



CHILDREN'S TRUST SPECIAL MEETING AGENDA

October 30, 2020 at 9:00 AM

Virtual Meeting (see last page for information)

Call to Order

Roll Call

Agenda Review, Revision and Approval

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

Consent Agenda

Any member of the Trust may ask that an item be moved from the Consent Agenda to the Regular Agenda. Consent Agenda items will not be discussed unless moved to the Regular Agenda.

1. [NewboRN Annual Report FY19-20](#)
2. [SED Annual Report FY19-20](#)
3. [Approval of Budget Amendments to Direct Community Service Contracts in Excess of 10%](#)

Presentation

4. [Presentation – Public Meetings After November 1, 2020](#)

Action Items

5. [Resolution 2020-19 Board Member and Public Participation at Board and Committee Meetings.](#)

General Public Comments

Board Member Comments

Adjournment

Special Meeting: Children's Trust of Alachua County – Board Meeting

October 30, 2020 at 9:00 AM

- 1) Email public comments to childrenstrust@childrenstrustofalachuacounty.us by 5:00 PM on October 29, 2020.
- 2) Zoom link to register:
https://us02web.zoom.us/webinar/register/WN_DyXSW9iyRsyO2Uu9jFy2XQ
- 3) Phone: Call (346) 248-7799; Meeting ID: 842 8620 2170
- 4) View on Facebook Live: www.facebook.com/ChildrensTrustofAlachuaCounty

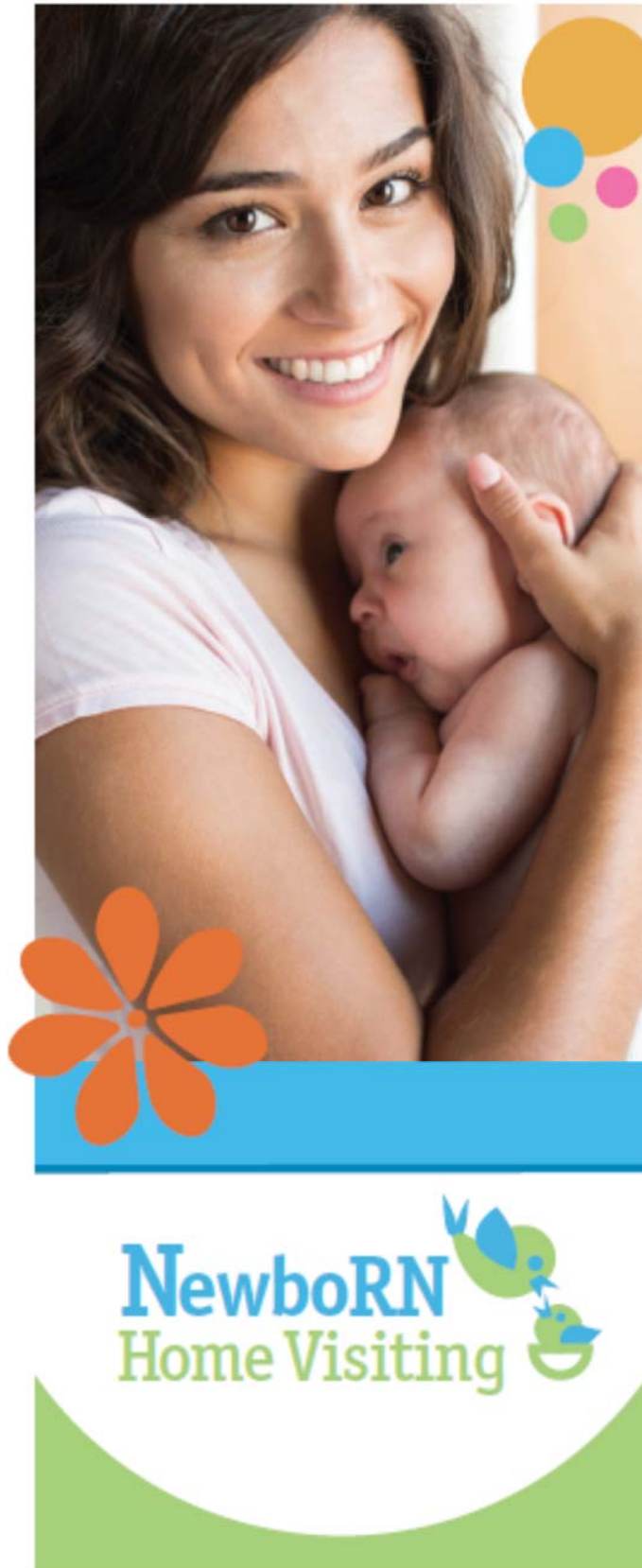
File Attachments for Item:

NewboRN Annual Report FY19-20

Year-End Report

Item 1.

October 2019 – September 2020



NewboRN Home Visiting Program

The NewboRN Home Visiting Program is a free program offered to all Alachua County women who give birth at a hospital, birth center or home within the county. Within a week after baby is born, a registered nurse will visit the family at home to see how they are doing, share information and connect to services and resources.

During the visit, the nurse will provide information and advice about:

- Calming your newborn
- Bathing, changing and taking care of your newborn
- Eating well to keep you and your newborn healthy
- Breastfeeding
- Ensuring that your home is safe
- Parent-infant bonding and interaction
- Safe sleeping arrangements

The nurse will ask questions to make sure you are doing okay. These might include:

- Are you getting enough sleep?
- Do you have the support you need from family and friends?
- Are you eating well?
- Are you feeling upset or depressed?

Mom will also receive a free Welcome Baby bag that includes items and information for mom and baby.

The Newborn Home Visiting program is a coordinated effort to improve the health, safety and future of all babies born in Alachua County. Goals of the program include:

- Increased breastfeeding rates
- Increase well-child visit attendance
- Increased postpartum visit attendance
- Increased identification of families needing services
- Increased knowledge of things like
 - Self-care
 - Infant nutrition
 - Safe sleep practices
 - Home safety
 - Bathing and dressing baby
 - Umbilical cord care

The program is overseen by Healthy Start of North Central Florida and is a collaboration between hospitals, home health agencies, childbirth providers and social service agencies throughout the county. Supported by the Children's Trust of Alachua County.

How Many Have We Served?

Hospitals	Births	Intakes Completed	% Intakes Completed	Consented	% Consented	Completed Assessment	% Assessments
October	223	196	87.9%	115	58.7%	85	73.9%
November	215	153	71.2%	80	52.3%	55	68.8%
December	241	174	72.2%	105	60.3%	64	61.0%
January	220	174	79.1%	113	64.9%	59	52.2%
February	225	192	85.3%	98	51.0%	43	43.9%
March	203	84	41.4%	59	70.2%	15	25.4%
April	199	COVID-19					
May	202	44	21.8%	29	65.9%	14	48.3%
June	179	46	25.7%	27	58.7%	16	59.3%
July	245	61	24.9%	49	80.3%	31	63.3%
August	229	36	15.7%	23	63.9%	13	56.5%
Sept	195	80	41.0%	60	75.0%	28	46.7%
Total	2576	1240	48.1%	758	61.1%	423	55.8%

UF Health Shands	Births	Intakes Received	% Intakes Received	Consented	% Consented	Completed Assessment	% Assessments
October	107	93	86.9%	56	60.2%	45	80.4%
November	99	73	73.7%	42	57.5%	28	66.7%
December	98	87	88.8%	53	60.9%	31	58.5%
January	90	80	88.9%	51	63.8%	26	51.0%
February	99	86	86.9%	47	54.7%	15	31.9%
March	95	41	43.2%	34	82.9%	2	5.9%
April	98	COVID-19					
May	89	33	37.1%	22	66.7%	8	36.4%
June	86	36	41.9%	23	63.9%	12	52.2%
July	110	39	35.5%	32	82.1%	18	56.3%
August	114	23	20.2%	17	73.9%	8	47.1%
Sept	97	61	62.9%	50	82.0%	24	48.0%
Total	1182	652	55.2%	427	65.5%	217	50.8%
NFRMC	Births	Intakes Received	% Intakes Received	Consented	% Consented	Completed Assessment	% Assessments
October	116	103	88.8%	59	57.3%	40	67.8%
November	116	80	69.0%	38	47.5%	27	71.1%
December	143	87	60.8%	52	59.8%	33	63.5%
January	130	94	72.3%	62	66.0%	33	53.2%
February	126	106	84.1%	51	48.1%	28	54.9%
March	108	43	39.8%	25	58.1%	13	52.0%
April	101	COVID-19					
May	113	11	9.7%	7	63.6%	6	85.7%
June	93	10	10.8%	4	40.0%	4	100.0%
July	135	22	16.3%	17	77.3%	13	76.5%
August	115	13	11.3%	6	46.2%	5	83.3%
Sept	98	19	19.4%	10	52.6%	4	40.0%
Total	1394	588	42.2%	331	56.3%	206	62.2%

What Have We Done?

Impact of COVID-19

March 13, 2020 was the last day our Family Partners were in the hospital due to COVID, and the last day assessments were conducted in the home. Since then, visits have been completed virtually.

Not being in the hospital required us to develop innovative ways to recruit participants for the program. We have utilized the Healthy Start Connect Program to ask families with a newborn if they would like to participate in the program. We have also developed an online registration process so families can complete the forms electronically.

Our Family Partner was allowed back at UF Health Shands starting on September 10, 2020. We have not been able to return to North Florida Regional Medical Center.

We also created bags to be given to all patients that deliver at both hospitals. The bags include a mask, thermometer, hand sanitizer, and an educational pamphlet on how to care for a newborn during the COVID-19 pandemic.

Community Outreach Education

Hospital Bags: thermometer, hand sanitizer, mask, and educational material (multi-fold pamphlet)



KEY POINTS

- Much is still unknown about the risk of COVID-19 to newborns born to and breastfed by mothers with COVID-19.
- Keep up with healthcare visits for you and baby.
- Protect yourself and others from COVID-19 by following these guidelines:
 - Wear a mask.
 - Avoid others who are not wearing masks.
 - Stay at least 6 feet away from others.
 - Avoid unnecessary outings.
 - Practice hand hygiene by washing your hands frequently. Wash your hands for at least 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.



Source: Centers for Disease Control and Prevention

Caring for Yourself and Your Newborn



DURING THE COVID-19 PANDEMIC

TAKE STEPS TO PROTECT YOURSELF FROM COVID-19

It is important to understand the risks and know how to be as safe as possible. In general, the more people you interact with, the more closely you interact with them and the longer that interaction, the higher your risk of getting and spreading COVID-19. Here are preventive steps you and people you live with can take:

- Limit close contact interactions with other people as much as possible.
- When going out or interacting with others outside your immediate household:
 - Wear a mask.
 - Avoid others who are not wearing masks or ask others around you to wear a mask, if possible.
 - Stay at least 6 feet away from others outside your household.
 - Practice hand hygiene.
- Avoid activities where taking protective measures may be difficult and where social distancing can't be maintained.



CONTINUE TO SEEK HEALTHCARE

Don't skip your healthcare appointments during and after pregnancy.

- Visit your healthcare provider for all recommended appointments. If you need help finding one, contact your nearest hospital clinic, community health center or health department.
- Talk to your healthcare provider about how to stay healthy and take care of yourself and your baby. If you're concerned about going to your appointments because of COVID-19, ask your healthcare provider what steps they're taking to separate healthy patients from those who may be sick.
- Some healthcare providers may choose to cancel or postpone some visits.
- Others may switch certain appointments to telemedicine visits, which are appointments over the phone or video.
- These decisions may be based on the situation in your community as well as your individual health risks.



CARING FOR NEWBORNS WHEN THE MOTHER HAS COVID-19

Much is still unknown about the risks of COVID-19 to newborns born to mothers with COVID-19. We do know that:

- Infections causing COVID-19 in newborns born to mothers with COVID-19 are uncommon.
- Some newborns have tested positive for the virus that causes COVID-19 shortly after birth. It is unknown if these newborns got the virus before, during, or after birth from close contact with an infected person.
- Most newborns who tested positive for the virus that causes COVID-19 had mild or no symptoms and recovered. However, there are a few reports of newborns with severe COVID-19 illness.
- Preterm (less than 37 completed weeks gestation) birth and other problems with pregnancy and birth have been reported among women who tested positive for COVID-19 during pregnancy. It is unknown whether these problems were related to the virus that causes COVID-19.

TAKE PRECAUTIONS AT HOME IF YOU ARE IN ISOLATION FOR COVID-19

Take the following precautions until your isolation period for COVID-19 has ended:

- Stay home to separate yourself from others outside your home.
- Consider isolating from other household members within your home who are not infected.
- Have a healthy caregiver who is not at increased risk for severe illness provide care for your newborn.
 - Caregivers should practice hand hygiene before touching your newborn.
 - If the caregiver is living in the same home or has been in close contact with you, they should wear a mask when they are within 6 feet of your newborn for the entire time you are in isolation and for two weeks after you completed isolation.
- If a healthy caregiver is not available, you can care for your newborn if you are well enough.

- Practice hand hygiene before touching your newborn.
- Wear a mask when within 6 feet of your newborn and other people during your entire isolation period.

Others in your household and caregivers who have COVID-19 should isolate and avoid caring for the newborn as much as possible. If they have to care for the newborn, they should practice hand hygiene and wear a mask.



HOW TO PRACTICE HAND HYGIENE:
Wash your hands for at least 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.



ENSURE SAFE SLEEP FOR YOUR BABY

During the COVID-19 pandemic, parents may experience increased stress and fatigue that could affect their ability to ensure that their baby is sleeping safely. Help reduce your baby's risk of sudden infant death syndrome (SIDS) and other sleep-related deaths by doing the following:

- Place your baby on his or her back for all sleep times — naps and at night.
- Use a firm, flat sleep surface, such as a mattress in a crib covered by a fitted sheet.
- Have the baby share your room but not your bed. Your baby shouldn't sleep on an adult bed, cot, air mattress, couch or chair, whether he or she is sleeping alone, with you or with anyone else.
- Keep soft bedding, such as blankets, pillows, bumper pads and soft toys, out of your baby's sleep area.
- Do not cover your baby's head or allow your baby to get too hot. Signs your baby may be getting too hot include sweating or his or her chest feeling hot.
- Don't smoke or allow anyone to smoke around your baby.



Do NOT put a face shield or mask on your baby.

A face shield could increase the risk of sudden infant death syndrome (SIDS) or accidental suffocation and strangulation. No data supports the use of face shields among babies for protection against COVID-19.

KEEP UP WITH NEWBORN VISITS



Ideally, newborn visits are done in person so that your baby's healthcare provider can:

- Check how you and your baby are doing overall.
- Check your baby's growth and feeding.
- Check your baby for jaundice.
- Make sure your baby's newborn screening tests were done (including a bloodspot, hearing test and a test for critical congenital heart defects) and do any repeat or follow-up testing, if necessary.
- Be sure to call and notify your baby's healthcare provider before visiting if you or your baby have COVID-19.

COVID-19 AND BREASTFEEDING

You, along with your family and healthcare providers, should decide whether and how to start or continue breastfeeding. Breast milk provides protection against many illnesses and is the best source of nutrition for most babies. *We don't know for sure if mothers with COVID-19 can spread the virus to babies in breast milk, but the current evidence suggests that this isn't likely.*

Helpful tips for breastfeeding

- If you have COVID-19 and choose to breastfeed
 - Wash your hands beforehand.
 - Wear a mask while breastfeeding.
- If you have COVID-19 and choose to express breast milk
 - Use a dedicated breast pump (not shared).
 - Wear a mask during expression and wash your hands before touching any pump or bottle parts and before expressing breast milk.
 - Follow recommendations for proper pump cleaning after each use, cleaning all parts that come into contact with breast milk.
 - Consider having a healthy caregiver who does not have COVID-19, is not at increased risk for severe illness from COVID-19, and is living in the same home feed

the baby. Any caregiver feeding the baby should wear a mask when caring for the baby for the entire time you are in isolation and for two weeks after you completed isolation.

- Pump or feed every 2-3 hours (at least 8-10 times in 24 hours, including at night), especially in the first few days. This signals the breasts to produce milk and prevents blocked milk ducts and breast infections.
- If you are unable to establish milk production after birth or have to temporarily stop breastfeeding during your COVID-19 illness because you do not feel well enough, get help from a lactation support provider. Learn more about relactation.
- Always wash your hands with soap and water for 20 seconds before breastfeeding or expressing breast milk even if you don't have COVID-19. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.

Updated Brochure: During this contract year, we updated our program's brochure to provide patients with a clear "flow" of services from the time they are introduced to the program to the moment they receive the nurses' home visit. The new brochures continue to be distributed to all of our partners in the community.



The NewboRN Home Visiting program helps improve the health, safety and future of all babies born in Alachua County.

This program is available to Alachua County women who give birth at a hospital, birth center or home within the county. After your baby is born, a registered nurse (RN) or licensed midwife will visit you at home to see how you are doing, share information and connect you to local resources.

I'm In! What do I do?
Register for your visit!



The NewboRN Home Visiting program is a coordinated effort to improve the health, safety and future of all babies born in Alachua County. The program is overseen by Healthy Start of North Central Florida and is a collaboration between hospitals, home health agencies, childbirth providers and social service agencies throughout the county. Funded by the Children's Trust of Alachua County.

Web: www.NewboRNHomeVisiting.org
Phone: 352-727-3036









How it works:

- 1. At the hospital or birth center**
 - Our Family Partner will visit you to get you registered and answer any questions you may have. You will receive a welcome gift from us to you!
 - Having your baby at home? Licensed midwives can provide the NewboRN home visit!
- 2. After you leave the hospital or birth center**
 - The nurse (RN) will contact you by phone to schedule the home visit.
- 3. At the home visit**
 - The nurse (RN) or midwife will complete a physical and health assessment for you and your newborn, answer any questions you have, and provide information on taking care of yourself and your baby.
- 4. After the home visit**
 - The Family Partner can assist you with obtaining baby supplies, community support services and postpartum counseling.

The Family Partner will also link you to our local Connect program for ongoing support with:


- Newborn Care
- Breastfeeding
- Parenting Support
- Child Development
- Basic Needs and Nutrition
- And So Much More!

Many changes take place the first few days after the birth of your baby. That is why it is so helpful to have a NewboRN Home Visiting nurse or midwife come to your home to make sure you and your baby are doing well. This voluntary, free program is available to all Alachua County women who give birth at a hospital, birth center or home within the county.

What will the nurse or midwife do?

- A physical and health assessment on baby and mom
- Help with breastfeeding and nutrition
- Show how to care for baby (mouth, skin, diaper area, umbilical cord, circumcision care)
- Share infant safety tips
- Talk about family planning
- Discuss immunizations, child development, parenting and more!

Rack Card was developed to explain next steps after leaving the hospital



1. What happens after I leave the hospital/birthing center?

- Our nurse (RN) will call you within a week to schedule the home visit.

2. What if my baby is in the NICU?

- Our nurse(RN) will give you a call to schedule the home visit when your baby gets home from the NICU.

3. What if my home visit has not been scheduled with the nurse yet and I have a question?

- Contact your Family Partner and she will help answer questions and work with the nurse to schedule your home visit.

4. What can I look forward to during my home visit?

- As a way of showing how much this community cares about you and your baby the nurse will bring a Welcome Baby bag with gifts for you and baby.
- We encourage dad or partner to be a part of the visit. A folder will be provided with information "just for dad."
- What our participating families said about the program...

"The nurse was very helpful, friendly and made sure all my questions were answered. So grateful Alachua County offers this program."

"Even with older children I still found this helpful and learned several things to help keep my baby safe."

"The visit helped ease my stress level so that I could be a better parent."

"All helpful info. Happy to have her help me with breastfeeding."

Questions? We would love to hear from you!
 352-727-3036 | www.NewbornHomeVisiting.org

Your Family Partner is: _____

Phone Number: _____

Your Nurse will be: _____

Agency: _____

Phone Number: _____

We look forward to hearing about your experience through our satisfaction survey provided after your home visit!

Giggle Magazine and Website Advertisement



Having a baby?

Schedule a FREE home visit with a nurse after baby is born for:

Physical exams	Help with breastfeeding and more
Infant safety	Info on how to care for baby
Parenting tips	Access to services and resources

CLICK TO LEARN MORE

NewboRN Home Visiting

Funded by the Children's Trust of Alachua County

Collaboration and Partnerships

Pilot Projects:

Two pilot projects were launched in partnership with UF Women's Health Group and Women's Group at North Florida. These two clinics were strategically recruited to participate in the pilot project because they mostly serve high risk patients. The purpose for the pilot was to assess the effectiveness of pre-registering patients into NHVP during the last trimester. Each participant received an incentive for enrolling (lip balm, hand sanitizer and pen).

Due to COVID-19, both pilot programs had to be modified to ensure patients were fully enrolled prenatally since our Family Partners were no longer allowed to be in the hospitals. Additionally, our consent forms had to be updated since our nurses' home visits changed to telehealth and as a result, we recruited the support of these partners to continue enrolling patients prenatally with the revised and approved consent forms from our lawyer.

Both clinics are actively engaged in the promotion of the program and enrollment of patients. Currently, we are receiving referrals from both clinics and they continue to share NHVP's brochure with all patients.

Further developed collaborations with OB/GYN providers in the community, engaging and recruiting their active participation in enrolling patients to NHVP.

UF Family Medicine – Introduced NHVP virtually to lead physicians and RN supervisor, recruiting their engagement with NHVP and their support enrolling patients. We are actively receiving referrals from this practice.

We are contacting other UF Health Family Medicine practices to establish similar partnerships.

Currently, we are establishing rapport with Pediatricians in Alachua county, recruiting their engagement and support of NHVP. Key points of contact are being identified at each clinic as we continue to develop an outreach initiative.

Due to COVID-19, our outreach has changed from in-person to virtual efforts. We are working closely with Social Workers, Office Managers and Referral Coordinators to optimize our outreach and impact efforts.

How Well Have We Done It?

Goal 1: New mothers that were offered the NHVP

Started the year with 88% (October 2018) of all new mothers being offered the program at the hospital. As a result of COVID and our family partners not being at the hospital, the rate dropped to 48% at year-end. In total, **1,240 new mothers were offered the program.**

Goal 2: New mothers that agreed to participate in the NHVP

The average consent rate for the duration of the project was 61.1%. In total, **758 women consented to participate.**

Goal 3: New mothers that had a completed NewboRN home visit and assessment

The average rate for the duration of the project was 55.8%, for a total of **423 home visits completed.**

Goal 4: Participants identified as wanting home visiting services will be enrolled in an ongoing home visiting program if eligible for the services

All families were educated on home visiting programs and other resources in the community. **97 families were connected to a home visiting program.** These families were not already enrolled in a home visiting program, and indicated they wanted ongoing home visiting services.

Goal 5: Participants will voice understanding and knowledge of self-care, dietary intake referral sources and follow up appointment with primary care provider and newborn's pediatrician

The nurses reported that **100% of the participants voiced understanding** of the information that was provided during the home visit.

Goal 6: Participants will voice understanding and knowledge of infant physical and nutritional needs, options immunization, safe sleeping practices and infant sleep position value of tummy time, choking prevention, illness prevention, infant abduction, SIDS, home safety, water/pool safety, auto safety, fire safety, birth spacing and family planning

The nurses reported that **100% of the participants voiced understanding** of the information that was provided during the home visit.

Goal 7: Provide a pack n play and safe sleep education when nurse or midwife has identified that baby does not have a safe sleep environment

100% of the participants received education on safe sleep during the home visit. **15 pack n plays were given to families** that had a home visit and the nurse identified that the baby needed a safe place to sleep.

Goal 8: Families that need additional information or ongoing support will be referred and linked to other community supports and services

More than 200 referrals were made for our participants. This includes community resources such as mental health counseling, WIC, childcare, housing assistance, diapers, smoking cessation, CPR, etc.

Goal 8: Families that participate in the program and have a home visit will receive a “Welcome Baby” bag that contains incentives for participating and educational information.

100% of the families were provided a Welcome Baby bag at the home visit. The Welcome Baby bags were mailed to participants that had a virtual visit.

- Welcome Baby Bags contained the following information:
 - NewboRN Folder
 - Healthy Start Tip Sheets: Safe Sleep, Home Safety Checklist, Postpartum Depression, Coping with Crying
 - Birth Spacing cards
 - Immunization schedule
 - Baby Bib
 - Gel packs for breastfeeding mom
 - Growth charts
 - Safety plug outlet covers
 - Community Resources handouts: WIC,
 - Book that is appropriate for children up to 2 years of age
 - Fatherhood folder with information for dads

Goal 9: Develop and conduct participant satisfaction surveys to evaluate how well the program was implemented and the impact of program on participants.

Satisfaction surveys are conducted immediately following the home visit. The response rate was 16% with 67 surveys completed.

- 99% of families state that the NewboRN Home Visiting Program (NHVP) was helpful.
- 96% of families stated that they would recommend the NHVP to a friend.
- Comments:
 - This is a wonderful thing to offer new moms!
 - Thank you for this information and the pack n play
 - I believe that this service is a necessity for new mothers. It's a nice little check in with a lot information. It's an opportunity to learn and improve as a mother. Thank you!
 - Thank you so much for all of the information! This is my third baby but I am no expert and it was great to go over newborn topics to refresh my memory.
 - The nurse was very easy to talk with and provided helpful information about breast feeding. It was very touching that she followed up after our pediatrician appointment to see how out little girl was progressing.
 - NewboRN is a really good program. I remember the Family Partner oriented me really well on the program and encouraged me to enroll. Everyone has been very helpful and I really appreciated how they accommodated to interpret the visit since I don't speak English. I felt so relieved after the nurse's visit since everyone is so supported.

Impact Interviews were conducted on families that consented to be contacted by the program again in the future. 132 participants were successfully contacted and interviewed.

- Do you feel that participation in the NHVP has given you more confidence as a parent? Yes = 71%
- Do you feel that participation in the NHVP has eased your stress about parenting a newborn? Yes = 85%
- Did you complete your postpartum check-up? Yes = 93%; Visit is Schedules = 3%; No = 3%
 - No: (1) had an appointment but then had to cancel and did not reschedule; (1) did not go because of coronavirus
- Did your infant complete his/her 1st well-check appointment? Yes = 100%
- Did your infant receive his/her immunizations? Yes = 100%
- Do you have a plan/schedule in place for future immunizations and additional well-check? Yes = 98%
- Did the NHVP identify a medical problem during the nursing assessment?
 - Postpartum depression
 - Very high blood pressure
 - Heart murmur in baby
- Are there any changes to the program you would like to suggest?
 - Would like for the nurse to come back again for a second/follow up visit
- Overall comments
 - I really was not sure what I was doing, but the nurse kept reassuring me
 - I am a first-time mom and older, very thankful for this program
 - I am a third time mom; this is a valuable program for all parents
 - I think every new mom should take part in this program! It really eased my anxiety
 - My son was in the NICU after he was born. I appreciated having a nurse come to my home and reassure me he is doing okay. That I was taking care of him the way he needed.

Desired Impact Achieved

- ✓ Parents/caregivers will be introduced to the “system of care” that exists in Alachua County for families with young children
- ✓ All parents/caregivers will be offered this universal Newborn Home Visiting Program
- ✓ Those parents/caregivers who agree to receive ongoing home visiting services will be part of the “continuum of care” that is currently offered through the Coordinated Intake and Referral Program being implemented through the Healthy Start of North Central Florida in collaboration with more than 15 community partners
- ✓ Reduced hospitalizations and use of emergency care
- ✓ Provides the sense that the community (Alachua County residents) cares for their families
- ✓ Friends in other communities or states do not have this program so this shows how much the community cares about families with young children
- ✓ Saves babies and mothers’ lives
- ✓ Gives more confidence to parents and can ease their stress
- ✓ Provides answers to parents, because every child is different
- ✓ Everyone in the community supports “making sure that every baby is a healthy baby”



File Attachments for Item:

2. SED Annual Report FY19-20

Healthy Social Emotional Development and Family Support Program

Year 2 Annual Update

OVERVIEW

The Healthy Social Emotional Development and Family Support (SED) Program is a unique collaboration between Meridian Behavioral Healthcare, Inc. (MBHCI), Partnership for Strong Families, Inc. (PSF) and the Child Advocacy Center (CAC), using the strengths of each individual organization to enhance early childhood learning experiences, strengthen families and improve outcomes for children ages 0-5, along with their siblings of any age. MBHCI is the lead agency for the program, providing program oversight.



Program Services and Population Served



Meridian Behavioral Healthcare provides two Mental Health Consultants who offer services to families and to early learning center staff. Two tiers of services are offered. Tier 1 consists of classroom observation using evidence-informed practices and behavioral management strategies, relationship building, and improvement of social-emotional skills. Tier 2 includes all of Tier 1 plus more intensive behavioral services in school and/or home. All family members can be referred to other Meridian services as needed.

Since the start of our program:

- **126 children ages 0-5** have received Behavioral and/or Mental Health Consultation services. (Year 1=76, Year 2=50)
- **52 early learning staff** received coaching/support related to effective management of classroom behaviors (Year 1=34 staff, Year 2= 18 staff)



Partnership for Strong Families has expanded their Resource Center Model to provide two Early Childhood Family Support Facilitators who meet with families where they are, both in terms of location and readiness to engage in services. Program participants are provided a range of family support services. They also receive the benefit of the robust array of services available at PSF's network of **Resource Centers in Gainesville**, which are strengthened by more than **75 community partners**. All services and supports at the Resources Centers and through the SED program are provided at no charge to patrons and are connected to one of five protective factors, which when present in families, have been shown to reduce the likelihood of abuse and neglect.

Since the start of our program:

- **332 individuals from 110 families** (120 caregivers, 151 children ages 0-5, 61 children ages 6+) benefited from family support services
- **70 families** were served in Year 1, and **76 families** were served in Year 2



The **Child Advocacy Center** hosts trainings for early learning center staff and parents, including Child Abuse Reporting and Prevention and the "No Hit Zone" to promote safe and calm learning environments. The CAC also provides expertise related to treating children who have experienced trauma, and acts as a referral source for families as needed.

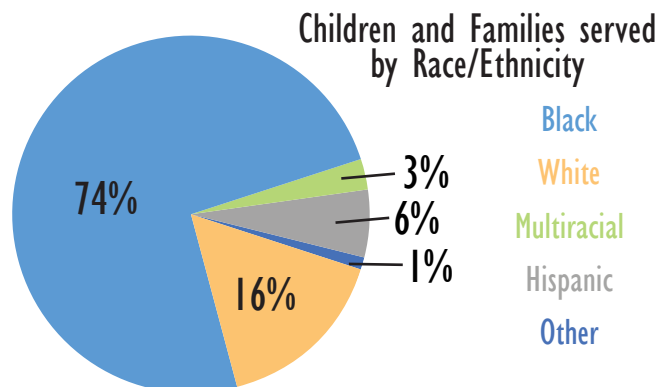
Since the start of our program:

- **4/5 Early Learning Centers** participated in Child Abuse Reporting and Preventing Child Abuse in Child Care Settings, including information about Adverse Childhood Experiences.
- **76 early learning staff** received the training.

TARGET POPULATION

The five participating early learning centers are strategically located within historically under-served communities.

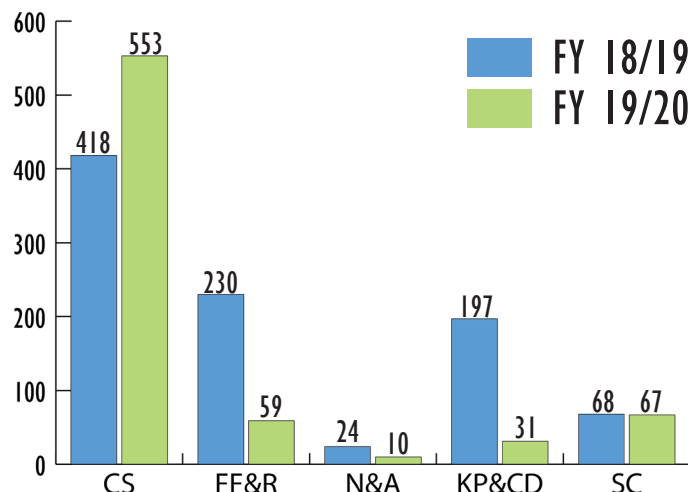
1. Small World Daycare and Learning Center (32601)
2. Cuddly Kids Academy (32601)
3. Angel's Christian Academy (32641)
4. Oak Tree Learning Academy (32609)
5. Lee's Preschool (Alachua, 32614)



Services Provided by Protective Factor

Item 2.

Services divided by Year 1 and Year 2, with 1,657 unique services provided.



CS - Concrete Supports
 FF&R - Family Functioning & Resiliency
 N&A - Nurturing & Attachment
 KP&CD - Knowledge of Parenting & Child Development
 SC - Social Connections

How Well? Our Quality of Care

The SED program is supported by a wealth of knowledge and experience through MBHCI, PSF and CAC, all of which are widely recognized for the quality of their programs.

- MBHCI has served the community since 1972 with vast service offerings to promote health, recovery, and well-being for those with mental health and substance abuse needs. Their use of office, community, and telehealth based appointments allows them to provide services to meet the needs of all.
- PSF's nationally-recognized network of Resource Centers provide family-strengthening services that help keep children out of foster care. They are currently supported by a five-year federal grant from the Children's Bureau to rigorously evaluate and expand the Resource Center Model.
- The Child Advocacy Center has been working for over 20 years to improve outcomes for children in our community that have experienced trauma and maltreatment. In January 2020, the Child Advocacy Center completed the purchase of their new building, ensuring the CAC has roots in the community and a child friendly place for children and their families to heal from trauma.

The **collaboration** among our three agencies is strong. Meetings occur monthly along with ELC and TPD. This has resulted in increased collaboration, joint trainings for Early Learning Centers and cross-referrals.

Quicks Facts

- 0 participants have been expelled/suspended due to classroom behaviors.
- 100% (n=110) of participants were linked to services.
- Staff spent a combined total of 2,801 hours with program participants.
- 100% of early learning staff agreed SED program staff were available when needed.
- Other groups have requested Child Abuse Reporting and Prevention of Child Abuse in child care settings.

"I would recommend these services to others. The services my child received was helpful during the participation in this program. My child communicates needs more clearly. I can better understand my child's speech when she talks... My child can now formulate sentences when communicating instead of two and three word phrases. **I can see a big improvement in my child since beginning the program.**"

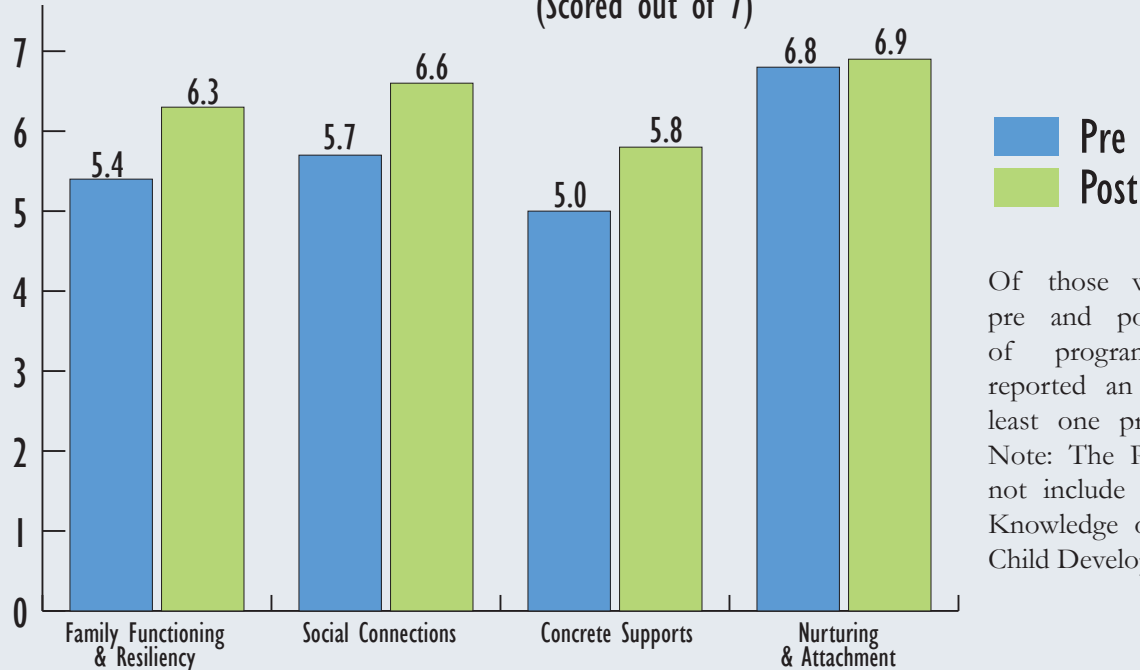
- Parent of a student participant



"The SED program is a blessing to parents by talking to them one-on-one and providing supports."
 - Early Learning Center Director

Our teams are committed to a process of continuous quality improvement. As we move into our third year of the SED Program, we will enhance our existing evaluation methods. In addition to the current tools, Meridian will begin utilizing the Ages and Stages 3 and the Ages and Stages Social Emotional Questionnaire, and an enhanced survey tool for teachers, parents and site directors. PSF will begin to document SMART goals for families, measuring the success of goal attainment with parent input. Parents/guardians who have received family support services will also be asked to complete a post-service survey to help identify program strengths and potential areas for improvement.

Protective Factor Survey Results
Comparison of Average Sub-Scale Scores
(Scored out of 7)



Overall child functioning has been “Better” over time for 85% of the children who participated in mental health consultative services, as measured by the CFARS. This result has been consistent over the past two years. The Children’s Functional Assessment Rating Scale (CFARS) is a measure that evaluates a child’s baseline level of functioning as well as outcomes following treatment over time.

Problem Behaviors Addressed

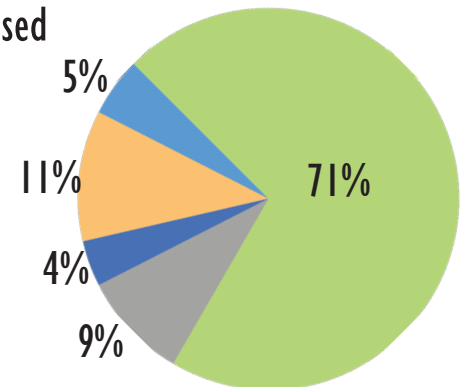
Social Concerns

ADHD Concerns

Academic/Educational Problem

Language Disorder

Adjustment Disorder



Success Stories

A pregnant mother and her two children were experiencing homelessness and unemployment. She actively engaged in the SED program with the immediate goal of finding affordable housing. With the assistance of the Early Childhood Family Support Facilitator (ECFSF), she was able to move into an apartment, complete the Library Partnership Resource Center’s Fight for Your Money financial literacy program and receive concrete supports including diapers, clothing and a pack-n-play. Due to this mother’s diligence, she was eventually able to find full-time employment. The children (both under age 4) were also struggling to adjust at their early learning center that resulted in the mother being called on multiple occasions. With the support of the mental health consultant, the children quickly began to adjust, managing classroom transitions better and reducing instances of crying.

A relative caregiver was seeking assistance due to struggles she and her grandchildren were experiencing after the children disclosed past abuse. The mental health consultant and the ECFSF met with the grandmother together to complete an individualized plan to identify the children’s needs. In addition to on-site observations and consultation by the mental health consultant and receipt of needed concrete supports, the girls were also referred for trauma counseling at the Child Advocacy Center. The grandmother has since stated the girls are now “thriving” both at home and at the early learning center.

A mother who had only recently found employment as a housekeeper was laid-off from her job during the pandemic. The ECFSF worked with mom to develop a resume that highlighted her strengths and regularly provided mom with job vacancies listed with CareerSource. The mother took the initiative to follow these leads and she found full-time employment, making more money than she was as a housekeeper.

Impacts of COVID-19

The effects of the global COVID-19 pandemic have made an impact not only on the SED program, but on each of the three agencies involved in the program. Despite some setbacks, our team was able to quickly adapt our services to benefit families who needed them during this unprecedented time.

- SED staff were able to quickly implement telehealth and/or safe in-person services to provide supports for families at home, also allowing for much needed personal contacts (social connections).
- 120 family friendly outreach packets were distributed consisting of fun at-home activities and resources to support social and emotional development, encourage family-time and promote self-care.
- All SED families also benefited from PSF Resource Center supports, including but not limited to regular food distribution days in partnership with Bread of the Mighty and Gainesville Harvest, grab-n-go lunches provided by the School Board of Alachua County, family-style meals donated by the Working Food Group along with a number of local restaurants, and access to emergency food pantries and other concrete supports. Families may also participate with upcoming, virtual events including employability and financial literacy programs, among others.
- On-site outreach continued helping to meet the changing needs of those families impacted by the virus.
- Staff were able to quickly shift to providing emergency assistance related to COVID impact, allowing families to experience increased stability in the most basic of areas including food insecurity, job instability and health concerns.
- Moving forward, the CAC will be providing regular virtual training options for the early learning centers, so that there can be “drop in” options for ANY early learning staff that is able to participate.
- Virtual outreach and family engagement opportunities are also being developed for the coming months.



Barriers

- Many of the Early Learning Centers were closed for several months, making service provision and obtaining teacher and parent surveys very difficult.
- Once centers started opening, there were significantly reduced child numbers.
- Since opening, there have been intermittent closures due to COVID exposure.
- CAC trainings were nearly halted due to the effects of the pandemic.



File Attachments for Item:

3. Approval of Budget Amendments to Direct Community Service Contracts in Excess of 10%

**Item:**

Approval of Budget Amendments to Direct Community Service Contracts in Excess of 10%

Requested Action:

The Trust is asked to approve the Budget Amendment Requests.

Background

Resolution 2020-18, which amends section 6.70 "Contract Amendments" of the Procurement Policies, requires that the Board approve Budget Amendment Request for Direct Community Services contract that move funds between line items in excess of 10% of the contract amount.

Attachments

Request for contract # 11581 – City of Alachua

Request for contract # 11557 – Gainesville Area Community Tennis Association, Inc. DBA Aces in Motion – After School Capacity Building

Programmatic Impact:

N/A

Fiscal Impact:

N/A

Recommendation:

Staff recommends approval



City of Alachua

MAYOR GIB COERPER

Vice Mayor Robert Wilford
Commissioner Shirley Green Brown
Commissioner Gary Hardacre
Commissioner Dayna Miller

OFFICE OF THE CITY MANAGER**ADAM BOUKARI**

Colin Murphy
Executive Director
Children's Trust of Alachua County
P.O. Box 5669
Gainesville, FL 32627

October 5, 2020

Dear Mr. Murphy

The City of Alachua, as a result of COVID-19 impacts and restrictions, has had to revise our programming to an extent as part of our work with CTAC. We are amending the existing agreement to reflect these revisions. The revisions are consistent with the programming in our award, with some modifications of allocations.



BUDGET AMENDMENT REQUEST FORM (<10%)

A Budget Amendment Request Form must be submitted for CTAC approval. Please answer the questions below to support your request.

Organization Name:	City of Alachua	Preparer's Email	aboukari@cityofalachua.org
Project Title:	Youth Enrichment Services		
Request for Award ID:	RFA-937	Preparer's Phone:	386-418-6100
Agreement Number:	11581		
Budget Contact Name & Phone:	Adam Boukari	Amendment # (1, 2, 3)	1
Request Date:	10/15/20		

Please answer the following qualifying questions

- 1 Is there a change in the scope or the objective of the project?
- 2 Is there a change in key personnel specific to the award amount?
- 3 Does this budget amendment or the cumulative sum of amendments increase the budget more than 10% of award amount

Select Yes/No
Yes
Yes
Yes

If your answer is "Yes" to at least one of the above questions, STOP & CONTACT CTAC TO DISCUSS YOUR REQUEST.



Attachment #	PROJECT BUDGET	Approved Budget	Expensed Y-T-D	DECREASE AMOUNT	INCREASE AMOUNT
Attachment #	Personnel Expenses				
	Salaries & Wages				
	(List position and indicate FT or PT)				
	(4) Certified Tutor (PT)	10,240.00	-		40,960.00
	Certified Music & Arts Teacher (PT)	4,800.00	-	4,800.00	
	Certified Science & Technology Teacher (PT)	4,800.00	-	4,800.00	
	Total Salaries & Wages	\$ 19,840.00	\$ -	\$ 9,600.00	\$ 40,960.00
	Total Personnel Expenses (Amendment)	\$ 19,840.00	\$ -	\$ 9,600.00	\$ 40,960.00
	Operating Expenses (Non-Personnel)	Approved Budget	Expensed YTD	Decrease Amount	Increase Amount
	Supplies	24,500.00	5,033.98	14,200.00	
	Travel				
	Equipment	10,000.00	9,434.37		4,000.00
	Training				
	Insurance(Van)	5,000.00	-		
	Professional Services		27,997.66		28,000.00
	Contractual Services	74,162.00	9,305.92	49,160.00	
	Printing & Copying	1,500.00	140.00		
	Postage & Delivery				
	Communications (Telephone / Fax / Internet)				
	Other Operating Expenses (List Below):				
	Costume/Sets				
	Performance Rights				
	Capital				
	Onsite Storage/Workshop				
	Van/Insurance				
	Total Operating Expenses	\$ 115,162.00	\$ 51,911.93	\$ 63,360.00	\$ 32,000.00
	TOTAL EXPENSES				
	(Personnel + Operating)	\$ 135,002.00	\$ 51,911.93	\$ 72,960.00	\$ 72,960.00
	TOTAL ORIGINAL BUDGET	\$ 135,002.00			
	INCREASE AMOUNT	\$ 72,960.00			
	DECREASE AMOUNT	\$ 72,960.00			
	PERCENTAGE OF ORIGINAL BUDGET		54%		

For Office Use Only Yes/No (Dropdown Box)

Request Approved:
Request Denied:
Authorized Approver:

Submit Amendment Request To:

invoice@childrenstrustofalachuacounty.us
Children's Trust of Alachua County
Attn: Finance & Administration Manager
PO Box 5669
Gainesville, FL 32627

(Email Preferred Method)
Or Mail to PO Box

Vendor #



BUDGET REVISION/AMENDMENT REQUEST FORM (<10%)

A Budget Amendment Request Form must be submitted for CTAC approval. Please answer the questions below to support your request.

Organization Name:	Gainesville Area Community Tennis Assn	Preparer's Email:	addison@acesinmotion.org
Project Title:	Aces In Motion After School Capacity Building		
Request for Award ID:	RFA-937	Preparer's Phone:	352-514-9975
Agreement Number:	11557		
Budget Contact Name & Phone:	Addison Staples 352-514-9975	Amendment # (1, 2, 3)	2
Request Date:			

Please answer the following qualifying questions

- 1 Is there a change in the scope or the objective of the project?
- 2 Is there a change in key personnel specific to the award amount?
- 3 Does this budget amendment or the cumulative sum of amendments increase the budget more than 10% of award amount?



Select Yes/No
No
No
No

If your answer is "Yes" to at least one of the above questions, STOP & CONTACT CTAC TO DISCUSS YOUR REQUEST.

Attachment #

PROJECT BUDGET	Approved Budget	Expensed Y-T-D	INCREASE/ DECREASE AMOUNT	New Line Total	Comments
Personnel Expenses					
Salaries & Wages					
(List position and indicate FT or PT)					
			-		
AIM After School Director (.5FTE)	4,000.00	2,069.91	(1,930.09)	2,069.91	The employee left the org. and the position hasn't been filled yet
AIM After School Youth & Family Director (.5FTE)	4,000.00	2,995.29	1,000.00	5,000.00	Moving the remainder of the unused budget from the AIM After School Director to this position
AIM Academic Coordinator (PT)	4,000.00	2,378.35	-	4,000.00	
AIM Program Director (.5FTE)	4,000.00	2,883.42	930.09	4,930.09	Moving the remainder of the unused budget from the AIM After School Director to this position
			-	-	
Total Salaries & Wages	\$ 16,000.00	\$ 10,326.97	\$ 0.00	\$ 16,000.00	

Attachment #

Total Personnel Expenses (Amendment)	\$ 16,000.00	\$ 10,326.97	\$ 0.00	\$ 16,000.00	
Operating Expenses (Non-Personnel)					
Supplies	-	-	-	-	
Travel	-	-	-	-	
Equipment	-	-	-	-	
Training (Weikart Ctr Youth Training @ \$2,000)	5,000.00	970.00	(1,030.00)	3,970.00	
Insurance	-	-	-	-	
Professional Services	-	-	-	-	
Contractual Services (Dr. Deidra Houchen Consulting)	3,250.00	2,850.00	1,030.00	4,280.00	
Printing & Copying	-	-	-	-	
Postage & Delivery	-	-	-	-	
Communications (Telephone / Fax / Internet)	-	-	-	-	
Other Operating Expenses (List Below):	-	-	-	-	
	-	-	-	-	
	-	-	-	-	
	-	-	-	-	
	-	-	-	-	
Total Operating Expenses	\$ 8,250.00	\$ 3,820.00	\$ -	\$ 8,250.00	
TOTAL EXPENSES (Personnel + Operating)	\$ 24,250.00	\$ 14,146.97	\$ 0.00	\$ 24,250.00	

TOTAL ORIGINAL BUDGET	\$ 24,250.00
INCREASE AMOUNT	\$ 24,250.00
DECREASE AMOUNT	\$ -
PERCENTAGE OF ORIGINAL BUDGET	100%

For Office Use Only	Yes/No (Dropdown Box)
Request Approved:	
Request Denied:	
Authorized Approver:	<u>Colin Murphy, Executive Director</u> 7/31/2020

Submit Amendment Request To: invoice@childrenstrustofalachua.com (Email Preferred Method)
Children's Trust of Alachua County Or Mail to PO Box
Attn: Finance & Administration Manager
PO Box 5669
Gainesville, FL 32627

Vendor #

File Attachments for Item:

4. Presentation – Public Meetings After November 1, 2020

**Item:**

Presentation – Public Meetings After November 1, 2020

Requested Action:

The Trust is asked to hear a presentation from Stephanie Marchman from Gray Robinson, P.A.

Background

At the October 19, 2020 meeting, the Trust discussed how public meetings would be held following the expiration of Executive Order 20-246. The Executive Director sought the advise of outside counsel to address specific questions regarding public meetings after November 1, 2020 going forward.

Attachments

Executive Order 20-246

Memo from Stephanie Marchman, Gray Robinson, P.A.

Programmatic Impact:

NA

Fiscal Impact:

NA

Recommendation:

Receive the presentation

Stephanie M. Marchman
SHAREHOLDER
STEPHANIE.MARCHMAN@GRAY-ROBINSON.COM

MEMORANDUM

TO: Colin Murphy, Executive Director, Children’s Trust of Alachua County
FROM: Stephanie Marchman, GrayRobinson, P.A.
DATE: October 25, 2020
SUBJECT: Public Meetings after November 1, 2020

On September 30, 2020, the Governor issued Executive Order 20-246 extending Executive Order 20-69 until 12:01 a.m. on November 1, 2020. Under Executive Order 20-69, local governments are allowed to use communication media technology to hold public meetings, and requirements for a quorum to be present in-person and for a local government body to meet at a specific public place are suspended. A memorandum accompanying Executive Order 20-246 provides that “[l]ocal government bodies should prepare to meet in person as required by Florida law beginning November 1, 2020.”

This memorandum addresses the questions (*in bold italics*) that you posed on October 20, 2020 regarding meetings of the members of the Board of Directors (the “Board”) of the Children’s Trust of Alachua County (the “Trust”) beginning in November, 2020. Note that these requirements apply also to Board committees (modified as necessary to account for the number of individuals serving on the committee).

1. ***What are the Children’s Trust of Alachua County’s Board member requirements for public meetings under current Sunshine Law?*** With respect to public meetings of the Trust, the following laws and rules apply:
 - Chapter 26 of Alachua County’s Code of Ordinances, “Children’s Trust, Independent Special District”
 - Chapter 189 of the Florida Statutes, “Uniform Special District Accountability Act”¹
 - Chapter 286 of the Florida Statutes²
 - The By-Laws for the Children’s Trust of Alachua County (the “By-Laws”)

¹ Chapter 189, Florida Statutes, contains general requirements applicable to independent and dependent special districts.

² Pursuant to Florida Statute Section 189.015(2), which provides “[a]ll meetings of the governing body of the special district shall be open to the public and governed by the provisions of chapter 286” and Section 4 of the Trust’s By-Laws.

- a. ***Do the Board members need to be physically present?*** Yes, beginning November 1, 2020, at least 6 Board members must be physically present. The By-Laws defines a quorum as “[t]he presence of a majority or all members serving on the Trust shall be necessary at any meeting to constitute a quorum to transact business.” While the By-Laws do not require Board members to be “physically” present, the Florida Attorney General has opined numerous times that present means physically present.³ Additionally, given the language in the memorandum accompanying the recent Executive Order that “local government bodies should prepare to meet in person”, we would advise that physical presence of a quorum is necessary for the Board to transact business of the Trust. In sum, the Board has 10 members; accordingly, 6 members of the Board must be physically present to transact business of the Trust.
- b. ***If a Board member is not physically present, can they still be counted as “Present” for a quorum if participating virtually?*** No, he or she cannot be counted as present for purposes of establishing a quorum. As discussed above, a quorum of the members of the Board must be physically present to transact business.
- c. ***If a Board member is not physically present, can they still participate, even if not counted toward the quorum?*** Yes, if a quorum of the Board is physically present, the Attorney General has opined that a board may determine that there is an “extraordinary circumstance” that allows a board member to participate by electronic means.⁴ If the Board makes such a finding, then the Board member (or members) that are attending the Board meeting by teleconference or other technological means may participate in Board discussions and vote on Trust business.⁵ Such a finding of an extraordinary circumstance can be made by a resolution of the Board or simply by motion, along the following lines: “In light of COVID-19, Board member _____ (and Board member _____) have requested to participate in the Board meeting remotely. In the wake of this unprecedented paramedic, the Board deems this an ‘extraordinary circumstance.’ Therefore I make a motion to allow _____ (and _____) to participate remotely in this meeting.”
- d. ***If a Board member is not physically present, can they vote? If “maybe”, then under what circumstances?*** Yes, under the circumstances described immediately above.
- e. ***If a Board member is not physically present, can they still be counted as “Present” for attendance purposes to meet attendance requirements for bylaws?*** Yes, under the circumstances described above. It should be noted on the meeting minutes the names of the Board member(s) that participate electronically.

2. ***Public Participation***

- a. ***Is it a requirement that the public be able to participate in public meetings?*** Yes. Subsection 286.0114(2) of the Florida Statutes requires that “[m]embers of the public shall be given a reasonable opportunity to be heard on a *proposition* before a board or commission.” The opportunity to be heard does not have to occur at the same meeting at which the board or commission takes official action if the opportunity “occurs at a meeting that is during the decision making process and is within reasonable proximity in

³ Florida Attorney General Opinion 2020-03 (March 19, 2020).

⁴ Florida Attorney General Opinion 2003-41 (September 3, 2003).

⁵ Florida Attorney General Opinion 2002-82 (December 11, 2002).

time *before* the meeting at which the board or commission takes the *official action*.”
[Emphasis added.]

b. ***Is it a requirement that the public be able to by physically present for public meetings?***

Most likely yes. While not expressly stated, there are two statutes that apply to the Trust that imply that members of the public are entitled to attend meetings of the Board, in person:

- A board or commission is “prohibited from holding meetings at any facility or location which discriminates on the basis of sex, age, race, creed, color, origin, or economic status or which operates in such a manner as to *unreasonably restrict public access to such a facility*.”⁶ [Emphasis added].
- “Meetings of the governing body of the special district shall be *held in a public building* when available within the district, in a county courthouse of a county in which the district is located, or in a building in the county *accessible to the public*.”⁷ [Emphasis added].

c. ***Is it legal to allow the public to participate in public meetings ONLY through phone, Zoom, or some other digital process?*** Probably not, based on the two statutes cited above. We recommend that the public be given an option to attend meetings of the Board electronically (phone, Zoom, etc.), as well as in-person.

3. ***Should the Trust be found to have violated sunshine law requirements, can you please describe the consequences as prescribed by Florida Statutes? Can you please give, to the best of your ability, an assessment of risk should the Trust depart from practices that have been described in previous AG opinions?***

- Jail time and fines – A knowing violation of the Sunshine Law is a misdemeanor of the second degree.⁸ A person convicted of a second-degree misdemeanor may be sentenced to a term of imprisonment not to exceed 60 days and/or fined up to \$500.⁹
- Attorney’s fees – Attorney’s fees may be assessed against individual members of the Board except in those cases where the Board sought, and took, the advice of its attorney.¹⁰
- Removal from office – The Governor may remove a member of the Board for cause, or upon the written petition of a majority of the Alachua County Commission, plus one.¹¹
- Action taken is void – Section 286.011 of the Florida Statutes provide that no resolution, rule, regulation or formal action is considered binding except as taken or made at an open meeting.¹²
- Bad press.

4. ***Public meetings policy.*** Enclosed with this memorandum is draft public meetings policy addressing Board member and public participation in meetings for the Trust’s consideration.

⁶ Florida Statute Section 286.011(6).

⁷ Florida Statute Section 189.015(3).

⁸ Florida Statute Section 286.011(3)(b).

⁹ Florida Statute Section 775.082(4)(b) and 775.083(1)(e).

¹⁰ Florida Statute Section 286.011(4) and (5).

¹¹ Section 26.02(b), Alachua County Code of Ordinances.

¹² *Town of Palm Beach v. Gradison*, 296 So. 2d 473 (Fla. 1974); *Sarasota Citizens for Responsible Gov’t v. City of Sarasota*, 48 So. 3d 755 (Fla. 2010).

MEMORANDUM

TO: Members of the Press
FROM: Fredrick Piccolo Jr., Director of Communications, Governor Ron DeSantis
DATE: September 30, 2020
RE: Executive Order 20-246 (Local Government Public Meetings)

Local Government Public Meetings

Today, Governor DeSantis issued Executive Order 20-246.

The State of Florida recently entered Phase 3 of the Governor's plan for Florida's recovery from COVID-19. Executive Order 20-246 assists the transition to Phase 3 by providing local government bodies with an additional one-month period to conduct their meetings virtually. Local government bodies should prepare to meet in person as required by Florida law beginning November 1, 2020.

STATE OF FLORIDA

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NUMBER 20-246

(Emergency Management – COVID 19 – Local Government Public Meetings)

WHEREAS, Executive Order 20-69, as extended by Executive Orders 20-112, 20-123, 20-139, 20-150 and amended by Executive Orders 20-179 and 20-193, expires on October 1, 2020, unless extended.

NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, Chapter 252, Florida Statutes, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

Section 1. I hereby extend Executive Order 20-69, as extended by Executive Orders 20-112, 20-123, 20-139, 20-150 and amended by Executive Orders 20-179 and 20-193, subject to the condition of Section 2 below, until 12:01 a.m. November 1, 2020. This order supersedes Section 4 of Executive Order 20-69.

Section 2. This order shall not apply to election canvassing boards.

###

File Attachments for Item:

5. Resolution 2020-19 Board Member and Public Participation at Board and Committee Meetings.

**Item:**

Resolution 2020-19 Board Member and Public Participation at Board and Committee Meetings.

Requested Action:

The Trust is asked to approve Resolution 2020-19 Resolution 2020-19 Board Member and Public Participation at Board and Committee Meetings

Background

Resolution 2020-19 establishes “Section 1.10 Board Member Participation at Board and Committee Meetings” and “Section 1.20 Public Participation at Board and Committee Meetings” of Board Policies. Section 1.10 establishes the conditions for a quorum for board and committee meetings as well as the conditions by which board members may participate virtually. Board members may only participate remotely under “extraordinary circumstance” and will not count towards a quorum.

Section 1.20 establishes policies and procedures for public participation at public meetings. The policy allows for the board to offer virtual participating in addition to in-person participation.

Attachments

Resolution 2020-19

Programmatic Impact:

NA

Fiscal Impact:

NA

Recommendation:

Staff recommends approval

**CHILDREN'S TRUST OF ALACHUA COUNTY
RESOLUTION 2020-19**

**BOARD MEMBER AND PUBLIC PARTICIPATION AT BOARD AND
COMMITTEE MEETINGS**

WHEREAS, the Trust desires to establish policies for board member participation at Board and Committee meetings; and

WHEREAS, the Trust desires to establish policies and procedures to ensure participation from the public; and

NOW THEREFORE, be it ordained by the Board of Children's Trust of Alachua County, in the State of Florida, as follows:

SECTION 1: **AMENDMENT** “1 General Administration” of the Children's Trust of Alachua County Board Policies is hereby *amended* as follows:

A M E N D M E N T

1 General Administration

SECTION 2: **ADOPTION** “1.10 Board Member Participation At Board And Committee Meetings” of the Children's Trust of Alachua County Board Policies is hereby *added* as follows:

A D O P T I O N

1.10 Board Member Participation At Board And Committee Meetings(*Added*)

Meetings of the Board of Directors (the “Board”) of the Children’s Trust of Alachua County (the “Trust”) shall be open to the public and are governed by the provisions of Chapter 286, Florida Statutes. A majority of the Board must be physically present at any meeting to constitute a quorum to transact business. Thus, if the Board has 10 members, 6 members of the Board must be physically present to transact business at a regular Board meeting of the Trust. These requirements also apply to Committee meetings, modified as necessary to account for the number of individuals serving on the Committee. If a quorum of the Board is physically present, the Board may determine that there is an “extraordinary circumstance” that allows a Board member to participate by electronic means. If the Board makes such a finding, then the Board member (or members) that are attending the Board meeting by teleconference or other technological means may participate in Board discussions and vote on Trust business. Such a finding of an “extraordinary circumstance” may be made by a resolution of the Board or simply by motion, along the following lines: “In light of _____, Board member _____ (and Board member _____) have requested to participate in the Board meeting remotely. Due to _____, the Board deems this an ‘extraordinary circumstance.’ Therefore I make a motion to allow _____ (and _____) to participate remotely in this meeting.”

SECTION 3: **ADOPTION** “1.20 Public Participation At Board And Committee” of the Children's Trust of Alachua County Board Policies is hereby *added* as follows:

A D O P T I O N

1.20 Public Participation At Board And Committee(*Added*)

The Board invites input from the public on issues related to its responsibilities and to provide the Board with information related to pending Board business. The Board will accept input from the public pursuant to this Policy as a matter of information or for referral to appropriate Board Committees or staff.

This policy is intended to assure members of the public have an opportunity to provide input while permitting the Board and its Committees to conduct business in an orderly manner. Public participation at any Board or Committee meeting will not be a forum for debate between members of the public, Board or staff. Public participation will not serve to disrupt or delay the orderly conduct of business by the Board or Committee. Willful interruptions or disturbances, name calling, undocumented allegations or discussion of matters not within the purview of the Board will not be permitted. The Chair shall have the authority not to recognize or declare out of order any speaker violating this policy or otherwise take action to ensure all orderly and timely conduct of the business of the Board or Committee, including the canceling of all presentation by the public.

Nothing in this rule entitles a member of the public to speak before the Board or Committee except as required by law or as authorized by its Chair pursuant to this policy.

A. Procedure

1. To permit the orderly conduct of business and scheduling of input as part of any meeting agenda, any member of the public wishing to be heard either under the agenda section "General Public Comments" or on a specific agenda item shall complete an appearance card and present the card to the Clerk of the Trust prior to the start of the Board or Committee meeting. In the event following the start of a Board or Committee meeting additional items are added to the agenda, then with the consent of the Chair of the meeting, any member of the public may submit an appearance card to speak on such additional item(s) prior to Board or Committee discussion of such item(s).
2. Members of the public wishing to be heard under the agenda section "General Public Comments" and who have presented a card prior to the start of the meeting shall be recognized in such order as determined by the Chair and shall be given a reasonable opportunity to be heard. The Board or Committee shall allocate a reasonable period of time at the beginning of each Board or Committee meeting for members of the public to comment on an agenda item to be considered at the Board or Committee meeting, make a request of that Board or Committee, voice a compliant or concern, express an opinion, or for some other type of recognition. Any questions or comments presented to the Board or Committee shall relate to the responsibility and authority of the Board or Committee or to an item on its agenda for that meeting.
3. Any member of the public wishing to be heard concerning a specific agenda item and who has presented a card prior to the start of the meeting shall be recognized in such order as determined by the Chair and shall be given a reasonable opportunity to be heard immediately prior to any Board or Committee discussion of such agenda item.
4. The requirement for the reasonable opportunity of a member of the public to be heard does not apply to (i) an official act that must be taken to deal with an emergency situation affecting the public health, welfare, or safety, if compliance with this requirement would cause an unreasonable delay in the ability of the Board or Committee to act; (ii) an official act involving no more than a

ministerial act, including, but not limited to, approval of minutes and ceremonial proclamations; (iii) a meeting that is exempt from section 286.011 of the Florida Statutes, or (iv) a meeting during which the Board or Committee is acting in a quasi-judicial capacity.

5. Members of the public wishing to address the Board or Committee shall speak only from the podium or at such other place as authorized by the Chair. A demand to be heard in rebuttal and not recognized by the Chair or attempts to interrupt other speakers will not be permitted. All comments or questions will be addressed to the Chair. The Chair will determine whether or not a reply is in order and identify those person(s) responsible or investigate any questions or comments.
6. Members of the public recognized by the Chair will have three (3) minutes to speak on a single "subject matter" submitted on an appearance card presented prior to the start of the meeting. In the event an individual submits multiple requests to be heard on more than one agenda item the Chair shall determine the amount of time allotted to the speaker, however, such time shall not exceed ten (10) minutes without approval of the Board or Committee. The Clerk of the Trust will function as official timekeeper. Members of the public may not share or transfer all or part of their allotted time to any other person or to any other agenda item, except as permitted by this Policy. To the extent a speaker has previously addressed a Board Committee on the same subject and at which a majority of the Board was present, then the Board Chair may limit repeat comments at the Board meeting by the same speaker.
7. When more than three (3) members of the public representing the same group or position wish to address the Board or a Committee on a specific agenda items, the Chair may recognize a representative and provide such representative additional time to speak on behalf of such members of the public. Where more than three (3) members of the public wish to speak and who have not designated a representative, the Chair shall have the authority to limit comments from individual speakers to a reasonable time period of less than three (3) minutes each.
8. Any member of the public may supplement their appearance before the Board with written comments or information at the time for their appearance. Any member of the public who has not filed an appearance card prior to the start of the meeting or who is otherwise not recognized by the Chair will have the opportunity to present written comments or information to the Clerk of the Trust, and following adjournment of the meeting. The opportunity to provide written comments or information shall not serve to delay any final action which the Board or a Committee decides to take at such meeting.
9. The Board may provide members of the public the option to participate in Board or Committee meetings electronically. If such an option is provided, the procedures herein apply, but the Board or Committee will provide members of the public with an electronic means to complete an appearance card and present the card to the Clerk of the Trust prior to the start of the Board or Committee meeting.

B. Audio/Video Tape/DVD Showing/Summary

1. Any member of the public wishing to present material through any electronic means, including audio tapes, video tapes, CDs, or DVDs, must submit a copy of such material to the _____, or his/her designee no less than 24 hours prior to the meeting.
2. The submitted material may not be over 3 minutes in length unless the Chair authorizes such additional length. Each submission shall include a written summary describing its contents for use by the Chair in reviewing and introducing the submitted material.
3. The review of the submission is to ensure that the material accords with this policy, is not disruptive and otherwise accords with the accepted community standards.

Reference: Florida's Government-in-the-Sunshine laws: Sections 286.011 and 286.0114 of the Florida Statutes

PASSED AND ADOPTED BY THE CHILDREN'S TRUST OF ALACHUA COUNTY BOARD _____.

	AYE	NAY	ABSENT	NOT VOTING
Lee Pinkoson	_____	_____	_____	_____
Dr. Maggie Labarta	_____	_____	_____	_____
Tina Certain	_____	_____	_____	_____
Karen Clarke	_____	_____	_____	_____
Dr. Karen-Cole Smith	_____	_____	_____	_____
Ken Cornell	_____	_____	_____	_____
Dr. Nancy Hardt	_____	_____	_____	_____
Dr. Patricia Snyder	_____	_____	_____	_____
Cheryl Twombly	_____	_____	_____	_____
Susanne Wilson Bullard	_____	_____	_____	_____

Presiding Officer

Attest

Lee Pinkoson, Chairman, Children's
Trust of Alachua County

Tina Certain, Treasurer Children's
Trust of Alachua County