

**Children's Services Council of Leon County (CSC Leon)
Governing Council Meeting**

Thursday, April 18, 2024, 4:00 p.m.

CSC Leon Office | 2002 Old St. Augustine Road, Bldg. A, Ste. 50, Tallahassee, FL 32301

Members of the public can view the meeting via live stream, when available, on this YouTube channel:

<https://www.youtube.com/channel/UCc74A9evhLxbHlrH63-clbQ>.

AGENDA

(revised)

- I. Call to Order
- II. Roll Call
- III. Approval of Agenda
- IV. General Public Comment
- V. Consent Agenda
 - A. Minutes from the March meeting (pg. 2)
 - B. Financials for February 2024 (pg. 4)
 - C. Executive Director's Report (pg. 14 & Handout)
- VI. General Counsel Update
 - A. Resolution 2024-01: Property Lease for Family Resource Center (pg. 15)
 - i. Public Comment
 - ii. Consideration to approve Resolution
- VII. Kindergarten Readiness Comprehensive Plan Updates (pg. 22)
 - A. Road Map Convening Update by Executive Director
 - B. Perinatal Care Coordination Investment (pg. 33)
 - i. Presentation: Chris Sczorsik, Executive Director, Capital Area Healthy Start, and Heather Flynn, Chair, Dept. Of Behavioral Sciences and Social Medicine, FSU College of Medicine
 - ii. Public Comment
 - iii. Consideration to approve procurement
 - C. Perinatal and Pediatric Transportation Assistance Investment (pg. 46)
 - i. Public Comment
 - ii. Consideration to approve procurement
 - D. Perinatal Mental Health Supports Request for Proposals (pg. 50)
 - i. Public Comment
 - ii. Consideration to approve procurement
 - E. Family Engagement in Early Child Care Settings Request for Applications (pg. 54)
 - i. Public Comment
 - ii. Consideration to approve procurement
- VIII. Rebound and Recovery Investment Update
 - A. Special Presentation: Tai Zimmerman Cole, Assistant Director, and Ellen Piekalkiewicz, Director, Stoops Center for Communities, Families, and Children, Florida State University
- IX. Committee Reports
 - A. Finance and Budget Committee Report (pg. 56)
 - i. Presentation of Year-to-Date Funding (Handout)
- X. Special Needs Summer Camp Scholarship Applications (Handout)
 - A. Public Comment
 - B. Consideration to issue intent to award
- XI. Next Meeting Agenda
- XII. Member Comments
- XIII. Adjourn



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|-------------------------|--|
| MEETING: | Governing Council Meeting |
| DATE & TIME: | Thursday, March 7, 2024 4:00 p.m. |
| LOCATION: | CSC Leon Office 2002 Old St. Augustine Rd., Talia., FL 32301 |

- Members Present:**
- Dr. Zandra Glenn, Chair, Community Member
 - Paul Mitchell, Treasurer, Community Member
 - Atty. Carolyn Cummings, Chair, Leon County BOCC
 - Mark O’Bryant, Community Member
 - Judge Anthony Miller, Second Judicial Circuit
- Members Absent:**
- Terrance Watts, Vice-Chair, DCF Appointee
 - Darryl Jones, School Board Chair, Leon County Schools
 - Rocky Hanna, Superintendent, Leon County Schools

- Staff Present:**
- Cecka Rose Green, Executive Director
 - Dina Snider, Director of Finance and Operations
 - Holly McPhail, Special Projects Manager
 - Jacinta Clay, Administrative Services Manager
 - Atty. Chris Roe, General Counsel

AGENDA & ACTION:

- I. **Call to Order** - 4:03 p.m.
- II. **Roll Call** (See attendance above)
- III. **Approval of Agenda** - Mr. Mitchell moved; Comm. Cummings seconded. Approved by consensus.
- IV. **General Public Comment** – Ms. Emily Fritz
- V. **Consent Agenda** – Comm. Cummings moved; Judge Miller seconded. Approved by consensus.
- VI. **General Counsel Update** – None.
- VII. **Special Presentation: Family Strengthening Evaluation Update** – Gary VanLandingham, Ph.D., Director, Askew School of Public Administration and Policy, Florida State University.
- VIII. **Grant Opportunity** – Mr. Mitchell presented the “Hello Family” grant opportunity; CSC Leon will contribute \$5,000 to support the grantwriting. Other partners include Leon County Schools and the Institute for Child Success.
- IX. **Summer Enrichment Programs 2024 RFA** – Dir. Green and Ms. McPhail presented the ranking and scoring of applications. Motion to approve Option 2 to fund programs scoring at 80% or higher was made by Mr. Mitchell and seconded by Mr. O’Bryant. A substitute motion was made by Comm. Cummings to approve Option 3 to fund programs scoring at 75% or higher; Judge Miller seconded the substitute motion. Public comment was provided by Mr. John Sheetz and Mr. Darius Baker. The substitute motion passed with a 3-2 roll call vote, thereby nullifying the original motion.
- X. **Small Investment for Program Success (SIPS) FY 2024, Quarter 2** – Dir. Green and Ms. McPhail presented the SIPS Quarter 2 applicants. Mr. O’Bryant moved to approve the applicants in the “Recommended for Funding” level; second was provided by Mr. Mitchell. There was no public comment, and the motion passed with a 5-0 roll call vote.
- XI. **Kindergarten Readiness Plan and Outline** – Dir. Green gave an overview of the funding concepts presented to the Council under the following categories: Perinatal Supports, Quality Childcare, Early Intervention Services and Housing. Council Members were asked to review the documents and provide input directly in advance of staff creating the scopes of work (SOWs) for further review, discussion and approval at the April Governing Council meeting.

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| ACTIVITIES/EVENTS |
| <ul style="list-style-type: none"> ▶ 2024 Summer Youth Expo – Saturday, March 23, 2024, 10:00 a.m. - 2:00 p.m., FAMU DRS, 400 W. Orange Ave. Tallahassee, FL 32307 |
| NEXT STEPS/TASKS |
| <ul style="list-style-type: none"> ▶ Place CHSP process on October Workshop agenda (ref: letter from Leon County Administrator Vincent Long) <ul style="list-style-type: none"> • Request that FSU/Askew School to be present at CHSP-CSC workshop on evaluation options ▶ Follow up on grantwriting for Hello Family ▶ FRC Update |
| NEXT MEETING |
| <ul style="list-style-type: none"> ▶ Finance and Budget Committee Meeting – Monday, April 1, 2024, 5:00 p.m., CSC Leon Office ▶ Governing Council Meeting – Thursday, April 18, 2024, 4:00 p.m., CSC Leon Office |
| MEMBER COMMENTS |
| <ul style="list-style-type: none"> • Judge Miller • Mr. Mitchell |
| ADJOURN |
| 6:04 p.m. |

Children's Services Council of Leon County
Balance Sheet
As of February 29, 2024

| | Feb 29, 24 |
|---|----------------------|
| ASSETS | |
| Current Assets | |
| Checking/Savings | |
| 1001 · Operating | 1,390,750.39 |
| 1002 · Money Market Account | 22,137.52 |
| 1003 · FL Class | |
| Catastrophe | 152,783.72 |
| Contingency | 611,134.88 |
| General | 3,769,089.60 |
| Program | 8,231,044.00 |
| Total 1003 · FL Class | 12,764,052.20 |
| 1011 · Bill.com Money Out Clearing | -33,562.57 |
| Total Checking/Savings | 14,143,377.54 |
| Total Current Assets | 14,143,377.54 |
| Other Assets | |
| 1300 · Security Deposits | 6,222.50 |
| Total Other Assets | 6,222.50 |
| TOTAL ASSETS | 14,149,600.04 |
| LIABILITIES & EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Accounts Payable | |
| 2000 · Accounts Payable | -39,772.01 |
| Total Accounts Payable | -39,772.01 |
| Other Current Liabilities | |
| Accrued Payroll Expenses | 8,577.46 |
| 2100 · Employee Paid Benefits Clearing | |
| AFLAC | -321.80 |
| Dental & Vision Insurance | -560.56 |
| Group Term Life & Accidental | -1,693.54 |
| Long Term Disability | -910.88 |
| Supplemental Life & Accidental | 521.19 |
| Vision | 21.96 |
| Total 2100 · Employee Paid Benefits Clearing | -2,943.63 |
| Total Other Current Liabilities | 5,633.83 |
| Total Current Liabilities | -34,138.18 |
| Total Liabilities | -34,138.18 |
| Equity | |
| 3200 · Unrestricted Net Assets | 9,207,387.23 |
| Net Income | 4,976,350.99 |
| Total Equity | 14,183,738.22 |
| TOTAL LIABILITIES & EQUITY | 14,149,600.04 |

**Children's Services Council of Leon County
Income & Expense Budget vs. Actual
October 2023 through February 2024**

| | Oct '23 - Feb 24 | Budget | \$ Over Budget | % of Budget |
|---|---------------------|---------------------|--------------------|--------------|
| Ordinary Income/Expense | | | | |
| Income | | | | |
| 4000 · Ad Valorem Proceeds | 6,987,097.04 | 7,639,186.00 | -652,088.96 | 91.5% |
| 4100 · Interest | 91,966.95 | 152,784.00 | -60,817.05 | 60.2% |
| Total Income | 7,079,063.99 | 7,791,970.00 | -712,906.01 | 90.9% |
| Expense | | | | |
| 5010 · Compensation /Employee Benefits | | | | |
| 5010.10 · Health Insurance | 52,805.59 | 126,288.00 | -73,482.41 | 41.8% |
| 5010.20 · Life Insurance | 0.00 | 4,047.00 | -4,047.00 | 0.0% |
| 5010.30 · Payroll taxes | 12,209.08 | 30,283.00 | -18,073.92 | 40.3% |
| 5010.40 · Retirement Contribution | 34,122.97 | 80,690.00 | -46,567.03 | 42.3% |
| 5010.50 · Salaries | 149,064.54 | 395,850.00 | -246,785.46 | 37.7% |
| Total 5010 · Compensation /Employee Benefits | 248,202.18 | 637,158.00 | -388,955.82 | 39.0% |
| 5020 · Contractual Services - Staffing | | | | |
| 5020.10 · Accounting Fees | 5,700.00 | 20,000.00 | -14,300.00 | 28.5% |
| 5020.20 · General Counsel (1099-MISC) | 17,934.50 | 75,000.00 | -57,065.50 | 23.9% |
| 5020.30 · Staffing Services | 28,480.00 | 199,000.00 | -170,520.00 | 14.3% |
| Total 5020 · Contractual Services - Staffing | 52,114.50 | 294,000.00 | -241,885.50 | 17.7% |
| 5030 · Contractual Services (Other) | | | | |
| 5030.10 · Independent Audit | 0.00 | 20,000.00 | -20,000.00 | 0.0% |
| 5030.20 · Payroll processing | 1,846.00 | 4,000.00 | -2,154.00 | 46.2% |
| Total 5030 · Contractual Services (Other) | 1,846.00 | 24,000.00 | -22,154.00 | 7.7% |
| 5040 · Collection Expenses | | | | |
| 5040.10 · Ad Valorem Collection Fees | 0.00 | 152,784.00 | -152,784.00 | 0.0% |
| 5040.20 · TRIM advertisement fees | 584.02 | 2,000.00 | -1,415.98 | 29.2% |
| 5040.30 · Special District fee | 175.00 | 175.00 | 0.00 | 100.0% |
| 5040 · Collection Expenses - Other | 13.44 | | | |
| Total 5040 · Collection Expenses | 772.46 | 154,959.00 | -154,186.54 | 0.5% |
| 5050 · Communications | | | | |
| 5050.10 · Cell phones | 1,072.30 | 2,500.00 | -1,427.70 | 42.9% |
| 5050.20 · Internet/VOIP | 1,216.24 | 3,000.00 | -1,783.76 | 40.5% |
| 5050.30 · Virtual Platform | 0.00 | 760.00 | -760.00 | 0.0% |
| Total 5050 · Communications | 2,288.54 | 6,260.00 | -3,971.46 | 36.6% |
| 5060 · Dues | | | | |
| 5070 · Information Technology | 20,300.00 | 22,200.00 | -1,900.00 | 91.4% |
| 5070 · Information Technology | | | | |
| 5070.10 · Computers | 0.00 | 5,000.00 | -5,000.00 | 0.0% |
| 5070.20 · Equipment rental | 14,275.78 | 12,000.00 | 2,275.78 | 119.0% |
| 5070.30 · Website maintenance | 0.00 | 1,500.00 | -1,500.00 | 0.0% |
| 5070.40 · Software | 1,357.67 | 3,200.00 | -1,842.33 | 42.4% |
| 5070.50 · Managed IT | 2,170.00 | 0.00 | 2,170.00 | 100.0% |
| Total 5070 · Information Technology | 17,803.45 | 21,700.00 | -3,896.55 | 82.0% |
| 5080 · Insurance-Liab., D&O, WC, Cyber | | | | |
| 5090 · Occupancy | 18,076.00 | 20,000.00 | -1,924.00 | 90.4% |
| 5090 · Occupancy | | | | |
| 5090.10 · Rent | 31,112.50 | 74,670.00 | -43,557.50 | 41.7% |
| 5090.20 · Furniture | 0.00 | 500.00 | -500.00 | 0.0% |
| 5090.30 · Security System | 2,050.00 | 5,000.00 | -2,950.00 | 41.0% |
| Total 5090 · Occupancy | 33,162.50 | 80,170.00 | -47,007.50 | 41.4% |
| 5100 · Office Supplies and Support | | | | |
| 5100.10 · Office Supplies | 472.20 | 1,200.00 | -727.80 | 39.4% |
| 5100.20 · Postage and Courier | 399.77 | 750.00 | -350.23 | 53.3% |
| 5100.30 · Printing and Copying | 644.00 | 1,500.00 | -856.00 | 42.9% |
| 5100.40 · Shredding | 0.00 | 400.00 | -400.00 | 0.0% |
| Total 5100 · Office Supplies and Support | 1,515.97 | 3,850.00 | -2,334.03 | 39.4% |
| 5200 · Travel | | | | |
| 5200.10 · Registration-Conference/Meeting | 90.00 | 5,000.00 | -4,910.00 | 1.8% |
| 5200.20 · Lodging | 2,546.40 | 10,000.00 | -7,453.60 | 25.5% |
| 5200.30 · Meals - per diem | 25.00 | 2,000.00 | -1,975.00 | 1.3% |
| 5200.40 · Transportation - auto rental | 965.36 | 2,500.00 | -1,534.64 | 38.6% |
| 5200.50 · Mileage and tolls | 149.59 | 500.00 | -350.41 | 29.9% |
| Total 5200 · Travel | 3,776.35 | 20,000.00 | -16,223.65 | 18.9% |

| | Oct '23 - Feb 24 | Budget | \$ Over Budget | % of Budget |
|--|---------------------|----------------------|-----------------------|---------------|
| 5300 · Miscellaneous | | | | |
| 5300.10 · Awards & Recognition | 0.00 | 500.00 | -500.00 | 0.0% |
| 5300.20 · CSC Awareness | 9,409.85 | 10,000.00 | -590.15 | 94.1% |
| 5300.30 · Other | 865.38 | | | |
| 5300 · Miscellaneous - Other | 192.00 | | | |
| Total 5300 · Miscellaneous | 10,467.23 | 10,500.00 | -32.77 | 99.7% |
| 5400 · Program Investments & Supports | | | | |
| Capacity Building & Tech Assist | 53,556.57 | 169,000.00 | -115,443.43 | 31.7% |
| Community Outreach and Events | 17,000.00 | 20,000.00 | -3,000.00 | 85.0% |
| Early Learning | 183,174.67 | 745,200.00 | -562,025.33 | 24.6% |
| Family Resource Centers | 0.00 | 4,000,000.00 | -4,000,000.00 | 0.0% |
| Family Strengthening/Parent Edu | 349,930.79 | 2,100,000.00 | -1,750,069.21 | 16.7% |
| Family Supports | 52,631.50 | | | |
| Funds Available for Program | 0.00 | 3,006,044.00 | -3,006,044.00 | 0.0% |
| Prenatal/Postnatal Support Serv | 0.00 | 1,200,000.00 | -1,200,000.00 | 0.0% |
| Program research and analysis | 8,997.00 | 30,000.00 | -21,003.00 | 30.0% |
| Program Software SAMIS | 4,000.00 | 30,000.00 | -26,000.00 | 13.3% |
| Small Investments for Program S | 170,713.00 | 600,000.00 | -429,287.00 | 28.5% |
| Summer Bridge Programming | 0.00 | 1,750,000.00 | -1,750,000.00 | 0.0% |
| Summer Programmatic Funding | 18,865.76 | | | |
| Youth Development Programming | 0.00 | 25,000.00 | -25,000.00 | 0.0% |
| Youth Mentoring (Youth Violence | 351,338.79 | 800,000.00 | -448,661.21 | 43.9% |
| 5400 · Program Investments & Supports - Other | 466,910.72 | | | |
| Total 5400 · Program Investments & Supports | 1,677,118.80 | 14,475,244.00 | -12,798,125.20 | 11.6% |
| 6100 · Salaries & Wages - Clearing | 15,269.02 | | | |
| Total Expense | 2,102,713.00 | 15,770,041.00 | -13,667,328.00 | 13.3% |
| Net Ordinary Income | 4,976,350.99 | -7,978,071.00 | 12,954,421.99 | -62.4% |
| Other Income/Expense | | | | |
| Other Income | | | | |
| 7000 · Prior Year carryforward | 0.00 | 8,741,990.00 | -8,741,990.00 | 0.0% |
| Total Other Income | 0.00 | 8,741,990.00 | -8,741,990.00 | 0.0% |
| Other Expense | | | | |
| 8000 · Reserved Funds | 0.00 | 763,919.00 | -763,919.00 | 0.0% |
| Total Other Expense | 0.00 | 763,919.00 | -763,919.00 | 0.0% |
| Net Other Income | 0.00 | 7,978,071.00 | -7,978,071.00 | 0.0% |
| Net Income | 4,976,350.99 | 0.00 | 4,976,350.99 | 100.0% |

Children's Services Council of Leon County
Profit & Loss
October 2023 through February 2024

| | Oct 23 | Nov 23 | Dec 23 | Jan 24 | Feb 24 | TOTAL |
|---|-----------|--------------|--------------|------------|------------|--------------|
| Ordinary Income/Expense | | | | | | |
| Income | | | | | | |
| 4000 · Ad Valorem Proceeds | 1,211.74 | 1,415,793.46 | 5,097,299.71 | 259,208.41 | 213,583.72 | 6,987,097.04 |
| 4100 · Interest | 16,015.84 | 14,320.22 | 15,149.74 | 25,260.13 | 21,221.02 | 91,966.95 |
| Total Income | 17,227.58 | 1,430,113.68 | 5,112,449.45 | 284,468.54 | 234,804.74 | 7,079,063.99 |
| Expense | | | | | | |
| 5010 · Compensation /Employee Benefits | | | | | | |
| 5010.10 · Health Insurance | 10,622.24 | 10,576.84 | 10,182.83 | 10,182.83 | 11,240.85 | 52,805.59 |
| 5010.30 · Payroll taxes | 2,216.22 | 3,324.33 | 2,216.22 | 3,139.52 | 1,312.79 | 12,209.08 |
| 5010.40 · Retirement Contribution | 6,164.94 | 5,656.38 | 6,101.48 | 9,583.33 | 6,616.84 | 34,122.97 |
| 5010.50 · Salaries | 29,673.06 | 44,509.59 | 29,673.06 | 30,139.22 | 15,069.61 | 149,064.54 |
| Total 5010 · Compensation /Employee Benefits | 48,676.46 | 64,067.14 | 48,173.59 | 53,044.90 | 34,240.09 | 248,202.18 |
| 5020 · Contractual Services - Staffing | | | | | | |
| 5020.10 · Accounting Fees | 900.00 | 1,762.50 | 1,462.50 | 1,575.00 | 0.00 | 5,700.00 |
| 5020.20 · General Counsel (1099-MISC) | 0.00 | 4,415.00 | 4,867.50 | 0.00 | 8,652.00 | 17,934.50 |
| 5020.30 · Staffing Services | 0.00 | 7,600.00 | 7,080.00 | 5,000.00 | 8,800.00 | 28,480.00 |
| Total 5020 · Contractual Services - Staffing | 900.00 | 13,777.50 | 13,410.00 | 6,575.00 | 17,452.00 | 52,114.50 |
| 5030 · Contractual Services (Other) | | | | | | |
| 5030.20 · Payroll processing | 341.25 | 487.50 | 325.00 | 367.25 | 325.00 | 1,846.00 |
| Total 5030 · Contractual Services (Other) | 341.25 | 487.50 | 325.00 | 367.25 | 325.00 | 1,846.00 |
| 5040 · Collection Expenses | | | | | | |
| 5040.20 · TRIM advertisement fees | 584.02 | 0.00 | 0.00 | 0.00 | 0.00 | 584.02 |
| 5040.30 · Special District fee | 0.00 | 0.00 | 175.00 | 0.00 | 0.00 | 175.00 |
| 5040 · Collection Expenses - Other | 0.00 | 13.44 | 0.00 | 0.00 | 0.00 | 13.44 |
| Total 5040 · Collection Expenses | 584.02 | 13.44 | 175.00 | 0.00 | 0.00 | 772.46 |
| 5050 · Communications | | | | | | |
| 5050.10 · Cell phones | 213.10 | 213.10 | 213.70 | 0.00 | 432.40 | 1,072.30 |
| 5050.20 · Internet/VOIP | 243.15 | 243.15 | 243.14 | 243.40 | 243.40 | 1,216.24 |
| Total 5050 · Communications | 456.25 | 456.25 | 456.84 | 243.40 | 675.80 | 2,288.54 |
| 5060 · Dues | 0.00 | 300.00 | 20,000.00 | 0.00 | 0.00 | 20,300.00 |
| 5070 · Information Technology | | | | | | |
| 5070.20 · Equipment rental | 7,967.88 | 1,595.20 | 1,081.63 | 1,162.33 | 2,468.74 | 14,275.78 |
| 5070.40 · Software | 441.72 | 200.47 | 295.99 | 206.00 | 213.49 | 1,357.67 |
| 5070.50 · Managed IT | 350.00 | 350.00 | 350.00 | 770.00 | 350.00 | 2,170.00 |
| Total 5070 · Information Technology | 8,759.60 | 2,145.67 | 1,727.62 | 2,138.33 | 3,032.23 | 17,803.45 |
| 5080 · Insurance-Liab., D&O, WC, Cyber | 0.00 | 16,076.00 | 0.00 | 2,000.00 | 0.00 | 18,076.00 |
| 5090 · Occupancy | | | | | | |
| 5090.10 · Rent | 6,222.50 | 6,222.50 | 6,222.50 | 6,222.50 | 6,222.50 | 31,112.50 |
| 5090.30 · Security System | 410.00 | 410.00 | 410.00 | 410.00 | 410.00 | 2,050.00 |
| Total 5090 · Occupancy | 6,632.50 | 6,632.50 | 6,632.50 | 6,632.50 | 6,632.50 | 33,162.50 |

| | Oct 23 | Nov 23 | Dec 23 | Jan 24 | Feb 24 | TOTAL |
|--|--------------------|-------------------|---------------------|-------------------|--------------------|---------------------|
| 5100 · Office Supplies and Support | | | | | | |
| 5100.10 · Office Supplies | 150.00 | 305.54 | 0.00 | 16.66 | 0.00 | 472.20 |
| 5100.20 · Postage and Courier | 10.93 | 0.00 | 34.84 | 0.00 | 354.00 | 399.77 |
| 5100.30 · Printing and Copying | 644.00 | 0.00 | 0.00 | 0.00 | 0.00 | 644.00 |
| Total 5100 · Office Supplies and Support | 804.93 | 305.54 | 34.84 | 16.66 | 354.00 | 1,515.97 |
| 5200 · Travel | | | | | | |
| 5200.10 · Registration-Conference/Meeting | 0.00 | 0.00 | 0.00 | 90.00 | 0.00 | 90.00 |
| 5200.20 · Lodging | 100.83 | 0.00 | 0.00 | 145.73 | 2,299.84 | 2,546.40 |
| 5200.30 · Meals - per diem | 0.00 | 0.00 | 0.00 | 25.00 | 0.00 | 25.00 |
| 5200.40 · Transportation - auto rental | 123.83 | 38.72 | 0.00 | 0.00 | 802.81 | 965.36 |
| 5200.50 · Mileage and tolls | 0.00 | 0.00 | 0.00 | 129.05 | 20.54 | 149.59 |
| Total 5200 · Travel | 224.66 | 38.72 | 0.00 | 389.78 | 3,123.19 | 3,776.35 |
| 5300 · Miscellaneous | | | | | | |
| 5300.20 · CSC Awareness | 4,750.00 | 0.00 | 0.00 | 4,659.85 | 0.00 | 9,409.85 |
| 5300.30 · Other | 163.48 | 178.57 | 164.95 | 185.81 | 172.57 | 865.38 |
| 5300 · Miscellaneous - Other | 0.00 | 192.00 | 0.00 | 0.00 | 0.00 | 192.00 |
| Total 5300 · Miscellaneous | 4,913.48 | 370.57 | 164.95 | 4,845.66 | 172.57 | 10,467.23 |
| 5400 · Program Investments & Supports | | | | | | |
| Capacity Building & Tech Assist | 0.00 | 0.00 | 35,000.00 | 18,556.57 | 0.00 | 53,556.57 |
| Community Outreach and Events | 7,500.00 | 9,500.00 | 0.00 | 0.00 | 0.00 | 17,000.00 |
| Early Learning | 17,250.94 | 0.00 | 20,590.93 | 145,332.80 | 0.00 | 183,174.67 |
| Family Strengthening/Parent Edu | 0.00 | 135,554.20 | 28,804.26 | 0.00 | 185,572.33 | 349,930.79 |
| Family Supports | 52,631.50 | 0.00 | 0.00 | 0.00 | 0.00 | 52,631.50 |
| Program research and analysis | 0.00 | 0.00 | 0.00 | 8,997.00 | 0.00 | 8,997.00 |
| Program Software SAMIS | 2,000.00 | 2,000.00 | 0.00 | 0.00 | 0.00 | 4,000.00 |
| Small Investments for Program S | 0.00 | 27,158.00 | 15,000.00 | 20,000.00 | 108,555.00 | 170,713.00 |
| Summer Programmatic Funding | 47,983.11 | 0.00 | 0.00 | 0.00 | -29,117.35 | 18,865.76 |
| Youth Mentoring (Youth Violence | 0.00 | 141,411.93 | 68,514.93 | 0.00 | 141,411.93 | 351,338.79 |
| 5400 · Program Investments & Supports - Other | 266,919.00 | 199,991.72 | 0.00 | 0.00 | 0.00 | 466,910.72 |
| Total 5400 · Program Investments & Supports | 394,284.55 | 515,615.85 | 167,910.12 | 192,886.37 | 406,421.91 | 1,677,118.80 |
| 6100 · Salaries & Wages - Clearing | 0.00 | 0.00 | 0.00 | 0.00 | 15,269.02 | 15,269.02 |
| Total Expense | 466,577.70 | 620,286.68 | 259,010.46 | 269,139.85 | 487,698.31 | 2,102,713.00 |
| Net Ordinary Income | -449,350.12 | 809,827.00 | 4,853,438.99 | 15,328.69 | -252,893.57 | 4,976,350.99 |
| Net Income | -449,350.12 | 809,827.00 | 4,853,438.99 | 15,328.69 | -252,893.57 | 4,976,350.99 |

Children's Services Council of Leon County
Balance Sheet
As of March 31, 2024

| | Mar 31, 24 |
|--|----------------------|
| ASSETS | |
| Current Assets | |
| Checking/Savings | |
| 1001 · Operating | 1,367,640.65 |
| 1002 · Money Market Account | 522,938.51 |
| 1003 · FL Class | |
| Catastrophe | 153,553.08 |
| Contingency | 614,212.31 |
| General | 3,285,700.09 |
| Program | 8,272,492.06 |
| Total 1003 · FL Class | 12,325,957.54 |
| 1011 · Bill.com Money Out Clearing | -33,562.57 |
| Total Checking/Savings | 14,182,974.13 |
| Total Current Assets | 14,182,974.13 |
| Other Assets | |
| 1300 · Security Deposits | 6,222.50 |
| Total Other Assets | 6,222.50 |
| TOTAL ASSETS | 14,189,196.63 |
| LIABILITIES & EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Accounts Payable | |
| 2000 · Accounts Payable | -39,778.01 |
| Total Accounts Payable | -39,778.01 |
| Other Current Liabilities | |
| Accrued Payroll Expenses | 8,577.46 |
| 2100 · Employee Paid Benefits Clearing | -3,446.19 |
| Total Other Current Liabilities | 5,131.27 |
| Total Current Liabilities | -34,646.74 |
| Total Liabilities | -34,646.74 |
| Equity | |
| 3200 · Unrestricted Net Assets | 9,207,393.23 |
| Net Income | 5,016,450.14 |
| Total Equity | 14,223,843.37 |
| TOTAL LIABILITIES & EQUITY | 14,189,196.63 |

**Children's Services Council of Leon County
Income & Expense Budget vs. Actual
October 2023 through March 2024**

| | Oct '23 - Mar 24 | Budget | \$ Over Budget | % of Budget |
|---|------------------|--------------|----------------|-------------|
| Ordinary Income/Expense | | | | |
| Income | | | | |
| 4000 · Ad Valorem Proceeds | 7,263,458.21 | 7,639,186.00 | -375,727.79 | 95.1% |
| 4100 · Interest | 154,786.51 | 152,784.00 | 2,002.51 | 101.3% |
| Total Income | 7,418,244.72 | 7,791,970.00 | -373,725.28 | 95.2% |
| Expense | | | | |
| Operations | | | | |
| IT Services (Web & Email) | 350.00 | | | |
| Total Operations | 350.00 | | | |
| 5010 · Compensation /Employee Benefits | | | | |
| 5010.10 · Health Insurance | 63,955.64 | 126,288.00 | -62,332.36 | 50.6% |
| 5010.20 · Life Insurance | 0.00 | 4,047.00 | -4,047.00 | 0.0% |
| 5010.30 · Payroll taxes | 15,667.41 | 30,283.00 | -14,615.59 | 51.7% |
| 5010.40 · Retirement Contribution | 39,835.63 | 80,690.00 | -40,854.37 | 49.4% |
| 5010.50 · Salaries | 194,273.37 | 395,850.00 | -201,576.63 | 49.1% |
| Total 5010 · Compensation /Employee Benefits | 313,732.05 | 637,158.00 | -323,425.95 | 49.2% |
| 5020 · Contractual Services - Staffing | | | | |
| 5020.10 · Accounting Fees | 8,700.00 | 20,000.00 | -11,300.00 | 43.5% |
| 5020.20 · General Counsel (1099-MISC) | 21,805.50 | 75,000.00 | -53,194.50 | 29.1% |
| 5020.30 · Staffing Services | 39,730.00 | 199,000.00 | -159,270.00 | 20.0% |
| Total 5020 · Contractual Services - Staffing | 70,235.50 | 294,000.00 | -223,764.50 | 23.9% |
| 5030 · Contractual Services (Other) | | | | |
| 5030.10 · Independent Audit | 0.00 | 20,000.00 | -20,000.00 | 0.0% |
| 5030.20 · Payroll processing | 2,171.00 | 4,000.00 | -1,829.00 | 54.3% |
| Total 5030 · Contractual Services (Other) | 2,171.00 | 24,000.00 | -21,829.00 | 9.0% |
| 5040 · Collection Expenses | | | | |
| 5040.10 · Ad Valorem Collection Fees | 145,133.72 | 152,784.00 | -7,650.28 | 95.0% |
| 5040.20 · TRIM advertisement fees | 584.02 | 2,000.00 | -1,415.98 | 29.2% |
| 5040.30 · Special District fee | 175.00 | 175.00 | 0.00 | 100.0% |
| 5040 · Collection Expenses - Other | 13.44 | | | |
| Total 5040 · Collection Expenses | 145,906.18 | 154,959.00 | -9,052.82 | 94.2% |
| 5050 · Communications | | | | |
| 5050.10 · Cell phones | 1,286.00 | 2,500.00 | -1,214.00 | 51.4% |
| 5050.20 · Internet/VOIP | 1,465.22 | 3,000.00 | -1,534.78 | 48.8% |
| 5050.30 · Virtual Platform | 799.50 | 760.00 | 39.50 | 105.2% |
| Total 5050 · Communications | 3,550.72 | 6,260.00 | -2,709.28 | 56.7% |
| 5060 · Dues | 20,820.00 | 22,200.00 | -1,380.00 | 93.8% |
| 5070 · Information Technology | | | | |
| 5070.10 · Computers | 0.00 | 5,000.00 | -5,000.00 | 0.0% |
| 5070.20 · Equipment rental | 15,445.60 | 12,000.00 | 3,445.60 | 128.7% |
| 5070.30 · Website maintenance | 0.00 | 1,500.00 | -1,500.00 | 0.0% |
| 5070.40 · Software | 1,571.16 | 3,200.00 | -1,628.84 | 49.1% |
| 5070.50 · Managed IT | 2,170.00 | 0.00 | 2,170.00 | 100.0% |
| Total 5070 · Information Technology | 19,186.76 | 21,700.00 | -2,513.24 | 88.4% |
| 5080 · Insurance-Liab., D&O, WC, Cyber | 19,252.01 | 20,000.00 | -747.99 | 96.3% |
| 5090 · Occupancy | | | | |
| 5090.10 · Rent | 38,455.08 | 74,670.00 | -36,214.92 | 51.5% |
| 5090.20 · Furniture | 0.00 | 500.00 | -500.00 | 0.0% |
| 5090.30 · Security System | 2,460.00 | 5,000.00 | -2,540.00 | 49.2% |
| Total 5090 · Occupancy | 40,915.08 | 80,170.00 | -39,254.92 | 51.0% |
| 5100 · Office Supplies and Support | | | | |
| 5100.10 · Office Supplies | 508.34 | 1,200.00 | -691.66 | 42.4% |
| 5100.20 · Postage and Courier | 399.77 | 750.00 | -350.23 | 53.3% |
| 5100.30 · Printing and Copying | 644.00 | 1,500.00 | -856.00 | 42.9% |
| 5100.40 · Shredding | 85.00 | 400.00 | -315.00 | 21.3% |
| Total 5100 · Office Supplies and Support | 1,637.11 | 3,850.00 | -2,212.89 | 42.5% |

| | Oct '23 - Mar 24 | Budget | \$ Over Budget | % of Budget |
|--|---------------------|----------------------|-----------------------|---------------|
| 5200 · Travel | | | | |
| 5200.10 · Registration-Conference/Meeting | 90.00 | 5,000.00 | -4,910.00 | 1.8% |
| 5200.20 · Lodging | 2,546.40 | 10,000.00 | -7,453.60 | 25.5% |
| 5200.30 · Meals - per diem | 326.00 | 2,000.00 | -1,674.00 | 16.3% |
| 5200.40 · Transportation - auto rental | 965.36 | 2,500.00 | -1,534.64 | 38.6% |
| 5200.50 · Mileage and tolls | 149.59 | 500.00 | -350.41 | 29.9% |
| Total 5200 · Travel | 4,077.35 | 20,000.00 | -15,922.65 | 20.4% |
| 5300 · Miscellaneous | | | | |
| 5300.10 · Awards & Recognition | 0.00 | 500.00 | -500.00 | 0.0% |
| 5300.20 · CSC Awareness | 12,301.85 | 10,000.00 | 2,301.85 | 123.0% |
| 5300.30 · Other | 1,030.33 | | | |
| 5300 · Miscellaneous - Other | 192.00 | | | |
| Total 5300 · Miscellaneous | 13,524.18 | 10,500.00 | 3,024.18 | 128.8% |
| 5400 · Program Investments & Supports | | | | |
| Capacity Building & Tech Assist | 53,556.57 | 169,000.00 | -115,443.43 | 31.7% |
| Community Outreach and Events | 17,643.03 | 20,000.00 | -2,356.97 | 88.2% |
| Early Learning | 243,891.35 | 745,200.00 | -501,308.65 | 32.7% |
| Family Resource Centers | 0.00 | 4,000,000.00 | -4,000,000.00 | 0.0% |
| Family Strengthening/Parent Edu | 349,930.79 | 2,100,000.00 | -1,750,069.21 | 16.7% |
| Family Supports | 52,631.50 | | | |
| Funds Available for Program | 0.00 | 3,006,044.00 | -3,006,044.00 | 0.0% |
| Prenatal/Postnatal Support Serv | 0.00 | 1,200,000.00 | -1,200,000.00 | 0.0% |
| Program research and analysis | 8,997.00 | 30,000.00 | -21,003.00 | 30.0% |
| Program Software SAMIS | 42,000.00 | 30,000.00 | 12,000.00 | 140.0% |
| Small Investments for Program S | 170,713.00 | 600,000.00 | -429,287.00 | 28.5% |
| Summer Bridge Programming | 0.00 | 1,750,000.00 | -1,750,000.00 | 0.0% |
| Summer Programmatic Funding | 109,994.54 | | | |
| Youth Development Programming | 0.00 | 25,000.00 | -25,000.00 | 0.0% |
| Youth Mentoring (Youth Violence | 351,338.79 | 800,000.00 | -448,661.21 | 43.9% |
| 5400 · Program Investments & Supports - Other | 344,310.72 | | | |
| Total 5400 · Program Investments & Supports | 1,745,007.29 | 14,475,244.00 | -12,730,236.71 | 12.1% |
| 5600 · Unclassified expenses | 1,429.35 | | | |
| Total Expense | 2,401,794.58 | 15,770,041.00 | -13,368,246.42 | 15.2% |
| Net Ordinary Income | 5,016,450.14 | -7,978,071.00 | 12,994,521.14 | -62.9% |
| Other Income/Expense | | | | |
| Other Income | | | | |
| 7000 · Prior Year carryforward | 0.00 | 8,741,990.00 | -8,741,990.00 | 0.0% |
| Total Other Income | 0.00 | 8,741,990.00 | -8,741,990.00 | 0.0% |
| Other Expense | | | | |
| 8000 · Reserved Funds | 0.00 | 763,919.00 | -763,919.00 | 0.0% |
| Total Other Expense | 0.00 | 763,919.00 | -763,919.00 | 0.0% |
| Net Other Income | 0.00 | 7,978,071.00 | -7,978,071.00 | 0.0% |
| Net Income | 5,016,450.14 | 0.00 | 5,016,450.14 | 100.0% |

Children's Services Council of Leon County
Profit & Loss
October 2023 through March 2024

| | Oct 23 | Nov 23 | Dec 23 | Jan 24 | Feb 24 | Mar 24 | TOTAL |
|---|-----------|--------------|--------------|------------|------------|------------|--------------|
| Ordinary Income/Expense | | | | | | | |
| Income | | | | | | | |
| 4000 · Ad Valorem Proceeds | 1,231.79 | 1,444,864.61 | 5,201,326.23 | 264,498.38 | 217,631.64 | 133,905.56 | 7,263,458.21 |
| 4100 · Interest | 16,015.84 | 14,320.22 | 15,149.74 | 25,260.13 | 26,815.13 | 57,225.45 | 154,786.51 |
| Total Income | 17,247.63 | 1,459,184.83 | 5,216,475.97 | 289,758.51 | 244,446.77 | 191,131.01 | 7,418,244.72 |
| Expense | | | | | | | |
| Operations | | | | | | | |
| IT Services (Web & Email) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 350.00 | 350.00 |
| Total Operations | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 350.00 | 350.00 |
| 5010 · Compensation /Employee Benefits | | | | | | | |
| 5010.10 · Health Insurance | 10,622.24 | 10,576.84 | 10,182.83 | 10,182.83 | 11,195.45 | 11,195.45 | 63,955.64 |
| 5010.30 · Payroll taxes | 2,216.22 | 3,324.33 | 2,216.22 | 3,139.52 | 2,517.66 | 2,253.46 | 15,667.41 |
| 5010.40 · Retirement Contribution | 6,164.94 | 5,656.38 | 6,101.48 | 9,583.33 | 6,164.75 | 6,164.75 | 39,835.63 |
| 5010.50 · Salaries | 29,673.06 | 44,509.59 | 29,673.06 | 30,139.22 | 30,139.22 | 30,139.22 | 194,273.37 |
| Total 5010 · Compensation /Employee Benefits | 48,676.46 | 64,067.14 | 48,173.59 | 53,044.90 | 50,017.08 | 49,752.88 | 313,732.05 |
| 5020 · Contractual Services - Staffing | | | | | | | |
| 5020.10 · Accounting Fees | 900.00 | 1,762.50 | 1,462.50 | 1,575.00 | 0.00 | 3,000.00 | 8,700.00 |
| 5020.20 · General Counsel (1099-MISC) | 0.00 | 4,415.00 | 4,867.50 | 0.00 | 8,652.00 | 3,871.00 | 21,805.50 |
| 5020.30 · Staffing Services | 0.00 | 7,600.00 | 7,080.00 | 5,000.00 | 8,800.00 | 11,250.00 | 39,730.00 |
| Total 5020 · Contractual Services - Staffing | 900.00 | 13,777.50 | 13,410.00 | 6,575.00 | 17,452.00 | 18,121.00 | 70,235.50 |
| 5030 · Contractual Services (Other) | | | | | | | |
| 5030.20 · Payroll processing | 341.25 | 487.50 | 325.00 | 367.25 | 325.00 | 325.00 | 2,171.00 |
| Total 5030 · Contractual Services (Other) | 341.25 | 487.50 | 325.00 | 367.25 | 325.00 | 325.00 | 2,171.00 |
| 5040 · Collection Expenses | | | | | | | |
| 5040.10 · Ad Valorem Collection Fees | 20.05 | 29,071.15 | 104,026.52 | 5,289.97 | 4,047.92 | 2,678.11 | 145,133.72 |
| 5040.20 · TRIM advertisement fees | 584.02 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 584.02 |
| 5040.30 · Special District fee | 0.00 | 0.00 | 175.00 | 0.00 | 0.00 | 0.00 | 175.00 |
| 5040 · Collection Expenses - Other | 0.00 | 13.44 | 0.00 | 0.00 | 0.00 | 0.00 | 13.44 |
| Total 5040 · Collection Expenses | 604.07 | 29,084.59 | 104,201.52 | 5,289.97 | 4,047.92 | 2,678.11 | 145,906.18 |
| 5050 · Communications | | | | | | | |
| 5050.10 · Cell phones | 213.10 | 213.10 | 213.70 | 0.00 | 432.40 | 213.70 | 1,286.00 |
| 5050.20 · Internet/VOIP | 243.15 | 243.15 | 243.14 | 243.40 | 243.40 | 248.98 | 1,465.22 |
| 5050.30 · Virtual Platform | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 799.50 | 799.50 |
| Total 5050 · Communications | 456.25 | 456.25 | 456.84 | 243.40 | 675.80 | 1,262.18 | 3,550.72 |
| 5060 · Dues | 0.00 | 300.00 | 20,000.00 | 0.00 | 0.00 | 520.00 | 20,820.00 |
| 5070 · Information Technology | | | | | | | |
| 5070.20 · Equipment rental | 7,967.88 | 1,595.20 | 1,081.63 | 1,162.33 | 2,468.74 | 1,169.82 | 15,445.60 |
| 5070.40 · Software | 441.72 | 200.47 | 295.99 | 206.00 | 213.49 | 213.49 | 1,571.16 |
| 5070.50 · Managed IT | 350.00 | 350.00 | 350.00 | 770.00 | 350.00 | 0.00 | 2,170.00 |
| Total 5070 · Information Technology | 8,759.60 | 2,145.67 | 1,727.62 | 2,138.33 | 3,032.23 | 1,383.31 | 19,186.76 |
| 5080 · Insurance-Liab., D&O, WC, Cyber | 0.00 | 16,076.00 | 0.00 | 2,000.00 | 0.00 | 1,176.01 | 19,252.01 |
| 5090 · Occupancy | | | | | | | |
| 5090.10 · Rent | 6,222.50 | 6,222.50 | 6,222.50 | 6,222.50 | 6,222.50 | 7,342.58 | 38,455.08 |
| 5090.30 · Security System | 410.00 | 410.00 | 410.00 | 410.00 | 410.00 | 410.00 | 2,460.00 |
| Total 5090 · Occupancy | 6,632.50 | 6,632.50 | 6,632.50 | 6,632.50 | 6,632.50 | 7,752.58 | 40,915.08 |

| | Oct 23 | Nov 23 | Dec 23 | Jan 24 | Feb 24 | Mar 24 | TOTAL |
|--|--------------------|-------------------|---------------------|-------------------|--------------------|-------------------|---------------------|
| 5100 · Office Supplies and Support | | | | | | | |
| 5100.10 · Office Supplies | 150.00 | 305.54 | 0.00 | 16.66 | 0.00 | 36.14 | 508.34 |
| 5100.20 · Postage and Courier | 10.93 | 0.00 | 34.84 | 0.00 | 354.00 | 0.00 | 399.77 |
| 5100.30 · Printing and Copying | 644.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 644.00 |
| 5100.40 · Shredding | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 85.00 | 85.00 |
| Total 5100 · Office Supplies and Support | 804.93 | 305.54 | 34.84 | 16.66 | 354.00 | 121.14 | 1,637.11 |
| 5200 · Travel | | | | | | | |
| 5200.10 · Registration-Conference/Meeting | 0.00 | 0.00 | 0.00 | 90.00 | 0.00 | 0.00 | 90.00 |
| 5200.20 · Lodging | 100.83 | 0.00 | 0.00 | 145.73 | 2,299.84 | 0.00 | 2,546.40 |
| 5200.30 · Meals - per diem | 0.00 | 0.00 | 0.00 | 25.00 | 0.00 | 301.00 | 326.00 |
| 5200.40 · Transportation - auto rental | 123.83 | 38.72 | 0.00 | 0.00 | 802.81 | 0.00 | 965.36 |
| 5200.50 · Mileage and tolls | 0.00 | 0.00 | 0.00 | 129.05 | 20.54 | 0.00 | 149.59 |
| Total 5200 · Travel | 224.66 | 38.72 | 0.00 | 389.78 | 3,123.19 | 301.00 | 4,077.35 |
| 5300 · Miscellaneous | | | | | | | |
| 5300.20 · CSC Awareness | 4,750.00 | 0.00 | 0.00 | 4,659.85 | 0.00 | 2,892.00 | 12,301.85 |
| 5300.30 · Other | 163.48 | 178.57 | 164.95 | 185.81 | 172.57 | 164.95 | 1,030.33 |
| 5300 · Miscellaneous - Other | 0.00 | 192.00 | 0.00 | 0.00 | 0.00 | 0.00 | 192.00 |
| Total 5300 · Miscellaneous | 4,913.48 | 370.57 | 164.95 | 4,845.66 | 172.57 | 3,056.95 | 13,524.18 |
| 5400 · Program Investments & Supports | | | | | | | |
| Capacity Building & Tech Assist | 0.00 | 0.00 | 35,000.00 | 18,556.57 | 0.00 | 0.00 | 53,556.57 |
| Community Outreach and Events | 7,500.00 | 9,500.00 | 0.00 | 0.00 | 0.00 | 643.03 | 17,643.03 |
| Early Learning | 17,250.94 | 0.00 | 20,590.93 | 145,332.80 | 0.00 | 60,716.68 | 243,891.35 |
| Family Strengthening/Parent Edu | 0.00 | 135,554.20 | 28,804.26 | 0.00 | 185,572.33 | 0.00 | 349,930.79 |
| Family Supports | 52,631.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 52,631.50 |
| Program research and analysis | 0.00 | 0.00 | 0.00 | 8,997.00 | 0.00 | 0.00 | 8,997.00 |
| Program Software SAMIS | 2,000.00 | 2,000.00 | 0.00 | 0.00 | 0.00 | 38,000.00 | 42,000.00 |
| Small Investments for Program S | 0.00 | 27,158.00 | 15,000.00 | 20,000.00 | 108,555.00 | 0.00 | 170,713.00 |
| Summer Programmatic Funding | 47,983.11 | 0.00 | 0.00 | 0.00 | -29,117.35 | 91,128.78 | 109,994.54 |
| Youth Mentoring (Youth Violence | 0.00 | 141,411.93 | 68,514.93 | 0.00 | 141,411.93 | 0.00 | 351,338.79 |
| 5400 · Program Investments & Supports - Other | 266,919.00 | 199,991.72 | 0.00 | 0.00 | 0.00 | -122,600.00 | 344,310.72 |
| Total 5400 · Program Investments & Supports | 394,284.55 | 515,615.85 | 167,910.12 | 192,886.37 | 406,421.91 | 67,888.49 | 1,745,007.29 |
| 5600 · Unclassified expenses | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,429.35 | 1,429.35 |
| 6100 · Salaries & Wages - Clearing | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Expense | 466,597.75 | 649,357.83 | 363,036.98 | 274,429.82 | 492,254.20 | 156,118.00 | 2,401,794.58 |
| Net Ordinary Income | -449,350.12 | 809,827.00 | 4,853,438.99 | 15,328.69 | -247,807.43 | 35,013.01 | 5,016,450.14 |
| Net Income | -449,350.12 | 809,827.00 | 4,853,438.99 | 15,328.69 | -247,807.43 | 35,013.01 | 5,016,450.14 |

Executive Director's Report
Governing Council Meeting | Thursday, April 18, 2024

CSC Leon Council Member Appointments/Vacancies – No update; the Governor's Office will notify the County Commission regarding selections.

Community Outreach and Connections – During the months of March, CSC Leon connected with the following persons/entities:

- Ms. Green attended the following meetings/events to connect with community leaders and provide updates on the Council's activities.
 - Spring Membership meeting of the Capital City Chamber of Commerce;
 - Stakeholder Breakfast meeting of the Community Foundation of North Florida (CFNF); and
 - Annual Membership meeting of the United Partners for Human Services (UPHS).
- CSC Leon staff visited Aveanna/Tallahassee Pediatric Day Health Care Center, which is a provider of early learning and childcare for medically fragile children. The facility can provide developmental therapies to include occupational and physical therapy, and speech-language pathology. Staffing includes pediatric nurses and health care professionals.
- Ms. Green was a guest on The Greg James Radio Show, hosted by Christic Henry, to provide information on the funding provided for 2024 summer camps, special needs camps, and the internship program. Kacy Dennis, CEO of the Boys and Girls Clubs of the Big Bend, and Pastor Quincy Griffin of Family Worship and Praise Center, also were guests as recipients of funding from CSC Leon in the past and present.
- The Summer 2024 Youth Expo was held on Saturday, March 28, at FAMU DRS gymnasium. More than 100 families attended, many of whom signed up for Council-funded camps. Eleven (11) CSC Leon-funded summer programs and 16 other programs and resources participated in the event.

Family Resource Center (FRC) Update – The contract with Children's Home Society of Florida to implement the first FRC was executed on April 1. Prior to that, Ms. Anna-Kay Hutchinson, CHS Statewide Director of Community Impact, became certified in the Standards of Quality for Family Strengthening and Support from the National Family Support Network. This training provides full understanding of the FRC standards, strategies to apply and implement them. An update from the CHS team will be presented to the Council at the June Governing Council meeting.

Small Investment for Program Success (SIPS) Update – The fourth round of SIPS funding will be decided at the June 20 Council meeting; also at that meeting, staff expects to provide a preliminary report on outputs, outcomes and lessons gleaned from the implementation of this capacity-building effort. As such, instead of opening the last application for 4th quarter (July – September), staff will use that period to develop recommendations regarding the overall program to include improvements, augmentations and proposed funding amounts. These recommendations will be presented to the Council for discussion at the July meeting and finalization prior to the opening of the FY 2024-25 SIPS application.

Submitted by:

Cecka Rose Green, CPM
Executive Director

RESOLUTION NO. 2024-01

A RESOLUTION OF THE CHILDREN'S SERVICES COUNCIL OF LEON COUNTY APPROVING A FIRST AMENDMENT TO THAT CERTAIN LEASE AGREEMENT BETWEEN CSC LEON AND 2002 OSA, LLC, TO PROVIDE FOR THE LEASE OF ADDITIONAL OFFICE SPACE AND EXTEND THE LEASE TERM; AUTHORIZING AND DIRECTING THE CHAIR AND EXECUTIVE DIRECTOR TO EXECUTE SUCH FIRST AMENDMENT ON BEHALF OF CSC LEON IN SUBSTANTIALLY THE FORM ATTACHED HERETO; AND PROVIDING AN EFFECTIVE DATE.

BE IT RESOLVED BY THE CHILDREN'S SERVICES COUNCIL OF LEON COUNTY AS FOLLOWS:

SECTION 1. AUTHORITY. This Resolution of the Children's Services Council of Leon County ("CSC Leon") is adopted pursuant to Ordinance No. 2018-13 adopted by the Board of County Commissioners of Leon County, Florida on June 19, 2018, as approved by the electorate of Leon County at the general election conducted on November 3, 2020, section 125.901, Florida Statutes, chapter 189, Florida Statutes, and other applicable provisions of law.

SECTION 2. FINDINGS. It is hereby ascertained, determined and declared as follows:

(A) Section 125.901, Florida Statutes, enumerates the powers available to children's services councils such as CSC Leon including but not limited to the power to lease real property.

(B) CSC Leon entered into that certain Lease agreement dated June 1, 2022 with 2002 OSA, LLC, a Florida limited liability company with an address of 70 S.E. 4th Avenue, Delray Beach, Florida 33483 (the "Landlord"), to lease certain real property located in the Parkway at St. Augustine, 2002 Old Saint Augustine Road, Tallahassee, Florida 32301, Building A, consisting of 3,930 rentable square feet to serve as administration, office and meeting space for CSC Leon, with an initial term of approximately seven (7) years (the "Lease Agreement").

(C) CSC Leon has determined that it is necessary and desirable to amend the Lease Agreement through execution of a first amendment to lease to provide for the lease of additional space within the building and to extend the term of the lease an additional two (2) years (the "First Amendment").

(D) The Governing Council of CSC Leon (the "Governing Council") recognizes the need for such space and desires to approve the form of the First Amendment and to authorize the execution and delivery thereof.

SECTION 3. APPROVAL OF FIRST AMENDMENT TO LEASE.

(A) The First Amendment is hereby approved. The Chair and Executive Director are hereby authorized and directed to execute such amendment on behalf of CSC Leon in substantially the form attached hereto as Appendix A, with such changes, amendments, modifications, deletions, and additions as may be approved by the Chair, after consultation with CSC Leon's General Counsel, the execution thereof being conclusive evidence of such approval.

(B) As amended by the First Amendment, the Lease Agreement is hereby ratified and confirmed.

SECTION 4. EFFECTIVE DATE. This Resolution shall take effect immediately upon its adoption.

DULY ADOPTED this _____ day of April, 2024.

**CHILDREN'S SERVICES COUNCIL
OF LEON COUNTY**

By: _____
Chair

ATTEST:

Executive Director

APPENDIX A

FORM OF FIRST AMENDMENT TO LEASE

FIRST AMENDMENT TO LEASE

This First Amendment to Lease (the "**First Amendment**") is made and entered into effective as of _____, 2024 (the "**Effective Date**"), by and between **2002 OSA, LLC**, a Florida limited liability company (the "**Landlord**"), and **CHILDREN'S SERVICES COUNCIL OF LEON COUNTY**, an independent special district of the State of Florida (the "**Tenant**").

RECITALS:

WHEREAS, Landlord and Tenant are parties to that certain Lease Agreement dated June 1, 2022 (the "**Lease**") with respect to that certain premises as depicted in red on attached Exhibit A (the "**Premises**");

WHEREAS, Landlord has agreed to lease additional space to Tenant within the Building as depicted in green on attached Exhibit A (the "**Expansion Premises**") and Tenant has agreed to lease from Landlord such Expansion Premises upon the terms and conditions provided herein; and

WHEREAS, Landlord and Tenant desire to modify the Lease as provided herein.

NOW, THEREFORE, in consideration of the mutual covenants contained in this First Amendment and other good and valuable consideration, the receipt and sufficiency of which are acknowledged, Landlord and Tenant hereby agree as follows:

1. Recitals: The recitals set forth above are incorporated into the body of this First Amendment as if restated verbatim.

2. Definitions: Capitalized terms used, but not defined, herein shall have the meanings ascribed to such terms in the Lease.

3. Grant of Space: Effective as of the date that Landlord delivers the Expansion Premises with the work described in Exhibit B (the "**Landlord's Work**") substantially complete (the "**Delivery Date**"), Landlord shall lease to Tenant and Tenant shall lease the Expansion Premises from Landlord. On the Delivery Date, the Expansion Premises: (a) shall be subject to all of the terms and conditions of the Lease, except as set forth herein, (b) the total square feet of space leased shall be deemed to be approximately 5,395 square feet, and (c) all references in the Lease to the "Premises" shall be deemed to include the Premises and the Expansion Premises.

4. Section 5: Amendment. The first grammatical paragraph of Section 5 of the Lease is deleted in its entirety and replaced with the following language:

"The Landlord agrees to, and does hereby, lease the Premises to the Tenant for an Initial Term commencing on October 1, 2022 (such date being referred to herein as the "**Commencement Date**"), and ending at midnight on the ninth (9th) anniversary of the Commencement Date (the "**Initial Term**"). Landlord agrees that Tenant shall have access to the Premises on the Commencement Date for the purpose of performing Tenant's Work (as defined in Section 10). After the Initial Term, the Tenant shall have the option (the "**Renewal Option**") to extend the term for an additional period of four (4) years (the "**Renewal Term**"). If the Tenant desires to exercise any Renewal Option, the Tenant shall provide to the Landlord written notice of such election at least one hundred eighty (180) days prior to the expiration of the Initial Term or Renewal Term, as applicable. All terms and conditions of the Lease shall be applicable during any Renewal Term,

except that the rental payable during such Renewal Term shall be as set forth in the First Amendment to Lease dated _____, 2024."

5. Rental. Notwithstanding anything in the Lease to the contrary, beginning on the first day of the month following the Delivery Date, Tenant's Rental Payments shall be determined based on 5,395 square feet of rentable space. By way of example, if the Delivery Date is June 30, 2024, then beginning July 1, 2024, Tenant's monthly installment of rent shall be \$8,798.35. As soon as reasonably possible following the Delivery Date, Landlord and Tenant shall execute a letter establishing the Delivery Date and the rent schedule for the remainder of the Initial Term and Renewal Term, and Exhibit B to the Lease shall be deemed to have been automatically modified to reflect the new square footage of the Premises.

6. Conflicts. In the event of a conflict or ambiguity between the Lease and this First Amendment, the terms of this First Amendment shall control.

7. Counterparts. This First Amendment may be (a) executed in several counterparts, each of which when executed and delivered shall be deemed an original and all of which together shall constitute one instrument; and (b) delivered by original, facsimile, email, or other electronic means and any Party delivering in such a manner shall be legally bound.

8. Binding Effect. This First Amendment is binding upon and shall inure to the benefit of the parties hereto and their respective permitted successors and assigns under the Lease.

9. No Additional Resolutions Necessary. Tenant, and the individual signing on behalf of Tenant, each represents and warrants to Landlord that no other resolutions, authorizations, or approvals are required in order for Tenant to execute this First Amendment and for this First Amendment to be binding on Tenant.

10. Ratification. Except as set forth in this First Amendment, the Lease is hereby ratified and affirmed.

[Signature page follows.]

IN WITNESS WHEREOF, the parties have executed this First Amendment as of the Effective Date.

LANDLORD:

2002 OSA, LLC,
a Florida limited liability company

By: 2002 OSA Manager, LLC,
a Florida limited liability company
Its: Manager

By: _____
Name: Michael Gorge
Its: Authorized Member

TENANT:

CHILDREN'S SERVICES COUNCIL OF LEON COUNTY, an Independent Special District of the State of Florida

By: _____
Name: _____
Its: _____

Exhibit A

Premises and Expansion Premises

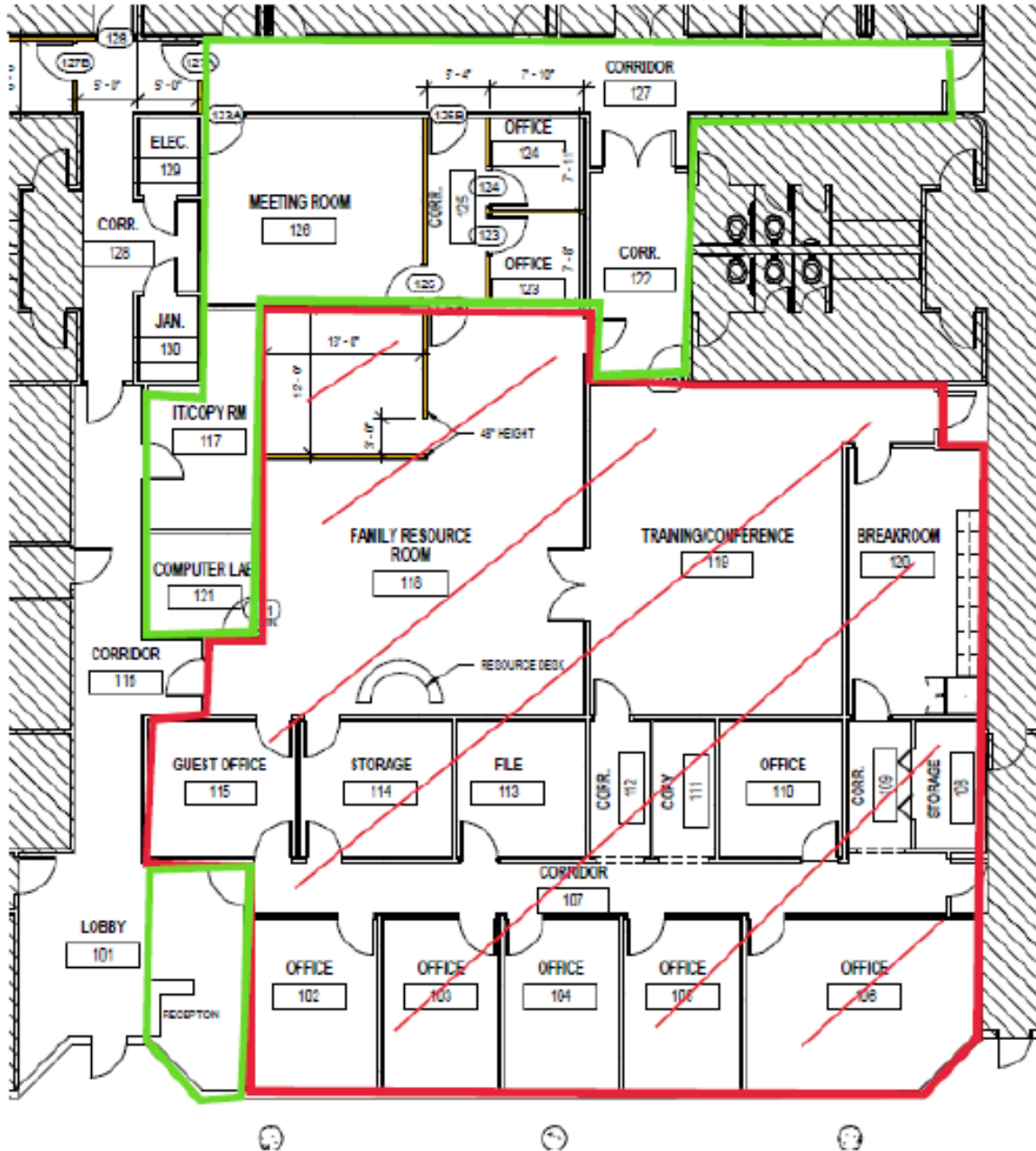


Exhibit B

Landlord's Work

- Project management, permit fee (non-expedited), dumpsters and disposal, on-site supervision, and minimal general conditions
- Architectural design fee included in proposal
- Engineering fee for HVAC reconfiguration included in proposal
- Electrical design included in proposal
- Doors and hardware per plan location
- Removal of existing carpet including proper disposal, removal and disposal of existing ceiling tiles
- New 2'x2' carpet squares in all office and circulation areas
- Remove existing acoustical ceiling tile and above ceiling insulation and install new 2X4) acoustical ceiling tile and new insulation above ceiling
- Framing and drywall per plans including new walls
- Repaint the entire office suite area
- Minor wall prep and damage repairs to existing walls prior to painting
- New lights throughout the office area and adjacent hallway
- Electrical per plans including the scope below and bringing the new area up to code:
 - o Demo as required.
 - o 30 LED Flat Panel Lights and relocation of circuits for new layout
 - o Re-switch existing lighting for new room and wall layouts
 - o 4-Wall Motion Occupancy Sensors
 - o 1-Power Pack and 2-Ceiling Motions in Corridors
 - o 10-Duplex Receptacles
 - o 3-Voice/Data Stub Ups
 - o 6-Exit/Emergency Combination Fixtures
 - o 1-Electrical Plans and Electrical Permit

CSC Leon Kindergarten Readiness Council Member Comments & Staff Responses

Submitted by Council Member Carolyn Cummings

Comments:

Excited that CSC is taking a deep dive into the myriad of issues that affect whether a child is considered ready and equipped to enter and proceed successfully through kindergarten. Also, elated that in the process of addressing kindergarten readiness, CSC is looking to provide funding to reduce the incidence of babies with low- birth weight and maternal and infant mortality.

1. Does the segment of this initiative to coordinate Perinatal Care include/involve our public health centers (Neighbor Health Center, Bond Community Health Center)?
 - a. **Response:** Yes, our team has been very deliberate in its communication with the public health centers. The proposal is for a sole source with Capital Area Healthy Start who would obtain an MOA and Letter of Support from both Neighborhood Medical, Bond Community Health, and the other OB/GYN clinics serving families throughout Leon County.

2. I believe applicants of the \$10,000.00 should disclose the number of families they currently serve and also be required to set forth a minimum number of parents/families for outreach beyond the number of families they currently serve.
 - a. **Response:** This is a great suggestion, and it has been added to the DRAFT Request for Applications.

3. Have service providers been identified? Who will receive the RFPs for mental health services and perinatal care services?
 - a. **Response:** Some service providers have been identified because they are currently the “lead” for the existing services that we hope to expand. Specifically, we are proposing a sole source for the Perinatal Navigator Program and the Lyft Transportation Program. The RFP for Behavioral Health Care Expansion, however, would remain competitive. While we have spoken with multiple service providers, there is not an existing lead, and we believe multiple organizations could deliver the outcomes we seek to achieve.

4. Are proposed salaries for education coordinators part of direct contracts or negotiated with RFP and ITN?
 - a. **Response:** We used estimates based on similar positions currently serving in the community to help us assess the needed investment to obtain the reach we desire to have. All salaries would be negotiated through the procurement process, with final contracts for the ITN presented before the Council review and approval.

Submitted by Council Member Zandra Glenn

Comments:

I support and am excited about the perinatal care coordination proposal with its various components. However, I have concerns about the mini-grant proposal for family engagement. I don't think that a lot of uncoordinated mini grants will give us any meaningful data on the best ways for family engagement to promote kindergarten readiness. I want to see a coordinated approach that captures effective strategies that can be identified for scale and spread in future funding. While I prefer to fund only a few programs to allow us to really discover what works, I understand the need to target smaller programs and family childcare homes that do not have the same access to support from the ELC as larger centers. I also recommend ensuring we have the manpower available to work with multiple small programs/providers to ensure implementation and data collection so we can actually study the impact.

- **Response:** We have revised the Family Engagement RFA to be more explicit about the types of activities the funds can support; additionally, we have provided clearer guidance on the types of reporting expected. Also, we are working on a budget proposal to expand staffing to ensure the level of coordination you recommend is possible.

Submitted by Council Member Paul Mitchell

Comments:

I would feel more comfortable waiting until the Council has had an opportunity to meet “collectively as one group” with all of the stakeholders - CSC, ELC, Healthy Start, Leon County School District, the Children’s Forum and Mimi’s crew at FSU. While we all think we know what the other is doing and the funding they are receiving, I think we could do a better job of laying it all out so we could see areas of duplication, but also areas of real need!

- **Response:** Our team has done a very thorough job collaborating and coordinating with the provider and academic community, including contact with the individuals you have identified and many more. The list below reflects the depth of that outreach and corresponds with the robust literature review on the evidence-based framework on Kindergarten Readiness, tying birth outcomes to predictors of success throughout the lifecycle via the social genome project.

Most contacts were in-depth interviews lasted 60-90 minutes; during this time, we ascertained information about current service provision, gaps in care, and recommendations for what is needed. Some were actual presentations to the Council that led us to the proposals before you today. Our team then triangulated

themes from the interviews, from surveys conducted by Healthy Start and Whole Child Leon, from the CSC Leon listening sessions, from data derived from community-wide indicators, and using the CSC Leon Needs Assessment to make the investment recommendations for programs that can be supported by evidence-informed promising practices (at a minimum).

There is still more to do for the comprehensive Kindergarten Readiness plan to be achieved, including the full convening that Executive Director Green is leading; to date, she has made contact with and gotten agreement from COT, LC, LCS, ELC, UWBB, and CFNF. Staff is proposing we start in the perinatal space as we continue to build out the full plan so as not to impede progress and allow our team to scale investment as we grow.

- *Presentation to Council, November 2022:* Erin Smeltzer, Children’s Forum; Brooke Brunner, Leon County Schools; Liz Murphy, Early Learning Coalition of the Big Bend

- *Panel Discussion with Council, May 2023:* Chris Szorcsik, Capital Area Healthy Start Coalition; Mimi Graham, FSU Center for Prevention and Early Intervention; Trishay Young, Melanin Mothers Meet

- *Individual Interviews:*
 1. Kyra Adams, MSW, PMH-C with perinatal specialization
 2. Dr. Beverly Atkeson, retired director of the FSU Multidisciplinary Center and current consultant
 3. Courtney Atkins, (former) ED, Whole Child Leon
 4. Pam Banks, Program Manager, Healthy Families Gadsden/Leon
 5. Orrin Banta, Postnatal Support International
 6. Lola Brognano, LCSW, PMH-C with perinatal specialization
 7. Summer Boggs, Director of Administration and Special Programs at 211 Big Bend (Lyft, Help Me Grow)
 8. Brooke Brunner, Leon County Schools (specific to screenings and what LCS provides re: children who screen in with developmental delays)
 9. Linzee Buck, TAP teenage parent program, Leon County Schools
 10. J’ere Clark, LCSW, Whole Child Leon Behavioral Health Navigation Program
 11. Dr. Tracy Daniels, Site Administrator/Special Projects Coordinator, Bond Community Health Center
 12. Dr. Megan Deichen Hansen, Department of Behavioral Sciences and Social Medicine, FSU
 13. Dr. Holly Dickinson, Private Clinical Psychologist
 14. Nicole Everett, Mental Health Counselor
 15. Cindy Evers, LCSW, Whole Child Leon Behavioral Health Navigation Program
 16. Dr. Heather Flynn, Professor and Chair, Department of Behavioral Sciences and Social Medicine

17. Martha Fitzpatrick, Early Steps
18. Jeanne' Freeman, CEO Neighborhood Medical Center
19. Jeff Goodman, Evaluation Officer for Perinatal Supports, Children's Services Council of Palm Beach County
20. Dr. Mimi Graham, FSU Center for Prevention & Early Intervention Policy (met with her and other members of the team: Monique, Mirine, and Valerie)
21. Matt Guse, ED of 211 Big Bend
22. Mr. Hamilton, Bond Community Health Center transportation coordinator (email only)
23. Dr. Lauren Hutto, FSU Multidisciplinary Institute
24. Keisha Jenkins, Professional Doula
25. Brandi Knight, Health Officer for the Department of Health-Leon County
26. Amanda Madden, Associate ED, Capital Area Healthy Start Coalition
27. Tiffany Martin, Regional Executive Director for Children's Home Society of the Big Bend
28. Juliana Melara, Early Steps
29. Cori McGooden, LCSW, FSU College of Medicine
30. Liz Murphy, ED of Early Learning Coalition
31. Jennifer Ohlson, ED, Ounce of Prevention
32. Shirley O'Rear, CEO, Brehon Family Services
33. Dr. Ann Selvey, Retiring Director of the FSU Multidisciplinary Institute
34. Rebecca Sheetz, Director of Healthy Families Florida
35. Dr. Leah Singh, Director, FSU Children's Learning Clinic
36. Erin Smeltzer, CEO, Children's Forum
37. Chris Szorcsik, Capital Area Healthy Start
38. Trishay Young, Melanin Mothers Meet
39. Dr. Gary VanLandingham, FSU, Askew School Director
40. Dr. Amy Wetherby FSU Autism Institute/First Words (email only)
41. Eve Wettstein, PhD Clinical Psychologist
42. Melanie Worley, Early Learning Coalition

Kindergarten Readiness Outline

Objective—Create a robust and multi-pronged approach to increase the number of children who enter kindergarten socially, emotionally, and academically ready.

Baseline Data—53% of children who scored a 690+ on FAST Star Early Literacy Assessment (Florida Department of Education, Fall 2023)

- Leon County performed higher than 45 other counties in Florida and is now 2 points higher than the state average.
- Of those students who attended VPK, 70% tested “ready;” whereas, of those who did not, only 37% tested “ready.”
- Within the district:
 - Six (6) schools are less than 30%: Riley (21.3%), Pineview (23.9%), Renaissance Academy (24.0%), Sabal Palm (24.2%), Astoria Park (28.8%), Fort Braden (29.5%).
 - Nine (9) schools are above 70%: Gilchrist (71.3%), Desoto Trail (71.7%), FAMU DRS (71.9%), Roberts (73.6%), Killlearn Lakes (75.2%), FSUS (76.4%), Hawks Rise (77.0%), Buck Lake (80.2%), and School of Arts & Sciences on Thomasville (82.7%)

Listening Sessions—CSC Leon participated in five listening sessions during February 2024, connecting with more than 30 families and providers. Despite a wide variety of experiences, neighborhoods and child ages, consensus emerged on key areas:

- Kindergarten readiness is more than just being ready to read. It considers social emotional competencies and the “readiness of the family” to support the child’s learning.
 - “I can’t make my child ready if I am not ready.”
- Early supports crucial to kindergarten readiness include access to “quality childcare,” knowledge of parenting resources, and access to regular (and convenient) developmental screening.
 - “Glitz and glam does not equate to quality in a childcare setting. Relationships are key to quality.”
- Primary sources of support include parents, grandparents, and trusted friends. Other sources include faith-based leaders, pediatricians, and the internet. All groups expressed a desire to have better “navigation services.”
 - “I don’t know what I don’t know or even should know; having someone to help guide me on where to go and what to ask would be helpful.”

Strategies: Research shows that “kindergarten readiness” can be improved with education and healthcare strategies, but is heavily influenced by family stability and community supportiveness.

1. **EXPAND childcare and early education programs** that:
 - a. regularly screen and assess children,
 - b. provide wrap around support services (e.g., parent education, health services like onsite therapy, transportation assistance), and
 - c. position teachers to succeed.

2. **INVEST** in **early childhood curricula and interventions** that empower families and support teachers.
3. **BUILD** a high-quality **early childhood workforce** that positions teachers to succeed and stay in the profession.
4. **PROVIDE supports for expecting parents and families with young children** that:
 - a. increase access to health care (e.g., prenatal care, pediatricians, etc.),
 - b. provide parenting education and supplemental supports, and
 - c. vary service delivery sites and modalities.
5. **WORK** with community leaders to ensure **safe and healthy housing** is available.

Proposed solutions: Listed below are multiple solutions that CSC Leon has begun working on that all align with the Kindergarten Readiness framework described above. Some of these solutions will require innovative approaches to service delivery, while others will dictate competitive procurements.

1. Implement a “Kindergarten Readiness Roadmap” for Leon County

The collective impact approach to achieving early childhood success and kindergarten readiness is a collaborative effort that brings together diverse stakeholders, including funders, providers, educators, healthcare professionals, policymakers, business, philanthropy and community organizations, to work towards a common goal. Imagine a community where everyone recognizes the critical importance of early childhood development and is committed to ensuring that every child has the opportunity to thrive. In this utopian community, organizations pool their resources, expertise, and knowledge to create a comprehensive support system for young children and their families (the “2-Gen Approach”).

At the heart of this approach is the idea that *no single organization or sector can solve the complex challenges facing young children and their families alone*. Instead, stakeholders come together to *coordinate their efforts, share data and best practices, and align their strategies to maximize impact*. For example, local schools may partner with early childhood education centers to ensure that children receive consistent, high-quality instruction from birth through kindergarten. Healthcare providers may collaborate with community organizations to promote preventive care and early intervention services that support children's physical and mental health. Parents are valued as partners in this process, with opportunities to engage in their children's learning and development both at home and in the community. By fostering strong relationships and building trust among stakeholders, *the collective impact approach creates a supportive and trustworthy ecosystem in which children and their families can thrive and succeed*.

To this end, Director Green has had initial meetings with key funders and stakeholders, to include City of Tallahassee (COT), Leon County Government (LC), Leon County Schools (LCS), Early Learning Coalition of the Big Bend (ELC), United Way of the Big Bend (UWBB), and the Community Foundation of North Florida (CFNF). CSC Leon is taking the lead in creating our community’s roadmap to ensure the 3,000 babies born in Leon County every year (and their families) have access to whatever supports they need to be ready to enter kindergarten, advance through the education system, choose either college or career and, ultimately, achieve their greatness.

As this effort takes shape, periodic updates will be provided to the Council.

See attached working.timeline.for more details on this solution and how it integrates with the additional items proposed below.

2. Expand “Family Engagement” in Early Childhood Programs

Family engagement in early childhood education settings is an evidenced-informed strategy to support kindergarten readiness. It supports children's development, enhances learning outcomes, strengthens the school-home relationship, and promotes a positive and inclusive educational experience for all children. Research consistently shows that family engagement is associated with positive learning outcomes for children. When families are involved in their child's education, it leads to improved academic achievement, higher levels of school readiness, increased school attendance, and better long-term educational outcomes. Family engagement creates a strong foundation for a child's future academic success.

CSC Leon proposes a short-term, mini funding cycle to support early childhood programs to implement or expand family engagement efforts. If approved, a program may be awarded up to \$10,000 in funding for a period of 10 months.

See attached Request.for.Applications for more details.

3. Reduce Barriers to Early Intervention Services and Diagnostic Testing

Developmental screenings, evaluations, and therapeutic services play a crucial role in improving kindergarten readiness rates by providing early identification and intervention for young children who may need additional support. Early detection and treatment offer a proactive approach to supporting children's readiness for kindergarten by identifying areas of need early, implementing targeted interventions, fostering collaboration between educators and families, and ensuring that all children have the opportunity to thrive in their educational journey.

While numerous services for developmental screenings exist in Leon County, a serious gap in evaluative and diagnostic service availability leaves many families facing a six- to nine-month waitlist. In many cases, a lack of diagnosis prevents children from qualifying for services during the window of opportunity when they can most benefit and may negatively impact a child's educational trajectory.

CSC Leon is working with multiple partners including Early Steps, Whole Child Leon, and FSU's Center for Behavioral Health Integration to identify an innovative solution to address this issue. This work could result in a simple Request for Applications to fund direct services (e.g., copays and testing fees for qualifying families), but will likely be a Request for Proposals from community providers on how to (1) pay for services and (2) better connect families to services (e.g., collocating testing and therapeutic services at childcare centers).

4. Invest in Perinatal Care Coordination and Supports

- a. Perinatal.Care.Coordination—Leon County is in the bottom quartile of the state for preterm birth, babies born with low-birth weight, infant mortality, and maternal mortality, despite having a relatively high rate of mothers accessing prenatal care during the first trimester. Studies suggest that this is due to a widening gap in birth outcomes between black and brown mothers from their white counterparts. Therefore, we propose establishing a coordinated system of perinatal patient care coordinators across OB/GYN offices, paired with transportation assistance and financial incentives can help to overcome the existing barriers to perinatal service acquisition. When a baby is born healthy and its home is connected to wholistic health care, the child’s chances of having a normal developmental trajectory increase, which in turn better prepares the child for kindergarten.

See attached draft.scopes.of.work for more details.

- b. Perinatal.Outreach.and.Education.Campaign—The 2022 Needs Assessment revealed with an abundance of evidence that Leon County does not have a perinatal service shortage, but rather a gap in parental knowledge of those services and several barriers to participation. For example, multiple evidence-based home-visiting interventions that produce outstanding birth, child and family outcomes are available during the perinatal period. However, these programs are not operating at capacity due to real and perceived barriers to participation. According to providers, black and brown birthing parents have historically expressed a reluctance to accept perinatal support services due to a lack of awareness or education, and inherent trust issues related to inequitable service provision. To address the awareness and education barriers, we are suggesting CSC Leon conduct a comprehensive marketing campaign to help remove these barriers and, thereby, to increase participation rates in home-visiting programs, as well as to help raise awareness of other CSC Leon-funded services.

See attached concept.paper for more details.

- c. Perinatal.Behavioral.Health.Supports—Maternal mental health plays a vital role in promoting kindergarten readiness by fostering secure attachment, enhancing positive parenting practices, reducing stress, modeling healthy behaviors, and increasing willingness to access resources that support child development. However, 1 in 5 women and 1 in 10 men experience depression or anxiety around pregnancy, translating to approximately 600 mothers and 300 fathers per year in Leon County. Approximately 75% of these individuals are not screened nor treated, with black and brown families and those living in poverty disproportionately represented. Effective treatments exist but are rarely used in routine health care practice or are not available or accessible to the families who most need them. As such, CSC Leon proposes targeted interventions to create opportunities for low-income and A.L.I.C.E. families in Leon County to access perinatal behavioral health services free of charge.

See attached draft.scope.of.work for more details.

5. Support the Big Bend Continuum of Care Expansion of Emergency Housing for Families

CSC Leon is actively collaborating with the City of Tallahassee and Leon County to fund emergency shelter for families using a formula based on the best available data. CSC Leon proposes including a specific line item in the upcoming budget to support those efforts.

**Anticipated Kindergarten Readiness Timeline for Implementation
(Present – January 2025)**

| Activity | Date | Requested Action by Council |
|--|--------------|--|
| <ul style="list-style-type: none"> • Research Informed Presentation to Council | January 2024 | <ul style="list-style-type: none"> • Discussion |
| <ul style="list-style-type: none"> • First Glance of Kindergarten Readiness Outline and draft concepts papers | March 2024 | <ul style="list-style-type: none"> • Provide written feedback and clarifying questions |
| <ul style="list-style-type: none"> • Discuss Kindergarten Readiness Outline • Consider draft Scopes of Work for Perinatal Navigator Program, Perinatal and Pediatric Transportation Assistance, and Perinatal Behavioral Health Expansion • Consider draft RFA for Family Engagement in Childcare | April 2024 | <ul style="list-style-type: none"> • Approve scopes of work for three procurements • Approve RFA mini funding cycle |
| Release RFP for Perinatal Behavioral Health Expansion, April 2024 | | |
| Release RFA for Family Engagement in Childcare, May 2024 | | |
| <ul style="list-style-type: none"> • Review Proposed Contracts for Perinatal Navigator Program and Perinatal & Pediatric Transportation Assistance • Consider draft Scopes of Work for a Perinatal Supports Evaluation/Study and a Perinatal Outreach and Education Campaign • Consider inclusion of Emergency Housing for Families line item in future budget • First glance at screening, diagnostic testing, and services (STS) expansion concept paper • First glance at “Kindergarten Readiness Roadmap” concept paper | June 2024 | <ul style="list-style-type: none"> • Approve contract for Perinatal Navigator Program • Approve contract for Transportation Supports • Approve scopes of work for two procurements • Provide written feedback and clarifying questions to concept papers |
| Release RFP for Perinatal Outreach and Education Campaign, July 2024 | | |
| Award funds for Perinatal Navigator Program, July 2024 | | |
| Award funds for Perinatal & Pediatric Transportation Assistance, July 2024 | | |

| Activity | Date | Requested Action by Council |
|--|----------------|---|
| <ul style="list-style-type: none"> Review RFP Responses for Perinatal Behavioral Health Expansion Review RFA Responses for Family Engagement in Childcare Consider draft Scope of Work for Early Childhood Screening, Diagnostic Testing and Specialized Services (STS) Expansion | July 2024 | <ul style="list-style-type: none"> Issue intent to award for Behavioral Health expansion Issue intent to award for Family Engagement Approve scope of work for one procurement |
| Release RFP for Early Childhood Screening, Diagnostic Testing and Specialized Services Expansion, August 2024 | | |
| Award funds for Family Engagement in Childcare, August 2024 | | |
| <ul style="list-style-type: none"> Review RFP Responses for Perinatal Outreach and education Campaign Review Proposed Contracts for a Perinatal Supports Evaluation Consider draft Scopes of Work to achieve “Kindergarten Readiness Roadmap” workplan | September 2024 | <ul style="list-style-type: none"> Issue intent to award for Campaign Approve contract for Perinatal Supports Evaluation Approve scopes of work for unknown number of procurements |
| Award funds for Perinatal Supports Evaluation/Study, October 2024 | | |
| Award funds for Perinatal Outreach and Education Campaign, October 2024 | | |
| Release RFP for select “Kindergarten Readiness Roadmap” Workplan Activities, October 2024 | | |
| <ul style="list-style-type: none"> Discuss Kindergarten Readiness Outline & Progress to Date Review Proposed Contracts for select “Kindergarten Readiness Roadmap” Workplan Activities | October 2024 | <ul style="list-style-type: none"> Discussion Approve contract for select activities |
| <ul style="list-style-type: none"> Review RFP Responses for Early Childhood Screening, Diagnostic Testing and Specialized Services Expansion | December 2024 | <ul style="list-style-type: none"> Issue intent to award for STS expansion |
| Award funds for select “Kindergarten Readiness Roadmap” Workplan Activities, January 2025 | | |
| Award funds for Early Childhood Screening, Diagnostic Testing and Specialized Services Expansion, January 2025 | | |
| <ul style="list-style-type: none"> Review RFP Responses for select “Kindergarten Readiness Roadmap” Workplan procurements | January 2025 | <ul style="list-style-type: none"> Issue intent to award for Thive by Five Workplan |
| Award funds for select “Kindergarten Readiness Roadmap” Workplan Activities, January 2025 | | |

Additional activities will be added to this timeline as we move forward.

Children’s Services Council of Leon County (CSC Leon)
Proposed Service Line: Perinatal Care Coordination
Initial Investment: \$2.8 million over 2.25 years
(July 1, 2024, - September 30, 2026)

Scope of Work

I. Summary/Intent

Adverse maternal and child health outcomes – from conception through age 5 – costs the United States more than \$32 billion. Perinatal navigation serves as a promising approach among evidence-based interventions that positively impacts kindergarten readiness. Specifically, perinatal navigation helps to address birth disparities by supporting prenatal and postnatal care compliance. When a baby is born healthy and its home is connected to wholistic health care, the infant’s chance of having a normal developmental trajectory in early childhood increases, thereby better preparing the child for kindergarten.

This investment will work with a single Provider to expand the Healthy Start Connect Program by integrating non-clinical, community health workers (Perinatal Navigators) within 10 OB/GYN offices in Leon County. The Perinatal Navigators will provide culturally competent care coordination and targeted case management to guide expectant mothers and their families through available medical, insurance, and social support systems before, during, and after childbirth. Navigation services will start at the first prenatal visit and continue through the infant’s first birthday. Transportation assistance and financial incentives will be offered for all medical appointments and screening activities (e.g., maternal depression screening, infant developmental screening, etc.). After this period of 16-20 months, navigators will ensure the family is connected to other support service, as needed (e.g., home visiting, childcare, etc.).

It is expected that this investment will increase home visiting utilization rates and acceptance of behavioral health services (when indicated), as well as maternal depression screening rates, and reduce barriers to accessing care. The goal of this investment is to improve birth outcomes, reduce maternal and infant mortality, improve perceptions of health equity, as well as increase home visiting utilization rates and regular use of pediatricians.

II. Background

The rapidly expanding insights into early brain and child development have revealed that modifiable factors in a child’s early experience can greatly affect that child’s health and learning trajectories. According to the National Institute for Children’s Health Quality (2023), focusing on children’s early health and development before they are born will enable early identification of risk factors so that providers can intervene early. “By connecting families with the resources and services they need early to support their own health, we give their children the best start on kindergarten readiness.”

Prenatal care is a key determinant of infant health. Inadequate prenatal care increases the risk for prematurity, low birth weight, stillbirth, neonatal loss, and infant death (Svikis et al, 2021). The US rate of infant mortality is the highest compared to other industrialized nations (MacDorman, Mathews, Mohangoo and Zeitline, 2014) and is largely caused by preterm birth and low birth weight. It also disproportionately impacts women of color (CDC, 2024; Vanderbilt and Wright, 2013). Among women who visit the emergency room for birth-related problems, black mothers wait 46% longer to receive care than their white counterparts; other races wait 96% longer to receive care (Deichen Hansen, Goldfarb, Mercouffer, Dark, Lateef and , & Harman, 2022). These and other birth disparities result in higher taxpayer burden and lower economic productivity over the child’s life course (Grannis and Sawhill, 2013).

Locally, Leon County is in the bottom quartile of the state for infant mortality, preterm births, babies born with low-birth weight, and maternal mortality. Data from the Capital Area Healthy Start Coalition (2022) confirms the racial disparity at the national level also exists at the local level when comparing rates between women of color.

| <i>Indicator</i> | <i>Leon County</i> | <i>Black/Brown</i> | <i>White</i> | <i>Florida</i> |
|---------------------------|--------------------|--------------------|--------------|----------------|
| Infant Mortality | 9 | 13.2 | 3.7 | 6 |
| Low Birth Weight | 12.5 | 17.7 | 7.3 | 9.1 |
| Severe Maternal Morbidity | 30.1 | 34 | 24.4 | 23.6 |

Rates per 1,000 births

In addition, the 2022 CSC Leon Needs Assessment shows more than 25% of families identified inadequate access to quality prenatal care as a concern, in addition to 36% identifying inadequate access to quality postnatal supports. Yet, the Needs Assessment also showed that many prenatal/postnatal service providers are available in our community, suggesting that access to these services may be limited by perceptions of quality and/or other barriers (e.g., transportation, co-payments).

In an effort to better reach families most in need of services, Capital Area Healthy Start recently (2023) partnered with the local birthing hospitals to integrate “Connect Family Partners” within the patient care teams to meet with the families of each newborn prior to discharge. This addition, along with tasking the Connect Family Partner to complete the infant risk screen (instead of the birth registrar performing this role) has resulted in a significant increase – from approximately 22% to 77% – in the number of infants being referred for Healthy Start care coordination services. While this success is commendable, the intervention does not occur early enough for many families in Leon County.

Perinatal health care navigators demonstrate a promising approach by supporting prenatal and postnatal care compliance to address birth disparities. Research shows patient-centered navigation using trained, non-medical personnel to identify financial, cultural, logistical, educational, and other obstacles to health care is successful at mitigating barriers, facilitating

comprehensive and timely access to health services, and increasing rates of depression screening, vaccination and contraception uptake (McKenney, Martinex and Yee, 2018; Yee et al, 2017). The core principles of navigation involve identifying patient- and system-level barriers to access, improving timeliness of care, providing health education, and offering social support (Report to Congress, 2015; Wells, Battaglia and Dudley, 2008). Research further shows that integration of navigators into care teams is essential to the successful implementation of navigation programs (Yee et al, 2021).

Among evidence-based interventions impacting kindergarten readiness, patient healthcare navigators have the highest tier of randomized control trial research evidence (Results for America, 2024). An estimated cost-to-benefit ratio for enhanced prenatal care programs is \$15.26 (Washington State Institute for Public Policy, 2024). This means for every \$1 spent on prevention, there is an estimated tax-savings plus increased economic output of \$15.26.

III. Program Design

CSC Leon will work with a single Provider to establish a Perinatal Navigator Program to enhance participation in prenatal and postnatal care (e.g., home visiting) to improve associated maternal and infant outcomes. Perinatal Navigators will be placed in OB/GYN provider offices to offer support and connection services for patients with a particular focus on low-income mothers and/or high-risk pregnancies in targeted zip codes throughout Leon County. The goal of this investment is to increase patient education, provide connection to services, improve protocol adherence, and reduce associated barriers to medical service receipt to ensure babies are born healthy and receive the medical care they need to thrive in early childhood so that they enter kindergarten ready to learn.

A. Partnerships/Service Locations

The Provider will establish partnerships with 10 OB/GYN offices in Leon County and produce written Memorandums of Agreement (MOAs). Each MOA must outline specific support to integrate the Perinatal Navigators into the office's care team, explain how the Navigators will augment existing services, and permit the Navigators to collect and report data to the Funder. MOAs must also include a schedule for regular meetings between the Provider and the Partner.

The Provider will also establish or enhance existing MOAs with community partners for a variety of services and resources that the family may need. The MOA should outline any requirements the Perinatal Navigator Program must meet for the Partner to respond to requests for support (e.g., transportation vouchers) and if the Partner will participate in periodic "roundtable(s)" to improve service delivery or support a particularly complicated case.

B. Core Services

Perinatal Navigators will provide culturally competent care coordination and targeted case management to guide expectant mothers and their families through available medical, insurance, and social support systems before, during, and after childbirth. Navigation services will start at the first prenatal visit and continue through the infant's first birthday. After this period of 16-20 months, Navigators will ensure the family is connected to other support service as needed (e.g., home visiting, childcare, etc.). The required elements of service delivery are outlined below.

1. *Prenatal Risk Assessment*

Perinatal Navigators will conduct an intake interview at a mother's first prenatal visit and complete the "Florida Universal Prenatal Screen" to assess the family's risk factors, strengths and needs to determine what services and resources would benefit the mother and her family.

Risk factors include:

- Mother not a high school graduate nor earned a GED
- Mother unmarried
- Mother's mental health history
- Mother's race classified as black or African American
- Mother's use of substances including tobacco, alcohol, or other substances
- Mother's first pregnancy
- Unplanned pregnancy
- Mother's age is younger than 18 years
- Mother had previous adverse pregnancy or birth outcome
- Mother's either underweight or overweight
- Mother's late entry to care
- Mother's preexisting health conditions
- Medicaid is primary insurance
- Lack of support
- Safety concerns at mother's home
- Children in home younger than age 5
- Children at home with medical or special needs
- Financial stressors
- Interpersonal violence

2. *Targeted Case Management/Care Coordination*

Perinatal Navigators will utilize the first visit, as well as monthly wellness visits throughout the pregnancy (either in person at the provider office or through telehealth), to discuss coordination of care, assess for additional social determinants of health, and identify barriers and gaps in health and social support services. If and when the mother and/or her family needs services or resources, the Perinatal Navigator will make referrals to or provide direct education in response to the identified need. This includes but is not limited to

nutritional support and information, smoking cessation, diabetes management, blood pressure monitoring, parenting education and support, breastfeeding education and support, child development, or assistance with basic needs, diapers or formula. For families with greatest need or as indicated, Navigators will refer families for locally provided home visiting services.

Perinatal Navigators will utilize Motivational Interviewing to help the family “accept” referrals and move them toward positive change. Perinatal Navigators will complete “collateral contacts” with community partners to ensure clients are connected to the referred services. If a family reports a barrier or gap in services from a community partner, the Perinatal Navigator will make efforts to remove the barrier and/or address the gap.

Perinatal Navigators also are responsible for attempts to locate families when provider offices or collaborating partners report “no shows” to appointments. Perinatal Navigators will utilize a combination of phone calls, text messages, and mail to connect with clients.

Perinatal Navigators will keep detailed care coordination notes for each family participating in the program.

3. *Depression Screening*

Perinatal Navigators will administer the “*Edinburgh Postnatal Depression Scale*” (EPDS) with the mother during the second trimester and then again at approximately six (6) weeks postpartum. This 10-item self-report measure is designed to screen women for symptoms of emotional distress during pregnancy and the postnatal period. It is easy to administer and has proven to be an effective and reliable screening tool. The EPDS is not a diagnostic tool. Rather, it is used to identify women who may benefit from follow-up care, such as mental health assessment, which may lead to a diagnosis based on accepted diagnostic criteria (DSM-IV-TR or ICD-10).

If the screen is positive, the Perinatal Navigator will share the results with the Medical Provider to coordinate and incorporate care into the family’s targeted case management plan. This may include referrals to a behavioral health specialist (e.g., psychotherapy, perinatal psychiatry). The Perinatal Navigator will utilize Motivational Interviewing to help move the family toward positive change.

4. *Pediatric Service/Medical Home Connection*

Perinatal Navigators will provide Health Literacy Information to families on pediatric care and assist the family in securing a pediatrician before the birth of the infant. Navigators will encourage families to participate in all recommended

well-child checks and document compliance during the baby’s first year. If a family reports a barrier in accessing pediatric care, the Perinatal Navigator will make efforts to remove the barrier.

Perinatal Navigators also will ensure the family has access to routine medical care outside of the infant’s pediatrician, especially for families who have a positive EPDS.

5. *Developmental Screening*

Perinatal Navigators will provide Health Literacy Information to families on the importance of early childhood screening using a comprehensive, reliable screening tool to measure development across multiple domains, and help families connect to a community partner to access the service (e.g., Help Me Grow, Whole Child Leon, Early Steps, etc.). If a family reports a barrier in accessing a developmental screening, the Perinatal Navigator will make efforts to remove the barrier.

C. Number of Families

Collectively, the Perinatal Navigators will enroll at least 900 unduplicated families during the Program term. They will use a leveling system to determine the frequency for which contact with the family should be maintained. Frequency is based on the level of distress presented by the family and may change up or down during the course of program participation.

| <i>Level</i> | <i>Description</i> | <i>Contact Frequency</i> |
|--------------|--|---|
| 1 | No comorbidity; Mild distress; Financially stable; Adequate support system | Once monthly for the duration of the program |
| 2 | Some comorbidities (e.g., pregnancy or childbirth complication, mental health concerns); Moderate distress; Financial concerns (e.g., inadequate transportation, insufficient insurance); Limited support system | Bi-weekly unless able to connect family to additional support program (e.g., home visiting) and then once monthly with family and once monthly with support program |
| 3 | Multiple comorbidities (e.g., history of substance misuse, intimate partner violence, unresolved grief, chronic pain or illness); Severe distress; Financial insecurity (e.g., food insecure, unstable housing); No support system | Weekly unless able to connect family to additional support program (e.g., home visiting) and then bi-weekly with family and bi-weekly with support program |

D. Use of Incentives

To increase care compliance, Perinatal Navigators will offer financial incentives to qualifying families for achieving key milestones during the perinatal period and the infant’s first year. Personal financial incentives are shown to be effective in helping secure simple, well-defined episodes of behavior changes, such as screenings and kept appointments, and may help reduce health inequalities (Preventive Medicine, 2015). To qualify for the incentive, a family must live in Leon County, accept services from the Perinatal Navigator, and regularly participate in the Navigator Program.

A schedule of incentives is listed below. A family is eligible to receive up to a total of \$415 for achieving all milestones.

| <i>Milestone</i> | <i>Amount</i> | <i>Notes</i> |
|-----------------------------|---------------|--|
| First Visit | \$50 | Must occur during the first trimester to receive full amount; if first visit is during second trimester, the amount is reduced to \$25 |
| Second Trimester Compliance | \$50 | Attended at least two visits during the second trimester, completed a glucose screening and an EPDS; cannot be combined with first visit benefit |
| Third Trimester Compliance | \$100 | Attended at least four visits during the third trimester |
| First Pediatric Visit | \$25 | Attended within first week of infant’s birth |
| Postpartum Visit for mother | \$50 | Attended at recommended interval (usually 4-6 weeks after the birth) and completed an EPDS |
| Monthly Pediatric Visits | \$15/each | Attended well child checks with pediatrician at 1 month, 2 months, 4 months, 6 months, 9 months and 12 months (total value \$90) |
| Developmental Screening | \$50 | Participate in a developmental screening for infant at least once prior to its 1 st birthday |

Perinatal Navigators will be tasked with distribution of incentives and documenting qualifying activities. Navigators will also have access to free transportation vouchers to assist the family in getting to and from doctor’s appointments (OB/GYN or pediatric care).

E. Navigators

The Provider will employ, train and be accountable for up to 12 Perinatal Navigators who will be assigned to serve families in any of the 10 partner OB/GYN offices. Navigators are highly trained, non-medical, community health workers who specialize in resource coordination and Motivational Interviewing.

1. Training

The Provider will be accountable for delivering services in compliance with the Healthy Start Standards and Guidelines as outlined in administrative rules in the Florida Administrative Code. This includes ensuring that the Perinatal Navigators receive proper pre-service training on the following:

- Principles of Care Coordination
- Motivational Interviewing
- Risk and Strength Assessment
- Barrier and Needs Assessment
- Knowledge of Pregnancy and Postpartum Care, including interconception education and counseling
- Health Literacy, Education and Promotion Principles, including screening for depression, intimate partner violence, and substance/tobacco use.
- Cultural Sensitivity and Healthy Equity
- Comprehensive Community Resources

Navigators must also complete annual HIPPA compliance and Data Security and Awareness Trainings by the Department of Families and Children (DCF).

2. *Reporting*

Perinatal Navigators are responsible for documenting all services in “participant case files” including intake assessment results, referrals, screening tools, care coordination plans and follow up, education provided, service dates, and all contact.

IV. Data Collection & Entry

For a family to be eligible to receive services from this program, the Provider is required to obtain an informed consent to share data with CSC Leon. Once obtained, the Provider will gather demographic, psychographic, and opinion-based data to help CSC Leon better understand the types of families accessing services and their barriers to health care access. These data may include but are not limited to age, race, gender, marital status, mother’s level of education, medical conditions existing prior to pregnancy (diabetes, high blood pressure, obesity, etc.), and zip code. In addition, the Provider is required to collect and report detailed information regarding service acquisition such as number screened and enrolled, number of sessions by trimester, no show rates, type of education and referrals, referral outcomes, and assessment tools.

A. Use of Electronic Medical Record (EMR)

Provider must secure access to and use of the OB/GYN Partner’s electronic medical record (EMR) system. This will allow the Perinatal Navigator to access and document within the system to actively engage with the care team, schedule appointments, and integrate their work into patient care. This also will ensure accurate data regarding birth outcomes reported by the birthing facility are accessible to the Perinatal Navigator. The MOA between

the Provider and the OB/GYN Partner must stipulate this requirement and any conditions on access.

B. Services and Activities Management Information System (SAMIS)

The Provider is required to input specific demographic, assessment and service data for each family served. To prevent duplicate entry, the Provider is permitted to develop an Application Programming Interface (API) to facilitate secure data transfers between the EMR, the Provider's own system, and CSC Leon's SAMIS.

C. Satisfaction Surveys

The Provider is required to administer satisfaction surveys with program participants, OB/GYN Partners and Community Partners to find areas of improvement, promote community engagement and build relationships. CSC Leon will develop the specific questions in partnership with the Provider, including administration timelines.

D. Third-Party Evaluation

CSC Leon is interested in contracting with a third-party provider to assess the effectiveness of the Program on specific maternal, birth and infant outcomes. This may mean additional tools are introduced for use with study participants. Should this study move forward, the Provider will provide input to the study design to ensure all ethical and programmatic expectations are maintained and fully participate in its implementation.

V. Match

Given that the OB/GYN Partner offices do not exclusively serve Leon County residents, the Provider will secure 25% match funds enabling services to be available to any pregnant woman and her family seeking services. This number is based on the most current data available from the birthing facilities suggesting 20-30% of all births are from outside Leon County. The Provider will maintain clear records to track the county of residence for all families who initiate services to determine if the match requirement needs adjustment.

VI. Performance Indicators and Reporting

The Provider will collect and report data to meet specific performance indicators and contract compliance. This information will be utilized to support continuous quality improvement for the program design and implementation.

A. Process Measures

The following are outputs intended to measure compliance with the program design.

- 75% of expectant mothers who complete the Universal Prenatal Screen will consent to participate in navigation services.

- 75% of service participants will complete at least four (4) prenatal visits.
- 90% of service participants will complete an EPDS during the prenatal period.
- 80% of service participants will have selected and seen a pediatrician within two weeks of the birth of the infant.
- 80% of service participants will attend their postpartum visit.
- 75% of service participants who completed a prenatal EPDS will complete a second EPDS within six weeks of the birth of the infant.
- 70% of service participants will see their pediatrician at least three times before the infant's first birthday.
- 70% of service participants will complete at least one early childhood developmental screening before the infant's first birthday.
- 60% of service participants will stay engaged in services until the infant's first birthday.
- 75% of referrals provided will have a successful outcome.

B. Program Outcomes

The following are outcomes intended to measure impact from the intervention.

- 80% of service participants identified as a Level 2 or 3 will be successfully connected to a more intensive service provider (e.g., home visiting, mental health).
- 90% of service participants will experience positive infant and maternal birth outcomes.

C. Reporting Requirements

The Provider is required to submit regular reports through a standardized template in SAMIS.

1. Monthly Activities Report

A monthly report of the demographic data of participants enrolled, engaged and served is required on the 10th of every month after service initiation begins. This report should include service counts by Perinatal Navigator, as well as all activity data collected. Case notes are not required.

2. Quarterly Narrative and Financial Report

A quarterly report containing a brief narrative of the program implementation to date and detailed review of expenditures from the reporting period is required on the 15th of January, April, July and October of each year.

3. Final Report

A final report containing a complete program implementation narrative, analysis of the data and outcomes, final distribution records and a detailed expenditure report is required within 30 days of contract termination. Any unspent funds received will be due at the same time as the final report.

VII. Initial Timeline and Deliverables

The Provider will comply with the following schedule of activities. Disbursements of funds will be in accordance with the CSC Leon fiscal guidelines available on our website.

| <i>Due Date from Contract Execution</i> | <i>Activity/Deliverable</i> |
|---|---|
| Within 30 days | MOAs with OB/GYN Partners |
| | MOAs with Community Partners |
| Within 60 days | Data API Plan |
| | Satisfaction Survey Plan & Instrument |
| | Staffing Update |
| Within 90 days | Enrollment Update |
| At Day 100 | First Monthly Activities Report Due (and then monthly thereafter by the 10 th of each month) |
| At Day 105 | First Quarterly Narrative and Financial Report Due (and then quarterly thereafter by the 15 th of the month) |

VIII. Contract Continuation

The Provider is not guaranteed additional funding past the contract terms. CSC Leon may, at its discretion, choose to renew or extend the contract based on program performance. To be eligible for consideration, additional reporting may be requested to justify extension or renewal.

Children’s Services Council of Leon County (CSC Leon)
Proposed Service Line: Transportation Vouchers for Perinatal Medical Appointments
Initial Investment: \$280,000 over 1.25 years
(July 1, 2024, - September 30, 2025)

Scope of Work

I. Summary/Intent

Adverse maternal and child health outcomes – from conception through age 5 – costs the United States more than \$32 billion. Addressing the barriers to accessing care during the perinatal period for both the mother and the infant, specifically transportation assistance, are essential for improving birth outcomes that will ultimately have a positive impact on kindergarten readiness. Research shows that nonemergency medical transportation is an evidence-based strategy found to have promising to moderate levels of evidence in improving access to care (McCarthy et al, 2022) and that, in particular, the use of ridesharing services has shown a significant improvement in the appointment show rate from 54% to 68% (Chaiyachati et al. 2018a).

This investment will work with a single provider to support the proposed Perinatal Navigator Program by offering transportation assistance in the form of ridesharing vouchers to qualifying families throughout the pregnancy and up to the infant’s first birthday.

II. Program Design

CSC Leon will provide funds to expand 2-1-1 Big Bend’s Lyft™ Program to assist individuals who meet specific criteria (outlined below) to address transportation barriers. Specifically, the Provider will coordinate and pay for transportation via ridesharing to and from OB/GYN appointments throughout the perinatal period (including postpartum appointments), and pediatrician appointments for up to seven visits beyond the infant’s birth. The Provider will receive referrals from qualified community partners (who determine eligibility) and then will order, coordinate, and pay for the rideshare. The Provider will document and track all rides by family receiving assistance.

Community partners interested in accessing this service must complete a Memorandum of Agreement (MOA) and submit for approval by CSC Leon. A qualified community partner must be a provider of perinatal or early childhood developmental services.

For families to qualify for this program, they must meet the following criteria:

1. Be pregnant or recently had a baby; AND

2. Be enrolled in the Perinatal Navigation Program or receive a referral from the Healthy Start Connect Program if applying for the first OB/GYN visit or receive a referral from a qualified community partner; AND
3. Live in a targeted zip code/neighborhood; OR
4. Living at or below 200% of the Federal Poverty Level; AND
5. Use the service exclusively for transportation to and from OB/GYN or pediatrician appointments.

III. Reporting

The Provider will submit monthly reports to CSC Leon documenting the exact number of referrals received and from whom, rides coordinated, rides taken and the value of the rides. The report also will include details on the originating location by zip code and destination location by provider (i.e., OB/GYN office, pediatrician office, etc.). The Provider also will keep track of how many rides an individual family accumulates during the course of the program.

The Provider is required to input specific demographic and service data for each family served. To prevent duplicate entry, the Provider is permitted to develop an Application Programming Interface (API) to facilitate secure data transfers between the EMR, the Provider’s own system, and CSC Leon’s Services and Activities Management Information System (SAMIS).

IV. Initial Timeline and Deliverables

The Provider will comply with the following schedule of activities. Disbursements of funds will be in accordance with the CSC Leon fiscal guidelines available on our website.

| <i>Due Date from Contract Execution</i> | <i>Activity/Deliverable</i> |
|---|---|
| Within 30 days (and ongoing) | MOAs with Perinatal Navigator Program, Healthy Start Connect, and Community Partners |
| | Data API Plan |
| At Day 60 | First Monthly Activities Report Due (and then monthly thereafter by the 10 th of each month) |

V. Contract Continuation

The Provider is not guaranteed additional funding past the contract terms. CSC Leon may, at its discretion, choose to renew or extend the contract based on program performance. To be eligible for consideration, additional reporting may be requested to justify extension or renewal.

Children’s Services Council of Leon County (CSC Leon)
Proposed Service Line: Perinatal Mental Health Supports
Initial Investment: \$1.2 million over 2 years
(October 1, 2024, - September 30, 2026)

Scope of Work

I. Summary/Intent

Maternal mental health plays a vital role in promoting kindergarten readiness by fostering secure attachment, enhancing positive parenting practices, reducing stress, modeling healthy behaviors, and increasing willingness to access resources that support child development. In Leon County, approximately 600 mothers (and 300 fathers) per year experience depression or anxiety around pregnancy, yet approximately 75% of them are not screened nor treated (FSU, 2018), with black and brown families and those living in poverty disproportionately represented. Left untreated, perinatal mental disorders have substantial health and productivity impacts associated with significant costs to families and the affected individual.

This investment seeks to make perinatal mental health services more readily available and affordable to low-income and A.L.I.C.E. (Asset Limited, Income Constrained, Employed) families in Leon County by doing the following:

- Provide funding to licensed Behavioral Health professionals to access advanced training in perinatal mental health through Postpartum Support International;
- Expand existing perinatal support programs by funding full-time mental health counselors to provide short-term cognitive behavioral health therapy (and other related services);
- Provide funds to existing perinatal support programs to contract with independent mental health counselors to provide short-term cognitive behavioral health therapy (and other related services); and
- Support existing efforts by the Maternal Mental Health Collaborative to educate physicians and obstetricians on the importance of screening and referral.

The goal of this investment is to improve birth outcomes, reduce maternal and infant mortality, and enhance long-term mental and physical health for both the parent and child. When an infant is born to a healthy and supported mother, the child’s chances of having a normal developmental trajectory increase, which in turn better prepares the child for kindergarten.

II. Background/Rationale

During the perinatal period, mental health and substance use disorders are the leading cause of morbidity and mortality leading to as many as 23% of maternal deaths (Trost et al, 2021; Vesga-Lopez et al, 2008). Untreated mental health disturbances including depression, anxiety, bipolar

disorder, and substance abuse have harmful effects on a perinatal individual's physical and mental health, which extends to the unborn child, the family unit, and the partner's mental health (Deichen Hansen et al, 2023). Substantial productivity impacts are associated with untreated perinatal mental health, costing up to \$32,000 per mother and child (Luca et al, 2019).

Approximately 10-20% of women will experience perinatal depression (Bauman et al, 2018) and perinatal rates of anxiety range from 8-20% depending on the study cited. Substance abuse and misuse often occur in tandem with these mental health issues, compounding their deleterious effects. Despite the high occurrence of perinatal behavioral health issues and the economic ramifications, most perinatal women do not receive professional mental health treatment. Barriers to care include systemic-level provider-related issues and patient-related issues. Patient-related issues include perceived stigma associated with mental health treatment, concerns over safety of psychiatric drugs, and difficulty navigating myriad care requirements for both mother and child. Additional barriers for low-income mothers include practical concerns such as transportation, cost of care, lack of childcare, and time constraints (O'Mahen et al, 2008).

Left untreated, perinatal behavioral health conditions can have dangerous implications and sometimes lead to chronic mental health problems, substance abuse conditions, and poor physical health for mother and child (Flynn et al, 2021). Children born to individuals with untreated perinatal mental health conditions are at higher risk for (1) preterm birth; (2) low birth weight or small head size; (3) longer NICU duration; (4) excessive crying; (5) impaired parent-child interactions; and (6) developmental delays (Byatt et al, 2020). Children and family members of women with behavioral health issues often suffer from a range of social, emotional, psychological, and cognitive disadvantages related to the mother's condition (Goodman, 2008). Untreated perinatal mental health is considered an adverse childhood experience (ACE), which has adverse lifelong implications for the child (ACOG, 2023).

In Florida, loss of healthcare coverage for postpartum women has substantially limited access to behavioral health care. Florida recently ranked 49th out the 50 states related to behavioral healthcare access for women (United Health Foundation, 2020). In addition, among individuals marginalized by race or socioeconomic status, screening and treatment rates for perinatal mental health are lower despite higher prevalence in these populations (Bower, et al, 2023). In Leon County, approximately 600 mothers and 300 fathers experience perinatal depression each year. Approximately 75% of these individuals are not screened nor treated (FSU, 2018), with black and brown families and those living in poverty disproportionately represented.

Emerging research indicates that care coordination between an OB/GYN and a mental health provider may lead to improved mental health outcomes for new mothers and their infants. According to Katon, Russo, Reed, et al. (2014), behavioral health care integration in the obstetrics setting is especially critical for minoritized and medically underserved groups (i.e., patients with low incomes, Medicaid insurance, rural geographic residences), who may face unique barriers in accessing care following a positive behavioral health screen. The 2022 White

House Blueprint for Addressing the Maternal Health Crisis, the U.S. Department of Health and Human Services 2020 Action Plan to Improve Maternal Mental Health in America for pregnant women and mothers, and the National Institutes of Health (NIH) Pathways 2 Progress Maternal Mortality Prevention Panel each endorse psychiatric access as promising models of care to reduce perinatal morbidity and mortality.

Further, the cost-benefit ratio of cognitive behavioral therapy (CBT) for adults is estimated at \$58.20 for every \$1 invested. While these findings are for all adults receiving CBT, the strategy holds promise to be effective in addressing maternal and paternal mental health during the perinatal period (Washington State Institute for Public Policy, 2023).

III. Program Design

Providing perinatal mental health services involves a multifaceted approach to support the well-being of expecting and new mothers. According to Evidence-Based Screening and Diagnostic guidelines published by the American College of Obstetricians and Gynecologists (ACOG), every patient receiving well-woman, prepregnancy, prenatal, and postpartum care should be screened for depression and anxiety disorders using standardized, validated instruments (ACOG Clinical Practice Guideline #4, 2023). ACOG further recommends that screening for perinatal depression and anxiety occur at the initial prenatal visit, later in pregnancy, and at postpartum visits. Perinatal mental health screening and treatment should also involve coordinated care between an OB/GYN clinician (medical provider), a trained mental health professional, and support staff such as social workers or patient navigators embedded in the OB/GYN setting to achieve maximum benefits for mother and child. To this end, CSC Leon is funding a separate Perinatal Navigator Program to facilitate increased screening and referral for mental health services. The purpose of this investment is to increase the number of available and affordable perinatal mental health providers in Leon County to whom navigators can refer participants. It is intended that all funded providers under this scope of work will work collaboratively with the Perinatal Navigator Program.

A. Service Line 1: Perinatal Mental Health Certification Scholarships

To increase the number of health care providers with advanced training in perinatal mental health, CSC Leon will implement and manage a scholarship program for existing mental health providers in Leon County to earn the *Perinatal Mental Health Certification* through *Postpartum Support International*. Successful applicants for this scholarship program will receive a \$1,000 stipend after meeting the following criteria:

- Be a licensed mental health therapist or be in the process of obtaining licensure;
- Have completed a graduate degree;
- Have two years of professional counseling experience working with perinatal clients;
- Successfully complete the course requirements (20 live clock hours of training);
- Successfully pass the qualifying exam; and
- Agree to practice behavioral health in Leon County for at least 12 months after certification.

B. Service Line 2: Perinatal Mental Health Provider Expansion

The Provider will add full-time or contracted licensed perinatal mental health professionals (e.g., therapists, psychologists, or psychiatrists) to their service model to augment existing mental health counseling services and related perinatal support (e.g., home visitation programs). This Mental Health Professional (MHP) will provide one-on-one, no-cost therapeutical services to low-income and A.L.I.C.E. perinatal women in Leon County. Studies show that mental health treatment adherence among low-income women requires intensive outreach efforts and delivery of treatments at flexible times and locations (Levy et al, 2010; Mahen et al, 2013; Miranda, 2003). The MHP will demonstrate a willingness to provide this flexibility as well as collaborate with the aforementioned Perinatal Navigator Program to provide components of a care pathway likely to be most effective in improving patient outcomes (ACOG, 2023; Flynn, Deichen Hansen, Shabaka-Haynes, Chapman & Ross, 2021).

- 1. Core Program Elements:** The MHP must demonstrate the ability and willingness to implement the following best practices for perinatal mental health provision using an evidence-based modality of care such as Cognitive Behavioral Therapy or Interpersonal Psychotherapy.
 - a. *Evidence-Based Detection and Diagnosis:* In coordination with Perinatal Navigators and OB/GYN clinicians, the MHP will respond to requests for services and diagnostic testing via a referral following a positive depression screen or other indication of a perinatal woman. As needed, the MHP will conduct additional specialized screenings or diagnostic evaluation for perinatal mental health, anxiety, and substance abuse issues at service onset and at specified intervals during treatment using validated instruments throughout service provision as determined by CSC Leon and/or the participant's health provider. Tools may include but are not limited to the following:
 - i. Edinburgh Postnatal Depression Screen (EPDS)
 - ii. Generalized Anxiety Disorder-7 (GAD-7)
 - iii. Mood Disorder Questionnaire (MDQ for Bipolar Disorder)
 - iv. Primary Care Post Traumatic Stress Disorder Screen (PC-PTSD-5)
 - v. NIDA Quick Screen V1.01 for Substance Abuse
 - b. *Flexible Service Delivery:* The MPH will offer flexible scheduling and delivery methods. This may include telehealth, phone, and in-home counseling.
 - c. *Integrated Care:* In coordination with the Perinatal Navigator Program, the MHP will collaborate with obstetricians, midwives, pediatricians, psychiatrists, and other healthcare providers to ensure a comprehensive and integrated model of care. This may include facilitating communication between the OB/GYN and psychiatric consultation for medication

management when appropriate. This psychiatry access approach to care is an evidence-based gold-standard for perinatal mental health care. Psychiatric consultation is strongly encouraged through FL BH IMPACT, Florida's perinatal psychiatry access program; Lifeline4Moms, the national network of perinatal psychiatry access programs; or Postpartum Support International.

- d. *Education and Awareness:* In coordination with the Perinatal Navigator Program and OB/GYN clinicians, the MHP will educate expecting and new mothers and their families about perinatal mental health disorders, their symptoms, and the importance of treatment.
 - e. *Holistic Approach:* The MHP should take a holistic approach to treatment, addressing physical, emotional, and social aspects of well-being. Referrals for services such as peer support groups and complementary therapies like yoga or mindfulness should be facilitated as appropriate. The MHP is encouraged to leverage the Perinatal Navigator Program for assistance, if needed.
 - f. *Cultural Competency and Equity:* Populations marginalized by racism and socioeconomic disadvantage experience significant health inequities in the prevalence, screening, treatment, and outcomes related to perinatal mental health conditions (Hansotte et al, 2017). The MHP must recognize, respect, and be sensitized to cultural differences in perinatal experiences and mental health perceptions. The MHP will tailor interventions to meet the specific needs of the target populations, considering factors such as language, religious beliefs, and social norms.
 - g. *Follow-Up and Continuity of Care:* The MHP will ensure continuity of care by providing follow-up appointments, active outreach for cancelled or missed appointments, continuous monitoring via phone or text check-in, and regular assessment of mental health status using prescribed tools to identify any emerging concerns throughout the course of treatment. The MHP is encouraged to leverage the Perinatal Navigator Program for assistance, if needed.
 - h. *Collaboration with Community Resources:* The MHP will be knowledgeable about various community organizations and social services agencies to promote awareness and expand access to services that impact mental health. The MHP is encouraged to leverage the Perinatal Navigator Program for assistance in connecting clients to additional supports, as needed.
- 2. Duration of Services:** According to the National Institutes of health, short-term or brief CBT last approximately 4 to 20 sessions in less than 4 months (2013). Based on this, a full-time MHP should serve approximately 65 families per year with an average service duration of 12 sessions over three months. Providers may opt to

source mental services via contracted hours instead. The Provider must keep detailed records of client contact and service duration.

- 3. Data Collection and Entry:** For a family to be eligible to receive services from this program, the Provider is required to obtain informed consent to share data with CSC Leon. Once obtained, the Provider will gather basic demographic, psychographic, and opinion-based data to help CSC Leon better understand the types of families accessing services and the impact of those services on mental and perinatal health. These data will include basic demographics, service counts, no show rates, and assessment scores from service onset and specified intervals.
 - a. *Use of Electronic Medical Record (EMR):* Provider must secure access to and use of the OB/GYN partner's electronic medical record (EMR) system. This will allow the Perinatal Navigator to access and document within the system to actively engage with the care team, schedule appointments, and integrate their work into patient care. This also will ensure accurate data regarding birth outcomes reported by the birthing facility are accessible to the Perinatal Navigator. The MOA between the Provider and the OB/GYN partner must stipulate this requirement and any conditions on access.
 - b. *Services and Activities Management Information System (SAMIS):* The Provider is required to input specific demographic, assessment and service data for each client served. To prevent duplicate entry, the Provider is permitted to develop an Application Programming Interface (API) to facilitate secure data transfers between the EMR, the Provider's own system, and CSC Leon's SAMIS.
 - c. *Satisfaction Surveys:* The Provider is required to administer satisfaction surveys with program participants, OB/GYN partners and community partners to find areas of improvement, promote community engagement and build relationships. CSC Leon will develop the specific questions in partnership with the Provider, including administration timelines.
 - d. *Third-Party Evaluation:* CSC Leon is interested in contracting with a third-party provider to assess the effectiveness of the Program on specific maternal, birth and infant outcomes. This may mean additional tools are introduced for use with study participants. Should this study move forward, the Provider will provide input to the study design to ensure all ethical and programmatic expectations are maintained and fully participate in its implementation.
- 4. Performance Indicators and Reporting:** The Provider will collect and report data to meet specific performance indicators and contract compliance. This information will

be utilized to support continuous quality improvement for the program design and implementation.

- a. *Process Measures:* The following are outputs intended to measure compliance with the program design.
- 75% of clients referred for mental health counseling will consent to participate in services.
 - 90% of service participants will complete an EPDS at service initiation.
 - *Note: The MHP may use results from referral source if available.*
 - 90% of service participants will complete the GAD-7 at service initiation, unless contraindicated.
 - *Note: If the GAD-7 is not appropriate, the MHP may substitute the assessment tool for an alternative.*
 - 60% of service participants will complete at least four (4) counseling sessions.
 - *Note: This is the number of sessions generally associated with improved symptoms and functioning (Rost, et al, 2001; Schoenbaun, 2002).*
 - 60% of service participants who completed an initial EPDS will complete a second EPDS at 90 days post treatment initiation and at treatment completion if treatment continues beyond 90 days.
 - 60% of service participants who completed an initial GAD-7 (or more appropriate tool) will complete a second GAD-7 at 90 days post treatment initiation and at treatment completion if treatment continues beyond 90 days.
- b. *Program Outcomes:* The following are outcomes intended to measure impact from the intervention.
- 80% of clients who complete a minimum of four mental health sessions will achieve 50% or greater improvement from baseline on the EDPS.
 - *Note: ACOG Clinical Practice Guideline #5, 2023*
 - 80% of clients who complete a minimum of four counseling sessions will demonstrate improvement on the GAD-7 (or more appropriate tool) upon completion of treatment.
 - 90% of clients will experience positive infant and maternal birth outcomes.
 - 85% of clients who complete the satisfaction survey will indicate they are satisfied or highly satisfied with the mental health care provider and course of treatment.
- c. *Reporting Requirements:* The Provider is required to submit regular reports through a standardized template in SAMIS.
- *Monthly Activities Report:* A monthly report of the demographic data and service counts of clients enrolled, engaged and served is required

on the 10th of every month after service initiation begins. Case notes are not required.

- *Quarterly Narrative and Financial Report:* A quarterly report containing a brief narrative of the program implementation to date, a cursory review of output and outcomes data, and detailed review of expenditures from the reporting period is required on the 15th of January, April, July and October of each year.
- *Final Report:* A final report containing a complete program implementation narrative, analysis of the data and outcomes, final distribution records and a detailed expenditure report is required within 30 days of contract termination. Any unspent funds received will be due at the same time as the final report.

5. Initial Timeline and Deliverables: The Provider will comply with the following schedule of activities. Disbursements of funds will be in accordance with the CSC Leon fiscal guidelines available on our website.

| <i>Due Date from Contract Execution</i> | <i>Activity/Deliverable</i> |
|---|---|
| Within 30 days | MOAs with OB/GYN Partners participating in the Perinatal Navigator Program |
| | MOAs with other Community Partners from whom referrals may be accepted |
| | Data API Plan |
| | Staffing Update |
| Within 90 days | Enrollment Update |
| At Day 100 | First Monthly Activities Report Due (and then monthly thereafter by the 10 th of each month) |
| At Day 105 | First Quarterly Narrative and Financial Report Due (and then quarterly thereafter by the 15 th of the month) |

6. Contract Continuation: The Provider is not guaranteed additional funding past the contract terms. CSC Leon may, at its discretion, choose to renew or extend the contract based on program performance. To be eligible for consideration, additional reporting may be requested to justify extension or renewal.

Family Engagement in Early Childhood Programs Request for Applications

OVERVIEW:

The Children’s Services Council of Leon County (CSC Leon) proposes a short-term, mini-funding cycle to support early childhood programs to implement or expand family engagement efforts. If approved, a program may be awarded up to \$10,000 in funding for a period of 10 months (August 2024 – May 2025). In total, CSC Leon anticipates issuing up to 15 awards in this first cycle, for a total investment of \$150,000.

INVESTMENT RATIONALE:

Family engagement in early childhood education settings is an evidenced-informed strategy to support kindergarten readiness. It supports children's development, enhances learning outcomes, strengthens the school-home relationship, and promotes a positive and inclusive educational experience for all children. Research consistently shows that family engagement is associated with positive learning outcomes for children. When families are involved in their child's education, it leads to improved academic achievement, higher levels of school readiness, increased school attendance, and better long-term educational outcomes. Family engagement creates a strong foundation for a child's future academic success.

PROGRAM DESIGN:

There are multiple ways for early childhood programs to implement or increase opportunities for family engagement. Programs can select from the list below or propose a different strategy. For each strategy, the program must provide a plan for implementation, what types of evidence it will use to document the investment, and how it will determine the success of the strategy. Examples are provided.

| <i>Strategy</i> | <i>Success Measure Sample</i> |
|--|--|
| Conduct parenting seminars or workshops to increase knowledge of child development | Pre-/post-test results of childhood development knowledge |
| Purchase tools to improve regular communication with parents (e.g., newsletters, digital platforms, etc.) | Satisfaction survey of parenting views on program/center communication |
| Provide staff training on how to effectively communicate with parents and caregivers (e.g., motivational interviewing) | Pre-/post-test of educational component |

| <i>Strategy</i> | <i>Success Measure Sample</i> |
|--|--|
| Create a parent advisory council | Satisfaction survey of parenting views on parent involvement |
| Host parent-teacher conferences to discuss developmental screening results | Retroactive knowledge of child development survey |
| Host family-focused events (e.g., student performances, skills showcases, show and tells, structured movie nights, etc.) | Event satisfaction survey results |

In addition, programs are required to secure local business match to support their family engagement efforts. Programs can demonstrate this through a letter of support or Memorandum of Agreement (MOA) with one or more local businesses.

ELIGIBILITY:

To be eligible for this funding opportunity, the applicant must:

1. Be legally authorized to conduct business in the State of Florida; AND
2. Be registered with the Florida Department of Children and Families (DCF) as a family childcare home OR private childcare center; AND
3. Be physically located in a targeted zip code OR serve at least 50% “School Readiness” eligible families; AND
4. Secure a business sponsor(s) match of at least 10% of the amount requested.

APPLICATION PROCESS:


Programs must submit their application via the CSC Leon Application portal by the published due date. It will require specific documentation and a detailed narrative for how the funds will be used to better engage with the families it serves. CSC Leon staff will review all applications for (1) eligibility to receive funding, (2) alignment with funding priorities, (3) number of families that will benefit from the investment and (4) the amount of funding requested. All eligible applications will be presented to the Council for final review and approval. Approved applications will be notified via email. Funds will be dispersed after the approved applicant completes contract training.

REPORTING REQUIREMENTS:

All funding must be spent within 10 months following the award; a detailed report will be due by no later than May 2025.

TIMELINE:

- Release Funding Opportunity: May 2024
- Applications Due: June 2024
- Council Selects Recipients: July 2024
- Funding Awarded: August 2024
- Final Reports Due: June 2025

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|--|--|--|
|  | MEETING: | Finance and Budget Committee Meeting |
| | DATE & TIME: | Monday, April 1, 2024 5:00 p.m. |
| | LOCATION: | CSC Leon Office 2002 Old St. Augustine Rd., Talla., FL 32301 |
| Members Present: <ul style="list-style-type: none"> Mr. Paul Mitchell, Committee Chair, Treasurer, Community Member Dr. Zandra Glenn, Council Chair, Community Member | Members Absent: <ul style="list-style-type: none"> Atty. Carolyn Cummings, Chair, Leon County BOCC Mr. Rocky Hanna, Superintendent, Leon County Schools Staff Present: <ul style="list-style-type: none"> Cecka Rose Green, Executive Director Dina Snider, Director of Finance and Operations Jacinta Clay, Administrative Services Manager John Grayson, Grayson Accounting, CSC CPA | |
| AGENDA & ACTION: | | |
| I. Call to Order – 5:10 pm II. Roll Call (See attendance above) III. Approval of Agenda – While there was not a quorum, the committee just reviewed the items on the agenda; no votes were scheduled to occur. IV. General Public Comment – No public comment V. FLCLASS Investment Discussion – Dir. Green presented the FLCLASS financial statement to include subaccounts, contributions, withdrawals and income earned. Committee discussed statements and status of the accounts. VI. Fiscal Year Program Funding Update – Committee Members discussed the program funding year-to-date. The FY 23-24 cash analysis report through February 2024 was presented and reviewed. Dir. Green advised that a draft FY 2023-24 budget amendment will be presented at the May committee meeting. | | |
| ACTIVITIES/EVENTS | | |
| | | |
| NEXT STEPS/TASKS | | |
| ➤ FY 2023-24 Draft Budget Amendment | | |
| NEXT MEETING: | | |
| ➤ Governing Council Meeting – Thursday, April 18, 4:00 p.m., CSC Leon Office ➤ Finance and Budget Committee Meeting – Monday, May 6, 5:00 p.m., CSC Leon Office | | |
| MEMBER COMMENTS: | | |
| No additional Member Comments | | |
| ADJOURNMENT: | | |
| Meeting adjourned at 5:58 p.m. | | |