CHILDREN'S TRUST REGULAR MEETING MINUTES

December 12, 2022, at 4:00 PM

CTAC, 802 NW 5th Ave, Gainesville, FL 32601

Call to Order

Chair Dr. Margarita Labarta called the meeting to order at 4:00 PM.

Roll Call

PRESENT
Chair Margarita Labarta
Vice Chair Tina Certain
Treasurer Lee Pinkoson
Member Shane Andrew
Member Karen Cole-Smith
Member Ken Cornell
Member Judge Denise R. Ferrero
Member Nancy Hardt
Member Patricia Snyder
Member Cheryl Twombly

Agenda Review, Revision and Approval

Approval of the agenda also approves all of the items on the consent agenda.

Motion to approve the Agenda with a modification to move Item 10 after Old Business made by Vice Chair Certain, Seconded by Member Cornell.

Motion was unanimously approved by voice vote.

Consent Agenda

1. 2022 Board Member Attendance YTD
2. Steering Committee Minutes - 10.17.22
3. 11.14.22 Regular Board Meeting Minutes
4. Board Meeting Evaluation - Survey Results from 11.14.22
5. November 2022 Budget Review
6. Monthly Programmatic Award and Expense Report
7. November 2022 Checks and Expenditures Report
8. Budget by Fund FY22 and FY23 Comparison

General Public Comments

Comments were made by Julie Moderie, Shelly Vickers, and Olga Garcia.

Executive Director's Report

9. 12.12.22 ED Report

ED Kiner updated the board on recent meetings with the Education Foundation, Representative Yvonne Hayes Hinson, the Child Advocacy Center, and the City of Newberry. She noted that the BLI Early Learning Owners and Directors Kick-off Dinner was well-attended with 25 participants. Five staff from the Children's Trust of Alachua County attended the Florida Alliance of Children's Councils and Trusts annual conference. The team connected with supportive contacts for information sharing and DOP Goldwire presented on the successes of TeensWork Alachua.

Old Business

11. Resolution 2022-17 Emergency Closure Policy

The Board discussed the policy and moved to remove the following text from paragraph seven, "or the employee is out on paid leave, vacation, or personal leave".

Motion made by Member Pinkoson, Seconded by Member Cornell to approve Resolution 2022-17 with the above modification.

Motion was unanimously approved by voice vote.

12. Programs Update (Kristy Goldwire)

DOP Goldwire reported on the unspent funds from Summer Programming 2022. These came to a total of $471,015. Staff recommended these rollover funds be used to increase the Freedom School allocation, and to provide professional development training for providers.

Motion made by Vice Chair Certain, Seconded by Member Cornell to allocate up to $100,000 for staff's recommendations.

Motion was unanimously approved by voice vote.

Staff then made funding recommendations for new programs in FY23.

Chair Labarta asked if alternative payers or providers that offer similar services had been considered. DOP Goldwire stated that staff had been previously directed to look into these individual specific providers.

Recommendations included funding UF Saving Smiles with $100,000, funding Catholic Charities with $50,000, and funding the Child Advocacy Center with $150,000.

Motion made by Member Pinkoson, Seconded by Vice Chair Certain to fund UF Saving Smiles with up to $100,000.

Motion was unanimously approved by voice vote.

Motion made by Member Pinkoson, Seconded by Vice Chair Certain to fund Catholic Charities with up to $50,000.

Motion was unanimously approved by voice vote.

Motion made by Vice Chair Certain, Seconded by Member Pinkoson to fund the Child Advocacy Center with up to $150,000.

Motion was unanimously approved by voice vote.

Chair Labarta discussed the creation of a policy and procedure to determine a process to address urgent needs that are brought before the board by the public. When approached, the policy will direct staff to research the real capacity in the community, the actual need, the breadth of the need, other potential alternative funders, if multiple agencies exist to meet that need, and how should the Trust best address it? This will help to ensure all community providers have an opportunity through an RFP process, or if no other providers can meet the need, then through a single source option.

Motion made by Member Pinkoson, Seconded by Vice Chair Certain for Chair Labarta to work with staff on the creation of this policy.

Motion was unanimously approved by voice vote.

Committee Updates

10. Listening Project Update (Bonnie Wagner)

Dr. Stacy Williams gave a presentation on the progress of the Listening Project. She reported on the surveys, focus groups, and interviews that have been taking place throughout Alachua County. She also discussed the project pivots that have been made to increase the public's participation in the project.

Recognition

13. Staff Appreciation Award

ED Kiner recognized Kristy Goldwire and Nicole Odom for their unconditional commitment and dedicated service to the Children's Trust of Alachua County.

Board Member Comments

For Your Information

14. Trim Compliance Letter

Next Meeting Date

Regular Meeting - Monday, January 9, 2023 @ 4:00 PM
CTAC Offices, 802 NW 5th Ave, Gainesville, FL 32601

Adjournment

Chair Dr. Margarita Labarta adjourned the meeting at 6:14 PM.

FIMR Fetal & Infant Mortality Review

Florida Healthy Start
Central & North Central Florida Coalitions

HELP OUR COMMUNITY'S BABIES HAVE MORE FIRST BIRTHDAYS

Be a part of community-driven action to make meaningful changes to improve services, systems, and resources for families and reduce stillbirths and infant deaths.

WHY YOU SHOULD BECOME INVOLVED:

Infant mortality is a key indicator of the health of a community and its social and economic well-being

- Our community's fetal & infant mortality rates are persistently high: *consistently higher than the State's average rates*
- Alarming racial and ethnic disparities: *Black babies in our area are more than twice as likely to be born still as white babies and are more likely to die before their first birthday*

ANYONE PASSIONATE ABOUT SAVING BABIES HAS A PART TO PLAY

- ✓ Community advocates
- ✓ Community and political leaders
- ✓ Health care providers & administrators
- ✓ Social services agencies
- ✓ Family members who have experienced a still birth or infant loss
- ✓ Public health workers & administrators
- ✓ First responders
- ✓ Chamber of Commerce members/business leaders

WHAT WILL YOU BE DOING?

- ☐ Identifying gaps in resources and services...*and finding solutions!*
- ☐ Identifying barriers and challenges families face...*and finding solutions!*
- ☐ Identifying social factors that impact stillbirths and infant deaths...*and finding solutions!*
- ☐ Sharing your unique knowledge and experience to strengthen and improve your community

WHAT IS FIMR?

- A national, evidence-based model proven to reduce stillbirths & infant deaths
- A community-driven, action-based process to review all the circumstances surrounding an infant or fetal loss and find solutions to problems the family experienced accessing services
- Provides context to the life of the parents, the family, and the death of the infant
- Identifies social factors that impact outcomes

FIMR Fetal & Infant Mortality Review

Florida Healthy Start
Central & North Central Florida Coalitions

WHAT FIMR IS NOT

- FIMR is *NOT* about assigning blame or fault or determining each individual death was preventable--*there is something to be learned by every loss*
- You will *NOT* see any pictures and cases are *anonymous* and confidential
- FIMR is *NOT* conducting research on causes of fetal & infant deaths—social, economic, and systems factors are tracked for the purpose of improving care and resources in a specific community

HOW FIMR WORKS

Based on their expertise, FIMR members will participate in one of the FIMR workgroups: either the *The Case Review Team* or the *Community Action Group*

- **Case Review Team (CRT)** is the "information processing" group. This is the team that will review and analyze the medical case extractions and the family interviews and develop recommendations as to what services, systems, and/or policies should be created or improved
    - CRT member commitment:
        - One-time virtual, self-paced FIMR training
        - One, 2-3 hour meeting once per month (*no meetings* in June & December)
        - Time to review Case Summary Reports prior to monthly meeting (3-4 cases)
- **Community Action Group (CAG)** are the "champions for change" that have the political will and resources to develop and implement solutions based on the recommendations from the Case Review Team
    - CAG member commitment:
        - One-time virtual, self-paced FIMR training
        - One, 1-2 hour meeting once per quarter
        - Time and resources to implement an Action Plan created by the team

NEXT STEPS:

- Introductory meeting being planned for early ***January 2023***
- First Case Review Team (CRT) meeting to take place at the end of ***January 2023***
- First Community Action Group (CAG) meeting to take place in ***March 2023***
- ***Have questions?*** Contact Shelly Vickers at svickers@wellflorida.org or 352-313-6500 x8032
- ***Ready to become part of the team?*** Please use QR code below for next steps or go to https://www.surveymonkey.com/r/2022FIMRInterest

FIMR Fetal & Infant Mortality Review

Florida Healthy Start
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CASE REVIEW TEAM MEMBERS

The role of a Fetal & Infant Death Review (FIMR) Case Review Team (CRT) is to act as the "information processor" for the FIMR program. Information collected in the family interviews and the medical abstractions is summarized by the Healthy Start Coalitions' FIMR program staff in a Case Summary Report, which is sent out to the CRT members prior to the meeting in which the case will be reviewed. The CRT team will analyze the Case Summary Report and create recommendations to improve our community's service delivery system and resources.

WHAT ISSUES WILL THE GROUP BE EXPLORING?

- *What economic, health services systems, community resources or personal factors helped this family?*
- *Did the family receive the services and resources they needed?*
- *What are the local service delivery issues that the case highlights?*
- *Are there gaps in the system or community resources?*
- *Is it possible to design and implement more responsive community resources or service delivery systems? What should they look like?*

FETAL & INFANT MORTALITY REVIEWS CAN ACCOMPLISH:

- ✓ **Recognition of Sentinel Events**. Sentinel events are clear warning signals that the quality of services need to be improved and include those cases that in themselves exemplify a particular problem or situation contributing to infant or fetal mortality
- ✓ **Trends**. Over the course of time, several cases will illustrate similar problems or situations
- ✓ **Incidental Findings**. Findings not directly related to the fetal or infant death are often discovered as part of the FIMR process, such as gaps in care or services such as bereavement information and services

WHAT FIMR PROGRAMS *DO NOT* ACCOMPLISH:

- They are not conducting case reviews to determine *individual* causes of death or to categorize the deaths
- FIMR's do not attempt to assess individual preventability; that is often speculative or key information is lacking or inconsistent
- They are not fault-finding or assigning blame for the death. Blame cannot be determined with the subsets of information that FIMR abstracts, nor should it be attempted -- *comprehensive local and state professional peer review and institutional quality assurance programs already exist to respond to this issue*
- FIMR's do not conduct research on the causes of infant death—rather, they are tracking the social, economic, and systems factors associated with the death for the purpose of improving the care and resources available to families in their specific community

FIMR Fetal & Infant Mortality Review

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WHAT CRT MEMBERS ARE COMMITTING TO:

- A one-time virtual, self-paced FIMR training
- One, 2-3 hour meeting once per month (*no meetings* in June & December)
- Time to review Case Summary Reports prior to monthly meeting (3-4 cases)

NEXT STEPS:

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FIMR Fetal & Infant Mortality Review

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COMMUNITY ACTION GROUP MEMBERS

The role of a Fetal & Infant Mortality Review (FIMR) Community Action Group (CAG) member is to be the "champion for change" for the fetal & infant death review program. Information collected in the family interviews and the medical abstractions is summarized, then reviewed and analyzed by the Case Review Team (CRT) who create recommendations to improve our community's service delivery system and resources. These recommendations are sent to the CAG to:

- Develop and implement a FIMR Action Plan consisting of new and creative solutions to improve services and resources for families
- Enhance the credibility and visibility of issues related to women, infants, and families within the broader community by informing the community about the need for these actions
- Work with the community to implement interventions to improve services and resources
- Determine if the needs of the community are changing over time (periodically fed by CRT findings) and decide which interventions should be added or altered to meet them
- Safeguard successful systems changes initiated by FIMR that have been implemented from being discontinued in the future

WHAT CAG MEMBERS DO:

- The CAG is comprised of two types of members:
  - those who have the political will and fiscal resources to create large-scale systems change, and
  - those who can define a community perspective on how to best create the desired change in the community
- CAG members enhance the health and well-being of women, infants, and families in your community by improving the resources and services systems available to them by:
  - Reviewing the findings and recommendations from the CRT
  - Developing a FIMR Action Plan based on those recommendations
  - Implementing the FIMR Action Plan
  - Providing Continuous Quality Improvement of implemented strategies

DEVELOPING A FIMR ACTION PLAN

1. **Prioritizing recommendations.** *Based on the findings and recommendations presented by the CRT and a review of the vital statistics data, what are the overarching needs present in the community? Are there any needs particular to one or only a few cases that are so pressing they must be addressed at once?*
2. **Developing an action plan.** *How can the recommendations be addressed? What organizations represented at the CAG have jurisdiction over these issues? What issues are outside of the entities present? Who else needs to be at the table?*

FIMR Fetal & Infant Mortality Review

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3. **Setting a time frame.** Action time frames may be short term (less than one year) or long term (more than one year)
4. **Maintaining some type of work plan for action.** Work with FIMR staff to create and maintain a work plan with action steps for completing tasks on the FIMR Action Plan
5. **Monitoring Progress.** CAG members report to the team on progress of implementing actions at each quarterly meeting
6. **Informing the larger community about the need for action and FIMR successes.** *When and how will the community hear about the plan and its successes?*
7. **Keep track of successful ongoing FIMR systems changes.** Continuous Quality Improvement for sustainability
8. **Determine if the community's needs are changing over time.** *Should actions be added or altered to meeting these changing needs? Are old problems recurring?*

WHAT CAG MEMBERS ARE COMMITTING TO:

- A one-time virtual, self-paced FIMR training
- One, 1-2 hour meeting once per quarter
- Time and resources to implement an Action Plan created by the team
- CAG may respond to issues that are broad or politically complex and/or may change over time, so time and resources needed to implement change could vary

NEXT STEPS:

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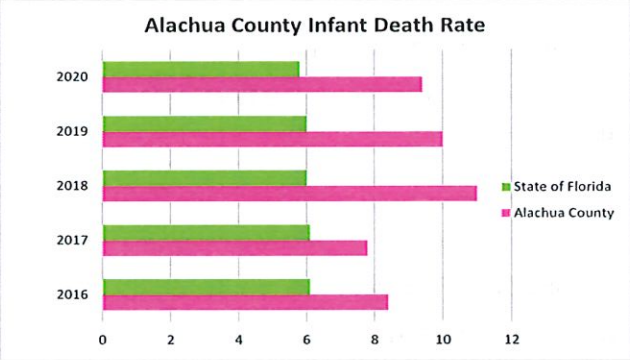
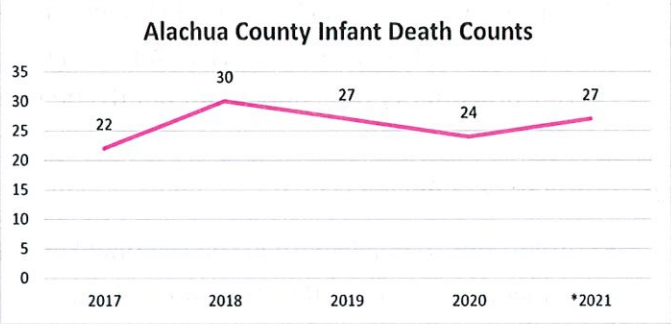
Alachua County Fetal & Infant Mortality Snapshot

Infant Mortality

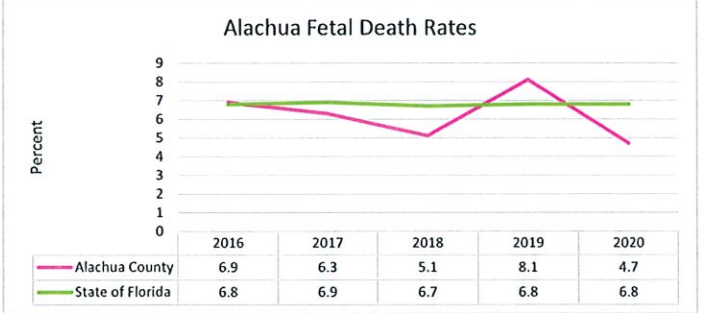




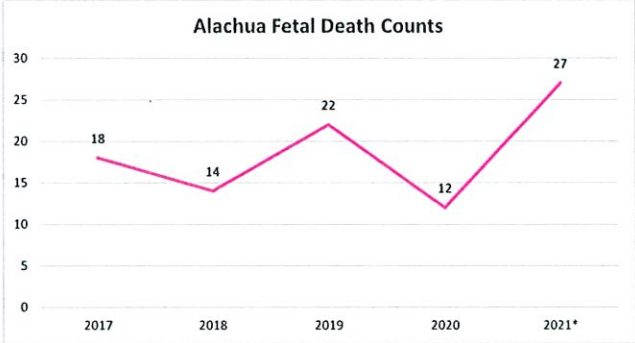
*Florida CHARTS: Provisional data

An infant death is a live birth that results in death within the first year.

Fetal Mortality

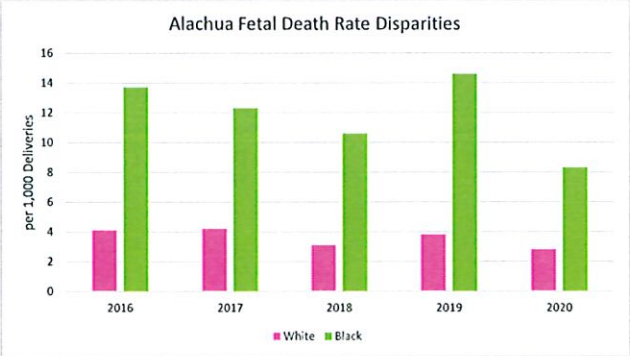


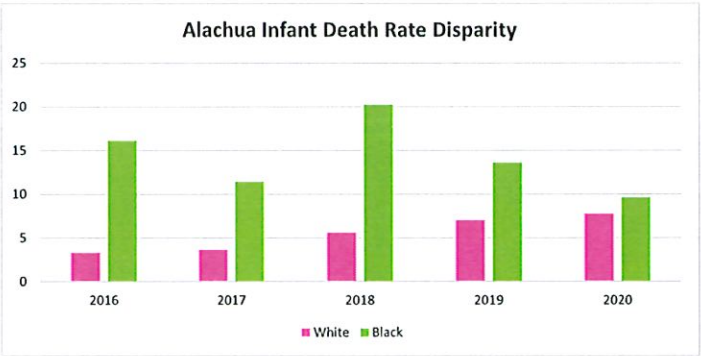
	2016	2017	2018	2019	2020
Alachua County	6.9	6.3	5.1	8.1	4.7
State of Florida	6.8	6.9	6.7	6.8	6.8



A fetal death or stillbirth is the spontaneous death of a fetus that occurs at 20 weeks of gestation or more.

Racial Disparities





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THE PROBLEM:

- ✓ Alachua County is consistently higher than the State's Infant mortality rate
- ✓ Black babies in Alachua County are 3x more likely to be born still than white babies
- ✓ Black infants in Alachua County are twice as likely to die before their first birthday compared to white babies
- ✓ An average of 52 Alachua County babies annually do not see their first birthday
- ✓ The current Department of Health funding and case selection methodology supports only ***three*** Alachua County fetal and infant deaths be reviewed

WHAT CAN CTAC DO:

- ➢ Volunteer to participate in the regional Fetal & Infant Mortality Review
- ➢ Provide support to FIMR to review ***all*** Alachua County fetal and infant deaths
- ➢ Provide support to continue, expand, or implement crucial services for high-risk families (ie: Nurse-Family Partnership, NewboRN Home Visiting, and GROW Community Doula Program)
- ➢ ***To discuss ways CTAC can further support Healthy Start programs:*** Contact Shelly Vickers at svickers@wellflorida.org or 352-313-6500 x8032

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COMMUNITY DOULA PROGRAM

Doula care is an evidence-based strategy to remove barriers to improve health disparities and improve health outcomes for mothers and infants.

OUTCOMES ASSOCIATED WITH DOULA CARE:

- Decreased low birth weight and pre-term births
- Decreased NICU transfers
- Reduced c-section rates
- Improved breastfeeding initiation rates

WHY THE GROW COMMUNITY DOULA MODEL?

- The GROW Doula model:
  - Has been implemented and studied by Indian River Healthy Start for over six-years
  - Is supported by the Cleveland Clinic
  - Has proven short and long-term outcomes
  - Recruits, trains, and connects women with shared experiences and communities to support one another
  - Builds a diverse doula workforce by removing financial and knowledge barriers to doulas becoming certified and ensuring they get paid for services
  - Builds on resiliency developed by mother's life experiences
  - Addresses racial, ethnic, rural, and economic disparities

HEALTHY START OF NORTH CENTRAL FLORIDA READINESS FOR IMPLEMENTATION:

- Community assessment completed October 2022
- In negotiation with Medicaid and the managed care organizations for reimbursement rates
  - *Timeline to be able to bill Medicaid for doula services: January 2023*
- Have obtained, reviewed, and began developing implementation plan for GROW Community Doula program
- Have begun approval process for the GROW Community Doula Program model
- Has met with and obtained support from the Gainesville Doula Network
- In process of securing 10-50k in funding from Humana and Sunshine to implement program

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WHAT HSNCF NEEDS TO START:

- Estimated 75K needed to:
  - Hire a Doula Coordinator as outlined by the program model
    - Provides doula services
    - Coordinates doulas, trainings, and billing
    - Acts as mentor and back-up for doulas
  - Ensure payment of doula services while Medicaid billing is ironed out
  - Ensure doula services will be available and paid for *all women* who desire services, including uninsured and private pay

NEXT STEPS:

- Watch this amazing video from Cleveland Clinic Indian River about the GROW Doula model! https://fb.watch/h7kzv-3fqC/
- Contact Shelly Vickers at svickers@wellflorida.org or 352-313-6500 x8032 to set up meeting for further discussion

The G.R.O.W. Doula Model

GUIDANCE. RESOURCE. OPENHEARTED. WISDOM.

What makes the Indian River County Healthy Start Coalition's *G.R.O.W. Doula Community Program* Model Different?

Developed alongside Cleveland Clinic Indian River Hospital, The G.R.O.W. Doula Model leverages the power of peer-to-peer support. While many Community Doula programs employ Doulas to serve families or connect families to Doulas and provide services at no or low cost, **the G.R.O.W. Doula Model explicitly recruits, trains, and connects women within shared communities to support one another during critical times of pregnancy, birth, and the postpartum period.** This part of The G.R.O.W. Doula Model addresses the need to build a diverse Doula workforce.

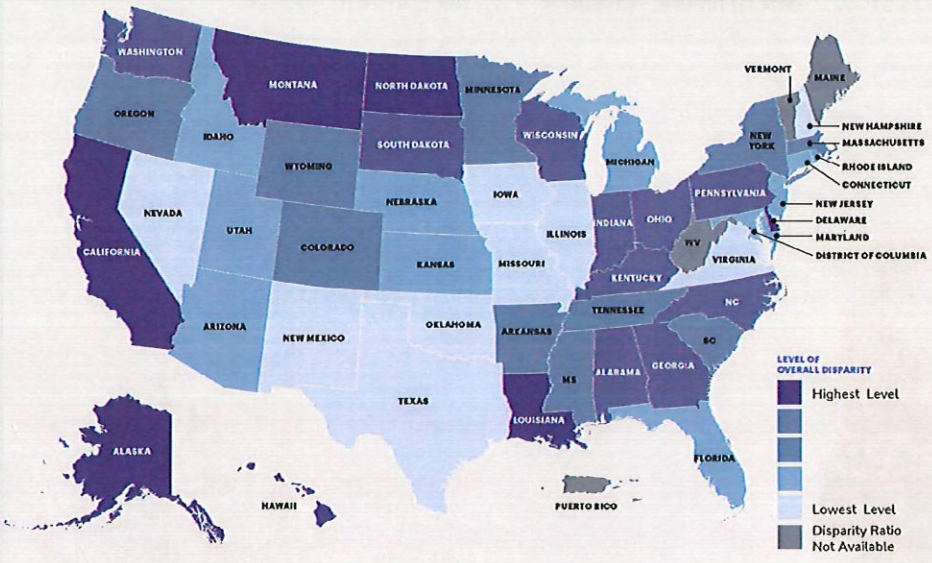
Doula care rose to popularity in the 1980s most often in the form of private birthing coaches. Currently, Doulas can make up to $2,500 per birth. "As a result, Doula care has come to be viewed as a privilege reserved for wealthy, white people capable of paying for the resource." (Wint et al.; 2019, p 109). The G.R.O.W. Doula Model makes Doula care accessible by engaging, training and supporting a diverse workforce and connecting pregnant families with care that is covered by Medicaid or funded through other sources.

Doulas often share the same community, culture, race, and ethnicity as their clients. The G.R.O.W. Doula Model provides support for Doulas as well as for families. This encourages Doulas to remain in a field that has a high rate of burnout. The G.R.O.W. Doula Model does this by investing in the Doula's success. Lead agencies pay for all expenses related to becoming a Doula (training, insurance, uniform, etc.), create a social support network of Doulas, host no-cost continuing education, provide supervision, and manage hospital privileges, and billing, and payment. As a result, the Doulas can focus on providing the best Doula care possible.

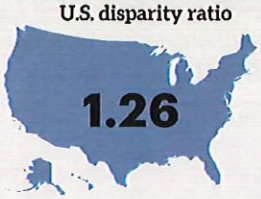
Each element of The G.R.O.W. Doula Model is imperative in creating an environment in which Doulas can serve. A large part of this model's success lies with a strong lead agency. The lead should have a positive and established reputation within the community and have hospital connections, leadership buy-in, the ability to bill for services, and or leverage funding from other sources. This helps support the work of Doulas.

Many Community Doula programs face high rates of declining services. This is due to the lack of understanding of the research on supported birth outcomes and a stereotype that doula care is a luxury service for wealthy and predominantly white women. The G.R.O.W. Doula Model provides lead agencies with community strategies designed to increase acceptance rates, including growing the pool of diverse Doulas, enabling women of color to find Doulas who have shared life experiences. It is estimated that "40% or more of women are unaware of Doula care and the potential support Doulas can provide. Despite this, low-income African American women often report wanting this support during labor and delivery." (Wint et al.; 2019, P109). Doula care has been shown to be effective in reducing racial disparities in maternal child health outcomes. The 2020 March of Dimes Report Card which monitors key indicators to improve the health of mothers and babies throughout the United States identified that the disparity ratio has worsened from baseline in 2020. Also within this report Doula care is cited as a *strategy to create equity and remove barriers to obtain quality care in underserved and rural communities.* (2020 Report Card, 2020 March of Dimes)

RACE & ETHNICITY DISPARITY BY STATE



U.S. disparity ratio



The U.S. Disparity Ratio has worsened from baseline

The March of Dimes disparity ratio measures and tracks progress towards the elimination of racial/ethnic disparities in preterm birth. It's based on Healthy People 2020 methodology and compares the group with the lowest preterm birth rate to the average for all other groups. Progress is evaluated by comparing the current disparity ratio to a baseline disparity ratio. A lower disparity ratio is better, with a disparity ratio of 1 indicating no disparity.

The G.R.O.W. Doula Model addresses the Social Determinants Of Health (SDOH) by utilizing a community-based model. Meeting families where they are, addressing social issues, and preparing and empowering clients to be the best parents they can be. By deeply understanding each family's needs the Doulas can assist to create links to ongoing support networks.

Some results highlighted are:

25% decrease in the risk of Cesarean; the largest effect was seen with a Doula (39% decrease)*

8% increase in the likelihood of a spontaneous vaginal birth; the largest effect was seen with a Doula (15% increase)*

10% decrease in the use of any medications for pain relief; the type of person providing continuous support did not make a difference

Shorter labors by 41 minutes on average; there is no data on if the type of person providing continuous support makes a difference

38% decrease in the baby's risk of a low five minute APGAR score; there is no data on if the type of person providing continuous support makes a difference

31% decrease in the risk of being dissatisfied with the birth experience; mothers' risk of being dissatisfied with the birth experience was reduced with continuous support provided by a Doula or someone in their social network (family or friend), but not hospital staff

"For two of these outcomes (designated with asterisks*), the best results occurred when a birthing person had continuous labor support from a doula– someone who was NOT a staff member at the hospital and who was NOT part of their social network." (Decker, 2019)

These national organizations have adopted position statements supporting Doula care:

Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)

American College of Obstetrics and Gynecology (ACOG)

March of Dimes

In addition, many states throughout the nation are adding Doula care as benefit for families enrolled in Medicaid acknowledging the impact on birth outcomes and the return on investment. Currently, Oregon, Minnesota, New Jersey, and Florida have Doula care as a benefit and Maryland, Rhode Island, Virginia, California, Georgia, Illinois, Nevada are in process.

39%*
decrease
in the risk of
Cesarean

15%*
increase
in likelihood of a
spontaneous
vaginal birth

10%
decrease
in the use of pain
medications

41mins
shorter time
spent in labor

38%
decrease
in the risk of a
low 5 minute
APGAR Score

31%
decrease
in the risk of
being dissatisfied
with the birth
experience

Funding Overview

Funded Programs:

Total funding awarded for 28 camps	$1,832,074.00
Total funding awarded for 6 Enrichment Providers	$165,946.00
Total	$1,998,020

Unspent Dollars:

Summer Camps	$535,897.00
Enrichment Providers	$23,458.00
Total Incentive dollars paid to camps	- $88,340.00
Total Rollover	$471,015.00

Good afternoon,

My name is Rebekah McKinzie. I am a lieutenant with the Gainesville Police Department and a licensed foster care parent. I wanted to take this opportunity to share with you how important the role of the Child Advocacy Center (CAC) in Gainesville is to our community. I started working closely with the CAC in 2014 when I supervised the Child and Sex Crimes squad in our Investigations Bureau. This role put me in direct contact with the CAC almost every day. The CAC is unique in that they not only provide counseling for child victims and witnesses of crimes but work directly with law enforcement, the UF Child Protection Team, the Department of Children and Families, and Partnership for Strong Families to ensure that every child within our community receives the support and resources necessary to heal and address their trauma. This includes navigating the criminal justice system. Help is not limited to just the child. The support is also provided to the family and/or caregivers of the children receiving services.

There have been many times where a child is in need of services after hours, on the weekend, or during a holiday. EVERY time our agency has reached out during those times, the CAC has answered our call. They assist us in completing emergency forensic interviews, coordinating medicals, victim advocacy, and notifying other MDT members when needed. Additionally, they provide crisis counseling to the victims after forensic interviews to ensure that a child is not in crisis before they are released to a caregiver and leave the CAC to go home. This allows us to focus on our criminal investigation knowing that the CAC will ensure that the appropriate services are provided to the child and family.

Many organizations only operate during a "normal" work week which makes receiving emergency services difficult at times. It is rare to come across an organization that answers the call 24/7, especially one that provides services, such as counseling. The CAC is that organization.

As a foster parent, several of the children placed in my care have received services from the CAC. Their model allows for quick communication across disciplines and their relationships with child welfare organizations in our community helped children placed in my care receive services quicker. I was confident that any child I brought to the CAC would get the services needed to heal and that they were a true partner in the child's recovery and healing process not an organization that would just check a box.

In my experience as a law enforcement officer since 2004 and as a foster parent since March of 2020, I have not come across another organization that provides the types of services, resources, and assistance needed to support victims and their families as well investigate child maltreatment cases. If there is one thing that could improve the CAC's response to these children and their families, it would be increasing funding to the CAC so that more children and families can receive the help that is known to improve the outcome of their cases and move them forward in their journey towards healing.

Thank you for your time,

Rebekah McKinzie

LISTENING PROJECT:
PROGRESS AS OF 12DEC22

CHILDREN'S TRUST OF ALACHUA COUNTY

Key Informants

17 / 10+ Interview

11* / 10+ Interview
*KI and partners

\+ 9 Trust Staff Interviews

Partners

29* / 85%+ Survey

1 Focus Group

Providers

71* / 85%+ Survey

3 Focus Group
+1 scheduled

Parents

***59 parent and youth surveys from weekend events to be processed*

334* / >300 Survey
32 in Spanish

16 / 9 Focus Group
+1 scheduled

Youth

255* / >300 Survey
17 in Spanish

*raw results

3 / 3 Focus Group

Community

3 / 2 Community Meeting

PROJECT PIVOTS

Group	Event	Originally Planned	Completed	Reason for Pivot	Change Made
• Parents	• Focus Group	• 9 Focus Groups	• 17 Focus Groups	• Too Few Participants	• +8 Parent Focus Groups
• Providers • Partners • Key Informants	• Interviews • Focus Group • Surveys	• 10 Interviews • 4 Focus Groups • 85% Surveys	• 17 Interviews • 1 Focus Group (scheduled) • 100 Surveys	• + Interviews • - Focus Group Interest • + Survey Responses	• +Interviews • Shifted 3 Focus Groups to Parents • +Surveys
• Students	• Focus Group	• 3 Focus Groups • (+2 if needed)	• 3 Focus Groups	• Data saturation with Focus Groups and Surveys	• Shifted 2 Student Focus Groups to Parent Focus Groups
• Community	• Community Meeting	• 2 Meetings	• 3 Community Meetings	• Provide Additional Community Opportunities	• +1 Additional Community Meeting

GOODWILL

Less power to you

By surrendering some control, philanthropists can do even more good

When the Global Alliance for Clean Cookstoves launched in 2010, it attracted the attention of deep-pocketed donors due to its audacious, headline-grabbing goal of distributing 100 million clean-burning cookstoves to underprivileged households and rural villages around the globe. The *New Yorker* called the movement to design such appliances "the quest for a stove that can save the world."

But after 8 years and $75 million, it had become apparent that the alliance had fallen well short of its goals. It had built and distributed the stoves on schedule, but there was an unexpected hitch: People didn't want to use them. One woman told a journalist that the "clean" stove simply didn't cook food as she wanted it to; another thought it cooked too slowly.

This is an all-too-common story in philanthropy. An ambitious, well-meaning plan has one fatal flaw: The people at the center of the problem were not sufficiently consulted. However, a growing number of philanthropists are starting to do things differently, using a model called participatory grantmaking.

Participatory grantmaking is the process of shifting decision-making power over grantmaking to the very communities most affected by the grants. It's a structural fix to the broken power dynamics in traditional funding — a way to change philanthropy from closed, opaque, and expert-driven to open, transparent, and community-driven.

Putting participation into practice

The key element behind any participatory grantmaking process is that the funder gives a voice to people who don't usually get a say in the decision. Any grantmaking process, at its most basic, has three broad decision points: creating an overarching theory of change, building a pipeline of ideas, and deciding which of those ideas should get funded. Participatory grantmaking boils down to a series of choices that funders can make at each of those decision points to systematically incorporate community voices.

Creating an overarching theory of change, whether for a single grantmaking program or an entire institution, must start with the needs of the community. Rotary's needs assessment tools include many best practices for empowering communities to define their priorities. Clear communication about how a person's or group's involvement will meaningfully affect the assessment is essential to building the trust required for any participatory practice to be successful.

Brooklyn Community Foundation offers another example. Representatives literally went door-to-door in every neighborhood in the New York City borough, asking residents what they wanted the fund to focus on. Then, they presented what they heard at a series of events and invited debate and discussion, ultimately leading to a vote by community members.

The next decision point: **building a pipeline of ideas.** Grant funding disproportionately goes to nonprofits with the staff and resources to woo potential funders, while criteria often reflect the institution instead of the community. We've seen funders successfully shift power to communities at this stage by inviting community members to develop the criteria used to determine grant funding and deputizing community members to source applications from smaller or newer organizations.

FRIDA: The Young Feminist Fund, which supports feminist activism by young people in the Global South, keeps its pipeline fresh by connecting the activists in their region who apply. Applicants are invited to vote on the other applications, generating insights that allow FRIDA to more intentionally source future grant applications. In other words, its process honors the expertise that other grantees have on their own community.

Inviting community members to **decide which ideas should get funded** is considered by some to be the "purest" form of participatory grantmaking. Community members can take part in the entire process, up to and including the final vote, or some of its components, such as the application review process to generate a recommended final slate.

The Disability Rights Fund (DRF) is one useful example. Like Rotary, its community is diverse. DRF operates in 38 countries and "disability" can refer to hundreds of different challenges. And that's before we get into the intersecting identities of race/ethnicity, class, gender, religion, and more.

To ensure representation, half of DRF's grantmaking committee is made up of disability rights activists who serve fixed terms before rotating out. The remaining 50 percent are funders and DRF staff. To select the activists, DRF partners with an international membership organization for disability rights groups. DRF is quick to acknowledge that it's an iterative process; the organization is constantly tweaking things to maximize participation from its members. But with participation, the process is the point.

What would it take to reach the point where 10 percent of philanthropic dollars are allocated by activists, nonprofit leaders, and community members, rather than philanthropy professionals?

It starts with making an effort to "let go." Above all, it requires a deep dose of humility — an acknowledgment by the funder that it does not have all the answers.

— MEG MASSEY AND BEN WROBEL

Meg Massey and Ben Wrobel are the authors of the book *Letting Go: How Philanthropists and Impact Investors Can Do More Good by Giving Up Control.* Find out more at lettinggobook.org.

Find Rotary's community assessment tools at on.rotary.org/3IPdE3v.

CHILDREN'S TRUST
OF ALACHUA COUNTY

CHILDREN'S TRUST MEETING MINUTES

December 12, 2022 at 4:00 PM

CTAC, 802 NW 5th Ave., Gainesville, FL 32601

Signature Page

Approval of Meeting Minutes

CERTIFICATION:

I hereby certify that the foregoing minutes are a true and correct copy of the minutes of the Regular Meeting of the Children's Trust of Alachua County, held on the 12th day of December, 2022.

I further certify that the meeting was duly called and held and that a quorum was present.

CHILDREN'S TRUST OF ALACHUA COUNTY
By:_____
Dr. Margarita Labarta, Chair

CHILDREN'S TRUST OF ALACHUA COUNTY
By:_____
Marsha Kiner, Board Secretary

Please provide your signature to confirm these minutes are a true representation of the CTAC meeting on December 12, 2022, as approved by the Board on January 9, 2023.