



Board Retreat Meeting

August 29, 2019

1 THE CHILDREN'S TRUST BOARD RETREAT MEETING

2
3 The Children's Trust Board Retreat Meeting was
4 held on August 29, 2019, commencing at 9:30 a.m., at
5 3150 Southwest 3rd Avenue (Coral Way), Miami,
6 Florida 33129. The meeting was called to order by
7 Kenneth Hoffman, Chair.

8
9 COMMITTEE MEMBERS:

10 Kenneth C. Hoffman, Chair

11 Dr. Magaly C. Abrahante

12 Nelson Hincapie

13 Javier Reyes

14 Pam Hollingsworth

15 Laura Adams

16 Constance Collings

17 Mary Donworth

18 Richard Dunn

19 Lourdes Gimenez

20 Com. Barbara Jordan

21 Tiombe Bisa Kendrick-Dunn

22 Shanika Graves

23 Leigh Kobrinski

24 STAFF:

25 Bevone Ritchie

- 1 Donovan Lee-Sin
- 2 Imran Ali
- 3 James Haj
- 4 Juliette Fabien
- 5 Lisanne Gage
- 6 Lori Hanson
- 7 Maria-Paula Garcia
- 8 Muriel Jeanty
- 9 Rachel Spector
- 10 Sabine Dulcio
- 11 Sheryl Borg
- 12 Stephanie Sylvestre
- 13 Vivianne Bohorques
- 14 William Kirtland
- 15
- 16 Guests:
- 17 Lisa Blair
- 18 Natalia Cap
- 19 Leslie Rosenfeld
- 20 Dalia Rosales

21
22
23

PROCEEDINGS

24
25 (Recording of the meeting began at 9:30 a.m.)

1 MR. HOFFMAN: I'd like to call the meeting to
2 order. Okay, we have a very busy agenda today, so
3 let's get started.

4 First, we're going to have a brief Board meeting
5 to discuss two items, and then we'll dive into the
6 strategic plan for the rest of our time together.

7 Before we get to the formal business of the
8 meeting, I'd like to welcome Beth Edwards. Beth is
9 going to be replacing Dr. Lawther in her position,
10 representing the Miami-Dade counsel of Parent Teachers
11 Association, Parent Teacher Students Association.
12 Beth is currently vice president and will become
13 president of that organization as Dr. Lawther steps
14 off to run for the School Board. So congratulations
15 to both. Dr. Lawther will be on the Board in the
16 first TRIM hearing, but we invited Beth to come to
17 familiarize herself with the Board and the strategic
18 planning process.

19 Also, in a few minutes we'll be discussing two
20 candidates who applied for the at-large Board seats.
21 I think all of you know that the Trust suffered a
22 great loss two weeks ago when Gus Barreiro died. Many
23 of us have personal stories or remembrance of Gus. I
24 can't think of a better of way of describing Gus and
25 remembering him than in the words of our founder, Dave

1 Lawrence, when he said, "Gus was simply one of the
2 finest people I've ever known. Loved people, and they
3 loved him. A heart and soul for service." And Gus
4 truly was a public servant. He'll be missed dearly
5 not only by the Trust, but by the community as a
6 whole. And I'd like to thank Jim and the rest of the
7 staff for everything they've done to help the Trust
8 cope with this tragedy. We do plan to bring before
9 the Board, at a later date, something to honor Gus.
10 But for now I'd just appreciate it if we can observe a
11 moment of silence in his honor. Thank you.

12 So, on to the business of the meeting, thank you.
13 Are there any public comments, Muriel, for Board
14 retreat?

15 MS. JEANTY: No public comments.

16 MR. HOFFMAN: No public comments. Okay, so the
17 first action item, we had a bylaws committee, on the
18 agenda, Susan?

19 MS. NEIMAND: Okay, so you have in front of you a
20 set of bylaws. If you would look at pages 4 and 7,
21 the exceptions portion on page 4, you can read in
22 green, that is underlined, the change, and what is
23 stricken is in red. So what has been changed has to
24 do with the Nominating Committee. And specifically
25 what is being changed is that -- okay, you can read

1 it. I mean, I don't want to read it. Do you want me
2 to read it? So it will now say, "upon arrival by the
3 Board of an organization to fill either such seat, a
4 Board clerk shall notify the approved organization and
5 request that the organization designate an individual
6 to fill such seat. The Board shall review the
7 organization serving in a locally recognized faith-
8 based coalition and local alliance for coalition
9 engaged in cross-system planning on health and social
10 service deliberated counter seats every six years to
11 reevaluate." And this has to do with the fact that we
12 added groups this year into the total composition of
13 the Board. So this identifies exactly what would
14 happen in that situation.

15 MR. HOFFMAN: Can I just clarify? We didn't add
16 any groups. The groups had previously been
17 specifically designated in the ordinance. And as a
18 result in the change of an ordinance, approximately a
19 year ago, the names of the individual groups were
20 changed to be faith-based organization and health
21 organization. And they were generic, so we needed to
22 change the bylaws to make sure there was a procedure
23 in place to identify these organizations from time to
24 time, as a Board.

25 MS. NEIMAND: And the changes are that we removed

1 the term limits to these positions and we've added
2 language to reevaluate the organizations identifying
3 to fill these positions every six years. So that is
4 the change that was recommended and voted on by the
5 Nominating Committee.

6 The second page, on page 7, and the following
7 changes you can see the cross outs and the additions.
8 But basically in sum, what was done was remove the
9 requirement to submit notifications of absences in
10 writing prior to meetings. We understand life happens
11 and people have responsibilities. We changed the
12 number of absences deeming resignation from the Board
13 from three within a fiscal year to three consecutive
14 absences, for a total of five absences within a fiscal
15 year. So we made it sort of more open for people to
16 be able to come to the Board meetings. We moved
17 language related to excusing absences for a good cause
18 and removed language related to notifications sent to
19 Board members related to absences. So this was
20 clarified and made much more open in terms of
21 respecting the Board members. So those were the
22 changes.

23 MR. HOFFMAN: Any discussion or do we have a
24 motion to adopt the changes to the bylaws?

25 MS. HOLLINGSWORTH: So moved, Hollingsworth.

1 MS. GRAVES: Commissioner Jordan, moved it.

2 Second.

3 MS. HOLLINGSWORTH: Second, Hollingsworth.

4 MR. HOFFMAN: Any discussion?

5 (NO VERBAL RESPONSE)

6 MR. HOFFMAN: All those in favor?

7 (WHEREUPON, the committee members all responded
8 with "aye.")

9 MR. HOFFMAN: Opposed?

10 (NO VERBAL RESPONSE)

11 MR. HOFFMAN: Motion carries.

12 We'll move on to the Nominating Committee
13 recommendations. Mary Donworth is going to take that
14 role to report on the Nominating Committee.

15 MS. DONWORTH: Good morning, everyone. There
16 were two vacancies created with resignations of
17 Rodester Brandon and Tony Esteven [phonetic]. These
18 positions were advertised from June 17th to July 19th.
19 There were a total of 26 applications that were
20 received. The Nominating Committee met on July 23rd
21 to review the applications and after the screening
22 process decided to interview eight applicants. The
23 Nominating Committee met again on August 21, 2019 to
24 interview the candidates. After the interviews, the
25 Committee is recommending that Matthew Arsenal and Dr.

1 Monique Jimenez-Herrera fill the two vacancies. Mr.
2 Arsenal is presently the CFO of Baptist Health and
3 will bring a health perspective to the Board. Dr.
4 Herrera is a psychologist and is the department head
5 of social sciences at Miami-Dade College. She has
6 worked with children and adolescents in various
7 settings and brings a much needed skill to the Board
8 for this compilation.

9 Can I get a motion to approve these two
10 candidates?

11 MS. HOLLINGSWORTH: So moved, Hollingsworth.

12 MR. DUNN: Second.

13 MS. DONWORTH: All those in favor?

14 (WHEREUPON, the committee members all responded
15 with "aye.")

16 MS. DONWORTH: Motion passes. Thank you.

17 MR. HOFFMAN: Okay, that then concludes the
18 business part of the meeting. So for the next few
19 hours, we're going to focus on the Trust strategic
20 plan. Similar to last year's retreat, it's going to
21 be a Board driven session with majority of time spent
22 listening to input from you. This is not intended as
23 a full review of the strategic plan or to revise a
24 plan at this time. As you know, we're currently in
25 the second year of a five year funding cycle for most

1 of our initiatives, which are in alignment with the
2 current plan. And so we approach the middle of the
3 current funding cycle, we did a more robust strategic
4 planning review with the goal of adopting any changes
5 to the plan before the next funding cycle begins. And
6 it's when we start letting out the RFP's for the
7 cycle. Everyone will have an opportunity to
8 participate in that process. So you have something to
9 look forward to next year.

10 I know all of you have read and are familiar with
11 the current strategic plan, but just to make sure,
12 we're going to start with an overview of key elements
13 of the plan, led by our own Dr. Laurie Hanson. Laurie
14 will focus in particular on our prior investment areas
15 and key results. After the overview, we'll divide
16 into smaller breakout groups focused on three topics:
17 early childhood, school-aged youth, and special
18 populations. Each group will spend time on each of
19 the three topics with the goal being to facilitate
20 dialogue among Board members about the opportunities
21 and challenges that may impact The Children's Trust
22 strategic planning in these areas, as well as to
23 elicit policy guidance to inform future priority
24 investments and results.

25 Finally, with all of your input in hand, staff

1 will organize the results. You will have an
2 opportunity to review the entire Boards input, as well
3 as the vote on the top priority investment areas and
4 issues that have been identified by the Board. Staff
5 has put in a lot of hard work to make this a
6 meaningful day for us, and in case we lose some of the
7 Board before the end of the meeting or run out of
8 time, I want to take this opportunity to thank all of
9 our staff, and in particular, Dr. Hanson, for putting
10 this session together for us. Thank you.

11 I'd also like to thank three of our Board members
12 who volunteered to facilitate the group discussions.
13 That's Pam Hollingsworth, Mary Donworth, and Mark
14 Trowbridge. Thank you. I also want to recognize that
15 our newly appointed director that's shown up, Dr.
16 Herrera, welcome to the Board. So with that, I'm
17 going to turn it over to Dr. Hanson.

18 DR. HANSON: Okay, so you have at the top of your
19 agenda some of the results we hope to achieve today.
20 So as Ken said, we just want to make sure with new
21 people coming on that there's a clear understanding
22 about what's in the strategic plan, what are our
23 priority investments in the key results that we see.
24 We want you to have a chance to have some meaningful
25 conversations, so we're going to be breaking you into

1 small groups and having you rotate through some
2 topical discussions. And then gather your input in a
3 couple of different ways. At the end of each small
4 group session, you'll be sort of putting your top
5 issue or idea or thought on a sticky note that you'll
6 need that we'll then collect together and bring back
7 to show you at the end. And then at the end, you'll
8 also be able to prioritize some of those topics, as a
9 group.

10 So for new Board members, we do have a few extra,
11 I think we were distributed a few meetings ago or
12 probably several meetings ago now because we're
13 starting to work on our next annual report, but this
14 is our most recent annual report of our results. So
15 many of you may have got a copy of this previously.
16 We'll make sure that the new people, you can come and
17 get a copy here. And you also have in your papers
18 that you got today, a few select slides from the
19 PowerPoint that I'm going to be going through, that I
20 thought you might want to have for reference as we go
21 through those. And then your data placemats, which
22 we're going to review in a bit.

23 So I'm not going to read to you the slides. I
24 think you are familiar with our mission and our
25 vision. And you're aware that with the Boards

1 governments and guidance, the Trust staff execute on
2 this mission and vision, but we only can do that in
3 partnership with the community service providers and
4 other partners across the community to make things
5 happen. Within our strategic plan we describe a
6 number of core values or foundational values to The
7 Children's Trust. And the most foundational one, I'm
8 going to kind of go in this slide from the bottom up,
9 is all children are our children. So, The Children's
10 Trust really does serve the entire community of Miami-
11 Dade County.

12 And then if you move up to the next level, so
13 what do we mean by the whole child? It's really
14 important to focus on children's social, educational,
15 economic and environmental backgrounds. All of those
16 things have an impact on whether our vision can be
17 realized, that every child is reaching their full
18 potential. However we balance that blue foundational
19 box with the construct and really important factor in,
20 especially our community, that vulnerable populations
21 and neighborhoods sometime need additional resources.
22 So we fund more programs, more densely, high poverty
23 areas across our community. We pay special attention
24 to children with special healthcare needs. Children
25 and youth with disabilities, children in foster care,

1 involved in criminal justice, experiencing
2 homelessness. Those sorts of things that we know
3 contribute to disparity and challenges for growth and
4 development. So it's a balance to honor these two
5 things, but they're both critically important.

6 Another sort of foundational practice and value that
7 the Trust has had is the belief that evidence based
8 practices can ensure our best chance to success with
9 children and families.

10 And then the top level of things are really
11 related to the fact that we know it's critical to
12 invest early in Early Childhood, but you can't just do
13 that and then drop off, right, so it's also as equally
14 important to sustain investments across the
15 developmental continuum, to continue to support
16 children and their families. Partnership is critical
17 because we know not one single program or organization
18 can accomplish these allottable vision and mission
19 statements that we have alone, right. So we work with
20 other systems, other funders, and as I mentioned, our
21 service providers, to make this work happen. Aspects
22 of that involve our community engagement team that's
23 out there really working on an empowerment model to
24 help residents and neighborhoods take on projects to
25 improve things from what they see that's needed. To

1 coordination and integration across our funded service
2 providers, realizing that one funded program may not
3 need all the needs of a family they come in contact
4 with, that there's probably another program that maybe
5 can address some of the other needs.

6 The continuous learning mindset. So we want to
7 have a growth mindset. We want to be strength based
8 on always learning from what we're doing. We feel
9 like that is going to yield us the highest quality
10 services and the best return on the investments that
11 we make.

12 So the next two slides, which you have printouts
13 of, are just a reminder of our key results, the
14 headline results that are a part of our strategic
15 plan. These are results that are important to a
16 number of organizations across our community and we
17 work with those people to coordinate on these. We
18 kind of have it divided in two. The first set are the
19 community and family supports that are needed to
20 facilitate child well-being. So we know that high
21 quality early childcare environments are critical, you
22 know, 90 percent of a child's brain is developed in
23 its first five years. They need a really high quality
24 environments from in their homes and in their formal
25 childcare facilities. We know that access to regular

1 care early on can actually prevent many challenges
2 later related to health, both, physical health and
3 mental health. And that most critically children need
4 nurturing and involved parents to give them the best
5 chance of success.

6 So what is it that we mean by child well-being?
7 This is the set of five community results that we have
8 selected in our strategic plan to seek for children.
9 They kind of stand across different domains of child
10 development from learning to physical fitness and
11 activities, to appropriate behavior and successful
12 transition to adulthood. And I just want to note that
13 these are broad results that we seek. These are
14 measured through something that we call community
15 indicators. Typically, there are more than one
16 indicator available, there's more than one measuring a
17 community available to give us information about any
18 one of these results. So what we do is we try to
19 gather what's available related to each result and
20 examine those together to give us a sense on how we're
21 doing as a community on these different headline
22 results. We do annual updates to a set of community
23 indicators that we track, that are in that annual
24 report, to the Board of County Commissioners, that we
25 produce every year. Florida Kids Count, also puts on

1 a report card on a regular basis. So there's lots of
2 information out there to sort of give us a sense of
3 how we're doing. And I'll just say, again, it takes a
4 coordinated effort of the whole community to achieve
5 the results at the population level that we're looking
6 for. So no one entity moves these needles alone, but
7 we are definitely part of a rich community in Miami-
8 Dade County that is seen as important.

9 So what do we do with our funding to kind of work
10 towards these results. The next slide shows our
11 priority investment areas. These are the seven areas
12 that are outlined in our current strategic plan.
13 These are also categories in our budget. So we have
14 most of these activities and funding investments
15 rooted in prevention strategies. We put things in
16 categories to make a budget, but again, just to
17 acknowledge that these things relate to one another.
18 They sometime overlap. They certainly should be
19 mutually supportive of each other. There are things
20 we're doing, for example, in health that relate to
21 early childhood health. And so that relates to early
22 childhood development and so forth. So typically
23 we're looking at how these things are interacting
24 together, but then when we present the information to
25 you, you can see them clearly defined in these

1 categories.

2 Now, the next slide has kind of a lot information
3 on it. You have a printout of it. But this really
4 basically is a crosswalk to show you the relationship
5 to the two things we just talked about. Our priority
6 investment areas and are headline community results.
7 So as you can see, as I've kind of said a couple times
8 already, it's not a one to one relationship, it's a
9 many to many relationships. So most of our
10 investments relate to multiple result areas. Just as
11 an example, you can see that our youth development
12 programs are focused on academic success, healthy
13 physical activity, appropriate behavior, and
14 successful transition to adulthood. So there's
15 multiple aspects going on there.

16 And the next slide has even more information on
17 it, but I really want to highlight a couple of key
18 points about how our community indicators, our
19 community results relate to our program level activity
20 and our program evaluation and our measurement of the
21 results of our program investments. We plugged in an
22 examples, so this just has an example of one of the
23 investments that we made. A major investment, after
24 school programs. And as you can see, this investment
25 relates to multiple results that we have, academic

1 achievement, physical activity, appropriate behaviors.
2 This relationship, though, is not a direct cause and
3 effect. It's a contribution relationship. So the
4 work at a program level is contributing to us moving
5 in this direction for our community. What we do for
6 the consumers of our programs is helping across the
7 county to move towards these goals that we have. But
8 we also have to recognize that these goals that we
9 have, the results on the right-hand side of this
10 slide, are influenced by many factors beyond the
11 program that they -- beyond the three hour after
12 school program that they go to. There's a lot of
13 discussion and I know in the past about social
14 determinants of health. The influence of neighborhood
15 and your zip code and how that influences the
16 opportunities that you have. And so we have to
17 recognize that it's not in a vacuum, that this is
18 happening, that this program is happening.

19 Also, our programs don't serve every child in
20 Miami-Dade County. So we have more than half a
21 million children under 18 in our community and are
22 serving a very small fraction of that. In our after
23 school and summer programs, there's about 30,000 kids
24 a year. So we know that's going to, you know, we have
25 to have the appropriate responsibility and attribution

1 there. Our community results, though, are guiding
2 stars, right. This is the north star of where we want
3 our program efforts to be focused. So ideally what we
4 do when we pick the measures that we're going to track
5 in a program, is we have to align those measures to
6 the results that we're seeking in a community. So
7 that way we can kind of always keep a track on how
8 well are we serving the -- that 30,000, we should
9 definitely be holding ourselves accountable for in
10 terms of the measures that we see as our valued
11 measures.

12 So we want to just make sure we avoid the trap of
13 looking at, okay, well you had a teen pregnancy
14 prevention program that served 5,000 teens and did the
15 teen pregnancy rate go up or down. You have to look
16 at the teen pregnancy rate within those 5,000 teens
17 that you worked with, not at the community level.
18 But, with that said, we have to hold ourselves, and I
19 say the royal ourselves, are the Children's Trust and
20 our community partners, our policy makers, our
21 legislators, our other community service providers
22 responsible for these guiding stars, these overall
23 community results that we want to see for children in
24 the community.

25 This next slide just gives you a snapshot of

1 where is the funding. Using those categories, again,
2 recognizing that there's categories of what's
3 happening in those sort of overlapping, they relate to
4 one another. This shows you a visual, our largest
5 investment is youth development. However, we have
6 made significant increases in parenting and early
7 childhood with the Board's guidance over the past two
8 to three years prior, in the input and the
9 solicitations that were put out the last cycle. We
10 have, as you know, an annual budget process that
11 determines our budget. You guys have kind of been
12 through that. We're coming up on the end of that now
13 with the TRIM hearings. And we announce in the
14 budget, are typically tied to our funding cycles,
15 which come through competitive solicitations. And
16 right now we are, for the most of our major
17 initiatives, entering this second year of a five year
18 cycle.

19 So I'm going to pause there and see if you have
20 any clarifying questions about those overview slides
21 about our headline results, our investment areas, how
22 those connect to one another, and the budget
23 breakdown.

24 MR. KIRTLAND: Excuse me.

25 DR. HANSON: Yes?

1 MR. KIRTLAND: You mentioned something about zip
2 codes, and I was thinking is there any gap available
3 that provides the highest concentrated areas of
4 challenges per zip code?

5 DR. HANSON: Absolutely. And I promise I did not
6 ask him to ask that question. But when we start to
7 walk through the placemats that you have in front of
8 you, you will notice on the back of each one there are
9 maps that have different sets of data on them. And I
10 will go through these with you as soon as we finish.
11 Any clarifying questions on this?

12 MR. HAJ: So just to be clear, we will be able to
13 see if third graders are reading at grade level and
14 the partners that we fund will give us that data?
15 Because I know in the past, and I don't know if it's
16 in grades, or how will we know that they are indeed
17 reading at grade level?

18 DR. HANSON: Well, right now our programs collect
19 their own reading measures, pre-imposed for their
20 program. And they look at -- they look at two things,
21 they look at both the level at which children are at
22 and then they also look at growth, like did they
23 change or improve over the course of the program. So
24 we've had access to that data in our own ego-system
25 for our programs. Now we have started a partnership

1 with the school district to, through their research
2 review community, to be able to look at the school
3 data connecting to our students. We aren't in that
4 place totally yet, but we're definitely looking toward
5 more integrated data partnerships, and we've done a
6 little more in the early challenges phase around
7 integrating data to look at sort of what kind of
8 kindergarten readiness factors resulted later school
9 success. So yes, those are the kinds of things we are
10 looking to try to make connections with.

11 MR. HAJ: So we won't be able to see the grades
12 just yet?

13 DR. HANSON: Not yet. But we're getting there.
14 Yes?

15 MR. HOPE: Steve here. So I attended a Board
16 meeting for language and prevention. There was a
17 presentation on the ACEs, Adverse Child Experiences.
18 And they talked about given those experiences, it can
19 have a significant impact on the development of a
20 child in the early stages. So seeing that we have 90
21 percent budget allocated to early child development,
22 do you believe that there should be a higher
23 allocation in that category trying to address some of
24 the issues at the earlier stages, whereas you have
25 about 39 percent in youth development?

1 DR. HANSON: I'm going to pause on that question.
2 I'm going to ask you to bring that question to your
3 small group discussion. That's exactly the kind of
4 input and thoughts that we want to get from you.
5 Right now I would just like to make sure that for the
6 slides that you have, that we've gone through, is
7 there any other clarifying questions? Because I do
8 want to make sure before you go to the breakout
9 sessions, that I've given you a little bit of an
10 overview walkthrough of what's on these. There's a
11 lot of information here.

12 COMMISSIONER JORDAN: In the strategic planning
13 session, this session, I understand we're going to
14 have breakout sessions, but are we going to have an
15 opportunity in this session, where we have a
16 collective Board, to kind of throw out concepts and
17 ideas that we feel should be a part of the overall?
18 Or do we come back together and do that at the end of
19 the session when maybe half of the room is gone?

20 DR. HANSON: Well, hopefully everyone -- but,
21 yes, our plan was that -- its difficult in a room this
22 large to have everyone have the discussion time that's
23 needed, so that's why we are splitting into the small
24 groups for sharing your ideas. We're going to --
25 you're going to put them on the sticky note, we're

1 going to have notetakers in every room, then we're
2 going to bring that information back in here to show
3 it to you all and have you summarize and do a gallery
4 walk and see what other ideas -- also, as you rotate
5 through the sessions, you will see the notes from the
6 people who were in the room before you on that topic,
7 so you can say, yes, I second that idea, you know, I
8 want to add this idea. That's how we designed this.

9 COMMISSIONER JORDAN: Okay, because the concern
10 that I have is that the Board serves as a policy
11 board. And in serving as a policy board, it's one
12 thing to break up into groups and come up with ideas
13 that help with programming. But what's said in
14 policy, that to me needs to encompass as the entire
15 Board and not just be something that's checked off in
16 a small group and then it may or may not be adopted
17 without having the entire Board be a part of it. I
18 bring this up because a few meetings ago I raised an
19 issue regarding childcare services. And I then asked
20 for information from Early Learning Coalition and they
21 provided me with all of the information regarding all
22 of the centers. I asked for the same information from
23 Head Start. And they provided me with all the
24 subjects they had. One of the things I found and I'm
25 not sure about Early Learning Coalition is that with

1 the Head Start, more than 40 percent of the parents
2 are not working. And part of the reason, and this is
3 what I brought up in the meeting, part of the reason
4 that they're not working is because, for the most
5 part, the childcare centers close at three o'clock and
6 the public schools. And at four o'clock at the
7 centers. Parents who have a job work until five
8 o'clock or six o'clock. If your children stay beyond
9 three o'clock or four o'clock, those parents have to
10 pay for the children to stay. And to me that needs to
11 be a policy decision or a policy discussion with this
12 Board about do we want to have a policy where we have
13 expanded hours.

14 As a matter of fact, I met with Amir yesterday
15 because we were talking about Head Start. I mentioned
16 to him that when I came through Head Start as a
17 teacher, we had shifts, 7-3, 8-4, 9-5, 10-6. And you
18 may have had two people coming on at seven and two
19 people who stay from 10-6. But it allowed the parents
20 an opportunity to have a job. Now I know we have Pre-
21 K and other program funding sources, but what I had
22 found is that those sources are being used to
23 supplement as opposed to expand the hours so that
24 parents can work. To me that's a policy discussion
25 this entire Board needs to have. And not just be

1 relegated to a group.

2 MR. HOFFMAN: Commissioner Jordan, thank you. I
3 think that this is precisely the type of issue that we
4 want discussed by the Board. As Lori said, in format,
5 we're all going to rotate through the groups in
6 different areas and then get together and talk about
7 the results. So I do think that there's an
8 opportunity, but as we designed the session, felt it
9 was better to identify some of those issues. And this
10 is precisely one of the ones I think has been
11 preidentified as a discussion topic. So to do that,
12 and then bring it back to the full Board, and have a
13 robust discussion.

14 COMMISSIONER JORDAN: Well, I have about five
15 hundred.

16 DR. HANSON: That's great. That's great.

17 MR. HOFFMAN: Perfect.

18 DR. HANSON: We want to get them all down. If we
19 need to follow up as well, we plan to bring back at
20 the end we'll have the gallery walk, we'll have some
21 prioritization, we'll have all your input. And then
22 depending on where that lands us, we'll be following
23 up in different ways. We can't pursue that yet
24 because we need to see what comes up and how many
25 things and is it related to a specific -- we did work

1 groups in the past, topical work groups to work on
2 ideas. So it's definitely not intended to just be --
3 first of all, it's not intended to just be
4 programmatic input. We are looking for your policy
5 input. You all wear different hats in the community.
6 You have different experiences that you bring to the
7 table and we hope that you will all bring those fully
8 to the table today. And then inform us. Really,
9 we're framing these discussions around strategic
10 opportunities and challenges.

11 So your example is a perfect example of a major
12 challenge in the community with the system of care,
13 around early childcare and Head Start. And then so
14 what are the opportunities there to work on that
15 issues. So I think it's a perfect example of the kind
16 of thing we'd like to see generated in the small group
17 discussions and then brought back into the larger
18 fold.

19 DR. ABRAHANTE: On the slide that compares the
20 children and youth and the different components, the
21 one with the little squares. That one.

22 DR. HANSON: Uh-huh.

23 DR. ABRAHANTE: I think in the succeed
24 academically section, the early childhood development
25 box needs to be filled in for sure. Because that is a

1 key piece and the Commissioner was just talking about
2 that. Of that piece. So I would make that
3 recommendation.

4 DR. HANSON: Yes. We kind of have that under the
5 ready for kindergarten, that the more that a child is
6 ready --

7 DR. ABRAHANTE: But it goes beyond kindergarten.

8 DR. HANSON: [crosstalk] it's all pre-
9 preparations that contributes to academic success.

10 DR. ABRAHANTE: But as you know, it goes beyond
11 kindergarten. The impact of what the child receives
12 in early childhood --

13 DR. HANSON: Absolutely.

14 DR. ABRAHANTE: -- stays with that child forever.

15 DR. HANSON: Absolutely. Although we were just
16 trying to hone in on the top -- I mean, I could
17 probably make an argument that every box on this
18 picture should be filled in, right, and then it, you
19 know --

20 MS. GIMENEZ: Well, that was going to be my
21 comment for parenting. It has to be every box because
22 the parents critical in any of these categories,
23 whether they're successful and they're healthy. If a
24 parents going to take their child to the doctor, their
25 child's not going to receive the medical care or

1 mental care that he or she needs.

2 DR. HANSON: Right. Absolutely.

3 MS. GIMENEZ: So that's where we draw the line as
4 to how important it is and to which area.

5 DR. HANSON: Yeah, yeah.

6 MS. KENDRICK-DUNN: And going back to that,
7 because I had the area that says meets recommended
8 levels of physical activity, I think parent definitely
9 has to be involved with that. And then early
10 childhood because this physical activity, which
11 relates to physical and mental health, is going, and
12 emotional health. If you start this early and you
13 make this something as natural for a child, then maybe
14 we'll have better health outcomes with certain groups
15 of people in our community. But it needs to start
16 when their kids go.

17 I think that for the physical activity, all the
18 areas should be checked, even the family and
19 neighborhood supports because communities need to be
20 held responsible for making sure that our youth are
21 not sitting and on the phone playing video games,
22 whatever. And then the transition to adulthood, I
23 think parenting because I don't think you ever stop
24 being a parent because your child turns 18. That
25 support is needed. But I think parenting, and I think

1 early childhood development, and then health and
2 wellness because without that health piece, you can go
3 into adulthood and struggle with health. And we know
4 that we can prevent so many health chronic medical
5 conditions that we see with certain populations of
6 children if we start early.

7 DR. HANSON: Absolutely. So you guys have
8 totally gotten the message of how all these things are
9 really interrelated. So I appreciate that. I want to
10 now just -- I'm going to say a couple of words about
11 two of our investment areas that were in that circle,
12 have to do with community awareness and advocacy and
13 professional development. And we basically see these
14 as sort of foundational investment areas. You might
15 recall from the budget slide, these are very small
16 percentages of our budget, about four percent in each.
17 But we see these as critical sort of infrastructures
18 supports to all the other areas that we're working in.
19 So the connection, collaboration, learning, all of
20 those things amongst our programs are important sort
21 of processes to be happening to keep moving our
22 results forward. So we want advocacy for good public
23 policy, we want residents to know what services are
24 available. We want appropriate program for motion.
25 We want to empower the community residents through

1 community engagement. And then cross fund
2 collaboration to leverage other resources. We have a
3 number of capacity building efforts and particularly
4 fostering small CBO capacity building and of course
5 our research evaluation and innovation investments are
6 really important for the learning aspect of what we're
7 doing. But then, so our three areas for the breakout
8 sessions as you can see on your agenda, have to do
9 with early childhood. And by that I don't mean just
10 one of the seven boxes of early childhood development,
11 I mean all of what we do that relates to children from
12 birth to school entry basically, so the year that they
13 turn five.

14 School aged youth, again, relating to all that we
15 do for kids that once they're in school until they
16 complete school. And then special populations. So we
17 have a number of vulnerable populations that we
18 mentioned earlier that we know need our additional
19 attention. I want to -- there's a lot of information
20 on these data placemats. I want to first say thank
21 you to my team that worked on these. Some people are
22 in here, some people are not, but we worked hard to
23 bring some available information. I'm going to walk
24 you through the structure of what's on here. But I
25 also just want to emphasize that I don't expect you

1 all to fully digest everything that's on these, you
2 know, basically three pages, front and back of lots of
3 detailed information. This is not a one and done
4 information resource. This should be a lasting
5 resource to you as reward to be data informed in your
6 thinking, but also kind of gives you an idea the kind
7 of information we can bring. So if you have questions
8 and things that maybe aren't answered on here, you can
9 let us know. We can make sure we're bringing the
10 right information to you to help you in your guidance
11 and policy development.

12 And so with that, I wanted to make sure that we
13 reviewed these in here. We have only about ten or
14 fifteen minutes left and we're supposed to start our
15 rotations. But I want to answer clarifying questions
16 about these in here while we're all together. So I'll
17 just walk you through this structure.

18 On the side that looks more horizontal, like a
19 placemat, the gray bar just reminds you of the
20 investments that relate to that age group or to that
21 set of special populations. In the other side of the
22 document, we have sort of three sections. We have the
23 top section that sort of gives you some rational.
24 This is typically based on research that we have
25 gotten from other national and return on investment

1 research about why this is important, why this area is
2 important. The middle section really brings you some
3 highlighted community indicators related to that area.
4 And then the bottom section is a selection of some of
5 our program results that we thought were important to
6 highlight. And I'm just going to show you the back,
7 that when you flip it over, because our county is
8 shaped long and skinny and tall, we have to turn our
9 placemats over to be able to see the biggest map
10 possible. And so we have three maps. Each one has a
11 different background on it. the background is noted
12 by the shades of gray that are there. And then each
13 map has a separate set of docs on it. There's some
14 demographic information at the top of each map that
15 relate to either early childhood, school age or
16 special populations.

17 And so on the early childhood map, for example,
18 what we have put on here is kindergarten readiness
19 rates is the background and the dots are the programs
20 we fund that serve the early childhood population. In
21 the school age map, the background is third grade
22 reading levels. And the dots are the programs that
23 serve school age kids. And then in special
24 populations, you kind of have what I call our confetti
25 map. So this is all the dots, everything we fund.

1 And in the background is poverty.

2 So those are the three sets of maps that you
3 have. And then what I'm going to do now is pause,
4 give you a few minutes to be scanning over some of the
5 information that's on here and asking any clarifying
6 questions if something doesn't make sense.

7 MR. REYES: So on the 45 percent of children,
8 Miami-Dade County, where more than 9,000, we know what
9 the zip codes for these 9,000 children are?

10 DR. HANSON: Yes. And in fact, for our book club
11 expansion, we have prioritized 11 specific zip codes
12 where we actually looked at four different data sets.
13 We looked at poverty, we looked at school readiness
14 data, we looked at third grade reading levels. To Dr.
15 Abrahante's point, that this has a lasting early
16 childhood result.

17 And then we looked at our EBI data, which is our
18 early development inventory that we collected in
19 partnership with the school system a few years ago.
20 That gives us actually a breakdown of developmental,
21 five developmental domains of how kindergartners are
22 looking. And we said which are the zip codes that
23 have three or four of those indicators that are in the
24 wrong place, the wrong direction. The encouraging
25 thing is we have 67 plus zip codes. We have a lot of

1 zip codes, 11 zip codes. Only one zip code had all
2 four of those indicators, you know, not where we would
3 like to see them. Ten additional zip codes had three.
4 So those 11 zip codes, for kids who are birth to five,
5 in those 11 zip codes, I think it's about 30,000 kids,
6 35,000 kids under five in those 11 zip codes. So now
7 we're talking about 350,000 and 550,000 children in
8 total, right, 27 percent of those are birth to five.
9 But now we're saying, hey, there's this 35,000 set of
10 kids, let's be somewhat strategic and focus in. So
11 we're using data in those ways to look at that
12 vulnerable support population aspect.

13 MR. HOPE: Last year at the, I think it was at
14 the strategic planning meeting, a similar map was
15 presented that highlighted certain geographic areas
16 that were underserved and had some of the greater
17 challenges. And I think at the time the discussion
18 was how do we reallocate resources to address those
19 specific communities that were highlighted on the map
20 that had, I would say, some severe issues. Can you
21 talk a little bit to what was presented then at the
22 last meeting and now? In terms of have funds been
23 reallocated to those areas, and what types of results
24 have we seen.

25 DR. HANSON: Yeah, the most similar map to the

1 one that you're talking about is the special
2 populations map. This is the map that has poverty in
3 the background. The map that you're referencing from
4 last year was the child rearing vulnerability was what
5 we used in the background. That one actually takes
6 into account like ten or 12 different factors related
7 to family structure and family economic status and so
8 forth. What was missing from that map that I think
9 you all didn't have at the time was the dots that are
10 on this map. The services and what they are and where
11 they're in place. So we added that here so you can
12 see what's in place in the places where there's more
13 challenge related to poverty.

14 What I would say is that services are not the
15 answer to all the challenges we see in the community.
16 Hopefully I don't fall down dead because I work here
17 at The Children's Trust, where the main thing we do is
18 fund services. But many of the challenges in our
19 community are rooted in history, they're connected to
20 early childhood adverse experiences, they go outside
21 of the boundaries of just, oh, you don't know how to
22 read, let's give you a reading tutor and now you know
23 how to read. There's a lot of reasons and root causes
24 behind why things look the way they look. And so I
25 think that we are involved in many partnerships around

1 the community that are looking at these issues and
2 trying to work on things in a more systematic way.
3 Partnering with community neighborhoods for them to
4 look at what they're own challenges are and what they
5 believe solutions might be useful. And so we're
6 using, in that community engagement model that our
7 community engagement team uses, which really puts a
8 lot, tries to share the power of what are the ideas
9 for improvement. So yes, we make sure that services
10 and resources are available. That's part of the
11 equation for sure, a very important part of the
12 equation. Making sure people know about them, but
13 also then engaging with the community around those
14 challenges.

15 MR. KIRKLAND: To somewhat expand on Steve's
16 comments, question, how do you measure the success
17 impact of the reallocation of refocusing the funds?
18 How is that done? What tool is used to determine if
19 we make an impact in a positive way?

20 DR. HANSON: Well, as a whole, The Children's
21 Trust, we look at whether we made an impact on these
22 community factors. And what I can tell you is that on
23 most of the key indicators that relate to children's
24 growth and development, if you look at a 15 year trend
25 line, on many, many of these factors, we're doing well

1 in terms of our progress, the direction, the change is
2 happening. We're not doing so well in terms of where
3 we've gotten to yet, right. We're not where we want
4 children to be yet. And where we're also not doing so
5 well is if you start to disaggregate that data, you
6 see many disparities. And so we need to have more
7 sophisticated approaches to reducing those
8 disparities. And when we look at our data, we need to
9 look deeper in the data, not just the high level,
10 everybody's performance is here.

11 MR. HOPE: Just a quick follow-up question. So
12 the vulnerability map was designed to highlight us
13 some of the key areas that needed to be addressed. So
14 one year later, it would be helpful to get an idea,
15 this is where we were, this is the actions that we
16 took, this is where we are at this point in time, so
17 that we could determine whether or not as an agency,
18 the Board needs to look at maybe allocating additional
19 funding, or maybe looking at whether or not the
20 strategic direction that we're implementing is
21 addressing some of those areas identified from last
22 year.

23 DR. HANSON: Yes. Well, so this year what we
24 decided to do, was because that index is very
25 difficult to kind of kick apart 12 different factors

1 on the map at the same time, especially when you then
2 add all the different initiatives that we fund. We
3 brought you back a map that shows you poverty and then
4 what we thought was most related to the early
5 childhood, school aged, you know, we picked two.
6 There's a million that we could pick from, but we
7 picked kindergarten readiness and third grade reading
8 as those factors that we thought you should pay
9 attention to and that are more directly related. We
10 can't change single parent household. What we could
11 work on is reading. We can work on school readiness
12 and the whole child. We can work on ACEs, we can work
13 on parenting support. So we try to kind of update our
14 maps for you this year. And we have two minutes now
15 before we need to have you guys shifting into your
16 breakout sessions.

17 On the last slide in your printout, you have this
18 slide. So that it tells you sort of where the
19 different topic areas are. So we're in the training
20 room now. Conference room A is this conference room
21 on this side. And conference room B is the one over
22 here in the lobby. And we're going to have you, each
23 of you will have a Board member in there that's
24 facilitating your discussion. You're going to have
25 staff members taking notes on the computer and on flip

1 charts so that you can bring the flip charts back in
2 here. You're going to talk specifically about the
3 opportunities that exist, so specific existing
4 opportunities, not just I wish this was here, but
5 something that you know of that could be within reach
6 of the Trust that you can take advantage of. A
7 strategic policy or investment. And then challenges.
8 Again, specific challenges or thrusts that might
9 hinder our current implementation of our strategic
10 plan or things that we need to be aware of going
11 forward that might be current issues. That's what we
12 want to hear from you. You're going to divide your
13 time in each group to talk about both of those things.
14 And so I'm going to invite you now, for the Board
15 members only, to count off by three's, and then you'll
16 go to the separate rooms.

17 Okay, so one's are going to start in conference
18 room B.

19 MS. JORDAN: Do you rotate?

20 DR. HANSON: Yes. So the topic will stay in the
21 room and you will go to each room. Yes. So the one's
22 will start in conference room B. Let's have the two's
23 stay here, and let's have the three's go to conference
24 room A.

25 (Thereupon, short break was had.)

1 MR. HOFFMAN: So, in any event, if you can fill
2 that out before you leave and turn it in the front
3 table or leave it at your table, that will be great.

4 So I want to turn it over to Lori. I thank
5 everybody for their participation. I think if you've
6 been in all three rooms now, you know that we
7 gathered a lot of information. Some of it we'll have
8 to filter after the meeting, but I think the purpose
9 of this next exercise and session is to get a little
10 bit more aware in terms of the Boards priority are.
11 Again, there's a lot of information that we gathered,
12 but we'll do what we can.

13 MS. HANSON: Yes. So thank you everybody for
14 moving around and sharing your main ideas. I'm going
15 to just tell you sort of what we have where. So on
16 this side we have some of the notes from the
17 opportunities and challenges related to early
18 childhood. This one is a summary of the ones that
19 came up in the school age discussion. And this, our
20 most diligent group, special populations challenges
21 and opportunities.

22 What we've done here is taken all your sticky
23 notes that you put your topics on at the end of each
24 group and its color coded. So pink is from the early
25 childhood session, blue is from the school age

1 session and green, yellow/green from the special
2 populations. I see we got more than one per person,
3 probably inaccurate, but they all fit on the chart so
4 we're good. And then the boxes that are on this
5 poster are our seven priority investment areas.
6 Right, these are our seven essentially budget
7 categories. They overlap. Remember we talked about
8 that in the beginning, they relate to one another.
9 So that's why I'm not freaking out that there's only
10 one sticky note in the parenting box because I know
11 that, you know, even here where you're talking about
12 other things and mental health and addressing special
13 needs an special populations, that involves parents,
14 right. So don't get too freaked out about that, but
15 really what we wanted to see is just a visual
16 snapshot, right. Where are your heads? Where are
17 your discussion points laying out on the categories
18 from parenting, early childhood development, youth
19 development, health and wellness, family and
20 neighborhood supports? This is where we do a lot of
21 our place based, neighborhood based, special
22 populations, work, community awareness and advocacy,
23 program and professional development. And then we
24 have one box for other, right.

25 So there's some ideas that you guys came up with

1 that related across, right. Some people talked about
2 continuative care and essentializing connection,
3 holistic approach to services. So we felt like that
4 kind of came over here in its own box because it
5 touches everything. So, also what we attempted to
6 do, if you see sticky notes touching each other, that
7 means they're similar ideas, right, so they're
8 connected, they came up from more than one person as
9 a top issue.

10 So, what we want to do now is give you a few
11 minutes -- also, each Board member should have been
12 given a little paperclip set of three dots. If
13 somebody doesn't have one tell me. Make sure you
14 have three dots. One has a number one, one has a
15 number two, and one has a number three. What we're
16 going to ask you to do is, you all went through all
17 the groups and some of the groups you got to see the
18 notes already from the prior sessions, but if you
19 were in an earlier session for that topic, you might
20 have not yet seen the ideas that were generated by
21 the groups after you.

22 So we're going to invite you to do what we call
23 a gallery walk. Go and look at what the early
24 childhood things say, chat with people about what you
25 see, go and read the -- you have to step up closer to

1 read them. Review what you see over here on, looks
2 like the U.M., someone was from U.M. here, orange and
3 green. And see what came up with the special
4 population groups. After you kind of rotated to look
5 at those three, bring your dots over here and put
6 your one, two, three dot in one of these seven
7 squares. If you want to put one, two and three all
8 in the same square, you can do that, okay. You have
9 those three dots. But if you have sort of two or
10 three things that are really important to you, rank
11 order them in your head and put your dots
12 accordingly.

13 Does that make sense? Any questions?

14 Okay, so try to split yourselves evenly so that
15 you're not all crowded up. It's quite crammed with
16 all the furniture in here, but --

17 MR. HOFFMAN: I think the important thing here
18 is, again, we're trying to give the staff some
19 direction and inquiry. This is not the end of this
20 process. We will, in the, probably not in the next
21 Board meeting, but the Board meeting following, we'll
22 have a further discussion on some sort of a policy,
23 issues that have been identified.

24 MS. HANSON: Yes.

25 MR. HOFFMAN: And sometime in the interim staff

1 will help us by kind of identifying what the
2 priorities were.

3 MS. HANSON: Yes. We'll summarize this back.
4 You can see it here a little bit, but we're going to
5 put it all together and feed all this information
6 back to you. As Ken said, the next set of Board
7 meetings is TRIM. There's a short Board meeting
8 before the first TRIM hearing, so that's a quick
9 turnaround meeting. And its really focused on the
10 critical business of the Board has for approving the
11 budget and millage rate. So we will be talking about
12 this again at the October Board meeting and we'll
13 have some information back out to you guys before
14 that.

15 Good?

16 MR. HOFFMAN: Yes.

17 MS. HANSON: Okay, thank you.

18 Feel free to move around.

19 (Thereupon, short break was had.)

20 MS. KOBRINSKI: Shanika and myself are the
21 attorneys assigned to The Children's Trust Board.
22 Basically what's coming up in September is we're
23 going to have two hearings. They're called the TRIM
24 hearings. TRIM stands for Truth in Millage. And so
25 we're going to be having a TRIM hearing on September

1 9th, and then a second one on the 16th.

2 And so what the TRIM is, is basically the
3 Florida statute that allows the county to set up The
4 Children's Trust. Steps for the mechanism by which
5 the Children's Trust can get a percentage of the
6 property taxes, the property taxes in the county.
7 And the statute sets up half of that millage, at .5.
8 And so, The Children's Trust, every year, adopts a
9 rate of what percentage they're going to charge for
10 the millage tax for all the property in Miami-Dade
11 County. And based on that, The Children's Trust gets
12 income that allows it to distribute the money for
13 children's services in the county. Allows the
14 Children's Trust to operate. Allows us to designate
15 the services. It's all the funding that we make in
16 use, priority decisions, that this money allocations
17 based on.

18 So the first TRIM budget hearing is going to be
19 on the 9th. And the first thing that's going to
20 happen is that they're going to ask the Board to set
21 the millage. And once the millage is set and
22 adopted, tentative millage, and then they're going to
23 adopt the tentative credited. So based on that
24 millage, we'll know what that budget is. I believe
25 the tentative rates have already been adopted by the

1 Board back in July when there was discussion about
2 the budget at that time. So the first hearing is
3 really more of a formal proceeding. There probably
4 won't be a lot of discussion, but it will be starting
5 at 5:01 per the Florida statute. And we'll allow
6 public comment period. And then following that,
7 there's kind of a script for the proceedings that
8 we'll go through. The Board will adopt the millage
9 rate and then they'll adopt the budget. And the same
10 thing will kind of happen at the second one. It's
11 kind of a similar formula. So once we've adopted the
12 tentative, a notice is given out to the public about
13 what the millage rate is that The Children's Trust is
14 considering adopting. And then the 16th hearing
15 they'll adopt a final, a final millage and a final
16 budget rate. And that will be sent to the property
17 appraiser and at that point that's when the taxes
18 take effect.

19 So you'll hear what's called a rollback rate.
20 And a rollback rate is where the Board adopts a
21 millage that's, kind of maintains the previous years
22 funding at the same level. This year, I believe, The
23 Children's Trust is considering adopting an increased
24 rate. I don't remember the exact calculation. So
25 they're going to be increasing the millage rate, so

1 they'll take in more funding. And you know it's very
2 important that there's a quorum at the Board because
3 if there's no quorum, there's not going to be money
4 coming into The Children Trust, so we stress that
5 it's very important for you to be present. And also
6 that the Board actually do with their tasked with
7 doing, which is adopting the millage, adopting the
8 budget.

9 This is a set formula, a process, and without it
10 there's no way The Children's Trust can continue to
11 operate without the funding stream.

12 Is there any questions about this? This is just
13 kind of a brief introduction about what's coming up
14 in the next few meetings.

15 MS. GRAVES: We also just wanted to take a brief
16 moment about Board members in your bubble, as a
17 member of this Board. So you will, at some point,
18 have your initial Board member orientation that will
19 be provided by the Trust, but after that initial
20 Board member orientation, there is also an ethics
21 training. So the commissioner on ethics will come in
22 and do a comprehensive training.

23 Part of that, we just want to talk about roles
24 and responsibilities, what's expected of Board
25 members. If you need assistance with anything, who

1 you can contact. So I believe the Trust has
2 executive staff members who are assigned to all the
3 Board members to -- if you have any questions, but
4 you can also contact Leigh or I. But one of the
5 biggest and most important roles that you have as a
6 Board member is these are public dollars and public
7 funds that you are allocating and authorizing to be
8 used. And so we always have to keep in mind that you
9 have a fiduciary responsibility. What does that
10 mean? That you can't have a conflict with interest,
11 that you have to look at what the statute and the
12 ordinance that authorizes the creation of the
13 establishment of the Trust to exist, allows.

14 You also have to know, like, so the Trust is
15 subject to Sunshine Laws. What is Sunshine?
16 Everything has to be open to the public, so two Board
17 members cannot meet outside of a publicly noticed
18 meeting to discuss matters that they may vote on as
19 members of The Children's Trust. In addition to
20 that, you have public records. So the public records
21 law applies to you as a member of the Trust. If you
22 send emails or documents, a member of the public can
23 say Children's Trust, we want that. Even if you sent
24 a text message, if it's about Children's Trust
25 business, those electronic records are covered.

1 And so we have suggested that you steer away
2 from text messages because sometimes people
3 automatically delete them. If you do text, then you
4 have to keep a record of that. It could be a
5 screenshot, you could print it out, but sometimes
6 that's not really practical and it's difficult to do
7 because texting is so dynamic, you do it, you do it,
8 you do it, and you just forget about it. Or unless
9 you're like me, you keep everything and so then you
10 can't find anything. But those two are like two of
11 the biggest issues.

12 And we'll go back to Sunshine just for one quick
13 minute because it's so easy to violate Sunshine
14 without any intention. And there are criminal and
15 civil penalties for violations if you violate
16 Sunshine. There has even been, I recall, one person
17 who was in prison, in jail for Sunshine violation.
18 Now that is really the outer end of the spectrum, but
19 we just want everyone to know that it is a
20 possibility.

21 So, Sunshine violations, if staff contacts you
22 about a Board item and you say -- I'll give an
23 example of a Sunshine violation that we had before, I
24 believe, last year. The Trust was working on bylaws,
25 changes to the bylaws. We had several versions. The

1 chair at that time had a draft, she gave it to staff.
2 Staff then spoke to another member of the Board,
3 showed that member, the chairs revisions and drafts.
4 That member, the second board member made additional
5 revisions and those additional revisions were then
6 given back to the chair. That was a Sunshine
7 violation. Because staff was used as a conduit,
8 although unintentionally, to communicate two
9 different board members impressions of what they
10 wanted to do with the bylaws outside of a publicly
11 noticed meeting. Who would have ever thought that
12 would be -- it could happen, but it happens. And so
13 we always error on the side of being overly
14 conservative and say that if staff presents
15 something, just take it. One board member -- if you
16 want to send something to the Board, send it to
17 staff, staff can send that to the entire Board. It
18 won't be a violation as long as there's no feedback
19 until the publicly noticed meeting.

20 MS. HANSON: Just on the public records, like
21 she said, you know, maybe you want to have an email
22 folder for all of your email notifications for
23 Children's Trust staff about The Children's Trust, so
24 you can just folder it and preserve it. You could
25 also copy Muriel on everything, she's the clerk for

1 the Board. That's another way of preserving
2 communication. The Children's Trust doesn't get a
3 lot of public records requests, but it could. And in
4 that case we want to be able to easily retrieve it
5 and provide it. So just kind of set it aside and we
6 won't have to deal with that.

7 MS. GRAVES: So when you have your ethics
8 training, the commission on ethics will go in more
9 detail about it. But until -- and it will be about
10 the conflict of interest and public ethics ordinance,
11 the citizens bill of rights, which has special duties
12 and obligations of Board members in there for the
13 public. It will be Sunshine public records and a few
14 other laws. But until then, if you have any
15 questions, feel free to contact either of us, we'll
16 be happy to help, and welcome to the Board.

17 MR. HAJ: Thank you. Any questions?

18 Thank you, everybody.

19 (Whereupon, at 10:40 a.m., the meeting was
20 adjourned.)

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CERTIFICATE OF REPORTER

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I, XIANCE HOLAS, court reporter and Notary Public do hereby certify that the foregoing proceedings were taken before me at the time and place therein designated, and that the foregoing pages numbered 1 through 53 are a true and correct record of the aforesaid proceedings.

I further certify that I am not a relative or employee, attorney or counsel of any of the parties, nor am I a relative of any of the parties' attorney or counsel connected with the action, nor am I financially interested in the foregoing action.

Under penalties of perjury, I declare that I have read the foregoing certificate and that the facts stated herein are true.

Dated this 20th day of September 2019.



XIANCE HOLAS

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