

AGENDA

SPECIAL JOINT MEETING OF THE BOARD OF COMMISSIONERS AND THE BUDGET & FINANCE AND EXECUTIVE COMMITTEES

Budget & Finance Committee Chair: Robert Byrd

**Thursday, May 28, 2015
1:30 PM**

Meeting Location:
First 5 LA
750 N. Alameda Street
Los Angeles, CA 90012



ASPOSE

Your File Format APIs

1. **ACTION**
Call to order/Roll Call
- **Duane Dennis, Committee Chair**

2. **INFORMATION** **3**
Review Special Meeting of the Board of Commissioners/Program &
Planning Committee Transcription -
April 30, 2015
- **Duane Dennis, Committee Chair**

3. **ACTION**
Expiring Initiative
A. Approval to Extend Partnership with Department of Public Health 124
(DPH) - Health Access Children's Health Outreach Initiative (CHOI)
and Waive Governance Guideline #7
- **Tara Ficek, Director, Grants Management**

4. **INFORMATION** **126**
Best Start Communities: Building Stronger Families Framework
Implementation Update
- **Rafael Gonzalez, Director, Best Start Communities**

5. **INFORMATION** **152**
Renewal of Expiring Strategic Partnerships

COMMISSIONERS

Los Angeles County Supervisor	Judy Abdo	Summer McBride
Holly J. Mitchell	Robert Byrd, Psy.D	Maricela Ramirez
<i>Chair</i>	Astrid Heger, M.D.	Carol Sigala
Brandon Nichols	Yvette Martinez	
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John A. Wagner

A PUBLIC ENTITY

- A. South Bay Center for Counseling
- B. 14 Welcome Baby Hospitals
- C. County of Los Angeles, Department of Public Health
- D. Third Sector New England
 - **John Wagner, Chief Operating Officer**
 - **Teresa Nuno, Acting Chief of Programs & Planning**
- 6. Break
- 7. **INFORMATION** 163
Strategic Plan Implementation Update: Resource Requirements
 - **Jessica Kaczmarek, Director, Office of Strategic Planning & Implementation**
 - **Raoul Ortega, Director, Finance**
- 8. **INFORMATION**
Public Comment
- 9. **ACTION**
Adjournment



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MEETING OF FIRST 5 LOS ANGELES PROGRAM AND PLANNING
THURSDAY, APRIL 30, 2015
750 NORTH ALAMEDA STREET, FIRST FLOOR
LOS ANGELES, CALIFORNIA 90010

REPORTED BY:
HEATHERLYNN GONZALEZ
CSR #13646

1 THURSDAY, APRIL 30, 2015; LOS ANGELES, CALIFORNIA

2 1:39 p.m.

3 -oOo-

4 COMMISSIONER HARDING: Let's get started. We
5 have a packed agenda. Welcome, everyone. My name is
6 Cynthia Harding, and I'm a First 5 commissioner and the
7 interim director for public health.

8 We're going to go around and introduce ourselves
9 and we'd love everybody in the audience to introduce
10 yourselves as well. I'm going to go to my left.

11 COMMISSIONER SWILLEY: I'm Sylvia Swilley,
12 representing the second district, alternate for Duane
13 Dennis.

14 COMMISSIONER BOECKMANN: Jane Boeckmann,
15 commissioner, appointed by Mayor Antonovich.

16 COMMISSIONER AU: Nancy Au. Supervisor Knabe.

17 COMMISSIONER ABDO: I'm Judy Abdo, and I'm a
18 commissioner (inaudible).

19 MS. MAHAJAN: Hi. I'm Namrata Mahajan and I'm a
20 research analyst here in the R&E department of First 5 LA.

21 MR. LEMPert: Ted Lempert, Children Now.

22 MS. FALLIN: Katy Fallin of First 5 LA and also
23 the strategic plan for ECE.

24 MS. BELSHE: ECE?

25 MS. FALLIN: Early childhood education.

1 MS. BELSHE: Early childhood education. Thank
2 you.

3 MS. DUBRANSKY: Barbara Dubransky, interim
4 director of program development department, lead of the
5 family support group.

6 MS. JOHN: Rita John. I'm a senior program
7 officer at the program development department and also
8 leading the health and mental health and substance abuse.

9 MR. LAFRANCE: Steven LaFrance, Learning For
10 Action, your strategic planning consultant.

11 MS. KACZMAREK: Jessica Kaczmarek.

12 MS. NUNO: Teresa Nuno for programs and planning.

13 MR. WAGNER: John Wagner, chief operating officer
14 First 5 LA.

15 COMMISSIONER YBARRA: Joseph Ybarra,
16 commissioner, Los Angeles County Office of Education.

17 COMMISSIONER PLEITEZ HOWELL: Karla Howell, First
18 5 commissioner representing the child care roundtable.

19 COMMISSIONER CURRY: Trish Curry, commissioner.

20 MS. BELSHE: Kim Belshe, First 5 LA.

21 MS. BOSTWICK: Suzanne Bostwick, Department of
22 Public Health.

23 SPEAKER: Michelle (inaudible), LA County
24 (inaudible).

25 MS. ANDERSON: Hi, Kim Anderson, child advocate

1 (inaudible) Los Angeles County (inaudible).

2 COMMISSIONER HARDING: Let's go over here.

3 SPEAKER: (Inaudible) Sanchez, Los Angeles County
4 Office. First 5 LA.

5 SPEAKER: In Pew charitable (inaudible). First
6 5.

7 MR. SANCHEZ: Gabriel Sanchez, First 5 LA.

8 MS. LEE: Stacy Lee, First 5 LA.

9 MR. ORTEGA: Carl Ortega, First 5 LA.

10 MR. REDDING: Larry Redding, First 5 LA.

11 SPEAKER: (Inaudible) First 5 LA.

12 SPEAKER: (Inaudible).

13 SPEAKER: (Inaudible).

14 SPEAKER: (Inaudible) First 5 LA.

15 SPEAKER: (Inaudible) First 5 LA.

16 THE REPORTER: Heatherlynn Gonzalez,
17 stenographer.

18 COMMISSIONER HARDING: Great. Welcome again.
19 Did we get -- everyone get a chance to introduce
20 themselves?

21 Well, welcome again. We are -- we have a packed
22 agenda so we're going to move quickly as we can. We have
23 the review of the program and planning committee meeting
24 notes. Were there any changes or issues associated with
25 that? I'm looking at our commissioners?

1 Okay. Hearing none, I think we can move right
2 along with the agenda.

3 Let's go to Item 3. And we have strategic plan
4 implementation: Kindergarten readiness assessment
5 landscape study.

6 MS. BELSHE: I'm going to turn it over to
7 Namrata.

8 MS. MAHAJAN: Good afternoon, commissioners. As
9 I mentioned earlier, my name is Namrata Mahajan. I am a
10 research analyst at First 5 LA. We're really excited to
11 introduce two of our presenters today who are here to talk
12 with you about kindergarten readiness assessments: What
13 they are, why they're important, and especially why
14 they're important for us and the work that we do here at
15 First 5 LA.

16 Both of these individuals you probably know them.
17 They are great partners with us and they really are
18 experts in their field. So first we're going to hear from
19 David Rattray, and he's the executive vice president of
20 the LA Area Chamber of Commerce. David oversees the
21 education and workforce development department at the
22 Chamber and also Unite LA, which is a school-to-career
23 partnership of Los Angeles. He's been part of the Chamber
24 and Unite LA for several years and has focused on building
25 business and educational partnerships for children. He

1 also has served on the LA City Workforce Investment Board
2 and the youth council and also is the vice chair of the
3 State Workforce Investment Board's lifelong learning
4 committee. So you will hear from him first.

5 And then after that, you're going to hear from
6 Ted Lempert who is the president of Children Now.
7 Children Now is a national research policy and advocacy
8 organization based out of Oakland, California. And Ted
9 has been a lecturer in the political science department at
10 UC Berkeley. He was a founding CEO and cofounder of
11 EdVoice which is a California education reform
12 organization. He was California State Assembly member.
13 He is president of the San Mateo County Board of
14 Supervisors. And he's had a lot -- so more than 75 bills
15 signed by governors, including the laws in the area of
16 education, including LCFF, health care, and children and
17 families which are all areas that we care a lot about. So
18 that's them.

19 I'll turn this over to David.

20 MR. RATTRAY. Thank you. Should I use the
21 microphone or not? You tell me.

22 MS. BELSHE: David, use one of these guys here so
23 you don't need to worry about holding on to anything.

24 MR. RATTRAY: Well, so, first of all, thank you
25 for inviting me to be with you. Thank you to the team and

1 thank you for the -- to the commissioners for receiving
2 me. I'm privileged to sit with you. I haven't sat with
3 this commission since probably Matt Lisbonni (phonetic
4 spelling) asked me to do this over a decade ago. So shame
5 on me by the way because I hang out with all your team.
6 You know, we're like really close. I should come and talk
7 with you so I'm privileged to be here with you today.

8 So what I'm going to do briefly and, hopefully,
9 if I stay on schedule and Ted does, you'll have lots of
10 time for questions. So I'm going to try to do that. You
11 can elbow me if you want.

12 MR. LEMPert: It's okay.

13 MR. RATTRAY: So to give you a little bit of the
14 context of why we think it's really important to focus on
15 school readiness. So the context of this will be starting
16 out just sort of putting a context around the LA Compact.
17 We're very privileged that last year Kim and you all
18 showed confidence and -- and were open to joining the LA
19 Compact. And I think we handed you a copy. So if you
20 hadn't seen it before, I wouldn't mind it if you were
21 paging through it as we talk because I'd love to have you
22 get more familiar with it. It might draw some questions.

23 So I'm going to start out with a little bit of
24 context around the compact and how we see school readiness
25 in that context but also a little bit about why does the

1 LA Chamber care so much, why are we so focused about
2 kinder readiness and early ed in general. I mean, first
3 of all, I think the simplest thing to say is we get what
4 you get. We just got there a lot later. So thanks for
5 being patient with us.

6 This first slide just gives you a sense of what
7 we -- how we would enter into this, is we would tend to
8 think -- the business would tend to think more about, are
9 we getting qualified employees. That would be the most
10 normal thing that we would worry about the most. And most
11 of you know these kind of statistics, but if you look at
12 the change in what's happened in United States in terms of
13 labor markets, 40 years ago only 28 percent of all
14 American jobs required some kind of post-secondary degree.
15 Now fast forward into today and by 2020, it's about
16 two-thirds. So this is the kind of thing that our
17 employer members worry about, is are we going to have the
18 workforce, do we have it today, will we have it tomorrow.

19 And so as we've started to go deeper into these
20 questions and try to learn more about it, we also are
21 seeing that there's often a gap, not just in terms of
22 post-secondary degrees and credentials but there's a gap
23 between the specific needs that we have in certain
24 occupations and in certain sectors and what's coming --
25 coming forward to our employers, frankly.

1 So increasing the LA Chamber focused on bringing
2 together stakeholders from higher ed from K to 12 from the
3 workforce community to really focus on building that
4 pipeline of future talent. So we started focusing on this
5 compact is -- was created about five or six years ago and
6 compact 1.0, I'm sort of ashamed to admit but I'm going to
7 do it, I'm going to out myself, this is what 1.0 looked
8 like. Little kids were in this missing. So it was
9 basically pre-K or K -- I would say K-16 document. And
10 I'll just acknowledge I knew that. You already had fed me
11 the Kool-Aid but it was a pretty big lift to get Compact
12 1.0. So there were so many cats that I was successful
13 sort of getting on the ship in the first round and so we
14 kind of went forward with that. But we knew that that
15 wasn't good enough.

16 And Carrie's our manager -- senior manager of the
17 LA Compact. She has -- she loves -- I love this slide.
18 She found this slide. This is slide that just kind of
19 shows the essence of the LA Compact and kind of what leads
20 to bringing First 5 into it. Of course, it doesn't do any
21 good for K to 12 to say, you just don't us kinder ready
22 children and it's your fault. Just doesn't do any good
23 for middle school to say, by the way, we don't do well in
24 middle school because the elementary principals and
25 elementary schools are dropping the ball and on and on and

1 on.

2 And this is what happens so much in education in
3 our whole society probably, right? It's really easier to
4 blame other than to really be co-accountable and step up
5 to the plate.

6 So the underlying premise of the whole compact is
7 that there's no single program, there's no single
8 institution, there's no single stakeholder that can
9 actually do what's needed to make sure all young people
10 thrive and the economy thrives as a result. And pointing
11 fingers at us is not a very productive way to get there.
12 So the real way to get there is have a shared agenda and
13 then we buy in together and then we own co-accountably the
14 solutions.

15 So in that sense, we are really pleased that we
16 then reached out to First 5 and to the whole early
17 childhood community and said, can you -- will you be a
18 full partner? Can we be a partner to you and to your
19 work. And I -- I want to just say, my congratulations and
20 thank you, too, because your strategic plan to me is so
21 aligned to this. It's so much our way of thinking about
22 how to really move the needle on this work because it's
23 strategic, you know. That's the simplest thing. It
24 thinks about business like we do, big systems change,
25 collective impact, aligning the big things because, as we

1 all know, we can look at the child in front of us and see
2 how we're failing the child and we can throw a lot at
3 that. But if we get all of our resources drawn into that
4 and we're not changing the long-term picture, we're never
5 going to have enough resources and you all know that. So
6 thank you for that plan and then the plan that so well
7 compliments I think our way of trying to work with you.

8 So give you a little bit more about what is the
9 compact. Again, you have it in front of you. So I'll
10 kind of gloss through this pretty quickly to get to kinder
11 readiness.

12 But first and foremost, the compact was meant to
13 have a shared agenda so that we could all get on the same
14 page and see if we could agree on what are we actually
15 trying to accomplish with public education and education
16 in general. And as obvious and simple as it looks to say
17 all kids graduate from high school, all students have
18 access to and are prepared for success and college and all
19 students have access and have pathways to sustainable
20 jobs, we fought about four years over those three goals.
21 We're up to six and then went down to two, then went to
22 eight. And we fought over does is, mean is, and does was
23 mean was. That's what you do when you're really trying to
24 get people to agree and every word counted to us. You
25 know, we were trying to get it right.

1 So and eventually, you're going to convince us to
2 have a goal that speaks more to little kids by the way.
3 Stay tuned for that.

4 So then, next -- let me just frame a little bit
5 about how we think about collective impact as kind of a
6 way of making change happen. So developing a common
7 agenda as I just referenced. So those are the goals that
8 collective impact tries to do to achieve really
9 large-scale, sustainable change.

10 Gaining commitment across multiple sectors, so
11 that we're all putting -- I kind of think of it as like
12 all in, everybody putting every last chip in, not just
13 measuring it, doling out, those sort of things, to solve
14 these kind of very complex social problems.

15 So it's the common agenda. It's shared measures.
16 So that's the piece we'll come back to in terms of kinder
17 readiness so that we don't all measure things -- you all
18 remember like when Mayor Villaraigosa first was elected as
19 mayor and he would stand up there and say, dropout rate is
20 50 percent. And David Brewer of the school board would
21 say, no, it's really 70 percent. And then you have this
22 terrible debate about methodology, like who's measuring
23 what. Meanwhile, it didn't really matter if you're in the
24 30 percent if you're in the 50 percent. If you were
25 dropping out, you didn't really care what measure they

1 used. Your life was not good.

2 So the point here is like, it does matter that we
3 actually agree on measuring things the same way and we're
4 not just using the measuring tactics like blaming each
5 other or avoid our own responsibilities, so to actually
6 having shared measures. In the compact, you would see
7 very specific attempts by us as a group to bring out how
8 do we measure what success looks like or what we're trying
9 to accomplish.

10 Mutually reinforcing activities. So you know,
11 you can -- the words here too, it's not like we're going
12 to just all get kumbaya and pool our resources in the pot.
13 That's not going to happen. Let's get real, right? But
14 it still matters that we pay attention to each other,
15 right? We listen to you. You listen to us. We're
16 looking at what each other are trying to accomplish. And
17 where we can, we try to reinforce each other's work. And
18 there are times we can fully integrate work. And so we
19 strive for that when it makes sense and when it's doable.
20 And when we can't fully integrate our work, we're
21 intentionally trying to reinforce each other's work. And
22 simple as that sounds, we know that doesn't happen most of
23 the time. In fact, some of us in the room -- I never do
24 this -- sort of plot to undermine each other's work,
25 right? So, you know, it's just the real world.

1 Collective impact really calls on good, continuous
2 communication. We have to obviously share with each other
3 what's going on, how we're trying to do our work, and how
4 we try to do our work collectively to a larger community.

5 And, finally, this is kind of our role that, in a
6 good collective impact model, there's one or two or
7 multiple backbones or conveners that support the work.
8 Somebody that it's our job, your job, to sweep the getting
9 together, making all this happen and support it.

10 So with that, we started with Compact One that I
11 already mentioned and -- and then brought forward a couple
12 of years ago a second compact. And the biggest change
13 really was you, was you coming on to this. And so I'm
14 very proud and pleased that happened.

15 There was one other thing that happened in this
16 compact that was very significant. The county joined. So
17 the original compact was signed by the City of
18 Los Angeles, LA Unified, the community college district,
19 11 other or ten other colleges, United Way, County
20 Federation of Labor. I'll probably forget one or two.
21 But what I wanted really is to have full county family be
22 a part of it because we know a whole child needs all of
23 the health and human services that the county delivers and
24 not the City and not the other partners.

25 And they weren't quite ready. They said, Dave,

1 you know, hang out, we'll get back to you for about four
2 years. So it was really wonderful at the same time, you
3 had new leadership and the willingness and openness when
4 we asked you. The same thing happened at the county
5 level. So last year, we were really proud and pleased
6 that we could bring out what we call Compact 2.0. And we
7 -- we retitled it as Cradle To Career. The first compact,
8 we called it College Prepared and Career Ready. And, of
9 course, the limit of that is you're kind of framing the
10 whole world in a K-12 way because you're kind of like
11 done; if they're college ready, job done. And we know
12 that's not sufficient. And it also didn't speak to your
13 part of the spectrum. So that's where the cradle came in.
14 And now we're cradle to career. We're trying to get them
15 all the way through and into the workplace and thriving.
16 So that's our communication, is trying to reframe it and
17 communicate more effectively.

18 We now have been with the -- with the advent of
19 bringing you on and the county and another university -- I
20 think Cal Poly Pomona came on -- we have 23 signers.
21 That's what we call you all, is signers as you look at
22 signing.

23 How am I doing? I'm probably already over.

24 We have a number of initiatives -- so those are
25 all the signers.

1 Okay. We have a number of initiatives. And I'll
2 just leave it to you to see those. But the important
3 thing is, within the larger compact, we have work groups
4 and we have different kinds of thrusts and priorities.
5 And one of the work groups that we knew was important was
6 to have a third grade reading campaign and to really bring
7 the whole birth to nine -- nine-years old to life. And so
8 that group was formed with families and schools in support
9 role or a lead role. And what -- what you all taught us
10 and many others is that K to 12 and the early childhood
11 field often talk past each other. One will talk about
12 social-emotion developmental things and the other will
13 talk about academics. And the assessments reflected that.
14 So, you know, we would just talk past in terms of, are we
15 actually succeeding and is the quality and the readiness
16 right.

17 So I -- I'm not an expert in this. Ted and my
18 colleagues and you all are but we get that it doesn't help
19 to have misaligned assessments and that the larger system
20 cannot reinforce itself and do continuous improvement if
21 QRIS and Common Core are seen as completely foreign to
22 each other and just in general the sort of notion of
23 equality.

24 So we're really pleased as the grade level
25 reading campaign started to develop to be part of a lot of

1 you and recommend, can we convene with partners, the early
2 childhood community in the county and the K through 12
3 community in the county, and see if we can get a consensus
4 around how do we understand what quality looks like and
5 then, can we assess it at the moment of kinder entrance.
6 And then we'll know at the systems level that we're doing
7 better in how we're doing and then use that to inform
8 ourselves to improve. And then also at the single child
9 level so that we can actually know if that young child at
10 entry, where they're at and what they need to be
11 successful.

12 So we're really please and excited to -- to be
13 part of advancing kinder readiness with children now and
14 to help convene local stakeholders. I guess I'll just
15 jump to the end here actually because I know I'm a little
16 past. I would just say that, as a convener, we get --
17 this is like really nasty work. It's not nasty but --
18 because it's really God work. I happen to love it. But
19 it's complicated, messy work of getting everybody together
20 and actually being open to change when they're bonded to
21 what they're doing for whatever is the reason. And
22 without judgment, we're sort of like, we think that these
23 kind of questions as everybody gets amnesty. I don't care
24 how you got to where you are. You are where you are, and
25 it's our job to understand it, respect it, and then see if

1 we can get to a third place together, right?

2 So there's a whole bunch of roles that we think
3 of as our convener roles to do this in general and we
4 would bring to the work around kinder readiness and to get
5 to a point where we can have some shared measures that
6 everybody agree on in the early childhood community in
7 this region and the K-12 community in this region.

8 So I have one more slide, but I think I'll just
9 skip it actually.

10 MS. BELSHE: Actually, take your time. This is
11 -- it's a good pivot to -- Ted is going to be talking more
12 -- in more detail about kindergarten readiness assessment.

13 MR. RATTRAY: We get that course data matters a
14 lot and we want to make the case to all of the
15 stakeholders, the ones that you deal with in early
16 childhood and K through 12, but also the larger business
17 and civic community, that we know where we are and we know
18 where we want to go and we're using information to really
19 inform change and improve.

20 So one of the things we will plan to do is
21 support the process and also lead the process in some
22 parts. We will try to make sure that we can make the case
23 to the business and civic community that this is important
24 what we're doing, and to the K to 12 and early childhood
25 community, that they ought to fully engage and be

1 committed, which means they have to open to change, not
2 just engage but to really embrace a solution. We're
3 pretty used to this again. So we're ready to do it.

4 We often say we move at the speed of trust. So
5 we'll want to be on a schedule. Kim will want us to be on
6 a schedule. We'll also be tuned into the field. We think
7 of it as, our job is to get into their rhythm, not their
8 job to get into ours. So as we get into their rhythm --
9 now, we're going to try to -- we're going to try to see if
10 the rhythm can be accelerated when it stalls but at the
11 same time it's really important that we get there together
12 And we don't sort of try to force a solution when people
13 aren't ready and then we don't have a sustainable
14 solution. We would not want to see a unified assessment
15 that gets kind of a hostage -- you know, has a bunch of
16 hostages and then they allowed them downstream where they
17 don't fully implement it.

18 We don't really want to see an assessment just
19 for the sake of having an assessment, but an assessment
20 that informs practice and it supports QRIS and it supports
21 the alignment between quality at zero to five and quality
22 in a K to three.

23 So overall that kind of was our goal and we're
24 really excited about kind of taking the next step and we
25 think the compact can be a terrific ally.

1 Staff wanted to put this is in. I happened to
2 have had a granddaughter last Tuesday. This is my second
3 granddaughter and I didn't need this to teach me how
4 important it is but it does inspire me for sure.

5 Thank you.

6 COMMISSIONER HARDING: I think what we'll do is
7 have Ted present next and then we'll open it up to
8 questions and comments of commissioners.

9 MR. LEMPERT: Let me start by saying
10 congratulations first and foremost, and I will -- I will
11 not spend my time on this slide because the presentation
12 roadmap makes it look like I'm going to spend a lot more
13 time than I'm going to. So let me first just say a couple
14 of opening comments in addition to congratulations to
15 David and the grandchild.

16 I just want to thank David and the LA Chamber.
17 As you can see from this slide, Children Now is a research
18 policy and advocacy group for kids. As I told the group
19 of First 5 colleges in an earlier meeting, we never do
20 anything by ourselves and never will do anything by
21 ourselves. It's all about bringing lots of folks
22 together. And there's probably no more powerful voice for
23 kids than the business community, and I wish more business
24 leaders around the LA county and the state were engaged.
25 The LA Chamber is the model we use as we do work

1 throughout California. I just thank you for your great
2 leadership because a lot of the significant results that
3 we've got for kids in this county and statewide is due to
4 the LA Chamber's great leadership plus being a granddad.
5 So thank you.

6 As you see from this chart, we're very interested
7 in systems change because I love the compact's goals. I
8 look at First 5's goals. There's so much synergy just to
9 take it to a higher level. We're about every child in
10 California having the opportunity to reach their full
11 potential. That's over nine million kids, a quarter of
12 them whom are here in this county. I'm thinking of my
13 three kids, 18, 16, and 12. Three girls, three teenagers,
14 each one very, very complex. And we -- we -- my wife and
15 I have a whole lot of advantages. I think of the fact
16 that a quarter of the kids in this county live in poverty,
17 over half low income.

18 When you think about this, how are we going to
19 make sure that nine million kids in this state have the
20 opportunity to reach their full potential unless we not
21 just think big but actually make sure we're changing
22 systems that can reach lots and lots of kids because the
23 needs are enormous. And this group knows the needs, so I
24 don't want to depress you with statistics. If you're
25 interested, we put out a lot of stats on how great the

1 need is. But I just want to really congratulate the
2 commissioners and Kim and the staff for the new strategic
3 plan because what we saw from Children Now when we looked
4 that the plan is really getting to systems change, really
5 getting to major change, not just affect a thousand kids,
6 10,000 kids, a hundred thousand kids, but all the kids in
7 this county And make sure, you know, every single one has
8 the opportunity.

9 And one other general point. You know, when I
10 was growing up in this state, if a child didn't reach
11 their full potential, it was a tragedy for that child and
12 their family. LA County, California, United States, was
13 pretty much fine. Today, if a child doesn't reach their
14 full potential, it's obviously a moral tragedy for that
15 child but it's really a problem for every single one of us
16 because LA County is not going to be okay if that child
17 doesn't have the support. And our country's not going to
18 be okay. So this is really serious business that we're
19 doing, and I'm just thrilled to see how you all are
20 thinking about it here.

21 We approach issues very simply. It's about kids.
22 So our strategic place in the landscape is we're actually
23 a kids group working from prenatal care, breast feeding,
24 home visiting, all the way through kids who are aged out
25 of the foster care system and need to make sure they've

1 got health insurance through 26 just like kids have
2 through their parents. So we work on a whole range of
3 issues. And the reason we do that is because, as you know
4 as well as I do, they're all interconnected, so it's
5 really important to have that broad view. It also allows
6 us to truly talk about issues as kids issues because we're
7 focused on the full landscape.

8 But as you see from this slide, there's nothing
9 more important than the early years. So even though I
10 work on all the issues at our organization, I tend to
11 spend more of my time on the birth to five issues because
12 it's a huge priority of ours because of how so many of the
13 issues we talk about in child development are addressed in
14 the early years.

15 So speaking of systems change, I'll get right in
16 KRA. So groups like ours and First 5 and the county
17 agencies and all the groups represented around this room,
18 really need to focus on care for kindergarten readiness.
19 I'll watch the acronyms. Kindergarten readiness because
20 the data that we can get from these observation tools can
21 really drive changes in systems and policies and really
22 help individual providers and educators with the needs of
23 child.

24 David made a really important point to why
25 kindergarten readiness tools are so important. There's so

1 little articulation between the birth to five world and
2 the K to 12 world. So think of a good CSU president or
3 UCLA or college community president the high schools in
4 their area and why those two systems have long ways to go,
5 there's at least better articulation between the high
6 schools and the colleges. You ask any community college
7 leader or CSU leader and they can tell you about all the
8 high schools in their area.

9 You ask a kindergarten teacher or K through 5
10 principal about where are their kids coming from and you
11 don't get that. We need to have that articulation. When
12 we talk about kindergarten readiness tools, that's what's
13 going to allow for that articulation between the two
14 systems.

15 This chart in front of you actually comes from up
16 north, Silicon Valley. It shows how kindergarten
17 readiness is predictive of future success. So this study
18 followed from children from kindergarten to third grade.
19 And I the kindergarten readiness tool that was used was
20 incredibly predictive of proficiency in third grade. You
21 can see that from that study. And why I'm referencing a
22 northern California study, I should have said at the
23 beginning, we're based in Oakland but thrilled to have a
24 presence here in Los Angeles. And Sharon Church who is
25 sitting behind me is our LA director, our office here.

1 Many of you know Sharon and also (inaudible) Morales who
2 works on our home visiting and other health works. So
3 we're thrilled to be here on the ground in Los Angeles as
4 we do work around the state.

5 So the next slide let me highlight on a few
6 different purposes and benefits of a kindergarten
7 readiness assessment. And this is going to get really
8 important as we work throughout the county to try to bring
9 some commonality. So really important is the ability to
10 aggregate data and to aggregate. And to really be able to
11 guide decisions of how are we doing throughout the county
12 and throughout the state, you need to have a common or
13 universal tool. It's got to have apples to apples for
14 that aggregate data to make sense. So a really important
15 goal of these tools is to be able to aggregate data up to
16 the district, county, and state level.

17 There is another point of these tools though as
18 well, and that's the second, third, and fourth points.
19 And these -- this doesn't necessarily have to be apples to
20 apples. And that's where you can really provide support
21 directly to the kindergarten teachers and to the parents
22 in terms of how do you think about a child as they're
23 entering kindergarten in terms of what support they've had
24 in the past. So the way to explain that parent support,
25 if you have a kindergarten assessment tool that that

1 teacher has and can use early on right when the child
2 enters kindergarten, you know, you think of a conference
3 with the parent when the child is in kindergarten.
4 Traditionally, that kindergarten teacher hasn't had that
5 much to say to the parent other than just some quick
6 observations. With the tool, the parent can really share
7 that tool with the parent and talk about where their child
8 is developing, what support they need, and what that
9 teacher sees already, even in just the first couple of
10 months of kindergarten.

11 I heard you -- I understand you all met with
12 Kendra Rogers who -- formally of the First 5 Fresno, and
13 that's been an example of -- a great example of what you
14 can do at the countywide common readiness assessment tool
15 where they're able to aggregate up the data through Fresno
16 County and use that for decisions that are made there.

17 So the next slide, the national landscape. So
18 we're doing great things here in this county and
19 statewide, but California has a long ways to go on most
20 children's issues and we need to change that. So when it
21 comes to kindergarten readiness and a common tool, we are
22 way behind. So as you can see on this slide, over half of
23 the states already collect kindergarten readiness
24 information in a state level data system. So while we're
25 talking about this issue here is like, wow, we have a long

1 ways to go just in this county to get commonality.
2 Twenty-nine states already do this statewide and I get how
3 much bigger California is. But we really need to catch
4 up. And, quite frankly, our lack of having this
5 kindergarten readiness tool costs us in our latest
6 application for federal dollars in the latest grant
7 process there. So from a national perspective, we are
8 behind other states.

9 From a California landscape, we -- the -- we
10 excite the governor a lot in terms of -- how do you
11 pronounce that word -- subsidiary, yes. Local economy is
12 critical. Yes, it is, but we also need to be able to see
13 how our kids are doing and be able to share information
14 across. So we have thousand districts in California. And
15 guess what? There's hundreds of different kindergarten
16 readiness approaches in our state. There's hundreds of
17 tools on the market. Some are well researched; some are
18 not. Most are owned by commercial vendors; some were
19 developed from the public interest. Many districts or
20 schools use home grown tools. It is all over the map
21 what's going on now. That's the problem we're trying to
22 address, both the quality and the ability to have some
23 commonality.

24 So At Children Now, we've done some work. When I
25 say we, it's really Tim Morrison and Deborah Brown and

1 Kate Miller on our staff, but they're not here so I'll say
2 we. But what we've done is really surveyed what's going
3 on out there. And we found four primary -- four quality
4 tools that are being used to some degree around the state.
5 And I -- I hesitated whether to even get into these four
6 tools because I don't want to go too deep. But I do have
7 the chart that Tim prepared if you have questions, and
8 I'll just keep it at a very high level.

9 The four are -- you see this on the slide -- the
10 DRDPK, which is a thorough Common Core-aligned
11 observational tool designed more to be formative and
12 really, really help the kindergarten teacher with direct
13 support on that student. EDI is designed as a summative
14 tool. And the way we talk about that is to look back. So
15 that doesn't really help the teacher directly in terms of
16 their support of going forward or information for the
17 parent but does a great snapshot of how kids are prepared
18 coming into kindergarten. It's a check list assessment
19 and even though it's lengthy, it's very easy and
20 straightforward for teachers to use.

21 Still on my -- trying to get away from all these
22 tools. The KOF, which is the -- which is a medium-late
23 observational tool is primarily used like the EDI for some
24 aggregated effort. And the KCEPT -- and I'm sorry to use
25 these acronyms but that's how they're referred to -- is

1 what Kendra talked to you about in Fresno. That's the
2 shortest among these tools and has 13 rating items based
3 on teacher's observations.

4 The reason I'm throwing these four terms out at
5 you is these are sort of the four major quality tools used
6 around the state. They all have strengths. They all have
7 weaknesses. And I think one goal that maybe we can think
8 about in this county is one of them really the best or
9 should districts choose a combination or could we actually
10 adjust one of the tools and take the benefits of all four
11 and create a modified new tool that could be aggregate.

12 So the other piece of this slide is Department of
13 Education and Superintendent Torlakson have been great
14 leaders on this effort. They've looked at the DRDPK as a
15 model tool and we've been working with them on sharing
16 that tool with folks around the state, however, and I
17 think it's fair to say that for the Department that why
18 they have been talking about that tool and urging all
19 districts to use a kindergarten readiness tool, they
20 themselves are looking at some adjustments that DRDPK to
21 make it a simpler to use tool for kindergarten teachers.

22 And the last bullet you all know or should know.
23 State Senator Ben Allen, who is the -- came from the Santa
24 Monica Malibu School Board who's now is the State Senate.
25 Senator Allen will be introducing a resolution in the

1 legislature this year basically putting the State on
2 record for the need for a uniform tool. So that the State
3 Department of Education has already said that. We want
4 the legislature to make that pronouncement to push us to
5 move quicker on getting there. So those of you that know
6 Sacramento, I'd say resolution not law. So it's -- it's
7 just putting the State on record for a resolution not any
8 kind of mandate.

9 So here in Los Angeles County, we really see the
10 efforts here with First 5 with the Compact and all of you
11 is really critical to advancing the field because, as
12 we've looked around the state, Alameda and Sacramento
13 County use a tool with support from their First 5 but it's
14 different than the tool that Fresno and El Dorado County
15 are using. Orange County uses the EDI. And with support
16 from their First 5, they're using the EDI in every school
17 in Orange County. As I mentioned, EDI does have some
18 advantages but also some disadvantages in terms of support
19 it can provide for kindergarten teachers. And then the
20 DRDPK is used in a number of districts mostly in northern
21 California and some here.

22 So the final -- final two slides that -- in
23 Los Angeles County working with the Compact, working with
24 the First 5 LA, what we're going to be doing is a survey,
25 essentially, in reaching out to all the districts in the

1 county right now with some very general questions about
2 what they're doing so we can get a landscape analysis of
3 how the districts are right now handling kindergarten
4 readiness and really seeing that -- excited about the
5 effort here that, as districts can come together working
6 with First 5 leaders in this county, cannot only move
7 towards a uniform common tool but that also will have a
8 huge impact throughout -- throughout the state because,
9 quite frankly, if we all can agree in this county and get
10 all the 80 school districts together, it will be much
11 easier to get others to follow throughout the state.

12 And so the last slide -- oh, the last slide is
13 discussions questions. That's for you, right?

14 So let me just finally say that we've been
15 working on this issue for a while at Children Now and
16 we're actually -- some issues we've worked on we've gone
17 from start to finish in a couple of years and been able to
18 say, wow, look at the difference we made for kids. This
19 is a toughy because you have so many districts and so many
20 folks doing different things and there was almost the time
21 we were starting to like, do we really want to keep
22 working on this issue, and then First 5 LA comes as long
23 with a strategic plan that says, we are going to work
24 towards a common uniform tool. So now I am very
25 optimistic that -- that we are going to get there because

1 there's the focus here, we're going to bring folks
2 together with the Compact, get districts on board, and
3 then I'm very confident that, with Senator Allen's and
4 others help and Torlakson's help, we can get to a
5 statewide system that most of the other states already
6 have.

7 COMMISSIONER HARDING: Great. I want to thank
8 you both for those excellent presentations. And at this
9 point, can we open it up for comments to our
10 commissioners? Anyone? Comments or questions? Judy.

11 COMMISSIONER ABDO: Okay. So I'm coming from the
12 experience of being the director of child development in
13 Santa Monica Malibu. And we did assessments with our
14 preschool kids and those assessment tools were mandated by
15 the -- were mandated by the funders. So the State
16 required one assessment tool. Head Start required a
17 different assessment tool. LAUP required a different one
18 yet. And then there were others that were seen as really
19 good tools and were sometimes used as well. So it's a
20 similar issue. But one of the things that happens was,
21 with the State -- well, its various funding requirements,
22 and I want to make sure we don't make this mistake on this
23 one, is that when children are funded by different
24 programs, so one child is funded by part of the day State,
25 part of the day Head Start Federal, and part of the day

1 enhancement LAUP. They had to have all three assessments.
2 So each child had to, let's just say and/or, whatever the
3 assessment process was. And it's not fair. And it's also
4 not accurate when a child has that experience. And
5 sometimes it's three or four times within the year. It's
6 not just once.

7 So I -- I think it's really important -- I really
8 support having one and having the State work on one but it
9 needs to be connected with whatever's happening in
10 preschool with the funding. And if we can't get Head
11 Start and the State to agree, we're going to have a
12 problem there. So I -- I just want to bring that into the
13 discussion.

14 MR. RATTRAY: Probably we both can comment on
15 that. I guess, you know, I would just add -- some of you
16 know that I work actively, as Ted does, at a state and
17 federal level on education policy, including childhood --
18 early childhood policy. And when we think about
19 collective impact, I think about it in multiple
20 dimensions. One dimension I'll just call it horizontal.
21 It's more complicated than that but let's just say, within
22 this region, a geographic region, LA county. But another
23 dimension is vertical and it gets to your point, which is,
24 if you don't have the plates spinning together like you
25 got local efforts going this way and state going a

1 different way and federal going a third way, you can't
2 make it work locally, right, for the individual child.
3 And so we are all committed to that.

4 I do think we're at a moment where you're seeing
5 serious progress in this. Our states -- state plan is
6 calling for better alignment. A lot of us -- Celia just
7 did a great event this morning with the White House. All
8 of us are talking to the White House and to the
9 Administration and to the Congress about making sure we
10 don't do this crazy making stuff where you're all throwing
11 all these things like -- and people get it better than
12 I've seen in a long time.

13 It suggests to me that you might go from five to
14 three. I don't think anybody believes you're going to go
15 to one on everything but -- so maybe the word one is a
16 kind of dangerous word too. I think what we're looking
17 for is more aligned assessments that are higher
18 functioning and more valuable and effective. Hard to know
19 whether you're going to get to one on everything you're
20 trying to do. I mean, there's good reasons sometimes that
21 some of these things are different, too. But just to say
22 that -- was we would work on this with you as we already
23 are. We would be doing it with a total eye toward the
24 funding pots and toward the mandates and towards existing
25 requirements, both to influence them but also to deal with

1 them as to the extent that they have to be dealt with as
2 is.

3 MR. LEMPert: And I would just add to that and I
4 totally agree with you. In fact, I'm happy to share this
5 with you directly and others. When we looked at the
6 current tools that are out there, one of the first
7 questions we asked is how time consuming is it for the
8 teacher and how time consuming is it for the student.
9 When I talk about pros and cons of the major tools that
10 are out there, when we say con, one of the cons is exactly
11 your point; that we can't be overwhelming kindergarten
12 teachers. We have problems enough with assessments for
13 older kids. We don't want this assessment to take too
14 long.

15 So the good news is the quality tools are
16 actually very, very -- can be done very, very quickly. So
17 to your point, absolutely. And, you know, one of the
18 tools I mentioned that has a lot of advantages, it's
19 downside is your point: It just takes too long and it's
20 too cumbersome for the teacher. So I think as, you know,
21 this discussion continues to keep that warning in mind.

22 COMMISSIONER HARDING: Nancy.

23 COMMISSIONER AU: I guess I'm curious then, with
24 the conversation that just -- Judy initiated is, of the 29
25 states, how have they addressed their assessment and -- in

1 terms of the vertical as well as horizontal?

2 MR. LEMPERT: It's a great question. Some those
3 four major tools I mentioned, some like Illinois has
4 mandated that the DRDPK, some of the other states use the
5 EDI throughout their states but they just have -- and I
6 just want to clarify for a second because I agree with
7 David in that we've got so much stuff out there that, you
8 know, in a way we took these birth to five and K-12
9 systems is in some ways overly complicated.

10 This tool has a very specific purpose. It's
11 kindergarten readiness as the child enters kindergarten so
12 you have that articulation between birth to five and K-12.
13 So what these other states have recognized, that if you
14 can have a common tool either one or at least commonality,
15 that it really does allow you to aggregate. So the other
16 states have either mandated or just through cooperation do
17 use the same tool.

18 Now, granted California is far bigger and complex
19 than most these other states but I do think it's -- I know
20 the State Department of Education and a lot of state
21 leaders would like to see us get there for this particular
22 focus of a kindergarten readiness tool.

23 MR. RATTRAY: One other thing I'll just add is,
24 I'm not sure how applicable this is in this specific
25 question but I think just generally you can get waivers

1 and you can work with the federal government a lot of
2 times to be much more creative about these questions. I
3 don't think California does very well on that. Some of
4 the other states on -- not just this issue but other
5 issues have done a lot better job of getting waivers
6 around assessments so that they can align things up within
7 the state pots with federal pots. So we need to do better
8 as a state to partner on these things and then with
9 ourselves. Then we'll do the same thing, too, right?
10 We'll give you three different pots at three different
11 state agencies with three different mandates. So within
12 the state and extra, you know, beyond the state, we need
13 to do smarter about like just intelligent policies.

14 Again, I see a lot more people getting this, both
15 within our state and beyond than I've seen in a long time.
16 So I think we need to be really assertive about that.
17 That's a very important thing because you can't really get
18 there with the problem you just described if you don't
19 attack it.

20 COMMISSIONER HARDING: Karla.

21 COMMISSIONER PLEITEZ HOWELL: Both of these state
22 a tremendous opportunity with Common Core around the
23 corner and the ability to be able to align with Common
24 Core. I think one of the critiques that we hear around
25 Common Core is that there wasn't sufficient community

1 input, parent input, that type of work. And we're at
2 beginning stages of looking at these assessments. And I'm
3 wondering if you have any advice on things to think about
4 as we jump into this so that we don't run into the same
5 type of critiques and where you see us going in that
6 alignment of Common Core and what we're considering now.

7 MR. LEMPert: I think part -- absolutely, a part
8 of it is I think the way that First 5 is addressing it
9 here. You notice the first step is to survey the
10 districts rather than say, here's the plan or here's what
11 we're thinking; what are folks doing and really do a
12 bottoms up from that way. I mean, spending a lot of time
13 on Common Core children now as well. There's a lot of
14 misperceptions but I think part of those misperceptions is
15 because that wasn't clearly stated that this was something
16 that was developed in a lab. So I think in Los Angeles
17 county that the key to that is to make sure that we're
18 really understanding what every district is doing now; do
19 they agree with the idea for trying to bring folks
20 together on some -- have more commonality and to really
21 make sure there's buy-in to that.

22 My guess -- this is just a guess, that we make
23 sure that what we've done in some of the surveys and
24 discussions with school folks around the state is, yes,
25 we'd love to be able to connect and aggregate but we're

1 very busy and, you know, we've been using what we see
2 available but if someone's going to work with us to help
3 connect us with other folks, we're very open to that
4 conversation.

5 MR. RATTRAY: The good news I would say though is
6 that I think California learned a big lesson and has
7 already demonstrated that in that Common Core, most of you
8 know, it's hit the rocks in many states. New York state,
9 Alabama, on and on. And one reason is they tried to go
10 too fast and they attached too many high stakes at the
11 very beginning of implementation before the system could
12 really acclimate and adjust to the new system.

13 So in California, as many of you probably know,
14 we took a very different approach toward implementing
15 Common Core than the rest of the country. We -- we're
16 phasing it in in multiple years much slower. We did not
17 attach high stakes testing and accountability in year one.
18 We're staging it very gradually and carefully. We did --
19 the first year, we actually tested our test. We didn't
20 even treat it as an overall assessment. The -- while
21 there's certainly some consternation around Common Core,
22 it's nothing like it is in most states around the country
23 and in certain states especially.

24 So I would suggest one thing -- again, it tells
25 you is that this shouldn't be on an arbitrary time

1 schedule. We should have a disciplined schedule that
2 says, get things done and move it along. But I think it's
3 a mistake to say, let's guarantee and determine that we're
4 going to force a common assessment on all these
5 stakeholders by some date certain and let's attach some
6 consequence to it. That would backfire in my view. And I
7 think it's very important to chunk out this kind of effort
8 and pick phases so that you can make sure you maintain
9 momentum and you're disciplined and you have outcomes but
10 you break it into the sort of logical pieces so that you
11 can allow for the proper things to happen and for people
12 to buy in and be full participants to it. So I think that
13 to me, Karla, is like the biggest lesson I would take away
14 on the Common Core.

15 Now having said that, this is an important
16 moment. And I've shared this with Kim many times. The
17 K-to-12 community doesn't reset itself very often because
18 it doesn't want to. It's tough to go through change.
19 We've all done that. And so we didn't reset ourselves for
20 about ten years when we did standards around a decade ago.
21 So we spent all this time in the last couple of years and
22 we've reset, you know, by -- at least on English and math
23 all of our standards. They probably won't want to do that
24 again now for whatever, who knows, a decade or more. So
25 you don't want K to 12 to make this huge move. And zero

1 to five is trying to implement QRIS and you're not talking
2 to each other. That's like a huge missed opportunity
3 because they are going to charge forward. They don't
4 really pay a lot of attention to zero to five as you know.
5 So it's like the train has left the station, it's going,
6 it's going to keep going, and if you don't work with them
7 right now on how to align zero to five with K to 12,
8 you'll be really upset five years from now. I guarantee
9 you because you will -- because they won't come back to
10 your station. They're just going to keep going down their
11 Common Core pathway.

12 But on the other side, it's a great moment for
13 the leadership you're showing. And that's why we're all
14 in with you and I know that's why Ted is because this is a
15 really good time for us to increase the quality and then
16 align zero to five or birth to five with K to 12. The
17 same thing true with the higher ed, by the way.

18 MS. MAHAJAN: I just wanted to add a little
19 something to what Ted and David just talked about. So Ted
20 mentioned that we currently have a strategic partnership
21 with Children Now that we just started on April 1st, so
22 just about a month ago, where Children Now is doing a
23 landscape of LA county for us to figure out what all of
24 the districts across the county are using and why and what
25 they really want to get out of these assessments. And we

1 chose Children Now because they've done a landscape of all
2 of California as well.

3 But what we didn't talk about because we're still
4 figuring this out and planning things out in our ECE
5 strategic planning group is what comes after this
6 landscape. So our initial thoughts and ideas have focused
7 on, once we know what folks are actually doing across the
8 county, then we want to get them together to figure out
9 what's next, so what tools do we want to use, what tools
10 are appropriate, have the right reliability, validity,
11 that are being supported by the state, that fit into
12 what's going on around county as well as the state. And
13 we don't want to make the decisions for our schools
14 because we don't want to go in there and say, here is what
15 you should do. So we're really talking about having
16 summits across LA county that include stakeholders
17 including the districts, including ECE folks, including
18 parents, and other stakeholders who really do play a key
19 role in all of this in trying to figure out what works
20 best for all of them and can we actually meet their needs.

21 Once we get them all together and we get our
22 researchers in the room as well and talk about what
23 assessments are appropriate, what's going on to the fed to
24 the context of what's happening, then hopefully come to a
25 conclusion of, here's the one, maybe more tools that would

1 be appropriate, and then after that work on the advocacy
2 piece. So we don't want to just go out there and say,
3 here's what we should do.

4 After Kendra's presentation last month, we had
5 lunch with her right before and we actually learned a lot
6 from her about challenges that they encountered up in
7 Fresno, you know, great things that happened and how to
8 really bring people together and hear their voices and go
9 from there.

10 MS. BELSHE: And thank you for that additional
11 clarity and elaboration. And I really want to acknowledge
12 Namrata's leadership within the R and E, research and
13 evaluation department in really taking this project on on
14 top of our ongoing work. And I believe this is your first
15 presentation and engagement with the commission. So we
16 always like to call that out.

17 MS. MAHAJAN: At the PPC, yes. I actually did a
18 presentation for Best Start at the commission meeting.

19 MS. BELSHE: That's right. Well, welcome back.

20 MS. MAHAJAN: Glad to be here.

21 MS. BELSHE: So maybe I can ask a final question
22 and ask our terrific colleagues to answer quickly if
23 possible. But you've done a terrific job of talking about
24 the power of the kindergarten readiness assessment to
25 bridge the divide between these two systems and drive

1 change at the school district and broader systems level.

2 Say a word about this last question that's on the
3 board in terms of how other stakeholders can see
4 themselves and the issues that they're passionate about in
5 the context of KRA data. So can you each speak to that
6 very briefly before we close?

7 MR. LEMPERT: It gets to a -- I think part of the
8 power of what First 5 LA is doing about really connecting
9 these systems and you've got the children's data network
10 house at USC, you've got different pieces of data out
11 there across systems, health and mental health, social
12 services. So one of the important reasons we're talking
13 about kindergarten readiness tool is to be able to have
14 that data set first for all the reasons we've just talked
15 about but then as part of a larger effort to connect to
16 other system data that we have. And that kindergarten
17 readiness is just really a key piece that's missing in
18 some of the other data.

19 I think I can talk about synergy. You know,
20 whether it's the Compact or First 5 LA, Children Now, I
21 think we see a system that's split kids up and we need to
22 get the data to where we can really see the
23 interconnection. So I see this as part of a broader
24 effort where other stakeholders who are not in the early
25 education field, not in K-12 will benefit greatly from

1 this work, be able to really leverage what we learn from
2 these kindergarten readiness assessments.

3 MR. RATTRAY: I'll just add that, you know, I
4 think you can sum it up by saying whole child. We all
5 kind of know a child is a whole human being and they have
6 all these different dimensions. And yet from the systems
7 point of view, we usually treat them like they're a little
8 Mr. Potato Head and they just have our little piece and
9 that's all that matters.

10 These partners all care about different
11 dimensions. And just as I mentioned, you know, what you
12 taught me, some of your colleagues, that in the early
13 childhood, you're much more concerned around developmental
14 issues and social emotional issues. In the K to 12, we
15 really want to just talk about more narrow definitions of
16 academics and then we talk past each other. Well, you
17 just expand it even more if we talk about mental health
18 and healthy child physically and on and on and on.

19 I think, Kim, the key is that we all have to be
20 around the table because the child's not -- I mean, the
21 child's just one whole child. And so I hope that they
22 would all see that's why I wanted the Compact to have the
23 county suits to be on because of what I mentioned earlier,
24 that they represent that whole human service delivery
25 system And all the other dimensions. And it's hard to get

1 all to all. I mean, you could always there's somebody you
2 left that should have been a stakeholder. But I think
3 we'll get into a much more well-rounded thing and I hope
4 that -- you know, don't think that the assessment is not
5 an end to itself. It's a way to have a continuous
6 improvement for a cradle-to-career system and to support
7 quality and integration.

8 So if we're sharing data between systems and
9 people see and learn and use the same data or case files
10 information and then we're teaching each other and
11 treating the child as a whole, we'll serve the children
12 better. So that's what the Compact is committed to, to
13 help you do and to focus on.

14 MR. LAFRANCE: If I can just add a quick
15 sentence. I have underscore that these assessments don't
16 just look at cognitive development, they look at
17 social-emotional development and behavioral. So these are
18 dimensions of the child that the other systems do care
19 about. It's another direct data point to the issues that
20 they're addressing.

21 COMMISSIONER HARDING: I'm going to cut it off
22 because we need to go on to the next thing. But I want to
23 thank you both. Really appreciate your presentations.
24 And what jumped out at me was this issue that you both
25 talked about: None of us can do this alone. And the fact

1 that you're our partners on this is really powerful,
2 really wonderful. And, again, I want to thank you. I'm
3 sure to hear more from you at future meetings.

4 So we're going to move on now to Item 4, and ask
5 Jessica to lead us in that discussion.

6 MS. BELSHE: And let us invite our work group
7 lead colleagues to return to their previous spots. And
8 Linda or Marcy, can we get the name plates?

9 MS. KACZMAREK: Good afternoon, commissioners.
10 Today Steven LaFrance and I are here to present findings
11 from our strategic planning implementation work that we've
12 been undertaking over the last five months or so since the
13 strategic plan was passed last November. We're here
14 representing staff from across the organization who have
15 been working very diligently and very -- putting in a lot
16 of dedicated hours and effort into this. So Steven and I
17 have the pleasure of representing them today.

18 We have two goals for our discussion. First, we
19 will be grounding our time together by reviewing the
20 strategic plan, the strategic direction that was approved
21 by the board in the plan last November. And then we will
22 also be providing you with an update on the results that
23 the analysis staff has completed to bring greater clarity
24 to what the work will actually look like and some of the
25 priorities that the organization has identified as we

1 enter into our new five-year strategic plan cycle. We
2 will also share with you what this work looks like in
3 practical terms for year one in order to get us started.

4 So in terms of the review of our strategic
5 direction. So as you may recall, our strategic plan
6 process was grounded in three strategic imperatives which
7 the commission identified in order to define what a
8 successful plan would entail. These imperatives were
9 informed by the findings from the listening, learning, and
10 leading efforts as well as our long-term financial
11 projections. And they're here on the slide for you. But,
12 in essence, they included maximizing the return on our
13 future investment to achieve our mission and the greatest
14 possible impact for children as well as insuring we have a
15 clear, well-defined focus for our organization and that
16 our goals align to our financial projections.

17 Along those same lines, our commission approved
18 six guidelines to help narrow focus and prioritize our
19 future investment. And you see here they include our
20 focus on systems and policy change; engaging parents and
21 communities at every point possible; lead and partnership,
22 so understanding that we are part of a broader ecosystem
23 and we need to work with others in order to be successful;
24 focusing on prevention and upstream tactics that will help
25 engage children and their families earlier rather than

1 downstream when problems are more protracted. We also
2 want to seek to have broad impact, so helping the most
3 children as possible rather than having initiatives and
4 work that engages a smaller number children, and having
5 work that is grounded in evidence and best practice.

6 The vision that's articulated in this new
7 strategic plan builds upon our experience and belief that
8 strong families are credible to a child's optimal
9 development. So families are at the center of their
10 child's development. When parents have skills and
11 knowledge and support and access to services in times of
12 need, their children's outcomes improve. Additionally,
13 families and children may live in communities that are
14 supported by ECE and health systems that they engage with
15 on a daily basis. So speaking to how that broad impact we
16 need to work in partnership with those systems and
17 communities to insure that they have the capacity to
18 better support and serve children.

19 Together, taking this vision holistically working
20 with families, communities, providers, and systems and
21 changing policy in order to see that sustainable impact,
22 we believe that children will enter kindergarten ready to
23 succeed in school and life.

24 So I've shared with you a very high-level broad
25 overview of the strategic direction that was approved by

1 commissioners last fall. And we will go into detail
2 around the outcomes and the strategies that also were
3 approved in the plan. But before we do that, I wanted to
4 give you more context as to what the work that we've been
5 doing since the plan was passed looked like. And we
6 reviewed this with the commission last November here at
7 the PPC but I just want to remind us of the purpose of
8 this -- what we call the strategy refinement process.
9 And, essentially, it was to continue develop and identify
10 the work that would help us implement the strategies that
11 we outlined in the plan and inform how our resources --
12 and resources being time, talent, as well as funding would
13 be prioritized and used by First 5 LA in order to make
14 progress in the outcomes that we identified.

15 So we've used these past five months to really
16 flesh out the strategies that were identified in the plan
17 and we've used a structure that we had in place during the
18 strategic planning process which our work groups that were
19 identified by each outcome area and represented staff from
20 across the disciplines in the organization. And our
21 workers leads are here today. So Barbara Dubransky who
22 helped us -- helped guide the work around the families
23 outcome, Antoinette Andrews who helped guide the work
24 around the community outcome, Katie Fallen who led the ECE
25 work group, and Rena John who help to lead the health work

1 group.

2 We were asking ourselves these core questions
3 that you see here: What is the work that's required to
4 support and implement the strategies that we identified?
5 Who are the key partner that we'll need to engage? So,
6 again, be mindful of our values as an organization to work
7 in partnership with others and to be part of the
8 ecosystem. And for insuring that we had an integrated and
9 a strategic approach in our work, how do we coordinate our
10 efforts across our outcomes in order to insure that we are
11 looking at the child in that holistic way and not by --
12 not in terms of silos or by specifically just the outcome.
13 And we also wanted to identify what those year-one
14 resources that would be needed to support initial
15 implementation of the plan.

16 So these were some guiding questions for our
17 staff during this implementation period. And we
18 identified through research as well as external
19 stakeholder engagement many opportunities that help to
20 advance the vision that we seek. And we had to think
21 about how to narrow those opportunities in a way that was
22 strategic, that held true to our values as an
23 organization, and that also insured that we were able to
24 provide strategic value added to the work. So we were
25 looking at these criteria to help provide greater clarity

1 and focus for the organization.

2 And so taken together, the strategic planning
3 implementation period led to work which now Steven will
4 share at a very high level for you in order to leave time
5 for discussion.

6 Any questions about overview of the strategic
7 plan?

8 COMMISSIONER HARDING: Okay.

9 MR. LAFRANCE: Thank you, Jessica. And good
10 afternoon, commissioners, staff, and members of the
11 community.

12 It's a pleasure to present on the work that is --
13 has been the labor of the many staff in the room and the
14 organization. I'm excited to share what I'm sure you'll
15 see is a reflection of your policy guidance that was
16 passed in the strategic plan. And as Jessica said, I'm
17 going to share where the work is at in terms of how it's
18 being defined by each of the four outcome areas. We'll
19 pause after each outcome area after I go through the
20 strategies and what the work is shaping up to look like,
21 the objects, and the investments so that you can have
22 conversation about each. And I will partner with Kim and
23 Commissioner Harding -- Chair Harding in keeping us moving
24 along.

25 So starting with the families work group and

1 outcome area where Barb Dubransky has been leading the
2 work. Our focus areas that have been anchoring the
3 definition of the work are shown here. They're -- they
4 regard, you know, directly advancing the protective
5 factors, improving the protective factors among families
6 including the access to concrete supports, but then also
7 improving capacity of early childhood education and health
8 providers to engage parents in supporting child
9 development. So those focus areas is where -- was our
10 touch stone for refining the strategies and then defining
11 the objectives and the investments.

12 So the two strategies for the families outcomes
13 area that are the -- where the work is intended to focus
14 for achieving progress on the priority focus areas are,
15 number one, the leading the testing, modification and
16 scaling of evidence-based practices that increase
17 protective factors. So work that happens directly with
18 families, and that is through Welcome Baby and targeted
19 home visiting models.

20 The second strategy is focused on promoting and
21 scaling evidence-based parent/caregiver engagement models
22 that improve the protective factors -- or increase the
23 protective factors but, again, specifically in the early
24 childhood education and health related settings.

25 MS. BELSHE: And if I may say, just to remind

1 commissioners that, for each of the four outcomes areas,
2 these initial slides are on priority focus areas and
3 strategies, what was part of the board approved strategic
4 plan.

5 MR. LAFRANCE: Exactly. That's right.

6 So this now -- from this point forward becomes
7 the elaboration into objectives and investments to make
8 progress. Thank you, Kim.

9 So specifically for the first strategy regarding
10 Welcome Baby and targeted home visiting, the work groups
11 defined five-year objectives, what will progress look like
12 when -- when we get to the five-year point. And the two
13 for the objective regarding Welcome Baby and targeted home
14 visiting are about that -- those models that they will
15 demonstrate fidelity in their implementation. These are
16 evidence-based models that others have tested the outcomes
17 on, they do advance the family protective factors. And so
18 First 5 LA can focus on the -- excuse me -- the -- the
19 implementation, testing, and insuring fidelity to these
20 models. And in so doing, because they are tested models,
21 the outcomes that they've been shown to demonstrate to
22 advance childhood family outcomes will -- we can have
23 confidence that those will be in place.

24 Then secondly, there is the -- the objective is
25 to expand the body of evidence on the impacts of Welcome

1 Baby and targeted home visiting. So we want to make sure
2 that the models are being implemented with fidelity. And
3 these models are now being implemented in new county, new
4 setting populations. And so the opportunity for First 5
5 is -- there's an opportunity for First 5 LA to build upon
6 the body of evidence in -- in the setting in the context,
7 and in particular with respect to some of the targeted
8 home visiting models where the body of evidence can be
9 further advanced is where we're anchoring kind of a
10 success point in the families outcome areas.

11 So what does this look like in terms of specific
12 investments? So we're going to take this strategy by
13 strategy as I just anchored the objectives to. So we are
14 talking about investing in Welcome Baby and Select Home
15 Visiting. We're talking about program implementation and
16 fidelity of it but as we've -- as you heard in the
17 direction of the strategic plan and as you know from your
18 -- you know, informing that policy guidance, investment in
19 these programs is -- has a larger purpose than the very
20 important one of reaching the families that we'll reach.
21 But it is the fact of the focus on the evidence base is to
22 inform an advocacy agenda that will support sustainability
23 and drive policymaking regarding access to home visiting
24 for families countywide.

25 So as Jessica said, we were looking at the

1 question of, okay, what are the key investments, what are
2 the anchor activities, but then also what is the work
3 going to look like in year one as we're -- as we're
4 launching in. And here are some examples of what that
5 work will look like. There's a lot to cover, so I want to
6 keep us moving through but I wanted to provide instruction
7 to the commission that you can also refer to a handout
8 that was downloaded for you. It's in a way kind of a
9 cheat sheet. It's a very helpful reference document
10 called The Strategy Refinement Process Results Summary.
11 It gives you much more detail on the activities by each
12 strategy. So I just wanted to point that out, that that's
13 available to you.

14 But moving into strategy two regarding the
15 evidence base for Welcome Baby but also targeted home
16 visiting models, this is where we're looking at two other
17 models, Abriendo Puertas and Project DULCE. So the
18 objectives here will be to achieve successful adaptation
19 of Abriendo Puertas for expansion to kind of additional
20 communities, implementing and monitoring Project DULCE in
21 select sites in the county, beginning evaluations of those
22 programs, but then also there's -- there's an intention to
23 further expand the work into two areas. One is increasing
24 the knowledge on application and integration of protective
25 factors in the county prevention and aftercare network and

1 then also in looking at a public awareness campaign
2 regarding the protective factors.

3 So, again, when you think about larger policy and
4 systems change, First 5 LA will be, you know, on -- at the
5 same time it's doing work with the programs and the
6 evidence-based to inform advocacy, they will also be
7 working in other kind of platforms and networks and with
8 the larger public to -- to drive awareness of the
9 importance of the protective factors.

10 So the investments and anchor activities then
11 have kind of two major tracts for the two programs,
12 Abriendo Puertas and Project DULCE. Again, it's about
13 implementation and the evidence base and then the
14 integration of protective factors into county and
15 community-based agency programs and getting the work or
16 the importance of the protective factors more broadly
17 known among the public with some examples of key tasks
18 here for end of year one for each of these strands of the
19 work.

20 So I want to stop there. That is the overview,
21 high-level overview of where the work groups and
22 organization has gotten to in defining work in the
23 families outcome area. And we have, essentially, two
24 questions for each of the outcomes areas which are, are
25 there any questions of clarification or comments, general

1 comments that the commission has, number one. Number two,
2 is there any input or guidance that you would provide
3 hearing where the refinement and focusing has gotten to as
4 staff continue to define both the five-year agenda but
5 also the one-year focus?

6 COMMISSIONER HARDING: Nancy.

7 COMMISSIONER AU: I just wanted to commend the --
8 the acknowledgment that the Asian Pacific Islander
9 communities are being attended to because I am in contact
10 with what the challenges are in those communities, and
11 many times we don't quite get it quite right when we make
12 high level decisions from a -- from sort of that policy
13 perspectives. And so I appreciate this very much and
14 looking forward to some really good outcomes here.

15 And the other comment is that I -- I -- I'm
16 hoping that the program people will still be open to some
17 ground level input as to how the implementation is -- is
18 rolling out. And -- and because, again, I think that the
19 Pacific Islanders -- the Asian and Pacific Islander
20 communities have long been sort of neglected in some ways
21 because they don't quite fit. And it is a very
22 challenging group because within the group there's so many
23 differences and the diversity is extremely challenging,
24 not even speaking of language in itself. So I'm looking
25 forward to perhaps a follow-up conversation because I -- I

1 keep getting feedback and I'd like to be able to respond
2 and say that, yes, we're working on this.

3 So thank you very much.

4 MS. DUBRANSKY: Some of the core elements of
5 these kinds of programs using Abriendo Puertas as an
6 example, is exactly that; the programs are codesigned.
7 You don't design that program in a vacuum and then roll it
8 out. We're looking for people who are already in the
9 process of trying to identify or build curricula that are
10 meaningful within their population and promote parents --
11 their sense of their rights as parents and their
12 responsibilities as parents and respect the concept and
13 the process of designing with families.

14 So we're looking for partners who already want to
15 do it because we don't want to drop this on communities
16 and we're wanting to make sure that we replicate a process
17 that brings parents into the design work.

18 COMMISSIONER HARDING: Any other questions or
19 clarity?

20 COMMISSIONER PLEITEZ HOWELL: I have one.

21 COMMISSIONER HARDING: Go ahead, Karla. I'll go
22 after you.

23 COMMISSIONER PLEITEZ HOWELL: One of the things
24 that comes out is the purpose to inform advocacy and scale
25 some of the other programs which is what we discussed but

1 this new piece of strategic communications and welcome and
2 the idea of bringing out information. In bringing out the
3 information we're going to be creating this sort of demand
4 out in the public but these are really small programs. So
5 if we could think about timing in terms of, as we create
6 the demand, that we make sure we think about the supply
7 that actually exists and what it's going to mean for
8 families that can't access Welcome Baby or some of these
9 other great programs and how we deal with that demand and
10 supply so that it doesn't maybe just become
11 disenfranchised.

12 MS. DUBRANSKY: Yeah. Absolutely. In each of
13 these programs, one of the aspects that we're exploring is
14 what the possible elements of resource and referral will
15 be within these programs and, you know, the broader ways
16 you can do resource and referral. That's one piece of it.

17 Also, the communications piece of the work -- and
18 not that this is everything that a family needs, but it's
19 going to focus on really encouraging families to reach out
20 within their communities. So at a minimum, they're
21 finding support system in their own neighborhood and the
22 places that they can access easily. So that's not
23 obviously all families need but it's definitely something
24 that a lot of families are missing, that they're isolated
25 at this time. So that will be a part of the campaign as

1 well. So we're trying to touch it on both sides and bring
2 it together the best we can.

3 MS. KACZMAREK: And if I just may add to that, I
4 think the other pieces and the implementation of this work
5 is to really demonstrate best practices so we can show
6 that work to other -- other funding of partners such as
7 the County, such as the State agencies who also support
8 our families. And they can -- by implementing this type
9 of work that shows best practice and informing their
10 policy decisions and actions, we infer that we'll be
11 helping them to make more strategic investments as well.

12 COMMISSIONER HARDING: I just had a quick
13 question for clarity. The -- I'm very familiar with
14 Abriendo Puertas. Project DULCE I'm less familiar with.
15 Have we had a presentation here on it? And if not, can we
16 schedule one at some point?

17 MS. BELSHE: Yeah, I made a note as the
18 commissioner said, we've been using time at P and P and
19 commission meetings for kind of board and staff
20 development. And my note to the next one in the chute
21 should be parent engagement. Project DULCE is an
22 evidence-based program out of Boston Medical Center and
23 the physician who created and has led it, Dr. Bob Sege
24 actually came to First 5 LA last fall or fall of 2013.
25 And there was a small board dinner that didn't violate

1 open meeting rules and then -- the beauty of First 5 --
2 and the Dr. Sege came and did an all staff.

3 So it's a really exciting project. And the
4 concept is using those platforms that parents connect with
5 that are safe, that involve trusted sources of information
6 that are not stigmatizing, they're universal to support
7 the strengthening of the protective factor. So Project
8 DULCE is using community healthcare setting. And
9 effectively -- think of it as like bringing home visiting
10 type services into a clinic where parents spend a lot of
11 time often waiting, so using that time very productively
12 but with a real focus on the protective factors.

13 So it's a really exciting program that has yet to
14 be tested here in California. Commissioners may remember
15 we applied for a federal grant. I'm not going to remember
16 the acronym for Corey. We, working with Rafael and
17 Antoinette, had two partners in Best Start communities in
18 Antelope Valley and South LA. We weren't successful but
19 we're still very much committed with moving forward with
20 that consistent with the direction of the strategic plan.

21 COMMISSIONER HARDING: Great. Thank you.

22 MS. BELSHE: So more to come.

23 COMMISSIONER HARDING: Great. That's exciting.

24 And then the other one was just a little more
25 clarity on prevention aftercare networks. Is that a

1 specific network that's in place? I'm not familiar with
2 it.

3 MS. DUBRANSKY: Yeah.

4 MS. BELSHE: You'll be learning more just as --
5 say a quick word, Barb or John.

6 MS. DUBRANSKY: You may recall a few years back
7 in LA county here, we had the prevention initiative
8 demonstration project. And that was a partnership between
9 the Department of Children and Family Services and key
10 family programs. And so, yeah, that usually brings a bell
11 for people. And they were really pleased with some of the
12 results. So what they have done at the department is,
13 they've expanded that to what they call the prevention
14 aftercare networks which actually began in January. So
15 they're supporting families. The word prevention,
16 obviously, touching with -- finding multiple doorways for
17 families that may have various challenges that would need
18 us to want to prevent them from entering the system as
19 well as families where their case has been closed. So
20 they're creating additional touch points for families.

21 We're still exploring as they're so new what our
22 added value could be but we do know that what we share is
23 a common interest in promoting the protective factors.
24 And one of the early opportunities that is coming up is
25 just how is everyone collecting information about the

1 protective factors, so can we even get on the same page
2 about how we measure them and how people are collecting
3 that data and sharing it. It's a challenging
4 conversation. And I know you're aware we've had similarly
5 conversations in the home visiting consortium in the
6 County so we think those conversations may very well
7 converge and we're sort of dead in the middle of them
8 right now.

9 So we're looking for our best opportunity and
10 data is development may be a key first step.

11 MS. BELSHE: And relatedly, John, can you say
12 just a quick words about the OCP meetings that we're
13 helping to support?

14 MR. WAGNER: Just quickly in addition, we are
15 supporting the Office of Child Protection LA County in
16 convening a group of these prevention aftercare networks
17 to kind of build upon what are the lessons learned, what
18 are some of the common themes and strategies to inform
19 OCP's work on looking more broadly at what we can build
20 upon for prevention going forward aligned to some of the
21 BRC, Blue Ribbon Commission recommendations.

22 COMMISSIONER HARDING: Thank you. That's very
23 helpful. Think I we should move on.

24 MR. LAFRANCE: Sure. Thank you. And a great
25 segue to work in the communities, which Antoinette has

1 been leading, I think is the -- some of the questions that
2 have come up regarding the communications work and how
3 will that -- you know, what is that intended to inform.
4 And I think of -- we have to remember that these outcome
5 -- the work in the outcome areas is interconnected. There
6 is an integration team that has been meeting to talk about
7 where those connections lie. And so if -- you know, keep
8 in mind as what we just discussed as work in the families
9 area and then you look at communities and we're really
10 talking about, okay, with the principles of parents at the
11 center, the families work, and the communities in which
12 they live being so critical to supporting families so that
13 they can support their children, the communities outcome
14 area work is really about building the capacity of
15 communities to kind of organize and advocate and improve
16 the conditions within their communities in terms of access
17 to services, you know, safe places and spaces, the ability
18 to get the early childhood education, health supports that
19 they need.

20 And so the three strategies in communities really
21 reflect that -- that intention of where First 5 LA's role
22 will play and that, you know, it's not -- you are not
23 going -- you are supporting parents to -- and community
24 organizations and efforts to, you know, advocate on their
25 own behalf and bring to their communities what they need

1 to be strong and healthy. And -- and the work in the
2 communities outcome area is -- well, much of the work in
3 the families area is building upon First 5 LA's prior
4 experience and previous work. But in the communities
5 area, of course, there's all of the Best Start communities
6 work that's been happening that provides such a strong
7 anchor point for the strategies of promoting and
8 supporting collaboration, strengthen capacity, focusing on
9 ECE and health organizations, and then capacity of
10 existing advocacy groups, specifically in the area of
11 places and spaces.

12 So with those being the strategies then, you
13 know, the objectives for the first strategy about
14 collaboration really focus on the community partnerships
15 in the Best Start communities and they're high functioning
16 in these areas of governance, collaboration, neighborhood
17 capacity, being able to keep the vision, et cetera, again.
18 So your definition of success is specifically tied to the
19 community partnership's capacity to function in these ways
20 that will promote their ability to achieve the outcomes
21 for their communities. It's really, you know, defining
22 what your role in the ecosystem is, and it's not the front
23 runner but sort of the -- you know, back supporter to --
24 to the communities themselves.

25 So that community -- Best Start community

1 partnership capacity building work looks like these two
2 areas, training and technical assistance for the
3 partnerships and then some seed funding that they can use
4 to promote civic engagement and kind of build the strength
5 of the community -- community members to get done for
6 themselves what they want to get done.

7 Key tasks for year one are listed here. Again,
8 it's very much building on the work that Best Start has
9 been doing, but it's also been refined and focused and
10 tied more closely to -- or tied to the strategic plan
11 outcomes.

12 In the second strategy area that we're looking at
13 improving service coordination within Best Start
14 communities knowing that with, you know, greater
15 integration of services, co-location, parent navigators,
16 you know, these -- these kinds of system improvements
17 within communities will make it so that parents will not
18 fall through the cracks, that -- I mean, we acknowledge
19 there are gaps in services and service systems which is
20 why we're promoting community capacity to advocate for
21 what communities need, but that also a lot of times what
22 is available in communities operates in -- in a fashion
23 that is -- you know, that's not -- that is not integrated,
24 not family friendly. And so the strategies -- I'm sorry.
25 The work in the second strategy in communities is to

1 address that.

2 This is where seed funding from First 5 LA will
3 help support efforts to bring organizations and members of
4 the community together to address the service coordination
5 needs and issues with some of the key tasks being shown
6 here.

7 Again, I'm trying to balance both giving you the
8 flavor and not going into too much detail because there's
9 so much ground to cover. But I think one note that I want
10 to call attention to is, this is -- the work in this area
11 is a great example, again, of where these -- the work in
12 the outcomes area -- outcome areas are -- is not happening
13 in silos or in isolation of work in other areas. So you
14 see that this is where -- we'll talk more about Help Me
15 Grow and that as a platform and a framework for work in
16 the health area. But it's the work in the communities
17 outcome area is drawing on the work in health that is
18 looking at support for organizations that improves
19 information resource and referral processes.

20 So, again, there -- it's very interconnected. I
21 just wanted to put a point on that one example. And I
22 want to make it through strategy three so we can have
23 discussion about the work in the communities. So bear
24 with me as I continue to motor through.

25 But in strategy three, we're really looking at

1 coalitions and specifically nongovernmental. So private
2 -- private for-profit, private nonprofit, coalitions that
3 their efforts in the Best Start communities will be kind
4 of concentrated in a way that is really bringing the
5 prenatal-to-five needs in more to the fore and more firmly
6 integrated into their broader agendas, bringing parents
7 and residents into the advisory -- into advisory roles and
8 then in the area of increased funding for built -- the
9 built environment. So, again, this work is in the area of
10 places and spaces specifically but, again, working with
11 existing advocacy groups and coalitions.

12 So we have the anchor investments in terms of
13 supporting coordination between the community
14 partnerships, and those advocacy organizations working in
15 improved places and spaces, building -- the activities
16 building relationships between governmental and
17 non-governmental coalitions but, again, the focus -- you
18 know, it's bringing them together but working with
19 existing advocacy groups, some of the key T-one --
20 year-one tasks are represented here but it's -- you can
21 see it's a combination of bringing folks together,
22 building capacity, providing some training and technical
23 assistance to kind of buoy, accelerate, and help to
24 integrate and coordinate work that existing groups are
25 doing to -- to improve places and spaces for families

1 within -- within communities.

2 So with that, we'll take another pause for
3 commissioner questions or input on the work in the
4 communities area.

5 COMMISSIONER HARDING: Questions? Comments?
6 Okay. Not seeing any, why don't you move on and we'll
7 come back. Very clear.

8 MR. LAFRANCE: Excellent. Great.

9 Moving right along then in the area of the early
10 childhood education systems where Katy's been leading up
11 the work group and effort internally with staff and
12 engaging outside experts. Our focus areas, you know,
13 straightforward about access to quality care and improving
14 quality care, specifically through provider capacity. The
15 three strategies are about increasing -- advocating for
16 greater public investment in quality care, supporting
17 implementation of a uniform quality rating and improvement
18 system, QRIS. We heard reference to that earlier in the
19 in the kindergarten readiness assessment discussion. And
20 then strengthening the professional development system.
21 And I'll say more about each momentarily.

22 In the first strategy, which is the advocacy for
23 increased investment for quality care, this is where we
24 see the kindergarten readiness assessment work show up.
25 So the conversation we had earlier today helps ground you

1 in how that kindergarten readiness assessment work is
2 really part of a larger policy agenda to drive investment
3 in quality early care and has all the other benefits we
4 discussed as well about articulation with K to 12, et
5 cetera.

6 You know, if you think about what tools do you
7 need in your tool kit to advocate for care -- for improved
8 early care, knowledge of where kids are showing up at
9 kindergarten ready or not is critical.

10 Okay. Other objectives that, you know, will
11 define success at the five-year point: Statewide adoption
12 and implementation of a sustainable reimbursement rate for
13 infant, toddler, and preschool education, greater school
14 district investment, and increased public funding for
15 child care subsidies.

16 These are the definitions of success. In the
17 first strategy, the -- the primary area of investment, of
18 course, is in a coordinated advocacy campaign to increase
19 public funding. It has these four dimensions. Some we've
20 discussed. I'll call out others. For example, local
21 controlled funding formula being very current policy
22 development that's in implementation that provides the
23 opportunity to connect with what is happening in the
24 larger landscape to leverage the parent engagement aspect
25 of local control funding formula and the -- to influence

1 decision making regarding dollars spent, you know, not
2 just on K to 12 but also the articulation between pre-K
3 and K. You know, it's a example of leveraging a policy
4 opportunity that First 5 LA is taking advantage of.

5 Some of the key year-one tasks are reflected
6 here. Of course, there -- they reflect where the
7 different areas -- where the work is. You heard about
8 kindergarten readiness assessment and the importance of a
9 district -- sorry -- countywide/district assessment of
10 what in fact is going on. But there will be other key
11 tasks that launch the work to -- to advance the advocacy
12 agenda kind of, you know, ranging from some research and
13 field work about popular reimbursement to engaging
14 advocacy organizations and participating in collaborative
15 efforts.

16 In the second strategy regarding QRIS, I think
17 the most important thing to say here is that there's a lot
18 of movement on the state front. We just saw pass the
19 approval of the First 5 California commission of their
20 project impact effort which is, you know, leading a
21 statewide QRIS effort. So First 5 LA, of course, will be
22 very strategic about aligning efforts to what is happening
23 statewide, you know, and before we knew that -- that the
24 First 5 California would indeed pass project impact
25 because literally I got the e-mail as of last week --

1 earlier this week.

2 MS. BELSHE: Thursday. Last Thursday.

3 MR. LAFRANCE: Yeah. I believe staff worked on
4 objectives for QRIS work here and it's both about the --
5 you know, aligning and engaging with statewide work but
6 also, you know, using the Best Start communities as kind
7 of ways to focus and test the work locally that can drive
8 county and hopefully inform statewide work.

9 So to support the QRIS system, the activities
10 are, you know, leveraging state and local funding,
11 advocating for more funding, and then importantly
12 communications targeting parents. You know, I think about
13 this as -- I think Carlos brought up kind of when you
14 think about, you know, creating demand and then you need
15 to address demand with supply. This -- the communications
16 piece is about the driving demand for information about
17 quality and helping parents know what quality looks like
18 and why they should have access to a rating of the
19 providers of early care in their communities.

20 Key year-one tasks are here. We're going to keep
21 our finger on the pulse of what's happening statewide and
22 promptly refine these when we know more.

23 And in the third strategy for early childhood
24 education, this is about provider professional
25 development. Staff are, you know, recommending the

1 five-year objectives be pegged to aligning child
2 development and early childhood education courses at
3 community colleges and CSUs with -- with the state ECE
4 competencies. And similarly, that the resource and
5 referral agencies use standard ECE competency-based
6 curricula and train the trainers model.

7 There's another aspect of the work with respect
8 to the ECE workforce registry, which is increasing access
9 to training opportunities through it. And then, you know,
10 an objective that is statewide regarding formal teaching
11 credential that prepares educators working with children
12 zero to eight years old.

13 The investments and activities that build from
14 that are shown here. They're -- they're fairly, you know,
15 one-to-one relational to what I just described but they,
16 you know, are -- describe where there's some greater focus
17 in terms of integrating the early childhood educator
18 competencies into training and curricula development that
19 -- at work -- ECE workforce registry is about kind of
20 expanding the registry and promoting a sustainability plan
21 for it. And then the work on the teacher credential is
22 about kind of being, you know, part of the conversations
23 regarding the ECE permit matrix and teacher credentialing
24 conversations kind of, you know, being at the table to
25 make recommendations on those and how they can align with

1 and drive the development of the teaching credential.

2 So that's a mouthful to share about the three
3 strategies in ECE. And, similarly, if the commission has
4 any questions or input, we welcome them.

5 COMMISSIONER HARDING: Judy.

6 COMMISSIONER ABDO: I have a question about the
7 ECE permit matrix and the teaching credential process.
8 This is a very complex area as -- as you know. And I
9 wondered if you were engaging the union in these
10 discussions because in school districts that is the unions
11 that have a lot of say about what is going to happen with
12 their -- their members.

13 MR. LAFRANCE: You can answer that.

14 MS. FALLIN: This work is actually continuing
15 work that we're doing with the workforce -- or the
16 consortium. The Peach Project is part of the consortium
17 that LAUP is leading and I do know that -- that we were
18 working closely with the CTC, the Commission for Teacher
19 Credentialing, and I don't know -- maybe Celia and Dawn
20 know -- if we're engaging with the unions on that.

21 SPEAKER: We have to a limited amount but we're
22 following the CTC process and how they're engaging CTC and
23 SCIU and the school board member association so we can
24 work through the workforce consortia. But CTC is the one
25 that's working really with the teachers and CEI

1 (inaudible).

2 COMMISSIONER ABDO: I think that that's critical
3 in getting some agreement about what's going to happen
4 next.

5 COMMISSIONER HARDING: Other questions for
6 clarity on ECE? Karla.

7 COMMISSIONER PLEITEZ HOWELL: Under the
8 kindergarten readiness assessment, I think one of the key
9 tasks is to go to school districts and get a sense of what
10 school districts are doing. And, please, throw tomatoes
11 my way, Katy, if you think this is asking too much. But
12 I'm wondering if getting input from parents, from teachers
13 just because, if you look at a child's readiness, it's
14 going to be different depending on where you stand. Me as
15 a parent will be interested in something really different
16 than what the school is looking for. And I'm wondering if
17 we have a missed opportunity under thinking about the
18 assessment and spending a year with just focusing on
19 district. But I understand we have limited resources but
20 it's just something I don't need an answer, but I'm just
21 wondering if there's any opportunity there to look at
22 bigger picture of what kindergarten readiness looks like.

23 MS. FALLIN: Yeah, I think that -- as I mentioned
24 in the earlier presentation, we definitely think about
25 involve expanding kind of the conversation in the sort of

1 next phase -- whatever the next phase is. We would have
2 to engage parents in that and teachers and the ECE
3 community.

4 I think it's important when we're talking about
5 kindergarten readiness assessment -- I'm not sure if this
6 came through earlier in the earlier presentation is, you
7 know, as you can see, we're framing this as a strategy to
8 push a policy agenda. And so there are various levels of
9 assessment that happen and various purposes for those
10 assessments. And I think a dimension of the kindergarten
11 readiness work is really thinking about what dimension of
12 assessment are we talking about to drive a policy agenda.
13 So we're -- I think that we will find that a focus more on
14 sort of the population based and not the individual child
15 based assessment is where we need to focus, which is less
16 about what is most relevant to us as parents and to the
17 teacher to -- to tailor their instruction to that child
18 than about sort of the aggregate -- in the aggregate of
19 the population, who are -- are our children ready and to
20 what degree are they ready and what demands are they
21 ready. And that's kind of really complicated part of this
22 kindergarten readiness stuff, is that ideally you would
23 have an assessment that does all that and that's the --
24 that's the -- the vision. And, hopefully, we can get
25 there. But we can certainly -- I think there's an

1 opportunity we're still working, you know, at very
2 beginning phase of this work with Children Now to talk
3 about how we might expand it.

4 MS. BELSHE: Yeah, and I don't know, Katy, if
5 it's -- I -- you're absolutely right in emphasizing the
6 point that we do believe that kindergarten readiness can
7 tool -- as we heard from the panelists, can help inform
8 and drive broader systems and policy change. But whether
9 the tool ultimately we come forward and talk more about is
10 a population-based tool or a child-specific tool, parents
11 are going to care about it. So there is going to be a
12 parent engagement, an education piece regardless of the
13 tool which I think is taking from your point.

14 So we will be coming back with a much -- a fairly
15 robust outreach and engagement strategy that absolutely
16 will extend beyond districts.

17 COMMISSIONER ABDO: I was happy to see that there
18 was an emphasis of going from zero to nine years old or
19 zero to second grade, third grade. And it seems to me
20 this is a place where that idea fits. In full disclosure,
21 I was a kindergarten teacher so -- I was a kindergarten
22 teacher. But a lot of what happens in kindergarten has to
23 do with the -- the kindergarten teacher's readiness for
24 the children who are coming into the class. And I don't
25 think we as a state have done enough to emphasize the fact

1 that the children who are coming into a class are not
2 going to come in with common experience or common skills
3 or common readiness even if we try to define what that is.

4 And -- and talking with kindergarten teachers, as
5 I have done over the last few years, the expectation of
6 the kindergarten teachers are all very different. And
7 this is not just district by district but school by school
8 and classroom by classroom. So if you ask a kindergarten
9 teacher what is the most important thing that a child
10 should know or bring into the classroom, you're going to
11 get such a wide variety of answers from them that range
12 from that they know how to sit down on the rug and be
13 quiet, to having a creative mind and being ready to learn
14 through playing, to they should know all of their letters,
15 all of their sounds and know how to read numbers to a
16 hundred and add and subtract in their head. So there's
17 all of these things are really relevant as -- as we're
18 doing the planning and working with kindergarten teachers
19 as well as what are known as ECE teachers.

20 When I went to school back in the dinosaur days,
21 ECE covered that whole thing. My credential allows me to
22 teach K through three, for instance. And then that went
23 away because everything got compartmentalized or broadened
24 actually so that if you can teach a 13-year old, of
25 course, you can teach a five-year old. So bring all of

1 that into it.

2 MR. LAFRANCE: Thank you.

3 COMMISSIONER HARDING: I'm going to ask the
4 presenters to hurry up.

5 MR. LAFRANCE: We're supposed to have been in
6 time right now. We have one more outcome area to cover,
7 which is health. The focus of the work in the health
8 outcome area is regarding screening and early
9 intervention, the effectiveness and responsiveness of it
10 but really thinking of it as a continuum of care. And
11 then this second area of work in trauma-informed care,
12 promoting best practices in trauma-informed care.

13 So I want to move quickly into what the work and
14 strategy one will look like -- or I'm sorry -- the
15 five-year objective. So there are a couple of anchor
16 points for the work in the first strategy for health. One
17 is that First 5 LA will be testing a coordinated system of
18 care that provides access to quality screening and
19 referral, really drawing on a framework called Help Me
20 Grow. It is -- it is a framework that can be adapted, you
21 know, to local conditions think -- to think about
22 information resource and referral and creating continuum
23 of care from screening and assessment to, you know,
24 identifying needs and, you know, insuring children and
25 families are connected to the early intervention and

1 treatment services that they need.

2 But other objectives involve the capacity of the
3 -- a provider platform to adopt American Association of
4 Pediatric recommended screening periods, (inaudible)
5 practices, data sharing system in the health related
6 platform or region, and an advocacy agenda for a statewide
7 system of accountability focusing on children's health
8 insurance plans and programs that they provide
9 developmental behavioral -- developmental and behavioral
10 screenings.

11 So the investments and the activities are shown
12 here. Help Me Grow is kind of anchor approach but the
13 activities will vary from partnership building to engaging
14 and training provider support systems to advocating for
15 improved coordination in collaboration of systems.

16 In the interest of time, I'm going to go quickly
17 through showing the year-one tasks but not speaking to
18 them so that we can get into the discussion of strategy
19 two which again is about trauma-informed care. This is an
20 area of work that First 5 LA has identified as an
21 important priority. It's an area of work where there's a
22 lot going on out there in the field more broadly that
23 First 5 LA can really leverage and anchor to.

24 So the objectives largely are about, you know,
25 building on what's known out there, understanding it,

1 coming up with a plan and road map to identify and promote
2 best practices in trauma-informed care, including
3 formalizing partnerships that support that agenda.

4 So there's a lot happening out there. It's a
5 relatively new area of work for First 5 LA. Understanding
6 what's going on will be important, supporting a learning
7 community and advocating for improved delivery of
8 trauma-informed care is where the work will focus in the
9 health area.

10 I feel badly, Rena, I didn't start by saying you
11 were leading this work but you are and the area of work is
12 getting --

13 MS. BELSHE: Very well. Very --

14 MR. LAFRANCE: Yes. You very ably -- she's been
15 giving me up-to-the-minute updates on how we're finding
16 and focusing and defining the work.

17 But I think a moment of commissioner input would
18 be useful and then perhaps we can go very quickly through
19 some broad questioning observations.

20 COMMISSIONER HARDING: Any input? Yes, Trish.

21 COMMISSIONER CURRY: This is great. I think you
22 guys have done a magnificent job. I'm trying to figure
23 out maybe how the implementation and the planning across
24 the different areas goes. And, you know, as an example,
25 for the prevention and aftercare networks, how do they

1 relate to the Best Start areas and how do you connect them
2 to the home visitation programs. And then I noticed there
3 was one -- I think it's page 20 that talks about continued
4 partnership efforts with DMH Health Neighborhoods. And I
5 know we had that presentation last time but they talked
6 about that they -- they are not services that they have
7 with the Health Neighborhoods but that it was integrating
8 and, you know, what does that mean when we say that we're
9 going to continue partnership efforts with them?

10 So I -- I think that I'm trying to connect all of
11 the separate ones together.

12 MR. LAFRANCE: It's -- there's a big answer to
13 your question. I'm wondering if we slate another
14 presentation conversation with the commission on the
15 integration work. You know, I want to acknowledge that,
16 as I mentioned earlier, there's a strategy integration
17 team and it feels like we meet every other week or so to
18 talk about these varied questions like where are the
19 opportunities to link the -- so I'd rather than --

20 MS. BELSHE: Let me jump in in the interest of
21 time. Our -- we were fully aware that by doing this
22 presentation by outcome area, it could leave the
23 impression that these are four discrete investment areas.
24 And at one level they are, but at another level there's
25 quite a bit of integration across multiple outcome areas.

1 And we've touched on a few of them throughout the course
2 of the presentation such as Help Me Grow, which is a
3 framework for developmental screening and early
4 intervention which relates to information resources and
5 referral, et cetera.

6 So what I might suggest, at the next P and P
7 meeting, we're going to be returning to strategic plan
8 with a particular focus on the budget, the resource
9 implications, building off of the first budget review will
10 be having with the budget and finance committee on Monday.
11 But maybe we can start that presentation on just that
12 question of calling out some of the integration points
13 across the four outcome areas.

14 COMMISSIONER CURRY: That sounds great.

15 MS. BELSHE: Prevention is another really good
16 example of one.

17 COMMISSIONER CURRY: And I'm wondering if we
18 don't start with the families in the center and then
19 integrate out into the different areas from there.

20 MR. LAFRANCE: That's a great suggestion.
21 Thanks.

22 So Jessica -- oh, I'm sorry.

23 COMMISSIONER SWILLEY: I have one question on the
24 Help Me Grow in terms of convening partners and funders,
25 any work done already. Who would these people be? I'm

1 just wondering about where most of the children are
2 getting care, how much involvement of multiple discipline,
3 medical groups and insurances, things like that? Who
4 would you consider the funders and providers to be?

5 MS. JOHN: So Help Me Grow has four core
6 components. One of those -- or two of those -- one
7 relates to primary care providers, so we'd be looking at
8 various primary care provider platforms such as
9 potentially working with the American Academy of
10 Pediatrics, you know, the Community Clinics Association of
11 LA County, other types of platforms by which we can reach
12 that segment of the population. And that would primarily
13 to be to increase the way that they screen children and
14 improve their sort of clinical practice to not only do the
15 screening but also to refer the children to the needed
16 services. So that's, you know, one key partner.

17 The other one -- the other sort of core program
18 component is around community and family outreach. And in
19 that area, it's sort of like all of the -- the ecosystem
20 of partners that are needed to sort of be referral points
21 for children. So that could include ECE sites, it could
22 include the regional centers, it could include nonprofit
23 CBOs, sort of the DMH system of providers as well. So
24 it's kind of a -- it's a very large ecosystem. And then --

25 MS. BELSHE: Well, that's where those primary

1 care -- prevention and aftercare networks could be a
2 potential community resource.

3 MS. JOHN: Potentially, yes.

4 And then -- and then a huge component is the
5 parents. So once the system is in place, we definitely
6 want to increase awareness among the parents and be able
7 to drive them to it because, ultimately, they're a key
8 consumer of the -- of the system.

9 MR. LAFRANCE: I can -- in one minute I go
10 through -- I will take one minute to go through
11 observations and considerations. Jessica will talk about
12 next steps. Many of these points we've covered. You
13 know, the work is at different stages of development.
14 Some of it's really building on work it's been doing, some
15 of it is newer. So we have to keep that in mind as we
16 think about where we're targeting the kind of key tasks
17 for year one.

18 And as we've discussed, there -- we're really
19 looking for areas of work that hits upon all four outcome
20 areas or multiple outcome areas to leverage your resources
21 for greatest impact. And we're in the process as an
22 organization as staff but with the board as well to
23 socialize ourselves around a new norm about what the time
24 frame for seeing change and impact looks like when you're
25 working with at the policy and systems level and when

1 there's so much you're -- so much more partnership, so
2 much less in your direct control and you're needing to
3 operate from a place of partnership and influence. So
4 being comfortable with that and knowing the implications
5 regard the time frame for seeing change.

6 And partnership itself is -- is an effort. It
7 requires time, care, and feeding, and careful
8 coordination. A lot of the conversations in the
9 integration team has been, okay, who are the key partners
10 that you're going to be talking to because they're
11 probably some similar folks or direct overlap we need to
12 be --

13 COMMISSIONER HARDING: Let me ask you to go to
14 next steps. We're way over time. Let me just ask you --
15 we can read this. And I appreciate it. And if folks have
16 questions, will you be available for our commissioners to
17 -- thank you. I'm sorry to cut you off but we're way
18 behind schedule.

19 MS. KACZMAREK: In terms of next steps, we are
20 going to be continuing this conversation in the context of
21 our 15-16 fiscal year budget. So next week we will be
22 working in partnership with our finance team to share with
23 commissioners year-one projections for the strategic plan
24 as well as the overall agency budget. That conversation
25 will continue at the May 14th commission meeting. As Kim

1 mentioned at the May program and planning committee, we
2 will continue this discussion about the investments and
3 the work that we've identified here and presenting again
4 an opportunity to talk about the costs related to the
5 strategic plan year-one activities culminating in the
6 approval of the budget for 15-16 on June 11th.

7 COMMISSIONER HARDING: Thank you all for your
8 presentation. I'm sorry to cut you short.

9 MS. BELSHE: There's a really important last two
10 slides. There we go. Context.

11 COMMISSIONER HARDING: Okay. So, folks, we're
12 going to take a five-minute break. Come back at ten to
13 4:00 please. Please be back.

14 (A brief break.)

15 MS. BELSHE: So maybe to start as commissioners
16 are wending their way back. You know, john could come sit
17 with you down there.

18 MS. FICEK: Jessica's going to be here.

19 MS. BELSHE: So, commissioners, in the interest
20 of time, we had included for the P and F agenda the second
21 quarter report for FY2014. This is provided to you as a
22 information item. It's a terrific compilation of how we
23 spend our money. Holly Campbell is here from research,
24 one of our super smartie pants. So shout out for Holly.
25 So, again, this is a written only unless commissioners

1 have questions. If not, we would recommend Dr. Swilley,
2 who is stepping in to co-chair, because Commissioner
3 Harding needs to recuse herself on expiring initiatives,
4 and will be chair. Okay.

5 COMMISSIONER SWILLEY: No comments on Item 6. So
6 we're moving into expiring new initiatives. As you know,
7 the plan is to look at all the initiatives that are due to
8 expire this fiscal year and I think also 15-16. We'll be
9 looking at -- there's four initiatives that we're
10 discussion. And Tara Ficek will be the -- will lead the
11 discussion.

12 MS. FICEK: Thank you. Good afternoon,
13 commissioners.

14 So as you'll recall at the April 9th commission
15 meeting, staff presented on the expiring initiatives
16 assessment process. And that we had applied that to
17 programmatic investment expiring in both the school year
18 14-15 and 15-16. And in addition to going over the
19 assessment process, the presentation also reported out our
20 findings and our recommendations for four of the
21 investments that required further board action.

22 So at that meeting, the board did approve staff's
23 recommendation of a six-month contract extension for
24 Healthy Kids LA Care, for LA Care contract. So that the
25 current Healthy Kids enrollees could transition over to

1 the county's My Health LA program. The LA Care contract,
2 just a quick reminder, it was reviewed earlier than some
3 of the other expiring initiatives because they had state
4 reporting requirements and a member notice deadline of May
5 1st that they needed to meet. You may also recall that at
6 the end of that presentation, commissioners requested we
7 bring the item back to today's program and planning
8 meeting. So we will be presenting those same findings and
9 recommendations for your review today.

10 So as already noted, since previous expiring
11 initiative presentations have focused on the assessment
12 process, we will not be spending a lot of time today going
13 over that again. But we did want to include the criteria
14 utilized, just as reminder to commissioners of what we
15 looked at. So just to do a quick review of that, we first
16 looked at whether or not there was a remaining balance of
17 more than one million in the allocation or if it was an
18 annual appropriation. And then based on that, we decided
19 to apply further assessment. So if there was a balance of
20 more than one million, we applied a further assessment.
21 That included, we looked at whether or not deliverables
22 were completed and outcomes achieved for the initiative.
23 We also looked at if there was impact on countywide or
24 population level. We also took a look at sustainability,
25 if there was an opportunity for continuation of the

1 initiative beyond First 5 LA funding. And then we also
2 considered the current landscape and the environmental
3 context such as, had things changed within the field since
4 First 5 LA originally funded the investment. And then
5 lastly, he we looked at alignment to the new strategic,
6 looking at the priority focus areas, the strategies, and
7 the investment guidelines.

8 So the rest of the presentation then is going to
9 go through those four expiring initiatives that do require
10 further board action. So we'll go through each one of
11 staff's findings and recommendations for those four.
12 We're going to start with Health Access. And as you
13 recall and as I mentioned earlier, there are two parts to
14 our Health Access investment. Part one, again, is our
15 contract with LA Care Health Plan as the insurance
16 administrator, and then part two includes our contract
17 with LA County Department of Public Health as they oversee
18 our Children's Health Outreach Initiative, also will be
19 referred to as CHOI throughout. The Department of Public
20 Health then subtracts our dollars out to 17
21 community-based organizations and two health departments,
22 Pasadena and Long Beach to support health insurance
23 outreach, enrollment, retention and utilization. They are
24 scheduled to end in June of this year. And key findings
25 from the assessment process included that there is a

1 remaining balance of about two million in the allocation.
2 There is an opportunity for the Department of Public
3 Health and its subcontractors to play an important role in
4 connecting the Healthy Kids members to the county's health
5 services program called My Health LA.

6 And as noted in our strategic plan, we will not
7 fund direct services unless the potential exists to lead
8 to policy or systems change within our health outcome
9 areas of trauma-informed care and in developmental
10 screening.

11 And, therefore, this investment it was determined
12 is not specifically provided for in the 2015-2020
13 strategic plan. However, there are funds remaining. So
14 based on these findings, staff's recommendation, as you
15 see here, is to extend the strategic partnership for six
16 months. This is the same time line as the recently board
17 approved LA Care extension. This would take it through
18 December of 2015. It is up for the two million, which is
19 the total remaining in the balance in the allocation, and
20 then, of course, to help assisting those Healthy Kids
21 members over to the county's program or to another option
22 that's available to them. And that's also to take the
23 time to further explore and secure sustainability
24 opportunities for these outreach enrollment activities.

25 And another kind of in addition and important to

1 note is the six-month extension is consistent with what we
2 presented at the board meeting earlier in the month.
3 However, we are continuing to consider this recommendation
4 informed by input received this week from the Department
5 of Public Health and its subcontractors. This
6 recommendation would require the board though to waive
7 Governance Guideline Number 7.

8 Moving on now to information, resource, and
9 referral. This includes our contract with 211 LA County.
10 This initiative is scheduled to end in June of this year
11 as well. Their current allocation is 1.2 million. The
12 key findings from the assessment review included that
13 there is no remaining balance and that's because we expect
14 them to fully spend their budget. They are an annual
15 appropriate. Staff has identified that there is
16 anticipated alignment with the 2015-2020 strategic plan,
17 specifically that information, resource, and referral
18 plays an important role in connecting families to concrete
19 supports and services. However, more work needs to be
20 done in this area to inform future funding of information
21 resource and referral.

22 And then secondly, our future work with Help Me
23 Grow does include a telephonic component that 211, if
24 interested, could be a competitive partner to further
25 advance that work. Staff's recommendation then is to

1 extend the strategic partnership with 211 LA County for
2 one year. This would take it through June 30th of 2016
3 for up to 1.2 million to continue the telephonic I R and
4 R, information and resource and referral services.

5 That 1.2 million is their current annual
6 allocation. And it is important to note though that this
7 would be new funding. The additional 12 months does allow
8 staff the time to further explore and define information,
9 resource, and referral under our new strategic plan and as
10 well further develop the strategies that are related to
11 Help Me Grow.

12 The board action that would be required again is
13 to waive Governance Guideline Number 7.

14 And then this concludes our review of investments
15 that are ending this year in 14-15. The next two slides
16 are then going to highlight those that are ending the
17 following year in 15-16.

18 So starting with reducing childhood obesity, this
19 included our contract with LA County Department of Public
20 Health. And as already noted, this contract is scheduled
21 to end next year in June of 2016. Their fiscal year 14-15
22 budget allocation is a little over 13.3 million. It's
23 listed there. Key findings from the assessment review
24 process included there is a likely balance of about 3.8
25 million left in this allocation. They're not specifically

1 provide for in the 2015-202 strategic plan and that's due
2 to the fact that the focus of the initiative, reducing
3 childhood obesity, is not one of our priority areas under
4 our health outcome.

5 Other important considerations to note, this
6 project did experience some implementation delays. Those
7 have now been addressed though and, based on current
8 information, staff does feel confident that implementation
9 will proceed effectively. It is important to note that
10 the infrastructure for this investment has now been built
11 but the program and strategies obviously need to be
12 implemented which will then allow for broader reach and
13 impact.

14 A recommendation then was to extend that
15 strategic partnerships for another year within its current
16 allocation. This would take them through June 30th of
17 2017, but to continue the initiative so that they can
18 successfully complete all of their deliverables and no
19 additional or new funding is needed for this. Board
20 action required though would be to waive Governance
21 Guideline Number 7.

22 And then last is Los Angeles Universal Preschool,
23 LAUP. This investment is also scheduled to end in June of
24 2016. Their 14-15 budget is noted there, not quite 65
25 million. Key findings from the assessment process

1 included there is a likely balance of remaining of about
2 30 million. That is an estimate at this time. They are
3 also not specifically provided for in the 2015-2020
4 strategic plan because within our ECE priority focus area
5 we are going to be looking at policy, advocacy, and
6 coalition building to achieve broad impact rather than
7 directly funding early child care education spaces.

8 Other considerations is LAUP has completed its
9 new strategic plan and its business plan and initial
10 implementation is underway. Staff recommendation was then
11 to allow LAUP to retain that remaining balance of
12 approximately 30 million to advance their strategic plan
13 that is in alignment with the ECE outcome area and First 5
14 LA's new strategic plan.

15 The board action required is an endorsement for
16 LAUP to retain the remaining balance and to direct staff
17 to develop an expenditure plan that aligns to First 5 LA's
18 and LAUP's new strategic directions.

19 Next steps then, we will be seeking board
20 approval and directional endorsement on the findings and
21 the recommendations I just presented on. That will be
22 taking place at the May 14th commission meeting for the
23 four that we just went through and again are listed here.
24 And then in June, if there are any financial implications
25 or impact on the budget that, of course, will be noted and

1 that will be a part of the budget approving process and --
2 review and approval process which takes place on June 9th.

3 And that concludes. We can open it up.

4 COMMISSIONER SWILLEY: I guess we can take them
5 in the order that you discussed them and have questions
6 related to each one, starting out with the Children's
7 Health Outreach Initiative. I understand already went to
8 the board for that.

9 So any comments or questions related to that?

10 COMMISSIONER AU: I need to know that what will
11 happen after December? We will -- my expectation is that
12 the board will authorize the six months additional
13 funding. But still the question becomes, what happens
14 after that regarding this outreach piece? And have they
15 submitted a plan as to how they're going to go about
16 either continuing or discontinuing the outreach effort?

17 MS. FICEK: We haven't gotten into a specific
18 plan that you're -- as I mentioned in the presentation, we
19 have received more recent input from the Department of
20 Public Health this week. So we are taking that into
21 consideration. But this -- the current staff's
22 recommendation covers that six-month period and then the
23 contract would close and the programs would close at this
24 point. So I think we need to take the time though to
25 review the input provided to us this week. And we'll be

1 coming back to the commission if there's further
2 information that needs to be shared from that.

3 COMMISSIONER AU: What would -- other than the
4 obvious, which is -- let's say the commission decide not
5 to extend for another six months and that this outreach
6 component ends because our funding ends, what would be the
7 -- other than the lack of outreach for six months, what
8 would be the other difference? Do you know what I'm
9 saying, is that whether the deadline is June 30th or
10 December 31st, you know, what happens beyond that point?

11 MS. FICEK: Well, at a minimum right now, we know
12 that we want to transition the current healthy kids
13 enrollees over to county's My Health LA program. And the
14 Department of Public Health and their subcontractors
15 played an important role in doing that when the Healthy
16 Kids six to 18 program closed a few years ago. So we're
17 wanting to use them in that same way knowing they played
18 an important role in helping us transition those kids.
19 They have that expertise and ability to do That.

20 La Care has communicated to us the minimum they
21 would be able to do to help offer to those children the
22 opportunity to go over to the county, and it is pretty
23 minimal. So I know the Department of Public Health and
24 their subcontractors could play a much larger role in
25 supporting those kids and then for the other kids that

1 aren't eligible for the County's program, helping them
2 find an alternative as well.

3 MS. BELSHE: If I may. The issue of
4 sustainability is always an issue with all expiring
5 contracts. And we've seen that over the course of the
6 past couple of years when the commission has supported
7 implementation of the governance guidelines the commission
8 enacted last spring. And it's particularly challenging
9 for contractors such as this that have benefited from the
10 support of First 5 LA for many, many years. I believe the
11 initial funding of this outreach work dates back to 2013.
12 It's terrific work. It's important work. It's work that
13 is not -- would not -- if it were to go away -- and,
14 again, I want to underscore Tara's point, we just received
15 information this week -- that we want to do some due
16 diligence on our own and with DPH and the subcontractors
17 to better understand not only the contribution they can
18 make to the transition of the Healthy Kids but also what,
19 if any, components of this investment could align with the
20 new strategic plan as it relates to developmental
21 screening and trauma-informed care in particular, but also
22 other aspects of our strategic plan as well as some new
23 information emerging around potential sustainability
24 strategics.

25 You know, at the end of the day, consumers do

1 need help. Health plans have a very strong incentive to
2 provide that help at the front end in terms of enrollment
3 as well as retention of people they've enrolled, but we
4 also know that a lot of newly insured people haven't used
5 health insurance before. And that's where there aren't a
6 lot of resources to support kind of the trouble shooting
7 type of support that really is very important. The new --
8 the Department of Health Care Services has submitted
9 what's called an 1115 waiver which is a really jargony
10 term going for going to Washington, saying, give us some
11 flexibility from all your rules and we can do creative and
12 important things with the dollars, and by the way, we need
13 support to do it. So there's no question, are there some
14 avenues within the 1115 waiver that potentially could be
15 support.

16 So the point is, we want to spend more time with
17 DPH and the subcontractors to better understand the 1115
18 waiver, the potential for Medi-Cal funding, Covered
19 California, something called a navigator program, the role
20 of health plans relative to the funders that have
21 declining dollars. So those are things we're looking at
22 that will come back to help inform the final
23 recommendation.

24 But there's no perfect sustainability plan. And
25 that's been a challenge with First 5 LA. As long as we

1 keep funding -- as long as we step forward, it allows
2 others to step back, frankly.

3 COMMISSIONER AU: I guess, again, wanting to deal
4 with it realistically is that, at some point in time, we
5 will not be able to sustain it so in my head is, is it
6 best to begin the work of -- of easing the end of that
7 grant, and -- and doing some due diligence in terms of
8 looking at other ways in which to maintain some of those
9 important components as well as -- as we're able to
10 identify those components that fit into our new strategic
11 plans. I mean, that would be clearly justifiable but then
12 those other components that still obviously have been very
13 helpful. You know, I guess the more time that providers
14 have in order to revamp their activities in relationship
15 to that reality that funding is going to end is sometimes
16 better, the more time they have to do that.

17 So, you know, it's -- it's -- you know, wanting
18 to be sensitive about all of this, we've gone -- we've
19 done a lot of good work and we've had to say, but we can't
20 fund it anymore. And that's really quite tragic but then
21 that's the reality that we're dealing with. And that's
22 why I raise the question.

23 So if we're going to help with the transitioning,
24 then the additional six months makes sense. But then I
25 would like to see that restarted as early as possible so

1 we give providers that time to do that work. It's always
2 -- by my vantage point, it's always best to work in terms
3 of a worse case scenario versus the optimistic scenario
4 that then doesn't materialize and then you really are
5 having to deal with a lot of frustration and
6 disappointment. So anyway, that --

7 MS. BELSHE: That's helpful. Thank you.

8 COMMISSIONER SWILLEY: Well, anything else on
9 that first initiative?

10 Then moving on to 211 Information Resource and
11 Referral.

12 COMMISSIONER CURRY: Last year this was getting
13 ready to expire, I think, and there was talk about
14 potential --

15 MS. BELSHE: You're thinking of the developmental
16 screening, which was a separate, smaller. This is the
17 kind of core information resource and referral.

18 COMMISSIONER CURRY: All right. Thank you.

19 COMMISSIONER SWILLEY: No comments? Other
20 comments?

21 This is the only one I guess that requires
22 additional funding?

23 MS. FICEK: Correct.

24 COMMISSIONER SWILLEY: And do we address that at
25 all in terms of what is the expectation of additional

1 funding for this?

2 MS. BELSHE: I mean, maybe you can clarify what
3 we mean --

4 MS. FICEK: Because it's an annual appropriation
5 and we expect them to fully spend out their budget for
6 this year, it will be new dollars that haven't been
7 already allocated or identified to this work. So that's
8 why we consider it or term it as new -- new funding.

9 MS. BELSHE: It's just a distinction relative to
10 other investments that are multiyear allocations or
11 dollars have been set aside.

12 COMMISSIONER AU: Again, I am encouraged by the
13 part of the recording -- excuse me. Sorry. But that you
14 are going to be spending the time to really look at what
15 the requirements are going to be in terms of role that I
16 -- I R and R is going to play. And I think the more
17 clarity we have then we can make a more informed decision
18 as to whether or not, you know, what the requirements are
19 going to be essentially that. And participating in Help
20 Me Grow, I think has other implications as well. And the
21 -- the -- it's a -- it's a -- it's almost another
22 coordinating effort that has to take place. It's almost
23 parallel to the work we do with Welcome Baby where we're
24 having to bring on board in terms of our partnership --
25 partnership in order for us to get the work done, is

1 multiple entities that operate from their own particular
2 silo'd cultures, whether it's the medical community or the
3 hospital community, the community community, and so on and
4 so forth. And, similarly, with Help Me Grow as I recall
5 correctly from the presentation that was done. Orange
6 County needed to do a lot of that ground work in terms of
7 forming these kinds of important partnerships.

8 So I -- I'm -- I'm open, I mean, for -- for
9 exploration to really get clarity and to be able to really
10 view what role this information and referral case will
11 play and -- and move from there.

12 MS. BELSHE: That's right.

13 COMMISSIONER AU: So the time that's required I
14 think it makes good sense. It's tough work. This is not
15 easy work and -- I mean --

16 MS. BELSHE: But we need that time to, as Tara
17 said, clarify approach and strategy. You've heard that in
18 the presentations of our strategic planning colleagues as
19 well as to think through what's the procurement strategy.
20 And we think 211 is a strong partner but there are others
21 as well. So our (inaudible) is we don't want to be
22 dismantling important infrastructure during this period of
23 additional learning. And we'll be coming back with
24 recommendations both on approach as well as the
25 procurement strategy.

1 COMMISSIONER AU: And I believe the program
2 people have had some track record in dealing with -- with
3 EISI as one of the projects that we had invested in and
4 had formed some relationships through UCLA I believe as
5 being the lead in that particular project. And,
6 hopefully, we can utilize some of that learning as well
7 as, hopefully, we can reestablish some of that
8 relationships to help us because, in terms of Help Me
9 Grow, I think it's a good thing and I'd like to see it be
10 very successful.

11 MS. BELSHE: And EISI is the Early Investment
12 Screening Initiative.

13 MS. FICEK: Intervention.

14 MS. BELSHE: Intervention, thank you, which is an
15 investment of First 5 LA's many years ago involving
16 pediatricians which as Rena and Steve LaFrance shared
17 earlier with you as critical partners for advancing Help
18 Me Grow. So we absolutely do want to learn from that
19 experience and where we can build upon it.

20 COMMISSIONER AU: Very good.

21 COMMISSIONER SWILLEY: Moving on to now to
22 reducing childhood obesity.

23 COMMISSIONER AU: Here I go again. What flashes
24 in my head is that LA Times' article about we -- there was
25 a policy decision made in the City of Los Angeles that

1 said there would be no more fast-foods offered --
2 permitted in south LA and yet after the results -- I think
3 it was after five years I believe, they noted that obesity
4 rate increased in those communities versus other
5 communities that were not impacted by that new policy
6 position.

7 So the obesity question is a lot -- it's a very
8 complex issue and a very complex challenge. And I want to
9 be clear that -- and I'm looking at Armando and Armando's
10 group, that this would be our opportunity for First 5 LA
11 to truly have the kinds of data and information that is
12 going to inform us and elevate our level of knowledge so
13 that we can say, hey, you know, this is an issue. This is
14 a challenge. It's confronting us across the country.
15 And, you know, it's not just a matter of curtailing fast
16 foot outlets and -- what is it -- promoting fruits and
17 vegetables versus -- it's a lot more than that I'm sure.

18 MR. JIMENEZ: And just to segue into that,
19 evaluation actually is very exciting because we're
20 partnering with APT and we're also partnering with the
21 Department of Public Health because one of the things that
22 we're going to focus on is our how our work can inform
23 policy and systems change in a larger way. And actually
24 the one advantage is that we have a unique opportunity
25 because we have BMI data on children three and four years

1 old.

2 MS. BELSHE: BMI?

3 MR. JIMENEZ: Body mass index, which is -- I'm
4 sorry. That's a funny acronym. Which is a relatively
5 good proxy of a child overweight and childhood obesity
6 levels. And we have that at specific community levels so
7 we can understand the relationships between interventions
8 that are happening and their impacts on childhood
9 overweight. And I think the kinds of things we can say
10 and talk about in terms of informed policy changes and
11 systems changes I think is really critical. And that
12 evaluation is just starting and I hope to soon at some
13 point provide some updates.

14 COMMISSIONER AU: So I'm willing to fund this as
15 long as we can get that kind of information. That would
16 be great.

17 COMMISSIONER SWILLEY: I do have a question.
18 Again, when I was trying to look to see in terms of
19 delivering on the desired outcomes, when they list the
20 outcomes that they desire, they're very specific about the
21 number of DCFS social workers and public health people who
22 will be served by this. But then our assessment of how
23 well they've done, they speaks in terms of how many
24 organizations. I don't get a sense of what was
25 accomplished compared to what was desired that I can

1 compare apples with apples to see the true success of the
2 program. And I think that would be sort of helpful to
3 this notion that they have delivered on.

4 MS. BELSHE: I think that's a really good point.
5 This is a very complex systems change effort that is
6 operating at the child level, the mother level, the
7 provider level, the community level, such as working with
8 restaurants. So it's actually a really good example of
9 what David Rattray was talking about earlier about
10 collective impact. So there's a lot going on and that's
11 one of the reasons why, as we shared with the board at a
12 previous meeting, our recommendation to continue to pursue
13 the evaluation Armando talked about because, even though
14 our future investments aren't -- aren't in obesity and
15 nutrition, we can learn a lot about systems change and how
16 interactive at this community and systems level actually
17 can help improve outcomes at a child and mom level which
18 is what you're getting it at.

19 COMMISSIONER SWILLEY: And again a later start
20 than help for in terms of starting the program or the
21 initiative. But, again, I'm wondering maybe 75 percent of
22 the budget has already been spent. So in terms of the
23 number of people to be served, is this realistic you think
24 -- am I reading this right, 25 percent of the budget left
25 but most of the work still to be done in terms of people

1 served?

2 MS. BELSHE: Again, I want to emphasize this is
3 not really -- at its heart, it's not a direct services
4 investment. It's about working with restaurants to
5 support the availability of family friendly and healthy
6 meals as one example. There are some direct individual
7 interventions and support relative to pregnant moms as an
8 example. But it's really much more of a systems change
9 and try to create support and environment where the health
10 choice for moms and families with young kids is an easy
11 choice and an available choice and an affordable choice.

12 So I think -- I'm not sure if there's a person,
13 Tara, that you would tap or say, do you want to come on up
14 and just say a little word. The Department's been doing
15 terrific work but they've also been grappling with some
16 internal challenges of getting certain things approved
17 through the legal counsel and technology, so forth and so
18 on. So we can keep on track but they have had some
19 internal challenges.

20 SPEAKER: So I'm going to answer your question
21 first about the budget. So they have not expended the \$13
22 million budget that ends this fiscal year. Next fiscal
23 year, they have a \$15.3 million budget and, if granted,
24 year five would include the remain balance, which is 3.8
25 million. So just --

1 COMMISSIONER SWILLEY: I see.

2 SPEAKER: So there's a lot more left.

3 So the program in years one and two did
4 experience some sort of delays. And one of them was
5 hiring county staff, which really sort of delayed the
6 implementation of certain strategies so, you know, county
7 has a long sort of rigorous hiring process about, so the
8 service exams, et cetera. So now the good news is all
9 staff have been hired so they're raring to go. So the
10 additional year would really allow for broader reach of
11 existing activities that are currently underway.

12 The subcontracting process through the county
13 also went various -- there were various sort of hurdles
14 there. One big one, just to highlight, is the media
15 vendor contract. That was anticipated to be awarded in
16 year two, but DPH sort of revamped their procurement
17 process. So staff needed to first create a vendor pool,
18 then solicit to the vendor pool, then award the contract.
19 So that sort of delayed. But the good news is the
20 contracts -- all the subcontracts have been awarded.

21 So those were sort of the delays that contributed
22 to some of the implementation delays but we are --
23 everything has been executed. At this point, the time --
24 the year extension would really allow for them to finish
25 the work in an appropriate way and also allow for the data

1 collection.

2 COMMISSIONER SWILLEY: Okay. Thank you.

3 Any other comments on that?

4 We'll move on to LA Universal Preschool.

5 Comments or questions?

6 COMMISSIONER YBARRA: I have a question as a new
7 commissioner. So trying to understand in looking at what
8 I see is, from what you just explained -- from what you
9 just explained as I look at this one, so the estimate that
10 June 30th of '16 is a \$30 million carryover that will
11 continue. Is that correct? Am I reading that correctly?

12 MS. BELSHE: I'm sorry. Are you on LAUP,
13 commissioner?

14 COMMISSIONER YBARRA: Yes. It's a different.

15 MS. BELSHE: We're simply adding to the -- so
16 your question about LAUP is the \$30 million?

17 COMMISSIONER YBARRA: Yes. So the question is,
18 if I'm reading this correctly, on June 30th of '16, 30
19 million will carry over after that.

20 MS. BELSHE: We're estimating that roughly \$30
21 million from the original \$580 million allocation that we
22 made ten years ago will remain unspent. So what we had
23 recommended to the board -- and this isn't an action item,
24 this is really a directional endorsement -- our
25 recommendation is we want to give the LAUP board a sense

1 sooner rather than later whether or not our board believe
2 they should be able to use those 30 million. They can
3 plan on using those \$30 million or so to advance their new
4 strategic plan in a way that also aligns with our new
5 strategic plan. But that would take effect in July of
6 2016.

7 COMMISSIONER YBARRA: Thank you.

8 COMMISSIONER ABDO: I'm excited about the idea of
9 aligning the two strategic plans and I'm hoping that
10 everybody's working well together on these -- on these
11 issues now. It's a huge, huge change for families of
12 three year olds, shall we say, who -- next year's three
13 year olds who will not have this opportunity and I'm --
14 I'm hoping that part of that planning will have to do with
15 what is going to happen to increase the number of
16 preschool slots in this county.

17 MS. BELSHE: No, I absolutely want to underscore
18 your point about alignment, and it's a point that Sally
19 and I share and I think our boards absolutely share. And
20 I really want to commend LAUP for its good work on its new
21 strategic plan and business plan. And I think, as we've
22 discussed with the commission a time or two, there's
23 terrific alignment when you heard what -- what Steve and
24 Katy Fallin talked about in terms of the early learning
25 outcome area and the emphasis on advocacy and policy

1 change to support public financing, quality rating
2 improvement systems, as well as the early learning
3 workforce, I think there's good alignment with LAUP.

4 Now what that ultimately looks like with LAUP and
5 other potential partners, you know, that's work still to
6 be done. But I think there's terrific alignment in our
7 respective new strategic directions. I also think there's
8 -- we've been working hard at shared communications and
9 messaging which we shared with our board and Celia's board
10 as well.

11 All that being said, there will be those who are
12 concerned with the loss of slots. And, again, I want to
13 commend LAUP. They're doing terrific work engaging
14 providers on a provider-to-provider basis to talk through
15 what alternates might exist. And so we're very supportive
16 of that and encouraging providers who are raising
17 questions to be engaging LAUP very directly on that.

18 COMMISSIONER ABDO: It seems to me that the
19 biggest part of this work is with the State to try and get
20 them to fund more slots.

21 MS. BELSHE: It's State but also -- you're right,
22 but it's also through the local control funding formula.
23 And here at home with school districts we -- well, you
24 know, that's part of the strategy we need to be talking
25 about. And it's not going to happen overnight. And

1 that's one of the reasons we, working with LAUP and
2 Children Now and the LA Chamber, the Advancement Project
3 and others, really want to come together around a
4 comprehensive strategy that reflects priorities here in
5 the county as well as statewide.

6 We have a governor who's characterized preschool
7 as the equivalent of expensive baby sitting. And I think
8 there's some very good work being done to help support the
9 Governor and his administration in better understanding
10 what I think this organization and LAUP understands to be
11 true; that this is not just a nice thing to do, it's a
12 must thing to do. And first 5 LA I think can play a much
13 larger role as an advocate, as a communicator, as a
14 coalition builder and convener. And I know LAUP shares
15 that expectation of us just as we have that expectation of
16 them in that effort.

17 COMMISSIONER AU: I believe the climate is
18 changing because just the President Obama's latest comment
19 in response to what's happening in Baltimore. He said
20 that a lot of the conversation needs to include early
21 childhood education and our investments starting with from
22 the get-go in terms of enhancing the possibility for
23 children to -- to have better outcomes for themselves.
24 And so -- I believe the climate is changing and the
25 opportunity may --

1 MS. BELSHE: I think the President is right. A
2 lot of the leadership and Governor Brown to his credit has
3 been an enormous champion of K through 12 financing
4 reform. I mean, the local control funding formula is a
5 really big deal in terms of resources and flexibility, and
6 the Governor gets a lot of credit for leading that effort.
7 But it is also well known that he has some real
8 reservations about investing in early learning. So I
9 think we ought to take that as part of our challenge and
10 our charge. I wish we could say that we're seeing a lot
11 of the room in Washington DC, which we're probably not.
12 We're going to learn more from our federal advocates at
13 our next board meeting.

14 But that's why I said, Judy, we -- we're not
15 saying -- our counsel to the board is, we need to be
16 looking at all possibilities at the school district level,
17 at the state level, and federally.

18 COMMISSIONER ABDO: And I guess the reason I'm
19 skeptical about school districts stepping up without extra
20 funding is that local control funding is really making up
21 for cuts that they've already had to make over the last
22 few years, actually many years. So when I talk to school
23 board people, they're saying, well, we don't have any new
24 money, we're just back filling the things that we had to
25 give up. So it's -- it's a hard message when it's

1 priorities.

2 MS. BELSHE: We'll say to be continued because
3 it's a really important part of our -- our collective
4 thinking about strategy and where we can contribute
5 working with others.

6 I believe, Dr. Swilley, we have a couple of
7 public comments.

8 COMMISSIONER SWILLEY: We have a couple of public
9 comments. We're going to start off with Christina via
10 Senior. Come to the podium. And people will limit their
11 comments to two minutes.

12 SPEAKER: I will pass on that.

13 COMMISSIONER SWILLEY: Okay. The next person is
14 Lynn Kersey.

15 MS. KERSEY: Hello. Lynn Kersey, maternal and
16 childhood access. And I want to thank you for having the
17 opportunity to be able to speak to the Children's Health
18 Outreach Initiative. We are both an outreach contractor
19 and provide all the training for the county contractors.
20 And I just wanted to -- you've heard a lot of arguments --
21 and I appreciate the questions and drawing out what's
22 going to happen and how things will end. I think there
23 are a couple of things that I'd like to draw your
24 attention to. Most of us are sitting here looking at the
25 strategic plan thinking, we do that, we can do that, we do

1 that. And there are a lot of -- there's a lot of
2 crossover. So I appreciate that there may be some time to
3 look at that and how we can align better with the
4 strategic plan. And could we -- if we could correct the
5 idea that we don't even have the potential to lead to
6 policy or practice change and service delivery system
7 improvement within the strategic plan, health systems
8 focus on trauma-informed care. I think we have the
9 potential. I think we've actually done a lot of systems
10 improvement and service delivery improvement. I can name
11 -- making sure that the access for infants and mothers
12 program doesn't limit to under 30-week pregnancies which
13 happen because a 30-week pregnant diabetic could not move
14 on into care in to AIM.

15 And we brought it to the federal government's
16 attention and, without suing, without any of those things,
17 they realized, yes, that is a pre-existing condition
18 discrimination and we need to stop that, State of
19 California. And thank you very much to the Long Beach
20 contractor who worked with us and her client. And I think
21 a lot of that is just not evaluated in the system.

22 You have a tremendous database. You have a
23 tremendous gold mine of data for change for supporting the
24 screening and trauma-informed care. We can follow those
25 kids. We do follow those kids for years to see -- to see

1 if they get the screenings and trauma-informed care.

2 And we can help Welcome Baby because we do now
3 make sure that those providers who are not the best
4 clinics often in the world -- they're doc in the boxes in
5 other places -- make those screenings happen.

6 So I want to thank you for that opportunity of
7 maybe going six more months and if you could maybe even a
8 year because there's a lot of things to explore that
9 agencies and groups and contractors who've been with you
10 for over 12 years could maybe spend some time exploring
11 with you. You have leverage with the exchange board to
12 say, make those grants work better for our contractors who
13 are the best trained, best contractors really in the
14 state.

15 So thank you very much for the opportunity and
16 thank you for your questions. I appreciate the ability to
17 work for you -- with you for 12 years or more.

18 COMMISSIONER SWILLEY: And now Sonya Vasquez.

19 SPEAKER: Hi. Again, Sonya Vasquez, policy
20 director for Community Health Councils and also a CHOI
21 contractor. I just want to reiterate a lot of what Lynn
22 has already said but just expand a little bit upon it.

23 Clearly, we have shown for over the last decade
24 just how much we support families in LA county, not just
25 through -- not just supporting those enrolling into

1 Healthy Kids but also Medi-Cal, Healthy Families before it
2 was combined into Medi-Cal and now Covered California and
3 a whole host of other local programs through enrollment
4 services as well as trouble shooting with utilization and
5 retention services.

6 But I did want to highlight what I don't know --
7 I'm not clear that everybody truly understands is the gem
8 of this project, which is our CHOI database and it is the
9 system that allows us to track all the work that we do,
10 everybody that we help. And as an advocate, I've been
11 able to use it and I know other advocates have been able
12 to use that to help inform the recommendations we have on
13 changes in health coverage -- in the health coverage
14 landscape at the state and here locally. And being able
15 to have the next six months and potentially even more than
16 that would be great so that we can really explore all the
17 other ways that we can help inform the rest of the
18 strategic plan.

19 Just thinking, we've had conversations about ways
20 that we can collect more data on the awareness and
21 experiences that consumers have of the Welcome Baby
22 program, the Best Start site, how people are accessing
23 early childhood education resources and their experiences
24 with that, and whether or not families of young children
25 are getting those developmental screening and where the

1 disconnect is happening, whether it's at the provider or
2 at the plan or just lack of education.

3 Again, we appreciate the move to policies and
4 systems change. We just want you to know that we as a --
5 also, as a policy advocate we want you to know that it's
6 important to also have that local primary data collection
7 and that's the beauty of the CHOI program, it does provide
8 us with that. So thank you.

9 COMMISSIONER SWILLEY: I believe then that brings
10 us to the final item on our agenda, which is adjournment.

11 MS. BELSHE: So moved.

12 (At 4:40 PM, the meeting was adjourned.)
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C E R T I F I C A T E

I, Heatherlynn Gonzalez, a Certified Shorthand Reporter for the State of California, License Number 13646, do hereby attest that:

The preceding is a true and accurate transcription of the meeting of the organization named herein;

The meeting was taken down in shorthand and transcribed into English under my supervision and authority;

I have no interest, financial or otherwise, in any of the parties, issues, or individuals who are involved in this organization.

Attested to on this _____ day of _____, 2015.

CERTIFIED SHORTHAND REPORTER
FOR THE STATE OF CALIFORNIA

Expiring Initiatives: Findings and Recommendations

May 28, 2015

1ST  LA
first 5 la
Giving kids the best start

Health Access : Children's Health Outreach Initiative (CHOI)– LA County Department of Public Health

- Scheduled end date: June 30, 2015
- FY14-15 Budget Allocation: \$4.6 million
- Key Findings from the review:
 1. Remaining balance of \$2 million
 2. Opportunity to assist with connecting Healthy Kids members to health care services
 3. Components of CHOI's work have potential alignment with the 2015-2020 Strategic Plan
 - Data collection to improve access to developmental screening
 - Information, Resource and Referral in Best Start Communities
- Recommendation: Extend strategic partnership for 6-months through December 31, 2015 for up to \$2 million plus additional unspent funds from FY14-15 to support Healthy Kids transition and outreach sustainability
- Board action required: Waive Governance Guideline #7; authorize staff to complete final execution of the Contracts upon Board approval of the FY 2015-2016 Programmatic budget

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FIRST 5 LA

SUBJECT:

Best Start – Building Stronger Families Framework (BSFF) Implementation Update

BACKGROUND:

At the February 2015 Board of Commissioners meeting, staff provided an update on the progress of “Learning by Doing” (LBD) in the Best Start communities and highlighted four communities (Central Long Beach, Metro LA, Palmdale and Panorama City) to provide some concreteness to the types of strategies the communities are proposing. To date, 13 communities have selected and finalized LBD strategies and activities. *Attachment A* provides a status update for each community. LBD strategies and activities fall into one or more of the following categories:

- **Civic Engagement** – Efforts that build public awareness/support around issues of public concern that affect children prenatal through age five and their families as well as efforts that influence public policy (at the municipal and/or BSC community levels) to achieve BSFF core results.
- **Social Capital** – Efforts to build relationships and partnerships among and across families, organizations, networks, and other community stakeholders. These activities are intended to strengthen the social fabric of a community – sense of community – by building and strengthening relationships.
- **Organizational Capacity Development** – Efforts that strengthen informal and formal community groups/organizations/collaboratives to improve overall functioning to more effectively meet the needs of families.
- **Community Resource Mobilization** – Efforts to mobilize, leverage, and connect resources to increase access and availability of services, supports, places and spaces to achieve the BSFF core results.

As described in the previous February 2015 update to the Commission, a unique funding process has been developed that reflects the collaborative relationship of First 5 LA with the community. Once a community has selected strategies and activities, First 5 LA will initiate a solicitation process to select one (1) contractor to implement the desired strategies and activities. This contractor can have multiple subcontractors to support achieving the strategies and activities identified by the partnership. This approach is intended to encourage collaboration and minimize competition between organizations that serve the community. A Request for Proposal (RFP) process is being used to select a contractor, which will involve three levels of review that involve Contracts and Finance review, application scoring and interviews of the top-scoring applicants. The Best Start Community Partnerships will each select representatives to participate in the interview and selection of the contractor. Information Sessions have been held in the *Best Start* communities to inform potential applicants about the funding opportunity.

While LBD strategies and activities were being finalized in communities, there was a parallel process of refining activities outlined in the 2015-2020 Strategic Plan. During the April 2015 Special meeting of the Board of Commissioners, staff presented the refined activities and provided examples of some of the tasks in each outcome area. The activities and tasks outlined in the Communities Outcome area reflect a renewed commitment to the Community Partnerships, “Learning by Doing,” and the funding categories outlined above (i.e., social capital, civic engagement, organizational capacity development, and community resource mobilization). However, based on key lessons in

implementation of the Building Stronger Families Framework (BSFF), staff is currently adapting the approach and capacity building supports to improve BSFF implementation and promote the scope, scale and sustainability of the BSFF family and community core results to achieve the objectives of the 2015-2020 Strategic Plan.

DISCUSSION:

Learning, Adapting, Thriving...Together

The 2015-2020 Strategic Plan provides a roadmap for increasing First 5 LA's contribution to better outcomes for young children by strengthening families, the communities in which they live and the systems that support them.

Per the Communities Outcome Area of the strategic plan, community capacity building strengthens the skills, relationships, and assets of parents, residents, organizations, and other stakeholders to improve the policies, services and environments that impact families. The LBD strategies and activities identified by the Community Partnerships, as well as other First 5 LA investments in community change (e.g. Neighborhood Action Councils), reflect this approach to capacity building as parents, residents, and other stakeholders work collectively to strengthen their ability to advocate for local policy changes, promote collaboration between community residents and organizations, and connect and leverage community assets.

Given the complex and evolving nature of Best Start, the implementation of LBD efforts in the 14 Best Start communities has not been predictable. Therefore, learning has been a critical investment of time and resources to distill the essence of Best Start and the most appropriate mix of supports to promote community self-efficacy, maintain momentum for positive change, build trust and increase the level of civic engagement to achieve and sustain outcomes. Additionally, staff has been considering how to be more effective in strengthening alliances and partnerships across sectors around a common agenda to influence the policy and practice decisions that affect families with young children.

Since February 2014, First 5 LA's investment in Developmental Evaluation has demonstrated commitment to continuous learning and rapid feedback to understand the evolution of Best Start. To this end, staff also instituted cross-community Learning Communities, held staff discussion and reflection sessions, received direct feedback from community members and contractors, reviewed best practices in place-based initiatives, and participated in an inter-departmental team to refine strategies, activities, actions steps, and objectives outlined in the 2015-2020 Strategic Plan. All of these efforts have been significant inputs signaling the need to:

- 1) Adapt capacity building assistance provided to the Community Partnerships;
- 2) Refine "Learning by Doing" and associated funding mechanisms to be more responsive and action-oriented; and
- 3) Improve the organizational support structure for the Community Partnerships.

Through Best Start, First 5 LA ultimately wants communities to thrive. This requires a shift in how we do our work and how we provide appropriate supports to the Community Partnerships. *Attachment B* provides some examples.

Next Steps in BSFF Implementation

Based on our collective learning, staff is working diligently to improve BSFF implementation in the following ways:

- Improve LBD so that it is faster, more intuitive decision-making process;
- Provide a more responsive funding process for the Community Partnerships;
- Refine approach to capacity building assistance to support a more community-driven change process;
- Continue to promote collective learning and find ways to scale ideas that work;
- Work to better coordinate First 5 LA investments to support families in BSC; and
- Explore ways to strengthen organizational structure for the Community Partnerships.

In terms of immediate next steps, staff is working to make adjustments to the implementation of the BSFF as seamlessly as possible. Given the changes in capacity building approach, current contracts with facilitators will end June 30, 2015 per First 5 LA's procurement policies. Solicitations are being developed to hire contractors that reflect the new direction of capacity building supports per the adaptations outlined in Attachment B. It is anticipated that these contractors will be on board October 1, 2015. In the interim, staff is extending the contract with the Center for the Study of Social Policy (CSSP) to complete the current scope of work, which includes assisting the Community Partnerships with "Learning by Doing" performance measurement, onboarding LBD contractors, and conducting community capacity assessments aligned with the Year 1 milestone included Strategy #1 (Shared Vision and Collective Action) of the Communities Outcome Area of the 2015-2020 Strategic Plan. The contract extension and associated costs will be brought to the Board in June 2015 for approval.

In addition to CSSP, staff seeks to extend the strategic partnership with South Bay Center for Community Development (SBCC) to:

1. Further strengthen resident engagement at the neighborhood level, via the Neighborhood Action Councils, to increase civic engagement in the *Best Start* communities through the duration of First 5 LA's Strategic Plan 2015-2020;
2. Provide the infrastructure, via the Resident Outreach Coordinators, to capture the voice of parents and residents who may not attend Community Partnership meetings; and
3. Provide training and technical assistance to *Best Start* Community members to conduct relationship-based community outreach to enhance the Partnerships' outreach efforts as well as build and sustain momentum around the BSFF core results within and outside of the Community Partnerships.

These contracts with CSSP and SBCC will support the transition to an improved capacity building support structure. Staff is continuing its assessment of required supports to ensure that there is no disruption to BSFF implementation as these changes are made.

Attachment A: “Learning by Doing” Update

BSC	Core Result	Target Population	Strategies	RFP/Contract Status
Central Long Beach	Family Capacities	Families with children 0-3	<ul style="list-style-type: none"> ➤ Build parent leadership capacity (Civic Engagement/Social Capital) ➤ Strengthen existing collaborations and systems related to home visitation and child abuse prevention (Organizational Capacity Development/Social Capital) 	Executed Contract
Compton / East Compton	Social Connections	Teen Parents	<ul style="list-style-type: none"> ➤ Bring together existing programs/providers in Compton to focus on teen parents (Community Resource Mobilization) ➤ Develop a team of ambassadors on teen parenting (Social Capital/Organizational Capacity Development) ➤ Create a teen parent leadership development training program (Organizational Capacity Development/Community Resource Mobilization) 	RFP expected in July 2015
East Los Angeles	Family Capacities	Families living in poverty	<ul style="list-style-type: none"> ➤ Create a foundational base of parent leaders in the Best Start East Los Angeles community to lead the vision and achieve the desired outcomes of the Best Start Community Partnership (Organizational Capacity Development) ➤ Create a cadre of parent navigators and parent peer educators to increase community knowledge of developmental stages of children, create stronger linkages between family 	RFP expected in June 2015

			<p>needs and existing community resources and services, and promote strategies for understanding and reducing parental stress (Community Resource Mobilization/Organizational Capacity Development)</p> <ul style="list-style-type: none"> ➤ Design and implement a community awareness and advocacy campaign that mobilizes parent leaders, social service organizations, businesses, government agencies, and others to ensure the at-large Best Start East Los Angeles Community impacts its family capacities' indicators (Civic Engagement) 	
<p>El Monte, South El Monte</p>	<p>Family Capacities</p>	<p>Low-income families of children ages 0-5 who need access to resources</p>	<ul style="list-style-type: none"> ➤ Build social capital by raising awareness on the types of violence that families experience, with a focus on prevention and stigma reduction (Social Capital) ➤ Build the organizational capacity of child development focused organizations by mobilizing existing child development resources to better serve and support families of children aged 0-5 (Organizational Capacity Development) ➤ Build the capacity of organizations so that they adopt a strengths-based approach to building family resiliency and strong families (Organizational Capacity Development) 	<p>RFP expected in June 2015</p>

Lancaster	Family Capacities	Low income/unemployed families with children P-5 as the target population	<ul style="list-style-type: none"> ➤ Strengthen family capacities through parent networks (Social Capital/Civic Engagement) ➤ Fostering and strengthening relationships between partnership, community, and agencies to better leverage resources for community (Community Resource Mobilization) 	RFP expected in June 2015
Metro LA	Social Connections	Children and families who are exposed to violence, inside and outside of the home, regardless of race, gender, and immigration status.	<ul style="list-style-type: none"> ➤ Promote a culture of respect by identifying and understanding family and community values that impact family interactions. (Social Capital) 	RFP released in April 2015
North East Valley/Pacoima	Family Capacities	Low Income Parents with Children 0-5	<ul style="list-style-type: none"> ➤ Enable caregivers to access and advocate for affordable child care and child education services (Community Resource Mobilization/Civic Engagement) ➤ Promote relationships between service providers, organizations and parents within the Best Start Community. (Includes system leaders and business owners) (Social Capital) 	RFP expected release in May 2015
Palmdale	Concrete Support	Families seeking childcare who do not qualify for subsidized services.	<ul style="list-style-type: none"> ➤ Advocate for childcare and preschool (Civic Engagement) ➤ Raise awareness of existing childcare, preschool, and educational services in Palmdale (Civic Engagement) ➤ Strengthening parent capacity and leadership skills (Organizational Capacity Development) 	RFP expected release in May 2015

Panorama City	Social Connections	Immigrant Parents	<ul style="list-style-type: none"> ➤ Provide opportunities for immigrant parents to make connections with others and learn how to find information and services to help families raise young children (Community Resource Mobilization) 	RFP expected release in May 2015
South Los Angeles / Broadway-Manchester	Family Capacities	Single, Young &/or First-Time Parents	<ul style="list-style-type: none"> ➤ Train a team of parent navigators to help single, young, and first time parents obtain benefits, learn about, and access resources (Community Resource Mobilization/Organizational Capacity Development) ➤ Provide cultural awareness and competency training to organizations and collaboratives serving Broadway Manchester about single, young, and first time parent (Organizational Capacity Development) ➤ Develop a leadership training program to give young, single, and first time parents skills to advocate for community needs (Organizational Capacity Development/Civic Engagement) 	RFP expected in July 2015
South Los Angeles / West Athens	Concrete Supports	Young Parents (single or married)	<ul style="list-style-type: none"> ➤ Promote Self-Advocacy and Peer Leadership Among Young Parents (Organizational Capacity Development/Social Capital) ➤ Educate Community Institutions to Promote Better-Quality Concrete Supports for Young Parents (Organizational Capacity Development/Community Resource Mobilization) ➤ Promote Effective Communication Methods to Raise Young Parents' Awareness of Available Concrete 	RFP expected in July 2015

			Supports (Community Resource Mobilization/Social Capital)	
Southeast LA County Cities	Family Capacities	Families with Limited Resources	<ul style="list-style-type: none"> ➤ Promote and develop parent/resident leadership development (Civic Engagement/Social Capital) ➤ Develop Organizational Capacity Development among child orientated CBOs (Organizational Capacity Development) 	RFP expected release date in May 2015
Watts/ Willowbrook	Social Connections	Adolescent Parents	<ul style="list-style-type: none"> ➤ Promote Strong Social Networks Among The Families of Young Parents (Social Capital/Civic Engagement) ➤ Build the Capacity of Community Institutions to Facilitate Positive Social Connections Among Young Parents (Organizational Capacity Development) ➤ Promote Peer Leadership and Mutual Support Opportunities for Young Parents (Social Capital/Civic Engagement) 	RFP expected in July 2015
Wilmington	Social Connections	Families with Limited Resources	<ul style="list-style-type: none"> ➤ Strategies are still being finalized 	RFP expected in September 2015

Attachment B: Learn. Adapt. Thrive. (Examples)

Learn	Adapt	Thrive
Approach to capacity building		
<p>Too many contractors, lack of role clarity, “Learning by Doing” driven by contractors</p>	<p>Improving the approach to capacity building to reflect a coaching, and support model that holds contractors accountable for building community leadership.</p>	<p>Community Partnerships are at the helm of Best Start and setting agendas, guiding meetings, and managing resources towards achieving and sustaining outcomes</p>
<p>Training & technical assistance by one contractor limits access and flexibility of Partnership to learn and adapt quickly.</p>	<p>Expanding to a network of training and technical assistance providers for greater responsiveness and flexibility to meet the emerging needs of partnerships.</p>	<p>Community Partnerships access networks beyond First 5 LA and have built networks of their own to access a range of resources to address specific areas of capacity.</p>
<p>Difficult to follow growth in so many areas of capacity, especially during the initial stages.</p> <ul style="list-style-type: none"> • Inclusive Governance • Effective Collaboration • Building Neighborhood Capacities • Keepers of the Vision • Data-Driven Learning, Decisions & Accountability • Resources & Sustainability 	<p>Focus on three foundational capacities during FY2015-16 to provide specific support around:</p> <ul style="list-style-type: none"> • Inclusive Governance • Effective Collaboration • Building Neighborhood Capacities 	<p>Community Partnerships are strong and effective advocates in their community demonstrated by growth in six-core capacities.</p>
LBD & Funding Process		
<p>LBD too slow and resulted in a “project.”</p>	<p>Streamline LBD, making it faster, more intuitive, and action-oriented to build knowledge and skills while implementing multiple, interconnected actions.</p>	<p>Community Partnerships are implementing projects towards BSFF that are resourced by a variety of partners including First 5 LA, other funders, government, and community resources.</p>

Learn	Adapt	Thrive
LBD only focused on family core results.	LBD focused on community core results to strengthen families	Community Partnerships are champions for a comprehensive view of their community through BSFF to improve policies, services and environments that support families.
First 5 LA did not provide clarity to the Community Partnerships around what types of actions it would fund.	First 5 LA will fund efforts that improve social capital, civic engagement, organizational capacity, and community resource mobilization.	Community Partnerships are leaders in their community in tracking and improving greater social capital, civic involvement, stronger organizations and coordination.
RFP/Qs issued to fund community-identified LBD strategies and activities but this funding process takes a long time.	RFP/Qs in progress but thinking through how to be more responsive to support the work of the Community Partnerships.	Community Partnerships have resources from First 5 LA as a starting point and pursue opportunities to leverage existing efforts to achieve BSFF core results.
There are other efforts in Los Angeles county that focus on improving the policies, services and environments that impact families	Better coordination between First 5 LA investments and other efforts (e.g. Health Neighborhoods, Prevention and After-Care Networks, Neighborhood Action Councils, LA County Parks Needs Assessment, etc.)	<p>First 5 LA and Community Partnerships can build allies and partners across sectors around a common agenda and influence policy decisions that affect families with young children</p> <p>Community Partnerships see F5LA as a <i>one</i> (not the only) partner in resourcing their community agenda.</p>
Community Partnership Support		
First 5 LA staff- supported infrastructure (except in Metro)	Improving current organizational support structure & implementing a process for engaging Community Partnership members and other stakeholders to determine the most appropriate support structure.	First 5 LA promotes community self-efficacy, builds momentum for positive change, creates trust and increases level of civic engagement to achieve and sustain outcomes.

Building Stronger Families Framework Implementation Update

Learn. Adapt. Thrive... *Together*

May 28, 2015

Special Meeting of the Board of
Commissioners



First5LA.org

Presentation Objectives

Learn

Adapt

Thrive



- Discuss **key lessons** in implementing the Building Stronger Families Framework (BSFF) in the 14 Best Start communities
- Discuss **improvements** in BSFF implementation based on lessons learned and the FY2015-2020 Strategic Plan strategy refinement process
- Discuss the **vision for the future** to achieve and sustain the core results of the BSFF

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Building Stronger Families Framework (BSFF)

First 5 LA's investment in Best Start Communities emphasizes high-functioning, results-focused, sustainable Community Partnerships as a vehicle to drive policy and systems change focused on six core results:



Stronger Families

**Safe, Healthy,
Vibrant
Communities**

- **Family capacities** – knowledgeable, resilient, and nurturing parents
- **Social connections** – families participating in positive social networks
- **Concrete supports** – access to services and supports in times of need
- Community members have a **shared vision and collective action** to improve the policies, services, and environments that impact families
- Communities have **ECE- and health-related supports that meet family needs**
- Communities have **physical places and spaces** that promote healthy living and encourage interaction

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A Renewed Commitment

What We Will Do



- Strengthen the capacity of **parents, residents, organizations** and **other stakeholders** to work **collectively** to improve communities' **policies, services, and environments** that impact families
- Provide seed funding to build **social capital**, promote **civic engagement**, improve **organizational capacity**, and **mobilize community resources**
- Strengthen **organizational support structure** to expand the scope and scale of the Community Partnerships' efforts and promote **sustainability beyond First 5 LA's support**

A Renewed Commitment

How We
Will Do It



“*Learning by Doing*” is a process of gaining knowledge and skills through direct experience, self-reflection, learning and improvement.

The learning aspect of LBD (core capacities):

Keepers of the Vision
Inclusive Governance
Effective Collaboration
Data-Driven Learning, Decisions & Accountability
Resources & Sustainability
Building Neighborhood Capacity

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The doing aspect of LBD (results-focused actions):

- Increasing Social Capital
- Promoting Civic Engagement
- Mobilizing Community Resources
- Strengthening Organizational Capacity

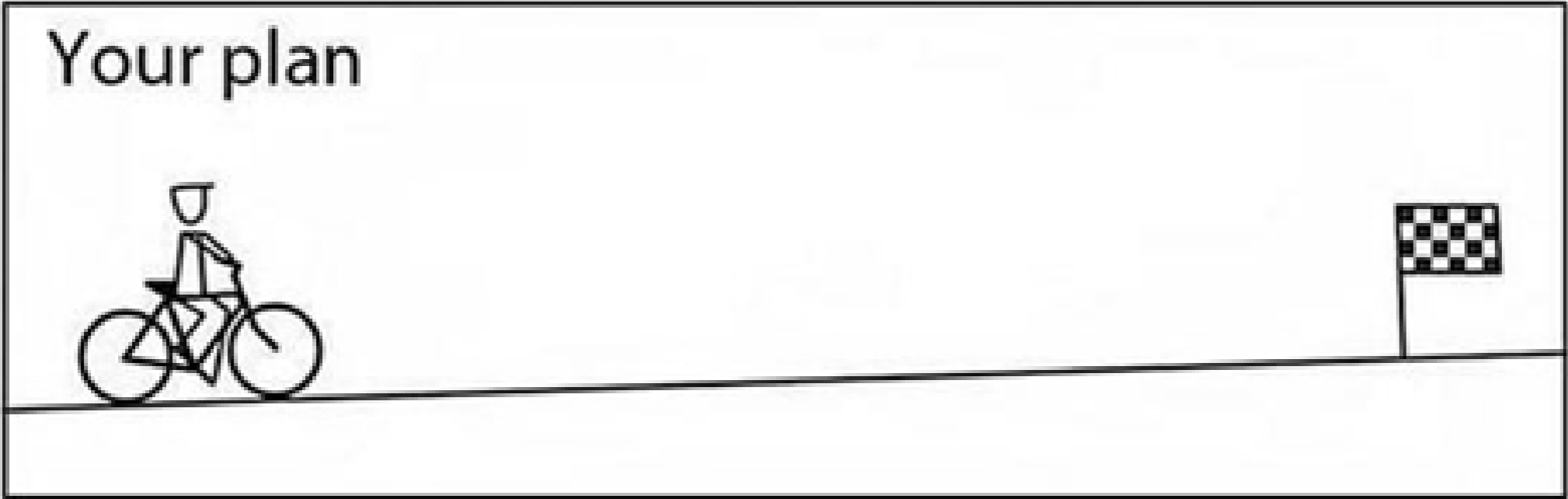


**Where we are and
where we are going.**

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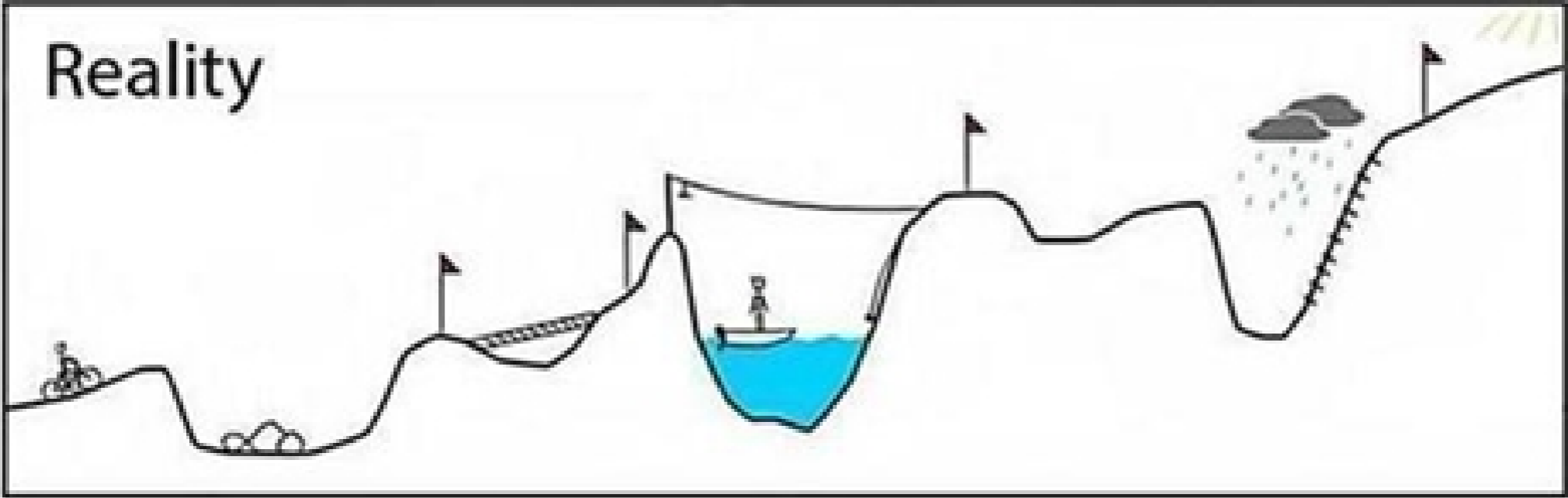
**How to work together
moving forward.**

The Best Laid Plans



- ↑ Building Stronger Families Framework Nov 2013
- ↑ Learning by Doing February 2014
- ↑ Results-focused Actions Funded June – September 2014
- ↑ Implementation June 2014 – present

The Reality of Best Start...



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Building Stronger Families Framework
Nov 2013

Learning by Doing
February 2014

Results-focused Actions Funded
March 2015 in CLB (other communities in the queue)

Question:

What core directional choices must be made to effectively build community capacity and achieve core results?

Listening and Learning



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Listening and Learning

Why focus only on family core results?

Why so many contractors?

Why is funding taking so long?

How are F5LA investments being coordinated in BSC?

What resources do we have to do this work?

[Contractors] are doing this process that we as community members could have done ourselves.

What is the role of the Community Partnerships?

Not clear what we are doing after LBD.

Too much talk not enough action.

What will be funded?

Why did First 5 LA stop funding capacity building activities like CBAR?

How can we learn and share across communities?



Learn. Adapt. Thrive.

Learn	Adapt	Thrive
Approach to Capacity Building		
Too many contractors, lack of role clarity, “Learning by Doing” driven by contractors	Improving the approach to capacity building to reflect a coaching, and support model that holds contractors accountable for building community leadership.	Community Partnerships are at the helm of Best Start and setting agendas, guiding meetings, and managing resources towards achieving and sustaining outcomes.
Training & technical assistance by one contractor limits access and flexibility of Partnership to learn and adapt quickly.	Expanding to a network of training and technical assistance providers for greater responsiveness and flexibility to meet the emerging needs of partnerships.	Community Partnerships access networks beyond First 5 LA and have built networks of their own to access a range of resources to address specific areas of capacity.

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Learn. Adapt. Thrive.

Learn	Adapt	Thrive
<p>“Learning by Doing” (LBD) & Funding Process</p>		
<p>RFP/Qs issued to fund community-identified LBD strategies and activities but this funding process takes a long time.</p> <p>There are other efforts in Los Angeles county that focus on improving the policies, services and environments that impact families</p>	<p>RFP/Qs in progress but thinking through how to be more responsive to support the work of the Community Partnerships.</p> <p>Better coordination between First 5 LA investments and other efforts (e.g. Health Neighborhoods, Prevention and After-Care Networks, Neighborhood Action Councils, LA County Parks Needs Assessment, etc.)</p>	<p>Community Partnerships have resources from First 5 LA as a starting point and pursue opportunities to leverage existing efforts to achieve BSFF core results.</p> <p>First 5 LA and Community Partnerships build allies and partners across sectors around a common agenda and influence policy decisions that affect families with young children.</p>
<p>Community Partnership Support</p>		
<p>First 5 LA staff-supported infrastructure (except in Metro)</p>	<p>Improving current organizational support structure & implementing a process for engaging Community Partnership members and other stakeholders to determine the most appropriate support structure.</p>	<p>Community Partnerships leverage First 5 LA investment by creating new partnerships with other resources to create sustainability beyond F5LA support.</p>

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Moving Forward

We will continue to use the BSFF as a guiding framework with clear results for families and communities.

We will improve “Learning by Doing” process so that it is faster, more intuitive, and action-oriented to build knowledge and skills by doing work to improve the community.

Moving Forward

We will provide a more responsive funding process for the Community Partnerships.

We will refine our approach to capacity building assistance to promote greater community ownership throughout the “Learning by Doing” process.



Moving Forward

We will continue to promote collective learning and find ways to scale ideas that work.

We will do a better job of coordinating F5LA investments to support families in BSC.

We will strengthen the organizational support structure for the Community Partnerships.



Thank You!

Learn more at [First5LA.org](https://www.First5LA.org)



FIRST 5 LA

SUBJECT:

Request to renew Strategic Partnerships and authorize staff to execute contracts with the South Bay Center for Counseling (SBCC), fourteen eligible Welcome Baby hospitals, County of Los Angeles Department of Public Health and Third Sector New England.

RECOMMENDATION (PROVIDED AS INFORMATION):

This is provided as information for the Board's consideration at the June 11, 2015 Board of Commissioners' Meeting. First 5 LA staff recommends that the Board approve the following:

- 1) A renewal of a Strategic Partnership with the SBCC for Learning By Doing: Resident Engagement and Neighborhood Action Councils through the next Strategic Plan FY 2015-20 with a contract for \$3,520,000 for fiscal year 2015-2016. All subsequent contracts for the remainder of the next Strategic Plan will be brought to the board for approval on consent prior to execution.
- 2) Renewal of Strategic Partnerships with 14 Welcome Baby/Universal Assessment hospitals through the next Strategic Plan FY 2015-20 with contracts totaling \$21,671,669. This total does not include contracts for Martin Luther King Jr. Community Hospital and Kaiser Hospital Baldwin Park which will be brought to the board for approval on consent once negotiations are complete. All subsequent contracts for the remainder of the next Strategic Plan will be brought to the board for approval on consent prior to execution.
- 3) A renewal of a Strategic Partnership with the County of Los Angeles Department of Public Health: Maternal, Child and Adolescent Health for the Los Angeles Mommy and Baby project with a contract for \$260,000 for fiscal year 2015-16.
- 4) A renewal of a Strategic Partnership with Third Sector New England (fiscal sponsor for Opportunities Exchange) for ECE Shared Services in the amount of \$200,000 for fiscal year 2015-16.

This approval does not obligate First 5 LA to contract with the agencies above for the duration of the Strategic Plan if it is determined not to be in the best interest of the Commission. The funds for these Partnerships have been included in the First 5 LA Fiscal Year 2015-16 Programmatic Budget. These recommendations are contingent upon board approval of the F5LA annual budget scheduled for June 11, 2015.

Pursuant to the Board-approved Procurement Policy, Strategic Partnerships of \$75,000 or more in a fiscal year must be presented to the Board for approval. The Procurement Policy also requires that contracts of \$75,000 or more to be approved by the Board prior to execution. Staff is seeking approval of both to comply with this policy.

On November 13, 2014, the Board of Commissioners approved First 5 LA's 2015-2020 Strategic Plan: Focusing for the Future. This Strategic Plan clearly describes the organization's focus for the next five years. The plan outlines the change we seek for children prenatal to age 5, the contribution we will make to advance that change, and the role First 5 LA will play within L.A. Staff have assessed existing Strategic Partnerships expiring in the next fiscal year and are recommending these Strategic Partnerships continue as described below.

1) South Bay Center for Counseling:

Staff recommends renewing the Strategic Partnership with SBCC for the duration of the Strategic Plan 2015-2020 because of its alignment with First 5 LA's Communities Outcome Area and related strategies. Specifically, it addresses Communities Focus Area 1: "Convene and create opportunities for collaboration among parents/caregivers, residents, organizations and institutions across multiple sectors within the *Best Start* Communities to work together to achieve the core results of the Building

Stronger Families Framework (BSFF).” SBCC will continue to implement Neighborhood Action Councils (NACs) and resident outreach work within the *Best Start* Communities to work together to advance community actions that result in stronger neighborhoods and families. The Strategic Partnership with SBCC will support broader resident engagement within the *Best Start* Communities and will also allow SBCC to work closely with the Community Partnerships to strengthen their core capacities around effective collaboration, resident and civic engagement.

Background for South Bay Center for Counseling

In 2003, First 5 LA Commission approved a Strategic Partnership with The Children’s Council (TCC) and as part of TCC’s work, South Bay Center for Community Development (SBCC) led the development and implementation of Neighborhood Action Councils (NACs) throughout Los Angeles County. Due to SBCC’s long history implementing NACs, coupled with their unique experience, qualifications, and ability to support NACs countywide First 5 LA transitioned its Strategic Partnership from TCC to SBCC in 2014. This transition ensured that the infrastructure created by SBCC to support the development and implementation of NACs continued after First 5 LA ended its contract with TCC. Since the launch of *Best Start* Community Partnerships NAC members have contributed to informing the Partnership’s priorities and decision-making by attending meetings, providing feedback on community issues and helping build a community agenda.

In June 2013, First 5 LA amended its Strategic Partnership with SBCC to increase parent and resident participation in *Best Start* Community Partnerships by conducting resident outreach. The Strategic Partnership was expanded because of SBCC’s qualifications and ability to conduct relationship and asset based outreach across the *Best Start* communities. SBCC’s work across the *Best Start* Communities¹ is done in service of First 5 LA and the Community Partnerships, and is conducted by Resident Outreach Coordinators (ROCs). As a result of this outreach, an additional 1,200 parents and residents were engaged to build broader awareness and support for *Best Start* and inform Community Partnerships’ discussion and decision-making. Through this outreach over 85 informal groups called *connection groups* have come together around shared interests in support of the *Best Start* goals. Through participation in these *connection groups*, parents and residents have built social connections with one another, reduced their social isolation, and have started to see themselves as being part of *Best Start*.

Greater collaboration between NACs and *Best Start* Community Partnership members will help ensure stronger alignment between the activities each pursue thereby strengthening the ability to achieve longer lasting neighborhood and community level changes that support children and families. Staff recommends continuing to support this Strategic Partnership in the 14 *Best Start* communities because of SBCC’s well-established infrastructure to support and implement NACs.

Recommendation: Renew the Strategic Partnership with the SBCC through the next Strategic Plan FY 2015-20 with a one-year contract for \$3,520,000 (NACs: \$1,700,000, ROCs: \$1,820,000) for fiscal year 2015-2016. This will allow SBCC to: 1) continue to conduct resident engagement at the neighborhood level to increase civic engagement in the *Best Start* communities through the duration of First 5 LA’s Strategic Plan 2015-2020, 2) continue to have SBCC increase parent and resident participation in *Best Start* Community Partnerships by conducting resident outreach for 2015-2016, and 3) provide training and technical assistance to *Best Start* Community members on how to conduct community outreach. All subsequent contracts for the remainder of the next Strategic Plan will be brought to the board for approval on consent prior to execution.

¹ ROCs supported all of the *Best Start* communities except for *Best Start* Metro LA. As the lead entity supporting the *Best Start* Metro LA Partnership Para Los Niños in coordination with the Partnership supports resident engagement and outreach.

2) Welcome Baby Hospitals:

The new Strategic Plan includes the Family Outcome Area and related strategies. Specifically, Focus Area 1 and its related Strategy reference the Commission’s investment in Welcome Baby:

Focus Area 1: Increased parent/caregiver resiliency; social connections; knowledge of parenting and child development; capacity to provide enriching, structured and nurturing environments for their children; and access to concrete supports in times of need.

- Strategy: Lead the testing, modification and scaling up of evidence-based practices and programs that work directly with parents/caregivers to increase family Protective Factors, with a primary focus on Welcome Baby and targeted home visiting models

Thus, Staff is seeking to continue to implement Welcome Baby with the 14 hospitals listed below as strategic partners.

WELCOME BABY HOSPITAL	FY 15-16 Contract Amount
Dignity Health dba California Hospital Medical Center	\$2,604,642
Northridge Hospital Medical Center	\$1,234,421
Providence Holy Cross Foundation	\$1,493,726
Providence Little Company of Mary San Pedro (also provides services to Torrance Memorial Medical Center*)	\$1,513,333
St. Francis Medical Center	\$2,376,694
St. Mary Medical Center Foundation	\$1,610,299
White Memorial Community Benefit Corporation	\$1,777,602
Antelope Valley Partners for Health (provides services for Antelope Valley Hospital*)	\$2,813,922
Long Beach Memorial Medical Center dba Miller Children’s & Women’s Hospital Long Beach	\$2,092,237
Citrus Valley Health Partners	\$1,473,348
Centinela Hospital Medical Center	\$934,041
Kaiser Hospital: Baldwin Park (under negotiations)	TBD
Valley Presbyterian Hospital Foundation	\$1,747,404
Martin Luther King Jr. Community Hospital (under negotiations)	TBD
Total for FY 15-16:	\$21,671,669

**Torrance Memorial Medical Center and Antelope Valley Hospital were previously approved as Strategic Partners, but has requested another entity to administer this program.*

Background for Welcome Baby

On June 14, 2012, the Board of Commissioners approved written evidence of findings to establish Strategic Partnerships with 24 hospitals in Los Angeles County to implement Welcome Baby/Universal Assessment for Newborns through an issuance of the Welcome Baby Letter of Intent (LOI). Birthing rate data from all Los Angeles County hospitals was utilized to identify the hospitals serving the majority of women giving birth in Best Start Communities. Hospitals also had to serve at least eight (8) percent of families in at least one Best Start community. These hospitals and the pilot hospital serve

80% of all families within Best Start communities and 26% of births countywide (based on 2012 birth data). On September 12, 2013, the Board of Commissioners approved the expansion of Welcome Baby to four additional hospitals which had responded to the Welcome Baby LOI in May 2013. On January 8, 2015, the Commission also approved the addition of MLK Community Hospital to the list of hospitals eligible for a Strategic Partnership for a total of 14 hospitals, including the pilot; two of which remain in contract negotiations with First 5 LA to provide Welcome Baby services (see Table above for complete list). As the Welcome Baby LOI is closed, no additional Welcome Baby sites can be opened. Targeted hospitals will be able to partner with First 5 LA to facilitate access to patients and allow for successful implementation of Welcome Baby and the universal screening.

Recommendation: Renew Strategic Partnerships with 14 hospitals through the next Strategic Plan FY 2015-20 and continuation of funding for the 14 Welcome Baby/Universal Assessment hospitals for a total of \$21,671,669 for FY 2015-16. This total does not include contracts for Martin Luther King Jr. Community Hospital and Kaiser Hospital Baldwin Park which will be brought to the board for approval on consent once negotiations are complete. First 5 LA staff will work with each hospital on an annual basis to determine a specific budget based on updated hospital birth rates, and develop a contractual agreement to implement Welcome Baby and Universal Assessment strategy. These subsequent contracts for the remainder of the next Strategic Plan will be brought to the board for approval on consent prior to execution.

3) **County of Los Angeles Department of Public Health: Maternal, Child and Adolescent Health:**

First 5 LA is transforming into a more intentional, systematic and data-driven learning organization. First 5 LA is simultaneously engaging in implementation planning and developing a new, comprehensive framework for our research and evaluation work called the Monitoring, Evaluation, and Learning (MEL) Framework. Part of this required that the Research and Evaluation Department conduct an assessment of current evaluation projects to determine how First 5 LA will continue to support existing work that may contribute to the successful implementation of the 2015-2020 Strategic Plan. The assessment was conducted from December 2014 through January 2015. This assessment process utilized the following criteria:

- Stage of project implementation
- Strategic Plan alignment
 - Alignment with the 2015-2020 Strategic Plan strategies
 - Relevance of findings to the Strategic Plan implementation timeline
- Learning value
 - Potential to use findings to inform policy or systems change
 - Unique opportunity to fill a gap in knowledge/data

Based on these criteria, projects were then recommended to end, continue with modification, or continue as is. This process was presented at the March 18, 2015 Special Meeting of the Program and Planning Committee meeting. Through this assessment, staff concluded that this project has some conceptual alignment to the 2015-20 Strategic Plan, staff is recommending approval to complete final data collection for the follow-up survey as well as the analysis of both the 2014 LAMB survey and the follow-up survey.

Background on LAMB

As part of its research and evaluation activities, First 5 LA entered into a partnership in 2008 with the County of Los Angeles Department of Public Health: Maternal, Child and Adolescent Health Programs to administer the Los Angeles Mommy and Baby (LAMB) Survey and conduct analyses to increase our knowledge of new mothers in L.A. County and to improve the way we support that population. The main objectives of the LAMB survey are to better understand the causes of poor birth outcomes in L.A. County, identify areas where help and resources are needed the most and improve health and human services for future mothers and babies in L.A. County. The survey has been conducted every two years from 2008 on, providing us with trend data

across the county. On June 12, 2014, the Commission approved an extension of the Strategic Partnership for Fiscal Year 2014-2015. In FY 2014-2015, the 2014 LAMB survey was conducted as well as the addition of a follow-up survey. The LAMB follow-up survey contacted mothers two years after giving birth and provides longitudinal data on social determinants, health and well-being. However, the final data collection for the follow-up survey has not been completed, nor has the analysis of either survey. Renewing this Strategic Partnership for one year will provide us with the data from the 2014 survey.

Recommendation: Renew the Strategic Partnership with the County of Los Angeles Department of Public Health: Maternal, Child and Adolescent Health Programs for the Los Angeles Mommy and Baby project with a contract for \$260,000 for FY 2015-16.

4) Third Sector New England (fiscal sponsor for Opportunities Exchange aka OppEx):

Staff recommends renewing the Strategic Partnership with Third Sector New England in order to continue building on the momentum and work that has occurred during the past six months around Shared Services for Early Childhood Education (ECE) in L.A. County, and leverages investments in Shared Services by other First 5 Commissions and funders nationwide. The goals of this capacity building strategy are to improve administrative and programmatic efficiencies for ECE providers through alliance-building among organizations, to better integrate services and work to share administrative burdens. After facilitating a successful “Shared Services 101” institute to engage ECE providers and stakeholders in learning about Shared Services, OppEx has continued to consult with local providers interested in further exploring this approach. During the initial six months (1/1/15-6/30/15) of the Strategic Partnership, OppEx focused on building awareness of Shared Services among the ECE sector in L.A. County. In FY 2015-2016, OppEx will continue their engagement with the local ECE community to provide ongoing training and technical assistance to help build the capacity of ECE providers to implement Shared Services; support the development and launch of 1-2 alliances; and inform the development a web-based shared resources platform for L.A. County providers. Without this catalytic funding from First 5 LA, the Shared Services model will not expand to L.A. County.

This funding is broadly aligned to the 2015-2020 Strategic Plan Communities Focus Area 2: Convene and strengthen the capacity of ECE- and health-related organizations to improve service. In addition, funding would support ECE providers in Best Start communities and builds off the current \$145,000 investment in FY 14-15 to educate the Los Angeles County ECE community around this capacity building model. The funding also presents an opportunity to leverage investments in Shared Services by other First 5 Commissions and funders nationwide.

Background for Third Sector New England

The Commission has had a longtime commitment to strengthening organizations serving young children and families in L.A. County, and identifies organizational capacity building as a strategy in the current Strategic Plan. As such, staff has continued to identify partnership opportunities that leverage resources to help improve organizations’ administrative and programmatic efficiencies to promote sustainability.

As discussed within the context of the Nonprofit Sustainability Initiative (NSI) at the July 10, 2014 Board of Commissioners meeting, the current expectation for nonprofits to provide more high quality services with fewer resources necessitates nonprofits to reexamine their current business models. To this end, a growing number of nonprofit leaders, funders and policymakers across the country are exploring an approach to capacity building called Shared Services, in which organizations can reduce costs, strengthen infrastructure and improve the quality of services by sharing resources and administrative functions with other organizations that provide the same types of services. There are a

range of entry points to Shared Services—from information sharing via a website to intensive collaboration and integration of back-office and administrative services.

Applying the Shared Services model, ECE providers are able to maintain their size, preserving intimacy important to families, and improve long-term financial strength and management, as well as overall capacity to provide affordable, high-quality services to children and their families. These alliances can take many forms, but have the following in common:

- Reduced or shared costs and time, through joint purchasing, staff sharing, centralized administration, or some combination of these.
- Shared capacity building in program and/or administration through use of common tools and systems, mentoring and supervision, and/or quality improvement processes.
- Stronger business leadership and pedagogical leadership via administrative strategies that centralize and share staff across sites so that professionals are able to focus their time, energy and skills on what they do best.
- Improved program quality, accountability, efficiency and sustainability.

Opportunities Exchange (OppEx) is a national nonprofit consulting group focused solely on promoting, developing and supporting the Shared Services model specifically for the ECE industry.

Recommendation:

Renew the Strategic Partnership with Third Sector New England (fiscal sponsor for Opportunities Exchange) in the amount of \$200,000 for FY 15-16.

Strategic Partnerships (SPs) FY2015-16

May 28, 2015



Process

Board Approval (Background):

1. Provides funding via Budget
2. Authorizes staff to enter into SPs for “life of project” and execute contract (typically annually)

Today’s Discussion:

1. Budget process underway (Board action 6/11/15)
2. SPs that continue, bring to Board together as informational (5/28 P+P)
3. Board takes final action on Consent (6/11)
 - Final negotiated amounts for MLK and Kaiser Baldwin Park will be brought back on consent once contract amounts have been negotiated.

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Categories of Continuing SPs

Expiring Initiatives

- DPH CHOI (*approval expected 5/28 thru Dec. 2015*)
 - Initiative: *Healthy Kids*
- LA County 211 (approved 5/14 thru June 2016)
 - Initiative: *Information Resource & Referral*
- DPH Reducing Childhood Obesity (approved 5/14 thru June 2017)
 - Initiative: *Reducing Childhood Obesity*

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Categories of Continuing SPs *cont'd*

Aligned to Current FY 2015-16 Budget Discussion

- DPH LA Mommy and Baby (LAMB) Project
 - Initiative: *Data Development & Integration*
- South Bay Center for Counseling (SBCC)
 - Initiative: *Communities: Placed-Based – Community Capacity Building (Resident Engagement)*
- 14 Welcome Baby Hospitals
 - Initiative: *Families: Placed-Based – Welcome Baby/Select Home Visiting*
- Third Sector New England
 - Initiative: *Resource Mobilization – Organizational Capacity Building*

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Thank you



Strategic Plan Implementation: Strategy Refinement

May 28, 2015

1ST  LA
first 5 la
Giving kids the best start

Goals of Today's Presentation

- Review and discuss integration and coordination of programmatic work across 2015-2020 Strategic Plan outcomes
- Review and discuss FY 15-16 cost requirements to support the Strategic Plan

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2015-2020 Strategic Plan: Integration & Coordination across Outcomes

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Ultimate Impact to Support Families, Communities & Systems

Children enter kindergarten ready
to succeed in school and life.

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https://prezi.com/qmkouv6bibdv/first-5-la-integration-visual_v2/

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Observations & Considerations

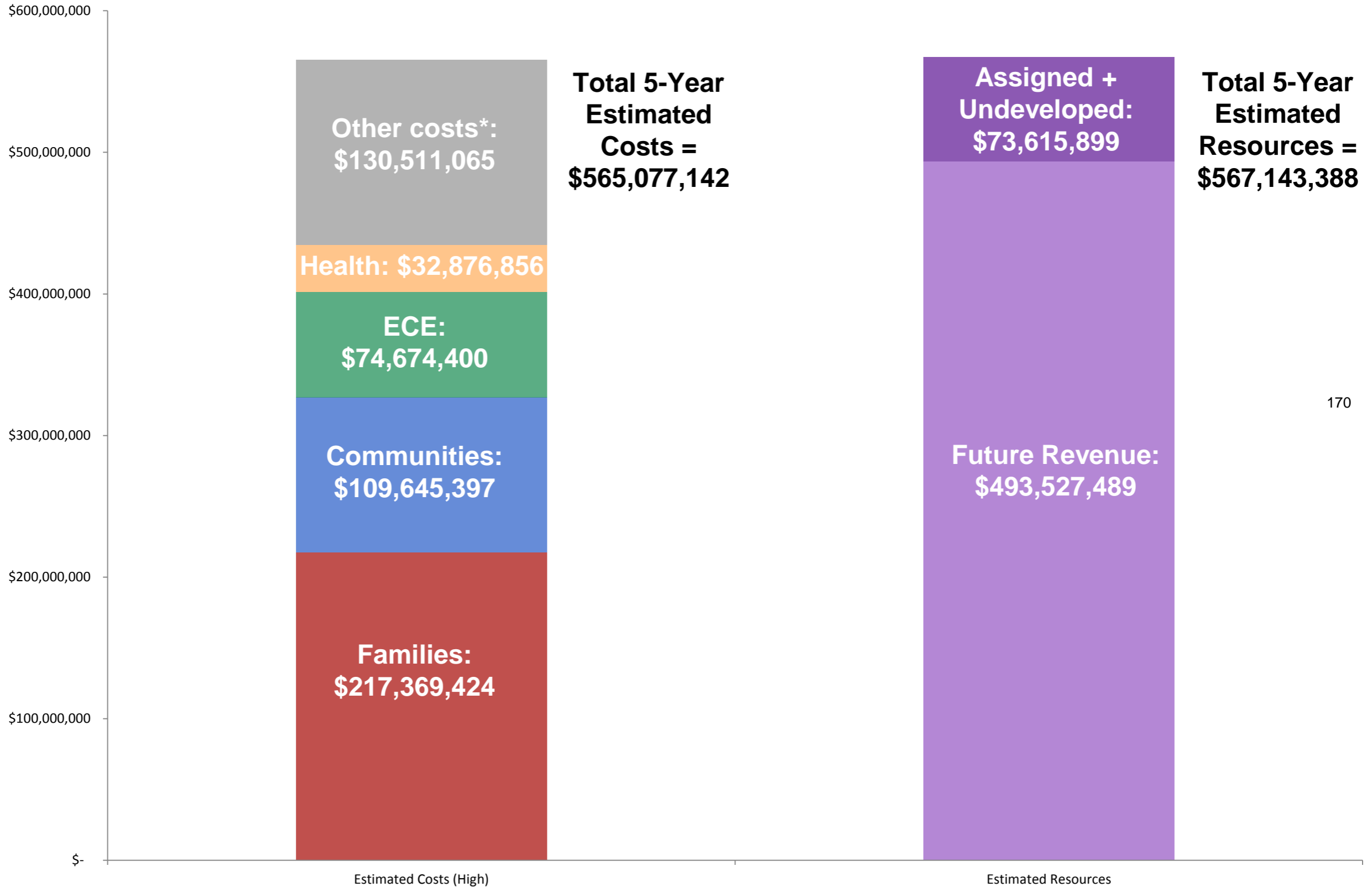
- Much of emerging work has potential to advance multiple outcome areas; therefore implementation will be coordinated across strategies
- Systems and policy change is complex and requires time and effort to achieve impact
- Partnership engagement and management will be coordinated for effective and successful collaboration
- The proposed work within the four outcomes is at very different stages of development

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Strategic Plan Implementation: Cost Requirements

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Total Estimated Costs and Total Estimated Resources Available for 2015-2020 Strategic Plan



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Investments across Outcome Areas

Families	<ul style="list-style-type: none">• Welcome Baby• Abriendo Puertas• Project DULCE• Integration of the Family Protective Factors in county- and community-based agency programs
Communities	<ul style="list-style-type: none">• Community Partnership Capacity Building• Service coordination improvements among ECE-and health-related organizations to support local Information, Resource, & Referral• Coordination between Partnerships and advocacy organizations to improve places and spaces
ECE	<ul style="list-style-type: none">• Advocacy to increase public funding for quality ECE• Support for a Quality Rating Improvement System (QRIS)• Improving ECE Professional Development Systems
Health	<ul style="list-style-type: none">• Help Me Grow• Trauma- Informed Care Knowledge & Practice

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Families

Investments

Welcome Baby & Select Home Visiting

Abriendo Puertas & Project DULCE

Integration of the Family Protective Factors in county- and community-based agency programs

Activities

Program Implementation

Research to build the evidence base & inform advocacy

Advocacy to support sustainability

Strategic Communications

Coordination with Prevention/Aftercare Networks

Examples of Year 1 Key Tasks

- Program fidelity monitoring
- Training and TA to support fidelity
- RFQ for outcomes and implementation study
- Advocacy, including work with the State Home Visiting Coalition
- Public education campaign on the benefits of home visiting 172
- Develop implementation plan for pilot of Project DULCE
- Convene Abriendo Puertas design and implementation team
- Develop an action plan with the Prevention and Aftercare Networks workgroup
- RFQ to develop Protective Factors education campaign

Families Costs

Year 1 Cost Requirements

Ongoing Investments	\$36,603,000
New Investments Under Development	\$636,000
Total Families Year 1 Cost Requirements	\$37,239,000

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5-Year Cost Estimate:

\$217,369,424

Communities

Investments

Best Start Community Partnership Capacity Building

Service coordination improvements among ECE-and health-related organizations in Best Start Communities to Improve IR&R

Support coordination between Community Partnerships and advocacy organizations to improve places and spaces

Activities

Training & technical assistance for Partnerships

Seed funding to build social capital and promote civic engagement

Seed funding to bring organizations and the larger community together to improve coordinated service delivery

Build relationships between governmental and non-governmental coalitions and Community Partnerships to advocate for investments in built environment

Examples of Year 1 Key Tasks

- Fund "Learning by Doing" results-focused actions
- Coaching and capacity building support to Partnerships
- Develop a pool of training & TA providers
- Support Neighborhood Action Councils and Resident Outreach Coordinators
- Identify organizations participating in informal IR&R systems
- Support organizations to improve IR&R processes and support implementation of Help Me Grow
- Continue partnership efforts with other place-based efforts e.g. with DMH Health Neighborhoods
- Training and TA to build environment advocacy groups to increase their knowledge about the needs of young children

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Communities Costs

Year 1 Cost Requirements

Ongoing Investments	\$17,029,000
New Investments Under Development	\$1,093,750
Total Communities Year 1 Cost Requirements	\$18,122,750

175

5-Year Cost Estimate:

\$109,645,397

ECE

Investments

Coordinated advocacy to increase public funding for quality ECE

Support a Quality Rating Improvement System (QRIS)

Improving ECE Professional Development Systems

Activities

Kindergarten Readiness Assessment

Advocacy to increase subsidies and QRIS funding

Local Control Funding Formula

Systems-level collaborative efforts

Strategic communications targeting parents

Integrate Early Childhood Educator Competencies

ECE Registry expansion

Support the ECE Permit Matrix and ECE Teaching Credential

Examples of Year 1 Key Tasks

- Landscape analysis of Kindergarten Readiness Assessments
- RFQ to conduct research and potential fieldwork on child care reimbursement rates and the impact on access in LA County
- Engage local advocacy organizations to implement ECE advocacy and policy strategies¹⁷⁶
- Track state-level QRIS work and develop QRIS advocacy strategies
- Collaborate with QRIS partners to support implementation
- Study best practices for communication about quality ECE to parents
- RFA for institutions of higher ed. to participate in ECEC alignment
- Begin coordination of ECEC alignment of training/ curricula provided outside the formal education system

ECE Costs

Year 1 Cost Requirements

Ongoing Investments	\$1,695,000
New Investments Under Development	\$370,000
Total ECE Year 1 Cost Requirements	\$2,065,000

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5-Year Cost Estimate:

\$74,674,400

Health

Investments

Activities

Examples of Year 1 Key Tasks

Help Me Grow

Trauma- Informed
Care Knowledge &
Practice

Partnership Building

Outreach to and train provider
platforms to improve systems
delivery

Advocacy for improved
coordination and collaboration
of systems

Build First 5 LA knowledge
base

Support Learning Community

Advocacy for improved
delivery of trauma-informed
care

- Convene partners/funders collaborative to support ongoing learning about Help Me Grow
- Conduct developmental screening landscape assessments
- Policy and advocacy strategies to support developmental screening¹⁷⁸
- Develop a Help Me Grow work plan
- Identify provider platform(s) to identify workforce that will receive training
- Conduct environmental scan on TI-Care practices in LA County
- Engage experts, partners and funders to participate in a learning community
- Participate in CA Adverse Childhood Experiences Policy Working Group
- Develop TI-Care policy solutions

Health Costs

Year 1 Cost Requirements

Ongoing Investments	\$100,000
New Investments Under Development	\$546,250
Total ECE Year 1 Cost Requirements	\$646,250

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5-Year Cost Estimate:

\$32,876,856

Strategic Plan Implementation Resources FY 15-16

2015-2020 STRATEGIC PLAN OUTCOME AREA	FY 2015-16 ESTIMATED COSTS		
	ONGOING	UNDER DEVELOPMENT	TOTAL
Families	\$ 36,603,000	\$ 636,000	\$ 37,239,000
Communities	17,029,000	1,093,750	18,122,750
Early Care & Education (ECE) Systems*	1,695,000	370,000	2,065,000
Health, Mental Health & Substance Abuse Systems*	100,000	546,250	646,250
Other/Cross-Cutting Activities	-	490,000	490,000
TOTAL COSTS BY OUTCOME AREA	\$ 55,427,000	\$ 3,136,000	\$ 58,563,000

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Next Steps

- Review FY 15-16 Budget at June 1st Budget & Finance Committee Meeting
- Approve Year 1 SP financial resource requirements at June 11th Board of Commissioners Meeting
- Formation of internal project teams to oversee initial project execution
- Periodic updates to Program and Planning Committee to share how work is integrated and lessons learned from implementation

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Thank you



