



**Program Services and Childhood Health
Committee Meeting Transcript**

March 4, 2021

THE CHILDREN'S TRUST BOARD OF DIRECTORS
PROGRAM SERVICES & CHILDHOOD HEALTH COMMITTEE MEETING

"VIRTUAL MEETING VIA ZOOM WEBINAR"

The Children's Trust Board of Directors

Nominating Committee Meeting was held on March 4, 2021 commencing at 3:30 p.m., in teleconference via Zoom Webinar. The meeting was called to order by Pamela Hollingsworth, Chair.

BOARD MEMBERS:

Pamela Hollingsworth, Chair (Zoom)

Karen Weller, Vice-Chair (Zoom)

Laura Adams

Dr. Daniel Bagner (Zoom)

Dr. Dorothy Bendross-Mindingall (Zoom)

Mary Donworth

Pastor Richard Dunn II

Lourdes P. Gimenez

Nicole Gomez

Valrose Graham

Dr. Monique Jimenez-Herrera (Zoom)

Tiombe-Bisa Kendrick-Dun (Zoom)

Marissa Leichter

Sandra West (Zoom)

1 BOARD MEMBERS: (Cont'd.)

2 Kenneth Hoffman, ex-officio (Zoom)

3 Shanika Graves

4 Leigh Kobrinski

5 Staff:

6 Bevone Ritchie

7 Bianca Montenegro

8 Carol Brogan

9 Donovan Lee-Sin

10 Imran Ali

11 James Haj

12 Jennifer Ulysse

13 Joanna Revelo

14 Juana Leon

15 Juliette Fabien

16 Kathleen Dexter

17 Lisanne Gage

18 Lisete Yero

19 Lori (Katherine) Hanson

20 Muriel Jeanty

21 Rachel Spector

22 Sabine Dulcio

23 Sabrina Voltaire

24 Sandra Fish Mathurin

25 Sheryl Borg

1 STAFF: (Cont'd.)

2 Stephanie Sylvestre

3 Victoria Cividini

4 William Kirtland

5 Ximena Nunez

6 Yesenia Reyes

7 GUESTS:

8 Joanne Pierre

9 Marc Townsend

10 Timothy Tyler

11 Precious Baker

12 Fiorella Christie

13 Edna Polo

14 Richard Fernandez

15 Ana Karina Mascarenhas

16 Diana palacios

17 Ibelys Subirats

18 Josette Josue

19 Melissa Gonzalez

20 Ruby Natale

21 Ana Robleto

22 Brandon Jones

23 Janet Nichols

24 Marta Pizarro

25 Pearl James-Isler

1 GUESTS: (Cont'd.)

2 Eunice Hines

3 Cameron Sisser

4 Wendy Salomon

5 Lianet Ripoll

6 Edna L. Polo

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PROCEEDINGS

(Recording of the meeting began at 3:30 p.m.)

MS. HOLLINGSWORTH: Thank you for that jumbo-sized agenda, Juana. These eyes really need it.

MS. LEON: You're welcome.

MR. ALI: She wasn't doing it for you, Pam.
She was doing it for Jim.

MS. HOLLINGSWORTH: Oh. Did you hear that, Jim? I guess we -- none of us will need to put on our glasses today. We're just 36. How are we doing on quorum, Ms. Muriel? Or maybe I should -- oh, she's away from her desk.

MS. JEANTY: Pam, we don't have quorum yet.

MS. HOLLINGSWORTH: All right.

MS. JEANTY: In person, we need three people.
Three more members.

MS. HOLLINGSWORTH: You need three more? Are we waiting for three more?

MS. JEANTY: No, we need one more.

MS. HOLLINGSWORTH: We need one more, okay.

MS. JEANTY: Maybe when Lourdes come, we can start.

MS. HOLLINGSWORTH: Terrific.

MR. ALI: Someone has their mike to the feedback. I don't know if it's in the Ryder Room

1 or one of us?

2 MR. HAJ: I think it's on our side, but we're
3 trying to --

4 MR. IMRAN: Okay.

5 MR. HAJ: Pam, did you hear me?

6 MS. HOLLINGSWORTH: Yes, I can hear you, Jim.

7 MR. HAJ: You have quorum.

8 MS. HOLLINGSWORTH: Terrific, terrific. Well,
9 good afternoon, everyone. Good to see you here
10 today whether you're attending via Zoom or you're
11 in person.

12 It was also good to see so many of you at our
13 annual board retreat last Thursday, and I can only
14 hope that you enjoyed the experience as much as I
15 did. Muriel, do we have any public comments today?

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

18 MS. HOLLINGSWORTH: Okay. Thank you very
19 much. Then with that, Committee, shall we move on
20 to the approval of our minutes for the January 7th
21 Program Services and Childhood Health Committee
22 that took place not that long ago.

23 And by now, you will have had the opportunity
24 to review the minutes. And may I have a motion to
25 approve, please?

1 MS. DONWORTH: So moved, Donworth.

2 MS. LEICHTER: Second, Leichter.

3 MS. HOLLINGSWORTH: Thank you. All those in
4 favor?

5 MS. WELLER: Aye.

6 MS. HOLLINGSWORTH: Any opposed? The minutes
7 are approved. We have a number -- we're starting
8 off with a number of resolutions for the Thrive By
9 Five initiative today. And for the -- reading of
10 the first resolution, I am going to punt to our
11 secretary, Karen Weller. Karen?

12 MS. WELLER: Absolutely. Sure.

13 MR. HAJ: Madame Chair? May I tee up the next
14 seven resos since they're all early childhood?

15 MS. HOLLINGSWORTH: Yes, absolutely. Please,
16 Jim.

17 MR. HAJ: I apologize, Karen.

18 MS. WELLER: That's okay.

19 MR. HAJ: So, we heard at the board retreat
20 from -- hold on a second. Pam, are you getting
21 feedback on your end?

22 MS. HOLLINGSWORTH: I am not. Are you getting
23 feedback on my end?

24 MR. HAJ: No, it's here in the boardroom. So,
25 we had the pleasure of hearing from Michelle

1 Watson, the CEO of the FCC about early childhood
2 and Thrive By Five and the Board's pivot several
3 years ago and the positive impact it's having in
4 our community.

5 So, the next seven resos are part of our
6 Thrive By Five. I think they speak for themselves,
7 and we'll take up each one individually.

8 I just want to give you a little background on
9 things that may not be on the reso. We have
10 started the last two years, a provider advisory
11 group made up of early childhood educators in the
12 community that we can really bounce ideas off;
13 especially during Covid, that we worked closely
14 with.

15 And we had a meeting last -- this week,
16 earlier this week, just to share a lot of
17 information and Rachael will be going over that
18 shortly.

19 And we also did -- to see what the universe
20 (ph) is. We surveyed our early childcare centers
21 and Thrive By Five with a variety of different
22 topics which we'll also get into; one of them being
23 the minimum wage impact.

24 But this advisory group has been instrumental
25 in really helping move this community and meeting

1 the needs of the early childhood. I think we've
2 heard in the news.

3 We know the problems with the -- well, the
4 problems that Covid has had in early childhood
5 centers, is as the work force starts getting back
6 to work is how can we support these quality early
7 childhood centers to remain open and to serve
8 children appropriately.

9 So, I'd like Rachel just to pretty much go
10 over what was in the survey and a little bit about
11 what the feedback was from the provider group.

12 MS. SPECTOR: Sure, thank you. So as Jim
13 mentioned, we did conduct the survey with all of
14 our 298 early learning programs that are
15 participating in Thrive By Five, and we got a great
16 response rate; 78 percent, 210 programs responded.

17 And so, what we learned was, A, they were
18 very, very grateful for the Board's support
19 especially during Covid. Because we continued to
20 support them during Covid and the pandemic, they
21 were able to really keep their enrollment up. It
22 supported that. They were able to continue paying
23 their teachers for the most part throughout the
24 pandemic.

25 And in response to the scholarship program, it

1 also assisted with the enrollment, but they also
2 felt like because there were so many families
3 suffering in our community, it allowed them to
4 serve a population that they typically wouldn't be
5 able to serve which are people that don't qualify
6 for the school readiness subsidy, but also cannot
7 afford the high cost of high-quality childcare.

8 The talk -- we asked them, this was when we
9 first rolled out Thrive By Five, the Board had some
10 questions about how are we going to know how people
11 are reinvesting their money and how are we going to
12 ensure that people are reinvesting in quality.

13 So, we were so pleased to hear that the top
14 three responses, and how people are using their
15 tier payments, is increasing the salaries of their
16 teachers and providing bonuses to their teachers.

17 A bridge to their facilities including the
18 outdoor space, furniture, playground equipment, and
19 then materials that support high quality learning.

20 So, we were really excited to hear that from
21 them. They also are very concerned about the
22 minimum wage laws and the effect that that will
23 have on them being able to maintain quality.

24 And we were really just to ask them that and
25 sort of gauge how it might impact them so that we

1 can sort of get ahead of that in our planning
2 looking forward.

3 And they do feel like, you know, they're going
4 to have to at the end of the day probably pass the
5 increase, you know, and tuition onto families. So,
6 that's something that we're going to continue to
7 look at.

8 In terms of the provider advisory group, we --
9 as Jim mentioned, they've been a big support. They
10 really have helped us think about processes and
11 ways to engage the early learning providers.

12 Additionally, we -- when we set out on this
13 new revamp of Thrive By Five, we were -- remember
14 just as a reminder, we collect enrollment numbers
15 every month. That's how we get base -- tier
16 payment.

17 And so, they helped up design an equitable
18 process to engage in data quality reviews with our
19 providers to make sure that the enrollment numbers
20 that they're submitting each month are in alignment
21 with the actual enrollment they have in their
22 program.

23 It is an online -- it is an online mechanism.
24 We collect the USDA Food Program forms or other
25 attendance forms from DCF, and we select every

1 quarter ten percent of our program.

2 So, we did just engage in a data quality check
3 with 30 of our programs and I'm really happy to
4 report that 88 percent of our programs are in the
5 advancing and mastery level of our program metrics
6 ratings, meaning their data was pretty aligned for
7 the most part with the participants in the program.

8 And then, I just would add that hopefully in
9 the near future you're going to be reading about
10 our Thrive By Five Scholarship program in the Miami
11 Herald. They are working on an article.

12 They actually just reached out to me again
13 today saying that they're really looking forward to
14 the story because they have been looking all over
15 the country about creative way for families to
16 afford childcare, and they found that our program
17 is very innovative, and they're excited to share
18 it.

19 And hot off the press we have 931 children
20 already enrolled in our scholarship program with
21 another 346 families on the wait list.

22 So clearly, it's serving an important need in
23 our community and we're proud of that, the
24 direction that the early childhood work group
25 helped us to create Thrive By Five.

1 And then lastly, there's one map in the packet
2 which shows you for the next five resolutions all
3 of the Thrive By Five sites. It also delineates
4 the early learning programs that are scholarship
5 sites as well.

6 And then it shows the early childhood mental
7 health consultation sites, as well as the Teaching
8 Strategies Gold sites, which is operated by the
9 United Way. Thank you.

10 MR. HAJ: Madam Chair, thank you for letting
11 us see these resos up.

12 MS. HOLLINGSWORTH: Oh, no. Thank you, Jim
13 and thank you, Rachel for that detailed overview
14 with the data from the advisory board.

15 And, you know, just special recognition and a
16 thank you for all of the positive benefits that
17 Thrive By Five is -- is reaping in the provider
18 community. So, we certainly appreciate this work
19 and we're pleased to be a part of this process.

20 And with that --

21 DR. BAGNER: Madame Chair?

22 MS. HOLLINGSWORTH: Yes, Jim?

23 DR. BAGNER: Sorry. Before we jump into the
24 reso, can I just ask a broader question about early
25 childhood efforts related to advocacy as the, you

1 know, as a legislative session begins statewide?

2 These early childcare centers are going to be
3 struggling with, you know, responding to Covid
4 needs and all those things and I'm wondering if we
5 -- if we have any efforts for advocating for these
6 early childhood programs at the state level.

7 MR. HAJ: Dan we do. This has been going on
8 for -- actually, this is the second year. There's
9 an early childhood bill going through now. Not
10 only do we work on this, but we work it together
11 with the other children service councils throughout
12 Florida and collectively we have our legislative
13 agenda.

14 In addition, we work with United Way, the
15 ELC's across the State of Florida and other
16 partners. In the end, we have been meeting with
17 our day delegation.

18 Probably the last month we've met with most of
19 our members of Miami-Dade delegation for support of
20 this bill. So, there has been legislative efforts.

21 We don't know if it's going to be a, you know,
22 I don't think we're going to get a complete fix,
23 but I think we're making steps in the right
24 direction.

25 There's also -- and Donovan, you can correct

1 me if I'm wrong, but the dollar amount, I think
2 there's 600 million plus in Cares Act money going
3 to early childcare centers that has not been
4 distributed across the state yet and they're still
5 working with the office for early learning of how
6 to get that out and how to support the community.

7 I do think that with the ELC that the form
8 that they have shortchanges Miami, so we are also
9 looking at how we can support -- if not redoing the
10 form, somehow taking some type of measure to help
11 Miami -- Miami's rates out -- the school readiness
12 rates out a little more. And Donovan, you can jump
13 in if I missed anything.

14 MR. LEE-SIN: That's correct, Jim and actually
15 the -- if you're following state politics, the
16 House bill that you should be watching is House
17 Bill 419 and its Senate companion, Senate Bill
18 1282.

19 We'll have highlights weekly. Highlights and
20 updates on how this bill and others are moving that
21 are -- that pertain deeply to our work in our
22 Capital Connections, so if you haven't subscribed
23 our first weekly issue comes out this Saturday as
24 the legislation -- legislative session just got
25 underway this past Tuesday.

1 DR. BAGNER: Great. Thanks Jim and Donovan.

2 MS. HOLLINGSWORTH: Thank you. Any other
3 questions or discussion points from the Committee
4 before we move to the first resolution?

5 DR. BENDROSS-MINDINGALL: Madam Chair?

6 MS. HOLLINGSWORTH: Yes, Dr. Bendross-
7 Mindingall?

8 DR. BENDROSS-MINDINGALL: Good afternoon. I
9 want to ask about subscribing. I heard Donovan
10 mention that and that we're going to get weekly
11 updates from the state legislature. Is that
12 something that we'll get automatically?

13 MS. HOLLINGSWORTH: Donovan? Would you --
14 thank you.

15 MR. LEE-SIN: I believe that our board members
16 get it automatically, but we're happy to send the
17 link out where you can subscribe and re-enter your
18 email.

19 DR. BENDROSS-MINDINGALL: That would be fine.

20 MR. LEE-SIN: It typically gets published on
21 Saturday mornings at ten. We wait until the
22 evening when session closes each week on Friday.
23 Then we go ahead and put those updates together.

24 DR. BENDROSS-MINDINGALL: I appreciate that.
25 Thank you, Madam Chair.

1 MS. HOLLINGSWORTH: Okay. Thank you and thank
2 you committee members, and with that I'm going to
3 punt to Karen Weller, and we'll move into
4 Resolution 2021-A.

5 MS. WELLER: Okay. Can everyone hear me okay?
6 Okay. Resolution 2021-A. Authorization to
7 negotiate and execute a contract with the Early
8 Learning Coalition of Miami-Dade and Monroe for an
9 amount not to exceed \$10,000,000.00 for the
10 disbursement of slot payments to early learning
11 programs for The Children's Trust Child Scholarship
12 program, and for The Children's Trust to encumber a
13 purchase order in the amount of \$10,000,000.00 for
14 high-quality tiered payment differentials, in a
15 total amount not to exceed \$20,000,000.00 for a
16 term of 15 months, commencing July 1st, 2021, and
17 ending September 30th, of 2022. May I have a
18 motion?

19 DR. BAGNER: So moved, Bagner.

20 MS. WELLER: Thank you. Second?

21 MS. DONWORTH: Second, Donworth.

22 MS. WELLER: Thank you. Any recusals?

23 MS. HOLLINGSWORTH: Recused, Hollingsworth. I
24 work for the Early Learning Coalition.

25 MS. WELLER: Okay. Any discussion?

1 PASTOR DUNN: Yes, Dunn. Richard Dunn,
2 please.

3 MS. WELLER: Yes.

4 PASTOR DUNN: Is it possible for us to get a
5 breakdown of the ethnic makeup of these
6 scholarships that would be issued out and the areas
7 as well?

8 MS. WELLER: Can someone from --

9 MR. HAJ: Yes, we can. The areas are on the
10 map if you look on the map in the packet. It's --

11 MS. LEICHTER: It's right before the --

12 MS. WELLER: It should be before the reso.

13 MS. LEICHTER: Right before the resolution.

14 MR. HAJ: Right before the reso. Page six --

15 PASTOR DUNN: Okay. I see it.

16 MR. HAJ: -- is the breakdown, and it's color
17 coded for the tiered payments, the scholarships,
18 the mental health consultation, and teaching
19 strategies in bold. And we'll have the -- provide
20 the breakdown -- the other breakdown that you asked
21 for.

22 PASTOR DUNN: Please, thank you.

23 MS. WELLER: Okay. As part of the discussion,
24 I just wanted to mention that it has already been
25 that this is the Thrive By Five program.

1 The quality improvement system places programs
2 in one of the five tiers based on their class
3 scores, and classes in evidence base assessment
4 that measures the child and teacher interactions,
5 and part of this is in your packet.

6 But the tier differential for the Thrive By
7 Five programs, they're eligible for a tier of two
8 to five with a differential of three percent to 15
9 percent above the school readiness subsidy rate.

10 And many of the scholarships that are being
11 provided are for those children that are in the
12 150th percentile to the 300th percentile of the
13 federal poverty level. And as mentioned earlier,
14 all of these areas are on the map.

15 To date, there is 896 children that have
16 received the scholarship and are enrolled in 135
17 high quality early learning programs. The funding
18 and the resolution will support more than 23,000
19 children across 312 early learning programs.

20 Are there any more questions or discussion?
21 Hearing none, all those in favor?

22 ALL: Aye.

23 MS. WELLER: Opposed? Hearing none, the
24 resolution passes, and I pass it back to you, Madam
25 Chair.

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

12 MS. GIMENEZ: So moved, Gimenez.

13 PASTOR DUNN: Second, Richard Dunn.

14 MS. HOLLINGSWORTH: Are there any recusals?

15 MS. DONWORTH: Donworth, I work for United
16 Way.

17 MS. HOLLINGSWORTH: Thank you, thank you. And
18 as move into discussion, again this is a Thrive By
19 Thrive -- Thrive By Five resolution. Teaching
20 Strategies Gold is a valid and reliable
21 observation-based assessment system that measures
22 children's growth and development from birth
23 through kindergarten.

24 And the primary purposes of Gold are to
25 document children's learning over time, informed

1 instruction, and facilitate communication with
2 families and of the stake holders.

3 The United Way is providing the following
4 services as part of the Gold work, and it is
5 centered in high poverty areas.

6 A phased roll out for early learning programs,
7 the creation of professional development plans for
8 coaches, training for early educators, ongoing
9 coaching and technical assistance. The management
10 of a data system, and the development of the data
11 dis -- of a data dissemination process including
12 feedback loops.

13 Two cohorts are receiving services
14 simultaneously, both virtually and in person
15 reaching a total of 51 programs, 376 teachers, and
16 2,174 children. And you can see the breakdown on
17 the map that's been mentioned a couple of times
18 recently.

19 And further discussion, observations from the
20 Committee? Hearing none, all those in favor?

21 ALL: Aye.

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

1 total amount not to exceed \$3,500,000.00, to
2 provide 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-month
6 renewal, subject to annual funding appropriations.

7 May I have a motion, please?

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

9 MS. HOLLINGSWORTH: And a second?

10 MS. WELLER: Second, Weller.

11 MS. HOLLINGSWORTH: Do we have any recusals?

12 Okay. Hearing none, we'll move into discussion.

13 As mentioned, the Trust invests in early in infant
14 and early childhood mental health consultation.

15 The reason being to support children's social and
16 emotional development.

17 And we've adopted the nationally recognized
18 Georgetown model. And this is done by improving
19 early child -- early care provider's capacity to
20 address mental health needs as well as challenging
21 behaviors.

22 Consultants work with early childhood
23 educators, directors, parents, and other care
24 givers, and the consultants adhere to some of the
25 following practice-based principles.

1 The three core components of this model are a
2 solid program infrastructure, highly qualified
3 mental health consultants, and high-quality early
4 learning services.

5 During 2020, services were delivered remotely
6 during the late spring and summer, and the Covid-19
7 online tool kit was developed for administrators
8 and teachers to support the children and families
9 in their programs.

10 The University of Miami provided supports for
11 more than 200 parents and childcare staff through
12 online workshops, webinars, and peer support
13 groups. On average, participants reported feeling
14 better able to handle the difficulties that they
15 experience due to Covid-19 as a result of these
16 supports.

17 Outcome achievements for the 2019-2020
18 contract year, based on pre-post comparisons
19 demonstrated significant improvement in the areas
20 of childcare expulsion and suspension prevention
21 policies, classroom promotion of optimal, social,
22 and emotional development, teacher-related stress,
23 teacher self-efficacy, and teacher/child
24 interaction.

25 This program inside of Thrive By Five operates

1 county-wide with programs that participate in
2 Thrive By Five receiving priority. And in 2020 --
3 and I've already mentioned that the services were
4 delivered for the better part of the year.

5 Committee members, further discussion,
6 questions about the mental health consultation
7 resolution?

8 PASTOR DUNN: Yes. Let me make a general
9 statement as it relates to these types of programs,
10 particularly at institutions of higher learning.
11 I'm concerned moving forward.

12 I know that Florida Memorial University can't
13 compete with the University of Miami economically.
14 I know that, I'm not crazy. And I know that it
15 would be a great challenge for it to compete in
16 some of the other areas.

17 But my concern and questions are moving
18 forward since Florida Memorial is noted for the
19 many of the African American educators in Miami-
20 Dade County as a teaching school.

21 I know we talk about mental health, but it's
22 also building in the area of education. I would
23 like to see us push toward trying to get them
24 involved in some small way initially so that they
25 can begin to build capacity in areas like this.

1 I think until we start being intentional about
2 these kinds of things, these institutions and the
3 disparities that we talk about in our various
4 meetings and our groups will continue to lag
5 behind.

6 I believe we have to be intentional about
7 trying to involve them in any way possible if
8 they're able to handle it. I'm not asking for --
9 this is not an affirmative action program.

10 I'm asking for an opportunity of an equal
11 level playing field that would give access, if you
12 will, to many of these opportunities that are --
13 and I'm a big fan of the University of Miami.

14 My mother was a graduate of the University of
15 Miami's Master's Music Program many years ago. So,
16 I'm a big fan of UM but I'm also a big fan of the
17 only African American institution of higher
18 learning in Miami-Dade County of South Florida, and
19 that's Florida Memorial University.

20 So, I don't know, you know, if this -- someone
21 kind of help me with this if you can, on how we
22 could -- so that they can, moving forward, be a
23 part of these types of discussions. That's my
24 concern.

25 I think that's one of the things that we

1 talked about doing when we broke off into our
2 groups about making sure these are areas we have to
3 be more intentional about these kind of things, to
4 get them involved if they are able to handle -- if
5 they desire to, but we need to go out of our way to
6 at least reach out to them to see if they're
7 interested in something of this magnitude.

8 MR. HAJ: Pastor Dunn, thank you for those
9 comments.

10 PASTOR DUNN: Yes, sir.

11 MR. HAJ: And your comments are timely. We
12 met with Dr. Hardrick today.

13 PASTOR DUNN: Oh, you got to be kidding me.

14 MR. HAJ: This morning. And his team --

15 PASTOR DUNN: Flesh and blood can reveal --
16 that.

17 MR. HAJ: -- and our team about ways that we
18 can partner. He has also a social equity component
19 that's starting to learn --

20 PASTOR DUNN: Perfect.

21 MR. HAJ: -- on how we can work. We talked a
22 little bit about our summer youth internships and
23 how we build a pipeline.

24 So, there was a lot of discussion and a
25 commitment to move forward so that he understands

1 what we're doing. They understand what they're
2 doing -- we understand what they're doing and that
3 we can continue to partner.

4 But the conversation was today at 11. We had
5 members myself and members of our team with members
6 of his team and had this discussion.

7 PASTOR DUNN: Awesome. Again, that's what
8 makes me proud to be a part of this organization,
9 and I say that sincerely because we have to be
10 intentional, you know?

11 A lot of folk just talk it. You know, I've
12 been around awhile. I'm not -- you can look at my
13 head and tell I'm not, you know, I'm not a spring
14 chicken. But you know, I've seen people talk it,
15 but they don't mean it. They're not sincere with
16 it. They just talk it.

17 And we have to be more deliberate and
18 intentional moving forward to try to tighten that
19 gap or at least give access to equal opportunity.
20 Thank you so much.

21 MR. HAJ: I think you have an amazing leader
22 in that president.

23 PASTOR DUNN: Oh, awesome.

24 MR. HAJ: The last three years he's really
25 done some amazing work. So, we can partner and

1 we'll build an awareness around him of what's going
2 out and they can compete --

3 PASTOR DUNN: Awesome.

4 MR. HAJ: -- and then our feed (ph) goes out,
5 they're aware. We'll be happy to do so, and they
6 have our commitment moving forward that we'll be
7 working closely with them.

8 PASTOR DUNN: Awesome. That's satisfactory.
9 That's very well. Thank you.

10 DR. BAGNER: If I may, I --

11 MS. HOLLINGSWORTH: Thank you, Pastor Dunn.
12 Oh, please, Dan.

13 DR. BAGNER: I was just going to say, I really
14 appreciate Pastor Dunn's comment as well. And I
15 was wondering, I was just looking online on Florida
16 Memorial University's website. They have a
17 master's degree in exceptional student education.

18 And so, I wonder if there are ways that the
19 University of Miami could partner with Florida
20 Memorial University to give their students at least
21 opportunities through these kinds of programs where
22 they could intern or do practicum through this
23 program. So, that might be a way to start if that
24 didn't come up during discussion, Jim.

25 MS. HOLLINGSWORTH: Thank you, Dan. Further

1 comments, observations, from the Committee?

2 MS. KENDRICK-DUNN: I have a comment. I
3 wanted to piggyback on what Pastor Dunn said. So,
4 I just wanted to say I can also appreciate your
5 advocacy for Florida Memorial University and I just
6 wanted to also -- I appreciate Dr. Bagner's
7 suggestion about maybe the two universities
8 linking, UM and Florida Memorial.

9 But my feedback is about children in the State
10 of Florida as far as education is concerned.
11 Children with exceptional needs includes children
12 who are classified as gifted. So, you have your
13 children who have disabilities or experience. You
14 have children who experience disabilities and then
15 you have children who experience what we call
16 giftedness.

17 But I just wanted to mention that because
18 yesterday, I had one of the best days of my life as
19 a school psychologist. I evaluated three black
20 children that were referred for gifted programming
21 and they were between eight and nine: one boy, two
22 girls.

23 The conversations that I had with these
24 children just touched my heart so deeply. I'm
25 hearing things from eight- and nine-year-old's

1 about how alcohol, you know, and cigarettes cause
2 damage to the body. They're talking to me about
3 global warming and taking care of the earth.

4 I mean, these children were having such deep
5 conversations and one of the young men, he wants to
6 be an engineer and he's eight. And if you were to
7 see -- and I think the psychologists that on the
8 Board will appreciate this. If you were to see how
9 quick he was able to put together on one of the IQ
10 tests, three seconds, five seconds.

11 Just these puzzles that quick, and I was like,
12 look at this kid's visual special skills. Like,
13 clearly this kid has the skills to do what he wants
14 to do. And one of the -- the other little girl,
15 she wants to be a neurosurgeon.

16 But my issue is, these children with these
17 high dreams, and do have the potential because they
18 all qualified for the program, but that's just
19 starting with potential.

20 The pathways to becoming an engineer for a
21 little black boy, the pathways for becoming a
22 neurosurgeon for a little black girl who has
23 parents that are Jamaican immigrants, that may be a
24 challenge.

25 You know, I talked to the parents about how do

1 we get there. None of these children, as bright as
2 they are, are in -- have access -- we talked about
3 access and opportunity and exposure to the types of
4 extracurricular programming that is going to help
5 them be on their way to do these things.

6 These kids were telling me how just joyful
7 school is and how they miss being in the building.
8 If -- I could have believed, and I think that was
9 like the high -- like the conversations these
10 babies were having with me yesterday. But I want
11 us to, please, as we do this work, because these
12 children are not part of the work that the
13 Children's Trust does.

14 I think like, you know, that we don't serve
15 kids that are high ability, but like that focus,
16 that little boy tested yesterday, that was eight
17 years old, he needs access to start understanding
18 what actually are the different types of
19 engineering. What are the activities I can explore
20 at eight years old.

21 You know, maybe at Florida Memorial -- I was
22 just looking, they have a dual engineering program.
23 I know FIU has one. I know UM. I mean, we got to
24 get these kids connected because when you see this
25 potential and we're not maximizing it, we lose

1 these individuals that -- sometimes we do, not all
2 the time, but we lose more than we should.

3 They don't really get to fulfill their
4 potential and there's so much work that has to be
5 done with these children who have gifts and
6 talents. We've got to focus on them too. That's
7 all I'm going to say.

8 MS. HOLLINGSWORTH: Thank you for that,
9 Tiombe. Committee members, all those in favor?

10 PASTOR DUNN: Aye.

11 ALL: Aye.

12 MS. HOLLINGSWORTH: Are there any opposed?
13 The resolution carries. Authorization to
14 negotiate and execute a contract with the
15 Children's Forum for the administration of the
16 Child Care INCENTIVE\$ Florida (formerly known as
17 WAGE\$ Florida) program for the education and
18 employment stability of child care practitioners
19 for a term of 12 months commencing October 1, 2021,
20 and ending September 30, 2022, in an amount not to
21 exceed \$250,000.00; and authorization for The
22 Children's Trust to encumber a new purchase order
23 in the amount of \$1,990,000.00 for wage supplement
24 payments, in a total amount not to exceed
25 \$2,240,000.00. May I have a motion, please?

1 MS. WELLER: So moved, Weller.

2 MS. HOLLINGSWORTH: And a second --

3 PASTOR DUNN: Second, Dunn.

4 MS. HOLLINGSWORTH: Are there any recusals?

5 And briefly, as move into discussion again, a

6 Thrive By Five initiative and the Trust invests in

7 the Childcare Incentives Florida Program to help

8 early learning programs in Miami-Dade County.

9 Higher practitioner wages are linked to

10 teacher retention and staff stability and they are

11 markers of high-quality childcare. Currently,

12 1,073 practitioners working in 365 childcare

13 programs to date this year, are receiving wage

14 supplements from the Childcare Incentives Program.

15 Turnover among recipients was only ten percent

16 and that's compared with the national average

17 annual turnover rate for childcare staff of

18 approximately 30 percent.

19 The average hourly rate of pay for incentive

20 participants is \$11.63 an hour, and that is higher

21 than the average rate of pay overall for our early

22 learning practitioners across the county, and

23 that's about \$10 an hour.

24 Last year's Median Educator Award was

25 \$1,125.00, and that's a significant support for

1 such a low paid profession particularly considering
2 Miami-Dade County's high cost of living.

3 Discussion, committee members on this resolution?

4 DR. BAGNER: If I may Madam Chair, I was just
5 wondering if the staff can speak a little bit about
6 how this is going to -- you eluded to this in the
7 beginning, but how is this going to interface with
8 the minimum wage increases.

9 So I don't think this is going to be enough to
10 compensate for that, and so I'm wondering if you
11 could speak to where in the future how we're going
12 to address that issue because I think this is a
13 great initiative, but it won't do enough if we're
14 not addressing the minimum wage that's going out
15 for these folks.

16 MR. LEE-SIN: Right. Rachael?

17 MS. SPECTOR: Sure. Well, I think that this
18 is support -- some -- so, some of the people are
19 getting, you know, much higher hourly rates as a
20 result of receiving the annual stipend. It ranges
21 from 300 to \$3,000 per year depending on their
22 education level.

23 I do think that we need to really take a
24 holistic look at all of our Thrive By Five supports
25 because this will certainly help, but it's like as

1 you mention, it's not enough.

2 I think the areas we really need to take a
3 look at are the tier payments because that is going
4 to be able to allow the owner, right, to be able to
5 increase the pay to the teachers.

6 I know in addition, the Early Learning
7 Coalition is really advocating, along with all of
8 use, to increase the school readiness rates in
9 Miami-Dade County.

10 Jim mentioned that in the current formula,
11 Miami-Dade County has one of the lowest rates in
12 Florida and so, just as an example in Palm Beach, a
13 childcare provider receives a school readiness
14 subsidy of \$52 a week for an infant, whereas in
15 Miami-Dade County it's \$38.

16 And so, it's a very complicated formula and a
17 very complicated process but I think all of us
18 working together and advocating for our early
19 learning providers, we have to take many different
20 strategies.

21 And so, we will look probably to our early
22 learning workgroup again to help us sort of think
23 through this and come up with some good strategies.

24 MR. HAJ: Okay. Thank you, Rachel.

25 MS. SPECTOR: Your welcome.

1 MS. HOLLINGSWORTH: Thank you, Dan. Further
2 discussion, Committee? Hearing none, all those in
3 favor?

4 ALL: Aye.

5 MS. HOLLINGSWORTH: Are there any opposed?
6 The resolution carries. Resolution 2021-E,
7 Authorization to negotiate and execute a contract
8 renewal with the Children's Forum for an amount not
9 to exceed \$600,000.00 for the management of the
10 Early Learning Career Center, and for The
11 Children's Trust to expend up to \$1,000,000.00 for
12 educator scholarships, in a total amount not to
13 exceed \$1,600,000.00, for a term of 12 months,
14 commencing October 1, 2021, and ending September
15 30, 2022, with one remaining 12-month renewal,
16 subject to annual funding appropriations. May I
17 have a motion, please?

18 MS. DONWORTH: So moved, Donworth.

19 MS. HOLLINGSWORTH: And a second?

20 MS. JIMENEZ-HERRERA: Second, Jimenez-Herrera.

21 MS. HOLLINGSWORTH: Are there any recusals?

22 Okay. Moving into discussion again with the Thrive
23 By Five initiative and there was a good description
24 of the career center in the -- described in the
25 resolution.

1 From August 2019 through July 2020, the
2 Children's Forum awarded 2,973 scholarships to
3 early learning educators, and this in an increase
4 of 287 scholarships from the previous year.

5 There are a wide range of bilingual
6 opportunities available including college credit
7 earning courses and continuing education unit
8 bearing training sessions.

9 Of those educators that are captured in our
10 professional development registry, 85 percent of
11 them have earned a staff credential.

12 And the 2019 Miami-Dade work force study found
13 that Thrive By Five, early learning educators have
14 higher quality interactions with children in their
15 classrooms when they hold degrees, and they accept
16 more scholarships and salary incentives and remain
17 in the quality improvement system longer.

18 And additionally, 36 percent of participating
19 practitioners have an associates degree or higher,
20 and that's a six percent increase since 2018.

21 Discussion, observation, questions from the
22 committee? Hearing none, all those in favor?

23 ALL: Aye.

24 MS. HOLLINGSWORTH: Are there any opposed?
25 The resolution carries. Resolution 2021-F,

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

12 PASTOR DUNN: So moved, Dunn.

13 MS. KENDRICK-DUNN: Moved, Kendrick Dunn.

14 MS. HOLLINGSWORTH: Okay. Well, take Kendrick
15 Dunn. There was a lot of interest in that one.

16 The second, please?

17 MS. GIMENEZ: Gimenez.

18 MS. HOLLINGSWORTH: Thank you, Gimenez. Are
19 there any recusals? Hearing none, moving into a
20 brief discussion.

21 The Early Discovery Program is a county -- is
22 county wide and it serves young children exhibiting
23 mild developmental delays that are not severe
24 enough to meet state eligibility criteria for
25 Federal Individuals with Disabilities Act as

1 mentioned before, but still need early intervention
2 services.

3 Early Discovery offers short term speech and
4 language therapy, occupational therapy, and/or
5 behavioral and developmental intervention in the
6 areas of concern based on needs that are
7 identified.

8 During the contract year 2019-2020, 412
9 children received an average of seven short term
10 intervention sessions and during the first quarter
11 of the current year, 89 children have been served.

12 Children are displaying improved outcomes in
13 the areas of -- in the area of speech and language
14 skills, 95 percent. Social/emotional development
15 skills, 88 percent. Gross fine motor skills, 65
16 percent. Overall development, 100 percent.

17 Notably, 86 percent of early discovery
18 participants later enrolled in public schools and
19 did not need a special education placement.

20 Committee members, further discussion,
21 observations about this resolution?

22 PASTOR DUNN: Yes, Richard Dunn.

23 MS. HOLLINGSWORTH: Yes, Pastor Dunn.

24 PASTOR DUNN: Yeah. This -- this resolution
25 is really very, very personal to me. I have a

1 granddaughter who lives out of state and -- a
2 seven-year-old granddaughter, and I believe she
3 falls in this category.

4 And we were very, you know, perplexed
5 initially because we didn't know what to do. Both
6 her mom and dad are educators, and my wife is an
7 educator. I'm a part time educator, so we were
8 very perplexed.

9 Thank God they had an intervention program
10 where she lives and so it's very personal. So,
11 that's I must be -- was joined by others, that's
12 why I was trying to make sure I made the motion on
13 this because it's very much needed.

14 And what can happen is very frightening, what
15 can happen if there is no intervention. So, God
16 bless Children's Trust on this because, you know,
17 if we can save a child and save a family and save a
18 life, then I'm all for it and this is a super great
19 resolution.

20 I'm biased to the next one, but I'll wait
21 until it comes up too because I've had to deal in
22 both of those areas from a personal standpoint.

23 MS. HOLLINGSWORTH: We'll look to you then,
24 Pastor Dunn. Thank you. Further comments from the
25 committee?

1 MS. GIMENEZ: I just want to echo. I also
2 have a personal experience with it, and I -- not
3 only because I'm an educator but I have a grandson
4 as well, and it's unbelievable what early
5 intervention services can do for a child.

6 He is amazing. All A's, regular curriculum,
7 nothing modified, but if you would have seen him at
8 the beginning before he started ADA therapy, speech
9 therapy, occupational therapy, every type of
10 therapy, it's amazing. Amazing.

11 And that's why for me it's also very important
12 because we are capturing children that if we don't,
13 they're going to fall later on into Special Ed.

14 So, it's a great, great opportunity for these
15 children to be able to quickly mediate any of the
16 whatever it is, you know, that they have
17 disabilities in terms of at that point.

18 MS. HOLLINGSWORTH: Thank you, Lourdes.

19 DR. BAGNER: I'd like to echo that -- sorry.
20 I'd love to echo that comment really briefly and
21 just say we've been funding this program for a
22 while, and I'm very proud of it because it -- not
23 only is it early intervention, but it's reaching
24 the kids that are in many states, left out of early
25 intervention services because they're not delayed

1 enough and yet they're still at risk.

2 So, I think we want to really emphasize that
3 point. These are kids that may fall between the
4 cracks and so it's such a critical program. I'm so
5 proud of it.

6 It's great to see the data there, that looked
7 really good. Particularly around language and
8 speech skills because that's the most common
9 problem that kids are being referred for services.

10 So, I just echo the positive comments.

11 MS. HOLLINGSWORTH: Thank you Dan. I think
12 Tiombe was leaning in and then whoever's voice I
13 hear, but I can't see you on the screen.

14 MS. SPECTOR: It was Rachael. Thank you.

15 MS. HOLLINGSWORTH: Oh, Rachael. I'm sorry.
16 Please, go ahead.

17 MS. SPECTOR: I was just going to add that I
18 was really proud of the UM team because when Covid
19 hit and the pandemic hit, they really were able to
20 transition to telehealth services and work with
21 families to continue to deliver the therapy.

22 And so -- yeah. The kids -- we're trying to
23 keep as many kids from slipping through the cracks.
24 So, I was really pleased to see that. And
25 additionally, I just wanted to comment on the motor

1 skills.

2 So, there was a little bit of an issue with
3 some data entry, so it's actually 80 percent of the
4 children showed improvement which is a little bit
5 lower and mostly because since most of the year --
6 some of the year was, telehealth.

7 It was a little bit more -- that's a little
8 bit more challenging I think for parents to learn
9 the skills and be intervening with their kids.

10 Thank you, Madam Chair.

11 MS. HOLLINGSWORTH: Thank you for the
12 clarification. Tiombe?

13 MS. KENDRICK-DUNN: Yeah, so I echo what
14 everyone mentioned about the importance of this
15 resolution. And so, I just wanted to add for -- I
16 don't know if this is for Laurie or if this is for
17 Jim or Stephanie or -- I'm not sure.

18 But so, while this is important, I want us to
19 always also think about the other end of the
20 continuum.

21 So, in addition to early intervention being
22 important for children who may have experienced
23 delays or experience disabilities, the intervention
24 should take place or -- yeah, for children who are
25 high ability.

1 So, as I was reading this, you know, sometimes
2 especially for high ability children that may
3 experience economic marginalization where their
4 parents do -- may not have the ability to expose
5 them to certain things when they're two, three, and
6 four.

7 I mean, in our county, and every county of
8 course, not just here, we have parents of high
9 income that have their psychological evaluations
10 ready to go up when gifted programs -- when the
11 kids are four, right?

12 So, if you have the ability to pay for it,
13 your children can start off in a gifted program in
14 kindergarten. And then in some of our areas,
15 including the school that I service, that's not the
16 case.

17 But the experience has always been the
18 children are there. And so, I want us to think
19 about, as we deal with children who have
20 experienced weaknesses and delays and possible
21 disabilities, that we also have to start thinking
22 about how do we provide similar services to the
23 children that are on the other end of the continuum
24 that will also benefit.

25 You know, we can recognize and see that when

1 they're young that okay, this child has potential.
2 So maybe English is not the first language. We
3 need to give them some additional stimulation.
4 Their parents are, you know, immigrants.
5 Parents are, you know, economically marginalized.
6 There's, you know, there's a history of, I don't
7 know, being -- you know, if you deal with
8 indigenous black children, but that we start to
9 also focus on the strength of children and families
10 and not just the ones that experience weaknesses.
11 We need to do both and I'm saying this because
12 I hope in the near, near future that we start to
13 see some resolution for those parents that have
14 these kids that they can tell you my child started
15 reading at two. What do I do with this kid?
16 I had a parent ask me that yesterday at two,
17 and now their child is finally going to get
18 services, but the kid is -- because giftedness --
19 if you're talking about education, it's really a
20 service.
21 Same thing as if I'm putting the child in an
22 SLD program or an autism program. There is no
23 difference with gifted. It's just a different type
24 of need and -- but what do you do?
25 And we have parents that have children like

1 this, and they're not disabled but they're at the
2 other end and, you know, there's a lack of
3 education sometimes on their part.

4 A lack of awareness sometimes on their part,
5 and those kids deserve to have intervention and
6 prevention services too because sometimes those
7 children fall through the cracks too.

8 MS. HOLLINGSWORTH: Thank you, Tiombe. All
9 those in favor?

10 ALL: Aye.

11 MS. HOLLINGSWORTH: Are there any opposed?

12 The resolution carries. Resolution 2021-G.

13 Authorization to negotiate and execute a contract
14 with the University of Miami-Nova Southeastern
15 University (UM-NSU) Center for Autism and Related
16 Disabilities (CARD) for autism spectrum disorders
17 (ASD) diagnostic evaluation services, in a total
18 amount not to exceed \$264,000.00, for a term of 12
19 months, commencing October 1, 2021, and ending
20 September 30, 2022. May I have a motion, please?

21 PASTOR DUNN: So moved, Dunn. Richard Dunn.

22 MS. HOLLINGSWORTH: Thank you, Pastor.

23 Second?

24 MS. LEICHTER: Leichter.

25 MS. HOLLINGSWORTH: Thank you. Are there any

1 recusals? Moving into discussion. Just briefly,
2 this funding does support county wide comprehensive
3 psycho-educational diagnostic evaluation services
4 for children ages two through five years before
5 kindergarten entry, and again are provided by UM-
6 NSU CARD, and it's at a reduced unit cost.

7 The evaluation services include social and --
8 social development history, behavioral
9 observations, psychological evaluation, language
10 evaluation. Observation of the child's social
11 communication skills, functional feedback
12 assessment and parent feedback sessions.

13 In the first three -- six months, pardon me,
14 of the current contract, 67 children have been
15 referred, 39 completed evaluations, and 31 children
16 were diagnosed with ASD.

17 And committee members, I'll refer you back to
18 your packets for further information on data and
19 data on referrals, evaluations, and diagnoses for
20 the prior contract years. Discussion,
21 observations, from the Committee?

22 PASTOR DUNN: Yes, Richard Dunn.

23 MS. HOLLINGSWORTH: Yes, Pastor?

24 PASTOR DUNN: Again, this is personal to me.

25 About three years ago I was, I don't know what word

1 to say, asked by my grand-uncle-in-law and my
2 grand-aunt to be the POA of their son who is my
3 cousin, and I relocated him to Miami, and I have
4 firsthand experience of trying to care for someone
5 who is autistic.

6 And it sensitized me, and it made me
7 appreciate for lack of a better term, their world.
8 And I, you know, sometimes I get choked up when I
9 think about it because he, for the most part,
10 depends on me to make all of his decisions, adult
11 decisions in life and it's an enormous
12 responsibility.

13 So, I have a very, very, soft spot with
14 autism; people who suffer from autism, and suffer
15 is probably is the wrong word, but people who have
16 autism.

17 So I have a great appreciation for that, and I
18 also got a great -- that's why I was so moved by
19 the other Resolution F because of the fact that
20 they did a lot of early prevention with him that
21 put him in a place now where he almost, almost can
22 be independent as an adult, but he can't quite do
23 it because he had some, you know, some areas that
24 needed some assistance with.

25 So, it's very personal to me and, you know,

1 when you're in it then you understand it a little
2 bit better. So, God bless Children's Trust again
3 for having the vision and the fortitude to move
4 forward on an item like this because but for the
5 grace of God, there go all of us.

6 MS. HOLLINGSWORTH: Thank you, Pastor Dunn.
7 Committee members, any other comments,
8 observations?

9 DR. BAGNER: I have two questions if I may?

10 MS. HOLLINGSWORTH: Yes.

11 DR. BAGNER: The first question is specific to
12 Covid. These evaluations in are particular are
13 challenging to -- there's a lot we could do as
14 psychologists remotely. These in particular are
15 more challenging, particularly around observations
16 of children with autism.

17 So, I'm wondering one, how they dealt with
18 that over the past year and how they continue to
19 plan to do that in this contract. And two, I was
20 wondering if there's any data on what happens to
21 these kids after they are evaluated.

22 I think that's a big problem in the community
23 if they get evaluated at CARD, who doesn't provide
24 services and then what happens to these kids? How
25 many of these kids are falling through the cracks

1 and not getting services?

2 MS. SPECTOR: Thanks Dan. So again, the CARD
3 team, I think did an amazing job during Covid. I,
4 you know, they did in the very, very beginning, you
5 know, stop for a little -- a little bit.

6 But then they also started up via telehealth
7 in the beginning. For some pieces of the
8 evaluation, as you mentioned these are very
9 complicated evaluations so not all of it was able
10 to be done via telehealth and not every family
11 wanted to go that route.

12 So, they just continued as best they could
13 with the pieces that could be done via telehealth
14 and then as soon as they were able to bring people
15 in safely and on a limited basis, they sort of, you
16 know, ramped back up to the in-person evaluation
17 with families.

18 And I do -- we do have the data on what
19 happens to every single one of these children
20 because remember these are referrals that come from
21 Miami-Dade County Public Schools and Early Steps.

22 And so, on a quarterly basis Miami-Dade County
23 Public Schools gives back to us the results of --
24 the placement results.

25 So, depending on their diagnosis, some of them

1 may go into special -- like, self-contained
2 classrooms but others go to maybe a mainstream
3 classroom with supportive services.

4 So, I can put together, definitely, and share
5 the results from -- like, in an aggregate form from
6 Miami-Dade County Public School regarding the
7 outcome of the children.

8 DR. BAGNER: Great. Thanks, Rachael.

9 MS. KENDRICK-DUNN: I just wanted to -- just
10 to mention real quick for Dr. Bagner. So, you
11 probably know this but when we received
12 psychological and psycho-educational evaluation
13 that's a district from the outside, you know, we're
14 required as a district to review them.

15 And so, if the evaluations come to us, rest
16 assured I believe they all do, we're -- well, the
17 district, I can't say our -- but we're -- the
18 district reviews every single one.

19 One of the school psychologist's that's
20 employed for the district reviews it. There is a
21 team meeting to discuss the results and then the
22 team will make a decision. But every psychological
23 that comes into the district from the outside is
24 reviewed by the team and decisions are made. So,
25 please -- take comfort in knowing that.

1 DR. BAGNER: Thank you. That's helpful.
2 Thank you, Tiombe. And really what my question is,
3 like, to the families that follow up and I, you
4 know, that's the important question. That's it.
5 Are they getting the services that they need.

6 MS. HOLLINGSWORTH: Thank you. All those in
7 favor?

8 ALL: Aye.

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

22 MS. WELLER: So moved, Weller.

23 MS. HOLLINGSWORTH: Weller. May I have a
24 second?

25 MS. KENDRICK-DUNN: Second, Kendrick Dunn. If

1 I'm allowed to second, I can second, right? This
2 one?

3 Mr. HAJ: Yes. No one needs to recuse.

4 MS. KENDRICK-DUNN: Okay. Thank you.

5 MS. HOLLINGSWORTH: Okay. Terrific. And then
6 there are no -- there will be no recusals on this
7 one. Moving into discussion, and there is a map in
8 your packet.

9 The school health program is implemented in
10 145 schools held -- across 141 Miami-Dade County
11 Public Schools, with a collective student
12 population of nearly 120,000.

13 In collaboration with Miami-Dade schools and
14 the Florida Department of Health in Miami-Dade
15 County, and there are six agencies as mentioned
16 earlier, slated for renewal in connection to this
17 work.

18 The providers are required to bring a ten
19 percent match and last year they brought a 19
20 percent match. The school health teams include
21 social workers, mental health professionals,
22 advanced registered nurse practitioners, registered
23 nurses, licensed practical nurses, and health
24 aides, and medical assistants.

25 Now, in response to the Covid-19 pandemic,

1 school nurses and social workers and mental health
2 professionals were able to pivot to telehealth
3 services in lieu of in person health services
4 delivering nearly 8,000 telehealth services in 2020
5 from the months of March to June.

6 And similarly, school nurses were deployed to
7 support Covid-19 testing at their community-based
8 clinics during the time when schools were
9 physically closed.

10 Also, and importantly, as immunation -- as
11 immunization rates declined dramatically during the
12 Covid-19 shut down, school health providers were
13 able to administer needed vaccinations for students
14 who were out of compliance with the Florida
15 Department of Health requirements to ensure that
16 they were prepared to return to school.

17 And then finally in relationship to the low-
18 income pool, the objective of the LIP is to ensure
19 continued government support for the provision of
20 health care services for uninsured, underinsured
21 populations.

22 And that's comprised of a broad allotment of
23 state and federal funding primarily through
24 intergovernmental transfers from local governments,
25 and that's matched by federal funds through the

1 Agency for Healthcare Administration.

2 Discussion, questions, about this resolution,
3 committee members?

4 MS. KENDRICK-DUNN: How about -- I don't know
5 --

6 MS. HOLLINGSWORTH: Yes, Tiombe?

7 MS. KENDRICK-DUNN: This probably is not a
8 question because -- but just maybe a point of -- or
9 just a thought, so I'll put it out there and maybe
10 can be for a later discussion or maybe not, but I
11 hope so.

12 Talking about healthcare in school, you know,
13 school-based healthcare. I think this is, like, a
14 phenomenal resolution, right? We all know that
15 children are going to have a difficult time
16 learning if there are health issues and I really
17 like that this, you know, this program deals with
18 prevention because intervention obviously is
19 critical when it comes to health, but prevention
20 should be, like, the -- is the most important.

21 You know, you want children to prevent
22 obesity, prevent issues with, you know, oral
23 health, prevent -- you know, just going to
24 prevention so later on down the line that, you
25 know, they're healthy and reduce chronic illnesses.

1 But what I wanted to just mention too is that
2 maybe, you know, we could consider as a Trust or
3 maybe survey the parent, I don't know, to see if
4 there are parents that are also interested in
5 alternative health care because, you know, we have
6 some parents, you know, on the traditional side;
7 they're okay with, but we also have some that, you
8 know, may have some concerns or maybe it's more of
9 educating the parents.

10 You know, if you want to know the different, I
11 don't know, medical techniques that, you know, or
12 treatments that can be used for children with
13 certain conditions, you know, giving parents an
14 option of traditional health care, and then the
15 option of at least educating them about alternative
16 health practices that are more natural.

17 And just in case that there are parents that
18 would want to learn and know more about that
19 because I think it's important when you're making
20 those informed decisions about how to treat your
21 children as far as health, that you actually have
22 all of the information that is there. Not just one
23 side is the traditional side because that is not
24 the only way that people can receive health care.

25 And I think it's important, especially with

1 our parents. Many of our parents, not all, but
2 many of our parents, there may be a lack of
3 knowledge, education, and awareness about that.

4 And I, you know, I want to advocate and
5 mention that that because there are always
6 alternative ways to treat certain illnesses or to
7 prevent certain illnesses, and I think that people
8 need to know both so they can make the best
9 decision for themselves and their families.

10 MS. HOLLINGSWORTH: Thank you, Tiomobe.
11 Further discussion, Committee? Hearing none, all
12 those in favor?

13 ALL: Aye.

14 MS. HOLLINGSWORTH: Are there any opposed?
15 The resolution carries. Resolution 2021-I.
16 Authorization to negotiate and execute a contract
17 with Nova Southeastern University for capacity
18 building for school nurses focused on oral health
19 screening, prevention and referrals, in a total
20 amount not to exceed \$312,500.00 for a term of 15
21 months commencing, July 1, 2021, and ending
22 September 30, 2022. May I have a motion, please?

23 DR. BENDROSS-MINDINGALL: Bendross-Mindingall.

24 MS. HOLLINGSWORTH: Okay. Ms. -- Dr.
25 Bendross-Mindingall first. Tiombe, second. Are

1 there any recusals? And moving into discussion as
2 indicated in the intro, NSU provides oral health
3 training and coaching for all Trust-funded school
4 nurses.

5 This program focuses on reducing the oral
6 disease prevalence among students through nurse's
7 preventative oral health training on screening,
8 education, counseling, varnish (ph) application,
9 connection to a dental home, risk assessment, and
10 quality assurance.

11 The Trust integrates the oral health capacity
12 building program within the comprehensive school-
13 based health initiative.

14 So, through this program school nurses are
15 equipped to provide an array of oral health
16 services and supports in a culturally competent
17 manner.

18 Note the table in your packet and during the
19 2019-2020 contract year, 189 medical staff members
20 across the six-funded school-based health providers
21 were trained on oral health risk assessment,
22 screening, education, et cetera.

23 And any further discussion observations,
24 questions, from the Committee? Hearing none, all
25 those in favor?

1 ALL: Aye.

2 MS. HOLLINGSWORTH: Are there any opposed?

3 The resolution carries. Resolution 2021-J.

4 Authorization to negotiate and execute a contract

5 with Miami Lighthouse for the Blind and Visually

6 Impaired, Inc., for a comprehensive vision program,

7 for a term of 12 months, commencing July 1, 2021,

8 and ending June 30, 2022, in a total amount not to

9 exceed \$400,000.00. May I have a motion, please?

10 MS. GIMENEZ: So moved, Gimenez.

11 PASTOR DUNN: Second, Dunn.

12 MS. HOLLINGSWORTH: Thank you. Are there any

13 recusals? And as we move into -- is that a

14 recusal? Moving into discussion, again this

15 comprehensive program is implemented by Miami

16 Lighthouse. The Lighthouse provides free eye

17 examinations.

18 Are you getting feedback? I think it's better

19 now. Examinations and prescription eyeglasses for

20 preschool and school age children who are

21 financially disadvantaged with the primary goal as

22 being early detection of vision impairments and

23 facilitation of access to vision care and the

24 promotion of optimal visual functioning to ensure

25 that all of our students succeed academically and

1 socially.

2 There are four mobile clinics that visit
3 various schools daily to serve students referred by
4 Miami-Dade County Public Schools, the children --
5 and the Children's Trust, school health staff, and
6 parents.

7 2019-2020 vision services number eye
8 examinations completed was 5,351 and 2,642 pairs of
9 eyeglasses were provided.

10 Note that the number of exams for the 2019-
11 2020 year declined significantly from prior years
12 because more than half of the past year was
13 dominated by the Covid-19 shutdown and school sites
14 and childcare centers closed and then resumed
15 virtually or did not permit outside agencies on
16 site.

17 We fully expect services to resume fully
18 within the next school year. Committee members,
19 feedback, questions about this Resolution?

20 PASTOR DUNN: Questions, Richard Dunn.

21 MS. HOLLINGSWORTH: Yes, Dr. -- Pastor Dunn.

22 PASTOR DUNN: Question number one, what
23 constitutes visionally -- vision -- visionally
24 impaired? What constitutes that? Is it just
25 having a complication with 20/20 eye?

1 I'm getting feedback, but that's okay. The
2 20/20 eye vision or is it also be constituted in a
3 physical appearance? I'm asking the department now
4 --, but I don't know. What constitutes vision --
5 visually impaired? Does anyone know?

6 MS. HOLLINGSWORTH: Uh-huh. Jim?

7 DR. BAGNER: So, -- you have a definition for
8 that?

9 MS. DULCIO: Yeah. We have the
10 ophthalmologist who do assessments for each of the
11 students. So, they go through an assessment to
12 determine if they are visually impaired.

13 They first have a screening and then an
14 assessment to determine based on standard
15 ophthalmology requirements if that child falls into
16 the visually impaired category.

17 PASTOR DUNN: Okay. Let me be a little more
18 specific. If a student --

19 MS. KENDRICK-DUNN: Wait, doctor. Richard, I
20 mean, Pastor Dunn, I can probably answer that
21 question only because I'm a school psyche and
22 that's a program we have.

23 So, typically because we have to get that
24 medical information too. So, if you're familiar
25 with the term being legally blind, right?

1 PASTOR DUNN: Yes.

2 MS. KENDRICK-DUNN: So, your vision is like
3 20/300 or 400 or something like that. And then
4 also, it usually -- it is a medical condition
5 because there are medical diseases of the eye.

6 And so our, you know, our children who are
7 blind because we have children who are totally
8 blind, and then you have some children with very
9 low vision, like, and they call it legally blind,
10 but they can see but, you know, maybe we have to
11 give them accommodation to expand the word to do
12 all kind of things.

13 So, it's usually something that is medically -
14 - something -- it's a medical condition that's
15 affecting the vision that has your vision either
16 very, very low or you're just totally blind.

17 PASTOR DUNN: Okay. You're bringing me a
18 little closer. I'm just trying to prevent
19 feedback. The reason I ask is because there was a
20 school age student that I observed last year who
21 for lack of a better term was cross-eyed. I don't
22 know if that makes sense to any of our viewers or
23 listeners.

24 And I did not -- I didn't know if that fell
25 under that category because someone was telling me

1 that maybe if we could find ways to help him have
2 corrective eye surgery. I don't know if this falls
3 under that -- or not, but that's why I'm raising
4 the question.

5 He was grossly cross-eyed and I just -- it
6 tweaked my interest when I saw that so I'm just
7 trying to get better educated as to would it fall
8 under that umbrella.

9 MS. KENDRICK-DUNN: If it affects their vision
10 --

11 PASTOR DUNN: It does.

12 MS. KENDRICK-DUNN: Like if it affects their
13 ability to function, that is always going to be the
14 question and it would be the ophthalmologist which
15 is the M.D., not the optometrist, but the one that
16 goes to medical school that makes that
17 determination.

18 But remember with any type of diagnosis of
19 disease or illness, there has to be a significant
20 impairment of functioning and if you don't have
21 that you don't call it a disease.

22 So, you can have people that have what we call
23 cross-eye, but they function fine visually and so
24 they would not be considered disabled. But then
25 you may have some that they may be cross-eyed and

1 in addition to that condition, they may have
2 something going on with their vision. So, it's
3 going to depend on their unique medical history.

4 PASTOR DUNN: Last quick --

5 MS. DULCIO: And if I may add to what Tiombe
6 has said, Miami Lighthouse for the Blind has an
7 organization, if during that examine it is found
8 that that child has other severe concerns going on
9 with their eyes, a referral is made back to Miami
10 Lighthouse for the Blind.

11 PASTOR DUNN: Okay. Last question. When you
12 say school-aged kids, what does that constitute
13 because, I mean, at what level is their cut off?

14 MS. KENDRICK-DUNN: That's the thing, if you
15 have a disability, the cut off is 22. So,
16 otherwise I mean, if you talk about schools, if
17 it's --

18 PASTOR DUNN: No, just --

19 MS. KENDRICK-DUNN: If it's considered like
20 school-age and they're in school and they have a --
21 I don't -- we don't use the word diagnose in the
22 schools.

23 So, if they have a classification of an
24 educational disability which vision impairment is
25 one, they are considered school age or ineligible

1 adult -- zero to 22 is what we do.

2 So, medically in the schools -- medically, I'm
3 not so sure. It may be 18 or 22, but in the school
4 system we take care of them up to 22 if they have a
5 classified disability, including vision impairment.

6 PASTOR DUNN: Okay. And I'll promise this is
7 the last question. Legally, what grounds if any do
8 I have if I wanted to make a referral possibly to
9 this item. Is that a conflict? If it is, I'll
10 shut it off right now, but I'm just trying to find
11 out.

12 MS. DULCIO: No.

13 DR. BAGNER: To refer a student for services?

14 PASTOR DUNN: Yes, sir.

15 DR. BAGNER: We can --

16 PASTOR DUNN: No relationship, nothing like
17 that.

18 DR. BAGNER: Yes, sir. We can follow up.

19 We'll get --

20 PASTOR DUNN: I can refer you to that person
21 and you all can follow. Okay, keeping my hands and
22 my face clean, okay. Thank you. Absolutely. No,
23 I don't need any political problems at the age of
24 60. No, I'm trying to ride off into the sunset.

25 MS. HOLLINGSWORTH: Thank you, Pastor. Any

1 other questions, comments, from the Committee?

2 MS. GIMENEZ: I just want to add -- oh, sorry.

3 MS. HOLLINGSWORTH: Yes, please.

4 MS. GIMENEZ: I just want to add that this is
5 very important, especially the screenings that are
6 done for the children because a lot of times the
7 academics of the child is hurting a lot because the
8 child can't see well. But they don't know how to
9 tell you that they cannot see well because they're
10 young, and you know, most of the time it just slips
11 away from the teacher.

12 So, having screenings, you know, helps to
13 identify early. Again, everything that's done
14 early is much better than you wait, you know, until
15 later on in life.

16 So, I'm glad that, you know, they gave out so
17 many glasses. And a lot of those children may not
18 be visually, you know, impaired or may not be, you
19 know, almost blind or legally blind but they still
20 were being affected because their vision was not
21 20/20 vision.

22 And their academics was being affected, and
23 maybe even their behavior, because they were
24 frustrated that they couldn't see the board, or
25 they couldn't read what was in the paper et cetera.

1 So, I'm glad that, you know, this Lighthouse
2 is doing such a great job; the Miami-Dade
3 Lighthouse program.

4 PASTOR DUNN: Amen.

5 MS. HOLLINGSWORTH: Thank you, Lourdes. Thank
6 you. All those in favor?

7 ALL: Aye.

8 MS. HOLLINGSWORTH: Are there any opposed?

9 The resolution carries. Resolution 2021-K.

10 Authorization to negotiate and execute contract
11 renewals with three providers identified herein, to
12 deliver oral health preventive services, in a total
13 amount not to exceed \$639,350.00 for a term of 14
14 months, commencing August 1, 2021, and ending
15 September 30, 2022, with one remaining 12-month
16 renewal. May I have a motion, please?

17 DR. BENDROSS-MINDINGALL: Bendross-Mindingall.

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

19 MS. JIMENEZ-HERRERA: Jimenez-Herrera.

20 MS. HOLLINGSWORTH: Thank you. Are there any
21 recuses? Recusals, pardon me.

22 MS. WELLER: Karen Weller. I work for the
23 Florida Department of Health.

24 MS. HOLLINGSWORTH: Thank you, Karen. Other
25 recusals? Thank you. Moving into discussion for

1 this resolution. The Trust expanded its health and
2 wellness investments in 2019 to include community-
3 based oral health preventative services building
4 upon the existing oral health screenings supported
5 by the school nurses.

6 The program supports children and families by
7 filling gaps in the low reimbursement provided from
8 Medicaid and insurance coverages.

9 The three agencies identified in your packet
10 provide oral health education and preventative
11 services for uninsured and underinsured preschool
12 and elementary aged children attending the
13 Children's Trust affiliated early learning centers,
14 after school and summer programs, and women and
15 infant and children offices.

16 Services are provided with parental consent
17 onsite at the program's location where the children
18 attend. Last year, these services took place in 87
19 Trust-affiliated childcare centers, ten WIC
20 offices, and 41 Trust-funded afterschool programs.

21 In addition to that data, 663 school age
22 children received 2,052 sealants. For the
23 discussion, questions, comments, from the
24 Committee, please? Hearing none, all those in
25 favor?

1 ALL: Aye.

2 MS. HOLLINGSWORTH: Are there any opposed?

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

4 MS. HOLLINGSWORTH: Thank you. The resolution
5 carries with one opposition.

6 MS. JEANTY: I'm sorry. I don't think you
7 moved the resolution; you did?

8 MS. HOLLINGSWORTH: I think I did. Didn't we
9 have Dorothy and Monique did the first and the
10 second? And we had Karen recusing?

11 MS. HANSON: Yes, I have Bendross-Mindingall
12 and actually, we had Gomez here I think, even first
13 for the second.

14 MS. HOLLINGSWORTH: Okay. The -- are we okay?
15 Attorneys, are we okay to proceed?

16 MS. HANSON: Yes.

17 MS. HOLLINGSWORTH: Okay. And we did -- and
18 we do have the vote. All right. With that then I
19 will move to our final resolution of the day.

20 Resolution 2021-L. Authorization to negotiate
21 and execute contract renewals with five providers,
22 identified herein, to deliver public benefits
23 enrollment, in a total amount not to exceed
24 \$852,542.00, for a term of 14 months, commencing
25 August 1, 2021, and ending September 30, 2022, with

1 one remaining 12-month renewal, subject to annual
2 funding appropriations. May I have a motion,
3 please?

4 DR. BAGNER: So moved, Bagner.

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

6 MS. LEICHTER: Leichter.

7 MS. HOLLINGSWORTH: Thank you. Are there any
8 recusals? And moving into discussion on our final
9 resolution of the day.

10 The Children's Trust invests in supports to
11 assist families with public benefits enrollments in
12 five agencies that are included in this resolution
13 for renewal.

14 This initiative aims to maximize economic
15 benefits for low-income children and their
16 families. Ultimately contributing to the broader
17 local economy as well as child well-being.

18 One goal for eligible families -- is for
19 eligible families participating in other Trust-
20 funded services to be offered benefits, enrollment
21 supports.

22 And additionally, benefits, enrollment
23 providers support hard to reach families in
24 settings that in which they naturally frequent.

25 Now, due to Covid-19, there was an increase in

1 the number of families connected to unemployment
2 and emergency food assistance services this year,
3 and the providers easily pivoted to meet the
4 increased need, and some did that virtually.

5 Each contract focuses on serving a particular
6 region of the county and collectively, they ensure
7 county-wide coverage.

8 In 2019-2020, 20,734 families were supported
9 with enrollment in at least one benefit program.

10 Many families are assisted with multiple benefits
11 for several family members.

12 And in total, 7,508 benefits were approved
13 that supported more the 3,000 children and youths
14 in nearly \$2,000,000.00 in benefits were obtained
15 for more than 1500 children and their parents.

16 Agency level performance is noted on the table
17 in your packet if you'd like to take a look, and
18 there is also a map detailing enrollment sites
19 across the county.

20 Discussion, questions, from the Committee?

21 DR. BAGNER: Just a comment that this kind of
22 work cannot be understated at this time. It's so
23 important. I wish we could do more of this to help
24 these families in need especially during this
25 crisis.

1 MS. HOLLINGSWORTH: Thank you, Dan.

2 Additional comments from committee members?

3 Hearing none, all those in favor?

4 ALL: Aye.

5 MS. HOLLINGSWORTH: Are there any opposed?

6 This resolution carries and with that, I will punt

7 back to you, Jim, for the CEO report.

8 MR. HAJ: Madam Chair, thank you. I'll be

9 brief. I just want to thank everybody for being

10 here today and being on this meeting.

11 I think this is -- but we didn't have -- we

12 had the Board Retreat again, and thanks to all to

13 those that were involved in the Board Retreat, and

14 we'll be bringing back the information from the

15 Board Retreat to the April Board Meeting to get

16 feedback from our entire Board. But thank you all.

17 Madam Chair, that's it for my comments for today.

18 MS. HOLLINGSWORTH: Okay. Thank you, Jim and

19 thank you to committee members for the robust

20 conversation and discussion today. It's always

21 truly appreciated and with no further comments, we

22 are officially adjourned. I hope everybody has a

23 great evening.

24 MR. HAJ: Thank you, Madam Chair.

25 MS. HOLLINGSWORTH: Thank you.

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MS. WELLER: Thank you.

MS. JIMINEZ-HERANDNEZ Thank you.

(Whereupon, at 5:30 p.m., the meeting was
adjourned.)

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CERTIFICATE OF TRANSCRIBER

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 29th, day of March 2021.

Brenda Saliba, Transcriptionist