BOARD PLANNING RETREAT MINUTES

July 17, 2025, at 9:00 AM

CTAC, 4010 NW 25th Place, Gainesville, FL 32606

Call to Order – Chair Cornell called the meeting to order at 9:00 am

Roll Call

Board Members Present: Ken Cornell – Board Chair, Cheryl Twombly – Vice Chair, Dr. Maggie Labarta – Board Treasurer, Tina Certain – Member, Lee Pinkoson – Member, Mary Chance - Member

Board Members Attending Virtually: Dr. Nancy Hardt – Member

Agenda Review, Revision and Approval

1. **Presentation: The Nonprofit Lifecycle**
   Dr. Theresa Beachy, Organizational Strategist for the Center for Nonprofit Excellence, led a session on nonprofit lifecycles guiding participants through key stages: from idea to start-up, growth to maturity, decline, turnaround, and terminal. Resources from the Nonprofit Lifecycles Institute were highlighted. Member Chance encouraged the Board to think about the four pillars from the Trust's perspective as well as the providers. Dr. Labarta added that some stages cost more than others and CTAC needs to be prepared to help organizations build up their systems. She stated CTAC should help them – especially the start-ups and growth organizations. Mature organizations will need different investments than newer organizations, who are in better positions to leverage what they do, Dr. Labarta shared.

2. **Update and Refreshing of Strategic Plan - C. Robinson Associates Team**

   Facilitators Conchita Robinson, Regine Denis, and Jacquie Gibbs, reviewed the CTAC mission, guiding principles and core values. The Board questioned whether the core indicators should remain the same or are they changing. Board members reflected on whether community capacity building should be listed as a fourth goal. Member Chance shared that maybe we thought we were going to save all the children of Alachua County when we first made these goals, and we did not include building capacity needs for those organizations who provide the services to youth. Chair Cornell would like to identify the providers who are the top performing in these three areas and determine how they can be brought in to help others.

   Dr. Labarta articulated that Alachua County has more nonprofits per capita than most places in the state. Most of the organizations that are funded by the Trust are either in the start-up or growth stages. The Board discussed that to some extent, CTAC is responsible for the situation it is in. The discussion continued with questions including: CTAC's relevance, impact, and sustainability. What are the results-based accountability measures needed to ensure success?
   Member Pinkoson recalled the origins of the Trust and how earlier criterion resulted in some of the current challenges. Pinkoson would like the Board to have a specific

conversation about summer camps and where they fall in prioritization. Dr. Labarta and Member Pinkoson disagreed about funding allocations and programs solely relying on CTAC funding. Member Certain said the Trust needs to do a selfie on itself. "We were building the plane while we flew it." – Dr. Labarta and Member Certain. Dr. Hardt shared her concern that CTAC will not be able to address health issues adequately until it addresses the safety issues of the community. According to Dr. Hardt, many partners will not know how to do trauma responsive work until CTAC helps them through meta-programming. Vice Chair Twombly suggested CTAC carve out more money for meta-programming and infuse those services with already-funded providers. Dr. Labarta agreed that it must be added into the contracts.

During the SWOT Analysis, Chair Cornell shared that the CTAC brand is another strength. He further stated that the wide variety of programs, changing issues, and funding are also threats. Dr. Labarta declared that changes, cutbacks, and limited access to other funding threaten the provider community as well. She noted that CTAC's inability to document its impact is also a threat. Dr. Hardt stated a lack of mental health care is also a threat, while trauma and meta-training for providers was discussed as another opportunity. Vice Chair Twombly added the cuts to education are going to have negative effects as well.

Member Pinkoson asked how flexibility can be incorporated into the budget for when priorities and needs arise during the year or in response to crisis. Dr. Labarta recommended using fund balance in those instances and then adding to next year's budget if further funding is needed. Member Pinkoson asked which RFPs are upcoming and was advised by staff that after-school, mentoring, and enrichment RFPs are next.

Member Pinkoson suggested providers should answer how they will satisfy indicators (which is incorporated in their performance measures) on RFP applications. Dr. Labarta suggested one option would be for providers to qualify for additional points on RFP applications by showing these indicators. While discussing literacy, Member Certain stated it is unfair to expect a voter-approved taxing district to change focus and take on literacy when that is the responsibility of the school district. Member Certain expressed that would also be unfair to discontinue programs that lack a literacy component. Board members want CTAC to manage the expectations of its role in the literacy space. Member Chance would like to see providers support the literacy initiative. Member Pinkoson questioned if impact can be tracked through helping children and families before the child enters school and then providing assistance and funds to afterschool programs. He believes working with the school district to get information on how the children score from year to year will demonstrate the impact. ED Kiner agreed and asked Bonnie Wagner, Research, Planning, and Evaluation Coordinator, to share an update on the data sharing agreement draft between CTAC and SBAC. The CTAC's programs team measures impact through pre and post assessments and surveys. Currently, 242 performance measures in 83 CTAC-funded programs show a variety of outcomes. Measurable outcomes in birth to five years and opportunities for tracking development were discussed. When asked what outcomes are measured in birth-5 years, B. Wagner referred to kindergarten readiness. Member Certain asked if there is a way of tracking students before they enter Pre-K/HeadStart. CTAC staff

reported through the Summer Bridge Program and the Childcare Tuition Assistance Program participant development is recorded. Dr. Labarta stated that every after-school program is not literacy related. Some are safety only programs and they need to be put in the correct categories. Dr. Labarta asked if the data sharing agreement covers all programs funded by the Trust. Staff responded yes.

Member Chance brought up the phrasing of "all children" in the CTAC goals and suggested revising it to read "all trust-funded children" to better manage expectations. Chair Cornell reminded the Board that the Trust does not replace funding, it adds to it. ED Kiner explained the literacy plan will bring community partners together and utilize very specific literacy tools. The Trust should hold its partner providers responsible for using those tools. The Board considered whether CTAC would require partner providers to use the CTAC funded literacy plan tools. They agreed that if so, this language will need to go into the contracts. Member Pinkoson wants to show what happens when CTAC is involved.

Visioning

Facilitator Denis led an Imagining Exercise where Board members envisioned CTAC three years from now. Member Chance saw longitudinal data in CTAC's future. Chair Cornell saw a neighborhood that had hope, with children playing in the streets. Member Chance saw people online who were adding to the knowledge and the road CTAC has traveled. ED Kiner saw other funders at the proverbial table. Member Pinkoson saw children entering their first day of school excited. Vice Chair Twombly saw a network of supporters. Dr. Labarta envisioned partners that view CTAC as peers/equals. Member Certain wondered about some of the first children who benefited from the Trust – where are they now? Kristy Goldwire, Chief Operating Officer, envisioned successful children in school with confidence. Dr. Hardt envisioned all parents participating. Belita James, Director of Program Operations, envisioned a systemwide approach to funding opportunities. Demetrica Tyson, Data Support Coordinator, imagined everyone at the table having shared partnership and responsibility in children's success. B. Wagner imagined people saying Alachua County is a great place to raise children. Emily McCauley, Community Engagement Coordinator, shared a recent encounter at a community event connecting with parents and being told "the Trust is for me". Max DeZutter, Contract Manager, sees the Trust preparing providers and presenting opportunities for them to create and innovate efficiently and effectively. Finance Manager Nicole Odom pictured a strong foundation of support for parents. Clerk of the Trust, Keturah Bailey Acevedo envisioned a system where families applied directly through the CTAC information system. Stacy Williams from HIPPY saw families helping to build literacy and support for families and foundations. Community Member Sooryha Lindberg asked where to go to learn about other nonprofits. Dr. Labarta referred her to the Center for Nonprofit Excellence.

Prioritizing

Discussion of Priority Objectives – Member Pinkoson and Dr. Labarta would like there to be a discussion on reprioritizing goals. Dr. Labarta wanted to include a 4th goal to support the success of the provider community through meta-programming and program development. This plan would include tiers of support based on each program's lifecycle stage classification. Member Chance clarified that each goal area should include capacity building. CNE and training should fall under the 4th goal. COO Goldwire shared the ways CTAC has implemented capacity building to date. Board members asked staff to categorize the providers based on where they may fall into the lifecycle stages of their development.

The Board agreed to remove the words "all" from Goals 2 and 3. Goal 1 will remain the same.

Dr. Labarta requested staff to review the goal placement of the after-school programs to determine if they should be moved.

Ranking of Priorities

Goal 1 Priorities	Board	Staff
Maternal Child Health Programs	15	13
Family Resource Centers	16	9
Care Coordination and Navigation Services	8	14
System of Care Building	8	11
Access to Comprehensive Care	6	7
Goal 2 Priorities		
Quality Care	14	18
OST Activities	7	10
VPK Outreach	12	4
Mentoring Character	2	3
Community Advisory Board	1	0
Goal 3		
OST Activities	6	4
Community Safety Convener/Participant	6	2
Mentoring and Character Building	2	0

Future Consideration

Education/Safety	Board	Staff
Address Literacy	16	4
Reading and Academic performance	12	3
Facilitate Enhanced Involvement	4	2
Program focused on “fragile schools”		
Safety	Board	Staff
Addressing childhood trauma	13	7
Address issues of youth and guns	6	4
Preventing trauma	1	6
Additional Priorities	Board	Staff
Renewing special	13	15
Adhering to Strategic	11	10
Grow partnerships and collaborations and meet with other funders	12	16
Measure impacts	4	7
Focus on older youth preventative programs	5	2
Strategic Plan should consider national local best practices and events	3	3
Evaluate sub-categories	0	0

COO Goldwire requested a dedicated discussion on funding for children with special needs. Member Certain agreed and Dr. Labarta asked if special needs could be included in the meta-programming under its own funding stream. Additionally, she questioned if there should be a goal or guiding principle to support children with special needs. COO Goldwire also suggested a dedicated allocation with its own funding opportunity. Member Pinkoson added that it might be necessary to increase the financial threshold consideration. COO Goldwire reminded the Board that there is time for additional discussion since this plan is for the strategic plan that would not begin before the FY26/27 year. Chair Cornell asked if other CSCs have standout programming for special needs children

Chair Cornell acknowledged TeensWork Alachua Intern Jakayla Reams.

Dr. Hardt shared an example of meta-programming by using ACES in Motion (AIM). AIM is an example of an athletic program that stretches to address educational goals. With meta-programming, an expert is teaching funded organizations how to provide necessary services. The question was asked, are CTAC-funded programs required to allow experts to provide those services that the organizations are not qualified to provide? CTAC staff said yes.

Planning

Brainstorming Action Items

Attendees broke into small groups (by goal) to brainstorm the actions that board members/staff can contribute to help accomplish each goal

GOAL ONE: HEALTH 1. Maternal Child Health Programs 2. Family Resource Centers 3. Care Coordination and Navigation Services	6 months: Connect with McKinney-Vento students to plug them into CTAC programming 12 months: Work with county and health department for kids with specific needs; meet with all key funders in community for an intergovernmental discussion; looking at funding a program through resource centers to serve as a resource guide to families with needs. Navigators for DOH, DJJ, Partnership, APD, if we could work to collaborate and connect them. 24 months: Integrate healthy local produce with county's food systems and school district – act as a liaison.
GOAL TWO: EDUCATION/THRIVE	6 months: Media campaign (including podcast) to inform parents of what we're trying to do, where we are and what we want to be – VPK/HeadStart, school attendance, etc.; get everyone on board; incentivize attendance 12 months: Measure and evaluate participation; recruit and train volunteers. 24 months: Look at our target, EQ – how the students are progressing.
GOAL THREE: SAFETY	6 months: Identify the experts who will offer training to providers on assessments; identify the service provider who we can refer students to after they are assessed. Entrance survey in place – gauge their interest and find ways to support the youth. Bring an awareness campaign. 12 months: Have updated contracts to include language that states "if you are receiving funds from CTAC, you are agreeing to…"; continue current professional development plan and offer continuous support; system of care in place for all things trauma, services, assessment; see increase in the number of children and youth who are accessing services. Host a youth leadership summit and introduce them to their local youth councils. Dr. Hardt expressed the need to be careful about how we collect the data; Member Chance added that in the first 6 months, we should be talking to the parents. Dr. Labarta noted that parental consent is required. 24 months: Creating successful teen centers and teen

	center hubs throughout our county. Dr. Hardt suggested the community resource centers would be a good place to house the youth council and hubs.
GOAL FOUR: CAPACITY BUILDING	6 months: Develop a selfie strategy and how to roll it out to all providers; determine how much it is utilized. 12 months: 50% would have completed a selfie and 20 percent would have a plan on how they are moving forward. 24 months: 90% having completed a selfie; 25% having moved up a stage. 90% effectively using CNE opportunities.
META-PROGRAMMING	6 months: Training; implementing the training; measuring the baseline. 12 months: Set percentages of training, utilizing and programming by organizations. 24 months: 90% of providers are aware of resources for meta-programming through Trust or other partners; 85% implementing.

Funding Discussion

Dr. Labarta requested staff begin the process of providing information on each program by goal and include their allocation and scope of service to determine if programs are aligned correctly by goal. Chair Cornell agreed. Member Chance pointed out the role of the Trust may be different depending on the program. Programmatically, CTAC has taken a more hands-on approach to health rather than other programs. Dr. Hardt would like to for there to be more discussion with staff about how they define a health program as a safety program. Chair Cornell stated the purpose of the strategic plan is to identify priorities and subsequently, to fund them. The Board agreed CTAC should be focused on literacy and trauma over the next 3 years. For the new strategic plan, Chair Cornell recommends that 35% of the budget be allocated for health, 40% for education, 20% for safety, and 5% for capacity building. He would also like staff to categorize the programs by lifecycle stage to the best of their ability. Dr. Labarta believes it would be helpful if the Board created a policy on what is appropriate to fund out of fund balance. She continued that CTAC needs to determine how fund balance is to be used and what is considered one-time vs. recurring funding. She reiterated that the policy against funding requests from the podium must be upheld. Dr. Labarta requested staff bring a policy update to the August meeting for all funding requests to be fielded by staff and then brought to the board. Member Pinkoson noted there was no fund balance this year because the reconciliation process will not have taken place yet.

A new **VISION STATEMENT** was agreed upon: All children, youth and families in Alachua County reach their maximum potential.

The Board elected to leave the mission as-is.

VI. Next **Steps and Timelines**

Staff will work with facilitators to develop a timeline for the work requested and receive Board feedback.

- Staff must perform a self-assessment of CTAC's life cycle status and review current goal indicators to determine if they need to be updated.
- Staff are asked to take the existing budget and list which categories the funding falls under (some may be multiple); create a spreadsheet showing those totals. Of those funding amounts – identify what can be classified as ongoing/recurring vs. one-time. The report may need to include comments/justification as to why staff selected those categories.
- Member Pinkoson asked for a preliminary policy on how much (what percentage) of an organization's budget CTAC can be expected to fund.

VII. **Wrap up**

Everyone in attendance shared their sentiments about the workshop and its focus. Staff shared sentiments of hopefulness, excitement, and optimism. Board members felt grateful, intrigued, and focused. ED Kiner voiced her appreciation for the Board. Member Certain shared positive remarks about the community.

General Public Comments

Sooryha Lindberg – enjoyed spending the day watching the process of policy.

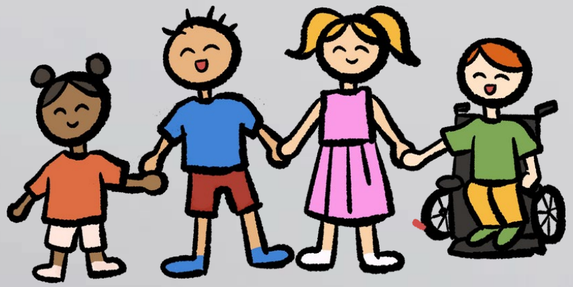
Chair Cornell gave appreciative comments to staff, emphasizing how important staff is, and requested feedback from the staff on the workshop. Dr. Labarta expressed gratitude for the long way the board has come all while doing serious work. Vice Chair Twombly shared appreciative remarks for the staff. Member Chance suggested each Trust meeting start with the reading of the Mission and include a "no funding from the podium" policy reminder.) Member Pinkoson thanked the facilitators, stating it was very worthwhile, and the staff is great. Member Pinkoson observed performance measures are also needed for the board – he gave kudos to the chair for a great meeting. Chair Cornell congratulated the facilitators on a job well done.

Chair Cornell adjourned the meeting at 3:38 pm.

Children's Trust of Alachua County

Strategic Plan Update

July 17, 2025



Your Facilitators

Robinson Associates, Inc.
Driving Exceptional Results

Regine Denis

Conchita Robinson

Jacquie Gibbs

Today's Agenda

CHILDREN'S TRUST
OF ALACHUA COUNTY

Current State

Introductions
Guideline Review
The Trust Today
SWOT

Visioning

Envisioning Program 3-yrs from today "What will we look like?"

Prioritizing

Ranking Priorities

Planning

Brainstorming
Funding

Next Steps

Discussion and Timelines

Wrap-Up

Thank you

CHILDREN'S TRUST
OF ALACHUA COUNTY

MISSION STATEMENT

The Children's Trust of Alachua County funds and supports a coordinated system of community services that allows all youth and their families to thrive.

CHILDREN'S TRUST
OF ALACHUA COUNTY

VISION STATEMENT

Facilitate equitable access and opportunities for all children, youth and families in Alachua County to ensure every child reaches their maximum potential.

10 GUIDING PRINCIPLES

CHILDREN'S TRUST OF ALACHUA COUNTY

1. Initiatives should ensure accessibility to universal supports for all children and youth ages zero to 18 and their families, targeted supports for those who need additional help, and place-based supports for those with the greatest need.

2. Innovative initiatives should be funded that coordinate comprehensive systems of support and delivers those supports in collaborative ways that allows the Trust to achieve collective impact.

3. Initiatives shall be evaluated based on their ability to ultimately impact all children and youth, directly or indirectly, with a priority for long-term continual return on investment.

4. Initiatives must be measurable with priority given to a comprehensive system of supports that provide for prevention, timely intervention, and services that strengthen families and produce achievable results.

5. Initiatives must be aligned to a documented gap or need.

GUIDING PRINCIPLES

CHILDREN'S TRUST
OF ALACHUA COUNTY

6. Funds will be invested, and initiatives will be prioritized based on the highest educational, social, or emotional outcome value.

7. Initiatives will be evaluated in an open, transparent, and competitive manner in order to ensure equitable results and confidence in the process.

8. The Trust values fiscal and operational accountability and will fund partners in a manner that rewards efficiencies, takes advantage of economies of scale, and maximizes services to children, youth or family members/support members in order to meet the educational, social, emotional, and/or physical health.

9. The complete portfolio of Trust investments shall be reviewed to ensure that Alachua County children and families have equitable access to services that will work to increase racial equity.

10. Prior to any funding decision, the direct impact on children and youth must be the primary consideration.

CURRENT STRATEGIC PLANNING GOALS & AREAS OF FOCUS

1

50%

Health:
Children and youth are healthy and have nurturing caregivers and relationships.

- Maternal Child Health Programs
- Access to Comprehensive Care
- Care Coordination and Navigation Services
- Family Resource Centers
- System of Care Building

2

35%

Education (Thrive):
All children and youth can learn what they need to be successful.

- Quality Early Care and Education
- VPK Outreach and Messaging
- Mentoring and Character Building
- Out of School-Time Activities
- Community Advisory Board

3

10%

Safety:
All children and youth live in a safe community.

- Mentoring and Character Building
- Out of School-Time Activity
- Community Safety Convener/Participant

4

5%

Community Capacity Building:
Resource Centers

- Provider Training
- Mini Grants
- Non-Profit Excellence

CHILDREN'S TRUST
OF ALACHUA COUNTY

CURRENT STRATEGIC PLANNING GOALS AND CORE INDICATORS

1

50%

Health:
Children and youth are healthy and have nurturing caregivers and relationships.

- Infant Mortality
- Low Birthweight Babies
- Prenatal Care
- Oral Health
- Hospitalization for Self Inflicted Injuries
- Youth Who Felt Sad or Hopeless for 2 Weeks or More

2

35%

Education (Thrive):
All children and youth can learn what they need to be successful.

- VPK Enrollment
- Quality Childcare Enrollment
- Children Ready for Kindergarten
- Chronic Absence
- Third Grade Math and Reading Proficiency
- High School Graduation

3

10%

Safety:
All children and youth live in a safe community.

- Verified Abuse and Neglect
- Domestic Violence
- Truancy
- Youth Arrest

4

5%

Community Capacity Building:
Resource Centers

- *No Indicators In Current Strategic Plan*

CHILDREN'S TRUST
OF ALACHUA COUNTY

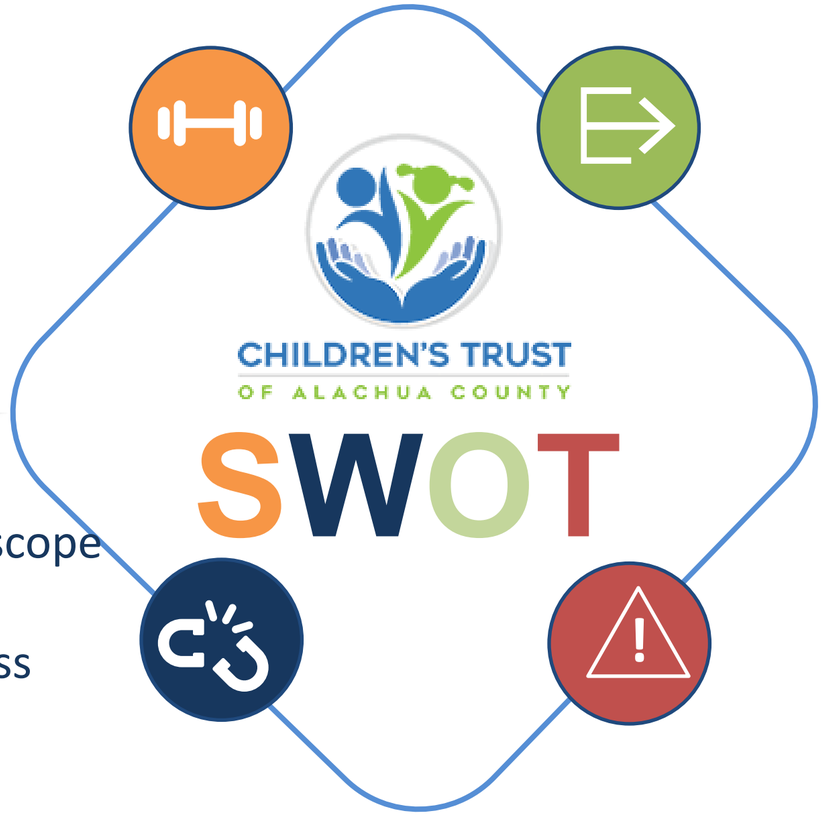
CHILDREN'S TRUST OF ALACHUA COUNTY…

STRENGTHS

- Leadership
- Solid Agency Infrastructure
- A Wide Variety of Program Providers
- Fund Programs Allowing Youth and their Families to Thrive

WEAKNESSES

- Adherence to the Strategic Plan
- Remain aligned with the agency scope of work
- Consider Simplifying Core Business Processes
- Peer Reviews and Benchmarking
- Limited Funding
- Meaningful Partnerships and Collaborations



OPPORTUNITIES

- Defining and Measure for Greatest Impact
- Strategic Partnerships and Collaborations
- Vocational and Educational Programs
- New Ideas and Innovation
- Obtain Community and Stakeholder Feedback
- Review and Update Strategic Objectives

THREATS

- Changes in Regulations
- Federal and State Funding
- Access to Healthcare
- Low Rates of Youth Literacy


What's the future?
CHILDREN'S TRUST
OF ALACHUA COUNTY

TODAY

1

Health Areas of Focus

- Maternal Child Health Programs
- Access to Comprehensive Care
- Care Coordination and Navigation Services
- Family Resource Centers
- System of Care Building

2

Educational (Thrive) Areas of Focus

- Quality Early Care and Education
- VPK Outreach and Messaging
- Mentoring and Character Building
- Out of School-Time Activities
- Community Advisory Board

3

Safety Areas of Focus

- Mentoring and Character Building
- Out of School-Time Activity
- Community Safety Convener/Participant

4

Capacity Building/Resource Centers Areas of Focus

- Provider Training
- Mini Grants
- Non-Profit Excellence

FOR FUTURE CONSIDERATION..

Educational (Thrive) Areas of Focus

- Address Literacy
- Programs focused on “Fragile Schools”
- Facilitate enhanced involvement between schools and their student’s families
- Reading and Academic performance

Safety Areas of Focus

- Address issues of youth and guns
- Preventing trauma
- Addressing childhood trauma

CHILDREN'S TRUST
OF ALACHUA COUNTY

- Renewing our Special District designation
- Adhering to the Strategic Plan on Funding
- Strategic Plan should consider National/local best practices /events when prioritizing goals
- Evaluate the sub-categories of the 3 goals/pillars of the Strategic Plan to ensure children’s success
- Grow partnerships and collaborations (businesses/workforce development, higher education, healthcare, school board)
- Meet with other funders and collaborate (Facilitate workshops with other funding agencies, City, County, Schools, Stakeholders etc….)
- Focus on older youth preventative programs
- Identify and secure CFO
- Measure impacts

BRAINSTORMING

- For your assigned top priority and next for the general priority
- On a notepad individually list all the actions the that board members/staff can contribute to help to accomplish the goal(s)
- Share your information with a partner
- In your designated top priorities groups
- Discuss potential board/staff actions to support agency success
- Using the color “timeframe” post-it select the most important task(s) that board members/staff can contribute to help to accomplish the goal(s)
- Focus on the critical task(s) that will get the Trust to the 3-year visioned goal

Board Consideration Funding Distribution

Funding Areas for Consideration	Not Important	Somewhat Important	Important	Very Important	Extremely Important	Average Rating
Impact	0	0	0	2	6	4.6
Leadership	0	0	0	4	5	4.5
Partnership /Collaboration	0	0	1	3	5	4.4
Sustainability	0	0	2	2	3	4.1
Impartial Distribution	0	1	3	4	1	3.5
Expansion	1	1	2	3	2	3.4
Risk/Uncertainty	1	1	2	4	1	3.3

PLANNING

- ✓ GOALS
- ✓ AREAS OF FOCUS
- ✓ CORE INDICATORS
- ✓ FUNDING
- ✓ OWNERS/ PARTNERS/ TIMELINES

CHILDREN'S TRUST
OF ALACHUA COUNTY

1

50%

Health:
Children and youth are healthy and have nurturing caregivers and relationships.

2

35%

Education (Thrive):
All children and youth can learn what they need to be successful.

3

10%

Safety:
All children and youth live in a safe community.

4

5%

Community Capacity Building:
Resource Centers

NEXT STEPS

CHILDREN'S TRUST
OF ALACHUA COUNTY

THANK YOU

THANK YOU

CHILDREN'S TRUST
OF ALACHUA COUNTY

CHILDREN'S TRUST BOARD RETREAT

07/16/2025 from 9am- 5pm

CTAC Office, 4010 NW 25th Place, Gainesville, FL 32606

Attendance List

Name	Organization	Email address	Contact number
Soorya Lindberg		soorya.lindberg@gmail.com	407-925-6976
Mary Chance	CTAC Bd mbr		
Stacey Williams	HIPPY	williamsse1@gm.sbac.edu	352 246 -4608