



Board of Directors Meeting

March 15, 2020

THE CHILDREN'S TRUST
BOARD OF DIRECTORS MEETING

VIA ZOOM VIRTUAL TELECONFERENCE WEBINAR

The Children's Trust Board of Directors Meeting was held on March 15, 2021 commencing at 4:00 p.m., in teleconference via Zoom Webinar. The meeting was called to order by Steve Hoffman, Chair.

ORIGINAL

BOARD MEMBERS:

Kenneth C. Hoffman, Chair
Mark A. Trowbridge, Vice-Chair
Steve Hope, Treasurer
Karen Weller, Secretary
Dr. Magaly Abrahante
Laura Adams
Matthew Arsenault
Dr. Daniel Bagner
Hon. Dorothy Bendross-Mindingall
Hon. Danielle Cohen Higgins
Constance Collins
Morris Copeland
Mary Donworth
Rev. Richard P. Dunn II

1 BOARD MEMBERS: (Cont'd.)
2 Hon. Juan Fernandez-Barquin
3 Gilda Ferradaz
4 Lourdes P. Gimenez
5 Nicole Gomez
6 Valrose Graham
7 Mindy Grimes-Festge
8 Nelson Hincapie
9 Pamela Hollingsworth
10 Dr. Monique Jimenez-Herrera
11 Tiombe-Bisa Kendrick-Dunn
12 Marissa Leichter
13 Dr. Susan Neimand
14 Hon. Orlando Prescott
15 Javier Reyes
16 Emily Rosendo
17 Hon. Isaac Salver
18 Sandra West
19 Shanika Graves
20 Leigh Kobrinski
21
22 STAFF:
23 Bevone Ritchie
24 Carol Brogan
25 Christiana Taylor

1	Dane Minott
2	STAFF: (Cont'd.)
3	Donovan Lee-Sin
4	Felix Becerra
5	Grettel Suarez
6	Imran Ali
7	James Haj
8	Joanna Revelo
9	Juana Leon
10	Juliette Fabien
11	Lisanne Gage
12	Lisete Yero
13	Lori (Katherine) Hanson
14	Muriel Jeanty
15	Rachel Spector
16	Sabine Dulcio
17	Sasha Filippova
18	Sheryl Borg
19	Stephanie Sylvestre
20	Susan Marian
21	Tatiana Canelas
22	Trisha Barnett
23	William Kirtland
24	Ximena Nunez
25	Yesenia Reyes

1 Yvette Thompson
2
3 GUESTS:
4 Fiorella Christie, ELCMDM
5 Wendy Salomon, Family Central
6 Gabriela Saenz, Lotus House Women's Shelter
7 Lianet Ripoll, Early Discovery - UM
8 Marta Pizarro, Citrus Health Network
9 Joanne Pierre, Jesse Trice Community Health System
10 Dannielle Dixson, Miami Lighthouse for the Blind and
11 Visually Impaired
12 Shameequa Buxton, Lotus House
13 Melissa Gonzalez, Early Discovery - UM
14 Ruby Natale, UM
15 Raquel Gimeno, CFE CAIT
16 Edward Abraham
17 Branden Lopez, Marcum
18 Natalia Zea, Board of County Commissioners
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PROCEEDINGS

(Recording of the meeting began at 4:00 p.m.)

MR. HOFFMAN: Hi. For those who have joined us online, we're waiting for a quorum here. There's a lot of traffic. It's 4:02 and I think we have three other people that are slated to be here. So, we'll just wait a few more minutes.

In the event that we do not obtain a quorum, we have an executive committee meeting like last time scheduled for 4:10, and we would hold that meeting with obviously anybody who wants to participate in that. But thank you for your patience.

Okay. Are we ready to bring the meeting order? Muriel, do we have a quorum? Okay. I'd like to call the meeting order. It's 4:05 p.m.

Please remember this is for those that are joining us virtually to keep your cameras on during the meeting. That helps us ascertain that we had your presence during the meeting and your vote.

We are -- I'm going to cancel now the executive committee meeting that was scheduled for 4:10 since we won't need it today.

First and foremost, I wanted to thank everybody who joined us on February 25th for the

1 2021 Board Retreat. I think those who attended
2 would, you know, got a very good sense of both what
3 we are doing and what we've done to address prior
4 Board priorities as well as help us set future
5 Board priorities.

6 As we said at the retreat and in a note that
7 was sent following it, we do expect to have a full
8 report on the retreat at our next board meeting in
9 April, and in the meantime if you have any
10 questions or follow up on the things that concern
11 you, you can certainly discuss them with the staff.

12 We are expecting Steve, right? So, I'll wait
13 and see if Steve shows up. Muriel, do we have any
14 public comment? Muriel? Oh, sorry.

15 MS. JEANTY: No, Mr. Chair. We don't have any
16 public comments.

17 MR. HOFFMAN: Thank you. Okay. I'm going to
18 skip over -- first we'll go to the approval of the
19 minutes of the October 19th board meeting. Is
20 Karen Weller with us? No? Okay. Karen, are you
21 on the phone with us? No. Okay.

22 So, that's fine. We'll go ahead and ask if
23 there's minutes of the meeting were included in the
24 Board package. Do I have a motion to approve those
25 minutes?

1 MR. TROWBRIDGE: Moved, Trowbridge.

2 MS. DONWORTH: Second, Donworth.

3 MR. HOFFMAN: Thank you. All in favor?

4 ALL: Aye.

5 MR. HOFFMAN: Any opposed? Great. The motion
6 carries. I'm going to move on. I know Steve Hope
7 is here and we're going to -- he's coming here and
8 we're going to honor him as an outgoing board
9 member, but in the meantime the last board meeting
10 we did not have a quorum.

11 We held the meeting by executive committee,
12 addressed all of the resolutions that were to come
13 before the Board. A total of eight resolutions
14 were passed. Four of them with recusals and four
15 without recusals.

16 All actions by the executive committee are
17 required to be ratified at the next scheduled board
18 meeting, so this will be our first order of
19 business today.

20 We're planning to conduct the ratification by
21 two separate consent agendas. One for the
22 resolutions that had no recusals and one for the
23 resolutions that did.

24 Those of you that were present at the last
25 board meeting may recall that although we did

1 obtain a quorum, most of the board members that
2 were either participating by phone or were in
3 person, actually stayed through the entire
4 executive committee meeting and we did have
5 discussions over several of the resolutions.

6 If anyone wants to discuss a specific
7 resolution after we've called through the
8 resolutions in the consent agenda, we will pull it
9 from the agenda and have a separate discussion of
10 that resolution.

11 So, the first batch of resolutions did not
12 have recusals and those were Resolution 2021,
13 contract with Miami-Dade County Community Action
14 and Human Services Department for match funding for
15 the Federal Early Head Start Childcare Partnership
16 Grant for \$991,667.00.

17 The second was Resolution 2021-24. The
18 contract with Redlands Christian Migrant
19 Association for local match funding draw down
20 federal state funds to subsidize childcare for the
21 working poor for \$127, 500.

22 The third was Resolution 2021-26. Contract
23 amendment with Florida Introduces Physical Activity
24 and Nutrition to Youth, FLIPANY, to remove a
25 subcontractor in contract number 2114-4450. There

1 was no budget impact for this action.

2 And the fourth resolution was authorization to
3 release a request for qualification. A competitive
4 solicitation for the development of child -- the
5 Children's Trust website. No budget impact for
6 this action. I will entertain a motion to adopt
7 these by consent resolution.

8 PASTOR DUNN: So moved, Dunn.

9 MR. HOFFMAN: Thank you. Second?

10 MS. LEICHTER: Second, Leichter.

11 MR. HOFFMAN: Leichter. Is anybody -- I don't
12 believe there's any need for recusals. Again, for
13 these motions. Now, does anybody want to separate
14 any of these resolutions for discussion? Okay.
15 Hearing no discussion, all those in favor?

16 ALL: Aye.

17 MR. HOFFMAN: Thank you. All those opposed?
18 The motion carries. The second batch that we will
19 vote on has recusals. The motions are, I'll read
20 them out first.

21 Resolution 2021-21, that's a contract with the
22 United Way of Miami-Dade County for match funding
23 for the Early Head Start Childcare Partnership
24 Grant for \$490,000. Mary Donworth recused on that
25 motion.

1 The second is Resolution 2021-22. Contracts
2 with the Early Learning Coalition of Miami-Dade
3 Monroe and United Way of Miami-Dade for match
4 funding for the Federal Early Head Start Childcare
5 Partnership Grant for \$1,000,166,666, and that
6 motion -- in that resolution Pam Hollingsworth and
7 Mary Donworth recused themselves.

8 The third is Resolution 21 -- 2021-23.
9 Contracts with the Early Learning Coalition of
10 Miami-Dade Monroe for match funding for the State
11 of Florida Childcare Executive Partnership Grant
12 for \$1,000,537,500. Recusal by Pam Hollingsworth.

13 And finally, Resolution 2021-25. A one-time
14 match contract with Voices for Children Foundation,
15 Inc., for \$95,000. Recusal by Nelson Hincapie.

16 I'd like a motion, please for -- could I have
17 a motion please for adoption of those resolutions
18 by consent?

19 MS. GIMENEZ: So moved, Gimenez.

20 MS. GRIMES-FESTGE: Second, Grimes-Festge.

21 MR. HOFFMAN: Okay. Thank you. We'll need
22 recusals by the same individuals to exemplorate
23 this meeting.

24 MS. HOLLINGSWORTH: Pam Hollingsworth recuses
25 on two resolutions. I work for the Early Learning

1 Coalition.

2 MR. HOFFMAN: Thank you, Pam.

3 MS. DONWORTH: And Mary Donworth recuses on
4 two resolutions. I work for United Way.

5 MR. HINCAPIE: Nelson Hincapie recusal on
6 2021-25. I work for Voices for Children.

7 MR. HOFFMAN: Okay. Is there anybody who
8 would like to separate any of these resolutions for
9 discussion at this meeting? Okay. We can go to
10 discussion. All those in favor?

11 ALL: Aye.

12 MR. HOFFMAN: Okay. Any opposed? The motion
13 carries. Thank you. We will now move on to the
14 nominating committee report. Is Dr. Bagner with
15 us?

16 DR. BAGNER: Yes, I'm here.

17 MR. HOFFMAN: Thank you.

18 DR. BAGNER: Thank you, Ken. Good afternoon,
19 everyone. As you all know, we had a pending at
20 large vacancy due to Steve Hope's rotating off of
21 the Board.

22 It was advertised. We had 32 applications
23 that were submitted and the committee, the
24 nominating committee met on February 18th to review
25 the applications for this vacancy. And after the

1 screening process, decided to interview six
2 applicants.

3 We met again on March 1st to interview all six
4 candidates, and after the interviews, the committee
5 is recommending that Dr. Edward Abraham fill the
6 position.

7 Dr. Abraham is a retired physician with an
8 exceptional track record of success in innovation
9 and leading and transforming academic medical
10 centers including healthcare delivery, finances,
11 research, and educational programmings.

12 Most recently, he was the CEO and executive
13 vice-president for Health Affairs at the University
14 of Miami Health Systems, as well as the previous
15 Dean of the University of Miami Miller School of
16 Medicine, and he will bring an important health
17 perspective to the Board.

18 Can I get a motion to approve Dr. Abraham to
19 fill the at large position on the Board starting
20 effective April 1st?

21 MS. KENDRICK-DUNN: So moved.

22 PASTOR DUNN: Second, Dunn.

23 MS. KENDRICK-DUNN: So moved, Kendrick-Dunn.

24 PASTOR DUNN: Second move, Richard Dunn.

25 DR. BAGNER: Thank you. Any discussion?

1 MR. HINCAPIE: Just on -- I want to make sure
2 I put this on the record. We are a community made
3 up of 70 percent Hispanics and on a Board of 31
4 members, nine are Hispanic. Mary, I'm including
5 you in the Hispanics by the way.

6 Nine are Hispanic, so I would urge us a Board
7 to keep that in mind as we obviously there are many
8 qualified individuals in this community and I would
9 hope that we include more Hispanics, specifically
10 Venezuelans, Argentinians, Brazilians, to be
11 members of the Children's Trust.

12 DR. BAGNER: Thank you, Nelson for bringing
13 that up. In truth, our committee did discuss that
14 at great length in terms of both racial and ethnic
15 diversity and we did consider that very strongly
16 when making this recommendation.

17 Ultimately, the committee decided that the
18 expertise around health is really critical and we
19 do not have any physicians on our Board and so that
20 is why we came to this decision. But certainly
21 have noted the comment and we appreciate that,
22 Nelson.

23 Any other comments, discussion, points? Okay.
24 Well, hearing none, all those in favor of Dr.
25 Abraham filling the open at large position?

1 ALL: Aye.

2 DR. BAGNER: All those opposed? Any recusals?
3 Okay. The motion passes unanimously. So in
4 addition, thank you all.

5 In addition to that item, with Steve Hope
6 leaving the Board also creates a vacancy for the
7 positions of both treasurer and the chair of the
8 Finance and Operations Committee.

9 And Jim had sent out an email on February 18th
10 soliciting nominations for this position, and our
11 vice-chair and also member of the nominating
12 committee, vice-chair and -- for the finance
13 committee -- excuse me -- and a member of our
14 nominating committee, Mark Trowbridge, expressed
15 interest in the position and was supported by
16 another board member prior to the submission
17 deadline, and the committee unanimously approved
18 Mark to be appointed as treasurer of the Board.
19 Can I please get a motion to approve the
20 recommendation for --?

21 PASTOR DUNN: So moved, Richard Dunn.

22 MS. GRIMES-FESTGE: Second, Grimes-Festge.

23 DR. BAGNER: Great. Thank you. Any
24 discussion?

25 MS. LEICHTER: I just want to say that I'm

1 very excited that Mark stepped up. I'm looking
2 forward to him assuming this position.

3 DR. BAGNER: Thank you, Marissa. Any other
4 comments, discussion? Okay. Hearing none, all
5 those in favor of Mark Trowbridge filling the
6 positions of treasure and chair of the Finance and
7 Operations Committee?

8 ALL: Aye.

9 DR. BAGNER: All those opposed? Any recusals?
10 Motion passes unanimously. And finally now with
11 Mark moving onto the position of Chair of the
12 Finance Committee and Treasurer, Jim will next be
13 advertising for the vice-chair position of this
14 Board as the position is now vacant.

15 Once -- will be vacant once Mark assumes his
16 role as treasurer, so interested board members
17 should apply by sending an email to Jim.

18 MS. LEICHTER: Dr. Bagner, I have a question?

19 DR. BAGNER: Yes.

20 MS. LEICHTER: It's Marissa. Mr. Abraham, he
21 had the conflict with the other county board. Did
22 Muriel ask him prior to us bringing his name in
23 front of the rest of the Board, or is now she going
24 to ask him if he's going to recuse?

25 MR. HOFFMAN: I spoke with Dr. Abraham after

1 we nominated him and explained to him, reiterated
2 to him, which I think Jim had already explained to
3 him that he would have to resign from the other
4 Board and he accepted that.

5 MS. LEICHTER: Okay.

6 DR. BAGNER: Correct, and I also confirmed
7 that with Dr. Abraham when I spoke with him. Any
8 other -- anything else?

9 MR. HOFFMAN: Is Dr. Abrahams on the phone
10 with us?

11 DR. ABRAHAM: No, I'm actually here. There's
12 a video.

13 DR. BAGNER: Wait. Hi, Dr. Abraham.

14 DR. ABRAHAM: Hello. You can actually --

15 MR. HOFFMAN: I'm sorry. So, welcome to the
16 Board, Dr. Abrahams. Congratulations. We look
17 forward to having you serve with us. I didn't know
18 you were attending today.

19 MS. LEICHTER: Yeah, I wasn't talking about
20 you behind your back. Just to let you know.

21 MR. ABRAHAMS: Oh, no. It was right in front
22 of me, so it was good. We've had these
23 conversations. I do hope people will drop the
24 doctor and use my first name which is Edward or Ed,
25 either one is fine.

1 And I just want to say how -- I was very
2 excited to apply and even more excited to be
3 selected and to join you. This really means a
4 tremendous amount to me.

5 I saw when I was CEO of the University of
6 Miami Health System, very much the social
7 determinants of health, community needs, was very
8 much involved with that. And to continue that
9 involvement through the Children's Trust is for me
10 a very, very important activity, serving our
11 community.

12 It was brought up about the diversity of our
13 community. It's one of the great strengths in
14 Miami. It's what makes this community unique. It
15 also makes serving the community challenging as
16 well. And so, working with you I very much look
17 forward to all that we can do together.

18 MR. HOFFMAN: Thank you.

19 DR. BAGNER: Great. Thank you. I'll --
20 that's it for the nominating committee and I'll
21 turn it back over to our Chair.

22 MR. HOFFMAN: Thank you. As Dan mentioned,
23 today is Steve Hope's last board meeting. I don't
24 think he's leaving voluntarily. He's leaving
25 kicking and screaming.

1 He's been serving as a at large member since
2 2014 and a very active member of the Board. His
3 term expires in April of this year and so he will
4 not be joining us for the next meeting.

5 Steve has served on our finance committee I
6 think since joining the Board, and as treasurer for
7 the past few years. And as I mentioned, he's also
8 been a very active member of our Board serving on
9 other committees. Just a second.

10 PASTOR DUNN: Oh, I apologize. Sorry.

11 MR. HOFFMAN: As I was saying Steve has been a
12 very active member of our Boards, served on several
13 committees including the Human Resources Committee,
14 the Ad Hoc Committee on Racial Equity and Social
15 Justice.

16 And in particular, Steve has been a very vocal
17 advocate over his years for our efforts to be
18 inclusive but also for funding of community-based
19 organizations.

20 So, I thank you Steve for your voice and we'll
21 miss you, and we look forward to working you in the
22 community. Jim, do you want to --

23 MR. HAJ: Mr. Chair, thank you. Steve, it has
24 been an honor. The last six years has been
25 phenomenal. The last several years as your

1 leadership in the finance committee and the work
2 really behind the scenes.

3 Steve accepted this role as the finance
4 committee and throughout the last several years, I
5 think we're all aware from the retreat and prior
6 discussions, how we had a fund balance.

7 That we're able to put more money on the
8 streets, provide service to children and families,
9 reduce our fund balance, and your leadership the
10 last several years during all this and to get
11 perfect audit.

12 And today couldn't be a better day if you do
13 have to step from the Board, the day that our
14 auditor will be here to say what a great job the
15 finance committee did and what another perfect
16 audit for the Trust.

17 So, congratulations, Steve. Thank you for
18 your leadership. Thank you for your friendship and
19 thank you for your service to this Board.

20 MR. HOPE: Good evening to board members,
21 staff, guests. It's amazing how time flies. It's
22 been six years now since I've joined the Board and
23 many changes has taken place over those last six
24 years.

25 When I first came on the Board, I had hair on

1 my head. I'm leaving now without, so not that the
2 Trust is responsible for it, but I think what that
3 tells you is that changes take place over time.

4 You know, we lose our hair. We get some
5 wrinkles, put on some weight, but I think during
6 that time we gain knowledge and experience.

7 And I think the last six years have been very
8 educational for me. Over the past six years I've
9 had the opportunity to develop both personal and
10 professional relationships. Relationships that I
11 will treasure and cherish.

12 But during the six-year period, when I talk
13 about changes, we've lost friends along the way.
14 For example, Laz Guerrero (ph), who was a very good
15 friend of mine. In fact, I was thinking about him
16 this morning.

17 I've also had the opportunity to, well not
18 opportunity, but even experience and share with
19 some of you during your losses over the last six
20 years. We've seen over the past year that many of
21 us have experienced some type of losses as a result
22 of the pandemic.

23 Loss of a loved one, friend, co-worker. We've
24 even seen our families impacted economically and
25 emotionally. But despite these losses over the

1 last six years, I've also had the opportunity to
2 celebrate with some of you.

3 The birth of a child, a wedding, academic and
4 professional accomplishments and I appreciate the
5 opportunity for being a part of that. I've also
6 had the opportunity to be a spectator and a
7 participant in looking at the evolution of the
8 Trust.

9 We see that the Trust rightfully has been
10 finally, I think over the last six years recognized
11 as a major change agent with community and as an
12 organization of professional excellence which I
13 commend the staff.

14 So, while I know that nothing in life is
15 finite and everything comes to an end, I think that
16 what I hope that my time on the Board has been one
17 that's been demonstrated that I've demonstrated
18 organizational and community citizenship.

19 But I thank the Board for it's support and
20 giving me an opportunity to serve. And I would
21 pause, and forgive me, I'm just taking a little
22 more time.

23 But in 2011, November of 2011, I was getting
24 some chest pains and my doctor said go to the
25 emergency room. They told me that had to do a

1 cardiogram and fortunately, they did not find
2 anything.

3 But by the time I got home in the afternoon, I
4 had partially lost vision in my right eye, mobility
5 in my right side, and blurry speech. And I thought
6 it was from the anesthetic.

7 When I went to the hospital, they said to me
8 that I had a mini stroke. I spent four agonizing
9 days in the hospital, but at that time I started to
10 pray and the question for me was that I had not had
11 an opportunity to truly make a difference.

12 I had a job, I took care of my family, but
13 when it came to truly making a difference in the
14 community, I had not done what I think I should.

15 Fortunately, 30 days later my vision came
16 back. My mobility came back, and I was sort of
17 guided to the Miami Bridge where I had a wonderful
18 seven years in working with kids and families at
19 risk, and an opportunity to be on this Board.

20 So, I think that my journey since 2011 has put
21 me in the right place and an opportunity to make a
22 difference, so I want to thank the Board, the staff
23 members, and any community member who is listening
24 and simply say thanks for the opportunity to serve.
25 Thank you.

1 MR. HAJ: Steve, as a small token of our
2 appreciation we have a plaque for you to remember
3 us by and as you step off the Trust, you are always
4 part of the Trust family.

5 You are always welcome back and we'll be
6 seeing you at the events throughout the years. But
7 if you can come up and accept this plaque.

8 MR. HOPE: Someone told me I was getting a
9 trip to Cancun.

10 MR. TROWBRIDGE: No.

11 MR. HOFFMAN: Steve, I think you got off easy
12 with that speech. So I think we're going to turn
13 it over to you for the finance and operations
14 committee report for the last time. Thank you.

15 MR. HOPE: Thank you, Mr. President. Mr.
16 Chairman, I'm sorry. The Board met on the fourth
17 of March and we had the opportunity to have
18 auditors from Marcum present the 2019-2020
19 comprehensive, annual financial report.

20 And I think the auditors are here today to
21 make a presentation to the Board. If I can turn
22 over to the CEO.

23 MR. HAJ: Mr. Chair, I think we have Brandon
24 Lopez on the line. Mr. Lopez, you want to take it
25 up -- take it away?

1 MR. LOPEZ: Yes. Good afternoon. Hello,
2 everyone. Can you guys hear me, okay? Okay, great.
3 So, thank you very much for the time.

4 My name is Brandon Lopez. I'm a senior
5 manager with Marcum. We're your external auditors.
6 And we're here today to do a brief high-level
7 presentation of the -- of the CAFR.

8 And I'm going to go through some key areas,
9 and if there's any specific questions, I'll open
10 it up at the end of the presentation. But if we
11 can actually get started with the CAFR report
12 first. Thank you very much.

13 So we're going to get started. One thing
14 before we do, I just want to mention and kind of
15 give credit and thanks to Bill and Wendy and their
16 team in -- at the Trust and finance. It was -- it
17 was obviously -- it's a very different year this
18 year in the audit environment and in getting things
19 done.

20 But you know, really kudos to them because
21 without them, we wouldn't be here right now.
22 Whenever there was a request from us as the
23 auditors, it was always supplied to us in a timely
24 manner. Things were pretty much ready to go at
25 year end. So I do want to make sure I give credit

1 where credit credit is due.

2 But going into the report, if we can go to PDF
3 page 19, with printed page one in case you have it
4 in front of you. So these two pages right here,
5 these are what we as the auditors actually provide
6 the Trust.

7 So this is the independent auditors report,
8 and it lets the reader know what we're giving an
9 opinion on. What are management's
10 responsibilities, and what are our responsibilities
11 as the auditor.

12 And if we follow along on the second page, the
13 next page, the most important -- yes, thank you.
14 The most important part of this report is this
15 opinion page.

16 And essentially, the Trust received an
17 unmodified opinion. It's a clean opinion. It's
18 really the only opinion you as a Board and the
19 Trust as an organization want to be associated
20 with.

21 So, we're happy to let the Board know that for
22 the fiscal year ended September 30, 2020, the Trust
23 received an unmodified opinion, a clean opinion.
24 And this is kind of basically the wording and
25 that's what it is. So we're happy to let the Trust

1 know that.

2 Continuing along, we're going to go to page --
3 PDF page 39, which is printed page 19. Yes,
4 perfect right there. So real high level, I wanted
5 to let the Board know that there were no audit
6 adjustments during the audit.

7 So the numbers you see here are consistent
8 with what has been presented to the finance
9 committee and what was presented to the Board in
10 your monthly presentation, so no audit adjustments.

11 And if you follow along to the following page
12 on page 40, the only thing that I do want to
13 mention and is right there, the change in net
14 position. You know, obviously you see a decrease
15 of about \$10.7 million.

16 Normally, you know, that might raise a
17 question but obviously we know over the last couple
18 of years, the Trust and the Board with their five-
19 year plan to start reducing that fund balance and
20 providing more programs and support to those
21 providers.

22 So this is something that's expected. It's
23 not something out of the ordinary and not something
24 that causes alarm because it's part of that five-
25 year plan. So I just did want to point that out.

1 This year, there were no significant new GASB
2 updates, no implementations. So no big changes in
3 the way the financial statements look, the
4 presentation there, nothing significant comes to
5 mind on that and that I would want to point out.

6 If we're following along, we're going to go to
7 PDF page 116, which is printed page 93. So, as
8 part of our audit, not only are we doing a
9 financial statement audit, but because this is a
10 governmental entity, and we're following the
11 governmental auditing standards, we're also
12 performing a compliance audit.

13 And in these next couple pages, it's
14 essentially the compliance reports. And in these
15 reports, we would essentially have to disclose if,
16 as part of our procedures, did we identify any
17 significant deficiencies or material weaknesses,
18 any findings as part of our procedures.

19 And if there was anything identified, we would
20 disclose it in these reports. And as you can see,
21 in the following page, there were no issues of non-
22 compliance. There were no issues that rose to the
23 level of significant deficiency or material
24 weakness, so we're happy to let the Board know that
25 nothing was identified.

1 And if we're following along to page 120, this
2 one last compliance report essentially goes into
3 the Trust investments and just ensuring are they
4 following the Trust investment policies.

5 And as part of our procedures, we do take a
6 look at that, and if there was any noncompliance,
7 we would disclose that here, but nothing came to
8 our attention as part of our procedures that
9 identified any noncompliance.

10 So we're going to go to the second document
11 that you were provided as part of the audit
12 package, and this is the communication letter to
13 those charged with governance.

14 And essentially, this letter, what it covers
15 is, if any, you know, management letter comments,
16 or if during the audit, if there was any
17 difficulties with management, if there was any
18 times we requested support, and it wasn't provided.
19 If there was any significant auditor adjustments,
20 this is where it would be disclosed to the Board.

21 And as you can see in the following three
22 pages, essentially it goes into each area, noting
23 there were no difficulties. There were no
24 instances where the support wasn't provided or
25 wasn't obtained.

1 If there are any disagreements, nothing like
2 that rules during this fiscal year. So this is that
3 letter explaining that and giving the Board that,
4 you know, that information that nothing rose to
5 that level that we would need to disclose.

6 So really, in summary, another very successful
7 year. A great year for the Trust following their
8 five-year plan, and no significant findings that we
9 -- would need to be disclosed to the Board.

10 And really just kind of wanted to open up in
11 case you have any specific questions or anything
12 you would want to look into a little bit more
13 detail.

14 MR. HOPE: Any questions for the Board? Okay.

15 MR. KIRTLAND: Mr. Hope, I was going to make a
16 few comments, but I wanted to allow the questions
17 first if that's okay.

18 MR. HOPE: Go ahead, sir.

19 MR. KIRTLAND: Okay. Thank you for the stage.
20 I just wanted to say good afternoon to all the
21 board members and just congratulate all the --
22 really the committee members and the board members
23 alike for another successful audit.

24 I know that we are presenting our
25 comprehensive annual financial report today for

1 approval, but I do believe in the fact that a
2 successful audit starts with organizational
3 culture.

4 And we have had many, many years of excellent
5 board members and committee members alike that have
6 an expectation of supreme financial management of
7 the of the Children's Trust, especially being a
8 government organization and being charged with
9 public dollars.

10 Mr. Hope has managed this process as the
11 finance and operations committee chair for the past
12 several years, and we've also had many other great
13 finance and operation committee chairs before that,
14 that have held up to this standard.

15 So it started with Board culture and
16 facilitates itself down into our management and
17 staff level. So I also wanted to congratulate, you
18 know, the trust staff involved with executing the
19 audit procedures.

20 But a successful audit alongside culture, you
21 know, is managed on a day-to-day process. So we
22 have every staff member at the Trust buying into
23 policies and procedures that are discussed all the
24 way across the organization at committee and Board
25 level, and that, you know, in our daily meetings.

1 So this is a total buy in, and a win again for
2 the Trust and I wanted to especially thank, you
3 know, the finance team members involved with the
4 direct procedures involved with the audit, such as
5 Wendy Duncombe, our finance controller.

6 And she has a long-standing history with the
7 Children's Trust and knows how to navigate this
8 process from beginning to end. And luckily, as far
9 as I've been with the Trust and when I look back in
10 the history of our audit, it's been some time or
11 maybe never that we've ever had a significant
12 deficiency or a write up involved with our annual
13 finance -- our financial statement audit each year.

14 So I also wanted to thank the Marcum team, our
15 engagement partner, charged with sort of overseeing
16 the audit with Moises Adisa (ph) and as the
17 presentation just went -- was just delivered by
18 Brandon Lopez as the managing staff member at
19 Marcum.

20 And really sort of again, working alongside of
21 our team on a day in and day out basis with the
22 audit to make sure it went successfully and his
23 staff members, Julie and Gabrielle were really
24 great.

25 You know, again, adjusting to the unusual set

1 of circumstances that we had this year involving a
2 remote audit. Luckily, audit procedures over the
3 years have become more and more electronic in
4 nature, and we started to understand that
5 environment before having an audit like this.

6 But never before I think had we attempted to
7 execute so many procedures from beginning to end
8 and it went fantastic. And we're looking forward
9 to sort of realized opportunities and new
10 procedures and new ways of doing things that we'll
11 be utilizing this next year and, you know, sort of
12 incorporating into our future audits as well to
13 streamline both our processes and the audit process
14 itself.

15 So again, I just wanted to thank everybody
16 involved and I will now bow out. Thank you.

17 MR. HOPE: Thank you, sir. And I just want to
18 extend my thanks on behalf of the finance
19 committee, to the staff who participated in the
20 audit.

21 The strong strength of any organization is
22 contingent upon the quality of its people and I
23 think another audit without any finding is a
24 testament to the professional excellence of the
25 finance department.

1 So thanks again. Seeing that there are no
2 other comments I'll put the audit up -- a motion
3 for the audit. Yeah. Do you want to add to that,
4 sir?

5 MR. HOFFMAN: No, no.

6 MR. HOPE: Okay. All right. So this motion
7 is to accept the Comprehensive Annual Financial
8 Report for the fiscal year 2019-2020. If I can
9 have a motion, please.

10 PASTOR DUNN: So moved, Richard Dunn.

11 MR. HOPE: May I have a second please?

12 MR. TROWBRIDGE: Second, Trowbridge.

13 DR. NEIMAND: And Neimand.

14 MR. HOPE: All right. Any recusals? All in
15 favor?

16 ALL: Aye.

17 MR. HOPE: Thank you very much. Pass it back
18 to the Chair.

19 MR. HOFFMAN: Thank you, Steve. All right. I
20 will now turn it over to Pamela Hollingsworth. Is
21 the Chair of our Program Services and Childhood
22 Health Committee for the report of that committee.

23 MS. HOLLINGSWORTH: Thank you, Mr. Chair, and
24 good afternoon, directors. The Program Services
25 and Childhood Health Committee met on the fourth of

1 March to consider and discuss and vote on the
2 resolutions that we bring before you today.

3 Before we get started with the resolutions,
4 Jim, are you going to tee us up today?

5 MR. HAJ: Madam Chair, please. The first five
6 resos that are coming before you are part of our
7 Thrive by Five initiative to early childcare
8 initiatives.

9 And I kind of wanted to tee it up just as a
10 reminder to the board members and to kind of
11 educate the new board members who will be joining
12 us.

13 So several years ago with the leadership of
14 our Board, we started early child childhood
15 subcommittee. And part of our work, we used to fund
16 what we called Quality Counsel, our umbrella
17 organization.

18 So we pivoted the Thrive by Five, and through
19 the leadership of this Board, it really was how do
20 we put quality? Well, we looked at the map.

21 There was no quality childcare or very little
22 quality childcare in the neighborhoods that need us
23 most. So how can we pivot our resources and focus
24 on the 11 high poverty areas?

25 So two of the requirements were the programs

1 must be located in a high poverty census tract, and
2 at least 30 percent of students must receive a
3 school readiness subsidies, and these are two of
4 many.

5 But those were two of the parties of the
6 Board. And I think we heard during our retreat,
7 Michelle Watson came on, who's at the state level,
8 saying how the University of Florida looked at the
9 data and how our Thrive by Five initiatives was
10 making an impact in Miami Dade.

11 In the resos -- in the first reso you will see
12 a map of where our childcare centers are and where
13 the scholarships are received. So the map will
14 show our investments into the community.

15 We also just can't do this in a vacuum. We
16 led this. It was a Board initiative, but we needed
17 the providers voice and the providers' input.

18 We started a provider advisory group about a
19 year or two ago that we've met with -- about two
20 weeks ago, to really get their input of what's
21 working, what's not working. And this was even
22 before COVID.

23 More importantly during COVID, how to support
24 them, how to make sure they're functioning, and how
25 do we support them as we start coming out of COVID.

1 We also wanted to learn -- one of our Board
2 initiatives was, you know, let's focus on these
3 high poverty neighborhoods.

4 But we also need to keep fiscal responsibility
5 of how we're supporting it, and is the money going
6 back into teacher quality, into retaining teachers,
7 and to paying these teachers who have had the most
8 precious job and our lowest paid workers, is how do
9 we support those workers.

10 So, we conducted a survey and I'd love Rachel
11 to go into the survey in a minute about the
12 details, that we had a survey of 210 of our
13 providers, and we had a 70 percent response rate.

14 And I think it is telling and is telling about
15 our impact. But we do -- we do enjoy meeting with
16 a provider advisory group. They're a great voice.
17 There's a lot going on in the early childcare
18 world.

19 These are businesses that are trying to stay
20 afloat. And we also want to support quality
21 childcare centers that stay open when the business
22 community and when businesses start going back --
23 parents have to go back to work that there was a
24 place to put a child.

25 So Rachel, can you just take us through the

1 survey and the results of the survey, as well as
2 anything else I may have missed?

3 MS. SPECTOR: Sure. Thank you. So yeah, as
4 Jim mentioned, we had a 70 percent response rate
5 with our survey. So 210 childcare programs took
6 the time to let us know how they were doing.

7 I would say the number one theme that came out
8 is that they were very, very grateful to this Board
9 for the support during COVID. They -- in my
10 opinion, they're essential workers. They stayed
11 open caring for the children of hospital workers
12 and medical workers and police and fire et cetera
13 on the front lines, so they were extremely grateful
14 for the support.

15 They -- when we first pivoted from Quality
16 Council Thrive by Five, this Board and some of the
17 members of our early childhood workgroup wanted to
18 understand how the childcare programs would be
19 reinvesting the funds that we were offering them
20 through peer payment.

21 So we were very, very happy to learn that they
22 are in fact reinvesting the funds into their
23 program. The top three areas that they are using
24 the money for is increasing teacher salaries and
25 offering bonuses.

1 We know from our workforce study that the
2 median hourly rate for teacher -- early childhood
3 teachers in Miami Dade County is \$10 an hour,
4 unfortunately. So, that was great to hear that
5 they understand that teachers are of quality --
6 important to retain them.

7 And then they also invested in materials to
8 support classroom and learning and then upgrades to
9 the facility. So, playground equipment, roof, you
10 know, capital equipment.

11 So, the other thing we really wanted to speak
12 with them about and understand in advance of some
13 things that are coming down as the impact of the
14 new minimum wage law.

15 And so we did learn that they are very
16 concerned about that. 72 percent of them said that
17 it would greatly or moderate -- moderately impact
18 their ability to maintain quality services.

19 They are concerned about the increased wages,
20 and they're concerned that they will have to pass
21 the cost on to families. Remember as Jim
22 mentioned, these are programs that are operating in
23 high poverty census tracts.

24 They serve large, large percentages of
25 children that receive a school readiness subsidy.

1 The school readiness subsidy rate in Miami Dade
2 County is one of the lowest in the state of
3 Florida. So, they're already being reimbursed a
4 rate that is not equal to offer high quality
5 services.

6 So that's where we come in, and we support
7 them with additional tiered payment. As they
8 continue to increase their quality, they're able to
9 earn additional tier payment.

10 The other thing I just would add is that we
11 also -- when we first rolled out Thrive by Five,
12 there was some questions around since we collect
13 enrollment from our childcare programs every month
14 in order to issue the tier payment.

15 The Board wanted to understand what was our
16 process going to be for sort of ensuring that the
17 data was accurate and that providers were giving us
18 accurate enrollment numbers. So we did develop a
19 process with guidance and support from our provider
20 advisory board.

21 Again, we feel like it's really important to
22 go to the directors and the owners and the teachers
23 with boots on the ground, and let us know what's
24 realistic, what's fair, what's equitable when we're
25 talking about working with the childcare program.

1 So we designed a system to randomly select
2 every quarter, ten percent of our programs, which
3 equals about 30 programs every quarter and we just
4 monitored the first group of data.

5 We collect the USDA Food Program records,
6 compare it to the enrollment numbers. And I'm
7 happy that 86 percent of our programs scored within
8 the advancing and mastery range on our program
9 metrics tool.

10 We had a couple that needed a little bit of
11 technical assistance, but we worked with them
12 individually, and everybody is well trained and
13 clear about the process.

14 So, we feel really positive about the impact
15 that the Thrive by Five tier payment and
16 scholarships is making in our community. The
17 scholarships, well, you'll be on -- well, there
18 will be an article.

19 The Herald is working on an article about our
20 scholarship program as Ms. Watson mentioned, and
21 the retreat were able to serve families that are
22 really suffering, even before the pandemic but even
23 now more after the pandemic as families are getting
24 back to work.

25 They no longer qualify -- they might not

1 qualify for a federal childcare subsidy but are
2 still unable to afford the high cost of quality
3 childcare in our community.

4 And so we're currently supporting 931 children
5 with another 345 on the waitlist for the Children's
6 Trust Scholarship Program. Thank you.

7 MR. HAJ: Madam Chair, thank you.

8 MS. HOLLINGSWORTH: Thank you, Jim. Thank
9 you, Rachel. And so we'll now move on to the
10 resolutions and for Resolution 2021-A I will punt
11 to our board secretary Karen Weller.

12 MS. WELLER: And good afternoon everyone.
13 Resolution 2021-28. Authorization to negotiate and
14 execute a contract with the Early Learning
15 Coalition of Miami Dade and Monroe, for an amount
16 not to exceed \$10 million for the disbursement of
17 slot payments to early learning programs for the
18 Children's Trust Child Scholarship Program, and for
19 the Children's Trust to encumber a purchase order
20 in the amount of \$10 million for high quality
21 tiered payment differentials in a total amount not
22 to exceed \$20 million for a term of 15 months,
23 commencing July 1st, 2021 and ending September 30th
24 of 2022. May I have a motion please?

25 DR. NEIMAND: I'll move --

1 DR. BAGNER: Second, Bagner.

2 MS. WELLER: Thank you. And do we have any
3 recusals?

4 MS. HOLLINGSWORTH: Recuse, Hollingsworth. I
5 work for the Early Learning Coalition.

6 MS. WELLER: Okay. Thank you. Are there any
7 discussions, questions?

8 DR. BAGNER: I just wanted to make a point of
9 praising the staff for really responding to the
10 Board's direction, particularly back when Jim
11 referred to the early childhood workgroup.

12 And these investments are critical,
13 particularly given that they're focused on high
14 poverty areas and especially now during this time
15 of COVID when we know that these families are
16 struggling the most and these early childhood care
17 centers are struggling the most. So, I just wanted
18 to make a point to commend the staff for their
19 efforts in these next five resolutions.

20 MS. WELLER: Thank you, doctor.

21 DR. NEIMAND: Can I also give a shout out to
22 Rachel Spector for her wonderful article in the
23 Neighbor section of the Miami Herald yesterday.
24 Very nice, very informative, made me very proud.

25 MS. WELLER: Thank you. Anyone else? Okay.

1 All those in favor?

2 ALL: Aye.

3 MS. WELLER: Any opposed? The motion carries.
4 We'll turn it back over to you, Madam Chair.

5 MS. HOLLINGSWORTH: Thank you, Karen.
6 Resolution 2021-29. Authorization to negotiate and
7 execute a contract renewal with the United Way --
8 with United Way of Miami Dade to provide early
9 childhood development support for an ongoing
10 observation-based assessment system for young
11 children in the total amount not to exceed
12 \$1,166,667.00 for a term of 14 months, commencing
13 August 1, 2021 and ending September 30, 2022 with
14 one remaining 12-month renewal subject to annual
15 funding appropriations. May I have a motion
16 please?

17 DR. NEIMAND: So moved, Neimand.

18 MS. HOLLINGSWORTH: Thank you, and a second?

19 MS. GIMENEZ: Second, Gimenez.

20 MS. HOLLINGSWORTH: Are there any recusals?

21 MS. DONWORTH: Recusal, Donworth. I work for
22 United Way.

23 MS. HOLLINGSWORTH: Thank you. And moving
24 into discussion just briefly, GOLD is a valid and
25 reliable observation-based assessment system to

1 measure children's growth and development from
2 birth through kindergarten.

3 The United Way is providing the following
4 services as part of the GOLD implementation plan in
5 the centers that are located in high poverty areas,
6 and that's a phased rollout for early learning
7 programs.

8 The creation of professional development
9 plans, for assessment coaches, training for early
10 learning educators, and they're also offering on
11 site coaching, as well as technical assistance.

12 They are managing data systems and developing
13 data dissemination processes and feedback loops.
14 There are two "cohorts" happening now, and they are
15 receiving services simultaneously, both virtually
16 as well as in person reaching a total of 51
17 programs, 376 teachers, and 2,174 children.

18 And you will see a map next to Resolution A,
19 pardon me, 28, that will provide you with all of
20 the sites that are now involved in the program.
21 Discussion, observations from directors?

22 MR. HINCAPIE: I have a question for -- yeah,
23 a question. I know that typically I have heard
24 that children from high poverty areas get to
25 kindergarten, and they're not ready to learn.

1 I know we've spoken about MOU's with the
2 public school system so that we can continue to
3 provide service to the kids so that they don't fall
4 further and further behind.

5 Where are we in terms of -- I know that I've
6 mentioned this before and -- so that we can track
7 them? How I measure, you know, with my children,
8 which is how are you doing in your classes and
9 where are you falling behind, and how can I help
10 you?

11 But I've always heard that because, you know,
12 of confidentiality, we can't have access to grades.
13 And I know that we, in the past, we've mentioned
14 that we needed to work out some MOUs with the
15 school system. Where are we with that?

16 MS. HOLLINGSWORTH: Jim?

17 MR. HAJ: Yeah, thank you, Madam Chair.
18 Somebody have Lori answer the status of the MOU.
19 But again, talking about the low poverty
20 neighborhoods and that is exactly what Thrive by
21 Five was -- is intended to do.

22 Is to go into those neighborhoods and provide
23 the additional support so they're ready to learn
24 when they enter kindergarten. Lori, specifically
25 with the MOU, could you bring an update?

1 MS. HANSON: Yes, sure. We -- as many of you
2 know from prior Board resolutions and some funding
3 that we provide for integrated data programming and
4 services, are part of the Miami ideas Consortium
5 for Children.

6 And that involves partnership with the Trust,
7 the school system, The Early Learning Coalition,
8 the county. In particular, the Community Action
9 Agency at the county that oversees Head Start and
10 Early Head Start, and the University of Miami is
11 sort of the lead in terms of actually managing the
12 data.

13 We have been working probably for like the
14 last year, year and a half on legal agreements and
15 legal reviews to update that agreement to make it
16 more current. We just did get it back actually
17 from the school district's attorneys. I want to
18 say like a week or two ago, and it's now back in
19 the hands of the UM attorneys, with a redlined
20 copy.

21 We already had -- our county attorney's office
22 had reviewed it. I'm probably -- you guys can
23 correct me, but I think it was at least like nine
24 months ago that our county attorneys gave markup
25 based on behalf of the Children's Trust as well as

1 the county and I believe the Early Learning
2 coalition has also.

3 Everybody -- all the partners have now offered
4 their redline markups to the agreement. So if, you
5 know, we just get the turnaround back from UM with
6 the revised, we can start routing those for
7 signature and approval by those partner agencies.

8 MR. HINCAPIE: Thank you, Lori. This is
9 extremely important for not for us, but for the
10 children and for the Trust to be able to really --
11 this transforms lives.

12 And if we're able to provide and help the
13 children who are falling behind, then we're really
14 leveling the playing field for them. So I hope
15 that we stay on it and that we're able to work out
16 those MOU's so that we can continue improving for
17 the children who needs us most.

18 MS. HOLLINGSWORTH: Thank you, Nelson. Thank
19 you for that. Board members, any other comments on
20 this resolution? Hearing none, all those in favor?

21 ALL: Aye.

22 MS. HOLLINGSWORTH: Are there any opposed?
23 The resolution carries. Resolution 2021-30.
24 Authorization to negotiate and execute a contract
25 renewal with the University of Miami, UM, in a

1 total amount not to exceed \$3,500,000, to provide
2 infant and early childhood mental health
3 consultation, I/ECMHC Services for a term of 14
4 months commencing August 1,2021 and ending
5 September 30, 2022 with one remaining 12 months
6 renewal, subject to annual funding and
7 appropriations. May I have a motion please?

8 DR. NEIMAND: So moved, Neimand.

9 MS. KENDRICK-DUNN: So moved, Kendrick-Dunn.

10 MS. HOLLINGSWORTH: Neimand, and I'll take
11 Tiombe for the second. Are there any recusals?
12 Hearing none, moving into discussion.

13 The Children's Trust has adopted the
14 nationally recognized Georgetown model to drive
15 this consultation system, and there are three core
16 components.

17 A solid program infrastructure, highly
18 qualified mental health consultants, and high-
19 quality early learning services.

20 In 2020, services were delivered remotely
21 during the late spring and summer. And then in a
22 COVID-19 online toolkit was developed for
23 administrators and teachers to support the children
24 and families in the program.

25 UM provided supports for more than 200 parents

1 and childcare staff through online workshops,
2 webinars, and peer support groups.

3 And on average, participants reported feeling
4 better able to handle the difficulties they were
5 experiencing due to COVID-19 because of these
6 supports.

7 This program does operate county wide with
8 Thrive by Five programs receiving priority. And UM
9 has -- and on average, met -- actually, I'm just
10 going to at this point, refer you to the map and
11 open the floor for further discussion and
12 observations relating to this resolution. And
13 here's our map, and hearing none, all those in
14 favor?

15 ALL: Aye.

16 MS. HOLLINGSWORTH: Are there any opposed?
17 The resolution carries. Thank you. If we could
18 make that a -- thank you. You read my mind.

19 Moving on to Resolution 2021-31.
20 Authorization to negotiate an executed contract
21 with the Children's Forum for the administration of
22 the Childcare Incentive\$ Program. Pardon me, The
23 Childcare Incentive\$ Florida, formerly known as
24 WAGE\$ Florida Program for the education and
25 employment stability of childcare practitioners for

1 a term of 12 months, commencing October 1,2021 and
2 ending September 30, 2022, in an amount not to
3 exceed \$250,000.

4 And authorization for the Children's Trust to
5 encumber a new purchase order in the amount of
6 \$1,990,000 for wage supplement payments and a total
7 amount not to exceed \$2,240,000. May I have a
8 motion please?

9 DR. NEIMAND: So moved, Neimand.

10 MS. HOLLINGSWORTH: And a second?

11 MS. WELLER: Second, Weller.

12 MS. HOLLINGSWORTH: Thank you. Are there any
13 recusals? And discussion. The Trust invests in
14 the Incentives Program, which helps early learning
15 programs in Miami Dade County attract and retain
16 more educated practitioners.

17 Higher practitioner wages are linked to
18 teacher retention and staff stability and is also a
19 marker of high-quality childcare.

20 There are currently 1,073 practitioners
21 working in 365 childcare programs to date this
22 year, and they are recently receiving wage
23 supplements.

24 Turnover among incentives recipients was only
25 10 percent last year compared with the national

1 average, which is more like 30 percent.

2 The average hourly rate of pay for incentives
3 participants is \$11.63 an hour as of today, which
4 is also higher than the national average of \$10 an
5 hour.

6 And last year, the median educator annual
7 award was \$1,125. And that's significant support
8 for such a low paid profession, especially
9 considering the high cost of living and incentives
10 is county-wide.

11 Feedback, observation from the directors?
12 Hearing none --

13 MS. COLLINS: -- sorry, I don't know how to
14 raise my hand or do whatever it is I need to do.

15 MS. HOLLINGSWORTH: Hi, please.

16 MS. COLLINS: Hi, this is Constance. I just
17 want to say first of all, I'm absolutely in favor
18 of this. But when I see that the average wage is
19 only \$11.63 and I think about how essential the
20 childcare workers are for our most precious
21 treasure, which is our children, I feel like it's
22 still woefully deficient.

23 We're not in a living wage with \$11.63 on
24 average and I'm hopeful as there are federal
25 initiatives going on that we can look at ways that

1 we can support more robust growth in the per wage
2 hourly rate because it really is essential to
3 ensure that our childcare workers know that they're
4 valued.

5 And that flows into, I believe greater
6 stability on the part of the childcare workers,
7 higher quality services, the investments we make in
8 education and training are -- have an opportunity
9 to blossom, if you will.

10 And so I do hope that as we look towards the
11 coming year, and whatever it is we're doing for
12 initiatives and priorities in the coming year that
13 we really think seriously about amplifying our
14 investments in this area. Thank you.

15 MS. HOLLINGSWORTH: Thank you, Constance.

16 MR. HOPE: Madam Chair, Steve Hope.

17 MS. HOLLINGSWORTH: Yes, Steve?

18 MR. HOPE: Miami Dade County has a living wage
19 ordinance, and I think for this year it is \$13.88
20 per hour. That is with qualifying benefits of
21 \$3.57. Bringing it to a total of \$17.45, if the
22 organization do not offer health care benefits.

23 And it might be something for the Board to
24 consider in the future that for programs, at least
25 it is tied to the \$15.88 living wage ordinance in

1 Miami Dade County.

2 And hopefully it will provide significant help
3 to many of those at the lower end of the food
4 chain. So just something for consideration in the
5 future. We're looking at the Miami Dade living
6 wage ordinance. Thank you.

7 MS. HOLLINGSWORTH: Thank you, Steve.

8 MR. BAGNER: Madam Chair, if I may?

9 MS. HOLLINGSWORTH: Yes --

10 MR. BAGNER: I just wanted to -- just wanted
11 to reflect briefly upon what was discussed at the
12 retreat. I was leading, as you know, the early
13 child group.

14 And this what -- this did come up several
15 times as it did during our program committee
16 meeting. And that is we're, you know, we're
17 hopeful with the minimum -- the Florida minimum
18 wage increase to help increase the wages for these
19 providers.

20 That also will require us as the Trust to
21 invest more heavily in these types of efforts
22 because these agencies are going to have to make up
23 the difference somehow, and we don't want it being
24 passed certainly to the families, and we don't want
25 these programs to be -- to shut down, especially

1 those in high-risk communities.

2 So I believe the staff is highly aware of this
3 need, and I suspect that we'll hopefully start to
4 hear some initiatives in the future to help
5 increase the wage, but also balance the challenges
6 that come with increases in wages.

7 MS. HOLLINGSWORTH: Thank you, Dan. Any other
8 comments, questions, observations from the Board?
9 Hearing none, those all -- all those in favor?

10 ALL: Aye.

11 MS. HOLLINGSWORTH: Are there any opposed?
12 The resolution carries. Resolution 2021-32.
13 Authorization to negotiate and execute a contract
14 renewal with the Children's Forum for an amount not
15 to exceed \$600,000 for the management of the Early
16 Learning Career Center, and for the Children's
17 Trust to expand up to \$1 million for educator
18 scholarships, and a total amount not to exceed
19 \$1,600,000 for a term of 12 months, commencing
20 October 1, 2021 and ending September 30, 2022 with
21 one remaining 12 months renewal subject to annual
22 funding appropriations. May I have a motion
23 please?

24 DR. NEIMAND: So moved, Neimand.

25 MS. HOLLINGSWORTH: Thank you. And a second?

1 MS. WELLER: Second, Weller.

2 MS. HOLLINGSWORTH: Thank you, Karen. Are
3 there any recusals?

4 MR. HAJ: Madam Chair? Dr. Neimand, you have
5 to recuse from this item.

6 MS. HOLLINGSWORTH: You're muted, Susan. For
7 30 -- number 30? For the scholarships?

8 DR. NEIMAND: Oh yes, I need to recuse.

9 MS. HOLLINGSWORTH: Okay, so let's do that
10 again. May I have a motion, please?

11 MS. WELLER: So moved, Karen Weller.

12 MS. HOLLINGSWORTH: Okay. So then we'll need
13 a second.

14 DR. BAGNER: I'll second it, Bagner.

15 MS. HOLLINGSWORTH: Thank you, Dan. Are there
16 any recusals?

17 MS. KOBRINSKI: Just a moment, Madam Chair.
18 Can I --

19 DR. NEIMAND: Miami Dade College.

20 MS. HOLLINGSWORTH: Thank you. I'm not sure
21 who's speaking. Is that Faith?

22 MS. KOBRINSKI: Sorry, Madam Chair. It was
23 Leigh Kobrinski. I was just checking myself on the
24 forum because one of the board members left.

25 MS. HOLLINGSWORTH: Are we okay to proceed?

1 MS. KOBRINSKI: Yes.

2 MS. HOLLINGSWORTH: Okay, very well. And I
3 apologize, Leigh. I said Faith by mistake. Okay.
4 And for other recuses beyond Dr. Niemand?

5 DR. JIMENEZ-HERRERA: This is Dr. Jimenez-
6 Herrera. I also work for Miami Dade College.

7 MS. HOLLINGSWORTH: Okay, thank you very much.
8 Second recusal.

9 MS. KOBRINSKI: I'm sorry. I believe that the
10 commission ethics opine that you don't have to
11 recuse Ms. Jimenez-Herrera.

12 DR. NEIMAND: We get the money for the
13 students --

14 MS. HOLLINGSWORTH: All right.

15 DR. JIMENEZ-HERRERA: No need to recuse? All
16 right. So, what do I do? Do I take it back?

17 MS. KOBRINSKI: No, you don't have to recuse.

18 DR. JIMENEZ-HERRERA: All right. Thank you
19 for clarifying.

20 MS. HOLLINGSWORTH: Okay, terrific. So we
21 have one recusal. And as we move into discussion,
22 the Early Learning Career Center provides early
23 learning educators with opportunities to advance
24 their education and professional development.

25 Ultimately improving teaching practices and

1 interactions with children from August 20 -- from -
2 - pardon me -- from August 2019 through July 2020,
3 The Children's Forum awarded 2,973 scholarships to
4 early learning educators.

5 And that's an increase of 287 scholarships
6 from the previous year. Do note that there are a
7 wide range of bilingual opportunities available
8 including college credit earning classes and
9 continuing education unit bearing training
10 sessions.

11 Of those educators that are captured in the
12 professional development registry, 85 percent have
13 since earned a staff credential.

14 And the 2019 Miami Dade workforce study found
15 that Thrive by Five early learning educators have
16 higher quality interactions with children in their
17 classrooms when they hold degrees, except more
18 scholarships and salary incentives, and remain in
19 quality improvement -- and remain in the quality
20 improvement system longer. Discussion, comments
21 from our Board? Hearing none, all those in favor?

22 ALL: Aye.

23 MS. HOLLINGSWORTH: Are there any opposed?
24 The resolution carries. Resolution 2021-33.
25 Authorization to negotiate and execute a contract

1 renewal with the University of Miami Miller School
2 of Medicine, UM, in an amount not to exceed
3 \$1,516,667.00 for comprehensive early intervention
4 services for children with mild developmental
5 delays who do not meet eligibility requirements for
6 the Individuals with Disabilities Act, IDEA, Parts
7 B or C for a term of 14 months commencing August 1,
8 2021 and ending September 30, 2022, with one
9 remaining 12-month renewal. May I have a motion
10 please?

11 MS. KENDRICK-DUNN: So moved, Kendrick-Dunn.

12 MS. HOLLINGSWORTH: Thank you.

13 MS. GIMENEZ: Second, Gimenez.

14 MS. HOLLINGSWORTH: Thank you. Are there any
15 recusals? Okay. And from a discussion
16 perspective, the Early Discovery Program serves
17 county wide, and it does serve young children
18 exhibiting mild developmental delays that are not
19 severe enough to meet the eligibility criteria for
20 federal individuals.

21 Early discovery offers short term speech and
22 language therapy, occupational therapy and do a
23 behavioral and developmental intervention in the
24 areas of concern based on needs that are
25 identified.

1 And during the contract year 2019 to 2020, 412
2 children received an average of seven short term
3 intervention sessions. And during the first
4 quarter of the current contract year, 89 children
5 have been served. Feedback, observation,
6 questions, from our board of directors?

7 DR. BAGNER: Madam Chair, if I may?

8 MS. HOLLINGSWORTH: Yes.

9 DR. BAGNER: I -- this is just such a vital
10 program just to highlight. These are kids who just
11 missed the criteria for Part C services, and so
12 they're showing some delays and are having some
13 problems but they're not -- they're not severe
14 enough to get services.

15 So, this program is really helping to not let
16 those kids fall between the cracks, particularly
17 before getting into school.

18 I do want to also point out, I don't know if
19 the packet was updated, but I believe at our
20 program committee, it was reported that there was
21 an error in the gross fine motor skills, that it
22 was higher than its presented there.

23 So I just wanted to point that out also, for
24 the record. Their data overall are very good.

25 MS. HOLLINGSWORTH: Thank you for that, Dan.

1 Any other discussion from our board of directors?
2 Hearing none, all those in favor?

3 ALL: Aye.

4 MS. HOLLINGSWORTH: Are there any opposed?
5 The resolution carries. Resolution 2021-34.
6 Authorization to negotiate and execute contract
7 with the University of Miami, Nova Southeastern
8 University, UM-NSU, Center for Autism and Related
9 Disabilities, CARD, for autism spectrum disorders,
10 ASD, diagnostic evaluation services in a total
11 amount not to exceed \$264,000.00 for a term of 12
12 months, commencing October 1,2021 and ending
13 September 30, 2022. May I have a motion please?

14 DR. NEIMAND: So moved, Neimand.

15 MS. HOLLINGSWORTH: All right. We'll take
16 Neimand for the motion. And a second?

17 PASTOR DUNN: Richard Dunn.

18 MS. KENDRICK-DUNN: Kendrick-Dunn.

19 MS. HOLLINGSWORTH: Reverend, Pastor Dunn.
20 Are there any recusals? Okay. And discussion.
21 This funding supports countywide comprehensive
22 psycho educational diagnostic evaluation services
23 for children ages two through five years before
24 kindergarten entry.

25 It is provided at a reduced unit cost, and the

1 evaluation services include social developmental
2 history, behavioral observations in psychological
3 evaluation, language evaluation, observation of the
4 child's social communication skills, functional
5 behavior assessment, and parent feedback sessions.

6 In the first six months of the current
7 contract, 67 children have been referred, 39
8 completed evaluations, and 31 children were
9 diagnosed with ASD.

10 And directors, I'll move -- I'll refer you
11 back to your packet for data on referrals,
12 evaluations and diagnoses for prior contract years.
13 To the Board, questions, observations?

14 PASTOR DUNN: Madam Chair?

15 MS. HOLLINGSWORTH: Yes.

16 PASTOR DUNN: Richard Dunn. I just wanted to
17 reiterate my senses -- my sensitivity to this
18 particular resolution having -- being a currently a
19 POA of a relative and beginning to try to
20 understand that world and what they deal with.

21 And so if this can be dealt with early on, it
22 could as the Bible says, cover a multitude of
23 faults. So I'm very, very pleased with this
24 resolution and pleased to support it.

25 MS. HOLLINGSWORTH: Thank you, Pastor Dunn.

1 Susan?

2 DR. NEIMAND: I also wanted to add, this is a
3 group that is very current in their practices, and
4 very current in the research in ASD, and always
5 modifying what they do based on the research.
6 They're a wonderful group of just angels.

7 MS. HOLLINGSWORTH: Thank you. Further
8 feedback from the Board? Hearing none, all those
9 in favor?

10 ALL: Aye.

11 MS. HOLLINGSWORTH: Are there any opposed?
12 The resolution carries. Resolution 2021-35.
13 Authorization to negotiate and execute contract
14 renewals with six providers for comprehensive
15 school-based health services, each for a term of 12
16 months, commencing July 1, 2021 and ending June 30,
17 2022, in a combined total amount not to exceed
18 \$16,250,000.00 with one additional 12 months
19 renewal subject of funding appropriations, and also
20 to request authorization to use funds from this
21 initiative to leverage federal funding through the
22 Low Income Pool Program, LIP. May I have a motion,
23 please?

24 MS. KENDRICK-DUNN: So moved, Kendrick-Dunn.

25 MS. HOLLINGSWORTH: Thank you. A second?

1 DR. NEIMAND: Second, Neimand.

2 MS. HOLLINGSWORTH: Thank you. Are there any
3 recusals?

4 MS. ABRAHANTE: Do I need to recuse?

5 MS. HOLLINGSWORTH: Does Maggie need to to
6 recuse, attorneys?

7 MALE SPEAKER: No.

8 MS. HOLLINGSWORTH: No? Okay.

9 MS. KOBRINSKI: She does not. Thank you.

10 MS. HOLLINGSWORTH: Thank you, thank you.
11 Okay. And so let's move into discussion, and you
12 will see a map in your packet. This program is
13 implemented in 145 health suites across 141 Miami
14 Dade County Public Schools with a collective
15 student population of nearly 120,000 in
16 collaboration with Miami Dade County Public
17 Schools, and the Florida Department of Health in
18 Miami Dade County, and there are six agencies
19 slated for renewal in connection to this work
20 today.

21 The providers are required to bring a ten
22 percent match to the table and last year they
23 brought a 19 percent match. The school health
24 teams include social workers mental health
25 professionals, advanced registered nurse

1 practitioners, registered nurses, 115 practical
2 nurses and health aides, and medical assistants.

3 In response to the covid 19 pandemic, school
4 nurses and social workers and mental health
5 professionals were able to pivot to telehealth
6 services in lieu of in person health services,
7 delivering nearly 8,000 telehealth services in 2020
8 from March to June.

9 Similarly, school nurses were redeployed to
10 support COVID-19 testing at their community-based
11 clinics during the time when schools were closed.

12 And then I'll also add that the low-income
13 pool's objective is to ensure continued
14 governmental support for the provision of health
15 care services for uninsured, underinsured
16 populations.

17 And it's comprised of a broad allotment of
18 state and federal funding primarily through inter-
19 governmental transfers from local governments
20 matched by federal funds through the Agency for
21 Health Care Administration, AHCA. Feedback,
22 questions, comments from the Board?

23 MR. TROWBRIDGE: Madam Chair, Mark Trowbridge
24 here. Just looking at the legend that is on the
25 map that's displayed, can you just scooch it up a

1 tad, so we can see all six, please? Thank you.

2 MS. HOLLINGSWORTH: Thank you, Mark.

3 MS. KENDRICK-DUNN: Madam Chair?

4 MS. HOLLINGSWORTH: Yes, Tiombe?

5 MS. KENDRICK-DUNN: I have some feedback. I
6 just want to say I hope in the future that the
7 school districts -- that the school district will
8 see more health suites added to the schools.

9 The health of students is -- the good health
10 of students and preventative health of students is
11 integral to the learning process, because if the
12 child is healthy or their health needs are met
13 there's always, you know, a chance that they will
14 have to be able to access their education. So I
15 think this is a great program, and I just hope to
16 see more of this in the future if possible.

17 MS. HOLLINGSWORTH: Thank you for that,
18 Tiombe. Anything else from the Board? Hearing
19 none, all those in favor?

20 ALL: Aye.

21 MS. HOLLINGSWORTH: Are there any opposed?
22 The resolution carries. Resolution 2021-36.
23 Authorization to negotiate and execute a contract
24 with Nova Southeastern University for capacity
25 building for school nurses focused on oral health

1 screening, prevention and referrals in a total
2 amount not to exceed \$312,500.00 for a term of 15
3 months, commencing July 1, 2021 and ending
4 September 30, 2022. May I have a motion, please?

5 MS. KENDRICK-DUNN: So moved, Kendrick-Dunn.

6 MS. HOLLINGSWORTH: Thank you, and a second?

7 DR. NEIMAND: Second, Neimand.

8 MS. HOLLINGSWORTH: Thank you. Are there any
9 recusals? Okay, hearing none, we'll move into
10 discussion.

11 This program focuses on reducing the oral
12 disease prevalence among students through nurse's
13 preventative oral health training on screening,
14 education, counseling, varnish application,
15 connection to a dental home, risk assessment, and
16 quality assurance.

17 The trust integrates the oral health capacity
18 building program within the comprehensive school-
19 based health initiative from the earlier
20 resolution. Through this program, school nurses
21 are equipped to provide an array of oral health
22 services and supports in a culturally competent
23 manner.

24 You will note the table in your packet. And
25 you will see that during the 2019-2020 contract

1 year, 189 medical staff members across the six-
2 funded school-based health providers were trained
3 on oral health, risk assessment, screening,
4 education, counseling, and the other items that I
5 mentioned just a little bit earlier. Feedback,
6 observations, questions from the Board, please?

7 MS. KENDRICK-DUNN: So, I'll give some
8 feedback. I think this is another very important
9 initiative. I think sometimes we don't, I guess as
10 a society, but you know, we have the best
11 understanding in general of how oral disease is
12 just linked to, you know, to other health
13 conditions that could creep up on you if this is
14 not taken care of, especially in children.

15 And so it's extremely important as you take
16 care of your physical health, oral Health is
17 considered part of that because we don't, you know
18 --

19 I know that, I guess the way medicine is
20 practiced in this country, you know, there's always
21 the separation, but we -- everyone -- we have one
22 body, and you know, if one thing is in dis-ease,
23 which is where disease comes in, then eventually if
24 it's not taken care of, it's going to affect the
25 rest of your body.

1 So, I think this is very, very, very important
2 because most of this is definitely preventable,
3 most -- most disease in children.

4 MS. HOLLINGSWORTH: Thank you, Tiombe. Board
5 members, any other comments?

6 DR. BAGNER: Madam Chair, just to springboard
7 really briefly off Tiombe's comments. I will say
8 too, and I don't know the extent to which this is
9 being done already, but oral health care is often a
10 place where behavioral and emotional problems in
11 young kids can be identified, right?

12 The anxiety of, you know, a needle for
13 Novocain, those types of things. So I don't know
14 the extent to which that's being evaluated or
15 assessed or screened.

16 But if it's not, I would encourage in future
17 efforts to have the nurses pay attention to those
18 issues, and perhaps refer to our other programs.

19 MS. HOLLINGSWORTH: Thank you, Dan.

20 DR. BENDROSS-MINDINGALL: Madam Chair?

21 MS. HOLLINGSWORTH: Yes, Dr. Bendross-
22 Mindingall?

23 DR. BENDROSS-MINDINGALL: Thank you very much.
24 I'm going to make a note of everything that's been
25 said about the health suites and see what kind of

1 information I can get from our staff, cabinet
2 members on Wednesday.

3 It is important I know, having been a former
4 principal, we had one of the best health suites in
5 my school. I partnered with Jessie Trice.

6 So I'll take a look at what's going on and be
7 able to share when the time is appropriate. Thank
8 you, Madam Chair.

9 MS. HOLLINGSWORTH: And thank you. Thank you
10 for that. Further comments?

11 MS. LEICHTER: This is Marissa. I'd also like
12 to add to what Tiombe was saying. Oral care and
13 oral health in the child welfare community is also
14 an indicator of if there's abuse or neglect.

15 A lot of times there's decay. So I just
16 wanted to add that also if the providers are
17 looking for those indicators as well.

18 MS. HOLLINGSWORTH: Thank you. All those in
19 favor?

20 ALL: Aye.

21 MS. HOLLINGSWORTH: Are there any opposed?
22 The resolution carries. Resolution 2021-37.
23 Authorization to negotiate and execute a contract
24 with Miami Lighthouse for the Blind and Visually
25 Impaired Inc. for a comprehensive vision program

1 for a term of 12 months, commencing July 1, 2021
2 and ending June 30, 2022 in a total amount not to
3 exceed \$400,000. And may I have a motion, please?

4 PASTOR DUNN: So moved, Richard Dunn.

5 MS. GIMENEZ: Second, Gimenez.

6 MS. HOLLINGSWORTH: Okay. Dunn, Gimenez for a
7 second. Are there any recusals? All right.
8 Hearing none, moving into discussion.

9 Miami Lighthouse provides free eye
10 examinations and prescription eyeglasses for
11 preschool and school aged children who are
12 financially disadvantaged, with the primary goals
13 being early detection of vision impairments,
14 facilitation of access to vision care, and
15 promotion of optimal visual functioning to ensure
16 students succeed academically and socially.

17 There are four mobile clinics that visit
18 various schools daily to serve students, and those
19 students are referred by Miami Dade County Public
20 Schools and the Children's Trust school health
21 staff and parents.

22 The 2019 2020-vision services number of eye
23 exams completed is 5,351 and eyeglasses provided
24 2,642. Now, the numbers of exams for the 19-20
25 year declined significantly from prior years,

1 because more than half of that year was dominated
2 by the COVID-19 shutdown.

3 However, we do expect services to resume
4 within the next school year. Feedback, discussion
5 from the Board, please?

6 PASTOR DUNN: Yes, Madam Chair?

7 MS. HOLLINGSWORTH: Yes, Pastor Dunn?

8 PASTOR DUNN: Yes, this is an absolutely
9 marvelous resolution. Certainly, as it pertains to
10 many of the children in the inner communities. And
11 so, I'm just, in the urban core, I'm just so
12 pleased with us partnering with Miami Lighthouse
13 for the Blind in this effort.

14 MS. HOLLINGSWORTH: Thank you. Board members?
15 Other comments, questions? Hearing none, all those
16 in favor?

17 ALL: Aye.

18 MS. HOLLINGSWORTH: Are there any opposed?
19 The resolution carries. Resolution 2021-38.
20 Authorization to negotiate and execute contract
21 renewals with three providers identified herein, to
22 deliver oral health preventative services in a
23 total amount not to exceed \$639,350.00 for a term
24 of 14 months, commencing August 1, 2021 and ending
25 September 30, 2022, with one remaining 12-month

1 renewal. May I have a motion, please?

2 MS. GRIMES-FESTGE: So moved, Grimes-Festge.

3 MS. HOLLINGSWORTH: Thank you. And a second?

4 MS. LEICHTER: Second, Leichter.

5 MS. HOLLINGSWORTH: Are there any recusals?

6 MS. WELLER: Recusal, Karen Weller. I work
7 for the Florida Department of Health.

8 MS. HOLLINGSWORTH: Thank you Karen. Other
9 recusals? Okay. And discussion. The Trust has
10 expanded its health and wellness investments in
11 2019 to include these community based oral health
12 preventative services, and that's building upon the
13 existing oral health screenings supported by school
14 nurses.

15 The program supports children and families by
16 filling gaps in the low reimbursement rates for
17 Medicaid, and insurance coverages. The three
18 agencies that are identified in your packet provide
19 oral health education and preventative services for
20 uninsured or underinsured, preschool and elementary
21 aged children attending the Children's Trust
22 affiliated early childcare centers, after school
23 summer programs, as well as the WIC offices.

24 Services are provided with parental consent on
25 site at the programs where the children attend, and

1 last year these services took place in 87 Trust
2 affiliated childcare centers, ten WIC offices and
3 41 Trust-funded after school programs.

4 And in addition to that data -- the data that
5 you see in your packet, 663 school aged children,
6 received 2,052 sealants. Discussion questions,
7 feedback from the Board?

8 MR. TROWBRIDGE: Madam Chair, it's Mark
9 Trowbridge again.

10 MS. HOLLINGSWORTH: Yes, Mark?

11 MR. TROWBRIDGE: Could you just take us
12 through those pages again, like you did before? I
13 would note that it's on pages 35 and 36, please for
14 the backup.

15 MS. HOLLINGSWORTH: Thank you.

16 MR. TROWBRIDGE: Thank you.

17 MS. KENDRICK-DUNN: And Madam Chair, I have
18 just a little bit of feedback. While I strongly
19 believe in the preventative care, oral care here, I
20 just -- I have an issue with the fluoride use.

21 And I think I've mentioned this before, so I'm
22 just mentioning it again because people can't
23 understand it if they don't know, that's why I
24 can't support the item.

25 But I mean, the premise of the prevention is

1 100 percent on, but you know, there, you know,
2 there's just issues with me with developing
3 children and fluoride.

4 And some of, you know, the research and I know
5 the research -- that are affected, but, you know,
6 if people didn't look at the FDA and see what it's
7 approved for, you know, and some other things.

8 So that that's really the only thing. I just
9 -- my only thing is that I hope maybe in the
10 future, you know, while I know this is the
11 standard, right, in the field of dentistry, and I
12 respect that we maybe look into or advocate for the
13 universities or providers to look into alternatives
14 to the use of fluoride for those parents who may
15 opt not to have that used, but I would not want
16 them to be without an alternative, right?

17 I think that parents should have the option.
18 I think parents need to be educated about what
19 fluoride is, and what are the risks and benefits
20 because there are risk and benefits and so they can
21 make the best-informed decision about if they want
22 their children to be exposed to fluoride. So
23 that's my view.

24 MS. HOLLINGSWORTH: Thank you, Tiombe, very
25 much. Mark, have you seen what you wanted to see?

1 MR. TROWBRIDGE: Yes, ma'am. Thank you.

2 MS. HOLLINGSWORTH: Beautiful. Okay. Thank
3 you. Further feedback, questions from the Board?
4 Hearing none, all those in --

5 MR. HINCAPIE: Wait, Madam Chair.

6 MS. HOLLINGSWORTH: Yes, ma'am -- yes, sir?

7 MR. HINCAPIE: I have a question. So what is
8 an alternative to fluoride? Is there? Do we know,
9 Ms. Kendrick-Dunn?

10 MS. KENDRICK-DUNN: I'm not a dentist, right?
11 So, I'm a trained school psychologist.

12 MR. HINCAPIE: Right.

13 MS. KENDRICK-DUNN: But what I can tell you is
14 that for everything that deals with your body, and
15 when it's medical, there are alternatives and the
16 appropriate professionals can tell you.

17 The dentists, the doctors -- because they can
18 -- everything -- there's an alternative. I mean,
19 they're going to tell you, you know, based on
20 evidence, what is most effective, but if, you know
21 --

22 Like my doctor, for example, I -- there's
23 certain things she knows that I'm not going to do,
24 but if there's an issue, she has to give me an
25 alternative, and she does and then I have to make

1 that informed decision.

2 But, you know, I believe wholeheartedly in
3 informed decisions with everything. You have to
4 know the pros and cons. Everything has pros and
5 cons when it comes to medications or certain drugs,
6 and you have to know them.

7 So you can make the best decision for your
8 child. Because if it was my child, they would not
9 get fluoride and that's just because based on
10 knowledge that I have.

11 But everybody has to make their own decision.
12 But the only way you can make a true informed
13 decision is if you have the information on both
14 ends.

15 If you don't as a parent or someone is
16 pushing, pushing, this is great, this is great, but
17 you never hear, you know, what are the cons to it,
18 then that's not fair to a parent, and especially
19 for some of our parents whose English is not your
20 first language.

21 Some of our parents that experience economic
22 marginalization, maybe they, you know, they may
23 lack a higher level of formal education, meaning
24 maybe they have less than a high school diploma.

25 Some of these things you're not even going to

1 know to ask. And to be fair to people, it should
2 go to them, just in case, you know.

3 We're talking about children with developing
4 bodies, and you need to make the best, you know,
5 decisions. That's it.

6 MS. HOLLINGSWORTH: Thank you, Tiombe.

7 MR. HINCAPIE: I only asked because I value
8 your opinion and when you said that you are not
9 supportive of this item because of the fluoride, it
10 struck a chord with me.

11 And because I admire you and respect you, I
12 wanted to know, you know, more. So that's why I
13 asked.

14 MS. HOLLINGSWORTH: Thank you, Nelson.

15 MS. KENDRICK-DUNN: Well, thank you. Yeah.

16 MS. HOLLINGSWORTH: Directors, any further
17 comments? Hearing none, all those in favor?

18 ALL: Aye.

19 MS. HOLLINGSWORTH: Are there any opposed?

20 MS. KENDRICK-DUNN: Opposed, Kendrick-Dunn.

21 MS. HOLLINGSWORTH: Thank you, the resolution
22 passes with one opposed. And directors we move to
23 our final resolution of the day, Resolution 2021-
24 39.

25 Authorization to negotiate and execute

1 contract renewals with five providers identified
2 herein, to deliver public health benefit -- pardon
3 me -- to deliver public benefits enrollment in a
4 total amount not to exceed \$852,542.00 for a term
5 of 14 months, commencing August 1, 2021 and ending
6 September 30, 2022, with one remaining 12 months
7 renewal subject to annual funding appropriations.
8 May I have a motion please?

9 DR. NEIMAND: So moved, Neimand.

10 MS. HOLLINGSWORTH: Thank you. And a second?

11 MS. LEICHTER: Second, Leichter.

12 DR. BAGNER: Second, Bagner.

13 MS. HOLLINGSWORTH: I'll take Leichter. Are
14 there any recusals?

15 MS. COLLINGS: Yes, Constance Collins
16 recusing. I'm not exactly sure why, but I've been
17 told I need to recuse. So I'm recusing.

18 MS. HOLLINGSWORTH: Okay. Got it. Thank you,
19 Constance. Moving into discussion. The Children's
20 Trust invests and supports to assist families with
21 public benefits enrollment, and there are five
22 agencies included in this resolution.

23 This initiative aims to maximize economic
24 benefits for low-income children and their families
25 ultimately contributing to the broader local

1 economy and child well-being.

2 One goal is for eligible families
3 participating in other Trust funded services to be
4 offered benefits enrollment support. And
5 additionally, benefits enrollment providers support
6 hard to reach and hard to serve families in
7 settings that they may naturally frequent.

8 Due to the COVID-19 pandemic, there was an
9 increase in the number of families connected to
10 unemployment and emergency food assistance services
11 this year, and the providers pivoted to meet the
12 increased need, and some did that virtually.

13 Each contract focuses on serving a particular
14 region of the county and collectively, they ensure
15 county wide coverage.

16 In 2019-2020, 2,734 families were supported
17 with enrollment in at least one benefit program,
18 and many families are assisted with multiple
19 benefits for several family members.

20 In total, 7,508 benefits were approved that
21 supported more than 3,000 children and youth and
22 nearly \$2 million in benefits were obtained for
23 more than 1500 children and parents.

24 Agency level performance is noted on the table
25 in your packet, and a map detailing enrollment

1 sites is also included.

2 If we could scroll down to the pages -- to
3 pages 37 and 40, please. And while that's
4 happening, I will open the floor for feedback
5 discussion, observation from our directors.

6 MR. ARSENAULT: This Arsenault. I have a
7 question. Is there any sense from the Trust with
8 regard to how many kids are not currently getting
9 access to these programs?

10 Just because this seems like the type of
11 initiative that has a potential for a huge impact
12 to reach them. Do we have a sense of how many kids
13 are not getting those types of access to those
14 programs?

15 DR. BAGNER: I'm going to let either Lori or
16 Sabine answer this. Lori, do you have a response
17 to that?

18 MS. HANSON: Not really. I don't have -- I
19 mean, I think we know that -- we definitely know
20 that the services, that a lot of public benefits go
21 unclaimed, right?

22 That the people -- the numbers -- just looking
23 at sort of population level, poverty level
24 statistics, and then the number of people enrolled
25 in programs.

1 But eligibility is sometimes more complex than
2 then simply poverty level, you know, in terms of
3 other requirements. You know, what we're tracking
4 is as much as possible, you know -- we're tracking
5 the results of the benefit, you know, application
6 submission.

7 We are working very hard to ensure that our
8 providers are fully aware and educated of, you
9 know, the benefit eligibility requirements, and
10 that they're really working that whole list, right?

11 Because remember this initiative was born out
12 of health insurance enrollment. Pre, you know,
13 pre-Obama Care and Affordable Care Act era.

14 We had very high rates of uninsured children
15 in our community. Through Kid Care, we've really
16 been able to take care of that. And as that was
17 becoming less of a problem, we knew that the
18 providers were also helping with DCF-based
19 benefits, cash assistance and SNAP and other types
20 of programs.

21 And in this funding cycle, we really added a
22 breadth of other benefit programs that are listed
23 in the resolution. As you heard, unemployment
24 became a really big one this year, with a lot of
25 people losing their jobs during the COVID pandemic.

1 We know that the earned income tax credit has some
2 data on it that shows the amount of dollars that
3 are not claimed that could be.

4 So it really varies by benefit program, but
5 you're exactly right and that's why we all -- also,
6 as we capture the results of the enrollment, we're
7 trying to monetize those as much as possible.

8 As you can see, for just four of those
9 different benefit type that we can easily translate
10 to dollars, we leveraged almost \$2 million for 1500
11 kids. That's just a subset of what was achieved
12 with this funding last year.

13 And for an annual amount of just around 700
14 and something because remember, this is -- you're
15 looking at it more than a 12-year amount right
16 here, or a 12 month amount here. We think it's a
17 really good investment, and we want to continue to
18 support it.

19 MR. ARSENAULT: Thank you. Thank you for that
20 response. I'm sorry.

21 MALE SPEAKER: Oh, sorry. Go ahead.

22 MR. ARSENAULT: Thank you for that. Yeah, I
23 would just encourage the trust staff to look at
24 this. I know we had a \$1.9 trillion package that is
25 going to benefit children and have benefits

1 available. And the worst thing is that these
2 benefits are available, but they're just not taken
3 advantage of.

4 I know at the retreat, we talked about
5 encouraging more the use of data and analytics to
6 try to find where we can make the biggest impact.
7 This might be one of those areas that really can
8 take a look at which kids are just not getting
9 access to these programs.

10 So I fully support this and would actually
11 support even looking even more into it. Thank you.

12 MR. HOPE: Question, Lori. This is Steve. If
13 we took a particular zip code and looked at kids,
14 for example, that are receiving free school lunches
15 as some kind of indicator based upon the poverty
16 line, and then compare how many kids in that
17 particular zip code is receiving some of these
18 health benefits.

19 Would that be an indicator in terms of whether
20 or not kids in that particular zip code that fit a
21 particular economic situation, and kind of see if
22 there's a significant difference between kids
23 receiving school lunches and kids enrolled in these
24 programs?

25 MS. HANSON: So there's that -- I think for

1 sure we can look at what data we have and how to do
2 an analysis. For, you know, school lunches this
3 whole past year have pretty much opened up to serve
4 everyone with COVID and doing a lot of community
5 meal distribution.

6 We have -- we actually have child poverty data
7 at the census tract level, so that -- we can go
8 below the zip code level. We know where people are
9 in need, but we have to kind of go benefit type by
10 benefit type.

11 Some of these benefits are only available if
12 you have, you know, legal status. Some of them
13 are, you know, more open, you know, emergency food
14 relief, for example, might be more open.

15 So, so, each one is, you know, has slightly
16 different criteria, and I think we, you know -- but
17 we also realize that there's a lot of overlap, you
18 know, and it's why we --

19 For example, within the childcare spectrum,
20 right, VPK is available to everyone. But then
21 school readiness is available up to, you know, 150
22 percent of poverty.

23 For Head Start, you have to be below 100
24 percent of poverty. We added in our child
25 scholarships to go up to 300 percent because we're

1 trying to really cover the continuum of needs. And
2 so we just have to, I think, look at each one.

3 But I definitely think it's an important point
4 for us to look at the increased benefits that are
5 going to be coming in the package that the feds
6 have approved and see, you know, where do we want
7 to make sure we're pushing.

8 Right now it's tax season. We're really
9 pushing on the earned income tax credit. Every
10 low-income family who's eligible for that should be
11 claiming it, and that doesn't always happen. But
12 that's one of the best ways for families to impact
13 their household income.

14 So, you know, there's sort of some variations,
15 obviously, you know, with kids, you know, with kids
16 here, there's different enrollment periods. So
17 that we really have to just look at each one and
18 get into the complexity of it.

19 MS. HOLLINGSWORTH: Thank you, Lori.
20 Directors further feedback? Hearing none, all
21 those in favor?

22 DR. ABRAHANTE: Question. The list?

23 MS. HOLLINGSWORTH: Yes.

24 DR. ABRAHANTE: I can't see the list of the
25 providers.

1 MS. HOLLINGSWORTH: May we pull up that list
2 of providers again?

3 DR. ABRAHANTE: Thank you.

4 MS. HOLLINGSWORTH: Perfect. You're welcome,
5 Maggie. Okay, and there they are.

6 DR. ABRAHANTE: Okay. Very well.

7 MS. HOLLINGSWORTH: Anything else from the
8 Board regarding this resolution? Okay, hearing
9 nothing further, all those in favor?

10 ALL: Aye.

11 MS. HOLLINGSWORTH: Are there any opposed?
12 The resolution carries and directors, that
13 concludes the report from the programs and Child
14 Health Committee, and I'm sending it back to you,
15 Mr. Chair.

16 MR. HOFFMAN: Thank you and thank the
17 committee for the work done on these resolutions.
18 Obviously, this time of year, partly because of our
19 funding cycle, but partly because of other things
20 that go on, we have a plethora of resolutions,
21 particularly in the Program Services Committee.
22 I'll turn it over to our CEO Jim Haj for his
23 report.

24 MR. HAJ: Mr. Chair, thank you. Just a couple
25 reminders. Financial disclosures are due July 1st.

1 If you have not received it, you will be receiving
2 it. And if you have not submitted, Merrill Lynch
3 we'll be calling you the next couple months to make
4 sure you do submit before July 1st.

5 Young Talent Big Dreams is the biggest talent
6 show in Miami Dade that the Children's Trust
7 sponsors. It launched -- this is the 11th edition.
8 It launched in January.

9 We have 32 semifinalists and we'll send you
10 the dates. April 28th is the semifinalists, but
11 the finals will be on June 5th, and if you want to
12 see an amazing array of young, wonderful talent in
13 Miami Dade, please, please tune in.

14 Three current solicitations are out. Early
15 Childhood Community Research Administration, Help
16 Me Grow, and After School Meals.

17 The Kellogg Grant which the Board approved --
18 January Board meeting for us to submit, there was a
19 tremendous amount of work with the Trust and the
20 community and our partner organizations that was
21 submitted.

22 We wanted to show you a quick one-minute video
23 that we submitted with the application. And as we
24 get that ready, I'm not sure if we have that teed
25 up, and our very own Chief Copeland. I'm going to

1 put you on the spot, kind of narrated it. I think
2 was a wonderful video that we attached to the
3 Grant.

4 (VIDEO PLAYING.)

5 (VIDEO CONCLUDED.)

6 CHIEF COPELAND: Thank you.

7 MS. HOLLINGSWORTH: Excellent.

8 MR. HAJ: I have a hard time expressing in
9 words the amount of work that went into this by all
10 the community partners, by our staff, and I can't
11 start naming staff though.

12 I'm going to go down the list and I know I'm
13 going to miss somebody, and our very own Pam
14 Hollingsworth. Thank you, Pam and the entire team,
15 and we're excited.

16 I'm not sure what the date we're going to know
17 if we received the Grant, but the Paradise Found
18 Network will move on no matter what. And I think
19 just working in partnership with this community has
20 gained significantly.

21 The other -- today I was very proud, and this
22 goes to much of the discussion that we had
23 regarding our low-income communities.

24 Today, we started the Miami -- Miami Connected
25 was launched, -- event in Overtown. And this if

1 you recall, we joined a bunch of partners and we
2 funded \$150,000. But we leveraged over, I don't
3 even know what it is now, eight million plus.

4 Well, we will provide 100,000 children
5 household broadband connectivity, and that is
6 starting today. And it's exciting to see that
7 digital divide is really an issue in this
8 community. And if we can put \$100,000.00 --
9 100,000 devices and close that divide, this
10 community is much better off.

11 So you'll see it on the news in the Herald and
12 all different media, but it's very exciting. And
13 we were really -- the trust was one of the first to
14 partner with the Miami Foundation to get this thing
15 moving, so you all should be very proud of that.

16 And just finally, I want to thank -- I know we
17 went through the CAFR, but I do want to thank the
18 Finance Committee, Mr. Hope, thank you for your
19 service and Bill and Wendy and your entire finance
20 team.

21 We are exceptionally proud of you to get this
22 perfect audit year after year. And I think we
23 mentioned Lori's article was in -- Rachel's article
24 was in the Herald this weekend. But if you read
25 the Herald regularly, you'll see Lori Hanson.

1 Dr. Lori Hanson was there a month ago and
2 you'll see different staff authored articles in the
3 Herald all the time. So thank you all. Thank you
4 for being here. I know it's been a long day. Mr.
5 Chair, that's it for my report.

6 MR. HOFFMAN: Okay, that's it. I thank you
7 all for your time and more importantly, your
8 commitment. Thank you.

9 MS. HOLLINGSWORTH: Thank you.

10 DR. BENDROSS-MINDINGALL: Thank you.

11 MS. WELLER: Thank you.

12 (Whereupon, at 5:57 p.m., the meeting was
13 adjourned.)

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The above and foregoing transcript is a true and correct typed record of the contents of the file, which was digitally recorded in the proceeding identified at the beginning of the transcript, to the best of my ability, knowledge, and belief.

Signed this 11th day of April 2021.



Brenda Saliba, Transcriptionist