRIDGES
  - Create opportunities in other communities that are not part of BRIDGES
Strategy 3:

Facilitate access, engagement and reduce barriers to behavioral health and support services

- Strengthen screenings to address trauma, toxic stress, and resilience/protective factors
- Work with the community to promote mental health and overcome the stigma associated with seeking help
- Increase informal opportunities for social support and stress management
  - Explore expansion of Centering (light) and similar types of prenatal supports
  - Parent groups/Parent Cafes
- Improve navigation services to include behavioral health services
- Explore short-term family resource supports for CSC funded counseling services

Strategy 4:

Refine the early childhood system of care to promote the involvement of all important adults

- Fund provider and community-led initiatives to involve all important adults in the development of young children
- Increase our providers’ ability to actively engage fathers
  - Professional development around father engagement
  - Service models that are effective at father engagement
- Conduct pre-exploration on co-parenting models
Allocation Analysis and Funding Considerations

With a focus on reducing disparities:
- Continue primary investments in birth to five
- Focus on system of care refinements
- Fund community supports and services - with the active involvement of parents and residents

Client Count by Age Group

- 72% 0-5
- 28% 6-18

54,128
Funding by Age Group

- 0-5: 72%
- 6-18: 28%

Total: $87,152,904
Investments in Summer Camp

- Funding supports our fourth goal:
  - Children have access to quality afterschool and summer programs

- Funding increased by 137%, FY 2014-FY 2017

- FY 2018 - one-time budget amendment
  - Total of $4.5 million allocated for this summer

- Coordination efforts, focus on quality

Funding Considerations for Summer Camp; FY 2018-19

- FY 2018-19 increased base allocation to $2.2 million
  - Still ability to increase with under-expenditures to $3.2 million
  - If demand is similar to this year or greater, children will be on wait list unless additional funding is made available

- Consideration could be given for limiting the camps our scholarships will support
  - Implications:
    - Family Choice
    - Types of camps most likely to offer Educational Enrichment Camps
    - Funding resources to expand Expanded Learning Opportunities
Investment in STEM

ONGOING SUPPORT
• PEARL City CATS
• Green Mouse Academy - FIRST LEGO League, South Florida affiliate
• STE(A)M Coordinator
  ◦ Early Care and Education - PBSC
  ◦ Afterschool - Prime Time
• Expanded Learning Opportunities: STEM - Afterschool, Prime Time

INTERMITTENT/ONE-TIME
• Summer camp experiences - underserved/under represented children
• Sponsorship, 2018 South Florida Regional FIRST Robotics Competition

Investment/Role in STEM

• Participate in STEM Council
• Support opportunities for initial exposure to STEM
  ◦ STE(A)M Coordinators within our system of care, Green Mouse Academy, and ELO
• Possible role to support deeper experiences with STEM activities - increase likelihood of success within more competitive venues
  ◦ Access to practice areas
  ◦ Coaches
Our Work in Quality Child Care

• Strong Minds
• PreK Collaborative
• Strong Minds and State QRIS
  ◦ Overview of HB 1091
  ◦ Implications to Strong Minds
Strong Mind Supports

- Navigation
- Technical Assistance
- Tiered Reimbursement Supplements
- Professional Development
- CSC Scholarships

PreK Collaborative

PreK Collaborative

- Community based child care providers in Riviera Beach
- Ensure that every 3 and 4 year old had quality child care
  - Vertical alignment between PreK experiences and kindergarten
  - Increase number of families accessing quality child care
  - Increase in support to children in community based care
    - PreK Mentoring Program
    - 1:1 attention, training of mentors and child care providers of trauma informed care, reinforcement of developmental screening
  - Pilot project with Legislative Earmark
    - July 1, 2018 - June 30, 2019: 8 child care providers, $150k in state funding
    - CSC funding support of additional coach and family advocate
New State Law goes into effect July 1, 2018 (HB1091)
Overview of New Law

Provider with School Readiness Children

- Program Assessment Required
- Exemption

Program Assessment (CLASS) Score

- Minimum Threshold for Contracting
- Minimum Threshold for Quality Improvement Plan
- SR Quality Performance Incentive

Child Assessment Implementation

- SR Quality Performance Incentive

Comparison of SM and HB 1091

<table>
<thead>
<tr>
<th></th>
<th>Strong Minds 235 Programs</th>
<th>School Readiness HB 1091 (Rule Workshops in Progress) 604 Programs (Approximate)</th>
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<tbody>
<tr>
<td>Program Assessment</td>
<td>CLASS Domain Thresholds</td>
<td>CLASS Composite Score</td>
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<tr>
<td>Observational Child Assessment</td>
<td>Required GOLD subscriptions and provision of TA</td>
<td>Voluntary Providers may receive additional financial incentive</td>
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<tr>
<td>Financial Incentive</td>
<td>Tiered Reimbursement for all children in-network</td>
<td>Differential payment based on CLASS for SR children only</td>
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<td>Training Registry</td>
<td>Training Documentation Provider Characteristics SEEK and Achieve modules</td>
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<td>Technical Assistance</td>
<td>Optional Multiple Content Areas</td>
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<tr>
<td>Professional Development</td>
<td>SEEK Scholarships Achieve Payments</td>
<td>To Be Determined</td>
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</table>
### Considerations for Strong Minds

- Maximize resources and funding
- Promote system integration and operational efficiency
- Streamline provider requirements
- Build on quality efforts and progress to date

### Short Term Implications for Strong Minds

- Continue to operate and evaluate Strong Minds as current model in FY 2018-19 with some minor modifications
- Reallocate funding for Program Assessments
Long Term Implications for Strong Minds

- Allocation of state funding versus need
- Interplay between Tiered Reimbursement and Differential Payment
- Duplicative Training Registry
- Access to data
- Integration of Technical Assistance
- Implications to use of funding for scholarships and match based on local eligibility priorities
Budget
FY 2018-19

Children’s Program Budget FY 2017-18

- Quality Child Care & Afterschool: $54.28 Million
- Training & Accountability: $5.38 Million
- Healthy Beginnings: $33.27 Million
- BRIDGES: $6.02 Million
- Community Initiatives: $9.05 Million

Total Budget: $108 Million
Funding By Service Categories FY 2017-18

- Access to QCC: $33.5 million
- Supports for QCC: $18.1 million
- Prenatal Support: $12.1 million
- Developmental Needs: $10.4 million
- Mental/Behavioral Health: $8.2 million
- Legal Supports: $3.7 million
- Literacy: $3 million
- Mentoring: $1.5 million
- Concrete Needs: $876k

Children’s Programs Budget Projected

- Early Childhood System of Care:
  - $1.3 million - natural growth
  - $3.7 million - expansion/growth/new initiatives
    - New staff to address increased demand in services
    - Program expansions (PCHP, Healthy Steps)
    - Funding to increase supports for quality out of school time
    - New programs (Mental Health: School-age; Raising A Reader)

$108 million - Existing Early Childhood programs
$5 million - Total of natural growth/expansion/new initiatives
$113 million
FY 2018-19 Expenditure Assumptions

- Allocations to Children’s Programs and Initiatives will be at the level necessary to sustain the programs and support needed growth
- FTE count will remain the same at 104
- Merit increases in salaries are budgeted at 3%
- Promotional increases in salaries are budgeted at .5%
- Health insurance costs are budgeted to increase at the rate of 10%
- Costs associated with facility operations are budgeted to increase at 3%

FY 2018-19 Revenue Assumptions

- CSC is providing the entire local match for the Head Start program
- The fund balance will continue to be drawn down until the balance reaches 27.5% of the annual budget as provided for in the Council’s fund balance policy
- CSC will continue to experience an under expenditure rate of 7% of the total budget. The 7% under expenditure will revert to the fund balance
FY 2018-19 Budget Recommendation

* Tax base increases:
  • 6.2% in FY 2018-2019
  • 6.6% in FY 2019-2020
  • 5% in FY 2020-2021
  • 4% in FY 2021-2022
  • 4% in FY 2022-2023

* Millage changes:
  • 2.8% reduction in FY 2018-2019
  • No reduction in FY 2019-2020 (due to anticipated passage of the Homestead Exemption in November 2018 which reduces Ad Valorem Revenue an estimated $4 million each FY to CSC beginning 2019-2020)
  • 2% reduction in FY 2020-2021
  • 1% reduction in FY 2021-2022
  • No reduction in FY 2022-2023

* Under expenditure rate is projected at 7%
* Targeted fund balance is 27.5% of the total budget

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<tr>
<th>Fiscal Year</th>
<th>Total PBC</th>
<th>Millage Rate</th>
<th>CSC Ad Valorem Revenue</th>
<th>Other Funders/Income</th>
<th>Revenue from Fund Balance</th>
<th>Total CSC Budget</th>
<th>Fund Balance</th>
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### Programs targeting 4 child outcomes:

- **CSC chooses programs to be delivered by providers**
- **Initial RFP, with Sustained Funding**

**Providers are responsible for:**
- Data collection on individual clients - CSC data systems
- Fidelity of program model
- Achievement of direct child outcomes
- Comprehensive Program Performance Assessment (CPPA)
- Accreditation through NonProfits First

**CSC is responsible for:**
- Supporting Science of Implementation
- Development of data system interface/reports for program
- Site visits, monitoring visits
- Comprehensive Program Performance Assessment
- Evaluation of program
- Audit of program and agency

### Great Ideas Initiative - services for healthy, safe and strong children and families

- Organizations propose programs/services
- Annual RFP, grant funding

**Organizations are responsible for:**
- Delivering service as described in application
- Submission of mid-year report and year-end report, attestation of funding

**CSC is responsible for:**
- Visiting programs
- Collecting year-end reports
- Showcasing success stories to Council
### Additional Future Funding Process, Accountability

#### Community-based supports in SRAA Strategy Areas
- CSC releases funding request for supports in areas identified by community
- Recurring RFP, 3-5 years
- Programs are responsible for:
  - Submission of aggregate level data
  - Meeting deliverables specified in contract
  - Program Assessment, to be determined
- CSC is responsible for:
  - Development of data reports
  - Site visits
  - Program Assessment, to be determined
  - Fiscal monitoring, to be determined

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### Year In Review
By the Numbers:

• CSC directly contracts with 37 agencies to deliver 57 programs

• Some of this funding is then directed toward other organizations within the community:
  ◦ Child care and afterschool providers
  ◦ Agencies delivering programs under subcontracts

• Over 580 organizations are needed to carry out the mission of CSC

• The reach of these dollars supports the health and vibrancy of our community of organizations

FY 2017 Demographics of the CSC Population

![Bar chart showing demographics]

- Black: 53%
- White: 34%
- Other: 13%
- Hispanic: 31%
- Non-Hispanic: 70%

N=34,846
N=34,014
Demographics Compared to County

Steps to Success

Steps to Success & Supports for Success
Collective Impact Initiatives

- **Birth to 22: United for Brighter Futures**
  - CSC is backbone organization (with PBC Youth Services)
  - CSC staff chairs various Workgroups and Action Teams

- **CSC staff also participates in:**
  - Achieve Palm Beach County (focused on college access and completion)
  - Hunger Relief Plan
  - Special Needs Advisory Coalition
  - Collective Impact for Behavioral Health

Accomplishments in FY 2017-18

**HEALTHY BEGINNINGS**
- Implementation of Early Intervention Assessment Team
- Implementation of Light Touch Developmental Programs
- Teen Triple P Expansion
- HB Workforce Scholarships
- New Transportation Provider/Service

**QUALITY EARLY CARE AND EDUCATION**
- PreK Mentoring Pilot
- Strong Minds Refinement/Open Enrollment
- Year 3 of Strong Minds Evaluation
- Increased Investment in STEM/STEAM (PBSC/PrimeTime)

**BRIDGES**
- 5 Year Evaluation Completed

**INITIATIVES**
- 3rd Year of Great Ideas Initiatives
- Increased Support to:
  - Legal Services
  - Mentoring
  - Special Needs
  - Hunger Relief
All Resources and Efforts
Focus On Achieving Our Goals

Born healthy

Safe from abuse & neglect

Ready for kindergarten

Have access to quality afterschool & summer programs
Appendix
2018 Children’s Services Council of PBC Goals Dashboard

**Born Healthy**

% of Babies Born Low Birthweight

- 7.2% of CSC children are LBW.

![Graph showing percentage of babies born low birthweight for FY13 to FY17.]

**Safe from Abuse and Neglect**

% Verified Abuse and Neglect for Children Ages 0-5

- 2.5% of CSC children have verified abuse/neglect.

![Graph showing percentage of verified abuse and neglect for FY13 to FY17.]

**Fewer CSC children are LBW.**

- CSC 6.8% compared to FY13 rate of 8.4%.

![Graph showing percentage of CSC children born low birthweight for FY13 to FY17.]

**Slightly more CSC children are preterm.**

- CSC 7.2% compared to FY13 rate of 6.9%.

![Graph showing percentage of CSC children born preterm for FY13 to FY17.]

**Fewer CSC children have verified abuse/neglect.**

- CSC 2.6% compared to FY13 rate of 3.5%.

![Graph showing percentage of verified abuse and neglect for FY13 to FY17.]

**Ready for Kindergarten**

% of Children Ready for Kindergarten

- More CSC children are ready, CSC 56.3% compared to FY12 rate of 52.5%.

![Graph showing percentage of children ready for kindergarten for FY12 to FY17.]

**Access to Quality Afterschool and Summer Programs for FY17**

Number of children receiving CSC funds: 12,652

Number of children served in QIS sites: 19,546
**Healthy Births**

*Low Birthweight* defined as:
Babies born weighing less than 2500g or 5lbs. 8oz.

*Pre-Term* defined as:
Babies born before 37 weeks

**Average Births:**
PBC – 14,905  
CSC – 962

**Who’s included?** Children who were enrolled at least one day in:  
Centering, HMHB Navigation, Nurse Family Partnership, Nurses Supporting Families, Prenatal Plus, WHIN Nurses

<table>
<thead>
<tr>
<th>CSC Numbers: Numerators &amp; Denominators</th>
<th>FY</th>
<th>LBW</th>
<th>Pre-Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY13</td>
<td>100/1,047</td>
<td>89/1,047</td>
<td></td>
</tr>
<tr>
<td>FY14</td>
<td>87/1,076</td>
<td>85/1,076</td>
<td></td>
</tr>
<tr>
<td>FY15</td>
<td>70/984</td>
<td>69/984</td>
<td></td>
</tr>
<tr>
<td>FY16</td>
<td>82/905</td>
<td>97/905</td>
<td></td>
</tr>
<tr>
<td>FY17</td>
<td>72/996</td>
<td>73/996</td>
<td></td>
</tr>
</tbody>
</table>

**Child Abuse & Neglect**

*Defined as*: Children ages 0 to 5 who had a Department of Children and Families (DCF) verified finding of abuse and neglect

**Average # of Children:**
PBC – 86,616  
CSC – 1,943

**Who’s included?** Children who were enrolled at least one day in:  
Counseling, Child First, Healthy Families, Nurses Supporting Families, Healthy Steps for Young Children, Nurse Family Partnership, Triple P, WHIN

<table>
<thead>
<tr>
<th>CSC Numbers: Numerator &amp; Denominator</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY13</td>
<td>52/1,156</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY14</td>
<td>66/1,492</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY15</td>
<td>50/1,855</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY16 Way</td>
<td>39/2,074</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY17 Way</td>
<td>48/1,901</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Kindergarten Readiness**

*Defined as*: Children who were screened ready on the Florida Kindergarten Readiness Screener

**Average # of Children:**
PBC – 12,310  
CSC – 4,007

**Who’s included?** Children who were enrolled at least one day in:  
Strong Minds Network, CSC Scholarship Programs, Budding Readers, Nurse Family Partnership, Parent Child Home Oversight, First Step to Success

*Screener has varied as follows:*
FY12 & FY13 – FLKRS  
FY15 & FY16 – WSS  
FY17 – STAR

<table>
<thead>
<tr>
<th>CSC Numbers: Numerators &amp; Denominators</th>
<th>FY12</th>
<th>FY13</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY13</td>
<td>2,704/3,765</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY14</td>
<td>2,719/3,785</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY15</td>
<td>3,682/3,921</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY16</td>
<td>3,727/4,093</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY17</td>
<td>1,876/3,338</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Access to Quality**

**Access to Afterschool and Summer Programs** defined as: Number of CSC funded (whole or in part) children who attend afterschool or summer programs for each FY.

**Access to Quality Afterschool and Summer Programs** defined as: the number of children (any funding source) who attended a QIS afterschool/summer program (supported by Prime Time) within each FY.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Afterschool and Summer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to Summer</td>
<td>11,186</td>
<td>13,020</td>
<td>11,742</td>
<td>11,904</td>
<td>12,652</td>
</tr>
<tr>
<td>Access to Quality Afterschool and Summer</td>
<td>Not available</td>
<td>Not available</td>
<td>17,742</td>
<td>17,582</td>
<td>19,546</td>
</tr>
</tbody>
</table>

**Note:** Numbers are not indicative of better or worse performance but rather a reflection of how dollars are leveraged. Trending for this indicator is not appropriate.
Are there demographic disparities in children ready for kindergarten in Palm Beach County?

Children Ready for Kindergarten by Race/Ethnicity and Gender, WSS

<table>
<thead>
<tr>
<th></th>
<th>FY15</th>
<th>FY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Overall</td>
<td>96.3%</td>
<td>95.9%</td>
</tr>
<tr>
<td>White M</td>
<td>93.0%</td>
<td>93.4%</td>
</tr>
<tr>
<td>White F</td>
<td>92.7%</td>
<td>89.9%</td>
</tr>
<tr>
<td>Black M</td>
<td>91.6%</td>
<td>89.2%</td>
</tr>
<tr>
<td>Black F</td>
<td>87.7%</td>
<td>89.1%</td>
</tr>
<tr>
<td>Hispanic M</td>
<td>87.5%</td>
<td>86.2%</td>
</tr>
<tr>
<td>Hispanic F</td>
<td>83.8%</td>
<td>83.8%</td>
</tr>
</tbody>
</table>
Demographic composition of children assessed for kindergarten readiness

Children by Race/Ethnicity and Gender

PBC

<table>
<thead>
<tr>
<th></th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>White M</td>
<td>17.2%</td>
<td>16.7%</td>
<td>16.6%</td>
</tr>
<tr>
<td>White F</td>
<td>18.0%</td>
<td>18.8%</td>
<td>19.0%</td>
</tr>
<tr>
<td>Hispanic M</td>
<td>15.6%</td>
<td>15.1%</td>
<td>15.9%</td>
</tr>
<tr>
<td>Hispanic F</td>
<td>14.8%</td>
<td>14.8%</td>
<td>14.8%</td>
</tr>
</tbody>
</table>

CSC

<table>
<thead>
<tr>
<th></th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>White M</td>
<td>17.5%</td>
<td>16.0%</td>
<td>17.0%</td>
</tr>
<tr>
<td>White F</td>
<td>15.1%</td>
<td>14.9%</td>
<td>13.6%</td>
</tr>
<tr>
<td>Hispanic M</td>
<td>20.5%</td>
<td>22.9%</td>
<td>25.3%</td>
</tr>
<tr>
<td>Hispanic F</td>
<td>22.1%</td>
<td>24.2%</td>
<td>12.5%</td>
</tr>
</tbody>
</table>
Are there demographic disparities in children ready for kindergarten?

Children Ready for Kindergarten by Race/Ethnicity and Gender, WSS

Palm Beach County

FY15 FY16

County Overall
White M
White F
Black M
Black F
Hispanic M
Hispanic F

CSC

FY15 FY16

CSC Overall
White M
White F
Black M
Black F
Hispanic M
Hispanic F
Are there demographic disparities in children ready for kindergarten?

Children Ready for Kindergarten by Race/Ethnicity and Gender FY17

<table>
<thead>
<tr>
<th>Race/Ethnicity and Gender</th>
<th>PBC FY17</th>
<th>CSC FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Overall</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White M</td>
<td>73.8%</td>
<td>73.2%</td>
</tr>
<tr>
<td>White F</td>
<td>68.0%</td>
<td>66.8%</td>
</tr>
<tr>
<td>Black M</td>
<td>54.7%</td>
<td>61.6%</td>
</tr>
<tr>
<td>Hispanic M</td>
<td>51.4%</td>
<td>52.4%</td>
</tr>
<tr>
<td>Hispanic F</td>
<td>49.8%</td>
<td>50.4%</td>
</tr>
<tr>
<td>Black F</td>
<td>42.2%</td>
<td>45.3%</td>
</tr>
<tr>
<td></td>
<td>41.7%</td>
<td></td>
</tr>
</tbody>
</table>

FY17

PBC: Palm Beach County
CSC: Children's Services Council
FY 2018-19 Budget Recommendation

* Tax base increases:
  - 6.2% in FY 2018-2019
  - 6.6% in FY 2019-2020
  - 5% in FY 2020-2021
  - 4% in FY 2021-2022
  - 4% in FY 2022-2023

* Under expenditure rate is projected at 7%

* Targeted fund balance is 27.5% of the total budget

### Millage changes:
- 2.8% reduction in FY 2018-2019
- No reduction in FY 2019-2020 (due to anticipated passage of the Homestead Exemption in November 2018 which reduces Ad Valorem Revenue an estimated $4 million each FY to CSC beginning 2019-2020)
- 2% reduction in FY 2020-2021
- 1% reduction in FY 2021-2022
- No reduction in FY 2022-2023

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Total PBC Tax Base</th>
<th>Millage Rate</th>
<th>CSC Ad Valorem Revenue</th>
<th>Other Funders/Income</th>
<th>Revenue from Fund Balance</th>
<th>Total CSC Budget</th>
<th>Fund Balance</th>
<th>Fund Balance Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017-2018</td>
<td>177,260,171,007</td>
<td>0.6590</td>
<td>116,814,453</td>
<td>5,155,246</td>
<td>10,281,153</td>
<td>132,250,852</td>
<td>49,338,931</td>
<td>36,368,984</td>
</tr>
<tr>
<td>2018-2019</td>
<td>188,255,604,329</td>
<td>0.6403</td>
<td>120,540,063</td>
<td>4,931,083</td>
<td>12,210,846</td>
<td>137,681,992</td>
<td>46,765,824</td>
<td>37,862,548</td>
</tr>
<tr>
<td>2019-2020</td>
<td>200,680,474,215</td>
<td>0.6403</td>
<td>124,495,708</td>
<td>4,809,879</td>
<td>11,221,377</td>
<td>140,526,964</td>
<td>45,381,335</td>
<td>38,644,915</td>
</tr>
<tr>
<td>2020-2021</td>
<td>210,714,497,925</td>
<td>0.6275</td>
<td>128,222,083</td>
<td>4,772,313</td>
<td>12,868,983</td>
<td>145,863,379</td>
<td>42,722,788</td>
<td>40,112,429</td>
</tr>
<tr>
<td>2021-2022</td>
<td>219,143,077,842</td>
<td>0.6212</td>
<td>132,135,857</td>
<td>4,797,926</td>
<td>11,774,146</td>
<td>148,707,929</td>
<td>41,358,197</td>
<td>40,894,680</td>
</tr>
<tr>
<td>2022-2023</td>
<td>227,908,800,956</td>
<td>0.6212</td>
<td>137,581,291</td>
<td>4,880,955</td>
<td>9,152,161</td>
<td>151,614,407</td>
<td>42,819,045</td>
<td>41,693,962</td>
</tr>
</tbody>
</table>
Planning Session Agenda Item #2: Advancing Equity

Reference Materials:

- Racial and Ethnic Equity Impact Statement
- Racial Equity Training Opportunities
- NY Times Article excerpt, “Why Americans Black Mothers & Babies Are in a Life-or-Death Crisis”
Racial and Ethnic Equity Impact Statement

Children's Services Council is committed to advancing racial equity so that ALL children grow up healthy, safe and strong.

Children’s Services Council of Palm Beach County (CSCPBC) aspires to be an innovative and courageous leader supporting a community where ALL children and families are healthy, safe and strong. Our leadership involves not only promoting policies and practices that address racial and ethnic equity but also working to dismantle structural and institutional racism that harms our community’s children.

We recognize that equity is not the same as equality. The path to equity requires that the community provide more support and resources to the families in our community that are challenged by compounding inequities based on their race and ethnicity - health, education, housing, economic opportunities, among others - that put them at a disadvantage and limit their ability to reach their full potential. CSCPBC recognizes that it has an important role to play in this process. Our goal is that race and ethnicity are no longer predictors of life outcomes.

We commit to ensuring equity in terms of race, ethnicity, sexual orientation, gender, age, ability and other protected categories of individuals. However, we also recognize that race and ethnicity are some of the biggest predictors of long-term success. Therefore, we commit to ensuring racial and ethnic equity is embedded in our structure, policies, strategic planning, and advocacy efforts.

Promoting racial and ethnic equity is critical to truly making a difference in the lives of those we serve. To that end, we make a conscious and explicit effort to:

- Ensure our work focuses on the elimination of racial and ethnic disparities in child outcomes;
- Educate ourselves and others to improve understanding of implicit bias and the historical context of racial and ethnic inequities, which is vital to recognizing and dismantling barriers to improved outcomes;
- Critically examine CSCPBC policies and practices using a racial equity lens and work to ensure that both their intent and impact will promote fairness and equity;
- Model as an organization the changes we want to see implemented throughout our community and advocate for the elimination of institutional and structural racism in systems we influence; and
- Serve our community’s children through active engagement of their families, listening to their needs, understanding their strengths, and advocating for needed programs, services, and systems change.

Mission
To plan, fund and evaluate prevention and early intervention programs and services, and promote public policies that benefit all Palm Beach County children and families

Vision
All children grow up healthy, safe and strong

Goals
Children we serve are:
- Born healthy;
- Safe from abuse and neglect;
- Ready for school; and
- Have access to quality afterschool and summer programs
<table>
<thead>
<tr>
<th>Title</th>
<th>Dates</th>
<th>Provider</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Cultural Bias- &lt;br&gt;(2 half days)</td>
<td>7/26/18 and 8/23/18</td>
<td>Children’s Services Council/Mary Martinez, InclusionFocus</td>
</tr>
</tbody>
</table>
| B     | Introduction to Racial Equity- <br>(1.5 days) | 8/29/18 and 9/26/18 | Children’s Services Council/Barbara I. Cheives, Converge & Associates Consulting | What is racial equity and why is it important? This introductory course answers these questions by providing an overview of race in order to provide a common baseline of knowledge for engaging in racial equity work. Included in the discussion are:  
- definitions of key terms related to racial equity and racism  
- data regarding health disparities in our county  
- national and local history to provide context  
- strategies for engaging in conversations to move the work ahead |
| C     | Racial Equity <br>(2 days) | 6/27/18 and 6/28/18 | Racial Equity Institute | Why should you care about racial equity? Well, research shows that people of color have significantly worse outcomes in every sector of well-being throughout the US, even after controlling for social class. This is unconscionable and as a country that values democracy, we shouldn’t be willing to stand for these blatant inequities. We cannot continue to try to address racial disparities and dis-proportionality without talking clearly about the historical, social, and political meaning of race in America. |
| D     | Groundwater Analysis <br>(3 - 4 hours) | Upon request | Racial Equity Institute | Race remains an important indicator of well-being in US society. When other factors that are cited as the probable reasons for health or social problems are controlled for by statistical analyses, race remains an important, independent predictor of health, social, education, criminal justice and other outcomes. |
| E     | Cycle of Poverty <br>(3 hours) | November 2018 | Children’s Services Council | The Cost of Poverty experience portrays a glimpse into the life of low-income persons based on real stories of families living both in generational and situational poverty. Also, captured in the experience is the role that the broader community plays in their interactions with families in poverty and how policies and systems either help or hinder progress. Participants assume the identity of families living in poverty. |
| F     | Varies | TBD | Julie Nelson, Government Alliance on Race and Equity | Based on Request |
In 1995, a pregnant African-American doctoral student had a preterm birth after her water broke unexpectedly at 34 weeks. Her baby was on a ventilator for 48 hours and a feeding tube for six days during his 10-day stay in the neonatal intensive-care unit.

The woman was part of a team of female researchers from Boston and Howard Universities working on the Black Women’s Health Study, an ongoing examination, funded by the National Institutes of Health, of conditions like preterm birth that affect black women disproportionately. The team had started the study after they noticed that most large, long-term medical investigations of women overwhelmingly comprised white women. The Black Women’s Health Study researchers, except for two black women, were also all white.

What happened to the doctoral student altered the course of the study. “We’re thinking, Here’s a middle-class, well-educated black woman having a preterm birth when no one else in our group had a preterm birth,” says Dr. Julie Palmer, associate
director of the Slone Epidemiology Center at Boston University and a principal investigator of the continuing study of 59,000 subjects. “That’s when I became aware that the race difference in preterm birth has got to be something different, that it really cuts across class. People had already done some studies showing health effects of racism, so we wanted to ask about that as soon as possible.”

In 1997, the study investigators added several yes-or-no questions about everyday race-related insults: I receive poorer service than others; people act as if I am not intelligent; people act as if I am dishonest; people act as if they are better than me; people act as if they are afraid of me. They also included a set of questions about more significant discrimination: I have been treated unfairly because of my race at my job, in housing or by the police. The findings showed higher levels of preterm birth among women who reported the greatest experiences of racism.

The bone-deep accumulation of traumatizing life experiences and persistent insults that the study pinpointed is not the sort of “lean in” stress relieved by meditation and “me time.” When a person is faced with a threat, the brain responds to the stress by releasing a flood of hormones, which allow the body to adapt and respond to the challenge. When stress is sustained, long-term exposure to stress hormones can lead to wear and tear on the cardiovascular, metabolic and immune systems, making the body vulnerable to illness and even early death.

Though Arline Geronimus’s early research had focused on birth outcomes mainly in disadvantaged teenagers and young women, she went on to apply her weathering theory across class lines. In 2006, she and her colleagues used government data, blood tests and questionnaires to measure the effects of stress associated with weathering on the systems of the body. Even when controlling for income and education, African-American women had the highest allostatic load scores — an algorithmic measurement of stress-associated body chemicals and their cumulative effect on the body’s systems — higher than white women and black men. Writing in The American Journal of Public Health, Geronimus and her colleagues concluded that “persistent racial differences in health may be influenced by the stress of living in a race-conscious society. These effects may be felt particularly by black women because of [the] double jeopardy of gender and racial discrimination.”

People of color, particularly black people, are treated differently the moment they enter the health care system. In 2002, the groundbreaking report “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care,” published by
a division of the National Academy of Sciences, took an exhaustive plunge into 100 previous studies, careful to decouple class from race, by comparing subjects with similar income and insurance coverage. The researchers found that people of color were less likely to be given appropriate medications for heart disease, or to undergo coronary bypass surgery, and received kidney dialysis and transplants less frequently than white people, which resulted in higher death rates. Black people were 3.6 times as likely as white people to have their legs and feet amputated as a result of diabetes, even when all other factors were equal. One study analyzed in the report found that cesarean sections were 40 percent more likely among black women compared with white women. “Some of us on the committee were surprised and shocked at the extent of the evidence,” noted the chairman of the panel of physicians and scientists who compiled the research.

In 2016, a study by researchers at the University of Virginia examined why African-American patients receive inadequate treatment for pain not only compared with white patients but also relative to World Health Organization guidelines. The study found that white medical students and residents often believed incorrect and sometimes “fantastical” biological fallacies about racial differences in patients. For example, many thought, falsely, that blacks have less-sensitive nerve endings than whites, that black people’s blood coagulates more quickly and that black skin is thicker than white. For these assumptions, researchers blamed not individual prejudice but deeply ingrained unconscious stereotypes about people of color, as well as physicians’ difficulty in empathizing with patients whose experiences differ from their own. In specific research regarding childbirth, the Listening to Mothers Survey III found that one in five black and Hispanic women reported poor treatment from hospital staff because of race, ethnicity, cultural background or language, compared with 8 percent of white mothers.

Researchers have worked to connect the dots between racial bias and unequal treatment in the health care system and maternal and infant mortality. Carol Hogue, an epidemiologist and the Jules & Uldeen Terry Chair in Maternal and Child Health at the Rollins School of Public Health at Emory University and one of the original authors of the 1992 New England Journal of Medicine study on infant mortality that opened my own eyes, was a co-author of a 2009 epidemiological review of research about the association between racial disparities in preterm birth and interpersonal and institutional racism. Her study, published by the Johns Hopkins School of Public Health, contains an extraordinary list of 174 citations from previous work.
“You can’t convince people of something like discrimination unless you really have evidence behind it,” Hogue says. “You can’t just say this — you have to prove it.”

Lynn Freedman, director of the Averting Maternal Death and Disability Program at Columbia University’s Mailman School of Public Health, decided to take the lessons she and her colleagues learned while studying disrespect and abuse in maternal care in Tanzania — where problems in pregnancy and childbirth lead to nearly 20 percent of all deaths in women ages 15 to 49 — and apply them to New York City and Atlanta. Though the study is still in its preliminary phase, early focus groups of some 50 women who recently delivered babies in Washington Heights and Inwood, as well as with doulas who work in both those areas and in central Brooklyn, revealed a range of grievances — from having to wait one to two months before an initial prenatal appointment to being ignored, scolded and demeaned, even feeling bullied or pushed into having C-sections. “Disrespect and abuse means more than just somebody wasn’t nice to another individual person,” Freedman says. “There is something structural and much deeper going on in the health system that then expresses itself in poor outcomes and sometimes deaths.”
Planning Session Agenda Item #3: **BRIDGES**

Reference Materials:

- Place-based Initiatives Transforming Communities
- BRIDGES Overview of Saturation, Retention and Immersion
- BRIDGES Implications and Recommendations
Place-based Initiatives
Transforming Communities

Proceedings from the Place-based Approaches Roundtable

21 March 2012 — Melbourne, Australia
The importance of place | Tim Moore

Presentation 1

“All families, including those living in urban areas, need access to information that helps them gain a realistic understanding of their child’s development and of the possible impact of developmental changes on family life. Families living in isolated circumstances, but particularly geographical isolation, are often deprived of incidental encounters with other children and other parents within the local neighbourhood, encounters that can provide such information, reduce the intensity of uncertainty and alleviate parental anxiety.”

(Fegan and Bowes, 1999)

Place-based Initiatives Transforming Communities

Child Friendly City Framework

To ensure that the rights and wellbeing of children are central to communities and their systems of governance, UNICEF developed the Child Friendly City Framework. The Framework aims to improve the wellbeing of children by identifying nine ‘building blocks’ that isolate the structures and activities of government that are necessary to: engage children’s active involvement; ensure a children’s rights perspective in relevant decision-making; and ensure equal rights of access to basic services.

Among adults, social support has a significant impact on health and wellbeing. Social isolation can be the result of various factors such as: geography (living in rural and remote areas); physical location (cut off from the local neighbourhood by a main highway); poor health, disability or special needs; cultural isolation (not being able to speak the language); lack of money to reciprocate hospitality; lack of education; and lack of transport. Social isolation is damaging to both child development and family functioning.

Health and social inequity

“...when social disadvantage becomes entrenched within a limited number of localities, a disabling social climate can develop that is more than the sum of individual and household disadvantages and the prospect is increased of disadvantage being passed from one generation to the next.”

(Vinson, 2009)

Despite an overall growth in prosperity there is evidence of growing health and social inequity in Australia. This inequity has widespread social and physical impacts — almost every modern social and environmental problem (ill-health, lack of community life, violence, drugs, obesity, mental illness, long working hours, large prison populations) is more likely to occur in a less equal society.
The traditional policy response to health inequality is to redistribute existing health and community support services towards socially disadvantaged localities, targeting high-risk groups and improving the co-ordination of care for those with the most complex needs.

While this kind of health service strategy is necessary, it is an insufficient policy response to health inequality: improved services cannot influence the upstream social and economic conditions that make people ill in the first place. Seeking to alter the individual behaviour of vulnerable people is also ineffective. Health promotion campaigns have been successful in changing the lifestyles of more affluent and educated social groups, but have not substantially transformed risk patterns among the poor.

Despite Australia’s strong economic growth, some communities will remain trapped in a spiral of low school attainment, high unemployment, poor health, high imprisonment rates and child abuse. This can lead to intergenerational poverty and low educational attainment that compounds disadvantage.

Families may face a range of complex health and psychosocial problems including complex or ‘wicked’ problems that cross departmental boundaries, defy orthodox solutions and are beyond the capacity of a single organisation to address.

Local services can struggle to respond effectively to the complex needs of vulnerable families and communities. The service system:

- has difficulty providing support to all families who are eligible
- is not capable of meeting the complex needs of many families
- is not sufficiently integrated to provide cohesive support to families
- needs to be reconfigured to meet the changing needs of families and communities.

The most vulnerable families are the most difficult to engage, and those most disadvantaged by the fragmentation of the service system. These families often make least use of services during the early childhood years. This can be because they lack the skills and confidence to negotiate the system, they are unfamiliar with the culture and language, they are isolated and lack the social networks that would help them find and use the services that are available, or because they have multiple problems and need help from many sources.

A comprehensive community-based service framework exhibits the following key features:

- **Universal** — provision of a core set of services to all families in all localities
- **Tiered** — provision of additional supports to families and areas identified as having additional needs and/or being exposed to multiple risks
- **Integrated** — all relevant services work together to provide integrated holistic support to families
- **Multi-level** — able to address all factors that directly or indirectly shape the development of young children and the functioning of their families
- **Place-based** — integrated services planned and delivered in defined socio-geographic areas
- **Relational** — based upon principles and practices of engagement and responsiveness, both at the individual and community level
- **Partnership-based** — based on partnerships between families and service providers, between service providers, and between government and service providers
- **Governance structure** — has a robust governance structure that allows different levels of government, different government departments, non-government services, and communities to collaborate in developing and implementing comprehensive place-based action plans.
What happens in the early years has an impact on outcomes later in life. In Australia, inequalities emerge very early in life, evident from birth. By the time children begin school, they are already distributed along a social gradient and the window of opportunity for making a difference has narrowed. Both early disadvantage and advantage continues to accumulate, widening the gap and increasing inequality. These inequalities are exaggerated for Australia’s indigenous population.

Scientifically and economically there is a strong case for prevention and early intervention: the developing brain is extremely sensitive to the caretaking environment; what happens in the early years has an impact later in life; and investment in the healthy development of children through early childhood programs is relatively cost effective.

The key question is how to address this equity issue and make a difference for children. Where are the

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**The ecology of child development**

Adapted from Bronfenbrenner (1979)
levers for change and how can we make the greatest difference to the largest number of people? Studies indicate that these levers may well be at the community level. The ecological approach identifies a number of potential opportunities for influencing a child.

Community therefore provides a platform for reducing inequalities for children.

The Kids in Community Study (KICS) has developed a conceptual framework that builds on these ideas. The study plans to measure community-level factors that may be influencing children's development in five key domains or environments, hypothesising that by influencing children's environments we have the opportunity to promote early childhood development and address inequity at a community level. These environments are:

1. Social capital environment
2. Service environment
3. Governance environment
4. Physical environment
5. Socio-demographic environment.

![KICS framework](image-url)
We are yet to fully see what place-based models can actually accomplish, however it is clear that it has unique benefits for systems that cannot be achieved in any other way. Place-based and community initiatives provide a meaningful system that enables us to learn, adapt, change, see the output and produce better outcomes than in more complex systems.

A system is ‘a network of interdependent components that work together to accomplish a shared aim.’ It can include resident actions, parent actions, services and supports, community resources, and how organisations interact.

There is capacity to drive change at many levels within a community. By understanding the details of systems and how they function, we are better placed to create meaningful change for families and children.

Community begins with individuals. Through relationships and organisational and social networks at local level, communities can build assets that can be much harder to achieve on a larger scale. It is up to communities to define what a system is, what’s in it and how it functions.

Theory of Change sets goals and drives strategies at all levels in the community.

Source: Getting to Scale — The Elusive Goal. Casey Family Programs (2011)
http://www.casey.org/Resources/Publications/magnoliaplace.htm
In many cases we have poor outcomes because we have poor systems. Systems produce better results when they exhibit the following qualities:

- clear goals, regular feedback on results, and aligned and mutually reinforcing efforts
- simply adding new programs and activities creates complexity; they may not reach all who need them, and often neglect family and community ecology
- initiatives seeking systems change can get stuck by:
  - working on too many complex problems and ideas at once
  - pursuing many small projects that have little collective impact
  - focusing resources on a single outcome
  - neglecting the human and technical aspects of effective change
- to help vulnerable children, one must strengthen the family and community
- services are necessary but not sufficient to create a healthy community
- services should reach those who need it the most and in the manner that is going to achieve the best result
- not all individuals need costly services and interventions, yet all benefit from information, personal and material supports
- prevention strategies are key to reaching optimal community health outcomes
- community transformation occurs through a community movement.
Roundtable discussion

Characteristics of a place-based approach

Discussion following the presentations, sought to clarify and define the concept of ‘place’.

Place is:

• defined in different ways. It can be defined administratively or locally — for some it lies within ‘pram pushing’ distance. Some regional areas may prove too large for effective place-based models.
• a lens through which to drive change. It places the needs of children and families within the community at its core, rather than governance and services. Place-based initiatives rely on meaningful engagement with communities and avoiding assumptions.
• based on collaboration and partnership
• reliant on action within an administrative or geographical region. It requires an environment that nurtures local leadership and identifies those within the community who have the capacity to drive change within an infrastructure.
• universal but not uniform. Different communities may have unique solutions depending on their location and needs. It builds on a universal platform that is governed in specific ways, but is responsive and collaborative.

- a fundamental approach to addressing issues, not a pipeline for the provision of services
- about using data, taking an ecological approach, engaging with the built environment and improving efficiency
- about incorporating high-quality services, reducing barriers to access, and increasing links, networks and referrals
- about using existing infrastructure and resources more effectively, not necessarily requiring additional resources
- reliant on a long-term commitment
- critical to positive outcomes.
BRIDGES targets Pregnant Women and Parents with Children 0-8 in Target Neighborhoods.

BRIDGES seeks to engage with these families, residents, and organizational partners so that families are:

--> better connected to resources
--> feel more supported in their role as parents
BRIDGES target population is pregnant women and parents with children 0-8. BRIDGES target geography is their neighborhood census tracts. BRIDGES does not turn families away and some of the families who connect with the program live outside of the target census tracts.

The BRIDGES evaluation focused on all members of the target population both within and outside of the target geography. This was done to explore the implementation of BRIDGES at a broader level and potential influence in outcome achievement by different elements.

A deeper level of engagement and intentional outreach is performed for the BRIDGES target population who resides within the target neighborhood (census tract). The saturation, retention, and immersion figures on the following pages are solely focused on those members within the census tracts.
**Saturation** : New Intakes with Pregnant Women or Parents with Children 0-8 who reside in Target Census Tracts

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population Intakes (n)</td>
<td>234</td>
<td>579</td>
<td>567</td>
<td>741</td>
<td>783</td>
<td>546</td>
<td>620</td>
<td>336</td>
</tr>
<tr>
<td>All Intakes</td>
<td>949</td>
<td>1,733</td>
<td>1,328</td>
<td>1,354</td>
<td>1,168</td>
<td>945</td>
<td>1,005</td>
<td>556</td>
</tr>
<tr>
<td>Target Population Intakes (%)</td>
<td>25%</td>
<td>33%</td>
<td>43%</td>
<td>55%</td>
<td>67%</td>
<td>58%</td>
<td>62%</td>
<td>60%</td>
</tr>
</tbody>
</table>

*Represents intakes through 3/31/18, end of fiscal year is through 9/30/18.

**So what?** Each year BRIDGES engages hundreds of new pregnant women and parents with children 0-8 from within their targeted neighborhoods.

An initial challenge was in being able to recruit members of the target population. It took time to build trust and become more effective in drawing in those who are the intended population of BRIDGES.

**Why?**

Saturating families in target neighborhoods is central to the BRIDGES’ placed-based strategy. Saturation is to cultivate a tipping point within a neighborhood whereby families are aware of resources, engaged with other parents, as well as empowered with information and opportunities.

**What else?**

*BRIDGES does not turn away families. BRIDGES also served 3,275 pregnant women and parents with children 0-8 who reside outside of the target census tracts.*
Retention: Pregnant Women and Parents with Children 0-8 within Target Neighborhoods return to BRIDGES within 100 days after their initial visit to participate in Parent-Child, Capacity-Building, or Triple P.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retained (n)</td>
<td>96</td>
<td>278</td>
<td>325</td>
<td>542</td>
<td>604</td>
<td>426</td>
<td>483</td>
<td>269</td>
</tr>
<tr>
<td>Target Population Intakes</td>
<td>234</td>
<td>579</td>
<td>567</td>
<td>741</td>
<td>783</td>
<td>546</td>
<td>620</td>
<td>336</td>
</tr>
<tr>
<td>Retained (%)</td>
<td>41%</td>
<td>48%</td>
<td>57%</td>
<td>73%</td>
<td>77%</td>
<td>78%</td>
<td>78%</td>
<td>80%</td>
</tr>
</tbody>
</table>

*Represents intakes through 3/31/18 and activities through 6/6/18. The end of fiscal year is 9/30/18.

So what? Most families come to BRIDGES seeking to get their basic needs met. One components of BRIDGES is to help families connect with resources so they can have those basics met (food, health, housing, clothing, utilities (water/electric)). It has been more difficult to get families to come back to engage in parenting classes, activities, and workshops, however, over time BRIDGES has been more successful in gaining participation in these activities.

Why? Beyond getting their basic needs met, BRIDGES wants to engage pregnant women and families in activities that will help support the child outcomes of: healthy births, freedom from abuse and neglect, kindergarten readiness, and reading proficiently through 3rd grade.
**Immersion**: Pregnant Women and Parents with Children 0-8 within Target Neighborhoods return to BRIDGES and participate in a number and range of activities.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immersed (n)**</td>
<td>0</td>
<td>94</td>
<td>314</td>
<td>641</td>
<td>1,071</td>
<td>1,469</td>
<td>1,803</td>
<td>2,056</td>
</tr>
<tr>
<td>Target Population Intakes**</td>
<td>234</td>
<td>813</td>
<td>1,380</td>
<td>2,121</td>
<td>2,904</td>
<td>3,450</td>
<td>4,068</td>
<td>4,406</td>
</tr>
<tr>
<td>Immersed (%)</td>
<td>0%</td>
<td>12%</td>
<td>23%</td>
<td>30%</td>
<td>37%</td>
<td>43%</td>
<td>44%</td>
<td>47%</td>
</tr>
</tbody>
</table>

*Represents intakes through 3/31/18 and activities through 6/6/18. The end of fiscal year is 9/30/18.

**Cumulative Intakes and Participation thru the end of the Fiscal Year Indicated (except FY18)

**So what?** Immersion reflects a level of participation at BRIDGES in which we believed would lead to parents feeling more resourceful and supported in their role as a parent.

At minimum, immersion involves participation in 9 activities, which includes: navigation (2+), parent-child (3+), and capacity-building or Triple P (3+). Similar to retention it is challenging to get families to participate to this degree and BRIDGES had to work hard to outreach and ensure they were offering the right activities, in the right way so families would participate.

**Why?** We believed this would put children in these families in a better position for achieving child outcomes.
Implications and Recommendations

BRIDGES is the fourth iteration of place-based programming sponsored by Children’s Services Council of Palm Beach County (CSC) but the first of its kind with regard to design and implementation. The history and evolution of BRIDGES holds the clues to its future.

BRIDGES was created to be a center or “hub” of services within communities for pregnant women and families, allowing community members to become more engaged and invested not only in services but in a broader awareness of community health and vitality. What made BRIDGES new and different was its focus on community-ownership and development of family-style, informal, social support systems and peer networks, separate from services offered by other agencies. Thus, the approach of each BRIDGES is to serve its community in the different dimensions and ways the community needs. This approach requires relationship-building—relationships being key to the health of the individual BRIDGES community as well as the ability of individual BRIDGES participants to achieve their desired goals.

The future of BRIDGES will remain grounded in relationships. However, the practical, day-to-day, work of building and maintaining relationships may vary by community, reflecting each community’s history and identity. The practical work of BRIDGES therefore is very nuanced and requires staff to be attuned to community needs and attitudes while maintaining the common footprint that unites BRIDGES. This work also is being conducted in the larger political, social, and economic environment, changes in which affect the willingness or availability of individuals to become engaged.

One of the overarching concepts that emerged during the study was the need for progress on issues of equity and social justice. Discussions on this issue should continue as questions of bias, access to services, and social capital were pervasive in the exploration of outcome achievement and success. It is worth noting, for example, that affordable and safe housing is critical infrastructure for working families and the local economy—however, this is a need cited by many parents and staff. In addition, child care is an important economic and educational strut—ensuring that care is high quality, affordable, and accessible is a priority (and one that is recognized by Florida in its provision of Voluntary Prekindergarten). Yet many families still identify affordable child care as an important need. Other basic infrastructure needs include transportation, affordable health care, and other supports for low- and middle-income working families.

The data gathered in the current study highlighted the many positive contributions of BRIDGES to social networks and meeting needs in some of the most vulnerable communities of Palm Beach County. The data also shed light on ways in which BRIDGES can continue to grow and improve its services. Some recommendations for immediate next steps therefore are:

(1) The current study was intentional in collecting data from each community through the parent surveys, parent Deep Dive interviews, staff surveys, and community stakeholder interviews. While not presented in great depth in the current report, it is apparent that each BRIDGES community has a unique context and needs. Further, the strategies and approaches used to effectively connect with and provide services to families vary across communities. This finding highlights the fact that, while BRIDGES has a common footprint or model, each BRIDGES site is endowed with flexibility and the autonomy to respond to its community’s needs. Thus, one recommendation from the current
study is to create and customize action steps for each community, based on the BRIDGES model and responsive to each community’s context and needs as well as the current study’s findings for that community. These actions steps may identify the short-to-medium (e.g., three to five year) priorities for each community, while maintaining BRIDGES goals of healthy births, safe and nurturing environment, kindergarten readiness, and third grade reading proficiency.

(2) Parent and staff survey respondents identified many ongoing needs and challenges. However, a number of the identified family and community needs fall outside of BRIDGES’ stated Scope of Work (i.e., to connect and build capacity, rather than provide direct and tangible resources and financial assistance). There may be opportunities for BRIDGES to support its members and community leaders in learning how to advocate for improved infrastructure (such as transportation, more accessible and affordable high-quality child care, or accessible and affordable health care). There also may be ongoing opportunities to include discussions of infrastructure development in collective impact efforts, which involve community, county, and civic partners.

(3) Ongoing infrastructure development is one aspect of a larger conversation about equity and investment in Palm Beach County communities, which also includes issues of bias, community identity, and community regeneration. Further, findings from the current study highlight that race and ethnicity can be linked to outcome achievement, as can poverty and other characteristics that are inherent to children and families and linked to discussions of equity, advocacy, social capital, and standing or “voice” (e.g. whose voices get heard when making decisions about investments in different communities? Are the voices of poor and working families discounted, relative to wealthier residents or residents with higher social capital?) Improving or ensuring equity among and across communities is long-term work; it is important for CSC and BRIDGES to be included in equity discussions, given their connections to and understanding of community needs.

(4) Findings from the staff survey suggest there may be a risk of staff turnover, related to low compensation overall or the presence of better career opportunities or movement elsewhere. This is a risk given the finding that BRIDGES key product and success is relationships; staff turnover jeopardizes BRIDGES progress. Thus, there may be opportunities to “lean in” to staff needs and to support and nurture BRIDGES staff in their work. For example, it may be helpful to determine concrete actions or strategies for maximizing retention of experienced and effective staff while developing or expanding a pipeline for new staff and new leaders who will continue to work in the BRIDGES communities. Another idea is to develop a “double loop” concept for staff such that staff can maintain a connection to communities and BRIDGES’ work, even if they advance their careers in other positions or agencies.
Planning Session Agenda Item #5: Kindergarten Readiness Assessment Tool and Disaggregation of Data

Reference Materials:

- Star Early Literacy Assessment (FLKRS)
Star Early Literacy Assessment (FLKRS)
Background Info

1. **What is the Florida Kindergarten Readiness Screener (FLKRS)?**
   FLKRS stands for Florida Kindergarten Readiness Screener. State law requires screening for all public school kindergarten students within the first 30 instructional (school) days of the school year. Private schools may administer the FLKRS as well.

   Kindergarten teachers use the results to help understand each child’s readiness for school and plan lessons to meet individual needs. The Office of Early Learning uses the results to calculate the kindergarten readiness rate for each VPK provider. Currently, FLKRS uses the Star Early Literacy assessment, selected as a result of a public competitive procurement process.

   The readiness rate is based on the Florida Kindergarten Readiness Screener (FLKRS). This year, Florida administered a new kindergarten readiness screener, and we expect performance to improve in future years. This year’s rates serve three purposes. They set a starting point from which we can set higher expectations; they enable the Office of Early Learning to pinpoint programs that need additional support; and they provide parents with information to help them make critical education decisions for their children.

2. **Why was 500 chosen as the minimum score?**
   The creators of the Star Early Literacy assessment identified 500 as the score that would be expected for a 5-year-old. The average score for a student who completed VPK was 541.

3. **How can we be sure that FLKRS was administered properly?**
   Statewide, nearly 200,000 children were screened in Fall 2017 using Star Early Literacy, with very few reported issues.

   Star Early Literacy Pretest Instructions and the Star Early Literacy Administration Manual are discussed during training and are also posted on the DOE FLKRS website at [http://www.fldoe.org/core/fileparse.php/18494/urlt/StarEarlyLiteracy-TAM.pdf](http://www.fldoe.org/core/fileparse.php/18494/urlt/StarEarlyLiteracy-TAM.pdf). The pretest instructions and the administration manual include a script and pages to use as handouts to help kindergarten teachers walk through a basic orientation with their students. The pretest instructions, administration manual and the practice video include guidance on using a keyboard, mouse and a tablet. The teacher selects a setting in order for children to view the practice video on using a touchpad.

   Each school district assessment coordinator is trained and then trains the district teachers. Technology accommodations available are outlined in the Department of Education’s (DOE) FAQ document: [http://www.fldoe.org/core/fileparse.php/18494/urlt/FLKRSFAQ.pdf](http://www.fldoe.org/core/fileparse.php/18494/urlt/FLKRSFAQ.pdf)

   One concern heard over time is that kindergarten teachers may score a child low at the beginning of kindergarten to make the kindergarten teacher look better by the end of the year, which is not possible with a computer-based assessment.
4. Why do some children do better on the VPK Assessment (pre-assessment (AP1) and post-assessment (AP3)) than on FLKRS?

OEL has looked at previous years’ district data between VPK Assessment and Star Early Literacy in a district which used both for several years to determine level of correlation, finding correlation with both AP1 and AP3. OEL will continue to review the data statewide.

Star Early Literacy contains 27 items that assess early language and number skills. Star Early Literacy covers the same areas as the VPK Assessment—phonological awareness, alphabet knowledge, vocabulary and number sense. An overview comparing the two assessments is available here: http://www.floridaearlylearning.com/sites/www/Uploads/4.%20VPK%20Assessment%20and%20Star%20Early%20Literacy%20Overview%209-2017.pdf. The second document attached shows how our standards from 2011 align with those in 2017, in the domains assessed by Star Early Literacy (also the same areas as VPK Assessment).

Note: this document is excerpted from Frequently Asked Questions document prepared by Office of Early Learning (OEL)
Planning Session Agenda Item #6: *SRAA Primary Approach and Strategies*

Reference Materials:

- Resident Engagement Practices
- Concrete Needs Overview
## Resident Engagement Practices Typology

“Residents” are those who live and work in the community and are not professionally involved in a multisector partnership.

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Practices</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resident Awareness and Participation</strong></td>
<td>Provide services and programs in the community</td>
<td>Provide services and programs to residents in the community (e.g., cooking classes, farmers’ markets, mobile vans, etc.)</td>
</tr>
<tr>
<td></td>
<td>Incentivize behavior</td>
<td>Offer incentives to residents with the intention of changing their behavior (e.g., health care organization pays patients to show up for appointments)</td>
</tr>
<tr>
<td></td>
<td>Share information</td>
<td>Share information about services, programs, and healthy behaviors with residents through flyers, blogs, reports, social media, and more</td>
</tr>
<tr>
<td><strong>Feedback and Input from Residents</strong></td>
<td>Conduct surveys, interviews, and focus groups</td>
<td>Gather feedback and input from residents on specific projects, services, or programs through in-person surveys, interviews, and focus groups</td>
</tr>
<tr>
<td></td>
<td>Invite feedback via social media</td>
<td>Gather feedback and input from residents on specific projects, services, and programs through social media</td>
</tr>
<tr>
<td></td>
<td>Invite representation on advisory committees and governing boards</td>
<td>Invite residents to serve on advisory committees and governing boards to gain their perspectives and input</td>
</tr>
<tr>
<td></td>
<td>Host community meetings/town halls</td>
<td>Receive input from a broad group of residents through community meetings or town halls.</td>
</tr>
<tr>
<td></td>
<td>Conduct listening campaigns</td>
<td>Organize a focused effort to build community and identify concerns and priorities in a specific region through one-on-one or house meetings</td>
</tr>
<tr>
<td></td>
<td>Organize public deliberation processes</td>
<td>Organize public deliberation processes for the discussion and decision-making necessary to solve community problems</td>
</tr>
<tr>
<td></td>
<td>Co-design of services and/or programs</td>
<td>Facilitate resident input in the design of community-related services and programs</td>
</tr>
<tr>
<td><strong>Active Resident Leadership</strong></td>
<td>Provide grants for resident-driven initiatives</td>
<td>Invest financially in resident-driven and -led initiatives (e.g., grants for programs or for hiring and training community organizers)</td>
</tr>
<tr>
<td></td>
<td>Open opportunities for shared decision-making</td>
<td>Provide opportunities for a large number of residents to participate in decision-making on specific issues (e.g., participatory budgeting)</td>
</tr>
<tr>
<td></td>
<td>Offer physical space for community gatherings</td>
<td>Provide free access to community spaces for residents to gather and self-organize</td>
</tr>
<tr>
<td></td>
<td>Deploy a cadre of residents as community organizers</td>
<td>Recruit, hire, and train residents as community organizers to build community power</td>
</tr>
<tr>
<td></td>
<td>Open opportunities for residents’ to build their capacity for leadership</td>
<td>Offer training in leadership and other skills to residents seeking to build their capacity for leadership positions</td>
</tr>
</tbody>
</table>
This Resident Engagement Practices Typology classifies resident engagement practices based on the three outcomes that organizations or partnerships could actually achieve:

- Increasing resident awareness and participation in the services provided by organizations
- Getting feedback and input from residents to improve services, processes, or policies
- Supporting active resident leadership (community activation) by creating conditions for large groups of residents to lead and be involved in transformational efforts

Transforming a region’s system for health requires the balance between practices across all three outcomes.

If any one outcome is not pursued, there is an imbalance.
Concrete Needs

Throughout the Strategy Review and Allocation Analysis (SRAA) process, concrete needs was consistently highlighted whether it was in terms of needs, gaps between available resources and need within the community, or a factor that impacts on families’ capacity to benefit from other services.

Concrete needs is often defined as housing (homelessness, affordable housing, substandard housing), food, transportation, financial supports (utilities), and income supports (child care).

As strategies were identified from SRAA, it presents an opportunity to reflect on the role that CSC currently plays and may play in the future around concrete needs.

CSC has invested in supports in the area of food, transportation and income supports (scholarships for child care, afterschool, and summer camp), as well as resources to help families access public benefits (SNAP, TANF, and Medicaid). CSC has not invested in the area of housing or housing supports.

Hunger & Food Insecurity
Palm Beach County Food Bank: $378,505
Hunger Relief Initiative: $60,000

Transportation
Southeast FL Transportation: $230,000

Resources to help families access public benefits:
DCF ACCESS Positions: $85,356

Both Healthy Beginnings Entry Agencies provide navigation supports. Additionally, families participating in DULCE have access to legal supports through Medical Legal Partnership, a core component of the program model. These supports have assisted families in accessing public benefits, child support enforcement, address substandard conditions of housing with rental properties as well as other issues.

Two-Gen Efforts:
Pathways to Prosperity, Palm Beach County Circle Campaign: $122,476
*Head Start Match

TOTAL: $876,337 (before Income Supports/Child Care Scholarships)

Income Supports/Child Care Scholarships
Scholarships for child care, including afterschool, and summer camp: $27,303,775
Match for Head Start programs: $5,599,250
Planning Session Agenda Item #7: *Summer Camp Discussion*

Reference Materials:
- Summer Camp Overview
Summer Camp Overview

Since 1995, Children’s Services Council in partnership with Palm Beach County Government has supported summer camp scholarships. Families whose income is at or below 150% of the Federal Poverty Level or meet priority criteria (foster care, homeless or involvement with the dependency system) are eligible to apply for a scholarship. CSC’s contract with Friends of Community Services implements the program through the Youth Services Department (YSD) within Palm Beach County Government. YSD is responsible for recruiting and contracting with the summer camps, as well as determining eligibility for the children receiving scholarships.

CSC funding of summer camp supports our fourth goal, children have access to quality afterschool & summer programs, with the number of children enrolled in quality afterschool or summer programs as the outcome.

Funds are budgeted for summer camp scholarships in two ways: (1) at the outset of the fiscal year as a base allocation and (2) additional funds through under expenditures in the Program Strategy Budget in the late Spring.

The amount budgeted for summer camp scholarships at the outset of FY 2017-18 was $1.5 million. In April, another $700,000 was added from under expenditures bringing the total to $2.2 million; this was the same amount made available in FY 2016-17 to serve 2,274 children. This amount represents an increase of $1,274,000 or 137% from the amount allocated 3 years earlier.

This year, YSD automated the application process for parents to apply for scholarships and the number of applications received more than doubled. In order to minimize the possibility of a waitlist, CSC provided an additional $2,268,634 in May 2018 bringing this year’s total allocation to $4,468,634.

For FY 2018-19, staff has budgeted a base allocation of $2.2 million. Typically, our rate of under expenditures will allow for up to $1 million in additional funding before the start of the summer. If the demand for scholarships is similar to what was experienced this year, children will be placed on a waitlist.

CSC scholarship funds are restricted to summer camps that are licensed childcare facilities, school sites, municipal sites, county sites and Boys & Girls Club sites. Beginning in FY 2015-16, CSC requested that the YSD place additional effort to recruit Educational Enrichment Camps (EEC). To be considered an EEC camp, the site must meet the following requirements:

- 50% of the time in camp must be spent on academic strategies/activities
- Must use a set curriculum, and administer a pre- and post-test based on that curriculum (most of the programs use iReady or Journey)
• At least one Florida certified teacher to implement the curriculum
• Recommended that 50% of the staff be certified teachers, or students enrolled in a teacher program (student teachers)
• Be located in a “high need” area, based on income eligibility. This is determined by YSD by application
• Recommended that field trips are educational, but not required

Many of the EEC camps are school-based sites.

Since FY 2015-16, the number of EEC camps and campers served in the Summer Camp Scholarship program has grown:

<table>
<thead>
<tr>
<th>Year</th>
<th>EEC Camps</th>
<th>Total Camps</th>
<th>%</th>
<th>Campers at EEC Sites</th>
<th>Campers at ALL Sites</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2015-16</td>
<td>15</td>
<td>91</td>
<td>16</td>
<td>1,240</td>
<td>2,407</td>
<td>52</td>
</tr>
<tr>
<td>FY 2016-17</td>
<td>22</td>
<td>97</td>
<td>23</td>
<td>1,467</td>
<td>2,779</td>
<td>54</td>
</tr>
<tr>
<td>FY 2017-18</td>
<td>29</td>
<td>114</td>
<td>25</td>
<td>3,600</td>
<td>5,450</td>
<td>66</td>
</tr>
</tbody>
</table>

*FY 2017-18 campers are forecasts

In FY 2016-17, the YSD made funding available to Prime Time to offer Expanded Learning Opportunities (ELOs) to summer camps. ELOs are subject specific activities provided to programs at no additional cost in the areas of arts and culture, literacy, academics, wellness, environmental education, technology, and other topics that help promote positive youth development. In addition, ELOs build capacity in programs by providing training, coaching and other supports to their afterschool/summer camp practitioners.

The funding for ELOs for summer camps was not continued by YSD and in April 2018, CSC increased Prime Time’s budget to offer ELOs to summer camps. Prime Time will coordinate with the summer campsites providing access to these expanded learning opportunities in an effort to increase the quality of the summer camp experience.
Planning Session Agenda Item #9: *Strong Minds*

Reference Materials:

- Summary Table of Current/Future School Readiness Program
## Summary

<table>
<thead>
<tr>
<th>Provider Participation Requirements</th>
<th>Current School Readiness Program</th>
<th>School Readiness Effective July 1, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required for SR Contract:</td>
<td>Required for SR Contract:</td>
<td>Required for SR Contract:</td>
</tr>
<tr>
<td>Health and Safety Inspection</td>
<td>– Health and Safety Inspection</td>
<td>– Health and Safety Inspection</td>
</tr>
<tr>
<td></td>
<td>– Program Assessment (CLASS)</td>
<td>– Program Assessment (CLASS)</td>
</tr>
<tr>
<td></td>
<td>• Providers serving children ages 0-5</td>
<td>• Providers serving children ages 0-5</td>
</tr>
<tr>
<td></td>
<td>• Other Exemptions</td>
<td>• Other Exemptions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Assessment/Quality Measure</th>
<th>Optional, may be part of local QRIS</th>
<th>CLASS score determines:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>– Differential payment level</td>
</tr>
<tr>
<td></td>
<td></td>
<td>– Minimum threshold for contracting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>– Minimum threshold for program improvement through improvement plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider may be terminated for up to 5 years if they do not meet minimum quality measures</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Improvement Strategies</th>
<th>Optional</th>
<th>Quality improvement strategies required through quality improvement plan, if applicable. Optional for others</th>
</tr>
</thead>
</table>
Disaggregated Data: Birth, Child Abuse and Neglect Outcomes
Birth Outcomes: Low Birthweight

Defined as:
Babies born weighing less than 2500g or 5lbs. 8oz.
Are there demographic disparities in babies born low birthweight in Palm Beach County?

Percent of Babies Born Low Birthweight By Race/Ethnicity

- **County Overall**
  - FY15: 13.4%
  - FY16: 13.4%
  - FY17: 12.8%

- **White Non-Hispanic**
  - FY15: 10.4%
  - FY16: 10.4%
  - FY17: 10.7%

- **Black Non-Hispanic**
  - FY15: 8.3%
  - FY16: 8.3%
  - FY17: 8.2%

- **Hispanic**
  - FY15: 6.9%
  - FY16: 6.9%
  - FY17: 6.9%

- **Haitian**
  - FY15: 6.4%
  - FY16: 6.4%
  - FY17: 6.4%
Demographic composition of women giving birth

Mothers by Race and Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>PBC</th>
<th>CSC</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N=13,967</td>
<td>11.6%</td>
<td>23.0%</td>
</tr>
<tr>
<td>N=14,128</td>
<td>11.9%</td>
<td>20.8%</td>
</tr>
<tr>
<td>N=14,134</td>
<td>13.0%</td>
<td>21.7%</td>
</tr>
<tr>
<td>FY16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N=899</td>
<td>32.5%</td>
<td>39.7%</td>
</tr>
<tr>
<td>N=868</td>
<td>33.0%</td>
<td>44.1%</td>
</tr>
<tr>
<td>N=948</td>
<td>33.6%</td>
<td>49.3%</td>
</tr>
<tr>
<td>FY17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N=11,791</td>
<td>17.3%</td>
<td>23.6%</td>
</tr>
<tr>
<td>N=11,855</td>
<td>17.2%</td>
<td>23.5%</td>
</tr>
<tr>
<td>N=11,860</td>
<td>17.0%</td>
<td>21.5%</td>
</tr>
</tbody>
</table>

Legend:
- White Non-Hispanic
- Black Non-Hispanic
- Hispanic
- Haitian

Note: The percentage values for each category are approximate and may not sum up to 100% due to rounding.
Are there demographic disparities in babies born low birthweight?

### Percent of Babies Born Low Birthweight By Race/Ethnicity

**PBC**

- **County Overall**: 13.4% (FY15), 12.8% (FY16), 6.4% (FY17)
- **White Non-Hispanic**: 10.4% (FY15), 10.7% (FY16), 6.9% (FY17)
- **Black Non-Hispanic**: 8.3% (FY15), 8.2% (FY16), 6.9% (FY17)
- **Hispanic**: 6.4% (FY15), 6.4% (FY16), 6.4% (FY17)
- **Haitian**: 4% (FY15), 8% (FY16), 12% (FY17)

**CSC**

- **CSC Overall**: 12.8% (FY15), 10.8% (FY16), 5.6% (FY17)
- **White Non-Hispanic**: 8.9% (FY15), 8.2% (FY16), 7.8% (FY17)
- **Black Non-Hispanic**: 8.2% (FY15), 7.5% (FY16), 7.2% (FY17)
- **Hispanic**: 8.2% (FY15), 7.1% (FY16), 5.8% (FY17)
- **Haitian**: 5.3% (FY15), 5.3% (FY16), 5.3% (FY17)

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*Children’s Services Council of Palm Beach County*
Birth Outcomes: Pre-Term Births

Defined as:
Babies born before 37 weeks
Are there demographic disparities in babies born pre-term in Palm Beach County?

Babies Born Pre-Term By Race/Ethnicity

- **County Overall**:
  - FY15: 13.3%
  - FY16: 10.3%
  - FY17: 11.5%

- **White Non-Hispanic**:
  - FY15: 9.4%
  - FY16: 8.8%
  - FY17: 8.0%

- **Black Non-Hispanic**:
  - FY15: 8.0%
  - FY16: 8.5%
  - FY17: 8.2%

- **Hispanic**:
  - FY15: 6%
  - FY16: 6%
  - FY17: 6%

- **County Haitian**:
  - FY15: 2%
  - FY16: 4%
  - FY17: 8%
Are there demographic disparities in babies born pre-term?

Babies Born Pre-Term By Race/Ethnicity

PBC

FY15 FY16 FY17

County Overall | White Non-Hispanic | Black Non-Hispanic | Hispanic | County Haitian
13.3% | 10.3% | 9.4% | 8.0% | 11.5% | 10.7% | 9.1% | 8.5% | 8.2%

CSC

FY15 FY16 FY17

CSC Overall | White Non-Hispanic | Black Non-Hispanic | Hispanic | Haitian
8.1% | 7.1% | 5.3% | 6.4% | 8.1% | 7.3% | 7.0% | 6.4%
Child Abuse and Neglect

Defined as:
Children ages 0 to 5 who had a Department of Children and Families (DCF) verified finding of abuse and neglect
Are there demographic disparities among children 0-5 who experience abuse and neglect for Palm Beach County?

Percentage of Verified Abuse and Neglect by Race

<table>
<thead>
<tr>
<th></th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>1.4%</td>
<td>1.0%</td>
<td>1.3%</td>
</tr>
<tr>
<td>White</td>
<td>0.8%</td>
<td>0.7%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Other</td>
<td>0.7%</td>
<td>0.7%</td>
<td>0.7%</td>
</tr>
<tr>
<td>County Overall</td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Racial composition of children 0-5

Population of Children by Race

PBC
- FY15 N=86,218
- FY16 N=87,080
- FY17 N=87,899
- White 62.6% 62.6% 63.1%
- Black 29.3% 29.2% 28.7%
- Other 8.2% 8.2% 8.3%

CSC
- FY15 N=1,855
- FY16 N=2,074
- FY17 N=1,901
- White 36.3% 41.2% 45.6%
- Black 47.7% 44.6% 46.4%
- Other 10.5% 9.1% 7.5%
- Unknown 0.4% 0.0% 0.0%
Are there differences in the demographic disparities of children 0-5 who experience abuse and neglect for PBC vs CSC?

Percentage of Verified Abuse and Neglect by Race

**PBC**

<table>
<thead>
<tr>
<th>Race</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>1.4%</td>
<td>1.0%</td>
<td>1.3%</td>
</tr>
<tr>
<td>White</td>
<td>0.8%</td>
<td>0.7%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Other</td>
<td>0.9%</td>
<td>0.7%</td>
<td>1.0%</td>
</tr>
<tr>
<td>County Overall</td>
<td>0.9%</td>
<td>0.7%</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

**CSC**

<table>
<thead>
<tr>
<th>Race</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>3.6%</td>
<td>2.7%</td>
<td>2.1%</td>
</tr>
<tr>
<td>White</td>
<td>2.1%</td>
<td>1.5%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Other</td>
<td>2.5%</td>
<td>4.2%</td>
<td>3.2%</td>
</tr>
<tr>
<td>CSC Overall</td>
<td>3.2%</td>
<td>2.5%</td>
<td>4.2%</td>
</tr>
</tbody>
</table>
Are there ethnic disparities among children 0-5 who experience abuse and neglect for Palm Beach County?

Verified Abuse and Neglect by Ethnicity

<table>
<thead>
<tr>
<th>PBC</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>3.7%</td>
<td>1.4%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>1.0%</td>
<td>0.8%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>0.5%</td>
<td>0.6%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Other</td>
<td>4.4%</td>
<td>0.5%</td>
<td>0.4%</td>
</tr>
<tr>
<td>County Overall</td>
<td>3.7%</td>
<td>1.4%</td>
<td>1.2%</td>
</tr>
</tbody>
</table>
Ethnic composition of children 0-5

Population of Children by Ethnicity

**PBC**
- FY15: N=86,218
  - Caucasian: 35%
  - Hispanic or Latino: 27%
  - African American: 6%
  - Other: 6%
- FY16: N=87,080
  - Caucasian: 35%
  - Hispanic or Latino: 27%
  - African American: 6%
  - Other: 6%
- FY17: N=87,899
  - Caucasian: 35%
  - Hispanic or Latino: 27%
  - African American: 6%
  - Other: 6%

**CSC**
- FY15: N=1,855
  - Caucasian: 45%
  - Hispanic or Latino: 11%
  - African American: 11%
  - Other: 11%
  - Unknown: 1%
- FY16: N=2,074
  - Caucasian: 39%
  - Hispanic or Latino: 11%
  - African American: 11%
  - Other: 11%
  - Unknown: 1%
- FY17: N=1,901
  - Caucasian: 43%
  - Hispanic or Latino: 13%
  - African American: 13%
  - Other: 13%
  - Unknown: 9%
Are there demographic disparities among children 0-5 who experience abuse and neglect for CSC clients?

Verified Abuse and Neglect by Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>PBC County Overall</th>
<th>PBC African American</th>
<th>PBC Caucasian</th>
<th>PBC Hispanic or Latino</th>
<th>CSC County Overall</th>
<th>CSC African American</th>
<th>CSC Caucasian</th>
<th>CSC Hispanic or Latino</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY15</td>
<td>0.5%</td>
<td>1.1%</td>
<td>1.0%</td>
<td>0.9%</td>
<td>5.8%</td>
<td>1.1%</td>
<td>1.0%</td>
<td>0.9%</td>
<td>0.4%</td>
</tr>
<tr>
<td>FY16</td>
<td>0.6%</td>
<td>1.0%</td>
<td>0.9%</td>
<td>0.6%</td>
<td>2.8%</td>
<td>0.9%</td>
<td>0.6%</td>
<td>0.6%</td>
<td>0.4%</td>
</tr>
<tr>
<td>FY17</td>
<td>0.4%</td>
<td>0.9%</td>
<td>0.6%</td>
<td>0.4%</td>
<td>2.7%</td>
<td>0.9%</td>
<td>0.6%</td>
<td>0.4%</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

CSC Overall

- African American: 5.8%
- Caucasian: 2.8%
- Hispanic or Latino: 2.7%
- Other: 2.5%