



BOARD OF DIRECTORS MEETING

MINUTES

Monday, December 3, 2007, 8:00 - 10:00 AM

BOARD ATTENDEES: Octavio Verdeja, Jr. (Chair); Daniel Armstrong, Ph.D, Gerald Schwartz; Sara Herald (Secretary); Alan Eckstein; David Lawrence, Jr.; P. Morgan Hill, The Hon. Cindy Lederman; Dabney Park, Ph.D.; Walter Harvey (Coalition Attorney); Harve Mogul; Yvonne Johnson (Vice Chair); Clarence Jones; Connie Chapell; Dr. Silvia La Villa

BOARD ABSENTEES: Roderick Beasley; Yesenia Perkins (Treasurer); The Hon. Natacha Seijas; Jane Robinson; Ann Karen Weller; David Williams, Jr.

STAFF ATTENDEES: Angelo Parrino; Aileen Martinez; Blythe Robinson; Bruce Carrick; Claudia Mason; Jackye Russell; Jerry Pirri; Melody Thelwell; Tabatha Cullen; Alina Soto; Mary Williams; Dr. Sylvia Palenzuela; Lauren Cortinas; Bethany Sands; Nadira Ali

GENERAL ATTENDEES: Doug Blomberg, Wesley House Family Services; Eddie Rivera, AWI; Linda Carmona Sanchez, (A+ Early Learning Center); Rick Signori, Miami-Dade County; Maria Binelo, Miami-Dade County DHS; Maritza Alonso, Miami-Dade County, DHS; Rosemary Moreno, Ramiro Moreno, Ileana Acosta, Miami-Dade County, DHS; Daisy Hensley, Miami-Dade County, DHS; Ana Faraci, Miami-Dade County, DHS; Phyllis Tynes-Saunders, Miami-Dade County

I. Welcome and Introductions

Octavio A. Verdeja Jr., Chair

A. Roll Call

Nadira Ali

Attendance insured a quorum

B. Chairman's Report

Octavio A. Verdeja Jr.

- Congratulations to Miami-Dade County on their re-accreditation by the council of Accreditation. It is very difficult and we congratulate them.
- Britney Burken has been appointed Director of the Office of Early Learning.
- At the recent ELAC meeting in Orlando the Chairman was reminded how large the Miami-Dade/Monroe Coalition is. Miami-Dade/Monroe is approximately \$175-\$180M, Broward is the second largest with approximately \$80M. Other coalitions have 300 children and \$3M budgets, 1,000-2,000 children and \$10M budgets, we have 30,000 children. The Chairman stated how well the Miami-Dade/Monroe coalition works when one is reminded of the amount of issues M-D/M has compared to the smaller coalitions. He complimented M-D/M President & CEO for the amount of issues that he deals with and how well he keeps this coalition working as well as it does.



- The Chairman has asked ELAC to set up a meeting with the five or six largest coalitions so that they can discuss 'like' issues. With 54 employees and outsourcing, it is very difficult for 5-employee coalitions to understand the larger coalitions' issues like outsourcing. Some coalitions outsource everything, others keep everything in-house
- OPPAGA focused on how the Administrative dollars are spent and how Administrative dollars are counted. The Central Agency staff supervises the Eligibility staff. OPPAGA intimated that they may have to be Administrative Staff not Service Staff. There may be some changes coming from the State in the next year or two

c. **Appointment of Legislative Advocacy Committee**

Octavio A. Verdeja Jr.

Volunteers were requested to form the Legislative Advocacy Committee. The funding formula is coming up again even though ELC M-D/M will be held harmless.

Sara Herald will Chair, Gerald Schwartz, Yvonne Johnson, Daniel Armstrong and the Hon. Cindy Lederman were appointed to the new Legislative Advocacy Committee.

II. **Approval of Minutes**

Octavio A. Verdeja Jr.

- Motion was made to approve the 10/22/07 Board of Directors meeting minutes

The Hon. Cindy Lederman moved, Harve Mogul seconded. The Motion carried unanimously

III. **Assessment Program Presentation: Part III
(Presented by Miami-Dade County)**

Daisy Hensley
Ileana Acosta

Bridge Contract began July 25, 2005 and ended October 31, 2007. It served as a transition to the Inclusion Assessment Program that began November 1, 2007. The goal of this contract was to provide training to Providers who would administer the Ages & Stages Questionnaire. The results of the questionnaires were shared with the parents, guardians and teachers of 10,750 School Readiness children.

208 Miami-Dade county-wide trainings were conducted in Centers from Florida City, Homestead to the north county line. These were on-site trainings, office trainings for teachers, directors, administrators, and mentoring. 2,500 child care providers were trained.

12,585 ASQs were distributed. 10,550 were delivered to our partner FIU for scanning and results. The results showed that 1,550 children had two or more concerns. Our criteria is two or more concerns. Eventually services and intervention will be provided to these children during the Inclusion Program. 719 Providers completed ASQ.



IV. Inclusion Program Presentation (Presented by Miami-Dade County)

Dr. Ana M. Faraci

Awareness of the Inclusion Program was the first objective. Also to familiarize Providers with the laws and regulations regarding children with disabilities. That includes familiarizing them with ADA, Public 142, Idea Part B, Part C of Idea, VPK, and the Early Intervention Program. 214 Providers have been trained.

Inclusion is full and active participation of children with disabilities with normally developed children. Full and active participation means inside the classroom and outside the classroom, in Church, in the community, the neighborhood. In the outer system we are talking about legislation, government and community agencies.

The goal is for these children to receive and be supported by all the services they need inside and outside the classroom.

In training we talk about how they are going to deliver this learning objective. We have seen an increase in emotional problems and how this impacts their academic needs. We've seen an increase in children 3-4 years old being expelled for conduct issues. Emotional and social development is a big area we need to emphasize. We presented a pyramid model which has been implemented. We talk about how we can maintain the nurturing family through support groups, education. The next level is Prevention. We identify the risk factors in the child's life. We talk about what we need to do so that the risk factors do not become an issue in the future. The top of the pyramid is Treatment. We have identified specific children with specific behaviors and then we need the Professionals to come in and render their services.

We increased the training frequency and took note of all the additional training requested.

Our partners are ELC M-D/M and FIU. We work very closely with Miami-Dade Public Schools. They refer parents to us and they insure that the parents maintain those appointments. We will continue the ASQ screenings and assessments.

For children with only one concern the county referred them to services. There were 2,500. CDS will provide services to any child with needs. Many of the services are provided in the child care centers. It is convenient for the parents since it is in the family's neighborhood.

Referrals are followed up on. We contact the referral source to make sure the child has been brought for evaluation.

The Board asked for specifics:

- What are these children's specific issues/problems?
- How many children received the services?
- How do you measure improvement?
- Was there change in the behavior?
- How did the behavior change?
- How do we know the child receives services?
- How do we measure improvement?
- Why are we doing LAPD and ELAP?

- What happens to the children who have less than two concerns?
- How can we be assured that something has happened to a child?
- What are the aggregated and disaggregated statistics?
- What is step 1, what is step 2, what is steps 3, step 4 etc.?
- Are special needs children who receive services making the same progress as other children?

It was decided that all questions be sent to Evelio Torres.



- The Board felt that the rate of children identified was very low (compared to the fact that nationally one of every 5 children is a special needs child)
- There was concern that identification of these children is delayed
- The purpose of the random survey was questioned
- The question was posed as to whether children with special needs are making the same progress as regular children
- The Board suggested that perhaps a re-organization of the 'language used' may be needed to place everyone on the same page, since we are dealing with AWI language, Government language, Psychology language, Education language etc.

CDS stated that the following steps are carried out for these children:

Original screening
Red flagged
Refer to services
Follow up
Referral when child continues to Red Flag

It was further explained that the ASQ is a yearly process. Therefore delays in children will be identified if not this year, then next year. It was also stated that the number of 1,500 (based on the 10,500 returned surveys) is in line with what has been found over the past few years.

CDS hopes to see that through their training child care center teachers are learning and can engage parents more. They are encouraging 100 centers to create a 'Family Day'. In some centers 60% of the children are exhibiting concerns.

The Board noted that there is a dual system with ELC centers and the public school system. 5,000 VPK Children that are not participating in this particular contract need to be identified. They are being serviced by the public school district which some parents perceive as far superior.

A Provider disagreed. He felt a tremendous opportunity was being missed to give resources and help identify children at an early age. He said there was a gap between Providers and the delivery of Inclusion. He said there is talk about quality but it isn't delivered.

V. CEO Report

Evelio Torres



School Readiness paid was 26,551 as of December 1st. 1,000 slots will be open. We're at 25,790 which is a little higher than last year. We don't want to end the year with a surplus or a deficit so we have to manage the enrollment with Miami-Dade County very carefully. We will be taking the children in the Ready Pool. These are the children that have been determined eligible. Unfortunately we don't have the dollars to accommodate all those on the Wait List.

VPK is at 16,628 our goal is 20,000 which we are working toward. Unfortunately there is not much of a month-to-month increase. In the summer program there were approximately 1,000.

ELC is following up to contact parents with eligibility certificates that have not enrolled their children. That accounts for 12.9% of the parents with Certificates and 2,500 children. The State average is 6%.

ELC's top was 26%. Compared to other counties, ELC acknowledged that there has to be a better way of improving the response from this community.

The Board suggested:

ELC look at our own trends and intervening variables
ELC should then look at the strategies of other coalitions with similar experiences, even those with lower numbers

The Board would like to see the findings for the next Board Meeting.

We requested information from Providers regarding their Gold Seal Accreditation. A number no longer have that Accreditation. The largest pay-back is \$19,000. We are going through an audit right now and believe the 326 Providers that were accredited will probably drop to 50 or 60.

The Board suggested ELC M-D/M return to the Gold Seal Accreditation as it is the main symbol of excellence

Current ELC priorities are:

- The Provider Rate Increase
- Self Assessment to ensure preparedness for next round of monitoring
- Slot utilization
- AWI Monitoring Report Corrective Action Plan
- Performance Dashboard
- The launch of the new, more modern, user friendly website is expected shortly. By the end of January anyone can log into the ELCM-D/M Website and see the performance of all contracted providers
- ELCM-D/M's plan for CCEP match of the \$1.1M Match from the Trust, is to reach out to the business community for match for July 1, 2008
- ELCM-D/M is producing a Community Annual report which will go out to ELCM-D/M community partners

Mission: To promote school readiness and pre-kindergarten programs thus increasing all children's chances of achieving future educational success and becoming productive members of society. The coalition seeks to further the physical, social, emotional and intellectual needs of Miami-Dade and Monroe County children.



- ELCM-D/M is working on State Performance Indicators, measuring the requirements and working closely with the Office of Early Learning AWI to develop performance measures across the state
- The Quality Rating System contract has been signed. The current funding is \$3M the first year, \$4M the second year, \$5M the third year. ELCM-D/M will be going back to the Trust. QRS will be rolled out in Monroe County
- It is expected that the Financial Audit will go well
- Monroe County is trying to pass a Children's Services Tax. It is difficult to sell at this point.
- ELCM-D/M is presently working on the Emerging Literacy Initiative

VI. Committee Reports

A. Finance Committee

Dr. Daniel Armstrong

All of the numbers are in very good shape. We are 3% under budget at this point. Aileen and Angelo are working to come up with a formula - matrix that will better link how we are doing our expenditures to the number of slots we're serving with some modifications in the decisions we make so it will assist us with how many slots do we open up and how much money we have left at the end of the year.

Motion to approve Resolution 120307-01

There was a Resolution last year to increase the Provider Rate. There were a number of modifications to it. It came out of the Finance Committee without a vote.

AWI sets a prevailing Market Rate. Each Provider publishes a Rate that they will use. The Coalition approves a particular Rate. If a given Provider has a rate that is equal to or higher than the Coalition approved rate then they are paid the Coalition approved rate. But if the Provider published rate is below the Coalition approved rate then the Coalition can only pay the Provider's published rate.

The outcome is that a number of Providers are below the number we will authorize. They will need to come into compliance to be able to gain access into the new rate. They will have to go through an internal private rate adjustment.

The outcome is that instead of having 100% of the Providers currently eligible for the Rate Increase this year, there will be only 50% eligible. The Budget impact will be about \$884,000 (based on 6 months at 50%). The impact on the Budget next year (based on 12 months and 100%) will be about \$3.2M. The Providers Rate is to come up to the Coalition's approved Rate.

A Motion was made to authorize the rate increase to the Coalition's approved rate as set forth in the three charts that are included in the Resolution.

The motion was seconded and unanimously approved. The motion passed.



The Board requested the following:

A report on which centers are charging a lower rate and where these centers are located.

The Board asked the Coalition Attorney to research whether ELC, The Trust or The United Way can provide or fund a scholarship for one child so that every Provider can bring their published rate up to the ELC approved rate.

It was also suggested that the ELC approved rate should be based on what it costs not what the market will bare.

Attendees were reminded that the State is facing a \$2B shortfall so it is unlikely the Coalition has enough clout to change much, particularly when it comes to a Provider Rate Increase.

It was noted that the new funding formula has ELCM-D/M over funded in comparison to other coalitions by \$13M.

A Provider mentioned it has been 8 years since an increase and she stated that quality has a cost.

Another Provider stated that many of the problems need to be addressed by the Legislature. There has not been a Child Welfare Estimating Conference for a very long time. AWI designates rates by county and ELC offers less than AWI allows. She also acknowledged that the Providers must take on responsibility for publishing depressed rates. She complimented ELC M-D/M for making strides to educate Providers. She complimented the partnership between ELC staff and Providers who will be holding workshops beginning in January to educate other Providers as to the importance of filling out the survey form and how to fill it out.

Once the survey is filled out it will take very little time before the Provider receives the new rate.

B. Nominating Committee

Yvonne T. Johnson, M.D.

The Nominating Committee Chair brought before the Board the following three new Nominees for Board Approval:

George Burgess, County Manager. Mr. Burgess is a transitional member filling the remaining term of Dr. May Bryant. This nomination expires April 30, 2008

Sara Herald moved, Gerald Schwartz seconded the motion. The Board unanimously approved this nominee as a Board Member.



Dr. Gina Cortez-Suarez, Miami-Dade College. Dr. Cortez is a required voting member filling the remaining term of Dr. Norma Hendrix. This nomination expires April 30, 2008

Gerald Schwartz moved, Alan Eckstein seconded. The Board unanimously approved this nominee as a Board Member.

Gilda Ferradez, Children and Families. Ms Ferradez is a required voting member. This term does not expire.

Sara Herald moved, Gerald Schwartz seconded. The Board unanimously approved this nominee as a Board Member.

c. Program Committee

David Williams Jr.

- Motion to approve Resolution 120307-02

The request is to prioritize Transitional Child Care referred by South Florida Workforce over the Working Poor/BG-8 children when enrollment is closed. When Enrollment is open, and it is going to be opened, for these children to take priority. This would not be a mandatory group, it would be a Priority Group.

A Motion was made to approve this Resolution with the removal on Page 2 of the following language: 'the recommendation by staff to ratify the execution of the Provider Rate Increase'.

The motion was moved by P. Morgan Hill and seconded by Harve Mogul. The Board unanimously approved.

VII. Adjourn

Adjourned at 1 hour, 56 minutes.