

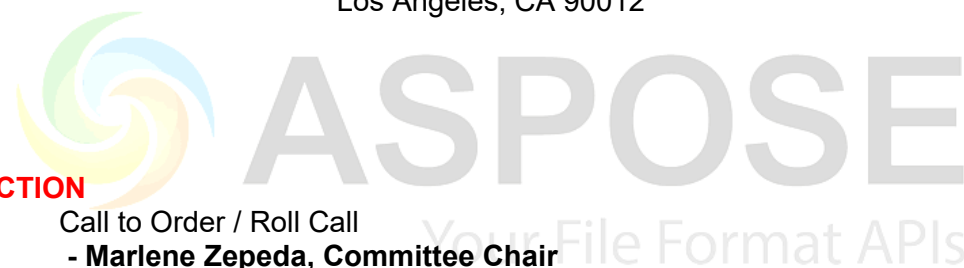
AGENDA

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

Budget & Finance Committee Chair: Robert Byrd

**Thursday, April 27, 2017
1:30 PM**

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

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1. **ACTION**
Call to Order / Roll Call
- **Marlene Zepeda, Committee Chair**
 2. **INFORMATION** **3**
Review Program & Planning Committee Meeting Transcript – March 30, 2017
- **Marlene Zepeda, Committee Chair**
 3. **INFORMATION** **109**
Communities Outcome: Best Start Alignment Implementation Recommended Framework and Cost Analysis
- **Christina Altmayer, VP of Programs**
- **Antoinette Andrews Bush, Director, Communities**
 4. **INFORMATION** **137**
ECE Outcome: LA County Child Care Needs Assessment
- **Debra Colman, Senior Program Officer**
- **Michele Sartell, Child Care Planning Coordinator, LA County Office for the Advancement of ECE**
 5. Break
 6. **INFORMATION** **163**
Health Outcome: Establish a Strategic Partnership with United Way

COMMISSIONERS

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

EX OFFICIO MEMBERS

Barbara Ferrer, Ph.D.,
M.P.H., M.Ed.
Jacquelyn McCroskey, DSW
Deanne Tilton

EXECUTIVE DIRECTOR

Karla Pleitéz Howell

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Los Angeles for the Home For Good (HFG) Funders Collaborative

- **Pegah Faed, Senior Program Officer**

- **Sharon Murphy, Manager, Strategic Partnerships**

7. **INFORMATION**

179

Strategic Partnerships with Los Angeles Preschool Advocacy Initiative (LAPAI) and

University of Southern California (USC) to Elevate Awareness of Early Childhood Issues

- **Gabriel Sanchez, Director, Communications**

8. **INFORMATION**

Public Comment (For items not on the agenda)

9. **ACTION**

Adjournment



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MEETING OF FIRST 5 LOS ANGELES PROGRAM AND PLANNING
Thursday, March 30, 2017
750 North Alameda Street, First Floor
Los Angeles, California 90012

REPORTED BY:
HEATHERLYNN GONZALEZ
CSR #13646

1 Thursday, March 30, 2017; Los Angeles, California

2 1:34 p.m.

3 -oOo-

4 COMMISSIONER ZEPEDA: Let's call the meeting to
5 order. Thank you, everybody. We're going to start with
6 introductions.

7 I'm Marlene Zepeda. I'm representative of
8 district one commissioner. Go around the room.

9 COMMISSIONER GILLELAND: Hi. David Gilleland,
10 Commissioner.

11 COMMISSIONER ARAGON: Hi. Linda Aragon. I'm the
12 alternate commissioner for the Department of Community
13 Health.

14 COMMISSIONER ABDO: Judy Abdo. I'm third
15 district commissioner.

16 MS. ALTMAYER: Christina Altmayer, vice president
17 of programs.

18 MR. PINEDA: Daniela Pineda, vice president of
19 (inaudible).

20 MS. ANDRADE DUBRANSKY: Barbara Andrade
21 Dubransky, director of family supports.

22 MS. CHARNOFSKY: Tessa Charnofsky, government
23 affairs.

24 MS. PATILLO BROWNSON: Kim Patillo Brownson,
25 First 5 LA.

1 MR. WAGNER: John Wagner of First 5 LA.
2 COMMISSIONER TILTON: Deanne Tilton, First 5 LA
3 commissioner representing ICAN.
4 COMMISSIONER THOMPSON: Gabe Thompson, alternate
5 commissioner for (inaudible).
6 COMMISSIONER PLEITEZ HOWELL: Karla Pleitez
7 Howell, commissioner.
8 COMMISSIONER MARTINEZ: Yvette Martinez,
9 commissioner.
10 MS. BELSHE: Kim Belshe, First 5 LA.
11 COMMISSIONER DENNIS: Duane Dennis, commissioner,
12 for the last time at this meeting.
13 SECRETARY: Linda Vo, executive assistant, First
14 5.
15 MS. GONZALEZ: Heatherlynn Gonzalez,
16 stenographer.
17 SPEAKER: Liz Copenhere.
18 SPEAKER: Sylvia (inaudible).
19 SPEAKER: I'm a student.
20 MS. BELSHE: Yeah. What's your name?
21 SPEAKER: José Chavez.
22 MS. BELSHE: Cal State LA?
23 SPEAKER: Yes.
24 SPEAKER: (inaudible) First 5 LA.
25 SPEAKER: (inaudible) First 5 LA.

1 SPEAKER: (inaudible) Nurse family partnership.
2 SPEAKER: Allison Long, First 5 LA.
3 SPEAKER: (inaudible), LA Best Baby's Network.
4 SPEAKER: Charlene Gonzales, First 5 LA.
5 SPEAKER: Deanna Guerrero, First 5 LA.
6 SPEAKER: Gabriel Sanchez, First 5 LA.
7 SPEAKER: Molina, First 5 LA.
8 SPEAKER: (Inaudible).
9 SPEAKER: Antoinette Andrews, First 5 LA.
10 SPEAKER: (inaudible) Johnson, LAUP.
11 SPEAKER: Armando Jimenez, First 5 LA.
12 SPEAKER: (Inaudible).
13 SPEAKER: (Inaudible).
14 SPEAKER: (Inaudible).
15 SPEAKER: (Inaudible).
16 SPEAKER: Linda Shepherd, Best Start
17 SPEAKER: Rafael Gonzalez, First 5 LA.
18 COMMISSIONER ZEPEDA: Did we miss anybody?
19 MS. BELSHE: Peter.
20 MR. BARTH: Peter Barth, First 5 LA.
21 MS. BELSHE: Maria.
22 SPEAKER: Maria, program officer from First 5 LA.
23 COMMISSIONER ZEPEDA: All right. Thank you.
24 Okay.
25 Moving on to Item 2, which is the review of the

1 transcripts. Are there any corrections or additions or
2 modifications? I'm sure you all read them religiously.

3 Hearing that there are none, we will approve by
4 consensus. Okay. So approved then.

5 Item Number 3, review draft legislative agenda.
6 And we have Kim, Peter, and Tessa who will be presenting
7 to us today, this afternoon. So I'll hand it over to you.

8 MS. CHARNOFSKY: Good afternoon. Hopefully, this
9 will pick up; if not, I'll snuggle closer to Peter.

10 MS. BELSHE: Little slice of heaven.

11 MS. CHARNOFSKY: So this afternoon, we are going
12 to present to you our draft legislative agenda and I'm
13 going to actually -- can we get the presentation up?

14 And just to -- as a preview of the process moving
15 forward, this an overview of how we are thinking about the
16 legislative agenda, what the criteria are that we've been
17 using to evaluate legislation, and then we will actually
18 begin to dive into those.

19 Am I clicking in the wrong direction? Where
20 should I be clicking towards? I Could do it from up
21 there. Let's try again. Okay. Excellent.

22 So again, the previews, we'll talk a little bit
23 about the context in which we are considering the bills,
24 our criteria, essentially our goals and purposes for being
25 engaged in the legislative process, and then the actual

1 bill list, which is what we're all waiting for.

2 So in terms of where we are as an organization, I
3 think it has been said many times that partnership and
4 coalition building and policy and systems change is very
5 much at the forefront of our work right now. It is also
6 with that in mind that we have to think I think very much
7 more practically about how we nurture and cultivate both
8 internal relationships with our content experts, each of
9 the program area leads, and departments that are living
10 with the programmatic investments, but also our external
11 advocacy partners, to tap into their expertise, to think
12 about what implementation and sustainability looks like in
13 the larger ecosystem beyond what First 5 actually
14 implements as a program funder.

15 This also, of course, entails building
16 relationships with elected officials. I want to also just
17 acknowledge and say thank you again to Commissioner Dennis
18 for coming up to Sacramento Tuesday, two days before his
19 mover came, to meet with elected officials. We actually
20 just were doing a round of visits through Access
21 Sacramento with the chamber. And this idea is that, of
22 course, if you have a larger coalition of friends and
23 allies who are pushing for the same programmatic goals
24 that we are pushing for, the force of our arguments grows.

25 The last part is this idea around being more

1 deeply involved in policy conversations. And this is a
2 recognition that we're not just looking to sustain the
3 existing programs that First 5 LA has invested in, but we
4 are actually looking to better the whole ecosystem in
5 which children zero to five live. And it doesn't actually
6 matter if we're not investing in a discrete strategy if we
7 can be helpful. There are ancillary benefits that we want
8 to make sure accrue to young children and their families.

9 So the criteria that we used, the first is really
10 about subject matter alignment; so making sure that it
11 falls into our strategic plan priority outcomes areas, so
12 early care and education, family supports, health systems.
13 And communities is not listed up there, but there is
14 certainly interwoven throughout and as we get to the local
15 policy areas I think we'll return to that topic more
16 fulsomely.

17 Sustainability is obviously a key issue for the
18 legacy investments as well as the big investments that are
19 ongoing. I'm thinking of Welcome Baby, and you'll hear a
20 little bit more of some of the home visitation bills that
21 are moving through.

22 The third is around policies that affect First 5
23 LA revenue. So thinking about last year's policy around
24 the Nazarian bill and making sure that the Board of
25 Equalization appropriately clocked incoming revenues that

1 would accrue to First 5 LA and all First 5s around the
2 state.

3 And then the last is this idea of influencing --
4 how we're influencing policy and the impact of our
5 engagement, which is really another way of saying, when we
6 put our finger on the scale, do we make a difference, can
7 we actually move the needle in an appreciable way. And I
8 think of this last criteria as utilizing First 5 LA's halo
9 effect. Kim always looks at me askance when I say this,
10 but I do think there is --

11 MS. BELSHE: I know my mother would look at me
12 askance.

13 MS. CHARNOFSKY: Goody, double whammy.

14 So there is an added benefit that First 5 LA does
15 not have financial skin in the game in Sacramento. We are
16 not a provider organization. We're not grant seekers.
17 There is a halo effect when First 5 LA says that something
18 is good for kids that we don't have our interests impugned
19 in any way. And that's a benefit that we can bring to
20 policy conversations that we should not shrink from.

21 So I'm going to turn it over from here to Tessa.

22 MS. CHARNOFSKY: So a number of you have seen
23 this if you've been here for more than six months. If
24 not, I'm going to review this again.

25 So I'm going to review the process that we go

1 through to actually approve bills. We start with talking
2 with our partners. Legislators contact us. We go on
3 ledge agenda. We get bombarded with dozens and dozens of
4 bills. Then the analysis comes into play and calling the
5 author's office, talking with our partners, talking to
6 California Strategies. Once we feel -- that's our
7 Sacramento advocates.

8 Once we feel pretty confident that the bills are
9 in alignment with our policy goals, then we send them to
10 Kim Belshe and she says yea or nay. And then we bring
11 them to you all for two meetings. The first is the March
12 program and planning committee meeting which is today and
13 then the April commission meeting for a final vote.
14 Assuming that all is okay and you approve the list, then
15 -- then we give you, you know, ongoing updates every month
16 until October until the bills are signed, essentially. So
17 that is the process.

18 And once we have an approved bill list from your
19 legislative agenda, then we are free to send letters of
20 support, to do floor alerts, to testify at hearings. So
21 we -- we really can't take action at this point until we
22 get that approval from you. But bills that are on our
23 watch list -- and you'll see that there's also a watch
24 list here -- are bill that's may eventually move up into
25 support. And it doesn't mean that we can't actually work

1 with the authors on the watch list bills because they
2 might become absolutely perfect bills. So we consider the
3 watch list bills to be of great interest as well.

4 I wanted to just remind us that we're focusing on
5 the legislative agenda, of course, and then there's a
6 budgetary, strategy, and administrative strategy as well
7 that we work on simultaneously. And we use the same
8 criteria to help us determine how to proceed with those
9 efforts.

10 Okay. So bills. I'm sure a lot of you know
11 about these bills. I remember last year we talked about
12 his and we had got into a fantastic discussion. So I
13 fully expect the same.

14 The first bill -- I didn't click it. There's
15 children. So AB 60, Miguel Santiago and Lorena Gonzalez.
16 This is a bill that was in play last year. It's a
17 12-month eligibility bill for children in child care.
18 They can stay in child care for 12 months without renewing
19 their paperwork despite minor fluctuations in income. And
20 this is a concern because families, especially low-income
21 families, might get a little bit more money at some point,
22 a little bit less money at some point. And rather than
23 being bumped off child care and then struggling to get
24 back on child care -- and that's not good for the child,
25 of course. This maintains the eligibility for 12 months,

1 and upon exit, it ensures that he family can be earning
2 more, 85 percent of the state -- of the most recent state
3 median income. So it deals with the eligibility question
4 as well.

5 So that is this bill. We're recommending a
6 support position. I guess we'll talk about these after we
7 go through them.

8 Okay. So the next one -- I'm sorry. Blanca
9 Rubio. This is a fascinating bill: Child care
10 expulsions. What this does -- and I think many of us have
11 heard stories about preschoolers who have been expelled --
12 preschoolers who've been expelled due to difficult
13 behavior. But we know that difficult behavior often comes
14 from circumstances in the home, from poverty, from
15 challenges that, if we expel those children, then they
16 will struggle even more. We know that expelling those
17 kids makes it even more difficult for them to succeed. So
18 this bill encourages the child care providers, if they're
19 getting a state contract, to do everything in their power
20 to ensure that those children are -- remain in the school.
21 If in the end -- and so they have to contact the parents
22 and work with social services. If in the end they do need
23 to find another place for this child, then they are --
24 they're asked to find a suitable placement to do
25 everything in their power to find a suitable placement.

1 The bill's actually undergoing some amendments
2 and we understand that the child care community will be
3 more supportive of this bill once the amendments take
4 hold. I think the concern at this point is simply that,
5 do the child care centers have the resources they need to
6 support these kids. A lot of school districts do, but
7 private providers don't necessarily have those supports.
8 But once we get those amendments, we'll include those.

9 You all know the next bill. Tony Thurman, child
10 care bridge funding for foster care. This is a bill that
11 our very own supervisor and chair, Sheila Kuehl, was
12 promoting. So, basically, what this does is it ensures
13 that children who are in foster care that are between the
14 ages of zero to four, have access to -- to child care. We
15 know that foster parents, if they need to go to work but
16 they want to take a child, if they don't have access to
17 child care, it makes it very difficult for them to take
18 those kids.

19 So in addition to these six-month voucher that
20 these children -- these families get, there is a navigator
21 who is assigned to families to find more permanent
22 placement for these kids, as well as trauma-informed care
23 training that happens with the providers, which we knows
24 so essential.

25 So the next -- next bills are oral health bills.

1 And we know that oral health is a legacy investment for
2 us. It is not currently an investment that's in our
3 strategic plan. These bills -- and note that the first
4 bill is not AB24. It's AB15. The first one, mine shine,
5 is by -- is a Republican author, Caballero -- Anna
6 Caballero is a Democrat. They are very similar bills in
7 that they want to increase reimbursement rates to dental
8 providers. And the reason why this is important is it's
9 very difficult because the reimbursements are so low to
10 find providers that will take Denti-Cal, that will take
11 these children. The differences really are that the Mine
12 Shine bill -- and it was just amended actually. So it
13 doubles reimbursement rates, but only for one year. So
14 it's as -- it's used sort of as an incentive to get new
15 providers in and then it reverts to the old rates.

16 It also provides somewhat fewer services for
17 children: 15 as opposed to 20 in the -- in the Caballero
18 bill. So the Caballero bill -- the expenditure would be
19 \$300 million. And both of these programs are actually
20 relying on Prop 56 dollars. You remember Prop 56 was the
21 increase in tobacco taxes. A portion of that was going to
22 Medi-Cal. A lot of folks assumed that that would go to
23 pay for rate increases. Our governor has a different
24 idea. So there might be a little bit of tug of war there.

25 The Caballero bill also requires the Department

1 of Health Care Services to access certain innovations such
2 as virtual dental home, which is something that First 5 LA
3 has supported in the past.

4 So here's one of the home visiting bills that --
5 isn't that cute? That's my nephew. And he's sitting in
6 my garden. He's 22 months old.

7 MS. BELSHE: He matches the flowers.

8 MS.CHARNOFSKY: Yeah, he likes to pull them out.
9 Okay.

10 So this is, again, one of the home visiting
11 bills. My understanding is that it creates a home
12 visiting program called Baby Wellness and Family Support
13 Home Visiting Program paid for with CalWorks dollars, so
14 welfare dollars. And it's not -- okay. And the recent
15 amendment actually requires that those programs be
16 evidence based. And I know that for us anyway Welcome
17 Baby might eventually and we hope will become evidence
18 based. At this point, it is not. So Welcome Baby would
19 not be eligible for those funds. We certainly want home
20 visiting overall to be funded by the State. That would be
21 fantastic. There are limited resources, however, so I
22 think there may be a challenge -- Department of Social
23 Services may have a different idea about how to -- how to
24 proceed with this bill.

25 Okay. The next bill is -- I love this bill.

1 Burke. Autumn Burk and Senator Pan have similar bills
2 that really address child poverty and overall child health
3 in sort of aspirational terms. They don't actually have a
4 hook. They don't have a funding mechanism.

5 The first is lifting children and families out of
6 poverty would reduce poverty by 50 percent by the year
7 2020 and it would fund things like preschool and -- and
8 home visiting and -- as well as welfare services. It
9 increased supports for youth workers and adult workers.
10 This was actually an initiative that was going to be on
11 the ballot last year but was pulled because the authors
12 didn't want it to compete with Prop 55, you may recall.

13 Second bill, the children's bill of rights really
14 codifies in law an existing bill of rights that it really
15 address health, early learning, and family supports for
16 children.

17 I have one more. So Senator Jackson has the new
18 parent leave act. This is very similar to prior bills.
19 It ensures that employers must allow an employee to take
20 up to 12 weeks of leave -- paid leave to bond with the new
21 child. It also requires that the employer cover medical
22 insurance during that time. The difference here is that
23 it is required for -- it applies to businesses with 20
24 employees or less, so smaller businesses. That --

25 MR. BARTH: So before we have the chance for

1 discussion on the pieces of legislation, I wanted to offer
2 a little bit of a preview, some next steps both short-term
3 for this year but also looking at next year. And I was
4 actually just in a conversation where we were talking
5 about how, when we think about 2017, we really are close
6 to the end of policy making for 2017 and we're already
7 having conversations about what do we want to see happen
8 in 2018. So while we will be bringing the legislative
9 agenda to the fully commission as we have in years prior
10 at April commission meeting for action, and that does give
11 us some time to influence and work with others on these
12 pieces of legislation. And we will provide updates --
13 written updates and also verbal updates in future
14 meetings.

15 Looking to 2018, what we want to do is come to
16 the commission in the fall with a broader policy agenda
17 that will allow us to say, we want to engage in
18 conversations on legislation on these issues now. We want
19 to be in a position where, in December and in January,
20 when members are thinking about the pieces of legislation
21 they want to carry, that we're part of those conversations
22 and have the support of the commission in having those
23 conversations so we can shape the bills rather than just
24 reacting to them.

25 So we're really glad that we have a legislative

1 agenda. It gives us a lot of opportunity and energy as we
2 do our work in Sacramento over the next few months, but it
3 would be even better if we can start to build a
4 legislative agenda sooner. So just wanted to provide that
5 preview for you all since -- especially those of you who
6 are deeply familiar with the process in Sacramento. You
7 may be wondering, hey, haven't they already had a few
8 committee hearings. And the answer is yes.

9 So with that, we'll take any questions you may
10 have or comments.

11 MS. BELSHE: If I can build on one additional
12 point, Peter, relative to the 2017 legislative agenda.
13 Commissioners, thank you all for providing feedback to the
14 survey that Linda sent out. You'll recall some of the
15 question we were posing to you related to your interest in
16 engaging in different types of legislative advocacy
17 activity here at home and potentially at Sacramento. So
18 we're just compiling the feedback we received as we think
19 about next steps and how you all can be engaged and
20 deployed in furtherance of our legislative priorities.
21 We'll want to do so in a way that's reflective of both
22 your interests and well as opportunities in LA and in
23 Sacramento. So those dots will be connected before too
24 long.

25 COMMISSIONER ZEPEDA: Other questions from the

1 commissioners?

2 MS. BELSHE: Is there a closing photograph?

3 MS. CHARNOFSKY: Yes, that's me and my twin
4 brother.

5 MS. BELSHE: How old?

6 MS. CHARNOFSKY: I think we're about three at
7 that time.

8 MS. BELSHE: Okay. Question.

9 COMMISSIONER ZEPEDA: Questions from the
10 commissioners.

11 Okay. Duane.

12 COMMISSIONER DENNIS: I just want to draw
13 attention to -- to those first, which 12-month eligibility
14 and how important and significant that is, you know,
15 having been one who worked in the field. And every time a
16 parent would get, you know, a marginal raise, you had to
17 look at eligibility. And some parents, you know, even
18 behind increases so they could keep their child care. And
19 so this is a very important issue for our, you know,
20 working-class parents, many of whom I would imagine are in
21 our Best Start areas. So I would suggest that, you know,
22 we really fully support this.

23 Then secondly, the preschool expulsion. It's
24 almost crazy even to think about four-year olds being
25 expelled. One can understand how child care providers may

1 believe or feel, you know, when you have the child in your
2 environment who is acting out, you don't know what to do
3 with that child. You need to give extra attention to the
4 child, but when you -- you have a four-year old worthy of
5 expulsion, obviously as Tessa alluded to, there's some
6 other issues going on. I mean, and -- and, you know --
7 and some of those issues may be familial and some of those
8 issues may be community. And this is another opportunity
9 for us to get our Best Start communities engaged and
10 involved because, you know, that's -- full of commentary
11 when we expelling four-year olds. And the research also
12 show that's a disproportionate number of those kids are
13 black boys. And guess what? I was a four-year old black
14 boy. And, behaviorally, I probably could have gotten
15 expelled at that particular time.

16 But after saying that, we need to think about the
17 impacts on young children when they are put out of a
18 preschool program because of behavior. That child may need
19 an IEP. There may be other things that can be going on,
20 you know, with those families. So I had -- support and
21 don't believe that the support is strong enough because we
22 should identify those children who are, for lack of a
23 better term, up for expulsion and really look at family
24 services and family connection and family intervention for
25 their family and, you know -- and try to get those

1 services because I can imagine, if a four-year old is
2 ready for expulsion, then there are probably some
3 indicators that that family might be looking at, you know,
4 a child protective services and that sort of thing. I
5 mean, that's the type of trajectory we're dealing to.

6 So that's my two cents. And, you know, I just
7 hope we think carefully, not only about the bill itself,
8 but how we can get connected in the communities with those
9 families who are experiencing young children who are
10 acting out, you know, and because I think that says
11 something.

12 COMMISSIONER ZEPEDA: Judy.

13 COMMISSIONER ABDO: I wanted to highlight on the
14 eligibility period, the fact that Head Start has this
15 already. If you're in Head Start, you're in Head Start
16 for the year. And children who are funded by Head Start
17 and State preschool are at risk of losing half of their
18 program because their parents made five dollars more a
19 week or something and depending on how close they are to
20 that line. And this is especially important this year
21 because of the minimum wage -- living wage issues that are
22 happening across the state. And putting parents in the
23 position of having to turn down funding for their family
24 is -- is really -- it's very sad when that happens. So I
25 want to strongly support this.

1 I also want to just say that I think it's really
2 important that we have policy statements for you to use as
3 you work through this next year. And, eventually, people
4 who are writing these bills will call you and say, well,
5 you know, you think this works within your -- and I think
6 that's really important.

7 COMMISSIONER ZEPEDA: David.

8 COMMISSIONER GILLELAND: Yeah. I wanted to
9 comment on AB60 as well. Tessa, I heard I think in your
10 mention of that bill that there was recognition that if
11 it's a minimal change in income. Is there a some type of
12 threshold that would trigger that re-evaluation or
13 determination of eligibility, or is it just open for a
14 full year?

15 MS. CHARNOFSKY: My understanding is that they
16 cannot earn more than 85 percent of the state median
17 income; that there is that --

18 MS. PATILLO BROWNSON: It's one time. It's
19 basically one-time determination. So there isn't actually
20 a threshold amount that puts you over. It's at the
21 beginning of eligibility qualification, if your income is
22 X, then you qualify for the full year.

23 COMMISSIONER GILLELAND: And then with the second
24 one that we've been talking about, the Rubio bill, I would
25 suggest that this really almost doesn't go far enough when

1 we're talking about expulsion. We have Head Start policy
2 standards that we were presenting to our LACOE board
3 recently that prohibits expulsion basically. And even the
4 suspension from the program is probably more of a serious
5 concern because it's probably more prevalent, of course.
6 And with that, there's, you know, stipulations for our
7 agencies that they must follow. If there is need for a
8 suspension, there's an immediate intervention to determine
9 what's going on and how you can get that student back in
10 the program as quickly as possible.

11 So while this is important and a first step, I
12 would suggest that the expulsion from school for infants
13 and toddlers is just unfathomable to me and,
14 unfortunately, necessary to be enacted in law. But at the
15 same time, there needs to be a further look at suspension
16 issue, the exclusion.

17 COMMISSIONER ZEPEDA: Other questions?

18 I would just like to say that on the -- the AB60,
19 Tessa, that was up last year, right? What happened? It
20 never went out of committee?

21 MS. CHARNOFSKY: There was a high price tag that
22 was assigned to it and a lot of writers thought that that
23 was actually inaccurate. So I think they'll be paying
24 more attention to what the actual costs are.

25 COMMISSIONER ZEPEDA: And then on the Rubio

1 piece, I think I have to concur and Duane and Dayton, but
2 I also think we have to think about the providers and
3 helping them figure out what they need to do because I
4 think that that's part of it. And this is only pertinent
5 to state-funded programs, correct? So privates and other
6 entities don't have to follow those rules.

7 Okay. All right. And no other questions?

8 Thank you, Peter, Tessa, and Kim.

9 We'll move on to Item 4: Families outcome Welcome
10 Baby. Barbara and Allison will be presenting to us.

11 MS. BELSHE: Let's do a seat change.

12 MS. ANDRADE DUBRANSKY: At the March board
13 meeting, we discussed a high-level overview of the home
14 visiting system in the county. And we went over some of
15 the critical elements of that, including our efforts to
16 optimize the quality and efficiency of the home visiting
17 system in the county. We also talked about key questions
18 that we need to tackle around how to weave together the
19 pieces of the system, particularly gaps, and who we can
20 serve at this time.

21 We also, while we were there, talked briefly
22 about our learning agenda because we've touched on all
23 these topics very minimally. So across the systems of
24 providers, there is -- there are research and evaluation
25 efforts going on across the system. So anything from

1 continuous quality improvement in the programs to the
2 national models continually have a study of the models
3 going on.

4 So today's discussion is going to focus a little
5 bit more tightly on our investment, Welcome Baby, the
6 light-touch model that we have introduced to the system
7 here in LA county. So with that, I'm going to turn it
8 over to Allison to get started.

9 MS. WALLIN: Thank you. Good afternoon,
10 commissioners.

11 So for today's presentation we have three
12 objectives. As Barb mentioned, we want to continue the
13 conversation that she began at the March commission
14 meeting with you all. And specifically in this
15 conversation, we want to talk about what we'll learn about
16 Welcome Baby as well as how we will learn it. So we've
17 provided the board with periodic updates in the past about
18 our Welcome Baby learning -- learning goals and solicited
19 the board's opinion and we hope to continue that
20 conversation again today.

21 And, specifically, we'd like to solicit board
22 feedback about the learning domains that staff have
23 identified as important to understand and to get your
24 input on which key external stakeholders we should engage
25 as we move forward in developing our learning agenda.

1 And, finally, we'd like to update the board about
2 a results of a recently completed evaluation.

3 So today's presentation has three parts. First,
4 we'll discuss the learning activities for Welcome Baby.
5 So I'll provide some historical information for new board
6 members about our approaches and what we've learned about
7 Welcome Baby to date. And I'll also talk about the
8 importance of reflecting on current versus past learning
9 needs and examining the alignment between our learning
10 activities and our learning needs.

11 Second, we'll talk about our learning agenda for
12 Welcome Baby. So when we consider the evolving learning
13 needs of First 5 LA, we've realized that a formalized
14 learning agenda would help us clarify our learning goals
15 and help us prioritize our learning questions so that,
16 when we need to make choices about which learning needs to
17 pursue, we have a guiding framework. So I'll discuss a
18 process that we're currently engaged in to build this
19 learning agenda for Welcome Baby. And then Barb and I
20 will also talk about the learning domains that staff have
21 identified as well as our preliminary thoughts about how
22 we're going to address those learning domains.

23 And, finally, as I mentioned, I'll talk about the
24 results of the modified bridges psychometric study. So
25 first I'll explain what a psychometric study is and then

1 we'll talk about why it's important for First 5 LA to
2 conduct one and what our key take-aways from the work have
3 been.

4 So now we'll get started with our first
5 objective, to discuss Welcome Baby learning activities.
6 However, before I dive more deeply into this topic, I'm
7 going to turn things over to Barb again to, who is going
8 to provide you with some additional thoughts about how our
9 learning works, supports the vision of a sustainable
10 system of universal voluntary home visiting in LA county.

11 MS. ANDRADE DUBRANSKY: So we're going to use our
12 nifty house again to orient us. And in a way what I'm
13 going over here is what we're not covering, but they're
14 all things that are relevant to our learning agenda.
15 They're connected.

16 So the first piece will be walls of our house
17 where we refer to our systems building. This is areas
18 that cover the systems need to have workforce recruitment
19 going on, matching the system's capacity to the best fit
20 and eligibility of the families in the county, data
21 sharing and shared indicators and collected policy
22 strategy and advocacy for the system. So those are the --
23 our questions that we ask in our learning agenda are
24 relevant to that, but we won't go deeply into those
25 strategies.

1 Program optimization, which is the door to our
2 house where we look at effective recruitment and retention
3 of the families into the programs, ensuring families are
4 offered the best fit program. So first we have to make
5 sure that those programs exist and then we have to make
6 sure that we offer them successfully.

7 Training of the qualified staff we've recruited
8 into the system. Fidelity to model design, that all the
9 models in the system are implementing to fidelity. Cost
10 analysis so that we understand what the system of services
11 cost.

12 And then moving on to policy and advocacy, our
13 roof, looking at maximizing local, state, and federal
14 funds, our use of those in the system. Coalition building
15 at the local, state, and national level. Our local
16 partnership and commitment to sustainability, so who's
17 committing to the system here locally. Our complimentary
18 analytical capabilities to build the case for the entire
19 system.

20 So our learning agenda is critical to supporting
21 all these activities. And so because today we're talking
22 about the Welcome Baby model, how does that model fit into
23 the county. Across the country, the introduction of
24 light-touch models bring a specific element or a couple of
25 key elements where they cover multiple domains, like all

1 the other home visiting programs. They bring in a couple
2 of other specific roles that we need to look at when we're
3 learning about the program.

4 One is that they're doing that comprehensive work
5 on a lower dosage level. So that's one unique role. And
6 that's meant to serve families whose experience and desire
7 fit that lighter touch, as well as it's an opportunity to
8 screen families in a standardized way. And that's looking
9 at what are the strengths that the families are bringing
10 to their parenting and what are the challenges they're
11 facing. And that -- this allows the system to preserve
12 more intense services for those families that face more
13 challenges and better use our resources.

14 So we've introduced this universal model into the
15 constellation of the models that exist here in the county.
16 And so while we are able to use the administrative data we
17 collect in the program as well as a quasi-experimental
18 research that we did on the pilot, we're at a stage where
19 we really need to be able to have the kind of research
20 that has a higher level of scientific credibility. Among
21 multiple reasons -- I mean, one, is to really solidify our
22 understanding of the impact, but it's also to make sure,
23 you know, per what Tessa was referring to, is that this
24 program can be eligible for federal dollars and in the
25 future we hope there will also be state dollars available

1 for home visiting programs and we want to be prepared to
2 be eligibility for that as well.

3 So some of the questions that we need to include
4 are around assuring that that screening mechanism we talk
5 about is working the way we intend it to work. If we're
6 going to do this, is it achieving its purpose. Also to
7 demonstrate the impact of the model to potential
8 investors, not just state and federal, but also local.

9 And with that, I'll -- what I'll do is, I'll turn
10 it over to Allison to walk us through the prior learning
11 that we've done that I mentioned a few of them, and then
12 what our next steps are around learning.

13 MS. WALLIN: So as Barb mentioned, First 5 LA has
14 engaged in learning and evaluation activities throughout
15 the launch, as well as the expansion of Welcome Baby. Our
16 learning goals to date have been primarily directed
17 towards supporting programmatic improvements and
18 understanding the benefits of Welcome Baby for children
19 and families.

20 So to start things off, First 5 LA invested in
21 evaluation of the pilot Welcome Baby site in metro LA that
22 followed families who participated in Welcome Baby for
23 three years postpartum and then we compared the outcomes
24 for those families to a group of families who hadn't
25 received Welcome Baby. Results from that evaluation were

1 shared with the board in July of 2014 as well as September
2 of 2015. And we've provided a high-level overview of the
3 results of that evaluation in appendix in of your
4 materials today. But just to summarize a few of the
5 notable positive findings.

6 So we found that rates of exclusive breast
7 feeding were higher in Welcome Baby families and that
8 Welcome Baby families displayed more positive parenting
9 behaviors. So, for example, they were more affectionate
10 towards their children and they were more responsive
11 towards their children. They also had higher quality home
12 environments than the families who hadn't received Welcome
13 Baby. So we took that as a positive sign that Welcome
14 Baby was achieving some of the outcomes that we hoped for
15 families.

16 Now, when the Welcome Baby program expanded
17 beginning in 2012, we continued to invest in evaluation to
18 support the learning efforts around Welcome Baby. So in
19 September of 2014, staff shared key lessons learned from
20 an evaluation of the early implementation of Welcome Baby.
21 And we subsequently come to the board on several occasions
22 to discuss our plans for future evaluations and our
23 current thinking and to receive feedback from the board.

24 So the learning activities that I just
25 highlighted focused on our formal evaluations. However,

1 third-party external evaluations are not the only way to
2 learn about programmatic investments such as Welcome Baby.
3 So we also use information from our stronger families
4 database, which is the database that supports the
5 operation of Welcome Baby and our select home visiting
6 programs as well as what we call informal learning. So,
7 for example, suggestions from Welcome Baby staff and input
8 that we hear from people who receive Welcome Baby and
9 benefit from it. And we use all those things in concert
10 together to support our understanding of Welcome Baby.

11 So as part of our discussion of learning
12 activities, I wanted to highlight one example from the
13 past about how staff have used evaluations, data from the
14 stronger families database, and informal learnings in
15 concert with each other to improve the Welcome Baby
16 program. I've chosen to this example in particular
17 because I think it highlights how programmatic decisions
18 are data driven, but also driven by programmatic goals.

19 So in early 2015, program staff presented the
20 board with a series of potential programmatic changes to
21 Welcome Baby. And then they made recommendations to the
22 board about which changes to announce based on analysis
23 that utilized all three sources of the information that
24 I've just described. One of the changes that staff
25 recommended as a potential way of improving program

1 retention was to add an additional visit to the Welcome
2 Baby system of visits. So -- and that visit would take
3 place around six-month postpartum. So this change would
4 have increased the number of potential engagement points
5 for families from nine visits to ten visits.

6 Now, this change was based on information from
7 Welcome Baby providers that had been shared during an
8 evaluation. And they suggested that they believe that
9 adding this visit would increase the number of families
10 who completed the Welcome Baby program. The providers
11 reported that they often saw a drop off in clients'
12 participation in the program at that time period. So this
13 was a really important insight that staff took seriously
14 and they wanted to investigate further.

15 So we utilized the stronger families database to
16 determine where the most substantial attrition in the
17 Welcome Baby program occurred. And the data from the
18 database actually suggested something a little bit
19 different. So it suggested that the greatest attrition
20 actually took place at the start of the program, in
21 between the initial home visit and the two-month
22 postpartum phone call. So the data from the database also
23 showed, in addition to showing us where that high-level
24 attrition was, it showed that if families participated in
25 this two-month phone call, then they were much more likely

1 to complete the program and to remain in the program for
2 the full nine months.

3 So based on this information, program staff
4 actually believed that adding a six-month postpartum visit
5 wouldn't be the most effective way to improve program
6 retention. Instead, program staff recommended to the
7 board that the two-month phone call be changed to a
8 two-month home visit. Based on the information gathered
9 from the database, this time point seemed to be the most
10 critical for program retention. They felt that providing
11 this visit in person rather than via phone, parent coaches
12 would be able to strengthen their relationships with
13 families, they would be able to reinforce critical
14 messages that would help us achieve outcomes for families,
15 and that it would provide additional in-person support on
16 key topics.

17 So this highlight -- this example we think
18 highlights how critical it is to take information from
19 multiple sources to ensure that the changes that we make
20 have the greatest likelihood of supporting Welcome Baby's
21 effectiveness and that we make sound choices to ensure
22 that our resources are used effectively to advance our
23 organizational mission.

24 So that prior slide provide a very high-level
25 overview of where we've been in our process of learning

1 about Welcome Baby and applying those learnings to inform
2 programmatic decisions. But I also wanted to share a
3 little bit with the board about where we're going. So our
4 learning needs around Welcome Baby are evolving. When we
5 launched the pilot in 2009, our main learning needs were
6 to understand how the program was being implemented and to
7 understand outcomes. But as we've expanded our investment
8 in home visiting, we needed to think about our investments
9 more broadly and to prioritize our learning. So the study
10 that I'll be sharing with you later today is actually
11 about the universal assessment. And we invested in that
12 study because, even though it's not the Welcome Baby
13 model, we felt that it was critical to understand the
14 universal investment as it's the foundation of the Welcome
15 Baby system.

16 So we also recognized that it's increasingly
17 important, especially in light of the board's -- the
18 recent Board of Supervisors' motion around home visiting,
19 to understand how First 5 LA participates in the county's
20 home visiting system. So recognizing that our learning
21 needs are evolving, we began a process several months ago
22 of developing a formalized learning agenda for Welcome
23 Baby. And so the next part of the presentation is going
24 to focus on that learning agenda.

25 And now I'm -- no. Me still. I wanted to turn

1 it over to you.

2 So a learning agenda, for those of you who may
3 not be familiar, in its simplest form is a set of
4 questions that an organization wants to address about a
5 specific topic and the methods that this organization is
6 going to use to answer those questions. So not
7 surprisingly, the first step in developing a learning
8 agenda is to gather a set of questions that we're
9 interested in. And the family supports department has
10 been primarily responsible for this step. They thought
11 about the questions that they need to know to make
12 programmatic decisions and what they need to anticipate
13 knowing to support our sustainability efforts.

14 They then grouped and prioritized the questions.
15 So grouping the questions by domain of interest is really
16 helpful because it helps us ensure that key areas of
17 interest are prioritized and addressed. And prioritizing
18 the questions will highlight the ones that are most
19 critical to address and will help us best utilize our
20 learning evaluation resources.

21 So it's unlikely that we're going to be able to
22 address every single question that the program staff has
23 identified of interest. But given that they've
24 prioritized these questions for us, we have a sense of
25 what's most important, what most critical so that we can

1 make well-informed decisions about how to use our dollars.

2 The third step in our learning agenda process to
3 identify preferred strategies and methodologies for
4 prioritized learning questions. That's in bold to
5 indicate that that's the step that we're at now. This
6 step is the step that primarily lives within the learning
7 and integration division, but it's also an iterative
8 process that we're engaged with with the family supports
9 folks as well as others in the agency. So as we identify
10 strategies to address their questions, we go back to them,
11 we talk with them about whether these strategies that
12 we're proposing actually is going to provide them with the
13 type of information that we need. And then we make
14 revisions if it's not.

15 And, finally, once we've determined the
16 methodologies for each of the prioritized questions, we'll
17 compare this to our existing learning and evaluation
18 portfolio for Welcome Baby and, if necessary, make some
19 changes to that portfolio so that we can continue to
20 address First 5 LA's current needs rather than its prior
21 needs.

22 So to help make this process a little bit more
23 concrete, Barb and I are going to provide some more
24 information about the learning domains of interest as well
25 as some of the methods that we may use to address the

1 these domains.

2 MS. ANDRADE DUBRANSKY: Okay. So I just want to
3 say this is like a socialization process of me because I
4 -- me and -- I won't throw the rest of my team under the
5 bus. I don't have a lot of discipline about keeping the
6 questions down to a minimal amount -- I have a lot of
7 questions and my integration and learning partners have to
8 tell me to tone it down a bit. So it's funny that they
9 asked -- that I'm going to be the one covering this.

10 MS. BELSHE: See, you're modeling the way.

11 MS. ANDRADE DUBRANSKY: I'm trying. I told them
12 when I -- when I had to choose, we had to -- you're asking
13 me like which child I can keep. I can't take this. This
14 is harder than picking child care for my kids.

15 So I'm going to go over the domains really
16 quickly here. But starting with the services provided --
17 and I think this is probably clear to everybody why you
18 have to ask these questions. We have to -- in order to
19 know the impact, we have to be really clear on what's
20 provided to families. So first of all, what are families
21 -- what did they accept, so that includes which model they
22 accepted. And then at the bottom -- I'm just going to
23 reference the bottom at the bottom where it says, program
24 model, we're also looking at dosage. So you're in the
25 Welcome Baby program but did you start prenatally, did you

1 start postnatally, did you make it all the way to the end.
2 These are important things to know so that then when we
3 study and we match that with participants, so who chose to
4 accept the program. Is there something -- are there some
5 profiles that tell us, these are the profiles of people
6 who accept. There are challenges in terms of profiles of
7 people who don't accept because those are people that we
8 cannot collect information about. But we can know as much
9 as possible about those that do.

10 And then we also want to look at -- around in
11 terms of program outcomes, you want to get to issues of
12 maternal health. So how -- a part of that is how are
13 families utilizing, for example, the entitlements that
14 they're eligible for. You'll see down in the systems
15 change where we'll talk about, were they able to access
16 their entitlements, but here we're looking at, did they
17 use those entitlements. So you had health care, but did
18 you use it to get our preventive care and did children use
19 that to get their preventive care as well.

20 Next we're going to dig deeper into the
21 environment. So the environment includes the home. And
22 so doing home visiting work, we're able to look at the
23 quality of the home environment. We're also able to see
24 how the program may impact how families make decisions
25 about other environments their children are in,

1 particularly child care. Does what they learn in the
2 program cause them to have different expectations of
3 providers and therefore make different choices.

4 And then as a significant access point to
5 families, home visiting provides an opportunity to ensure
6 children are screened for developmental delays at
7 intervals that follow standard guidelines. So that is a
8 key question around the individual child's health.

9 Then in terms of child welfare. We know some of
10 these other areas, you know, getting their basic needs
11 met, supporting their goals as parents, and supporting
12 their ability to advocate for their child's development,
13 those are all things that lower stressors for families.
14 Relatedly, we'll want to know if families in the program
15 are less likely to be reported to child welfare. But we
16 don't just want to know if they kept off the radar of
17 child welfare. We also want to dig deeper and know that
18 the parenting practices going on in the home are positive
19 practices. You can stay off the radar and still not have
20 positive parenting practices going on at home. So we'll
21 want to understand that.

22 And then, finally, when we step back and consider
23 the context that Welcome Baby program operates within the
24 system, does the program effectively link families to the
25 larger system as needed. This links back to that

1 utilization of resources which is more behavioral and this
2 is more access oriented.

3 These are the questions that we have prioritized.
4 But our question really to you is, are these your
5 priorities? Are these the questions that you have about
6 this investment and make sure that we're all on the same
7 page.

8 So with that, Allison's going to tell us a little
9 bit about how we plan and to some extent have answered
10 some of these questions.

11 MS. WALLIN: So in an ideal finalized version,
12 the learning agenda would have a specific method attached
13 to all the prioritized questions. But as I mentioned,
14 we're still in the process of developing the learning
15 agenda. So what I wanted to do was, I wanted to provide
16 some examples of how we might study some of the domains in
17 the future to give you a taste of what the finalized
18 learning agenda might look like.

19 So using the participant's domain as an example,
20 we anticipate that learning questions around the
21 characteristics of Welcome Baby participants would be
22 primarily addressed through program monitoring with the
23 primary data source being the stronger families database
24 which, as I mentioned, is the database that we use to
25 support the programmatic operations of Welcome Baby.

1 So we would anticipate that program monitoring
2 would address these questions about the characteristics of
3 families for two primary reasons. So, first, this is the
4 type of data that the family support staff will want to
5 look at on an ongoing basis so that they can monitor
6 trends and potentially identify ways to serve more women
7 in LA county. So we wouldn't want to do a one-time
8 evaluation. We'd want to have this data available to them
9 on an ongoing basis so they can monitor it.

10 And also, most of the data that they're
11 interested in is participant's domain is readily available
12 from the database so we don't need to link to other
13 sources to capture this information for them, nor do we
14 need to hire a third party to collect this data. So
15 program monitoring makes a lot of sense for this domain of
16 participants. However, when we consider a learning domain
17 like the outcomes domain, we'll likely need to invest in
18 some evaluation work to complement program monitoring. So
19 evaluation is likely going to be needed because some
20 outcomes of interest simply aren't captured either in our
21 database or in other administrative records that we can
22 easily link to.

23 So, for example, Barb mentioned positive
24 parenting behaviors. She also talked about the home
25 environment. These are things that aren't captured in

1 administrative data sets. The best ways to study these
2 things to understand them are through talking to parents
3 about it or preferably to actually observe families in
4 their own homes in a sensitive way.

5 And so this would require the engagement of a
6 skilled team of evaluators who have experience interacting
7 with families in a sensitive, respectful, and appropriate
8 way. This is a situation which would call for evaluation.

9 In addition, formal evaluations will be necessary
10 if we want to compare outcomes between families who
11 received Welcome Baby and families who don't receive
12 Welcome. Baby with monitoring data, we wouldn't have the
13 opportunity looking at stronger families database data to
14 compare Welcome Baby families to anyone else. So this
15 would require evaluation work.

16 So I've also mentioned data linking as a
17 potential method for some of these domains. And data
18 linking is the process of connecting sets of records. And
19 it can be done both to support program monitoring as well
20 as to support evaluation. And we anticipate using it in
21 both of those ways.

22 So to summarize this slide before I move on to
23 the next because I know we've covered a lot of -- we did a
24 lot of talking on this slide.

25 We've identified five main learning domains for

1 Welcome Baby and likely strategies for addressing the
2 questions in these domains. And as Barb mentioned, we're
3 really interested in getting your feedback about the
4 domains whether they're the appropriate domains as well as
5 key external stakeholders who you think we should engage
6 around these domains as well.

7 MS. ANDRADE DUBRANSKY: This is probably a good
8 place to, just before we move forward, stop and ask if you
9 have any questions about those domains.

10 COMMISSIONER ZEPEDA: Questions from the
11 commissioners?

12 Linda.

13 COMMISSIONER ARAGON: When you said you're
14 comparing those who are in Welcome Baby to those are not,
15 is that any home visitation or Welcome Baby versus other
16 home visitations? Are we determining -- because what
17 happens if they were in another home visitation program?

18 MS. WALLIN: That's something that we deal with
19 as we develop an evaluation plan for any -- any
20 evaluation. But ideally it would be that they hadn't
21 participated in any other type of home visiting. But we
22 recognize that families are going to be connected to
23 services and that one of the goals of Welcome Baby is to
24 connect them to services. So even if they're not being
25 connected to home visiting services we would hope that

1 they might be connected to WIC or to another -- another
2 type of service for them. So it's important for us to
3 monitor that so that we can control for it in our
4 analyses.

5 MS. ANDRADE DUBRANSKY: But the families that we
6 recruit through Welcome Baby, we will not refer them to
7 Welcome Baby or Nurse Family Partnership or one of our
8 select home visiting programs for this study. And we're
9 going to work --

10 MS. WALLIN: -- in the context of the evaluation.

11 MS. ANDRADE DUBRANSKY: Yeah, for the evaluation
12 and the evaluator has multiple methodologies to keep that
13 number as low as possible.

14 MS. BELSHE: Does that make sense, Linda?

15 COMMISSIONER ZEPEDA: Other questions?

16 Karla.

17 COMMISSIONER PLEITEZ HOWELL: Is there in these
18 domains where we take into account culture and linguistics
19 in terms of seeing who actually accesses these services?

20 MS. WALLIN: Yes. That's something we can
21 monitor and account for in the evaluation. I don't think
22 that the -- I don't think that you identified a specific
23 question around that, but as part of our kind of best
24 practices around collecting data, we would collect that
25 and we could incorporate it into our analysis.

1 COMMISSIONER PLEITEZ HOWELL: But it's sort of
2 another area that's helpful.

3 And then around some of the program outcomes,
4 there's a way of telling our narrative that is a positive
5 narrative of what this program creates. And then there is
6 the -- we will -- our families will not end up in the
7 child welfare program as opposed to our mothers will have
8 X, Y, and Z skills. I think when we first -- in the first
9 study that you all shared, there was these positive
10 skills, and I -- I am a little concerned that here the
11 narrative might come out more negative in terms of some of
12 the things that we're trying to capture.

13 Is there a balance of both of those things?

14 MS. ANDRADE DUBRANSKY: This document is
15 definitely not intended to support a narrative. This is
16 identifying the actually metrics that we'll be looking at.
17 But how we present those metrics definitely will need to
18 be in a positive context. For the some, potential
19 investors, you know, for the child welfare system, telling
20 them, we -- there's a lower level of participation in your
21 system for people who participate, it will be important to
22 say it to them in that way but in a broader narrative,
23 yes, of course. Definitely.

24 MS. WALLIN: I think also when you're thinking
25 about the story, oftentimes you think about the steps that

1 it takes to get some place. So when you're thinking about
2 the story that you created around children and families,
3 often you start with the parenting behaviors first, then
4 you move on to child outcomes and you think about how it
5 fits in the system. At least that's how I tend to think
6 about these types of things when I'm telling the story.

7 COMMISSIONER ZEPEDA: Other questions?

8 COMMISSIONER TILTON: Well I --

9 COMMISSIONER ZEPEDA: Deanna, go ahead. I
10 thought there were no other questions. Go ahead.

11 COMMISSIONER TILTON: Just as clarification, can
12 you describe what Welcome Baby involves other than home
13 visitation and also define light touch?

14 MS. ANDRADE DUBRANSKY: Light touch is an
15 evolving -- I'll start with that one. It's an evolving
16 definition in that these universal -- and universal light
17 touch gets used interchangeably because, as you might
18 guess, that in the areas where a region or a locality
19 wants to be able have contact with a large number of
20 families but recognizes that most of the those families
21 won't desire or need an intensive program that's going to
22 work with them for a long period of time. So they'll call
23 that light touch because the dosage is smaller, you see
24 the family less often, you see this family potentially for
25 a shorter period of time over the course of the child's

1 life. And that universal aspect is to support getting
2 them to whatever intensive resources there are in that
3 area. And actually the federal home visiting money really
4 opened up this conversation and created more demand to
5 have that kind of approach.

6 And then the first part of your question, what --
7 so Welcome Baby in terms of what goes on besides a home
8 visits. So there is actually one contact that's a phone
9 call as well. But beyond a -- I mean, are you asking more
10 about what happens in the home visit or whether or not
11 there are community-based aspects to the program? I just
12 want to make sure I understand.

13 COMMISSIONER TILTON: Right. In other words,
14 when we say Welcome Baby, what are we talking about?

15 MS. ANDRADE DUBRANSKY: So Welcome Baby is a home
16 visiting program that is a low-dosage home visiting
17 program. And the types of activities that were selected
18 to be a part of the program were things that were
19 identified through data and as well as to some extent
20 anecdotal understanding at the time, were things that a
21 broader swath of families can benefit from. One example
22 would be breast feeding support where that's not
23 necessarily something that comes up for only a family that
24 has some risk factors that they're facing or challenges
25 that they're facing in terms of whether it be homelessness

1 or experience of domestic violence or et cetera, et
2 cetera. So that would be one aspect.

3 You know, family planning would be another. You
4 know, understanding how to set up an environment that's
5 conducive to early childhood. That's something that, no
6 matter what the background of the family, families learn
7 things. Like, I didn't realize this is maybe over
8 stimulating for a child or this is not stimulating enough.
9 So really it's the types of activities that were -- had
10 sort of a universal application to a broad number of
11 families.

12 COMMISSIONER TILTON: So it's voluntary?

13 MS. ANDRADE DUBRANSKY: All voluntary. These are
14 all voluntary programs.

15 COMMISSIONER TILTON: So then when we talk about
16 the eight or nine home visits, that's not light touch,
17 right?

18 MS. ANDRADE DUBRANSKY: You are correct in that
19 the universe of universe -- of programs that are
20 identified as light touch universal, we are on the heavy
21 side of that continuum. So we're on the cusp of being a
22 moderate, but yes.

23 MS. ALTMAYER: I think the term is also used
24 because, in the context home visiting programs, there's a
25 number of different home visiting models. When you think

1 about the more intensive services, those are services
2 that's the duration could be up to three or four years.
3 So if you think of about Nurse Family Partnership, that's
4 a program that can start prenatally and those home visits
5 will continue by the nurse potentially into the child's
6 first five years of life, generally for three years. So
7 if you think about that duration, those are the more
8 intensive programs; whereas, Welcome Baby begins at the
9 hospital, but the duration of services is probably going
10 to end between the first six or nine months of a child's
11 life. So that's what we mean by light touch versus these
12 more intensive programs, Parents and Teachers, Nurse
13 Family Partnerships. These are names you may have heard
14 that last for multiple years.

15 COMMISSIONER TILTON: Okay. I'm just -- I'm
16 thinking of Welcome Baby -- I have thought of Welcome Baby
17 as something that includes the birth -- or actually
18 prenatal period through birth that brings a child into
19 this world healthy and safe and all of those important
20 factors and a parent who knows what to do when they take
21 the baby home, make sure that there is home for the baby,
22 make sure there is a place for the baby. And that's kind
23 of what I think of as Welcome Baby, and that may involve
24 maybe one visit to make sure that the home is set up
25 safely and that the baby is receiving the care.

1 I think of home visiting all these other models
2 and you're saying the partnership is something a little
3 bit separate from Welcome Baby. Am I right?

4 MS. ANDRADE DUBRANSKY: Yes.

5 COMMISSIONER TILTON: So when you say light
6 touch, you're really saying universal voluntary neonatal
7 home visitation in a way that does not include much of a
8 long-term attachment. And I'm getting to my point always.
9 In terms of safety of the child, we're really talking
10 about Nurse Family Partnerships and we're talking about
11 longer-term -- unless, of course, the first home visit of
12 light touch points out there's no home, they're on the
13 curb somewhere, whatever.

14 So when we talk -- so when we look at the
15 learning questions and we talk about the big question,
16 does the program increase or make it less likely the child
17 would be reported to child welfare, that's been our
18 conundrum ever since the beginning of trying to define
19 safety, how we prevent a negative between. But we know a
20 lot more about what can make it less likely that a child
21 will be hurt in a home.

22 So I go back to wanting to have more children
23 reported not less children reported because, the sooner a
24 report to an endangered child, the better. So the worst
25 report is the report that was never made. And that's

1 where we see horrible outcomes. So I keep wanting to
2 inject, let's remember this possible child may need to be
3 reported -- the child may need to be protected and,
4 hopefully, all of these supportive services and intention
5 will prevent harm to the child but the reports are what we
6 want if the child's in danger.

7 So that's just my --

8 MS. ANDRADE DUBRANSKY: Of course. And our home
9 visitors are trained to make reports and to know when it
10 is appropriate to make a report. And there's no
11 resistance in the system to making reports when they're
12 needed. The idea is, for example, to insure that
13 unintentional injuries don't occur because you understand
14 how to safeguard the environment that your child is in.

15 And then in terms of the different points
16 because, as you mentioned, it's perinatal. You know,
17 around the time families go back to work, then they have
18 to make new decisions about whether or not their child is
19 safe in the environment they're going to leave them, in
20 and the program supports them through that.

21 So, yes. And there are reports made in the
22 system when they need to be made and they're trained --
23 very well trained to do that.

24 COMMISSIONER TILTON: So I just in summary don't
25 like to assess the success of the program by less reports,

1 certainly by less harm, by less negatives consequences.
2 But if we're trying not to report --

3 MS. ANDRADE DUBRANSKY: Well, we're trying
4 prevent reportable behaviors --

5 COMMISSIONER TILTON: Right.

6 MS. ANDRADE DUBRANSKY: -- is what we're trying
7 to do. So what we're looking for the evaluation to reveal
8 is that there are less reportable behaviors or
9 environments occurring. You know, an environment that is
10 not safe or secure for the child.

11 So that's really what we're looking at. And
12 that's why we also feel it's important to study parenting
13 behaviors so that we know that it isn't just an accident
14 that they didn't -- they weren't seen in a child welfare
15 system, but that we know that the behaviors and the
16 parents' knowledge around how to insure the environment is
17 safe both from social-emotional and abuse as well as
18 unintentional injuries.

19 So that's why we need to study both so that we
20 can tell a full story about what's really happening with
21 the children in the program.

22 COMMISSIONER ZEPEDA: Karla has a question.

23 COMMISSIONER PLEITEZ HOWELL: So the question
24 posed to us is, what do we want to do with this
25 investment. As we look at the domains, those are

1 priorities that we're looking at. I'm wondering if we're
2 capturing the demand for these programs. So services
3 provided give as you a question of mother's sort of in the
4 moment of like raising their kids, and at that moment,
5 they might decide, this isn't for me or when they're about
6 to give birth might decide, this isn't for me. Is there a
7 place to capture the demand for the type of program that
8 we are talking about? And I'm thinking about specifically
9 on a First 5 LA presentation in the southeast and what
10 made parenting great there was, we're not getting enough
11 of these programs. Where is that being captured and how
12 do we put that in our data to actually show the type of
13 demand that is being asked for?

14 MS. ANDRADE DUBRANSKY: I'll start one.

15 MS. BELSHE: Great Question.

16 MS. ANDRADE DUBRANSKY: This is something that
17 the motion work group is very strongly focused on.

18 MS. BELSHE: Motion work group.

19 MS. ANDRADE DUBRANSKY: I'm sorry. The home
20 visiting motion presented and adopted by the Board of
21 Supervisors in December and the work group that is working
22 to respond to that led by Linda. That -- this is one of
23 our most critical focal points. And a couple of weeks ago
24 we met with all of the providers in the system at this
25 time or representatives from all of the programs. And

1 this is a primary conversation from them.

2 So we don't have an official mechanism to collect
3 that, but we know the providers are telling us, I have a
4 family that -- child's six-months old and now they're --
5 new stressors have come into their life and we don't have
6 enough programs in the system that are -- that have an
7 open door at that time. So we know this is a critical gap
8 in the system. So we're aware of it, but I think I'm also
9 hearing we need to be creative about how we begin to
10 measure that more quantitatively and so thank you for
11 that.

12 COMMISSIONER THOMPSON: Can I ask a quick
13 question about the outcome measures? Is there any thought
14 to adding outcome measures as the youth that have gone
15 through these programs? Age, or is that not really our --

16 MS. WALLIN: So continuing to follow them?

17 COMMISSIONER THOMPSON: Yeah. And you can think
18 of a variety of different indicators that you can track:
19 educational attainment, juvenile justice involvement,
20 all --

21 MS. WALLIN: Yes. We've thought quite a bit
22 about this. I think this is a great place of data
23 linkage.

24 So ideally I think what we're envisioning is that
25 we would set up the participation consent forms for -- not

1 necessarily for the program monitoring piece but for some
2 of the evaluations to request permission to access
3 administrative data for these children for a certain
4 period of time. And then that way, as new outcomes of
5 interest, either through developmental period or through a
6 change in the context in the county, become of interest to
7 various stakeholder. We could potentially continue to
8 follow the children in the long term. So, yeah, that's
9 definitely something we've brought up and thought about
10 and we see data linkages of low cost.

11 COMMISSIONER THOMPSON: Right.

12 MS. WALLIN: Yeah.

13 COMMISSIONER ZEPEDA: Okay. Dayton.

14 COMMISSIONER GILLELAND: Real quickly. I'd just
15 like to return to the point of the attrition. I
16 appreciate very much that you're looking to adapt based on
17 that data. Couple of questions I guess though. I'm
18 wondering when you're finding what the phone call at the
19 first month or the end of the first month, they basically
20 have already checked out I presume. Was there thought
21 about maybe -- that was in two months, right? After two
22 months. And replacing that with a home visit.

23 Was there consideration given that maybe making
24 that phone call at a one-month point or something earlier?
25 That was the first point of contact.

1 MS. ANDRADE DUBRANSKY: Yeah. I wish I had those
2 with me. What we -- whether or not to turn -- say that
3 again.

4 MS. BELSHE: Maybe begin with a reminder of
5 when's the first touch point for a family that's been
6 engaged at bedside?

7 MS. ANDRADE DUBRANSKY: So the first one would be
8 within about a week after discharge. So they're already
9 being contacted at that point.

10 COMMISSIONER GILLELAND: The next contact is a
11 phone call at two months? Is that what I understood?

12 MS. ANDRADE DUBRANSKY: A visit.

13 MS. BELSHE: Okay. Someone who can talk through
14 it. Go ahead, Jen.

15 SPEAKER: The visits that follow, there's a nurse
16 visit within a week of discharge. And then there's a home
17 visit that happens two to four weeks and then again at
18 four months. So at that point, they've already had three
19 contacts.

20 COMMISSIONER GILLELAND: Okay. I see. Thank
21 you. I misunderstood.

22 MS. ALTMAYER: So the first point of contact is
23 at the hospital.

24 COMMISSIONER GILLELAND: Right.

25 MS. ANDRADE DUBRANSKY: So for families that

1 didn't -- weren't recruited prenatally because they lived
2 in a Best Start community, we try to recruit families that
3 live in the Best Start communities. Granted, in some
4 cases we do and some cases we don't. And then those who
5 don't the hospital is the first point of contact.

6 COMMISSIONER GILLELAND: So with that -- that
7 adjustment to another home visit, right, in lieu of the
8 phone call, are there concerns with capacity to provide
9 that, to make that shift?

10 MS. ANDRADE DUBRANSKY: No. We are able to make
11 that shift.

12 MS. ALTMAYER: But that does bring up one of the
13 ongoing issues we're looking, is trying to make sure that
14 we -- and this is part of the program optimization work
15 that Barb referenced is really looking at where there are
16 potentially some (inaudible) within the system so that we
17 can maximize the number of participants as well as their
18 ability to get enrolled in services. That's a question
19 for the Welcome Baby program specifically, but then under
20 the work that Linda is leading, looking that as
21 systems-wide perspective that, if there's a mom that's
22 identified at the point of pregnancy that would be
23 eligible and would benefit from Nurse Family
24 Partnership, for example, but maybe is identified by a
25 provider that isn't an NFP provider, how do we make sure

1 that that connection happens in a timely way so that that
2 mom can be enrolled as quickly as possible.

3 So the home visiting motion provided in a venue
4 to have those conversations, not just as we continue to
5 have on a program level, but on a system-wide level.

6 COMMISSIONER ZEPEDA: I just -- go ahead, Judy.

7 COMMISSIONER ABDO: I'm wondering if when -- when
8 you're looking at the environment that the baby is in, are
9 you also looking at what toxic lead-based problems there
10 might be in the area?

11 MS. ANDRADE DUBRANSKY: Yes.

12 MS. ALTMAYER: Are around so that we're somehow
13 protecting very young children from being exposed to lead
14 and other contaminants that are not known, you know, but
15 are neighborhood issues or area related?

16 MS. ANDRADE DUBRANSKY: Right now we're focusing
17 on the direct environment of the child.

18 Are we looking at reports about what's going on
19 around them?

20 SPEAKER: We have the home visitors that at-home
21 visit where the child starts to move. They work on home
22 safety. So whether it means that they -- for example,
23 cabinet latches to general protection of the home, but
24 also we know a lot of our clients living in homes that are
25 not owned by them, and they're renting; so it's a landlord

1 issue perhaps. So besides finding alternatives to safe
2 base the home, working with their landlord as well to
3 advocate for themselves. So all the home visitors are
4 trained specifically on these types of things. Very
5 frequent toxins that are found in the --

6 MS. ANDRADE DUBRANSKY: I don't think we're
7 examining the broader environment, no, not right now. We
8 cover the direct environment they're in. And as
9 mentioned, if there's something going on, whether it be
10 like rodents or things like that, they will help the
11 family address that with their landlord. But in terms of
12 looking at a broader swath around the family's home or
13 apartment or whatever it is, no.

14 COMMISSIONER ABDO: We might want to look at
15 particular areas where it's known that --

16 MS. BELSHE: There's both known, but there's also
17 the data that we'll be collecting is going to inform
18 understanding where there may be some hot spots. There's
19 different --

20 COMMISSIONER ABDO: I'm more trying to prevent
21 that than to find out after the fact that there was a
22 problem, but areas are known.

23 MS. BELSHE: That's what I'm saying. If they're
24 already -- so if they're already known, I'm not sure this
25 home visiting direct service intervention is going to be

1 the intervention to deal with an environmental health
2 problem. So it's like where is the -- what's the
3 environment we're trying to influence through this
4 environment. Broader environmental safety is really
5 important. That's something we might think of from a
6 policy agenda perspective, but -- I mean, do you have some
7 thoughts as you --

8 COMMISSIONER ABDO: Well, I'm thinking if
9 everybody who's doing the visiting knows where these areas
10 of contamination are, that's one of the things that could
11 be addressed, is that, don't drink the water or what's
12 going on with the soil around you. Can't change the air
13 necessarily, but there are things that could be done.
14 That's your department.

15 COMMISSIONER ARAGON: And we are addressing that
16 because that -- you know, through our childhood lead
17 poisoning prevention program and we're -- there's this
18 huge settlement for lead paint that is still in
19 litigation. But once that becomes available, it's
20 \$600-plus million to LA to spend in four years. I think
21 one of the things that would be beneficial for us is that
22 as the home visitors are really advocating and working
23 with us to get -- allow the parents to allow for the
24 remediation and the abatement of the lead paint as well as
25 we've just applied for a HUD grant to do soil and

1 indoor/outdoor lead abatement.

2 So it really I think is -- really will be the
3 connection between the home visiting -- the home visitor
4 to -- to the public health department to really kind of
5 advocate on our half, to allow us to come in and do the
6 remediation. So there's that connection. We do have that
7 connection with our home visitors for NFP because of the
8 work that we're doing and the connection that we have
9 because we're public health. But I think that we will be
10 needing to be working with the other home visiting
11 programs to make sure that's happening because that will
12 things easier for us to get into the homes as well and
13 that's something that we have to address and that we're
14 working to address is building that trust. So we have
15 that home visitor there that's building that trust who can
16 say, you know, they're not going to come in and come do
17 anything other than clean up this mess or clean up
18 whatever.

19 So that's kind of where we need to look at it.

20 COMMISSIONER ABDO: I think that's a linkage
21 that's really important for the home visitors to know
22 about.

23 COMMISSIONER TILTON: How many babies have gone
24 through this program? How many babies and children are
25 out there who have benefited from our home visiting?

1 SPEAKER: Since last year or since --

2 COMMISSIONER TILTON: Inception.

3 MS. ANDRADE DUBRANSKY: It's somewhere between 20
4 -- I'll get that to you.

5 COMMISSIONER TILTON: I just -- it would be a
6 great thing to be able to say: We have touched the lives
7 of 20,000 newborn babies, I mean, since the life of the
8 program. We can also draw not totally conclusive
9 conclusions about other factors that have perhaps improved
10 in the lives families and children. That would be really
11 a great --

12 MS. ANDRADE DUBRANSKY: Definitely we'll share
13 that with you.

14 MS. BELSHE: I think that's exactly right. We
15 have the numbers. It's roughly 11,000 in this budget
16 year. The question is, what can we say about changes in
17 the lives of those children and more broadly systems. And
18 that's really what this about, being able to tell those
19 stories.

20 MS. ANDRADE DUBRANSKY: There's a portion of
21 those families that we see in Welcome Baby program that we
22 refer to other programs, whether it's Nurse Family
23 Partnership; when we can find a space, Early Head Start,
24 as well as the parents and teachers and Healthy Families
25 America programs in the county, most of which we find.

1 And there's a different level of impact that's had by
2 those models.

3 COMMISSIONER TILTON: I just believe it's making
4 a difference. And I wouldn't have a big problem making
5 the assumption of having research the data and conclusions
6 on to any particular issues. But to me, it's really,
7 really important. It's kind of like the ACE study, you
8 know. What's happening to people in adverse situations
9 and they have all these definable health problems that
10 took years to -- well, actually, it didn't take years. It
11 didn't take all that long. It just took years for people
12 to listen to them. So I just think we should start now
13 and let people know, you know, what's happening here, and
14 then people can draw their own conclusions or we could
15 start trying to make some parallels, trying to establish
16 them.

17 MS. ANDRADE DUBRANSKY: And home visiting
18 programs play a key role in ensuring families are embedded
19 in the other resources that are in the community that
20 they're needed, that they may without some assistance not
21 be able to navigate or not be able to find. And so that's
22 one of the key contributions that we make to the broader
23 system of services.

24 COMMISSIONER ZEPEDA: Okay. I just want to put a
25 bug in your ear relative to capacity and the learning

1 outcomes that you have in terms of fidelity of
2 implementation because who are the home visitors, what are
3 their characteristics? We know from the literature that
4 home visitors burn out and that the Promotora model seems
5 to be something that's very effective.

6 So when you move forward with your evaluation,
7 part of that needs to be the quality of the implementation
8 so that, when you get our conclusions, you're pretty
9 confident that they were implemented. So I just wanted to
10 throw that one out there.

11 Okay. We do have a --

12 MS. BELSHE: Excuse me. We've got one more
13 section. I apologize. Yeah. We got --

14 MS. ANDRADE DUBRANSKY: But this is really
15 interesting.

16 MS. BELSHE: But, Marlene, your colleagues are
17 hanging.

18 MS. WALLIN: I realize that this is exciting to
19 me, this is -- to be able to share back with you findings
20 from an evaluation that we started a few years ago. Not a
21 few years ago. Probably about two years ago we went out
22 to bid for this. So I'm really excited to tell you about
23 the results of this evaluation.

24 So let me tell you a little bit first about the
25 modified bridges for newborns. So the modified bridges

1 for newborns was the focus of this particular study and
2 it's the tool that we use to assess the amount of risk a
3 mother is currently experiencing. It's a tool that we
4 administer at bedside during the Welcome Baby hospital
5 visit. And it asks via a conversation via an interview
6 format about demographic factors such as the mom's age as
7 well as psychosocial factors such as how much social
8 support she has, whether there's a history of domestic
9 violence, to get a sense of what mom's level of current
10 risk is right now.

11 And the score on the modified bridges is used in
12 conjunction with whether or not mom lives in a Best Start
13 community to determine which home visiting program she's
14 offered. So the modified bridges is an adapted version of
15 the bridges for newborn screening tool which was developed
16 and validated by our colleagues in Orange County. And we
17 modified the tool slightly for use in Los Angeles county.

18 So this table shows you about how the modified
19 bridges score and the place of residence act together to
20 determine the level of home visiting services the mother's
21 offered. So, for example, if a mom lives in a Best Start
22 community and her modified bridges score is high, she's
23 going to be offered more intensive services, either
24 Healthy Families America or Parents as Teachers. However,
25 if she lives in a Best Start community and her modified

1 bridges score is lower, she'll be offered Welcome Baby
2 which, as we discussed, is a lighter touch model.

3 So I also hope that this slide illustrates how
4 critical the modified bridges tool is to the success of
5 our investments. So if we have a mother who's
6 experiencing a high level of risk, but our tool
7 incorrectly screens her as having a lower level of risk,
8 we're potentially doing her and her child a disservice by
9 not offering her a more intensive program. Conversely, if
10 we have a mom who is currently experiencing a lower level
11 of risk, but we incorrectly screen her as having a high
12 level of risk, she may receive a program that doesn't meet
13 her needs and it may not be the best use of First 5 LA's
14 funding because these more intensive programs are more
15 expensive than a shorter program.

16 So this is where a psychometric study can help
17 us. So psychometric studies are used when you're trying
18 to figure out whether a tool that you've developed works
19 as it's supposed to work, it does its job. So our
20 colleagues in Orange County, they did some psychometric
21 analyses of the bridges when they developed it. But, as I
22 said, we made some changes to it. So it's important for
23 us to understand whether the tool still works in the way
24 that we expect it to work.

25 So the full report for the psychometric study is

1 about 70 pages long. It's very statistically dense. So
2 I'm not going to bore you with it today. But I am going
3 to tell you about some of the key findings, some of the
4 highlights from it that I hope will be exciting to you
5 because they were super exciting to me.

6 So one of the first questions that the study
7 addressed was that can the modified bridges be used
8 consistently across staff. So, in other words, will staff
9 members using the modified bridges with the same mother
10 give that mom a similar score. So this is important
11 because the modified bridges is administered as I
12 mentioned via interview. So there's lots of room for
13 staff to interpret the conversations differently, which
14 could potentially lead to some women being misidentified
15 in their risk level. And what we found in the
16 psychometric study was that, yes, Welcome Baby staff who
17 conduct the modified bridges, the hospital liaisons are
18 able to score the modified bridges consistently. So what
19 that means is that hospital liaison ace has a similar
20 score for the same woman as hospital liaison B as hospital
21 liaison C and so on and so forth. We attribute that both
22 to the tool itself but also to the excellent training that
23 our hospital liaisons receive from Los Angeles Best Babies
24 Network.

25 So another critical question that was addressed

1 in the psychometric study was whether the modified bridges
2 is able to distinguish between mothers with lower levels
3 of risk and higher levels of risk. So can we be sure that
4 actual high-risk mothers are being screened as high risk
5 and low-risk mothers are being screened as low risk.

6 Now, what the analysis found is that the tool's
7 ability to distinguish between low-risk mothers and
8 high-risk mothers is not as high as desirable. So there's
9 a statistic. It's called an alpha that serves as an
10 indicator of this ability. And, basically, what we found
11 is that the alpha level for the bridges is just slightly
12 under the thresholds. However, we also discovered through
13 analyses that there are some minor changes that can be
14 made to this tool to improve its ability to distinguish
15 risk.

16 So the scientists at Rand who did this evaluation
17 for us made several suggestions based on additional
18 statistical models that they ran that we expected those
19 modifications are made based on the models that
20 (inaudible) will come up to an acceptable level.

21 And I want to note that making changes after a
22 psychometric analysis is common. So I would have been
23 very surprised if this psychometric study said that the
24 bridges was doing everything that we hoped for in the
25 exact way that we expected it to all of the time. That's

1 just not you a realistic expectation to have. Tool
2 development is challenging. You're taking a very abstract
3 concept and trying to get at it through discrete
4 questions.

5 So our experience of needing to make
6 modifications is not unique to the bridges or to First 5
7 LA And our staff are currently working to determine what
8 the timeline is and the steps that we need to take to make
9 these minor modifications.

10 So those are the two key study questions that I
11 had intended to talk about in the presentation today.
12 However, I had the opportunity to talk with Commissioner
13 Zepeda earlier in the week and she pointed out something
14 in the appendices and the appendix B that I wanted to
15 raise with all of you because I thought it was a really
16 excellent point.

17 So as part of the full psychometric study, we
18 also did an analysis that compared the modified bridges to
19 another tool that was also designed to measure risk. And
20 the tool that we selected to compare the bridges to was a
21 tool from Florida. What the analysis found was that the
22 modified bridges identifies more women as high risk than
23 the Florida tool. And the way that I presented this data
24 in the slides made it seem like the modified bridges isn't
25 doing a good job because it's identifying too many women

1 as high risk. However, what I failed to include in the
2 slide that I think compliments that initial analysis was
3 that there were subsequent analyses done that suggest that
4 the modified bridges measures risk content that the
5 Florida tools do not measure. So it appears that the
6 Florida tool places more emphasis on demographics like
7 mom's age, race, those types of things; whereas the
8 bridges tool places slightly more emphasis on risk factors
9 that are socioemotional, that are psychosocial, that are
10 medical in nature. So it's possible that the bridges is
11 identifying more women as high risk than this Florida tool
12 because it's measuring a different type of risk content,
13 that our definition of risk is slightly broader.

14 So I wanted to clarify that because it's a slide
15 in the appendices, and I just -- I realized -- thank you
16 for pointing it out because I realized after I looked at
17 the slide, I was like, oh, this makes it seem like it
18 could lead you to draw a conclusion that I didn't want you
19 to draw without the additional information.

20 So just to quickly summarize. The modified
21 bridges tool, we know that it can be administered
22 consistently by staff, but the tool itself should be
23 modified slightly to improve its ability to distinguish
24 risk. And the staff are working on the feasibility and
25 the timeline to make those modifications.

1 So to quickly summarize today, much work has been
2 done to date to better understand the outcomes associated
3 with Welcome Baby participation and how to improve the
4 program to enhance outcomes for children and families.
5 However, the evolving needs of both First 5 LA and LA
6 county requires us to reassess our learning needs and our
7 current evaluation portfolio. We're doing this
8 reassessment through the development of a learning agenda
9 with specific learning domains and strategies to address
10 specific learning questions. And our ultimate goal in
11 developing the Welcome Baby learning agenda is to make
12 sure that we utilize our learning and evaluation resources
13 to ensure that the information gathered supports First 5
14 LA's efforts of program improvement, policy and
15 sustainability, and systems building around home visiting.

16 So I'd like to close by talking about some of our
17 next steps. So our immediate next step is to receive
18 feedback from you. We've heard some feedback, but there's
19 additional feedback we'd love to hear that about the
20 learning domains and the external stakeholders that we
21 should seek feedback from as we work to decide on the
22 final strategies and methodologies and make any existing
23 -- make any revisions to our existing evaluation
24 portfolio. Over the course of the next year, we'll
25 continue to engage stakeholders as well as gather the

1 necessary approvals and agreements to move forward with
2 our evaluations. And we're hopeful that we'll have
3 additional evaluation of the findings available to share
4 with the board beginning in late 2018.

5 COMMISSIONER ZEPEDA: Okay. Thank you very much,
6 Barbara and Allison, for the presentation. Very
7 comprehensive. Thank you.

8 We do have a request to speak from Saul Figuero.

9 SPEAKER: Hello, ladies and gentlemen,
10 commissioners. Thank you for taking your valuable time to
11 be here on this very important subject.

12 I just wanted to touch again about the Best Start
13 communities and how we've worked with Welcome Baby in the
14 past and hope to work with them in the future. I think
15 it's an important link and we have to strengthen that
16 link. And I think it's a very important partnership that
17 could answer some of the questions that I heard here today
18 in regards to the surrounding environment. I think we
19 identify if they're in a Best Start community, it's a
20 really natural step that the Best Start community can
21 identify those environmental issue that are going to
22 impact the growth of our children and our community and I
23 think that we have to study this problem or this situation
24 and how are we referring Welcome Baby families to Best
25 Start partnerships so that they can look at that

1 environment around them. And also families coming
2 together have a stronger voice to make systems change in
3 regards to the environmental impacts that are happening.
4 Is there a refinery in the home? Is there a battery
5 company that's -- that's toxic.

6 And I think the Best Start communities lend
7 themselves to this and it would be good too that if
8 Welcome Baby families was to exit the program are
9 connected to Best Start families, they can study and the
10 evaluation process can continue on the value of keeping
11 them connected. I think we've seen that analogy of the
12 house. It's a beautiful analogy of how they worked it.
13 But the foundation as we learn in Best Start communities
14 is place matters, where that house is built matters.

15 So it's a natural step that we connect and
16 strengthen the link between Welcome Baby and Best Start
17 communities.

18 COMMISSIONER ZEPEDA: Thank you very much. Okay.
19 We have a break. For how long ten minutes?

20 MS. BELSHE: Ten minutes.

21 COMMISSIONER ZEPEDA: Ten minute break and then
22 we'll resume.

23 (A brief break.)

24 COMMISSIONER ZEPEDA: Okay. I don't have a
25 gavel.

1 MS. BELSHE: You have a microphone.

2 COMMISSIONER ZEPEDA: Oh, I do. Okay. We're
3 going to start. Okay. So the next item, Item 6,
4 strategic partnership with First 5 Association. Peter and
5 Gabe are going to be our presenters.

6 MR. BARTH: Thank you very much.

7 So as it says in the agenda and in the memo
8 preceding the presentation in your packets, this is about
9 a strategic partnership that we would like to enter into
10 with the First 5 Association. Commissioners had a chance
11 to engage a little bit with the executive director of the
12 commission, Moira Kenney, in our February commission
13 meeting. Other commissioners had a chance to engage with
14 her in different contexts like Commissioner Zepeda and
15 Dennis and the First 5 advocacy day. What Gabe and I are
16 going to talk about briefly is just a little bit more
17 about the association so you're fully aware of the role
18 they play in the work we do in California, and then talk
19 about what our request looks like for this year and moving
20 forward.

21 Okay. I forget that I don't stand next to the
22 laptop pushing the button at the P and P meetings. So
23 here we go.

24 So the association was established in 2001 and it
25 was created by all 58 of the local First 5 commissions to

1 serve a really unique role. I think all of us in one way,
2 shape, or form have been connected to associations in
3 California before. So we have a general sense of the
4 purpose of an association. But on behalf of all of our
5 local commissions, the association partners the statewide
6 organizations that advocates for policy and systems
7 change. It coordinates work around policy,
8 communications, and research activities. It serves as an
9 important voice in working not only with First 5
10 California but other state agencies that work on issues
11 related early childhood. And it also provides program
12 support and technical assistance. And this is important
13 because, as one of -- although we're the largest
14 commission, we're one of 58. And there are amazing
15 examples of where other local commissions are doing good
16 work related to our priorities in other communities and we
17 need to learn from that and we need to benefit from it.
18 And we can also share with others. So there's a growing
19 body of work that we at First 5 LA are engaged in with the
20 association to do just that.

21 Local First 5 leadership from a structural
22 standpoint, there's a very small staff at the association,
23 but all local First 5s serve a role as well, serving on
24 different coordinating and oversight committees. So, for
25 example, First 5 LA serves on the executive committee, the

1 advocacy committee, the communications committee, and the
2 research committees, which all help make sure that we're
3 coordinating among our partners.

4 Some quick examples -- and I'm happy, if folks
5 have questions, to talk through these in the discussion,
6 but about what the association's done to date. They're an
7 advocate in particular in the conversations around all the
8 different tobacco policies that were moving forward. They
9 were really critical in making sure that First 5s were
10 included in that tobacco policy work. And the revenues
11 issues, they represent us. An example that I shared in a
12 meeting earlier this morning was that when the state got a
13 new dental health director, the first course of action
14 that he wanted to take was to do a scan and a strategic
15 plan of what was happening in California and what we
16 needed to do in California because his belief was that
17 nothing was happening. And we were able to connect him to
18 our executive director of the association and say,
19 actually, there are a lot of local commissions in this
20 First 5 network that have done a lot of amazing work. So
21 it turned out that the association was able to serve on
22 the advisory committee for this state dental health plan
23 using information about what was happening in communities
24 across California.

25 They help communicate our story. It's really

1 essential to have those fact sheets that you've seen in
2 some of the handouts before and the policy agenda to have
3 this single voice on behalf of First 5s. Doing a lot of
4 coordination work. And a good example of this is on
5 quality rating and improvement systems and developing
6 policy recommendations, being able to pull together all
7 the local commissions that invest in quality rating and
8 improvement systems to bring them together and say, where
9 is there overlap, where is there synergy, how can we
10 create single asks to support our local systems. They
11 provide advocacy trainings for commissions that are
12 wanting to develop an advocacy arm and also coordinate
13 staff summits so there will be a staff summit this year
14 actually where they bring staff from multiple commissions
15 together.

16 And they're also trying to push the envelope a
17 little bit. They're trying to innovate. One example is
18 the evolution of the annual report for First 5s where over
19 time it had turned into just collect every widget possible
20 and every number possible from different commissions and
21 over the last year. And it's an ongoing effort. The
22 association has helped bring some reform and change to
23 that report so it's more useful both for decision makers
24 and also for local commissions.

25 So that's a little bit about where we've been but

1 we also want to look toward where we've moving forward.
2 So I'll hand it over to Gabe to talk a little bit about
3 that.

4 MR. SANCHEZ: Thank you, Peter. And I'm happy
5 once again, speaking to all of your, commissioners. Good
6 afternoon.

7 We have a growing partnership. I say partnership
8 and I mean that in every possible way. In particular a
9 partnership with a purpose with the First 5 Association.
10 There's a lot that we get out of this relationship and
11 there's more that we feel there's an opportunity to
12 exploit. And one of the things we've been able to do is
13 to build our brand and our reputation among First 5
14 statewide.

15 And one thing I wanted to put in commissioners'
16 minds as well is that one-third of all children age zero
17 to five in California live in LA county. So it's
18 important to think about that, if it's good for the state,
19 it's going to be good for the kids of LA county. If it's
20 good for the kids of LA county, it's going to be good for
21 the state just because -- by sheer numbers alone. So it's
22 very important that we work with partners statewide as
23 well as to learn from other commissions throughout the
24 state on how we can work together.

25 One of the other things we get out of this

1 partnership and we'll continue to grow upon is engaging
2 decision makers, elevating awareness, and create urgencies
3 on the issues affecting kids zero to five, leveraging best
4 practices, again, continuing to develop relationships with
5 our other local commissioner, aligning our policy,
6 programming, research, and communication goals, and
7 essentially move policies and change systems, including
8 more funding for early childhood programs and First 5
9 commissions.

10 So I also want to go over next on what is the
11 criteria for strategic partnership according to our
12 governance guidelines. And many -- as you'll see, the
13 proposed strategic partnerships we're proposing, it's
14 aligned with our adopted strategic plan. I'll go through
15 these briefly here. And that is the strategic partnership
16 can provide specific resources needed by First 5 LA to
17 implement an approved program or initiative in a manner on
18 a scale that makes the strategic partnership cost
19 effective or more cost effective than resources provided
20 through a competitive solicitation. The strategic
21 partnership can implement an approved program or
22 initiative more expeditiously than resources provided
23 through a competitive solicitation. The strategic
24 partnership can provide a demonstrated level of ability or
25 expertise that is available in community through the

1 proposed strategic partnership. And the strategic
2 partnership provides an opportunity to leverage First 5 LA
3 funds to produce additional funding for the program or
4 initiatives or service. As I mentioned previously, we
5 believe this proposed strategic partnership meets these
6 criteria.

7 And what I want to talk about next is our request
8 for board action. What we -- and after this, you know,
9 board action, we're going to provide some specific
10 examples for policy, for communications, and for Help Me
11 Grow, which is a health screening program.

12 So request for board action includes approving
13 the strategic partnership with the First 5 Association of
14 California through June 30, 2021, and authorize the
15 executive director to execute a master agreement with the
16 First 5 Association of California through June 30th, 2018.
17 This also -- the board action would include authorizing
18 the executive director to amend or renew the master
19 agreement as needed contingent upon board approved annual
20 budgets and compliance with our procurement policy.

21 So next would I like to give you some specifics
22 about how our partnership would work and another work
23 we've done. So commissioners, as some of you -- I know
24 many of you are new here -- but may recall from earlier
25 presentations at the full board as well as to this

1 committee, communications is one of six board-identified
2 investment areas to advance the outcomes of our strategic
3 plan. And we view communications as an integral component
4 of our policy and systems change work. First 5 LA is
5 using communications to build our brand, engage decision
6 makers, elevate awareness and create urgency, and support
7 internal communications to advance strategic plan outcome
8 areas.

9 Our overarching goal with all these is to engage
10 decision makers by elevating the quality and quantity of
11 media's coverage of these issues as well as our own
12 understanding as well as our own internal communications
13 on these issues. So what this -- the partnership for
14 communications would include would be staffing for a
15 communication's director, special projects including
16 statewide messaging and materials. And one example I can
17 speak to that's being proposed is on trauma-informed care
18 and how we use that messaging, not just in LA county but
19 statewide so that we're using common language and have a
20 common messaging toolkit so that, when we communicate
21 about these things, in particular from our own
22 trauma-informed care approach work and several convenings
23 there, how do we speak about these things both locally as
24 well as statewide so we're all using common language and
25 terms as well as ongoing efforts, including coordinated

1 public relations, op-eds, newsletters, policy briefs,
2 research reports, as well as social media amplification.

3 And this request for this segment would be
4 125,000 for fiscal year 17-18, which is included in our
5 proposed budget that commissioners will be seeing later
6 this month -- or next month, pardon me.

7 So, again, one of our overarching goals is to
8 engage decision makers. And our experience in supporting
9 statewide efforts such as the First 5 Association Advocacy
10 Day has shown the need for a statewide communications
11 efforts that leverages these resources of not just our
12 First 5 but other First 5s to create, implement, and
13 coordinate statewide and regional communication efforts to
14 advance our goals.

15 I want to share a specific example from this last
16 advocacy day. At First 5 LA, we use multiple elements to
17 coordinate and support decision maker interactions and
18 meetings. Within First 5 LA was interdepartmental
19 communications with -- both working with our policy
20 department with our communities department through the
21 Best Start program and others to help elevate the voice of
22 parents as well as working to engage other stakeholders,
23 including -- and I say stakeholders engagement, through
24 the media, including an op-ed placement that was authored
25 by Kim Belshe and Moira Kenney of the First 5 Association,

1 as well as amplifying our work on social media where we
2 work with other commissions to talk about our advocacy
3 days through social media channels throughout the state.
4 Again, this complemented our existing work here in First 5
5 And helped us amplify it statewide.

6 So it's important as -- again, as I see this as
7 an example, that we want to do more of this. And to do
8 that, we need to work with the -- with First 5
9 Associations so that we can amplify this further.

10 So next I'll hand it over to Peter to talk about
11 policy and advocacy.

12 MR. BARTH: So Gabriel touched a bit on our
13 proposed contributions from the communications department
14 to support our association's communication activities.
15 I'll talk through the program policy and advocacy
16 components. So this slide shows some of the efforts that
17 we have planned underway. One is to help contribute
18 towards the staffing of a full-time policy director at the
19 association level. And part of that is, when I first
20 joined First 5 LA just a couple of years ago, the
21 association staffing was really -- basically an
22 association coordinator and the executive director. And
23 as wonderful as Moira is and the amount of capacity she
24 has to do amazing work, she has, essentially, 58 children
25 to take care of with different commissions, all of whom

1 have different needs and needs to have the capacity from
2 other staff to be able to support her work. So policy
3 director has been really critical.

4 Some other efforts too. A lot of special
5 projects that are undergoing some strategic planning work
6 with the association so that we do a stronger voice and
7 being able to support the work of an organization called
8 Open Impact doing that work. And also to support -- one
9 example of some work that I mentioned before was the
10 quality rating and improvement systems policy
11 coordination, and there's some ongoing work there with
12 Viva Strategy who has worked with us here at First 5 LA
13 and the -- playing a support role to the association doing
14 some of this work statewide.

15 And so we are proposing \$300,000 for the
16 remainder of 2016-17 and into 17-18 from the policy
17 department to support this work.

18 COMMISSIONER DENNIS: You said from the policy
19 department?

20 MR. BARTH: From the policy department. And one
21 example of this -- and I'll -- here's an example of where
22 additional capacity of the association has been critical
23 in particular this year. As commissioners know, First 5
24 LA has invested in federal advocacy for some time because
25 we've seen the direct connection to LA county. But when

1 we've had conversations this year about some of the
2 pressing issues that are occurring at the federal level,
3 one being health care, when we look at the counties who
4 have the greatest -- who are going to be impacted the most
5 by changes in policy around health care access and
6 coverage, LA county's one of them, but we're not the one
7 that carries the impact the most. This map actually just
8 shows the share of residents enrolled in Medi-Cal by
9 county. And then when we also think about who the
10 leadership is in Washington, DC, that come from California
11 who are in the majority party who come from California.
12 They're not coming from LA county. They're coming from
13 some of these counties who are showed as black. So it's
14 so important that the First 5 commissions and those
15 communities receive the support from the association to be
16 able to engage in conversations with their elected
17 officials in Washington, DC, to tell that story. We can
18 tell that story with the capacity we have here by having
19 meetings with members of Congress and telling -- talking
20 about the importance of our issues, but it's really
21 impactful to have First 5 Fresno, First 5 Riverside,
22 having those exact same conversations with their elected
23 officials.

24 So by having a policy director at the association
25 who's worked closely with our investment and the Raben

1 Group as our federal advocates, they've actually been able
2 to set up a series of meetings with elected officials in
3 their home districts being led by the executive directors
4 of those other local commissions. So that's part of the
5 investment that we're making in the policy department --
6 from the policy department is to support activities like
7 this.

8 The third area that we see on the horizon for
9 17-18 is in the programs areas, and it's Help Me Grow. As
10 commissioners are aware Help Me Grow is a systems approach
11 to improve rates of screening -- developmental screening
12 and referral to services. We are actively working with
13 partners here in LA county to make this a reality, but we
14 are, again, not the only county doing this in California.
15 And it would be particularly useful for us, both from a
16 learning and resource sharing perspective, but also -- not
17 just within California, across the country being able to
18 learn from other states to actually have a Help Me Grow
19 California affiliate of the national Help Me Grow system.
20 And so we are going to -- we are proposing contributing
21 \$100,000 over three years, but \$33,000 for this upcoming
22 year, to help establish this network, which would provide
23 the staffing for a full-time Help Me Grow coordinator, but
24 also to be able to provide the support for a nation
25 technical assistance and communications around Help Me

1 Grow and policy work related to early identification and
2 intervention. So that's the specific ask here.

3 Another map example of the number of different
4 communities, the number of different First 5s who have
5 invested in Help Me Grow and are building it and the
6 importance of coordination and network -- network approach
7 to this work. And, again, all of these different
8 communities who are part of First 5 are going to be
9 contributing towards this effort.

10 So the next steps are here that we are going to
11 bringing at the May commission meeting, a strategic
12 partnership for action for consideration. We would be
13 providing progress reports and updates throughout the
14 year. But I just wanted to really highlight or underscore
15 the specific mechanism that we're asking the commission to
16 approve. Part of the reason for engaging the strategic
17 partnership is, when there's no other organization that
18 can do this type of work and there is only one association
19 of the First 5 communities. So that's why it's really
20 important that we have this partnership with them. We
21 also know that the association does work in all of the
22 areas that First 5 LA does work. So while right now, for
23 2017-18, we see these as near-term opportunities, we also
24 know that in 2018-19, 19-20 there may be opportunities
25 that come that have to do with data, that have to do with

1 research. Needs may change. So we want to be able to
2 have this multiyear partnership with them but enter into
3 contracts on an annual basis based on the budgets that you
4 approve as the commission so that we can continue to be a
5 little flexible in our partnership with the association.

6 And so with that, we will answer any questions
7 you may have. This is the youngest -- youngest, Jennifer?

8 SPEAKER: Yes.

9 MR. BARTH: Jennifer Eckhart, our wonderful
10 contracts director. Even though Gabriel and I are the two
11 who are representing this effort, this has been an effort
12 across the policy and strategy and programs divisions and
13 our administration division, in particular the support of
14 our contracts department to make this a reality.

15 MS. BELSHE: That is a lovely gesture to our
16 contracts colleagues. And the chair of the committee
17 would like to know what is your daughter wearing.

18 SPEAKER: A beautiful hand-me-down dress.

19 MS. BELSHE: She looks very happy.

20 COMMISSIONER ZEPEDA: Okay. Commissioner Dennis
21 has a question for you.

22 COMMISSIONER DENNIS: Peter, thank you. You
23 know, being one of those commissioners who has been
24 involved with the association over the last few years, I
25 do understand the investment. You know, I do have a

1 couple of questions and comments. And the question --
2 question would is, what is -- you gave our contribution.
3 It would be helpful if we had the total amount for each of
4 those particular areas. That would be extremely helpful.
5 And, I mean, hopefully, commissioners can get that at some
6 future time.

7 And -- and my sense is that our contribution
8 would be considerably more than the rest of the
9 commissions, and to some degree rightfully so. If you
10 have more, you should give more. I get that. But what is
11 there to prevent the rest of the commissions feeling like
12 this is First 5's piece, this is First 5's policy
13 director, this is First 5's communications person? And
14 how do you deal with that? Because that's an upfront type
15 of piece that requires education, thought -- I mean, I was
16 a part of an alliance in which the larger gave more. So
17 Crystal Stairs and CCRC gave more, but there was equal
18 vote. So there was a lot of work that went into getting
19 -- getting that, you know, distribution of the funds.

20 So, I mean, I think knowing the total picture
21 will be helpful for all the commissioners because we need
22 to be aware of the investment. But more important issue
23 is, how did you deal with that piece about, it's not just
24 LA's policy directors or communication directors and how
25 do you work towards making sure that that's not the issue.

1 Because if that's the issue, then it's no good. I mean,
2 it doesn't help the cause. I mean, because the cause is
3 around the whole and -- and investing in the whole and
4 there's a sense of value, obviously, from this proposal
5 that staff believes in the whole. So if you could speak
6 to that, that would be helpful.

7 MR. BARTH: Absolutely. So there's two critical
8 pieces to that. And thank you for raising --

9 COMMISSIONER DENNIS: And obviously you all have
10 thought about that.

11 MR. BARTH: Yes.

12 MS. BELSHE: We also don't want to be crowding
13 out other money. There are a lot of different pieces.

14 MR. BARTH: Right now, the association has put
15 out the request for -- so let me step back and say it.

16 So every commission pays a base dues and the dues
17 are based on the number of births in the county. And it
18 is scaled from the smallest counties to the largest. Now
19 the interesting thing though is that, as the largest
20 county, our dues cap out. So there's sort of a moment
21 where you just, all right, you're not going to be paying
22 based on that. So if we actually paid the dues rate that
23 the county smallest counties pay, we would be paying -- I
24 think I just did the math this last week. It was like
25 \$1.8 million into the association. And our dues are

1 70,000.

2 So from a -- one way to look at it is that the
3 smallest counties are paying significantly more for being
4 part of the association per child in their county.

5 MS. PATILLO BROWNSON: We're getting a bargain.

6 MR. BARTH: The other piece of this is -- the
7 other way to look at it is, it's not just the dollar
8 contribution, but we want more commissions bought into the
9 work of the policy and communications aspects. So last
10 year was the first year where they did a voluntary fund in
11 addition to dues because the dues were covering, as I
12 said, the salary of an executive director and an
13 administrative coordinator. Nothing else. And there were
14 34 commissions, including LA, that pitched in. So a good
15 number of the commissions, even when you think about how
16 large our resources are compared to other commissions, put
17 resources on the line.

18 And we can get -- once the sort of contribution
19 period ends, we can report back to the commissioners what
20 the contributions look like from other commissions.

21 As far as how we show up, that is a really --
22 that's the onus is on us and I think a lot of leadership
23 from our executive director about us not showing up in the
24 room and being the loudest voice in the room, us being on
25 a committee to support the commission in its goal -- or

1 the association in its goals, not just to support our own
2 to have -- so, for example, the chair of the association's
3 advocacy committee is the executive tick director of First
4 5 Marin. And I participate and I'm part of it. But it is
5 really about allowing other commissions to benefit from
6 the resources so that we can make sure that we are
7 aligning our work with other commissions.

8 And then my final example would just be what we
9 just talked about with the federal work, which was we may
10 be contributing towards the capacity for engagement on
11 federal issues like Medicaid in Fresno county. First 5 LA
12 is not out in front in that in any way, shape, or form, so
13 from a visual standpoint, but we are strategically
14 enabling that work to happen. And we do it because it
15 benefits us. At the end of the day, if Congress supports
16 investments in health care, LA kids benefit but we know
17 strategically that the best way to make that happen is for
18 the right people to have those conversations. So we're
19 not out in front leading those charges. It's the
20 association and partnership of those other local
21 commissions and we just want to make sure that the space
22 is there for that to happen. But a lot of it has to do
23 with us, how we show up as staff.

24 COMMISSIONER DENNIS: I agree with that to a
25 certain extent, Peter, but you can't -- the way you show

1 up has nothing to do with how people perceive you because
2 you've paid the lion's share and -- and to deal with that,
3 there has to be something internally in the First 5
4 Association with regards to program or organizational
5 management to deal to that. That's not about us. It is
6 about the association And how the association is dealing
7 with bylaws or whatever. See, I don't know the
8 inner-going on, but I know if I was paying a dollar and my
9 partner was paying \$500, I would think that he has the --
10 a greater, you know, investment and therefore he gets
11 greater access than I would. And so there's this -- you
12 know, I -- so that's what I'm speaking to. How does the
13 association deal to this. Because this is a first for the
14 association. Actually, you know, one, accepting funds
15 other than dues and I guess asking membership
16 organization, you know, to put up in a way that they
17 haven't had to do in the past. So that would be, you
18 know --

19 MS. PATILLO BROWNSON: If I can just say one
20 thing on the advocacy day as an example. I know they took
21 a lot of care to actually distribute the group leads in
22 each of the delegation visits so it was not -- there are
23 many instances where First 5 LA was participant and we
24 certainly were not the lead on every delegation visit. I
25 think they have taken some time and attention to make sure

1 that they are balancing out the leadership roles of who
2 does policy and advocacy. They've also I think actually
3 been something of a spark in encouraging other First 5
4 commissions to actually invest in their own policy assets.
5 So First 5 Alameda and Contra Costa are now actually
6 hiring policy directors.

7 MS. BELSHE: Santa Barbara.

8 MS. PATILLO BROWNSON: Santa Barbara, also to
9 enable their folks to show up with greater frequency but
10 also with a greater base of sort of knowledge and soak and
11 everything that goes on in Sacramento. But I think --
12 it's an anecdote, but I do think they're paying attention
13 to it and they have demonstrated a plan of action already
14 to get ahead of that.

15 COMMISSIONER DENNIS: I guess that's my point,
16 Kim, not to fall into it; to think about this ahead of
17 time and to realize that there's a possibility that, you
18 know, that the top dog gets all the bone as opposed to --

19 MS. BELSHE: Duane, you are absolutely right.
20 But I want to go back to what Peter said. It's so much of
21 how we think about -- I've been thinking about that --
22 relates to how we show up. And actually Christina can
23 talk about this from her former Orange County hat as well
24 as involvement of First 5 LA of yesteryear versus the
25 First 5 LA of recent years. And, you know, I know I -- we

1 have made a conscious effort in showing up in a way that
2 we are one of 58. And, you know, I -- I sit with whoever
3 I sit with. I learned from Madera. I learn from Kolusa.
4 Hopefully they learn a little bit from me. But we are all
5 58 county commissions trying to row in the same direction
6 on behalf of families with young kids.

7 And, frankly, we through our own money have been
8 supporting a lot of this effort for the past four years.
9 So we're already doing this. What we're talking about
10 here through this policy and communications funds is
11 having all the county commissions, or at least as many of
12 them that can, feel like they have more direct ownership,
13 even if it's a thousand dollars, in terms of investing in
14 the association.

15 COMMISSIONER DENNIS: Don't misunderstand me. I
16 think this is a great thing.

17 MS. BELSHE: Christina, do you have thoughts to
18 share in terms of our -- how we ensure -- how we
19 contribute to the 58 counties feeling like this isn't just
20 about us?

21 MS. ALTMAYER: As many of you know, I've been in
22 the First 5 world for some time in my former role. And
23 without appearing to be complimenting my boss, but it's
24 true. The reputation that First 5 LA had about five years
25 ago or six years ago was -- they're the big cheese and

1 what they said mattered and there was -- there was almost
2 -- I would say the reputation perhaps unfairly was that
3 First 5 LA cared about First 5 LA. And the fear, when
4 First 5 LA came under new leadership, was that that
5 mindset was going to continue. And I think there's been
6 feedback from my former peers about how different First 5
7 LA is than it was, you know, seven or eight years ago,
8 where there is a true commitment to partnership and to use
9 the resources as well as the leadership that First 5 LA
10 has to open doors and not open those doors just for First
11 5 LA but open those doors for other commissions to come to
12 the table.

13 So meetings that the First 5 Association never
14 had access to at state agencies through Kim and John's
15 connections are now happening, but those doors aren't just
16 open for First 5 LA. They're bringing with them
17 representatives from other county commissions, which I
18 think has been a huge advantage.

19 The other point that I'd say is that, for many
20 other county commissions, although it's changing recently
21 with Santa Barbara, Contra Costa, and Alameda, they
22 haven't had resources either available or politically
23 available to support policy work. But now they're --
24 based on First 5's leadership, they're opening up that
25 door. I know just Orange, which has always not been in

1 the policy arena, is dedicating more money than they had
2 in the past to supporting the policy fund at the
3 association. So it's been a good example.

4 COMMISSIONER DENNIS: Just pressing the question.

5 MS. BELSHE: It's a really good question.

6 COMMISSIONER DENNIS: And just doing my job.

7 MR. BARTH: Absolutely. And we have -- we have a
8 lot to say on that only because this is exactly the type
9 of question that we've been wanting to make sure we're
10 posing to ourselves that we constantly keep in the back of
11 our minds. So thank you for reiterating that.

12 COMMISSIONER ZEPEDA: Other questions by
13 commissioners about this?

14 COMMISSIONER TILTON: I do think his question
15 should be answered though. What is the sum total?

16 COMMISSIONER DENNIS: I think staff needs to come
17 back to all of you and really let us know what is the
18 total deal for each those positions and the overall
19 increase that the association will be undertaking and then
20 we have a sense of percentages and that sort of thing. So
21 I think that's --

22 MS. BELSHE: And it will vary. We are working on
23 that and it's going to vary by the three areas of policy
24 communications.

25 COMMISSIONER DENNIS: It looked like that from --

1 COMMISSIONER ZEPEDA: Can I just ask an I.E.
2 question? You said only 38 counties paid their dues.

3 COMMISSIONER DENNIS: No.

4 MR. BARTH: No. All 58 counties pay their dues.
5 Only 34 made voluntary contributions last year to the fund
6 above and beyond their dues.

7 COMMISSIONER ZEPEDA: It sounds to me like that
8 the counties that are hiring these communications people
9 and policy people, that one of the ways that we're
10 influencing them is through our strategic plan and
11 focusing on policy. That's the sense I'm getting.

12 MR. BARTH: Absolutely. One of the good examples
13 is just how other commissions started seeing that --
14 because before policy seemed such like a big -- how do we
15 change the State of California from my little county. And
16 instead, they started thinking about it as we have four
17 representatives in Sacramento who represent our community.
18 How can we have relationships with those representatives
19 and not think about it because the association is helping
20 piece together this big statewide picture. How can we
21 then focus on it as our community, our county, our
22 representatives. And when they started thinking about it
23 that way, more counties started saying, oh, this is -- we
24 can do this, we can have meetings. And Orange County is a
25 really good example of hosting breakfasts with different

1 elected officials and staff and seeing this as we have --
2 it's just a number of other partners we need to start
3 working with that we maybe haven't thought about before.

4 COMMISSIONER TILTON: Peter, question. There's
5 obviously a policy -- there's a director of policy at the
6 state association level. Isn't there a chairperson of the
7 state association that used to be LA? Who is --

8 MR. BARTH: It used to be Christina Altmayer.

9 MS. ALTMAYER: Of the association overall.

10 MR. BARTH: Oh, the association overall? For the
11 executive committee?

12 MS. BELSHE: Say again your question.

13 COMMISSIONER TILTON: There was a -- there were
14 officers of the state association. Evelyn Martinez was
15 the chair of that. I don't know currently who the --

16 MR. BARTH: Yes. So currently the chair of the
17 policy commission is Amy Reisch, the executive director of
18 First 5 Marin.

19 MS. BELSHE: Policy committee.

20 MR. BARTH: -- of the policy committee. Sorry.
21 The chair of the policy committee for the association is
22 Marin. And --

23 MS. BELSHE: The executive director of Contra
24 Costa is the chair or the president of the First 5
25 commission. So there's an executive committee that's made

1 up of representatives from each of the --

2 COMMISSIONER TILTON: From all the --

3 MS. BELSHE: Yeah. So I am on the executive
4 committee as one of two representatives of the southern
5 California representatives.

6 COMMISSIONER TILTON: I'm just trying to see.

7 MS. BELSHE: We're very involved. But, you know,
8 I'm not the first voice to speak on this. Again, it's a
9 point of how we show up. We're well represented, but we
10 don't drive.

11 COMMISSIONER ZEPEDA: Any other questions by
12 commissioners? Karla.

13 COMMISSIONER PLEITEZ HOWELL: One comment. I
14 think about three or four years ago First 5 LA got us
15 together to work with the association. And when that
16 happened there was about maybe four First 5s represented.
17 And the story was all over the place as we went into
18 delegate meetings, we'd come out and we were sort of
19 questioning ourselves of, oh, wait, you're saying this,
20 I'm saying that.

21 So the work that you all -- that we all have done
22 at this time actually puts us in a really effective place
23 for moving some policy forward. So that cannot be ignored
24 of how much work First 5 LA has put into that. I want to
25 emphasize that.

1 And I wonder, as we've set ourselves up now, the
2 last -- I wasn't part of the last event where delegation
3 meetings, but, obviously, there was a more collective
4 voice which Sacramento needs to hear from the First 5s.
5 It needs to hear the successes we have. So that's
6 wonderful and terrific.

7 Now, how do we set ourselves up for the political
8 landscape that's coming up with the new governor and the
9 new -- as we look at the elections that are coming up and
10 to hear stories from the First 5s and hear our collective
11 wins. Is that something that this work will entail or is
12 that something the association is looking at and how are
13 we connecting the First 5 LA sort of work with that and
14 then the association's work with that?

15 MR. BARTH: Yes. You want to start off?

16 MS. PATILLO BROWNSON: Sure. Just on the
17 gubernatorial candidate engagement, there have been a
18 number of ongoing conversations with the Silicon Valley
19 Community Foundation, which is undertaking a \$3 million
20 effort on candidate engagement for the governor's race.
21 And Moira and the association have been part of the
22 conversation. She was part of the -- that introduction to
23 bring them to the table because, obviously, the
24 (inaudible). So we'll certainly be involved to make sure
25 that the needs of zero to five year olds in LA are lifted

1 up to the full slate of candidates, but we will also be
2 working in coordination with the association to make sure
3 that they see the full geographic span.

4 MR. BARTH: And I'll add that, just in my limited
5 experience here, is that, with the association being
6 stronger and being able to coordinate the policy voice of
7 multiple local jurisdictions, it allows us at First 5 LA
8 to really focus a lot more on LA because there's a
9 mechanism outside of us who was helping elevate and
10 collect the stories from multiple perspectives. And I
11 think we could do that very effectively when it was just
12 LA's voice on its own as a First 4 in California when
13 there weren't other complimentary voices from other
14 regions in the state or someone at the state level
15 speaking on behalf of the First 5 communities. But now
16 that that's starting to be built, we're seeing that being
17 able to happen with association leadership and us being
18 able to say, and how do we make sure we really have our
19 ducks in a row here in LA to engage in this work.

20 So in -- it may be counter-intuitive, but in an
21 odd way, by supporting a strong association, we're also
22 able to focus a lot more on LA.

23 COMMISSIONER DENNIS: I think one thing that will
24 be interesting, you know, to look at, you know, the
25 relationship between Gabe and this new communication

1 director and relationship between Kim and the new policy
2 director and those coordinations which would obviously
3 help us as well as help the -- you know, the association.
4 And, you know, doing that dance is going to be very, very
5 I think exciting.

6 COMMISSIONER ZEPEDA: Interesting, yes.

7 Other questions? Okay. Thank you, Gabe and
8 Peter, for that presentation. And this will be an action
9 item at April.

10 MS. BELSHE: Actually in May.

11 COMMISSIONER ZEPEDA: Okay.

12 MS. BELSHE: So before we adjourn, I know we're
13 going to spend time at our April meeting saying a few
14 words about Duane.

15 COMMISSIONER DENNIS: Oh, my God.

16 MS. BELSHE: So I'm not going to say my words
17 now, but I think we would all be remiss in concluding this
18 program and planning committee meeting without
19 acknowledging Duane's endurance That would be the word.
20 Duane's --

21 COMMISSIONER DENNIS: Endurance or stupidity, you
22 know.

23 MS. BELSHE: I thought I'd go with the endurance.
24 But, seriously, there are so many words and there will be
25 lots of words shared, Duane. So just steel yourself. But

1 seriously I think of endurance because I reflect upon the
2 meetings we've had in this room the first year when you
3 were chair of the program and planning committee. For
4 those of you who were not here, we actually had five-hour
5 PPC meetings. Why did we do that? Because the heavy
6 lifting for the strategic plan, which was a big, flipping
7 deal, was by the program and planning committee. And at
8 the same time, we had the ongoing really important work of
9 the program and planning committee.

10 So Duane and his colleagues, including a number
11 of commissioners here, invested an extraordinary amount of
12 time and it was hard, hard work. This wasn't just, you
13 know, come in and let's shoot the you-know-what. These
14 were big, hard issues that required a lot of patience, a
15 lot of thought, and a lot of endurance.

16 So more to come, Commissioner Dennis, in
17 acknowledging your leadership but, you know, I'm glad we
18 don't have five-hour meetings anymore.

19 COMMISSIONER DENNIS: So am I.

20 MS. BELSHE: But we're grateful for the endurance
21 you showed then. More to come.

22 COMMISSIONER ZEPEDA: Okay.

23 (Applause.)

24 COMMISSIONER ZEPEDA: With those positive
25 comments because Duane's sleeping on the floor tonight --

1 MS. BELSHE: Does anyone happen to have an air
2 mattress in their office upstairs?

3 COMMISSIONER ZEPEDA: That's part of his
4 endurance.

5 (At 4:06 PM, the meeting was adjourned.)
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C E R T I F I C A T E

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

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

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

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

Attested to on this _____ day of _____, 2017.

CERTIFIED SHORTHAND REPORTER
FOR THE STATE OF CALIFORNIA

FIRST 5 LA

SUBJECT:

Communities Outcome: Best Start Alignment Recommended Implementation Framework & Cost Analysis

BACKGROUND:

Since 2010, First 5 LA has worked to strengthen community leadership and collaboration in 14 communities in Los Angeles County through Best Start, an approach that emphasizes the important role of “place” and its impact on a child’s development. With approval of the 2015-2020 Strategic Plan, First 5 LA continues its commitment to build community capacity to create and sustain thriving and healthy environments for all children.

Best Start Community Partnerships (Partnerships) are a central component of First 5 LA’s community capacity building strategy. For the last seven years, there has been significant learning about the need to restructure the operational support of the Community Partnerships. Through the Best Start alignment efforts, we are looking to shift from a structure where First 5 LA is the sole funder and directs the work of the Community Partnerships to one in which there is strong local governance with the support of partners, including but not limited to First 5 LA.

Since the Fall 2016, staff has conducted two presentations to the Program and Planning Committee (September and October 2016) and two presentations to the Board of Commissioners (November 2016 and April 2017) to discuss the purpose and process of transitioning operational support from First 5 LA to community organizations. During the April 2017 Meeting of the First 5 LA Board of Commissioners, staff presented the criteria, analysis and community feedback that led to the emerging recommendation of a regional approach with local customization. Staff presented five regions as follows:

- Region #1 - East Los Angeles, South El Monte/El Monte, Southeast LA, Metro LA
- Region #2 - Compton, Broadway-Manchester, Watts-Willowbrook, West Athens
- Region #3 - Northeast Valley, Panorama City & Neighbors
- Region #4 - Central Long Beach, Wilmington
- Region #5 - Lancaster, Palmdale

Maria Prieto, community member from Palmdale, presented the perspective of the Best Start Transition Team, an advisory committee that includes representatives from each Community Partnership. Transition Team members expressed overall support for the recommendation. At the conclusion of the Board presentation, staff indicated that the costs associated with the recommended structure would be discussed during the April Program and Planning Committee meeting.

DISCUSSION:

First 5 LA currently implements two operating models to support Best Start Community Partnerships: 1) lead agency approach in Metro LA through a grant to Para los Ninos (PLN); and 2) First 5 LA direct management approach in the other 13 communities. In both operating models, First 5 LA plays a substantial role in directing the work of the Best Start Community Partnerships. The recommended implementation framework represents a shift in how resources are currently mobilized and distributed.

Staff conducted a thorough cost analysis of the current approach in order to determine the level of resources currently being used and therefore needed to support the recommended structure. The analysis included First 5 LA staff and internal costs as well as other costs, such as the grant to PLN, contracts for capacity building and resident engagement. The analysis focused on the most recent completed fiscal year (FY2015-16). Staff also considered the annualized costs of the Building Stronger

Families grants for all 14 communities as an indicator of the level of programmatic resources that may be needed in the recommended structure. Based on staff analysis, the annual contracted cost of current support to the 14 Best Start Community Partnerships (excluding First 5 LA staff and internal costs) is approximately \$11.8 million.

The next step in the analysis was the development of cost projections for the recommended support structure. Staff considered not only the operations and programmatic work of the Partnerships but also the added value of leveraging, collective learning and advocacy work that the recommended structure will provide. The projected contracted cost of the recommended structure (excluding First 5 LA staff and internal costs) is approximately \$15.2 million, which represents a 29% increase in contracted costs from the current approach to the new approach. However, when considering First 5 LA staff and other internal expenditures in addition to contracted costs, there is an *overall increase of 9%* to implement the recommended approach to supporting the Best Start Community Partnerships. The attachment outlines the key assumptions used in the analysis, including First 5 LA staff costs. The projected costs are consistent with the Long Term Financial Projections approved by the Board in February 2017.

In May 2017, staff anticipates Board action on the recommended implementation framework as follows:

1. Endorse the recommended support structure (*Regional with Local Customization*) for the Best Start Community Partnerships at a contracted cost not to exceed \$15.5M annually.
2. Authorize staff to proceed with implementation planning and procurement.

In anticipation of Board endorsement, staff is currently working to finalize the procurement strategy, analyzing approaches used by philanthropic and county partners. Staff is also considering level of community member involvement in the review and selection process for Regional Network Coordinators and local subcontractors. Upon Board approval, staff anticipates launch of the procurement process in July 2017.

NEXT STEPS:

Board consideration and action on the recommended implementation framework is anticipated for the May 2017 Board of Commissioners meeting.

Best Start Alignment Cost Analysis and Projections

| Current Approach | | New Approach | |
|--|---|-----------------|--|
| External Operations Costs | \$ 3,094,000 | | \$ 7,000,000 |
| Assumptions: | <ul style="list-style-type: none"> ▪ Includes capacity building contract (CSSP) ▪ Communications activities ▪ Logistical support for 13 communities ▪ Metro LA operating expenses | Assumptions: | <ul style="list-style-type: none"> ▪ 5 <u>Regional</u> Network Coordinators ▪ Local Partnership Support Networks or Organizations (at least 14 subcontractors) |
| Community Change Work | \$ 8,717,000 | | \$ 8,239,000 |
| Assumptions: | <ul style="list-style-type: none"> ▪ Includes resident engagement, community-identified projects (annualized BSF grants), and communications | Assumptions: | <ul style="list-style-type: none"> ▪ Includes resident engagement, community-identified projects, and communications |
| Subtotal | \$11,811,000 | Subtotal | \$15,239,000 |
| First 5 LA Staff (Staff and other internal costs) | \$ 3,581,000 | | \$ 1,488,000 |
| Assumptions: | <ul style="list-style-type: none"> ▪ Includes 35 Best Start Communities staff dedicated (full or part time) ▪ Includes staff from Finance, Contracts, and Communications Departments | Assumptions: | <ul style="list-style-type: none"> ▪ Includes 12 Communities staff dedicated (full or part time) ▪ Includes staff from Finance & Contracts Departments ▪ Communities staff will be deployed to other Communities work (Strategies 2 and 3) ▪ Elimination of 7 PSC positions (equals \$350,000) |
| Total | \$15,392,000 | Total | \$16,727,000 |

Note:

The overall increase from the current approach to the proposed new approach of \$1,335,000 (approximately 9%) is within the Board approved 2017 Long Term Financial Projection. Costs based on FY 2015/16 actuals and annualized costs of Building Stronger Families (BSF) grants.



BEST START ALIGNMENT RECOMMENDED IMPLEMENTATION FRAMEWORK AND COST ANALYSIS

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**Special Commission/Program and
Planning Committee Meeting**

April 27, 2017



Discussion Objectives

- ❑ Confirm understanding of the recommended implementation framework
- ❑ Review costs associated with the current and future support structures ¹¹³
- ❑ Review timeline and next steps

Review

1

Communities Outcome:

Increase community capacity to support and promote the safety, healthy development and well-being of children prenatal to age 5 and their families.

Three Strategies in Communities Outcome Area





The Case for Change

1. The current structure to support the Best Start Community Partnerships does not support community self-governance and ownership; *First 5 LA is the driver.*
2. First 5 LA's effectiveness is diminished when staff plays too many roles (i.e., funder, convener, planner, coordinator, capacity builder, contract manager, fiscal agent, etc.).

The Solution

Work in partnership with community members to design and implement a new structure that will:

- Support community self-governance and ownership
- Maximize use of existing community resources
- Promote authentic collaboration and partnership building between parents, residents and organizations ¹¹⁷
- Facilitate strategic use of First 5 LA staff and financial resources
- Promote continuous learning and improvement



This is the purpose of the Best Start Alignment.

Recommendation

2



Recommendation to the Board in May 2017

1. Endorse the recommended support structure (*Regional with Local Customization*) for the Best Start Community Partnerships.
2. Authorize staff to proceed with implementation planning and procurement.

Recommended Support Structure

Regional with *Local* Customization

- ✓ Greatest opportunity for leveraging and mobilizing resources
- ✓ Facilitates cross-community learning and collective advocacy
- ✓ Provides direct support to the Community Partnerships
- ✓ Considers community uniqueness
- ✓ Fosters organizational network building at regional and local levels
- ✓ Promotes leveraging and sustainability



Regional and Local Roles

Regional Role (Grant Recipient)

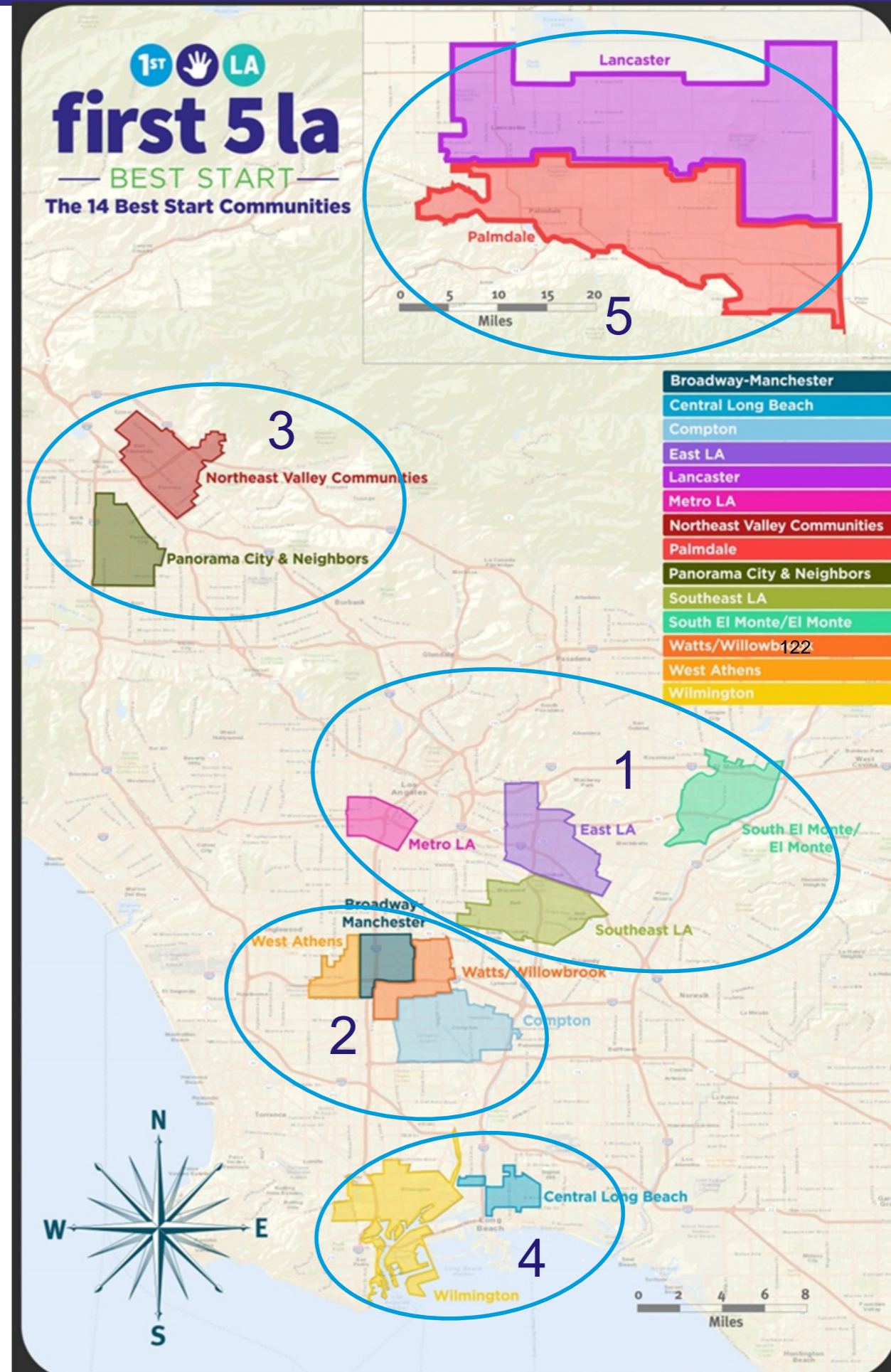
- ✓ Grant Management & Reporting to F5LA
- ✓ Subcontract Administration (*for organizations that will work directly with Community Partnerships*)
- ✓ Cross-Community Monitoring & Learning
- ✓ Collective Advocacy
- ✓ Cross-Sector Collaboration
- ✓ Attracting and leveraging regional resources to connect to the work of the Community Partnerships

Local Level (Subcontracts from Regional)

- ✓ Coordination and Support
- ✓ Leadership Development
- ✓ Communications & Outreach
- ✓ Resident Engagement & Advocacy
- ✓ Community Identified Projects
- ✓ Data, Learning and Improvement
- ✓ Local Resource Mobilization (*including fund development*)

Recommendation: Five Regions

1. East Los Angeles, South El Monte/El Monte, Southeast LA, Metro LA
2. Compton, Broadway-Manchester, Watts-Willowbrook, West Athens
3. Northeast Valley, Panorama City & Neighbors
4. Central Long Beach, Wilmington
5. Lancaster, Palmdale



A Changing Role for First 5 LA

Current Role

Partnership Operations

Investment

Learning

Partnership-Level
Communications Support

Future Role

Investment

Resource Leveraging

Community Relations

Systems Integration

Learning & Evaluation

Communications

Policy & Advocacy

Cost Analysis & Projections


3

Communities Outcome Projected Budget Comparison to 2016 Long-Term Financial Projections (FY2016-21)*

- Projected costs consistent with February 2017 Board approved Long Term Financial Projections (LTFP)
- LTFP Total Allocation (FY2016-2021) = \$112.1M
- Projected Costs = \$107.6M
 - FY16-17: \$17.4M
 - FY17-18: \$18.7M
 - FY2018-2021: \$71.5M

125

* Does not include First 5 LA staff and other internal costs.



Cost Considerations

Analysis for new support structure for Community Partnerships consisted of three considerations.

1. FY2016-17 Long-Term Financial Projections
2. First 5 LA Staff & Other Internal Costs
(Based FY 2015-16 actual costs)
3. Grant Awards & Expenditures
 - Para los Ninos for Metro LA (FY2015-16)
 - South Bay Center for Counseling (SBCC) for Resident Outreach Coordinators (FY2015-16)
 - Center for Study of Social Policy (CSSP) for Capacity Builders (FY 2015-16)
 - Building Stronger Families Grants (annualized costs)

Current Support Structure: Two Operating Models

Metro LA

Other 13 Communities



Total Contracted Cost of Current Support Structure ^{†27}

\$11,811,000

Excludes First 5 LA staff & other internal costs

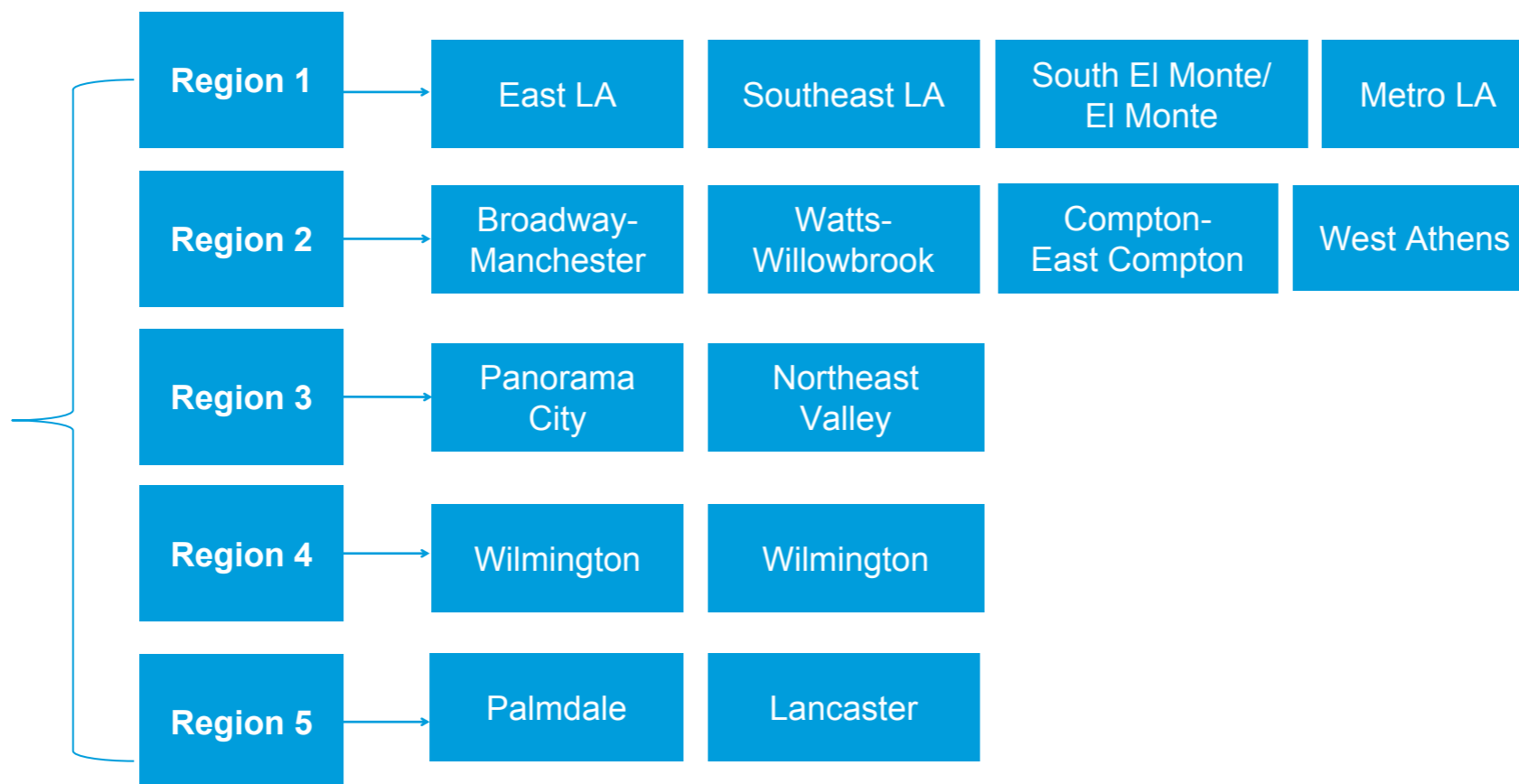
NOTE: Current model includes additional \$3.6M in First 5 LA staff costs and operations to support the Community Partnerships. See attachment.

New Support Structure: Regional with Local Customization



5 Regional Network Coordinators

Subcontracts to Local Organizations



Annual Contracted Cost of New Support Structure
\$15,239,000
Excludes First 5 LA staff & other internal costs

NOTE: New model includes additional \$1.5M in First 5 LA staff costs and operations to support the Community Partnerships. See attachment.

Detailed Cost Analysis and Projections

| Current Approach | | New Approach | |
|--|--|-----------------|--|
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| Total | \$15,392,000 | Total | \$16,727,000 |

Reflects the transition of Best Start coordination, planning and communications work from First 5 LA staff to community-based organizations

Reflects our continued commitment to resident engagement and community-identified projects

Reflects a 29% increase in contracted costs

Reflects redirection of staff to policy & systems change work; some staff reduction

Represents a 9% increase in total costs; consistent with LTFP



Recommendation to the Board Schedule for May 2017

1. Endorse the recommended support structure (*Regional with Local Customization*) for the Best Start Community Partnerships at a total contracted cost not to exceed \$15.5M⁴³⁰ annually.
2. Authorize staff to proceed with implementation planning and procurement.

Critical Need for Change



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Greater community self-governance and ownership

Aligned with First 5 LA's vision, mission and values

Strategic redeployment of First 5 LA staff for greater impact

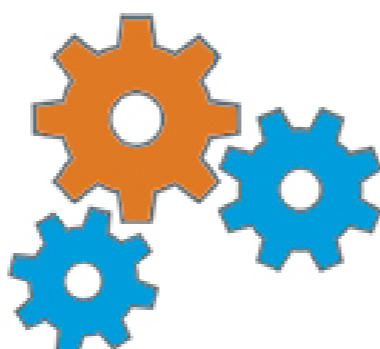
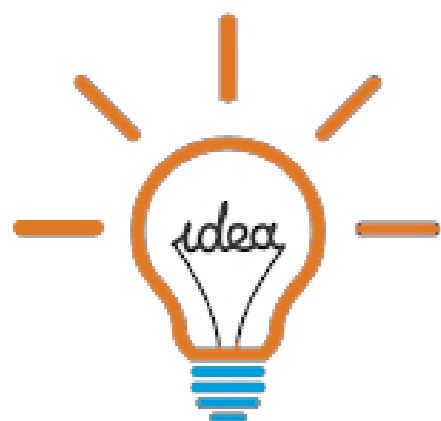
Cost of new structure consistent with fiscal decisions made by the
First 5 LA Board of Commissioners

Timeline & Next Steps

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4

Design & Implementation Timeline



1. Landscape Analysis & Design Options

July – Sept 2016

2. Detailed Design, Cost Analysis, & Procurement Strategy

Oct 2016 – May 2017

3. Procurement & Contracting

Jun 2017 – Feb 2018

4. Transition & Implementation

April 2018

133

Currently here

Engagement Points



Key Questions from the April Board Discussion

How will we continue to engage our community partners in implementation? How will we capture and act on community feedback?

How will we develop/enhance the skills and capacity of staff to execute new roles?

How will we measure our impact and capture learnings from this work? How are we impacting local policy?

How are we integrating Best Start with our work in other outcome areas as well as County services and strategies?

How are we developing the capacity of community leaders to strengthen their role in the new structure?

Next Major Steps:

Board Action on Implementation
Framework
May 2017

Best Start
Learning Agenda
Summer/Fall 2017



FIRST 5 LA

SUBJECT:

Los Angeles County Early Care and Education Needs Assessment Update

BACKGROUND:

To guide the early care and education field throughout California, every county has a local child care and planning development council. The Los Angeles County Child Care Planning Committee (Planning Committee) serves as the local child care and development planning council for Los Angeles County as mandated by state legislation (AB 2141; Chapter 1187, Statutes of 1991).

One of the responsibilities of each Local Child Care and Development Planning Council is to conduct an assessment of child care needs in the county no less than once every five years. Since the issues of the Early Care and Education Needs Assessment (Needs Assessment) are intrinsically aligned with First 5 LA's Strategic Plan, there was an opportunity to initiate a new partnership around the assessment. By joining forces with the Los Angeles County Child Care Planning Committee and the Los Angeles County Office for the Advancement of Early Care and Education, First 5 LA was able to amplify the Needs Assessment's impact through the following strategies:

Increased Partnership:

- Co-created report through a unique partnership between First 5 LA, the Los Angeles County Child Care Planning Committee and the Los Angeles County Office for the Advancement of Early Care and Education.
- Explored findings and discussed policy recommendations with Child Care Planning Committee.
- United various partners in supporting the Needs Assessment event including the California Community Foundation/LAPAI, First 5 LA, Lakeshore, LAUP, the Los Angeles County Child Care Planning and the Los Angeles County Office for the Advancement of Early Care and Education.

Broadened Scope of Needs Assessment:

- Broadened the Needs Assessment focus beyond access to also include quality and workforce.
- Enhanced materials through graphic design resources provided by First 5 LA.
- Elevated data to media through First 5 LA's Communications Department.

Enhanced Conversation by through Event

- Convened over 150 stakeholders on March 20, 2017 at the California Endowment.
- Shared early care and education data highlighted in the needs assessment through a joint presentation by Katie Fallin Kenyon (First 5 LA) and Michele Sartell (Los Angeles County Office for the Advancement of Early Care and Education).
- Sparked discussion with various speakers like Richard Cohen (Emeritus Chair of the Los Angeles County Child Care Planning Committee), Judy Abdo (First 5 LA Commissioner), Kim Pattillo-Brownson (First 5 LA), Keesha Woods (Los Angeles County Office of Education), Whitcomb Hayslip (Early Care and Education Consultant), Marcy Whitebook (Center for the Study of Child Care Employment), Mayor Robert Garcia (City of Long Beach) and Sarah Soriano (Chair of the Los Angeles County Child Care Planning Committee)
- Elevated policy and systems change recommendations around early care and education issues.

For additional information, please see the attached ***State of Early Care and Education in Los Angeles County: Los Angeles County Child Care Planning Committee 2017 Needs Assessment.***

The State of Early Care and Education in Los Angeles County

Executive Summary

Los Angeles County Child Care Planning Committee 2017 Needs Assessment



OVERVIEW

The early years of a child's development lays the foundation for success in school. According to Harvard's Center on the Developing Child, 700 to 1,000 new neural connections form every second in the first few years of a child's life. To support this critical time in a child's early learning and development, it is essential for families to have access to high-quality early care and education programs. *The State of Early Care and Education in Los Angeles County: Los Angeles County Child Care Planning Committee 2017 Needs Assessment* explores the resources and gaps in the early care and education system that serves young children and their families in L.A. County. This report focuses on three essential components of the early care and education system: **Access** to early care and education; **Quality** in early care and education; and the early care and education **Workforce**.

The report was produced as a partnership between the Los Angeles County Child Care Planning Committee, the Los Angeles County Office for the Advancement of Early Care and Education (formerly known as the Los Angeles County Office of Child Care) and First 5 LA.

NEEDS ASSESSMENT PARTNERS

Los Angeles County Child Care Planning Committee:

To guide the early care and education field throughout California, every county has a local child care and planning development council. The Los Angeles County Child Care Planning Committee (Planning Committee) serves as the local child care and development planning council for Los Angeles County as mandated by state legislation (AB 2141; Chapter 1187, Statutes of 1991). One of the responsibilities of each Local Child Care and Development Planning Council is to conduct an assessment of child care needs in the county no less than once every five years. The mission of the Planning Committee is to engage parents, child care providers, allied organizations, community, and public agencies in collaborative planning efforts to improve the overall child care infrastructure of the County of Los Angeles, including the quality and continuity, affordability, and accessibility of child care and development services for all families.

Los Angeles County Office for the Advancement of Early Care and Education:

The Los Angeles County Office for the Advancement of Early Care and Education (the Office) envisions a high quality early care and education system accessible to all families that nurtures children's healthy growth and early learning, fosters protective factors in families, and strengthens communities. It shapes policy recommendations, facilitates planning, and provides a range of services aimed at improving the availability, quality and access to early care and education programs. As a part of its work, the Office staffs the Los Angeles County Child Care Planning Committee, as well as the Los Angeles County Policy Roundtable for Child Care and Development.

First 5 LA: First 5 LA is a leading early childhood advocate working collaboratively across L.A. County and was created in 1998 to invest L.A. County's allocation of funds from California's Proposition 10 tobacco tax. Since then, First 5 LA has invested more than \$1.2 billion in efforts aimed at providing the best start for children from prenatal to age five and their families. 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.



FINDINGS AND RECOMMENDATIONS

Access to Early Care and Education

A child's early years are a critical period in a young person's development. The foundation that is built through a child's participation in quality early childhood education sets them on a path to positive economic and social impacts lasting well into adulthood, from higher educational attainment and less chance of involvement in criminal activity, to higher status employment and higher earnings (Schweinhart 2007; Sparling, Ramey & Ramey 2007). Early care and education benefits the children and families who participate and yields long lasting benefits for society as a whole. Nobel laureate in economics, James Heckman, found that the long-term, economic return on investment in high-quality early care and education programs can yield up to a 13% return (Heckman 2016).

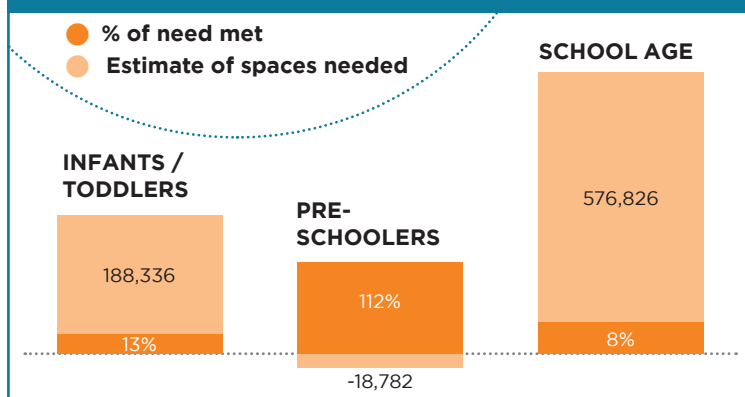
The 2017 Needs Assessment findings regarding early care and education access draw attention to the shortage of infant and toddler care, the decline in family child care homes, the increased participation in transitional kindergarten, and the high cost of child care.

1) There are not enough early care and education services for families with infants and toddlers.

There are approximately 650,000 children under the age of 5 in Los Angeles County, yet licensed centers and family child care homes only have the capacity to serve 13 percent of working parents with infants and toddlers. In stark contrast, there are 12 percent more licensed preschool spaces than there are preschool age children of working parents.

In addition to the overall lack of licensed spaces for infants and toddlers, subsidies to help low-income working parents cover the cost of infant and toddler care fall woefully short of the need. Subsidized early care and education programs help low-income working parents become financially stable, yet only 15 percent of eligible infants and toddlers are served, compared to 41 percent of eligible preschoolers and 53 percent of eligible school age children. A lack of care for our youngest children impacts not only working families but also affects our economy as a whole. With the extreme gap between the number of working families with infants and toddlers and the capacity of licensed early care and education providers to care for infants and toddlers, Los Angeles County faces a significant challenge.

The Need for Early Care and Education in Los Angeles County



- **Recommendation - Conduct a deeper analysis of the barriers to increasing the supply of infant/toddler care:**

Conduct in-depth analysis of the challenges and barriers for providers to serve infants and toddlers and identify potential solutions to those barriers. Key issues to be explored may include the financial burden of providing care to infants and toddlers; the challenge of providing the appropriate physical environment for infants and toddlers (e.g., city zoning, education code and licensing regulations, such as square footage and the requirement for napping area); the cost and need for staff professional development to appropriately care for infants and toddlers; and the low compensation of the workforce.

- **Recommendation - Increase investments to expand access for infant and toddler care:**

Increase State and federal investments in child care subsidy programs, especially for infants and



toddlers. Advocate for additional funding for subsidized infant/toddler care through increases in State programs like California Center Based Programs (CCTR) for Infants and Toddlers and Alternative Payment, as well as federal initiatives like Early Head Start.

2) The County continues to lose licensed family child care spaces for all age groups while licensed center capacity has grown.

Licensed family child care facilities, which are located in a provider’s home, offer parents an early care and education option that often has more flexible hours of operation and smaller provider-child ratios. In Los Angeles County, as of March 2016, there were 6,052 family child care providers compared to 7,623 in 2011. Over the past five years, family child care programs have experienced a decrease in their licensed capacity by 17 percent. In 2011, Los Angeles family child care providers had the capacity to serve 79,620 children, but that number dropped to 65,820 children by 2016. While it is likely that the economic recession had a major impact on this phenomenon, it is also possible that other factors such as changes in parent choice and the advent of transitional kindergarten may have had an impact.

• Recommendation - Conduct a study of family child care providers who have left the system:

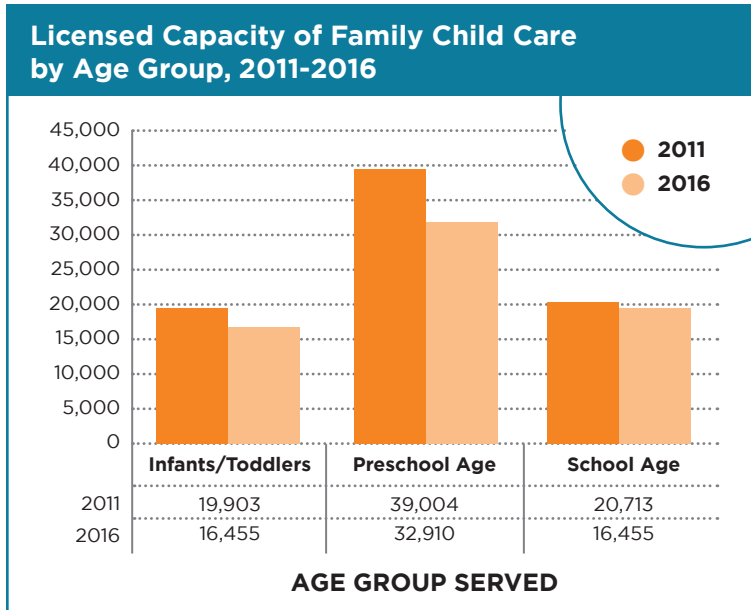
Conduct a study with family child care providers who have decided not to renew their licenses to better understand the challenges they faced, the reasons behind their choices, the role that the economic downturn played, and other factors impacting their choice to leave the system. Family child care seems to be on the decline nationally due to low wages in the field and more career options for working women who make up the vast majority of the family child care workforce. This study would explore geographic differences in the density of family child care and factors that have led to successful family child care homes. Finally, the study would look at the dynamics between center-based care and family child care to better understand issues of access and parent choice.

3) Preschool age children are participating more and more in transitional kindergarten.

The most recent addition to the early care and education system in California is transitional kindergarten (TK), which was established by the School Readiness Act of 2010 (SB 1381). Transitional kindergarten (TK) is the first of a two-year kindergarten program. It uses a modified curriculum that is age and developmentally appropriate, is taught by a credentialed teacher, and is funded through Average Daily Attendance (ADA) funds.

Eligibility for transitional kindergarten is extended to children whose fifth birthday falls between September and December of the academic school year. In 2015, it was clarified that the School Readiness Act also allows school districts to enroll children who will turn 5-years-old after the December cutoff date. This option is called expanded transitional kindergarten (ETK) and is funded through a combination of local and ADA funding. In the 2014-2015 school year, 20,499 Los Angeles County children participated in transitional kindergarten—a 33 percent increase from the prior school year.

As more and more families become aware of this publicly funded option for their children, it is likely that the number of participating children will continue to grow. The arrival of transitional kindergarten has had, and will continue to have, a major impact on the early care and education system within California. As the field moves into this new era, it is essential that the entire early care and education system (inclusive of local education agencies) works together to meet the needs of young children in the County.



• Recommendation - Support family child care providers to provide quality care for infants and toddlers:

Develop support mechanisms for family child care providers to serve infants and toddlers, since there is a growing need for services for that age group. Strategies may include professional development, shared business services to support administrative functions, support for staff to pursue higher education opportunities, and capital improvement grants to improve family child care to accommodate infants and toddlers.

The Number of Students Participating in Transitional Kindergarten in Los Angeles County, 2013-2014 and 2014-2015

| | 2013-14 School Year | 2014-15 School Year | Difference | Percent Change |
|--------------------|---------------------|---------------------|------------|----------------|
| Los Angeles County | 14,680 | 20,499 | 5,819 | 33% |
| California | 55,579 | 77,274 | 21,695 | 33% |

- Recommendation - Establish a mixed-delivery system early care and education taskforce:**

Establish a mixed-delivery taskforce to assess the current birth-5 early care and education system, identify system best practices, explore alignment and coordination opportunities between local education agencies and licensed early care and education providers, discuss policy solutions, and propose recommendations. The taskforce would consist of leaders from various birth-5 early care and education sectors like Resource and Referral Agencies; federally funded programs like Head Start and Early Head Start; local school districts; Los Angeles County Office of Education; First 5 LA; Los Angeles County Office for the Advancement of ECE; Los Angeles County Department of Public Social Services (CalWORKS Stage 1); and California Department of Education funded programs like California State Preschool, California Center Based Programs, and Alternative Payment.

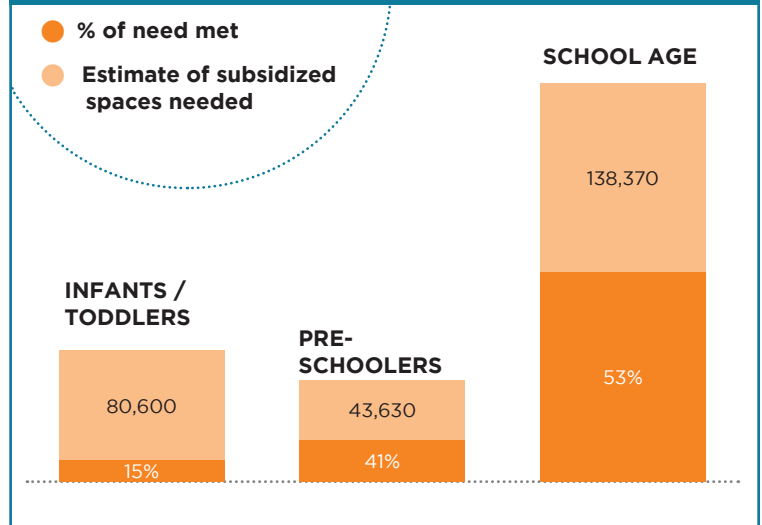
4) Early care and education is a costly expense for many families.

The cost of care for a young child is high. A family's average cost of care in Los Angeles County is \$10,303 a year per preschooler in center-based care and \$8,579 a year per preschooler in a family child care home. Care for infants and toddlers is even more expensive, with an annual cost of \$14,309 in an early care and education center and \$9,186 in a family child care home. Families earning the Los Angeles County median family income of \$54,194 pay 16-26 percent of their wages per child for early care and education services. If a family has two children, an infant and a preschooler in center-based care, they would need to spend nearly half of their income (45 percent) on care for their children.

For families with income below the poverty line, the situation is even more dire. According to a report published by the Public Policy Institute of California, in 2013, Los Angeles County had the highest rate of poverty in the State, with 21 percent of the residents living in or near poverty. It is estimated that 27 percent of children in our County under 18 years old live in poverty. Over 900,000 children live in households with earnings 70 percent below the State Median Income

(SMI). Even though the California minimum wage has increased, income eligibility for subsidized child care has not increased since 2011. According to the Child Care Law Center, income eligibility was frozen at 70 percent of the State Median Income used in Fiscal Year 2007-2008, which itself was based on 2005 income data. This barrier is encountered by many low-income working parents looking for subsidized care, since they often do not meet the income requirements for eligibility. With the minimum wage increasing to \$15 per hour by 2021, low income earning parents who receive slight wage increases may no longer be eligible for subsidized care.

Unmet Need for Subsidies Among Low Income Families in Los Angeles County by Age Group



- Recommendation - Support increasing the income eligibility cap for subsidized early care and education for low-income families:**

Update the eligibility guidelines to reflect the current State Median Income (SMI) and establish up to 12 months of income eligibility for families up to 85 percent of the SMI.



FINDINGS AND RECOMMENDATIONS

Quality in Early Care and Education

Every parent should be able to have their child participate in a high-quality early care and education program. After analyzing 20 studies on the impact of child care quality on children's outcomes, Burchinal et al. (2011) found that there is a relationship between child care quality and children's academic achievement, as well as language and cognitive development. To increase the quality of care, Quality Rating and Improvement Systems (QRIS) have emerged across the country. A first step for an early care and education program to participate in QRIS is to be licensed and in good standing. The core mission of the Child Care Licensing Program is to ensure the health and safety of children. With licensing being the entry level to QRIS, participating providers are then assessed on essentials of quality such as child development and social readiness, teacher qualifications and adult-child interactions, and program environment. QRIS assesses these elements and provides a rating on a five-point rating scale. Although the rating serves as a starting point, the most valuable component of QRIS lies in the ongoing quality improvement support. QRIS early care and education providers receive an abundance of tools, training and coaching to strengthen the quality of their program. Findings to take into consideration in this section of the report include the limited amount of QRIS rated sites in Los Angeles County, and the current QRIS focus on state-funded and center-based care.

1) While the number of QRIS rated sites has increased, only a limited percentage of Los Angeles County providers have been QRIS rated.

Over the last 10 years, Los Angeles County has been building its QRIS system from both local funding from First 5 LA and First 5 CA, as well as federal investments like the Race to the Top- Early Learning Challenge. Although this funding has laid a foundation for a county-wide QRIS system, and there has been substantial progress in reaching more and more providers, there is still a long way to go to reach all providers. As of June 30, 2016, when federal funding for QRIS through the Race to the Top Early Learning Challenge grants ended, 252 family child care homes were rated, and 619 early care and education centers were rated. This represents a mere 4 percent of family child care homes and 18 percent of center-based programs in Los Angeles County.

While the federal funding for QRIS has ended, the California Department of Education is currently providing QRIS on-going funding for California State Preschool Programs and a one-time QRIS block grant for programs that serve infants and toddlers that is slated to end in September 30, 2017. In addition, First 5 California has invested in QRIS across the State through First 5 IMPACT (Improve and Maximize Programs so All Children Thrive), and First 5 LA continues to be committed to QRIS.



| Number of Rated QRIS Sites | | |
|--|---------------------|--------------------------------------|
| Type of QRIS Sites in Los Angeles County | As of June 30, 2016 | |
| | Number | Percent of Total Numbers of Programs |
| Center-Based Programs | 619 | 18% |
| Family Child Care Homes | 252 | 4% |

• Recommendation - Increase On-Going QRIS Funding:

Expand on-going investments in QRIS, especially for programs that serve infants and toddlers. Strategies may include expanding funding for the California State Preschool Program (CSPP) Quality Rating and Improvement System (QRIS) Block Grant, continuing the Infant/Toddler Quality Rating and Improvement System (QRIS) Grant Program, and expanding QRIS support to include additional programs in the early care and education care system.

2) To date, QRIS has been primarily focused on state-funded and center-based care.

Every community has different strengths, challenges and needs. Early care and education in Los Angeles County is a complex tapestry of various funding streams, curriculums and structures. Low-income children, emergent bilinguals, children in the child welfare system and children with special needs all have unique requirements that providers need the skills and resources to meet. As of June 30, 2016, 59 percent of the licensed early care and education centers and family child care homes that participated in QRIS were rated in the higher tiers of three, four, or five. To ensure the needs of Los Angeles County's children can be served by high-quality early care and education programs, public funding to support local QRIS efforts has to be reasonably flexible. By providing more flexibility for QRIS, funding could be braided, and QRIS could more easily target providers who serve the children most at risk of not being prepared for school success.

| Number of QRIS Sites by Rating Tier | |
|-------------------------------------|-------------------------------------|
| Quality Tier | Los Angeles County Rated QRIS Sites |
| | As of June 30, 2016 |
| | Percent |
| Sites in Tier 1 | < 1% |
| Sites in Tier 2 | 41% |
| Sites in Tier 3 | 32% |
| Sites in Tier 4 | 26% |
| Sites in Tier 5 | < 1% |
| TOTAL | 100% |

• Recommendation - Promote flexibility in the use of QRIS funds to best meet the needs of local communities:

Advocate for Los Angeles County to have local control over how to spend QRIS dollars to support the diverse needs of its community. Funders should provide the local QRIS system with the flexibility to allocate money where it is most needed in the county.

• Recommendation - Continue building a single QRIS model in Los Angeles County through the QRIS Architects:

Refine QRIS to best serve Los Angeles' children through the QRIS Architects. The QRIS Architects is a collaborative of seven organizations working collectively to develop a countywide QRIS that addresses the quality improvement needs of different licensed provider types; strengthens relationships between QRIS participants for successful implementation; and enhances the QRIS infrastructure, so that it is efficient and able to be expanded.

Members of the QRIS Architects include the Child Care Alliance of Los Angeles, the County of Los Angeles Child Care Planning Committee, First 5 LA, Los Angeles County Office of Education, Los Angeles Universal Preschool (LAUP), County of Los Angeles Office for the Advancement of Early Care and Education, and Partnerships for Education Articulation and Coordination through Higher Education (PEACH).

FINDINGS AND RECOMMENDATIONS

The Early Care and Education Workforce

The quality of early learning programs for children is intrinsically connected to the early care and education workforce. Numerous studies (e.g. Shonkoff & Phillips, 2000; Whitebook, 2003; Tout, Zaslow & Berry, 2006; Kelley & Camilli, 2007) have cited how members of the ECE workforce who are more educated and have specialized training not only provide children with better quality care, but the children in their care have been found to make greater developmental gains than their counterparts. The key to enhancing the quality of the early care and education system lies in the professionalization of the workforce. In this early care and education workforce section of the report, findings highlight challenges faced by the ECE workforce including low wages, the limited education of the workforce, and barriers to accessing professional development.

1) **The early care and education workforce earn low wages.**

Although there is a growing public awareness about the critical importance of the early years of a child's life, and many families rely on the early care and education workforce to nurture the early learning of our youngest children, these professionals are often paid close to minimum wage and dramatically less than teachers of older children. In California, child care professionals earn a median hourly wage of \$11.61, and preschool teachers earn a median hourly wage of \$15.25, compared to kindergarten teachers who earn a median hourly wage of \$30.74. Teaching infants, toddlers and preschool age children requires the equivalent level of skills and knowledge as teaching older children, yet the pay is over 50 percent lower. In Los Angeles County, early care and education professionals make an average of \$14.65 per hour. More specifically, in Los Angeles County, center-based early educators make an average of \$14.75 per hour, whereas those who work in family child care make \$11.73 per hour.

California has a dual subsidized child care system, and subsidized licensed early care and education providers are paid by two separate and different reimbursement rates depending on the source of funding. The current system is split into two distinct reimbursement structures: the Standard Reimbursement Rate (SRR) for Title 5 Contracted Center Based Programs, and the Regional Market Rate (RMR) for Alternative Payment and CalWORKs child care programs. Early care and education providers serving a child enrolled in the Alternative Payment and/or CalWORKs programs are reimbursed at their established rate up to the



Regional Market Rate (RMR) ceilings established by the State. Effective January 1, 2017, the Regional Market Rate (RMR) ceilings were established at the 75th percentile of the 2014 regional market rate survey. Establishing the ceiling at the 75th percentile means that low-income families enrolled in these programs have access to approximately 75 percent of the providers in their community. However, since the current RMR is out of date and is based on the 2014 regional market rate study, families enrolled in these programs have fewer choices, which can impact the quality of care they are able to choose for their children. The current daily RMR ceilings for full-time care at a center-based program in Los Angeles County is \$90.68 per infant/toddler and \$64.21 per preschooler, while at a family child care, the daily rate for full time care is \$51.77 per infant/toddler and \$50.44 per preschooler.

Title 5 contracted providers who have General Child Care and the California State Preschool Program contracts with the Department of Education receive a Standard Reimbursement Rate. In January 2017, the Standard Reimbursement Rate (SRR) increased by 10 percent bringing the daily rates per child to \$42.12 for general child care programs, \$26.26 for part-day state preschool, and \$42.38 for full-day state preschool programs. Existing rates simply do not cover the providers' full costs, particularly for high quality child care. In addition, recent increases to the minimum

wage have increased provider costs further and will continue to do so as minimum wages rise over the next four years. Without additional increases to the SRR, programs will find it difficult to raise employee wages to meet the new requirements. Any increases to the minimum wage should automatically trigger comparable increases to the reimbursement rate.

The next step toward building a better reimbursement system for child care and early learning programs throughout California would be to merge the two existing rate structures into a single reimbursement system that maintains both child care options and reflects the actual current cost of care in each region/county with a base at the 85th percentile level.

| Los Angeles County Regional Market Rates | | |
|--|-----------------------------------|-----------------------------------|
| Age Group | Full-time Daily Child Care Center | Full-time Daily Family Child Care |
| Birth to 24 months | 90.68 | 51.77 |
| 2 through 5 years | 64.21 | 50.44 |

| Standard Reimbursement Rate | |
|-----------------------------------|--|
| Program | Approved 10% Increase Effective 1/1/2017 |
| Full-day State Preschool Programs | \$42.38 |

- Recommendation - Raise the Regional Market Rate for early care and education providers:**
 Increase the Regional Market rate for reimbursements to subsidized early care and education providers to 85th percentile of the most recent market rate.
- Recommendation - Maintain the Standard Reimbursement Rate for early care and education providers:**
 Maintain the Standard Reimbursement Rate increase of 10% approved in the 2016-2017 California State Budget.
- Recommendation - Adopt a single reimbursement rate for all California early care and education providers:**
 Advocate to the State legislature and administration to adopt and implement a new, single reimbursement rate that covers the actual cost of infant/toddler and preschool care and education in each region/county with a base at the 85th percentile level.

2) Early care and education staff have limited education.

High quality early care and education for young children is inherently linked to a highly-qualified workforce, yet approximately half of the local workforce does not possess a college degree. In a 2015 report, the Institute of Medicine and the National Research Council concluded that all lead teachers in the nation’s preschools should have a bachelor’s degree in early childhood development or early education. Higher education is one of the most important pathways needed to professionalize the field. Based on a recent study of ECE providers who participated in First 5 LA funded professional development programs, only 24 percent of early care and education professionals had an associate’s degree, 21 percent had a bachelor’s degree, and 5 percent had an advanced degree. Family child care providers in the study had lower education levels than the center based as a whole, 17 percent had an associate’s degree, 13 percent had a bachelor’s degree and 6 percent had an advanced degree. California does not have a teaching credential for early childhood educators, but instead has a Child Development Permit. Currently, only 63 percent of Los Angeles County’s Early Care and Education workforce has a California Child Development permit.

| Educational Attainment of Los Angeles County Center-Based and Family Child Care Providers | | |
|---|--|--|
| Educational Attainment | Los Angeles County Center-based Providers ¹ | Los Angeles County Family Child Care Providers |
| High School or Less | 9% | 29% |
| Some College | 31% | 36% |
| Associates Degree | 30% | 17% |
| Bachelor’s Degree | 27% | 13% |
| Advanced Degree | 3% | 6% |

¹ Data Source: LA Advance baseline early educator survey and Consortium program registry data (LA Advance Baseline Analysis Memo - August 2015).

- Recommendation - Expand pathways and supports for the early care and education workforce to pursue higher education:**
 Increase accessibility for programs that support higher education for early care and education professionals. Supports may include college tuition support; education advisors; flexible class times; and the availability of courses, books, and technology in languages in addition to English. Strategies for institutions of higher education include identifying ways to support degree-granting institutions, strengthening the articulation of coursework from community colleges to 4-year universities, and funding college faculty to map and align their courses with the Early Childhood Education Competencies.

- **Recommendation - Establish a formal teaching credential in California that prepares educators to work with children 0-8 year olds:**

Advocate for a 0-8 teaching credential in California. Credentialed teachers strengthen the Early Care and Education system by increasing the quality of education and care given to children, lowering teacher turnover rates, providing a smoother transition for children, and increasing the capacity of all teachers to work with diverse families.

3) Cost is a barrier to early care and education providers accessing professional development.

When asked about professional development, early educators reported that their number one reason to participate in professional development is to increase their knowledge, yet the top barrier they shared is not having enough money for tuition or training expenses. It is essential to connect members of the early care and education workforce to free and low-cost training opportunities.

Recently, the California Early Care and Education Workforce Registry was launched in both San Francisco and Los Angeles County with funding from the Mimi and Peter Haas Fund, the David and Lucile Packard Foundation and First 5 LA. The online database is designed to track and promote the education, training and experience of the early care and education workforce to improve professionalism and workforce quality and positively impact children. After an early educator signs-up for the registry, he/she can access and sign up for the most up-to-date trainings. With all the requisite available trainings in one place, the registry serves as an efficient tool in assisting members of the ECE workforce to accelerate their professional development. Although this system has made significant gains, it needs to garner on-going funding to be able to include all members of the workforce.



Barriers to Participating in ECE Professional Development in Los Angeles County²

| Barriers to Participating in Professional Development | Percentage of Los Angeles County ECE Providers Who Marked that Barrier |
|---|--|
| I don't have enough money for tuition or training expenses | 55% |
| I don't have enough time | 42% |
| I am not able to get into the courses or trainings that I need | 25% |
| I don't have the math skills I need | 20% |
| I don't have the English language skills I need | 17% |
| I don't have support from my employer | 16% |
| I don't have reliable transportation | 16% |
| I don't have support from my family | 14% |
| I don't have childcare or dependent care | 13% |
| I don't have access to a reliable computer or internet connection | 13% |

² Data Source: LA Advance spring 2016 early educator survey -- From Table D.4 Barriers for Consortium program participants' participation in PD: Spring 2016 (LA Advance Spring 2016 Analysis).

- **Recommendation - Expand free and low-cost professional development opportunities:**

Increase funding for free and low/cost training, coaching, and mentoring for early care and education providers. It is important that strategies considered are provided in languages in addition to English including training instruction and program curricula.

- **Recommendation - Improve information systems to support professional development through the California Early Care and Education Workforce Registry:**

Advocate for on-going public funding to support the California Early Care and Education Workforce Registry.

As a professional development strategy, the registry would increase access to professional development, monitor the impact of professional development supports, and standardize data collection practices to track the movement of the workforce.

ADDITIONAL INFORMATION

For more information about *The State of Early Care and Education in Los Angeles County: Los Angeles County Child Care Planning Committee 2017 Needs Assessment*, please contact Michele Sartell at msartell@ceo.lacounty.gov. The full report may be downloaded at www.childcare.lacounty.gov.

Early care and Education Needs Assessment

Debra Colman and Michele Sartell

April 27, 2017

1ST  LA
first 5 la
Giving kids the best start



Goals for Today

- Highlight collaborative partnership to develop the LA County Early Care and Education Needs Assessment
- Review data from the Early Care and Education Needs Assessment
- Elevate policy and systems change recommendations identified in the Early Care and Education Needs Assessment



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Prior ECE Needs Assessments

- **Local Child Care Development and Planning Council (LPC) in every county**
 - L.A. LPC = L.A. County Child Care Planning Committee
 - Managed by L.A. Office for the Advancement of ECE
 - 50 member appointed committee
- **LPC mandates from Ca. Department of Education**
 - ECE priority needs zip codes annually
 - ECE needs assessment every 5 years

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Responsive Collaboration

Increased Partnership:

- Co-creation of report by Child Care Planning Leadership, Office for the Advancement of ECE and First 5 LA
- Explored findings with Child Care Planning members
- United partners around a single issue

Broadened Scope:

- Broadened report focus to access, quality and workforce ¹⁵¹
- Enhanced materials through graphic design

Convened Stakeholders



- **Convened over 150 stakeholders on March 20, 2017**
- **Key Speakers**
 - Judy Abdo, First 5 LA
 - Kim Pattillo-Brownson, First 5 LA
 - Keesha Woods, LACOE
 - Whitcomb Hayslip, ECE Consultant
 - Marcy Whitebook, Center for the Study of Child Care Employment
 - Mayor Robert Garcia, City of Long Beach

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Media Involvement

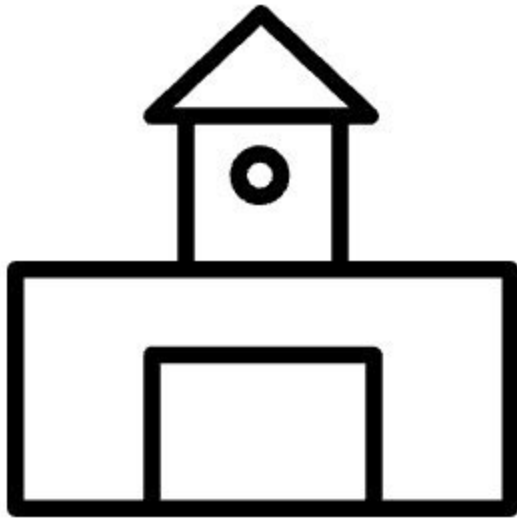
- **Elevated awareness of the key issues**
 - 10 airtimes on 5 television stations
 - 7 airtimes on 2 radio stations
 - 4 on-line news posts
 - 1 Op-Ed in Long Beach Post
 - Live posting on Facebook and Twitter throughout the Needs Assessment event

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Elevating the Voices of Children: The State of Early Care and Education in Los Angeles County



Number of Licensed Sites



Center-Based
N=3,466

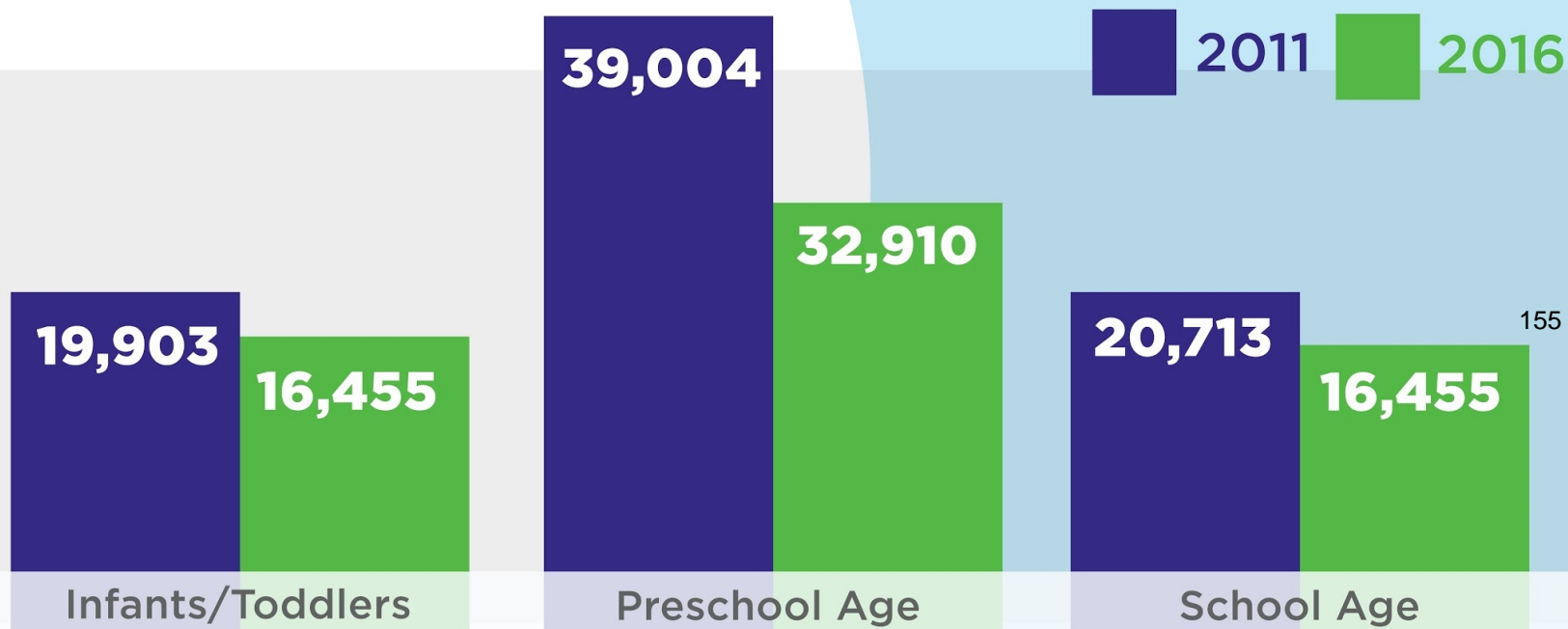


Family Child Care
N=6,052

Elevating the Voices of Children: The State of Early Care and Education in Los Angeles County



Family Child Care Licensed Capacity by Age Group, 2011-2016

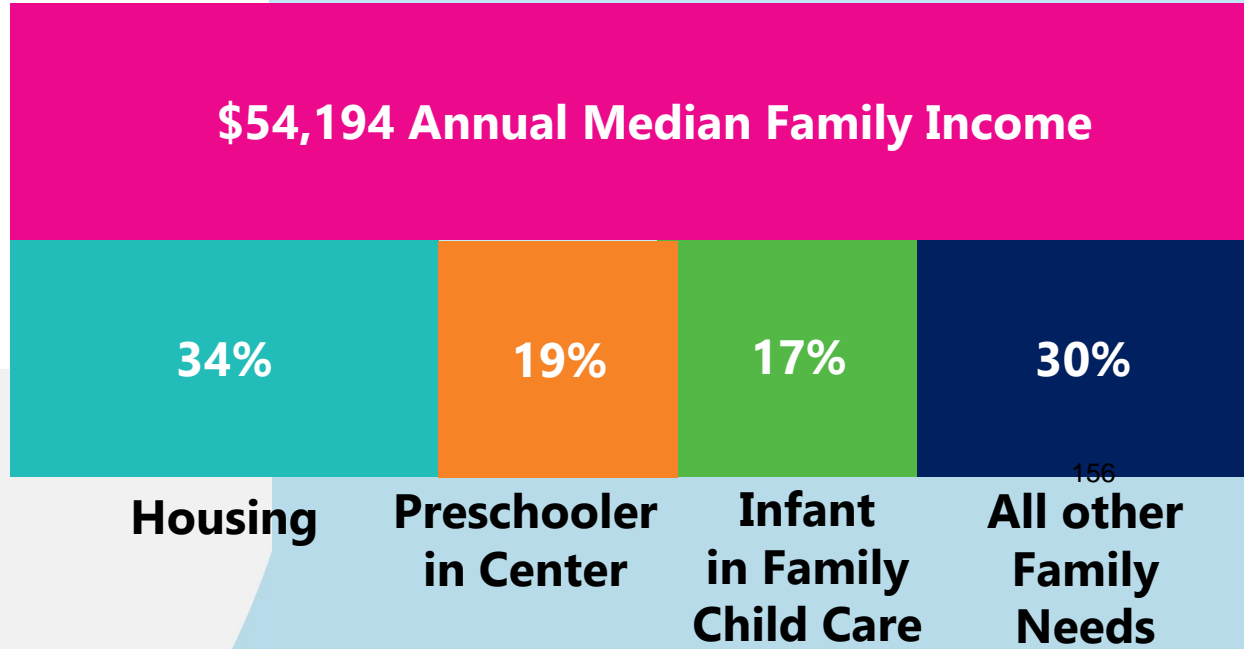


Elevating the Voices of Children:

The State of Early Care and Education in Los Angeles County



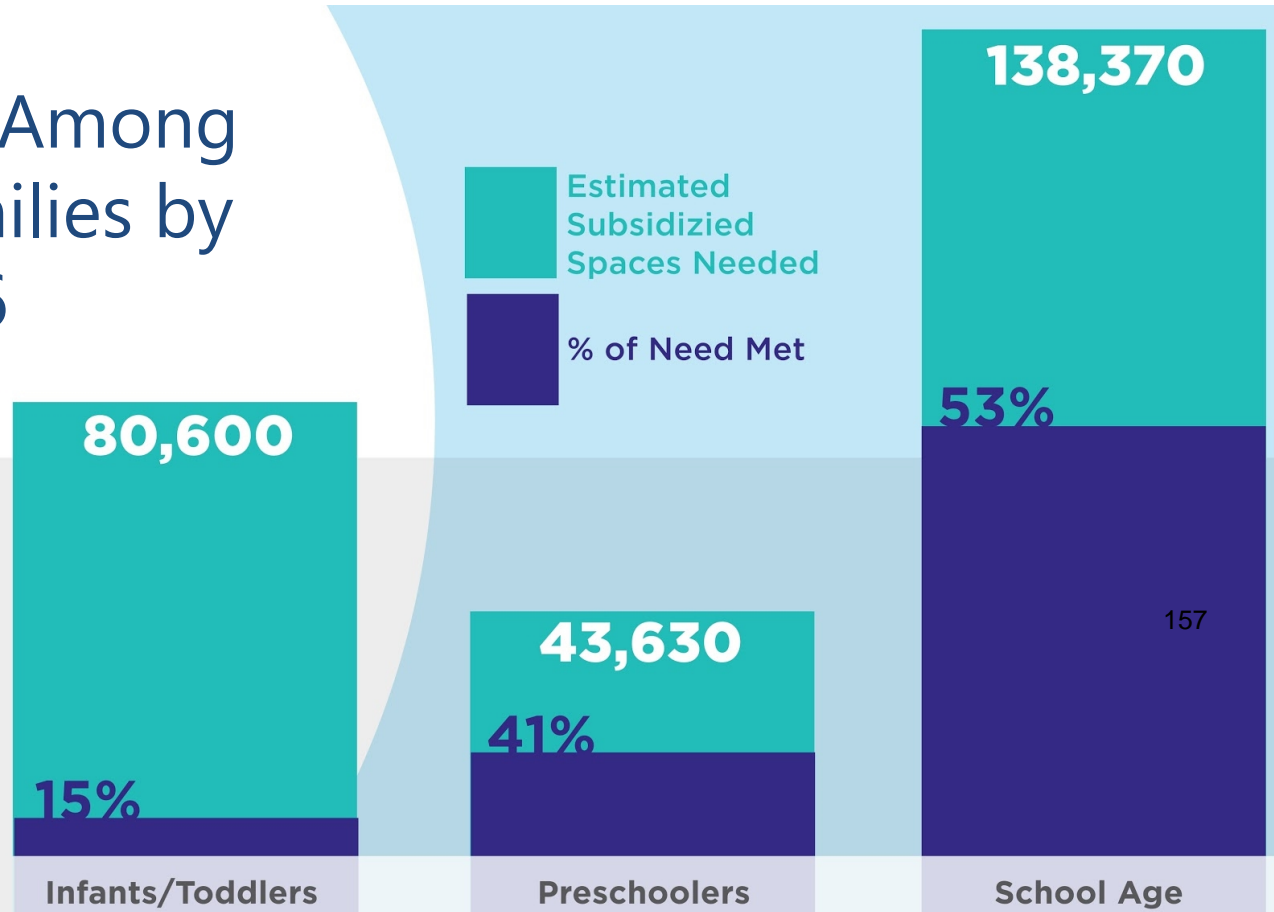
Cost of Care as a Percentage of Annual Median Family Income



Elevating the Voices of Children: The State of Early Care and Education in Los Angeles County



Unmet Need for Subsidized Care Among Low Income Families by Age Group, 2016

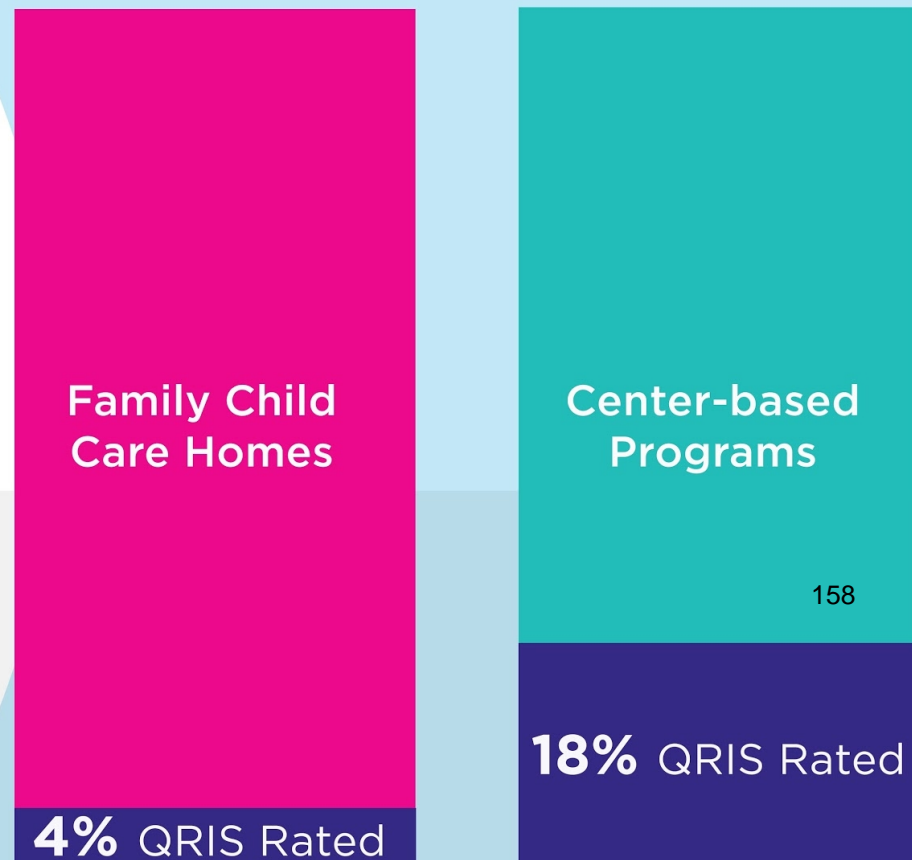


Elevating the Voices of Children: The State of Early Care and Education in Los Angeles County



Percent of All Licensed Programs Participating in QRIS by Program Type

(As of June 30, 2016)



Elevating the Voices of Children: The State of Early Care and Education in Los Angeles County



Compensation and the ECE Workforce (Early Childhood Workforce Index, 2016)

| Occupation | Median Wage per Hour, 2015 |
|----------------------|----------------------------|
| Child Care Worker | \$11.61 |
| Preschool Teacher | \$15.25 |
| Kindergarten Teacher | \$30.74 |

159

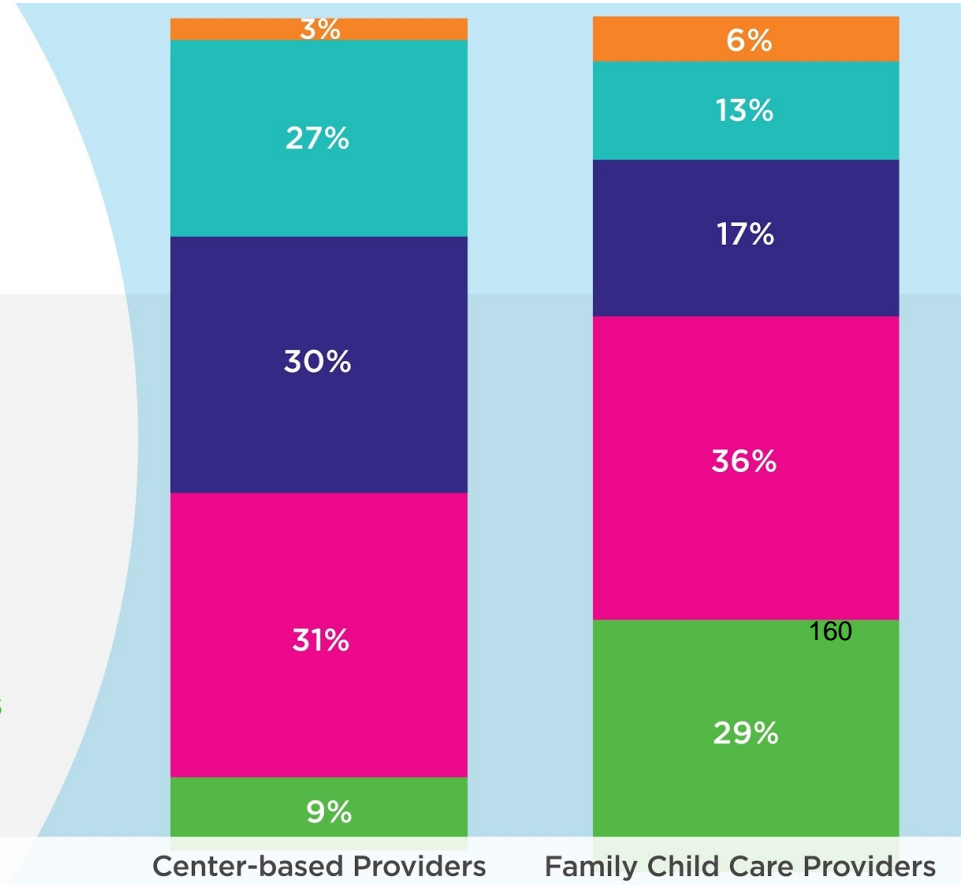
- **47%** of child care workers' families participate in one or more public income support programs (EITC, Medicaid, Food Stamps, TANF)

Elevating the Voices of Children: The State of Early Care and Education in Los Angeles County



Educational Attainment of Providers by Provider Type

(LA Advance Study, 2016)



Elevating the Voices of Children: The State of Early Care and Education in Los Angeles County



Highlighted Recommendations:

1. Conduct analysis of barriers to infant and toddler care.
2. Establish a mixed delivery ECE taskforce.
3. Increase the income eligibility cap for subsidized ECE
4. Increase ongoing QRIS funding, especially for infant toddler care
5. Raise the Regional Market Rate (RMR) and Standard Reimbursement Rate (SRR) for ECE providers.
6. Expand pathways and supports for the ECE workforce to pursue higher education and professional development.

Questions



Riley at Age 3
Now 21 years old



Maddox Colman
Born November 13, 2016

FIRST 5 LA

SUBJECT:

Request to Establish a Strategic Partnership with United Way of Greater Los Angeles for the Home For Good (HFG) Funders Collaborative in the Amount of \$300,000 and Authorize First 5 LA Staff to Execute a Contract

RECOMMENDATION (PROVIDED AS INFORMATION):

This memo is provided as information for the Board's consideration at the April 27, 2017 Program and Planning Committee meeting. First 5 LA staff recommends that at the May 11, 2017 Commission meeting, the Board approve the establishment of a Strategic Partnership with United Way of Greater Los Angeles for the HFG Funders Collaborative for an amount not to exceed \$300,000 and authorize staff to execute a contract from May 12, 2017 to June 30, 2018. The funds have been included in the First 5 LA 2016-2017 Programmatic Budget under the Trauma Informed Care Initiative, Emerging Opportunities line item.

BACKGROUND:

At the May 2016 Program and Planning and September 2016 Commission meetings, the Commission learned about the County's plan to combat homelessness and how First 5 LA would endeavor to support that plan where it was aligned to our priorities and work as outlined in the FY 2015-2020 Strategic Plan. This memo provides an update of First 5 LA efforts as well as a request for new funding.

Updates:

In the spring of 2016, First 5 LA staff conducted an inventory of our investments to identify those that could support homeless families. This was shared with the Board at the May 2016 Program and Planning and September 2016 Commission meetings. In collaboration with external partners, we identified a pilot site and a few First 5 LA investments to test how best to connect homeless families to those investments. First 5 LA developed written protocols for housing case workers to connect families to service providers in Home Visitation, Parent Child Interaction Therapy, and Children's Dental Care Programs. After receiving the protocols, the pilot site and First 5 LA agreed for our staff to conduct training on how best to connect families to these investments and to engage the case workers in a dialogue to strategize the challenges that they may face while attempting to make these connections. This pilot will inform our efforts to take such training Countywide as proposed later in this memo.

Informed by the County's experience with serving homeless families through the Coordinated Entry System, we also shared at the September 2016 Commission meeting the need to research the characteristics, challenges, service needs, and outcomes of 16-24 year-old parents/caregivers accessing services from 2013 to 2015 in relation to their older parenting counterparts. Children's Data Network developed a research plan and the First 5 LA Board Chair's office helped establish a data sharing agreement with the Los Angeles Homeless Services Authority (LAHSA) to access those data. That project will be completed by June 2017.

Finally, staff also indicated at the September 2016 Commission meeting that our trauma informed care environmental scan would include an exploration of homeless services. The landscape will be completed by Spring 2017 but initial findings point to a gap in trauma informed policies and services within the homeless service delivery system. The Los Angeles Homeless Services Authority (LAHSA) is a member of the countywide Trauma Informed Systems Change Workgroup, which will develop an action plan of strategies to transform LA county systems to be trauma informed. First 5 LA staff will be presenting on both the findings from the scan and the county-wide action plan to the Commission in Summer 2017.

New Funding Request:

Most of the activities described above will be completed by the end of this fiscal year. In considering how best to support the County's plan to combat homelessness in 2017-18, staff has participated with HFG which has been pooling public and private funds for the past five years to advance Countywide coordination and support to combat homelessness. While in the past HFG was focused on the establishment of a Countywide system to house veterans and chronically homeless individuals, it recently expanded its focus to include homeless families.

HFG presents some emerging opportunities for us to expand its efforts for innovation and supports with the Countywide system for homeless families. With First 5 LA funding, HFG will be able to:

- Infuse and coordinate a trauma-informed approach with HFG and its endeavors/investments: First 5 LA funding will contribute to a sustainable policy and systems change approach by enabling HFG and its many endeavors to become trauma informed. A trauma informed HFG will guide investment in and promotion of a trauma informed approach for the Countywide system that serves homeless families.
- Contribute to the establishment of a regional coordination network for homeless families: This idea emerged from several community meetings that LAHSA convened to garner feedback from both housing providers and families regarding how best to strengthen the system that serves homeless families. Regional coordination networks already exist for homeless single adults and youth. This investment would contribute to the establishment of a regional coordination network that would provide oversight of Service Provider Area-wide partnerships across multiple systems of care, including both public and private entities, to ensure homeless families are fully supported and connected to housing and services within their respective communities. Such coordination efforts would be part of being trauma informed and invaluable in supporting families not only to be housed but to remain successfully housed.
- Develop a trauma informed family module and initiate training for the Countywide Training Academy: While a training academy has been established for those professionals who serve Los Angeles County's homeless, funded in part by HFG, additional training has been requested by some of those who work with families to enable these professionals to better serve the unique needs of homeless families. With our funding, the Academy will take the First 5 LA pilot training Countywide and expand upon those materials to develop a more comprehensive training that addresses our learning from the pilot and includes best practices for supporting homeless families with a 0-5 year-old by utilizing a trauma informed approach.

Pursuant to the Procurement Policy, Strategic Partners of \$75,000 or more in a fiscal year must be presented to the Board for approval. Staff is requesting an establishment of a strategic partnership for an amount not to exceed \$300,000 to comply with this policy. Section IV.5 of the Procurement Policy also states that contracts of \$75,000 or more requires Board approval prior to execution. Staff is seeking approval to execute a contract for the period of May 12, 2017 to June 30, 2018 for \$300,000.

GOVERNANCE GUIDELINES #5 AND #6 (SUSTAINABILITY AND LEVERAGING):

If approved, First 5 LA's contribution to HFG would be a one-time investment. The funding would come from the First 5 LA 2016-2017 Programmatic Budget under the Trauma Informed Care Initiative, Emerging Opportunities line item. Additional, future funding would require Commission approval.

The theme of HFG's 2017-2018 funding cycle is "Preparing for Scale." The recent passage of a County tax to fund homeless services has galvanized HFG to invest in innovation and preparation so that the Countywide system that serves homeless families will be ready to serve on the scale needed for such a vast population. The ongoing tax dollars offer the ability for early, innovative efforts to be sustained and embedded into that system.

First 5 LA's investment will enable HFG to become trauma-informed. Once an assessment of the existing assets and needs is complete, these monies will be used to connect disparate trauma-informed efforts and provide training to fill gaps. Training will guide and inform the lens through which HFG's endeavors are conceived and implemented which will continue long after our initial investment.

A core aspect of being trauma-informed is facilitating client access to concrete services. Our contribution toward establishing a regional coordination network will enable the building of community-level supportive service networks. A training curriculum will be developed to train case workers on how best to connect homeless families to those supportive services. Such network coordination and training could be embedded into the County's Homeless Initiative strategies and standards.

HFG's funding pool that First 5 LA would be contributing to is part of Los Angeles' largest, philanthropic funding collaborative to advance Countywide coordination and support to combat homelessness. Given First 5 LA's interest in achieving our desired outcomes in partnership with others, contribution to the HFG pooled fund would help leverage the contributions from other funders and to maximize our impact on achieving those outcomes. HFG is led by United Way, and the following is a list of donors who have committed to making a contribution to the funding pool for next fiscal year:

2017-2018 FUNDERS COLLABORATIVE

| <i>FUNDER</i> | <i>CONTRIBUTION</i> |
|--|---------------------|
| CONFIRMED | |
| California Community Foundation* | \$800,000 |
| 2016 HomeWalk (Event Donations) | \$600,000 |
| Annenberg Foundation | \$100,000 |
| CA Wellness | \$50,000 |
| California Apartment Association - LA | \$25,000 |
| Cedars-Sinai | \$100,000 |
| Conrad N. Hilton Foundation | \$1,250,000 |
| Conrad N. Hilton Foundation - HomeWalk Match | \$400,000 |
| Harbor Freight Tools/Susan & Eric Smidt | \$100,000 |
| Itron | \$10,000 |
| Mayors Fund for LA | \$60,000 |
| Penta Group | \$27,500 |
| The California Endowment | \$200,000 |
| United Way of Greater LA | \$1,000,000 |
| Weingart Foundation | \$750,000 |
| PENDING | |
| Carl and Roberta Deutsch Foundation* | \$195,000 |
| J.P. Morgan Chase | \$200,000 |
| Kaiser* | \$720,000 |
| Real Change Movement | \$8,000 |

**Aligned Funding*

JUSTIFICATION:

This Strategic Partnership meets the criteria below:

- The Strategic Partnership can provide specific resources needed by First 5 LA to implement an approved program or initiative in a manner or on a scale that makes the Strategic Partnership more cost effective than resources provided through a competitive solicitation; or

- The Strategic Partnership can implement an approved program or initiative more expeditiously than resources provided through a competitive solicitation; or
- The Strategic Partnership can provide a demonstrated level of ability or expertise that is only available in the community through the proposed Strategic Partnership; or
- The Strategic Partnership provides an opportunity to leverage First 5 LA funds to produce additional funding for the program or initiative or service.

AND

- The proposed Strategic Partnership is aligned with the adopted Strategic Plan.

The Strategic Partnership can provide specific resources needed by First 5 LA to implement an approved program or initiative in a manner or on a scale that makes the Strategic Partnership more cost effective than resources provided through a competitive solicitation. First 5 LA's contribution to the HFG pooled fund will allow for implementation of the three components mentioned above on a larger scale that makes it more cost effective through leveraging additional funds contributed by other members of the collaborative as well as leveraging the existing platform for implementation of training.

The proposed Strategic Partnership is aligned with the adopted Strategic Plan. First 5 LA's contribution to HFG's pooled funds is well-aligned to our Strategic Plan's Trauma-Informed Strategy. Part of a trauma informed strategy is the promotion of low-barrier entry to services and the connection of families to tailored interventions, including the use of trauma informed and culturally competent practices that are coordinated across programs. These funds also would support the County's Homeless Initiative, and our partners have identified some specific County strategies that our funding will assist. The \$300,000 requested would come from the Health Outcome Area, Trauma Informed Strategy budget. Funds for "emerging opportunities" were reserved when the 2016-17 budget was established.

Trauma Informed Care Investment in Home For Good Funders Collaborative

Dr. Pegah Faed & Dr. Sharon Murphy

April 27, 2017



Presentation Objectives

Brief update on Trauma Informed Systems Change Strategy

Recap of First 5 LA's Homelessness Activities

Present Home for Good Partnership Proposal

Health Systems Outcome Area



Health Systems Outcome

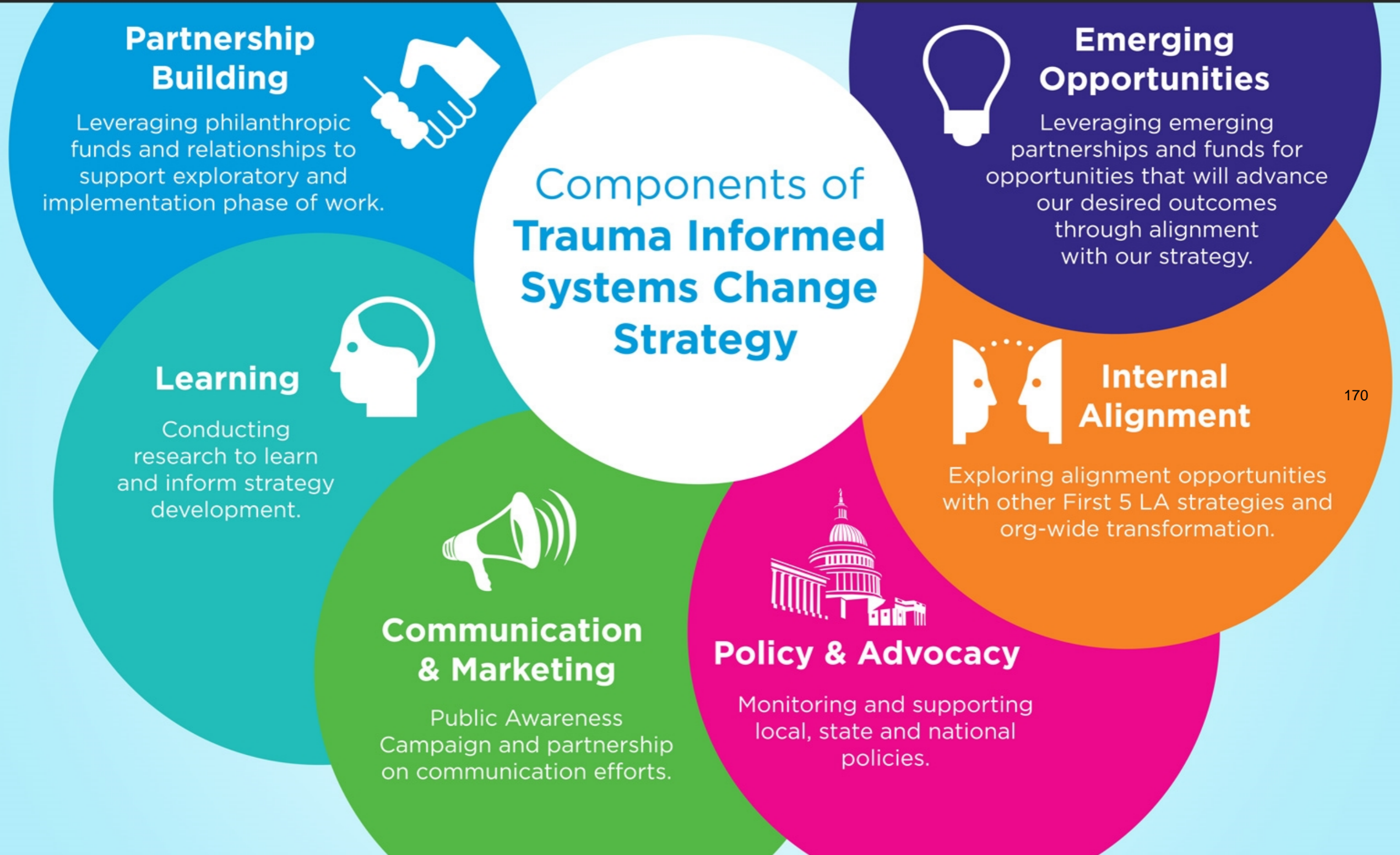
Improve how health-related systems - such as health, mental health and substance abuse services - coordinate and deliver care to young children and their families in LA County.

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Strategy 2 Outcome

Improve the capacity of health-related systems to deliver trauma informed care to children prenatal to age 5 and their families.

Trauma Informed Systems Change



170

Components of Trauma Informed Systems Change Strategy



Emerging Opportunities

Leveraging emerging partnerships and funds for opportunities that will advance our desired outcomes through alignment with our strategy.

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September 2016 Commission



Emerging Opportunities

Leveraging emerging partnerships and funds for opportunities that will advance our desired outcomes through alignment with our strategy.

Key areas presented:

Exploring County partnership opportunities

Inventory of all First 5 LA investments

Updates for Prioritized Investments

Pilot Training

Welcome Baby
Parent-Child Interaction Therapy
Oral Health

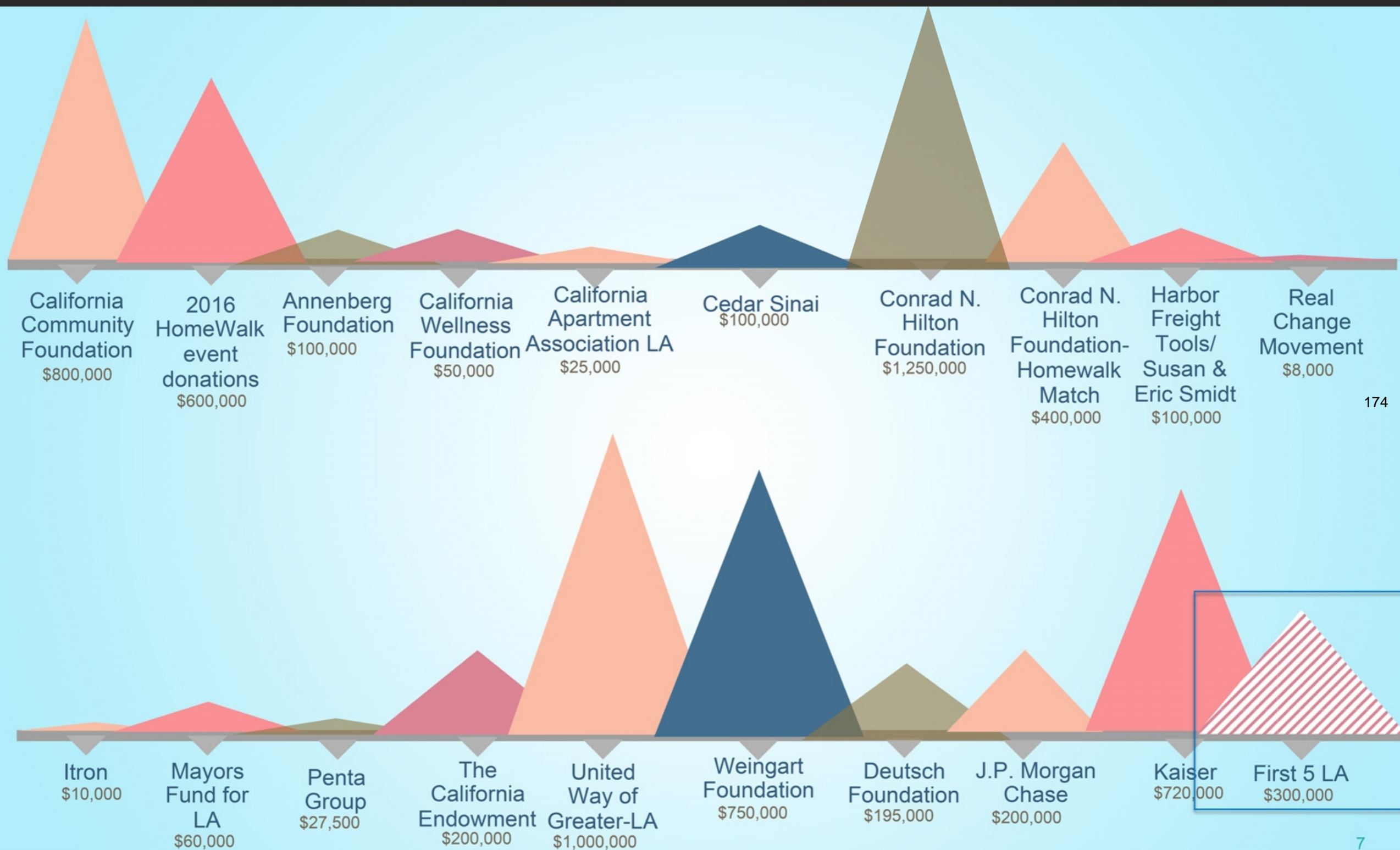
Research & Evaluation

Children's Data Network Study

Emerging Opportunity

Trauma-Informed Care

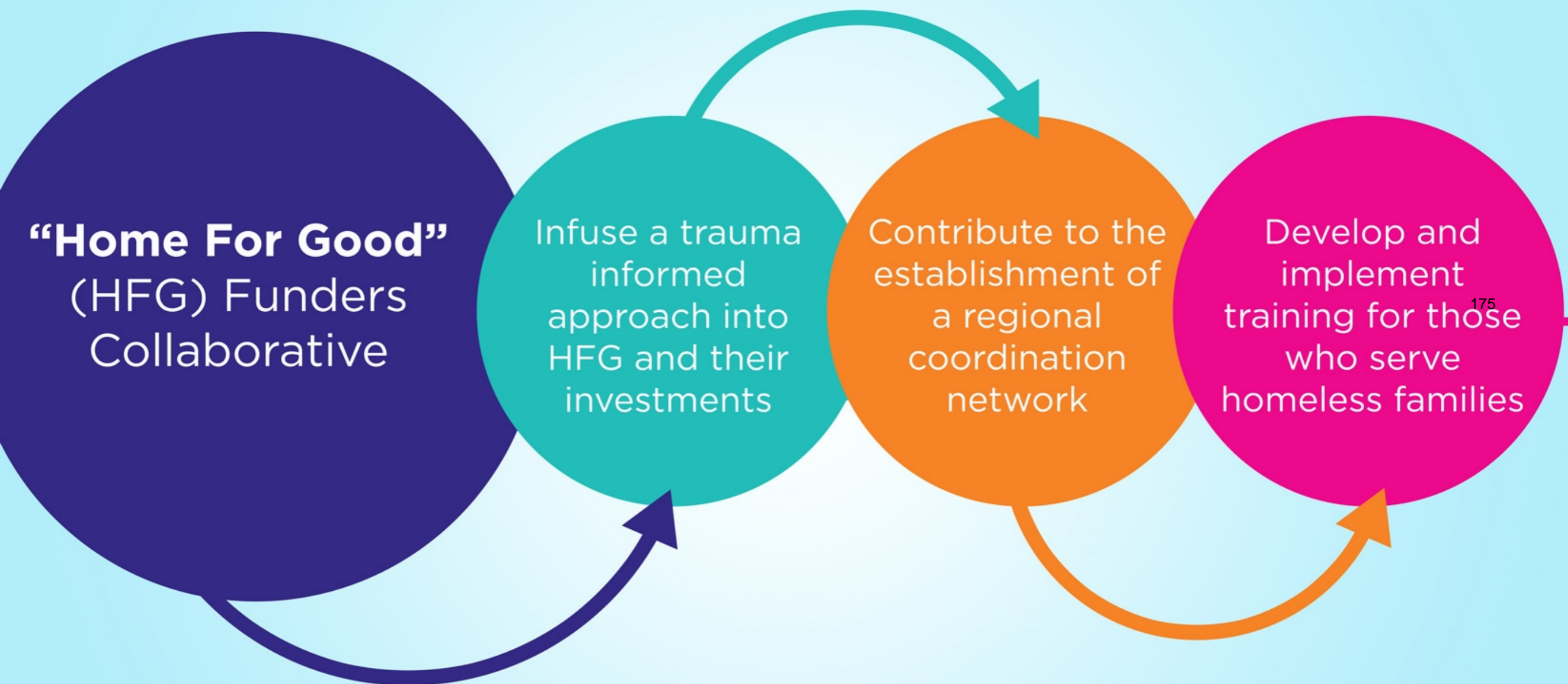
Home For Good Funders 2017-18



174

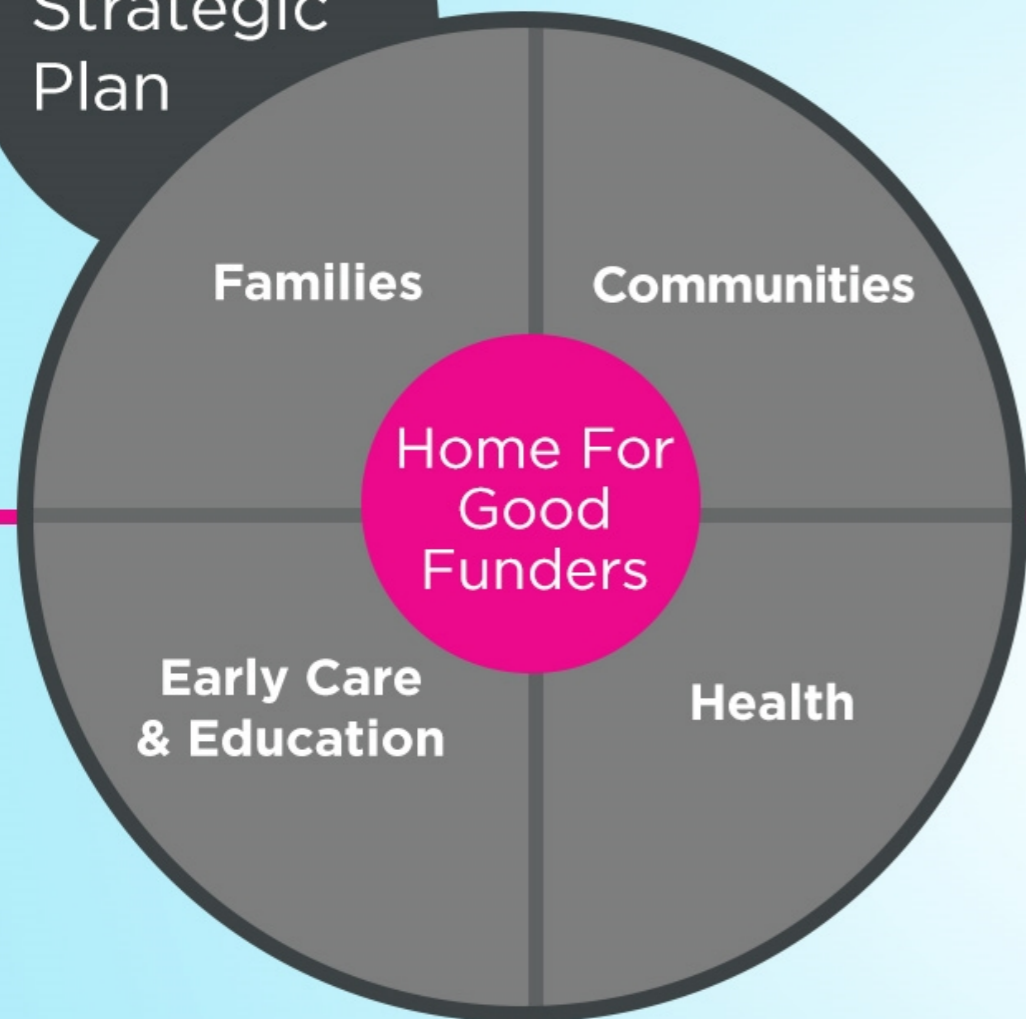
7

Investment Components



Investment Benefits

2015-2020
Strategic
Plan



Preparing for Scale

Partnership Proposal

Request to establish a Strategic Partnership with United Way and their “Home For Good” Funders Collaborative

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First 5 LA invests \$300,000

Leverage other funds

Questions?

There are almost 4,000 homeless children in L.A. County, with more than 100 of them alone without families.

Together we walk for a better future.

UNITED WAY
HOME
WALK



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FIRST 5 LA

SUBJECT:

Request to Establish a Strategic Partnership with California Community Foundation for the Los Angeles Preschool Advocacy Initiative (LAPAI) Coalition in the Amount of \$400,000 and Authorize First 5 LA Staff to Execute a Contract

RECOMMENDATION (PROVIDED AS INFORMATION):

This memo is provided as information for the Board's consideration at the April 27, 2017 Special Meeting of the Board of Commissioners. First 5 LA staff recommends that at the May 11, 2017 Board of Commissioners Meeting, the Board approve the establishment of a Strategic Partnership with the California Community Foundation for an amount not to exceed \$400,000 and authorize staff to execute a two-year contract with an anticipated start date of June 1, 2017 and end date of June 30, 2019 for \$400,000. The funds, in the amount of \$200,000, for Year 1 of this contract have been included in the First 5 LA FY 2016-17 Communications & Marketing Initiative Programmatic Budget. Funds for Year 2, in the amount of \$200,000, will be included in FY 2017-18, under the Communications & Marketing Initiative Programmatic Budget.

BACKGROUND:

As part of its mission statement, First 5 LA is committed to working in partnership to achieve its programmatic and policy goals. The California Community Foundation has developed an Early Care and Education (ECE) communications project that is a part of the Los Angeles Preschool Advocacy Initiative (LAPAI) Coalition that seeks to coordinate and amplify local early care and education (ECE) advocacy efforts to elevate awareness and urgency of the issues among policy makers, parents and the general public.

Numerous studies have shown the benefits of quality ECE for children, especially the underserved and low-income children. In addition to the academic benefits of ECE, research shows there is a financial benefit for society. However, despite all the research and proven benefits, not all children can attend or receive quality ECE opportunities. According to the Los Angeles County Child Care Planning Committee, parents with two children may pay nearly half their wages for child care in Los Angeles County, even as licensed early care and education centers are only able to serve 1 in 7 working parents with infants and toddlers, according to their needs assessment report that explores the resources and gaps in the early care and education system within the county.

There also is a lack of urgency and understanding among policymakers and the public about the importance of ECE compared to other issues such as K-12 education, health care and economic opportunity. The overall lack of awareness and understanding among policymakers and the public, along with the lack of a coordinated and unified message among ECE advocates and providers raises a significant problem for the ECE field about its reach and connection to the larger community. There is a clear need for the ECE field to strengthen its communications infrastructure, and to create opportunities to elevate awareness, and create a sense of urgency for early care and education issues among decision makers and the public.

First 5 LA's purpose in joining the California Community Foundation, the LA Partnership for Early Childhood Investment and the Tikun Olam Foundation to fund the LAPAI Coalition is to provide unified messaging and materials to engage individual parents, caregivers and providers in local, regional and statewide ECE advocacy efforts. First 5 LA's Public Policy & Government Affairs department has supported the advocacy efforts of several ECE coalitions. This effort will ensure we provide aligned materials and messaging across a variety of platforms.

The LAPAI Coalition communications efforts are aligned with the 2015-2020 Strategic Plan's Early Care and Education Outcome area, and the Communications and Marketing department's goals of elevating

awareness and urgency on issues and engaging decision makers. This effort also serves to compliment the ECE advocacy efforts of the Public Policy and Government Affairs department.

Pursuant to the Procurement Policy, Strategic Partners of \$75,000 or more in a fiscal year must be presented to the Board for approval. Staff is requesting an establishment of a strategic partnership for an amount not to exceed \$400,000 to comply with this policy. Section IV.5 of the Procurement Policy also states that contracts of \$75,000 or more require Board approval prior to execution. Staff is seeking approval to execute a two-year contract for the period of June 1, 2017 to June 30, 2019 for an amount not to exceed \$400,000.

GOVERNANCE GUIDELINES #5 AND #6 (SUSTAINABILITY AND LEVERAGING):

This project is a time-limited initiative in which sustainability or leveraging considerations will depend on the LAPAI Coalition's efforts to seek out opportunities to leverage both existing and new partnerships through targeted cross-sector outreach, which may result in additional funding and support.

First 5 LA's funding would be leveraged by the California Community Foundation's ECE policy-advocacy and parent engagement grantmaking efforts, which total an estimated \$1,000,000 over a two-year period. As a result, First 5 LA's investment will help broaden the benefits and impact of the communications infrastructure among other ECE advocates, providers and parent advocates to support a local, countywide ECE communications campaign.

JUSTIFICATION:

This Strategic Partnership meets the criteria below:

- The Strategic Partnership can provide specific resources needed by First 5 LA to implement an approved program or initiative in a manner or on a scale that makes the Strategic Partnership more cost effective than resources provided through a competitive solicitation; or
- The Strategic Partnership can implement an approved program or initiative more expeditiously than resources provided through a competitive solicitation; or
- The Strategic Partnership can provide a demonstrated level of ability or expertise that is only available in the community through the proposed Strategic Partnership; or
- The Strategic Partnership provides an opportunity to leverage First 5 LA funds to produce additional funding for the program or initiative or service.

AND

- The proposed Strategic Partnership is aligned with the adopted Strategic Plan.

The goals of the Communications Department include engaging decision makers and elevating awareness and creating urgency on the 2015-2020 Strategic Plan outcome areas. This funding will create a strategic partnership that will advance the Strategic Plan's Early Care and Education Outcome area goals. The LAPAI coalition is unique, with a diverse membership of more than 25 early care and education partners that includes trusted advocates, providers and supporters, from the nonprofit, government and the business sector, offering First 5 LA the opportunity to reach a broader audience than it could alone. The LAPAI Coalition communications project will create a robust communications framework that will elevate awareness and create urgency among parent, caregivers, stakeholders and decision makers. The effort will include strategic message development through audience research, content development for existing and emerging media platforms, communications and engagement tools for ECE advocates, convening and coordination, communications capacity building and strategic partnerships. The effort's goal is to create clarity, unity, consistency and a more impactful voice to advance favorable policy outcomes that positively impact the access to and quality of Early Care and Education (ECE) for Los Angeles County children and families.

Specifically, the goals of this strategic partnership are to:

- 1) Implement a robust communications infrastructure to strengthen and increase the capacity of LAPAI to amplify L.A. County ECE advocacy efforts in a way that engages a broader cross-section of the community and leverages audiences from diverse stakeholder groups represented in the Coalition;
- 2) Align messaging of local advocacy efforts with other broader networks and initiatives including the LA Partnership for Early Childhood Investment, First 5 L.A. and the Grade Level Reading Campaign;
- 3) Increase awareness and urgency about ECE needs to help shape public opinion and build public and political will for ECE by using strategic communications to amplify advocacy and engagement efforts of LAPAI members echoing broader messages that align with a coordinated, regional ECE policy agenda; and
- 4) Leverage local advocacy efforts and LAPAI members' trusted brands to create new partnerships capitalizing on LA's entertainment and professional sports industries.

The expected outcomes of this strategic partnership include:

- 1) The establishment of a dedicated and robust communications infrastructure that amplifies the work of ECE advocates by having more tools in the toolbox (*e.g. social media, messaging, storytelling, training and technical support, website creation, etc.*);
- 2) A stronger LAPAI with a coordinated, unified front and message that can serve as an echo chamber and is in alignment with broader countywide and statewide efforts;
- 3) The development of stronger and more strategic messaging that can couch ECE advocacy and engagement efforts of LAPAI members through a narrative of "struggle and need" and one that also "humanizes" the issue regarding young children; and
- 4) Increased education and engagement that lead to broader support among policymakers and the general public for ECE.

This strategic partnership will advance the 2015-2020 Strategic Plan's Early Care and Education Outcome area goals, and is consistent with First 5 LA's mission to partner with parents, community members, elected officials, county agencies and service providers to ensure all children enter kindergarten ready to succeed in school and in life. This partnership also compliments the advocacy efforts of the Public Policy & Government Affairs department.

FIRST 5 LA

SUBJECT:

Request to Establish a Strategic Partnership with the Center for Health Reporting at the USC Schaeffer Center for Health Policy and Economics for the Amount of \$375,000 and Authorize First 5 LA Staff to Execute a Contract

RECOMMENDATION (PROVIDED AS INFORMATION):

This memo is provided as information for the Board's consideration at the April 27, 2017 Special Meeting of the Board of Commissioners / Program and Planning Committee Meeting. First 5 LA staff recommends that at the May 11, 2017 Board of Commissioners Meeting, the Board approve the establishment of a Strategic Partnership with the Center for Health Reporting at the USC Schaeffer Center for Health Policy and Economics for an amount not to exceed \$375,000 and authorize staff to execute a contract with an anticipated start date of June 1, 2017 to June 1, 2020. The funds have been included in the First 5 LA FY16-17 Communications & Marketing Initiative Programmatic Budget and will be included in FY17-18, FY18-19, and FY 19-20 budgets under the Communications & Marketing Initiative.

BACKGROUND:

The Center for Health Reporting at the USC Schaeffer Center for Health Policy and Economics is a unique, independent organization dedicated to excellence in journalism. Now entering its seventh year, the Center (formerly the CHCF Center for Health Reporting at USC's Annenberg School) is a group of professional journalists that partners with California news media organizations to shine a light on fundamental health care issues facing "the Other California," the nearly one-third of Golden State residents who are poor or low-income and half of whom — 5.2 million — are children. Its mission is to keep health care issues in front of the public, not only by investigating and spotlighting problems with health care and public policy, but also to explore possible solutions — successful practices that may serve as models to solve these vexing issues confronting poor and low-income Californians.

The Center's work has alerted elected state officials to numerous state health policy shortcomings and inspired them to press state agencies to alter policies. Engagement by decision makers also has resulted in new legislation. In several cases, the Center's work has led directly to a change in the way a state agency conducts its business, or in new legislation passed and then signed by the governor. The Center's investigations into poor children's access to dental care, unreliable vaccination record-keeping and state oversight of assisted living facilities each resulted in new legislation and other state action.

Pursuant to the Procurement Policy, Strategic Partners of \$75,000 or more in a fiscal year must be presented to the Board for approval. Staff is requesting an establishment of a strategic partnership for an amount not to exceed \$375,000 to comply with this policy. Section IV.5 of the Procurement Policy also states that contracts of \$75,000 or more require Board approval prior to execution. Staff is seeking approval to execute a three-year contract with an anticipated start date of June 1, 2017 and an anticipated end date of June 1, 2020 for an amount not to exceed \$375,000.

GOVERNANCE GUIDELINES #5 AND #6 (SUSTAINABILITY AND LEVERAGING):

This project is an ongoing initiative in which sustainability or leveraging considerations will depend on the Center for Health Reporting efforts to seek out opportunities to leverage both existing and new partnerships through targeted outreach, which may result in additional funding and support.

First 5 LA's funding would be leveraged by the USC Schaeffer Center for Health Policy and Economics and David and Mary West Foundation in San Diego in supporting the Center for Health Reporting. As a result, First 5 LA's investment will help increase the amount of high quality news content across broadcast, digital, social media and live event platforms from trusted outlets while increasing the

distribution of stories and connecting L.A. County news coverage to the broader early child development movement throughout California.

JUSTIFICATION:

This Strategic Partnership meets the criteria below:

- The Strategic Partnership can provide specific resources needed by First 5 LA to implement an approved program or initiative in a manner or on a scale that makes the Strategic Partnership more cost effective than resources provided through a competitive solicitation; or
- The Strategic Partnership can implement an approved program or initiative more expeditiously than resources provided through a competitive solicitation; or
- The Strategic Partnership can provide a demonstrated level of ability or expertise that is only available in the community through the proposed Strategic Partnership; or
- The Strategic Partnership provides an opportunity to leverage First 5 LA funds to produce additional funding for the program or initiative or service.

AND

- The proposed Strategic Partnership is aligned with the adopted Strategic Plan.

The goals of the Communications Department include engaging decision makers and elevating awareness and creating urgency on the 2015-2020 Strategic Plan outcome areas. This strategic partnership will allow us to meet this goal by engaging decision makers by elevating the quality and quantity of coverage on early child development issues.

As mentioned above, the Center for Health Reporting at the USC Schaeffer Center for Health Policy and Economics is an independent organization dedicated to quality journalism offering First 5 LA the unique opportunity to elevate awareness and create urgency on early child development issues to policy makers and the general public.

The Center's journalists will examine, through as many as six (6) in-depth projects per year, different critical aspects of the early child development and health status of the poor, youngest, most vulnerable Californians. These projects will be published and/or broadcast in partnership with various L.A. County and California news media organizations, including large and small newspapers, NPR affiliates, online and ethnic news media and amplified across a variety of digital and social media.

Employing U.S. Census, state health department, Medi-Cal and other data, and through interviews with experts, policymakers, advocacy group representatives, on-the-ground health workers and poor and low-income families, the Center will critically examine early child development issues that include how health-related systems interconnect, the interplay between early care and education and health care systems, developmental screenings, home visitation programs, how the system of developmental care serves children and the effects of trauma on children prenatal to age 5.

Utilizing the above data sources to target the best outlet to tell these stories, the Center will work with appropriate media partners to report and publish the projects. In some cases, the Center will offer a "spine story" that maps out the issue in depth, and then distribute the story to partners, including ethnic media outlets, to build separate sidebar stories that unveil the impact of the issue in their local communities. Where feasible, these stories would be published in the language appropriate to the community.

While it is not possible to accurately predict what may follow from a Center project, frequently there is strong local feedback in the form of comments to the news media partner's site. On some occasions,

local action results — a city council or county board of supervisors enacts a new policy in response to the project's findings.

On other occasions, there is even broader impact. The Center's past work has alerted elected state officials to numerous state health policy shortcomings and inspired them to press state agencies to alter policies. Engagement by decision makers also has resulted in new legislation to address issues raised by the Center's reporting. In several cases, the Center's work has led directly to a change in the way a state agency conducts its business, or in new legislation passed and then signed by the governor. The Center's investigations into poor children's access to dental care, unreliable vaccination record-keeping, and state oversight of assisted living facilities each resulted in new legislation or other state action.

First 5 LA's past investments in the LA Partnership for Early Childhood have proven successful at elevating the quality and quantity of coverage of early care and education issues. First 5 LA has learned from its past experience that when issues are reported in the news, from trusted outlets, people — including decision makers — pay attention. As stated earlier, this funding will create a strategic partnership that will increase the amount of high quality news content across broadcast, digital, social media and live event platforms from trusted outlets while increasing the distribution of stories and connecting L.A. County-area news coverage to the broader early child development movement throughout California.

This strategic partnership will advance the 2015-2020 Strategic Plan's Health, Mental Health and Substance Abuse Services Outcome area goals, and also compliments the advocacy efforts of the Public Policy & Government Affairs department.

FIRST 5 LA

SUBJECT:

Request to Establish a Strategic Partnership with the USC Annenberg Center for Health Journalism's Children's Health Matters Blog for the Amount of \$208,000 and Authorize First 5 LA Staff to Execute a Contract.

RECOMMENDATION (PROVIDED AS INFORMATION):

This memo is provided as information for the Board's consideration at the April 27, 2017 Special Meeting of the Board of Commissioners / Program and Planning Committee Meeting. First 5 LA staff recommends that at the May 11, 2017 Board of Commissioners Meeting, the Board approve the establishment of a Strategic Partnership with the USC Annenberg Center for Health Journalism's Children's Health Matters Blog for an amount not to exceed \$208,000 and authorize staff to execute a contract with an anticipated start date of June 1, 2017 to June 30, 2020 for \$208,000. The funds have been included in the First 5 LA FY16-17 Communications & Marketing Initiative Programmatic Budget and will be included in FY17-18, FY18-19, and FY 19-20 budgets under the Communications & Marketing Initiative.

BACKGROUND:

Reaching an influential audience of policy makers, journalists and clinicians, the USC Annenberg Center for Health Journalism Children's Health Matters Blog helps inform journalism and policy thinking in Los Angeles County and beyond. Curated and reported by journalist Ryan White, along with other collaborators, Children's Health Matters shares the latest research, journalism and ideas on pediatric health and early childhood development; prevention models and interventions to reduce health disparities for children born into trauma and poverty; and trends in children's health and well-being.

This blog is a unique vehicle to influence policy and decision makers, clinicians and journalists interested in improving their understanding of health care and early child development issues facing children age 0 to age 5.

Pursuant to the Procurement Policy, Strategic Partners of \$75,000 or more in a fiscal year must be presented to the Board for approval. Staff is requesting an establishment of a strategic partnership for an amount not to exceed \$208,000 to comply with this policy. Section IV.5 of the Procurement Policy also states that contracts of \$75,000 or more require Board approval prior to execution. Staff is seeking approval to execute a contract for the period of June 1, 2017 to June 30, 2020 for \$208,000.

GOVERNANCE GUIDELINES #5 AND #6 (SUSTAINABILITY AND LEVERAGING):

This project is an ongoing initiative in which sustainability or leveraging considerations will depend on the USC Annenberg Center for Health Journalism's efforts to seek out opportunities to leverage both existing and new partnerships through targeted outreach, which may result in additional funding and support.

First 5 LA's funding would be leveraged by the California Endowment, the Annie E. Casey Foundation and the Blue Shield of California Foundation's support of this project. As a result, First 5 LA's investment will help increase the amount of high quality news content across digital and social media from a trusted outlet while connecting L.A. County-specific stories to the broader early child development movement throughout California.

JUSTIFICATION:

This Strategic Partnership meets the criteria below:

- The Strategic Partnership can provide specific resources needed by First 5 LA to implement an approved program or initiative in a manner or on a scale that makes the Strategic Partnership more cost effective than resources provided through a competitive solicitation; or
- The Strategic Partnership can implement an approved program or initiative more expeditiously than resources provided through a competitive solicitation; or
- The Strategic Partnership can provide a demonstrated level of ability or expertise that is only available in the community through the proposed Strategic Partnership; or
- The Strategic Partnership provides an opportunity to leverage First 5 LA funds to produce additional funding for the program or initiative or service.

AND

- The proposed Strategic Partnership is aligned with the adopted Strategic Plan.

The goals of the Communications Department include engaging decision makers and elevating awareness and creating urgency on the 2015-2020 Strategic Plan outcome areas. This strategic partnership will allow us to engage decision makers by elevating the quality and quantity of coverage on early child development issues.

The USC Annenberg Center for Health Journalism Children’s Health Matters Blog offers First 5 LA a unique opportunity to reach an influential audience of policy makers, journalists and early child development experts.

First 5 LA’s past investments in the LA Partnership for Early Childhood have proven successful at elevating the quality and quantity of coverage of early care and education issues. First 5 LA has learned from its past experience that when issues are reported in the news, from trusted outlets, people — including decision makers — pay attention. As stated earlier, this funding will create a strategic partnership that will increase the amount of high quality news content across digital and social media from a trusted outlet while connecting L.A. County-specific news coverage to the broader early child development movement throughout California.

Additionally, this strategic partnership will advance the 2015-2020 Strategic Plan’s Health, Mental Health and Substance Abuse Services Outcome area goals. These partnerships also compliment the advocacy efforts of the Public Policy & Government Affairs department.

Strategic Partnerships to Elevate Awareness of Early Childhood Issues

Gabriel Sanchez, Director,
Communications Department

April 27, 2017



Presentation Goals

5
mins.

Communications Investments in
Context of First 5 LA's Strategic Plan

10
mins.

Proposed First 5 LA Strategic
Partnerships

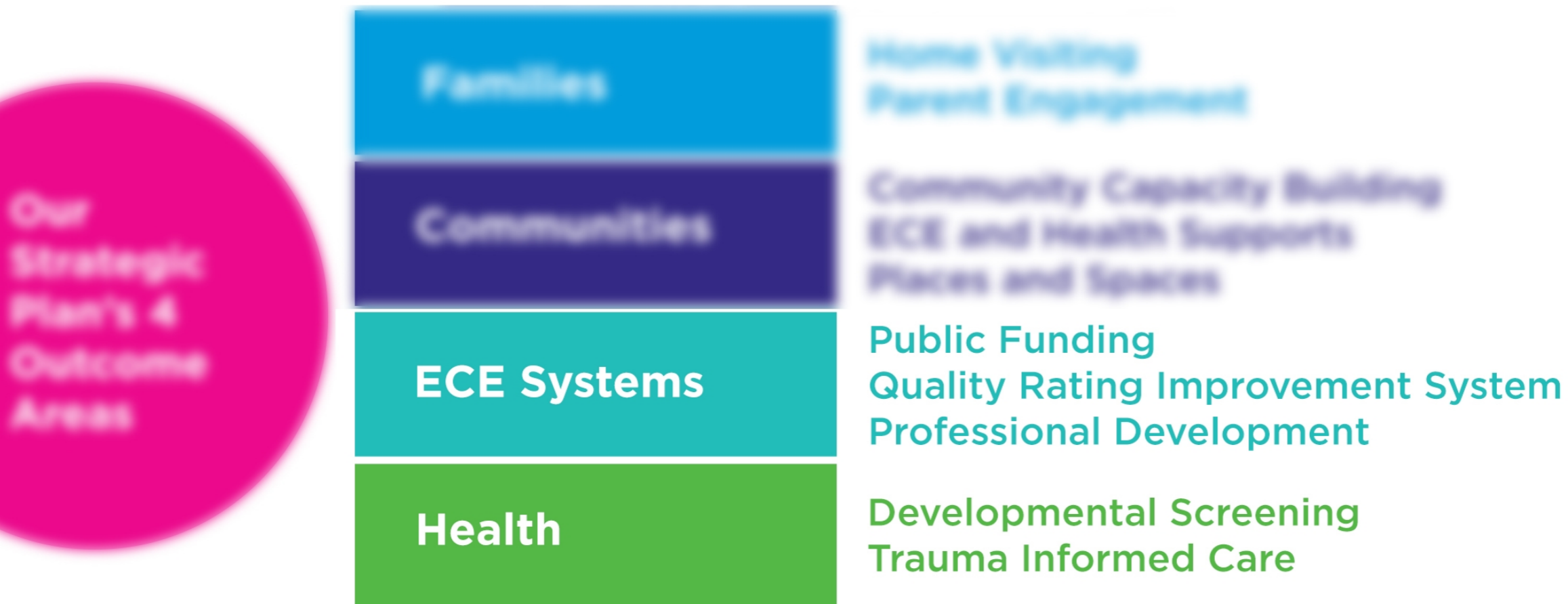
10
mins.

Questions & Discussion

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Strategic Plan Context

- Communications is one of six Board-identified investment strategies to advance First 5 LA's goals.
- This guides our work in educating the public about the importance of investing in our children and families.



Communications Objectives

We are using communications to:



Prior Investments

KPCC

- Support dedicated beat to ECE
- Amplify reporting & stories across KPCC and SCPR online platforms and programming

General Public
Policymakers
Policy Influencers

LAPAI

- Support coalition communications capacity
- Coordinated messaging
- Increased political heft of providers & advocates

Policymakers &
Decision-makers

New America Media

- Community convenings; Building capacity of smaller news outlets
- 10 media fellows in L.A. County
- Additional story content, production & dissemination across ethnic media outlets
- Advertorials

Parents
Other Media

PPIC & Field Poll

- Voter public opinion polls
- Tie ECE to other voter issues (workforce, K-12 education, state budget investments)

Policymakers
Advocates & Policy
Influencers

California Community Foundation

PROTÉGETE! CIUDADANÍA YA!



TOGETHER
WE CAN
JUNTOS PODEMOS



CARECEN

CENTRAL AMERICAN RESOURCE CENTER / CENTRO DE RECURSOS CENTROAMERICANOS



ASIAN AMERICANS
ADVANCING
JUSTICE
LOS ANGELES



COFEM



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Proposed Investments

In FY 16-17, we are proposing three strategic partnerships to advance our ECE and Health Systems Strategic Plan Outcome Areas.

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1. LAPAI Coalition Communications Project - Early Care and Education
2. Center for Health Reporting at the USC Schaeffer Center for Health Policy and Economics - Health Systems
3. USC Annenberg Center for Health Journalism - Health Systems

Proposed Investment 1 - ECE

LAPAI Coalition Communications Project

Objective: Develop a robust communications infrastructure to help amplify the impact and reach of ECE advocacy efforts in L.A. County.

Goals:

- Catalyzes policy priorities for unified, broad-based action and advocacy
- Greater engagement of parents and community around local advocacy efforts
- Greater capacity to leverage digital organizing tools and tactics by coalition members

Proposed Investment 2 - Health

Center for Health Journalism at USC Annenberg

Objective: Elevate the quality and quantity of coverage on health care delivery systems

Goals:

- Reach an influential audience of policy makers, journalists and early child development experts
- Increase amount of high quality news content across digital and social media
- Connect L.A. County-specific news to the broader early child development movement throughout California

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Proposed Investment 3 - Health

Center for Health Reporting at the USC Schaeffer Center for Health Policy and Economics

Objective: Elevate the quality and quantity of coverage on health care delivery systems

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Goals:

- Reach an influential audience of policy makers
- Increase amount of high quality news content in traditional, digital and social media
- Connect L.A. County-specific news to the broader early child development movement throughout California

Next Steps

These proposed strategic partnerships will come before the Board at the May 11 Commission meeting.

1. LAPAI Coalition Communications Project - Early Care and Education
2. Center for Health Reporting at the USC Schaeffer Center for Health Policy and Economics - Health Systems
3. USC Annenberg Center for Health Journalism - Health Systems

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Questions?

Thank
You!

1ST  LA
first 5 la
Giving kids the best start