

AGENDA

MEETING OF THE BOARD OF COMMISSIONERS

Chair: Sheila Kuehl

Thursday, June 18, 2015
1:30 PM - 4:30 PM

Meeting Location:

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

(If you would like to speak to any item on the agenda, please complete a public comment form)

- 
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 - May 28, 2015
- **Duane Dennis, Committee Chair**
3. **INFORMATION** 106
Strategic Plan Implementation: LA Partnership for Early Childhood Investment Update
- **Jennifer Pippard, Interim Director, Community Investments**
- **Parker Blackman, Executive Director, LA Partnership**
- **Gabriel Sanchez, Director, Communications and Marketing**
4. **INFORMATION** 123
Strategic Plan Implementation: Monitoring, Evaluation, and Learning (MEL) Framework
- **Kimberly Hall, Senior Research Analyst, Research and Evaluation**
- **Steven LaFrance, President & CEO, Learning for Action**

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A PUBLIC ENTITY

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- Judy Langford, Associate Director & Senior Fellow, Center for the Study of Social Policy	
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MEETING OF FIRST 5 LOS ANGELES PROGRAM AND PLANNING
Thursday, May 28, 2015
750 North Alameda Street, First Floor
Los Angeles, California 90012

REPORTED BY:
HEATHERLYNN GONZALEZ
CSR #13646

1 Thursday, May 28, 2015; Los Angeles, California

2 1:34 p.m.

3 -oOo-

4 COMMISSIONER SWILLEY: Okay. Everyone so we're
5 going to get started. I'd like to welcome everyone to the
6 special meeting of the board of commissioners and the
7 program and planning committee. I'm Sylvia Swilley
8 alternate for Duane Dennis representing the Second
9 District.

10 And perhaps we can just go around the table and
11 say who's here.

12 COMMISSIONER BOSTWICK: I'm Suzanne Bostwick with
13 the Department of Public Health.

14 COMMISSIONER CURRY: Patricia Curry with the
15 commission.

16 COMMISSIONER ABDO: I'm Judy Abdo from
17 (inaudible) Hills District.

18 COMMISSIONER FIGUEROA-VILLA: Sandra
19 Figueroa-Villa, commissioner.

20 COMMISSIONER AU: Nancy Au, commissioner.

21 MS. NUNO: Teresa Nuno, programs and planning.

22 MR. GONZALEZ: Rafael Gonzalez, First 5 LA.

23 MS. KACZMAREK. Jessica Kaczmarek.

24 MR. LAFRANCE: Steven LaFrance.

25 MR. ORTEGA: Raoul Ortega, finance.

1 MR. WAGNER: John Wagner, chief operating
2 officer.

3 COMMISSIONER SOUTHARD: Marvin Southard,
4 Department of Mental Health.

5 COMMISSIONER SHABAZZ: Rhelda Shabazz, Department
6 of Children and Family Services.

7 COMMISSIONER YBARRA: Joseph Ybarra, Los Angeles
8 County Office Education.

9 COMMISSIONER PLEITEZ HOWELL: Karla Howell,
10 commissioner.

11 MS. BELSHE: Kim Belshe, First 5.

12 SPEAKER: (Inaudible), First 5 LA.

13 SPEAKER: (Inaudible), First 5 LA.

14 SPEAKER: Jennifer Cowan, First 5 LA.

15 MS. BELSHE: Okay. Staff has a quorum.

16 SPEAKER: (Inaudible), First 5 LA.

17 SPEAKER: (Inaudible), First 5 LA.

18 SPEAKER: (Inaudible), Best Start Panorama City
19 and neighbors.

20 SPEAKER. (Inaudible), First 5 LA.

21 SPEAKER: Heatherlynn Gonzalez, stenographer.

22 COMMISSIONER SWILLEY: Okay. I think we've
23 gotten everybody.

24 The next order of business is review the special
25 meeting of the board of commissioners, the transcription

1 from our last meeting, on April 1, '30th. It was in the
2 packet. Did you get a chance to review? Any edits?
3 Additions? Corrections?

4 Hearing none, we can accept them and just move
5 on, I believe.

6 MS. BELSHE: Yup.

7 COMMISSIONER SWILLEY: So the next order of
8 business we're going to postpone because we don't have a
9 quorum. So we'll just skip over Item Number 3.

10 MS. BELSHE: We don't have seven nonconflicted
11 voting members to be clear. This is the outstanding
12 expiring initiative and to approve staff's recommendation
13 that would require waiving the governance guidelines which
14 require seven votes and we have two commissioners that are
15 conflicted on it. So we'll bring this back to the full
16 commission in June.

17 COMMISSIONER ABDO: Is there a problem with
18 delaying it?

19 MS. BELSHE: No. Tara has been working closely
20 with the Department of Public Health, and I believe they
21 are aware of our timing issues and are accommodating it.
22 So I think we're hopeful the board will approve the staff
23 recommendation and I think the Department is planning
24 accordingly but the board needs to take that final action.

25 COMMISSIONER SWILLEY: Moving on to Item Number

1 4. We're going to have a presentation by Rafael on the
2 Best Start Communities: Building Stronger Families
3 Framework implementation update.

4 MS. BELSHE: All right, Rafael.

5 MR. GONZALEZ: Great. Antoinette will be joining
6 me in a few to partner with me on this presentation.

7 Good afternoon, everyone. Thank you. It's my
8 pleasure today to share with you where -- where we are and
9 where we have been with Best Start community: Our
10 experiences, lessons learned, our plans to move forward,
11 all part of the dynamic journey we have undertaken in Best
12 Start communities.

13 At the board of commissioners meeting this past
14 February, we did provide you all with an update in terms
15 of the progress that was taking place with learning by
16 doing in the Best Start communities and highlighted four
17 communities to provide some examples of the types of
18 strategies that communities are proposing. We shared what
19 was going on in Central Long Beach, in Metro -- so the
20 four communities that we targeted in terms of sharing
21 information were Central Long Beach, metro Los Angeles,
22 Palmdale, and Panorama City.

23 To date, 13 of the communities have selected and
24 finalized their learning by doing strategies and
25 activities. And the board pack that we provided you all,

1 we have an attachment which gives you a status update on
2 where we are with each our communities.

3 As we also shared, the learning by doing
4 strategies and activities fall into one of four different
5 categories that we talked about over the last year. Those
6 categories being civic engagement, social capitol,
7 organization of capacity development, and community
8 resource mobilization.

9 And so while the LBD activities and strategies
10 are being finalized in our community, a parallel process
11 has been under way in terms of refining those strategies
12 and activities that we outlined in the 2015 and 2020
13 strategic plan. During the meeting that we had last
14 April, we presented some of the refined activities and
15 provided some of the examples of and the tasks in each of
16 the outcome areas.

17 The activities and tasks outlined in the
18 communities outcome area, which is where Best Start
19 community falls, reflects a renewed commitment to the
20 community partnerships, learning by doing, and the funding
21 categories as I identified previously.

22 However, we have learned quite a few since those
23 meetings in the last year. And based on key lessons and
24 implementation of the Building Stronger Families Framework
25 and capacity building, staff is currently adapting the

1 approach in capacity building which supports to improve
2 our current implementation and really promote the scope,
3 the scale, and sustainability that we're all looking for
4 in terms of the BSFF family and community core results to
5 achieve the objectives that part of our strategic plan.

6 And so what -- so our objectives today is to
7 discuss the key lessons, the lessons learned in
8 implementing the Building Stronger Families Framework in
9 the 14 Best Start communities, to discuss some of the
10 improvements what we've done in terms of the learning in
11 the last year in regard to the BSFF implementation and the
12 strategic plan, strategy refinement process, also to share
13 with you all the vision in terms of the future to achieve
14 and sustain the core elements which are the Building
15 Stronger Families Framework.

16 At this point -- at this point, I'd like to
17 introduce Antoinette who will guide us through the next
18 steps in terms of -- in terms of this presentation.

19 MS. ANDREWS: Good afternoon, commissioners.

20 So the next few slides are just a reminder of
21 everyone is -- and what we're doing in Best Start
22 communities around implementing the Building Stronger
23 Families Framework. That is really focused on the six
24 core results. And just as a reminder, what we're really
25 trying to do is ensure that families are stronger in the

1 sense that they are knowledgeable, resilient, and
2 nurturing parents; that they have social connections that
3 allow -- where they're able to access networks to support
4 them in times of need but also to build a relationship
5 within communities so that they are a part of that
6 community and also concrete supports in times of need.

7 So when we talk about family capacities and
8 social connections and concrete supports, the aim here is
9 to build stronger families. And this is alive -- well,
10 not just through the Building Stronger Families Framework
11 but it's an essential part of our strategic plan moving
12 forward.

13 In addition to that, we want to ensure that
14 communities are safe, that they're healthy, that they're
15 vibrant, that they support families to be strong. And so
16 what we mean by this is that community members have shared
17 vision and they act collectively to improve policies and
18 services and environments. Again, very much a central
19 part of the strategic plan.

20 In addition to that, we want to ensure that
21 communities have early care and education and health
22 related supports meaning health, mental health, and
23 substance abuse supports that truly meet family needs.
24 And in order to ensure that communities are safe and
25 healthy and vibrant, we want to ensure that communities

1 have physical places and spaces where the families can
2 come and congregate, where they can promote healthy living
3 and encourage interaction among families.

4 So this is the foundation of the Building
5 Stronger Framework -- Building Stronger Families Framework
6 and it's also, again, very central to the work moving
7 forward over the next five years of our strategic plan.

8 Again, a renewed commitment. As you know, the
9 Building Stronger Families Framework was endorsed in June
10 of 2013 and the implementation plan approved in November
11 of 2014 -- 13. I'm getting my dates mixed up here. But
12 this renewed commitment carries over into the next
13 strategic plan.

14 Again learning by doing. You've heard a lot
15 about this and we've been talking about, what are people
16 learning and what are they doing. And the basic take-away
17 here is that learning by doing really is a process to gain
18 knowledge and skills; that we're not taking communities
19 through simply a series of planning processes but it's
20 really about building skills and insuring that the vision
21 that communities have for children and families remain
22 strong; that there is inclusive governments and effective
23 collaboration among many stakeholders; that communities
24 are using data to drive their decision making and to
25 support accountability structures to ensure they really

1 are achieving the results that they seek; that there are
2 resources and there's sustainability in the work that
3 we're doing. But we have to do that in partnership with
4 community partnerships versus First 5 LA alone being the
5 driver of that.

6 And we also want to ensure that the community
7 partnerships really are the vehicle to broader
8 neighborhood capacity. And the means by which they do
9 that, the means by which they gain knowledge and skills
10 would be by increasing social capital -- again, those
11 relationships and networks -- promoting civic engagement
12 so that families and multiple diverse stakeholders are
13 engaged in the life of the community and also engaged in
14 work around improving policies and services and
15 environments that impact families. They're mobilizing
16 resources in a different way to ensure that they meet
17 family needs and that we're strengthening the capacity of
18 organizations that exist within communities that provide
19 critical services and supports.

20 So I want to just stop right here for a moment to
21 let you know that this is a presentation that we provided
22 to representatives from every community on May 15th where
23 we talked about what is the Building Stronger Families
24 Framework, just to reground everyone in this work, to talk
25 about the commitment that the board has made through our

1 new strategic plan around the Building Stronger Families
2 Framework, and what does that mean for us and for the
3 communities as we move forward.

4 So what we talked about was, you know, this was
5 our plan. The board endorses the Building Stronger
6 Families Framework in June of 2013. The implementation
7 plan was approved in November of '13. We launched
8 learning by doing in February of 2014. We thought that
9 results-focused actions would be funded beginning in June
10 of 2014. And we thought that we would be in full
11 implementation at this point in time. But the reality is
12 there are, you know, some challenges in this very dynamic
13 community work that we do.

14 And so as you see here, you know, result-focused
15 actions started -- we started finding in March of this
16 year, 2015, with Central Long Beach and we're pleased to
17 announce that a contractor has been selected for the metro
18 LA community as well. So there is absolutely forward
19 movement. It's just taking a lot longer than we
20 anticipated. But the one thing I want to point out here
21 and what I said to the communities as well is, if you look
22 at the top, there's a little flag and then there's the
23 sun, indicating we're moving in the right direction. But
24 when we looked at this, we had to ask ourselves, what are
25 those choices that we now need to make in order to really

1 build community capacity and achieve the core results of
2 the Building Stronger Families Framework.

3 So we embarked on our own listening and learning
4 -- I'm calling it a tour but there were, you know, many
5 inputs into our listening and learning. We implemented
6 developmental evaluation as you're aware and we received a
7 lot of reports and memos and e-mails and things related to
8 what we're learning. We implemented a learning community
9 where we bring representatives from all the communities
10 together on a quarterly basis to talk about what we're
11 learning. We got a lot of contractor e-mails and phone
12 calls and meetings around the issues that were emerging,
13 not just issues but the good things, the opportunities
14 that were emerging as well. We conducted our own staff
15 reflections and discussions. Of course, the strategic
16 plan was a huge input into how we're moving forward.
17 There were lots of conversations where Rafael and I went
18 out to the various communities and had conversations about
19 what their experiences are. We looked at best practices
20 and other place-based initiatives and there have been
21 focus groups with community members, with contractors, and
22 with First 5 LA staff.

23 And so some of the things that we learned are
24 well, you know, why did First 5 LA stop funding capacity
25 building activities like CBAR, Community Based Action

1 Research; you know, what's going to be funded, we're not
2 clear about that. We're not even clear about this
3 learning by doing thing and what happens after that.

4 There's way too much talk and not enough action
5 is what we're hearing from community members. What's the
6 role of community partnerships? Well, the contractors are
7 doing all this work the community members can do. So what
8 are you going to do about that and why is that the case?
9 How are First 5 LA investments being coordinated? What
10 resources do we have to do this work? Why are there so
11 many contractors?

12 You can see that I'm going fast because there's
13 so many questions coming at us all at one time.

14 Why are we focusing only on family core results?
15 And why is the funding taking so long? And how can we
16 better learn and share across the communities?

17 These are the kinds of questions that we've been
18 grappling with.

19 So in our effort to listen and learn, we arrived
20 at the point of, we have to be intentional about our
21 learning. We have to do something with what we've learned
22 and adapt to improve because, ultimately, what we want to
23 do is be successful. We want to thrive as First 5 LA in
24 terms of what we're trying to achieve in communities and
25 we want communities to thrive beyond First 5 LA and

1 anything that we could do. And so some of the things --
2 in your materials, there are a lot more where we've
3 learned and where we're adapting and how we're intending
4 to thrive.

5 Just want to point out a few things here. So the
6 community members were saying to us, there's just too many
7 contractors. You have all these contractors out there,
8 and we're not sure whose role is to do what. And then it
9 just felt like learning by doing was driven by the
10 contractors and driven by First 5 LA instead of being
11 driven by the community members. So, in essence, how do
12 we learn by doing if we're not doing? So that's -- so
13 where we're adapting is to improve the approach to
14 capacity building. We really want to reflect the coaching
15 model that we should be supporting the work and supporting
16 the learning process versus being a driver of this.

17 We have technical assistance with one contractor.
18 And that doesn't provide the level of flexibility that's
19 really needed. So if there is something that the
20 partnership needs that's outside the scope of the
21 contractor, then what do we do. So we have -- or we're
22 expanding the network of training and technical assistance
23 to ensure that we're more responsive and that there's
24 greater flexibility to meet the needs of the partnerships
25 and really build capacity.

1 We've learned that the RFQ/RFP process takes too
2 long. And I'm sure -- you know, if we're in the community
3 and I ask commissioners to raise their hands around
4 whether you agree with this, I'm sure there would be
5 unanimous hand raising. And so what we're saying is,
6 we're not going to stop the RFQ and RFP process. That
7 train has left the station and we're committed to that.
8 But what do we do in addition to that so there is a lot
9 more flexibility, again, and responsiveness to the kinds
10 of things the communities want to do that are driving
11 towards achieving the core results of Building Stronger
12 Families Framework.

13 And, of course, we know that there are other
14 efforts. First 5 LA does not exist alone in doing this
15 work. We've talked about the Department of Mental Health
16 and the work around Health Neighborhoods. There are other
17 things. There are prevention aftercare network, other
18 opportunities out there. And how are we going to
19 coordinate this so that it becomes a real resource and a
20 collaboration between systems and communities.

21 And in terms of the infrastructure, with the
22 exception of metro, this -- the infrastructure support of
23 the other 13 communities is staff driven, is staff
24 supported by First 5 LA. And we're currently looking at
25 that -- that approach and determining what might be a

1 better approach to really support the kind of
2 community-driven process that we're interested in.

3 So in moving forward, we'll continue to use the
4 Building Stronger Families Framework as the framework
5 because it has clear result for families and communities.
6 We're improving the learning by doing process. That's a
7 lot more intuitive. It's not a year-long planning process
8 but it's the kinds of questions that we ask on a regular
9 basis in our day-to-day lives about the decisions that we
10 need to make. So we believe that it can be a lot faster,
11 more intuitive, and action oriented.

12 We will be -- and we've already started working
13 with our contracts department around how we can provide a
14 responsive funding process for the community partnerships.
15 We are refining our capacity building approach so that
16 there is greater ownership of the -- by the community
17 throughout the learning by doing process, so it's not a
18 First 5 LA or contractor driven process but a
19 community-driven process supported by resources.

20 We will continue to promote collective learning
21 and find ways to scale ideas that work because what we
22 found is, there are things that are coming up in
23 communities like your Ready For Kinder Book that was
24 created by the Panorama City partnership. And we found
25 out that they're using that in Mexico right now. So when

1 we find these gems, how do we scale these ideas?

2 We wanted to do a much better job of coordinating
3 First 5 LA investments to support families in the Best
4 Start communities. And on this one, to a certain extent,
5 it's just a matter of providing the information that these
6 resources exist within the communities. And, of course,
7 we are looking to strengthen the organizational support
8 structure for the community partnerships.

9 So there was a lot of -- the information
10 presented to you today was presented to the community
11 partnerships and, you know, met with mixed reaction to a
12 certain extent because there's -- whenever there's change,
13 even if it's change in the right direction, there's a
14 little bit of uneasiness. So we're working as a staff to
15 -- to support the community partnerships and say that it's
16 okay to be uneasy because that's a sign of growth. And
17 the partnerships, when we look at, you know, where they
18 were even a year and a half ago to where they are today,
19 they're actually ready to do a whole lot more. And it's
20 our responsibility, if we really want to do this work
21 well, to just take a step back, provided the frame, be
22 clear about the results we seek, and then allow the
23 communities to do what they need to do in order to really
24 make sure that families are strong and communities really
25 do support family assistance.

1 COMMISSIONER SWILLEY: I'm just so impressed with
2 how early on, rather than sticking to doing something the
3 same way and knocking your head against the wall for a
4 long time, that early on you've made these changes, open
5 to some criticism and to actually make it better. So I
6 want to congratulate your department for what you've done.
7 It's very impressive.

8 I went to a couple of Best Start meetings early
9 on last year, and to hear what you're saying now compared
10 to even a year ago is really impressive.

11 MS. BELSHE: I think it's -- thank you, Sylvia --
12 a good example of the value of the board, staff, and our
13 department's embrace in first being a learning
14 organization. And really want to commend Rafael and
15 Antoinette and their teams for listening very, very
16 carefully to our community partners in terms of what's
17 going well and what's going less well. So I first want to
18 echo that -- that that accommodation of our department
19 colleagues. And secondly, to underscore Antoinette's
20 point about change creates some ambiguity and some
21 anxiety, and that that's healthy. One of the things this
22 board, long before I came or John came, understood is that
23 place-based change has the power to be a very empowering
24 and sustainable investment in community and improved
25 outcomes for children.

1 The key component of sustainability is the
2 community stepping up as we step back. And so that's
3 exciting but it's also a little unsettling as communities
4 step up and into different roles that up until now either
5 our staff or contractors have undertaken. So I think it's
6 a very positive and important development but, you know,
7 there'll be some transitional issues both for us and our
8 staff as well as with our community partnership. But it's
9 in the spirit of community strength, community capacity to
10 support families and improve outcomes in a way that's
11 sustainable after First 5 LA is no longer involved.

12 COMMISSIONER BOSTWICK: Antoinette, as always,
13 you do an excellent job of presentation. I always enjoy
14 your -- the way that you put things together.

15 In the memo you mentioned that, as a community
16 select their strategies, that each one of them, you're
17 going to start a process to get the contractor to help to
18 implement this. How -- do you see the contractor as a --
19 as a CEO type or a consultant or consultant group? Or
20 what type of entity do you see leading them into helping
21 with their implementation?

22 MS. ANDREWS: So what we have, when we started
23 this had process, we explored a lot of different
24 possibilities. And where we landed is, we see it right
25 now as a CEO type. And so what we see in Long Beach is

1 the Health Department along with a lot of partners that
2 are working in collaboration with the partnerships.

3 So we've been very clear that, although we're
4 issuing -- we're using a very traditional funding
5 mechanism in identifying an organization and encouraging
6 collaboration of a collaborative to actually apply for
7 this, we've been very clear that this is not about
8 community members coming to the table, having a lot of
9 conversations about what they want to accomplish, and then
10 some other entity takes it and implements. So it's really
11 the organizations coming together and working in
12 collaboration and becoming an integral part of the
13 partnership so that the partnership still drives the work
14 even though we've had to use this particular funding
15 mechanism to get the resources.

16 MR. GONZALEZ: And if I could just add, seeing
17 that strategy in place is actually very exciting because
18 it does take the burden off one organization having to do
19 everything that the communities are requesting. So what
20 happened in Long Beach is -- was really good in terms of
21 the different stakeholders (inaudible), you know, the
22 local municipality, the nonprofit, the other associations
23 that we have here, you know, recently with metro. The
24 Korean Youth Community Center is the contractor but they
25 also went ahead with the collaborative. Right? Knowing

1 very well that, in order to really fulfill what the
2 communities identified, that we need to be strategic in
3 terms of what we can do, identify who's out there that has
4 some of those great skill sets that can become part of the
5 community sustainability.

6 So it's really nice to see in the metro where you
7 have the Korean Town Youth Community Center -- they
8 changed their name -- along with All People's Community
9 Center, Korean Family Services, and seven other
10 organizations.

11 MS. ANDREWS: Even the California Science Center.

12 MR. GONZALEZ: And the Science Center. So that's
13 really exciting and it will probably be a model that you
14 might see replicated in other areas but this is what the
15 community is (inaudible).

16 COMMISSIONER BOSTWICK: One other quick
17 additional question. How did it work having the community
18 being part of the review process?

19 MS. ANDREWS: I -- I wasn't personally there. So
20 I would like, you know, if we have -- I don't know if we
21 have staff here. Because I want you to, you know, hear
22 the specifics that are --

23 SPEAKER: Actually, it was a very --

24 MS. BELSHE: Introduce yourself.

25 SPEAKER: Hi, everybody. I'm Drew Bendaneou

1 (phonetic spelling). I'm one of the senior officers in
2 the Best Start Communities department. And I actually
3 work in Long Beach and East LA and in El Monte and South
4 El Monte.

5 To address your question, commissioner, it
6 actually was a very -- for us as grant makers, it was a
7 very rich experience for us because we -- it was also a
8 process that allowed the community to kind of empower
9 themselves in a sense that they were able to select from
10 their community members who would be represented to
11 represent them as part of the review process. And they
12 work collaboratively with us. And they came with us
13 mostly at the entry stage because we also did not want to
14 burden them throughout the whole -- because, you know,
15 grant making is very -- there's a lot of steps, lot of
16 layers. They were able to participate at the entry stage
17 where they were able to give their input and have a voice
18 in terms of being able to determine who that final
19 selected agency or entity would be.

20 So I hope that helps.

21 COMMISSIONER SOUTHARD: So I know you're already
22 working with the Health Neighborhoods kind of work that
23 we're doing but we just got word today that our mental
24 health department's innovation plan was approved by the
25 State oversight accountability which means that we will be

1 investing 91 million over three years for trauma-informed
2 care in Health Neighborhoods.

3 So I'm wondering if there are ways to leverage
4 opportunity in the community dialogue so -- so that we
5 have not overlapping conversations but one conversation
6 with the community, with multiple choices available that
7 way. So I'm hoping that we can bring that partnership
8 that we've already started even further with the emphasis
9 on community empowerment as to the process. And then what
10 we do, obviously, is constrained by the plan and what the
11 oversight accountability has approved. And I think --

12 MS. BELSHE: Can you elaborate on that, Marv, in
13 terms of what you understand that approval to support at
14 this juncture in terms in how those dollars can be --

15 COMMISSIONER SOUTHARD: Sure. So I don't know
16 all of the details of the plan because the plan -- well,
17 this is a little premature because the process is the --
18 the systems leadership team, which is our collaborative
19 group, does the planning for what our innovation's plan
20 will be. Then once that is -- has been adopted in a
21 public hearing by the systems leadership group, then it
22 gets sent to the State Oversight Accountability Commission
23 for their blessings. So we get the approval and then, to
24 expend the money in that way, the plan needs to go to be
25 adopted by the board. So that step is not yet done. But,

1 historically, because we had a community-based process for
2 determining the plan, then the board ordinarily and at
3 least historically has approved it.

4 So -- and what we're doing is a variety of things
5 related to trauma-informed care in communities. And I --
6 I don't have all of those details of what they are. But
7 the way that innovations work is that there are a variety
8 of plans proposed and concepts proposed, then the ones --
9 and a robust evaluation process is built in from the
10 beginning, and then the programs that meet their outcomes
11 are considered for ongoing funding if the Mental Health
12 Services Act growth makes room for it, and we're -- we're
13 hoping that there will be.

14 So innovations one, which we've just completed,
15 we were able -- which focused primarily on cultural
16 competence issues that were developed by various
17 communities. And so for those, we were able to get the
18 outcomes and then fund the top 50 percent of those for
19 continuing funds based on the outcomes we got from the
20 process. So we would expect the same thing would happen
21 over time. So depending on the outcomes, it may be
22 ongoing funding or it may be just funding because we tried
23 to -- for an idea that didn't really produce what we hoped
24 to.

25 But we need to be absolutely clear with the

1 community from the beginning that the funding is only
2 guaranteed for the -- you know, the three-year cycle and
3 not after that because, you know, how -- we've all had the
4 experience, once you get the funding, it's like you expect
5 it to continue no matter what. In this, we need to make
6 clear is it's dependent on how it works.

7 So that's kind of how it works.

8 MR. GONZALEZ: This is -- this is great news to
9 hear. And as you know, we're actually putting a meeting
10 together on June 15th between the Health Neighborhoods
11 staff and the Best Start communities staff. Actually,
12 it's a First 5 LA staff. It's not just Best Start or
13 community capacity building but also our colleagues from
14 Welcome Baby to be a part of this because this is a really
15 good opportunity for us to begin developing that
16 relationship and really defining -- this is going to help
17 us define what that partnership is going to be and how
18 we're going to be able to leverage, you know, interfaith
19 with these other opportunities that are out there.

20 And so, you know, we have this meeting actually
21 set. It's going to be meeting in our area. Our district
22 chiefs are going to be here. Our prenatal to five
23 coordinator. We have some other service providers that
24 will be here. We have our staff. And it's all really to
25 strengthen that relationship and identify the common

1 ground because our common ground is protective factors;
2 and also an opportunity to share, you know, in terms of
3 beyond Best Start. We're talking about First 5 LA's
4 strategic plan.

5 So I'm really excited about it. I know that
6 you're going to be here providing some words as well as
7 Kim will be here as well. So we're -- I think this is a
8 really a continuation of this relationship that builds
9 over the last eight months but I think we're getting to
10 some really exciting things.

11 COMMISSIONER SOUTHARD: We're also trying to
12 bring in those kind of departments that do infrastructure
13 -- you know, physical infrastructure work, public works,
14 and so forth and have a dialogue with them that and see if
15 we can leverage investments from those departments for
16 these community empowerment efforts as well. And
17 there's --

18 MS. BELSHE: Infrastructure did you say?

19 COMMISSIONER SOUTHARD: Yeah. So physical --
20 physical improvements, whether it's -- I don't know
21 specifically at this point but, you know, whether it's
22 zoning sidewalks, roads, you know, that sort of thing that
23 public works department may have an interest and they're
24 already engaged in community efforts. So it's -- it's --
25 rather than have -- I mean, the goal is, rather than

1 having a sprinkle things around the county, to bring
2 together in a focused kind of way all of the resources
3 possible. So we would also be engaging with the federal
4 grant making, all the people that we already engage with
5 to see if, as we build specific communities as beginning
6 targets, that -- that we apply enough resources that we
7 can make a population based difference and not just
8 improvement for individual people.

9 MS. BELSHE: Great. Congratulations.

10 COMMISSIONER PLEITEZ HOWELL: I think one of the
11 things that comes up with this presentation is, February
12 of 2014, last year, we talked about where we were going
13 and I think there was a lot of excitement with the
14 commission in terms of, here are the steps. And then we
15 saw the visual of, we didn't get there this year and we
16 had hiccougths. And I think we have to be careful about
17 how we say this and how we're going to avoid that because
18 we started off the Best Start communities, we gave it a
19 pause, and then we went back and said, this is where we're
20 going moving forward. I don't want to be here a year from
21 now and having the same conversation. So I'm wondering,
22 in terms of moving forward, we have some ideas of here are
23 some of the things we can do but I think we really need a
24 timing not only for ourselves but for the community
25 because we can't keep on serving them and asking these

1 questions again, so a really clear timing.

2 And then when these challenges come up, what
3 would be the sort of minimum bar successes we would
4 consider and the high bar successes we would consider that
5 gives us a tiered system so that we don't have this again.

6 I also think that we have some really tremendous
7 successes that we've had in individual Best Start
8 communities, and elevating those and finding those
9 successes for the communities that we have seen. And it's
10 sort of what you said, Antoinette, highlighting the things
11 that have really worked and showing that this investment
12 has had really good successes, making sure that we bring
13 those to light.

14 And then the other part is each community is
15 really different. And I'm not sure if we're seeing this
16 -- so this is a clarifying question -- if we're seeing a
17 vision for all the Best Start communities in the same way
18 or if we have a vision for each community in a different
19 way. And it would be nice to get clarity on that.

20 And then the last question is, in terms of staff,
21 are we saying First 5 LA staff will now stay in the
22 communities for a certain amount of time? I know that, at
23 some point, we talked about we're easing out of the
24 communities. Are we now saying we want less contractors
25 and First 5 LA staff will be -- will be there?

1 So just those clarifying questions.

2 MS. ANDREWS: So I may not have tracked all of
3 them but one of the ones that stood out for me is your
4 comment around how do we ensure that we're not in the same
5 position a year from now. So, you know, one of the things
6 that we have considered because -- you know, it's
7 difficult for us to come to the board and say, you know,
8 we had a plan, it didn't quite work out that well.

9 One of the things that we've learned is the
10 commission's pressure around timeline -- I should say all
11 of First 5 LA because staff is included in that. Pressure
12 around timeline actually inhibits the kind of
13 community-driven process that we want. It doesn't mean
14 that we wouldn't come back to the board and say, here's
15 our timeline. But what's built into the strategic plan --
16 I know we're going to have a conversation about this in a
17 moment -- is what are our expectations at the end of year
18 one, which is very different than saying, we have a
19 framework now and then here's the timeline, here are the
20 points in time where we know for a fact that all the
21 communities are going to be in a particular place. We
22 know that that's not the case.

23 But what we do know is we can say, we have a
24 framework, clear results. We have -- we know what the
25 communities are learning and what they're doing. We

1 definitely want a community-driven process. And we want
2 for communities, given the places where they are and their
3 own community context, to identify what are their key
4 milestones versus it being driven by First 5 LA. That was
5 a huge lesson that we learned in the last year. And I
6 think what we talked about internally is, if we continue
7 to impose these timelines driven by our need to either get
8 the money out the door or to be able to say something
9 about what's happening in the communities, that we'll
10 always be in the position of that slide of the -- of the
11 hills and valleys along the way.

12 But if we're able to take a step back and say,
13 this really is a community-driven process and every
14 community is in a different place, then we can come with
15 some confidence and say, it's not about what we're trying
16 to accomplish per se but it's about what is being
17 accomplished within the communities. And then we're able
18 to highlight those things and not necessarily be
19 consistent across all 14 but where there are gems and
20 where there's definitely progress in achieving the result
21 that's we seek.

22 So what I'm saying is, we're trying to change the
23 frame in which we're even looking at this from a kind of
24 top down, here's the timeline and we want everyone to meet
25 it, to here is the framework that we're working under and

1 to be able to provide regular updates to you, our board,
2 around what we're accomplishing that may look very
3 different in the various communities. So as our goal and
4 our desire as well to not look back a year from now and
5 say, we still missed the mark, which is why we're
6 learning, trying to adapt quickly, and then try to, you
7 know, steer and get on the right track so that we are able
8 to demonstrate the kind of progress that we all want.

9 So that was one of the key things that I heard.

10 And related to that is, you know, again, every
11 community is at a completely different place. And so it
12 is so important for us to treat them as the unique places
13 they are versus try to say it's 14 as if that's -- that
14 represents a single -- a single place within the county.

15 And so it -- it does require us to shift our
16 thinking about what success really looks like, which is
17 why, again, the year-one milestone related to the
18 strategic plan are around the communities given their
19 context. You know, if we're focused on effective
20 governance, what does that look like for Southeast LA, El
21 Monte/South El Monte. And that should be driven by them
22 and not dictated by us.

23 So that's the shift that we're really trying to
24 make, which gets to your other point -- and maybe I was
25 tracking -- gets to your other point around what's the

1 role of First 5 LA and what's the role of staff because if
2 this really is about community ownership and not being
3 driven by us, we're not saying there are too many
4 contractors and therefore First 5 is going to step back
5 in. We're saying there's too many contractors and there's
6 too much First 5 LA, quite frankly. And we really want
7 for this to be a community-driven -- I keep saying that --
8 that word because, if we're ultimately talking about
9 systems change at a community level and sustainability,
10 then it has to be completely -- it has to be owned by the
11 community, so what's our role is supporting that versus
12 being a driver of that. And that is wrapped up in the --
13 those are the kinds of questions that we're asking
14 ourselves in the decisions that we have to make about how
15 we support the community partnerships moving forward.

16 MS. NUNO: I would only add, Karla, that I think
17 that - if I was following you on the tiered structure or
18 system that we're creating across the 14 communities, the
19 approach that staff is taking toward the capacity building
20 of the partnerships, in essence, the broader capacity
21 building of the community, that it's naturally unfolding
22 and evolving that can be leveraged. The differences
23 across the communities kind of create that tiered system
24 to happen. You've heard some of the progress made across
25 geographic areas versus others, if that's what you meant

1 by, is there a tiered, you know, path to that
2 infrastructure.

3 MR. GONZALEZ: The other issue that I heard is in
4 terms of how we're communicating, you know, these
5 challenges in the community. One thing that we wanted to
6 make sure is that, in sharing this information with the
7 board, we wanted to share with you all some of the
8 challenges that we are experiencing because we did have
9 this great plan in terms of how we were going to unfold
10 this work. It doesn't always happen this way. I think
11 we're all familiar with that in any existing community,
12 you know, whether it's with us or against us.

13 But what I did hear, you know, from you too is
14 that should we work ourselves away from being very vocal
15 about some of the successes that are taking place in the
16 community: The capacity building, the leadership
17 development, the partnerships that are being created, the
18 learning, the fact that communities are coming together.
19 People recognize those are major -- those are major
20 victories. And sometimes we forget about those small
21 victories, to get the people focused in terms of what the
22 vision is for their respective communities. I hear that
23 and I agree. I think that, you know, in talking about our
24 challenges that we also make sure that we're being just as
25 strong on that.

1 And the other piece also is that, you know, we're
2 informing the -- we're sharing this information with our
3 colleagues over at the California Endowment. They're
4 sharing with us. The California Community (inaudible).
5 And, you know, as we explore other place-based efforts
6 across California and the country, you know, at times we
7 thought we were alone. But, you know, we're all sharing
8 very similar stories.

9 But I hear you and, you know -- but we do want to
10 make sure that, as we communicated those, that we share
11 with you, you know, what it is that we're engaged with in
12 the Best Start communities.

13 MS. BELSHE: And I think -- I know we're going to
14 need to move on. I think Judy has a comment or question.

15 The point that Antoinette made around year-one
16 milestones is really important in terms of having a
17 baseline that, you know, we, working with the
18 partnerships, can agree to and monitor and report back
19 with you all on. If that -- those minute standards or
20 thresholds aren't being met, I think that raises some
21 other questions that we need to come back to the
22 commission on.

23 But we are trying to find that right balance. We
24 talked about this in 2013 and 2014 between we as a funder,
25 you as commissioners having a very clear interest and

1 results in outcomes and our desire to support community
2 priority setting and informed by community wisdom and
3 diversity. So it's like finding that right balance
4 between the bottom-up wisdom and the top down
5 funder/stewardship responsibilities and interests.

6 So I -- I don't know that -- that the ups and
7 downs, Karla, that you saw in the cute little caricature
8 -- you know, in hindsight, we probably should have done
9 that at front end because we knew in 2013 and we knew last
10 year that this type of place-based, community-driven and
11 led work is not a straight line. And so -- and I think
12 we've been pretty transparent about that. So that was a
13 cute caricature. I wish it were a straight line but it's
14 not. It's not.

15 COMMISSIONER SOUTHARD: And if we pretended it
16 were, we would be faking because it's the very nature of
17 this effort that it takes time and engagement efforts that
18 by our --

19 MS. BELSHE: Roller coaster might be appropriate.

20 COMMISSIONER SOUTHARD: -- parenting.

21 COMMISSIONER ABDO: I just wanted to say, first
22 of all, I have been a community organizer. So all of this
23 seems very familiar. And I think that that's really what
24 we're doing, is community organizing. Let me say, I
25 really hope that's what's happening, is community

1 organizing. And I know that term doesn't mean the same
2 thing that it meant 30 years ago when I was doing it but
3 it's still the same work and it is hard. It's very hard.
4 And -- and it is very hard to step back and say, okay, go
5 ahead and do. I've lots of ideas about that which I won't
6 share right now.

7 But I did -- the comments that you put up there
8 in the bubbles from the community rang true to me that,
9 when I read the staff reports and the -- and looked at the
10 PowerPoints, I have those very same questions. And -- and
11 part of it has to do, I think, with the language that is
12 in the staff reports and in the PowerPoints; that is, I
13 don't know what to call that language other than
14 bureaucratic language. It's -- it's very much sort of
15 professionals and words that are -- that have much
16 different meanings than they do on the surface. So if you
17 understand them as a system as everyone on staff does and
18 take one word and you use that word out in the community,
19 that word is not going to be understood at all the way the
20 organization means that word.

21 And I think that might be a part of what happened
22 two years ago and a year ago using -- I mean, just
23 learning by doing. What does that mean? You know? It
24 has no meaning -- the words themselves have no meaning
25 about what's going to happen. It's -- it's a concept.

1 And maybe it was very well explained in all the 14 places
2 and maybe it wasn't. I don't know.

3 But I think there's a communication issue here
4 that should be looked at to make sure that this -- that
5 we're not getting the same kinds of questions in six
6 months. And I agree with Karla that we shouldn't be here
7 a year from now hearing the same thing. We should be
8 hearing whether you put deadlines on that. There should
9 be deadlines on us for knowing what's happening more
10 often.

11 And I hope that the kinds of questions that
12 they're asking later, say, in six months, will be very
13 different from what we're hearing right now. But it's --
14 I think language has a lot to do with it.

15 MS. ANDREWS: Absolutely. And those are the
16 conversations. In fact, we had a three-hour conversation
17 about that just today and the fact that, even in some of
18 the shifts that we're making, that it's a conversation;
19 it's not a PowerPoint. And we have to be able to
20 communicate at various different levels what it is that we
21 mean by this work.

22 And even the idea of community ownership, so then
23 it's like, well, what community -- community members don't
24 own their communities right now. What are we talking
25 about? So absolutely, language matters and we're working

1 on --

2 COMMISSIONER ABDO: Even there. Owning your
3 community could mean it's only for people who own
4 property.

5 MS. ANDREWS: Exactly.

6 COMMISSIONER ABDO: All the nuances.

7 MS. ANDREWS: Exactly. And those are the
8 conversations just to -- for the board that -- you know,
9 as we think about -- you're absolutely right. When we
10 rolled this out back in February of 2014, had a lot of the
11 jargon in it and people didn't know what all of that
12 meant. And then it took a long time because we were
13 trying to make sure the people understand what it meant
14 versus, if you think about the process of saying, what is
15 the result? What do we know about this? You know, who
16 does it affect? What should we do about -- those are
17 questions that happen fast and we don't have to have step
18 one, step two, step three. So those are the things that
19 we're working on right now.

20 COMMISSIONER SWILLEY: One final comment.

21 COMMISSIONER AU: Yeah, real quick. I really
22 appreciate your presentations and I've been really quite
23 excited and I want to be clear from my perspective that I
24 appreciate the candidness and the honesty in terms of the
25 challenges and perhaps -- perhaps we need to balance it

1 with a lot more about the achievements as well so it's not
2 all just challenges that and all of that struggle.

3 But I think that for me the only way that we can
4 truly make progress is to confront those challenges as
5 candidly and honestly as possible because, if we sort of
6 skim over it and just keep with the, you know, we're doing
7 really great, yada, yada, yada, and everything is fine and
8 dandy, then it's not going to be a successful project.

9 And this work is very difficult and I truly
10 appreciate Judy's comment. Community organizing work,
11 it's just essential here. It's really building a
12 relationship and a trust and -- and in the course of that,
13 respecting the parents and the individuals that are living
14 the day-to-day challenges in their neighborhoods, in their
15 community. And so that takes time. It takes a lot of
16 time.

17 So thank you very much and I look forward to
18 further presentations.

19 COMMISSIONER SWILLEY: Thank you, Rafael,
20 Antoinette, and for all of the comments.

21 And now we're going to move on to Item Number 5
22 with John and Teresa, Renewal of Expiring Strategic
23 Partnerships.

24 MR. WAGNER: Thank you, commissioners, and good
25 afternoon.

1 As the chair mentioned, I will be spending a few
2 minutes discussing Item 5 that has to do with strategic
3 partnerships. And what we want to do in this presentation
4 is provide a little bit of background on the process for
5 the board's ability to establish strategic partnerships --
6 and I'll explain a little bit what that is, especially for
7 new commissioners -- and turn it over to Teresa who will
8 be providing a little bit more specificity on the
9 strategic partnerships we're bringing forward for your
10 consideration today.

11 So this is an informational item. It's not for
12 action, obviously, but we will be bringing this back to
13 the full board on June 11 for action on consent.

14 So to give a little bit more background on
15 strategic partnerships. Back in -- well, First 5 LA has a
16 policy -- a procurement policy which basically is a
17 requirement that we go up to bid and competitively solicit
18 bids for goods and services. And in this procurement
19 policy, it really establishes thresholds for which we can
20 not go out to bid. So there are some good business
21 reasons why an organization like First 5 LA may not want
22 to undertake a competitive bid. And those are all spelled
23 out in the procurement policy, which the board approved.
24 The last time it went to the board for amendment was in
25 February of 2013.

1 So in this procurement policy, it spells out our
2 process and there's four reasons why the board may want to
3 engage in what we call a strategic partner which means we
4 are engaging with someone who has unique resources or
5 unique abilities that further our work in a way that we
6 otherwise couldn't get if we were going out to competitive
7 bid. So that's all spelled out in the procurement policy.

8 So if our strategic partnership goes above
9 \$75,000, we have to bring that back to the board to
10 approve that strategic partnership, which we've done in
11 the strategic partnerships that are up for renewal that
12 we'll be discussing today.

13 Above and beyond that in that procurement policy,
14 we also have a requirement that contracts come to the
15 board for your consideration and approval if they reach
16 the \$75,000 threshold.

17 So I think what's important to keep in mind is,
18 we're talking about two things: The board's authority to
19 establish strategic partnerships which are an exemption to
20 the competitive bidding process, and the board's authority
21 to establish contracts above -- at \$75,000 and above.

22 Now, what -- how does this all jive with what
23 we're doing today? Well, we're in the process of a budget
24 process -- in the midst of a budget process and we have
25 been talking to the various committees about the fiscal

1 year 15-16 budget. Staff have undertaken a review to
2 look at those strategic partnerships that are set to
3 expire in this fiscal year. And so as -- as the
4 PowerPoint slide indicates, we are currently in that
5 process and we will bring that back to the board on
6 June 11th, not only this item for action but the budget as
7 well which provides the resources for these contracts.
8 And we are also calling out in this discussion those
9 strategic partnerships that are set to expire who we think
10 continue to have a unique situation that is really
11 critical for the work we want to do in the 15-16 fiscal
12 year.

13 The -- so one other point I'd like to make on the
14 process is, you have seen some of these strategic
15 partnerships through the expiring initiatives discussion.
16 So some of these, as we brought forward the items on
17 strategic -- or on expiring initiatives did involve some
18 strategic partners but the ones we're bringing forward
19 today are above and beyond those. So we have for your
20 consideration today, there are 17 different strategic
21 partnerships that the board has previously established;
22 14 of them involve our Welcome Baby hospitals. And to use
23 that as an example, there was a real process tied to
24 analysis of births in these hospitals joined to Best Start
25 communities. So that would be an example where, you know,

1 that doesn't apply to every single hospital out there.
2 It's a unique set of partners that we want to establish a
3 strategic partnership with that resulted in the Welcome
4 Baby strategic partnerships. So that's 14.

5 In addition, we have a strategic partnership with
6 DPH on a -- a data survey and we have one with South Bay
7 Center For Counseling and then Third Sector New England,
8 which is a strategic partnership with our communities
9 investment department.

10 And so just to -- maybe I'll pause here before
11 turning it over to Teresa who just has a brief highlight
12 on the work of these strategic partnerships to see if
13 there's any questions on the process of the role of the
14 board in establishing strategic partnerships.

15 MS. NUNO: And it's a very great highlight to --
16 basically, just some high points. And I want to focus
17 more strongly on the part of the legal part of what we're
18 talking about to inform your policy decision with the
19 partnerships that John just mentioned that are very
20 critical to our upcoming work.

21 With regard to the South Bay Counseling Center,
22 SBCC, staff is recommending that the board approve the
23 renewal of this strategic partnership to strengthen the
24 resident engagement activities in the Best Start
25 communities through the neighborhood action councils and

1 through the work of the resident coordinators through the
2 next strategic plan, fiscal years 2015 and 2020, and with
3 a contract worth \$3,520,000 for fiscal year 2015 and 2016.
4 All subsequent contracts for the remainder of the next
5 strategic plan will be brought to the board for approval
6 on consent prior to execution.

7 Our partnership with SBCC will continue to
8 support parent and resident engagement activities at the
9 neighborhood level to increase specific engagement in Best
10 Start communities.

11 The 14 Welcome Baby hospitals. This renewal of
12 -- this strategic partnership renewal with our 14 Welcome
13 Baby universal assessment hospitals through the next
14 strategic plan, fiscal years 2015-2020, with contracts
15 totaling \$21,671,669 -- we left the pennies out -- will
16 allow First 5 LA to maintain its reach to a significant
17 number of birth across the county. First 5 LA staff will
18 work with each hospital on an annual basis to determine a
19 specific budget based on updated hospital birth rates and
20 we will develop contractual agreements to implement
21 Welcome Baby and universal assessment strategy work in
22 that way.

23 The Welcome Baby program, as we are aware, does
24 have benefits across our investments in an effort to
25 promote healthy, nourishing environments for children.

1 In total, this -- total by the way does not include
2 contracts for Martin Luther King, Jr. Community Hospital
3 and Kaiser Hospital Baldwin Park, which will be brought to
4 the board for approval on consent once negotiations are
5 complete. All subsequent contracts for the remainder of
6 the next strategic plan as noted will be brought to the
7 board for approval on consent prior to execution.

8 The renewal of the strategic partnership with the
9 county, as John mentioned, the Los Angeles Department of
10 Public Health, Maternal Childhood Adolescent Health, will
11 support the continuation of the Los Angeles Mommy and Me
12 survey, known as LAMM, with the contract for \$260,000 for
13 fiscal year 2015-2016. Funding for this survey will make
14 possibility the final data collection activities that will
15 provide First 5 LA with the critical information that
16 increases or continues to increase our knowledge of new
17 mothers in the county and also improves how we support
18 this population.

19 And finally, the renewal of a strategic
20 partnerships with Third Sector New England, fiscal sponsor
21 of the Opportunities Exchange, supports our early care and
22 education, ECE, shared services project in the amount of
23 \$200,000 for the fiscal year 2015-2016.

24 The project, as some you may be aware, you know,
25 this community well supports the implementation of a

1 capacity building approach by ECE agencies to improve
2 their program -- programs by providing a shared services
3 model thereby increasing capacity or the quality rather,
4 maximizing efficiencies, and promoting their
5 sustainability. This project also presents an opportunity
6 for us to leverage investments and similar efforts across
7 the state because other First 5 commissions are carrying
8 this out as well.

9 I think I covered all of the strategic
10 partnerships.

11 MR. WAGNER: So just so sum up -- and I failed to
12 make a point that all the funding attached to these
13 contracts and these strategic partnerships is being built
14 into the 15-16 budget which is also being reviewed right
15 now, as I mentioned. And so all of that is built into the
16 program budget. So the next step of this will be, now
17 that we've offered an informational item to renew these 17
18 strategic partnerships and to move forward on these 15
19 contracts with the two that Teresa mentioned are still
20 being negotiated, that's what we'll come back to the board
21 in June for final action.

22 MS. BELSHE: With the funding included in the
23 budget.

24 MR. WAGNER: Right.

25 MS. NUNO: Right. If you have questions, we also

1 have staff here if we need to go into more detail.

2 COMMISSIONER SWILLEY: Comments? Questions?

3 COMMISSIONER BOSTWICK: Will each one of these
4 have to do the super majority vote because they were
5 expiring contracts or no?

6 MS. NUNO: These are renewals.

7 MR. WAGNER: Yeah, these are -- what we're -- we
8 are renewing the strategic partnerships and these are new
9 contracts.

10 COMMISSIONER BOSTWICK: Okay.

11 MR. WAGNER: So I don't believe they will require
12 a super vote.

13 The other point to make is that the strategic
14 partnerships are often being made for the life of the
15 project contracts we tend to bring on an annual basis. So
16 it goes with without saying that, if we have performance
17 issues with any of our contracts or whatever, we can
18 continue to bring those back to the board for your
19 consideration but, you know -- and we would continue to do
20 that. But the approval of the strategic partnership often
21 is more than one year.

22 COMMISSIONER AU: And I think -- my understanding
23 is that by having a strategic partnership designation is
24 in a sense is they're saying some sort of contractual
25 relationship as the grantee would be based on the project

1 or initiative.

2 MR. WAGNER: I think the difference is that it's
3 the procurement. So strategic partners have been found to
4 be very unique or have extra resources that we can
5 leverage or there's some business reason why we're not
6 going out to bid. And once that decision has been made
7 and above 75,000 approved by the board, then staff can
8 execute a contract with that strategic partnership
9 partner.

10 COMMISSIONER AU: Is that still -- maybe is the
11 equivalent in the county system a sole sourcing? Is that
12 -- is that still a viable --

13 COMMISSIONER BOSTWICK: Yes.

14 MS. NUNO: I think that would be -- the findings
15 for that -- most of these procurements as strategic
16 partnerships have been approved by the board.

17 MS. BELSHE: We reviewed with the board and
18 updated them in --

19 MR. WAGNER: February of 2013.

20 MS. BELSHE: Okay. We would recommend that we
21 take a brief break if you are amenable and come back in
22 ten minutes.

23 (A brief break.)

24 MS. BELSHE: So let us be hushed and begin with a
25 very important acknowledge. Today is Linda Vo's birthday.

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(Happy Birthday song was sung:)

MS. BELSHE: Now you have to blow out the
candles.

MS. VO: Thank you.

MS. BELSHE: So this is tiramisu. Word gets out
that maybe that's a little something you like. If you're
comfortable, we will slice up some cake for whoever might
enjoy some.

SECRETARY: Yes, please, for everybody.

MS. BELSHE: Just a little taste. If people are
interested, just kind of get up and help yourselves but
let's first make sure Linda has a slice.

And thank you, Monica, for being a terrific help
in this effort.

COMMISSIONER CURRY: So Linda told me that, in
honor of her birthday, you threw this --

MS. BELSHE: I did. I said this morning, I said,
commemorate your day of days, we're going to have a
commission meeting for you.

SECRETARY: She's the best boss as you can see.

MS. BELSHE: Very generous. So happy happy.

SECRETARY: Thank you.

MS. BELSHE: All right, J.K.

MS. KACZMAREK: Good afternoon, commissioners.
So today's strategic planning presentation is

1 building off a conversation that we started last month
2 where we shared highlights of work that we are proposing
3 over the next five years in alignment with the strategic
4 plan. There was a lot of information that we share and
5 then we moved into budget conversations through the
6 budgeting process. And we're seeing that work be included
7 in the budget and we wanted to make sure that we had some
8 time today to continue to talk about that and ensure that
9 we're all understanding the vision of the strategic plan
10 and the work behind it that will help us carry out the --
11 the goals that we laid before us for the next five years.

12 So we do have an extended amount of time on the
13 agenda to talk about this and to go through this
14 presentation. I have with me my colleagues who've been
15 helping to lead the work internally throughout the
16 strategic planning period. So Katy Fallin from R and E,
17 who's been leading the ECE work; Barbara Dubransky from PD
18 who's been leading the families work; Rena John, also from
19 PD, been leading the health work; and Antoinette Andrews
20 who you've heard from so eloquently today who's been
21 leading the community work. So along with staff across
22 the agency, the team here has been helping to craft what
23 you'll see today. And then Steven from Learning For
24 Action, is here as well. Steven LaFrance, president from
25 Learning For Action who's been helping us along our

1 journey and will help facilitate our conversation.

2 So with that, we have two objectives to review
3 with you today. The first is to bring more clarity to how
4 the work of the strategic plan will be integrated across
5 outcomes in support of our goal that children entering
6 kindergarten are ready to succeed in school and life. And
7 then we'll pause and see if there are any questions about
8 the work. We're hoping to make this really a discussion
9 and much more comprehensible and relatable given some of
10 the comments we've heard actually from our previous
11 conversation. And then we're going to be shifting our
12 attention to talking about the costs and how we envision
13 year one implementation being supported financially
14 through the 15-16 budgets.

15 So beginning with the -- the work and the story
16 of integration. So I just want to remind us all of what
17 we are striving for in the strategic planning period. Our
18 work will lead to children entering kindergarten ready to
19 succeed in school and life. And so that is the -- we
20 called it many things throughout the strategic planning
21 process. We called it our north star, our ultimate
22 impact, but this is really what the work will lead to, is
23 that children in LA county will be ready for school and
24 for life.

25 And so how do we do this? And to help facilitate

1 this part of the conversation, we're trying something new.
2 Well, new for strategic planning. This is the -- we're
3 going to be using Prezi to help facilitate our
4 conversation. And I'm also going to be using the term
5 families and parents and caregivers interchangeably. So
6 you may hear me go back and forth between the two. But
7 what we are really talking about are families that can
8 look many different ways for children and so we want to be
9 mindful of that.

10 So central to a child's optimal development is
11 his or her family. So our work with families is going to
12 be grounded in our anchor investment of home visitation.
13 Our commitment to home visitation is quite significant and
14 it has yielded many supports for families throughout LA
15 county. And we see this by nearly a 50 percent
16 participation for families in the Best Start communities
17 through our Welcome Baby program. So we have built quite
18 an infrastructure in Welcome Baby. And in that investment
19 of home visitation. And the reason why is because it is
20 central to supporting a child's development at the
21 earliest stage, And home visitation helps us connect
22 families to the skills, knowledge, and resources in their
23 communities that they need to help in their child's
24 development.

25 But we also know that families live in

1 communities and so families are not isolated in -- in --
2 by programs. They engage in and are supported by their
3 communities. And so we have a vision for our work with
4 communities, And that is our Best Start work.

5 So supporting the capacity of our 14 Best Start
6 communities to better support and engage families to help
7 break down social isolation that may be occurring and to
8 really build those bonds across parents and caregivers as
9 well as to help ensure that the organizations that support
10 families within these communities are more coordinated and
11 more responsive in -- in families' needs.

12 We also have a vision for those communities that
13 have identified the need for places and spaces that will
14 help support their child's development, and we've
15 identified how advocacy and supporting the capacity of
16 families and communities to better advocate for those
17 places and spaces help to build that community
18 infrastructure.

19 We also know that families and communities are
20 supported by systems. So the ECE system and what we refer
21 as the health related systems that's really the health,
22 mental health, and substance abuse systems. Those systems
23 really do support families throughout their child's early
24 years. And we want to -- the way we want to contribute to
25 those systems is to ensure that they're strengthened by

1 such investments as Help Me Grow which help to improve the
2 coordination of -- of the developmental screening and
3 referral system for children and families, and also in the
4 ECE world, ensuring that all children have access to
5 quality early learning and early care and education.

6 So that is how we envision making a contribution
7 to each level that supports a child throughout their early
8 years.

9 And our work is surrounded by partnership. So we
10 have been reminded over and over again how we are part of
11 a broader ecosystem of organizations, individuals,
12 nonprofits, who contribute to the child's well-being. And
13 so we are looking at how we strengthen our partnerships in
14 doing this work to ensure success for -- success,
15 sustainability, and scalability for our efforts.

16 So with that, I'm going to pause to see if there
17 are any questions about just this overall sort of vision
18 for the layers of our work and how they are integrated.

19 Okay. So what this visual also represents are
20 some colored ribbons that you see here. And those colored
21 ribbons help to tell the story of how some of our work is
22 integrated had cuts across outcome areas. So I'm going to
23 zoom in here first to parent and caregiver support.

24 So central to our work is, again, supporting
25 parents and caregivers. And we talk about this very much

1 so in the world of Welcome Baby and in that programmatic
2 area. But there are many other ways in which our work
3 across the various -- the four outcome areas support
4 parents and caregivers. I'm going to highlight one
5 example here. This is the Help Me Grow systems work that
6 we are proposing for investment.

7 Help Me Grow is -- it's a national model and it
8 is a systems improvement platform and strategy that helps
9 to, again, bring more coordination and clarity to parents
10 as to how important screening is to their child's
11 well-being, connecting parents to those screening
12 services, and then any subsequent supports that they might
13 need to help in their child's development. So it's very
14 much about supporting the parents' ability to access the
15 types of services and supports they need to support their
16 child. And so this is a way in which we are contributing
17 to parent and caregiver support beyond just the Welcome
18 Baby program.

19 And there are many other examples across the
20 outcome areas but because of the -- because of time, we
21 want to just provide you with some examples.

22 Another area in which we are supporting our
23 vision is by building community capacity building and --
24 by building community capacity. And we talk extensively
25 about through Welcome Baby. But it's important to note

1 that another --

2 MS. BELSHE: Best Start.

3 MS. KACZMAREK: Through Best Start. Excuse me.

4 But it's important to note that another way in
5 which we build community capacity is through another
6 proposed investment for your consideration, Abriendo
7 Puertas. So Abriendo Puertas is a program that helps
8 families in school districts become more empowered and
9 active in their child's education. And the way it builds
10 community capacity is by engaging families together. So,
11 again, building those relationships with families in the
12 school district to better advocate for their child and
13 better support their child in -- in their -- in their
14 school environment. And so this helps to build a
15 community's capacity so respond and support to their
16 child's early learning.

17 Another cross-cutting way in which our work is
18 sort of organized is by supporting provider professional
19 development. So an example of how we will do this over
20 the next five years is through our ECE outcome. So the
21 ECE outcome area focuses on quality early care and
22 education. And one of the key strategies to do that is by
23 strengthening the ECE professional development system. So
24 by working with others to -- to support the adoption of --
25 of the core capacities for ECE professionals and the

1 workforce registry which we've been investing in and
2 supporting for many years. This work will help to
3 strengthen that system for ECE providers, again, one
4 example of how we do -- or how we will do this work
5 throughout the five-year period.

6 Okay. This next body of work is really around
7 connecting and coordinating the service systems that
8 support parents and caregivers. And I think the best
9 example, again, is the Help Me Grow program. And, again,
10 it's because of the -- the strength of the relationships
11 across the different providers and over the -- the
12 continuum of service systems that families will be
13 engaging with throughout a child's development. The
14 platform really does help to ensure better coordination,
15 better communication across those different components,
16 which helps to strengthen that information, research, and
17 referral system that families really need to access in
18 order to support their child's development. This is work
19 that also -- our outcome areas and would be supported by
20 our efforts in our Best Start communities to strengthen
21 that -- that community piece and that community
22 coordination.

23 And then, finally, the key to sustainability and
24 scaleability around our work is really about policy
25 change. And an example here of how our policy agenda will

1 help scale and sustain our work is through our ECE
2 outcome. So advocacy -- our advocacy agenda to increase
3 access to ECE services and support is, again, one example
4 of how we as an organization will work to improve the
5 quality of ECE for all children by ensuring that the state
6 and federal levels are investing in ECE services and
7 supports.

8 So, again, holistically this is how our work fits
9 together. These are very, you know, high level examples
10 of how the work supports each other across the outcome
11 areas. But I -- I -- we really felt that this was
12 important to remind ourselves of how these various
13 investments fit together and support each layer that we
14 are targeting for -- for change throughout the strategic
15 planning period.

16 So again I'm going to pause.

17 MR. LAFRANCE: We're going to take a pause here
18 to ask a couple of questions. The first -- I'll say what
19 the three questions are so you can be thinking about each
20 but I want to take each in turn.

21 So the first question will be just whether you
22 have any questions of clarification; is what we just
23 shared with you clear.

24 The second question is, what are you excited
25 about given what you've just heard.

1 And the third is, what do you want to learn more
2 about. So for example in the last PPC meeting,
3 commissioners requested to learn more about parent
4 engagement strategies, in particular Abriendo Puertas and
5 Project Dulce, which will be slated for next month's
6 meeting.

7 So but starting with the first question, are
8 there any -- any questions of clarification that you have
9 about what Jessica just shared?

10 I guess that means it was clear.

11 Then, what are you excited about? Hearing that,
12 for example, work that may be categorized in the health
13 outcome area, Help Me Grow, for example, is in fact
14 improving outcomes for families and communities, you know,
15 just that there's a lot of -- there's synergy across the
16 -- how the work is being defined in terms of what kinds of
17 outcomes it will contribute to. But any -- anything that
18 you want to share about what excites you about what you've
19 heard?

20 COMMISSIONER PLEITEZ HOWELL: Do you mind?

21 COMMISSIONER SWILLEY: No. Please.

22 COMMISSIONER PLEITEZ HOWELL: I think what makes
23 a really -- first, this is really helpful to bring
24 together the whole strategic plan and it's nice to see the
25 concrete examples. The home visitation, what we're doing

1 at the local level in taking those really concrete
2 examples to the policy state level is really exciting and
3 really unique, and First 5 LA is spearheading that. So I
4 think it's nice to see it called out here and to have seen
5 the progression and being able to see what's happening at
6 the state level. It's a really opportune time to do it.
7 So I think that gets us really exciting because it's a
8 First 5 LA thing.

9 MR. LAFRANCE: Thank you.

10 Commissioner Au.

11 COMMISSIONER AU: Just taking your word for it in
12 terms of using Help Me Grow as really a model perhaps in
13 terms of how First 5 LA is approaching the implementation
14 of our strategic plan, is that it's really about
15 coordination and looking at the issue with Help Me Grow;
16 it's around supporting families that have children that
17 are challenged with developmental issue. But it's really
18 having somewhat of a systems approach to addressing those
19 challenges and noting that it requires -- this kind of
20 brings back Hilary Clinton's thing, it takes A village
21 concept. But it does take a confluence of all these
22 different entities to really, truly create that system
23 just to truly support families that are challenged quite
24 -- oftentimes quite monumentally with children that are
25 having developmental issues.

1 And, again, I think it's a model and I think that
2 -- I'm hoping that we're -- we're going to be utilizing as
3 we approach other challenges, whether it's trauma-informed
4 care or early -- building of stronger families and so on
5 and so forth. So I -- I'm really excited about that.

6 MR. LAFRANCE: Commissioner Southard.

7 COMMISSIONER SOUTHARD: I'm excited by the ideas
8 if we can get this to work. I think it addresses kind of
9 the foundational challenge for this commission from the
10 very beginning, which was that we intent -- always
11 intended to focus on -- on an outcome that could be
12 measurable. Third grade reading scores was the example we
13 used back in those days, recognizing that it would take a
14 myriad of things coming together to actually create that
15 outcome. But we never had the discipline to stick to one
16 thing. So we did and we let all the blossoms flower and
17 -- but it wasn't always clear how those things worked
18 together to create a focus.

19 So I'm excited that we may be able to martial
20 these things in such a way that we are able to create the
21 focus that we've always been looking for.

22 COMMISSIONER SWILLEY: Commissioner Abdo.

23 COMMISSION SHABAZZ: I have a question.

24 COMMISSIONER SWILLEY: Go ahead.

25 COMMISSION SHABAZZ: I'm sorry. I'm from DCFS, a

1 large agency. And our number one intentions across the
2 board are those children and babies. We have young
3 children and care work group. We're looking at -- our
4 sheer volume, we get over 200 calls a year to our child
5 protection hotline.

6 How could our hotline staff who are getting these
7 calls in all times of day access these services?

8 MS. KACZMAREK: So the details around how we
9 would coordinate with our county partners such as DCFS,
10 DMH, we -- staff will be looking at how we connect to
11 those types of services and supports that -- and vice
12 versa, connect you all to the types of services or systems
13 that we're helping to strengthen. So we'll be engaging
14 directly with our county partners to find those points of
15 alignment and ensure that, you know, there's -- when
16 there's relevant connections that need to be made, that
17 we're building those types of partnerships.

18 MR. LAFRANCE: So that's still work that is to
19 come.

20 MS. KACZMAREK: That's not part of the
21 implementation yet.

22 MR. LAFRANCE: Exactly.

23 Yes, Commissioner.

24 COMMISSIONER ABDO: I wanted to hear the words
25 domestic violence in your description of health, mental

1 health, and substance abuse. I'd kind of like to have
2 that term in there. But it is really clear, the way
3 you've explained this, and I'm happy about that.

4 I -- I wanted to say that I'm really excited
5 about the idea that we could have an influence in
6 Sacramento on the amount of money that they are -- you
7 know, number one, the overall amount that they're spending
8 on early childhood, but even more specifically on how much
9 they are spending per child and how -- you know, how the
10 daily rate could go up. And it seems to me, we're all in
11 this kind of, what, three-week period where this is when
12 decisions are being made. And I hope that somebody will
13 say, so you should do this, to all of us; rather than just
14 leave us kind of on our own because we are all in this as
15 a team. But don't assume that we aren't individuals with
16 individual relationships with people that might be able to
17 do something. So I'm hoping that that's going to be a
18 piece of it right away.

19 MS. BELSHE: That's a very real near-term issue.
20 This is starting July 1.

21 COMMISSIONER CURRY: I understand that.

22 MS. BELSHE: So you can -- you can look at me.
23 so I don't want them stressing out wondering, oh, my gosh,
24 I'm not sure what the answer is. And I'm sure others here
25 have some thoughts and perspectives but this is absolutely

1 the crunch time. And the good news is, as you know I'm
2 sure and others perhaps, that we have some terrific
3 leadership being provided by the Senate leadership, by the
4 Women's Caucus, by both Assembly and Senate budget
5 committees that have come forward with much greater
6 augmentations than what the Governor proposes as relates
7 to childcare and preschool. So that's terrific. And
8 there are -- even as we speak, there are calls going on
9 and meetings occurring and we have California Strategies
10 boots on the ground very engaged in that process. And we
11 have asked very directly of them -- and Celia might have
12 some thoughts on this from the LAUP perspective -- in
13 terms what are some opportunities for us to not only be
14 part of a state-wide coalition bringing voice for
15 additional resources but also for as much as possible
16 appropriate some LA specific language that can support
17 some of our unique circumstances or at least do no harm.

18 As an example, the augmentation in the current
19 year which is about to come to an end, you may recall
20 expanded preschool slots but LA wasn't able to be eligible
21 for them because we have so much capacity, which we know
22 is not true. But relative to other counties, it is.
23 Well, we've got some issues looming large with the end of
24 our contract to LAUP and other considerations. We want to
25 make sure that that is accounted for.

1 So we are very much working with Cal Strat and
2 LAUP and LA Chamber and benson Project in terms of, are
3 there some LA-specific things that we can be advocating
4 for. And we absolutely would be engaging commissioners
5 but we want to give you some ammunition in terms of what
6 the ask is.

7 COMMISSIONER ABDO: Before Celia comments if she
8 wants to do that, in the ECE system when -- when we face
9 taking out the thousands of children who will not be
10 getting LAUP a year after this next year, the three-year
11 olds of next year, what are -- I would like to know more
12 specifically, not necessarily right this minute, how we
13 are going to address that huge gap since it's a gap that
14 we all are engaged in. And I think about those three-year
15 olds and wonder what will happen. They are two right now,
16 they'll be three, and then they'll be four, and where will
17 they be?

18 MS. BELSHE: And all the other three year-olds
19 such as those that exist today and the four-year olds who
20 are facing access gaps even with First 5 LA's current
21 support of LAUP which is coming to an end. So I think
22 it's -- that acknowledgment that we are not the agents of
23 scale and sustainability that led the commission last year
24 to put such a strong and clear point on the importance of
25 policy change and advocacy. So, you know, part of our

1 task is to come back to the board with a comprehensive,
2 aggressive, multiyear strategy. But in the near term, we
3 are working very, very directly on this issue along the
4 lines I just mentioned a moment ago.

5 And I think we have LAUP coming in, Celia, maybe
6 June or July P and P to talk about the upcosts, the
7 evaluation. And that will be an opportunity to talk more
8 with the commission and hear from LAUP about some of the
9 work they're doing with their providers.

10 COMMISSIONER YBARRA: I'd just like to commend
11 Jessica and the team overall.

12 Celia, were you going to go?

13 SPEAKER: I was just going to comment on what
14 Judy and Kim just said; that we are working on a public
15 policy agenda to benefit LA county and that the Assembly
16 bill had requested -- that Assembly committee has
17 requested 10,500 additional preschool spaces. The Senate
18 did not request a specific amount, but they are -- the
19 committee and the subcommittee approved putting all of it
20 under Prop 98, which is humongous. It's a big child word,
21 humongous. And the Women's Caucus, 660 million.

22 So we are also part of the ECE coalition of
23 adding an extra 50 million for professional development
24 and lab schools. But when we are speaking to our LA
25 legislative representatives, we're saying, if they're

1 going to get 10,500, that they need to be a designated
2 percentage to LA county because of the potential loss of
3 spaces that come to an end in 2016. So we are working
4 jointly on that.

5 COMMISSIONER YBARRA: Again, just to thank you
6 and the team for putting this together. So whoever is
7 brainstorming, this was for me. As a new commissioner,
8 it's easy to see the alignment to the strategic plan.
9 Thank you and I'll just continue listening and growing
10 with you.

11 MR. LAFRANCE: Is there anything commissioners
12 would identify as areas where you'd like to learn more
13 given what you've heard about strategies on -- we can come
14 back to that question too because Jessica is going to go
15 through some more details.

16 COMMISSIONER SWILLEY: I'd like to hear more
17 about trauma-informed care. I've heard the word -- I
18 mean, I've heard it a lot but I don't know specific
19 activities that address that.

20 MR. LAFRANCE: Wonderful.

21 COMMISSIONER PLEITEZ HOWELL: Great. So the ECE
22 lens -- our QRIS system here in Los Angeles County is
23 pretty complex in how we tie it to the advocacy work that
24 we're doing and then a little bit more about where we're
25 going with the workforce registry.

1 MR. LAFRANCE: Okay. Great. Wonderful. Thank
2 you. Yes.

3 COMMISSIONER BOSTWICK: I'm looking forward to
4 seeing how the linkages of a lot of these programs will
5 help with especially support for parents. You know, we
6 talk a lot about providing access to concrete support in
7 times of need but I think it also leads to Commissioner
8 Shabazz' -- is that how you say your name? It really
9 leads to, how can we get these resources to the families,
10 how can they understand that, how do they know where they
11 are. And I see that as just a really important piece of
12 the puzzle that has to happen down the line because we've
13 got these great programs. And I know that you're going to
14 be talking about how these different investments or
15 programs across the outcome areas are going to kind of
16 blend together and where they all are. But without people
17 knowing about them, without people knowing how to access
18 them, and without knowing about openings in these
19 particular -- in these areas or where they are
20 geographically, it's not going to do families any good.

21 So I'm really looking forward to seeing how it
22 all links together.

23 COMMISSIONER YBARRA: I would be curious to see a
24 little bit more of the data coming through. So over this
25 next year, if we can see what's working, what's not

1 working, and actually just bring it to the table and how
2 can we revisit our policies and whatever is happening to
3 see how can we make it work and the data that you bring
4 in, what's working and then growing that out and, you
5 know, making that public for everybody to see it versus
6 just sitting here in -- so the more that we can get out
7 there for people to see, the more that we can kind of
8 promote what we're doing for our kids. That will be
9 important.

10 MS. BELSHE: And, Joe, that's really getting the
11 monitor, evaluation, and learning report that
12 commissioners have heard a little bit about. Recall
13 Armando did a presentation a couple of months ago and
14 talked about MEL, monitor, evaluation, and learning sounds
15 like your uncle. We're all getting to know MEL very well.
16 But MEL represents a really big paradigm shift for this
17 organization. And it's not just staff. It's also
18 commissioners and it's -- I think we at the June P and P,
19 we'll be coming back and updating commissioners on where
20 we are.

21 And as Armando said in the earlier discussion
22 with commissioners, it's First 5 LA moving away from kind
23 of looking back and respectively evaluating almost every
24 everything we do but instead -- I think the term Armando
25 used was, evaluate selectively, monitor extensively.

1 We're a learning organization. We do our work in a very
2 dynamic environment. The work we do is not linear as we
3 just talked about earlier. It is -- we are all about
4 gray. There's not a lot of black and white in terms of
5 early childhood development.

6 So as -- we need to be dynamic and nimble in that
7 evolving environment. That's what this different approach
8 to monitoring and learning and evaluating is really about.

9 So what you're asking for, Joe, is a part of that
10 broader strategy. But as we'll engage with you all on
11 next month, just give you a sense of kind of where we are
12 and the steps we need to take to make this pivot because
13 it does represent a very big, big shift.

14 COMMISSIONER SOUTHARD: And then as you engage in
15 the monitoring and evaluating, sometimes when it -- when
16 systems interact, there are -- can be relatively small
17 obstacles that prevent big things from happening. So if
18 you could highlight those small -- the small but crucial
19 obstacles and let the board know about those so we might
20 be able to help clear some of those out because, you know,
21 sometimes it's not the big things that are hard; it's some
22 policy that's buried three levels down that nobody knows
23 about but all the staff act upon. And so if we identify
24 those things, sometimes they're relatively easy to change
25 if they're highlighted.

1 MR. LAFRANCE: Thank you. Thank you so much.

2 COMMISSIONER PLEITEZ HOWELL: Delayed brain
3 reaction here. The other thing we talked about is
4 investments and looking at things like social impact bonds
5 and looking at cigarette tax. I'm not sure where that
6 fits here, but the sort of sustainability on the financial
7 landscape of where we stand.

8 MR. LAFRANCE: Some of the innovative financing
9 options that the commission could pursue.

10 COMMISSIONER PLEITEZ HOWELL: Yes.

11 MR. LAFRANCE: Great. Great. Thank you.

12 Wonderful. This is really great engagement in
13 the conversation about this integrated strategy. Jessica
14 has a little more to present regarding the strategy and
15 we're going to move then into the cost.

16 MS. KACZMAREK: Yes. Before we move into the
17 second half of our conversation which does delve deeper
18 into the cost, I'll just bring back this slide which we
19 shared with you before. It's many of our observations and
20 considerations about the work that we just want you to be
21 mindful of because these are things -- these are things
22 that we as staff are mindful of as we're going through the
23 planning process.

24 I'm going to call your attention to the first and
25 last bullets. So the first bullet really about the -- the

1 interrelated nature of the work and how -- you know, we
2 presented as families, communities, ECE, and health
3 systems for ease of presentation but, in our
4 conversations, we really do talk about how the work in one
5 outcome area is linked to or connects and supports the
6 outcomes or the results that we seek in another outcome
7 area. So we see this really with Welcome Baby as a really
8 great example because of the -- the work that's happening
9 with parents through our home visitation investment.
10 We're helping to create learning environments in the home
11 that really do help children advance in their -- in their
12 school as they the age into the system. We're seeing that
13 children are connected to well baby visits which helps
14 with their health and their connected to, you know, the
15 health system.

16 We just actually had a wonderful meeting this
17 afternoon about the connections between Help Me Grow and
18 the early learning system, ECE system, and how, you know,
19 connecting -- our interest in QRIS in insuring that there
20 are organizations are rated and that parents have that
21 information. Part of that rating is ensuring that
22 children receive developmental screening on time and that
23 their families are connected to services and supports.
24 And that is something that Help Me Grow can help
25 facilitate and it connects very nicely to QRIS.

1 And so we're having those conversations as the
2 strategic planning or period -- as our implementation
3 period begins and we start to really unravel and delve
4 deeper into some of these points of integration, we'll be
5 bringing that back to all of your insight as well.

6 And then in the last bullet here about the
7 proposed work being at very different stages of
8 development, so you'll see shortly how the costs for year
9 one are distributed across the four outcome areas and --
10 and this reflects the different stages of development. So
11 our work with Welcome Baby and Best Start is work that
12 we've been doing for many years. We're building off of
13 our experiences. That work is really fully in
14 implementation so the costs associated with it are much
15 more robust than -- as well as some of the implementation
16 activities versus work in our ECE and health areas, which
17 in year one is much more foundational and developmental,
18 however still, when we can, building off our lessons
19 learned.

20 So we're at different stages of development
21 across the four outcome areas but we are using year one as
22 really a foundational year to ensure that implementation
23 ramps up over the course of the five years.

24 So we'll move into the cost requirements portion
25 of our presentation. And, again, this work is very

1 complex. And so you'll see a lot of details in the
2 slides. This is to try and provide you with comprehensive
3 information for you to review. But as we go through this
4 presentation, we're going to be picking out some
5 highlights. So we're not going to go point by point.
6 And then we really want to leave more time for
7 conversation and discussion, answering your questions.

8 So we're -- we're reviewing with you all this
9 slide that we presented last fall during the strategic
10 planning process. And this is staff's estimates of the
11 five-year cost projections for the strategic plan. The
12 cost projections really do reflect the vision that we
13 articulated previously about how important families are to
14 our plan, to our work. So we do see a significant
15 investment in the families outcome area but along the
16 lines that we've been discussing because of -- because you
17 see work or a significant investment in one outcome area,
18 it doesn't mean it doesn't have other affects in other
19 outcome areas. So this is a way that we just are using to
20 sort of manage the -- the projections and the investments
21 but. Because of the integrated nature of the work, we
22 really are investing in the child holistically across the
23 four areas.

24 And this slide here is to help sort of ground us
25 and present at a very high level a summary of what staff

1 proposes First 5 LA invests in over the next five years.
2 And so the cost projections that you saw on the previous
3 slide really do reflect this work here on -- on this
4 summary slide, again, summarized by outcome area.

5 So we see programmatic investments in Welcome
6 Baby and Abriendo Puertas and Project Dolce, which are
7 evidence-based national parent engagement models. We will
8 be bringing more information on those programs to you next
9 month at the Program and Planning Committee meeting. We
10 also are highlighting the importance of integrating the
11 protective factors in the county and community-based
12 agency programs. And shortly I'll just -- I'll highlight
13 what that could look like.

14 The communities outcome area, it really is
15 grounded in the Best Start work which Antoinette shared
16 with you earlier this afternoon. For ECE, three sort of
17 guiding areas of investment which is really around the
18 advocacy for public funding for quality ECE, QRIS, and
19 strengthening of the ECE professional development system.
20 And then for health, our primary investments would be
21 around Help Me Grow and then looking at how we integrate
22 into the work that's happening around the county around
23 trauma-informed care.

24 So now we're going to take each of these in turn
25 and talk about, again, what this work looks like. So for

1 families, we, again, are investing in Welcome Baby,
2 Abriendo Puertas, and Project Dulce and the integration of
3 the family protective factors in the county and in
4 community-based programs.

5 So I'm just going to highlight a couple of our
6 activities really for Welcome Baby, this means our ongoing
7 program implementation. For Abriendo Puertas, this really
8 is about doing R and D type work where we're modeling and
9 testing some of the -- modeling and testing these
10 evidence-based programs here within Los Angeles county and
11 building knowledge and partnership around these programs.
12 And then in the last area, the protective factors, one
13 area that we have highlighted is how we can coordinate
14 with the county's efforts, the Office of Child Protection
15 around the prevention aftercare networks.

16 The budget that is included in -- for next fiscal
17 year reflects these key activities you see on the far
18 right. Again, we're not going to go through each of these
19 point by point. I'm just going to highlight two for your
20 attention and that again about how we -- in year one, in
21 this foundational year for this strategic plan, around
22 Abriendo Puertas and Project Dulce, we would be looking at
23 how we can convene partners around these programs and look
24 at how we can pilot some early learning around the
25 evidence-based parent engagement model.

1 And then around the protective factors, one area
2 that -- to highlight for you, it would be around our
3 public education campaign around the protective factors
4 and how we build greater knowledge and awareness about the
5 importance of the protective factors, the cost to the
6 county, and in particular in our Best Start communities.

7 So this slide here shows the estimated year one
8 costs for families. And, again, I just want to reiterate
9 how in the families outcome area, the primary cost driver
10 in year one really is Welcome Baby because of our ongoing
11 implementation in that program. And the new dollars that
12 we're seeing for work associated with families is really
13 about some of that learning and early partnership building
14 and foundation settings that -- that we highlighted
15 before.

16 Any questions about this outcome area, the costs
17 -- the work associated with this outcome area or the cost?

18 COMMISSIONER AU: In terms of reflecting Welcome
19 Baby but it also reflects the investment in home
20 visitation.

21 MS. BELSHE: Select home visitation. Exactly.

22 COMMISSIONER AU: And it also reflects the agreed
23 upon partnership with hospitals, the birthing hospitals,
24 whatever that -- that particular cost item as well.

25 MS. DUBRANSKY: That's what we call Welcome Baby.

1 MS. BELSHE: Those are the 13 --

2 MS. DUBRANSKY: When you see Welcome Baby, that's
3 the hospital.

4 COMMISSIONER AU: Okay. Got it.

5 MR. LAFRANCE: Any other questions about the
6 families outcome area, key investments and costs
7 projected?

8 Okay. Communities.

9 MS. KACZMAREK: Move to communities. I'm
10 fortunate that Antoinette was able to share the work of
11 Best Start earlier this afternoon because really the
12 communities' work is -- is the work of Best Start. And
13 what we are highlighting here in terms of activities is
14 really about the ongoing capacity building support that we
15 intend to provide to the -- to the community partnerships
16 as well as really looking at how we can better help the
17 community organizations that are in these 14 areas better
18 online in coordinate with one other to improve information
19 resource and referrals at that local level and, again,
20 help to lay the foundation for connections to our other
21 systems level work such as QRIS and Help Me Grow.

22 And then also building upon the places and spaces
23 body of work, how we can support relationship building
24 between local advocates who are -- who do this work and
25 help to build places and spaces within communities, how we

1 connect our -- our local residents, our community
2 partnership participants to those types of advocacy
3 efforts.

4 In terms of the year one activities -- or tasks,
5 excuse me, that are included in the budget, again, just
6 pointing out too for your information, this really is
7 about ongoing support for the learning by doing effort as
8 well as ensuring that we're building relationships and
9 partnerships with other place-based efforts such as the
10 Department of Mental Health, Health Neighborhoods but it
11 could be other foundation place-based efforts such as the
12 California Endowment of Healthy Communities or the
13 Community Foundation.

14 So looking at how we intentionally build those
15 relationships between our community members and those
16 types of other place-based efforts.

17 The cost associated with communities again is
18 driven primarily by the Best Start -- the ongoing Best
19 Start work and new investments related to communities are
20 to -- investments that we anticipate will help to
21 strengthen those Best Start efforts and help to really
22 advance and build off of the lessons learned in Best Start
23 implementation that Antoinette highlighted.

24 So, again, I'm going to pause to see if there are
25 any questions about the communities work or the costs.

1 MR. LAFRANCE: The investments or the costs.

2 COMMISSIONER AU: I'm asking the question in
3 terms of the potential for a community. Let's say they
4 wanted to create a community garden and to grow their own
5 fresh fruits and vegetables. Would that be a project that
6 would be funded through this particular line area of
7 funding?

8 MS. ANDREWS: So we do have existing investments
9 in things like community gardens, just to use the same
10 example. We have current investments but it's about -- as
11 I spoke about in the earlier presentation about how do we
12 do a better job of coordinating and getting community
13 members connected to those investments. So that's --
14 that's how we're looking at this. There are other
15 opportunities particularly around places and space that
16 are happening at a county level where we're connecting
17 Best Start communities to those efforts as well. So it's
18 an effort to have the -- to connect the local advocacy
19 work to a larger county-wide kind of systems from a places
20 and spaces perspective.

21 So there are opportunities that we're building on
22 versus entering and building something brand new within
23 communities.

24 COMMISSIONER AU: So essentially there may be
25 some cost in terms of leveraging our particular resources

1 with others that may also have in their program goal to
2 create a community garden.

3 MS. ANDREWS: Right.

4 COMMISSIONER PLEITEZ HOWELL: In terms of the
5 community investments, will these dollars trickle down to
6 develop skill set of individual community members
7 themselves or are we staying at the sort of organization
8 level and resources level?

9 MS. ANDREWS: So both are happening. So when we
10 talk about the community partnerships support, what we --
11 so that is the parents, residents, organizations, all the
12 individuals who are engaged in with the community
13 partnerships. In addition to that, through the learning
14 by doing activities, we're really looking at the community
15 partnerships doing more work in the community at large.
16 So there would be a lot of leadership development and
17 other kinds of skill building opportunities related to the
18 learning and those core -- those six core areas that I
19 talked about earlier based on the kinds of work that's
20 happening within the communities.

21 COMMISSIONER PLEITEZ HOWELL: That's really
22 terrific.

23 Just a follow up comment. In terms of, as it
24 trickles down to the individual level, have we thought
25 about the sort of soft skills and hard skills that can be

1 learned by individual levels? And what I mean by this is,
2 I think about the southeast cities community and there's
3 been a lot of investment and leadership in that community
4 but there's hard skills that those community members need
5 in terms of looking at a budget, analyzing and what an
6 agenda looks like when they go in front of the city
7 council.

8 So it is going to trickle down to the individual
9 level if we can think about hard skills and soft skills in
10 making sure that we're thinking about both. You probably
11 are already but just making sure we hear about those.

12 MR. LAFRANCE: Yes, Commissioner Abdo.

13 COMMISSIONER ABDO: When you talk about
14 leadership development and community investment going down
15 the individual people as Karla said, is part of that
16 leadership development getting people involved in
17 leadership positions and in supporting them there? For
18 instance, getting them involved in the PTA or in a
19 commission or some other neighborhood kind of position of
20 leadership and then helping them be successful in that.
21 Is that part of what you're doing?

22 MS. ANDREWS: Quite honestly, we have not been
23 intentional about that but it has been a byproduct of what
24 we've done. And so there are a lot of -- particularly in
25 -- well, in southeast LA and also metro that I know about

1 where parents are getting very much involved in what the
2 schools are doing. But it's been a byproduct of the work
3 that we've been doing with the community partnership.

4 So what we need to consider is, are there some
5 things we need to do to be very intentional if we really
6 are talking about transforming communities and supporting
7 parents and residents in creating that change because,
8 otherwise, we could do all this leadership development and
9 then just stays insular to the community partnership and
10 that's not what our intention is.

11 COMMISSIONER ABDO: Well, my experience with Head
12 Start -- and maybe Joe has more to say about this -- is
13 that one of the things that Head Start does, is it creates
14 groups of parents working with -- within each classroom
15 group of parents and then bringing them together as
16 representatives of larger groups and then kind of taking
17 them through step by step what an agenda is and how you
18 take turns talking and -- very, very basic. So that when
19 they enter the PTA world, which is much more difficult to
20 get into, they at least have a bottom line set of skills.
21 And that's just one example. But there are many places in
22 leadership and communities if we think about where do we
23 want people to be able to go with these new skills.

24 MS. ANDREWS: Absolutely. And in addition to
25 that, as I was -- when we were talking earlier about this

1 being a community-driven process, they're identifying
2 those areas and we are thinking through how we best
3 support that kind of development in the individual level
4 that trickles up to a more community level in order to
5 create the change that we can see.

6 COMMISSIONER AU: I think that there may be a
7 change or whatever else, but within the context of First 5
8 LA and our culture, the creation of the community
9 partnership is a venue by which community individuals do
10 take on some of that leadership. They're the ones that
11 facilitate the creation of the agenda -- the meeting
12 agendas as well as the facilitation of the conversation
13 within that context. Am I correct?

14 MS. ANDREWS: Yes. So that's why I'm saying,
15 even though it hasn't been intentional in terms of we
16 would like to see parents involved in these things out in
17 this community, what has been intention is within the
18 space that we've created to have parents not be passive
19 recipients but really be actively engaged and building
20 skills in order to do -- so it is the soft skills and the
21 hard skills in order to do the work in the community.

22 MR. LAFRANCE: Commissioner Curry.

23 COMMISSIONER CURRY: I'm thinking that we have
24 these 14 communities and they're each developing their own
25 plan. And I think it would be good to see each different

1 community's plan because they're each going to be
2 different. And maybe it would give us some ideas about
3 what they think they need that we could work with other
4 county departments to then maybe be on the same page with
5 what the community is -- is wanting and looking for.

6 Everything we've done I think so far has been at
7 a, you know, more global level, which is great. But it
8 would be interesting to see where, you know, more
9 individualized plans if this community is going this
10 direction and this one's going this direction, where --

11 MS. BELSHE: Right. So I think, as an attachment
12 to the earlier presentation memo, there is a matrix that
13 does provide an overview of the 14 communities in terms of
14 their target population, the core capacity, and their
15 initial focus or anticipated focus for their projects. So
16 we have some kind of high level overview information that
17 we have provided commissioners. But we know paper is
18 paper. So we want to have some of that learning come to
19 life.

20 So it's -- is it our next board meeting or next P
21 and P. That we're doing a -- we to talked about --

22 MS. NUNO: Palmdale.

23 MS. BELSHE: So we're going to start shining a
24 light on specific communities. We've heard from Long
25 Beach a time or two last year. So we want to bring in

1 some other examples. They're all in different places but
2 it will just make it more concrete for the commission as a
3 whole as well as for some of our agency colleagues
4 specifically.

5 COMMISSIONER YBARRA: So may I ask a question
6 hopefully without opening the wrong can of worms. And
7 I'll use my own experience. But going in LACOE from an
8 outside perspective into a large organization, a county
9 system, I found in talking to colleagues coming in from
10 the outside many silos. So I'm wondering, in listening to
11 the conversation, is we're so rich in resources here and
12 experience. Do we take the 14 communities and share with
13 each other?

14 MS. ANDREWS: Yes.

15 COMMISSIONER YBARRA: We do. Do we take those
16 resources and then say -- Head Start was brought up. Do we
17 then reach out to Head Start and say, can you share some
18 of the things that you're doing? Can you talk a little
19 bit about that?

20 MS. ANDREWS: So there are a lot of different
21 things that we're doing to try and share. So one of the
22 things that we've done is to have a learning community
23 that we host every quarter where we bring the 14
24 communities together to talk about the things they're
25 doing, and they're finding a lot of synergy actually. And

1 we've talked internally about doing more work around, you
2 know, once all of the partnerships are very clear about
3 what it is that they want to do, then where are the
4 connections and alignments across the communities not just
5 for their -- for peer learning but also because,
6 ultimately, what we want to see is for the work that
7 happens in the communities to inform broader policy and
8 systems change.

9 So the conversations that we've had, for example,
10 around early learning and the work that all of the
11 excitement around what's happening now, where there are
12 communities that are also very interested in early
13 learning and wanting to look at -- look at from a policy
14 and advocacy perspective. So then the question becomes,
15 as First 5 LA moves forward as part of the agenda, how are
16 we then connecting the work and the energy and excitement
17 and the skills and talents that are at a local level, are
18 we connecting that to the work that we're doing at a
19 systems level.

20 So that -- we're still working on like what does
21 that actually look like but that's the intention.

22 COMMISSIONER YBARRA: Okay. Thank you.

23 MR. LAFRANCE: Great. Thank you so much. We'll
24 move to early -- yeah. ECE.

25 MS. KACZMAREK: Great. So our ECE work is --

1 this body of work really does represent more of a shift
2 for First 5 LA in this next strategic plan which we've
3 discussed where we're moving away from writing direct
4 services and funding direct services in this area to more
5 of a policy and systems change. So this is an important
6 pivot for our ECE outcomes area. And this is really to
7 help ensure that we are supporting all children in LA
8 county and in looking at the continuum of infant and
9 toddler care and as well as preschool.

10 So our investments in this area are focused on
11 advocacy as well as systems improvement in the area of
12 quality rating and improvement system, QRIS, as well as
13 the professional development system.

14 In terms of activities, you heard last month from
15 the representatives from Children Now and from the LA
16 Chamber about the importance of a kindergarten readiness
17 assessment. So that is one area we'll continue to support
18 to help in our advocacy efforts as well as tracking what
19 is happening at the state level around QRIS and looking at
20 ways that we can build upon and leverage that work here in
21 LA county.

22 Other examples of more concrete sort of tasks for
23 year one are really about, you know, again, tracking
24 what's happening at the state level on QRIS. And that is
25 something that is a very dynamic process going on right

1 now, and -- and we are continuing to refine our strategy
2 in the role we'll play in that area because of the dynamic
3 nature of what's happening at the state level.

4 In terms of cost for ECE, again, because of the
5 emerging nature of the work around systems and policy
6 changes in this outcome area, the costs are -- it really
7 reflects the foundational aspect of that work. We are not
8 including any funds at this point in time around QRIS
9 because of -- we're still trying to understand what the
10 leverage of the point might be with the state so we don't
11 have funds set aside at this point in time for that but
12 it's likely that you will see us return at some point in
13 the year for additional funds on -- on that effort.

14 MS. BELSHE: And that specifically is speaking to
15 -- we talked a little bit about this at our last board.
16 First 5 California commission's recent approval of \$190
17 million five-year investment to support quality. And it's
18 very much a work in progress and every week we're getting
19 a little bit more information but we need to get more
20 complete information to inform how it might inform and
21 influence what we would come back to you all as a
22 recommendation. So we don't want to be charging ahead
23 down one path that's at odds with a separate initiative
24 that could bring more resources to LA.

25 MR. LAFRANCE: Any questions about the ECE work

1 or investments? Cost, I should say.

2 Okay. Move to health, mental health, and
3 substance abuse.

4 MS. KACZMAREK: So, again, our work in the health
5 area, we have identified focusing around Help Me Grow and
6 -- as a way to help improve the coordination of the
7 developmental screening and referral system for children.
8 And the other area that as a commission we prioritized was
9 around trauma-informed care. And in terms of activities
10 for both of these areas, we are using this year as really,
11 again, a learning opportunity and a year to lay the
12 groundwork for what future implementation work will look
13 like.

14 So for Help Me Grow, it really is about
15 partnership building and ensuring that we are convening
16 the partners that will be key to the sustainability and
17 scaleability of Help Me Grow.

18 And then for trauma-informed care, it is looking
19 at how we can, again, leverage what is happening already
20 in the county. There's a lot of good work that is going
21 on around trauma-informed care that we need to better
22 understand and identify how we can add value to and build
23 upon rather than, you know, start efforts anew. We're
24 also looking at how trauma-informed care really is an
25 approach that, again, is cross-cutting across all of our

1 outcomes. So how does -- what's occurring out in
2 Los Angeles county around trauma-informed care practices
3 advance work that's happening in communities or even with
4 families who we might engage with through our home
5 visitation programs.

6 So there's lots of opportunities to think about
7 how we can better coordinate and align that work across
8 the outcomes as well as what's happening through LA
9 county.

10 So consequently the costs, again, the ECE here
11 for the health outcome area are reflecting this year of
12 learning and this year of sort of understanding what our
13 contribution could be going forward. So these are our
14 projected investments at this point in time but it could
15 be also revised through the mid-year adjustments depending
16 on our ongoing implementation activities in these two
17 areas.

18 MR. LAFRANCE: Questions about investments and
19 costs in the health area?

20 Yes, Commissioner Curry.

21 COMMISSIONER CURRY: When we talk about new
22 investments under development in the health area, where is
23 that 546,000 coming from? I mean, is that --

24 MR. ORTEGA: It's a fund balance.

25 COMMISSIONER CURRY: Okay.

1 MS. BELSHE: Yeah. You recall the commission's
2 last meeting the presentation that Raoul and Allison did
3 that was like the -- the big picture overview and we --
4 commissioners may recall that one of the key take aways of
5 the proposed budget is that roughly 60 percent -- am I
6 right -- of the overall budget is associated with legacy
7 investments.

8 MR. ORTEGA: Yes.

9 MS. BELSHE: So those were dollars that had been
10 set aside by previous board action that we will continue
11 to be paying out. So there's actually quite a bit more
12 First 5 LA investments that are supporting these and other
13 outcomes associated with prior decisions and drawing down
14 the fund balance.

15 So I think maybe going to the next slide, Jess,
16 that shows the total costs. This is all just related to
17 the new strategic plan implementation. So it's really 58
18 million plus another 125.

19 MR. ORTEGA: For the legacy investments, it's 133
20 million. It means a lot.

21 MS. BELSHE: I know. It means a lot to me too.

22 So the point is that this is -- we have a fund
23 balance set aside for those legacy investments that is
24 declining as we know sharply. And then we have annual
25 revenue coming in that is also declining. And as we

1 discussed and the board was very clear at the end of this
2 five-year period, we will need to align the money coming
3 in with the money coming out.

4 So this -- this 58 million in new investments,
5 that number will definitely be going up as work is ramped
6 up in subsequent years but it does reflect a different
7 trajectory that we're on which is one that doesn't rely
8 upon the fund balance.

9 COMMISSIONER SWILLEY: I have a question
10 regarding, for example, when you look at this -- for
11 example, families, 37 million. But when you talk about
12 families investment cost, I thought we were including well
13 baby.

14 MS. BELSHE: Welcome Baby.

15 COMMISSIONER SWILLEY: Well baby. Welcome Baby
16 for the one year. Is that included?

17 MS. BELSHE: Right there. The ongoing
18 investments.

19 COMMISSIONER SWILLEY: So when you talk about
20 another 120-some million to cover legacy things, the
21 Welcome Baby --

22 MS. BELSHE: Those are the legacy investments
23 that are not aligned. Exactly.

24 COMMISSIONER SWILLEY: Okay. Good.

25 MR. LAFRANCE: Any other questions about the

1 summary of the resources for the strategic plan?

2 MS. BELSHE: Jess, we kind of jumped ahead. Were
3 there some key points you wanted --

4 MS. KACZMAREK: No. Actually, you did a great
5 job.

6 MS. BELSHE: What does the asterisk mean,
7 Jessica?

8 MS. KACZMAREK: That --

9 MS. BELSHE: Go back one.

10 MS. KACZMAREK: Yes. Actually, Raoul, is that
11 something you can --

12 MS. BELSHE: Who's the owner of the asterisk?

13 MS. KACZMAREK: This is a slide from finance.

14 MR. ORTEGA: I think what we're trying to say
15 with the asterisk -- it indicates we're taking this from
16 the previous slide that we presented. It means that there
17 are some costs associated in our legacy investment that
18 are covering activities under the ECE and health. But
19 because we haven't gone through that full alignment and
20 assessment, align everything to our new strategic plan, we
21 don't reflect it here at this time.

22 MS. BELSHE: Got it. So a good example of that
23 in the early care and education systems outcome area is
24 work that we -- commissioners heard a little bit about
25 when David Rattray and Ken Bumper came and spoke about

1 kindergarten readiness assessment, we talked about third
2 grade reading. So we and others are supporting the
3 campaign for third grade level reading which is an effort
4 by multiple organizations, including the Chamber,
5 Advancement Project, First 5 LA, Families and Schools, LA
6 USD, et cetera, et cetera, to identify and advance
7 specific strategies to achieve third grade level reading
8 which we know, as Marv mentioned earlier, is one of those
9 key benchmarks for ensuing success in school and life.

10 So those are resources that are in the legacy in
11 part because we've been funding them for a number of years
12 but once we complete the full quote/unquote pivot or
13 transformation, that activity, once it goes through the
14 assessment process, will likely come into the new
15 strategic plan.

16 And there are others within health as well but
17 they need to go through that assessment process.

18 MS. KACZMAREK: So just want to close by
19 highlighting some next steps. So I hope today's
20 presentation on the work associated with the strategic
21 plan cost for 15-16 -- fiscal year 15-16 helps to support
22 the work that -- the ongoing work the commission is doing
23 related to the budget.

24 On Monday, June 1st, the budget and finance
25 committee will reconvene and continue to discuss the

1 budget. And then on June 11th, the full board will vote
2 on the fiscal year 15-16 budget. So, again, hoping that
3 this presentation helps to eliminate how the year one
4 investments will be used.

5 Internally, we want to let you know about some
6 steps we're taking to set the stage for implementation.
7 So we are working to form internal project teams that will
8 oversee and initiate many of the projects that we
9 highlighted today and looking at how we manage the network
10 on an interim basis as the organization continues to go
11 through its transformation.

12 And then throughout the next year as well as
13 throughout the strategic planning period, we'll be
14 bringing back to the board opportunities for ongoing
15 discussion and learning. So to Commission Ybarra's point
16 around how important it is to identify what's working,
17 what's not, what is the data telling us, you know, we will
18 be bringing that to you all for your insight and for your
19 -- and for your discussion as well as we continue to
20 refine our work as we are doing very complex work in a
21 very dynamic environment. So we anticipate that we'll be
22 learning as we go.

23 So with that, I want to thank you and I do want
24 to bring up one last picture.

25 So this is Lea Owens. And as you know, I have a

1 team that helps to support this work internally. So Lee
2 Rabel, Kya Tiff, and Amy Owens have been supporting OSPI
3 throughout this last year. And Amy is on maternity leave
4 now. So we will have --

5 MS. BELSHE: Sooner than anticipated.

6 MS. KACZMAREK: Sooner than anticipated but all
7 is well. This is her eldest, Lea Owens. And soon enough
8 we will have pictures of twin boys.

9 MR. LAFRANCE: And I just want to say thank you
10 to the commission for your excellent questions and
11 engagement with the presentation. It was really very
12 useful and inspiring.

13 MS. BELSHE: And if I can make one -- one comment
14 going back to the next steps. We love to linger on the
15 kids.

16 Just the third bullet is more internal in nature
17 but I use it as an opportunity to call out, again, for
18 commissioners the terrific leadership we have had by these
19 four super smartie pants women who just happen to all be
20 women.

21 These are -- when we -- as we shared with the
22 staff on different occasions as well as senior management
23 team when we were looking to select individuals to lead
24 the work groups, we had a number of qualities or
25 characteristics that we were looking for: People who are

1 leaders within the organization, influencers, individuals
2 who see the big picture and understand the context within
3 which we do our work, individuals who are willing to and
4 have the ability not only to do what they're doing but
5 also engage in some additional work. It's not like Katie
6 and Barbara and Rhena and Antoinette stopped doing their
7 job to start doing this.

8 So if they look a little beleaguered, it's
9 because they had big jobs to begin with and they really
10 stepped up when asked to lead the initial planning. And
11 that third bullet is now about pivoting to initial project
12 execution.

13 And as I've emphasized with the board, we are
14 pivoting to initial project execution at the same time, we
15 are still responsible for overseeing and managing and
16 monitoring 25 legacy investments which a number of these
17 individuals are also involved in. So they will have an
18 ongoing leadership role in this initial kind of interim
19 phase of project execution. And, you know, we have this
20 broader organizational alignment work going on. And just
21 really want to commend them for their leadership to date
22 on planning and being willing to step into this initial
23 execution leadership role. And to OSPI, a new acronym to
24 First 5, but it's -- we have modified it. It's the Office
25 of Strategy Planning and Integration because

1 implementation doesn't exist within OSPI; it really exists
2 within the programs, within the departments and so forth.

3 So Jess and her team have done a great job
4 helping to lead us to this point and now pivoting to how
5 to ensure working with the work group leads and others who
6 we integrate and coordinate as much as we can going
7 forward.

8 So thank you for bearing with me with those
9 comments but it's a point with pride. So I'm very proud.

10 COMMISSIONER SWILLEY: We do have one public
11 comment related to Item 7.

12 Ruth Schwartz, Shelter Partnership.

13 MS. BELSHE: Do you want to sit, Ruth? And Nancy
14 can maybe move that microphone right there so we have the
15 chance to hear you. The green thing.

16 SPEAKER: Thank you. I came because I read the
17 agenda. And I think a lot of things were clarified today
18 with the presentation. And I wanted to thank you.

19 But I came in the context of, I've been very
20 involved with the roll out implementation of the county's
21 homeless family solution system which helps -- it's a
22 city/county system. It involves more than a dozen sources
23 of federal, state, county monies, including \$5 million in
24 First 5 funding this year. And what it helps to do is
25 quickly rehouse homeless families.

1 I don't know about you, but I can't think of
2 anybody in greater need with children zero to five. And
3 most of them do have children zero to five, the majority
4 do, the families. And your -- your investment on a best
5 practices model systems change model has resulted in this
6 -- since July in over a thousand families being housed.
7 And I think -- I just want to applaud the commission.

8 Now where I come in -- you know, these are
9 families that are living in deep poverty. The average
10 family gets \$460 a month on welfare for a family of three
11 in this county, in this state, because most -- a lot of
12 parents don't get any assistance. Parents with children
13 that are recently born that are already on welfare, they
14 don't get assistance. So we're talking about people at 50
15 percent below the poverty level.

16 This is one of your expiring uses that's going to
17 come up. And, you know, we've gone back and forth with
18 the staff and with the director and management team on
19 whether this aligns. I suggest it does align. We'll have
20 that conversation soon. I just was -- when I was
21 reviewing the budget, I guess it was a little unclear what
22 our whole budget was because you put this together and it
23 looked like this was your entire budget. And I didn't
24 want preclude future decisions on expiring uses.
25 Sometimes we inadvertently make decisions on things that

1 have an impact. You go, oh, can't even look at that, you
2 know, we decided that back here and there's no money in
3 our budget.

4 So I just came really with that in mind. And I
5 realize it doesn't because there was a piece to the puzzle
6 that wasn't in there. So next time don't put it in.
7 Because footnotes aren't really helpful for a quick
8 reader.

9 MS. BELSHE: We will be coming back in the
10 context of expiring initiatives as we have with other
11 expiring initiatives. And it's been terrific to have our
12 initial conversations, Ruth, about where you see the
13 alignment and where we are with our process.

14 And I would note for commissioners that permanent
15 supportive housing initiative is a little -- is a little
16 different from some of our other initiatives. We call the
17 expiring initiatives process has been at the initiative
18 level. This initiative has some subprojects that end at
19 different times. So we need to figure out when's the
20 right time to be bringing that in. And we may indeed need
21 to accelerate as I shared with Ruth when we met earlier
22 this month. We may need to bring one piece of that larger
23 initiative back to the commission given the timelines but
24 that's what we're sorting through and will be returning to
25 the commission.

1 SPEAKER: Thank you very much for the
2 opportunity.

3 MS. BELSHE: Thanks.

4 COMMISSIONER SWILLEY: Any other comments here
5 related to Item 7? I don't have any other.

6 SECRETARY: No other public comment.

7 MS. BELSHE: But there is cake. No other --

8 COMMISSIONER SWILLEY: No other issues or items,
9 we will adjourn.

10 (At 4:21 p.m., the meeting was adjourned.)

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C E R T I F I C A T E

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

FIRST 5 LA

SUBJECT:

LA Partnership Early Childhood Investment Update

BACKGROUND:

Founded in 2003, the LA Partnership for Early Childhood Investment (LA Partnership) is a philanthropic funding collaborative comprised of some of the country's largest private foundations, impactful family foundations and public funders of early childhood development who have the resources, intention and interest in leveraged grantmaking in early childhood.

In March of 2011 the First 5 LA Commissioners approved a strategic partnership with the LA Partnership for Early Childhood Investment—whose fiscal sponsor is the California Community Foundation. The strategic partnership with the LA Partnership established a four year contract, renewed annually, for a total of \$1.5 million in order to support the development and operation of the LA Partnership. One hundred and twenty-five thousand dollars annually (totaling \$500,000 over four years) goes toward core operating support. The remaining one-time investment of \$1 million was used to create a pooled grant fund (Baby Futures Fund). The Baby Futures Fund was established with the \$1 million from First 5 LA and is aimed at leveraging dollars for early childhood programs targeting the prenatal to 5 populations from other foundations and the public and private sector. The \$1 million is awarded as the LA Partnership secures funds and is distributed as each match is secured to leverage First 5 LA funds.

The purpose overall of the LA Partnership is to bring together foundations, the public and private sectors and other philanthropists to increase awareness about the importance of the early years and invest in early childhood development programs countywide.

First 5 LA has been a member of the Partnership since its inception and remains an active participant in the LA Partnership's leadership, quarterly meetings and various workgroups and committees.

DISCUSSION:

Today we will hear a presentation about the partnership's growth, its grantmaking, new strategic plan and continued collaboration with First 5 LA, from Parker Blackman the Executive Director of the LA Partnership. Highlights of the presentation will include;

- The history and evolution of the LA Partnership, including the establishment and update of the Baby Futures Fund. The LA Partnership's Baby Futures Fund, has leveraged First 5 LA's \$1 million challenge grant to secure an additional \$795,000 from private funders. The Partnership continues to fundraise for the Baby Futures Fund, while exploring new potential investments aligned with the Partnership's goals and grantmaking criteria.
- The LA Partnerships new strategic plan and their shift to becoming a catalyst for systemic change in LA County. The LA Partnership has adopted three critical roles to achieve catalytic impact; educator, grant maker, and leader.
- Last we will learn about a number of relevant and timely grant making and community investments projects that are aligned with First 5 LA's new direction in the current strategic plan. Today the LA Partnership is supporting or considering support of a number of projects that are well-aligned with First 5 LA's new Strategic Plan. Examples of such current investments include the LA Home Visiting Consortium, Local Control Funding Formula (LCFF) advocacy, and communications activity to advance a system for screening and treating Adverse Childhood Experiences (ACES). Potential investment opportunities include communications activities to strengthen early education reporting, bolster local media coverage, and parent engagement around the power of talking and reading.

This month the LA Partnership and First 5 LA are working together with Southern California Grantmakers (SCG) on an educational session, scheduled for June 22 2015. This educational session will be on First 5 LA's FY 2015-20 Strategic Plan: Focusing for the Future, providing First 5 LA with a platform to discuss our priority outcome areas and strategies, and to engage the broader philanthropic community in discussions on how we can partner to achieve and sustain our mutual goals for young children and families in LA County.

<https://www.socalgrantmakers.org/events/achieving-impact-young-children-la-county-first-5-las-2015-2020-strategic-plan>



LA Partnership
for Early Childhood Investment

A Great Beginning Changes Everything

Presentation to the First 5 LA Program and Planning Committee

June 18, 2015

Parker Blackman
Executive Director

LA Partnership for Early Childhood Investment
www.investinkidsla.org



LA Partnership
for Early Childhood Investment

The Partnership's Mission

To invest in and promote innovations that advance the lifelong health and well being of children age prenatal to five in LA County.



Partnership Members

- Major family and private foundations
- County agencies (including the CEO's Office, the Departments of Public Health and Mental Health, and DCFS)
- Los Angeles Chamber of Commerce



LA Partnership
for Early Childhood Investment

Baby Futures Fund

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A project of the LA Partnership for
Early Childhood Investment

History of the Fund



LA Partnership
for Early Childhood Investment



Baby Futures Fund



A project of the LA Partnership for
Early Childhood Investment

1ST LA
first 5 la
Giving kids the best start

History of the Fund

● Fund launched in 2011

● \$1 million from First 5 LA, and 1:1 match required over four years

● Match met in August 2014, almost full year ahead of schedule

● Grant making has accelerated year over year.
2012 & 2013: \$118k/yr.
2014: \$300k
2015: \$425k

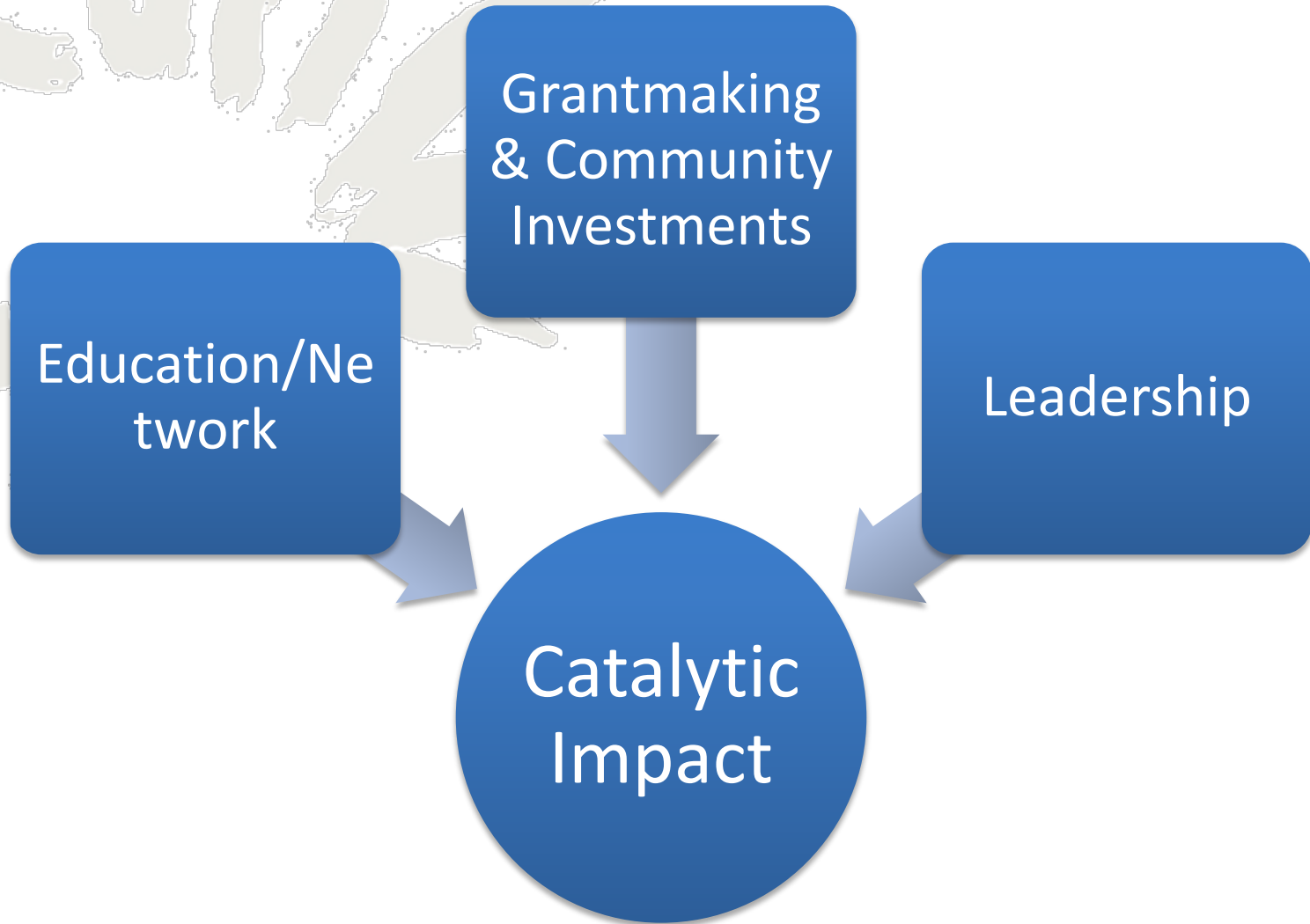
● Aligned Support: \$423k total thus far



LA Partnership
for Early Childhood Investment

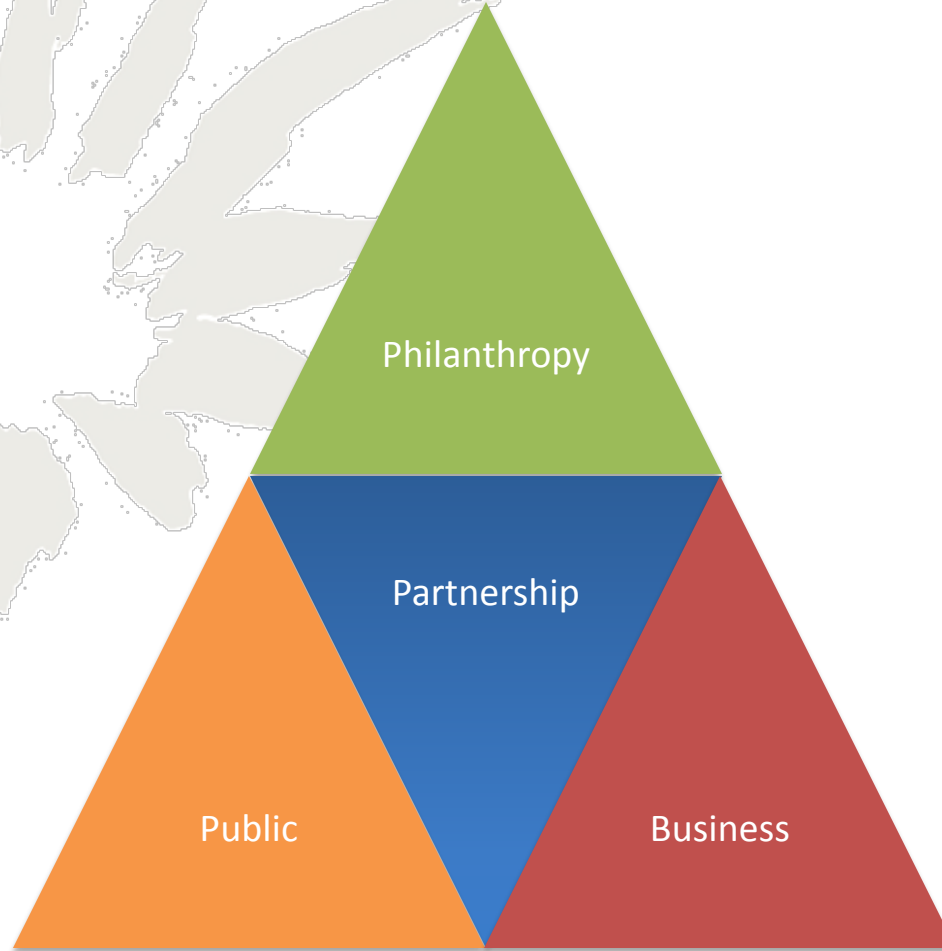
Partnership's New Strategic Plan

The Partnership's Primary Role: Catalyst for Systemic Change



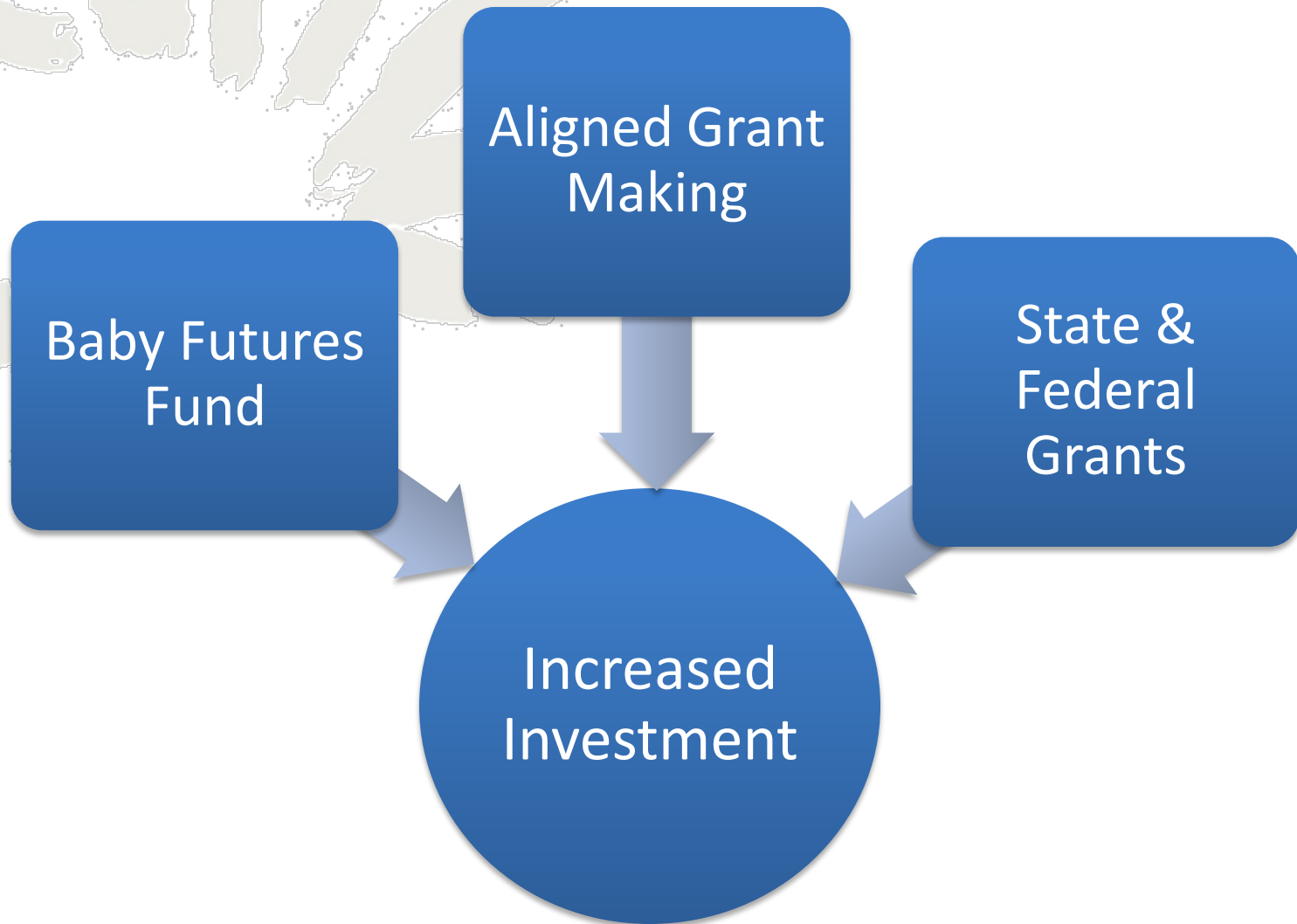
I. Education/Networking

Become a Powerful Nexus For Learning & Action



II. Grantmaking & Community Investment

Multiple Pathways to Deeper Investment in Early Childhood



Grantmaking & Community Investment Updates



CENTER FOR
**YOUTH
WELLNESS**

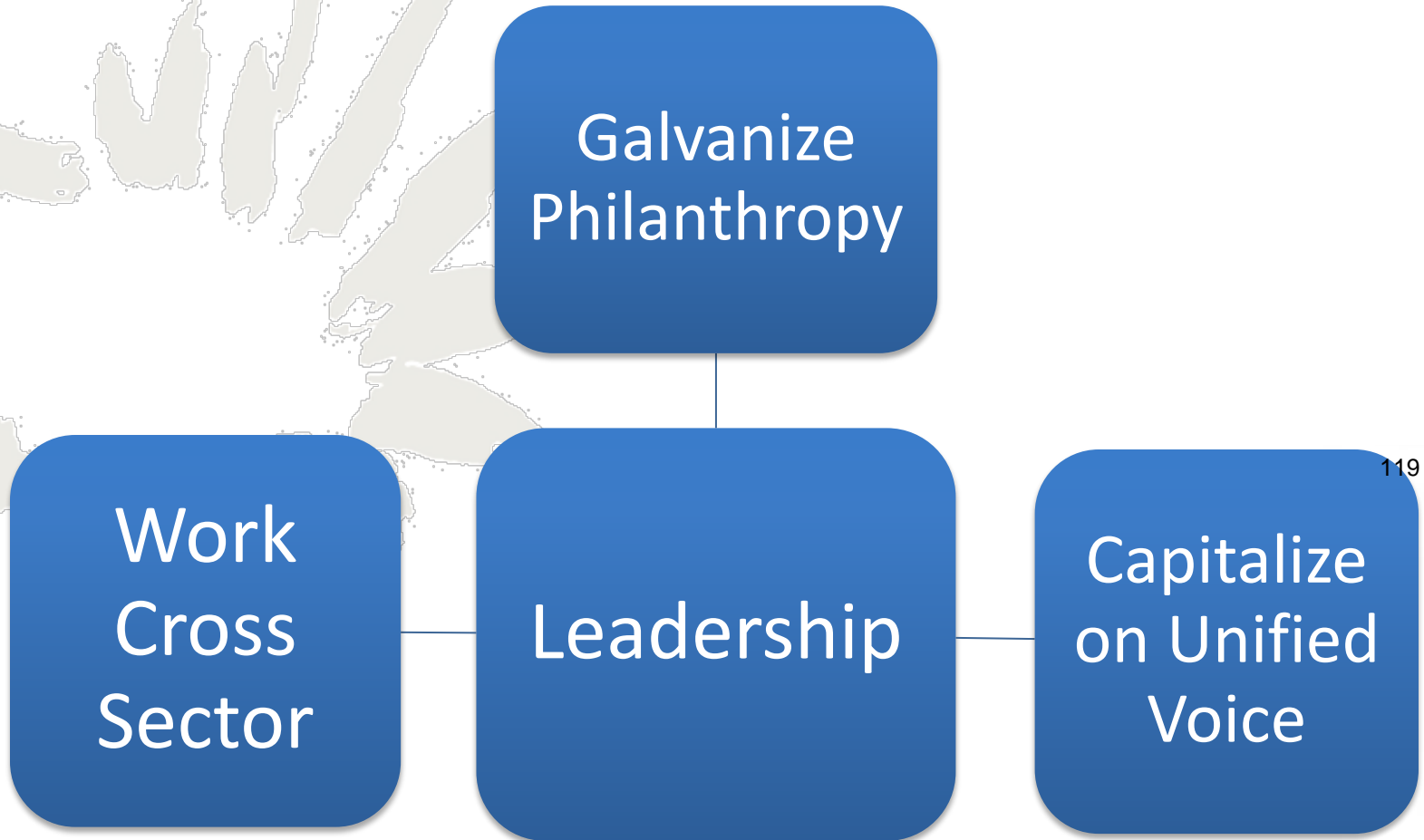
health begins with hope



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III. Leadership





Leadership Examples



Leadership Examples

the David & Lucile Packard¹²¹
FOUNDATION



Thank You



Memo

To: Board of Commissioners

From: Kim Belshé, Executive Director

Date: June 18, 2015

Subject: **MONITORING, EVALUATION AND LEARNING FRAMEWORK**

First 5 LA's next strategic plan brings greater focus and clarity to the organization's role and impact on the lives of LA County's children 0-5 and their families. On November 13, 2014 the Commission adopted the FY 2015-2020 Strategic Plan which prioritizes outcomes, strategies and investment areas involving families, communities, early childhood education, and health systems improvement involving health, mental health and substance abuse.

First 5 LA is transforming into a more intentional, systematic and data-driven learning organization. To support this transformation we are developing a new, comprehensive framework for our research and evaluation work. The crux of this new Monitoring, Evaluation and Learning (MEL) framework is learning and improvement. The framework outlines priorities that will ground and focus our organization's efforts. Today's presentation will introduce First 5 LA's MEL framework and approach that will be implemented during the 2015-2020 strategy cycle to study and learn about the execution of the plan. There will be an opportunity for discussion and feedback so that, if necessary, revisions to the Framework can be made and the commission's input can inform the work staff is doing to develop the MEL Agenda. Staff is requesting directional endorsement for the Guiding Principles and MEL framework.

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A PUBLIC ENTITY

FIRST 5 LA'S MONITORING, EVALUATION AND LEARNING FRAMEWORK

May 2015

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Monitoring, Evaluation, and Learning Framework

This document presents the First 5 LA Monitoring, Evaluation, and Learning (MEL) Framework. The MEL framework is an organizing structure for the work First 5 LA will conduct in order to study and learn about execution of the 2015-2020 Strategic Plan. The MEL framework represents a fundamental shift from First 5 LA's traditional approach to research and evaluation because of its emphasis on learning as both a primary goal and an essential input to efforts aimed at achieving greater impact in outcomes for children and families.

This document is organized into three sections. The first section provides background on the organizational context in which the MEL framework has been conceptualized. Noteworthy characteristics of the current context at First 5 LA are highlighted, including the new strategic direction, organizational values, and guiding principles—all of which compel a shift to a greater emphasis on learning. The second section provides an overview of the framework, including the learning priorities, components and criteria. The third section provides a brief description of how the framework will guide and support the development of the MEL Agenda and MEL Implementation Plan, both of which are also described in the final section.

Background

As articulated in the 2015-2020 Strategic Plan, First 5 LA undertook a process known as “Listening, Learning and Leading (L3)” in 2013 to identify and understand strategic issues and opportunities it faces as it enters a new strategy cycle. The major findings from the L3 process were:

- First 5 LA's investments have been too widely dispersed to create sustained impact
- First 5 LA's systems change activities have been too diverse, not well coordinated, and do not reflect a coherent outcome-oriented approach
- First 5 LA's goals and role are unclear
- First 5 LA is facing declining revenues and must shift emphasis from funding direct services to creating systems-level change

As a result of these lessons, First 5 LA's 2015-2020 Strategic Plan reflects greater focus and responds to the fiscal imperative of transitioning to sustainable spending. The plan includes six investment guidelines that serve as criteria for decision making and policy guidance throughout the implementation of the strategic plan. The six investments guidelines state that First 5 LA will:

1. Focus on prevention
2. Focus on systems and policy change
3. Seek to have broad impact, affecting large numbers of people
4. Prioritize investments that strengthen families and, whenever possible, improve community capacity
5. Prioritize the identification and scaling up of evidence-based practices
6. Engage partners at the earliest possible stage of activity and/or investment

The strategies and investment areas articulated in the 2015-2020 Strategic Plan reflect these guidelines and address the issues identified through the L3 process. There is a much greater emphasis on systems

and policy change, capacity building, and service delivery system improvements. In those instances where First 5 LA will continue to fund some direct services for families it is in support of broader system change and policy goals. First 5 LA has always had a strong commitment to research, evaluation, and learning efforts, and the 2015-2020 Strategic Plan reaffirms this commitment. There is also a greater emphasis on organizational learning and accountability – two of the key organizational values adopted as part of the Strategic Plan. First 5 LA’s MEL Framework is grounded in these two core values as well as the MEL Guiding Principles described below.

Guiding Principles

The Guiding Principles articulate First 5 LA’s philosophy regarding Monitoring, Evaluation and Learning. These principles convey a shared understanding and will guide decision-making with regard to when and how to approach MEL efforts.

Lead with learning – Learning and improvement are the overarching purposes of all MEL efforts. First 5 LA is continuously striving to be a learning organization and the MEL work is central to that transformation. In addition to supporting internal learning among staff and the Board of Commissioners, First 5 LA will also strive to contribute to external learning among our partners and in the fields of health, mental health, child development, early childhood education, and strategic grantmaking.

Align approach, effort and investment with purpose and context – First 5 LA will monitor investments comprehensively and engage in research and evaluation efforts selectively. Evaluation approaches will differ depending on the nature of the investment and the purpose and context of a given effort. Evaluations of promising and evidence-based direct services will employ more traditional evaluation approaches, emphasizing fidelity to the model and in some cases assessing impact using more rigorous designs. However, given that many of First 5 LA’s efforts will occur in partnership with others and within a wide and ever-changing context, most evaluation efforts will focus on contribution rather than attribution.

Build capacity for, and cultivate a culture of, learning – In order to become a learning organization and live up to the values espoused in the Strategic Plan, First 5 LA will need to commit to and explicitly encourage a culture that promotes innovation, creativity, and learning from mistakes. There will also be a need to nurture specific capacities to support learning, including improved collaboration, communication and partnership within the organization to share information and derive insights that can lead to improvements in practice. These changes will take time and will require all First 5 LA stakeholders to ask tough questions, intentionally and thoughtfully reflect on the answers to those questions, and be responsive and open to changing direction when needed.

Set realistic timeframes for assessment of outcomes - Expectations for what can be measured and known regarding First 5 LA’s efforts and investments must be set realistically based on the timeframe required to achieve the kinds of changes (especially systems and policy changes) articulated in the Strategic Plan.

MEL Framework

As stated above, the MEL framework is an organizing structure for research, evaluation and monitoring efforts. The framework is comprised of learning priorities, components and criteria. In this section, the learning priorities that will ground and focus First 5 LA's MEL efforts are outlined, the components of the framework are identified and the criteria for determining which MEL efforts will be undertaken are specified.

Learning Priorities

First 5 LA is becoming a more systematic, intentional, and data-driven learning organization. Learning in the context of MEL is defined as the process of forming and applying knowledge, insights, and information to the issues or needs of an organization. Knowledge, insights or information can be generated through monitoring, evaluation, research or less formal means, such as peer-to-peer learning or gathering anecdotal information from experience. In order to ground and focus First 5 LA's MEL efforts, the following learning priorities have been identified:

1. To learn about the implementation and outcomes of our investments
2. To learn about how our internal performance and processes affect implementation of the strategic plan
3. To learn about factors in the external environment that affect and influence the work of First 5 LA and factors that are indicative of the outcomes we seek

Articulating the learning priorities is one step toward becoming a learning organization. The learning priorities are intended to drive learning in a way that improves First 5 LA's practice and performance, and that of our partners, to achieve the goals of the strategic plan. Learning allows First 5 LA and our partners to enhance overall effectiveness and efficiency by continuously improving internal processes, programs, strategies, and policies. Monitoring, Evaluation and Research provide the information that will foster learning at First 5 LA. This learning might include strategy adjustments; changes to MEL efforts; midcourse corrections related to a program, process or policy; determinations of whether and how to expand an internal process, program, or policy; or conclusions concerning funding (e.g., continuing effective programs/activities or ending less or non-effective programs/activities).¹

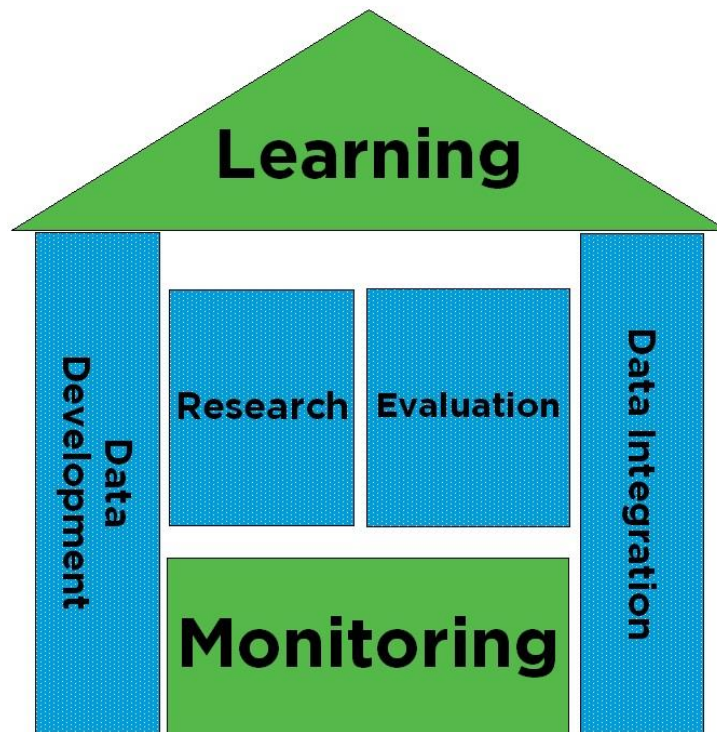
MEL Components

First 5 LA's MEL framework consists of several components². The components include monitoring, evaluation, and research. In addition, the framework includes two component supports: data development and data integration.

¹ The ideas presented on types of learning provided by evaluations come from Weiss (1998) and have been adapted to also include learning related to monitoring and research.

² Component refers to a defined set of activities geared toward generating information that will lead to learning.

Figure 1. MEL Building Blocks



One way to conceptualize the building blocks of MEL is as a house (see Figure 1 above). In the house, Monitoring, Research and Evaluation are the major building blocks, but they are supported by Data Integration and Data Development. The components and component supports, in turn, support the roof, which is Learning. Note that Monitoring and Learning are both green, unlike the rest of the MEL house. This signifies that, although they are part of the overall MEL framework, they are not only the work of the Research and Evaluation department. To be a strong structure, both the foundation (Monitoring) and the overarching goal (Learning) must be agency-wide efforts pursued by the entire organization. Each building block of the framework is described below.

Monitoring

The foundational component of the MEL framework is monitoring. Monitoring is defined as the routine collection and analysis of information on an agreed upon set of indicators. Indicators are variables that measure progress or change in performance, populations, policies or context. Monitoring indicators allows First 5 LA to learn about our impact, the context in which our work is accomplished, and whether there are barriers or unexpected challenges to our work. This in turn can inform First 5 LA’s direction or success by providing a regular influx of information that can support learning and enable course corrections.

Monitoring is considered foundational given its critical role in promoting a learning culture within First 5 LA. Not only does monitoring support all three learning priorities, it is also a key source of information that will inform when further research or evaluation is warranted. For example, through monitoring First 5 LA may identify a trend that results in a research effort aimed at understanding the factors influencing that particular trend. In another instance, we might decide to conduct an evaluation of an investment based on monitoring data. For example, if key indicators suggest a significant change in the target

outcome. Similarly, if a performance indicator is not meeting expectations, there may be an explicit focus on Learning if new or different activities need to be done. The need to monitor particular indicators may also serve as a springboard for new data development and data integration efforts. The MEL framework includes three types of monitoring.

Table 1. Types of Monitoring

Type	Definition
Performance Monitoring	Measures the inputs, outputs and outcomes of First 5 LA’s efforts. First 5 LA efforts include work performed by contractors and grantees through our investments as well as work performed by First 5 LA staff.
Population Monitoring	Examines overall trends experienced by children and their families in Los Angeles County.
Policy and Landscape Monitoring	Examines the political and external context in which First 5 LA’s strategies are being implemented.

Indicators monitored by First 5 LA may focus on populations, systems, policies, organizations, communities or participants. Some efforts to monitor indicators will be led by Research and Evaluation staff, but many (particularly those related to policy and performance monitoring) will be driven by staff throughout the organization as part of their day-to-day work. The MEL Agenda, described in the final section of this document, will identify the specific indicators that First 5 LA will monitor.

Evaluation

Evaluation is the second component of the MEL framework. It supports the priority aimed at learning about the implementation and outcomes of First 5 LA investments. Evaluation is the process of using research procedures to systematically and critically examine programmatic efforts³. Evaluations study, appraise, and help improve programs and policies. A multitude of different programs and activities can be undertaken to create change in the lives of children and their families, and it is valuable to agencies undertaking such programs and activities to understand how and whether such programs work.

The type of evaluation conducted for any given effort will vary depending on the purpose, aspects of the program or policy being investigated (such as the maturity), and informational needs of the study’s audience. The table below lists three evaluation types and the respective purposes.

Table 2. Types of Evaluation⁴

Type	Definition
Formative/Developmental Evaluation	Type of evaluation undertaken to provide information that will guide improvement of efforts.
Process Evaluation	Type of evaluation used to describe a program and determine whether it is

³ In the context of the MEL Framework, programmatic effort refers to all activities undertaken by the agency to achieve the outcomes outlined in the 2015-2020 Strategic Plan. It may include, but is not limited to, direct service programs, systems changes efforts, partnership building, and policy and advocacy work.

⁴ Evaluation definitions are based on definitions from Rossi, Freeman & Lipsey (1999).

	being delivered as intended. Also known as implementation evaluation.
Outcome/Impact Evaluation	Type of evaluation that measures whether the outcomes expected as a result of the program or activity were achieved. Progress towards outcomes may also be assessed depending upon the timeframe of the program or activity.

The types of evaluation presented in Table 2 roughly correspond to a project or program’s life cycle. Formative evaluations are generally conducted at the beginning of a project or program, process evaluations in the middle, and outcome evaluations towards the end. First 5 LA may engage in any of these types of evaluations. The MEL Agenda will outline the evaluations First 5 LA will conduct during the 2015-2020 strategy cycle.

Research

Research is the third component of the MEL framework. Research conducted by First 5 LA will be utilization-focused and primarily support two learning priorities: learning about the implementation and outcomes of our investments and learning about factors in the external environment that affect the issues we care about and factors that are indicative of the outcomes we seek. Research is defined as the systematic collection and analysis of information to gain further understanding and insight, and answers a specific question.

Various types of research will be conducted in the context of MEL. The nature of the question being asked will determine the type of project to be conducted. Potential types of research projects are listed in Table 3.

Table 3. Types of Research Projects

Type	Example Research Questions
Literature reviews	What are the evidence-based and promising practices in a given program area?
Information gathering from experts and/or key informants	Who in Los Angeles County is working on programs for children prenatal to five?
Environmental Scans and Landscapes	What organizations are currently supporting work aligned with our Strategic Plan?
Analysis of existing data <ul style="list-style-type: none"> Analysis of data that is currently “owned” by First 5 LA or publicly available datasets Analysis of data that requires the development and adoption of data sharing agreements, data use agreements, or memoranda of understanding 	<ul style="list-style-type: none"> What are the languages most often spoken at home in key communities? What is the relationship between former clients of a program and later child outcomes?
Primary data collection (which may include surveys, interviews or focus groups) <ul style="list-style-type: none"> Single time point data collection Longitudinal data collection 	<ul style="list-style-type: none"> What percentage of children ages prenatal-5 in Los Angeles County received a specific service in 2016? How does the quality of preschools in a specific community change as a result of various professional development

Type	Example Research Questions
	efforts?

The research topic and question(s) being answered should be closely related to, and in support of, First 5 LA’s planning and decision making. Research projects should produce knowledge, generally from sources external to First 5 LA, to further collective thinking and enable First 5 LA to make well informed, strategic decisions.

Differentiating Monitoring, Evaluation, and Research

Although the overarching purpose of monitoring, evaluation and research is similar (i.e., to provide information), each component is unique. The goal of this section is to provide clarity around the shared and distinct characteristics of each component. Table 4 compares key characteristics of monitoring, evaluation and research, and the accompanying narrative describes these characteristics in greater detail.

Table 4. Characteristics of Monitoring, Evaluation and Research

Monitoring	Evaluation	Research
Continuous	Time-Bound	Time-Bound
Breadth	Depth	Depth
No Value Judgment	Value Judgment	No Value Judgment
Sometimes Activity Specific	Always Activity Specific	Sometimes Activity Specific

Evaluation and research are time-bound, but monitoring is continuous. Monitoring efforts continuously collect data across the life of programs and activities. However, evaluations and research projects cover a specific period of time and utilize data collected only during that time period.

Monitoring provides a breadth of information while evaluation and research provides depth. Monitoring is intended to provide stakeholders with a broad picture of indicators associated with programs or activities and the context surrounding the program or activity. Evaluation allows for in-depth investigation to better understand a program or activity, and research allows for in-depth investigation of a topic of interest. In some cases, monitoring data may lead to the development of an evaluation or research project to better understand unusual or unexpected monitoring findings. For example, differences in indicators across program sites that emerge from monitoring efforts may prompt staff to consider conducting an implementation evaluation to understand the reasons for these differences and make recommendations to enhance site performance. Monitoring provides a broad picture of *what* is happening across program sites, while evaluation and research can provide insight into *how* and *why* the site differences occur.

Determining worth and value is part of the evaluation process, but not the monitoring or research process. Monitoring, evaluation, and research processes all gather data and analyze that data to produce information. Monitoring and research processes present this information to stakeholders, but evaluation adds an additional layer of analysis by judging the worth or the value of the programs or activities that were evaluated and making recommendations regarding areas of improvement.

Evaluation is specific to an activity or group of similar activities, but this is not necessarily true of research or monitoring. Evaluations are activity specific. They exist to answer questions about improvement for, implementation of, and outcomes associated with specific efforts intended to create change. Research does not need to be focused on specific programs or activities, and can include broader questions and topics of interest. In addition, although monitoring may be activity specific (e.g., Performance Monitoring), some aspects of First 5 LA's monitoring efforts (e.g., Policy Monitoring) are not activity specific.

MEL Component Supports

The MEL framework includes two component supports: data development and data integration. Component supports are defined sets of activities that enable or support First 5 LA's ability to conduct monitoring, evaluation and research. Component support projects will typically emerge in response to a need that must be fulfilled in order to monitor particular indicators or to answer evaluation or research questions.

Data Development

Data development is the process of establishing new data sources to address gaps or significant limitations in available data. Data can provide evidence about the impact of First 5 LA's efforts, identify gaps in services, provide support for (re)allocating resources, and offer information needed to advocate for system and policy changes. Yet oftentimes needed data are not readily available. If high quality data are not available, in some instances it will be essential to develop new data sources that can provide information to help create lasting change for children and families.

Data development efforts will generally be initiated in order to measure progress towards goals, assess trends, and/or meet programmatic, monitoring, research, or evaluation needs. One characteristic that distinguishes the data collection that occurs in the context of data development from data collection done for a research or evaluation project is its ongoing nature. While data collection for research and evaluation projects are time-bound, data development efforts are expected to generate data that are available on an ongoing basis. One example of a data development effort is the Early Care and Education Workforce Registry (Registry). The Registry is designed to track and promote the education, training and experience of the early care and education (ECE) workforce. People working in the ECE field can create individual profiles detailing their education and training, learn about work opportunities and ongoing trainings, and access a resume builder. The Registry can provide data about the size, composition, and qualifications of the ECE workforce in LA County. These data may be used for evaluation, population monitoring or research projects. In addition, these data may be used to support policy advocacy efforts.

Data Integration

Data integration is the process of creating linkages across data from different systems and sources. The purpose of data integration is to generate timely actionable information that will directly impact policies

critical to the prenatal to 5 population and their families. Like data development, data integration efforts undertaken by First 5 LA can support measuring progress towards goals, assessing trends, and/or conducting monitoring, evaluation, or research projects.

Each year, significant resources are invested in collecting data about children and families in LA County and the programs serving them. These data are gathered by different agencies and institutions and entered into distinct systems that rarely communicate with one another. Each system captures valuable information, but separately these data only provide a snapshot of children’s experiences and encounters with individual agencies. Social service, health, and early care and education agencies are under pressure to provide effective services to these children and their families on limited budgets that cannot support data mining and analysis.

Through data integration information from distinct data systems can be linked to address policy-relevant research questions, support cost-effective program evaluations, and generate population-level information concerning children and families. This better and smarter use of data will help develop an understanding of critical milestones and trajectories as children age that can lead to more effective services and supports for families.

There are several types of data that can be linked across systems and sources. The nature of the question being asked and the data available will determine the type of linkage to be performed. Potential types of data linkage may include:

Table 5. Types of Linkages

Linkage Types	Description
Administrative Data & Administrative Data	Opportunities to integrate administrative data across different service sectors and data systems. Allows for studies of cross-system involvement, longitudinal studies of children’s trajectories across systems over time, outcomes in one system that may be tied to earlier encounters in another, etc.
Administrative Data & Large-Scale Survey Data	Opportunities to integrate the rich information often gathered through individuals who are sampled and respond to surveys – with concrete (cost-effectively collected) information from administrative records. Administrative information can be linked retrospectively or prospectively for survey respondents.
Administrative Data & Qualitative Data	Opportunities to randomly sample individuals from administrative data, and to then assemble qualitative information for those individuals, either through new data collection efforts or existing case notes. If done well, the information gathered qualitatively can then be weighted so that generalizations can be made about larger populations of individuals reflected in administrative records.
Administrative Data & Evaluation Data	Opportunities to integrate data collected through specific evaluations with various data collected through service delivery sectors. Allows for prospective data linking longitudinal studies’ program participants who may receive services from various service delivery sectors. Administrative information can also be linked retrospectively for program participants to identify previous involvement with various

Linkage Types	Description
	systems.

Project Selection Criteria

The description of MEL components and components supports provided above points to the wide variation in the type of projects that may be pursued in order to study and learn about execution of the 2015-2020 Strategic Plan. First 5 LA is not able, nor does it endeavor, to conduct all conceivable MEL efforts. To support a consistent approach to decision-making about which efforts to conduct, two sets of criteria have been developed: inclusion criteria and priority setting criteria. Inclusion criteria are characteristics that potential projects must have if they are to be pursued by First 5 LA. Proposed projects that do not meet all applicable inclusion criteria will not be included in the MEL agenda. In addition to serving as litmus tests for all potential MEL efforts, the inclusion criteria will support prioritization of projects. Priority setting criteria reflect First 5 LA values and the Guiding Principles for MEL. Unlike inclusion criteria which will be used to exclude potential projects from further consideration, priority setting criteria will be used to prioritize among the potential projects that meet the inclusion criteria. Both sets of criteria are listed below along with a rationale that explains the purpose of each criterion.

Inclusion/Exclusion Criteria

1. Alignment with the 2015 -2020 Strategic Plan

MEL efforts must align with and support the 2015-2020 Strategic Plan. The degree of alignment with the Strategic Plan (e.g., outcomes, priority focus areas, strategies and activities) and overall strategic importance will be assessed and potential efforts with a greater degree of alignment and strategic importance may be prioritized over those with less alignment and importance.

2. Addresses a specific information need

MEL efforts must address a specific, identified information need and have the potential to yield actionable findings that can inform strategy refinement, planning, implementation, policy decisions and/or other MEL activities. Suggested projects that have the potential to generate information for multiple purposes may be prioritized over those that can only be used for a single purpose.

3. Timing of findings aligns with timeframe for learning and decision making

The purpose of MEL is to acquire information for learning and decision making. Therefore, First 5 LA will prioritize MEL efforts that can be conducted in a timeframe that aligns with the agency's information needs (e.g., findings are available in time to make programmatic changes, make funding decisions and inform future strategy) including long-term information needs.

4. Feasibility of providing sound information

MEL efforts should only be undertaken when it is possible to do so in a methodologically-sound way that addresses the specific, identified information need. Although all information gathering endeavors have limitations, if it is not possible to conduct a project in a manner that will yield reliable and valid data, First 5 LA will not proceed with that particular activity.

5. Availability of data

Monitoring and data integration can only proceed when there is an identifiable source of data that is responsive to a specific identified information need. In general, First 5 LA will prioritize efforts when data are already available through an existing agreement or some accessible source. If the data are not readily available, other factors will be considered to determine if efforts to acquire the data through the appropriate source will be pursued. In instances where critical data are unavailable, First 5 LA will consider filling the gap through a data development effort.

Priority Setting Criteria

1. Potential for sustainability

First 5 LA will consider the potential for sustainability when prioritizing data development and evaluation projects. Evaluation projects that have the potential to support sustainability of First 5 LA strategic efforts will be prioritized over those that do not. In addition, given the focus on partnering with others and leveraging resources, data development efforts should ideally be sustained once funding from First 5 LA has ended. Data development efforts that can be sustained after funding ends should be prioritized over those that need ongoing funding. This criterion may not be answerable at the time of data development but should at least be considered when deciding if a particular effort will be supported.

2. Contribution to the field

In general, First 5 LA will prioritize MEL efforts that have the potential to make a unique contribution to the existing knowledge base or practice, including the use of an innovative design, approach, method or statistical technique (e.g., developmental evaluation or collective impact evaluation). For example, First 5 LA will prioritize studies that ask new questions or examine different populations over replication studies. The type, context and focus of prior work will be considered when applying this criterion.

3. Opportunity for partnership

Given the significance of partnering with others to achieve common goals, MEL efforts that have the potential to leverage resources and/or address the information needs of partners will be prioritized over efforts solely supported by First 5 LA.

4. Minimal undue burden

MEL efforts should be cost-effective and worthwhile. First 5 LA will consider the potential cost and burden of suggested MEL efforts relative to the potential yield in terms of learning. MEL efforts supported by First 5 LA must actively seek to minimize cost and burden. Projects that can be conducted with a *reasonable* amount of resources both in terms of financial costs and staff time—First 5 LA, grantee and contractor staff—should be prioritized over those that will require a lot of resources.

5. Availability of comparable data

First 5 LA will prioritize monitoring efforts that allow the organization to benchmark performance and/or context against other systems, localities, time periods, etc. The ability to make comparisons to known standards, goals and/or peers will help with gauging performance and identifying where improvements are needed.

6. Complexity of activity/program

First 5 LA will consider the complexity of the activity or program when prioritizing activities or programs to be evaluated. Evaluations of complex programs with multiple inputs, outputs or outcomes which may be difficult to understand utilizing only monitoring data will be prioritized over less complex programs or activities. In many instances it may be more cost and time effective to utilize monitoring data to inform decision-making and learning around less complex activities or programs than to conduct formal evaluations.

Many criteria apply to all components and component supports, but some are unique to one or more components or component supports. The table that follows indicates which criteria apply to each component and component support.

Table 6. MEL Project Selection Criteria by Component

Criteria	Monitoring	Evaluation	Research	Data Development	Data Integration
INCLUSION/EXCLUSION CRITERIA					
Alignment with the 2015-2020 SP	X	X	X	X	X
Addresses a specific information need	X	X	X	X	X
Timing of findings aligns with need	X	X	X	X	X
Feasibility of obtaining sound information	X	X	X	X	X
Availability of data	X			X	X
PRIORITY SETTING CRITERIA					
Potential for sustainability		X		X	
Contribution to the field	X	X	X	X	X
Opportunity for partnership	X	X	X	X	X
Minimal undue burden	X	X	X	X	X
Availability of comparable data	X				

Complexity of activity/program	X
--------------------------------	---

Utilization of the MEL Framework

The MEL framework is an organizing structure for the work First 5 LA will conduct in order to study and learn about execution of the 2015-2020 Strategic Plan. As an organizing structure the framework will guide and support the development of the MEL agenda and MEL implementation. The MEL agenda and implementation are described briefly below including a clear articulation of each will be guided and supported by the framework.

MEL Agenda

The MEL agenda will outline the projects First 5 LA will undertake during the 2015-2020 strategy cycle across MEL components and component supports and the type of activities the organization will engage in to facilitate learning. The agenda will be organized around the four outcome areas and cross-cutting strategies that work across outcomes so that it is easy to understand how MEL efforts relate to our strategy. Monitoring, evaluation, research, data development and data integration projects for each outcome and cross cutting work will be clearly identified. The MEL agenda will include goals, key questions, timeframes, learning priorities and learning strategies for each project.

First 5 LA’s MEL framework calls for an approach to determining the MEL agenda that is holistic (in that it aims to take into account all of First 5 LA’s identified information needs and potential tools for meeting those needs) and systematic (in that a methodical process of identifying information needs, applying pre-determined criteria and developing the agenda will be used). The framework will guide and support agenda development in concrete ways. The learning priorities identified in the framework will shape the goals of all MEL efforts. The definitions provided in the framework will guide the classification of projects into components or components support (i.e., monitoring, evaluation, research, data development or data integration). An appropriate classification of projects will help to ensure resources are effectively deployed to meet the information needs⁵. Finally, the project selection criteria from the framework will be used to determine which potential projects will be considered for inclusion on the agenda and to prioritize among potential projects.

MEL Implementation Plan

The MEL implementation plan will detail how and when the projects outlined in the MEL agenda will be implemented over the five year strategy cycle. The implementation plan will also identify the internal

⁵ While the framework articulates the types of project that will generally be pursued, there may be some instances when the approach that is needed for a particular project goes beyond what has been articulated in the framework. First 5 LA will be open to using new or alternate approaches based that meet project and information needs rather than rigidly adhering to the framework.

systems and processes needed to support MEL efforts. During the implementation planning process specific projects will be conceptualized and project charters, budgets and workplans will be developed.

The framework will guide and support implementation planning in multiple ways. Projects will be designed to address one or more learning priorities outlined in the framework. The framework identifies which learning priorities will be addressed by each MEL component, the general purposes associated with each MEL component and component support and how that work can facilitate learning. The approach of MEL projects will be guided by the framework. Monitoring efforts will examine internal performance, performance of grantees and contractors, population level indicators, and the political and external context in which First 5 LA's strategies are being implemented. Formative, process and outcome evaluations will be considered. A variety of approaches to research will be contemplated.

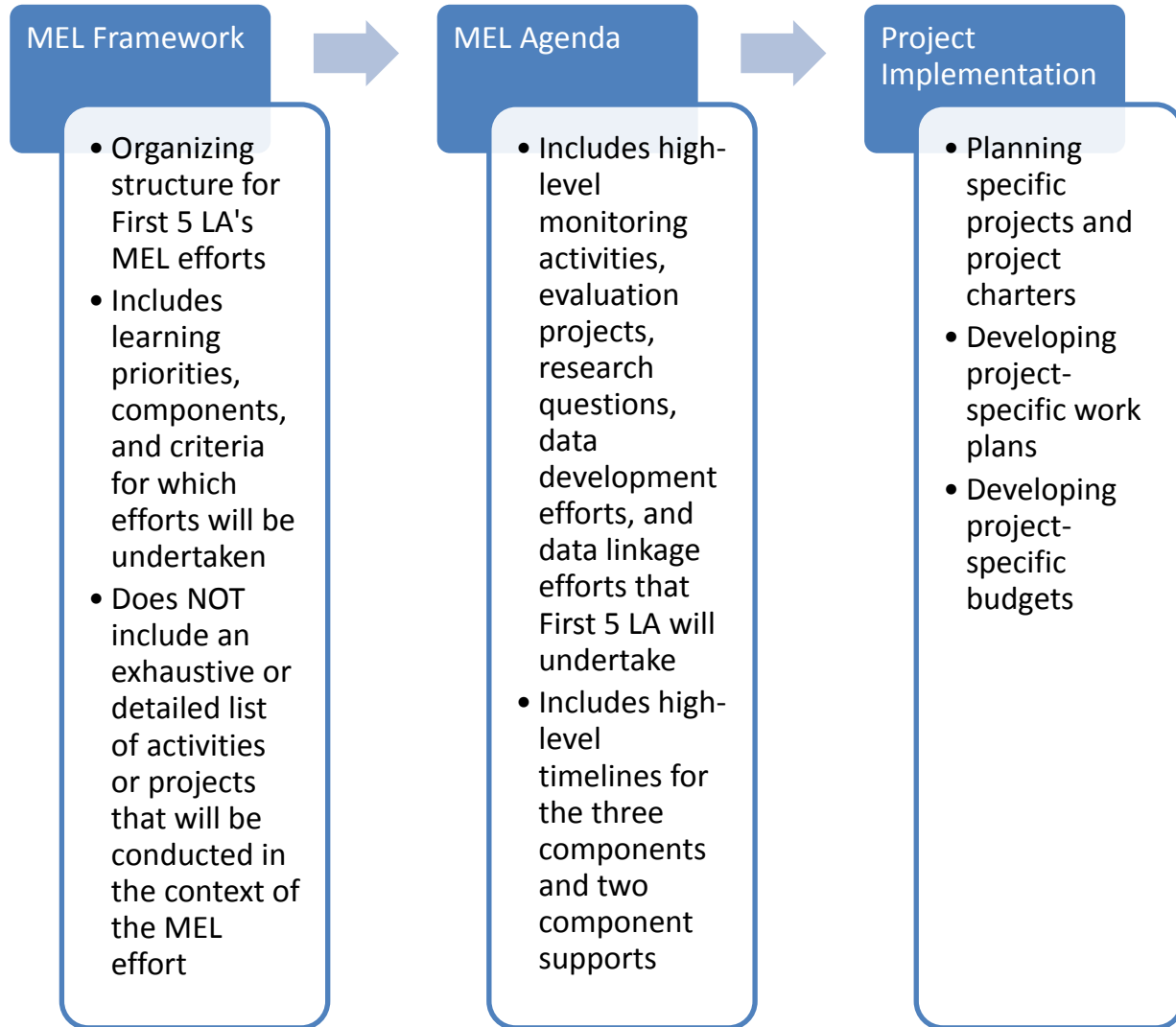
Considerations

First 5 LA's learning priorities provide focus on the learning the organization will pursue; however, First 5 LA must also develop processes (e.g. data sharing processes, data review processes, incentives for learning) that promote organizational learning. As the MEL agenda is developed, First 5 LA will assess these various elements through a learning culture and capacity assessment. The goal of the assessment is to identify systems, processes and activities First 5 LA should implement to support MEL efforts and ultimately foster learning.

As the framework exists to outline broad purposes, priorities and criteria for future projects, it is not intended to include an exhaustive list of all methods and activities that will be conducted in the context of monitoring, evaluation and research. Each component will employ appropriate methods based on the needs of specific projects and efforts. These methods are likely to include analysis of existing population level data, stakeholder feedback, grantee/contractor data, and focus groups and surveys. Greater detail on the specific processes of implementing MEL will be created after the MEL agenda is finalized.

While the MEL Agenda and Implementation Plan are intended to serve as planning tool, First 5 LA will maintain flexibility to pursue emerging opportunities that address our information needs and advance our learning priorities.

Figure 2. MEL Framework and Agenda



Monitoring Evaluation and Learning (MEL) Framework: *An Overview*

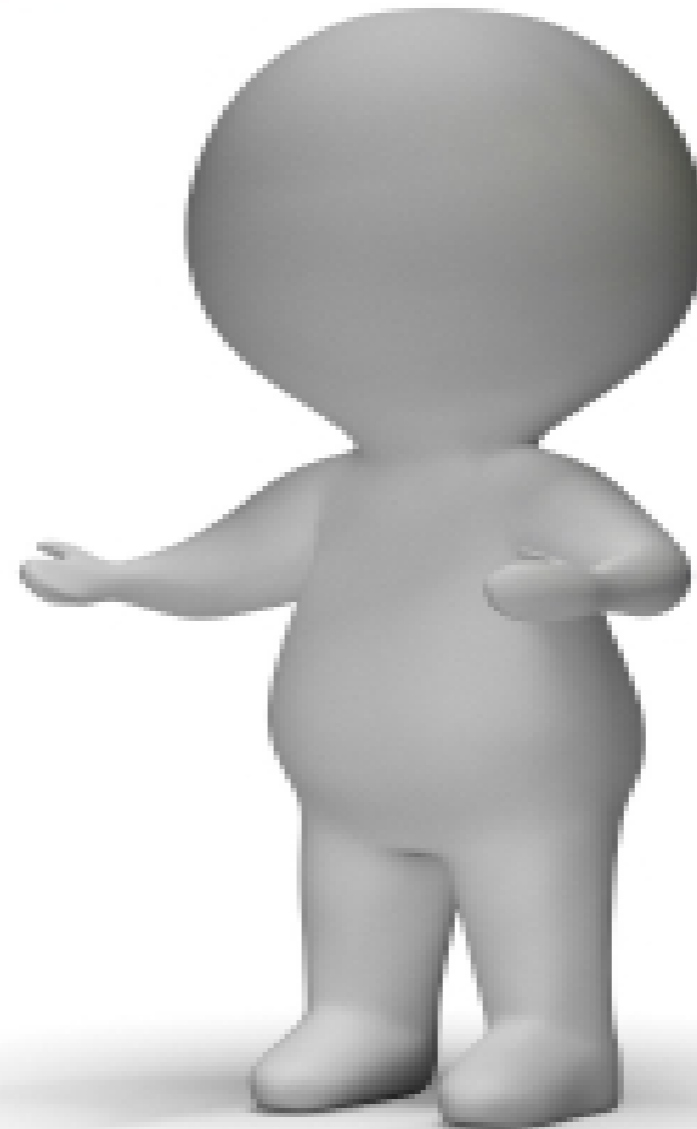


Presentation Outline

- Introduction
- Brief overview of the MEL Framework
- Implications of MEL approach
- MEL implementation timeline
- Discussion

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Who is
MEL?



Monitoring, Evaluation, and Learning (MEL) Framework

- Organizing structure for studying and learning about strategy execution
- Emphasis on learning
- Best practice among strategic grant-making organizations

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Learning: Definition and Priorities

The process of forming and applying knowledge, insights and information for decision making and actions

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- **Priority 1:** Learning about the implementation and outcomes of our investments
- **Priority 2:** Learning about how our internal performance and processes affect implementation of the strategic plan
- **Priority 3:** Learning about external factors that influence our work or are indicators of the outcomes we seek

The MEL House



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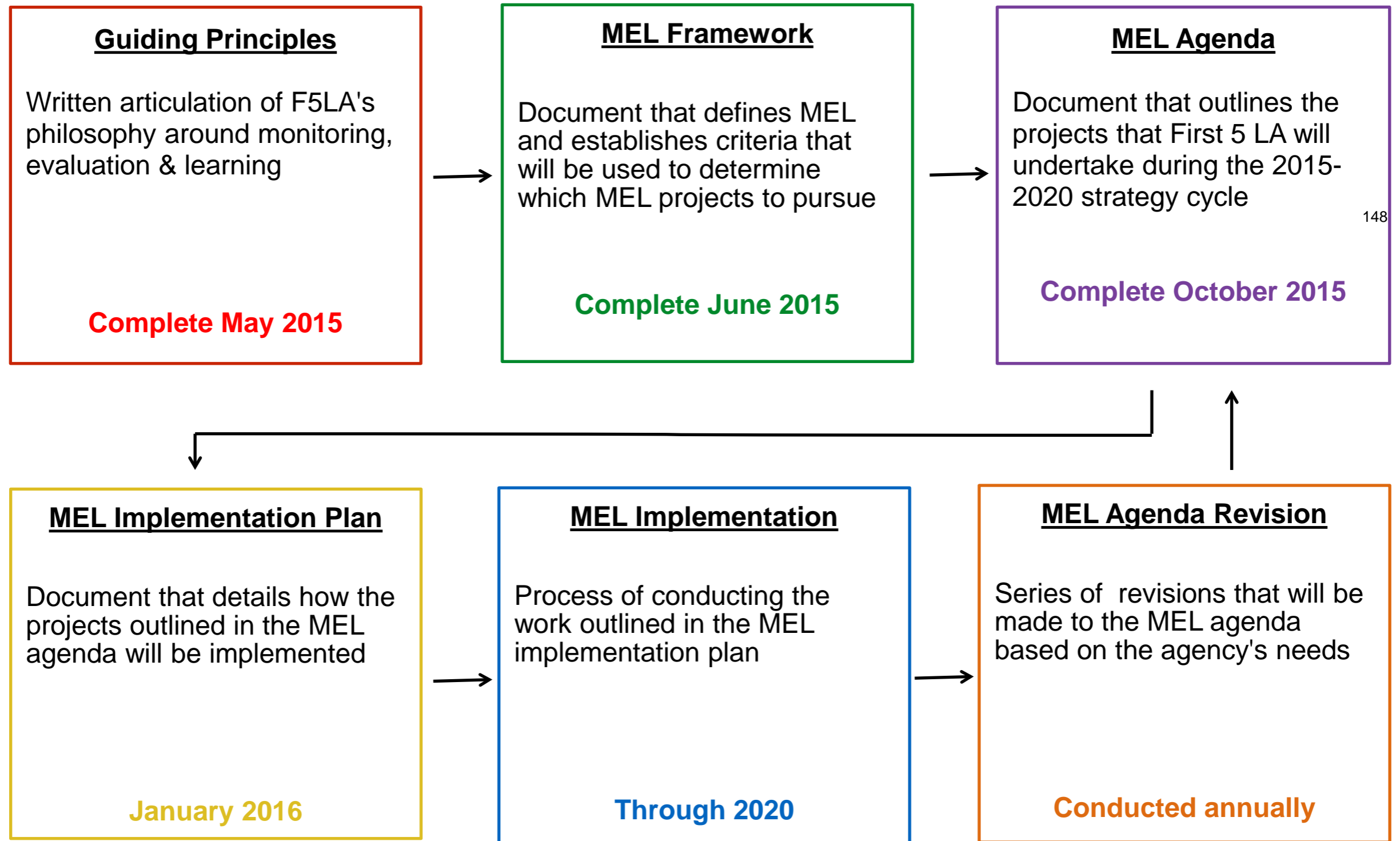
Blue: Traditional roles of R&E
Green: Organization-Wide Activities

Project Selection Criteria

- Purposes:
 - Refine the list of potential projects
 - Establish minimum standards
- Two sets of criteria:
 - Inclusion/exclusion criteria
 - Priority setting criteria

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MEL Timeline



Staff Perspective on Implications:

Changes for staff

- Need for training, support and capacity building
- Need to prioritize and dedicate time for learning

Changes for First 5 LA

- Increase collaboration and focus on learning at the outset of initiatives
- Learning about legacy investments and existing projects

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More Staff Perspective on Implications:

Changes for the Commission

- Input on MEL initial agenda and annual revisions
- Increase engagement around findings and data-driven decision making

Changes for grantees and partners

- Learning with and capacity building among partners, grantees and communities
- Re-thinking *compliance* in light of focus on systems and policy change

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Final Thoughts

- Need to develop systems and processes to support the MEL framework
- Shift in organizational culture at all levels: staff, executive and commission
- Ultimate aim is enhancing efforts towards achieving greatest possible outcomes

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Discussion

- Do you have any clarifying questions regarding the MEL Framework?
- What are your initial thoughts on the implications for First 5 LA's work?
- What do you look forward to learning about?

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Monitoring Learning and Evaluation (MEL) Framework: *An Introduction*



Viewing Instructions

Please use the slideshow feature to hear the audio that accompanies this presentation.

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Note: To hear the audio you may need to download the file rather than viewing it directly from SharePoint.

Goals of Presentation

- Introduce MEL
- Outline the MEL Framework
- Provide the MEL implementation timeline
- Encourage staff thinking about their roles in MEL



Who is
MEL?



Monitoring, Evaluation, and Learning (MEL) Framework

- Organizing structure for studying and learning about strategy execution
- Best practice approach to organizational learning among strategic grant-making organizations
- Emphasis on learning

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Why Now?

- Lessons learned from “Listening, Learning and Leading (L3)”
- First 5 LA’s 2015-2020 Strategic Plan, Focusing for the Future



Guiding Principles for MEL

- Lead with learning
- Align approach, effort and investment with purpose and context
- Build capacity for, and cultivate a culture of, learning
- Set realistic timeframes for assessment of outcomes

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Learning Priorities

- **Learning: the process of forming and applying knowledge, insights, and information to the issues or needs of an organization**
- Learn about the implementation and outcomes of our investments
- Learn about how our internal performance and processes affect implementation of the strategic plan
- Learn about external factors that influence our work or are indicators of the outcomes we seek



So what
exactly is
MEL?



The MEL House



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Blue: Traditional roles of R&E
Green: Organization-Wide Activities

The MEL House- Monitoring



Monitoring

The routine collection and analysis of information on an agreed upon set of indicators

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Performance Monitoring

Measures the inputs, outputs and outcomes of First 5 LA's efforts.

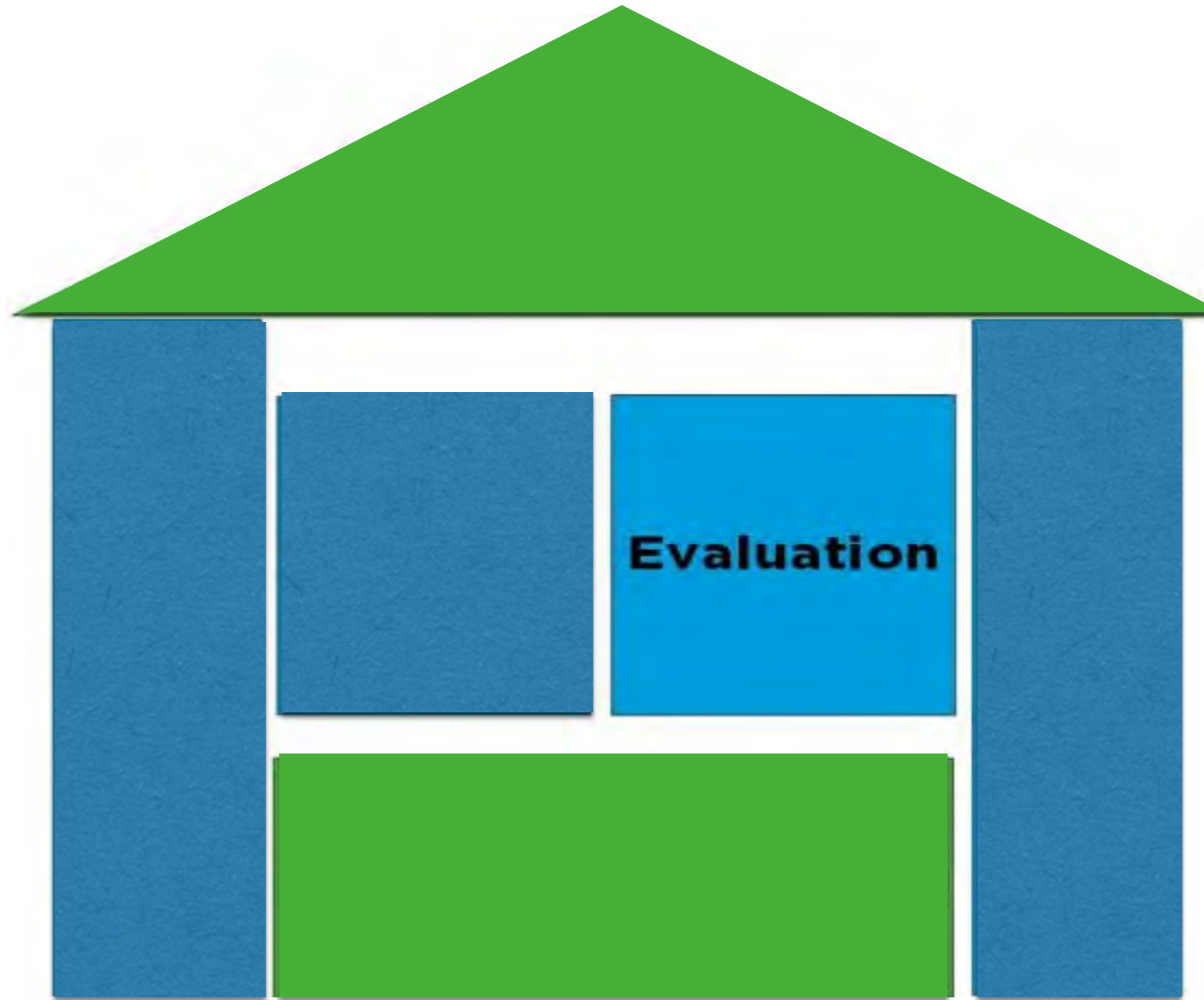
Population Monitoring

Examines overall trends experienced by children and their families in Los Angeles County.

Policy & Landscape Monitoring

Examines the political and external context in which First 5 LA's strategies are being implemented.

The MEL House- Evaluation



Evaluation

Process of using research procedures to systematically and critically examine programmatic efforts

Formative/ Developmental Evaluation

- Provides information to guide improvement of efforts.

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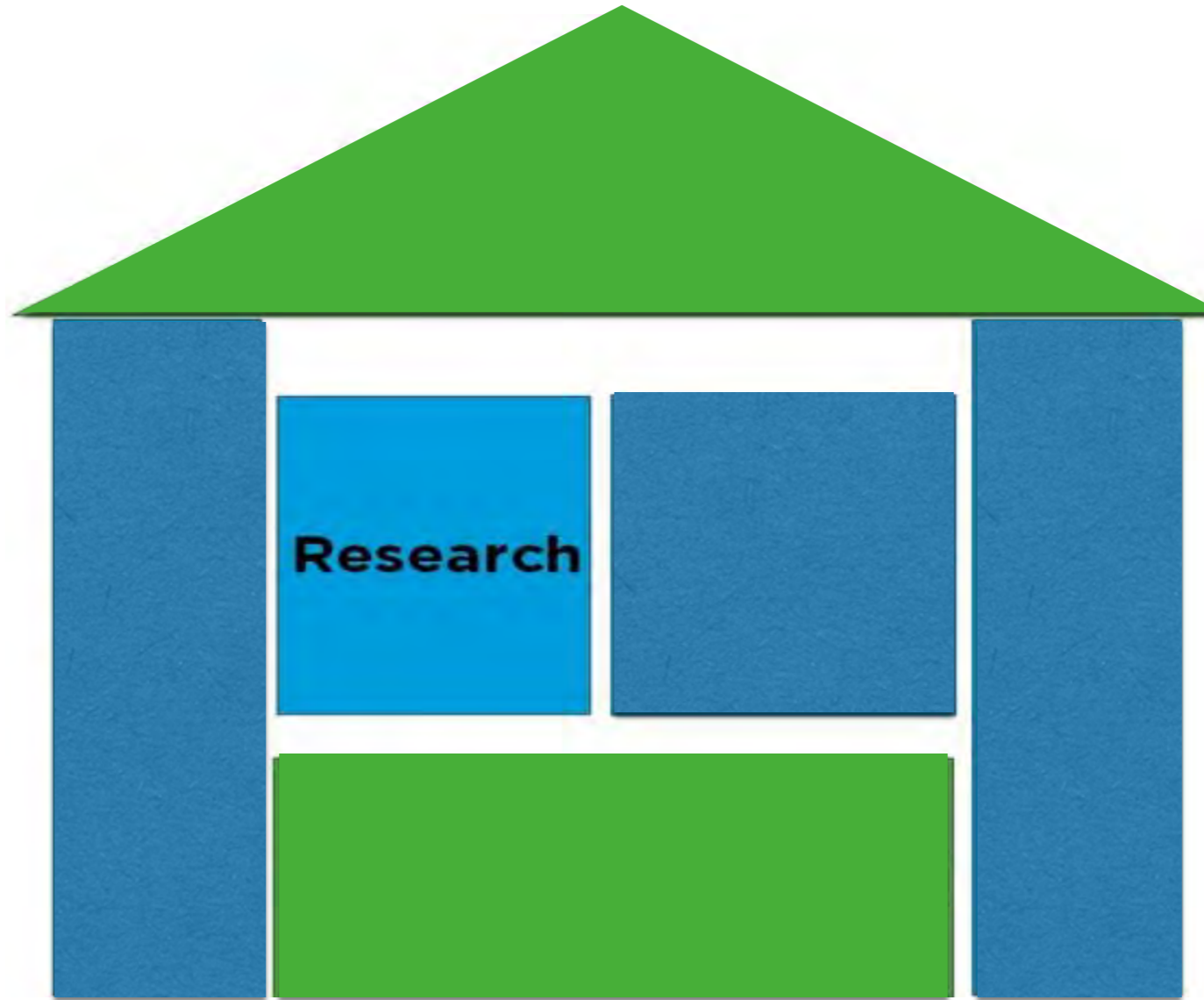
Process/ Implementation Evaluation

- Describes a program and determines whether it is being delivered as intended.

Outcome/Impact Evaluation

- Measures whether expected outcomes were achieved.

The MEL House- Research



Research

Systematic collection and analysis of information to gain understanding and insight

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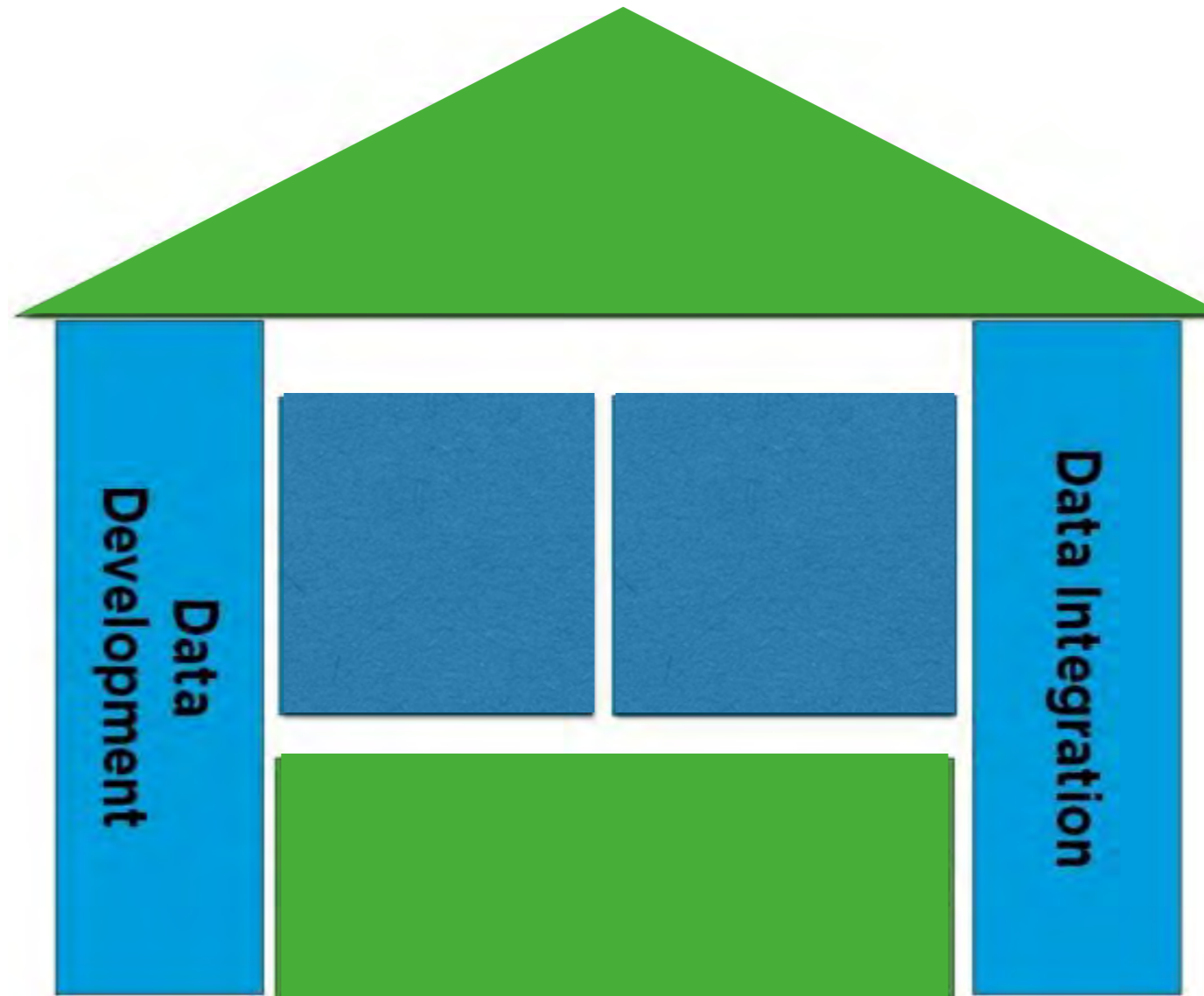
Examples:

Literature reviews

Analysis of existing data

Primary data collection

The MEL House- Supports



MEL Framework Supports

Activities that enable or support First 5 LA's ability to conduct monitoring, evaluation and research

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Data Development

- Developing new data sources to fill gaps in available data

What is the average salary of someone working in the early care and education workforce in LA County? We need to know if we should advocate for higher salaries.



We don't know!



Let's create an online Registry where everyone working with young children can enter their demographic, education, salary, information so these data can be readily available



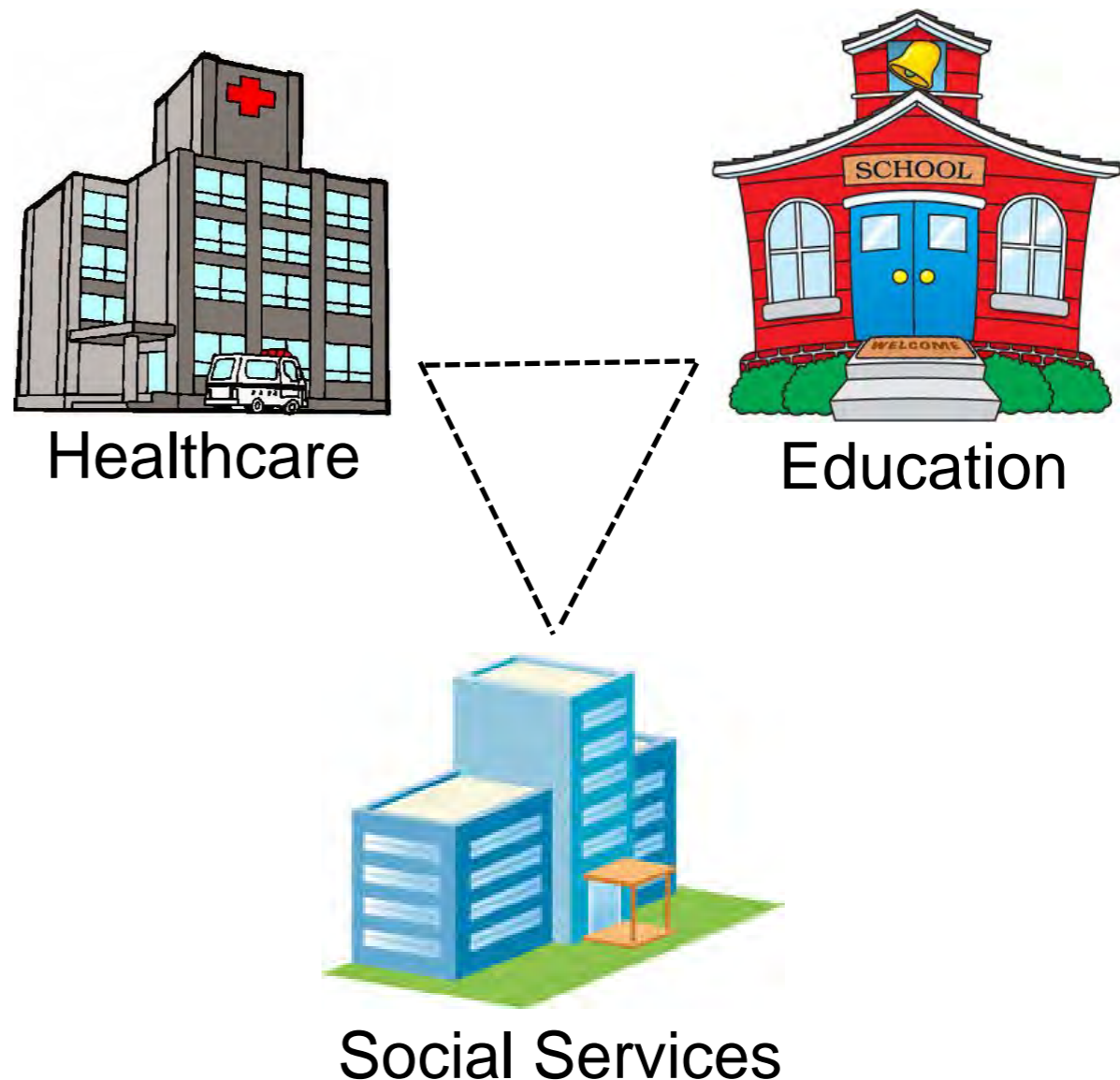
MEL Framework Supports

Activities that enable or support First 5 LA's ability to conduct monitoring, evaluation and research

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Data Integration

- Creating linkages across data from different systems and sources



How will you
decide what
work to pursue?



Project Selection Criteria

Types of criteria to support decision-making:

- Inclusion
- Priority setting

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Inclusion/Exclusion Criteria

1. Alignment with the 2015-2020 Strategic Plan
2. Addresses a specific information need
3. Timing of findings aligns with need
4. Feasibility of obtaining sound information
5. Availability of data

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Priority Setting Criteria

1. Potential for sustainability
2. Contribution to the field
3. Opportunity for partnership
4. Minimal undue burden
5. Availability of comparable data
6. Complexity of activity/program

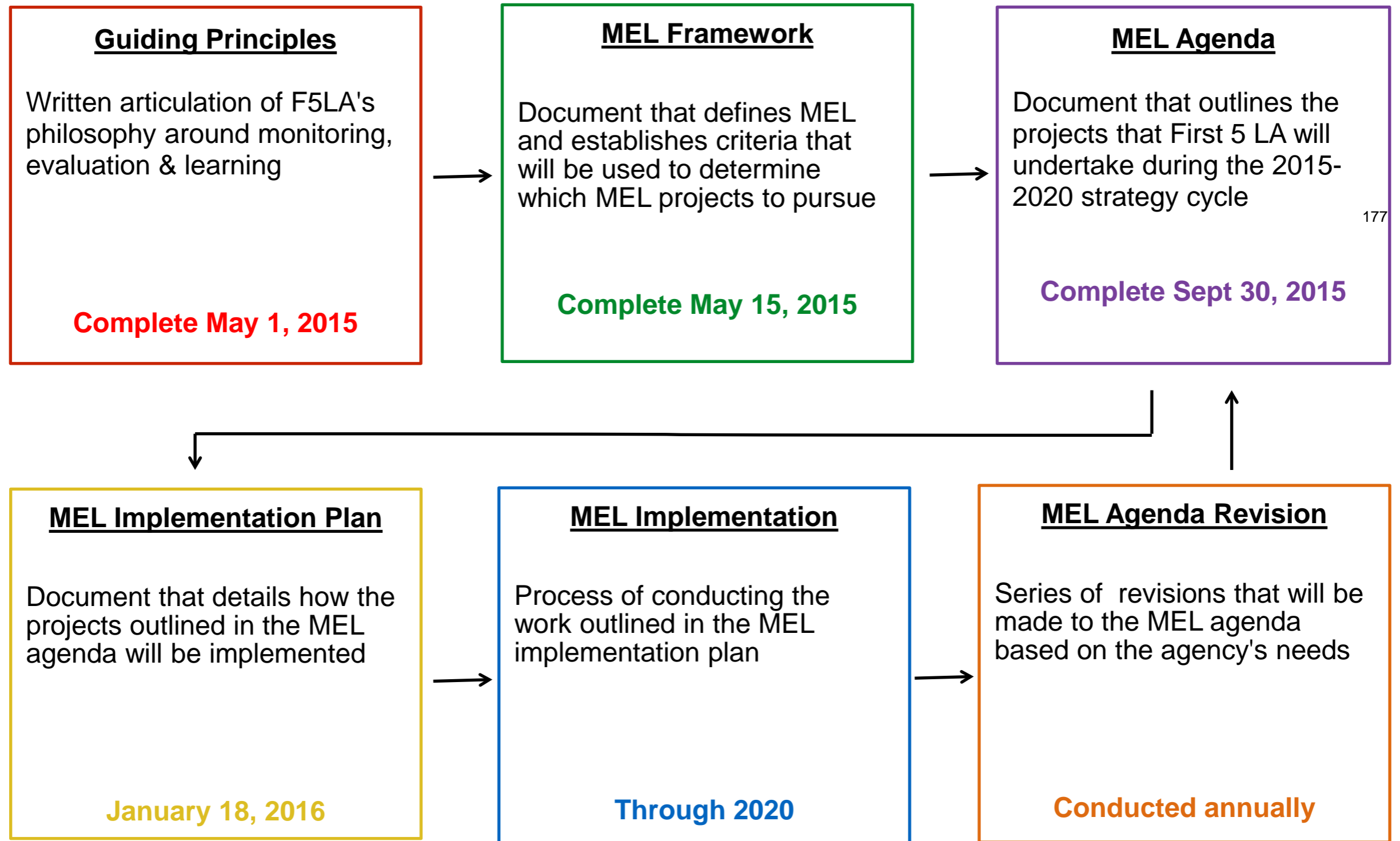


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When is all
this
happening?



MEL Timeline



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Implementing MEL

- The Research & Evaluation Department has been tasked with developing the MEL Framework and Agenda

BUT

- As part of a learning organization everyone at First 5 LA has a role in MEL



How will
MEL affect
my work?



If you have any questions
please contact:

Kimberly Hall, Ph.D.
Senior Research Analyst
khall@first5la.org
X7516



Memo

To: Board of Commissioners

From: Kim Belshé, Executive Director

Date: June 18, 2015

Subject: **PARENT ENGAGEMENT: PROJECT DULCE AND ABRIENDO PUERTAS**

The overarching goal of First 5 LA’s Focusing for the Future: 2015-2020 Strategic Plan is to ensure that children enter kindergarten ready to succeed in school and life. Knowing that a child’s success in school and life starts at the earliest moments, parents represent the most critical relationship to a child’s development. For this reason, parent engagement is a core element across our priority outcomes and focus areas established for Families, Communities, Health Related Systems Improvement and Early Care and Education. The Strategic Plan reflects our belief that improving child outcomes requires change at three, interrelated levels through (1) supporting families; (2) strengthening the capacity of the communities in which families and children live; and (3) increasing the effectiveness and coordination of the service delivery systems upon which families rely. The Families outcome particularly focuses on strengthening family protective factors such as increasing parent/caregiver knowledge of parenting and child development; resiliency, social connections and parent capacity to provide enriching, structured and nurturing environments for their children. When skills and supports — known as the Protective Factors — are present, parents/caregivers are able to create nurturing, responsive, stable relationships and learning environments for their children, and as a result child outcomes improve.

First 5 LA’s strategic plan includes a parent engagement framework to guide our strategies and implementation activities so that these are designed to strengthen and impact the following elements of parent/caregiver engagement, including:

- Parent/caregiver-child relationship and interaction
- Parent/caregiver participation within the community
- Parent/caregiver-provider relationship and interaction

The Families Strategy of the Strategic Plan includes a priority focus on improving the capacity of Early Care and Education and Health-related providers to engage parents/caregivers in supporting their child’s development. Early Care and Education and Health settings are natural points of connection for families. These environments are non-stigmatizing and, therefore, create a unique opportunity to reach families that are relatively more isolated from the broader array of family support services. First 5 LA seeks to capitalize on these environments to provide resources that increase

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protective factors by piloting program models that have demonstrated impacts on improving protective factors and by contributing to this evidence-base.

The program models that First 5 LA will invest in provide a unique opportunity to co-design, test and evaluate the models in the context of the First 5 LA Strategic Plan. The foundation of this Research & Development approach begins with strong models that have already demonstrated results, providing an opportunity to invest in piloting a successful model with new populations and communities.

Today's presentation will describe how two leading nationally recognized programs demonstrate the importance of parent engagement to increase family Protective Factors in health-related and ECE settings: (1) Project DULCE (Developmental Understanding and Legal Collaboration for Everyone) and (2) Abriendo Puertas/Opening Doors. Based on the extensive experience of these two leading partners, the Commission will hear about the important role parent engagement plays in increasing family protective factors through early care and education and health-related settings.

Project DULCE:

Project DULCE is an evidence-based clinical intervention based on the Strengthening Families approach, which puts parent engagement as a foundation, designed to address infant/family risks and needs at the earliest possible stage and to partner with families to build strengths and capacities that foster optimal child health and development starting at birth. Project DULCE provides parental support and information on child development which gives parents of newborns an opportunity to develop confidence in their capacity to parent and be attuned to their child's needs. The intervention meets these young families within the patient centered medical home at routine health care visits for the newborn's first 6 months, providing an immense opportunity to reach infants and their families early. The health center location provides a platform for parent engagement and leads to better system performance from other providers as this brings the healthcare sector into a coordinated care model with other providers.

Project DULCE Final Report

http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CB4QFjAAahUKEwjv6vTJnovGAhUSSZIKHS3qA3s&url=http%3A%2F%2Fwww.cssp.org%2Freform%2Fearly-childhood%2Fqic-ec%2FFinal-Report-Project-Dulce-Boston-MA.pdf&ei=z2F7Va_HMZKSyQSt1I_YBw&usg=AFQjCNFj991n-mDvVYKG9fuicKJ2EEWxQ&sig2=hJYFidpxMF7lgF-L7ezMpQ&bvm=bv.95515949,d.aWw

Abriendo Puertas/Opening Doors:

Abriendo Puertas/Opening Doors is the nation's first evidence-based comprehensive training program developed by and for Latino parents with children ages 0-5. Abriendo Puertas is a popular education, parent leadership training program developed to equip parents with the knowledge and tools to promote family wellbeing and positive education outcomes for their children. The program, reflecting the Five Protective Factors, effectively weaves accessible information about early childhood cognitive, social, emotional and physical development while building knowledge of economic and healthcare supports, such as the Earned Income Tax Credit and the Affordable Care

Act, knowing that parent and family empowerment sets the stage for navigating systems and acquiring resources for cultivating a rich foundation for early learning experiences and school readiness. Abriendo Puertas recognizes that parental engagement is a necessary pillar in advancing early childhood education outcomes as well as community development. The Abriendo Puertas curriculum relies on parent input, gathered from focus groups and surveys, to take the research off of the shelf and make it accessible to parents in a warm and welcoming environment. Parents develop confidence in their ability to navigate complex systems that support the wellbeing of their families.

Abriendo Puertas Full Evaluation Report

<http://www.childtrends.org/wp-content/uploads/2014/06/2014-24AbriendoPuertasEvaluation.pdf>

About the Presenters:

Judy Langford
Senior Fellow and Associate Director
Center for the Study of Social Policy

Ms. Langford is a Senior Fellow and Associate Director of the Center for the Study of Social Policy in Washington, DC. She serves as a key consultant on child and family issues for foundations, federal and state agencies, and private organizations on the development and implementation of family support policy and practice. She is the originator and national director for Strengthening Families, a family development framework adopted by more than 40 states to guide action across agencies to promote healthy child development and prevent adverse childhood experiences. She served as leader of the management team for the federal Quality Improvement Center on Early Childhood (funded by the Children’s Bureau in the Administration on Children Youth and Families). She has worked in Los Angeles as part of the federal Western and Pacific Implementation Center, Casey Family Programs initiation of the Strengthening Families Learning Network across county agencies and as part of the Research Advisory Council for First Five. She also serves on national advisory boards and review panels related to child and family issues.

Judy Langford is the former Executive Director of the Family Resource Coalition, the national association of community based family resource programs based in Chicago, and former Executive Director of Chicago’s Ounce of Prevention Fund, a nationally recognized public private partnership for child development innovations. She was a founder of the Chicago Foundation for Women, the National Forum for Women and the AIDS Foundation of Chicago. She is a graduate of the University of Georgia and has served as an early childhood teacher in the public schools of Clarke County GA. She formerly served as honorary Chair of President Carter’s Advisory Committee on Women and was an award winning columnist for REDBOOK magazine.

Dr. Robert Sege
Principal Investigator

Project DULCE

Robert Sege, M.D., Ph.D., FAAP, Vice President, the Medical Foundation Division, at Health Resources in Action in Boston and a Senior Fellow at the Center for the Study of Social Policy in Washington DC and a visiting scientist at the Harvard School of Public Health. Previously, he was the chief of the Division of Family and Child Advocacy at Boston Medical Center and a Professor of Pediatrics at Boston University School of Medicine.

Dr. Sege has published and spoken widely on the topics of child abuse and its prevention. As one of the nation's leading authorities on this topic, he serves as a member of the Board of the Massachusetts Children's Trust, the Massachusetts Essentials for Childhood Leadership Action Team, the American Academy of Pediatrics Committee on Child Abuse and Neglect, and the Board of Directors of Prevent Child Abuse America.

Dr. Sege led the development of the Connected Kids: Safe, Strong, Secure program for the American Academy of Pediatrics. He is former member of the American Academy of Pediatrics Committee of Injury Violence and Poison Prevention and was the recipient of the American Academy of Pediatrics' 2008 Fellow Achievement Award for his work on youth violence prevention

He received his BS from Yale College, his PhD from MIT, his MD from Harvard Medical School, and completed his pediatric residency at Boston Children's Hospital. Bob lives in the Boston area with his wife Karen. They have three young adult children.

Sandra Gutierrez Founder and National Director Abriendo Puertas

Sandra Gutierrez is the Founder and National Director of Abriendo Puertas/Opening Doors. Ms. Gutierrez led the development of Abriendo Puertas/Opening Doors-the nation's first evidence-based, comprehensive training program for Latino parents with children 0 to 5. Prior to her work with Abriendo Puertas / Opening Doors, Ms. Gutierrez developed a series of training programs to support children and families involved in the child welfare system for Parents Action for Children. She brings over forty years of experience with legal, children's advocacy and community service organizations. Her multi-faceted career has included founding the first service organization to assist Central American Refugees, developing health education programs for the United Farm Workers of America and leading campaigns to promote the benefits of preschool to the Latino community. In addition, for seven years, she served as a founding member and State Commissioner for First 5 California where she established the Advisory Committee on Equity. Ms. Gutierrez serves as an Advisory Board member for the Too Small To Fail Initiative. In March 2014, Ms. Gutierrez was named by the White House as a César E. Chávez Champion of Change, and in February 2015 she received the James Irvine Foundation Leadership Award.

Family Strengthening

June 18, 2015

1ST  LA
first 5 la
Giving kids the best start



Focus on Families

- First 5 LA's Priority Focus on Increasing Protective Factors
 - Research & Development approach
 - Health & Early Care and Education settings
 - Programs that have demonstrated impacts on improving protective factors
 - Project DULCE
 - Abriendo Puertas

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All Together Now:

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Focusing on Families to Achieve Results for Children

The Mission



First 5 LA, in partnership with others, strengthens *families*, communities, and systems of services and supports so all children in L.A. County enter kindergarten ready to succeed in school and life.

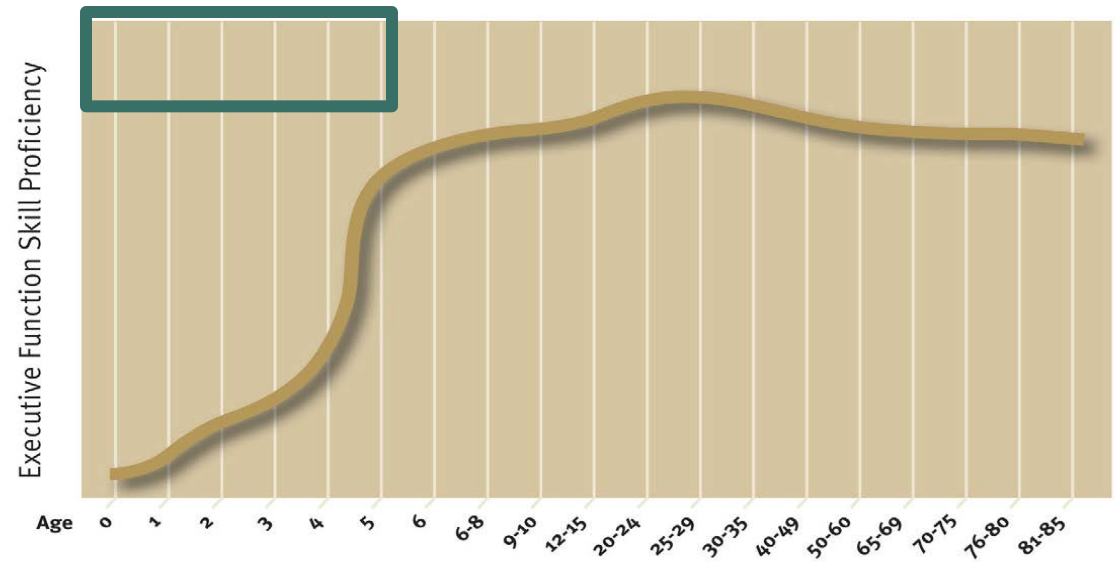
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Where it Starts: Building on Science



Center
for the
Study
of
Social
Policy

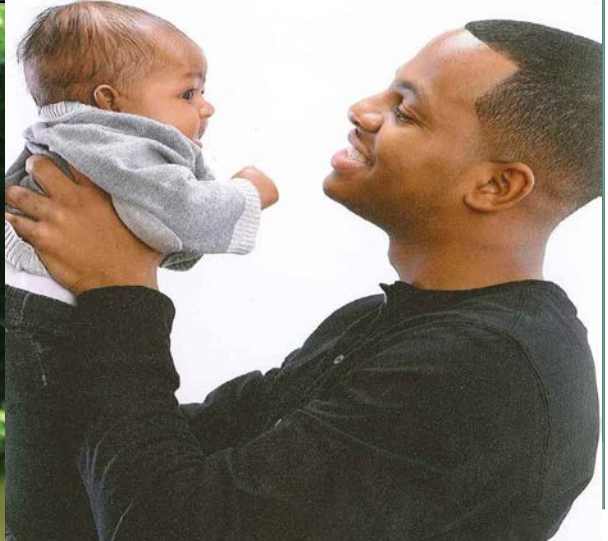
Executive Function Skills Build Into the Early Adult Years



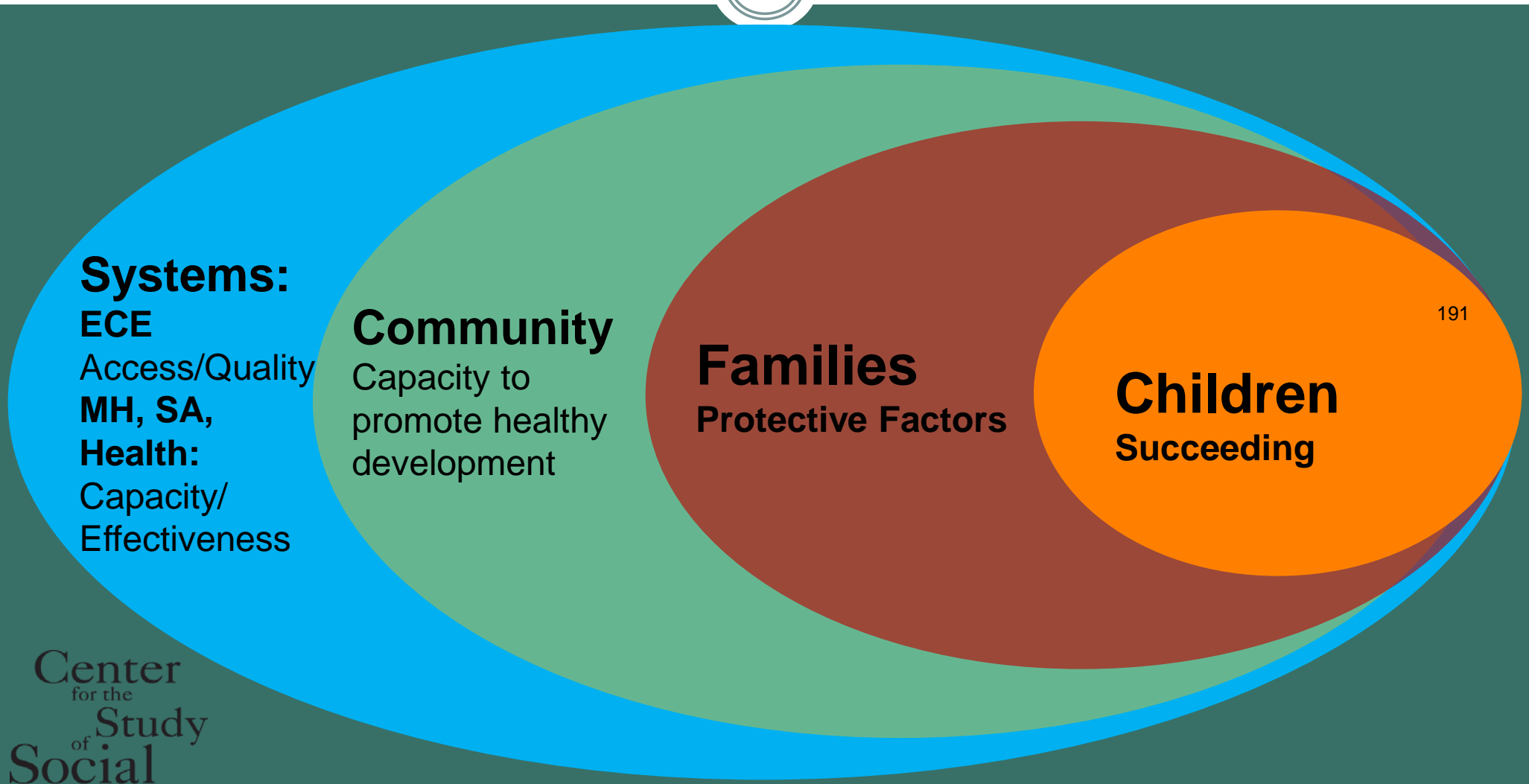
Source: Weintraub et al. (Submitted for Publication)



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It's All Connected





Protective Factors Approach



**Risk
Factors**



**Protective
Factors**



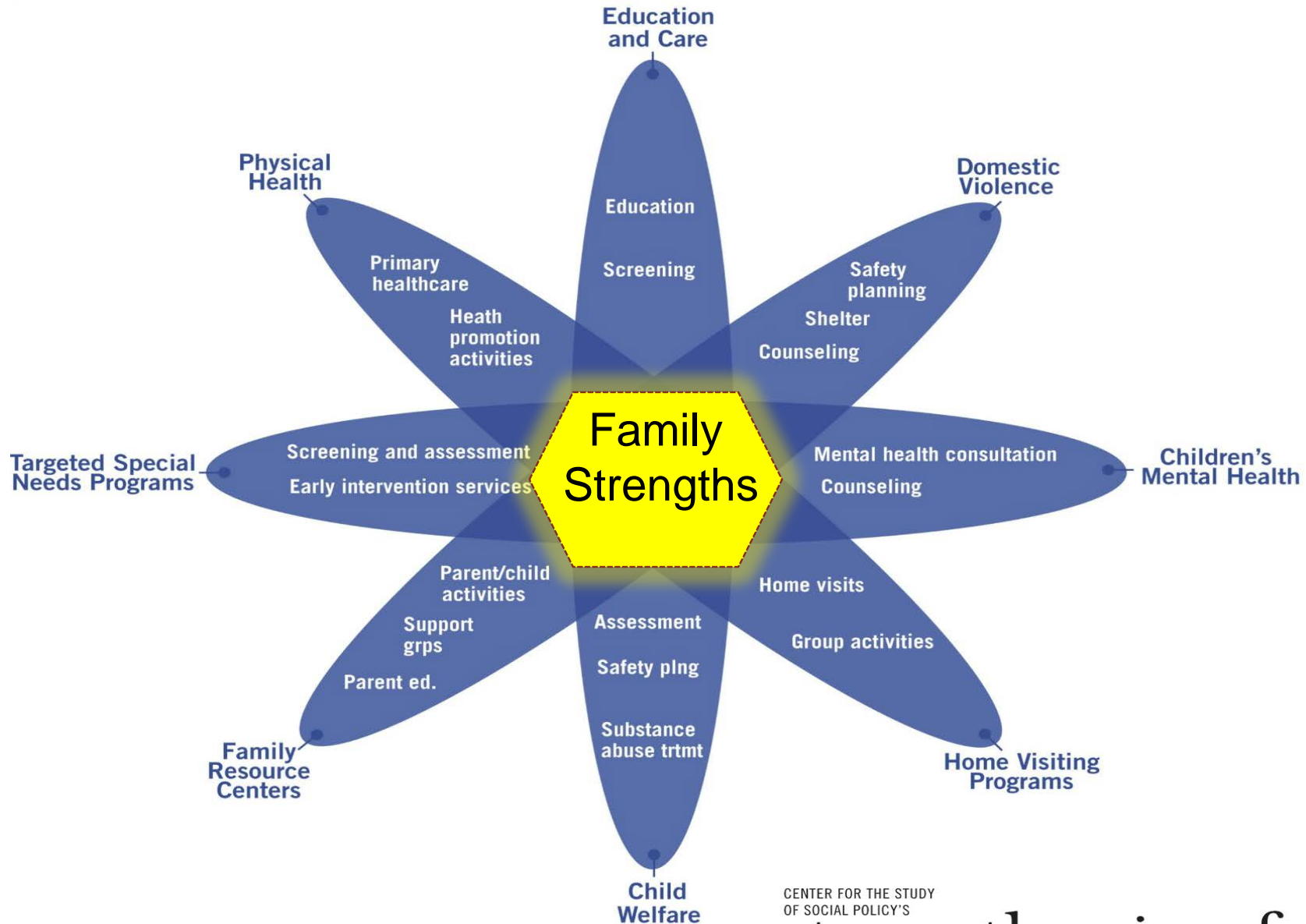
Family Capacities:
Personal resilience,
Knowledge and skills
for child development,
Providing safe, healthy
environment for child
development

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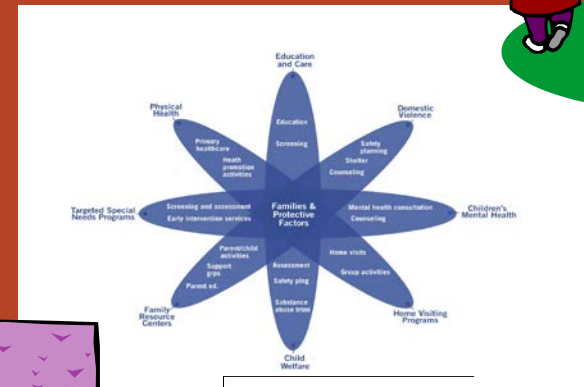
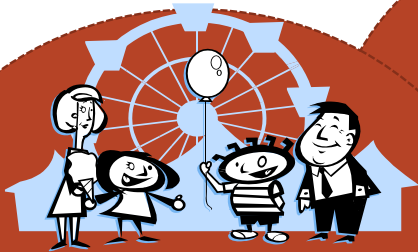
Concrete Support

Social Connections

ALIGNING RESULTS FOR FAMILIES

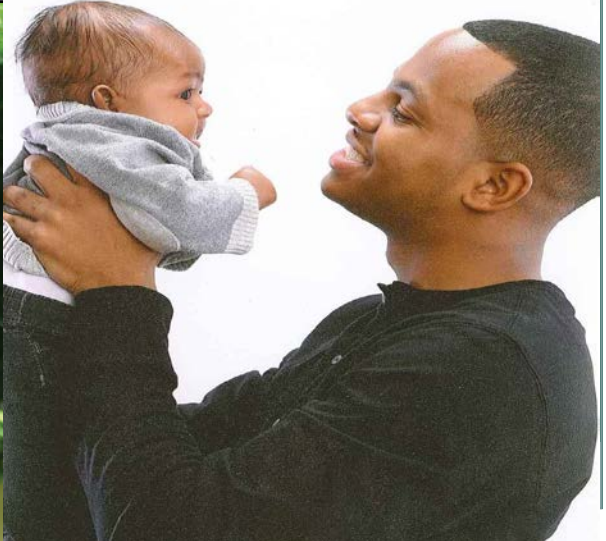


Communities





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Two Examples



- Build family capacity and community connections across programs
- Follow the lead of parents in providing information and support
- Use a protective factors framework in their work
- Show demonstrated results in engaging families and building protective factors

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DULCE: Home Visiting In The Patient-Centered Medical Home

DULCE: DEVELOPMENTAL UNDERSTANDING AND LEGAL COLLABORATION FOR EVERYONE

1. Family specialist at the Health Center
2. Intervention lasts 6 months for each family, beginning with first newborn visit
3. Interventions occurs during routine visits, and in the community
4. Links families to their communities

HEALTH CENTERS AS PLATFORM

Nearly universal access

Social good – no stigma

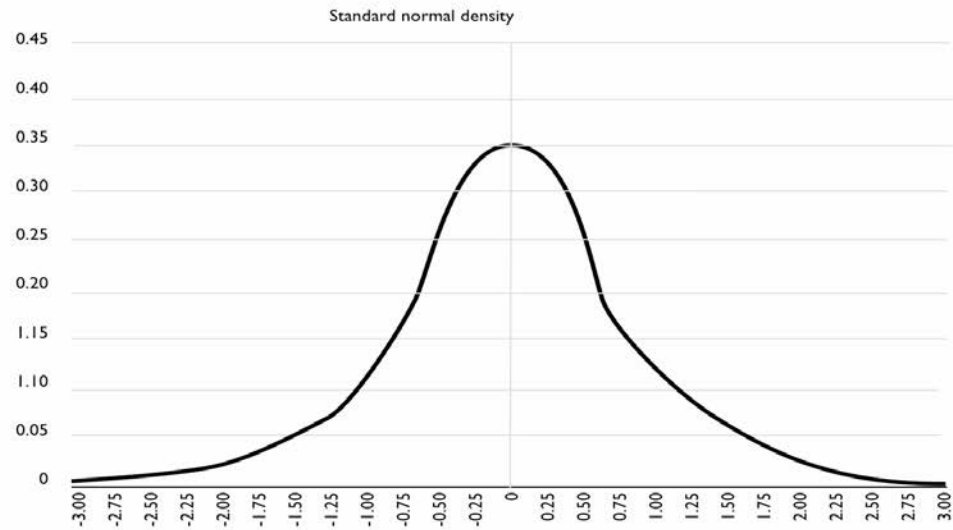
Trust

Relationship

Available time and opportunity: 5 one hour visits in first six months of life

RISK & PROTECTION

Risk-based factors



STRENGTHENING FAMILIES PROTECTIVE FACTORS

Parental resilience

Social connections

Concrete support in times of need

Knowledge of parenting and child development

Social emotional competence of Children

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<http://www.cssp.org/reform/strengthening-families/the-basics/protective-factors>

May 28, 2015

| JOINING FORCES FOR CHILDREN PLANNING SESS

Center
for the
Study
of Social
Policy

Ideas
into
Action



FIRST 6 MONTHS

Joyous, but:

Economic stress

Fatigue

Family stress

Hence:

Hunger for information and support

Highest rates of physical abuse

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EVOLVING VIEW OF DOCTOR'S VISIT



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IN7



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Boston

DULCE: HOME VISITING IN THE HEALTHCARE SETTING

DULCE Family Specialist:

- Meets families at routine HC visits for the first 6 months, and also offers:
 - Home visits
 - Telephone,
 - E-mail,
 - Text messaging
 - In-person consultations

BASELINE

Families faced significant hardship

71% one or more hardship

Majority had:

Food insecurity

Housing insecurity

Phone and utilities insecurity

FINDING 1: FAMILIES ACCEPTED DULCE INTERVENTION

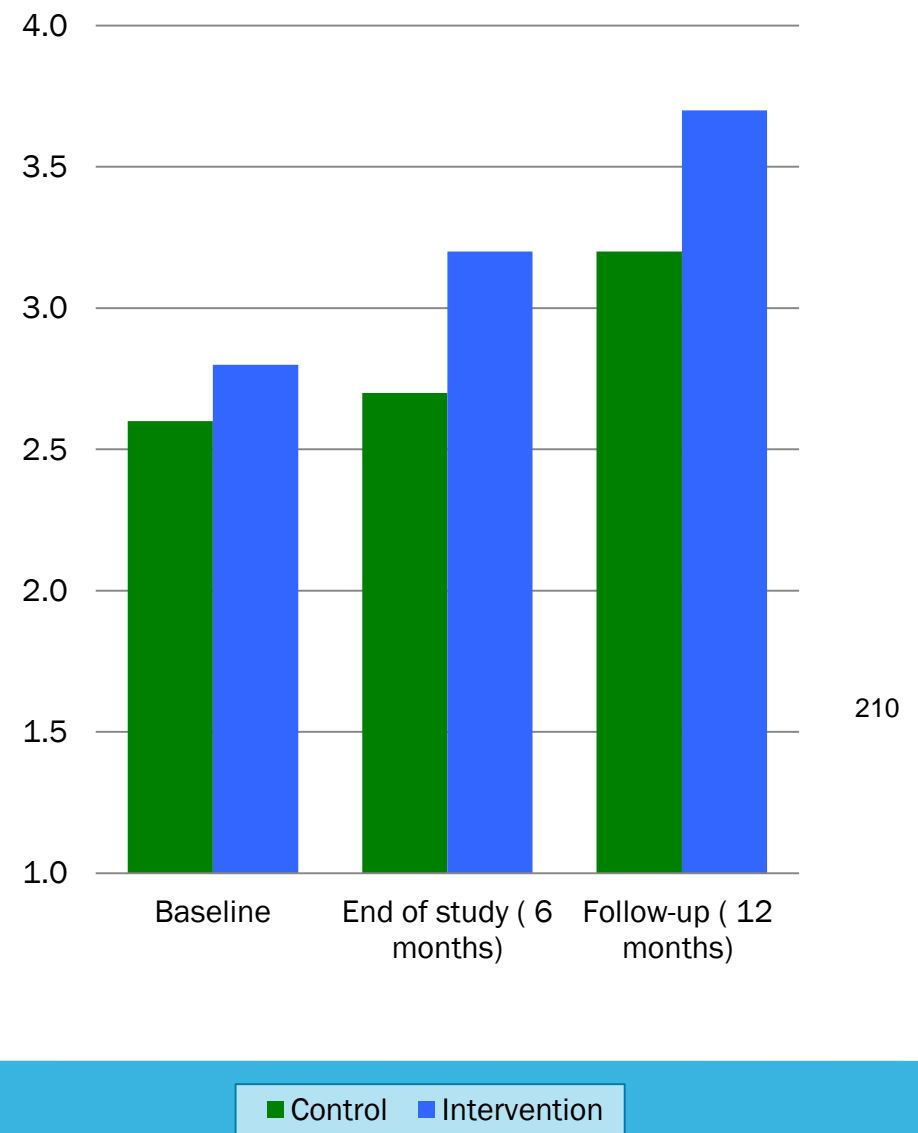
Dropout was higher in control group

Most common reason for dropout: Left the practice

Some parents told us they came to BMC for DULCE

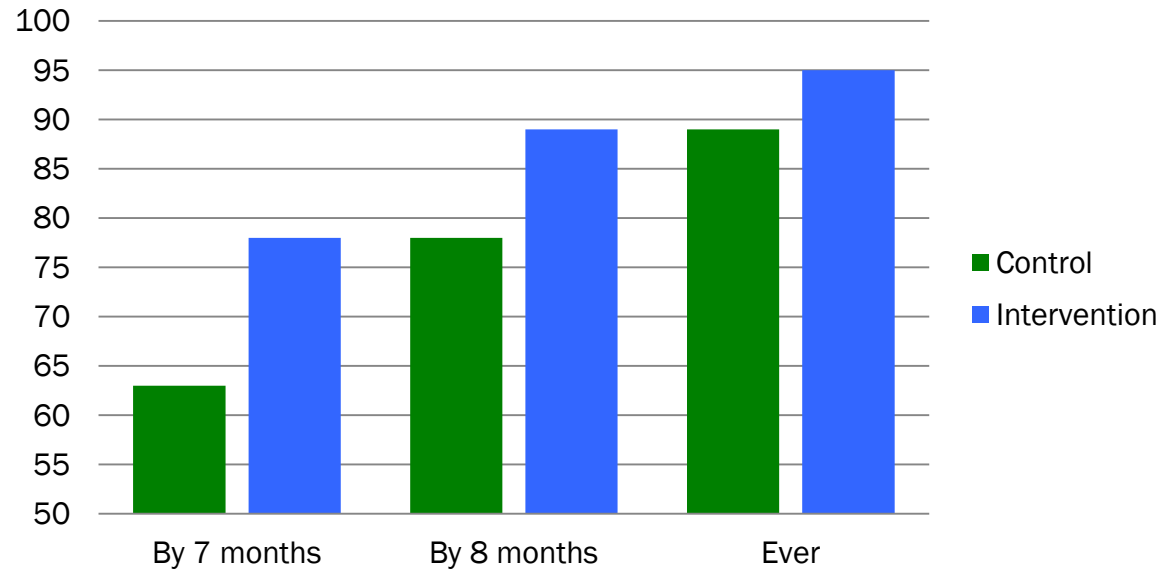
FINDING 2: IMPROVED CONCRETE SUPPORTS

- Increased food support:
- Increased income support:
- Increased housing support:
- **NO CHANGE** in:
 - “heard about”
 - “tried to get”

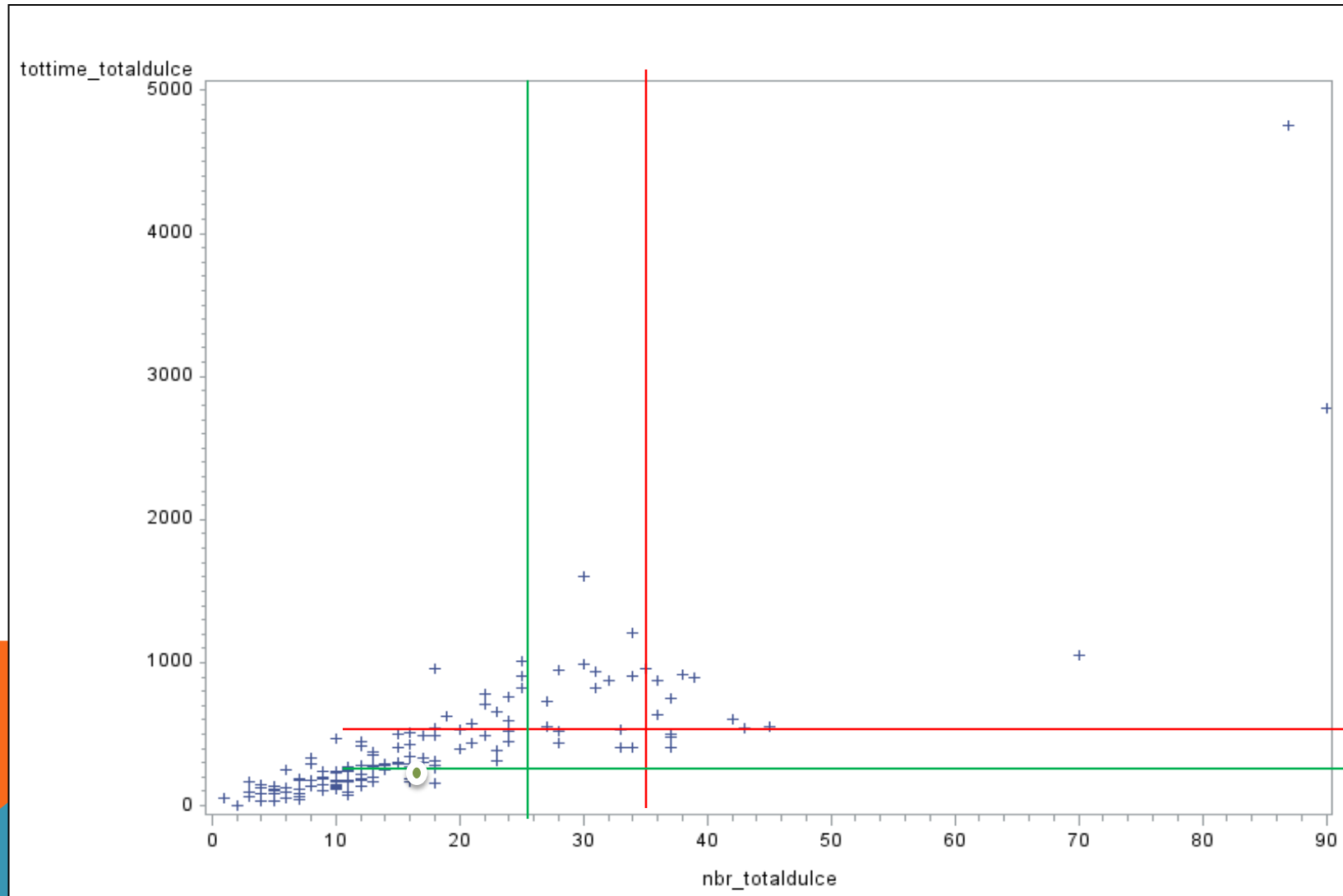


FINDING 3: IMPROVED HC PERFORMANCE

Immunizations: Age at 3rd DTaP



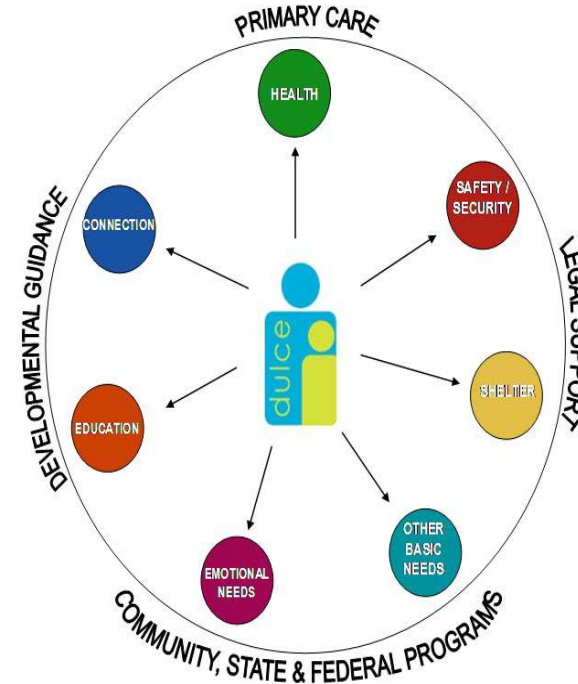
FINDING 4: IMPLICATIONS OF FAMILY – DRIVEN INTERVENTION



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RELEVANT LESSONS FROM DULCE

1. DULCE strengthens families
2. Cost-effective by reaching families where they already are
3. Parents / caretakers engage with positive approach
4. Parent engagement leads to better system performance
5. Provides a platform for parent engagement
6. Ready for adaptation to Los Angeles



LOS ANGELES IMPLEMENTATION – AT PILOT SITES

1. HC team: (1-2 hours per week except FS)

- Practice champion (MD/ NP)
- Family specialist
- Supervising MH worker
- Admin contact
- Medical-Legal support

2. QI team (Meets monthly)

- All of the above, plus: 2 parents/ community reps, QI coach

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LOS ANGELES IMPLEMENTATION – AT PILOT SITES

- Family specialist delivers services per protocol
- Forms relationships in HC center
- Weekly case discussion with MH worker, MLP advocate, Practice champion
- Monthly QI review

SUPPORTING PARENTS/CAREGIVERS IN THEIR CHILD'S SUCCESS

DULCE meets parents where they already are

Delivers those services the parents want / need in a relationship model

Time-limited intervention avoids duplication of effort

Is evidence-based:

- Is accepted by parents with young infants

- Improves concrete supports

- Brings healthcare sector into coordinated care model

- Allows high-needs families to self-identify

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PARENT PERSPECTIVE

“It's amazing the services you can get just by coming to your daughter's physician . . . First, he referred me to you. Then you have connected my family to several services we needed. And [they] are also connecting me with other services . . . but everything started just by going to an appointment with my daughter's physician.”

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Abriendo Puertas
Opening Doors



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*Desarrollando un
Futuro Mejor a
través del
Liderazgo de los
Padres*

*Building a Better
Future Through
Parent Leadership*

Abriendo Puertas/Opening Doors

The nation's first evidence-based, comprehensive training program
created by and for Latino parents
with children ages 0-5

Parents - as leaders of their family – are powerful agents of change



Abriendo Puertas
Opening Doors

The mission of Abriendo Puertas/Opening Doors is to support parents as leaders of their families and as their child's first and most influential teacher and advocate.

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Abriendo Puertas/Opening Doors uses a two-generation approach that builds parent leadership skills and knowledge to promote family well-being.

Tell me and I will forget. Show me and I may remember. Involve and I will make it mine.

Honoring Parents as Family Leaders

- **One of the largest evidence-based and culturally-relevant parent training programs in U.S.**
 - Launched in Los Angeles in 2007 to fill a gap for Latino parents
 - Developed by and for Latino parents of 0-5 year olds
 - Now available throughout CA and in 270+ cities nationally
- **Grounded in education and adult learning research**
 - Promotes best practices
 - Takes research off the shelf and makes it accessible and actionable
 - Popular Education
 - Sustainable train-the-trainer model



Building a Better Future Through Parent Leadership

➤ Reflects Five Protective Factors

- Knowledge of parenting and child development
- Social-emotional competence of children
- Builds parents' confidence and resilience to handle stressful situations
- Builds social networks to support families' concrete needs
- Parental resilience

➤ Integrated into existing systems

- School Districts (LAUSD, LACOE Head Start/Early Head Start)
- Public Housing (Fresno, Chicago)
- Promise Neighborhoods (D.C., Maryland, San Francisco)
- Catholic Charities USA



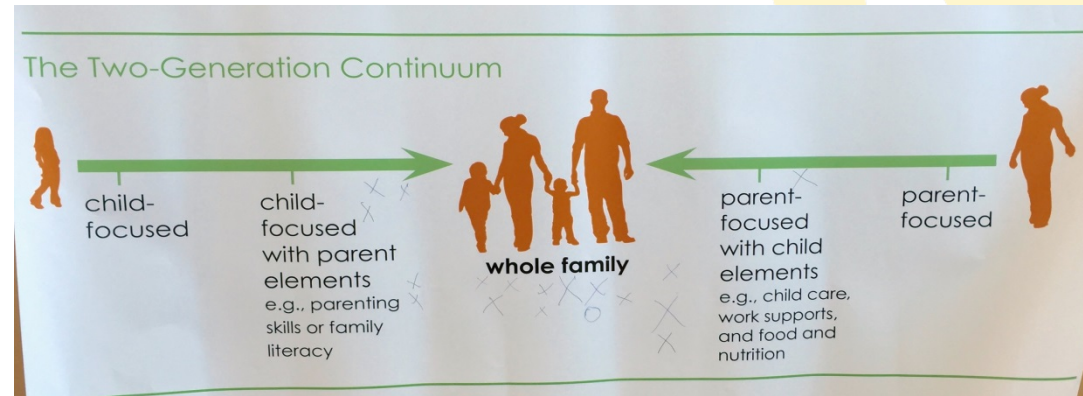
Two Generations, One Future



Abriendo Puertas
Opening Doors

- **What is a Two-Generation Strategy?**
 - Addresses the needs of parents and children together to promote economic and educational success for the whole family
 - Recognizes that fragmented approaches leave either the children or the parents behind
 - Example: Parent engagement leads to greater school readiness
- **AP weaves child development information with access to services**
 - AP supports the role and responsibility of parents as their child's first and most important teacher and the home as the child's first and most influential school.
 - Supported, informed, educated and confident parents can effectively advocate and navigate the many systems that impact the quality of life for both themselves and their children
- **AP Connects families with community resources**
 - EITC
 - Early learning programs
 - Health Care
 - Adult Education
 - Library

Top Ten for 2Gen Los Angeles Symposium on May 29, 2015 at United Way of Greater Los Angeles Hosted by First 5 LA and Abriendo Puertas/Opening Doors



Measuring Impact



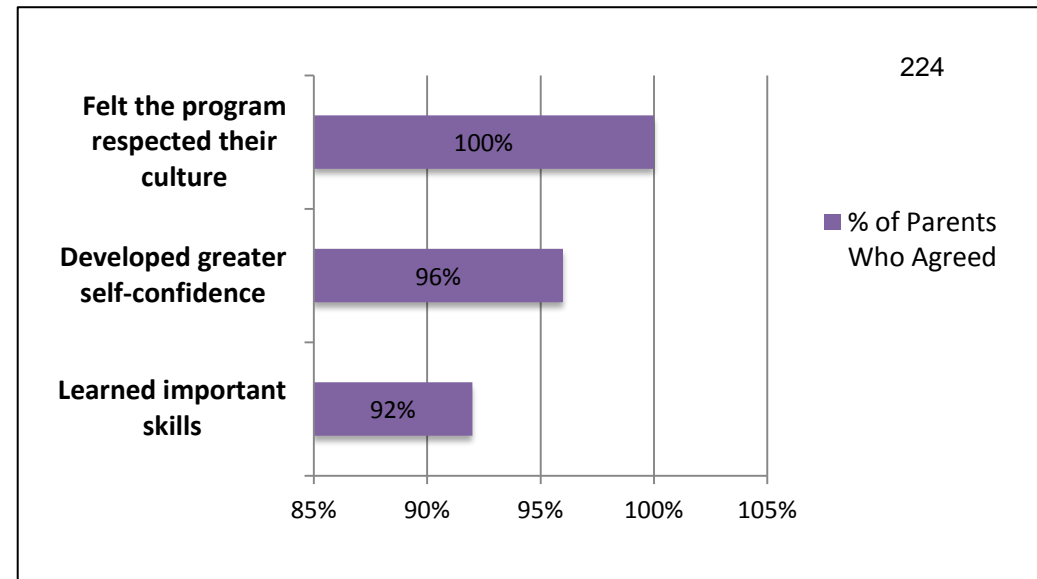
Abriendo Puertas
Opening Doors

➤ Child Trends Random Control Trial – 2014

- Participants made significant gains in parenting behaviors that influence school readiness, increased interaction with teachers, and understanding of their role as leaders of their families.

AP Sessions address:

- Goal setting
- Connection to resources
- Early childhood development
- Literacy
- Math
- Health
- Social emotional wellness
- Leadership
- Advocacy



Source: Child Trends Evaluation of Abriendo Puertas/Opening Doors 2014

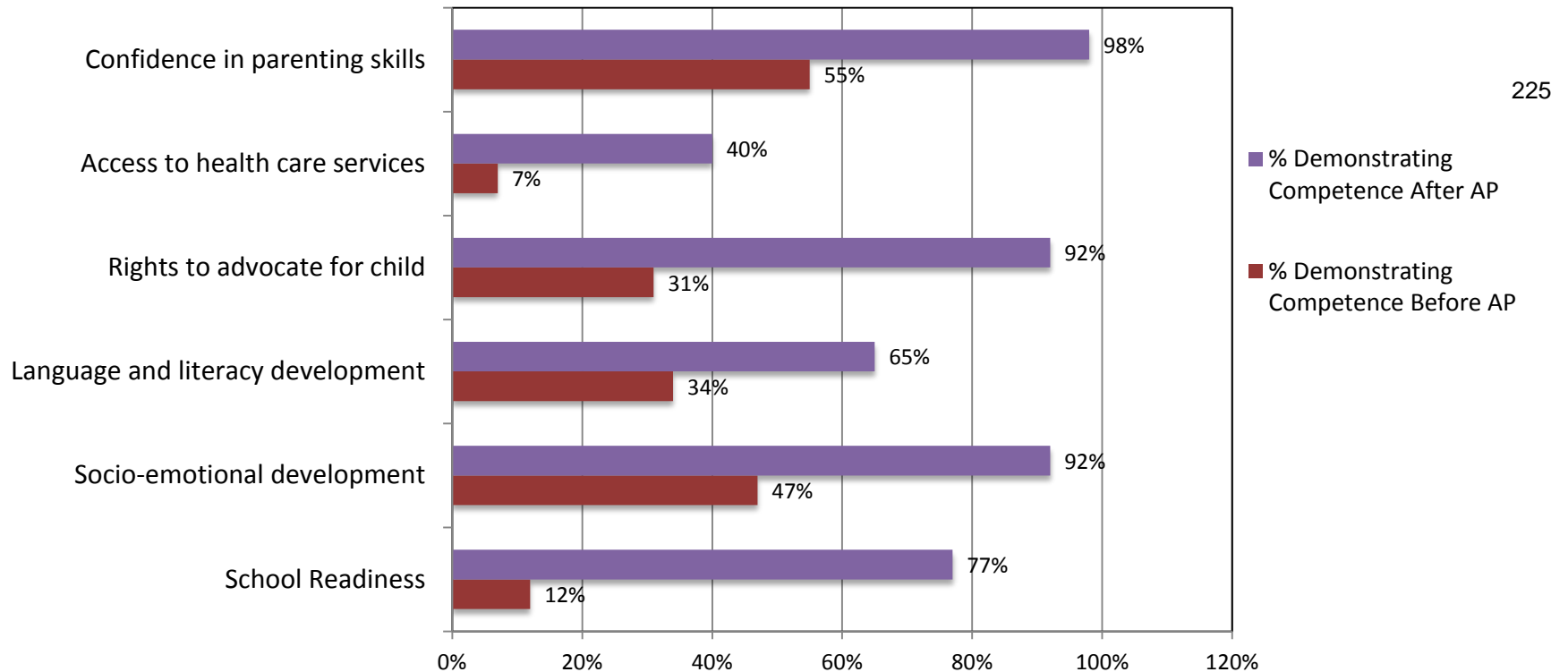
Measuring Impact



Abriendo Puertas
Opening Doors

➤ UC Berkeley National Evaluation - 2012

- Participation was associated with increased knowledge and practices in literacy development, social-emotional development, health development, and school preparation.



Source: Abriendo Puertas: Opening Doors to Opportunity. A National Evaluation of Second-Generation Trainers. Bridges et al 2012

Brain building



Abriendo Puertas
Opening Doors



Power of Partnerships



Opening New Doors



➤ Evaluation results and parent feedback inform AP's evolution

➤ New/Expanded Curriculum Components

- Transition to Kindergarten
 - Pilot program with LAUSD and LACOE
 - Partner with Harvard Family Research Program
- Early Math
 - Vetted by 400 parents
 - Will be incorporated into curriculum and stand alone
- Uses of Technology
 - Demystifying technology
 - Guidelines for parents
 - Technology as a teaching tool
- Translation to other languages (Chinese)

➤ AP Mobile App

- Surveyed 400 parents for app content
- Free mobile app in Spanish and English
- Connect two-generation support with larger audience
- Present parenting information in fun, accessible format
- Integrate link to resources through GPS component



“Quien adelante no mira, atrás se queda.”
“If you don't look forward, you stay behind.”

Next Steps – Project DULCE

- Strategic Partnership to support local co-design and replication
- Identifying target population(s), partner clinics and communities
- Engaging Medical Legal Partnerships
- Establishing an Evaluation Approach

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Next Steps – Abriendo Puertas

- Strategic Partnership to support parent driven program design
- Identifying target population(s) and partner school districts
- Integrating programs with strong IR&R functions
- Establishing an Evaluation Approach

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Discussion Questions

- Do you have any clarifying questions?
- What are you excited about, given what you've heard?
- What do you want to hear/learn more about?

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Thank you





Medical-Legal Strategies to Improve Infant Health Care: A Randomized Trial

Robert Sege, MD, PhD^a, Genevieve Preer, MD^a, Samantha J. Morton, JD^b, Howard Cabral, PhD, MPH^c, Oluwatomisin Morakinyo, BS^a, Vonne Lee, MPH^a, Catarina Abreu, BS^a, Edward De Vos, EdD^d, Margot Kaplan-Sanoff, EdD^a

abstract

BACKGROUND: Changes in health care delivery create opportunities to improve systems to better meet the needs of low-income families while achieving quality benchmarks.

METHODS: Families of healthy newborns receiving primary care at a single large urban safety-net hospital participated. Intervention families were randomly assigned a family specialist who provided support until the 6-month routine health care visit. The Developmental Understanding and Legal Collaboration for Everyone (DULCE) intervention is based on the Strengthening Families approach and incorporated components of the Healthy Steps and Medical-Legal Partnership models. Medical record reviews determined use of preventive and emergency care. Surveys conducted at baseline, postintervention (6 months), and follow-up (12 months) were used to determine hardship and attainment of concrete supports.

RESULTS: Three hundred thirty families participated in the study. At baseline, 73% of families reported economic hardships. Intervention parents had an average of 14 contacts with the family specialist, and 5 hours of total contact time. Intervention infants were more likely to have completed their 6-month immunization schedule by age 7 months (77% vs 63%, $P < .005$) and by 8 months (88% vs 77%, $P < .01$). Intervention infants were more likely to have 5 or more routine preventive care visits by age 1 year (78% vs 67%, $P < .01$) and were less likely to have visited the emergency department by age 6 months (37% vs 49.7%, $P < .03$). The DULCE intervention accelerated access to concrete resources ($P = .029$).

CONCLUSIONS: Assignment to the Project DULCE intervention led to improvements in preventive health care delivery and utilization and accelerated access to concrete supports among low-income families.

^aDepartment of Pediatrics, Boston Medical Center and Boston University School of Medicine, ^cDepartment of Biostatistics, Boston University School of Public Health, Boston, Massachusetts; ^bMedical-Legal Partnership | Boston, Boston, Massachusetts; and ^dWilliam James College (formerly the Massachusetts School of Professional Psychology), Newton, Massachusetts

Dr Sege conceptualized and designed the study, supervised its implementation and analysis, and drafted the initial manuscript; Drs Preer, Morton, and Kaplan-Sanoff participated in the clinical implementation of the intervention, wrote sections of the initial manuscript, and participated in its editing; Drs Cabral and De Vos led the evaluation team, which also included Ms Lee and Ms Abreu; each participated in conducting statistical analyses, preparing tables, and editing the manuscript; Ms Morakinyo coordinated all aspects of the project, and ensured regulatory and human subjects compliance; she participated in reviewing and editing the manuscript; and all authors approved the final manuscript as submitted.

This trial has been registered at www.clinicaltrials.gov (identifier NCT01343940).

Dr Sege's current affiliation is Health Resources in Action, Boston, MA, and Center for the Study of Social Policy, Washington, District of Columbia.

www.pediatrics.org/cgi/doi/10.1542/peds.2014-2955

DOI: 10.1542/peds.2014-2955

Accepted for publication Apr 15, 2015

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WHAT'S KNOWN ON THIS SUBJECT: US parents trust the health care system and bring their infant children in for preventive care. Previous studies have demonstrated the ability of health care systems to identify, and sometimes address, the economic needs of low-income families.

WHAT THIS STUDY ADDS: Families of newborns at a safety-net primary care center have high levels of economic hardship. Compared with controls, Developmental Understanding and Legal Collaboration for Everyone families had accelerated access to concrete supports, improved rates of on-time immunization and preventive care, and decreased emergency department utilization.

As policy changes enable low-income families to gain insurance, the health care system has begun to adapt to the challenge of meeting their specific needs while also attaining quality benchmarks for preventive care.¹⁻⁴ As a result, health care systems have also begun to address the social determinants of health that play a powerful role in the health trajectories of children living in poverty.^{5,6}

Poverty affects children both directly, when material needs are not met, and indirectly, through amplifying family stress. Children's health suffers when basic needs such as food,⁷⁻¹² housing,^{13,14} and utilities^{15,16} are not met. Adverse impacts include low weight for age, developmental concerns and behavioral problems, higher risk of hospitalization, and overall poor health as rated by parents. Hardships resulting from inadequate resources to meet basic needs may coexist in >1 domain, and have cumulative impacts on child health.¹⁷⁻²⁰ The health effects of poverty on US children have led the American Academy of Pediatrics to address "child poverty and well-being" as 1 of its current strategic priorities.²¹

In addition to the direct health outcomes, economic hardship leads to increased risk for child maltreatment.^{22,23} As shown in Fig 1, the family stress model²⁴ suggests that economic hardship leads indirectly to child abuse and neglect.

Abuse and neglect themselves result in harm to child and adult health; the aggregate long-term consequences of a single year's child maltreatment in the United States have lifetime direct health care costs estimated at over \$150 billion.²⁵ Meeting basic needs for food and housing has been identified as a key strategy in preventing child abuse and neglect through the promotion of protective factors.²⁶

Poverty also adversely affects the ability of the health care system to address large disparities in the

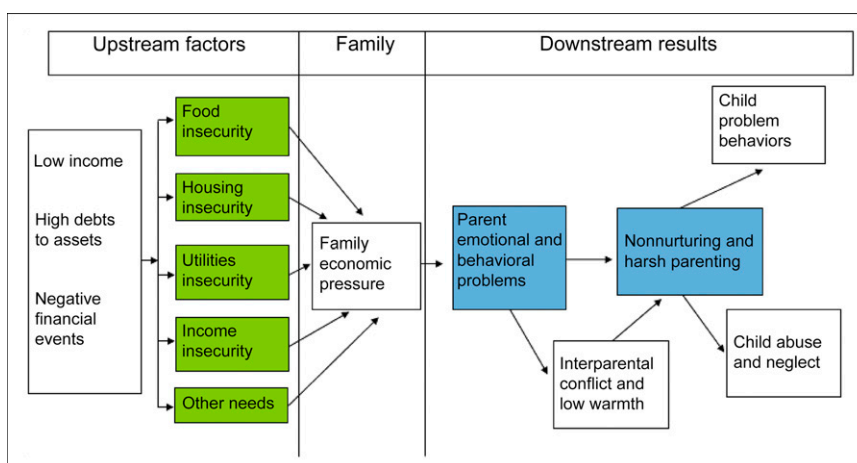


FIGURE 1 Theoretical framework. Adapted from Barnett,¹⁷ DULCE leveraged support from MLP | Boston to address upstream factors: food, housing, and utilities hardship, and to identify and support other family legal needs. This intervention was designed to reduce overall family economic pressure and the resultant downstream results.

delivery of preventive medical services, which continue to be observed,²⁷ even though virtually all US children have access to primary care.³ Some elements of the solution have already been demonstrated: care coordination in the context of the patient-centered medical homes improves health care delivery for children with and without special health care needs.²⁸ Although a positive association between visit time and delivery of preventive services has been demonstrated,²⁹ nearly 80% of routine visits involve fewer than 20 minutes of face-to-face time with a medical provider.

This report describes the outcomes of a randomized trial of a new approach to improve care of newborns and their families, Project Developmental Understanding and Legal Collaboration for Everyone (DULCE). DULCE implemented the Strengthening Families approach²⁶ in a pediatric primary care setting by developing a new program based on previous efforts: the evidence-based Healthy Steps^{30,31} and Medical-Legal Partnership (MLP)³²⁻³⁴ models.

The DULCE intervention model focused on the time from birth to age 6 months. This age group was selected for several reasons: (1)

nearly all US infants are seen in a primary care setting, and up to 5 health care visits are recommended; (2) the birth of a child inevitably changes family relationships and may accentuate existing economic hardships; and (3) the first 6 months of life is a high risk period for serious and lethal child abuse.

As a novel intervention, it was important to ensure that this new service did not diminish the ability of the setting to deliver high quality care. Children's health care quality metrics include well-child visits during the first 15 months of life, childhood immunization status, and emergency department (ED) visits.^{2,35,36} DULCE tested the hypothesis that the addition of a trained family specialist (FS) in the infants' health care setting would be able to both support families and facilitate measurable improvements in health care quality.

METHODS

Setting

This intervention occurred in the pediatric primary care clinic at a major urban teaching hospital. The practice serves over 11 000 children, the majority of whom (83%) were

covered by Medicaid, Medicaid managed care, or other state-subsidized plans. At the time of the study, this state had universal health insurance.

Parents of all eligible newborns younger than 10 weeks of age who presented for pediatric primary care at the clinic were recruited to participate in a randomized controlled trial from February 2010 to September 2012, with data collection completed by November 2013. Approval for this study was obtained from the Boston University Medical Campus Institutional Review Board. Families were excluded if the parent was younger than 18 years old, received medical care in a language other than English or Spanish, intended to change their primary care provider from the study site within the first 6 months of life, or if the infant had been hospitalized for >1 week after birth. Immediately after consent was obtained, the research assistant opened an opaque envelope and assigned families to control or intervention conditions. Subjects were randomly assigned in blocks of 10. Control group families were offered an unrelated infant safety intervention. Although data collection was masked as to group assignment, participants were aware of their group assignment.

Intervention

In addition to usual care, families randomly assigned to the intervention group were assigned to a DULCE FS. FSs had postgraduate training in child development or a related field and underwent additional training by the Healthy Steps National Director and the staff of MLP | Boston (the nation's founding MLP site). All cases were discussed in weekly case conferences that included the Healthy Steps Director, an MLP | Boston staff member, and a primary care pediatrician. The intervention itself consisted of 3 types of patient contact: (1) collaborative routine

visits with the family, the medical provider, and the FS; (2) home visits by the FS; and (3) contact with the FS by telephone, e-mail, text, or in person. Further details of the staff recruitment and training, and the content of the intervention are described elsewhere³⁷ and may be obtained online (<http://www.bmc.org/Project-DULCE.htm>).

Data Collection

Surveys were administered in our general clinical research center by trained research staff who were not involved in the intervention and were not informed of the participant's group assignment. Assessments, conducted in English or Spanish, were administered at baseline, after the 6-month well-child visit (postintervention), and after the child turned 12 months of age (follow-up). Items concerning family hardship were adapted from the Fragile Families study³⁸ with the addition of an item regarding telephone service. Initial findings indicated that some resources were available quickly, whereas others involved long waiting lists. Before data collection and analysis, the pediatric clinic's 2 primary care social workers classified types of support as being "likely," "possible," or "impossible" for families to obtain within 6 months. Receipt of concrete supports (ie, food stamps, utilities assistance, or a housing voucher) was measured by participant self-report: respondents were asked whether they had heard about, attempted to get, or received specific resources. See results for a complete list of benefits assessed.

All MLP advocate communications with the FS and all of MLP's work performed on behalf of intervention families were recorded in the MLP | Boston case management database. This database was also used to identify all MLP referrals from the practice site. FS activity was measured through analysis of an electronic activity log in which DULCE FSs recorded each participant contact.

Immunization and ED utilization data were obtained from the electronic health record. Immunization data were computed by using the age in days at the time of administration of the infant's third diphtheria-tetanus-acellular pertussis (DTaP) immunization (per the 6-month recommended vaccine schedule), including any combined immunization preparation, and age in days at the time of administration of first measles-mumps-rubella immunization (per the 12-month recommended vaccine schedule³⁹).

The total number of infants who had at least 1 ED visit recorded in the medical record and the total number of ED visits were analyzed. Visits to EDs at other hospitals were not consistently captured in the medical record and were not included in analyses.

Statistical Analysis

Descriptive statistics were generated as means and SDs for continuous variables and counts with percentages for categorical variables. Bivariate analyses comparing the study groups were conducted by using cross-tabulations with χ^2 tests for categorical variables and 2-sample *t* tests for continuous variables. Means for measures repeated over time per subject were compared between the study groups by using mixed linear models. The intention-to-treat principle was applied in all comparative analyses. All statistical analyses were conducted by using SAS version 9.3 (SAS Institute, Inc, Cary, NC).

P values < .05 were deemed throughout as statistically significant.

RESULTS

Figure 2 shows the Consolidated Standards of Reporting Trials diagram, illustrating that 1378 infant families were screened for recruitment. Infants were excluded if they spent more than 7 days in the hospital after birth (102 infants) or

had a maltreatment report filed before recruitment (50 infants). Families who had a parent who was younger than 18 years of age (19 families), who intended to leave the primary care practice within 6 months of birth (76 families), who received other home visiting services (35 families), or who did not receive pediatric medical care in either English or Spanish (149 families) were excluded. Parents who consented but did not complete baseline assessments were excluded (68 families: 31 intervention and 37 control) from all analyses. Of these, 23 (31.5%) notified us of their decision to withdraw before baseline, and 12 (9.6%) transferred their

infant's primary care to another primary care site before completing baseline assessment.

Baseline data were obtained from 330 families, including 163 control families and 167 intervention families. Table 1 describes the population demographics of participants. As shown, there were no significant differences between intervention and control families. The study population was largely African-American; 12% of families reported that they were originally from Africa or the Caribbean. Ninety-three percent of parent participants were the infant's mothers; the remaining participants

were fathers. The median age of participants was 29 years. This was the first child for half of the enrolled families. The median household income for participants was in the \$10 000 to \$30 000 range. Two-thirds of respondents reported an annual household income of \$30 000 or less, including 36% who reported annual income of \$10 000 or less. Fifty-nine percent of respondents reported being unemployed (as opposed to being on maternity or parental leave) at the time of the survey. Race, ethnicity, and insurance status of the population recruited generally reflected the population served at the practice.

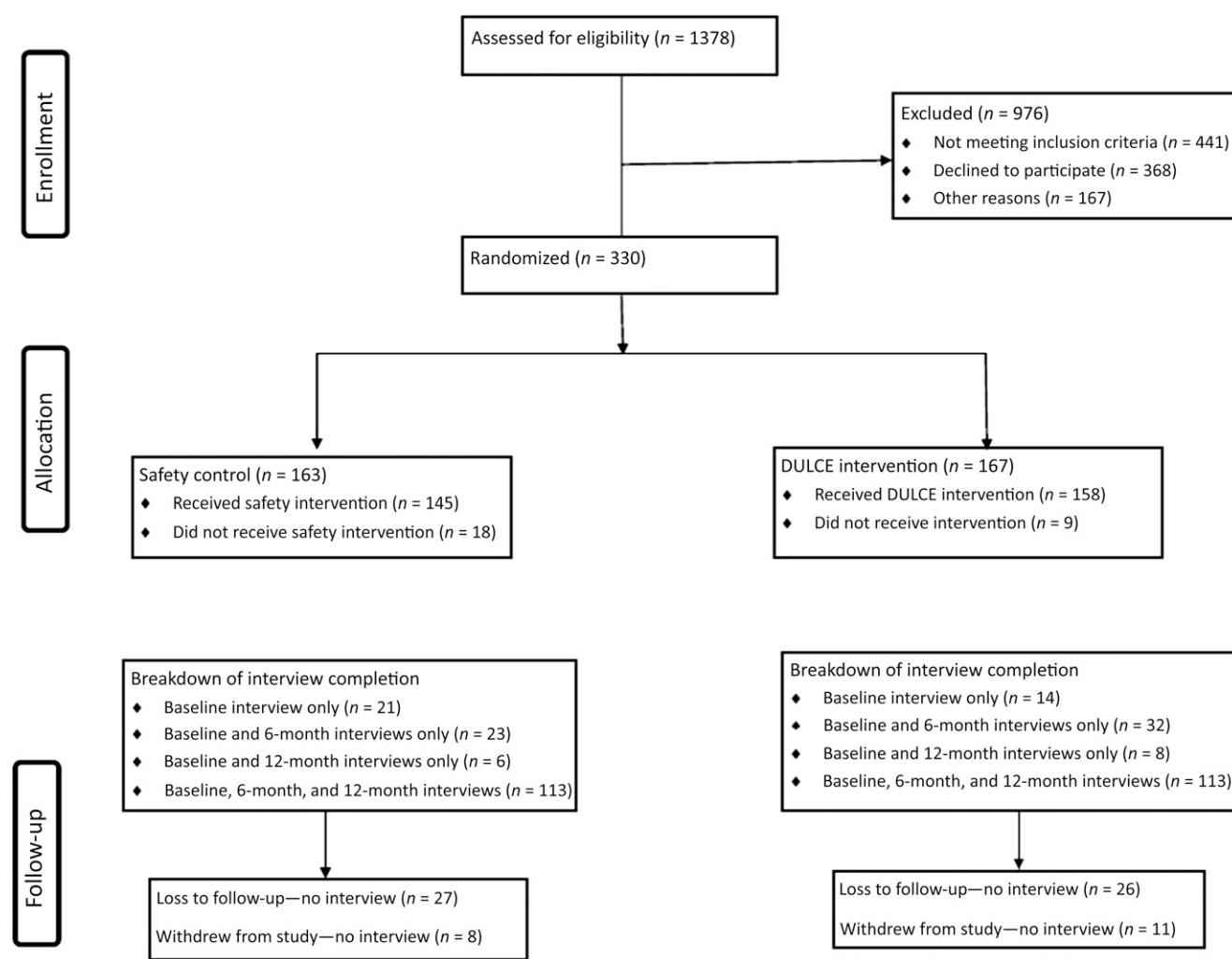


FIGURE 2 DULCE Consolidated Standards of Reporting Trials diagram showing flow of participants from initial assessment through data analysis. Please see text for detailed explanation.

TABLE 1 Participant Demographics

	Total, N = 330, %	Intervention, N = 167, %	Control, N = 163, %
Parent gender			
Woman	93.0	92.8	93.3
Parent race/ethnicity			
African American/Black	55.5	55.1	55.8
Caucasian, White, or European American	8.5	6.6	10.4
Hispanic or Latino	12.4	15.6	9.2
Other (includes multiracial, biracial, Caribbean islander, or African national)	23.6	22.8	24.5
Parent age, y			
18–24	27.0	25.2	28.8
25–29	27.9	28.1	27.6
30–34	27.9	32.3	23.3
>34	17.3	14.4	20.3
Marital status			
Never married	43.6	41.3	46.0
Married to father or mother of child in project	31.5	34.7	28.2
Not married but living with the father or mother of child in project	12.4	13.2	11.7
Other (includes divorced, separated, married but not to father/mother of child, not married but living with boyfriend, girlfriend, partner who is not the parent of the child in the project)	12.4	10.8	14.1
Education			
Less than high school graduation	9.4	9.6	9.2
Completed high school or earned GED	48.5	50.3	46.6
Completed trade/technical school; received 2-y college degree (Associate's)	23.0	24.6	21.5
Received 4-y college degree (Bachelor's); received a graduate degree	19.1	15.6	22.7
Employment status			
Unemployed	59.1	62.3	55.8
Employed	40.9	37.7	44.2
Household income			
\$0–\$10 000	36.3	40.9	31.6
\$10 000–\$30 000	30.3	28.3	32.3
\$30 000–\$50 000	17.2	17.0	17.4
>\$50 000	16.2	13.8	18.7
Reported any material hardship			
Food	60.6	63.9	57.1
Utilities	42.8	46.4	39.1
Housing	44.9	48.2	41.5
Total	74.9	77.1	72.5

Data were collected at baseline as described in the text. There were no significant differences between intervention and control groups for any of the measures shown.

Prevalence of Hardship at Baseline

At baseline, most respondents (73%) reported at least 1 type of hardship during the 12-month period before the baseline survey, which included the entire pregnancy for all participants. More than half of participants (61%) reported food insecurity. Families also reported facing significant housing concerns: 45% of respondents reported housing insecurity, with 28% reporting not having been able to pay rent or

mortgage and 6% reporting eviction. Additionally, many families struggled to pay utility bills: 42% of respondents reported missing a payment for gas, electricity, or water in the past year, and 12% reported utility shut-off due to lack of payment. Finally, almost half of respondents (44%) reported disconnection of telephone service due to failure to pay.

A majority of respondents (55%) faced hardship in more than 1

domain, including 22% who reported hardships in all 3 domains. χ^2 analysis was performed to analyze associations between family characteristics and hardships reported. Families with >1 child were more likely to experience hardship (81% vs 68%, $P = .05$). There were no significant differences between intervention and control families in any type of baseline hardship reported, or in overall hardship.

Delivery of DULCE Services

Although the study design called for visits with both the pediatrician and FS at all routine health visits and at least 1 home visit, the actual services delivered resulted from joint decision-making between the FS and the parents. As shown in Table 2, 92% of families had at least 1 collaborative health care visit, with a median of 3 visits during the 6-month intervention period. Home visits were accomplished for 52% of families, with a median of 1 home visit and a maximum of 4 visits. FSs had extensive telephone contact with participants, and also provided support in person at the clinic and in the community, and via e-mail and text messaging. Altogether, FSs had a median of 5 contact hours with each family, spread over a median of 14 separate contacts.

DULCE participation in collaborative routine health care visits did not interfere with patient flow. DULCE FSs spent a median of 1 hour with each family during the collaborative clinic visit, mirroring the 1.1 hours from check-in to check-out observed during a contemporaneous time-study conducted by the hospital administration.

Delivery of MLP Services

The FS initiated consults with MLP | Boston on behalf of 75 intervention families. Active MLP consultation involved an average of 2.3 telephone calls per family between the FS and MLP | Boston. Of these 75 consults,

TABLE 2 Number of FS Contacts per Subject by Activity Type (*N* = 143)

Activity	Mean No. per Participant	SD	Median No. per Participant	Maximum No.	% of Participants With Activity
Routine health care visit	3.2	2.1	3	11	92
Home visit	0.7	0.87	1	4	52
Summary: protocol-required contacts	3.9	2.4	4	15	99
Telephone call	11.9	11.0	9	75	97
Meeting with FS not associated with routine visit	0.7	1.3	0	9	39
Community agency visit	0.1	0.5	0	4	8
E-mail	0.9	2.8	0	25	29
Other	0.4	0.8	0	5	31
Summary: participant-initiated contacts	14.1	12.5	10	77	98
Overall summary	17.0	14.0	14	90	100

This table demonstrates the types of services provided to participants through Project DULCE. The intervention specifically required collaborative routine health care visits; each family was also offered a home visit. In addition to the protocol-required contacts, families could access the FS by telephone, e-mail, text, or personal visits at the clinic. Telephone calls may have been initiated by either FS or participant; 17% were under 2 minutes. E-mail, text, and community visits were initiated or requested by participant.

72 (96%) were resolved without direct MLP involvement in the form of legal intake and representation. Exact statistics comparing study participants to other infants are not available. However, during the DULCE study time period, MLP | Boston received 174 consults from primary care doctors, nurses, and social workers concerning patients of any age from 0 to 21, excluding the 75 DULCE calls.

Effects of the Intervention on Receipt of Pediatric Preventive Care

Routine immunizations are recommended at 2, 4, and 6 months of age.³² We examined the distribution of ages at which the third (6-month) DTaP immunizations were delivered. As shown in Table 3, intervention children were significantly more likely to have received these immunizations on time (by 7 months of age) or delayed by no more than 1 month (by 8 months of age). The difference in immunization rates was not statistically significant at the 12-month follow-up (59% vs 52%). These data were obtained from the medical records of the practice site, and may not include immunizations received elsewhere.

Bright Futures⁴⁰ recommends up to 8 routine health care maintenance (RHCM) visits during the first year of life (2 days postnewborn discharge, 2 weeks, 1 month, 2 months, 4 months,

6 months, 9 months, and 12 months); generally 6 of these occurred after study recruitment. In an exploratory analysis, we found that intervention infants were more likely than controls to have 5 or more RHCM visits in the period from initial recruitment until 1 year of life (78% vs 67%, *P* = .01). The higher number of RHCM visits may reflect improved retention of patients at the clinic, as families discontinued primary care at the study site during the first year of life. By 12 months of age, 93% of intervention families continued to receive primary care at the study site, compared with 86% of control families (*P* = .056).

ED Utilization

We observed a decrease in the proportion of infants who had at least 1 ED visit by age 6 months: 36.5% of intervention infants had at least 1

visit compared with 49.7% of control infants (*P* = .021). By 12 months of age, the trend, although still favoring the intervention group, was no longer significant (59.3% vs 65.0%, *P* = .40). Similarly, the total number of ED visits was significantly lower in the DULCE group than in the control group at 6 months (*P* = .023) but no longer significant by age 12 months (*P* = .08).

Intervention Effects on Access to Resources

Participants were asked about their receipt of specified public benefits and protections at baseline, postintervention (6 months), and follow-up (12 months). Table 4 lists these benefits, and Table 5 shows the results of a mixed linear model analyses of these data; models with group, time, and group-by-time interaction. Compared with controls, research subjects had significantly more success in obtaining utilities assistance and in obtaining resources overall. Maternal age, education, and parity did not significantly modify these outcomes. There was a significant difference between the intervention and control groups in access to 8 resources (local food pantry or food program, Supplemental Nutrition Assistance Program, Special Supplemental Nutritional Program for Women, Infants, and Children, discounted telephone service, low-income utility

TABLE 3 Immunization Adherence, 6-mo Recommended Immunizations

Age at Third DTaP	DULCE, <i>N</i> = 165, %	Control Group, <i>N</i> = 161, %	<i>P</i>
<7 mo (211d)	78	63	.002
<8 mo (241d)	89	78	.008
Ever	95	89	.06

This table reveals the proportion of participants who received their third DTaP immunization on time. In adherence with American Academy of Pediatrics and Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices standards, patients receive DTaP immunizations at the 2-mo, 4-mo, and 6-mo visits. Therefore, patients who comply with recommended preventive health care will receive immunizations before age 7 months.

TABLE 4 Public Resources Included in Participant Survey

Food assistance
Local food pantry or other food program ^a
SNAP: Supplemental Nutrition Assistance Program ("food stamps") ^a
WIC: Special Supplemental Nutritional Program for Women, Infants, and Children ^a
Utility assistance
Discounted cell phone or landline service ^a
Low-income utility discount ^a
Utility shut-off protection ^a
Housing assistance
Rental voucher (state subsidy programs)
Section 8 voucher (federal subsidy program)
Income assistance
Child support
EAEDC: Emergency Aid to the Elderly, Disabled, and Children ^a
TAFDC: Transitional Aid to Families With Dependent Children ^a
SSI: Supplemental Security Income
SSDI: Social Security Disability Income
Unemployment benefits

As described in the text, participants were asked whether they had heard about, tried to get, or obtained each of 14 public resources. This table lists the times included, divided by assistance type.

^a Resources were described by Boston Medical Center Department of Pediatrics clinical social work team as likely to be obtainable within 6 months of application.

discount or shut-off protection, Emergency Aid to the Elderly, Disabled, and Children, and Transitional Aid to Families With Dependent Children) that clinical social workers had previously categorized as being likely to be attainable within the 6-month study time frame ($P = .0072$), and a trend toward improvement in areas deemed possible ($P = .2$), and no difference between the groups in resources that were judged to be impossible to obtain within 6 months such as housing.

DISCUSSION

The families of infants who received primary care at our urban safety-net hospital experienced high levels of hardship. DULCE added the services of a specially trained FS to services available in the clinic for families with children from birth to 6 months of age and led to significant acceleration in attainment of concrete supports, and in measures of preventive care delivery.

Families of newborns may experience particularly high levels of hardship. Our finding that 61% of the families of newborns experienced food insecurity is higher than reported in a recent study of the entire pediatric age span conducted at an urban pediatric clinic reported (33% incidence),⁴¹ and then reported by the 5-city Children's Health Watch (22% for 2012).⁴² Although direct comparison is complicated by methodological differences, there is little doubt that many low-income families of newborns experience high levels of hardship. This high level was observed despite demographic factors that would seem likely to mitigate hardship: most participating mothers were at least 25 years old, almost half of the households included 2 parents, and half of parents had attained at least a high school degree.

Government agencies administer public benefits programs in accordance with complex laws and regulations. MLP | Boston provided training and ongoing consultation to the FSs throughout the intervention. This study represents the added effects of a trained FS in a system that

already includes MLP services; physicians caring for control group patients also had access to MLP resources. Integration of a FS allowed MLP to reserve direct legal services for the small number of families facing complex situations. This model's success in amplifying the impact of a relatively low dose of MLP resources carries important implications for evolution of the MLP network, which currently has over 250 sites and has been endorsed by the American Medical and Bar Associations.⁴³⁻⁴⁵

DULCE accelerated access to concrete supports for newborns and their families; intervention families received greater support for their concrete needs during the infants' first 6 months of life. Previous research suggests that the early provision of concrete support may protect against child neglect and abuse and reduce parental stress,⁴⁶ and promote the formation of positive attachment relationships.^{47,48} Other programs to address the concrete needs of families through improvements in primary health care have been described: WE CARE features a simplified, self-administered needs assessment coupled with practice guidance to specific resources.⁴⁹ Safe Environment for Every Kid uses a screening instrument, originally administered by physicians, to refer selected families to social work support.^{50,51} DULCE differs from these interventions in that a specially trained FS who has established

TABLE 5 Family Resources Received by Group and Time

Resource	Baseline, N = 330		6 mo, N = 281		12 mo, N = 237		P, Group by Time Interaction
	DULCE, N = 167, %	Control, N = 163, %	DULCE, N = 145, %	Control, N = 136, %	DULCE, N = 119, %	Control, N = 118, %	
Food assistance	43.0	40.6	44.8	39.5	43.5	42.2	.179
Housing assistance	9.4	11.2	11.0	10.3	13.9	12.7	.285
Income assistance	21.5	16.6	23.8	18.4	21.1	18.8	.453
Utility and telephone assistance	4.2	6.4	9.3	4.6	12.7	10.6	.006
Summary result: mean number of resources received	2.8	2.6	3.2	2.7	3.7	3.2	.029

Participants were asked whether they had heard about, tried to get, or obtained specific resources at the baseline, 6-mo, and 12-mo interviews. This table reveals the results of these surveys for each type of assistance. Probabilities were computed based on participants who had complete follow-up through 12 mo (N = 223).

a trusting relationship with families both conducts the needs assessment and provides direct assistance to families in obtaining resources.

DULCE support was delivered universally within the health care setting and is intended to implement the Strengthening Families approach.^{26,37} Although this study was not designed to directly assess costs in routine implementation, several features may reduce costs: the intervention is based in the primary care setting, reducing the costs of case identification, outreach, and travel. In general, the cost is expected to compare favorably with universal home visiting models and be a fraction of the cost of more intensive maternal–infant early childhood home visiting programs.

Project DULCE improved the delivery of preventive health care. Although the physician spends less than 20 minutes with each family during a routine health care visit, families often spend over 1 hour at the health care site. DULCE made use of this time. Families who have been actively engaged in their infant’s health care and may be more likely to prioritize their routine health care visits. Reminder systems have been shown to promote adherence^{52,53}; DULCE, by making the visits more valuable for families, may offer another avenue for improvement in delivery of preventive health care. As health care systems become accountable for the delivery of preventive services, the cost of this intervention may be partially offset by reduction in case management costs.

The single site involved in this study has on-site social work support available, extended services through availability of MLP, and a help desk staffed by HealthLeads.⁵⁴ Higher effectiveness of the intervention may be seen in clinical sites with less robust preexisting integrated support resources. Even so, the findings reported here support the conclusion that a FS trained and supported by MLP and Healthy Steps and embedded in pediatric primary care can measurably assist low-income families with infants in securing concrete supports, and improve the overall quality of primary care and preventive care delivery.

Limitations

This study was conducted at a single hospital-based primary care site, 1 with previous experience with each of the programs that formed the basis for the intervention: Healthy Steps and MLP | Boston. Quantitative measures reported here were restricted to unverified self-report of specific public benefits and review of medical records. For many outcomes, the effect size diminished by 6 months postintervention (12 months) to the point that it was not significant in this population. Future studies may examine the impact of a DULCE model in supporting other family strengths.

This project was implemented in the context of a randomized controlled trial design requiring that the initial innovation be completed with fidelity; further improvements in effectiveness may be sought by using quality improvement techniques.⁵⁵

CONCLUSIONS

Project DULCE offers a promising method of delivering services that appears to improve the quality of preventive service delivery without disrupting core clinical operations. This may prove to be a useful innovation in developing comprehensive, family-centered, community-based systems to support low-income families with young children.

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ABBREVIATIONS

DTaP: diphtheria-tetanus-acellular pertussis
DULCE: Developmental Understanding and Legal Collaboration for Everyone
ED: emergency department
FS: family specialist
MLP: Medical-Legal Partnership
RHCM: routine health care maintenance

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Child Trends' Evaluation of the Abriendo Puertas Program: Executive Summary and Discussion Brief



June 2014

By: Kristin A. Moore, Selma Caal, Angela Rojas, and Elizabeth K. Lawner

OVERVIEW

The Abriendo Puertas (Opening Doors) program works with Latino parents of young children to promote practices that foster children's learning and development, parent leadership, and advocacy. Abriendo Puertas is one of the largest programs in the United States working with Latino parents of pre-school aged children. Since it began in 2007, the program has served over 30,000 low-income parents/families in over 400 family-serving organizations and schools in 32 states around the country. Parents participating in the Abriendo Puertas program attend educational and discussion sessions over a 10-week period. Child Trends recently completed a rigorous evaluation of this program – the first random-assignment evaluation of a culturally-relevant parenting education program serving Latino parents with children soon to enter elementary school in the United States. The findings reveal how, with relatively few resources, an evidenced-informed and well-managed effort can make a difference in key parenting behaviors associated with academic success.

The findings of the Child Trends evaluation contribute to our knowledge base of best practices in the field, while paving the road for the Abriendo Puertas program to continue to improve its services and focus its efforts and resources in areas where they are most likely to be successful. The study found that the Abriendo Puertas program has a number of impacts, especially related to educational support in the home. It also highlights aspects of the program that may be more effective if modified, such as those that address more challenging behavioral changes including diet modification and increased parent advocacy with school and other authority figures.

This brief provides an overview of the evaluation study and draws on focus group data to provide context for the findings in the discussion sections.

THE PROBLEM

Children's educational success is central to ensuring a healthy society in the future. Today, one in four children in the United States is of Hispanic descent. By 2050, Latino children are expected to represent 36 percent of the U.S. population age 17 and under, compared to the projected 36.4 percent of white children. Yet, troubling disparities in educational achievement levels among Hispanic children, especially those from low-income families, threaten the chances for economic and life success for many in this population. While Hispanic high school dropout rates have decreased substantially in recent years, reports still find that Latino youth are much more likely to drop out of high school compared with their white counterparts.^{1,2} In addition, while Hispanic enrollment in post-secondary programs has increased in recent years, Latino adults are least likely to have completed a post-secondary degree in comparison to all other groups.

WHAT DO WE KNOW?

Understanding the complexities of factors that contribute to academic achievement is the first step in developing effective programs that promote behaviors needed to improve performance. Latino children from low-income communities enter elementary school with fewer skills that support later educational attainment. This is important because studies indicate that children's early skills are critical to high school completion.

Researchers find that kindergartners who enter school with basic knowledge of arithmetic and reading are more likely to fare well in elementary school. Furthermore, studies find that students' grades in elementary and middle school are good predictors of school completion; those with higher letter grades are less likely to drop out of school than those with low grades. Unfortunately, Latino children are less likely to demonstrate cognitive and literacy readiness skills upon entering school compared to white, black and Asian students. For example, less than one in five Latino children ages three to six recognizes the 26 letters of the alphabet compared to more than one in three black and white children and two in five Asian children.³

Furthermore, there is substantial evidence that parents play an important role in nurturing their children's educational success. Important family factors related to school drop out rates are linked to the type of relationship that parents and their children have and the types of educational parenting practices employed in the home. Also, parents who are emotionally supportive, are involved in their children's schooling, are authoritative (are both warm and encourage independent decision-making) in their parenting practices, and who monitor their children's activities, are less likely to have children who later drop out of school.⁴

THE ABRIENDO PUERTAS PROGRAM

With these research findings in mind, the Abriendo Puertas program specifically promotes Latino parents' leadership and advocacy as well as parenting practices that foster children's early learning and development in a culturally-relevant manner. The program has set ambitious outcome goals that include teaching parents how to foster children's learning, how to respond to children's emotional expressions, how to keep children physically healthy, and how to advocate for children's well-being. The Abriendo Puertas curriculum covers these topics over a ten-week period.

PROGRAM EVALUATION

Research finds that it is difficult to change behavior, especially when the desired outcome seeks to change established habits or counters deeply held values. That is why it is imperative that programs aimed at behavior modification include built-in monitoring and evaluation to identify the most promising approaches, and to shed light on practices that may require additional strategies to best achieve desired outcomes.

Child Trends' rigorous evaluation of the Abriendo Puertas program consisted of an impact study and two implementation studies in Los Angeles. In some cities the Abriendo Puertas program is administered by local community organizations. In other cities, including Los Angeles, the Abriendo Puertas program is administered and implemented by trained staff in the local public school districts. The Los Angeles Unified School District (LAUSD) is the second largest school district in the nation; nearly 75 percent of students enrolled in kindergarten are of Hispanic heritage. Mirroring the national school drop out rates, Latino students in the LAUSD continue to lag behind whites and Asians in graduating from high school.^{5 6}

Impact Study: A total of 922 parents participated in the Child Trends impact study, of which 89 percent were foreign born. Parents were randomly assigned to either a treatment group (468 parents) whose participants were offered and subsequently enrolled in the Abriendo Puertas program, or to a control group (454 parents) which did not participate in the program. Information was collected for both groups in person before the start of the program, and by phone five to six weeks after the end of the program. Additionally, the evaluators collected information from parents who participated in the program 14 weeks after program completion. Results from both groups were compared to determine program impact.

Implementation Study: Child Trends also conducted a two-phase implementation study to determine the effectiveness of the Abriendo Puertas program operations and to provide context for the findings. A total of sixty-seven people participated in Phase I of the implementation study, consisting of a series of focus groups and interviews. Forty-two parents participated across four focus groups held in Spanish and all study participants completed a program satisfaction questionnaire as part of the follow-up phone interview five to six weeks after the program. In addition, 25 program personnel from participating schools were interviewed: nine program

facilitators, nine LAUSD staff members, and seven principals. Phase II of the implementation study was conducted approximately one year after the end of the program in order to gather parents' and facilitators' impressions of the impact study findings.

KEY FINDINGS

Area of greatest impact: educational support: The evaluation study found that the Abriendo Puertas program led to the adoption of parenting practices that enhance preschool children's learning and preparation for school. The study found that Latino parents participating in the program gained knowledge about high quality child care and education settings, and improved their organizational strategies and ability to plan and set goals for their children. Parents also gained an appreciation for their role as models for their children. Importantly, these practices appear to be sustained over time. Specifically, Child Trends reported that the Abriendo Puertas successfully enhanced the following behaviors and knowledge base:

- **Parent educational activities at home**, such as reviewing the letters of the alphabet and reading to their child more frequently.
- **Approaches to reading with the child**, such as stopping from time to time to talk about the story with the child and reading with an expressive and enthusiastic voice.
- **Library use**, such as going to the library and checking out children's materials to take home.
- **Knowledge about aspects of child care quality**, such as the importance of child care providers reading to children every day, teaching children how to play with others, and providing healthy snacks.
- **Family organization and planfulness**, such as developing plans to reach family goals for their children and taking time to respond to children's behavior.
- **Parent role modeling**, such as being more mindful of how their behavior sets an example for their children.

Discussion:

Research has consistently found that behaviors are hard to change, especially within a short period of time. Nonetheless, Child Trends' evaluation found that parents in the Abriendo Puertas program made important behavioral changes to foster their children's learning, and evidence suggests that these changes were sustained over time. Hispanic parents have reported in various research studies, and in the focus groups of this evaluation, that they have high educational aspirations for their children.⁷ By providing parents with information and tools they need to better align their behaviors with the aspirations they have for their children, the Abriendo Puertas program reinforces and builds on these values.

The program may also reinforce Latino parents' cultural value of "familismo," which stresses the importance of family and parental adherence to being responsible for their children. Parents became more intentional in their parenting as they developed family goals for their children, learning to implement strategies to better support their children. Thus, it seems that the educational aspirations and cultural values of Latino parents positioned them to be receptive to the information they learned and to apply it to new behaviors that encourage children's learning.

Parents' and facilitators' perception of the program: In general, parents reported positive experiences with the Abriendo Puertas program and identified areas that they particularly appreciated: the interactive activities that engage parents and provide concrete information, and the culturally sensitive and accessible nature of the classes that encourage social connections. Specifically, the majority of parents and facilitators appreciated the program because it was created in Spanish rather than being a translation from English, and because it incorporates culturally relevant activities, such as children's music from Latin America, culturally familiar games (e.g., Loteria), and "dichos" (popular sayings in the Latino culture that convey messages with strong values or beliefs). Parents also appreciated that the program instruction uses simple terms and plain language and

that the group discussions provide a safe place to reflect on their parenting skills and to expand on them. The majority of facilitators believed that the program provides parents a place to learn from each other and develop social connections.

Areas of less impact: The Abriendo Puertas program also gives parents information about how to offer children healthier foods and an active lifestyle, how to foster children's emotional development, and how to become effective advocates for their child before medical, social services and school (principal) authorities. The evaluation study found that the Abriendo Puertas program did not record significant results in these behavioral areas. Parents who attended the program did not seem to gain significant knowledge or to change their practices much in these specific areas.

Discussion:

The focus group discussions with the parents point to possible reasons for these findings, presenting the Abriendo Puertas program with the opportunity to consider programmatic options in order to continue improving outcomes. The challenges to improving healthy living behavior, for example, are widespread across populations in the United States. Weight loss programs abound and many people participate in these programs at different times throughout their life span. Parents in the Abriendo Puertas study reported having had basic knowledge about healthy lifestyle behaviors prior to participating in the program, as they are repeatedly exposed to these messages through numerous sources. They also reported, however, that even with basic knowledge about lifestyle behaviors, it was hard for them to actually apply the information. There was a strong sentiment among parents in the focus groups that making behavioral changes, such as avoiding fast foods and cooking healthy meals, was not only impractical (e.g., expensive and time-consuming), but in some cases also went against their deep-seated cultural habits of food preparation and lifestyle.

Conversations with participants also suggested that parents might not have been receptive to the information about children's emotional expressions because the information did not align well with their cultural norms of gender-appropriate emotional expressions. For example, several parents mentioned that they have been taught that girls should express emotions more freely, but that boys should not do this.

Child Trends found a similar situation regarding learning to advocate for the children before authorities. Unlike program participants' increased interactions with teachers—a behavioral change that had positive results—the evaluation study did not find significant changes in parents' ability to advocate for their child in dealings with other authority figures such as doctors and school principals. Parents participating in the focus groups expressed that they did not really know how to initiate a dialogue with the school principal, for example. This uncertainty may also have roots in perceived cultural roles. Several studies have documented how some Hispanic cultures do not necessarily consider it the role of parents to question the “experts” such as medical doctors or school authorities.⁸

Careful consideration of these findings could lead to changes in the expected outcomes or focus of the program, as well as new strategies to introduce and communicate these topics to the parents throughout the program.

SUMMARY DISCUSSION

The Abriendo Puertas program is a model program that demonstrates how, with modest resources, a brief 10-week program can achieve important results for children by helping their parents to prepare them for educational success. It has expanded to 32 states and has the potential for even greater reach. In addition to the positive research findings of this evaluation, participating parents provided countless anecdotes of the constructive effect the program has had on them and their families. Importantly, the program targets the critical problem of children's early skills necessary for later school completion and success.

Abriendo Puertas has developed a culturally-relevant training program that is grounded in educational research. The Child Trends evaluation of the Abriendo Puertas program revealed positive outcomes in several key child development areas associated with academic success, as well as in increasing parents' use of libraries and their knowledge about quality child care. Among other behavioral outcomes, such as healthier lifestyle changes, fostering children's emotional development, and advocating for their child, the Abriendo Puertas program did not record significant results.

It is important to note that the Child Trends evaluation was conducted in only one of the many cities where the Abriendo Puertas program provides services, Los Angeles—an area where public information about healthy living and other topics covered in the program is readily available. For example, the evaluation finding that parents in Los Angeles did not gain significant knowledge about healthy living may be due to the fact that they already had access to this information through many other sources, as indicated in the focus groups. Some of the findings, then, may not necessarily apply to other regions where public information about healthy living topics may not be as accessible as in Los Angeles, or in areas where the Abriendo Puertas program is not administered through the local school district.

The Abriendo Puertas program covers a great deal of information in a short period of time. While some topics are covered and reinforced throughout the program, namely those that improve parental approaches to support preschool children's learning, the health and nutrition and social and emotional development topics are covered in only one session each. Research on program evaluations finds that behavioral and attitudinal changes are more likely to occur when information is repeated and reinforced through hands-on experience. It may be that some of the messages that address the more challenging behavioral changes could benefit from greater repetition and increased hands-on focus, if program resources allow.

It is also important to consider contextual, cultural and programmatic factors. For example, it may be that parents more readily exhibited behavioral changes related to parental support for educational outcomes in the home since these changes aligned well with their educational aspirations for their children and the cultural value of familismo. At the same time, parents were less likely to apply the tools they learned in the program related to healthy living and advocacy because these did not easily align with their habits, economic possibilities and/or their perceived cultural roles and norms.

In summary, by focusing on Latino parents in a culturally- appropriate manner to help them prepare their children for educational success, the Abriendo Puertas program is making a key contribution to future generations of Latinos in the United States, an increasing need in light of the growing Latino population in the United States.

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