

PALM BEACH COUNTY, FLORIDA  
Citizens Advisory Committee on Health and Human Services  
Meeting Date – May 14, 2009  
Palm Beach County Sheriff's Office – Classroom 'A'  
3228 Gun Club Road, West Palm Beach, Florida

**“Regular Committee Meeting”**  
MINUTES

**CAC Members Present:**

Dr. Richard Galeta (Chair)  
Barbara Jacobowitz (1<sup>st</sup> Vice-Chair)  
Thomas Arnedos (2<sup>nd</sup> Vice-Chair)  
Sandra Chamblee (Glades Rep.)  
Dr. Barbara Cox Gerlock  
Col. Michael Gauger  
Elizabeth Hernandez Cayson  
Nate Nichols  
Dr. Cynthia Smith  
Debby Walters

**Absent CAC Member(s):**

Jill Hanson

**Ex-Officio Members Present:**

Brenda Gail Oakes  
Houston Tate

**Absent Ex-Officio Member(s):**

Edward Holloway

**Others Present:**

Jon Van Arnam  
Tammy Fields  
Renee Constantino  
Claudia Tuck  
Sharon O'Neill  
Lorenzo Taylor  
David Rafaidus  
Linda Gordon  
Dr. Karen Dodge, Palm Beach County  
Health Department  
Paul McCarthy, Palm Beach County  
Health Department  
Diane Williams, El Sol  
Sgt. Michael DeVoter, PBSO,  
Corrections Operations Bureau  
Inspector Ann Juhasz, LPN, AS, CCHP, CCN,  
PBSO, Standards & Staff Development  
Linda O'Rourke, LMHC, GEO Care, Inc.,  
Mental Health Coordinator, PBSO Jail  
Lisa Williams, Children's Services Council  
Dr. Patrick Halperin, PBSO, Administrative  
Assistant to Col. Michael Gauger  
Karis Engle, Glades Initiative

**Agenda Items**

**1. CALL TO ORDER**

A. Roll Call – Linda Gordon – 8:33 a.m.

B. Introduction of Guests

- Sgt. Michael DeVoter
- Inspector Ann Juhasz
- Linda O'Rourke, Mental Health Administrator
- Lt. Mike Kirschner
- Karen Kirschner
- Diane Williams
- Lisa Williams

- Dr. Karen Dodge
- Paul McCarthy – He is a Retired Major and is the Division Director of Community Health within the Palm Beach County Health Department. The Community Health Division has a Quality Improvement component which is mainly focused internally on the Health Department’s business processes and customer satisfaction.

C. Disclosures

- None

D. Staff Information Updates

- See Agenda Item 3C.

E. Chair Comments

**Dr. Richard Galeta** – He thanked Col. Michael Gauger for hosting the Citizens Advisory Committee (CAC) meeting and for his invitation to tour the mental health facilities at the Palm Beach County Jail.

**Col. Michael Gauger** – It is a pleasure to host the CAC meeting. The jail tour will provide an opportunity to see the services provided to inmates. The Palm Beach County Jail is considered a Best Practice agency in the United States, and is one (1) of three (3) jail facilities that has twenty-four (24) hour psychiatric care. Palm Beach County Sheriff’s Office (PBSO) is the twelfth (12<sup>th</sup>) largest sheriff’s office in the United States. The PBSO jail houses, on average, about three-thousand (3,000) inmates per day. The Drug Farm, Substance Abuse Awareness Program, special dorms for drug counseling, and skills for job placement are among those programs offered by the Sheriff’s Office to help reduce recidivism.

**Dr. Richard Galeta** – He presented an appreciation plaque to former CAC Ex-Officio member Lt. Mike Kirschner for his contribution to the Citizens Advisory Committee and community.

2. AGENDA APPROVAL

A. Additions, Deletions, Substitutions

**Dr. Richard Galeta** – He recommended that the jail tour be moved to 3A (Regular Business Items) from 4E (Other Business); and that the three original Regular Business Items then follow the jail tour.

Additionally, he would like to add as 4E (Other Business Items) the proposed letter of support to the Board of County Commissioners regarding the Financially Assisted Agencies and the upcoming budget meetings.

B. Adoption

- *Elizabeth Hernandez Cayson – Motion to move Other Business Item 4E (jail tour) to Regular Business Item 3A and that the three original Regular Business Items then follow the jail tour; and to add the proposed letter of support to the BCC regarding the Financially Assisted Agencies and the upcoming budget meetings to Other Business Item 4E.*
- *Barbara Jacobowitz – Seconded the two-part Motion.*
- *No Discussion*

- *The Motion to move Other Business Item 4E (jail tour) to Regular Business Item 3A and that the three original Regular Business Items then follow the jail tour; and to add the proposed letter of support to the BCC regarding the Financially Assisted Agencies and the upcoming budget meetings to Other Business Item 4E passed unanimously.*

### **3. REGULAR BUSINESS (Action Items)**

#### **AGENDA ITEM 3A: Tour of the Palm Beach County Jail and Facilities (Col. Michael Gauger)**

8:45 a.m. to 10:35 a.m. (times approximate) – The tour of the jail and the facilities for the CAC, Community Services staff, and guests was led by Col. Michael Gauger. Sgt. Michael DeVoter of the Accreditation Team acted as tour guide. Linda O'Rourke provided information regarding the mental health staff and services provided to inmates and to former inmates. Inspector Ann Juhasz provided information regarding the medical and dental services available, and the required standards to be followed. Also, Col. Gauger, Sgt. DeVoter, Linda O'Rourke and Inspector Juhasz answered many varied questions posed by those on the tour.

The tour included: The booking section; the substance abuse detoxification area; the contagious disease isolation area; the medical services and patient records area; the mental health services and treatment area; and the juvenile detention section.

The consensus of the Citizens Advisory Committee members, Community Services staff, and the guests was that the tour of the mental health and medical facilities at the jail tour was very informative and beneficial.

**Dr. Richard Galeta** – He thanked Col. Michael Gauger and the Sheriff's Department staff for the tour of the jail and for their hospitality. He learned a great deal and was amazed at the number of inmates that are housed. The Sheriff's Department is doing a very fine job.

#### **AGENDA ITEM 3B: Adoption of CAC Regular Committee Minutes (April 16, 2009)**

- *Elizabeth Hernandez Cayson – Motion to Approve and Adopt the CAC Regular Committee Meeting Minutes of April 16, 2009.*
- *Nate Nichols – Seconded the Motion.*
- *No Discussion*
- *The Motion to Approve and Adopt the CAC Regular Committee Meeting Minutes of April 16, 2009 passed unanimously.*

#### **AGENDA ITEM 3C: Presentation on the possible 5% or 10% FAA program budget cuts (Renee Constantino)**

**Renee Constantino** – We still do not have a finalized version of the budget from the BCC. Jon Van Arnham told her to prepare as an exercise a ten-percent (10%) cut to the FAA

program. The exercise will be a one (1) year analysis. What is done this year will not reflect forward. They are trying to keep the cuts to critical services as minimal as possible, and overall are trying to keep budget cuts to all programs as minimal as possible. When the final copy of the budget cuts to the FAA program is readied for the BCC, she will give it to David Rafaidus to send to everyone.

**Dr. Barbara Cox Gerlock** – At the last meeting, the CAC wanted to know what the proposed cuts were going to be, and whether or not there was an analysis of what the other funders were going to be cutting so that services were not decimated. When you say you're going to do a minimum ten-percent (10%) cut, is that across the board? Which services are defined as 'critical services'?

**Renee Constantino** – The budget cuts will not be across the board. The cuts to critical services will be as minimal as possible. If it bleeds, if it feeds, if it keeps people out of jail, those are the kinds of protective services that are deemed 'critical'.

**Dr. Barbara Cox Gerlock** – So that means mental health, substance abuse and homelessness are not going to be cut? Or if they are going to be cut, what types of cuts will they be?

**Renee Constantino** – No, that's not true, every program is getting a cut in funding. We couldn't hold harmless everybody without devastating other programs.

We don't know yet what the cuts will be. We initially did a ten-percent (10%) cut on the whole FAA program because that is what the County itself is doing. But from there we are looking at building up the areas that are considered more critical and taking away from areas that are not. I don't have those percentages right now.

**Dr. Barbara Cox Gerlock** – Is the strategy being used by the County that every department and every division is going to get a ten-percent (10%) cut? Are they looking at all of the divisions within the County's services and figuring out which ones are more essential versus non-essential? Put another way, is health and human services getting a 10% cut and Parks and Recreation getting a 10% cut, or are some divisions going to be cut more than others?

**Jon Van Arnam** – The initial County budget is proposed by the county administrator, and as staff we input into the county administrator's budget. Then the Board of County Commissioners and the public discuss and ultimately pass the budget. The available funds to spend are dependent in large respect on how much tax revenue is taken in. How much tax revenue taken in is dependent upon, to the major extent, the property values multiplied by the millage rate which is adopted by the BCC. That provides the bulk of the general revenue that funds the services the CAC is concerned about. So one of the challenges of the budget process is trying to anticipate what the BCC might do relative to the millage rate.

From a county administration standpoint, we don't know if the BCC will raise the millage rate because it hasn't been discussed at this point. In order to generate the same amount of money for next year as we have this year, the millage rate would have to be raised because property values have gone down. When the county administrator presents his budget to the

BCC, he tells them how much money would be generated if the millage rate stays the same. Additionally, the county administrator tells the BCC how much the millage rate would have to be raised in order to get to what is called “rollback” – which is the amount of revenue we have this year. The county administrator is presenting a budget and making a recommendation to go to rollback. In order to go to rollback, that means the BCC would have to raise the millage rate. We don’t know if the BCC is going to do that, and we won’t know until they discuss it. But county administration has to come in with a budget that anticipates either the same millage or an increase in millage, at least up to rollback.

**Dr. Richard Galeta** – He thinks the point is whether budget cuts for mental health, substance abuse and homelessness will be the same as the cuts for Parks and Recreation.

**Jon Van Arnam** – He thought the concern was ‘why are we even proposing a budget cut’. Dr. Gerlock asked about whether all departments are being asked to do a 10% budget cut. The answer is that, yes, all departments were asked to come in at 10% below their revenue last year. Some departments, including Parks and Recreation which is one of his departments, were asked to go beyond that. Parks and Recreation was asked for additional cuts of \$4M beyond the rollback in a roughly \$60M budget. So there are some more serious cuts in other departments. We were directed to do a 10% cut to the FAA program. What Renee Constantino and he are trying to explain is that they are trying to do their best to protect what they deem the most essential services related to food, shelter, mental health, and so on. They will be making recommendations to the BCC based upon what are perceived to be the most critical services.

**Nate Nichols** – The budget process at the Children’s Services Council (CSC) is very near to what the County is going through. The CSC’s budget cuts will not be across the board, but will be targeted. The millage rate would have to increase to keep the Children’s Services Council’s budget where it is. There is a lot that is not known yet.

**Debby Walters** – At the last meeting, the CAC had passed a motion to have access to what the proposed cuts might be, knowing that the decisions about the cuts were not final. The CAC knows the budget has not yet been presented to the BCC. However, the CAC wanted to know basically what the staff discussion has been so the CAC would have a better idea of what the essential services are at this point.

**Dr. Barbara Cox Gerlock** – What she was hoping to find out is what the Department of Community Services is advocating as priority status.

**Renee Constantino** – It is safe to say that Service Category 1 (substance abuse and mental health) and Service Category 3 (support services), and then Service Category 2 (disabilities) and also a smattering of Service Category 4 are going to be held as more important and labeled as critical services. She has communicated with her peers, including Susan Buza of 211 Palm Beach/Treasure Coast, and has not done the reductions in a void.

**Dr. Richard Galeta** – Will you have any more information at the June CAC meeting?

**Jon Van Arnam** – The way we work, Staff generates the budget cut documents and then

they go up through the chain and they work on it together. They are in the early stages of developing the specific recommendations relative to the allocations. He understands the interest in the budget cuts. However, he thinks having a very early draft that may change significantly doesn't have a lot of value to the CAC because the early numbers may change. The budget draft is a working document, and when it gets a little further along he certainly intends to share it with the CAC before it goes to the BCC in mid-July. He thinks he can provide more specific information about the priorities at the CAC meeting in July.

**Col. Michael Gauger** – He suggested that anyone with strong feelings about specific areas could submit memorandum to Jon Van Arnam. That could help give some direction.

**Barbara Jacobowitz** – She thinks it would also be helpful to the CAC to have some conversation about other efforts going on at the same time, such as the Million Dollar Challenge. It would help the CAC to understand that at least some of the FAA programs will receive additional funding from other avenues. We need to look at the whole picture.

**Dr. Barbara Cox Gerlock** – Her concern is that past decisions have been made in isolation. It is now critical to minimize the isolated decisions because everybody is clamoring for services. The funders need to talk to each other so that critical services are not decimated.

**Dr. Karen Dodge** – She inquired about the methodology for ranking the four (4) core service areas that Renee Constantino talked about.

**Jon Van Arnam** – We are not using a formula. What we are doing is looking at what we're funding and Staff is making recommendations on what we believe are the most critical services: Food, shelter, jobs, mental health and substance abuse services. In the system of care, there are certain services that we believe are more critical than others, and we are making those kinds of judgments and recommendations to the BCC. CAC members are welcome to inform Staff through memorandum what you think are the more critical services. The process will be different next year when the CAC will be asked to prioritize the services and make those recommendations to Staff. But in the meantime, we are taking what we did last year and adjusting it in accordance to what we believe to be the most critical services.

**AGENDA ITEM 3D: Evidence-Based Outcomes and Process (Nate Nichols and Lisa Williams)**

**Nate Nichols** – He asked Lisa Williams to do a presentation to the CAC about some of the work that she has been spearheading for the Children's Services Council (CSC) pertaining to "evidence-based" programs. The implication of the work on evidence-based programs that Lisa has been doing is not just local but is of national and international importance. He was recently at a Washington, D.C. meeting about federal evidence-based programs. At that meeting they were talking about the work that Lisa Williams has done here in our own community of Palm Beach County.

**Presentation by Lisa Williams of the Children's Services Council (CSC):**

Much of the conventional wisdom about 'what works' is probably wrong. We know from

research, that what most of what we think works either probably does not work or it has only a weak effect. Findings of truly effective programs do exist, but are usually the exception when you actually research the programs. This pattern occurs in many different fields including medicine, psychology and social policy.

Since the late 1990's, the focus has been on identifying and replicating programs that have been found to work. These are "evidence-based" programs. In the past they were sometimes referred to as "best practices" or "research-based" programs. Now the coined term is "evidence-based" programs. What that really means is that the program has been tested rigorously and has shown long-lasting effects.

Common elements of evidence-based programs are that:

- They have a strong theoretical foundation;
- They are developed and intended for a specific population;
- They promote quality data collection and procedures; and
- There is evidence of effectiveness using a strong rigorous research design.

Some criteria for evidence-based programs are:

- Significant effects or change in the group that received the service as compared to the group that did not receive the service;
- Sustained effect for at least a one (1) year;
- There must be successful replication for at least one other population at one other site, and positive outcomes shown for both;
- Usually the program is cost effective; and
- The program must meet research design standards.

The benefits of using evidence-based programs and practices are:

- Ethics-avoiding harmful effects;
- Stronger and more consistent positive outcomes;
- Improvement in the well-being of children; and
- A cost-savings to taxpayers.

Strategy for upgrading the quality of prevention programs:

- If there is an evidence-based program out there to meet your need, you should implement that program.
- If you have a locally developed or home-grown program, you need to have an evaluation component to make sure it is not doing harm.
- A program that is found to be ineffective should either be discontinued or overhauled.

About three (3) years ago, the Children's Services Council (CSC) created a committee to look at evidence-based programs for itself. The charge was to: 1) Look at what is going on nationally and internationally; and 2) If there is a locally-developed program, how does the CSC know where that program is on the continuum of effectiveness and whether it is evidence-based or not.

The first thing the CSC committee did was to look at twenty-five (25) rating systems already in use. The CSC committee had a little over five-hundred (500) programs that were rated

according to the twenty-five (25) rating systems. The first process was to weed out programs that would not work for the Children's Services Council. The CSC ended up with about one-hundred (100) programs for which they started collecting data. They looked at each program's theory, outcomes, target population, attrition rates, sustained effectiveness, and cost. Interestingly, the cost of a program can vary from city to city, state to state.

Also, the CSC committee looked at data that included research studies, program designs, whether the program has been replicated, and at dissemination capability – is it a program that could actually be implemented in another locale.

As the CSC committee was doing its process, they looked at who was rating the programs, how they were rating the programs, and how they defined those ratings. What they found was very confusing. What one person called 'evidence-based' another said it was not evidence-based. What one would say was a model-program somebody else would call it 'promising'. So the Children's Services Council (CSC) developed a Preliminary Rating System which is still in draft form. The CSC's Preliminary Rating System is point-based, and there are four (4) categories of "evidence-based": Stellar, Exemplary, Model, and Effective. The criteria for the CSC's Preliminary Rating System include the following: Design of research; Effects; Sustainability; and Replication.

There are also three (3) categories for 'pre-evidence based' programs: Promising; Emerging; and Insufficient Information – can't rate at this time.

For our locally developed programs, the CSC created an Assessment Tool for looking at those programs. The Assessment Tool looks at the following:

- Theoretical Foundation (Theory of Change; Research-Based; Theory-Driven Logic Model; and Outcomes).
- Appropriateness (Developmentally/Age Appropriate; and Culturally Sensitive/Appropriate).
- Operation/Implementation (Relationships between staff and participants; Fidelity; Average annual staff turnover; Appropriate staff credentials; Required educational degree and Training; and high quality, timely Data Submission).
- Evaluation (The type of Research Design; the Outcomes; Sustainability; and valid and reliable Measurement).

Once it is determined that a program has a really solid foundation and it is operating well, then the program goes through a formal evaluation.

The Children's Services Council (CSC) is now in the process of piloting the Assessment Tool and the process should be completed within the next few months. The end process will be a finalized Assessment Tool that they will use throughout the CSC. They will also be working with the national programs helping them do some of the same work. They are continuing to rate programs and have about eighty (80) programs left to do. In approximately six (6) months, there will be an addition to the CSC website pertaining directly to evidence-based programs and what are the top rated programs not just for the CSC, but for the whole community.

The Children's Services Council (CSC) is also creating what they call a "tool box" of child trends. The idea is to make sure that the program is targeted to meet needs, is sustainable over time, and has fidelity. Also, they want programs to begin thinking about, when an evidence-based program is created, how is it communicating with other similar agencies.

The CSC is putting on a conference on February 25 & 26, 2010. The top experts in the field of evidence-based programs will be at the conference. Many federal people will be speaking about what is happening with the new administration, as well as making sure that agencies understand the impact of policies at a much larger level. They are at the beginning planning stages as far as the breakout groups, but all of the keynote speakers have been scheduled. The sessions on February 25<sup>th</sup> will be in the evening at the Marriott, and on February 26<sup>th</sup> there will be sessions all day at the Convention Center.

The February conference is not focused on just Children's Services Council (CSC) outcomes; it is a conference for our entire community. There will be breakout sessions on substance abuse, mental health, juvenile delinquency, violence prevention, youth development and other areas.

### **Discussion:**

The evidence-based process is excellent. Looking down the road, if a Financially Assisted Agency is rated 'red' and the BCC wants to know how the program or the approach to the problem can be fixed, then the expertise we have right in our own community can be utilized. We'll be able to see if a red-rated program can be brought up to status, or if there is a similar evidence-based program already out there.

There are some programs that are difficult to measure. For example, how can Oakwood's crisis center and success rate be measured? Once the patient is released back out in the community, the patient may not follow treatment protocols and ends up coming back to the crisis center. The patient may either re-offend or relapse and how is that measured?

Lisa Williams noted that as far as substance abusers, at least seven (7) relapses are expected. She agreed that there are some programs that are very difficult to measure. The Youth Development Initiative in Washington, D.C. is actually trying to look at how to research those complex areas. She is hoping that the Youth Development Initiative will be attending the February 2010 conference because they may have some insight.

The evidence-based process may not serve the very, very complex areas because there has not been enough research. However, this evidence-based process provides a base framework and valuable information.

What is exciting about the evidence-based process is that it can be used to assist other departments to raise the level of their programs. The evidence-based program is something that can be used across all County departments to raise their level of service.

Dr. Richard Galeta asked if there could be a workshop for the Citizens Advisory Council (CAC) at a later date. The CAC should consider using the evidence-based process with the

Work Plan. Dr. Galeta expressed his thanks and appreciation to Lisa Williams for her presentation to the CAC.

**AGENDA ITEM 3E: Proposed letter of support to the Board of County Commissioners regarding the Financially Assisted Agencies and the upcoming budget meetings (Brenda Gail Oakes)**

**Brenda Gail Oakes** – The proposed letter is to ask the Board of County Commissioners (BCC) to make data driven decisions based upon the increased need for health and human services. In the proposed letter, she and Debby Walters enumerated a few of the recent increases in health and human services in Palm Beach County. She asked for feedback on the letter so that it could be finalized and approved by the CAC to get it to the BCC prior to the upcoming budget hearings.

**Col. Michael Gauger** – He doesn't see any problems with the letter the way it is.

**Debby Walters** – She commented that she thinks the actual numbers of people as reflected by the percentage increases of needed services should be added to the proposed letter.

**David Rafaidus** – If the CAC thinks it is the appropriate way to go, he would like to receive comments from the CAC and the public to see if the letter needs any fine tuning. Then he can prepare the final draft, make sure that administration reviews it, and then give it to Dr. Richard Galeta to sign as Chair of the CAC.

- *Col. Michael Gauger – Motion to add the actual numbers of affected people as indicated by the percentages to the proposed letter of support to the Board of County Commissioners regarding the Financially Assisted Agencies so that the approved letter can go out to the BCC prior to the upcoming budget meetings.*
- *Nate Nichols – Seconded the Motion.*
- *No further discussion*
- *The Motion to add the actual numbers of affected people as indicated by the percentages to the proposed letter of support to the Board of County Commissioners regarding the Financially Assisted Agencies so that the approved letter can go out to the BCC prior to the upcoming budget meetings passed unanimously.*

**4. OTHER BUSINESS**

**AGENDA ITEM 4A: Member Comments on Non-Agenda Items**

**David Rafaidus** – He is starting to receive applications for CAC membership which is a very positive note. Dr. Patrick Halperin has applied to be an Ex-Officio member of the CAC. Perhaps at the next CAC meeting we can vote on that. The second application is from Diane Williams for full membership in the CAC. He will send Dr. Halperin's and Ms. Williams' resume's to the current CAC members.

**Dr. Richard Galeta** – He asked that all CAC members let David Rafaidus know when they will be gone or on vacation during the summer so that meetings can be planned when there will be a quorum present.

**AGENDA ITEM 4B: Public Comments on Non-Agenda Items**

- None

**AGENDA ITEM 4C: Good News Item(s)**

- **Debby Walters** – She purchased two (2) raffle tickets to support the CSC and she won a 42” LCD Color TV.
- **Barbara Jacobowitz** – Her daughter received official notice that she is a Fulbright Scholar and will be recognized next Friday at a big reception before graduation with several legislators in attendance. She will be leaving in early August for the Ukraine for a ten-month stay in Odessa, and will be looking at issues of anti-Semitism in the Ukraine.
- **Houston Tate** – They recently had their REAP (Resident Education to Action Program) graduation where they had approximately ninety (90) graduates this year. It was a very outstanding group from all over Palm Beach County. The REAP program consists of six (6) workshops with a curriculum of everything from citizen engagement to public participation. The last workshop is a mock county commission meeting and the REAP students play the roles of commissioners, county staff, residents and advocates. The mock commission meeting allows citizens to know what to expect when they do go to an actual County Commission meeting. Approximately eighteen (18) students received a grant to be used for a community project.

**AGENDA ITEM 4D: Potential Agenda Items for Future Meetings**

- Dr. Patrick Halperin’s application to be an Ex-Officio member of the CAC.
- MAPP and Health Department (Dr. Karen Dodge)
- 211
- Working in the Sunshine Workshop (Tammy Fields) (October 8, 2009)

**5. ADJOURNMENT**

- *Elizabeth Hernandez Cayson – Motion to Adjourn the meeting.*
- *Sandra Chamblee – Seconded the Motion.*
- *No Discussion*
- *The Motion to Adjourn the meeting passed unanimously.*

**Future Meetings:**

*CAC Regular Meetings: June 11, 2009; July 9, 2009 (Pending member’s vacation schedules)  
Executive or Reserved Meeting Dates: June 25, 2009; July 23, 2009*

Minutes approved by the CAC Regular Committee on \_\_\_\_\_, 2009 by

\_\_\_\_\_  
Signature – Dr. Richard Galeta, Chair