

AGENDA

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

Budget & Finance Committee Chair: Robert Byrd

**Thursday, June 11, 2015
 1:30 PM**

Meeting Location:

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



ASPOSE

Your File Format APIs

1. **ACTION**
 Call to Order / Roll Call
 - **Michael D. Antonovich, Chair**
2. **ACTION**
 Consent
 - **John Wagner, Chief Operating Officer**
 - A. Approve Commission Meeting Summary Action Minutes and Transcript - 3
 Thursday, May 14, 2015
 - B. Approve the Monthly Financial Statements Month Ending April 30, 100
 2015
 - C. Contract: Approve 68 Contract Renewals, Three Amendments and Three 107
 Annual Budgets and Scopes of Work and Authorize Staff to Complete
 Final Contract Execution Upon Approval from the Board
 - D. Approve LAUP 2015-16 Contract 274
 - E. Approve Lease Extension for La Petite Academy 286
 - F. Approve Renewal of Expiring Strategic Partnerships 290
 - South Bay Center for Counseling
 - 14 Welcome Baby Hospitals
 - County of Los Angeles, Department of Public Health
 - Third Sector New England

COMMISSIONERS

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

EX OFFICIO MEMBERS

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

EXECUTIVE DIRECTOR

Karla Pleitéz Howell

EXECUTIVE VICE PRESIDENT

John A. Wagner

A PUBLIC ENTITY

3.	ACTION	296
	Expiring Initiative:	
	Approval to Extend Partnership with Department of Public Health (DPH) – Health Access Children’s Health Outreach Initiative	
	- Tara Ficek, Director, Grants Management	
4.	INFORMATION	
	Remarks by the Commission Chair of the Board	
	- Michael D. Antonovich, Commission Chair	
5.	INFORMATION	318
	Executive Director's Report	
	- Kim Belshé, Executive Director	
6.	ACTION	348
	ANNUAL PUBLIC HEARING:	
	Annual Review of First 5 LA Strategic Plan	
	- Jessica Kaczmarek, Director, Office of Strategic Planning and Integration	
7.	ACTION	426
	Approve Final FY 2015-16 Budget	
	- Raoul Ortega, Finance Director	
	- Alison Mendes, Interim Finance Manager	
8.	Break	
9.	INFORMATION	507
	Best Start Communities (BSC): Building Stronger Families Framework	
	- A Portrait of Palmdale	
	- John Bamberg, Senior Program Officer, Best Start Communities	
	- Joaquin Macias, Program Officer, Best Start Communities	
10.	INFORMATION	524
	Policy Update	
	- John Wagner, Chief Operating Officer	
	A. Conference and Event Funding	537
	B. Travel for Commissioners	548
	C. Development and Approval of Research and Evaluation Projects	556
	D. Outcomes-Driven Planning and Evaluation	558
11.	INFORMATION	
	State Budget Update	
	- Peter Barth, Director, Policy and Intergovernmental Affairs	
12.	INFORMATION	
	Public Comment	
13.	ACTION	
	Adjournment	

**SUMMARY ACTION MINUTES
FIRST 5 LA
Board of Commissioners Meeting
May 14, 2015
1:30-4:30 pm**

COMMISSIONERS PRESENT:

Commissioners:

Judy Abdo
Nancy Au
Jane Boeckmann
Philip Browning (Vice Chair)
Duane Dennis
Marvin Southard
Joseph Ybarra

Ex-Officio Commissioners:

Patricia Curry

COMMISSIONERS ABSENT:

Michael D. Antonovich (Chair) [Excused]
Cynthia A. Harding [Excused]
Sandra Figueroa-Villa [Excused]
Karla Pleitéz Howell [Excused]
Deanne Tilton [Excused]

STAFF PRESENT:

Kim Belshé, Executive Director
Raoul Ortega, Finance Director
Teresa Nuno, Acting Chief of Programs and Planning
Linda Vo, Commission Secretary
John Wagner, Chief Operating Officer

LEGAL COUNSEL:

Craig Steele, Attorney-at-Law

CALL TO ORDER / ROLL CALL / CONSENT: (Items 1-2)

1. Commission Vice Chair Browning called the meeting to order at 1:40 pm. Quorum was present.
2. Consent
 - A. Approve Commission Meeting Summary Action Minutes and Transcript- Thursday, April 9, 2015
 - B. Approve the Monthly Financial Statements Month Ending March 31, 2015
 - C. Contract: Approve One New Agreement and Ten Contract Renewals and Authorize Staff to Complete Final Contract Execution Upon Approval from the Board

**M/S (Marvin Southard/ Nancy Au)
THE ITEMS WERE UNANIMOUSLY APPROVED**

COMMISSION: (Items 3 – 13)

3. Remarks by the Commission Chair of the Board
4. Executive Director's Report
5. ANNUAL PUBLIC HEARING:
Receive and File First 5 California's Annual Report

THE ITEM WAS RECEIVED AND FILED

6. Approve Recommendations on Expiring Initiatives

Note: Items were broken up into parts before action was taken.

Part 1

1. Recommendation: Extend strategic partnership for 1-year through June 30, 2016 for up to \$1.2 million to continue current telephonic IR&R services

Board action required: Waive Governance Guideline #7; authorize staff to complete final execution of the Contracts upon Board approval of the FY 2015-2016 Programmatic budget

2. Recommendation: Extend strategic partnership for 1-year within its current allocation through June 30, 2017 to continue initiative and successfully complete all final deliverables outlined in Multi-Year Scope of Services

Board action required: Waive Governance Guideline #7

BOTH ITEMS WERE APPROVED WITH 7 VOTES

1. **Judy Abdo**
2. **Nancy Au**
3. **Jane Boeckmann**
4. **Philip Browning**
5. **Joseph Ybarra**
6. **Sylvia Swilley**
7. **Marvin Southard**

Part 2

1. Recommendation: LAUP to retain remaining balance (~\$30 million) to advance their Strategic Plan in alignment with the ECE outcome area in First 5 LA's new strategic plan

Board action: Endorsement for LAUP to retain the remaining balance; direct staff to develop expenditure plan that aligns to First 5 LA's and LAUP's new strategic directions

Abstention: Joseph Ybarra

**M/S (Nancy Au /Marvin Southard)
THE ITEM WAS ENDORSED UNANIMOUSLY**

Part 3

1. Recommendation: Extend strategic partnership for 6-months through December 31, 2015 for up to \$2 million plus additional unspent funds from FY14-15 to support Healthy Kids transition and outreach sustainability

Board action required: Waive Governance Guideline #7; authorize staff to complete final execution of the Contracts upon Board approval of the FY 2015-2016 Programmatic budget

Recusal: Joseph Ybarra

Given there were not enough non-conflicted voting members present, this item was pushed to the next Commission meeting for action to be taken.

7. LAUP 2015-16 Contract

Mr. Dieterle presents LAUP's contract for FY 2015-16.

8. Break

9. FY 2015-16 Budget

- Ms. Ortega and Ms. Mendes present the draft FY 2015-16 budget to the Commission.
10. Lease Extension for La Petite Academy
- Mr. Steele gives a brief presentation on the request for an extension on a lease First 5 LA has with La Petite Academy.
11. Federal Policy Landscape
- Mr. Packer gives a presentation on First 5 LA's advocacy efforts at the federal level.
12. Public Comment

ADJOURNMENT:

The Commission adjourned at 3:52 pm.

NEXT MEETING:

The next Commission meeting will take place on Thursday, June 11, 2015 at 1:30 pm.

First 5 LA
Multi-Purpose Room, First Floor
750 N. Alameda Street
Los Angeles, CA 90012

Meeting minutes were recorded by Linda Vo, Secretary, Board of Commissioners.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

MEETING OF First 5 BOARD OF COMMISSIONERS
Thursday, May 14, 2015
750 North Alameda Street, First Floor
Los Angeles, California 90012

REPORTED BY:
HEATHERLYNN GONZALEZ
CSR #13646

1 Thursday, May 14, 2015; Los Angeles, California

2 1:41 p.m.

3 -oOo-

4 COMMISSIONER BROWNING: Okay. I'd like to go
5 ahead and call the First 5 Board of Commissioners meeting
6 into session. The mayor will be coming in a few minutes;
7 so I'll go ahead and get us started. There are a few
8 things I can get done, I think, before his arrival.

9 The first thing we need to do, Linda, I think is
10 go ahead and call the roll.

11 SECRETARY: Judy Abdo.

12 COMMISSIONER ABDO: Here.

13 SECRETARY: Nancy Au.

14 COMMISSIONER AU: Here.

15 SECRETARY: Jane Boeckmann.

16 COMMISSIONER BOECKMANN: Here.

17 SECRETARY: Philip Browning.

18 COMMISSIONER BROWNING: Here.

19 SECRETARY: Sylvia Swilley.

20 COMMISSIONER SWILLEY: Here.

21 SECRETARY: Marvin Southard.

22 COMMISSIONER SOUTHARD: Here.

23 SECRETARY: Sandra Figueroa-Villa.

24 Joseph Ybarra.

25 COMMISSIONER YBARRA: Here.

1 SECRETARY: Patricia Curry.

2 COMMISSIONER CURRY: Here.

3 SECRETARY: Cynthia Harding.

4 Karla Pleitez Howell.

5 Deanne Tilton.

6 Michael Antonovich.

7 Quorum is present.

8 COMMISSIONER BROWNING: Okay. Joseph, I think
9 we're welcoming you today. I know that I think it was at
10 the last meeting that your boss said, "I'm out of here,
11 but I have a great replacement."

12 COMMISSIONER YBARRA: Thank you.

13 COMMISSIONER BROWNING: So welcome. We're glad
14 to have you here.

15 COMMISSIONER YBARRA: Thank you.

16 COMMISSIONER BROWNING: I think the first item on
17 the agenda is the consent calendar.

18 Mr. Wagner, do you have things that you want to
19 call to our attention?

20 MR. WAGNER: Yes. Thank you and good afternoon,
21 commissioners.

22 A couple of things to just highlight and call to
23 your attention on the consent items. We do have a number
24 of contracts on the consent calendar for your
25 consideration. One is a new contract with -- for auditing

1 services.

2 As you may know, we've conducted an open,
3 competitive solicitation and have selected the auditor of
4 Vavrinek, Trine & Day, or VTD. So you'll see on the
5 consent calendar that -- that contract for a six-year --
6 six-year contract for auditing services. And it is
7 contingent on every year's passage of the budget. So
8 you'll see the full six-year amount on the consent
9 calendar.

10 In addition to this new contract, there are ten
11 renewals -- contract renewals. The first one is for a
12 one-year contract renewal for Para Los Niños, which is the
13 lead agency for metro LA Best Start community. In
14 addition, you will see six contracts that are being
15 renewed for the first connections or the early
16 identification and intervention for autism and other
17 developmental delays. So you'll see the six
18 community-based organization contracts coming forward.

19 In addition, there are two renewed contracts for
20 workforce development. One is LAUP for the CARES plus.
21 CARES is the Comprehensive Approaches to Raising
22 Educational Standards. That's the state funding we get
23 with First 5 LA match. And there's another workforce
24 development contract for zero to three.

25 And then, finally, there is a contract for your

1 consideration with the LA County Department of Public
2 Health for reducing childhood obesity. Now, this is not
3 coming to your attention for dollar approval. It is
4 coming to your attention because, as a requirement of
5 their contract, every year we need to bring to the board
6 the updated scopes of work and budget, and the board needs
7 to approve it. So you are not changing anything in their
8 contract other than approving the scopes of work and the
9 budget for this year.

10 I will note that the DPH contract is also --
11 also on the consent calendar with these others but it's
12 approving the scopes of work.

13 And I think that's it for going through the items
14 on the consent calendar.

15 COMMISSIONER BROWNING: John, is there a scope of
16 work issue that we should be aware of?

17 MR. WAGNER: Thank you for asking about that.

18 Historically, what we have done for your
19 consideration when we go through the consent items is, you
20 have the ability to link to a -- through a link on your
21 iPad to the individual scopes of works and budgets that
22 back up all of these contracts you're approving or you're
23 considering. And in order to accomplish some
24 administrative efficiency, it's a lot of work to put those
25 links up because they're being negotiated and changed

1 right up to the board meeting. And because all of that
2 information is public and on occasion, there is salary
3 information and things that some of the contractors do not
4 -- they want to redact prior to your consideration.

5 We have -- we have recommended and are putting
6 forth a new process where any commissioner who wants to
7 get that information just has to alert Linda, the board
8 secretary, and we will provide that information to you but
9 not to -- for purposes of our regular consent calendar and
10 your consideration provide the link. So that will be --
11 and that would be going into effect in June. So that is a
12 bit of a different process.

13 MS. BELSHE: But substantive -- so that's a
14 process perspective and really important to update
15 commissioners as John has done about the new process
16 informed by legal's input.

17 Substantively, as it relates to the scope of work
18 the changes, I believe, are reflective of the course of
19 doing business, new learning, new adjustments. So I don't
20 think it's reflective of any problem with the work. It's
21 just updating of the activities informed by experience.

22 COMMISSIONER BROWNING: Okay. Thank you.

23 What about other commissioners that have
24 questions or want to pull items for further discussion?

25 Seeing none, do I have a motion to accept the

1 consent calendar?

2 COMMISSIONER SOUTHARD: So moved.

3 COMMISSIONER AU: Second.

4 COMMISSIONER BROWNING: Moved and approved. All
5 those in favor say aye.

6 COMMISSIONERS: Aye.

7 COMMISSIONER BROWNING: Any abstentions or
8 opposed? Okay. Motion carries, then.

9 I think the next item we'll defer since that's --
10 on my calendar seems to be the remarks from the mayor. So
11 we're moving on pretty quickly. Maybe we'll get out of
12 here on time.

13 MS. BELSHE: We're always out of here on time.
14 You mean maybe we'll get out of here early.

15 COMMISSIONER BROWNING: But we started eight
16 minutes late, and I'm sorry about that. So our executive
17 director has a report.

18 MS. BELSHE: This will only take 20 or 40
19 minutes.

20 I want to -- three quick items: Number one is, I
21 believe all of our commissioners have had a chance to meet
22 individually, but I want to make sure they again have an
23 opportunity to see as well as our guests who are at
24 today's meeting. We have two new department heads who've
25 joined First 5 LA as members of our senior management

1 team. I'll begin with the veteran of the two, Gabriel
2 Sanchez. Gabe, if you'll stand up. I think everyone has
3 met Gabriel. Gabriel joined us all of maybe three and a
4 half weeks ago. That's it. So we -- Gabriel comes most
5 recently from Green Dot Charter Schools where he was the
6 communications director for a number of years. Also a lot
7 of experience in Sacramento.

8 And next to him is the true newby, which is our
9 director of policy, Peter Barth. Peter is on day eight,
10 nine? Day nine.

11 MR. BARTH: Nine now.

12 MS. BELSHE: Day nine. Peter comes to us --
13 thank you, Peter -- most recently by way of Third Sector
14 Partner Capitals. Did I get that right or is it Third
15 Sector Capital Partners? There we go. Commissioners who
16 were here earlier in the year will recall Peter presenting
17 in his former capacity around our "pay for success"
18 project initiative that we have been doing around home
19 visiting. And Peter, like Gabriel, comes by way of
20 Sacramento and very strong policy experience. And,
21 actually, I had a chance, as did John, to work with Peter
22 in the context of the health and human services agency.

23 We are delighted to have these two new
24 organization-wide leaders already bringing their talents
25 to communications and policy. And you'll be hearing more

1 from them in the weeks and months ahead. So welcome to
2 Gabriel and to Peter.

3 Second, I wanted to note and I reference one of
4 -- example, some of the growing attention to First 5 LA's
5 leadership in the role of home visiting which increasingly
6 is getting -- the issue itself is getting a lot of
7 attention recently in the context of investing in and
8 supporting parents at the earliest moments possible,
9 recognizing their role as a new child's first and
10 strongest teacher and advocate. It's in the context of
11 this growing national attention around home visiting that
12 First 5 LA and its leadership around Welcome Baby select
13 home visiting is really having its profile highlighted.

14 I shared with commissioners in my ED report the
15 recent partnership for early childhood investment here in
16 LA that had a terrific panel discussion that
17 Armando Jimenez, our research director, kicked off.
18 Stacy Lee, our policy manager, was a part of that panel,
19 along with Commissioner Bostwick. Really rich and
20 important conversation about the power and potential of
21 strengthening parents at the earliest moments possible and
22 how to communicate and engage policymakers and parents in
23 this thing called home visiting which the clear and
24 consistent feedback is, that's not the right term to use.
25 It's just -- you know, that's something we'll come back

1 and talk more with you about in the context of some of our
2 communications work. But words matter in terms of some of
3 the images it connotes, especially for parents. But most
4 fundamentally what is important is that these types of
5 investments in parents is so important. And I want to
6 just quickly share.

7 Armando shared a wonderful anecdote at this panel
8 presentation when he talked about, in the course of his
9 commuting, he happened -- you know, he's a researcher. He
10 likes to look at qualitative data, so he stares at people.
11 And so, when you're talking with Armando, you should know
12 that you are one of his research projects even as you
13 speak.

14 So he saw this very young mom who was interacting
15 with her baby in a really powerful and direct way. We
16 hear about the serve and return, you know, really engaged
17 and communicative. And as Armando said, you could look at
18 that mom and how she was interacting with her child and
19 have confidence that that mom was going to make good
20 choices for supporting that child.

21 And so Armando -- God love him -- went up to this
22 young woman and said, "I just want to note the things
23 you're doing now with your child is just so powerful.
24 It's going to make a lifetime of difference in terms of
25 her trajectory and her ability to do well in school and in

1 life." And this young woman said, "Oh, that's what my
2 home visitor coach taught me." And so it's -- it made --
3 it all give us a chill in terms of saying that's exactly
4 right, that's exactly right.

5 So how do we, not only in terms of the work we're
6 supporting along with others but in terms of the kind of
7 the policy change we're seeking to contribute to, how do
8 we insure that quality home visiting programs and supports
9 are available to all young mothers and parents that want
10 them.

11 Finally, there was a national home visiting
12 conference in DC that we sent about a half a dozen staff
13 to from our program development department and research
14 and evaluation. Maybe less than that. But a number of
15 our colleagues participated. Holly Campbell participated
16 on a panel regarding data performance in the state. Some
17 might say, oh, that's so dry. But it is like really
18 exciting and powerful. And nationally people are
19 interested in what we're doing through the home visiting
20 consortium that we're a part of and are supporting in
21 terms of identifying common indicators for different types
22 of home visiting programs around LA. And I was just
23 delighted to see that the comment that Deanna Cartiaga
24 (phonetic spelling) reported back as part of an all-staff
25 blog, that the eyes of the nation are really upon First 5

1 LA in terms of both our experience as well as the eventual
2 report we're going to be putting out on home visiting here
3 in Los Angeles county.

4 So terrific to see our excellent work in LA and
5 nationally being recognized and an opportunity to learn
6 from others and to share.

7 Final item I would raise is, today is May
8 revision day. That is when the Governor updates his
9 budget proposal from January informed by new expenditure
10 and revenue trends. Good news for the state. Revenues
11 are up. Revenues are up big. Roughly \$6.7 billion growth
12 in revenue. That's good news for Prop 98 which is slated
13 to receive an additional \$5.5 billion. I would suggest
14 those it's less good news for early learning because, not
15 withstanding that significant infusion of new general fund
16 which really does present an opportunity to reinvest in
17 programs that we know work and prepare children to arrive
18 in kindergarten ready to learn and be successful in the
19 classroom and life, there really are only minimal
20 increases for early learners pre-K.

21 So I won't go into the details as we know them.
22 I would make two points: Number one, we have joined as a
23 part of the ECE, Early Care and Education Coalition, of
24 which we are a part a press release with quotes about our
25 disappointments and underscoring again where we see

1 powerful opportunities for public investment with very
2 strong returns on those investments as it relates to early
3 learning; and that this really underscores the importance
4 of the work we're engaged in and really need to be
5 doubling down on relative to policy change and advocacy
6 because we know the path to universal access to quality,
7 affordable, early learning programs is through Sacramento
8 and Washington DC and as well as our school districts.
9 We'll be hearing about the federal conversation later in
10 our agenda but did want to share some initial quick
11 comments.

12 So I will leave it there and turn it back to you,
13 Philip.

14 COMMISSIONER BROWNING: Kim, will you be putting
15 out some sort of a report on the budget through some other
16 media?

17 MS. BELSHE: Yeah, once we have a chance to
18 digest and have either access or pull together something
19 that is commissioner friendly, we will do be doing so.

20 COMMISSIONER BROWNING: Anything quick? Nancy.

21 COMMISSIONER AU: Just a couple of quick
22 comments. One is out of curiosity. The other is just a
23 comment.

24 Could we possibly frame the conversation about
25 the Governor's May revise and the increasing funding for

1 schools as a way for school districts to look more
2 favorably at supporting early learning with the local
3 control funding? Because one of the rationales of the
4 reasonings I heard that they were resistant to even
5 considering using some of those monies is because they
6 were looking at it as a way to sort of compensate for
7 previous decreases in funding.

8 So perhaps, this might be -- if we -- if we frame
9 it correctly, I'm wondering if we could do that and look
10 at this May revise and the increase in funding as an
11 opportunity to rethink how they thing --

12 MS. BELSHE: I think it's an important point,
13 Nancy. It's not either/or; it's both/and. And some of
14 the investment or potential investments that we and the
15 ECE Coalition were at are really -- really do require
16 general fund commitment such as reimbursement for child
17 care providers.

18 But you're absolutely right, to the extent more
19 of those dollars are going to school districts, that
20 provides us with an opportunity to engage even more
21 robustly in a school district conversation about where
22 those LCFF dollars have the most potential in terms of
23 improving outcomes for -- learning outcomes for kids.

24 COMMISSIONER AU: Thank you.

25 And then the second is purely out of curiosity.

1 What was the major criticism regarding the labeling of
2 what we're doing in terms of home visitation? What --
3 where was that coming from? I know words are important.

4 MS. BELSHE: Some of the feedback and -- I'm now
5 officially an older worker so I'm going to try and
6 remember from a meeting of a month ago. There were issues
7 of stigma, this idea of government coming into the home.
8 So it felt a little heavy handed to some parents.

9 Barb, are you remembering some of the other
10 issues? It was issues of stigma. It was images of big
11 government, paternalism. But when framed as parent
12 engagement and support or parent support, comma, including
13 in the home, then it was -- then it flipped entirely.

14 MS. DUBRANSKY: I just want to really clarify,
15 it's the terminology; it's not the service that concerns
16 people. Often there's an early trust building phase where
17 you can say to somebody, would you like to meet somewhere
18 else before we go to your home. Very quickly, a family
19 says, oh, yeah, next time can you just come to my house.
20 But it has to be their choice and they need to have that
21 opportunity to invite the worker into their home. But --
22 so it's really about terminology, not about an issue with
23 the service itself.

24 And we've known this for a while but what we've
25 been waiting for is alternate language. So we're really

1 ready to shift but we didn't want to do that shift before
2 there was some good, solid information about what type of
3 shift we should make.

4 COMMISSIONER AU: That's very interesting because
5 in just -- I'll take two minutes but I -- it's too bad my
6 mom's no longer here. But she would tell us stories about
7 when she first were having her babies. And this was in
8 Hawaii when the plantation -- the sugar plantations were
9 quite still vibrant and they would actually have public
10 health nurses go to the -- these families that had babies
11 and they would actually visit the moms and the babies and
12 spend time in teaching. And my mom was totally grateful
13 because she had no clue as to what was happening as a
14 young mother.

15 So I -- I'm -- it's too bad that I can't -- I
16 can't engage with her to ask her, particularly regarding
17 this reaction as to whether or not they even experienced
18 any stigma regarding that kind of service and support. So
19 very interesting.

20 MS. BELSHE: It's part of a cultural change, a
21 community norm change that it's a service and support
22 that's expected and valued as opposed to something that's
23 imposed upon. And that's one of the reasons why First 5
24 LA's voluntary approach is so important.

25 For further discussion when we have more time.

1 COMMISSIONER BROWNING: Okay. Any other
2 questions? If not, let's move on.

3 COMMISSIONER SOUTHARD: So I was just wondering
4 if we have any indications from our legislative allies
5 like Senator Mitchell if there's a chance for, in the
6 budget process, getting some help.

7 MS. BELSHE: Oh, absolutely. As I say, Marv, I
8 think the budget -- it's a process. It's a dance. The
9 women's caucus has placed a very high priority on early
10 learning and poverty mitigation, as have assembly
11 Democrats and Senate leadership -- Democratic leadership.
12 So they're very -- there are allies.

13 And I should note, I believe we've all read in
14 the paper how the Governor has proposed a state earned
15 income tax credit, which is a very important step forward.
16 California is one of many states actually that don't have
17 a state EITC to compliment the federal EITC, very
18 important anti-poverty strategy. So there are some good
19 things but there clearly are some advocacy opportunities
20 to try to secure greater general fund support.

21 So we're going to be fighting and we'll be
22 keeping the board apprised through our monthly updates.

23 COMMISSIONER BROWNING: Any other question or
24 comments?

25 I think Item 5 is annual public hearing. John,

1 you're going to talk to us about First 5 annual report?

2 MR. WAGNER: Yes. Thank you.

3 A few brief comments, Item 5 is the annual report
4 put out by First 5 California. And just to refresh our
5 memories, every year as a condition of receiving
6 Proposition 10 tobacco tax fundings, all First 5s are
7 required to do a certain number of things. One such
8 requirement is to conduct an annual hearing to present the
9 annual First 5 California report. And this year's First 5
10 California report covers the 2013-14 year period.

11 Just for background, you'll recall that every
12 year our research and evaluation staff, R and E staff,
13 bring to both the executive committee and the program and
14 planning committee the State request for data. So the
15 first step is, the State issues a request for data. We
16 work it through the committees. We presented that request
17 to the full board last October and then we work to -- to
18 report based on the requests that the State has asked for.
19 And you'll see the results in -- in your board book.

20 Basically, the State report captures revenue and
21 expenditure data across all First 5 LAs. I'm sorry -- all
22 First 5s. And you'll see that the board documents include
23 the report as well as, towards the back, there's a summary
24 of each county including Los Angeles.

25 So for item Number 5, I'd request that you

1 consider receiving and filing the First 5 -- the First 5
2 California 2013-14 annual report.

3 COMMISSIONER BROWNING: Are there any questions
4 or comments on that?

5 Okay. We'll receive and file it then. Thank
6 you, John. Appreciate that.

7 Item Number 6, I think we're going to have an
8 agency recommendation on expiring initiatives. Tara, are
9 you going to do that for us?

10 MS. FICEK: I am.

11 MR. STEELE: Mr. Vice Chair, if I can just note
12 before we get started to avoid confusion later, there's
13 one segment of this report that involves LAUP.
14 Commissioner Ybarra will have a conflict on that segment
15 of the issue and so will abstain for that part, but we do
16 need his participation for the other segments of the
17 report. So he'll stay with us until that piece of the item
18 comes. Then will abstain.

19 COMMISSIONER BROWNING: So noted.

20 MR. STEELE: Thanks.

21 MS. FICEK: Good afternoon, Commissioners. As
22 you may recall, at last month's commission meeting, staff
23 presented as information on the expiring initiatives
24 investment process. This did include findings and
25 recommendations for the four investments listed here. We

1 are providing that presentation again today as an action
2 item in order to seek board approval and directional
3 endorsement.

4 So before we get into those four investments and
5 staff's findings and recommendations, we did want to
6 provide a quick reminder for commissioners of the expiring
7 initiatives assessment criteria that was applied to each
8 investment. So first we looked at whether or not there
9 was a remaining balance of one million or more in the
10 allocation or if the investment was an annual
11 appropriation. If that was the case, we then further
12 assessed and we looked at the following: We looked at
13 whether or not deliverables had been met and outcomes
14 achieved. We looked at whether or not there was impact on
15 a county-wide or population level. We also took into
16 consideration sustainability; was there a clear and viable
17 path or opportunity to continue the investment beyond
18 First 5 LA dollars. We also looked at current landscape;
19 were there any major changes in the field that have
20 occurred since our funding was originally approved. And
21 then lastly, we looked at alignment to the new strategic
22 plans, specifically within the area -- within our focus
23 areas, the strategies, and our investment guidelines.

24 So now I'm going to walk you through each of the
25 four investments that came out of the assessment process

1 that need further board approval. So let's get started
2 with health access. As you will recall, there are two
3 parts to our health access investment: Part one is our
4 contract LA Care health plan as the Healthy Kids Insurance
5 product administrator. This contract also went through
6 the expiring initiative assessment process. And if you'll
7 recall, at the April commission meeting, the board
8 approved a six-month extension to allow time to transition
9 those currently enrolled in the Healthy Kids program over
10 to the county.

11 And then the part two of our health access
12 investment includes this here, our contract with the LA
13 County Department of Public Health. They oversee our
14 Children's Health Outreach Initiative, or CHOI as we're
15 going to be referring to it. DPH subcontracts then First
16 5 funds to 17 community-based organizations and to two
17 health departments, Pasadena and Long Beach, to support
18 health insurance outreach enrollment, retention, and
19 utilization. They are scheduled to end in June of 2015,
20 this year.

21 And then key findings from the assessment process
22 include that there is a remaining balance of about two
23 million, there is an opportunity to assist in connecting
24 those Healthy Kids members over to the county health
25 services program, My Health LA. I already spoke about

1 that. And then, based on further input that has been
2 recently received from the Department of Public Health and
3 their subcontractors, First 5 LA staff has determined now
4 that there are components of CHOI's work that have
5 potential alignment to our 2015-2020 strategic plan. And
6 those include the data collection to improve access to
7 developmental screening, and information resource and
8 referral within our Best Start communities.

9 Based on these findings then, staff's
10 recommendation, as you see here, is to extend our
11 strategic partnership for six months. This is the same
12 timeline that was recently approved for the LA Care
13 extension. That would take this investment through
14 December 2015 for the two million, which is the total
15 remaining balance plus any addition unspent funds from
16 their current fiscal year to assist in connecting those
17 Healthy Kids members over to the county and also to look
18 at sustainability opportunities for their outreach and
19 enrollment activities.

20 In addition, the six-month period does allow us
21 to get further into strategic plan implementation and then
22 determine the degree to which their data collection and
23 the work they do around I R and R, information resource
24 and referral, aligns to our strategies and outcomes.
25 Staff then anticipates coming back to the board later this

1 year with further information on that.

2 The board action required for this recommendation
3 does include waiving the Governance Guideline Number 7 in
4 particular and authorizing staff to complete contract
5 extension upon the fiscal year 15-16 budget approval.

6 Information resource and referral. This includes
7 our contract with 211 LA county. This initiative again is
8 also scheduled to end this June 2015. Their current
9 allocation is 1.2 million. Key findings from the review
10 include that there is no remaining balance because we
11 expect them to fully spend their budget and they are an
12 annual appropriation. Staff has identified that there is
13 anticipated alignment with the 2015-2020 strategic plan,
14 specifically that I R and R plays an important role in
15 connecting families to services and supports; however,
16 additional work needs to be done in this area to inform
17 future funding of information resource and referral.

18 And then, secondly, our future work with the Help
19 Me Grow does include a telephonic component that 211, if
20 interested, could be a competitive partner to further
21 advance that work.

22 Staff's recommendation then is to extend our
23 strategic partnership with 211 LA county for one year
24 through June 30 for up to 1.2 million, their current
25 allocation, maintaining that, to continue their telephonic

1 I R and R services. The 1.2 million, again, is their
2 current allocation. And it is important to note that this
3 would be considered new funding. This additional 12
4 months does allow staff time to further explore and define
5 information resource and referral as well as further
6 develop the strategies related to Help Me Grow.

7 The board action required for this recommendation
8 is waiving the Governance Guideline Number 7 and also
9 authorizing staff to complete contract extension upon,
10 again, the 15-16 budget approval.

11 Next is reducing childhood obesity. This
12 includes our contract with the LA County Department of
13 Public Health. As already noted at the beginning of the
14 presentation, this contract is scheduled to end next year,
15 in June of 2016. The fiscal year 14-15 allocation is
16 noted there. Little over 13 million.

17 Key findings from the assessment review process
18 was there is a likely remaining balance of approximate 3.8
19 million. It is not specifically provided for in the
20 2015-2020 strategic plan, and that's due to the fact that
21 the focus of the initiative, childhood obesity, is not one
22 of our priority focus areas under our health outcome.
23 Other important considerations to note, the project did
24 experience implementation delays; however, those have now
25 been addressed. And based on current information, staff

1 feels confident that implementation will proceed
2 effectively. The infrastructure for this investment has
3 now been built but the program and strategies need to be
4 implemented which will allow for broader reach and impact.

5 Staff's recommendation then is to extend the
6 strategic partnership for one year within its current
7 allocation. That would take them out to June of 2017 to
8 continue the initiative and successfully complete all of
9 their final deliverables. No additional or new funding is
10 required for this recommendation.

11 And then board action required though is, again,
12 a waiving of Governance Guideline Number 7.

13 And now we're going to pause before we move on.

14 MR. STEELE: Mr. Chairman, I would suggest,
15 before Commissioner Ybarra abstains that we take the three
16 votes on slides four, five, and six. He can participate
17 on those three votes.

18 COMMISSIONER BROWNING: Okay. Well, let's go
19 back. Do we have any question on these specific issues?

20 COMMISSIONER SOUTHARD: I'll move the approval
21 and then we can discuss it in that context.

22 COMMISSIONER BROWNING: We have a motion and a
23 second.

24 COMMISSIONER AU: Second.

25 COMMISSIONER BROWNING: So we've got three

1 different proposals here, all of which require waiving
2 Number 7.

3 So what about questions or specific comments on
4 any or all of them? Okay. So Nancy, is that --

5 COMMISSIONER AU: Well, I -- just a comment that
6 they all -- the staff did an excellent job in terms of
7 getting into the details at the program and planning
8 committee meeting. That's why there's probably not that
9 many questions.

10 MS. BELSHE: Yeah. We've gone over it many --

11 COMMISSIONER AU: Many times. It feels like it's
12 deja vu.

13 MS. FICEK: It's an encore.

14 MS. BELSHE: We are endeavoring to abide by
15 commissioner feedback in terms of the opportunity to
16 provide questions and engagement which we did at P and P,
17 and then acknowledging that there were comments and
18 questions. We wanted to come back for that final
19 presentation. So we've endeavored to be responsive. I
20 think the major issue has been in the context of the
21 public health outreach. We have had some good learning,
22 and as Tara said, we've got more learning to do. But
23 we're standing by our initial recommendation and I don't
24 -- and the final item, which we'll get to in a moment,
25 there's no other change. So I think that's why you're not

1 hearing a lot of comments.

2 COMMISSIONER BROWNING: Do we need a roll call
3 vote on this?

4 MR. STEELE: Mr. Chairman, so just somebody can
5 note so the record is clear. Because LACOE is also a
6 subcontractor on the CHOI item, we're going to ask you to
7 hold off on that one and, hopefully, Mayor Antonovich will
8 be here to vote on that in a few moments. So we'd ask you
9 to vote on the 211 and the reducing childhood obesity
10 items, slides five and six.

11 COMMISSIONER BROWNING: 211 and DPH?

12 MR. STEELE: Yes.

13 COMMISSIONER BROWNING: So the motion I assume
14 will cover both of those. So do we need a roll call vote
15 on that?

16 MR. STEELE: Yes.

17 COMMISSIONER BROWNING: Okay. Linda.

18 SECRETARY: Judy Abdo.

19 COMMISSIONER ABDO: Yes.

20 SECRETARY: Nancy Au.

21 COMMISSIONER AU: Yes.

22 SECRETARY: Jane Boeckmann.

23 COMMISSIONER BOECKMANN: Yes.

24 SECRETARY: Philip Browning.

25 COMMISSIONER BROWNING: Aye.

1 SECRETARY: Joseph Ybarra.

2 COMMISSIONER YBARRA: Yes.

3 SECRETARY: Silvia Swilley.

4 COMMISSIONER SWILLEY: Yes.

5 SECRETARY: Marvin Southard.

6 COMMISSIONER SOUTHARD: Yes.

7 SECRETARY: Seven of seven. Motion passed.

8 MR. STEELE: So those items pass. We'll ask
9 Commissioner Ybarra to step out for the LAUP portion of
10 this item and the next item.

11 (The following proceedings took place out of the
12 presence of Commissioner Ybarra:)

13 MS. FICEK: So Los Angeles Universal Preschool,
14 LAUP. This investment is also scheduled to end next June
15 in 2016. Their 14-15 budget is noted here.

16 Key findings from the review that there is an
17 estimated likely remaining balance of about 30 million.
18 It is not specifically provided for in our 2015-2020
19 strategic plan because within our ECE priority focus area,
20 we will be working on policy, advocacy, and coalition
21 building to achieve broad impact rather than directly
22 funding ECE spaces.

23 Other considerations, LAUP has completed its new
24 strategic plan and business plan with initial
25 implementation underway.

1 Staff's recommendation is to allow LAUP to retain
2 the remaining balance around 30 million to advance their
3 strategic plan that is in alignment with the ECE outcome
4 area in First 5 LA's new strategic plan.

5 Board action required is an endorsement for LAUP
6 to retain the remaining balance and to direct staff to
7 develop an expenditure plan that aligns to First 5 LA's
8 and LAUP's new strategic direction.

9 That's it for LAUP.

10 MR. STEELE: So the remaining -- at this point,
11 the remaining item would be to take a vote on the LAUP
12 endorsement.

13 COMMISSIONER BROWNING: This doesn't require a
14 waiver of --

15 MR. STEELE: It does not.

16 MS. BELSHE: No.

17 COMMISSIONER BROWNING: Is there any discussion
18 or comments on LAUP?

19 So we'll just hold the other item in abeyance
20 until the Mayor arrives.

21 MR. STEELE: We'll just need just a majority vote
22 on this -- on the LAUP item and we'll hold the other one
23 until the Mayor arrives.

24 COMMISSIONER BROWNING: Do we have enough for --

25 MR. STEELE: We have enough for the LAUP item but

1 not for the other.

2 COMMISSIONER BROWNING: Do I have a motion?

3 COMMISSIONER AU: So moved.

4 COMMISSIONER SOUTHARD: Second.

5 COMMISSIONER BROWNING: Okay. Motion is
6 seconded. All those in favor -- or do we have to have a
7 roll call?

8 MR. STEELE: We don't need a roll call for this
9 one.

10 COMMISSIONER BROWNING: All those in favor say,
11 aye.

12 COMMISSIONERS: Aye.

13 COMMISSIONER BROWNING: Any opposed or
14 abstentions?

15 Okay. Motion passed.

16 Okay. Thank you very much.

17 MS. BELSHE: We've got a really important slide
18 after this.

19 MS. FICEK: Any fiscal impacts will be
20 represented in the budget approval that takes place next
21 month.

22 And then, of course, we have to end with a baby.

23 MS. BELSHE: Who's this?

24 MS. FICEK: This is sweet little baby Danny,
25 whose momma, Faith Ramirez is a program officer in our

1 grants management department.

2 COMMISSIONER BROWNING: Very good.

3 I think Item 7 is LAUP 2015-16 contract. So we
4 have Kevin coming forward.

5 MS. BELSHE: Kevin Dieterie from our program
6 development department. This is Kevin's inaugural
7 presentation to the board. Not swan song. Inaugural.

8 MR. DIETERIE: Good afternoon, commissioners. My
9 name is Kevin Dieterie. As Kim mentioned, I'm a program
10 officer in program development. I'm here to talk about
11 the LAUP fiscal year 15-16 contract which represents the
12 final year of the second master agreement.

13 So each year First 5 LA and LAUP work together to
14 revise their performance matrix and their annual budget.
15 So what we'll be reviewing today represents -- reflects
16 common practice that we've done previously. And as
17 mentioned just for more context, as we just endorsed, LAUP
18 will be planning to use the remaining fund balance until
19 the end of the contract pursuant to all the guidelines
20 previously mentioned by the expiring grants committee.

21 So I'm going to go over some of the performance
22 matrix revisions with you so you can see what changes have
23 been made for the final year of the master agreement. But
24 each -- the exhibits in your packet represent the final
25 year of funding, as I said, and represent their transition

1 -- their pivot from access to quality.

2 So I'm only going to go over the outcomes that
3 have substantive changes with you. So when you don't see
4 an outcome listed, it means that there was no change over
5 this current year for the next year. So in outcome one,
6 in anticipation of the end of the final year of the
7 contract, LAUP has modified the definition of attrition to
8 include classrooms. So what this is, is a slight
9 broadening of the definition. And the way it will work,
10 just so I can contextualize it, is previously if LAUP had
11 a program that was in good standing and wanted to move a
12 classroom within a program to a different site, they could
13 but that will not be the case for 2015-2016. This allows
14 them more flexibility and it doesn't really make sense to
15 have that transition made in the final year of the
16 agreement. And they also will have the ability to define
17 natural attrition at the slot level. But if they choose
18 to do that, then that will require a performance matrix
19 provision, and we'll bring that to you at a later time if
20 they choose to do that.

21 Outcome three. So the outcome statement itself
22 is unchanged from the current fiscal year. But there are
23 several changes to this objective. In the previous fiscal
24 year, LAUP worked to actually designed the teacher
25 retention study. And in the final year, the master

1 agreement, they're going to actually utilize these
2 findings to inform their future policy and program
3 planning.

4 Secondly -- and this is a relatively minor
5 revision that reflects previous years as well -- but
6 around the preschool quality issue, one of the performance
7 measures used in this current fiscal year has changed. So
8 in the final year of the master agreement, LAUP will be
9 utilizing the classroom assessment scoring system tool;
10 whereas previously they used the early childhood
11 environmental rating scale and family child care
12 environmental rating scale tool. So each year they
13 alternate the measures of quality that they use and that
14 reflects previous practice as well.

15 So for outcome five, which is around their
16 research and evaluation efforts for the master agreement,
17 previously First 5 LA and LAUP had worked together to
18 develop a joint research agenda. The catalyst for that
19 joint research agenda was primarily the Universal
20 Preschool Child Outcome Study, UPCOS. And that is now
21 wrapping up. So it no longer made sense to pursue an
22 aligned or a joint research agenda. However, we do plan
23 to work very collaboratively around our research and
24 evaluation efforts. And this also will allow LAUP the
25 flexibility to advance their new strategic and business

1 plans as well. The Universal Preschool Child Outcome
2 Study are actually going to -- the findings from it will
3 be presented to you in June, I believe, at a joint meeting
4 between LAUP and First 5 LA.

5 So this was, again, a pragmatic decision where it
6 just made more sense to continue to support LAUP's
7 research and evaluation efforts but no longer have a
8 formal joint research agenda between the two
9 organizations.

10 So outcome six is about the implementation of
11 their business plan and support their new strategic
12 direction. So previously they were in phase one. Now
13 they're entering phase two. And so some of the activities
14 that will be happening in phase two include planning and
15 developing their new business activities around QRIS,
16 which is Quality Rating and Improvement Systems, also
17 developing a detailed plan for transitioning their
18 services as needed based upon their phase three activities
19 which will begin after the end of the master agreement.

20 So this will include both reduction to services
21 and the launch of new services. It also includes
22 continued communication to program providers regarding the
23 transition away as the master agreement ends. And this
24 communication has already begun a while back. Providers
25 have received formal notice about the end of the contract

1 as well and they -- LAUP has continued communicating to
2 them around the end of the contract and also is helping
3 them pursue additional sources of funding so they can
4 maintain their program. And lastly, they'll continue to
5 seek funding and identify strategic partnerships to
6 leverage their existing funding.

7 And the last outcome is outcome seven, which is a
8 slight but significant language change which better
9 reflects LAUP's new strategic direction which broadens
10 their policy efforts to focus on early learning for all of
11 LA county's children; whereas, previously, it read about
12 four-year olds and it was specifically focused on the
13 four-year olds serviced under the master agreement.

14 So this change really reflects LAUP's pivot which
15 is outlined in their strategic and business plans, which
16 has an increased focus on advocating for access to quality
17 early learning environments for all of LA county's
18 children. So this is -- outcome seven is reflective of
19 their new strategic and business plans.

20 So here we have their composition of the LAUP
21 budget. Just as a reference, I know Raoul is presenting
22 on the budget, but Child Signature Program is a separate
23 line item in the budget. So I just wanted to point that
24 out so that if you see the numbers not matching, that's
25 the reason why. And just so you know, Child Signature

1 Program is a quality enhancement program that some of the
2 LA sites have around instructional strategies and
3 teacher/child interactions, social-emotional development,
4 parent involvement and support, things of that nature.

5 So here we have the operating budget and you have
6 some previous years for context as well as we've done in
7 the past. While you may note that the projected fund
8 balance there reads a little lower than the 30 to \$40
9 million that we anticipate having at the end of the master
10 agreement, the reason for this is because these numbers
11 are not based on actuals. We won't have the final Q-4
12 numbers until Q-1 of next year. In Q-1, any unspent funds
13 will be identified and revert back to the fund balance as
14 has happened in previous years. We still do anticipate an
15 ending fund balance on June 30 of 2016 of between 30 and
16 \$40 million as we have previously.

17 So as you know, you just endorsed or directional
18 endorsement for the use of the fund balance -- remaining
19 fund balance, which again we estimate between 30 and \$40
20 million. And we do see some potential alignment between
21 First 5 LA and LAUP's strategic plans in increasing ECE
22 quality and I think specifically around the areas of
23 quality rating and improvement systems.

24 So here we have the next steps, which is to
25 authorize and amend and -- to amend and execute the

1 contract effective July 1st for the final year of the
2 master agreement and to delegate the authority to the ED
3 to execute contract amendments.

4 So at this point, I'm happy to take any questions
5 you may have.

6 MS. BELSHE: Who's that, Kevin?

7 MR. DIETERLE: This is Lucas. He's the newborn
8 son of Mabel Nunoz, one of our program officer in PD.

9 MS. BELSHE: Lot of babies in First 5 LA. We're
10 doing our part for revenues.

11 COMMISSIONER AU: Very fertile grounds.

12 COMMISSIONER BROWNING: Okay. Nancy, that's
13 enough.

14 What about question or comments on the
15 presentation? Do have I a motion?

16 MS. BELSHE: This is an information item.

17 COMMISSIONER BROWNING: So we don't need a motion
18 on this?

19 MS. BELSHE: No, sir. No, sir. This is
20 consistent with our annual process on the LAUP contract.
21 We'll come back likely on consent for action next time.

22 COMMISSIONER BROWNING: Okay. Nancy.

23 COMMISSIONER AU: I would like to have program
24 planning committee to sort of begin I think to look more
25 closely to their new business plan and perhaps even assist

1 in terms of supporting their new direction, especially as
2 they touch on not only quality but also the -- the vast
3 changes and their -- their sea change in terms of their
4 direction, so -- because I think the -- the -- the spirit
5 of universal preschool that -- that resulted in the
6 creation of LAUP and the initial investment from First 5
7 LA is still there. I think we -- we have that commitment.
8 And I -- and I would like to see an ongoing kinds of -- of
9 support and linkage that goes beyond policy I think that
10 perhaps we could engage in with LAUP.

11 MS. BELSHE: And as we talked, we can work with
12 LAUP to find a time that works for our board agendas, our
13 committee agendas and theirs to come and provide an update
14 on where they are with the initial implementation of their
15 new strategic plan, then talk more concretely about where
16 those opportunities for potential alignment, given our new
17 direction and their new direction. And it definitely does
18 extend beyond policy and advocacy. As Kevin noted, the
19 quality rating improvement system is another opportunity
20 as well as ECE workforce.

21 So I think each of those three strategic
22 priorities that our board has endorsed are very well
23 aligned with LAUP's. So I think there's some good
24 opportunity going forward, but exactly what that looks
25 like that's going to take a little bit of time.

1 COMMISSIONER AU: Thank you.

2 COMMISSIONER BROWNING: Thank you, Kevin. I
3 appreciate that.

4 MS. BELSHE: Well, done, Kevin.

5 COMMISSIONER AU: Good job.

6 COMMISSIONER BROWNING: Why don't we take a
7 five-minute break since Kim says the budget presentation
8 will be an hour. But I've been told it will only be 25
9 minutes.

10 MS. BELSHE: The presentation is not an hour.

11 COMMISSIONER BROWNING: Let's go ahead and take a
12 five-minute break. Thank you.

13 (Brief recess.)

14 (Returned to proceedings.)

15 COMMISSIONER BROWNING: Okay. I think we have a
16 quorum now. Why don't we -- the Mayor's still not here
17 but we're going to move on to Number 9, 2015-16 budget.
18 Doesn't look like Raoul, but go ahead.

19 MS. BELSHE: Alison. But Raoul's going to kick
20 it off.

21 MR. ORTEGA: Before we start, I would like to
22 hand it to Dr. Southard for some opening comments.

23 COMMISSIONER SOUTHARD: I'd just like to express
24 my appreciation to the members of the budget and finance
25 committee for the input that went into this document and

1 to the staff for all of the hard work that was involved in
2 revising and relooking at the budget and its presentation
3 in the light of some of the concerns that the committee
4 members had, particularly about the transitional nature of
5 the budget and how that really needs to be highlighted
6 that, that -- this budget is trying to take us in a
7 responsible way from where we have been into our next
8 strategic plan, which is where we need to be. And so it's
9 not cleanly one or the other; it's meant to be both. And
10 I think it was really remarkable how you were able to lay
11 that out and explain it in a way to all of us including
12 those who are not necessarily financial experts. So thank
13 you.

14 MR. ORTEGA: Thank you very much. I appreciate
15 that.

16 So I would like to say that the presentation
17 before you is a little bit lengthy. And as steward of
18 public funds, it is important to me and the organization
19 to set the tone and to present our budget in a
20 comprehensive and transparent manner.

21 The budget does require resources over \$228
22 million. The budget also represents an organization in
23 transition as Dr. Southard mentioned. It reflects the
24 organization transitioning from the 2009-2015 strategic
25 plan which will end at the end of June 30, 2015, to year

1 one of our new strategic plan 2015-2020 strategic plan
2 focusing for the future. It reflects the organization's
3 transition to a reduced focus on direct service to a
4 strategic focus driven by policy and system improvement
5 strategics.

6 Our presentation for today will speak on the
7 budget development context, the overall budget framework,
8 and a discussion of our core budget components. This
9 budget does reflect resources for roughly two dozen
10 ongoing initiatives which we have identified as legacy
11 investments, and at the same time it reflects funding
12 priorities that have been established in the new strategic
13 plan. The resources for the ongoing work reflects
14 initiatives that will either end or ramp down early in the
15 next strategic plan with the understanding that some
16 components of the work may align with the outcomes and
17 strategies of the new strategic plan.

18 I would like to call out, though these legacy
19 investments may be ending or ramping down, these
20 initiatives continue to represent roughly 60 percent of
21 our overall budget and continues to have a demand on staff
22 for contract, program, and fiscal monitoring.

23 Funds associated to the new strategic plan are
24 primarily driven by our continuing and anchored activities
25 such s Welcome Baby and Select Home Visitation, the Best

1 Start communities' capacity work and approaches such as
2 policy and system improvement efforts.

3 In order to provide context to the budget for the
4 first year of the strategic plan, we start to construct
5 our budget by building off of our previous work that was
6 presented to you in the fall of 2014, and that is the
7 estimated resource requirements for the 2015-20 strategic
8 plan. As we enter into implementation and nearing the end
9 of the organizational development process in January of
10 2001, through the long-term financial projections, staff
11 will bring to you a reconciliation of the fiscal year
12 2015-16 budget to the estimated resource requirements as
13 seen as above.

14 In addition to the five-year strategic plan
15 estimated resources requirement, other activities and
16 input includes: L-3, Listening Learning and Leading, the
17 adoption of the Building Stronger Families Framework, and
18 the Governance Guidelines, the approval of the long-term
19 financial projections back in January of 2015, and current
20 -- and currently the ongoing work under the strategic plan
21 implementation and refinement process and the expiring
22 initiative assessment that was just approved earlier this
23 afternoon.

24 As Marv -- as Dr. Southard mentioned, for this
25 year we structured our budget to best tell the story of

1 our investments and communicate our new strategic
2 direction. The budget framework is built around four
3 components, the 2015-20 strategic plan, which I will go
4 further into detail on the next slide; our legacy
5 investments, which represent ongoing work that the board
6 has endorsed through prior action; research and
7 evaluation, and internal operations that represents
8 resources needed to support staff and management salary
9 and benefits and other related costs such as supplies and
10 services.

11 As mentioned before, we do break down further the
12 strategic plan 2015-20 category into subcategories. A,
13 investment approaches reaffirmed by the board and aligned
14 with the strategic plan. B, existing investments
15 potentially aligned to the strategic plan. And C, new
16 investments under investment and also known as the
17 strategic plan implementation fund for the prior year.
18 More details about these investments are -- that are
19 within these categories will be covered later in our
20 presentation by Alison.

21 Now to take a look at the actual resources
22 included in the proposed budget for 15-16. The first
23 column identifies the four components including the three
24 subcomponents under 2015-20 strategic plan as discussed.
25 Columns two and three reflects the original 14-15 budget

1 and the February revised budget. And the last column
2 represents resources needed for 2015-16. The total -- the
3 total budget does represent \$228 million. And of that
4 \$228 million, 207.5 million, or roughly 13.7 -- excuse me.
5 207.5 represents 91 percent of the overall budget. This
6 represents roughly \$13.7 million or six percent lower than
7 the original 14-15 program budget.

8 Against a February revised, you do see that the
9 overall budget has an increase of roughly \$1.4 million or
10 .0 percent -- .01 percent. Resources related to our
11 internal operations is \$20.7 million, and increase of
12 roughly 1.3 million or seven percent. A total of 11.2
13 million is associated to our -- is associated to our
14 administrative costs, or 4.94 percent within that \$20.7
15 million.

16 For fiscal year 2015-16, you do start to see a
17 shift in the direction of moving away from our legacy
18 investments with an overall decline of \$9.9 million. This
19 is also become more evident since LAUP does represent 48
20 percent of the legacy investment and is slated to end at
21 the end of 2016.

22 Moving on to some key observations. Again,
23 legacy investments continue to have a significant demand
24 on both our budget and our internal resources. At \$131.6
25 million, it represents closely 60 percent of our overall

1 budget. The total 2015-16 strategic plan investments
2 represents 30 percent of our total budget at \$68 million,
3 which includes \$61.3 million for our anchored activities
4 such as Welcome Baby, Select Home Visitation, and Best
5 Community capacity building. Both of these anchored
6 activities are reflecting a -- reaching full
7 implementation for 15-16.

8 Though the new resources needed to advance this
9 strategic plan represents only 3.1 million, it is
10 important to note that, within the next year, significant
11 resources will be needed and as noted in the 2015-20
12 strategic plan estimates resource requirements as
13 presented back in October and presented earlier in the
14 presentation.

15 Consistent to the prior years, our administrative
16 costs continues to be under five percent at 4.94 percent.
17 And one thing to note that is not reflected on this slide
18 is that, consistent to past year, the budget before you
19 does rely on organizations existing fund balance since it
20 is a \$142 million more than the projected revenue for
21 15-16.

22 Now, to go further into the budget categories, I
23 will pass it to Alison, our interim finance manager.

24 MS. MENDES: Thank you, Raoul. I will now dive a
25 little bit deeper into the various components of the

1 budget that Raoul already gave you a preview of.

2 As Raoul mentioned, our first budget category
3 shown here includes resources to support the new work of
4 our new 2015 to 2020 strategic plan. It represent a first
5 step toward reflecting our investments in a way that
6 demonstrates the new work moving forward based on existing
7 information, including our major anchor investments, those
8 existing investments that may potentially align with the
9 new strategic direction and new work that is still under
10 development. I will also reiterate that this structure
11 acknowledges that the work to fully align all investments
12 with the strategic plan's four outcome areas has not been
13 done. As Raoul mentioned, this is a transitional year and
14 as implementation continues, we anticipate the structure
15 of the budget will evolve to more effectively illustrate
16 how our resources advance our strategic plan outcomes.

17 At a high level, as Raoul mentioned, you do see a
18 shift here during 15-16 to invest more resources into
19 those programs and approaches that align with our new
20 direction, anticipating spending of 68 million for 15-16
21 specifically to the new strategic plan work.

22 Before we move on to the other budget categories,
23 it is important to remember that the strategic plan
24 outcome areas are not mutually exclusive. For example,
25 investments in families and communities will likely have

1 effects related to the ECE and health outcomes. As noted
2 in previous strategic planning presentations, we are
3 mindful that some of this new work does have the potential
4 to advance more than one outcome area. As such, the
5 implementation of the work will be coordinated across the
6 strategies. More information and discussion regarding
7 this integration across outcome areas and strategies will
8 be presented at the May 28th program and planning
9 committee meeting.

10 I now want to go a little bit further into detail
11 of the three subcategories of the 2015-2020 strategic plan
12 overarching investment category. Our first subcategory
13 represents those activities already underway that are well
14 aligned with our new strategic direction. This includes
15 those anchor activities in the new strategic plan that are
16 already in progress, including our Welcome Baby and Select
17 Home Visiting, which at 36.6 million represents
18 approximately 16 percent of our overall budget, as well as
19 our community capacity building work in the 14 Best Start
20 communities, which represents approximately seven percent
21 of our overall budget.

22 These investments are reflective of the
23 commission's dedication to promoting the protective
24 factors consistent with the Building Stronger Families
25 Framework.

1 In addition, based on the strategic plan's
2 emphasis on policy and systems change, this category also
3 includes approaches and tools that are key to advancing
4 the four outcome areas of the strategic plan such as our
5 policy and advocacy efforts, including opinion research,
6 policy briefs, our federal and state advocacy related to
7 our priority, policy and sustainability issues with
8 resources also included to support two state-level
9 coalitions on ECE and home visiting, the LA County Local
10 Control Funding Formula Coalition, and the LA County Home
11 Visiting Consortium.

12 Another key tool included in this category is our
13 strategic communications and marketing activities. This
14 includes public education, public relations, event
15 participation, and sponsorship, promotional and collateral
16 materials, social marketing which involves using
17 traditional marketing techniques such as advertising and
18 other outreach to advance a cause or change behavior. And
19 there also resources included for a public education
20 campaign to support the development of the protective
21 factors in parents and a pilot program to increase
22 utilization of the Welcome Baby program by supporting the
23 marketing efforts of participating hospitals and their
24 clinic.

25 Our next subcategory reflects existing

1 investments that may be potentially aligned to the
2 strategic plan but for which analysis is still evolving
3 and underway regarding this alignment, specifically the
4 category includes two investments that were recommended
5 for extension due to expiring initiatives assessment
6 process that you heard about earlier totaling about \$3.6
7 million for 15-16.

8 As you heard earlier, the extension for
9 information resource and referral is to continue funding
10 with the current contractor at the existing level. Given
11 that I R and R is relevant to achieving the outcomes of
12 the strategic plan. As the strategy refinement process
13 continues, further efforts are underway to determine how I
14 R and R fits within the new strategic plan priorities and
15 strategies.

16 Also, as you heard earlier, the fiscal year 15-16
17 funding for Health Kids represents a six-month extension
18 of our existing relationships with the Department of
19 Public Health and LA Care through December to support the
20 transition of children from -- insured by LA Care to
21 alternate coverage and services. In addition, I will note
22 that LA Care does have a significant balance remaining in
23 their original advance of 12.9 million from fiscal year
24 12-13. Additional work will be conducted to determine how
25 -- what sort of uses we can use for these remaining funds

1 that align with our new strategic direction. Depending on
2 the outcome of this analysis, we will return at a later
3 time to request additional funds to incorporate in the
4 budget for spending down these resources.

5 You may recall and Raoul mentioned this earlier
6 that during our mid-year budget adjustment process this
7 year, we did set aside a small amount of funds to support
8 implementation activities related to the new strategic
9 plan. Consistent with this, our strategic plan
10 implementation fund category for 15-16 reflects an
11 estimate of resources needed to support implementation of
12 the strategic plan and specifically the new work related
13 to our year-one activities. These activities were
14 discussed at the April 28th program and planning committee
15 and will be further discussed at the May 28th program and
16 planning committee meeting with a focus on the costs.

17 These year-one activities and the related fiscal
18 year cost estimates were based on the strategy refinement
19 work conducted to date within the four outcome areas. The
20 estimated resources to support the new work are broken out
21 here between the four outcome areas as well as other in
22 cost-cutting activities and reflect our best thinking to
23 date regarding the potential needs for new year-one
24 activities recognizing that year one is a foundational
25 year for the new strategic plan and will set the stage for

1 future years. Because this work -- because this
2 represents work that is still new to the organization, the
3 resource estimates provided here are approximate.

4 As previously noted, the refinement process did
5 identify that work among the outcome areas was at
6 dramatically different stages of development. Because of
7 this, cost for the anchor activities previously discussed
8 are reflected separately because they reflect work already
9 underway. Again, the cost that you see here are for new
10 work only.

11 As the scope of our new year-one task is
12 clarified through continued refinement work, we will
13 return to provide additional information to define the use
14 of these fund through our standard operating procedures.
15 In addition, if additional resources are needed to support
16 year-one tasks, we will incorporate this request into the
17 mid-year budget adjustment process.

18 Building off of the information presented at the
19 April 28th program and planning committee meeting, here
20 are a few examples of some of the anticipated new year-one
21 tasks for which resources are budgeted within the
22 strategic plan implementation funds. Some of the examples
23 include tasks such as the implementation planned
24 development for pilot of Project Dolce in the families
25 outcome area and conducting a countywide comprehensive

1 park needs assessment in the support of the communities
2 outcome area.

3 For the ECE and health systems outcome areas,
4 examples of new year-one tasks include planning and
5 relationship building with QRIS partners, completing and
6 presenting findings from the kindergarten readiness
7 assessment landscape, convening a partner collaborative to
8 support learning around Help Me Grow, and conducting an
9 environmental scan related to trauma-informed care.

10 As previously mentioned, further detail about
11 these year-one activities and their related resource
12 requirements will be provided at the May 28th program and
13 planning committee meeting.

14 This table is an effort to demonstrate what I
15 previously noted; that the work within the outcome areas
16 is at very different stages of development. This show
17 that there is a significant amount of work already
18 underway in the family and communities outcome area.
19 Representing our Welcome Baby and Select Home Visiting
20 programs and community capacity building work in the 14
21 communities. Again, because this work is already
22 underway, we were able to call these out separately in the
23 budget as we've noted throughout this presentation.

24 I will point out that additional work still needs
25 to be done to determine alignment of other existing work

1 within the four outcome areas. Because of this, you won't
2 see budget amounts related to ongoing work within the ECE
3 or health system outcome areas listed separately in the
4 budget. The dollar amounts that you see here in this
5 table represent work that is embedded within existing
6 initiatives throughout our budget. While the numbers here
7 won't track one to one with any -- with anything in a
8 particular initiative, they are shown here to provide
9 context.

10 Outside of primarily the anchor investments, much
11 of the new work in the strategic plan is still under
12 development and in the early stages of planning and the
13 lower dollar amounts for year one shown here reflect this.

14 We do expect that work in the ECE and health
15 systems outcome areas will ramp up in later years,
16 although it is also worth noting that policy and systems
17 change, as we're well aware, is generally lower in cost
18 than are direct service investments.

19 Outside of resources to support our work moving
20 forward into the next strategic plan, 25 of our 35 ongoing
21 initiatives in fiscal year 15-16 fall into the category of
22 our legacy investments which reflect ongoing work of the
23 commission based on previous board decisions. As Raoul
24 noted previously, these investments require continued
25 dedication of staff time and resources to support.

1 Representing over 131 million, or nearly 60 percent of the
2 fiscal year budget. This category includes a number of
3 assessments that already went through the expiring
4 initiatives assessment process, including investments in
5 which activities are not provided for in the new strategic
6 plan but which were extended beyond fiscal year 15-16 in
7 order to spend the remaining balance of the dollars
8 allocated to that initiative such as reducing childhood
9 obesity as you heard earlier.

10 In addition, this category includes work that was
11 extended beyond fiscal year 15-16 but for which alignment
12 of activities to our new strategic direction will take
13 place in a future fiscal year. In these cases, LAUP at 55
14 million for 15-16 and the ECE workforce consortium at 12.8
15 million for 15-16, the activities during 15-16 are
16 expected to continue to be business as usual.

17 This category also includes investments that have
18 yet to go through the assessment process, such as
19 universal assessment of newborns and our children's vision
20 care initiative. This work will be evaluated in the
21 future consistent with our governance guidelines and the
22 expiring initiatives assessment process.

23 This is hard to see. I realize. This is an
24 excerpt from your board packets showing all of our legacy
25 initiatives in this category. It is page 254 of the iPad

1 hub if you want to look at it in more detail. It does
2 show that some of the investments in this category are at
3 very different stages of development with many initiatives
4 either ending or ramping down during fiscal year 15-16
5 with some continuing at similar levels of implementation
6 and some even ramping up somewhat.

7 Our third overarching budget category, reach and
8 evaluation, includes projects that align with and
9 contribute to our new strategic direction as well as
10 projects aligned to our legacy investments that
11 demonstrate our commitment to learning from current and
12 past investments. These total 7.9 million or about three
13 percent of the overall fiscal year budget.

14 The 30 percent decrease in projected costs from
15 the current fiscal year is driven by two primary factors:
16 First, the projects in this category are consistent with
17 the comprehensive assessment of evaluation projects as
18 presented to the commission in March of 2015. This
19 assessment prioritize projects that were in alignment with
20 the future strategic direction as well as those projects
21 that significantly contributed to learning in the field.
22 The number of active projects in the corresponding
23 expenditures were reduced as a result of this assessment.
24 In addition, as the strategic planning implementation
25 process continues, the monitoring evaluation and learning

1 framework, or MEL as we call it, will be developed to
2 provide a comprehensive structure of our evaluation
3 activities. The implementation of this framework is
4 expected to take place later in fiscal year 15-16 and will
5 likely -- there will likely be a time lag between the
6 initiation of program work and the start of any form of
7 major evaluation and research work. It is anticipated
8 that the MEL expenditures in future years will increase
9 significantly. I will note that 150,000 is included in
10 our operating budget in support of the development of this
11 MEL framework and additional resources to support MEL
12 activities will be requested as needed during the mid-year
13 adjustment process. It is also worth noting that the
14 transition to the MEL framework may result in future
15 changes to how these evaluation projects are categorized
16 in the context of the fiscal year budget.

17 And lastly turning to our internal operations,
18 the fiscal year 15-16 budget includes a proposed \$20.7
19 million for internal operations representing approximately
20 nine percent of our overall budget. These are based on
21 analyses of historical spending and projected expenditures
22 for the current year.

23 The budget for internal operations will be the
24 subject of a deeper discussion next week at the executive
25 committee on May 21 but I will provide some overarching

1 highlights today. Approximately 79 percent of the
2 operating budget is in support of personnel services
3 representing salary and benefit costs for commission staff
4 consistent with the fiscal year 14-15 budget as originally
5 approved. I will note that some of the savings
6 anticipated in this category during 14-15 were repurposed
7 during the mid-year adjustment process to cover needs
8 identified in other areas such as in consulting.

9 We did develop the operating budget in 15 -- for
10 15-16 with a focus on streamlining our costs. For
11 example, one aspect that we included this year for
12 personnel services that was not incorporated in previous
13 years is an estimated three percent attrition rate to
14 account for anticipated employee turnover during the
15 fiscal year. The overall 1.3 million increase is
16 primarily driven by full implementation of the
17 compensation study recommendations that were approved
18 earlier this year, including the second phase of the
19 salary adjustments that will be effective July 1st as well
20 as the approved modification to our retirement benefits,
21 as well as eight additional positions that are included in
22 the budget to effectively advance the work of the new
23 strategic plan.

24 This overall increase that I just spoke to
25 amounts to approximately 292,000 which is in support of a

1 three percent merit pool, 211, 000 related to the second
2 phase of the approved compensation study adjustments that
3 will be effective July 1st, 379,000 related to the
4 approved modification of the offered retirement benefits,
5 and 620,000 for the new positions included for fiscal year
6 15-16.

7 Here we provided a few examples to help
8 differentiate between our other broad categories of costs
9 in our operating budget. For instance, our general
10 operating expenses includes costs for utilities, office
11 supplies, repairs, and maintenance and contingency.
12 Professional services includes our audit and legal costs
13 as well as professional development, while consultant
14 services includes resources for general consulting needs
15 and our building management fees. Capitol improvements
16 includes resources to support replacement of workstations,
17 servers, appliances, and other hardware needs. And lastly,
18 our governing health and safety code and our current
19 internal policy require that commission approve an
20 administrative cost limit each fiscal year that Raoul
21 alluded to earlier.

22 Neither the health and safety code nor internal
23 policy sets a specific limit, although historically the
24 commission has approved a limit below five percent of
25 total estimated spending for the fiscal year. As Raoul

1 mentioned earlier, the administrative cost limit for
2 fiscal year 15-16 is calculated at 4.94 percent of the
3 fiscal year 15-16 budget. The details of this calculation
4 can be found in attachment A of your packet which is page
5 261 of the iPad hub.

6 And at this time, I will turn it back over to
7 Raoul who will go over our next steps in the budgeting
8 process.

9 MR. ORTEGA: Thank you, Alison.

10 So as -- as presented in slide above you, we have
11 gone to the budget and finance committee back in May 1st
12 as Dr. Southard has mentioned. And today we present this
13 as an informational item.

14 Moving forward on May 21st, we will take the
15 15-16 operating budget to the executive committee where
16 we'll take a deeper dive into the operation phase. And
17 then the following week on May 28th, we will have further
18 discussion with the focus on the resources for the
19 2015-2020 strategic plan cost.

20 On June 1st we go back to budget and finance
21 committee to review all of the changes based on feedback
22 from -- from today's meeting and the other meetings as
23 mentioned. And on June 11th, we will come back to you as
24 an action item to adopt the fiscal year 15-16 overall
25 budget.

1 At that time, I -- if there's any questions, I'll
2 be more than happy to --

3 COMMISSIONER BROWNING: I think we have some
4 pictures first. Raoul, these are your children?

5 MR. ORTEGA: No. To the left -- well, yes, one
6 of them.

7 COMMISSIONER SOUTHARD: We're telling. I'm so
8 happy my wife is not here. To the left is Aria, which is
9 Alison's little girl sporting the blue tongue, and on the
10 right is my daughter Kate with my -- with her grandmother,
11 my mom.

12 COMMISSIONER BROWNING: Okay. Very cute.

13 What about simple questions?

14 COMMISSIONER SOUTHARD: You turn red very nicely.

15 COMMISSIONER BROWNING: Very nice.

16 What about simple questions? Okay, Nancy.

17 COMMISSIONER AU: Very simple.

18 COMMISSIONER BROWNING: You'll have many weeks to
19 look at it.

20 COMMISSIONER AU: Not so much a detail.
21 Actually, it's a much -- do we have any sense or
22 indication at this time what our revenue is going to be
23 for the next fiscal year --

24 MR. ORTEGA: Yes.

25 COMMISSIONER AU: -- just based on trends?

1 MR. ORTEGA: Yeah. The Board of Equalization
2 continues to reflect a two to three percent decline for
3 the next five years. So we will see, between now and at
4 the end of strategic plan an overall 15 percent decline
5 within the next five years.

6 COMMISSIONER AU: Are they declining their cut as
7 well by two to three percent?

8 MR. ORTEGA: We have had conversations with the
9 Board of Equalization. First 5 California, along with
10 other leaders within other First 5 commissions, have
11 started conversations with the Board of Equalization, and
12 the Board of Equalization actually did put out a report I
13 believe in February trying to address the issues and
14 concerns that all of the First 5s have under -- overall
15 have been --

16 MS. BELSHE: If I may, building on that, Raoul.
17 As Raoul noted there, the legislature's direction, the BOE
18 did convene, some conversations did come up with a report
19 identifying a number of issues and options. There's a lot
20 more legislative interest this year than in previous
21 years. So it's been terrific to have California
22 Strategies, our Sacramento advocate, at the table and
23 included in many important conversations along with the
24 First 5 California leadership and First 5 Association.

25 And you know, it's -- it's not a sure bet that

1 there will be a fix but at least there's much more
2 attention and engagement and a request for both fixes as
3 well as -- so a fix to help First 5s means a revenue hit
4 to BOE.

5 So we'll -- we'll keep you posted but it's much,
6 more engaged and hopeful this year than it's been in
7 previous years and I think First 5 LA through Cal Strat
8 has been -- and our policy team has been a big part of
9 that.

10 COMMISSIONER AU: Excellent. Thank you.

11 COMMISSIONER BROWNING: Other comments and
12 questions? There will be an awful lot of opportunities
13 for everyone to get heavily engaged. I know Dr. Southard
14 has done a good job on this and so I appreciate all the
15 help.

16 Alison, you and Raoul did a fantastic job of
17 presenting that in a very short period of time. It wasn't
18 an hour, so I appreciate that. Thank you very much.

19 No action needed on that. So that's an
20 information item.

21 So I think we'll move to Item 10, which is our
22 legal counsel, a lease extension for the academy.

23 MR. STEELE: Thank you, Mr. Chairman, members of
24 the commission.

25 An even more brief item. Many of you know that

1 First 5 LA has owned this building for a dozen years or so
2 now. And some of you may not know that across the entry
3 way we have a tenant and have had a tenant in the building
4 since 2005. It's a licensed child care center being
5 operated by a company called La Petite Academy. And we
6 have had a lease with some iteration of the child care
7 center over the years now at a -- at a market rate lease
8 since 2012. The current lease is expiring at the end of
9 June. And the parties have been negotiating for an
10 extension of that -- that lease to keep La Petite Academy
11 in the building but also adjust the rate to market -- to
12 reflect market terms. And so the negotiations have
13 concluded. We're preparing an actual lease extension
14 document but bring this to you for information purposes
15 prior to it being on your agenda in June if the commission
16 -- for commission's approval.

17 The three major changes to the existing lease
18 terms would be as follows: One, the new term of the
19 extension would be for five years as opposed to the -- the
20 three that has -- was the previous term of the lease. We
21 would adjust the rent -- the annual rent that's being paid
22 by the child care center from about \$99,000 per year
23 currently to \$110,745 as the -- as the first year's base
24 rent. That rent amount would be increase automatically
25 each year by the lesser of CPI increase or two percent.

1 And so there would be an automatic increase each year.

2 The major new benefit for First 5 LA in the
3 proposed extension is that, as of the start of the new
4 lease, the tenant would be paying its prorata share of the
5 operating experiences of the building. Previously, we've
6 rolled that into kind of the lease amount. And going
7 forward, this new extension would have them paying 14.5
8 percent of the operating expenses of the building. And so
9 that increases the anticipated revenue to \$154,253 in the
10 first year of the lease and then actual operating expenses
11 going forward.

12 So as we say, those are the terms that have been
13 negotiated and that staff is going to be recommending to
14 the commission for approval and a consent calendar item at
15 your next meeting. We'd be happy to answer any questions
16 if you have them.

17 COMMISSIONER BROWNING: Nancy.

18 COMMISSIONER AU: Again, the question that popped
19 in my head is, how many First 5 staff is utilizing the
20 child care center? Do you have a number?

21 MR. WAGNER: The number does fluctuate. I
22 believe we currently have two employees who have children
23 there and there is a significant wait list. So part of
24 the issue is the wait list.

25 COMMISSIONER AU: Because one of the -- one of

1 the program or project that I recall 20 years ago that we
2 were looking at was to engage corporations to -- to
3 provide child care support to their employees. And -- and
4 having a child care center onsite for our staff I think is
5 a really good thing.

6 And so -- anyway, it was just a fleeting thought
7 that this is a resource that is -- can be a real support.

8 MR. STEELE: I think you may recall over the
9 years there's been discussion about this being kind of a
10 pilot program which is what it originally started off as
11 and some sort of subsidized facility. And then over the
12 course of the years, I think, with the last lease, the
13 executive committee just decided at that point that it
14 should just be a strict landlord/tenant relationship and
15 if staff wanted to use the facility, staff was certainly
16 entitled to do so but there wasn't any kind of formal
17 relationship.

18 COMMISSIONER BROWNING: Child care is expensive
19 no doubt. It's like health care right now.

20 Any other questions or comments? Trish? No.

21 Okay. So we'll just wait to hear back on the
22 next meeting for the final action.

23 I think our next item is Item 11 on a federal
24 policy update from Joel.

25 MS. BELSHE: Great. And as they come forward,

1 Mr. Chair, I want to note the Mayor isn't going to be able
2 to join us. So the outstanding action item will be held
3 over to our next meeting.

4 If there's some time urgency, actually, we might
5 be able to bring that to the P and P committee later this
6 month since we convene it as a special commission meeting.
7 So I don't want those who are interested in the issue to
8 think there's some different direction we're going to be
9 going or a different recommendations to be made. We just
10 want to make sure we get board action as timely as we can
11 when we have a sufficient number of votes. So either P
12 and P or at the next meeting.

13 COMMISSIONER BROWNING: Thank you. That doesn't
14 look like Joel, but -- okay.

15 MS. BELSHE: Tessa.

16 MS. CHARNOFSKI: Good afternoon. My name is
17 Tessa Charnofski. I am the government affairs manager,
18 and I have the pleasure of introducing The Raben Group to
19 you today. They are our federal advocates. And I am
20 pleased that they graciously brought the rain with them.
21 I bet they are disappointed, though, but we are pleased.

22 Their conversation today will focus on this past
23 -- they've been working with us for two years. So they
24 will be talking about what they've accomplished this past
25 year as well as what we're looking forward to doing with

1 them in the coming year. And I simply wanted to note that
2 they do not function in a vacuum. We coordinate with our
3 state advocates and we focus on local and state issues in
4 the intersection with federal issues.

5 I also wanted to note that we have gone to DC now
6 to meet with constituents with elected officials, with
7 collaborative partners, and The Raben Group has helped to
8 host us. And while there this past time -- Kim likes to
9 take selfies. So this is -- this is us at a building near
10 the White House. I do not like this photo but I figured I
11 would include it because Kim took it. Anyway, Joel
12 Packer.

13 MS. BELSHE: The person who takes the selfie
14 always looks the worst, right? I think you look great.

15 MR. PACKER: Thanks. Good afternoon. I guess
16 I'm the last thing standing between you and adjourning the
17 meeting so I'll try to be efficient.

18 That was a nicer introduction than the last time
19 I gave a presentation outside of Washington where the
20 introducer said, and now, here's the latest dope from
21 Washington. So hopefully this will be a little bit
22 better.

23 So let me just kind of review, as Tessa said,
24 what we've been doing the last year on our advocacy
25 efforts in Washington, highlight what some of the specific

1 policies we've worked on and opportunities and challenges,
2 and then talk a little bit about some new work for the
3 upcoming year and how that aligns with your new strategic
4 plan.

5 Before I do that, let me introduce my colleagues
6 who are with me from The Raben Group. Sunil Mansukhani
7 who is another principle. Charna Martin who is here in
8 our LA office and she's a director in The Raben Group, and
9 Anais Duran who's a senior associate and supports all of
10 our work. And for those who don't know what The Raben
11 Group is, I guess I should say that we're a Washington DC
12 public policy government affairs firm. We represent a
13 whole range of clients and a broad range of issues on
14 education, health, social justice, civil rights, civil
15 liberties, et cetera.

16 So in the last year, we focused on particularly a
17 lot of work on funding and sustainability of funding,
18 trying to get increase investments in early learning
19 programs, early childhood education, preschool, home
20 visiting, help support other First 5 agenda items. And we
21 did a lot of work trying to collaborate and align with
22 what was happening here at the state level and with other
23 LA -- First 5 LA funded partners.

24 Our overall approach is focusing on policy
25 advocacy, sort of a three-legged stool. So part of it is

1 policy maker engagement working with members of Congress,
2 administration, their staffs; collaboration both at the
3 national level with other groups and coalitions with First
4 5 LA and your partners here; and then try to use data and
5 where we can come up with then stories to buttress and
6 support what we're advocating for.

7 So what happened in the last year, so as Tessa
8 said, we've been doing this for two years and we think
9 we've really helped position First 5 LA as a valued,
10 trusted, credible voice and contributor at the federal
11 level. Everyone in Washington is always very interested
12 in what's happening in Los Angeles. The times that Kim
13 has been out, we've had great turnout for briefings and
14 breakfasts and people learning about what you're all
15 doing. So we did a lot of partnering with a variety of
16 different stake holders. We, as I said, worked a lot on
17 the funding side to try to secure additional funding. We
18 worked to help reauthorize the home visiting program, the
19 MIECHV program. And we worked really hard to keep Tessa
20 and others on the staff here informed. We do weekly
21 calls, we do rapid response e-mails, written reports,
22 analyses, facts sheets, things like that.

23 I'm not going to read this and it's another sort
24 of eye chart I guess. This was sort of -- we put this
25 actually together last year. It sort of was our

1 short-term, intermediate, and long-term goals around
2 sustainability, around early childhood education and home
3 visiting. So a lot of this -- what's in my presentation
4 -- and I know you have it in front of you so I'll kind of
5 skip over reading all that.

6 In terms of policy maker engagement, we've done a
7 variety of things. So just some examples, Tessa and her
8 folks helped put together a letter signed by California
9 state legislators in support of extending the federal home
10 visiting program. So a good example of state/federal
11 collaboration. And we hand delivered those letters to
12 members of Congress from California. We did a lot of
13 one-on-one meetings during the reauthorization of the
14 child care development and bloc grant reauthorization.
15 The First 5 staff put together these great FAQ sheets
16 showing all of your investments broken down by
17 congressional district and we delivered those and shared
18 those with congressional staff and offices. We did a
19 variety of briefings when Kim has been in town. We've had
20 briefings for Congressional staff. We've had briefings
21 for other advocates, White House meetings, things like
22 that.

23 And then another good example sort of
24 collaboration, we help facilitate a meeting that just
25 happened a few weeks ago. Director of the White House

1 Office of Public Engagement through us asked to meet with
2 earlier learning advocates here in LA. So Tessa helped
3 put together a group of people. We helped get the
4 director of the White House Office of Public Engagement
5 here. She reports directly to Valerie Jarrett who's one
6 of the President's right-hand people. That was very good
7 I think reaction from both sort of sides so to speak about
8 that meeting.

9 In terms of collaborating with groups, we do a
10 lot of work in coalitions and with other groups, sort of
11 an endless array of organizations. But some of the main
12 ones are the First Five Years Fund. Chris Perry's the
13 head of that. Some of you I'm sure know here. Next
14 Generation, Too Small to Fail as an aside. One of the key
15 people from Too Small to Fail, Ann O'Leary, is now one of
16 Hilary Clinton's top three policy advisors on her
17 presidential campaign. Ready Nation, which is a group of
18 business leaders in support of early learning. The Pew
19 Foundation which coordinates the home visiting coalition,
20 again other groups I'm not going to read everything on
21 there.

22 We helped facilitate -- another good example of
23 collaboration. So example, this is when the CCDGB bill,
24 the Childcare Development Bloc Grant bill, was moving
25 through Congress, we organized the call out to some

1 federal policy experts with Tessa and a variety of
2 California and LA early childhood advocates to have a
3 discussion about how that bill and its regulations might
4 impact California. So we try to have that kind of
5 collaboration.

6 And then we work a lot in coalitions. There's
7 several different early learning coalitions. The White
8 House has kind of regular convenings, as they call them,
9 that we participated in. Sunil represents us on the home
10 visiting coalition that Pew coordinates.

11 Few others things we helped do in terms of early
12 childhood: The White House last December organized the
13 national summit on early learning and we helped get a spot
14 for First 5 LA at that summit. Kim as unable to go.
15 Tessa represented you there. The CCDGB bill we worked on,
16 that was reauthorized in the last Congress. That passed
17 almost unanimously, which is, for this Congress -- last
18 Congress, very rare. We've done a lot of work around the
19 Elementary Secondary Education Act.

20 And, again, on the budget issues -- and I'll talk
21 about the federal budget a little bit more -- there is
22 very constrained difficult fiscal environment. We've done
23 a lot of work around needs for increased investments in
24 early childhood and other programs. We've worked a lot on
25 the ESEA reauthorization -- the ESEA is the Elementary

1 Secondary Education Act -- to get preschool and early
2 learning sort of infused in that. We did a lot of work
3 around the early child -- early Head Start partnerships.
4 And I said the CCDGB reauthorization.

5 Home visiting. The MIECHV program, I think
6 you're all very familiar with. Did a lot of work around
7 that. You'll see it later on. I'll just say it now, so
8 that's been twice reauthorized by Congress. It's now
9 extended for two more years. It was attached to the
10 so-called Medicare doc fix, and that was a pretty good so
11 victory in this climate.

12 So overall our analysis of the last year was
13 that, even in a very difficult political and fiscal
14 environment, there were a lot of major victories on early
15 learning.

16 So in terms of funding -- so actually a year and
17 a half ago, Congress passed the fiscal year 2014
18 appropriations bill. It was one big appropriations bill.
19 And everything is relative, but the relative big winner
20 was early learning. Head Start had all of the cuts that
21 it had had in the sequester restored plus more. LACOE is
22 a Head Start grantee, so that was helpful to them. There
23 was \$500 million for this new early Head Start child care
24 partnership program. Preschool development grants was
25 another new program, \$250 million. Unfortunately,

1 California did not get a grant. It was a competitive
2 grants to states. And then CCDGB had \$153 million
3 increase.

4 So just to give you an example of some of the
5 impact of these federal investments. The first round of
6 funding for early Head Start child care partnerships has
7 been finalized by the federal department of HHS, and these
8 were the grantees in Los Angeles. So LACOE got \$8 million
9 and then smaller amounts. Again, I won't read the list.
10 You can see them there. There were a variety of other
11 providers here in California.

12 The child care development bloc grants I
13 mentioned was reauthorized after 16 years. So Congress
14 generally doesn't work very quickly. Really extraordinary
15 because it was literally almost unanimous support. It did
16 several things. They're all good but there's one drawback
17 I'll mention. So it generally imposed new safety and
18 health care provisions on providers like background
19 checks, increase inspection of facilities, things like
20 that. There was a specific provision that First 5 LA had
21 advocated for around safe sleep practices that got
22 included. It provides more stability for parents through
23 the way eligibility procedures work and it provides more
24 information for parents about what their choices are and
25 better transparency of information.

1 That's all good. The problem is, if there's not
2 additional federal funding, it's going to be -- likely
3 result in fewer slots because there's going to need to be
4 more money spent on these health, safety, other
5 requirements as additional requirements around criteria
6 for staff, things like that. So one of our biggest
7 priorities is to try to get additional funding for CCDGB.

8 This kind of lapping really into next year. The
9 Elementary Second Education Act is being reauthorized.
10 The Senate, again, in a bipartisan move had a bill that
11 came out of committee, again, unanimously. So everyone
12 from Elizabeth Warren and Bernie Sanders on the left to
13 Rand Paul on the right voted for this bill. And it has
14 several good provisions for early education. There's a
15 new program that's in the bill from Senator Murray from
16 Washington state. It would be grants to states to give
17 them money to better sort of align and coordinate new
18 efficiencies and existing funding streams for early
19 childhood programs. There's a new early learning literacy
20 program. The next one is actually very important
21 provision. It requires that the states' academic
22 standards for K12 be aligned with any relevant state early
23 learning guidelines. So it's trying to better coordinate
24 between pre-K and early learning and K-12.

25 And then they just kind of infused early learning

1 throughout almost every title of the Elementary Secondary
2 Education Act in terms of safe and healthy students and
3 professional development for teachers and a whole variety
4 of other programs. So it's not as big a program as we had
5 originally hoped for. It's not like hundreds of millions
6 of new dollars but some good provisions with some
7 opportunities for potential funding for some of your
8 grantees.

9 As I mentioned, the MIECHV program was
10 reauthorized twice so it's extended for two more years.

11 So looking ahead to the next cycle, again ESEA is
12 big priority. So the Elementary Secondary Education Act
13 itself is way overdue by Congress. It was supposed to be
14 reauthorized in 2007, so we're only eight years behind.
15 There's a pretty good chance it won't get done this
16 Congress. It's not definite. There's a pretty good
17 chance, if it gets done, there will be some of these early
18 learning provisions in the bill. So we're going to
19 continue to advocate around that. If it passes, work
20 around the implementation and see if there's opportunities
21 again to actually get some funding for First 5 and your
22 grantees.

23 Funding is always an issue because Congress every
24 year has to approve a budget. And let me just sort of
25 jump to this chart. I'll explain this chart because it's

1 -- otherwise, you're not going to -- it's complicated.

2 So my 30 second tutorial on the federal budget.
3 There's two kinds of federal spending. One kind of
4 spending is called mandatory or entitlement spending.
5 What that means is, once Congress passes those kinds of
6 laws and -- passes the laws, the money automatically flows
7 out the door and they're not reviewed every year by
8 Congress. So Social Security, Medicare, Medicaid, food
9 stamps, veterans benefits, those are all mandatory
10 programs. If Congress left and never came back -- which
11 might not be a bad thing -- two-thirds of every dollar --
12 over two-thirds of every dollar coming into the federal
13 government would just keep going out the door.

14 The other third of the budget roughly, is called
15 discretionary spending. It's the money Congress has to
16 every year appropriate. And that part of the budget has
17 these binding caps on how much money can be spent.
18 Congress passed them so they can change them. So what
19 this chart is showing, there's a slice of the budget that
20 has the unappealing name of nondefense discretionary. But
21 it's the most important part of the budget for most of the
22 program you all care about. It includes funding for Head
23 Start, most of CCDGB, all of education, community health
24 centers, a whole range of programs.

25 So what is chart is showing, that top line, that

1 was how much money was available for this pot of money in
2 fiscal '12 and if it had just gone up each year by
3 inflation. The next line, the red line, is in 2011,
4 Congress passed a law that put in place these binding caps
5 or limits on this nondefense discretionary, and that's
6 what that red line is showing. The green line is the
7 sequester caps. So Congress, because it failed to come up
8 with another deficit reduction plan, put in place the
9 sequestration process which automatically lowered
10 spending. So that's the green line. So you can see that
11 it went down in every year.

12 And then the problem we face is that Congress
13 just a couple of weeks ago passed their budget resolution
14 which proposes to cut spending for the category of money
15 by \$496 billion over the next ten years. So that's the
16 purple line on the bottom. That would freeze that level
17 of funding in fiscal '16 and, starting at '17, drastically
18 lower it every year so that there would be -- we would
19 never get back to even where we started basically. And
20 this doesn't take into account inflation or population
21 growth. So one of our biggest priorities is to raise
22 what's called the sequester cap because, if we don't do
23 that, there will be very little opportunity to get
24 increased funding for the programs we care about.

25 In terms of some of the new areas we're going to

1 be looking at in terms of alignment with your strategic
2 plan, our trauma-informed care and developmental
3 screenings. We just had a great meeting earlier today
4 with several of your staff talking about those issues. So
5 we're just really getting started on this. So some of the
6 things we're looking at as possibilities on
7 trauma-informed care as far as working with other groups
8 in Washington that are already doing that, like the
9 American Academy of Pediatrics, looking at how we can get
10 more adoption of what's called adverse childhood
11 experiences screening, it's called ACEs, as part of
12 routine screenings that children have in health care, and
13 how do you better strengthen linkages between primary
14 care, behavioral care, education, Head Start, things like
15 that that are doing some of these kinds of work and where
16 there's more need for trauma-informed care.

17 Developmental screenings. Again, we want to
18 start off with sort of what we call a policy scan or
19 landscape scan connecting with other groups that are
20 active in the area. Again, the American Academy of
21 Pediatrics, Help Me Grow, the National Help Me Grow
22 Organizations, Zero to Three Class. The disability
23 community does a lot of work in this area, the Funding
24 Individuals With Disabilities Education Act, again,
25 promoting the appropriate developmental screenings through

1 the health care system and how to insure people know about
2 them and have access to them and, again, strengthen the
3 linkages between early identification, early intervention,
4 and helping people then get the services they need for
5 their kids.

6 Terms of beyond just the congressional policy
7 work, since we're in a presidential election year, we want
8 to make contact with the president candidates campaigns.
9 The number of candidates keeps growing sort of by the day.
10 So there's -- there will be opportunities to try to
11 influence the party platforms at the conventions.

12 After the election in 2016, we want to engage
13 with the transition team of whoever the new president is
14 and also just, in addition, all the partnerships and
15 coalitions look for new partners, particularly in the
16 private sector and businesses and the foundational
17 community, things like that.

18 And I will end with this picture. I became a
19 grandfather five months ago. That is my grandson, Oliver.

20 I will be happy to answer any questions or take
21 any comments about Washington or Congress, et cetera.

22 COMMISSIONER BROWNING: Joel, very informative.
23 I'm sure we will have a few questions. No questions?

24 I assume we can draw down this PowerPoint through
25 some mechanism.

1 MS. BELSHE: On our Web site.

2 COMMISSIONER BROWNING: I do think this has a lot
3 of information that staff might be interested in.

4 MR. PACKER: I also think that in the printed
5 packets only every other page got printed. I think only
6 the even number pages are listed in the printed package.

7 COMMISSIONER BROWNING: Okay. That's helpful.

8 MS. BELSHE: Joel, maybe if you could -- if I
9 could, Philip, talk a little bit about some of your
10 thoughts, observations, suggestions about engaging
11 Republican elected official to advance early childhood
12 development and learning agenda.

13 MR. PACKER: So, obviously, as you all know, at
14 least in terms of member of Congress in terms of the LA
15 area delegation, they're almost all Democrats. Kevin
16 McCarthy has a little sliver I guess of the northern part
17 of LA county and a couple of others. So one of the
18 challenges is, there's not a lot of Republicans that are
19 in this area.

20 Kevin McCarthy is absolutely critical. He's the
21 House Majority Leader. He's very obviously powerful,
22 influential. So I think one of the things that we've
23 talked about doing is how to better partner with other
24 First 5s that -- you know, like in his example, I guess,
25 it's Kern county and how can we find others who have

1 relationships and contacts with Kevin McCarthy that we
2 could partner with to reach out to him. We've also been
3 making efforts, again, working with Tessa, to try to get
4 either Kevin McCarthy directly or his staff to come to one
5 of your sites, one of the Welcome Baby sites to see it in
6 person. So we're trying to do that.

7 I think in general it's working partly in
8 coalitions with some others where there's more Republican
9 members. We talked earlier today with your folks about,
10 again, working with the state First 5 with other First 5s
11 where there's Republican members to get those kind of
12 contacts and coordination. I think it's engaging the
13 business community more. There's a lot of business
14 support. There's a national entity called Ready Nation.
15 That's business leaders in support of funding for early
16 childhood education.

17 So I think some of the problems we have to
18 overcome at the national level is, one, some of these
19 issues, again, the way -- they're not just looked at by
20 themselves. So in terms of funding, there's the overall
21 caps that affect not just early learning or -- they affect
22 everything. So it's part of a bigger issue. So actually
23 one of my other hats is I co-run this huge coalition
24 called NDD United. It is not the name of a British soccer
25 team. It's a coalition of -- our last letter we had 2100

1 organizations signed on. That's brought together the
2 entire domestic community to work together to raise these
3 sequester caps. So part of these broader -- and through
4 that coalition, we've done work with the defense industry
5 because our funding fate, whether we like it or not, is
6 tied to what happens to defense funding. So we actually
7 did some events with the Aerospace Industries Association
8 with this other coalition, talking about the relationship
9 between research and education and the needs that they
10 have for highly qualified workforce and things like that.
11 So I think it's looking for other partners. So one of
12 it's, we're tied together with other issues.

13 And I think the other big thing is that Republic
14 -- both -- members of both parties, particularly
15 Republicans, they want to know, so if I'm spending money
16 on this, what's happening with it, like what's the return
17 on investment, what's the outcome. So we need to do a
18 better job beyond of how many kids get X, Y, or Z service,
19 like what's the outcome short-term, long-term. And the
20 other thing I think that sometimes influences people is
21 stories. When you're talking about trillions, billions,
22 hundreds of millions, at some point, everyone just sort of
23 -- you don't really know what that means. And members of
24 Congress increasingly sometimes make decisions by stories.

25 So a good example of that, when the Senate Health

1 Education Labor Committee was acting on the Elementary
2 Secondary Education Act reauthorization, literally, every
3 senator, when they offered an amendment, started out by
4 saying, Principal X in a school district in my district
5 told me X; or I just met with teacher Y and she said this.
6 So they really rely on these stories.

7 So I think it's a combination of better data,
8 more stories, new partners, figuring out who all can get
9 to some of these Republicans. The other thing I'd say
10 about all this, so it's different -- like there's certain
11 areas: Gun control, abortion; people are for it; people
12 are against it. No one's against preschool. No one's
13 against getting kids developmental screenings. The issue
14 is convincing them in a very tight budget environment that
15 these should be priorities for funding and also convincing
16 them that it's a federal role. Because a lot of times, if
17 you're on for preschool, but that's something states
18 should be doing, not the federal government. So it's
19 breaking through on why should this be funded as a
20 priority and why should it be a federal function as
21 opposed to leaving to the states and locals.

22 So that's kind of a long answer, but --

23 COMMISSIONER SOUTHARD: So is there any potential
24 strategy of moving some of the things we care about from
25 this category into Medicaid, for example?

1 MR. PACKER: Yeah. We -- there are -- I think
2 particularly in the developmental screenings, I mean,
3 there's a lot of that -- those come through Medicaid and
4 Medicaid requires what's called EP--

5 COMMISSIONER SOUTHARD: -- SET.

6 MR. PACKER: Yeah. So I think there's some
7 opportunities to do that or figure out through those
8 things.

9 The President, in terms of preschool, actually
10 proposed to make that program, again, on the so-called
11 mandatory side of the budget. The reality of the way
12 Congress works is, so the President proposed \$75 billion
13 over ten years for universal pre-K preschool, but that has
14 to be paid for by something. So the President proposed to
15 pay for that by doubling the federal tax on tobacco
16 products, cigarettes and other tobacco products. The
17 problem is Republicans don't want to raise any new federal
18 revenue. So sometimes the pay for on something become
19 more problematic than the program. And that's why, like
20 even on raising the sequester caps, if you raise those
21 caps so there's more money available, Congress again has
22 to pay for that. And the problem we face is the
23 Republicans don't want to raise revenues and the Democrats
24 generally don't want to cut things like Social Security,
25 Medicare, Medicaid, food stamps. And the Republicans

1 don't want to cut defense, so that doesn't leave anything
2 else to -- where are you going to get the money to pay for
3 these things.

4 So I think, yes, there's some opportunities to
5 look at doing that in some limited bases. In terms of
6 bigger, you know, new mandatory programs, it's very, very
7 challenging.

8 MS. BELSHE: One things I -- building on your
9 question, Marv, that is part of just very early initial
10 conversations with The Raben Group is around developmental
11 screening which is a covered benefit. So not all of these
12 conversations are about new programs, new investments;
13 it's about an appropriate, timely implementation of
14 current law.

15 So, administratively, there may be opportunities
16 for The Raben Group to help us, such as, this is a message
17 we're taking to leadership for the Department of Health
18 Services.

19 COMMISSIONER AU: Could we all see the whole
20 conversation around trauma-informed care fitting into the
21 Medicare conversation as well because, you know, we can
22 probably make a case that it's really also a
23 health-related issue.

24 MR. PACKER: Yeah, I definitely think that's a
25 possibility. As I said, we're just -- just really at the

1 beginning of the beginning of our work in those areas.
2 But I will say, again, in the Elementary Secondary
3 Education Act, we've been working for another group called
4 Futures Without Violence, which is actually based in San
5 Francisco, and were successful in getting into the Senate
6 version of Elementary Secondary Education Act several
7 pretty good provisions dealing with trauma-informed care,
8 social-emotional learning, school climate, that sort of
9 package of issues in the Senate version of the Elementary
10 Secondary Education Act. So I think there is some
11 increasing awareness among members of Congress that that's
12 an important area.

13 And, again, some of that can be done without
14 necessarily a lot of new money. It's like, how do you
15 better train people, how do you use existing funds for
16 these kinds of things. So that's -- yeah, I think that's
17 definitely an area both existing programs and, you know,
18 looking at other things like Medicaid and other things.

19 COMMISSIONER AU: Okay.

20 COMMISSIONER BROWNING: Joel, if you can just get
21 us put into the defendant budget, I think that would solve
22 our problems.

23 MR. PACKER: What's interesting about that is --
24 so I mean, like the women's communities have done a great
25 job in the past. There's actually a significant amount of

1 money for breast cancer research in the Department of
2 Defense budget. So the argument that they used was,
3 there's increasing number of females in the military, we
4 need to look at their health care needs. So there's
5 actually a significant amount of breast care research
6 funding out of the Department of Defense.

7 COMMISSIONER BROWNING: Judy.

8 COMMISSIONER ABDO: One of the things we've
9 talked about in this commission and you mentioned but
10 maybe we could go a little deeper on this is that I know
11 that there are many businesspeople who are looking ahead
12 to what is the workforce going to be like in the
13 United States in ten years, 20 years; and that, if
14 children are going to preschool or are having early
15 education programs, not only preschool, that they will be
16 better workers. Now, it's not the way I think. It's not
17 the way I think most of us in this room think but it is an
18 argument that makes sense economically for the country.

19 MR. PACKER: Yes. Absolutely. I mean, so that's
20 been a lot of arguments at the federal level. I presume
21 state levels as well about why we should be investing. So
22 there's a lot of good research. There's a Nobel Prize
23 economist, James Heckman, who's done research that
24 investing in high-quality, early learning programs return
25 \$7 in economic benefits over time. And there's other

1 research similar to that. And as I said, there's a group,
2 Ready Nation, that we work with that's business leaders.

3 And in fact, so the LA Chamber of Commerce every
4 year has this big -- I think some of you come to -- DC
5 Access conference, sort of a government advocacy
6 conference. At this year's conference, First 5 LA and
7 LAUP arranged for someone from Ready Nation to actually
8 address the whole DC Access group, which is beyond just
9 education, so there's businesspeople there and others.

10 So you're absolutely totally correct. And I
11 think that's an argument that we try to use a lot.

12 MS. BELSHE: We're fortune here in LA to have
13 leadership like the LA Chamber. Like we heard P and P
14 last month, the LA Chamber gets it and they're I think
15 increasingly going to be a very important partner in our
16 and others work here at home but also in Sacramento and
17 nationally.

18 The Sacramento Access day that they're
19 organizing, I think it's just in a week or so, Tessa --
20 early learning team. So they totally get it. It's like,
21 how do we build upon that smarts and that commitment to
22 broaden the business base.

23 COMMISSIONER ABDO: Maybe it could be broadened
24 to the Defense Department also needs people who are
25 skilled. Certainly not my normal advocacy role but --

1 MR. PACKER: So there's another group called
2 Mission Readiness which is former or retired generals and
3 admirals, specifically advocating for early childhood.

4 So, again, a different event I did for a
5 different client. We had a retired Air Force general
6 talking explicitly about why we need to invest on early
7 childhood education and why that is directly important to
8 the military, both in terms of keeping their own people
9 happy in terms of child care for their own kids and also,
10 again, just the benefits those kids go through quality
11 early learning programs. They do better later in school.

12 The military's having problems. I forget the
13 exact percentage but a fairly high percentage of age
14 eligible people are not actually eligible because -- a big
15 reason is they're obese, so that's a separate problem they
16 have. Another reason is they don't have the academic
17 skills. There's a test you have to take to get into the
18 military. So yes, some -- at least the retired military
19 folks have been advocating around that more.

20 Some, yes, I think for all of these areas the
21 more sort of unusual suspects, right -- it's one thing,
22 you know, when you're advocating for early learning,
23 people expect early learning groups and parents and, you
24 know, child advocacy groups, stuff like that. The more we
25 can get business and military, law enforcement. Actually,

1 there's another group called Fight Crime Invest in Kids.
2 So a lot of like sheriffs and folks like that. They've
3 done a lot around -- a lot of work on home visiting, and
4 again the relationship between those programs in reducing
5 crime and violence and things like that. So, yeah, I
6 think there's a lot of those.

7 The issue again I think for Republican members of
8 Congress, I think we talked about that when we met with
9 you or maybe earlier. So there's a lot of polling. there
10 was a poll that the First Five Years fund did several
11 months ago and they specifically used a Republican and
12 Democratic polling firm, so it wasn't like they were just
13 using Democrats. And it shows overwhelming support and
14 broken down by party, including overwhelming support by
15 Republicans in the population for these investments.

16 I think the problem becomes -- so I'll use the
17 NRA as an example. So when NRA activates its members,
18 they get active and they vote and they turn out and they
19 sometimes get members of Congress or state legislators or
20 whatever knocked out of office. That's why they have a
21 lot of influence.

22 So even though polling does well, the question is
23 then, are the people being polled, are they really going
24 to go to the polls and say, I'm going to vote against this
25 Member of Congress because he didn't vote for increased

1 funding for fill-in-the-blank preschool or developmental
2 screenings.

3 So I think we also need to figure out how to just
4 better energize and make these sort of in a way -- you
5 know, people have different roles. But how do you make
6 these more pointed electoral issues. So there's groups
7 that are working to do that both at the national level and
8 the state level. But I think that's another thing.
9 Unless members of Congress or state legislators or
10 whoever, if they're not totally with us, how do you
11 actually convince them. You can convince them that, if
12 they're not with us, they may lose their seat in the
13 election. So I think that's another, how do you just
14 better make this a pointed electoral issue.

15 COMMISSIONER BROWNING: Other points?

16 Joel, we really appreciate it. I'm sure you'll
17 be available afterwards for a few comments there. Sounds
18 like we got some of the audience and maybe some of the
19 board members that would like to take you over in the
20 corner and pick your brain.

21 What about public comment? Do we have anyone
22 signed up for public comment? Okay.

23 Any other business to come before the commission?
24 If not, I know folks will be disappointed but maybe we'll
25 be through a little early. So I'm going to go ahead and

1 close out meeting today. Thank you very much.

2 (At 3:52 p.m. the meeting was adjourned.)

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

C E R T I F I C A T E

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

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

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

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

Attested to on this _____ day of _____, 2015.

CERTIFIED SHORTHAND REPORTER
FOR THE STATE OF CALIFORNIA

FIRST 5 LA

SUBJECT:
Monthly Financial Reports

RECOMMENDATION:
Approval of the monthly financial statements for the month ending April 30, 2015.

BACKGROUND:
Staff routinely provides monthly financial reports for the Commission's review and approval to ensure transparency of the financial status of First 5 LA.

DISCUSSION:
First 5 LA began the month with a cash balance of \$598.39 million (adjusted by \$1.9 million from the prior month). During the month, we recorded \$7.53 million in revenues, \$1.34 million in operating expenditures, \$7.85 million in program expenditures, and \$1.02 million in pass-through expenditures. As a result, First 5 LA ended the month with a cash balance of \$595.70 million, a decline of \$2.69 million.

This report includes detailed financial information for the month ending April 30, 2015. The financial statements are unaudited and reported as a "soft close." All materials in this packet and check registers are available online. Statements in this report include the following:

- Revenue and Expense Statement: Summarizes financial statements to highlight the starting cash balance, revenues received, program and operating expenses, and the ending cash balance for the month.
- Balance Sheet: Provides a "snapshot" view of the Commission's assets, liabilities and fund balance as of April 30, 2015.
- Detailed operating and program expenditures: Shows expenses against the FY 2014-15 Budget approved on June 12, 2014 and amended on March 12, 2015, concluding with a report of expenditures related to programs functioning as pass-through agreements.

Los Angeles County Children and Family First -
Proposition 10 Commission (aka) First 5 LA
Revenue and Expense Statement
April 30, 2015, Unaudited

	REVENUES AND EXPENDITURES	
Cash Balance as of March 31, 2015	\$ 598,385,188	(1)
Revenue		
Monthly State Allotments	\$ 6,615,199	(2)
State Commission Matching Grant - Cares Program	-	
Medi-Cal Administrative Activities (MAA)	25,527	
State Commission - Other Program Funds	-	
Interest Income - Unreserved	217,709	
Monthly State Revenue - SRI	1,961	
Investment Income - Other	-	
Rental Revenue - La Petite	8,532	
Partnerships for Families (PFF) - LA county Dept. of Children and Family Services (DCFS)	659,690	
Total Revenue	\$ 7,528,618	
Expenses		
Program Budget (Attachment A)		
Place-Based Initiatives	\$ 3,550,825	
Countywide Strategies	985,060	
Countywide Initiatives	2,994,414	
Prior Strategic Plan Initiatives	(1,006,842)	(3)
Research and Evaluation Projects	1,330,941	
2015-2020 Strategic Plan Implementation Activities	-	
Total Initiative/Program Expenses	\$ 7,854,398	
Pass-Through (Attachment B)		
Medi-Cal Administrative Activities (MAA)	\$ -	
Child Signature Program (CSP)	-	
Partnerships for Families (PFF) - LA county Dept. of Children and Family Services (DCFS)	1,020,453	
Total Pass-Through Expenses	\$ 1,020,453	
Operation and Administration (Attachment C)		
Personnel	\$ 1,088,133	
General Operating	52,547	
Professional Services	81,450	
Consultant Services	87,316	
Travel & Meetings	30,046	
Capital Improvements	706	
Total Operation and Administration	\$ 1,340,197	
Total Expenses	\$ 10,215,048	
Variance (Revenues - Expenses)	\$ (2,686,430)	
Cash Balance as of April 30, 2015	\$ 595,698,758	(4)

NOTE:

- 1) An adjustment was made in the amount of \$1.9 million to correct a mistake recorded in a prior month. This represents the actual amount of the ending cash balance as of March 31, 2015.
- 2) Tobacco Tax Revenue for February 2015.
- 3) Expenditures from prior months were recorded to the incorrect cost center. Adjustments were made between the initiatives to correct the discrepancy.
- 3) Cash Balance excludes fixed assets and Liabilities.

**LOS ANGELES COUNTY CHILDREN AND FAMILY FIRST - PROPOSITION 10 COMMISSION (AKA FIRST 5 LA)
EXPENDITURES BY FY 2014-15 BUDGET
APRIL 30, 2015, UNAUDITED**

INITIATIVE/PROGRAM	FY 2014-15 BUDGET*	APRIL EXPENDITURES	FISCAL YTD EXPENDITURES	BALANCE REMAINING
PLACE-BASED INITIATIVES				
Best Start - Community Funding	12,908,000	1,634,827	5,050,797	7,857,203
Best Start - Family Strengthening	26,016,000	1,915,998	15,064,346	10,951,654
COUNTYWIDE STRATEGIES				
Data Systems Integration	1,745,000	59,715	511,498	1,233,502
Health Access (Healthy Kids)	5,292,000	-	2,381,671	2,910,329
Information Resource & Referral (211)	1,360,000	97,595	904,323	455,677
Policy Advocacy Fund (PAF)	3,335,000	299,343	1,811,676	1,523,324
Policy Agenda/Agency Advocacy	1,095,000	36,665	347,037	747,963
Public Education	2,559,000	114,016	715,519	1,843,481
Public Education - Conference Funding Grants	218,000	3,000	130,114	87,886
Resource Mobilization - Early Head Start Matching Grants	-	2,202	2,202	(2,202)
Resource Mobilization - ECE	443,000	8,222	178,767	264,233
Resource Mobilization - Funder Partnerships	416,000	-	217,189	198,811
Resource Mobilization - Health	3,794,000	1,269	1,268,293	2,525,707
Resource Mobilization - Matching Grant Program	163,000	-	144,172	18,828
Resource Mobilization - Organizational Capacity Building	776,000	(18,239)	482,355	293,645
Resource Mobilization - Project Development	350,000	3,600	11,400	338,600
Workforce Development	2,718,000	377,672	921,101	1,796,899
COUNTYWIDE INITIATIVES				
At-Risk Fathers Investment	2,000	-	1,500	500
Black Infant Health	1,952,000	-	522,932	1,429,068
Children's Dental Care	8,451,000	1,382,588	4,047,383	4,403,617
Children's Vision Care	1,342,000	13,056	844,854	497,146
Data Partnership with Funders	1,000,000	170,919	637,023	362,977
Early Identification and Intervention - Autism and other Developmental Delays	854,000	67,605	544,976	309,024
ECE Environmental Scan	211,000	130,800	130,800	80,200
Healthy Food Access	1,941,000	145,894	1,226,079	714,921
Little by Little/One Step Ahead	3,647,000	167,777	1,634,684	2,012,316
Parent Child Interaction Therapy	4,672,000	56,343	829,502	3,842,498
Peer Support Groups for Parents	1,058,000	44,666	341,165	716,835
Reducing Childhood Obesity	13,387,000	-	3,967,609	9,419,391
Substance Abuse Treatment Services	4,055,000	-	-	4,055,000
Tot Parks and Trails	1,934,000	42,660	944,063	989,937
Universal Assessment of Newborns	7,058,000	398,404	3,819,159	3,238,841
Workforce Development - ECE Career Development Policy Project	1,151,000	88,793	648,917	502,083
Workforce Development - ECE Workforce Consortium	13,090,000	284,908	2,369,047	10,720,953
PRIOR STRATEGIC PLAN INITIATIVES				
Baby Friendly Hospitals	1,818,000	(370,380)	670,027	1,147,973
Community Opportunities Fund	142,000	10,694	108,872	33,128
Family Place Libraries	124,000	1,786	9,554	114,446
Family Literacy	-	(66,968)	(66,968)	66,968
LAUP	54,245,000	-	25,511,619	28,733,381
Neighborhood Action Councils	1,902,000	(667,511)	1,166,797	735,203
Oral Health & Nutrition (OHN)	879,000	80,946	482,006	396,994
Oral Health & Nutrition - Dental Home	3,600,000	-	898,809	2,701,191
Oral Health & Nutrition - Safety Net	55,000	(2,570)	(2,570)	57,570
Oral Health Community Development	2,000	-	-	2,000
Partnerships for Families (PFF)	5,488,000	7,161	4,673,392	814,608
RESEARCH AND EVALUATION PROJECTS				
Data Development	2,275,000	199,645	1,612,621	662,379
Program Evaluation	6,137,000	1,090,411	3,015,386	3,121,614
Research Partnerships	198,000	40,886	128,851	69,149
Results Dissemination	5,000	-	1,750	3,250
2015-2020 STRATEGIC PLAN IMPLEMENTATION ACTIVITIES				
2015-2020 Strategic Plan Implementation Activities	250,000	-	-	250,000
TOTAL	206,113,000	7,854,398	90,862,300	115,250,700

* The FY 2014-15 Budget was approved by the Board of Commissioners on June 12, 2014 and amended on March 12, 2015, per agenda item #2D.

NOTES - EXPENDITURES BY FY 2014-15 BUDGET:

- (1) Resource Mobilization - Early Head Start Matching Grants ended in FY 2013-14. An adjustment was made in the amount of \$2,202 to correct a prior year accrual, and is reflected in the general ledger report.
- (2) An adjustment was made in April to account for unused sub-grant funds in the amount of \$40,093 that were unable to meet the matching funds requirements.
- (3) Expenditures from prior months were recorded to the incorrect cost center. Adjustments were made between the initiatives to correct the discrepancy.
- (4) Family Literacy ended in FY 2013-14. An adjustment was made in the amount of (\$66,968) to correct a prior year accrual, and is reflected in the general ledger.
- (5) An adjustment was made in the amount of (\$2,570) to correct a prior year accrual, and is reflected in the general ledger.

LOS ANGELES COUNTY CHILDREN AND FAMILY FIRST - PROPOSITION 10 COMMISSION (AKA FIRST 5 LA)
 EXPENDITURES - PASS-THROUGH
 APRIL 30, 2015, UNAUDITED

Attachment B

INITIATIVE/PROGRAM - PASS-THROUGH	APRIL EXPENDITURES	YEAR TO DATE EXPENDITURES
Medi-Cal Administrative Activities (MAA) - LA County Charges	-	-
Medi-Cal Administrative Activities (MAA) - Participation Payment	-	1,070
Child Signature Program (CSP)	-	3,697,106
Partnerships For Families - LA County Department of Children and Family Services (DCFS)	1,020,453	1,690,299
TOTAL	1,020,453	5,388,475

**Los Angeles County Children and Family First -
Proposition 10 Commission (aka) First 5 LA
Operating & Administrative Budget Update
April 30, 2015, Unaudited**

OPERATION AND ADMINISTRATION EXPENSE	APRIL ACTUAL	FISCAL YTD ACTUAL	FY 2014-15 BUDGET	FISCAL YTD VARIANCE
Personnel Related Expenses				
Salaries & Wages	817,790	8,118,664	11,347,496	3,228,832
Fringe Benefits	270,342	2,366,503	3,409,644	1,043,141
	1,088,133	10,485,166	14,757,140	4,271,974
General Operating Expenses				
ADP Payroll Charges	3,108	28,692	30,000	1,308
Workers Compensation Insurance	-	96,173	123,500	27,327
Corporate Insurance	2,469	68,605	73,500	4,895
Mileage Expense	4,176	32,629	63,150	30,521
Telephones & Modems	6,838	96,133	75,650	(20,483)
Printing	900	18,402	24,500	6,098
Postage & Delivery	139	12,283	13,300	1,017
Office Supplies	3,669	46,321	67,980	21,659
Subscriptions & Publication	2,713	3,906	6,850	2,944
Equipment Rental	7,614	85,951	120,000	34,049
Repair & Maintenance - Furniture & Fixtures	-	126,408	195,000	68,592
Repair & Maintenance - Equipment	534	3,119	59,200	56,081
Rents & Lease - Offsite Storage	427	14,908	20,600	5,692
Los Angeles County Overhead	-	5,585	57,000	51,415
Contingency	10,255	41,235	50,000	8,765
Facilities & Other Supplies	495	4,737	12,150	7,413
Utilities	-	117,351	160,000	42,649
Educational Supplies	-	1,593	5,600	4,007
Cell Phones	3,969	34,819	70,620	35,801
Hardware & Software Maintenance	5,239	76,292	166,500	90,208
	52,547	915,142	1,395,100	479,958
Professional Services				
Audit and Accounting Fees	-	57,306	70,056	12,750
Legal Fees	13,390	122,734	175,000	52,266
Membership Dues	6,960	31,154	78,140	46,986
Professional Development	7,080	30,022	246,550	216,528
Professional Dues First 5 Association	50,000	50,000	50,000	-
Staff Recruitment	1,083	10,411	24,500	14,089
Commission Stipends	-	20,414	34,000	13,586
Human Resources Related Costs	2,937	16,145	40,000	23,855
	81,450	338,187	718,246	380,059
Consultant Services				
Consultant Fees	87,316	674,484	1,622,400	947,916
Other Professional Fees	-	183,149	239,500	56,351
External Reviewers	-	1,440	4,000	2,560
	87,316	859,073	1,865,900	1,006,827
Travel & Meetings				
State Prop 10 Commission Activities	-	2,113	15,000	12,887
Conferences - Travel & Lodging	4,033	36,322	79,292	42,970
Conference - Registration Fees	11,067	47,499	82,495	34,996
Local Meeting Expenses	4,110	56,231	159,700	103,469
Lodging	7,614	35,425	83,222	47,797
Per Diem	3,223	21,729	39,084	17,355
	30,046	199,318	458,793	259,475
Capital Improvements				
Capital Outlay (Equipment Purchases)	706	46,612	160,000	113,388
TOTAL OPERATING EXPENSES	1,340,197	12,843,499	19,355,179	6,511,680

NOTES - OPERATING & ADMINISTRATIVE BUDGET UPDATE:

The administrative expenses are within the maximum authorized under the Board policy.

* The FY 2014-15 Operating Budget was approved by the Board of Commissioners on June 12, 2014 and amended on March 12, 2015 per agenda item #2D.

**Los Angeles County Children and Families First -
Proposition 10 Commission
Statement of Net Assets
APRIL 30, 2015, Unaudited**

Assets		
Current Assets:		
Cash	\$	4,071,260
Cash- Morlin Mgmt Corp		26,950
Investment:		-
Operating and Allocated funds		536,609,128 (1)
Operating Fund - SRI		-
Advance - LA Care Health Plan		9,202,303
Advance - LAUP		41,702,793
Advance - UCLA Dental Home Project		5,570,236
Interest Receivable		-
Other Receivables		271,216
Total Current Assets	\$	<u>597,453,886</u>
Fixed Assets:		
Land	\$	2,039,000
Building & Improvements		12,076,512
Furniture & Fixtures		627,671
Computer, Software & Accessories		1,630,221
Office Equipment		331,033
Accumulated Depreciation		(4,621,999)
Total Fixed Assets	\$	<u>12,082,438</u>
Total Assets	\$	<u><u>609,536,324</u></u>
Liabilities and Net Assets		
Current liabilities:		
Other Liabilities	\$	166,511 (2)
Total Current Liabilities	\$	<u>166,511</u>
Net Assets:		
Investment in capital assets	\$	12,082,438
Restricted		597,287,374
Total Net Assets	\$	<u>609,369,812</u>
Total Liabilities and Net Assets	\$	<u><u>609,536,324</u></u>

NOTES:

- (1) Operating and Allocated funds - Included within this investment account is approximately \$5.8 million intended for operating expenses for the next 3 months.
- (2) Other Liabilities include accrued expenses, accrued vacation, security deposit from La Petite Academy and related liabilities.

FIRST 5 LA

SUBJECT:

Contracts, amendments and annual exhibits for approval

RECOMMENDATION:

Approve 68 Contract Renewals, Three Amendments, and Three Annual Budgets and Scopes of Work, and Authorize Staff to Complete Final Contract Execution of the Renewals and Amendments Upon Approval from the Board

BACKGROUND:

First 5 LA's proposed programmatic and operating budget for FY 2015-16 will be presented to the board for approval. Upon approval of the FY 2015-16 budget, staff will complete final execution of the agreements presented below. The programmatic budget will include investments in three areas: 2015-2020 Strategic Plan: Focusing for the Future, Legacy Investments, and Research & Evaluation. For contracts that span across fiscal years, the estimated spending amount for each fiscal year will be included in First 5 LA's annual budgets for approval. Pursuant to the contract, if the Commission does not appropriate funds for the contract for future fiscal years, First 5 LA may terminate the contract.

There are **68 renewals and three annual budgets and scopes of work** for approval. Contractors and grantees are proposed for renewals to continue or complete a multiyear project. Staff analyzed the progress of each contractor and determined whether these contractors and grantees are making or will be expected to make satisfactory progress towards completion of the objectives in the current agreement by the contract expiration date. This information can be found in the last column of Attachment A.

- There are 14 renewals for the Policy-Advocacy Fund (PAF) Initiative. The Policy-Advocacy Fund (PAF) is designed to support a variety of strategies in the policy and advocacy arena that advance the First 5 LA 2010-2015 Policy Agenda. The Commission recognizes that these advocacy and policy strategies are key to sustaining the well-being of children 0-5 and their families beyond First 5 LA's direct investments. The primary goal of the fund is to move the policy goals forward; a secondary goal is to strengthen the capacity of organizations to be effective policy advocacy leaders on behalf of young children in L.A. County. There are five renewing from Cycle I and nine from Cycle II. The contractors under PAF are listed below.

PAF Cycle I

Community Health Councils
Occidental College
Breastfeeding Task Force of Greater Los Angeles
Asian Americans Advancing Justice – Los Angeles
Community Partners, Los Angeles County Perinatal Mental Health Task Force

PAF Cycle II

Western Center on Law and Poverty
Coalition For Humane Immigrant Rights of Los Angeles
Maternal Child Health Access
Friends of the Family
Children Now
Child Care Law Center

Community Coalition For Substance Abuse Prevention & Treatment
California Child Care Resource and Referral Network
Special Needs Network

- There is one renewal for Ersoylu Consulting to provide technical assistance to the policy grantees listed above in the areas of policy evaluation planning and implementation, course corrections and strategic guidance on programmatic and research related issues.
- There are three renewals for policy advocacy efforts on behalf of First 5 LA. One with California Strategies and Advocacy, LLC to serve as First 5 LA's State advocate, one with The Raben Group, LLC. to serve as First 5 LA's Federal lobbyist, and one with Children Now to provide on-the-ground support in Sacramento in engaging stakeholders, supporting the development of written materials and analysis of key issues and execution of related advocacy strategies.
- There are twenty renewals for Select Home Visitation Providers to continue to provide home-based intervention for clients referred by Welcome Baby hospitals for intensive support to increase parent knowledge of early childhood development, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness and school success.
These twenty providers are as follows:

Plaza Community Services
Los Angeles Child Guidance Clinic
El Nido Family Centers
Human Services Association
Antelope Valley Partners for Health
St. Mary Medical Center
Shields for Families
Pacific Asian Counseling Services
The Children's Clinic
Intercommunity Child Guidance Center dba The Whole Child
Children's Institute, Inc.
Child and Family Guidance Center
Foothill Family Services
SPIRITT Family Services
Children's Center of Antelope Valley
Child Care Resource Center, Inc.
Friends of the Family
Los Angeles Biomedical Research Institute at Harbor UCLA Medical Center
Richstone Family Center
Children's Bureau of Southern California

- There is one renewal for Dignity Health, fiscal sponsor for LA Best Babies Network, to provide oversight of Welcome Baby and Select Home Visitation grantees to ensure these programs are implemented to fidelity. LABBN provides coordination and trainings as well as database support.
- There is one renewal with Los Angeles Universal Preschool to lead the ECE Workforce Consortium and manage the implementation of six professional development programs.
- There is one multiyear contract with The Regents of the University of California, Los Angeles that requires board approval of the annual budget and scope of work. The total award was

advanced to the contractor. Pursuant to the multiyear contract, the Commission is required to review and approve annual exhibits, which include the contractor's annual budget reflecting planned spending against the advance and the annual scope of work. Please refer to Attachment B. Contractor is working to establish dental homes in 12 Federally Qualified Health Centers (FQHC) countywide to increase access to dental care for children ages 0-5 and perinatal women.

- There is one renewal with UC Davis Health System to design, develop, and implement Parent Child Interaction Therapy (PCIT) training in order to increase the number of PCIT-certified mental health providers in Los Angeles County as well as the number and capacity of clinical programs to provide PCIT services.
- There is one multiyear contract with the Los Angeles County Department of Mental Health that requires board approval of the annual budget and scope of work. Pursuant to the Multiyear Agreement, annual budgets and scopes of work shall be approved by the Commission. Please refer to Attachment C. Contractor is training mental health agencies to provide PCIT services and supporting previously trained PCIT therapists in agencies with an existing PCIT program.
- There are three renewals under Baby Friendly Hospital Cycle 3 with Good Samaritan Hospital, Centinela Hospital Medical Center and Citrus Valley Health Partners to support the hospitals in achieving their Baby Friendly designation.
- There are six renewals under Research and Evaluation. One with Child Care Alliance of Los Angeles to operate the LA County Early Care and Education (ECE) workforce Registry which captures the education, training, and employment data from ECE professionals in Los Angeles County. One with the University of Southern California to operate the Children's Data Network focused on the use of administrative data to inform children's programs and policies in Los Angeles County and throughout California. One with Mathematica Policy Research, Inc. to conduct a longitudinal evaluation of the effectiveness of five Early Care and Education Workforce Development programs. One with Persimmony International, Inc. to maintain and support a grantee database that will collect service and activity data. One with Seedling Consulting Group to conduct an evaluation of the Parent Child Interaction Therapy.
- There are three renewals under the Children's Vision Care Initiative with Vision to Learn, Junior Blind of America, and Regents of the University of California, Los Angeles (UCLA Mobile Eye Clinic), to provide vision screenings, eye exams and prescriptions, and referrals for children ages 2-5 in Los Angeles County.
- There is one multiyear agreement under the Healthy Kids Initiative with L.A. Care that requires board approval of the six month budget and scope of work. The total award was advanced to the contractor. Pursuant to the multiyear contract, the Commission is required to review and approve annual exhibits, which include the contractor's annual budget reflecting planned spending against the advance and the annual scope of work. Contractor will provide access to low or no-cost health insurance for children ages 0-5 in Los Angeles County through December 31, 2015 in order for current enrollees to transition to other health insurance programs. Although the board approved the continuation of this project on April 9, 2015, the contract requires board review and approval of the six month exhibits which includes the contractor's budget reflecting planned spending against the advance and the scope of work. Please see refer to Attachment D.
- There are three renewals with the County of Los Angeles Department of Public Health, City of Long Beach, and the City of Pasadena Public Health Department to implement the Black

Infant Health Program which addresses African American infant mortality and improves the health status of women at risk of poor birth outcomes.

- There are two renewals under the Healthy Food Access Initiative. One with the Los Angeles Conservation Corps to operate the Children's Garden Collaborative project to build community gardens in food desert areas throughout Los Angeles County and hosts educational events. There is one with the Ecology Center to match the statewide Market Match fund to increase the purchase and consumption of produce by families with \$300,000 in matching voucher funds for fresh fruits and vegetables.
- There are two renewals under Resource Mobilization. One with the California Community Foundation to provide recoverable grants (bridge funds) to childcare providers in Los Angeles county for children ages 0 to 5 while waiting from government entities. One with LA Trust for Children's Health to create and administer the Early Childhood Linkage to Wellness demonstration project at six select LAUSD Wellness Center sites for the 0-5 population to receive services offered by the Wellness Centers.
- There are three renewals under the Children's Dental Care Initiative. One with the University of Southern California to expand the number of pediatric dentists trained and practicing in Los Angeles County as well as providing dental care, treatment and referrals to children 0-5. One with Western University of Health Sciences to provide preventative treatment in Pomona, East LA and San Gabriel Valley in non-traditional settings and one with The Regents of the University of California, Los Angeles to increase the capacity of ten community clinics to serve as quality dental homes for children 0-5.
- There is one renewal with the Center for the Study of Social Policy (CSSP) to support the Community Partnerships to develop the performance measures for the activities identified through Learning By Doing. Further, CSSP will support Partnerships in identifying developmental milestones for strengthening the Partnerships' ability to promote a shared vision, effective collaboration and stronger neighborhoods to support families and children. The renewal will allow CSSP to complete the capacity building plans as described in their current scope of work.
- There are four renewals under First 5 LA's Operating Budget. One with Morlin Asset Management to provide facilities management services to First 5 LA; one with Richards, Watson, and Gershon for legal services; one with Heatherlynn Gonzalez for stenographer services, and one with Xerox Corporation for lease and usage of Xerox equipment.

There are **three amendments**. There is one amendment for term extension and additional funding with Memorial Hospital of Gardena in order to complete staff training and finalize preparations for their Baby Friendly USA onsite assessment. There are two amendments for additional funding. One with Los Angeles Education Partnership to continue to provide child care services for 13 Best Start Community Partnerships to provide child care services through the end of FY 2015-16. One with Dante's Café to provide catering services for 13 Best Start Community Partnerships to provide catering serves through the end of FY 2015-16.

DISCUSSION:

Staff seeks the Commission's approval of these agreements, amendments and annual exhibits summarized in Attachment A.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
1	Legacy Investments	Policy & Intergovernmental Affairs	Policy Advocacy Fund / Policy Advocacy Fund - I	<p><u>COMMUNITY HEALTH COUNCILS (#00782)</u></p> <p>The Contractor examines policy avenues for reducing sugar sweetened beverage consumption among communities of color in Los Angeles County. The Contractor utilizes four strategies - 1) conduct a health impact assessment, 2) explore policy strategies, 3) develop policy recommendations to advance the issue, 4) inform and mobilize community stakeholders in support of policy adoption. In FY 14-15 the Contractor developed written policy recommendations to complement the health impact assessment report focused on the Sugar Sweetened Beverage Tax and hosted briefings with local policymakers and trained 111 community stakeholders. In FY 15-16 the Contractor will focus on conducting a 6-month follow-up with advocacy trained community stakeholders to track advocacy tactics utilization with hopes that at least 25 will use the skills they learned to promote Sugar Sweetened Beverage policy recommendations.</p>	6/11/2015	RFP	4 years	\$500,000	\$103,710	7/1/2015	2/28/2016	2/28/2016	Yes 111
2	Legacy Investments	Policy & Intergovernmental Affairs	Policy Advocacy Fund / Policy Advocacy Fund - I	<p><u>OCCIDENTAL COLLEGE (#00783)</u></p> <p>The Contractor is developing a policy, advocacy and educational project aimed at substantially increasing the availability of locally grown and affordable fruits and vegetables at multiple access points for low-income preschool aged children and their families. This will be done through policies that encourage mobile healthy food options WIC vouchers at farmer's markets and programs that encourage healthy eating in early childhood education settings. In FY 14-15 the Contractor provided technical assistance to establish wellness practices at St. Anne's Head Start program in Pico Union and Los Angeles Valley College's child</p>	6/11/2015	RFP	5 years	\$493,895	\$96,451	7/1/2015	6/30/2016	2/28/2017	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				development center. In FY 5-16 the Contractor will finalize and disseminate a preschool best practices white paper and summary to 20 childcare agencies interested in implementing the policy to inform policy development and guide implementation.									
3	Legacy Investments	Policy & Intergovernmental Affairs	Policy Advocacy Fund / Policy Advocacy Fund - I	BREASTFEEDING TASK FORCE OF GREATER LOS ANGELES (#00786) The Contractor's goal is to increase the number of employers in Los Angeles County that adopt and implement workplace lactation accommodation policies for their employees by strengthening the current legislation that calls for lactation accommodation. The Contractor conducts administrative advocacy at state government agencies. In FY 14-15 the Contractor educated 900 human resource professionals about breastfeeding policies and advocated AB 1787 for lactation accommodations in airports, which Governor Brown signed into law. In FY 15-16 the Contractor will focus on increasing the number of school districts and birthing hospitals with worksite lactation accommodation policy adoption and implementation by 5% over baseline.	6/11/2015	RFP	5 years	\$499,961	\$99,268	7/1/2015	6/30/2016	2/28/2017	112 Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
4	Legacy Investments	Policy & Intergovernmental Affairs	Policy Advocacy Fund / Policy Advocacy Fund - I	<p><u>ASIAN AMERICANS ADVANCING JUSTICE – LOS ANGELES (#00787)</u> The Contractor leads the Asian American and Pacific Islander (AAPI) Health Care Reform Advocacy Project that educates and engages AAPI organizations in Los Angeles County to advocate for comprehensive, affordable health care for all, with a focus on AAPIs and immigrants including children 0-5. In FY 14-15 the Contractor advocated for the needs of Asian American, Native Hawaiians and Pacific Islander families through the second open period for the Affordable Care Act and conducted community meetings to address barriers to access to quality care. In FY 15-16 the Contractor will focus on developing a story bank for patient experiences and, develop at least four key culturally and linguistically competent consumer educational fact sheets on Covered California, Medi-Cal and/or other health care reform issues affecting families and children 0 to 5.</p>	6/11/2015	RFP	5 years	\$450,000	\$83,943	7/1/2015	6/30/2016	2/28/2017	Yes 113
5	Legacy Investments	Policy & Intergovernmental Affairs	Policy Advocacy Fund / Policy Advocacy Fund - I	<p><u>COMMUNITY PARTNERS FBO LOS ANGELES COUNTY PERINATAL MENTAL HEALTH TASK FORCE (#00790)</u> The Contractor increases screening and treatment resources for prenatal and postpartum depression in obstetrical, primary care and pediatric settings in Los Angeles County by developing and advocating for public policies at the county, state and national levels that support perinatal depression screening and treatment for up to one year postpartum. In FY 14-15 the Contractor completed an online Maternal Mental Health Resource Directory for Los Angeles County and hosted a policy roundtable focused on systems changes in Los Angeles County. In FY 15-16 the</p>	6/11/2015	RFP	5 years	\$439,344	\$102,652	7/1/2015	6/30/2016	2/28/2017	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?	
			Contractor will focus on educating Los Angeles County and California state policymakers, insurance providers and other stakeholders serving the 0 to 5 population on the need for universal screening and referral of perinatal mood and anxiety disorders through meetings, policy summits, and a public awareness campaign.										
6	Legacy Investments	Policy & Intergovernmental Affairs	<p><u>WESTERN CENTER ON LAW AND POVERTY (#08396)</u></p> <p>The Contractor advocates to strengthen CalWORKs and minimize the impact of proposals to reduce the CalWORKs program. The Contractor also identifies and supports policies for expansion or additional funding for home visiting programs for CalWORKS participants. The Contractor analyzes federal and state TANF/CalWORKS and identifies recommendations for changes, collaborates with community stakeholders to monitor program impact on recipients, addresses challenges with policymakers and engages in administrative advocacy to address challenges. In FY 14-15 the Contractor educated stakeholders and advocated for AB 1570 to support the health care eligibility process for pregnant women and hosted statewide advocates' meetings in Los Angeles, Oakland and Sacramento to bring advocates together to discuss emerging issues that pose barriers to public benefits' recipients obtaining and retaining aid. In FY 15-16 the Contractor will meet with local county stakeholders to educate, identify, and recommend policy changes that provide for expansion or additional access to home visiting programs for CalWORKS participants, especially those for infants and families.</p>	6/11/2015	RFP	5 years	\$450,000	\$90,000	7/1/2015	6/30/2016	3/14/2018	114 Yes	

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
7	Legacy Investments	Policy & Intergovernmental Affairs	Policy Advocacy Fund / Policy Advocacy Fund - II	<p><u>COALITION FOR HUMANE IMMIGRANT RIGHTS OF LOS ANGELES (#08398)</u></p> <p>The Contractor promotes the health care enrollment of immigrant children and children of immigrants in Los Angeles County and the easing of enrollment barriers faced by this demographic in Los Angeles and throughout . In this way, the Contractor will help address some of the primary obstacles facing 0-5 immigrant access to health care by seeking policy interventions that do the following: 1) Ease barriers to enrollment, 2) Include immigrant children in legislative reform that might deny them access, and 3) Protect funding for the providers through which immigrant children receive access to care. In FY 14-15 the Contractor educated California Congressional delegation about the current needs of immigrant families with children 0 to 5 living in Los Angeles as they relate to quality and access to healthcare. In FY 15-16 the Contractor will advocate for the Los Angeles County Board of Supervisors to ensure that county health department staff participate in training to recognize the new expansion of state Medi-Cal program that applies to immigrants that are Deferred Action for Childhood Arrivals recipients.</p>	6/11/2015	RFP	5 years	\$500,000	\$117,927	7/1/2015	6/30/2016	3/14/2018	115 Yes
8	Legacy Investments	Policy & Intergovernmental Affairs	Policy Advocacy Fund / Policy Advocacy Fund - II	<p><u>MATERNAL CHILD HEALTH ACCESS (#08399)</u></p> <p>The Contractor advocates to ensure existing or improved levels of access, benefits and continuity of care are provided for pregnant women as health reform under the Patient Protection and Affordable Care Act (ACA) is implemented. The Contractor will also advocate that loss of coverage occurs for pregnant immigrant women and that the</p>	6/11/2015	RFP	3 years	\$500,000	\$121,471	7/1/2015	3/14/2016	3/14/2016	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				transition from Healthy Families to Medi-Cal goes smoothly for pregnant teens. The Contractor will support advocacy for expansion and funding for home visitation programs in health reform. The project team will conduct legal research, engage partners and monitor and provide comments/testimony for state and federal policies related to ACA and state implementation of ACA through Covered California. In FY 14-15 the Contractor educated stakeholder and policymakers on the need for having full scope Medi-Cal for all pregnant women in Medi-Cal programs to 213% of the Federal Poverty Level, including applicants between 100-138%, so that "pregnancy-related" for pregnant women in Medi-Cal equals all medically necessary care for pregnant women to support coverage without tax penalty. In FY15-16 the Contractor will educate policymakers and community stakeholders on the expansion and funding for home visitation programs.									116
9	Legacy Investments	Policy & Intergovernmental Affairs	Policy Advocacy Fund / Policy Advocacy Fund - II	FRIENDS OF THE FAMILY (#08400) The Contractor is implementing Communicare, an advocacy effort designed to improve outcomes for young children ages 0 to 5 served by the Los Angeles County child welfare system. Communicare will promote family strengthening principles and prevention practices in the child welfare system by increasing the capacity of families and community based organizations to work as key partners with the child welfare system to ensure the well-being of the youngest children served by the system. The Contractor educates and engages community members in understanding the policies that impact young children in the Los Angeles County child welfare system, develops policy	6/11/2015	RFP	3 years, 4 months	\$500,000	\$164,306	7/1/2015	6/30/2016	6/30/2016	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				recommendations based on this engagement and presents recommendations to stakeholders in the Los Angeles County child welfare system. In FY 14-15 the Contractor trained over 350 existing Community Action Group members to advocate for enhanced care to meet the attachment and language needs of young children in the Los Angeles County Child Welfare System. In FY 15-16 the agency will engage and educate 200 residents to mobilize public support for the Stand Up for Kids Movement and enhance knowledge of prosocial attachment and language rich environments for children 0 to 5 in the SPA 2 community.									117
10	Legacy Investments	Policy & Intergovernmental Affairs	Policy Advocacy Fund / Policy Advocacy Fund - II	CHILDREN NOW (#08401) The Contractor advocates for improvement of oral health care access for publicly-insured young children, ages 0 to 5, in Los Angeles County through building and implementing a policy and advocacy plan to address barriers to medical-dental integration. The project will identify regulatory and/or state legislative policy opportunities to advocate for the elimination of barriers to integration of medical-dental systems in Los Angeles County and engage stakeholders, allies and managed care plans. Reference materials for health and dental providers participating in medical and dental plans will be provided to educate parents/caregivers about dental health. In FY 14-15 the Contractor successfully secured nine dental and medical schools to participate in a pilot project to educate parents/caregivers about dental health. The pilot is comprised of four federally qualified health centers and five independent family clinics and that are using the suggested protocol for primary care	6/11/2015	RFP	3 years	\$500,000	\$121,520	7/1/2015	3/14/2016	3/14/2016	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				providers to follow in order to facilitate dental referrals. In FY 15-16 the Contractor will continue to educate community stakeholders participating in the Los Angeles Prepaid Dental Health Plan meetings and policymakers representing Los Angeles County about efforts to strengthen medical-dental collaboration for children under age 6 who have been identified as not having had a dental visit within a 12 month period.									
11	Legacy Investments	Policy & Intergovernmental Affairs	Policy Advocacy Fund / Policy Advocacy Fund - II	CHILD CARE LAW CENTER (#08402) The Contractor advocates to 1) streamline and simplify eligibility, enrollment and retention processes to help low-income families with children ages 0 to 5 obtain and retain child care subsidies and 2) improve health and safety regulatory practices in licensed child care generally, and specifically to target childhood obesity in child care settings. The project will identify policy opportunities to establish uniform guidelines for contractors in delivering child care subsidies to low-income children use legal tools to support low income children in retaining child care subsidies and remain enrolled. In FY 14-15 the Contractor conducted training for 125 child care and social services personnel on new guidelines governing the administration of incidental medical services to children in child care and monitored the California Department of Social Services' progress in writing new regulation for administering incidental medical services in child care programs. In FY 15-16 the Contractor will document potential opportunities and barriers to integrate child care eligibility determination and enrollment procedures with child welfare programs, CalFresh and Medi-Cal benefits and develop policy	6/11/2015	RFP	5 years	\$500,000	\$99,380	7/1/2015	6/30/2016	3/14/2018	118 Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				recommendations for child-centered, parent-friendly administrative practices to be included in Department of Education's State Plan for Child Care and Development Block Grant funds.									
12	Legacy Investments	Policy & Intergovernmental Affairs	Policy Advocacy Fund / Policy Advocacy Fund - II	<p><u>COMMUNITY COALITION FOR SUBSTANCE ABUSE PREVENTION & TREATMENT (#08403)</u></p> <p>The Contractor advocates for a community-informed policy to increase the availability of fresh fruits and vegetables in the King Estates neighborhood. The project aims to secure annual public resources to support summer and year round educational and recreational programming at King Park in the King Estates neighborhood and to maintain the space as a safe place for children and families to play and exercise. The Contractor will conduct a needs assessment survey, research food policy landscape to support policy development on fresh fruit/vegetable availability in King Estates and build a base of residents to engage in policy development and advocacy. In FY 14-15 the Contractor trained 63 community residents and a cadre of 5 to 7 leaders to educate community-informed policy that increases support for the availability of fresh fruits and vegetables in King Estates. In FY 15-16 the agency will disseminate information and educational updates on the work being led by King Estates residents to increase the visibility of the work being done by King Estates residents.</p>	6/11/2015	RFP	3 years, 4 months	\$500,000	\$153,579	7/1/2015	6/30/2016	6/30/2016	119 Yes
13	Legacy Investments	Policy & Intergovernmental Affairs	Policy Advocacy Fund / Policy Advocacy Fund - II	<p><u>CALIFORNIA CHILD CARE RESOURCE AND REFERRAL NETWORK (#08404)</u></p> <p>The Contractor strengthens California's licensing infrastructure by supporting policies to increase the quality of child</p>	6/11/2015	RFP	4 years, 4 months	\$500,000	\$116,023	7/1/2015	6/30/2016	6/30/2017	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				care programs in Los Angeles County. The project will develop and advocate for policies that increase the frequency of inspections of licensed child care facilities from once every five years to annually in California. In addition, policy recommendations to incentivize providers to obtain training and reduce financial penalties associated with licensing violations will be supported. In FY 14-15 the Contractor hosted and participated in six meetings to educate policymakers about the need for new regulations by the Community Care Licensing Division, California Department of Social Services that work to ensure the health and safety of children in child care settings in Los Angeles County and across California including increasing the frequency of inspections and safe sleep practices. In FY 15-16 the Contractor will educate policymakers on policies that will incentivize providers to obtain training and reduce financial penalties associated with licensing violations (i.e. fix it or ticket model); and review amendments/make recommendations to the Health and Safety Code to allow a portion of fees, to be used to support Resource and Referral programs to provide training and technical assistance to licensees receiving citations.									120
14	Legacy Investments	Policy & Intergovernmental Affairs	Policy Advocacy Fund / Policy Advocacy Fund - II	SPECIAL NEEDS NETWORK (#08405) The Contractor analyzes, assesses and promotes policies that ensure equal spending on services for special needs children from all races, zip codes, and regional centers. The Contractor will develop a coalition, educate and engage parents and other stakeholders, conduct an evaluation of regional center governance and oversight and develop and disseminate a report on its findings. In FY 14-15 the Contractor trained 105	6/11/2015	RFP	4 years	\$500,000	\$141,966	7/1/2015	6/30/2016	3/14/2017	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				Parent Advocates through the Parent Advocacy Mentor program and empower these advocates to take action in support of legislative and systems change goals. In FY 15-16 the Contractor will coordinate with coalitions, community and regional center staff to monitor and assist in the implementation of programmatic activities for previously passed legislative solutions: SB 1093, SB 1445, SB 208, SB 367, SB 555, and AB 1232.									
15	Legacy Investments	Policy & Intergovernmental Affairs	Policy Advocacy Fund / Policy Advocacy Fund Technical Assistance Provider	ERSOYLU CONSULTING (#08782) The Contractor provides technical assistance to the policy grantees in the areas of policy evaluation planning and implementation, course corrections and strategic guidance on programmatic and research related issues. The Contractor also supports development of the quarterly contractor meeting plans, facilitation and implementation of capacity building workshops and development of mini fund.	6/11/2015	Solicitation to the Pool	3 years, 4 months	\$250,000	\$113,000	7/1/2015	6/30/2016	3/14/2018	121 Yes
16	2015-2020 Strategic Plan: Focusing for the Future	Policy & Intergovernmental Affairs	Policy Agenda/Advocacy / State Policy and Sustainability Advocate	CALIFORNIA STRATEGIES AND ADVOCACY, LLC (#08406) The Contractor serves as First 5 LA's state advocate and supports First 5 LA priority policy and sustainability issues and the policy agenda in the state policy arena. The Contractor employs a variety of strategies and activities to support First 5 LA's advocacy priorities, such as: administrative advocacy and implementation support, policy issue identification and development, policy education and advocacy meetings with key stakeholders and officials, and participating in coalitions on First 5 LA's behalf.	6/11/2015	RFQ	4 Years	\$1,550,000	\$440,000	7/1/2015	6/30/2016	3/15/2017	Yes
17	2015-2020 Strategic Plan: Focusing for the Future	Policy & Intergovernmental Affairs	Policy Agenda/Advocacy / Federal	THE RABEN GROUP, LLC (#08507) The Contractor serves as First 5 LA's Federal Lobbyist. The Contractor provides strategic advice and policy	6/11/2015	RFQ	2 years, 11 months	\$369,000	\$127,000	7/1/2015	6/30/2016	6/30/2016	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
			Policy and Sustainability Advocate	support to advocate for First 5 LA's priorities and interests in federal policies and regulations, with a focus on family strengthening and early childhood education investments, as well as the ten policy agenda goal areas.									
18	2015-2020 Strategic Plan: Focusing for the Future	Policy & Intergovernmental Affairs	Policy Agenda/Advocacy / Early Learning Advocacy Strategies	CHILDREN NOW (#08765) The Contractor will provide on-the-ground support in Sacramento in engaging stakeholders, supporting the development of written materials and analysis of key issues and execution of related advocacy strategies - in close coordination with and under the direction of First 5 LA and its state advocacy team. In FY 15-16, the Contractor will provide technical assistance to First 5 LA on Home Visiting and Early Childhood Education on policy issues, coordinate two state level coalitions, provide technical assistance and participate in the Los Angeles County Local Control Funding Formula Coalition efforts and take the lead on the materials associated with those coalitions.	6/11/2015	Solicitation to the Pool	5 years, 8 months	\$1,700,000	\$350,000	7/1/2015	6/30/2016	6/30/2020	Yes
19	2015-2020 Strategic Plan: Focusing for the Future	Program Development	Families: Place-Based - Welcome Baby/Select Home Visiting / Select Home Visitation Programs	PLAZA COMMUNITY CENTER, INC. (#00811) The Select Home Visitation program is a voluntary, home-based intervention for clients identified as needing more focused, intensive support from the Welcome Baby hospital visit. The program includes home visits delivered weekly, every two weeks, or monthly, depending on the family's needs, as well as monthly group connection meetings until the child is 5 years old. Clients receive client-centered, strength-based information and support during these visits. The program aims to 1) increase parent knowledge of early childhood development and improve parenting practices 2) provide early detection of developmental delays and health issues	9/9/2010	Solicitation to the Pool	6 years, 7 months	\$2,539,183	\$483,474	7/1/2015	6/30/2016	6/30/2020	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				3) prevent child abuse and neglect and 4) increase children's school readiness and school success. In FY 14-15, Grantee has implemented home visiting services for a full year. Contractor provided the Parents As Teachers model to Best Start East Los Angeles and South East Los Angeles. In FY 15-16, Grantee Will continue to implement the Parents As Teachers Model and serve more families.									
20	2015-2020 Strategic Plan: Focusing for the Future	Program Development	Families: Place-Based - Welcome Baby/Select Home Visiting / Select Home Visitation Programs	LOS ANGELES CHILD GUIDANCE CLINIC (#00812) The Select Home Visitation program is a voluntary, home-based intervention for clients identified as needing more focused, intensive support from the Welcome Baby hospital visit. The program includes home visits delivered weekly, every two weeks, or monthly, depending on the family's needs, as well as monthly group connection meetings until the child is 5 years old. Clients receive client-centered, strength-based information and support during these visits. The program aims to 1) increase parent knowledge of early childhood development and improve parenting practices 2) provide early detection of developmental delays and health issues 3) prevent child abuse and neglect and 4) increase children's school readiness and school success. In FY 14-15, Grantee has implemented home visiting services for a full year with the Healthy Families America program model to Best Start Broadway/Manchester, Compton. In FY 15-16, Grantee will continue to implement the Healthy Families America model and serve more families.	9/9/2010	Solicitation to the Pool	6 years, 7 months	\$3,131,035	\$593,453	7/1/2015	6/30/2016	6/30/2020	123 Yes
21	2015-2020 Strategic Plan: Focusing for the Future	Program Development	Families: Place-Based - Welcome	EL NIDO FAMILY CENTERS (#00813) The Select Home Visitation program is a voluntary, home-based intervention for clients identified as needing more	9/9/2010	Solicitation to the Pool	6 years, 7 months	\$5,817,897	\$1,097,978	7/1/2015	6/30/2016	6/30/2020	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?	
			Baby/Select Home Visiting / Select Home Visitation Programs	focused, intensive support from the Welcome Baby hospital visit. The program includes home visits delivered weekly, every two weeks, or monthly, depending on the family's needs, as well as monthly group connection meetings until the child is 5 years old. Clients receive client-centered, strength-based information and support during these visits. The program aims to 1) increase parent knowledge of early childhood development and improve parenting practices 2) provide early detection of developmental delays and health issues 3) prevent child abuse and neglect and 4) increase children's school readiness and school success.. In FY 14-15, staff was trained and started to serve clients. In the fiscal year 15-16, staff will continue to serve clients with a focus on increasing enrollment.								124	
22	2015-2020 Strategic Plan: Focusing for the Future	Program Development	Families: Place-Based - Welcome Baby/Select Home Visiting / Select Home Visitation Programs	HUMAN SERVICES ASSOCIATION (#00814) The Select Home Visitation programs are a voluntary, home-based intervention for clients identified as needing more focused, intensive support from the Welcome Baby hospital visit. The program includes home visits delivered weekly, every two weeks, or monthly, depending on the family's needs, as well as monthly group connection meetings until the child is 5 years old. Clients receive client-centered, strength-based information and support during these visits. The program aims to 1) increase parent knowledge of early childhood development and improve parenting practices 2) provide early detection of developmental delays and health issues 3) prevent child abuse and neglect and 4) increase children's school readiness and school success. In FY 14-15. Grantee has implemented home visiting	9/9/2010	Solicitation to the Pool	6 years, 7 months	\$2,154,627	\$427,502	7/1/2015	6/30/2016	6/30/2020	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				services for a full year, providing the Parents As Teachers model to Best Start East Los Angeles and South East Los Angeles. In FY 15-16, Grantee will continue to implement the Parents As Teachers Model and serve more families.									
23	2015-2020 Strategic Plan: Focusing for the Future	Program Development	Families: Place-Based - Welcome Baby/Select Home Visiting / Select Home Visitation Programs	ANTELOPE VALLEY PARTNERS FOR HEALTH (#00815) The Select Home Visitation program is a voluntary, home-based intervention for clients identified as needing more focused, intensive support from the Welcome Baby hospital visit. The program includes home visits delivered weekly, every two weeks, or monthly, depending on the family's needs, as well as monthly group connection meetings until the child is 5 years old. Clients receive client-centered, strength-based information and support during these visits. The program aims to 1) increase parent knowledge of early childhood development and improve parenting practices 2) provide early detection of developmental delays and health issues 3) prevent child abuse and neglect and 4) increase children's school readiness and school success. The Grantee implements a Select Home Visiting grant with the Healthy Families America program model which provides information on topics such as bonding and attachment, positive parenting, child health and development, and a safe home environment. In FY 14-15, staff was trained and started to serve clients. In FY 15-16, staff will continue to serve clients with a focus on increasing enrollment.	9/9/2010	Solicitation to the Pool	6 years, 5 months	\$7,518,701	\$1,462,253	7/1/2015	6/30/2016	6/30/2020	125 Yes
24	2015-2020 Strategic Plan: Focusing for the Future	Program Development	Families: Place-Based - Welcome	ST MARY MEDICAL CENTER (#00816) The Select Home Visitation program is a voluntary, home-based intervention for clients identified as needing more	9/9/2010	Solicitation to the Pool	6 years, 7 months	\$3,025,381	\$563,163	7/1/2015	6/30/2016	6/30/2020	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
			Baby/Select Home Visiting / Select Home Visitation Programs	focused, intensive support from the Welcome Baby hospital visit. The program includes home visits delivered weekly, every two weeks, or monthly, depending on the family's needs, as well as monthly group connection meetings until the child is 5 years old. Clients receive client-centered, strength-based information and support during these visits. The program aims to 1) increase parent knowledge of early childhood development and improve parenting practices 2) provide early detection of developmental delays and health issues 3) prevent child abuse and neglect and 4) increase children's school readiness and school success.. In FY 14-15, the hospital trained staff, enrolled clients into WB and referred high risk patients to SHV. In the FY 15-16, the hospital will continue to enroll clients into WB with a focus on increasing referrals to SHV.									126
25	2015-2020 Strategic Plan: Focusing for the Future	Program Development	Families: Place-Based - Welcome Baby/Select Home Visiting / Select Home Visitation Programs	SHIELDS FOR FAMILIES (#00817) The Select Home Visitation program is a voluntary, home-based intervention for clients identified as needing more focused, intensive support from the Welcome Baby hospital visit. The program includes home visits delivered weekly, every two weeks, or monthly, depending on the family's needs, as well as monthly group connection meetings until the child is 5 years old. Clients receive client-centered, strength-based information and support during these visits. The program aims to 1) increase parent knowledge of early childhood development and improve parenting practices 2) provide early detection of developmental delays and health issues 3) prevent child abuse and neglect and 4) increase children's school readiness and school success. In FY 14-15, Grantee has implemented home visiting	9/9/2010	Solicitation to the Pool	6 years, 7 months	\$5,039,045	\$930,774	7/1/2015	6/30/2016	6/30/2020	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				services for a full year using the Healthy Families America model for Best Start West Athens, Watts/Willowbrook, Broadway/Manchester and Compton. In FY 15-16, staff will continue to implement the Healthy Families America model and serve more families.									
26	2015-2020 Strategic Plan: Focusing for the Future	Program Development	Families: Place-Based - Welcome Baby/Select Home Visiting / Select Home Visitation Programs	<u>PACIFIC ASIAN COUNSELING SERVICES (#00818)</u> The Select Home Visitation program is a voluntary, home-based intervention for clients identified as needing more focused, intensive support from the Welcome Baby hospital visit. The program includes home visits delivered weekly, every two weeks, or monthly, depending on the family's needs, as well as monthly group connection meetings until the child is 5 years old. Clients receive client-centered, strength-based information and support during these visits. The program aims to 1) increase parent knowledge of early childhood development and improve parenting practices 2) provide early detection of developmental delays and health issues 3) prevent child abuse and neglect and 4) increase children's school readiness and school success. In FY 14-15, Grantee trained staff and started to enroll clients from WB referrals. In FY 15-16, staff will continue to enroll clients with a focus of increasing enrollment.	9/9/2010	Solicitation to the Pool	6 years, 7 months	\$2,234,006	\$419,485	7/1/2015	6/30/2016	6/30/2020	127 Yes
27	2015-2020 Strategic Plan: Focusing for the Future	Program Development	Families: Place-Based - Welcome Baby/Select Home Visiting / Select Home Visitation Programs	<u>THE CHILDREN'S CLINIC, SERVING CHILDREN AND THEIR FAMILIES (#00819)</u> The Select Home Visitation program is a voluntary, home-based intervention for clients identified as needing more focused, intensive support from the Welcome Baby hospital visit. The program includes home visits delivered weekly, every two weeks, or monthly, depending on the family's needs, as well	9/9/2010	Solicitation to the Pool	6 years, 7 months	\$3,082,059	\$578,518	7/1/2015	6/30/2016	6/30/2020	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				as monthly group connection meetings until the child is 5 years old. Clients receive client-centered, strength-based information and support during these visits. The program aims to 1) increase parent knowledge of early childhood development and improve parenting practices 2) provide early detection of developmental delays and health issues 3) prevent child abuse and neglect and 4) increase children's school readiness and school success. In FY 14-15, the agency trained staff and started to enroll clients from WB referrals. In FY 15-16, staff will continue to enroll clients with a focus of increasing enrollment.									
28	2015-2020 Strategic Plan: Focusing for the Future	Program Development	Families: Place-Based - Welcome Baby/Select Home Visiting / Select Home Visitation Programs	<u>INTERCOMMUNITY CHILD GUIDANCE CENTER DBA THE WHOLE CHILD (#00820)</u> The Select Home Visitation program is a voluntary, home-based intervention for clients identified as needing more focused, intensive support from the Welcome Baby hospital visit. The program includes home visits delivered weekly, every two weeks, or monthly, depending on the family's needs, as well as monthly group connection meetings until the child is 5 years old. Clients receive client-centered, strength-based information and support during these visits. The program aims to 1) increase parent knowledge of early childhood development and improve parenting practices 2) provide early detection of developmental delays and health issues 3) prevent child abuse and neglect and 4) increase children's school readiness and school success. In FY 14-15, Grantee has implemented home visiting services for a full year, providing the Parents As Teachers model to Best Start West Athens, Watts/Willowbrook. In FY 15-16, Grantee will continue to	9/9/2010	Solicitation to the Pool	6 years, 5 months	\$2,714,684	\$529,485	7/1/2015	6/30/2016	6/30/2020	Yes

128

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				implement the Parents As Teachers Model and serve more families.									
29	2015-2020 Strategic Plan: Focusing for the Future	Program Development	Families: Place-Based - Welcome Baby/Select Home Visiting / Select Home Visitation Programs	CHILDREN'S INSTITUTE, INC. (#00821) The Select Home Visitation program is a voluntary, home-based intervention for clients identified as needing more focused, intensive support from the Welcome Baby hospital visit. The program includes home visits delivered weekly, every two weeks, or monthly, depending on the family's needs, as well as monthly group connection meetings until the child is 5 years old. Clients receive client-centered, strength-based information and support during these visits. The program aims to 1) increase parent knowledge of early childhood development and improve parenting practices 2) provide early detection of developmental delays and health issues 3) prevent child abuse and neglect and 4) increase children's school readiness and school success. In FY 14-15, staff was trained and started to serve clients. In FY 15-16, staff will continue to serve clients with a focus on increasing enrollment.	9/9/2010	Solicitation to the Pool	NA	\$7,675,358	\$1,496,308	7/1/2015	6/30/2016	6/30/2020	Yes 129
30	2015-2020 Strategic Plan: Focusing for the Future	Program Development	Families: Place-Based - Welcome Baby/Select Home Visiting / Select Home Visitation Programs	CHILD AND FAMILY GUIDANCE CENTER (#00822) The Select Home Visitation program is a voluntary, home-based intervention for clients identified as needing more focused, intensive support from the Welcome Baby hospital visit. The program includes home visits delivered weekly, every two weeks, or monthly, depending on the family's needs, as well as monthly group connection meetings until the child is 5 years old. Clients receive client-centered, strength-based information and support during these visits. The program aims to 1) increase parent knowledge of early childhood	9/9/2010	Solicitation to the Pool	6 years, 7 months	\$3,877,003	\$724,540	7/1/2015	6/30/2016	6/30/2020	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				development and improve parenting practices 2) provide early detection of developmental delays and health issues 3) prevent child abuse and neglect and 4) increase children's school readiness and school success. The Grantee began enrollment in July 2014 and enrollment has steadily increased since then.									
31	2015-2020 Strategic Plan: Focusing for the Future	Program Development	Families: Place-Based - Welcome Baby/Select Home Visiting / Select Home Visitation Programs	FOOTHILL FAMILY SERVICES (#00823) The Select Home Visitation program is a voluntary, home-based intervention for clients identified as needing more focused, intensive support from the Welcome Baby hospital visit. The program includes home visits delivered weekly, every two weeks, or monthly, depending on the family's needs, as well as monthly group connection meetings until the child is 5 years old. Clients receive client-centered, strength-based information and support during these visits. The program aims to 1) increase parent knowledge of early childhood development and improve parenting practices 2) provide early detection of developmental delays and health issues 3) prevent child abuse and neglect and 4) increase children's school readiness and school success. In FY 14-15, staff was trained and started to serve clients. In FY 15-16, staff will continue to serve clients with a focus on increasing enrollment.	9/9/2010	Solicitation to the Pool	6 years, 7 months	\$2,986,928	\$591,651	7/1/2015	6/30/2016	6/30/2020	130 Yes
32	2015-2020 Strategic Plan: Focusing for the Future	Program Development	Families: Place-Based - Welcome Baby/Select Home Visiting / Select Home Visitation	SPIRITT FAMILY SERVICES (#00824) The Select Home Visitation program is a voluntary, home-based intervention for clients identified as needing more focused, intensive support from the Welcome Baby hospital visit. The program includes home visits delivered weekly, every two weeks, or monthly, depending on the family's needs, as well as monthly group connection meetings	9/9/2010	Solicitation to the Pool	6 years, 7 months	\$2,970,497	\$534,150	7/1/2015	6/30/2016	6/30/2020	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
			Programs	until the child is 5 years old. Clients receive client-centered, strength-based information and support during these visits. The program aims to 1) increase parent knowledge of early childhood development and improve parenting practices 2) provide early detection of developmental delays and health issues 3) prevent child abuse and neglect and 4) increase children's school readiness and school success. In FY 14-15 staff was trained and started to serve clients. In FY 15-16, staff will continue to serve clients with a focus on increasing enrollment.									
33	2015-2020 Strategic Plan: Focusing for the Future	Program Development	Families: Place-Based - Welcome Baby/Select Home Visiting / Select Home Visitation Programs	<u>THE CHILDREN'S CENTER OF THE ANTELOPE VALLEY (#00825)</u> The Select Home Visitation program is a voluntary, home-based intervention for clients identified as needing more focused, intensive support from the Welcome Baby hospital visit. The program includes home visits delivered weekly, every two weeks, or monthly, depending on the family's needs, as well as monthly group connection meetings until the child is 5 years old. Clients receive client-centered, strength-based information and support during these visits. The program aims to 1) increase parent knowledge of early childhood development and improve parenting practices 2) provide early detection of developmental delays and health issues 3) prevent child abuse and neglect and 4) increase children's school readiness and school success. In FY 14-15, staff was trained and started to serve clients. In FY 15-16, staff will continue to serve clients with a focus on increasing enrollment.	9/9/2010	Solicitation to the Pool	6 years, 6 months	\$2,523,868	\$475,928	7/1/2015	6/30/2016	6/30/2020	131 Yes
34	2015-2020 Strategic Plan: Focusing for the	Program Development	Families: Place-Based -	<u>CHILD CARE RESOURCE CENTER, INC. (#00826)</u> The Select Home Visitation programs is	9/9/2010	Solicitation to the Pool	6 years, 7 months	\$8,771,647	\$1,737,837	7/1/2015	6/30/2016	6/30/2020	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
	Future		Welcome Baby/Select Home Visiting / Select Home Visitation Programs	a voluntary, home-based intervention for clients identified as needing more focused, intensive support from the Welcome Baby hospital visit. The program includes home visits delivered weekly, every two weeks, or monthly, depending on the family's needs, as well as monthly group connection meetings until the child is 5 years old. Clients receive client-centered, strength-based information and support during these visits. The program aims to 1) increase parent knowledge of early childhood development and improve parenting practices 2) provide early detection of developmental delays and health issues 3) prevent child abuse and neglect and 4) increase children's school readiness and school success. In FY 14-15, staff was trained and started to serve clients. In FY 15-16, staff will continue to serve clients with a focus on increasing enrollment.									132
35	2015-2020 Strategic Plan: Focusing for the Future	Program Development	Families: Place-Based - Welcome Baby/Select Home Visiting / Select Home Visitation Programs	FRIENDS OF THE FAMILY (#00827) The Select Home Visitation program is a voluntary, home-based intervention for clients identified as needing more focused, intensive support from the Welcome Baby hospital visit. The program includes home visits delivered weekly, every two weeks, or monthly, depending on the family's needs. Clients receive client-centered, strength-based information and support during these visits. The program aims to 1) increase parent knowledge of early childhood development and improve parenting practices 2) provide early detection of developmental delays and health issues 3) prevent child abuse and neglect and 4) increase children's school readiness and school success. In FY 14-15, staff was trained and started to serve clients. In FY 15-16, staff will continue to serve	9/9/2010	Solicitation to the Pool	6 years, 7 months	\$2,229,332	\$426,524	7/1/2015	6/30/2016	6/30/2020	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				clients with a focus on increasing enrollment.									
36	2015-2020 Strategic Plan: Focusing for the Future	Program Development	Families: Place-Based - Welcome Baby/Select Home Visiting / Select Home Visitation Programs	<u>LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE AT HARBOR-UCLA MEDICAL CENTER (#00829)</u> The Select Home Visitation program is a voluntary, home-based intervention for clients identified as needing more focused, intensive support from the Welcome Baby hospital visit. The program includes home visits delivered weekly, every two weeks, or monthly, depending on the family's needs. Clients receive client-centered, strength-based information and support during these visits. The program aims to 1) increase parent knowledge of early childhood development and improve parenting practices 2) provide early detection of developmental delays and health issues 3) prevent child abuse and neglect and 4) increase children's school readiness and school success. The Grantee provides home visiting services utilizing the Healthy Families America Program Model for Best Start Watts/Willowbrook, West Athens and Broadway/ManchesterThe Grantee has implemented home visiting services for a full year, and in FY 15-16, the Grantee will continue to implement the Healthy Families America Model and serve more families.	9/9/2010	Solicitation to the Pool	6 years, 7 months	\$3,069,931	\$592,389	7/1/2015	6/30/2016	6/30/2020	133 Yes
37	2015-2020 Strategic Plan: Focusing for the Future	Program Development	Families: Place-Based - Welcome Baby/Select Home Visiting / Select Home Visitation Programs	<u>RICHSTONE FAMILY CENTER (#00830)</u> The Select Home Visitation program is a voluntary, home-based intervention for clients identified as needing more focused, intensive support from the Welcome Baby hospital visit. The program includes home visits delivered weekly, every two weeks, or monthly, depending on the family's needs. Clients receive client-centered, strength-based	9/9/2010	Solicitation to the Pool	6 years, 7 months	\$2,301,799	\$433,953	7/1/2015	6/30/2016	6/30/2020	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				information and support during these visits. The program aims to 1) increase parent knowledge of early childhood development and improve parenting practices 2) provide early detection of developmental delays and health issues 3) prevent child abuse and neglect and 4) increase children's school readiness and school success. The Grantee implements home visiting services using the Parents as Teachers model to Best Start West Athens, Watts/Willowbrook. The Grantee has implemented home visiting services for a full year, and in FY 15-16, the Grantee will continue to implement the Parents As Teachers Model and serve more families.									134
38	2015-2020 Strategic Plan: Focusing for the Future	Program Development	Families: Place-Based - Welcome Baby/Select Home Visiting / Select Home Visitation Programs	CHILDREN'S BUREAU OF SOUTHERN CALIFORNIA (#00831) The Select Home Visitation program is a voluntary, home-based intervention for clients identified as needing more focused, intensive support from the Welcome Baby hospital visit. The program includes home visits delivered weekly, every two weeks, or monthly, depending on the family's needs. Clients receive client-centered, strength-based information and support during these visits. The program aims to 1) increase parent knowledge of early childhood development and improve parenting practices 2) provide early detection of developmental delays and health issues 3) prevent child abuse and neglect and 4) increase children's school readiness and school success. The Grantee implements a Select Home Visiting grant with the Healthy Families America program model. The Grantee began client enrollment in FY 14-15 and will continue increasing program enrollment in FY 15-16.	9/9/2010	Solicitation to the Pool	6 years, 7 months	\$2,311,869	\$443,521	7/1/2015	6/30/2016	6/30/2020	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
39	2015-2020 Strategic Plan: Focusing for the Future	Program Development	Families: Place-Based - Welcome Baby/Select Home Visiting / Family Strengthening Oversight Entity	<u>DIGNITY HEALTH DBA CALIFORNIA HOSPITAL MEDICAL CENTER (#08426)</u> The Contractor provides oversight to the Welcome Baby and Select Home Visiting grantees, including coordination of training fidelity monitoring technical assistance, database support and provision of program materials. Activities in FY 14-15 included coordinating two Welcome Baby trainings of over 150 hours each, providing monthly technical assistance and database support, and conducting a Summit. The Oversight Entity will continue to provide oversight and assistance to Welcome Baby and Select Home Visiting grantees in FY 15-16.	09/09/2010	RFQ	7 years, 3 months	\$16,404,100	\$3,510,069	7/1/2015	6/30/2016	6/30/2020	Yes 135
40	Legacy Investments	Program Development	Workforce Development - ECE Workforce Consortium / ECE Workforce Consortium	<u>LOS ANGELES UNIVERSAL PRESCHOOL (#08092)</u> Contractor will continue to lead the ECE Workforce Consortium and manage the implementation of six professional development programs. In FY 14-15, the ECE Consortium improved the quality of services within each of the program, created a sustainability plan, and continued to improve systems change. The primary goals in FY 15-16 will be to continue ECE professional development programs, launch an ECE workforce advocacy agenda, and implement the Consortium's sustainability and system's work.	3/10/2011	Procurement Exception	5 years	\$52,000,000	\$12,795,840	7/1/2015	6/30/2016	6/30/2016	Yes
41	Legacy Investments	Program Development	Oral Health & Nutrition - Dental Home / Oral Health & Nutrition - Dental Home	<u>THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES (#08174)</u> The UCLA Dental Home Project seeks to increase access to dental care for children ages 0-5 and perinatal women by establishing dental homes in 12 Federally Qualified Health Centers (FQHC's) countywide. The FQHC sites will continue to implement systems and	2/10/2011	RFP	4 years	\$9,239,023	\$9,239,023 \$3,862,767 of which is budgeted for FY 15-16 Total award advanced to the contractor.	7/1/2012	6/30/2016	6/30/2016	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				capacity building/infrastructure improvements, improve the efficiency and effectiveness of dental services and operations, and integrate medical and dental services within the clinic as outlined in their Enhancement Plans. In FY 14-15, the clinics provided dental services to 9,931 children. In addition the project trained 64 clinical providers and 12 Community Dental Home Coordinators (CDHC) from the clinics and 800 childcare providers. In FY 15-16, the final year of the project, dental services will be provided to at least 4,000 additional children, 50 clinical providers and 12 CDHCs will continue training and 3 Quality Improvement Learning Collaborative (implemented in FY 14-15) sessions will be conducted. Finally, at least 2 policy briefs will be completed and disseminated to help support sustainability of the project's care delivery model.					Per contract terms, Commission review and approval of annual exhibits is required which includes te contractor's fiscal year budget reflecting planned spending against the advance.				136
42	Legacy Investments	Program Development	Parent Child Interaction Therapy / Parent Child Interaction Therapy	<u>THE REGENTS OF THE UNIVERSITY OF CALIFORNIA DBA UC DAVIS HEALTH SYSTEM (#08309)</u> The Parent Child Interaction Therapy (PCIT) project seeks to expand access for young children and their families' to PCIT services. This is being accomplished by increasing the number of PCIT-certified mental health providers in Los Angeles County and expanding the number and capacities of clinical programs to provide PCIT services. Contractor is the Training Contractor and is responsible for the design, development, and implementation of training. In FY14-15, 13 new mental health agencies are being trained to provide PCIT services. Key activities planned by UC Davis in FY 15-16 include new provider training and advanced training for all identified agencies.	2/10/2011	RFQ	5 years	\$3,000,000	\$775,960	7/1/2015	6/30/2016	10/31/2017	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
43	Legacy Investments	Program Development	Parent Child Interaction Therapy / Parent Child Interaction Therapy	<p>LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH (#08379.4)</p> <p>The Parent Child Interaction Therapy (PCIT) project seeks to expand access for young children and their families' to PCIT services. This is being accomplished by increasing the number of PCIT-certified mental health providers in Los Angeles County and expanding the number and capacities of clinical programs to provide PCIT services. In FY 14-15, 13 new mental health agencies are being trained to provide PCIT services. Key activities planned by DMH in FY 15-16 include capital expenditures, stipends, indigent care monies as well as training up to 20 new provider agencies (with teams of 4 clinicians each) in PCIT and supporting previously trained PCIT therapists in agencies with an existing PCIT program.</p>	2/10/2011	Strategic Partnership	5 years, 9 months	\$18,287,423	<p>\$16,991,863</p> <p>\$3,865,380 of which is budgeted for FY 15-16</p> <p>Pursuant to the Multiyear Agreement, annual budgets and scopes of work shall be approved by the Commission</p>	1/5/2012	9/30/2017	9/30/2017	<p>Yes</p> <p>137</p>
44	Legacy Investments	Program Development	Baby Friendly Hospitals / Baby Friendly Hospital Project - Cycle 3	<p>GOOD SAMARITAN HOSPITAL (#08538)</p> <p>The Baby Friendly Hospital initiative enhances and supports a continuum of care to achieve the goals of improving the initiation and duration of exclusive breastfeeding by improving breastfeeding policies and procedures in birthing hospitals. In FY 14-15 the Contractor completed a majority of staff training. In FY 15-16 they will prepare for their Baby Friendly USA onsite assessment to become Baby Friendly designated.</p>	3/12/2009	RFP	3 years	\$472,787	\$84,944	7/1/2015	6/30/2016	6/30/2016	Yes
45	Legacy Investments	Program Development	Baby Friendly Hospitals / Baby Friendly Hospital Project - Cycle 3	<p>CENTINELA HOSPITAL MEDICAL CENTER (#08539)</p> <p>The Baby Friendly Hospital initiative enhances and supports a continuum of care to achieve the goals of improving the initiation and duration of exclusive breastfeeding by improving breastfeeding policies and procedures in</p>	3/12/2009	RFP	3 years	\$472,984	\$190,674	7/1/2015	6/30/2016	6/30/2016	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				birthing hospitals. In FY 14-15, the Contractor has implemented several policies that influences systems change within the hospital culture. The policy changes affect the training of nurses, physicians and women who deliver at the hospital and set a standard for breastfeeding practices. The contractor has moved through the breastfeeding USA pathway and in the FY 15-16 (thrid year) will be going through a telephone assessment and if successful will have an onsite assessment to be evaluated and to be designated a Baby Friendly hospital.									
46	Legacy Investments	Program Development	Baby Friendly Hospitals / Baby Friendly Hospital Project - Cycle 3	CITRUS VALLEY HEALTH PARTNERS (#08542) The Baby Friendly Hospital initiative enhances and supports a continuum of care to achieve the goals of improving the initiation and duration of exclusive breastfeeding by improving breastfeeding policies and procedures in birthing hospitals. In FY 14-15, the Contractor started training. In FY 15-16., the Contractor will continue training staff and prepare for the Baby Friendly USA onsite assessment to become Baby Friendly designated.	3/12/2009	RFP	3 years	\$473,000	\$149,315	7/1/2015	6/30/2016	6/30/2016	138 Yes
47	Research and Evaluation	Research & Evaluation	Data Development & Integration \ Stronger Families Database	NETCHEMISTRY (#08359) The Contractor will continue development and maintenance of the Welcome Baby & Select Home Visitaiton Program Database. This project will allow the Contractor to include Los Angeles County Home Visiting data and expand on Data Warehouse efforts with the Los Angeles County Department of Public Health and PEW.	6/14/2012	RFP	3 years, 5 months	\$2,575,010	\$871,700	7/1/2015	6/30/2016	6/30/2016	Yes
48	Research and Evaluation	Research & Evaluation	Data Development & Integration \ Workforce	CHILD CARE ALLIANCE OF LOS ANGELES (#08503) The purpose of this project is to continue to operate the LA County Early Care and Education (ECE) Workforce Registry.	5/16/2013	Strategic Partnership	4 Years	\$2,000,000	\$509,000	7/1/2015	6/30/2016	7/31/2017	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
			Registry	The primary goal of this project is to capture comprehensive education, training, and employment data from ECE professionals in Los Angeles County. Major accomplishments in the past year included full site operations in Los Angeles County, with complete policies and procedures, an increase in number of Registry users, and launch of the job board.									
49	Research and Evaluation	Research & Evaluation	Data Partnership with Funders \ Children's Data Network (CDN)	UNIVERSITY OF SOUTHERN CALIFORNIA (#08576) The Children's Data Network is a university, agency, and community collaborative focused on the use of administrative data to inform children's programs and policies in Los Angeles County and throughout California. During the past fiscal year, Contractor has continued to build the infrastructure and develop relationships with various entities with administrative datasets to acquire. Some of the new data sources acquired over the past year include Department of Development Services, Incarceration, WIC, and HMIS data. During FY 15-16 Contractor will continue the development and administration of the Children's Data Network.	10/14/2010	RFP	2 years, 6 months	\$2,368,238	\$889,484	7/1/2015	6/30/2016	6/30/2016	139 Yes
50	Research and Evaluation	Research & Evaluation	Program Evaluation / Professional Development Program Evaluation	MATHEMATICA POLICY RESEARCH, INC. (#08578) The Professional Development Evaluation is a longitudinal evaluation of the effectiveness of five professional development (PD) programs in First 5 LA's ECE Workforce Development Portfolio. Four of the five programs are implemented through subcontract with LAUP via the ECE Workforce Consortium and are part of First 5 LA's overall investment in the ECE workforce. The five PD programs that are a part of the evaluation include: (1) Child	6/14/2012	RFP	3 years, 7 months	\$5,000,000	\$1,500,658	7/1/2015	6/30/2016	6/30/2017	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				<p>Development and Education Workforce Initiative (CDWFI) (2) A Stipend Program for Early Educators (ASPIRE aka CARES Plus) (3) Family Child Care Higher Education Academy (aka Project Vistas) (4) Gateways for Early Educators and (5) Early Childhood and Education Professional Learning Communities (ECEPLC).</p> <p>In FY14-15 study participants were recruited and the study sample was finalized. Participants completed baseline and follow up surveys, were observed in their classrooms, and participated in focus groups. In FY15-16 participants will continue to participate in data collection activities. Interim reports, research briefs, and presentations will be disseminated throughout the year.</p>									140
51	Research and Evaluation	Research & Evaluation	Data Development & Integration / First 5 LA Contracts and Grants Program Reporting Database	<p><u>PERSIMMONY INTERNATIONAL, INC. (#08617)</u> The Contractor will continue to customize, maintain and support a grantee database that will collect service and activity data. During FY 14-15 the Contractor refined the database and built the fiscal module. During FY 15-16 the Contractor will continue to maintain the grantee database as well as expand their work to support the GIFTS interface development and customization of the Fiscal Module.</p>	6/11/2015	RFP	3 years, 3 months	\$618,247	\$186,860	7/1/2015	6/30/2016	6/30/2017	Yes
52	Research and Evaluation	Research & Evaluation	Program Evaluation / Parent-Child Interaction Therapy Evaluation	<p><u>SEEDLING CONSULTING GROUP (#08671)</u> The goal of the Parent-Child Interaction Therapy (PCIT) Evaluation is to describe the efforts and progress towards achieving the desired outcomes of the First 5 LA-funded PCIT Training Program. During the last contract period, the Contractor conducted qualitative interviews with county stakeholders, as</p>	6/11/2015	RFQ	3 years, 6 months	\$400,000	\$46,700	7/1/2015	6/30/2016	1/31/2018	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				well as PCIT therapists, clients, and agency representatives. During the new contract period, the Contractor will produce two reports summarizing findings from the first contract year and an updated work plan.									
53	Legacy Investments	Grants Management	Children's Vision Care / Children's Vision Care	VISION TO LEARN (#00833) The Grantee provides vision screening, and, as needed, eye exams, glasses prescriptions, and referrals, to children ages 2-5 in LA County. The Grantee provided vision screenings to 6,890 children in the previous 17-month grant period (4,611 children in FY 14-15). Additionally, Grantee has been successful in sustainability efforts, leveraging new Medi-Cal contracts with Health Net and LA Care (pilot program established by SB 870). With Medi-Cal covering a majority of exams and eyeglasses, more children will be screened by the F5LA program. For FY 15-16 the Grantee will complete screenings for 9,000..	11/14/2013	Strategic Partnership	4 years	\$1,200,000	\$259,200	7/1/2015	6/30/2016	1/31/2018	Yes 141
54	Legacy Investments	Grants Management	Children's Vision Care / Children's Vision Care	JUNIOR BLIND OF AMERICA (#00834) The Grantee will provide free vision screenings and follow-up care with referrals to eye care professionals for a full eye exam if they fail their screening. If needed, eye glasses and/or a patching program will be provided to the children ages 2-5. In FY 14-15 the Grantee aims to complete vision screening for 6,430 children ages 2-5 in the previous 17-month grant period (4,514 children in FY 2014-15). In FY 15-16 the Grantee's goal is to complete screenings for 2,393 children ages 2-5.	11/14/2013	Strategic Partnership	2 years	\$300,000	\$81,362	7/1/2015	1/31/2016	1/31/2016	Yes
55	Legacy Investments	Grants Management	Children's Vision Care / Children's Vision Care	REGENTS OF THE UNIVERSITY OF CALIFORNIA (#08315) The UCLA Mobile Eye Clinic provides vision screenings, full eye examinations conducted by ophthalmologists, referrals to partner specialists and eyeglasses to	7/12/2012	Strategic Partnership	5 years	\$4,100,000	\$989,720	7/1/2015	6/30/2016	9/30/2017	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				children ages 2-5 in LA County. In the previous year, grantee completed vision screenings for 20,000 children at preschools. In the next grant period, grantee will aim to complete screenings for 21,800 children.									
56	2015-2020 Strategic Plan: Focusing for the Future	Grants Management	Healthy Kids / Healthy Kids Insurance Coverage	<p><u>LOCAL INITIATIVE HEALTH AUTHORITY FOR LOS ANGELES COUNTY DBA L.A. CARE HEALTH PLAN (#05632)</u></p> <p>The Healthy Kids program is designed to provide access to low- or no-cost health insurance for children ages 0-5 in Los Angeles County who are not eligible for Medi-Cal or other health insurance programs. Current program enrollment is 349 children. Goals for the next contract term are to continue to provide services to those children currently enrolled until they are connected to another health services program, (e.g. MyHealthLA) or to another health insurance program (e.g. Kaiser Permanente). The program will end December 31, 2015.</p>	4/9/2015	Strategic Partnership	12 years, 6 months	\$55,452,978	<p>Contractor received an advance of \$12,921,708</p> <p>\$250,000 of which is budgeted for six months in FY 15-16.</p> <p>Per contract terms, Commission review and approval of annual exhibits is required which includes the contractor's fiscal year budget reflecting planned spending against the advance.</p>	7/1/2012	12/31/2015	12/31/2015	<p>142</p> <p>Yes</p>
57	Legacy Investments	Grants Management	Black Infant Health / Black Infant Health Program	<p><u>COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH (#07499)</u></p> <p>The Grantee subcontracts with five community-based organizations to implement the old State Black Infant Health (BIH) service model. The program addresses African American infant mortality and improve the health status of these women at-risk of poor birth</p>	11/14/2013	Strategic Partnership	9 years, 9 months	\$9,180,655	\$1,020,073	7/1/2015	6/30/2016	6/30/2019	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				outcomes. In FY 14-15, the program provided BIH services to 1,364 African American pregnant or parenting women. They plan to service this same number of women in FY 15-16.									
58	Legacy Investments	Grants Management	Black Infant Health / Black Infant Health Program	CITY OF LONG BEACH (#07500) The Grantee will implement the State Black Infant Health Program (BIH) (new model). The program aims to reduce Africal American maternal and infant health disparities by increasing social support and empowerment through group intervention, case management and care coordination. In FY 14-15 the Grantee served 70 African American pregnant or parenting women. In FY 15-16 contractor will continue to implement the new State BIH model of service, which includes a mandatory group intervention component comprised of 10 prenatal and 10 postpartum group sessions, as well as complementary case management and care coordination. Due to new requirements (e.g. can only enroll prenatally), the project will strive to serve 40 participants in the new grant period.	11/14/2013	Strategic Partnership	9 years, 9 months	\$1,945,845	\$216,205	7/1/2015	6/30/2016	6/30/2019	Yes
59	Legacy Investments	Grants Management	Black Infant Health / Black Infant Health Program	CITY OF PASADENA PUBLIC HEALTH DEPARTMENT (#07503) The Grantee will implement the State Black Infant Health (BIH) Program (new model). The program aims to reduce Africal American maternal and infant health disparities by increasing social support and empowerment through group intervention, case management and care coordination. In FY 14-15 the Grantee served 70 African American pregnant or parenting women. In FY 15-16 Grantee will continue to provide the BIH Program to improve health among African American mothers and babies and reduce Black:White health disparities. Grantee has been	11/14/2013	Strategic Partnership	9 years, 9 months	\$1,945,845	\$216,206	7/1/2015	6/30/2016	6/30/2019	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				implementing the new State BIH service model, which has a mandatory group intervention component comprised of 10 prenatal and 10 postpartum group sessions, as well as complementary case management. Due to new requirements (e.g. can only enroll prenatally), the project will strive to serve 50 participants in the new grant period.									
60	Legacy Investments	Grants Management	Healthy Food Access / Children's Garden Collaborative	LOS ANGELES CONSERVATION CORPS (#08182) The Children's Garden Collaborative – Little Green Fingers project goals are to provide families with small children access to affordable, fresh, healthy produce and decrease obesity rates in children 0-5 and their families. The project builds community gardens in food desert areas throughout Los Angeles County, provides leadership development, hosts bilingual educational events such as gardening and cooking/nutrition classes in order to promote community engagement and healthy cooking in the home. In FY 14-15, Contractor built 2 Community Gardens increasing the total number of gardens to 7. In FY 15-16 the 8th Community Garden will be built and the project will shift its focus to sustainability and building community support.	11/18/2010	RFP	5 years	\$5,000,000	\$1,252,634	7/1/2015	6/30/2016	3/31/2017	144 Yes
61	Legacy Investments	Community Investments	Healthy Food Access / Market Match	ECOLOGY CENTER (#08457) The Contractor will leverage the existing statewide Market Match (fruit and veggie voucher) program to increase the purchase and consumption of produce by families with children 0-5. In the past year Market Match has expanded to serve 19 farmer's market location throughout LA County providing families with \$300,000 in matching voucher funds to be spent on fresh fruits and vegetables. In the next year the program will expand to a total of 24	11/18/2010	RFP	5 years	\$2,500,000	\$612,246	7/1/2015	6/30/2016	9/11/2018	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				farmer's markets and provide \$350,000 in matching voucher funds.									
62	Legacy Investments	Grants Management	Resource Mobilization - ECE / ECE Recoverable Grant	CALIFORNIA COMMUNITY FOUNDATION (#08290) The purpose of the Los Angeles Early Childhood Education Recoverable Grant Fund is to provide recoverable grants (bridge funds) to childcare providers in Los Angeles County serving children aged zero to five to help cover operating expenses while waiting for delayed payments from the California Department of Education or local, state, or federal government contracts impacted by budget delays. To date, the Bridge Fund has awarded a total of \$3,582,521. This has resulted in the support of high quality, affordable child care and preschool spaces for low-income children throughout Los Angeles County. These grants have also enabled parents to be able to maintain employment and help sustain hundreds of staff jobs.	7/12/2012	Strategic Partnership	4 years	\$2,075,000	\$925,000	7/1/2015	6/30/2016	12/31/2016	Yes 145
63	Legacy Investments	Community Investments	Resource Mobilization - Health / Early Childhood Linkages to Wellness	LA TRUST FOR CHILDREN'S HEALTH (#08554) The Contractor will create and administer the Early Childhood Linkage to the Wellness demonstration project at six select LAUSD Wellness Center sites to target the 0-5 population to receive services offered by Wellness Centers. Over the past year, the Early Childhood Linkages to Wellness program has provided clinic staff with training on assessing developmental delays and continue to see a minimum of 12 children ages 0-5 per week. Over the next year, the program will expand its case management capabilities through a contract with 211's CareLinq and securing MOUs with 16 additional community providers.	5/16/2013	Strategic Partnership	3 years	\$2,900,000	\$1,208,628	7/1/2015	6/30/2016	9/11/2016	Yes
64	Legacy Investments	Grants Management	Children's Dental Care	UNIVERSITY OF SOUTHERN CALIFORNIA (#08392)	7/12/2012	Strategic Partnership	5 years	\$18396687	\$4,581,945	7/1/2015	6/30/2016	2/1/2018	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
			/ Children's Dental Care Program	The Children's Health and Maintenance Project (CHAMP+) is the expansion of the OHN CHAMP Project. The goal of the current project under the Children's Dental Care Program is to serve 45,700 children ages 0-5 over the five-year project period. The project will also expand the number of pediatric dentists trained and practicing in LA County. During the last year, the Contractor has served over 6,700 children through preventative dental care and referred 3,900 children to dental homes. The Contractor is in the final stages of partnering with the County of Los Angeles to open the Pediatric Dental Clinic at LAC + USC hospital which will serve an additional 2,000 children per year.									146
65	Legacy Investments	Grants Management	Children's Dental Care / Children's Dental Care Program	<u>WESTERN UNIVERSITY OF HEALTH SCIENCES (#08394)</u> The Contractor will continue to provide oral health services in the areas of Pomona, East LA and San Gabriel Valley with the goal of serving 21,160 children over the five (5) year project period. The project includes the provision of preventative and treatment dental services for children prenatal to five in non-traditional settings. Through this project, dental students will also be exposed to pediatric populations in non-traditional settings providing necessary preventative and comprehensive services. During the current year, Western University has served over 4,600 children through preventative dental care and over 1,300 children through treatment services.	7/12/2012	Strategic Partnership	5 years	\$8448697	\$2,673,200	7/1/2015	6/30/2016	2/1/2018	Yes
66	Legacy Investments	Program Development	Children's Dental Care / Children's Dental Care Program	<u>THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES (#08393)</u> The Contractor will expand the Dental Home Project to increase the capacity of	7/12/2012	Strategic Partnership	5 years	\$10,754,000	\$3,355,530	7/1/2015	6/30/2016	2/28/2018	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				an additional 10 community clinics to serve as quality dental homes for at least 40,500 underserved 0-5 year old children. The 5-year project will also develop innovative service delivery sites and professional training programs for the clinic dental and medical providers and for Contractor dental residents and students. In FY 14-15, the capital renovation and expansion of the San Fernando Community Health Center was completed and the clinic opened. Contractor also completed the selection of 10 clinics and began an assessment of each clinic to develop Enhancement Plans to improve dental clinic operations and coordinate medical and dental services for children. In FY 15-16, the clinics will implement Enhancement Plans in order to provide preventative services to 8,500 children 0-5 and treatment services to 3,000 children. To support the clinics' Enhancement Plan implementation, Contractor will train 80 dental and medical providers from the clinics, and conduct a Quality Improvement Learning Collaborative.									147
67	2015-2020 Strategic Plan: Focusing for the Future	Best Start Communities	Communities: Place-Based - Community Capacity Building / Partnerships Capacity Building	<u>CENTER FOR THE STUDY OF SOCIAL POLICY (#07854)</u> In FY 14-15, the Best Start Community Partnerships finalized their strategies and activities. In FY 15-16 the Community Partnerships will continue to need support from the Contractor to develop the performance measures for the activities identified through Learning By Doing. Further, the Contractor will support the Community Partnerships in identifying developmental milestones for strengthening the Partnerships' ability to promote a shared vision, effective collaboration and stronger neighborhoods to support families and children. The Contractor will provide	6/11/2015	RFQ	5 years, 2 months	\$6,953,038	\$1,774,987	7/1/2015	6/30/2016	6/30/2016	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
				capacity building support in these areas based on its current scope of work. The Contractor will support the Partnerships in further strengthening their ability to lead a community agenda to improve Building Stronger Families Framework outcomes in their communities.									
68	Internal Operations	Executive	F5LA Operational Activities / Facilities	MORLIN ASSET MANAGEMENT, LP (#06895) The Contractor has provided facility management services for First 5 LA since 2005 and will continue to do so in FY 15-16. The contract amount includes the management fee of \$36,000 and administration costs (Wages and Benefits) of \$196,380. The estimated cost for repairs and maintenance of the First 5 LA Building is \$517,021.	6/11/2015	Procurement Exception	11 years	\$1,257,006	\$232,380	7/1/2015	6/30/2016	6/30/2016	Yes 148
69	Internal Operations	Executive	F5LA Operational Activities / Executive	RICHARDS, WATSON & GERSHON (#08163) The Contractor provides legal services to First 5 LA. The contract amount is an estimated amount based on the FY 14-15 spending rate.	2/9/2011	RFQ	5 years	N/A, based on the hours needed by F5LA	\$110,000	7/1/2015	1/31/2016	1/31/2016	Yes
70	Internal Operations	Executive	F5LA Operational Activities / Board of Commissioners	HEATHERLYNN GONZALEZ (#08632) The Contractor provides stenographer services for monthly Commission and special Program and Planning Committee meetings, and as needed. The Contractor produces transcriptions of these meetings within 10 business days following each meeting.	6/11/2015	RFQ	4 years, 3 months	\$141,600	\$100,800 Estimated FY 15-16 Spending \$33,600 Impact to FY 16-17 Budget \$33,600 The remaining balance will be spent in future fiscal years	7/1/2015	6/30/2018	6/30/2018	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

RENEWALS													
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
71	Internal Operations	Information Technology	F5LA Operational Activities / Facilities	XEROX CORPORATION (#05121) Provides lease and usage of Xerox equipment to be utilized by First 5 LA staff at the First 5 LA offices. The contract amount is an estimated amount for the next four years of the contract based on the FY 14-15 spending rate.	6/11/2015	Procurement Exception	7 years, 4 months	N/A, based on usage and rental fees	\$300,000 Estimated FY 15-16 Spending \$100,000 The remaining balance will be spent in future fiscal years	4/24/2012	8/22/2019	8/22/2019	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

June 2015

Attachment A

AMENDMENTS											
	INVESTMENT AREA	DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	CURRENT CONTRACT AMOUNT	AMENDMENT AMOUNT	NEW CONTRACT AMOUNT	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
1	2015-2020 Strategic Plan: Focusing for the Future	Best Start Communities	Communities: Place-Based - Community Capacity Building / Partnership Support	<u>LOS ANGELES EDUCATION PARTNERSHIP (#07706)</u> Amendment for additional funding. The Vendor is a child care services provider serving 13 of the 14 Best Start Community Partnerships. The additional funds for the Vendor will be used to provide additional child care services through June 30, 2015, for 13 of the 14 Best Start Communities.	6/12/2014	RFV	4 years, 7 months	\$74,500	\$10,000	\$84,500	Yes
2	2015-2020 Strategic Plan: Focusing for the Future	Best Start Communities	Communities: Place-Based - Community Capacity Building / Partnership Support	<u>DANTE'S CAFÉ (#08446)</u> Amendment for additional funding. The Vendor is a local, small business that provides catering services to 13 of the 14 Best Start Community Partnerships. The additional funds for this Vendor will be used to provide additional catering services through June 30, 2015, for 13 of the 14 Best Start Communities.	6/12/2014	RFV	1 year, 8 months	\$74,500	\$15,000	\$89,500	Yes 150
3	Legacy Investments	Program Development	Baby Friendly Hospitals / Baby Friendly Hospital Project - Cycle 2	<u>MEMORIAL HOSPITAL OF GARDENA (#08067)</u> Amendment for additional funding and term extension through March 31, 2016. The Baby Friendly Hospital initiative enhances and supports a continuum of care to achieve the goals of improving the initiation and duration of exclusive breastfeeding by improving breastfeeding policies and procedures in birthing hospitals. The Contractor is requesting additional resources and time to help them complete staff training and to finalize preparations for their Baby Friendly USA onsite assessment.	03/12/2009	RFP	4 years, 6 months	\$314,937	\$88,683	\$403,620	Yes

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.



EXHIBIT A – Performance Matrix

Contract Number: **08174**
 Agency Name: **The Regents of the University of California**
 Project Name: **First 5 LA 21st Century Dental Homes Project**
 Project Length: **4 years**

Contract Period: **07/1/2015-06/30/2016**
 Revision Date:

Project Description:					
<p>The First 5LA-UCLA Dental Home Project will continue its partnership with 12 Federally Qualified Community Health Centers in FY 15-16, the final year of the program, to increase access to dental care for children 0-5. The FQHCs will provide direct preventative dental services and ensure risk-based preventive dental and oral health services and referral of high-risk children and pregnant women within the clinic's primary care and dental clinic. The project will also continue training and technical assistance and a Quality Improvement Learning Collaborative for the FQHC providers and staff to strengthen clinical and administrative operations necessary to sustain services for children and their families. The project will also increase parents' and caregivers' knowledge of children's oral health needs and available community resources through outreach activities and 2 refresher trainings of child care providers in targeted communities (child care training targets completed FY 14-15). Finally, in partnership with Children Now, UCLA will finalize 2-3 policy briefs/publications and engage key policymakers/stakeholders in developing recommended policy to support sustainability of the care delivery models implemented by the project.</p>					
151					
Performance Objectives	Due Date	Quantity by Quarter			
		Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)
<p>Measureable, observable, and attainable objectives including: (1) Outcomes –Changes in health/mental health status, developmental status, attitudes, behaviors, knowledge, skills, practices, or policies; (2) Outputs -- The direct result of activities and typically expressed as the number or scope of services and/or products that are delivered or produced; and/or, (3) Major Deliverables -- Tangible products that are submitted in fulfillment of contract requirements.</p>	Date Objective will be completed.				
1. Increase access to dental care for 4,000 children ages 0-5 at highest risk for dental disease by establishing a dental home model in up to 12 communities (unduplicated # of children 0-5 receiving any dental services ¹ provided by or under the supervision of a dentist—includes those reported in Obj. 3a.)	6/30/2016	1000	1000	1000	1000
2. Increase 50 clinical providers' awareness of the importance of Dental Homes, cultural competency (CC), caries risk assessment (CRA) and preventive oral health care services for children ages 0-5 (based on clinic needs)	6/30/2016	12	12	12	14
2.a. Provide 1 dental staff training every six months or as needed on the importance of one of the following topics Dental Homes, CC, CRA, prevention or referrals for children ages 0-5 (deliverable: training evaluation reports) ²	6/30/2016	N/A	1	N/A	1
2b. Provide at least 2 oral health trainings per year or as needed to medical staff. Topics may include importance of Dental Homes, CC, CRA, prevention or referrals for children ages 0-5 (deliverable: training evaluation reports)	6/30/2016	N/A	1	N/A	1

EXHIBIT A – Performance Matrix

2c. Convene up to 12 Community Dental Home Coordinators (CDHCs) every six weeks to create a space for shared learning, technical assistance, and CDHC updates. (Evaluation reports of CDHC meetings)	6/30/2016	2	2	2	2
3. Increase by 5,500 the number of children 0-5 who receive preventive dental or oral health services, including oral health education, caries risk assessment and fluoride varnish (FV) applications if necessary (unduplicated # of children 0-5 receiving <u>any dental services AND children receiving oral health services</u>).	6/30/2016	1000	1,250	1,500	1,750
3a. 4,000 additional children 0-5 receive preventive dental services including oral health education, caries risk assessment and fluoride varnish (FV) applications provided by participating clinics (children who receive services provided by or under the supervision of a dentist).	6/30/2016	1000	1000	1000	1000
3b. 1,000 additional children 0-5 receive preventive oral health services including oral health education, caries risk assessment and fluoride varnish (FV) applications provided by personnel who are not under the supervision of a dentist in participating clinics (children who receive oral health services provided by or under the supervision of medical clinicians).	6/30/2016	200	250	250	300
3c. 500 additional children 0-5 receive preventive dental or oral health services provided by community health workers.	6/30/2016	N/A	100	150	250 152
4. Increase by 500 the number of pregnant women that receive preventative dental or oral health measures including oral health education and caries risk assessment (track and report by type of provider: e.g., dentist, OB/GYN, primary care provider, community health worker).	6/30/2016	50	100	150	200
5. Implement systems ⁴ that promote delivery of risk-based preventive dental and oral health services and referral of high-risk children and pregnant women to a dental home within DHP clinics. The ultimate system design is based on the Care Pathways developed by the project, which outlines the process for providing the continuum of oral health care to patients in medical and dental clinics. The data will be captured through aggregate data collection efforts. The QILC is also developing a measurement plan that corresponds with this objective. These will be included in the template submitted Q1. (Deliverables: Template/System design for tracking risk for children and pregnant women (Q1) report on number pregnant women referred from <u>Primary Care to dental (Q1-Q4)</u>)	6/30/2016	1	1	1	1
6. Increase by 5 the number of general dentists (GD) that treat children aged 0-5 in DHP clinics. (New general dentists will receive training once yearly through the Advanced Dentistry CE course)	6/30/2016	N/A	1	2	2
7. Implement 2 trainings to maintain knowledge with child care providers. (Training report maintained on file)	3/31/2016	1	N/A	1	N/A

EXHIBIT A – Performance Matrix

8a. Increase by 100 per clinic (1200) the number of parents who receive direct, one-on-one education from the clinic's Community Health Workers or Community Dental Home Coordinator. This could be education provided at a community site or within the clinic.	6/30/2016	300	300	300	300
9. Monitor and report on progress of implementation of clinics' Enhancement Plans through direct contact with clinic administration and partner organizations (e.g., Safety Net Solutions). (Deliverable: progress report on DHP clinics' progress in implementing Enhancement Plans)	6/30/2016	N/A	1	N/A	1
9a. Implement i2i software systems	9/30/2015	12	N/A	N/A	N/A
9b. Continue support and coordination of i2i software systems (Deliverable: track utilization of i2i software in clinics)	6/30/2015	1	1	1	1
10 a. In collaboration with Children Now finalize report on relevant federal and state policies related to FQHC staffing, operations, billing and contracting practices that support or inhibit the optimal implementation and financial sustainability of care delivery models developed through the UCLA-First 5 LA projects. (Deliverable: Provide Draft in quarter 1 and final Children Now Report in quarter 2)	12/31/2015	1	1	N/A	N/A
10 b. In collaboration with UCLA, Children Now will develop and disseminate a brief based on the final report submitted to UCLA for Objective 10a and engage key policymakers and stakeholders in developing recommended policy changes to support implementation and sustainability of care delivery models developed by the UCLA-First 5 LA projects (Deliverable: Policy brief and policy briefing or roundtable).	6/30/2016	N/A	N/A	1	N/A
10 c. In collaboration with the Center for Health Policy Research develop a policy brief that analyzes existing OSHPD data for all FQHCs in California with dental services; survey participating clinics on dental integration into their clinics; and analyze data collected from DHP clinics. Deliverables: Policy Briefs &/or publication provided to First 5LA.	6/30/2016	N/A	1	N/A	1
11. Provide ongoing monitoring and reporting to First 5 LA of project-related activities by DHP clinics, partner organizations and internal workgroups as they relate to progress in meeting milestones and deliverables.	6/30/2016	N/A	N/A	N/A	N/A
11a. Conduct monthly UCLA Project Team meetings and provide reports to First 5 LA. (Deliverable: minutes from each monthly meeting on file)	6/30/2016	NA	NA	N/A	N/A
11b. Conduct quarterly Steering Committee meetings and provide reports to First 5 LA. (Deliverable: minutes from quarterly Steering Committee meetings, including workgroup updates).	6/30/2016	1	1	1	1
11c. Conduct Workgroup meetings weekly or more frequently as needed (Deliverables: Workgroup meeting minutes maintained on file)	6/30/2016	1	1	1	1

EXHIBIT A – Performance Matrix

12. Conduct at least 3 Quality Improvement Learning Collaborative learning sessions with at least 8 DHP clinics participating. (Deliverable: Quarterly QI Learning Collaborative reports) ⁵	6/30/2016	1 ⁶	1 ⁶	1	1 ⁶
13. Complete installation of i2i software systems (Deliverable: installation of i2i software in DHP clinics)	8/30/2015	12	N/A	N/A	N/A
13a. Continue data collection and update data collection protocols based on implementation of i2i. (Deliverable: Revised Data definitions and data collection instruction manual and template for metrics to be used in evaluating increases in dental and oral health services delivery for children 0-5 and community outreach activities.	6/30/2016	1	N/A	N/A	N/A
13b. Refine data metrics as needed throughout the project (Deliverable: Updated data metrics submitted quarterly, if modified)	6/30/2016	1	1	1	1
14. Continue to implement systems for community outreach in collaboration with large organizations (Department of Children, Youth and Families, Department of Public Social Services, Los Angeles Unified School District, LACOE, WIC, EHS, Best Start, etc.) in areas surrounding DHP clinics (Reports provided in Q2 and Q4 – can be included in Evaluation report.).	6/30/2016	N/A	1	N/A	1
15. Report on evaluation progress including clinic intervention and other project components including in the evaluation related to the provision of oral and dental health services for children 0-5 and perinatal women. (Deliverables: Evaluation report outline provided by March 31, 2016; Draft Evaluation Report provided by May 31, 2016; Final report provided by June 30, 2016).	6/30/2016	N/A	N/A	1	1 154
16. Submit First 5 LA Quarterly, Mid-year and Year-end Progress and Data Reports	6/30/2016	1	1	1	1
17. Submit to First 5 LA proposal for how Special Revenue Fund interest will be expended for the program including timeline and description of the program support to be provided (# of providers to be trained and/or # of clinics that will be engaged; # of trainings and/or meetings) along with an estimated cost for the support to be provided. In addition, describe the anticipated benefit of the support to be provided and how it will be measured in the evaluation plan.	1/31/2016	N/A	N/A	1	N/A

-
- 1 - Within the context of this project, the term “dental services” means services or procedures provided by or under the supervision of a dentist; “oral health services” means oral health-related services or procedures that are not provided by or under the supervision of a dentist by another trained clinician (e.g., physician) or health care worker. (consistent with the definitions used by CMS).
 - 2 - Training evaluation reports will include the number & type of attendees, synopsis of curriculum, progress made towards meeting established targets and a narrative summarizing pre-/post-tests results, if applicable.
 - 3 - Activity is on-going and based on clinic needs
 - 4 - System that we are putting in place are geared around providers engaging in four (4) activities: risk assessment, counseling based on risk assessment, application of preventive procedures as indicated (including FV) and referral to dental care
 - 5 - QI Learning Collaborative reports will include a narrative summarizing the QI and/or Learning Collaborative activities implemented during the reporting period.
 - 6 – 8 DHP clinics will participate in each session (Q1, Q2, & Q4). Clinics are duplicated for each quarter.



Personnel

Agency: The Regents of the University of California, Los Angeles (UCLA)

Project Name: First Five LA 21st Century Dental Homes Project

Agreement Period: 7/1/2015 - 6/30/2016

ANNUAL First 5 LA Funds PROJECT PERSONNEL BUDGET					TOTAL PROJECT PERSONNEL BUDGET		
Title/Name(s)	FT/PT	Gross Monthly Salary	% of Time on First 5 LA Project	Months to be Employed	First 5 LA Funds	Matching Funds	Total Personnel Cost
Jim Crall, DDS ScD (PI/Project Director)	FT	29,090	20.0%	12	69,816	0	69,816
Pediatric & General Dentistry Faculty (Dr Nini Chaichanasakul, Dr. Benjam	FT	14,296	40.0%	12	68,621	0	68,621
Jennifer Holtzman (Faculty)	FT	6,906	10.0%	12	8,287	0	8,287
Carl Maida, PhD MA (Faculty)	FT	10,080	5.0%	12	6,048	0	6,048
Honghu Liu (Faculty)	FT	17,655	5.0%	12	10,593	0	10,593
Francisco Ramos Gomez, DDS MPH (Faculty)	FT	26,340	7.5%	12	23,706	0	23,706
Moirra Inkelas, MPH PhD (Faculty)	FT	10,893	12.5%	12	16,340	0	16,340
Nadereh Pourat (Faculty)	FT	11,763	10.0%	12	14,116	0	14,116
Todd Franke, PhD (Faculty)	FT	9,500	2.5%	12	2,850	0	2,850
Daniela Silva (Faculty)	FT	16,993	5.0%	12	10,196	0	10,196
Lourdes Guerrero	FT	8,133	7.5%	12	4,600	0	4,600
Mary Esser, Contracts and Program Manager	FT	7,200	50.0%	12	43,200	0	43,200
Brendan John, Workgroup Project Manager	FT	7,200	50.0%	12	43,200	0	43,200
Ashley Griggs, Program Assistant	FT	4,500	50.0%	12	27,000	0	27,000
Sheila Jefferson, Financial Coordinator	FT	4,876	10.0%	12	5,851	0	5,851
Finance Manager (TBD)	FT	4,000	40.0%	12	19,200	0	19,200
Tarun Sandhu, Training Coordinator	FT	6,600	50.0%	12	39,600	0	39,600
Ana Martinez, Data Analyst	TBD	4,948	30.0%	12	17,813	0	17,813
Nigel Lo, Data Analyst	PT	4,332	12.5%	12	26,775	0	26,775
William Evans (Executive Project Assistant)	FT	5,150	50.0%	12	30,900	0	30,900
Helly Patel, CDHC Liaison	FT	5,750	50.0%	12	34,500	0	34,500
Clerical Support (incl. Interns)	TBD	2,500	100.0%	12	30,000	0	30,000
Robin Flint (Community Clinic Liaison)	PT	6,944	25.0%	12	20,832	0	20,832
Aaron Scherer, Project Assistant	FT	4,500	25.0%	12	13,500	0	13,500
Joshua Tabor, GIS Analyst	TBD	3,488	10.0%	12	4,186	0	4,186
Xiao Chen, Senior Statistician	FT	10,017	5.0%	12	6,010	0	6,010
Byron Trotter, Computer Support Manager	FT	6,158	10.0%	12	7,390	0	7,390
Efren Aguilar, GIS Analyst	FT	6,008	5.0%	12	3,605	0	3,605
Carlo Carino, HIPAA Security Officer	FT	5,645	2.5%	12	1,694	0	1,694
Adrian Manalang, Administration and Finance	FT	9,105	2.5%	12	2,732	0	2,732
Total Direct Salaries					613,158	0	613,158

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED
Indirect Costs may not exceed 10% of Personnel cost, excluding Fringe Benefits.
USE ADDITIONAL SHEETS IF NECESSARY

*Fringe Benefits:	Percentage			
FICA	0.00%	0	0	0
SUI	0.00%	0	0	0
Health	0.00%	0	0	0
WC	0.00%	0	0	0
Other	0.00%	0	0	0
Faculty Composite Benefit Rate	31.00%	72,903	0	72,903
Staff Composite Benefit Rate	38.00%	143,635	0	143,635
Total Benefits		216,538.05	-	216,538.05
Total Personnel		829,696.15	-	829,696.15

*Fringe Benefits must be broken down by categories.



Section 2

Agreement # #08174

Contracted Services

Page: 3 of 10

Agency: The Regents of the University of California, Los Angeles (UCLA)

Project Name: First Five LA 21st Century Dental Homes Project

Agreement Period: 7/1/2015 - 6/30/2016

Contracted/Consultant Services	RATE OF PAY AND FORMULA USED FOR DETERMINING AMOUNT	First 5 LA Funds	Total Matching Funds	Total Contracted Svcs
DentaQuest Institute: Safety Net Solution (Technical Assistance)	12 FQHCs at \$7,500 per site (Estimated hours and rate)	90,000	34,000	124,000
Child Care Alliance of Los Angeles County	5 R&R's .20FTE \$45,000@4 months=\$15,000; Alliance Director (.10FTE) \$80,000 plus 25%benefits=\$10,000	25,000		25,000
Children Now	Major cost areas: Personnel (\$37,158); Project Expenses (\$6,320); Overhead (15%)	50,000		50,000
Ped Dent Training/QI TA	6 half days at \$500 each for 12 clinics	36,000		36,000
	Major cost categories for all clinics listed below include (note: costs vary by clinic so ranges are provided): Dental Coord.(\$40-63K annual);Ped dentist, (\$550-\$1100/day X max 1.5 days/week X 52 weeks =\$42,900-\$85,800); Training stipend \$10,000; and additional Personnel and dental supplies and materials.			
AltaMed Bell Clinic		175,817		175,817
AltaMed El Monte Clinic	See above (Altamed Bell Clinic) for costs.	176,767		176,767
Arroyo Vista Family Health Center - Highland Park	See above (Altamed Bell Clinic) for costs.	173,527		173,527
Arroyo Vista Family Health Center - Lincoln Heights	See above (Altamed Bell Clinic) for costs.	173,228		173,228
Antelope Valley Community Clinic - Lancaster	See above (Altamed Bell Clinic) for costs.	155,110		155,110
Antelope Valley Community Clinic - Palmdale	See above (Altamed Bell Clinic) for costs.	155,110		155,110
Comprehensive Community Health Center - Glendale	See above (Altamed Bell Clinic) for costs.	179,644		179,644
Community Health Alliance of Pasadena (Chapcare)	See above (Altamed Bell Clinic) for costs.	134,681		134,681
El Proyecto del Barrio Clinic	See above (Altamed Bell Clinic) for costs.	186,327		186,327
AltaMed First Street Clinic	See above (Altamed Bell Clinic) for costs.	187,560		187,560
Clinica Oscar Romero	See above (Altamed Bell Clinic) for costs.	146,700		146,700
St. John's Well Child Center - Frayser Clinic	See above (Altamed Bell Clinic) for costs.	181,341		181,341
Quality Improvement Learning Collaborative Director	50% of \$131,520 annual (\$65,760) + 25% benefits (\$16,440)	82,200		82,200
Quality Improvement Consultants (Dr. Lieberman, Dr. Skoville, Dr. Ng, Dr. Prestwich)	15% of \$60,000 Annual X 4; Plus \$1,500 travel.	37,500		37,500
i2i Software Systems	Annual maintenance for 12 DHP clinics (\$3,500/yearly for 12 clinics)	42,000		42,000
				0
Total Contracted Services:		\$2,388,512	\$34,000	\$2,422,512

157

USE ADDITIONAL SHEETS IF NECESSARY

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED

USE ADDITIONAL SHEETS IF NECESSARY



Section 4

Printing/Copying

Agency: The Regents of the University of California, Los Angeles (UCLA)

Project Name: First Five LA 21st Century Dental Homes Project

Agreement Period: 7/1/2015 - 6/30/2016

Printing/Copying include description	Quantity	Unit Cost	Total Printing Cost	First 5 LA Funds	Matching Funds	Total Cost
Printing of training materials	1	20,000.00	20,000	20,000	0	20,000
Printer Supplies (\$1500 per quarter for 4 quarters)	4	1,500.00	6,000	6,000	0	6,000
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
Total Printing/Copying:			\$26,000	\$26,000	\$0	\$26,000

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED
USE ADDITIONAL SHEETS IF NECESSARY



Employee Mileage/Travel & Training Expenses

Agency: The Regents of the University of California, Los Angeles (UCLA)

Project Name: First Five LA 21st Century Dental Homes Project

Agreement Period: 7/1/2015 - 6/30/2016

Employee Mileage/Travel include description	Mileage Quantity	Unit Cost per Mile	Total Mileage/Travel Cost	First 5 LA Funds	Matching Funds	Total Cost
Mileage to 4 Steering Committees (32 mile RT x 5 staff)	800	0.58	464	464	0	464
Parking for Steering Committee Meetings (4 mtgs x 5 staff)	20	14.00	280	280	0	280
Mileage to trainings (4 trainings x 5 staff x 32 miles round trip)	640	0.58	371	371	0	371
Parking for trainings (4 trainings x5 staff)	20	25.00	500	500	0	500
Clinic Site Visits (60 mile RT avg x 2 staff x 12 clinics x 4 quarters)	5,760	0.58	3,341	3,341	0	3,341
Total Employee Mileage/Travel:			\$4,956	\$4,956	\$0	\$4,956

Training Expenses include description, # of people	Quantity	Unit Cost Per Training	Total Training Cost	First 5 LA Funds	Matching Funds	Total Cost
QI Learning Collaborative Session -#100 (room, AV, food, parking)	6	15,000.00	90,000	90,000	0	90,000
Training Kit	90	25.00	2,250	2,250	0	2,250
Provider Training (#60 room rental, AV/Media, food, parking)	1	6,000.00	6,000	6,000	0	6,000
			0	0	0	0
Total Training Expenses:			\$98,250	\$98,250	\$0	\$98,250

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED
USE ADDITIONAL SHEETS IF NECESSARY



Sections 12 & 13

Other Expenses & Indirect Cost

Agency: The Regents of the University of California, Los Angeles (UCLA)

Project Name: First Five LA 21st Century Dental Homes Project

Agreement Period: 7/1/2015 - 6/30/2016

Other Expenses include description	Quantity	Unit Cost	Total Other Cost	First 5 LA Funds	Matching Funds	Total Cost
Technology Infrastructure Fee (70.2 cal months FTE x \$45.42/mo)	70.2	45.42	3,188	3,188	0	3,188
Software (MS Office/Adobe Suites)	4	200.00	800	800	0	800
Cloud Data Storage	2	300.00	600	600	0	600
Internet connection CDHC tablets	12	360.00	4,320	4,320	0	4,320
Incentive pool-funds for high performing clinics to conduct additional project-related activities	1	362,451.00	362,451	362,451	0	362,451
Total Other Expenses:			\$371,359	\$371,359	\$0	\$371,359

*Indirect Cost include general purpose for this cost	Total Indirect Cost	First 5 LA Funds	Matching Funds	Total Cost
Indirect Costs of Salaries Only (10% per First 5 LA Policy)	61,316	61,316	0	61,316
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
Total Indirect Cost:		\$61,316	\$0	\$61,316

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED
USE ADDITIONAL SHEETS IF NECESSARY

Budget Narrative

UCLA - First 5 LA Dental Homes Project • July 1, 2015 – June 30, 2016

Total funds budgeted for fiscal year 4 of the UCLA - First 5 LA 21st Century Dental Homes Project total \$3,896,767 (\$3,862,767 First 5 LA + \$34,000 match).

(1) PERSONNEL – YEAR 4: \$613,158 SALARIES ONLY

(Includes costs of evaluation personnel from UCLA Schools of Public Health and Public Affairs)

James J. Crall, DDS, ScD (UCLA F5LA Dental Home Project Director; Chair, UCLA Division of Public Health & Community Dentistry) – Dr. Crall will dedicate 20% FTE (\$69,816). Dr. Crall will direct the development and implementation of the overall Dental Home Project strategy and oversee all aspects of project implementation. He also will serve as the primary contact with First 5 LA and project subcontractors concerning project activities. Dr. Crall will draw on his experience as Project Director for the AAPD-Office of Head Start Dental Home Initiative, which was implemented in 36 states from 2007-2010, to address access barriers that young children, families and community stakeholders face in obtaining recommended oral health services. Dr. Crall will be directly involved in addressing programmatic and policy issues that serve as facilitators or barriers to innovation in the clinical operations of federally qualified health centers, will provide oversight and overall direction to the projects' three subcontractors, will provide direction for implementation of the project's quality improvement framework, and be the principal liaison to local and national partners for outreach to improve parental awareness.

Francisco Ramos-Gomez, DDS, MS, MPH (Pediatric Dentistry/Oral Health Trainer; Professor, UCLA Pediatric Dentistry) – Dr. Ramos-Gomez will dedicate 7.5% FTE (\$23,706). He will help develop and provide instruction on prenatal and infant oral health, oral health disparities, caries-risk assessment, motivational interviewing and dental disease management. He also will provide technical assistance for the development of clinical protocols, especially related to implementation of prenatal and infant oral health care and referral systems. Dr. Ramos is a nationally and internationally recognized expert in pediatric oral health and well acquainted with access barriers for underserved communities. He will use his experience and expertise to help design and provide cultural competency training for clinical providers and administrative staff at participating clinics.

Carl Maida, PhD (Community Ethnographic Assessments, Cultural Competency Training; Professor, UCLA Division of Public Health & Community Dentistry) – Dr. Maida will dedicate 5% FTE (\$6,048) to this project and will serve as both Lead Evaluator of the Evaluation workgroup as well as the faculty staff lead of the Community Systems Development workgroup. Dr. Maida will work closely with partner organizations (such as the Child Care Alliance of Los Angeles) in reaching out to various child care referral agencies and other family support programs to assemble perceptions on what works in local communities, and will assist with adapting resource materials to local audiences.

Moira Inkelas, PhD, MPH (Quality Improvement Specialist; Assoc. Professor, UCLA School of Public Health) – Dr. Inkelas will dedicate 12.5% FTE (\$16,340). She will provide leadership in the areas of quality improvement and integration of services across medical and dental care providers, working in collaboration with Dr. Crall and leads from Safety Net Solutions. She has led several projects working with primary care clinicians to improve quality of services in community settings, and served as a lead for the First 5 LA-funded Los Angeles Early Developmental Screening and Intervention (EDSI) Initiative. She will participate in development of quality improvement training for partners and will be involved in developing sustainable infrastructure, leadership and collaborative learning elements for the UCLA First 5 LA Dental Home Project.

Honghu Liu, PhD (Data Evaluation Specialist/Statistician) will dedicate 5% effort (\$10,593) to this project. Dr. Liu will assist in the monitoring and implementation of the project's data collection plan, as well as provide expertise in biostatistics.

Todd Franke, PhD (Program Evaluation Specialist; Professor, UCLA School of Public Affairs) – Dr. Franke will dedicate 2.5% FTE (\$2,850). He will serve as the lead evaluator for the Community Systems Development activities. Dr. Franke, an educational psychologist by training, has numerous years of experience in conducting evaluations for single and multi-site studies. His work encompasses cross-sectional and longitudinal research/evaluation in the fields of education (e.g., LAUSD – School Mental Health), child welfare (Los Angeles Department of Children and Family Services) and mental health.

Nadereh Pourat, PhD, MSPH (Lead Evaluator; Director of Research, UCLA School of Public Health) will dedicate 10% FTE (\$14,116). She will serve as Lead Evaluator for the project, and assist in the design of the overall project evaluation, data collection instruments and methods, and analysis and reporting for that group. Dr. Pourat has numerous years of experience in conducting evaluations for single and multi-site studies. She currently serves as Director of Research for the Center for Health Policy at UCLA, and is a recognized expert in the field of oral health. Dr. Pourat will also serve on the Evaluation workgroup, where she will be responsible for keeping the Evaluation workgroup informed of issues surrounding evaluation of the Health Information Technology component of the Dental Homes Project.

Jennifer Holtzman, DDS, MPH (Trainer of DHP Clinic Medical Personnel) will dedicate 10% FTE (\$8,287) to this project. Dr. Holtzman is an Assistant Researcher in the Division of Public Health and Community Dentistry. She will assist in developing and leading trainings of medical providers, as well as serve as liaison to the child care provider trainers from the Resource and Referral agencies within those communities surrounding the DHP clinics.

Daniela Silva, PhD (Service Learning Lead Faculty) will dedicate 5% FTE (\$10,196) to this project. She will provide leadership to reorganize and extend the reach of UCLA pediatric dentistry residency programs into high-need areas -- e.g., by developing agreements to place residents in FQHC/community clinics serving underserved areas so that greater numbers of vulnerable children receive dental services. In addition, she will participate in training activities for

community clinics personnel and contribute to the development of the disease management program.

Lourdes Guerrero, MPH, PhD (Clinic and Community Training Evaluator) Will dedicate 7.5% FTE (\$4,600) to this project. Dr. Guerrero is currently an Assistant Professor and works in the UCLA Clinical and Translational Science Institute. She will serve as the lead evaluator for the DHP Training and Disease Management Workgroup.

Pediatric and General Dentistry Faculty (Dr Nini Chaichanasakul, Dr. Benjamin Freed, others as needed) will dedicate 40% FTE (\$68,621) to this project. The Pediatric and General Dentistry Faculty will assist in establishing a model for care delivery in both the medical and dental areas of the DHP clinics. Faculty will also monitor progress on the medical clinics, to ensure there is integration between medical and dental programs at each clinic. In addition, the Pediatric Dentistry Faculty will develop and implement the UCLA DHP clinic training program.

Mary Esser (Contracts and Program Manager) will dedicate 50% FTE (\$43,200). She will oversee and direct day-to-day aspects of project implementation, including coordinating the collection and use of data; establishing and fostering relationships with participating clinical sites; coordinating and tracking project activities, including community assessments; collaborating with DentaQuest's Safety Net Solutions on clinic assessments, identifying additional technical assistance and training needs as determined by site assessments, and implementation of improvement plans; and serving as a day-to-day liaison with other partners/subcontractors, project faculty and community organizations. She will provide assistance to the Project Director and other supporting faculty to ensure implementation of project objectives and tasks in a timely manner. She also will work with the LC Coordinator to foster relationships with and support for improvement activities at clinic sites, make use of collaborative learning approaches and available technology to establish shared learning among clinic sites and project partners. In addition, she will oversee the work and deliverables of the Project Assistant, GIS/Data Analyst and IT Support Personnel.

Brendan John (Workgroup Project Manager) will dedicate 50% FTE (\$43,200) to this project. The Workgroup Project Manager will be responsible for managing and monitoring the performance of six workgroups, each centered on a particular focus area of the project. The workgroups include: Clinic Intervention (which includes a Quality Improvement Learning Collaborative), Evaluation, Training and Disease Management, Data Acquisition, Management, Analysis and Health Information Technology (DAMA/HIT), Community Systems Development, and Service Learning. In addition, the Workgroup Project Manager will be responsible for monitoring the submission of reports from each individual workgroup, and assisting with reporting requirements to the sponsor as needed.

Xiao Chen, PhD (Senior Statistician) will dedicate 5% FTE (\$6,010) on this project, and will assist in performing statistical analysis of the data collected from DHP clinics. Dr. Chen is currently a senior statistician at the UCLA Center for Health Policy Research, managing data analysis for the Center's Health Economics and Evaluation Research Program. In addition to these duties, she will also provide support in statistical programming, data management and statistical modeling

in the area of program evaluation, as needed. Dr. Chen will also be a member of the Data Acquisition, Management, Analysis and Health Information Technology (DAMA/HIT) Workgroup.

Byron Trotter (Computer Support Manager/Network Administrator) will dedicate 10% FTE (\$7,390) to this project as Computer Support Manager/Network Administrator. Byron will maintain the Dental Home Project's UCLA-based computer network infrastructure and will assist in the planning, design and implementation of the DHP's data network and web-based servers. Byron will also be a member of the Data Acquisition, Management, Analysis and Health Information Technology (DAMA/HIT) Workgroup.

Adrian Manalang, MPH (Health Policy Center Administration and Finance) will dedicate 2.5% FTE (\$2,732) on this project. Mr. Manalang is currently the Director of Finance and Administration at the UCLA Center for Health Policy Research. For this project, he will monitor the financial and administrative activity for the Dental Home Project solely as it relates to the housing of the DHP project (and a portion of its staff) at the Center for Health Policy Research.

Aaron Shearer (Project Assistant) will dedicate 25% FTE (\$13,500) to this project. Mr. Shearer will provide assistance to project faculty and staff, and will also serve as administrative support staff for both the Community Systems Development and the Evaluation workgroups. Mr. Shearer's administrative responsibilities include planning and coordinating meetings and workgroup planning activities; coordinating meetings with community partners; prepare meeting minutes for evaluation and reporting; providing assistance and supporting communications among project partners, preparing meeting agendas, and providing planning and coordination support for other project activities as needed.

Tarun Sandhu (Disease Management and Training Coordinator) will dedicate 50% FTE (\$39,600) to this project. Mr. Sandhu will oversee two main tasks: coordinating trainings to meet identified needs of clinics and/or community partners, and implementing new models and protocols for caries risk assessment and disease management in collaboration with the efforts of the Health Information Technology workgroup. He will be responsible for addressing training needs identified at clinical sites during assessment activities or during implementation of enhancement plans and for development of outreach activities. He will also structure, coordinate and/or provide training activities as appropriate, in both clinical and non-clinical settings. Mr. Sandhu, in conjunction with the Disease Management and Training workgroup, will develop training programs with and for community partners who provide services for families with young children -- e.g., health educators/promotoras, partners such as WIC and Head Start -- to implement trainings for staff that support the implementation of disease management activities.

Efren Aguilar (GIS Analyst Lead) – will dedicate 5% time (\$3,605) to support the use of GIS technology in the planning and implementing various aspects of this project. This will include analysis and visual/geographic display of data on oral health needs, clinic locations and characteristics, training needs and resources, etc. Tasks include performing spatial analysis using existing data and mining additional data to determine areas with high numbers of children with oral health care needs and mapping population characteristics to the training and

technical assistance of project intervention sites and community outreach activities. Mr. Aguilar also will support strategy development around the use of GIS for program planning, implementation and evaluation processes.

Joshua Tabor (GIS Analyst) – will dedicate 10% time (\$4,186) to apply GIS technology (e.g., compiling data, generating maps) in support of the GIS project lead in planning and implementation of the various activities of this project.

Robin Flint (Community Clinic Liaison) – will dedicate 25% time (\$20,832). Ms. Flint will work closely with the Quality Improvement Director to develop and coordinate Community Learning Collaborative activities for ongoing sustainability of quality improvement efforts. Ms. Flint will assist in developing and maintaining relationships with DHP clinic personnel, in an effort to compliment the implementation of clinic Enhancement Plans through a Quality Improvement initiative. Ms. Flint will also serve as administrative support staff to the Quality Improvement Learning Collaborative faculty lead as a member of the Clinic Intervention workgroup.

William Evans (Executive Project Assistant) will dedicate 50% FTE (\$30,900) to this project. The Executive Assistant will assist with higher-level activities related to the project, including communications and reporting to the sponsor as needed. In addition, the executive assistant will provide administrative support as needed to the DHP Program Director.

Helly Patel (Community Dental Home Coordinator Liaison) will dedicate 50% (\$34,500) time to this project. The CDHC Liaison will work closely with CDHCs in participating project clinics, to address challenges, provide support and assist with training efforts for the project.

Clerical Support, including interns (TBD) will dedicate 100% FTE (\$30,000) to this project. This line item will be used to provide an internship opportunity to a graduate student in the field of oral, dental or public health. Sponsor approval for this line item was obtained in FY2 of the project.

Ashley Griggs (Program Assistant) will dedicate 50% FTE (\$27,000) to this project. The Program Assistant will provide general administrative support to the project, as well as direct support to both the Program Operations Manager and the Finance and Contracts Manager.

Sheila Jefferson (Financial Coordinator) will dedicate 10% FTE (\$5,851) to this project. The Financial Coordinator will provide budget analysis and monthly reports to the Program Director on Program spending. The Financial Coordinator will also be responsible for monitoring funds, processing travel and supply orders and reimbursements, and will work with UCLA's External Fund Management team to provide First 5 LA with quarterly invoices and Personnel Cost Worksheets, reflecting Program spending to date. In addition, the Financial Coordinator is responsible for providing monthly updates/reports to the Contracts & Finance Manager and Program Director on funding status.

Finance Manager (TBD) will dedicate 40% (\$19,200) assist in basic financial duties, such as travel reimbursements, supply orders, meeting setup/contracts for venues and provide other assistance as needed to the Finance and Contracts Manager.

Ana Martinez (Data Analyst) will dedicate 30% FTE (\$17,813) to this project. The Data Analyst will provide direct support to clinics in gathering and reporting their data for the Dental Homes Project. In addition, the Data Analyst will provide monthly aggregate reports on clinic data to the UCLA Program team and its partners, as deemed appropriate by the Program Director.

Nigel Lo (Data Analyst) will dedicate 12.5% FTE (\$26,775) to this project. The Data Analyst will produce run charts and other materials necessary to provide accurate data and progress reporting to the UCLA Program team, as well as the Project Evaluation Team.

Carlo Carino (HIPAA Security Officer) will dedicate 2.5% FTE (\$1,694) to this project. The HIPAA Security Officer is charged with management of data security as it relates to Protected Health Information (PHI). The HIPAA Security Officer is also charged with responding to breaches in data security, in conjunction with the Technology Director at the UCLA Center for Health Policy Research.

Employee Benefits – \$216,538.05

Fringe benefit rates include but are not limited to the costs for employee health plans, dental plans, vision plans, retirement savings, and life insurance. In Year 4, fringe benefits are calculated at composite rates of 31% for faculty and 38% for staff titles.

(2) CONTRACTED SERVICES (EXCLUDING EVALUATION) – YEAR 4: \$2,799,903 (\$2,785,903+ \$34,000 in matching funds)

A. DentaQuest Institute (DQI) Safety Net Solutions (SNS) Program: \$90,000

(with an additional \$34,000 provided as matching funds by SNS)

UCLA will continue to support the organizational development of 12 chosen community clinics in Los Angeles County through a subcontracting agreement with DQI for technical assistance through its Safety Net Solutions (SNS) Program. In Year 4 of the project, we have budgeted for \$7,500 per site for SNS to provide continued oversight and support for improvement plan implementation, project management and evaluation within 12 clinic sites.

Year 4 SNS Budget: 12 sites * \$7,500 per site = SNS Total of \$90,000	Hours	Rate	Year 1 Monthly Costs for 10 Sites
In-State Project Coordinator	20	\$100/hour	\$2,000
Data Analysis	30	\$150/hour	\$4,500
Travel			\$1,000*
SNS Costs per Clinic for Year 4			\$7,500

DQI/SNS Matching Funds: In addition to their broad base of experience and success in assisting clinics to improve delivery of dental services, an added benefit of contracting with SNS is that their operations are partially subsidized by DQI. SNS's per-clinic costs include evaluation and

* any additional travel expenses required will be provided in-kind by DQI

reporting of improvement efforts; any additional travel expenses required for implementation of improvement plans beyond what has been budgeted will be subsidized by DQI.

B. Subcontracts with Participating Federally Qualified Community Health Centers(FQHCs): \$2,025,812 total for 12 FQHCs

FQHC subcontracts are structured to provide resources to improve their capacity and remove barriers to provide dental services to young children and be dental homes for children as identified in each clinic's Enhancement Plan (based on the needs assessments conducted by Safety Net Solutions in FY 12-13). Personnel is the primary subcontract cost during FY 15-16. Each FQHC site is required to fund a Community Dental Home Coordinator-CDHC (range \$40,000-\$62,000 annually, 100%FTE), who is responsible for helping patients establish dental homes and facilitating referrals between medical and dental, providing parent education, and conducting community outreach to ECE providers, WICs, etc. A part-time Pediatric Dentist provides support and technical assistance to the dental staff to meet the needs of young children (rate range\$550-1,100 day X up to 1.5 days/wk X 52=\$42,900-\$85,800 annually) as well. In addition, the majority of clinics receive support for staff including Dental Hygienist, Dental Assistant, or Front Desk Staff (50% FTE, salary range \$28,000 to \$35,000) to support the additional volume of 0-5 children. Enhancement Plans' focus on increased operational efficiency, billing, medical-dental integration, etc. along with the project's policy work are intended to address the sustainability of these positions and the CDHC. In addition, UCLA will provide reimbursements to clinics to participate in didactic and hands-on trainings as part of the Dental Homes Project's training requirements. Each clinic will receive \$10,000 per fiscal year, to cover all costs associated with travel and staff time spent completing training.

B. Children Now – YEAR 4: \$50,000 (\$37,158 in Personnel; \$6,320 in Project Expenses; and 15% Overhead expenses)

A subcontract with Children Now will provide support for implementation of policy report development and clinic liaison activities. Children Now will continue their research to identify federal and state policies related to FQHC staffing, operations and billing germane to care delivery models developed by the UCLA-First 5 LA projects. Children Now will synthesize the findings from policy research and key informant interviews and report results to UCLA per established timeline, scope of work and deliverables. Children Now will work directly with UCLA to determine policy recommendations regarding these issues. Costs associated with this subcontract are as follows:

- i. Personnel:
 - a. Vice President, Operations & Research (0.03 FTE at \$2,580): UCLA will fund this position at .03 FTE. The VP or Operations and Research will function as spokesperson for Children Now and provide oversight to the policy reporting process. In addition, this covers the costs of participating in the F5LA Oral Health Program Steering Committee and providing input on criteria for eligibility and outcomes to be measured.

- b. Vice President, Communications (0.02 FTE at \$1,400): The VP of Communications will assist in the development of the policy reports by ensuring reports meet organizational standards and coordinating with UCLA re their requirements. The VP Communications will also ensure media outreach related to policy reports and events.
 - c. Director, Health & Media (0.25 FTE at \$14,375): Will oversee the research and development of a report on relevant federal and state policies related to FQHC staffing, operations, billing and contracting practices that support or inhibit the optimal implementation and financial sustainability of care delivery models developed through the UCLA-First 5 LA projects
 - d. Associate, Policy & Outreach, Health (0.30 FTE at \$9,990): The associate will assist in conducting policy analysis and help develop recommendations related to FQHC billing and operational challenges that clinics face in implementing and improving oral health services for young children within clinical and community settings.
 - e. Policy Assistant (0.05 FTE at \$775): Will provide assistance to the Policy and Outreach Associate for administrative tasks and other responsibilities as needed.
- ii. Benefit Costs: Benefits have been calculated at 28%: \$8,038
 - iii. Materials and Infrastructure to support the above activities include:
 - a. Occupancy: \$2,050
 - b. Meetings and travel costs: \$3,500 (includes cost of mileage from Children Now's offices to UCLA and First 5 LA meetings, as well as any roundtables that may be held to address policy issues)
 - c. Telecom: \$570
 - d. Supplies and printing: \$100
 - e. Document production: \$100
 - iv. Indirect Costs: Overhead has been calculated at 15%: \$6,522

D. Pediatric Dentistry Consultation & Technical Assistance to Clinic Sites: \$36,000

We anticipate that implementing dental services for infants and very young children will necessitate some general dentists requiring additional training beyond the initial training program. For this reason, we have budgeted consultant time for pediatric dentists to provide targeted technical assistance to enhance clinic providers' clinical skills in treating young children. 6 half-day sessions are budgeted for each of the 12 participating clinics at \$500/half day: $6 * \$500 * 12 \text{ clinics} = \$36,000$.

E. Child Care Alliance of Los Angeles County (CCALA): \$25,000

The Child Care Alliance completed their training obligation in Fiscal Year 3, and will use Year 4 to conduct two wrap-up trainings conducted by the Resource and Referral agencies. In addition, the funding allocated in will cover basic administrative costs associated with the CCALA Director's time spent participating in monthly UCLA workgroup meetings and Steering Committee Meetings with the sponsor. The budget is allocated as follows:

\$15,000 - (Up to 5 trainers at referral agencies based on \$45,000 per year @ 20% FTE for 4 months)

\$10,000 - Alliance Director \$80,000@10% FTE=\$8,000 plus 25% benefits (\$2,000)

F. Quality Improvement (QI) Learning Collaborative Director (\$83,450)

UCLA has retained Colleen Lampron as its QI Learning Collaborative Director for the DHP. Colleen has worked as a Learning Collaborative Coordinator of a HRSA-funded initiative. Colleen brings extensive experience to the QI/LC, and will work closely with Program Director James Crall to develop an implementation plan for the QI/LC, which should begin working with clinics in September 2014 (Y3Q2). Cost is calculated based on 50% at \$131,520 annual (\$65,760) + 25% benefits (\$16,440) = \$82,200.

G. QI Consultants: Dr. Martin Lieberman, Dr. Richard Skoville, Dr. Man Wei Ng, Dr. Brian Prestwich (\$37,500)

UCLA will work with expert Quality Improvement consultants from DentaQuest Institute who will assist UCLA in training clinics in areas of quality improvement, including best practices. These consultants will attend each of the quarterly Learning Collaboratives held by UCLA, and provide hands-on support to clinics in implementing best practices. In addition, UCLA has contracted with Dr. Brian Prestwich to serve as the primary medical care liaison for clinics (15% of \$60,000 salary for 4 consultants-\$36,000). Includes \$1,500 for travel calculated as: (3 days, 3 nights) (hotel \$175/night; airfare \$750; meals @ \$75/day).

H. i2i Software Systems: (\$42,000)

This cost covers each DHP clinic's Annual Maintenance fee for 12 months (\$3,500/year for 12 clinics) = \$42,000. I2i software systems dental interface will have been installed in Fiscal Year 3, and so this fiscal year's funding will focus on training and ongoing technical support for each clinic. I2i will appoint a representative to each clinic, to assist with troubleshooting and provide consistent training and software updates as needed.

(3) EQUIPMENT: \$0**(4) PRINTING/COPYING: \$26,000**

We anticipate needing to produce materials for the community oral health workers/promotoras and other trainings. Costs include printing and duplication of correspondence, course curricula, provider recruitment and training materials, cultural competency and community oral health worker training materials, and materials for professional education course. (\$20,000 for parent and children training/activity, 50 pg@\$.20/pg X2,000) and \$4,000 for program promotion, outreach and CHW, 20

pg@\$.20X1,000). We also anticipate printer supplies to cost \$6,000 (\$1,500 per quarter for 4 quarters).

(5) SPACE/{PHONES (including Office Rent): \$61,938

The DHP administrative office space rent (at the UCLA Center for Health Policy Research) is calculated at 50% of 1998.25 Sq Ft giving us 1,000 Sq Ft x \$4.64 X 12 = **\$55,620**. Additionally, as part of the overall costs of support staff housed at the Center for Healthier Children, Families, and Communities, the dental home project will cover 50% of 202.5 Sq Ft for CHCFC staff that support the DHP through QI and GIS activities. The rent calculated for this support comes out to 101.25 Sq Ft x 5.20 x 12 = **\$6,318**.

(6) TELEPHONE (Phones & Teleconferencing): \$3,840

Local and toll calls including conference calls by project staff necessary to conduct and coordinate this project are budgeted at \$40/month x 8 phone lines x 12 months = \$3,840.

(7) POSTAGE: \$378

Costs of shipping and mailing to cover miscellaneous distributions to project partners and clinical sites are budgeted as follows: 6 mailings x \$10.50 each x 6 months = \$378.

(8) SUPPLIES: \$16,400

Project Office Supplies (\$1,800) – including paper, notebooks, folders, pencils, pens, data storage devices and supplies for off-site activities that will be needed for specific project use by faculty or staff: \$150/month x 12 months.

Food costs for trainings and meetings are budgeted for a total of \$3,600.

Project material supplies (Pens, badges, etc.) budgeted for QI/LC at \$500 each x 6 months = \$3,000.

Computers (\$8,000) – Desktop computers for administrative staff (2 @\$1,000 each) for new staff replacements/hires; PHI workstations that provide high security firewall for project data(\$6,000 -3X\$2,000).

(9) EMPLOYEE MILEAGE AND TRAVEL – \$4,956

Local Mileage: It is estimated that project staff will need to travel to clinic sites often and attend meetings with community partners such as the Child Care Alliance of LA, Community Clinic Association of LA County, WIC agencies, Head Start partners, First 5 LA, etc. In addition, support for mileage is budgeted for travel to sites to lead, attend or observe training sessions at clinical sites or with community agencies, as well as assisting in community asset mapping, etc. Mileage for trainings and meetings were each calculated at 4 meetings x 5 employees x 32 miles round trip at .58 cents per mile = **\$835**. Mileage costs for clinic site visits were calculated as follows: 60 mile round trip average x 2 employees x 12 clinics x 4 visits per year x .58 = **\$3,341**.

Parking costs were estimated at **\$780** for the year.

(10) TRAINING EXPENSES - \$98,250

Training Kits (\$2,250) – 90 training kits to be provide to attendees of workshops at \$25 ea.

Training Sessions and Meetings Costs (\$6,000) – include costs of trainings for providers and community partners not covered by either Safety Net Solutions or Child Care Alliance subcontracts. Wherever possible, UCLA meeting rooms or clinics will be utilized at no cost. Budgeted amounts include costs for any additional AV/media, refreshments or meals (if an all day-training or meeting), and parking as needed. Budget estimates are calculated based on 3 meetings for participating clinic providers (\$3,600) and 2 for community partners (\$2,400) as follows:

Meeting room	\$200
Audiovisual/Media	\$150
Food	\$650
Parking reimbursement	<u>\$200</u>
Total per meeting	\$1,200

Community Learning Collaborative Sessions (\$90,000) – include activities geared toward convening representatives from clinics and the surrounding community to accelerate their learning and adoption of improvements and support a broader community change process for improving children’s oral health. Activities will include hosting monthly calls and a learning session with storyboards, cross-sector strategy sharing and coaching by a community collaborative QI coach to develop a design strategy for community change. Six sessions are budgeted at \$15,000 each. Each session is planned to take place across 1.5 days. (\$5,000 for facility space rental, setup and breakdown, AV/sound support techs. \$7,000 for breakfast, lunch, break refreshments (\$70 X100), \$2,000 for materials and binders for attendees (100 at \$20). \$1,000 for parking validations (100 at \$10).

(11) EVALUATION (included in other sections of the budget)**(12) Other Expenses – \$371,359**

Clinic Incentive Pool: \$362,451 – Funding will be distributed to clinics whose post-award evaluation reflects successful completion of annual milestones and deliverables and demonstrated high performance. Clinics will be able to use funding for additional activities related to the project. This is the second year of incentive funding.

Software - (\$800) Software applications and licenses for use by project staff and faculty to include updates on GIS software, statistical packages, Endnote, and MS Office is estimated at four licenses averaging \$200 each.

TIF (Technology Infrastructure Fee): (\$3,188) - Technology infrastructure services covered by these costs include the campus network, backbone and connection to the internet; email, messaging and calendaring services; and underground inter-building wiring/cabling and maintenance. TIF charges are \$45.42 per month and are calculated on a FTE basis for all salaried personnel.

Connection fees for CDHC Tablets: (\$4,320) - Internet connection fees for Community Dental Home Coordinators to use tablets out in the field to conduct oral health outreach and collect data needed for the project. Estimated at \$30/month X 12 tablets.

Cloud Data Storage (\$600)

(13) INDIRECT COSTS – \$61,316

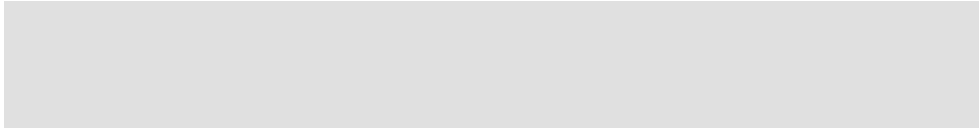
Indirect Costs are calculated based on 10% of salaries only.



EXHIBIT A – Performance Matrix

Contract Number: **08379.4**
 Agency Name: **County of Los Angeles – Department of Mental Health**
 Project Name: **Parent-Child Interaction Therapy**
 Project Length: **5 Years**

Contract Period: **July 1, 2015– June 30, 2016**
 Revision Date: **February 4, 2015**



Project Description:					
<p>The Department of Mental Health has entered into a five year strategic partnership with First 5 LA to implement the expansion of Parent-Child Interaction Therapy (PCIT). Training for PCIT will be delivered by the UC Davis PCIT Training Center. PCIT is an Evidence-Based Practice that is a treatment model for young children with externalized acting out behaviors which places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. This Evidence-Based Practice (EBP) has been successfully used to help young children who may have serious behavioral problems such as aggressiveness, defiance, temper tantrums and oppositional behaviors. It has also been documented as an effective practice for reducing incidences of low to moderately severe physical abuse cases involving young children. 177</p>					
Performance Objectives	Due Date Date Objective will be completed.	Quantity by Quarter			
		Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)
Measureable, observable, and attainable objectives including: (1) Increased access to PCIT Mental Health services by children two to five years of age and their caregivers in LA County; (2) Increased therapists' capacities to deliver PCIT services and improved agencies' capacities to successfully sustain PCIT services by leveraging available training opportunities as well as resources to serve as match for state and federal funding, (3) : Improved child and family functioning among target population who receive PCIT services.					
Up to 100 clinicians will participate in PCIT trainings	June 30, 2016	25	25	25	25
Up to 15 new provider sites will participate in PCIT training	June 30, 2016	0	5	5	5
Up to 164 unique clients ages two to five and their caregivers will receive PCIT services in LA County by DMH contracted or directly operated clinics	June 30, 2016	41	41	41	41
Children and families who received PCIT services will demonstrate improved child and family functioning as indicated by selected measures	June 30, 2016	N/A	N/A	N/A	1



EXHIBIT A – Performance Matrix

Execute recruitment plan for trainings with agencies with no existing PCIT program	June 30, 2016	1	1	1	1
Execute plan for capital improvements for agencies with no existing PCIT program	June 30, 2016	N/A	1	1	1
Execute plan and support for indigent care for agencies with no existing PCIT program	June 30, 2016	1	1	1	1
Support agency training efforts by conducting Learning Communities Network meetings, Provider Support Groups and Train-the-Trainer (ToT) support	June 30, 2016	1	1	1	1
Deliver evaluation report in collaboration with UC Davis to First 5 LA	June 30, 2016	N/A	1	N/A	1
Create dissemination products (Video, Program Flyer, materials, etc.)	June 30, 2016	1	1	1	1 ₁₇₈
Submit required F5 Reports	June 30, 2016	1	1	1	1



Champions For Our Children

Budget Summary

Agency: Los Angeles County Department of Mental Health

Project Name: PCIT

Agreement Period: 2015-16

Cost Category		First 5 LA Funds	Matching Funds	Total Costs
1	Personnel	623,135	0	623,135
2	Contracted Svcs (Excluding Evaluation)	2,888,725	1,126,557	4,015,282
3	Equipment	0	0	0
4	Printing/Copying	2,500	0	2,500
5	Space	16,127	0	16,127
6	Telephone	2,988	0	2,988
7	Postage	294	0	294
8	Supplies	47,326	0	47,326
9	Employee Mileage and Travel	6,365	0	6,365
10	Training Expenses	2,400	0	2,400
11	Evaluation	0	0	0
12	Other Expenses (Excluding Evaluation)	232,000	0	232,000
13	*Indirect Costs	43,520	0	43,520
TOTAL:		\$3,865,380	\$1,126,557	\$4,991,937

Kimberly Nall
 Fiscal Contact Person

 Agency Authorized Signature
 Date 3/4/2015
 Date
 Phone # (213) 738-4625

First 5 LA Authorized Staff Only	
Program Officer	_____
Finance	_____

*Indirect Costs MAY NOT exceed 10% of Personnel cost, excluding Fringe Benefits.
Additional supporting documents may be requested



Champions For Our Children

Section 3

Equipment

Agreement # 08379.4

Page 4 of 10

Agency: Los Angeles County Department of Mental Health

Project Name: PCIT

Agreement Period: 2015-16

Equipment description of item	Quantity	Unit Cost	Total Equipment Cost	First 5 LA Funds	Matching Funds	Total Cost
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
Total Equipment:			\$0	\$0	\$0	\$0

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED
 USE ADDITIONAL SHEETS IF NECESSARY



Champions For Our Children

Section 4

Agreement # 08379.4

Page 5 of 10

Printing/Copying

Agency: Los Angeles County Department of Mental Health

Project Name: PCIT

Agreement Period: 2015-16

Printing/Copying include description	Quantity	Unit Cost	Total Printing Cost	First 5 LA Funds	Matching Funds	Total Cost
Printing & Copying Materials for Learning Collaboratives			2,500	2,500	0	2,500
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
Total Printing/Copying:			\$2,500	\$2,500	\$0	\$2,500

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED
 USE ADDITIONAL SHEETS IF NECESSARY



Champions For Our Children

Sections 5 & 6

Agreement # 08379.4

Page 6 of 10

Space & Telephone

Agency: Los Angeles County Department of Mental Health

Project Name: PCIT

Agreement Period: 2015-16

Space include description, cost per square foot	Footage/Quantity	Unit Cost	Number of Months	Total Space Cost	First 5 LA Funds	Matching Funds	Total Cost
Training Coordinator/Cubicle	81.00	3.02	12	2,935	2,935	0	2,935
Intermediate Typist Clerk/Cubicle	49.00	3.02	12	1,776	1,776	0	1,776
Management Analyst/Cubicle	81.00	3.02	12	2,935	2,935	0	2,935
Health Program Analyst II/Cubicle	81.00	3.02	12	2,935	2,935	0	2,935
Accountant II/Cubicle	72.00	3.02	12	2,609	2,609	0	2,609
Psychiatric Social Worker II/Cubicle	81.00	3.02	12	2,935	2,935	0	2,935
				0	0	0	0
				0	0	0	0
				0	0	0	0
Total Space:				\$16,127	\$16,127	\$0	\$16,127

Telephone include # of lines and cost per line	Quantity	Unit Cost	Number of Months	Total Phone Cost	First 5 LA Funds	Matching Funds	Total Cost
Blackberries	3	56.00	12	2,016	2,016	0	2,016
Landlines	6	13.50	12	972	972	0	972
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
Total Telephone:				\$2,988	\$2,988	\$0	\$2,988

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED

USE ADDITIONAL SHEETS IF NECESSARY



Champions For Our Children

Sections 9 & 10

Agreement # 08379.4
Page 8 of 10

Employee Mileage/Travel & Training Expenses

Agency: Los Angeles County Department of Mental Health

Project Name: PCIT

Agreement Period: 2015-16

Employee Mileage/Travel include description	Mileage Quantity	Unit Cost per Mile	Total Mileage/Travel Cost	First 5 LA Funds	Matching Funds	Total Cost
Mileage for DMH staff site visits & trainings	2,600	0.53	1,365	1,365	0	1,365
Airfare for conferences			2,000	2,000	0	2,000
Lodging			3,000	3,000	0	3,000
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
Total Employee Mileage/Travel:			\$6,365	\$6,365	\$0	\$6,365

Training Expenses include description, # of people	Quantity	Unit Cost Per Training	Total Training Cost	First 5 LA Funds	Matching Funds	Total Cost
Various trainings			0	2,400	0	2,400
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
Total Training Expenses:			\$0	\$2,400	\$0	\$2,400

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED
USE ADDITIONAL SHEETS IF NECESSARY



Champions For Our Children

Section 11

Evaluation

Agreement # 08379.4
Page 9 of 10

Agency: Los Angeles County Department of Mental Health

Project Name: PCIT

Agreement Period: 2015-16

Evaluation Contracted Services	Quantity	Rate of Pay	Total Evaluation Cost	First 5 LA Funds	Matching Funds	Total Cost
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0

Total Evaluation: \$0 \$0 \$0 \$0

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED
USE ADDITIONAL SHEETS IF NECESSARY



Sections 12 & 13

Other Expenses & Indirect Cost

Champions For Our Children

Agency: Los Angeles County Department of Mental Health

Project Name: PCIT

Agreement Period: 2015-16

Other Expenses include description	Quantity	Unit Cost	Total Other Cost	First 5 LA Funds	Matching Funds	Total Cost
Psychological Testing Supplies			50,000	50,000	0	50,000
Flyers/Video			182,000	182,000	0	182,000
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
Total Other Expenses:			\$232,000	\$232,000	\$0	\$232,000

*Indirect Cost include general purpose for this cost	Total Indirect Cost	First 5 LA Funds	Matching Funds	Total Cost
10% of salaries	0	43,520	0	43,520
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
Total Indirect Cost:		\$0	\$43,520	\$0

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED

USE ADDITIONAL SHEETS IF NECESSARY

PARENT-CHILD INTERACTION THERAPY (PCIT)

FY 2015-16 Budget Narrative

YEAR 4 TOTAL BUDGET REQUEST

\$3,865,380

LACDMH PCIT Training Coordinator – Annualized Salary: \$89,930 Employee Benefits: \$38,835 Services and Supplies (Operating Costs): \$13,000 Total: **\$141,765**

The LACDMH Training Coordinator will plan, develop, implement and coordinate PCIT program training activities. This includes participation in identifying and selecting PCIT provider agencies to participate in the training program. The Training Coordinator will provide technical assistance to secure venues, prepare all requisite training paperwork, and secure documents necessary for Continuing Education Units (CEU) processing requirements. Additionally, the Training Coordinator will interface with the University of California Davis (UC Davis) PCIT Training Coordinator and trainers to implement the training activities. Other duties include developing a comprehensive training plan which addresses policy for participant selection; determining training needs through investigation and consultation, evaluating the number of clinical staff who need PCIT training currently and those who have received PCIT training in the past, and assessing the quality of that training and progress to advanced training. The Training Coordinator will also advise and consult with provider agencies, First 5 LA and PCIT trainers in formulating ongoing training plans; coordinating the availability and distribution of training materials, and analyzing and evaluating the effectiveness of trainers and training in collaboration with provider agencies to recommend revisions meant to increase effectiveness. Minimum requirements for this position include a graduate degree in mental health, familiarity with PCIT experience analyzing, coordinating, and implementing training programs. The annualized salary of a Training Coordinator is \$89,930 (63.4% of total compensation/operating costs) and benefits/operating costs are \$51,835 (36.6% of total compensation/operating costs). The operating costs are calculated to support the staff in terms of services and supplies for this project. These expenditures may include, but are not limited to office space, furniture, equipment, computers, county telephone, blackberries, printers, mileage, office supplies, computer software, utilities, travel, and training.

PCIT Intermediate Typist Clerk (ITC) – Annualized Salary: \$39,564 Employee Benefits: \$17,085 Services & Supplies (Operating Costs): \$13,000. Total: **\$69,649**

The ITC will provide clerical and administrative support to the Training Coordinator, Psychiatric Social Worker II (PSW II), and Management Analyst. The ITC will oversee training logistics and assist with scheduling trainings. This includes preparing materials for trainings, managing the training registration process, providing support for training events, introducing the trainer(s), developing training certificates, and maintaining the

PARENT-CHILD INTERACTION THERAPY (PCIT)

FY 2015-16 Budget Narrative

Additionally, the Management Analyst conducts routine and/or moderately complex contract feasibility studies, cost analysis studies and prepares reports detailing findings and makes recommendations. The Management Analyst conducts contract solicitations, develops specifications and/or scope of work, solicitation packages, and proposal/bid evaluation processes. The Management Analyst prepares documentation for routine and/or moderately complex contracts to support contract recommendations. In addition, the Management Analyst assists in negotiating legal and operational terms, requirements, and conditions for contract awards and modifications, and assists in preparing related documents including contracts, amendments and letter agreements. The Management Analyst prepares letters and memos to the Board of Supervisors recommending contract awards for review by senior level contract staff. In addition, the Management Analyst assists line operations in identifying contractual and funding problems and in resolving differences with contractors. The Management Analyst assists in formulating policies and procedures for contract development and/or in designing forms and other tools to aid in contract development. The annualized salary of a Management Analyst is \$72,571 (62.1% of total compensation/operating costs) and benefits/operating costs are \$44,338 (37.9% of total compensation/operating costs). The operating costs are calculated to support the staff in terms of services and supplies for this project. These expenditures may include, but are not limited to office space, furniture, equipment, computers, county telephone, blackberries, printers, mileage, office supplies, computer software, utilities, travel, and training.

Accountant II – Annualized Salary: \$60,022 Employee Benefits: \$25,919 Services & Supplies (Operating Costs): \$13,000. **Total \$98,941**

The Accountant II primarily will be responsible for the claiming functions for the First 5 LA Grant. The Accountant II will interpret accounting and financial provisions, regulations, and standards related to the claiming of First 5 LA funds. They will also compile periodic expenditure and revenue reports for First 5 LA as well as preparing accounting ledgers and sub-ledgers. The Accountant II will handle the day-to-day gathering of claims data for directly operated clinics and contracted legal entities that are eligible for claiming to the First 5 LA program. The Accountant II will also reconcile claiming amounts to the electronic Countywide Accounting and Purchasing System (eCAPS) reports and prepare year-end claiming estimate based on information provided by the program and expenditures section. The annualized salary of an Accountant II is \$60,022 (60.7% of total compensation/operating costs) and benefits/operating costs are \$38,919 (39.3% of total compensation/operating costs). The operating costs are calculated to support the staff in terms of services and supplies for this project. These expenditures may include, but are not limited to office space, furniture, equipment, computers, county telephone, blackberries, printers, mileage, office supplies, computer software, utilities, travel, and training.

PARENT-CHILD INTERACTION THERAPY (PCIT)

FY 2015-16 Budget Narrative

Capital Needs Set-aside **\$441,000**

Agencies (e.g., contracted providers and directly operated clinics) may need to upgrade their facilities and/or equipment in order to support appropriate environmental requirements of PCIT training and implementation. As part of the facility upgrades agencies are required to have extensive bandwidth to operate telehealth training equipment required for training with Sacramento based trainers from UC Davis. First 5 LA is providing a maximum of \$27,000 per site for a total of up to 15 sites, and for one-time capital expenditure for retrofitting each provider agency's facility and/or acquiring needed equipment for the appropriate implementation of PCIT. \$36,000 has also been set aside to fund up to 15 sites with bandwidth support in order to receive the required telehealth training from UC Davis. Funds shall be used for the repurposing of two rooms per site. PCIT requires that a stripped therapy room be provided, wherein services are rendered. Additionally, an adjacent observation room with either a one-way mirror or video monitoring must also be available. With regard to equipment, a communication system which allows the therapist to speak in real time to the parent during parent-child interactions is required. Video-taping equipment is also required in order to tape sessions. These tapes can then be used for evaluating PCIT treatment interactions, supervision, and training purposes. Additional requirements may be stipulated by the UC Davis Training Professional.

Funding for Medi-Cal Match **\$1,126,557**

LACDMH is the countywide mental health program administrator and is the local entity responsible for establishing provider eligibility to receive reimbursement for mental health services for children and their families in Los Angeles County. In order to maximize the First 5 LA grant, LACDMH will utilize the funding as Medi-Cal match to leverage federal revenues by targeting consumers that meet the "medical necessity" criteria for Medi-Cal reimbursement. The funds provided by the First 5 LA grant will assure that agencies can provide services to approximately 141 families during the fourth year funding of this project. Funding for the Medi-Cal match is limited to the duration of First 5 LA funding for the project.

Funding for Direct Indigent Services **\$180,000**

Families who do not meet state or federal funding eligibility criteria face insurmountable barriers to access quality mental health services. During year four, funding from First 5 LA will support approximately 23 families at a projected cost of \$8,000 per family, assuming an average of 24 sessions over a period of 4-6 months.

Public Outreach **\$75,000**

In order to ensure outreach to consumers who can best benefit from the specific PCIT program interventions, provider agencies will conduct outreach and education activities.

PARENT-CHILD INTERACTION THERAPY (PCIT)

FY 2015-16 Budget Narrative

Flyers/Video Materials **\$182,000**

As part of the performance matrix objective, there is a need to create materials and visual products to promote PCIT to various audiences.

Transportation **\$49,500**

Transportation has been a key barrier for clients receiving PCIT services in the clinics. To help mitigate this challenge \$49,500 is allocated for up to 15 new agencies and 18 carryover agencies to receive vouchers/tokens to support clients with public transportation to the clinics to receive PCIT services.

YEAR 4 TOTAL REQUESTED BUDGET **\$3,865,380**

REVISED

**EXHIBIT A
HEALTHY KIDS PROGRAM TERMS AND CONDITIONS**

L.A. Care is sometimes referred to as “Plan” or “HealthPlan” in the Exhibits and Attachments attached hereto and incorporated into the Agreement by this reference.

**ARTICLE I
DEFINITIONS**

- 1.1 **Anniversary Date**: The twelve month period that corresponds to when a person’s coverage began in the Program.
- 1.2 **Applicant**: A person over the age of 18 years who is a natural or adoptive parent, a legal guardian, or a caretaker relative, foster parent, or stepparent with whom the potential Member resides, who applies for coverage under the program on behalf of the potential Member.
- 1.3 **Authorize or Authorization**: The requirement that the Member’s PCP or provider group and, in some cases, the Plan, approve Services before such Services are actually provided.
- 1.4 **Benefit Period**: The twelve-month period commencing July 1 of each year at 12:01 a.m.
- 1.5 **Benefits**: Those Covered Services a Member is entitled to receive pursuant to Article III of this Agreement.
- 1.6 **Brand Name Drugs**: The Food and Drug Administration (“FDA”)-approved Drugs under patent to the original manufacturer and only available under the original manufacturer’s branded name.
- 1.7 **Child**: A person who is under 6 years of age.
- 1.8 **Copayment**: A payment required from a Member when that Member receives a Covered Service.
- 1.9 **Cosmetic Surgery**: The surgery that is performed to alter or reshape normal structures of the body to improve appearance.
- 1.10 **Covered Services**: Those Services that a Member is entitled to receive pursuant to this Agreement.
- 1.11 **Custodial Care**: The care furnished primarily to provide room and board or meet the activities of daily living (which may include nursing care, training in personal hygiene, and other forms of self care or supervisory care by a physician); or care furnished to a Member who is mentally or physically disabled, and who is not under specific medical, surgical, or psychiatric treatment to reduce the disability to the extent necessary to enable the patient to live outside an institution; or when, despite such treatment, there is no reasonable likelihood that the disability will be so reduced.

- 1.12 **DMHC**: The California Department of Managed Health Care.
- 1.13 **Drugs**: Those items that are (a) drugs approved by the Food and Drug Administration (FDA), requiring a prescription either by federal or California law; (b) compounded medications containing at least one prescription drug, requiring a prescription either by federal or California law; (c) insulin and disposable hypodermic needles and syringes needed for insulin; (d) bee sting kits and injectors; and (e) diabetic testing supplies (including lancets and glucose monitoring test strips and test tablets).
- 1.14 **Emergency Medical Condition**: A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected by a prudent layperson to result in any of the following:
- a. Placing the patient’s health in serious jeopardy;
 - b. Serious impairment to bodily functions; or
 - c. Serious dysfunction of any bodily organ or part.
- 1.15 **Emergency Services and Care**: A medical screening, examination, and evaluation by a physician, or to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine if a medical or psychiatric Emergency Medical Condition, or active labor exists. If results of the medical screening, examination, or evaluation indicate that a medical or psychiatric Emergency Medical Condition exists, the care and treatment necessary to stabilize the condition will be provided within the capability of the emergency medical facility.
- 1.16 **Experimental or Investigational in Nature**: Any medical treatment, therapy, procedure, equipment, device or supply (collectively “service”) that, as determined by the Plan in accordance with professionally recognized standards, does not meet all of the following criteria for treatment of the particular illness or injury:
- a. the service is generally accepted in the appropriate medical community as standard, safe, and effective;
 - b. the service can be obtained outside of a research protocol program or is the standard, conventional service that is used in a research protocol program as the benchmark from which to measure other services; and
 - c. based on reports and articles published in authoritative peer reviewed medical literature, the service is at least as effective as standard, non-experimental and non-investigational services. A drug is not excluded under this section on the basis that the drug is prescribed for a use that is different from the use for which the drug has been approved for marketing by the Federal Food and Drug Administration, provided that each of the conditions set forth in section 1367.21 of the California Health and Safety Code are met.

- 1.17 **Family Contribution**: The cost to an Applicant to enable herself or himself or an eligible child or children to enroll in and participate in the Program. Family Contribution does not include copayments for Covered Services.
- 1.18 **Family Member**: The following persons living in a household:
- a. a child or sibling children;
 - b. the married or unmarried parents/ guardians of the child or sibling children;
 - c. the stepparents of the child or sibling children;
 - d. the separate children of either unmarried parent or of the parent or stepparent;
 - e. an unborn child of any family member; and
 - f. all children under age 21 living away at school and claimed as a tax dependent..
- 1.19 **Federal Poverty Level or (“FPL”)**: The level determined by the “Poverty Guidelines for the 48 Contiguous States and the District of Columbia” as contained in the most recent Annual Update of HHS Poverty Guidelines as published in the Federal Register by the U.S. Department of Health and Human Services.
- 1.20 **Formulary**: A comprehensive list of Drugs maintained by HEALTHPLAN’s Pharmacy and Therapeutics Committee for use under HEALTHPLAN’s Prescription Drug Program, which is designed to assist Participating Providers in prescribing Drugs that are Medically Necessary and cost effective. The Formulary is updated periodically. If not otherwise excluded, the Formulary includes all Generic Drugs.
- 1.21 **Guardian**: A person lawfully invested with the power and charged with the duty of taking care of the Member and managing the Member’s rights under the Healthy Kids Program.
- 1.22 **Generic Drugs**: A pharmaceutical equivalent of a Brand Name Drug that is approved by the FDA as meeting the same standards of safety, purity and effectiveness as the Brand Name Drug.
- 1.23 **Hospice**: Those Services provided in a home or facility by a licensed or certified provider that are: (a) designed to provide palliative and supportive care to individuals who have received a diagnosis of terminal illness; and (b) directed and coordinated by medical professionals, and authorized by the Plan.
- 1.24 **Hospital**:
- a. A licensed and accredited health facility which is primarily engaged in providing, for compensation from patients, medical, diagnostic and surgical facilities for the care and treatment of sick and injured Members on an inpatient basis, and which provides such facilities under the supervision of a staff of physicians and 24-hour a day nursing Service by registered nurses. A facility

which is principally a rest home, nursing home or home for the aged is not included; or

b. A psychiatric Hospital licensed as a health facility and accredited by the Joint Commission on Accreditation of Healthcare Organizations; or

c. A licensed health facility operated primarily for the treatment of alcoholism and/or substance abuse accredited by the Joint Commission on Accreditation of Healthcare Organizations; or

d. A “psychiatric health facility” as defined in section 1250.2 of the Health and Safety Code.

1.25 **Hospital Inpatient Services:** Those Medically Necessary Services which require the acute bed-patient (overnight) setting, and which could not have been provided in a physician’s office, the outpatient department of a Hospital, or in another lesser facility without adversely affecting the patient’s condition or the quality of medical care rendered.

1.26 **Household Income:** The total annual income of all Family Members in a household. Income includes before tax earnings from a job, including cash, wages, salary, commissions and tips, self-employment net profits, Social Security,

State Disability Insurance (SDI), Retirement Survivor Disability Insurance (RSDI), veterans benefits, Railroad Retirement, disability workers’ compensation, unemployment benefits, child support, alimony, spousal support, pensions and retirement benefits, loans to meet personal needs, grants that cover living expenses, settlement benefits, rental income, gifts, lottery/bingo winnings and interest income. Income excludes public assistance program benefits such as SSI/SSP and CalWORKS payments, foster care payments, general relief, loans, grants or scholarships applied toward college expenses, or earned income of a Child aged 13 or under, or a Child attending school, or work/business expenses. Income does not include income exclusions applicable to all federal means tested programs such as, disaster relief payments, per capita payments to Native Americans from proceeds held in trust and/or arising from use of restricted lands, Agent Orange payments, Title IV student assistance, energy assistance payments to low income families, relocation assistance payments, victims of crime assistance program payments, Spina Bifida payments, earned income tax credit and Japanese reparation payments.

1.27 **Medical Necessity or Medically Necessary:** The Services which have been established as safe and effective and are furnished in accordance with generally-accepted professional standards to treat an illness or injury, and which, as determined by HEALTHPLAN, are (a) consistent with HEALTHPLAN medical policy; (b) consistent with the symptoms or diagnosis; (c) not furnished primarily for the convenience of the patient, the Participating Provider or other provider; and (d) furnished at the most appropriate level which can be provided safely and effectively to the patient.

- 1.28 **Member**: A Child who is eligible for and has been accepted by HEALTHPLAN as a participant in the Program.
- 1.29 **Non-Formulary Drugs**: The Drugs determined by the HEALTHPLAN's Pharmacy and Therapeutics Committee as being duplicative or as having preferred Formulary Drug alternatives available. Unless prior authorization has been received from HEALTHPLAN, Non-Formulary Drugs are not covered.
- 1.30 **Non-respondent**: A member who does not pay premium(s) according to payment plan or has not made contact with their provider on a semi-annual basis.
- 1.31 **Participating Pharmacy**: A pharmacy which participates in the HEALTHPLAN Pharmacy Network.
- 1.32 **Participating Hospital**: An acute care Hospital licensed under applicable state law contracting specifically with HEALTHPLAN to provide Plan Benefits to Members under the Plan.
- 1.33 **Participating Provider**: A provider who has an agreement with HEALTHPLAN to provide Plan Benefits to Members.
- 1.34 **Plan**: The HEALTHPLAN or the Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan.
- 1.35 **Plan Service Area**: Shall be the County of Los Angeles.
- 1.36 **Participating Specialist**: A licensed physician other than a Primary Care Provider, who has an agreement with HEALTHPLAN to provide Covered Services to Members either according to an authorized referral by a Primary Care Provider, or for OB/GYN physician Services.
- 1.37 **Premium**: The monthly pre-payment that is made to the Plan by the COMMISSION on behalf of each Member.
- 1.38 **Primary Care Provider (PCP)**: A general practitioner, board-certified or eligible family practitioner, internist, obstetrician/gynecologist or pediatrician (or where appropriate, dentist) who has contracted with HEALTHPLAN as a Primary Care Provider to provide primary care Benefits to Members and to refer, authorize, supervise and coordinate the provision of all Benefits to Members in accordance with this Agreement.
- 1.39 **Program**: The Healthy Kids Program and its terms and conditions as described herein.
- 1.40 **Referral**: The Plan-approved process by which a Member is referred to a Participating Specialist or other Participating Provider for evaluation, consultation, treatment or decision, or for the procurement of Services identified in this Agreement as being available only upon written Referral by the Member's Primary Care Provider.

- 1.41 **Services:** Those Medically Necessary health care, dental and vision Services and Medically Necessary supplies furnished incident to those Services.
- 1.42 **Skilled Nursing Facility:** A facility licensed by the California Department of Health Services as a skilled nursing facility or any similar institution licensed under the laws of any other state, territory, or foreign country.
- 1.43 **Speech Therapy:** Those Services under the direction of a licensed physician and provided by a licensed speech pathologist or speech therapist, to improve or retrain a patient's vocal skills, which have been impaired by illness or injury.
- 1.44 **Subacute Care:** A skilled nursing or skilled rehabilitative care provided in a Hospital or Skilled Nursing Facility to patients who require skilled care such as nursing Services, physical, occupational or speech therapy, a coordinated program of multiple therapies, or who have medical needs that require daily registered nurse monitoring. A facility that is primarily a rest home, convalescent facility or home for the aged is not included.
- 1.45 **Urgent Services:** Services urgently needed to prevent serious deterioration of a member's health resulting from unforeseen illness or injury for which treatment cannot be delayed.

ARTICLE II ENROLLMENT AND DISENROLLMENT

2.1 Program Services

2.1.1 During the term of this Agreement, HEALTHPLAN shall provide the Program to not more than three thousand sixty seven (3,067) Members in Los Angeles County at COMMISSION's expense. In consideration therefore, COMMISSION agrees to pay to HEALTHPLAN promptly upon request the monthly premiums for Members established in this Agreement. HEALTHPLAN shall be further entitled to retain for its use those Family Contributions and Premiums HEALTHPLAN collects as permitted by this Agreement. COMMISSION and HEALTHPLAN agree that this Agreement contemplates a "turnkey" approach to providing the Program, with COMMISSION responsible only for funding the Program and that HEALTHPLAN is being fully and adequately compensated for providing all operation services necessary to provide the Program to Members. It is the intent of the parties that COMMISSION's funds shall be used only to supplement existing levels of programs and services, and COMMISSION funds shall not supplant any existing State, County, federal or local general funds.

2.1.2 The acceptance of any application for enrollment in the Program is contingent upon the availability of public funds from the COMMISSION and other sources to pay the Premium costs of the Program. Upon initial enrollment, subject to applicable law or any other provision of this Agreement, Member shall be guaranteed twelve (12) months of participation in the Program, contingent upon appropriate re-verification of nonrespondent. At or before each Member's

Anniversary Date, HEALTHPLAN shall consult with COMMISSION to determine whether funds are available from COMMISSION and other funding sources to cover the Premiums for the Member's next period of enrollment. Current Members shall have priority over new Applicants when allocating funds for enrollment. If COMMISSION notifies HEALTHPLAN that such funding is not available to cover the Member's Premiums, the Member shall be disenrolled in accordance with Section 2.6.1 (termination of Program), below. In no event shall HEALTHPLAN provide the Program to more than three thousand sixty seven (3,067) Members in any fiscal year (July 1 – June 30) without the prior written consent of COMMISSION's Executive Director.

2.2 Requirements for Member Eligibility

Upon a determination that funds are available to cover the potential Member pursuant to Section 2.1, above, in order to be eligible to participate in the Program an individual shall be all of the following:

- a. Less than 6 years of age;
- b. Ineligible for no-cost, full-scope Medi-Cal or Medicare, Healthy Families Program, or Access for Infants and Mothers (AIM) at the time of application;
- c. A resident of the County of Los Angeles;
- d. In a family with an annual or monthly Household Income equal to or less than 300 % of the Federal Poverty Level. Family's income will be adjusted by taking deductions if Family Members work, pay for child support and/or alimony, or pay for childcare; and
- e. The Child is ineligible to be covered by job-based health insurance and not covered by Kaiser Permanente Child Health Plan.
- f. The Child is not covered by employer-sponsored health insurance during the ninety (90) days prior to enrollment.

2.3 Application Process

2.3.1 To apply for the Program, an Applicant shall submit to the Plan all information, documentation, and declarations required to determine eligibility for the Member. Such information, documentation and declarations shall include the Applicant's name and address; proof of residency such as current utility bills, lease or rental agreements; name and address of each Child for whom enrollment is being requested, and proof of documentation of the Member's Household Income such as, without limitation, recent pay stubs, tax forms, W-2 forms or self-declaration. HEALTHPLAN shall have the sole responsibility for determining the eligibility of any potential Member, and shall review such documentation of income, residency and age as is necessary to reasonably make determinations regarding eligibility.

2.3.2 In the event Applicant or Member elects to pay the Family Contribution monthly, the monthly Family Contribution shall be as follows:

	One Child	Two+ Children
Less than 134% FPL ¹	\$0	\$ 0
134-150% FPL	\$4	\$ 8
151%+ FPL	\$6	\$12

In the event Applicant or Member elects to pay the Family Contribution semi-annually, the semi-annual Family Contribution is:

	One Child	Two+ Children
Less than 134% FPL	\$ 0	\$ 0
134-150% FPL	\$18	\$36
151%+ FPL	\$27	\$54

In the event the Applicant or Member fails to pay the Family Contribution within thirty (30) calendar days from the date said Family Contribution is due, the Member and/or Applicant shall be given a thirty (30) calendar day notice stating that the Member may be subject to disenrollment should the Family Contribution not be paid within the thirty (30) day period. HEALTHPLAN shall use its best efforts to provide or identify hardship funds (Premium Assistance Fund) in the event an Applicant or Member is financially unable to pay the Family Contribution.

2.4 Starting Date of Coverage for Members

- 2.4.1 Coverage shall begin for Members no later than the first day of the subsequent month from the date the person is determined to be eligible.
- 2.4.2 Coverage for Members shall continue for a full twelve (12) months following the Anniversary Date unless the Program is terminated by HEALTHPLAN.

2.5 Disenrollment

- 2.5.1 A Member shall be disenrolled from participation in the Program if any of the following occur:
 - a. The Member is found by the Plan to no longer be eligible during the annual eligibility review period. Disenrollment pursuant to this subparagraph (a) shall be effective after twelve (12) months of coverage.
 - b. The Member attains the age of 6. Disenrollment pursuant to this subparagraph (b) shall be effective on the last day of the month the Member attains the age of 6.

¹ As used herein, the FPL is calculated based upon the aggregate income of the Family Members of the Child.

- c. The Member or his/her legal representative so requests in writing. Disenrollment pursuant to this subparagraph (c) shall be effective as of the end of the last period for which the required monthly contributions were paid in full.
- d. The Applicant or Member has intentionally made false statements in order to establish Program eligibility for any person or has obtained or attempted to obtain Services or Benefits by means of false, materially misleading, or fraudulent information, acts or omissions. Disenrollment pursuant to this subparagraph (d) shall be effective at the end of the month in which the determination was made.
- e. The Member, or Applicant on behalf of the Member, fails to provide the necessary information to be requalified. Disenrollment pursuant to this subparagraph (e) shall be effective after twelve (12) months of coverage.
- f. Death of a Member. Disenrollment pursuant to this subparagraph (f) shall be effective at the end of the month in which death occurred.
- g. HEALTHPLAN terminates the Program. Disenrollment pursuant to this subparagraph (g) shall be effective no sooner than ninety (90) days after the date of mailing the notice to Members of termination of the Program or in accordance with the timeframe approved by the Department of Managed Health Care.
- h. The Member or Applicant has allowed a non-Member to use a Member identification card to obtain Services and Benefits or otherwise permits another person to fraudulently or deceptively use Plan Services or faculties. Disenrollment pursuant to this subparagraph (h) shall be effective upon thirty (30) days written notice to the Member.
- i. The Member has exhibited disruptive behavior or threatened the life or well-being of HEALTHPLAN personnel, providers of Services and Benefits or any Plan Member when such conduct is not corrected after written notice by HEALTHPLAN. Disenrollment pursuant to this subparagraph (i) shall be effective upon thirty (30) days written notice to the Member.
- j. As allowed by law and subsequent to attempts by HEALTHPLAN to assist the Member, the Member is unable to establish a satisfactory physician-patient relationship with a Participating Provider. Disenrollment pursuant to this subparagraph (j) shall be effective upon thirty (30) days written notice to the Member.
- k. The Member makes repeated and unreasonable demands for unnecessary medical Services when such demands are not corrected after written notice by HEALTHPLAN. Disenrollment pursuant to

this subparagraph (k) shall be effective upon thirty (30) days written notice to the Member.

1. Notwithstanding any of the foregoing, at the option of HEALTHPLAN, there will be an additional thirty (30) day grace period prior to disenrollment during which HEALTHPLAN will re-verify Member status. In the event re-verification cannot be made within the additional thirty (30) day period, the Member will be disenrolled effective the end of the month in which the grace period expires.

2.5.2 Additionally, when a Member is disenrolled pursuant to any of the subparagraphs of Section 2.5.1, above, HEALTHPLAN shall notify the Applicant of the disenrollment. The notice shall be in writing, sent by regular U.S. Mail to the Applicant's current address on file with the Plan, and shall include the following information:

- a. the reason for the disenrollment;
- b. the effective date of disenrollment;
- c. the final day of coverage provided through the Program; and
- d. an explanation of the appeals process.

2.5.3 Review by the Department of Managed Health Care

The California Department of Managed Health Care ("DMHC" or Department) is responsible for regulating health care service plans. The Department has a toll-free telephone number, (888) HMO-2219, to receive complaints regarding health plans. The hearing and speech impaired may use the California Relay Service's toll-free telephone numbers, (800) 735-2929 (TTY), or (888) 877-5378 (TTY), to contact the Department. The Department's Internet website (<http://www.hmohelp.ca.gov>) has complaint forms and instructions online. If an Applicant has a grievance against HEALTHPLAN, he/she should first telephone the Plan and use the Plan's grievance process before contacting the Department. If the Applicant needs help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by the Plan, or a grievance that has remained unresolved for more than thirty (30) days, the Applicant may call the Department for assistance. The Plan's grievance process and the Department complaint review process are in addition to any other dispute resolution procedures that may be available to the Applicant, and the Applicant's failure to use these processes does not preclude his/her use of any other remedy provided by law. A Member who alleges that an enrollment or subscription has been cancelled or not renewed because of the Member's health status or requirements for health care services may request a review by the Department.

- 2.5.4 If a Member is disenrolled, COMMISSION shall have no ongoing requirement to pay Premiums for that Member, unless applicable law or Medical Necessity requires continuation of care for that Member, and except as provided in Section 9.4, herein.

2.6 Semi-Annual Eligibility Review for Members

- 2.6.1 The continued eligibility of each Member is contingent upon the availability of public funds from COMMISSION and other sources to pay for the costs of the Program. At or before each Member's Anniversary Date, HEALTHPLAN shall consult with Commission to determine whether funds are available to cover the Premiums for the Member's next year of enrollment. If COMMISSION notifies HEALTHPLAN that such funding is not available to cover the Member's Premiums, the Member shall be disenrolled in accordance with Section 2.6.1(g) (termination of Program), above.
- 2.6.2 Except as specified in Section 2.7.3, below, each Non-respondent will be re-evaluated semi-annually prior to his/her Anniversary Date in the Program to verify continued eligibility for the Program. Non-respondents shall be notified of the semi-annual re-verification process at least sixty (60) calendar days prior to the six (6) month re-verification process.
- 2.6.3 If Members for whom an Applicant has applied have different Anniversary Dates, the annual eligibility review will be based on the Anniversary Date of the last Member to be enrolled.
- 2.6.4 To continue, an Applicant must provide to the Program all of the information required to verify eligibility: the Applicant's name and account number as stated on his/her billing statement; name and address of each enrolled person, and statement of gross income of each Member's household. All required information must be submitted at least ten calendar days before the six month re-verification process
- 2.6.5 Unless disenrolled pursuant to Section 2.6 (Disenrollment), above, persons shall continue to be considered eligible for the Program for six (6) months from the Anniversary Date, or if a later annual eligibility review date is established under Section 2.7.3, above, until that date.

2.7 Notification of Eligibility Changes

It is the Member's, or where Member is a minor, the Applicant's, responsibility to notify HEALTHPLAN within thirty (30) days of all changes in eligibility affecting Member's enrollment in the Program.

2.8 Continuation of Coverage

- 2.8.1 Individual Conversion Plan

- a. In the event such is required by California law, any Member who holds coverage for three or more consecutive months immediately preceding the Member's termination of coverage and is no longer eligible for coverage under this Agreement, may apply to transfer with his/her currently covered dependents, regardless of age, physical condition or employment status, to an individual conversion health plan then being offered by HEALTHPLAN. HEALTHPLAN shall notify the Member of the availability, terms and conditions of the individual conversion plan within fifteen (15) days of termination of this Agreement's coverage. An application for such a conversion plan must be received by HEALTHPLAN within thirty (30) days of the Member's termination of coverage under this Agreement.
- b. Transfer to an HEALTHPLAN individual conversion health plan will not be permitted when:
 - i. this Agreement is terminated; or
 - ii. such is not required by California law; or
 - iii. the Member was terminated by HEALTHPLAN under Section 2.5.1(d) or 2.5.1(h); or
 - iv. the Member is covered or eligible for benefits under Title XVIII of the United States Social Security Act (Medicare); or
 - v. the Member is covered or eligible for Hospital, medical, or surgical benefits under state or federal law; or
 - vi. the Member is covered for similar Benefits by an individual policy or contract; or
 - vii. the Member has not been continuously covered during the three (3) month period immediately preceding that person's termination of coverage.
- c. HEALTHPLAN shall use its best efforts to assist the Member in identifying an alternative healthplan in the event the Member's coverage terminates.

**ARTICLE III
COVERED SERVICES**

3.1 Services within the Service Area

Within the Plan Service Area, Members will be entitled to receive all Covered Services specified in this Article III, which COMMISSION has elected to fund as provided in **Attachment "H"**, hereto. HEALTHPLAN will not pay for Covered Services that are not provided by, referred by and authorized by the Member's

PCP and/or HEALTHPLAN, where applicable. The Member will be required to pay for the cost of any Services that are not approved by the PCP or HEALTHPLAN, including Services that the Member receives from non-contracting providers, except for Emergency Services and Out of Area Urgent Services.

3.2 Urgent Services

Members are covered for Urgent Services when temporarily traveling outside of the Plan Service Area when such Services are obtained in compliance with Section 5.5, below.

3.3 Emergency Services and Care

Members are covered for 24-hour Emergency Services and Care both in and out of the Plan Service Area.

3.4 Provision of Services

Except in an emergency, or as otherwise provided in this Agreement, all Services must be provided by Participating Providers either directly by, or on Referral

from, the Member's Primary Care Provider. Referrals are not required for consultations or Services by Participating Providers, as is otherwise provided by law or as set forth in the Member Handbook [Evidence of Coverage and Disclosure Form].

3.5 Medical Necessity Exclusion

All services must be Medically Necessary. The fact that a physician or other provider may prescribe, order, recommend, or approve a Service or supply does not, in itself, make it Medically Necessary, even though it is not specifically listed as an exclusion or limitation.

3.6 Scope of Health Benefits

HEALTHPLAN shall provide those Services as set forth in **Attachment "A"**, hereto.

3.7 Excluded Health Services

Those items set forth in **Attachment "B"**, hereto, are **excluded** from coverage under the Program.

3.8 Scope of Dental Benefits

HEALTHPLAN shall not change the scope of the dental Benefits described herein unless such change is approved by COMMISSION and the Member has been given thirty (30) days written notice sent by regular U.S. mail to the Member's most current address of record.

3.8.1 The covered dental Benefits are limited to the Benefit level for the least costly dentally appropriate alternative. If a more costly, optional alternative is chosen by the Applicant, the Applicant will be responsible for all charges in excess of the covered dental Benefit.

3.8.2 The basic scope of dental Benefits shall be provided through a subcontract with a licensed specialized dental health care service plan. All procedures regarding authorization and coverage for dental Services shall be established by the dental plan, subject to appropriate oversight and monitoring by HEALTHPLAN as required by the Knox-Keene Act. The provisions for that oversight shall be set forth in the agreement between HEALTHPLAN and the dental plan.

3.9 Minimum Dental Benefits

The minimum dental Benefits are set forth in **Attachment “C”**, hereto.

3.10 Excluded Dental Benefits

The dental services set forth in **Attachment “D”**, hereto, are **excluded** from Program coverage.

3.11 Scope of Vision Benefits

HEALTHPLAN shall not change the scope of the vision Benefits described herein unless such change is approved by COMMISSION and the Member has been given thirty (30) days written notice sent by regular U.S. mail to the Member’s most current address of record.

3.11.1 The covered vision Benefit is limited to the Benefit level for the least costly appropriate alternative. If a more costly, optional alternative is chosen by the Applicant, the Applicant will be responsible for all charges in excess of the covered vision Benefit.

3.11.2 The basic scope of vision Benefits shall be provided through a subcontract with a licensed specialized vision health care service plan. All procedures regarding authorization and coverage for vision Services shall be established by the vision plan, subject to appropriate oversight and monitoring by HEALTHPLAN as required by the Knox-Keene Act. The provisions for that oversight shall be set forth in the agreement between HEALTHPLAN and the vision plan.

3.12 Minimum Vision Benefits

The minimum vision Benefits provided as set forth in **Attachment “E”**, hereto.

3.13 Excluded Vision Benefits

The vision services set forth in **Attachment “F”**, hereto, are **excluded** from the Program.

**ARTICLE IV
OUTPATIENT DRUG BENEFIT**

4.1 Outpatient Drug Benefit

4.1.1 Benefits are provided for outpatient Drugs which meet all of the requirements specified in this Article, are prescribed by a Participating Provider acting within the scope of his or her licensure, are obtained from a Participating Pharmacy, and are listed in the Plan’s Formulary. Selected Formulary Drugs and Drug dosages may require prior authorization by HEALTHPLAN for Medical Necessity and appropriateness of therapy.

4.1.2 Drugs obtained at a non-Participating Pharmacy are not covered, unless Medically Necessary for a covered emergency. Reimbursement for covered emergency claims will be based upon the purchase price of the covered Drug(s) less any applicable copayment(s). Claims must be received within ninety (90) days of the date of service to be considered for payment, unless, as determined by HEALTHPLAN, the Member otherwise acted in good faith.

4.2 Outpatient Prescription Drug Formulary

4.2.1 A Non-Formulary Drug may be covered only with prior authorization from the Plan.

4.2.2 If the Member requests a Non-Formulary Drug when a Formulary Drug equivalent is available, the Member is responsible for paying the difference between the cost of the Formulary Drug equivalent and the Non-Formulary Drug , as well as the applicable Drug copayment.

4.2.3 The Member is responsible for paying 100% of the cost of Drugs not listed on the HEALTHPLAN Formulary, unless prior authorization from HEALTHPLAN has been obtained.

4.3 Limitation on Quantity of Drugs That May Be Obtained Per Prescription or Refill

4.3.1 Outpatient Drugs are limited to a quantity not to exceed a thirty (30)-day supply.

- 4.3.2 Prescriptions may be refilled at a frequency that is considered to be Medically Necessary.
- 4.4 Exclusions
- The items set forth in **Attachment “G”** hereto, are **excluded** from coverage under the Program.
- 4.5 Phenylketonuria (PKU)
- 4.5.1 Formula and special food products for the testing and treatment of PKU are covered to the extent that the Member’s costs for such items exceed the cost of a normal diet.
- 4.5.2 “Formula” means an enteral product or enteral products for use at home that are prescribed by a Participating Provider or Specialist, or ordered by a registered dietitian upon Referral by a Participating Provider or Specialist authorized to prescribe dietary treatments, as Medically Necessary, for the treatment of PKU.
- 4.5.3 “Special food product” means a food product that is (a) prescribed by a Participating Provider or Specialist for the treatment of PKU and (b) consistent with the recommendations and best practices of qualified health professionals with expertise germane to and experience in the treatment and care of PKU. It does not include food that is naturally low in protein, but may include food that is specially formulated to have less than one gram of protein per serving; and (b) used in place of normal food products, such as foods found in retail food establishments, and used by the general population.

ARTICLE V
PROCEDURE FOR OBTAINING SERVICES

- 5.1 Choice of Providers; Use of Primary Care Provider
- 5.1.1 At the time of enrollment, each Member should select a PCP or one will be selected for the Member by the Plan. This PCP will remain the Member’s PCP until the Plan is notified that a different PCP has been selected and the selection is accepted by the Plan. The Member may change PCPs at any time by calling or writing the Plan. The change would be effective the first day of the month following the Plan’s receipt of the request if the requested PCP is available.
- 5.1.2 To ensure access to Services, the PCP selected should be located within a 10-mile radius or thirty minutes of the Member’s home in Los Angeles County. The Plan has a Directory of Doctors and Health Care Services, a partial list of the names and locations of Participating Providers, Participating Hospitals, and Participating Pharmacies, which will be

provided to the Member upon request. Except as provided elsewhere in this Agreement, the Member must utilize only Participating Providers and facilities. Some PCPs work only with certain Specialist Providers, Participating Hospitals, and other providers. This means that the Member's choice of PCP may determine which other providers the Member will be able to see. (See **Attachment "N"**- Provider Network Principles)

The Member should contact his/her PCP before obtaining services. The PCP is responsible to provide primary care and to coordinate or arrange for referral to other necessary health care Services.

5.1.3 The Plan makes every effort to promote continuity of care for a new Member who is undergoing a specific course of treatment for an acute condition from a non-Participating Provider at the time of enrollment. When the Medical Director of the Plan determines that continuing with a non-Participating Provider is medically appropriate, the new Member will be allowed to continue treatment with that provider until it is medically appropriate to transition to a Participating Provider. This policy does not apply to Members who had the option to continue with their previous health plan or provider and voluntarily chose to change health plans.

5.1.4 Selection of a dental care provider will be made in accordance with the provisions of the subcontract between the Plan and the specialized dental health care service plan.

5.2 Obstetrical/Gynecological (OB/GYN) Physician Services

A female Member may arrange for OB/GYN Services by an obstetrician/gynecologist or family practice physician within the same medical group/IPA as her PCP without referral from her PCP. Services by an OB/GYN or family practice physician outside of the PCP's medical group received without Referral will not be covered under the Program.

5.3 Referral to Specialty Services

The PCP will arrange or authorize Referrals for specialty Services. Members will generally be referred to a Participating Specialist who is in the same medical group as his or her PCP. Members can be referred to a Participating Specialist outside of a PCP's medical group only if the type of Specialist needed is not available within the PCP's medical group. To obtain referral for specialty Services, a Member must first contact his or her PCP. If the PCP determines that a Referral is Medically Necessary, he/she will complete a referral authorization form, and as appropriate notify HEALTHPLAN of the required Referral. When no Participating Provider is available to perform the needed Service, the PCP will refer the Member to a non-contracting provider after obtaining authorization from HEALTHPLAN.

5.4 Second Opinions

Second opinions may include, but are not limited to, diagnosis, or advice on the proposed plan of treatment and other options available. Either the Member (or Applicant on behalf of the Member), a Participating Provider, a Participating Specialist, or HEALTHPLAN may ask for a second opinion in accordance with HEALTHPLAN policies.

5.5 Urgent Services

Urgent Services must be provided or authorized by the PCP just like all other non-Emergency Services, except for urgently needed services while a member is out of the service area. A toll-free number is available when the Member is outside Los Angeles County and needs Urgent Services. Within the service area, the Applicant should call the PCP or HEALTHPLAN advice nurse to obtain prior authorization for Urgent Services.

5.6 Hospital, Skilled Nursing Facility, Home Health Care and Other Services -- Authorization

The PCP is responsible for obtaining prior authorization from HEALTHPLAN before a Member can be admitted to a Participating Hospital or Skilled Nursing Facility, including sub-acute care admissions. The PCP is responsible for obtaining prior authorization from HEALTHPLAN before the Member can receive home health care or certain other Services. If the PCP determines that a Member should be hospitalized or placed in a Skilled Nursing Facility, or receive home health care or other Services, the PCP will request prior authorization from HEALTHPLAN which will verify the Medical Necessity of the admission or Service.

5.7 Termination of a Participating Provider Contract

5.7.1 HEALTHPLAN shall provide written notice to Applicants and Members within thirty days of any termination of a contract with a Participating Provider if such termination may materially affect any Members.

5.7.2 Upon termination of a HEALTHPLAN Participating Provider contract, HEALTHPLAN shall be liable for Benefits rendered by such provider to an eligible Member (other than for copayments) until the authorized Covered Services being rendered to the Member by the former HEALTHPLAN Provider are completed, unless HEALTHPLAN makes reasonable and medically appropriate provision for the assumption of such Benefits by another HEALTHPLAN Participating Provider.

5.7.3 Members who are being treated for acute conditions, serious chronic conditions, can request continuation of Covered Services in certain situations with a Participating Provider who is terminated. The HEALTHPLAN Member Services Department should be contacted to receive information regarding eligibility criteria and the policy and

procedure for requesting continuity of care from a terminated Participating Provider.

5.8 Services by Dental Plan and Vision Plan

Provisions for obtaining Emergency and non-Emergency Services for conditions covered by the dental and vision plan subcontracts shall be governed by the procedures established by the subcontracting dental and vision plans in accordance with each plan's Knox-Keene Act license.

5.9 Referral for CCS Services

In the event any Member is eligible for California Childrens' Services ("CCS") Services, Participating Provider shall refer such Member to CCS and CCS shall be financially responsible for such CCS Services, given appropriate and timely referral.

**ARTICLE VI
PREMIUMS PAID BY COMMISSION**

6.1 Payment

For the Multi-Year Scope of Work approved as of July 1, 2012, COMMISSION agrees to pay the total sum of \$12,921,708 (the "Program Services Payment"). Within seven (7) business days of execution of this Contract by the Parties, COMMISSION shall pay the Program Services Payment to CONTRACTOR for holding and payment as provided herein.

**ARTICLE VII
CO-PAYMENTS**

7.1 Member's Copayments for Health Benefits

The Plan shall not increase the amount of copayments for health Benefits unless such increase has been approved by the COMMISSION and the Member has been given thirty (30) days written notice sent by regular U.S. Mail to the Member's most current address of record with the Plan. The specific copayments set forth in **Attachment "I"**, hereto shall apply to the health Benefits set forth in Section 3.6, above.

7.2 Member's Copayments for Dental Benefits

The Plan shall not increase the amount of copayments for dental Benefits unless such increase has been approved by the COMMISSION and the Member has been given thirty (30) days written notice sent by regular U.S. Mail to the Member's most current address of record with the Plan. The specific copayments set forth in

Attachment “J”, hereto, shall apply to the dental Benefits set forth in Section 3.9, above.

7.3 Members’ Copayments for Vision Benefits

The Plan shall not increase the amount of copayments for vision Benefits unless such increase has been approved by the COMMISSION and the Member has been given thirty (30) days written notice sent by regular U.S. Mail to the Member’s most current address of record with the Plan. The specific copayments set forth in **Attachment “K”**, hereto shall apply to the vision Benefits set forth in Section 3.12, above.

7.4 Member’s Copayments for Outpatient Drug Benefits

The Plan shall not increase the amount of copayments for outpatient Drug Benefits unless such increase has been approved by the COMMISSION and the Applicant has been given thirty (30) days written notice sent by postage prepaid, regular U.S. Mail to the Member’s most current address of record with the Plan. The specific copayments set forth in **Attachment “L”**, hereto shall apply to the outpatient Drug Benefits set forth in Article IV, above.

7.5 Maximum family Copayment

In no event shall the Copayment for all Family Members combined exceed Two Hundred Fifty Dollars (\$250) per year.

**ARTICLE VIII
GRIEVANCE AND APPEAL PROCEDURES**

8.1 Grievance Resolution

A Member may call the Plan with a complaint to file a grievance.. (Hereinafter in this Article VIII, the term “Member” shall also mean the Applicant or legal representative of the Member.) The Member may call or write L.A. Care Health Plan, 555 West 5th Street, Los Angeles, CA 90013. The Member will receive a written acknowledgment of the Plan’s receipt of the grievance within five days from the Plan’s receipt of same. A letter with the Plan’s decision will be sent to the Member. If the Member’s grievance requires an expedited review process described in Section 8.2, below, will be followed. Members also will be informed of their right to appeal the grievance to the Department of Managed Health Care as described in Section 8.5, below. Notwithstanding the foregoing, all levels of a Member’s grievance shall be resolved within thirty (30) calendar days.

8.2 Grievance Requiring Expedited Review

If a Member faces an imminent and serious threat to his or her health, including but not limited to, severe pain, the potential loss of life, limb, or major bodily

function, the Member may ask that his/her grievance be reviewed on an expedited basis. If the HEALTHPLAN Medical Director determines that the Member's case qualifies for an expedited review, the Member will be immediately notified in writing that he/she has the right to an expedited review. The HEALTHPLAN will respond to the Member and the Department of Managed Health Care with a written statement on the pending status or disposition of the grievance no later than 3 days from the HEALTHPLAN's receipt of the grievance.

8.3 Grievances Involving Disputed Health Care Services

Members have a right to an independent medical review in cases of disputed health care Services. A decision regarding a disputed health care Service relates to the practice of medicine and is not a coverage decision. If a Member files a grievance involving a denial, modification, or delay of health care Services based on a finding that the Service is not Medically Necessary, HEALTHPLAN will notify the Member of his/her right to participate in the Department of Managed Health Care's independent review system. With the notice, the Member will also receive an application form for independent medical review and instruction on how to fill it out, including an explanation of the documents that should be attached to the application, and an envelope addressed to the Department of Managed Health Care. The Department of Managed Health Care shall have the final authority to determine whether the grievance is more properly resolved with an independent medical review or within the Plan's grievance system and whether the Plan's decision was a coverage decision. The Member will not be responsible to pay the cost of the independent medical review.

8.3.1 When a Member has been denied Services based on HEALTHPLAN's determination that a drug, device, procedure, or other therapy (collectively "therapy") proposed for the Member is Experimental or Investigational in Nature, the Member has the legal right to have the denial reviewed by an external review board, independent of HEALTHPLAN, if the following criteria are met:

- a. The Member has a life threatening or seriously debilitating condition; and
- b. The Member's treating physician certifies that the Member has a condition for which standard therapies have not been effective in improving the condition of the Member, or for which standard therapies would not be medically appropriate for the Member, or for which there is no more beneficial standard therapy covered by HEALTHPLAN than the therapy proposed; and
- c. HEALTHPLAN has denied coverage for a therapy that was recommended in either of the following manners:
 - i. The Member's treating physician who is a Participating Provider, has recommended a therapy that he/she certifies in

writing is likely to be more beneficial to the Member than any standard available therapies; or

- ii. The Member or the Member's treating physician who is a non-Participating Provider, and is a licensed, board certified or board-eligible physician, qualified to practice in the area of practice appropriate to treat the Member's condition, has requested therapy that, according to two documents from specific medical or scientific literature presented to HEALTHPLAN by the Applicant or the Member's physician, is likely to be more beneficial for the Member than any available standard therapy; and
- iii. The specific therapy recommended pursuant to subparagraph (c) above would be a covered Benefit under the Program, except for HEALTHPLAN's determination that the therapy is Experimental or Investigational in Nature.

8.3.2 Members will be notified of their right to request an independent review within five business days of HEALTHPLAN's decision to deny coverage for therapy considered to be Experimental or Investigational in Nature. A Member may provide any information that supports the request for independent review to the HEALTHPLAN. The HEALTHPLAN will send that information to the independent review expert(s) for consideration.

8.3.3 The expert(s) of the external review independent review panel will render their analyses and recommendations within 30 calendar days of the receipt of the Member's request for review. If the Member's physician determines that the proposed therapy would be significantly less effective if not promptly initiated, the analyses and recommendation of the expert(s) shall be rendered within seven days of the request for this "expedited review." At the request of the expert(s), the deadline shall be extended up to three days for a delay in providing documents.

8.3.4 Members who would like more information regarding the independent external review process may contact the HEALTHPLAN's Member Services Department at 1888-452-5437.

ARTICLE IX TERMINATION

9.1 Term. The effective date of this Agreement is **July 1, 2012 through June 30, 2015**, unless terminated by the parties as provided below. In addition, the parties shall have the option within the thirty (30) day period prior to the end of the contract, to terminate the Agreement for any reason upon giving written notice to the other to

the effect that the Agreement will be terminated, said termination to be effective one hundred and twenty (120) days after the commencement of the contract.

9.2 Termination by COMMISSION. COMMISSION shall have the right to terminate this Agreement immediately upon written notice to Plan in the following circumstances:

- a. Revocation, suspension or expiration of HEALTHPLAN's license as a health care service plan pursuant to the Knox-Keene Act;
- b. HEALTHPLAN's breach of any material term, covenant or condition of this Agreement and subsequent failure to cure such breach, if curable, within thirty (30) calendar days after notice by COMMISSION of such breach; the remedy of such breach within thirty (30) calendar days of receipt of such notice shall revive this Agreement for the remaining term, subject to any of the rights of termination contained in this or any other provision of this Agreement;
- c. Termination or invalidation of COMMISSION's legal or financial ability to fund the Program by a court of competent jurisdiction, the Legislature, the Los Angeles County Board of Supervisors, or the voters of California.

9.3 HEALTHPLAN's Right to Termination. HEALTHPLAN shall have the right to terminate this Agreement immediately upon written notice to COMMISSION in the following circumstances:

- a. COMMISSION's breach of any material term, covenant or condition of this Agreement and subsequent failure to cure such breach within thirty (30) calendar days after notice by Plan of such breach. The remedy of such breach within thirty (30) calendar days of receipt of such notice shall revive this Agreement for the remaining term, subject to any of the rights of termination contained in this or any other provision of this Agreement; or
- b. The insolvency of COMMISSION and COMMISSION's failure to render itself solvent or otherwise remove the conditions causing or constituting the insolvency within thirty (30) days after notification by HEALTHPLAN of such insolvency.

9.4 Continuing Care Period. HEALTHPLAN shall continue to provide Services to Members as required by this Agreement after the effective date of termination of this Agreement until either: (i) such services are complete or the Member can be safely transferred to the care of another provider and such transfer does not violate state laws regarding abandonment of patients; or (ii) COMMISSION has made provisions for the assumption of such services, whichever occurs first. COMMISSION shall use its best efforts to provide for the assumption of such services as soon as is reasonably practicable, taking into account the best interests

of the member and the availability of appropriate providers. Compensation to HEALTHPLAN during this continuing care period will be compensated at reasonable and customary fee for service rates.

ARTICLE X INSURANCE AND INDEMNIFICATION

10.1 Insurance.

10.1.1 HEALTHPLAN Insurance. HEALTHPLAN shall maintain professional liability insurance and general liability and errors and omissions liability insurance in at least the minimum amounts acceptable to DMHC for coverage of HEALTHPLAN, its agents and employees. In the event HEALTHPLAN procures a claims made policy as distinguished from an occurrence policy, HEALTHPLAN shall procure and maintain prior to termination of such insurance, continuing extended reporting coverage for the maximum terms provided in the professional liability policy. HEALTHPLAN shall maintain Workers Compensation insurance in the amounts required by law. HEALTHPLAN shall notify COMMISSION of any material changes in insurance coverage and shall provide a certificate of such insurance coverage to COMMISSION upon request. HEALTHPLAN shall require its Participating Providers to maintain insurance consistent with the standards of the relevant community; provided that an FQHC which is covered under the Federal Tort Claims Act shall be deemed to meet the requirements of this sentence.

10.1.2 COMMISSION Insurance. COMMISSION shall maintain general liability insurance in at least the amount of \$1,000,000 per occurrence, \$3,000,000 aggregate, for coverage of COMMISSION, its agents and employees. In the event COMMISSION procures a claims made policy as distinguished from an occurrence policy, COMMISSION shall procure and maintain prior to termination of such insurance, continuing extended reporting coverage for the maximum terms provided in the professional liability policy. COMMISSION shall maintain Workers Compensation for its employees insurance in the amounts required by law. COMMISSION shall notify HEALTHPLAN of any material changes in insurance coverage and shall provide a certificate of such insurance coverage to HEALTHPLAN upon request. COMMISSION shall be entitled to self-insure at its option.

10.2 Indemnification. COMMISSION and HEALTHPLAN will indemnify and hold each other harmless against any claims, demands, damages, liability, judgments and expenses, including reasonable attorneys' fees, as follows:

- a. To the extent that any allegations against HEALTHPLAN are based on alleged fault by Plan (or its agents or employees) in providing or failing to provide Services to Members or in other administrative dealings with

Members, and the allegations against COMMISSION are based on vicarious, passive or secondary liability, including without limitation negligent selection, HEALTHPLAN will fully indemnify COMMISSION against such claims, including reasonable attorneys' fees and costs.

- b. To the extent that any allegations against COMMISSION are based on alleged fault by COMMISSION (or its agents or employees) in providing or failing to provide Services to Members, and the allegations against HEALTHPLAN are based on vicarious, passive or secondary liability, including without limitation negligent selection, COMMISSION will fully indemnify HEALTHPLAN against such claims, including reasonable attorneys' fees and costs.
- c. To the extent of any other claims, including without limitation, Participating Provider claims arising from THIS Agreement, HEALTHPLAN and COMMISSION will mutually indemnify each other, including reasonable attorneys' fees and costs, in proportion to the relative degree of each party's fault that contributed to the claim. In interpreting this Section, the principles of comparative fault shall apply.
- d. A party seeking indemnification under this Section shall notify the party required to provide indemnification, in writing, of any claim requiring indemnification under this Section. The indemnifying party shall have the opportunity, at its own expense, to arrange and direct the defense of any action or lawsuit related to any such claim. Upon request of the indemnifying party in defending any claim, the party to be indemnified shall provide the indemnifying party with all information and assistance that is reasonably necessary for the indemnifying party to defend the claim.
- e. The parties agree that COMMISSION shall have no role whatsoever in determinations regarding the eligibility of Members, medical decisions, availability or necessity of care and the competency of medical professionals or facilities, and to the extent that any claims against COMMISSION arise out of such determinations, HEALTHPLAN shall fully indemnify and defend COMMISSION against the same.

ARTICLE XI RECORDS AND DATA COLLECTION

- 11.1 Maintenance of Records. HEALTHPLAN shall maintain and provide to DMHC all books and records and information as may be necessary for compliance by COMMISSION and HEALTHPLAN with the requirements of DMHC or other applicable law, in such form and containing such information as required by applicable state law (and in accordance with usual and customary practices in the United States), including medical histories, records and reports from other providers, hospital discharge summaries, records of Emergency Services and such

other information as reasonably requested by DMHC, or as necessary to disclose the quality, appropriateness or timeliness of Services provided to Members under this Agreement. The obligations created by this Section shall not terminate upon the termination of this Agreement without regard to cause of termination.

COMMISSION and HEALTHPLAN shall keep and maintain their books of account and records on a current basis in accordance with general standards for book and record keeping. COMMISSION and HEALTHPLAN shall preserve for a period of not less than five (5) years from the close of the COMMISSION fiscal year in which this Agreement expires or terminates, the books of account, encounter data, and other records required by this Agreement, the Knox-Keene Act, the laws governing the Healthy Kids Program, and DMHC; provided that in the event COMMISSION informs HEALTHPLAN the Department of Health and Human Services (DHHS), the Department of Justice (DOJ) or the Comptroller General of the United States have commenced an audit or investigation of COMMISSION, HEALTHPLAN or this Agreement, such books and records shall be preserved until such time as the matter under audit or investigation has been resolved.

- 11.2 Right to Inspect. HEALTHPLAN shall make available for inspection, examination or copying by COMMISSION, DMHC, DHHS or DOJ, at all reasonable times at HEALTHPLAN's place of business or at such other mutually agreeable location in California all books, papers and records relating to the Services provided to Members by HEALTHPLAN under this Agreement or otherwise relating to HEALTHPLAN's performance of this Agreement, including but not limited to Member patient records, subject to the confidentiality restrictions set forth in this Agreement, and financial records pertaining to the cost of operations and income received for Services provided to Members. The right of any agency to inspect, evaluate and audit shall extend through five (5) years from the date of termination of this Agreement. HEALTHPLAN shall provide timely notice to COMMISSION of any request to inspect such records HEALTHPLAN receives from an agency.

HEALTHPLAN will allow DHHS, the Comptroller General of the United States, DOJ and other authorized state agencies, or their duly authorized representatives, to inspect or otherwise evaluate the quality, appropriateness, and timeliness of services performed under this Agreement, and to inspect, evaluate and audit any and all books, records and facilities maintained by HEALTHPLAN and Participating Providers pertaining to these services at any time during normal business hours, subject to the confidentiality restrictions set forth herein. Books and record include, but are not limited to, all physical records originated or prepared pursuant to the performance under this Agreement including working papers, reports, financial records, and books of account, medical records, prescription files, subcontracts, and any other documentation pertaining to medical and nonmedical services for Members.

HEALTHPLAN shall ensure that all subcontracts pertaining to Services are in writing and require the subcontractor: i) to make all applicable books and records

available at all reasonable times for inspection, examination or copying by DMHC, the COMMISSION, or other authorized state and federal agencies; and ii) to retain such books and records for a term of at least five (5) years from the close of the fiscal year in which the subcontract is in effect.

- 11.3 Confidentiality. HEALTHPLAN and COMMISSION shall maintain the confidentiality of Member medical records and related information in accordance with applicable federal, state and local laws, including, without limitation, Title 42, Section 431.300 *et seq.* of the Code of Federal Regulations, and Welfare and Institutions Code Section 14100.2 and the regulations promulgated thereunder. HEALTHPLAN and COMMISSION shall establish and maintain procedures and safeguards so that information pertaining to Members contained in HEALTHPLAN's or COMMISSION's records shall be protected from unauthorized disclosure and so that no member specific information shall be used or disclosed by HEALTHPLAN or COMMISSION or their agents or employees other than for purposes directly connected with the administration of the Healthy Kids Program. Subject to the confidentiality restrictions set forth herein, Member medical records shall be made readily available as necessary to provide continuity of care to Members.
- 11.4 Audit and Evaluation. HEALTHPLAN shall use its best efforts to cooperate with Commission's outside independent evaluator, who shall be responsible at Commission's expense, for evaluating and reporting on the effectiveness of the Program. In that regard, HEALTHPLAN shall provide to COMMISSION, annual financial statements of HEALTHPLAN which have been certified through an audit conducted by independent accountants. In addition, HEALTHPLAN shall provide to COMMISSION copies of any "Orange Blanks", which HEALTHPLAN has filed with DMHC.

ARTICLE XII OTHER PROVISIONS

- 12.1 HEALTHPLAN Marketing. The HEALTHPLAN, with input from the COMMISSION as HEALTHPLAN deems appropriate, shall develop and make decisions relating to HEALTHPLAN marketing and promotional materials and programs. HEALTHPLAN shall coordinate marketing efforts with COMMISSION's Director of Communications.
- 12.2 Quality Assurance Program. HEALTHPLAN shall implement a quality assurance program to the Members in accordance with the requirements of DMHC.
- 12.3 Utilization Management Program. HEALTHPLAN shall implement a utilization management (UM) program in accordance with the requirements of DMHC.
- 12.4 Adequacy and Availability. HEALTHPLAN shall demonstrate the continuous availability and accessibility of adequate numbers of Participating Providers to

provide Services to Members on a 24-hour basis, seven (7) days a week, including the provision of Emergency Services.

12.5 Manuals; Member Materials; Membership Cards/Information; Marketing.

- a. HEALTHPLAN shall have sole responsibility to notify its Participating Providers, through amendments to provider manuals or as otherwise deemed appropriate by HEALTHPLAN, of the specific duties and obligations of Participating Providers under this Agreement, including without limitation, the reporting and other requirements of the Knox-Keene Act and the performance standards and policies and procedures of HEALTHPLAN, all as amended from time to time.
- b. HEALTHPLAN shall distribute to new Members the information required to be provided to Members under applicable state laws and regulations, including without limitation, the HEALTHPLAN's evidence of coverage and grievance procedures. All such materials shall be subject to any required prior approval by DMHC.
- c. Except as otherwise set forth herein, HEALTHPLAN shall have sole responsibility for the development, printing, and distribution of all disclosure forms, evidences of coverage and any other forms or materials which DMHC requires to be distributed to Members (collectively, "member materials").
- d. All member materials, as well as advertisements, reports and other materials produced by HEALTHPLAN for the Program shall indicate prominently that the Program is "sponsored by First 5 LA."
- e. COMMISSION shall, at its expense, undertake a comprehensive marketing and community outreach programs to make potential Members and their Families aware of the Program. HEALTHPLAN shall use its best efforts to cooperate and participate in such programs. HEALTHPLAN shall, at the direction of COMMISSION, work with COMMISSION's contractors and grantees including, without limitation, the NEXCARE Collaborative Warmline Project, and COMMISSION's marketing and outreach consultants to coordinate HEALTHPLAN's participation in such efforts.

12.6 Nondiscrimination. HEALTHPLAN and COMMISSION shall not unlawfully discriminate, harass or allow harassment against any employee or applicant for employment because of race, religion, color, national origin, ancestry, physical disability (including HIV or AIDS), mental disability, medical condition (including cancer), marital status, age (over 40), sex, or denial of family care leave. HEALTHPLAN and COMMISSION shall insure that the evaluation and treatment of employees and applicants for employment are free of such discrimination and harassment. HEALTHPLAN and COMMISSION shall comply with the provisions of the Fair Employment and Housing Act

(Government Code, Section 12900 *et seq.*) and the applicable regulations promulgated thereunder (California Administrative Code, Title 2, Section 7285.0 *et seq.*). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code, Section 12990, set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations are incorporated into this Agreement by reference and made a part hereof as if set forth in full.

- 12.7 Collection of Charges from Members. Neither HEALTHPLAN nor any Participating Provider shall in any event, including, without limitation, nonpayment by COMMISSION, insolvency of COMMISSION, or breach of this Agreement, bill, charge, collect and deposit, or attempt to bill, charge, collect or receive any form of payment, from any Member for Services provided pursuant to this Agreement. Neither HEALTHPLAN nor any Participating Provider shall maintain any action at law or in equity against a Member to collect sums owed by COMMISSION to HEALTHPLAN. The parties' obligations under this Section shall survive the termination of this Agreement with respect to Services provided during this term of the Agreement without regard to cause of termination of this Agreement.
- 12.8 Assignment. This Agreement and the rights, interests, duties and obligations hereunder shall not be assigned, transferred, pledged, or hypothecated in any way by either party nor shall the duties and obligations imposed herein be subcontracted or delegated without the prior written consent of the other party.
- 12.9 Amendments to Agreement. Any amendment to this Agreement shall be subject to the approval of DMHC to the extent required and no amendment shall be effective until such approval has been obtained.
- 12.10 Dispute Resolution. In the event of any dispute or disagreement under or pertaining to the purposes or subject matter of this Agreement between the parties hereto, including without limitation, the interpretation and/or requirements of any provision hereof and/or whether a dispute and/or default exists hereunder, but excluding any decision identified herein as being final, the matter shall be resolved in accordance with the procedure set forth below. Such procedure is agreed upon between the parties recognizing that time is of the essence and efficiency is essential to the resolution of disputes or disagreements hereunder, but also the need to provide for and assure a quality means of resolving any such disputes or disagreements. The provisions of this Section and the dispute resolution procedure set forth herein shall survive the rescission or termination of this Agreement.
- a. Mediation. If the parties are unable to resolve among themselves any dispute or other matter requiring their mutual agreement hereunder, such dispute or matter shall first be mediated by referral for consideration and non-binding recommendation to a panel comprised of two individuals, one of whom shall be selected by COMMISSION and HEALTHPLAN,

respectively, and each of whom shall have a demonstrated familiarity with the business and legal aspects of managed care organizations and managed care programs. Appointment of each party's representative shall be made within five (5) business days after a party has given notice of a request for the invocation of this Section and the panel shall be required to complete its review and forward its recommendations to the parties within thirty (30) days of such initial notice. Following the receipt of such report(s) or recommendations as may be provided by such panel, the parties shall act in good faith, in light of such information, in a further attempt to resolve such dispute or matter. The costs of such consultants, who shall be paid a reasonable compensation for their time, shall be borne one-half by the COMMISSION and one-half by HEALTHPLAN.

- b. Arbitration. If the mediation provided for in the foregoing Section cannot be timely completed or does not result in a satisfactory resolution of the matter or dispute, the parties agree to submit such matter or dispute to arbitration as follows:
 - i. Rules of Arbitration. Such arbitration shall be governed by the provisions of the California Arbitration Act, Sections 1280 through 1294.2 of the Code of Civil Procedure, as said sections are amended from time to time.
 - ii. Demand for Arbitration. If a dispute subject to arbitration hereunder should arise, either party may make a demand for arbitration by submitting a demand in writing to the other party. The submission of a dispute to the arbitrator(s) may also be ordered by any Superior Court having jurisdiction.
 - iii. Arbitrator. Within ten (10) days following any such election or order to arbitrate, each party shall provide the other with written notice of its designee, who shall be a lawyer actively practicing in Los Angeles County with not less than ten (10) years experience in health care law matters and who shall have committed in writing his or her willingness to timely serve hereunder. Within ten (10) days after such exchange of such identification of such designees, the designees shall meet and select and identify in writing to each of the parties a third party ("Arbitrator") who shall be a lawyer actively practicing in Los Angeles County with not less than ten (10) years experience in health care law matters who shall have no prior relationship, attorney-client or otherwise, within five (5) years preceding the dispute with any of the parties and who shall have committed in writing his or her willingness to timely serve hereunder, or who is a retired judge actively engaged in alternative dispute resolution matters in Los Angeles County with not less than ten (10) years experience on the bench and/or in such alternative dispute resolution matters, who shall have no prior relationship, attorney/client or otherwise, with any of the parties, and who shall have committed in writing his or her willingness to timely serve hereunder. In the event that any party fails to

timely designate its designee under this Section, such dispute shall thereupon immediately be deemed determined in accordance with the position of the other party, but only so long as such other party has not also failed to timely designate its designee. In the event that such designees are unable to timely select and identify Arbitrator, such designees shall, without further action, automatically be deemed dismissed and the parties hereto shall, within ten (10) days thereafter, repeat the designation process provided for in this Section.

iv. Place of Arbitration. The arbitration shall take place in the City of Los Angeles, County of Los Angeles, State of California, and the hearing before Arbitrator of the matter to be arbitrated shall be at the time and place within said city as is selected by Arbitrator. Arbitrator shall select such time and place promptly after his or her appointment and shall give written notice thereof to each party at least twenty (20) days prior to the date so fixed. At the hearing, any relevant evidence may be presented by either party, and the formal rules of evidence applicable to judicial proceedings shall not govern.

v. Arbitrator Authority. Arbitrator shall (a) have all authority of a court of competent jurisdiction, including the authority to issue injunctive and other orders, including rules of discovery, procedure and evidence, and to award damages; (b) schedule, hear and finally decide in writing any dispute under this Agreement within ninety (90) days after the selection of Arbitrator as provided above, unless good cause is shown establishing that the decision cannot fairly and practically be made within such ninety (90) day period, in which event such period shall be extended for one additional period not exceeding ninety (90) days; (c) designate another person to act in his or her place in any instance in which he or she is unable to act within the mandated time frame; and (d) determine and designate the prevailing and nonprevailing parties to any dispute. Notwithstanding the foregoing, Arbitrator may not award punitive, consequential or indirect damages, and each party hereby waives the right to such damages and agrees to receive and accept only those actual damages directly resulting from the claim asserted.

vi. Fees and Costs. The designated nonprevailing party in any dispute shall be required (a) to fully compensate Arbitrator, and each of the designees, for his or her services hereunder at Arbitrator's and such designees' then respective prevailing hourly rates of compensation, and (b) to fully reimburse the designated prevailing party in any dispute for reasonable attorneys' fees and costs in connection with such dispute, as confirmed by Arbitrator without right of challenge by such nonprevailing party.

vii. Failure to Reach Decision. If Arbitrator fails to reach a decision in the determination of the matter in question within the strict time limits specified, the matter shall be decided by a new Arbitrator who shall be

appointed and shall proceed in the same manner, and the arbitration process (but not the mediation) shall be repeated until a decision is finally reached by an Arbitrator.

viii. **Limited Judicial Action.** The designated prevailing party may, but need not, apply to any court of competent jurisdiction to enter a confirming award as to any Arbitrator decisions pursuant to this dispute resolution procedure. No appeal may be taken from any Arbitrator decision pursuant to this procedure except as provided in Section 1286.2 of the California Code of Civil Procedure, provided that no such appeal shall in any way stay or otherwise delay the effect of the appealed decision.

ix. **Injunctive Relief.** Either party shall be entitled to pursue such remedies for emergency or preliminary injunctive relief in any court of competent jurisdiction; provided that such party shall, immediately following the issuance of any such emergency or injunctive relief, consent to the stay of such judicial proceedings on the merits pending arbitration of all underlying claims between the parties.

- 12.11 **Waiver.** Any waiver of any of the terms and conditions of this Agreement must be in writing and signed by each of the parties to whom it may be applicable. A waiver of any of the terms and conditions of this Agreement shall not be construed as a waiver of any other terms and conditions hereof. No failure or delay by a party to insist upon the strict performance of any term, condition, covenant or agreement of this Agreement, or to exercise any right, power or remedy hereunder or under law or consequent upon a breach hereof or thereof shall constitute a waiver of any such term, condition, covenant, agreement, right, power or remedy or of any such breach, or preclude such party from exercising any such right, power or remedy at any later time or times.
- 12.12 **Effect of Headings.** The titles or headings of the various paragraphs hereof are intended solely for convenience or reference and are not intended and shall not be deemed to modify, explain or place any construction upon any of the provisions of this Agreement.
- 12.13 **Counterparts.** This Agreement may be executed in one or more counterparts by the parties hereto. All counterparts shall be construed together and shall constitute one agreement.
- 12.14 **Number and Gender.** Words in the singular shall include the plural, and words in a particular gender shall include either or both genders, when the context in which such words are used indicates that such is the intent.
- 12.15 **Attorneys' Fees and Costs.** If any action at law or suit in equity or arbitration is brought to enforce or interpret the provisions of this Agreement or to collect any monies due hereunder, the prevailing party shall be entitled to reasonable

attorneys' fees and reasonable costs, together with interest thereon at the highest rate provided by law, in addition to any and all other relief to which it may otherwise be entitled.

- 12.16 Severability. The provisions of this Agreement are severable, and if any one or more provisions is determined to be illegal, invalid or unenforceable in whole or in part, the remainder of this Agreement and any partially unenforceable provisions to the extent enforceable, shall nevertheless be binding and enforceable.
- 12.17 Covenant and Condition. Each term and each provision of this Agreement shall be construed to be both a covenant and a condition, and, unless expressly stated to the contrary in this Agreement, each such covenant and condition is intended to be effective throughout the term of this Agreement.
- 12.18 Ambiguities. The general rule that ambiguities are to be construed against the drafter shall not apply to this Agreement. In the event that any provisions of this Agreement is found to be ambiguous, each party shall have an opportunity to present evidence as to the actual intent of the parties with respect to such ambiguous provision.
- 12.19 Third Party Beneficiaries. Neither Members nor any other third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.
- 12.20 Applicable Law and Compliance. This agreement shall be governed in all respects by the law of the State of California and applicable federal law, including, without limitation, the Knox-Keene Act and regulations and the federal and state laws and regulations governing the Healthy Kids Program. Any provision that any law or regulation requires to be in this Agreement shall bind COMMISSION and HEALTHPLAN whether or not specifically provided herein.
- 12.21 Recitals Exhibits, and Attachments. The Recitals set forth above and in the Agreement, Exhibits and Attachments attached to this Agreement are an integral part of this Agreement and are incorporated herein by reference.
- 12.22 Confidentiality of Records. Subject to any requirements of the California Public Records act and any required disclosures to governmental agencies, the records of HEALTHPLAN relating to the COMMISSION shall be confidential as to third parties.
- 12.23 Consents and Approvals. Except as otherwise expressly set forth in this Agreement, any consent or approval required of either party hereunder shall not be unreasonably withheld. All decisions and determinations required to be made by either party with respect to performance of its obligations hereunder shall be made in good faith in order to implement the terms and intent of this Agreement. Except as otherwise expressly set forth in this Agreement, any consent or

approval required of either party hereunder shall be deemed given unless such party provides written notification that it does not so consent or approve within fifteen (15) business days after receiving the request for such consent or approval.

- 12.24 Force Majeure. Neither party shall be liable nor deemed to be in default for any delay or failure in performance under the Agreement or other interruption of service resulting, directly or indirectly, from a catastrophic occurrence or natural disaster, including without limitation, Acts of God, war, accidents, fires, explosions, earthquakes, or labor unrest. However, each party shall utilize its best good faith efforts to perform under this Agreement in the event of any such occurrence or natural disaster.
- 12.25 Independent Contractors. HEALTHPLAN Participating Providers are neither agents nor employees of HEALTHPLAN but are independent contractors. HEALTHPLAN conducts a process of credentialing and certification of all Participating Providers who participate in its network. However, in no instance shall HEALTHPLAN be liable for the negligence, wrongful acts or omissions of any person receiving or providing Covered Services, including any physician, Hospital, or other provider or their employees.
- 12.26 Payment of Providers. HEALTHPLAN contracts with health care providers and groups of providers to provide Services to Members. A fixed, monthly fee is paid to the groups of providers for each Member whose Primary Care Provider is in the group. This payment system, capitation, includes incentives to the provider group to manage all Services provided to Members in an appropriate manner consistent with this Agreement. Applicants may request additional information about this payment system by contacting HEALTHPLAN's Member Services Department or the Member's Participating Provider.
- 12.27 Coordination of Benefits. If a Member is covered under one or more other non-HEALTHPLAN Plans, the Benefits of this Agreement will be coordinated with the benefits payable by such other Plans in accordance with the following provisions.

12.27.1 Definitions

The following definitions shall apply to this Section 12.31:

- a. **“Allowable Expense”** means a charge for Services or the reasonable cash value of Services provided which is considered payable or covered in whole or in part under at least one of the Plans covering the claimant.
- b. **“This Plan”** means HEALTHPLAN.
- c. **“Plan”** means any plan providing benefits or services for or by reason of medical, vision or dental care or treatment which benefits or services are provided by (i) group, blanket or franchise insurance coverage, (ii) service plan contracts, group practice, individual

practice and other prepayment coverage, or (iii) any coverage under labor-management trust plans, union welfare plans, employer organization plans, or employee benefit organization plans.

- d. The term **“Plan”** shall be construed separately with respect to each policy, contract, or other arrangement for benefits or services and separately with respect to that portion of any such policy, contract, or other arrangement which reserves the right to take the benefits or services of other Plans into consideration in determining its benefits and that portion which does not.
- e. **“Primary Plan”** means a Plan which, according to the “Order of Benefit Determination” provisions of Section 12.31.2, below, determines its benefits first.
- f. **“Secondary Plan”** means a Plan which, according to the “Order of Benefit Determination” provisions of Section 12.31.2, below, determines its benefits after the Primary Plan determines its benefits.

12.27.2 Order of Benefit Determination

If another Plan does not provide for the coordination of its benefits with the Benefits of this Plan, its benefits will always be determined before this Plan. Otherwise, the rules establishing the order of benefit determination are:

- a. A Plan which covers the individual other than as a dependent shall determine its benefits before a Plan which covers the individual as a dependent.
- b. Except for cases of claims for a dependent child whose parents are separated or divorced, the Plan which covers the individual on whose expenses claim is based as a dependent of a person whose date of birth, excluding year of birth, occurs earlier in a Calendar Year, shall determine its Benefits before a Plan which covers that individual as a dependent of a person whose date of birth, excluding year of birth, occurs later in a calendar year.

If either Plan does not have the provisions of this subparagraph 12.30.2 (b) regarding dependents, which results either in each Plan determining its benefits before the other or in each Plan determining its benefits after the other, the provisions of this subparagraph shall not apply, and the rule set forth in subparagraph 12.30.2 (f), below, shall determine the order of benefits.

- c. In the case of a claim for a dependent child whose parents are separated or divorced and the parent with custody of the child has not remarried, the Plan which covers the child as a dependent of the parent with custody of the child will determine its benefits before the

Plan which covers the child as a dependent of the parent without custody.

- d. In the case of a claim for a dependent child whose parents are divorced and the parent with custody of the child has remarried, the Plan which covers the child as a dependent of the parent with custody shall determine its benefits before the Plan which covers that child as dependent of the stepparent, and the Plan which covers that child as a dependent of the stepparent will determine its benefits before the Plan which covers that child as a dependent of the parent without custody.
- e. In the case of a claim for a dependent child whose parents are separated or divorced, where there is a court decree which would otherwise establish financial responsibility for the medical, dental or other health care expenses with respect to the child, then notwithstanding subparagraphs 12.30.2 (c) and 12.30.2 (d) above, the Plan which covers the child as a dependent of the parent with such financial responsibility shall determine its benefits before any other Plan which covers the child as a dependent child.
- f. When subparagraphs 12.30.2 (a) through 12.30.2 (e) do not establish an order of benefit determination, the Plan which has covered the individual on whose expenses claim is based for the longer period of time shall determine its benefits before the Plan which has covered that individual the shorter period of time, provided that:
 - i. Plan covering the individual on whose expenses claim is based as a laid-off or retired employee, or as a dependent of that individual, shall determine its benefits after any other Plan covering that individual as an employee, other than a laid-off or retired employee, or such dependent; and
 - ii. either Plan does not have a provision regarding laid-off or retired employees, which results in each Plan determining its Benefits after the other, then the provisions of subparagraph 12.30.2 (a), above, shall not apply.
- g. Coordination of benefits for Emergency Care is based upon Medical presumptive eligibility.

12.27.3 Effect on Benefits

- a. If This Plan is the Primary Plan with respect to a Member, then This Plan will provide its Benefits without making any reductions because of the benefits available from any other Plan.

- b. If This Plan is a Secondary Plan with respect to a Member, then This Plan will provide its benefits in accordance with the following procedure:
 - i. If the total amount of Allowable Expenses incurred by that Member in any Benefit Period is exceeded by the sum of:
 - (A) the reasonable cash value of Services provided for such Allowable Expenses under This Plan in the absence of these provisions, and
 - (B) the amount of benefits that would be payable for such Allowable Expenses under all other Plans in the absence therein of the same or any similar provisions, the benefits that will be provided under This Plan in the absence of these provisions shall be reduced to the extent necessary so that the sum of the value of such reduced benefits when added to the benefits payable under all other Plans shall not exceed the total of such Allowable Expenses. Benefits payable under another Plan include those benefits that would have been payable had claim been duly made therefore. The Member shall be responsible to HEALTHPLAN for an amount equal to the reasonable cash value of any benefits provided by HEALTHPLAN which are payable by a Primary Plan.
 - ii. When this provision operates to reduce the total amount of benefits otherwise due to a Member covered under This Plan during any Benefit Period, the value of each benefit that would be provided in the absence of this provision shall be reduced proportionately, and such reduced amount shall be charged against any applicable benefit limit of This Plan.
 - iii. If HEALTHPLAN is notified that there is a dispute as to which Plan is the Primary Plan or that the Primary Plan has not paid its benefits within a reasonable period of time, HEALTHPLAN will provide the benefits which would be due under This Plan as if it were the Primary Plan, provided the Member (a) assigns to HEALTHPLAN the right to receive benefits from the Primary Plan to the extent of the difference between the value of the benefits which HEALTHPLAN actually provides and the value of the benefits that HEALTHPLAN would have been obligated to pay as Secondary Plan; (b) agrees to cooperate fully with HEALTHPLAN in obtaining payment of benefits from the Primary Plan; and (c) allows HEALTHPLAN to obtain confirmation from the Primary Plan that the benefits which the Member claims have not previously been paid.

12.27.4 Optional Payment of Benefits

If the value of benefits which should have been provided under This Plan in accordance with these provisions has been paid by another Plan, HEALTHPLAN may pay to the other Plan the amount necessary to satisfy the intent of these provisions. This amount shall be considered as benefits provided under this Plan. HEALTHPLAN shall be fully discharged from liability under This Plan to the extent of these payments.

12.27.5 Right of Recovery

If services have been provided or payments have been made by HEALTHPLAN in excess of the maximum amount of the value of benefits necessary to satisfy these provisions, HEALTHPLAN shall have the right to recover the excess from any Member or other entity to or with respect to whom such services were provided or payments made.

12.29 Exclusion for Duplicate Coverage. If a Member is also entitled to benefits under any of the programs listed below, HEALTHPLAN will not be liable for the portion of benefits paid by those programs:

- a. Any other federal, state, county or other political subdivisions government benefits program.
- b. Reasonable costs of Services provided at a Veterans' Administration facility or at a Department of Defense facility, provided the person is not on active duty.
- c. Other medical coverage programs rendering services free of charge or without expectation of payment.

12.30 Third Party Liability and Workers' Compensation

12.30.1 If a Member is injured through the act or omission of another person (a "third party"), HEALTHPLAN shall provide Covered Services required as a result of that injury on the condition that the Member, by accepting Services pursuant to the terms of this Agreement, agree:

- a. to reimburse HEALTHPLAN for those Services in an amount that does not exceed (a) the reasonable costs of providing those Services, and (b) the amounts provided in California Civil Code section 3040 and its successor provisions immediately upon collection of damages by the Member, whether by action at law, settlement, or otherwise; and
- b. to provide HEALTHPLAN with a lien, in an amount that does not exceed (a) the reasonable costs of providing those Services, and (b) the amounts provided in California Civil Code section 3040 and its

successor provisions. The lien may be filed with the individual whose act cause the injuries, his/her agent, or the court.

12.30.2 If, pursuant to any Workers' Compensation or Employer's Liability Law or other legislation of similar purpose or import, a third party is responsible for all or part of the cost of health, dental or vision Services provided by HEALTHPLAN, then HEALTHPLAN will provide the Benefits of this Agreement only on condition that the Member and his/her legal representative will agree to provide HEALTHPLAN with a lien to the extent of the reasonable value of the Services provided by HEALTHPLAN. The lien may be filed with the reasonable third party, his or her agent, or the court. Reasonable value will be determined to be the usual, customary, or reasonable charge for Services in the geographic area where the Services are rendered.

12.30.3 By accepting coverage under the Program, Members and Applicants agree to cooperate in protecting the interest of HEALTHPLAN under this Section and to execute and to deliver to HEALTHPLAN or its nominee any and all assignments or other documents which may be necessary or proper to fully and completely effectuate and protect the rights of HEALTHPLAN or its nominee. Members and Applicants also agree to fully cooperate with HEALTHPLAN and not take any action, which would prejudice the rights of HEALTHPLAN under this Section 12.32.3.

12.31 HIPAA. In accordance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and regulations promulgated thereunder by DHHS and other applicable laws as may be promulgated and amended from time to time ("HIPAA"), in order to protect Protected Health Information, HEALTHPLAN shall enter into with its Participating Providers which are Business Associates, a business associate agreement in the form attached hereto at **Attachment "M"** or another equivalent form approved by HEALTHPLAN. In addition, COMMISSION and HEALTHPLAN shall enter into such a business associate agreement.

12.32 Execution. COMMISSION and HEALTHPLAN represent and warrant, each to the other, that the individuals executing this Agreement on behalf of COMMISSION and HEALTHPLAN, respectively, are each duly authorized to execute and deliver this Agreement on behalf of COMMISSION and HEALTHPLAN, respectively.

12.33 Performance Measures. COMMISSION and HEALTHPLAN understand and agree that they may incorporate into this Agreement at a later date, certain performance measures related to HEALTHPLAN's performance under this Agreement. [See **Attachment "O"**- Operational Reporting]

EXHIBIT A
HEALTHY KIDS PROGRAM TERMS AND CONDITIONS
ATTACHMENT A
SCOPE OF HEALTH BENEFITS

1. Inpatient services
 - a. General Hospital Services, in a room of two or more, with customary furnishings and equipment, meals (including special diets as Medically Necessary), and general nursing care. All Medically Necessary ancillary Services such as: use of operating room and related facilities; intensive care unit and Services; Drugs, medications and biologicals; anesthesia and oxygen; diagnostic laboratory and x-ray Services; special duty nursing as Medically Necessary; physical, occupational, and speech therapy respiratory therapy; administration of blood and blood products; other diagnostic, therapeutic and rehabilitative Services as appropriate; and coordinated discharge planning, including the planning of such continuing care as may be necessary.
 - b. Inpatient Hospital Services in connection with dental procedures when hospitalization is required because of an underlying medical condition and clinical status or because of the severity of the dental procedure.
2. Outpatient Services
 - a. Diagnostic, therapeutic and surgical Services performed at a Hospital or outpatient facility, including: physical, occupational, and speech therapy as appropriate and those Hospital Services which can reasonably be provided on an ambulatory basis. Related Services and supplies in connection with these Services including operating room, treatment room, ancillary Services, and medications, which are supplied by the Hospital or facility for use during the Member's stay at the facility. This includes all Medically Necessary prescriptions.
 - b. Outpatient Services in connection with dental procedures when the use of a Hospital or outpatient facility is required because of an underlying medical condition and clinical status or because of the severity of the dental procedure.
3. Professional Services
 - a. Medically Necessary professional Services and consultations by a physician or other licensed health care provider acting within the scope of his or her license. Surgery, assistant surgery and anesthesia (inpatient or outpatient); inpatient Hospital and Skilled Nursing Facility visits; professional office visits including visits for allergy tests and treatments, radiation therapy, chemotherapy, and dialysis treatment; sexually transmitted infection care, and home visits when Medically Necessary.

- b. Immunizations consistent with the most current Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics, and the most current version of the Recommended Childhood Immunization Schedule/United States, jointly adopted by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices, and the American Academy of Family Physicians. Immunizations required for travel as recommended by the US Public Health Services. Other age-appropriate immunizations as recommended by U.S. Public Health Services.
- c. Periodic health examinations, including all routine diagnostic testing and laboratory Services appropriate for such examinations consistent with the most current Recommendations for Preventative Pediatric Health Care, as adopted by the American Academy of Pediatrics; and the current version of the Recommended Childhood Immunization Schedule/United States, jointly adopted by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices, and the American Academy of Family Physicians.

The frequency of such examinations shall not be increased for reasons which are unrelated to the medical needs of the Member including: a Member's desire for physical examinations; or reports or related Services for the purpose of obtaining or maintaining employment, licenses, insurance, or a school sports clearance.

4. Diagnostic X-ray and Laboratory Services

- a. Diagnostic laboratory Services, diagnostic and therapeutic radiological Services, and other diagnostic Services, which shall include, but not be limited to, electrocardiography, electroencephalography, and other Services necessary to appropriately evaluate, diagnose, treat, and follow-up on the care of children and adolescents.
- b. Laboratory tests appropriate for the management of diabetes, including at a minimum: cholesterol, triglycerides, microalbuminuria, HDL/LDL and Hemoglobin A-1C (Glycohemoglobin).
- c. All generally accepted cancer screening tests.

5. Diabetes Self-Management

Medically Necessary equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin using diabetes, and gestational diabetes, even if items are available without a prescription, including:

- a. blood glucose monitors and blood glucose testing strips;
- b. blood glucose monitors designed to assist the visually impaired;

- c. insulin pumps and all related necessary supplies;
- d. ketone urine testing strips;
- e. lancets and lancet puncture devices;
- f. pen delivery systems for the administration of insulin;
- g. podiatric devices to prevent or treat diabetes-related complications;
- h. insulin syringes;
- i. visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin; and
- j. diabetes outpatient self-management training, education, and medical nutrition therapy necessary to enable Member to properly use covered equipment, supplies and medications and additional diabetes outpatient self-management training, education, and medical nutrition therapy upon direction or prescription of those Services by the Member's Participating Provider.

6. Durable Medical Equipment

Medical equipment appropriate for use in the home which: (a) is intended for repeated use; (b) is generally not useful to a person in the absence of illness or injury; and (c) primarily serves a medical purpose. HEALTHPLAN may determine whether to rent or purchase standard equipment. Repair or replacement is covered unless necessitated by misuse or loss. Oxygen and oxygen equipment; blood glucose monitors, and apnea monitors; pulmoaides and related supplies; nebulizer machines, tubing and related supplies, and spacer devices for metered dose inhalers; insulin pumps and all related necessary supplies; ostomy bags and urinary catheters and supplies.

7. Orthotics and Prosthetics

Orthotics and prosthetics including Medically Necessary replacement prosthetic devices as prescribed by a Participating Provider acting within the scope of his or her license, and Medically Necessary replacement orthotic devices when prescribed by a Participating Provider acting within the scope of his or her license. Coverage for the initial and subsequent prosthetic devices and installation accessories to restore a method of speaking incident to a laryngectomy, and therapeutic footwear for diabetics and foot disfigurements. Covered items must be authorized by HEALTHPLAN and dispensed by a Participating Provider. Repair is provided unless necessitated by misuse or loss. HEALTHPLAN, at its option, may replace or repair an item.

8. Cataract Spectacles and Lenses

Cataract spectacles, cataract contact lenses, or intraocular lenses that replace the natural lens of the eye after cataract surgery. Also one pair of conventional eyeglasses or conventional contact lenses is covered if necessary after cataract surgery with insertion of an intraocular lens.

9. Medical Transportation Services

- a. Emergency ambulance transportation Services are covered when:
 - i. Services were used for an Emergency Medical Condition and it was Medically Necessary to use emergency ambulance transportation and not medically inappropriate to transport the Member by other means; or
 - ii. the Member reasonably believed the medical condition was an Emergency Medical Condition and reasonably believed that the condition required ambulance transport Services.
- b. Non-emergency transportation for the transfer of a Member from a Hospital to another Hospital or facility or facility to home are covered when:
 - i. Medically Necessary;
 - ii. requested by a Participating Provider; and
 - iii. authorized in advance by HEALTHPLAN.

10. Mental Health

- a. Inpatient: Mental health care when ordered and performed by a mental health Participating Provider for the treatment of an acute phase of a mental health condition during a certified confinement in a Participating Hospital. There is a limit of thirty (30) days per Benefit Period, except for the treatment of a serious emotional disturbance of a child and severe mental illness. These conditions include, but are not limited to:
 - i. schizophrenia;
 - ii. schizoaffective disorder;
 - iii. bipolar disorder (manic depressive illness);
 - iv. major depressive disorder;
 - v. panic disorder;
 - vi. obsessive-compulsive disorder;

- vii. pervasive developmental disorder or autism;
- viii. anorexia nervosa; and
- ix. bulimia nervosa.
- x. Serious emotional disturbances of a child (specifically defined as a child suffering from one or more disorders as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders and who meets the criteria of Welfare and Institutions Code section 5600.3(a)(2)).

HEALTHPLAN may, with the agreement of the Member or Applicant or other responsible adult if appropriate, substitute each day of inpatient hospitalization for any of the following: two (2) days of residential treatment, three (3) days of day care treatment, or four (4) outpatient visits.

- b. Outpatient: Mental health care when ordered and performed by a mental health Participating Provider. Mental health Services are limited to evaluation, crisis intervention, and treatment for conditions that are subject to significant improvement through relatively short-term therapy. This includes the treatment of children who have experienced family dysfunction or trauma, including child abuse and neglect, domestic violence, substance abuse in the family, or divorce and bereavement. Family Members may be involved in the treatment to the extent HEALTHPLAN determines it is appropriate for the health and recovery of the child. Up to twenty (20) visits per Benefit Period will be covered. Outpatient treatment for serious emotional disturbances and serious mental illness is provided without limit.

11. Home Health Services

- a. Health Services provided at the home by health care personnel. These Services include visits by registered nurses, licensed vocational nurses, and home health aides; short-term physical, occupational and speech therapy (subject to visit limitations under the Physical, Occupational, Speech Therapy Benefit); and respiratory therapy when prescribed by a licensed practitioner acting within the scope of his or her licensure.
- b. Home health Services are limited to those Services that are prescribed or directed by a Participating Provider. If a basic health Service can be provided in more than one medically appropriate setting, HEALTHPLAN shall exercise prudent medical case management to ensure that appropriate care is rendered in the appropriate setting. Medical case management may include consideration of whether a particular Service or setting is cost-effective when there is a choice among several medically appropriate alternative Services or settings.

12. Skilled Nursing Care

Services prescribed by a Participating Provider and provided in a Skilled Nursing Facility when Medically Necessary. Skilled nursing on a 24-hour per day basis; bed and board; x-ray and laboratory procedures; respiratory therapy; physical, occupational and speech therapy (subject to visit limitations under the Physical/Occupational/Speech Therapy Benefit); medical social services; prescribed drugs and medications; medical supplies; and appliances and equipment ordinarily furnished by the Skilled Nursing Facility. This Benefit shall be limited to a maximum of one hundred (100) days per Benefit Period.

13. Physical, Occupational, and Speech Therapy

Therapy may be provided in a medical office or other appropriate outpatient setting, Hospital, Skilled Nursing Facility or home. This Benefit shall be provided to the extent Medically Necessary.

14. Hearing Aids and Services

Audiological evaluation to measure the extent of hearing loss and a hearing aid evaluation to determine the most appropriate make and model of hearing aid. Monaural or binaural hearing aids including ear mold(s), the hearing aid instrument, the initial battery, cords and other ancillary equipment. Visits for fitting, counseling, adjustments, repairs, etc. at no charge for a one-year period following the provision of a covered hearing aid are included.

15. Blood and Blood Products

Processing, storage, and administration of blood and blood products in inpatient and outpatient settings. The collection and storage of autologous blood when medically indicated is included.

16. Health Education

Effective health education services, including information regarding personal health behavior and health care, and recommendations regarding the optimal use of health care Services.

17. Hospice

- a. The Hospice Benefit shall include nursing care, medical social Services, home health aide Services, physician Services, Drugs, medical supplies and appliances, counseling and bereavement Services. The Benefit shall also include physical therapy, occupational therapy, speech therapy, and short-term inpatient care for pain control and symptom management.
- b. The Hospice Benefit may include, at the Plan's option, homemaker services, services of volunteers, and short-term inpatient respite care.

- c. The Hospice Benefit is limited to those individuals who are diagnosed with a terminal illness with a life expectancy of six months or less and who elect Hospice care for such illness instead of the restorative Services covered under the Program.
 - d. Individuals who elect Hospice care are not entitled to any other Benefits under the Program for the terminal illness while the Hospice election is in effect. The Hospice election may be revoked at any time.
18. Transplants
- a. Coverage for Medically Necessary organ transplants and bone marrow transplants that are not Experimental or Investigational in Nature. Reasonable medical and Hospital expenses of a donor or an individual identified as a prospective donor if these expenses are directly related to the transplant for a Member.
 - b. Charges for testing of relatives for matching bone marrow transplants are covered. Charges associated with the search and testing of unrelated bone marrow donors through a recognized Donor Registry and charges associated with the procurement of donor organs through a recognized donor transplant bank, if the expenses are directly related to the anticipated transplant for a Member are also covered.
 - c. Routine medical costs associated with clinical cancer trials as required by law.
19. Prosthetic Devices and Reconstructive Surgery Incident to Mastectomy
- Prosthetic devices and reconstructive surgery incident to surgical mastectomy procedures.
20. Alcohol and Drug Abuse
- a. Inpatient: Hospitalization for alcoholism or drug abuse as medically appropriate to remove toxic substances from the system.
 - b. Outpatient: Crisis intervention and treatment for removal of toxic substances from the system on an outpatient basis as medically appropriate for up to twenty (20) visits per Benefit Period. Additional visits may be covered if approved and authorized by HEALTHPLAN.

EXHIBIT A
HEALTHY KIDS PROGRAM TERMS AND CONDITIONS
ATTACHMENT B

EXCLUDED HEALTH BENEFITS

1. Any services not included in, or in excess of the limits specified in, **Attachment “A”**, above.
2. Services, supplies, items, procedures or equipment that are not Medically Necessary as determined by the Plan, unless otherwise specified in Attachment “A”, above.
3. Any Services which are received prior to the Member’s Anniversary Date.
4. Those medical, surgical (including implants), or other health care procedures, Services, products, Drugs, or devices which are either:
 - a. Experimental or Investigational in Nature or which are not recognized in accord with generally accepted medical standards as being safe and effective for use in the treatment in question, or
 - b. Outmoded or not efficacious.
5. Emergency facility Services for the treatment of non-emergency conditions, the determination of which shall be based upon prudent layperson/reasonableness standards.
6. Long-term care, including long-term skilled nursing care in a licensed facility and respite care, except as the Plan shall determine is a less costly, satisfactory alternative to the basic minimum Benefits. This provision does not exclude short-term skilled nursing care or Hospice Benefits as provided pursuant to Attachment “A”, above.
7. Custodial Care.
8. Services rendered in the home or hospitalization or confinement in a health facility primarily for rest, custodial, maintenance or domiciliary care.
9. Nursing or other personal care Services performed by a Family Member or by a person who ordinarily resides in the Member’s home.
10. Services which are eligible for reimbursement by insurance or covered under any other insurance or health care service plan. HEALTHPLAN shall provide the services at the time of need, and the Member or Applicant shall cooperate to assure that the HEALTHPLAN is reimbursed for such services.

11. Inpatient Hospital or Skilled Nursing Facility Services which are not Medically Necessary, including hospitalization:
 - a. For diagnostic studies that could have been provided on an outpatient basis.
 - b. For medical observation or evaluation.
 - c. To remove the patient from his or her customary work or home environment or for personal comfort.
 - d. For inpatient rehabilitation that can be provided on an outpatient basis.
 - e. For or incident to hospitalization or confinement in a pain management center to treat or cure chronic pain, except as Medically Necessary.
 - f. For Cosmetic Surgery, or any resulting complications, except that medically necessary Services to treat complications of Cosmetic Surgery (e.g., infections or hemorrhages) will be a Benefit, but only upon review and approval by an HEALTHPLAN physician consultant.
 - g. Incident to an organ transplant; except as provided under Attachment "A".
 - h. For or incident to intersex surgery (transsexual operations) or any resulting medical complications, except for medical complications that are Medically Necessary.
 - i. When a Member is admitted to a Hospital by a non-Participating Provider without pre-Authorization by the Plan, except for Emergency Services and Care.
 - j. Which includes convenience items such as telephones, TVs, guest trays, and personal hygiene items.
 - k. Which include personal or comfort items or a private room in a Hospital are excluded except when medically necessary.
 - l. Which includes private duty nursing, except when Medically Necessary.
12. Speech therapy, speech correction or speech pathology except as specifically provided in Attachment "A", above.
13. Routine foot care including callus, corn paring or excision, toenail trimming, foot orthotics and treatment (other than surgery) of chronic conditions of the foot, including but not limited to weak or fallen arches, flat or pronated foot, pain or cramp of the foot, bunions, muscle trauma due to exertion or any type of massage procedure on the foot.

14. Corrective shoes and arch supports, except for therapeutic footwear for diabetics; non-rigid devices such as elastic knee supports, corsets, elastic stockings, and garter belts; electronic voice producing machines; or more than one device for the same part of the body.
15. Reading therapy; vocational, educational, recreational, art, dance or music therapy; weight control or exercise programs; hypnotherapy, sex therapy.
16. Unauthorized non-Emergency Services.
17. Disposable medical supplies for home use such as alcohol, peroxide or PhisoHex solution, wipes/towelettes, thermometers, bandages, tape, elastic wraps, disposable underpads, standard batteries, shoe inserts, face masks, and gloves.
18. Coverage for comfort or convenience items; disposable supplies except ostomy bags and urinary catheters; exercise and hygiene equipment; experimental or research equipment; devices not medical in nature such as sauna baths and elevators, or modifications to the home or automobile; deluxe equipment; or more than one piece of equipment that serves the same function.
19. Contraceptives and contraceptive devices that do not require a prescription.
20. Coverage for transportation by airplane, passenger car, taxi or other form of public conveyance.
21. Services for mental health conditions not subject to significant improvement through relatively short-term therapy including chronic psychosis, chronic brain syndrome, intractable personality disorder and mental retardation.
22. The purchase of batteries or other ancillary equipment for hearing aids, except those batteries and equipment covered under the terms of the initial hearing aid purchase and charges for a hearing aid, which exceed specifications, prescribed for correction of a hearing loss. Replacement parts for hearing aids, repair of a hearing aid after the covered one-year warranty period, replacement of a hearing aid more than once in any period of thirty six (36) months, and surgically implanted hearing devices are excluded.
23. Appliance therapy for treatment of temporomandibular joint dysfunction.
24. Services that are not provided by, prescribed, or referred by the Member's PCP and not authorized in accordance with Plan procedures except for Emergency Services and Care.
25. Services which are California Children's Services (CCS) eligible conditions and which CCS otherwise provides.
26. Biofeedback.
27. Acupuncture.

EXHIBIT A
HEALTHY KIDS PROGRAM TERMS AND CONDITIONS

ATTACHMENT C

MINIMUM DENTAL BENEFITS

1. Diagnostic and Preventive Benefits
 - a. Initial and periodic oral examinations.
 - b. Consultations, including specialist consultations.
 - c. Roentgenology, limited as follows:
 - i. Bitewing x-rays in conjunction with periodic examinations are limited to one series of four films in any six (6) consecutive month period. Isolated bitewing or periapical films are allowed on an emergency or episodic basis.
 - ii. Full mouth x-rays in conjunction with periodic examinations are limited to once every twenty- four (24) consecutive months.
 - iii. Panoramic film x-rays are limited to once every twenty-four (24) consecutive months or as needed for appropriate dental emergencies.
 - d. Prophylaxis Services, not to exceed two in a twelve (12)-month period.
 - e. Topical fluoride treatment.
 - f. Dental sealant treatments for permanent first and second molars only.
 - g. Space maintainers, including removable acrylic and fixed band type.
 - h. Preventive dental education and oral hygiene instruction.
2. Restorative Dentistry

Restorations, limited as follows:

 - a. Amalgam, composite resin, acrylic, synthetic or plastic restorations for treatment of caries. If the tooth can be restored with such materials, any other restoration such as a crown or jacket is considered optional.
 - b. Composite resin or acrylic restorations in posterior teeth are optional.
 - c. Micro-filled resin restorations, which are non-cosmetic.
 - d. Replacement of a restoration is covered only when it is defective, as evidenced by conditions such as recurrent caries or fracture, and replacement is dentally necessary.

- e. Use of pins and pin build-up in conjunction with a restoration.
 - f. Sedative base and sedative fillings.
3. Oral Surgery
- a. Extractions, including surgical extractions.
 - b. Removal of impacted teeth, limited as follows: surgical removal of impacted teeth is a covered Benefit only when evidence of pathology exists.
 - c. Biopsy of oral tissues.
 - d. Alvelectomies.
 - e. Excision of cysts and neoplasms.
 - f. Treatment of palatal torus.
 - g. Treatment of mandibular torus.
 - h. Frenectomy.
 - i. Incision and drainage of abscesses.
 - j. Post-operative Services including exams, suture removal and treatment of complications.
 - k. Root recovery (separate procedure).
 - l. Medically Necessary orthodontia.
4. Endodontics
- a. Direct pulp capping.
 - b. Pulpotomy and vital pulpotomy.
 - c. Apexification filling with calcium hydroxide.
 - d. Root amputation.
 - e. Root canal therapy, including culture canal, limited as follows: Retreatment of root canals is a covered Benefit only if clinical or radiographic signs of abscess formation are present, and/or the patient is experiencing symptoms. Removal or retreatment of silver points, overfills, underfills, incomplete fills, or broken instruments lodged in a canal, in the absence of pathology, is not a covered Benefit.

- f. Apicoectomy.
 - g. Vitality tests.
5. Periodontics
- a. Emergency treatment, including treatment for periodontal abscess and acute periodontitis.
 - b. Periodontal scaling and root planing, and subgingival curettage limited to five quadrant treatments in any twelve (12) consecutive months.
 - c. Gingivectomy.
 - d. Osseous or muco-gingival surgery.
6. Crowns and Fixed Bridges
- a. Crowns, including those made of acrylic, acrylic with metal, porcelain, porcelain with metal, full metal, gold onlay or three-quarter crown, and stainless steel. Related dowel pins and pin build-up are also included. Crowns are limited as follows:
 - i. Replacement of each unit is limited to once every thirty six (36) consecutive months, except when the crown is no longer functional as determined by the subcontracting dental plan.
 - ii. Only acrylic crowns and stainless steel crowns are a Benefit for children under twelve (12) years of age. If other types of crowns are chosen as an optional Benefit for children under twelve (12) years of age, the covered dental Benefit level will be that of an acrylic crown.
 - iii. Crowns will be covered only if there is not enough retentive quality left in the tooth to hold a filling. For example, if the buccal or lingual walls are either fractured or decayed to the extent that they will not hold a filling.
 - iv. Veneers posterior to the second bicuspid are considered optional. An allowance will be made for a cast full crown.
 - b. Fixed bridges, which are cast, porcelain baked with metal, or plastic processed to gold, are limited as follows:
 - i. Fixed bridges will be used only when a partial cannot satisfactorily restore the case. If fixed bridges are used when a partial could satisfactorily restore the case, it is considered optional treatment.
 - ii. A fixed bridge is covered when it is necessary to replace a missing permanent anterior tooth in a person sixteen (16) years of age or older and

the patient's oral health and general dental condition permits. Under the age of sixteen (16), it is considered optional dental treatment. If performed on a Member under the age of sixteen (16), the Applicant must pay the difference in cost between the fixed bridge and a space maintainer.

- iii. Fixed bridges used to replace missing posterior teeth are considered optional when the abutment teeth are dentally sound and would be crowned only for the purpose of supporting a pontic.
 - iv. Fixed bridges are optional when provided in connection with a partial denture on the same arch.
 - v. Replacement of an existing fixed bridge is covered only when it cannot be made satisfactory by repair.
- c. The Program allows up to five units of crown or bridgework per arch. Upon the sixth unit, the treatment is considered full mouth reconstruction which is optional treatment.
 - d. Recementation of crowns, bridges, inlays and onlays.
 - e. Cast post and core, including cast retention under crowns.
 - f. Repair or replacement of crowns, abutments or pontics.

7. Other Dental Benefits

- a. Local anesthetics.
- b. Oral sedatives when dispensed in a dental office by a practitioner acting within the scope of his/her licensure.
- c. Nitrous oxide when dispensed in a dental office by a practitioner acting within the scope of his/her licensure.
- d. Emergency treatment, palliative treatment.

EXHIBIT A
HEALTHY KIDS PROGRAM TERMS AND CONDITIONS

ATTACHMENT D

EXCLUDED DENTAL BENEFITS

The following dental Services are **excluded** from Program coverage:

1. Services that, in the opinion of the Participating Provider, are not necessary to the Member's dental health.
2. Cosmetic dental care, except for congenital abnormalities and injury, as covered by the CCS program.
3. General anesthesia or intravenous/conscious sedation.
4. Experimental procedures.
5. Conventional or surgical orthodontics or orthognathics, unless Medically Necessary.
6. Dental conditions arising out of and due to a Members' employment for which worker's compensation is payable. However, the Plan will cover such Services and seek reimbursement from any liable party.
7. Services which were provided without cost to the Member by state government or an agency thereof, or any municipality, county or other subdivisions.
8. Hospital charges of any kind, except as covered under Attachment "A", above, as a covered health care Service.
9. Major surgery for fractures and dislocations.
10. Loss or theft of dentures or bridgework.
11. Dental expenses incurred in connection with any dental procedures started after termination of coverage.
12. Any Service that is not specifically listed as a covered Benefit.
13. Malignancies.
14. Dispensing of drugs not normally supplied in a dental office.
15. Additional treatment costs incurred because a dental procedure is unable to be performed in the Participating Provider's office due to the general health and physical limitations of the Member.
16. The cost of precious metals used in any form of dental Benefits.

17. The removal of implants.
18. Services of a pedodontist for children under six (6) years of age unless they are unable to be treated by their Participating Provider or unless their Participating Provider is a pedodontist.
19. Services which are eligible for reimbursement by insurance or covered under any other insurance, health care service plan, or dental plan. The subcontracting dental plan shall provide the Services at the time of need, and the Member or Applicant shall cooperate to assure that the subcontracting dental plan is reimbursed for such Benefits.
20. Services which are California Childrens' Services (CCS) eligible conditions, and which CCS otherwise provides.
21. Removable Prosthetics
 - a. Dentures, full maxillary, full mandibular, partial upper, partial lower, teeth, clasps and stress breakers, limited as follows:
 - i. Partial dentures are not to be replaced within 36 consecutive months, unless:
 - (A) it is necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible; or
 - (B) the denture is unsatisfactory and cannot be made satisfactory.
 - ii. The covered dental Benefit for partial dentures will be limited to the charges for a cast chrome or acrylic denture if this would satisfactorily restore an arch. If a more elaborate or precision appliance is chosen by the Member and the Participating Provider, and is not necessary to satisfactorily restore an arch, the Member will be responsible for all additional charges.
 - iii. A removable partial denture is considered an adequate restoration of a case when teeth are missing on both sides of the dental arch. Other treatments of such cases are considered optional.
 - iv. Full upper and/or lower dentures are not to be replaced within 36 consecutive months unless the existing denture is unsatisfactory and cannot be made satisfactory by reline or repair.
 - v. The covered dental Benefit for complete dentures will be limited to the Benefit level for a standard procedure. If the Member and the Participating Provider choose a more personalized

or specialized treatment, the Applicant will be responsible for all additional charges.

- b. Office or laboratory relines or rebases, limited as follows: one per arch in any twelve (12) consecutive months.
- c. Denture repair.
- d. Denture adjustment.
- e. Tissue conditioning, limited to two per denture.
- f. Denture duplication.
- g. Implants are considered an optional benefit.
- h. Stayplates, limited as follows: Stayplates are a Benefit only when used as anterior space maintainers for children and to replace extracted anterior teeth for adults during a healing period.

EXHIBIT A
HEALTHY KIDS PROGRAM TERMS AND CONDITIONS

ATTACHMENT E

MINIMUM VISION BENEFITS

The minimum vision Benefits provided shall be as follows:

1. Examinations. Each Member shall be entitled to a comprehensive vision examination, including a complete analysis of the eyes and related structures, as appropriate, to determine the presence of vision problems or other abnormalities as follows:
 - a. Case history: Review of Member's main reason for the visit, past history, medications, general health, ocular symptoms, and family history.
 - b. Evaluation of the health status of the visual system; including:
 - i. external and internal examination, including direct and/or indirect ophthalmoscopy;
 - ii. assessment of neurological integrity, including that of pupillary reflexes and extraocular muscles;
 - iii. biomicroscopy of the anterior segment of the eye, including observation of the cornea, lens, iris, conjunctiva, lids and lashes;
 - iv. screening of gross visual fields; and
 - v. pressure testing through tonometry.
 - c. Evaluation of refractive status, including:
 - i. evaluation for visual acuity;
 - ii. evaluation of subjective, refractive, and accommodative function; and
 - iii. objective testing of a patient's prescription through retinoscopy.
 - d. Binocular function test.
 - e. Diagnosis and treatment plan, if needed.
 - f. Examinations are limited to once each twelve (12)-month period, which begins with the date of the last exam.
2. Corrective Lenses
 - a. When the vision examination indicates that corrective lenses are necessary, each Member is entitled to necessary frames and lenses,

including coverage for single vision, bifocal, trifocal, and lenticular lenses as appropriate.

- b. Frames and lenses are limited to once each 12-month period, which begins with the date of the last exam.
- c. Contact lenses shall be covered as follows:
 - i. from the vision plan, for the following conditions:
 - (A) following cataract surgery;
 - (B) to correct extreme visual acuity problems that cannot be corrected with spectacle lenses;
 - (C) certain conditions of Anisometropia; and
 - (D) keratoconus.
 - ii. Elective contact lenses may be chosen instead of corrective lenses and a frame at an alternative copayment level.
 - iii. Contact lenses are limited to once each 12-month period, which begins with the date of the last exam.

3. Low Vision Benefit

A low vision Benefit shall be provided to Members who have severe visual problems that are not correctable with regular lenses. This Benefit requires prior approval from the vision plan. With this prior approval, supplementary testing and supplemental care, including low vision therapy as visually necessary or appropriate, shall be provided.

EXHIBIT A
HEALTHY KIDS PROGRAM TERMS AND CONDITIONS

ATTACHMENT F

EXCLUDED VISION BENEFITS

The following vision Services are **excluded**:

1. Vision training.
2. Aniseikonic lenses.
3. Plano lenses.
4. Two pairs of glasses in lieu of bifocals, unless Medically Necessary and with the prior authorization of the vision plan.
5. Replacement or repair of lost or broken lenses or frames.
6. Medical or surgical treatment of the eyes.
7. Services or materials for which the Member is covered under a worker's compensation policy.
8. Eye examinations required as a condition of employment.
9. Services or materials provided by any other group benefit providing for vision care.

EXHIBIT A
HEALTHY KIDS PROGRAM TERMS AND CONDITIONS

ATTACHMENT G

EXCLUDED DRUG BENEFITS

The following items are **excluded** from coverage under the Program:

1. Over-the-counter medications not requiring a prescription, unless prescribed pre-natal vitamins.
2. Drugs obtained from a non-Participating Pharmacy, except pursuant to Emergency Care.
3. Take-home Drugs received from an acute care Hospital, convalescent home, Skilled Nursing Facility, or similar facility.
4. Non-Formulary Drugs, except with prior authorization from HEALTHPLAN as described in this Agreement.
5. Drugs that can be obtained without a prescription or have a non-prescription equivalent.
6. Drugs for which the Member is not legally obligated to pay, or for which no charge is made.
7. Drugs that are considered to be Experimental or Investigational in Nature, except in certain cases of terminal illness.
8. Cosmetic drugs.
9. Dietary or nutritional products, except as otherwise provided in this Agreement, when Medically Necessary, or for the treatment of phenylketonuria.
10. Any injectable drug, which is not Medically Necessary and not prescribed by a physician.
11. Appetite suppressants, except as Medically Necessary for morbid obesity.
12. Compounded medications with Formulary alternatives or those with no FDA-approved indications.
13. Replacement of lost or destroyed Drugs.

EXHIBIT A
HEALTHY KIDS PROGRAM TERMS AND CONDITIONS

ATTACHMENT H

COPAYMENTS FOR HEALTH BENEFITS

Applicant's Copayments for Health Benefits

The Plan shall not increase the amount of copayments for health Benefits unless such increase has been approved by the COMMISSION and the Applicant has been given 30-days' written notice sent by regular U.S. Mail to the Applicant's most current address of record with the Plan. The following specific copayments shall apply to the health Benefits set forth in attachment "A", above:

- a. Inpatient facility Services provided in a licensed Hospital, Skilled Nursing Facility, hospice, or mental health facility: No copayment.
- b. Inpatient professional Services provided in a licensed Hospital, Skilled Nursing Facility, hospice, or mental health facility: No copayment.
- c. Facility Services on an outpatient basis: No copayment, except for a \$5 copayment per visit for Emergency Services.
- d. Outpatient professional Services: \$5 copayment per office or home visit. No copayment for preventive health services, surgery or anesthesia, radiation, chemotherapy, or dialysis treatments.
- e. Outpatient mental health: \$5 copayment per visit.
- f. Home health care: No copayment except for \$5 per visit for physical, occupational, and speech therapy visits performed in the home.
- g. Hospice: No copayment.
- h. Transplants: No copayment.
- i. Physical, occupational, and speech therapy: No copayment for therapy performed on an inpatient basis: \$5 copayment per visit for therapy performed on an outpatient basis.
- j. Diagnostic laboratory Services; diagnostic and therapeutic radiological Services, and other diagnostic Services; durable medical equipment; prosthetics and orthotics; and medical transportation Services: No copayment.
- k. Hearing Aids: No copayment.
- l. Cataract spectacles and lenses, cataract contact lenses, and intraocular lenses: No copayment.

- m. Preventive Services, including Services for the detection of asymptomatic diseases, as defined by Title 10, Section 1300.67 (f) of the California Code of Regulations and its successor provisions, shall be provided with no copayment. These include:
 - i. Periodic health exams.
 - ii. Prenatal care.
 - iii. Immunizations.
 - iv. Venereal disease tests.
 - v. Cytology examinations on a reasonable periodic basis.
 - vi. Effective health education Services, including information regarding personal health behavior and health care, and recommendations regarding the optimal use of health care Services provided by HEALTHPLAN or health care organizations affiliated with HEALTHPLAN.
- n. No copayment shall be charged to Members under twenty four (24) months of age for well baby care, health examinations and other office visits.

EXHIBIT A
HEALTHY KIDS PROGRAM TERMS AND CONDITIONS

ATTACHMENT I

COPAYMENTS FOR DENTAL BENEFITS

1. Diagnostic and preventive Benefits described in Attachment “C”, above: No copayment.
2. Restorative Dentistry Benefits described in Attachment “C”, above: No copayment with the following exception:
 - a. Micro filled resin restorations (non-cosmetic, acid etched, bonded, light cured): \$5 per surface.
3. Oral Surgery described in Attachment “C”, above: \$5 copayment
4. Endodontics Benefits described in Attachment “C”, above: No copayment shall be charged with the following exceptions:
 - a. Root canal therapy: \$5 per canal.
 - b. An apicoectomy performed in conjunction with root canal therapy: \$5 per canal. When performed as a separate procedure, an apicoectomy is subject to a copayment of \$5 per canal.
5. Periodontics Benefits described in Attachment “C”, above: No copayments shall be charged with the following exceptions:
 - a. Osseous or muco-gingival surgery: \$5 per quadrant.
6. Crowns and Fixed Bridges Benefits described in Attachment “C”, above: \$5 copayments.
6. Removable Prosthetics Benefits as described in Attachment “C”, above: No copayments shall be charged with the following exceptions:
 - a. Dentures are subject to copayments as follows:
 - i. Complete maxillary denture: \$5 copayment.
 - ii. Complete mandibular denture: \$5 copayment.
 - iii. Partial acrylic upper or lower denture with clasps: \$5 copayment.
 - iv. Partial upper or lower denture with chrome cobalt alloy lingual or palatal bar, clasps and acrylic saddles: \$5 copayment.
 - v. Removable unilateral partial denture: \$5 copayment.

- b. Reline for an upper, lower or partial denture is subject to a copayment per unit as follows:
 - i. Office reline: No copayment.
 - ii. Laboratory reline: \$5 copayment.
 - c. Denture duplication: \$5 copayment.
7. The copayment for any precious (noble) metals used in any crown or bridge will be the full cost of the actual precious metal used.
8. Notwithstanding any other provision in this Section, an alternative copayment shall apply under the following circumstances: For children under six (6) years of age, who are unable to be treated by their Participating Provider, and who have been referred to a pedodontist, the copayment is \$5, unless the services are diagnostic or preventative, in which case there are no copayments.

EXHIBIT A
HEALTHY KIDS PROGRAM TERMS AND CONDITIONS

ATTACHMENT J

COPAYMENTS FOR VISION BENEFITS

1. Examinations: \$5 copayment per examination.
2. Frames and lenses: \$5 copayment, for frames with lenses, frames or lenses.
3. A wholesale frame allowance of \$30 will be provided by the vision plan. If a Member chooses a frame with a wholesale value above \$30, the vision plan will bill the Member the difference between the standard retail value of \$75 for a \$30 wholesale frame and the retail cost of the frame the Member has selected.
4. The following options are considered cosmetic and any costs associated with the selection of these options will be the financial responsibility of the Applicant:
 - a. blended lenses (bifocals which do not have a visible dividing line);
 - b. contact lenses except as specified in 5, below;
 - c. oversized lenses (larger than standard lens blank to accommodate prescriptions);
 - d. progressive multifocal lenses;
 - e. coated or laminated lenses;
 - f. UV protected lenses; and
 - g. other optional cosmetic processes.
5. Medically Necessary contact lenses, as defined, above: No copayment.
6. Elective contact lenses: an allowance of \$110 will be provided by the vision plan toward the cost of an examination, contact lens evaluation, fitting costs and materials. This allowance will be in lieu of all Benefits including examination and material costs. The Member is responsible for any costs exceeding this allowance.
7. Low vision Benefits:
 - a. Supplementary testing: No copayment.
 - b. Supplemental care: \$5 copayment per visit.

8. Services from providers not included in the vision plan's panel of approved providers: When a Member obtains Services from a provider not included in the vision plan's panel of approved providers; the Applicant will be responsible for paying the provider for all Services and materials received at the time of his or her appointment. The subcontracting vision plan will reimburse the Applicant within fourteen (14) calendar days after receipt of the paid itemized bill or statement according to the schedule of allowances as follows:
- a. Professional fees: Vision exams, up to \$35.00.
 - b. Materials:
 - i. Each single vision lens, up to \$12.50.
 - ii. Each bifocal lens, up to \$20.00.
 - iii. Each trifocal lens, up to \$25.00.
 - iv. Each lenticular lens, up to \$50.00.
 - v. Frame, up to \$40.00.
 - vi. Tint allowance, up to \$5.00.
 - vii. Each pair necessary contact lenses, up to \$250.00.
 - viii. Each pair elective contact lenses, up to \$110.00. Determination of whether contact lenses are necessary or elective when obtained from providers not included in the vision plan's panel of approved providers will be the responsibility of the vision plan. Reimbursement for elective contact lenses is in lieu of all Benefits, including examination and materials.
 - c. Low vision Benefits: Low vision Benefits obtained from a provider not included in the vision plan's panel of approved providers will be reimbursed in accordance with what the vision plan would pay a provider included in the vision plan's panel of approved providers for this Benefit.

EXHIBIT A
HEALTHY KIDS PROGRAM TERMS AND CONDITIONS

ATTACHMENT K

COPAYMENTS FOR OUTPATIENT DRUG BENEFITS

1. Prescription Drugs: No copayment for Drugs provided in an inpatient setting, or for drugs administered in a provider's office or in an outpatient facility setting during the Member's stay at the facility.
2. For Brand Name or Generic Drug prescriptions for up to a thirty two (32)-day supply. Drugs: \$5 copayment per prescription.
3. Maintenance Drugs: \$5 for up to a 100-day supply. Maintenance Drugs are Drugs that are prescribed for sixty (60) days or longer and are usually prescribed for chronic conditions such as heart disease, diabetes, or hypertension.
4. Special food products for PKU: No copayment.

**EXHIBIT A
HEALTHY KIDS PROGRAM TERMS AND CONDITIONS**

ATTACHMENT L

HIPAA BUSINESS ASSOCIATE ADDENDUM

This Business Associate Agreement (“Agreement”) effective on _____, 200__ (“Effective Date”) is entered into by and between the Local Initiative Health Authority for Los Angeles County, a local government agency doing business as L.A. Care Health Plan (“L.A. Care”), and _____ (“Business Associate”).

Article I. RECITALS

A. The purpose of this Agreement is to comply with the Standards for Privacy of Individually Identifiable Health Information and the Security Standards (collectively, the “HIPAA Regulations”) at 45 C.F.R. Parts 160 and 164 under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and Title XIII of the American Recovery and Reinvestment Act of 2009 and regulations and guidance promulgated thereunder (“ARRA”), also known as the Health Information Technology for Economic and Clinical Health Act (the “HITECH Act”).

B. The parties hereto have a prior agreement dated _____ (the “Service Agreement”) under which Business Associate regularly uses and/or discloses Protected Health Information in its performance of services for L.A. Care;

C. This Agreement sets forth the terms and conditions pursuant to which Protected Health Information that is provided by L.A. Care to Business Associate, or created or received by Business Associate from or on behalf of L.A. Care, will be handled during the term of the Service Agreement and after its termination.

NOW, THEREFORE, for and in consideration of the recitals above and the mutual covenants and conditions contained herein, Business Associate and L.A. Care agree as follows:

1. **Permitted Uses and Disclosures of Protected Health Information.**

Pursuant to the Service Agreement, Business Associate provides services for L.A. Care that involve the use and disclosure of Protected Health Information. The term “Protected Health Information” shall have the same meaning as the term “protected health information” in 45 C.F.R. § 160.103, limited to the information created or received by Business Associate from or on behalf of L.A. Care. Except as otherwise specified herein, Business Associate may use or disclose Protected Health Information necessary to perform its obligations under the Services Agreement, provided that such use or disclosure would not violate the HIPAA Regulations if

done by L.A. Care. Business Associate may use Protected Health Information (i) for the proper management and administration of Business Associate and (ii) to carry out the legal responsibilities of Business Associate. All other uses not authorized by this Agreement are prohibited. Additionally, Business Associate may disclose Protected Health Information for the purposes authorized by this Agreement only (i) to its employees, subcontractors, and agents, in accordance with Section 2.1(e) hereof, (ii) as directed by L.A. Care, or (iii) as otherwise permitted by the terms of this Agreement.

2. **Responsibilities of the Parties.**

2.1 **Responsibilities of Business Associate.** With regard to its use and/or disclosure of Protected Health Information, Business Associate hereby agrees to:

(a) Not use or further disclose Protected Health Information other than as permitted or required by this Agreement or as otherwise required by law.

(b) Use appropriate safeguards to prevent the use or disclosure of the Protected Health Information other than as provided for by this Agreement.

(c) Implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of any electronic Protected Health Information that Business Associate creates, receives, maintains, or transmits on behalf of L.A. Care.

(d) Commencing on February 18, 2010, comply with the provisions of 45 CFR §§ 164.308, 164.310, 164.312 and 164.316 relating to implementation of administrative, physical and technical safeguards with respect to electronic Protected Health Information in the same manner that such provisions apply to a HIPAA covered entity.

(e) Establish and implement procedures for mitigating, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information that violated the requirements of this Agreement.

(f) Report to the designated privacy officer of L.A. Care, in writing, any use and/or disclosure of the Protected Health Information that is not permitted or required by this Agreement, any Breach or any Security Incident of which Business Associate becomes aware within three (3) calendar days of Business Associate's discovery of such unauthorized use and/or disclosure. Business Associate's notification to L.A. Care shall include the identification of each individual whose Unsecured PHI has been, or is reasonably believed by Business Associate to have been, accessed, acquired or disclosed during a Breach. A Breach shall be treated as discovered as of the first day on which such Breach is known, or should reasonably have been known, to Business Associate. For purposes of this Section, the knowledge of any person, other than the individual committing the Breach, that is an employee, officer or other agent of Business Associate shall be imputed to Business Associate. The term "Security Incident" shall have the same meaning as the term "security incident in 45 C.F.R. § 164.304. The term "Breach" shall have the same meaning as the term "breach" in Section 13400(1) of ARRA. The term "Unsecured PHI" shall have the same meaning given to such term under Section 13401(h) of ARRA,

and guidance promulgated thereunder. The provisions of this Section relating to notification of Breaches shall become effective on the date the compliance is required with Section 13402 of ARRA, as provided in Section 13402(j) of ARRA.

(g) Require all of its agents, including subcontractors, that receive or use or have access to Protected Health Information under this Agreement to agree in writing to adhere to the same restrictions and conditions on the use and/or disclosure of Protected Health Information that apply herein, including the obligations to implement reasonable and appropriate safeguards to protect electronic Protected Health Information and to return or destroy the Protected Health Information as provided under Section 3.3 hereof. Business Associate shall implement sanctions against any agent or subcontractor that violates such restrictions and conditions and mitigate the effects of any such violation.

(h) Provide access, within ten (10) calendar days of receipt by Business Associate of a request by L.A. Care, to Protected Health Information in a Designated Record Set, to L.A. Care or, as directed by L.A. Care, to an Individual in order to meet the requirements under 45 C.F.R. § 164.524, and, if and when applicable, Section 13405(e)(1) of ARRA (the term “Designated Record Set” shall have the same meaning as the term “designated record set” in 45 C.F.R. § 164.501; the term “Individual” shall mean the person who is the subject of Protected Health Information).

(i) Make any amendment(s) to Protected Health Information in a Designated Record Set that L.A. Care directs or agrees to pursuant to 45 C.F.R. § 164.526 at the request of L.A. Care or an Individual, within ten (10) calendar days of receipt by Business Associate of such request. If any Individual requests an amendment to Protected Health Information directly from Business Associate or its agent or subcontractor, Business Associate must notify L.A. Care in writing within five (5) calendar days of receipt of the request. Any denial of amendment of Protected Health Information maintained by Business Associate or its agent or subcontractor shall be the responsibility of L.A. Care.

(j) Make available all records, books, agreements, and policies and procedures relating to the use and/or disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, L.A. Care available to the Secretary of the U.S. Department of Health and Human Services or the Secretary’s designee (the “Secretary”) for purposes of the Secretary determining L.A. Care’s compliance with the HIPAA Regulations, subject to attorney-client and other applicable legal privileges. Business Associate shall provide to L.A. Care a copy of any Protected Health Information that Business Associate provides to the Secretary concurrently with providing such Protected Health Information to the Secretary.

(k) Within ten (10) calendar days of receiving a written request from L.A. Care, make available to L.A. Care during normal business hours at Business Associate’s offices all records, books, agreements, and policies and procedures relating to the use and/or disclosure of Protected Health Information for purposes of enabling L.A. Care to determine Business Associate’s compliance with the terms of this Agreement.

(l) Document such disclosures of Protected Health Information and information related to such disclosures as would be required for L.A. Care to respond to a

request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528 and, if and when applicable, Section 13405(c) of ARRA. Business Associate shall retain such documentation during the term of this Agreement and for a period of six (6) years following its termination. Business Associate shall not disclose Protected Health Information unless directed in writing by L.A. Care or as expressly permitted under this Agreement of the Services Agreement.

(m) Within ten (10) calendar days of receiving a written request from L.A. Care, provide to L.A. Care such information as is requested by L.A. Care to permit L.A. Care to respond to a request by an Individual for an accounting of disclosures of the Individual's Protected Health Information in accordance with 45 C.F.R. §164.528 and, if and when applicable, Section 13405(c) of ARRA.

(n) Business Associate shall comply with the provisions of ARRA set forth below, and any additional obligations imposed upon Business Associate by ARRA, commencing on the date that compliance with each such provision is required by ARRA.

(i) Business Associate shall take reasonable steps to cure a breach of the Addendum or terminate the Service Agreement and this Addendum if Business Associate knows of a pattern of activity or practice by L.A. Care that violates this Addendum, in accordance with Section 13404(b) of ARRA.

(ii) Business Associate (or its agents or subcontractors) shall only request, use and disclose the minimum amount of Protected Health Information necessary to accomplish the purpose of the request, use or disclosure, in accordance with Section 13405(b) of ARRA.

(iii) Business Associate shall use and disclose Protected Health Information for marketing purposes only as expressly directed by L.A. Care, and in accordance with Section 13406(a) of ARRA.

(iv) Business Associate shall comply with the prohibition on the sale of Electronic Health Records and Protected Health Information as set forth in Section 13405(d) of ARRA. The term "Electronic Health Record" shall have the same meaning given to such term in Section 13400(g) of ARRA.

2.2 Responsibilities of L.A. Care. With regard to the use and/or disclosure of Protected Health Information by Business Associate, L.A. Care hereby agrees to:

(a) Provide Business Associate with a copy of the notice of privacy practices (the "Notice") that L.A. Care provides to Individuals pursuant to 45 C.F.R. § 164.520, as well as any changes in Notice;

(b) Inform Business Associate of any changes in, or revocation of, the consent or authorization provided to L.A. Care by an Individual to use Protected Health Information, if such changes affect Business Associate's permitted or required uses and disclosures; and

(c) Notify Business Associate, in writing and in a timely manner, of any restriction to the use and/or disclosure of Protected Health Information that L.A. Care agreed to as provided for in 45 C.F.R. § 164.522.

3. **Term and Termination.**

3.1 **Term.** This Agreement shall become effective on the Effective Date, and shall terminate when all of the Protected Health Information provided by L.A. Care to Business Associate, or created or received by Business Associate on behalf of L.A. Care, is destroyed or returned to L.A. Care, or, if it is infeasible to return or destroy the Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Section 4.

3.2 **Termination.** As provided for under 45 C.F.R. § 164.504(e)(2)(iii) and 45 C.F.R. § 164.314(a)(2)(i)(D), L.A. Care may immediately terminate this Agreement and any related agreement if it determines that Business Associate has breached a material term of this Agreement. Alternatively, L.A. Care may choose to: (i) provide Business Associate with fifteen (15) calendar days written notice of the existence of an alleged material breach; and (ii) afford Business Associate an opportunity to cure such alleged material breach within the fifteen (15) day period upon mutually agreeable terms. Failure to cure in the manner set forth in this Section 4.2 is grounds for the immediate termination by L.A. Care of the Agreement. If termination is not feasible, L.A. Care shall report the breach to the Secretary of HHS. This Agreement will automatically terminate without any further action of the parties upon the termination or expiration of the Service Agreement.

3.3 **Effect of Termination.**

(a) Except as provided in paragraph (b) of this Section 4.2, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all Protected Health Information received from L.A. Care, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies or back-up tapes of the Protected Health Information.

(b) In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to L.A. Care written notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the parties hereto that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

(c) In the event that it is infeasible for Business Associate to obtain from a subcontractor or agent any Protected Health Information in the possession of the subcontractor or agent, Business Associate shall provide to L.A. Care written notification of the conditions of such infeasibility and require the subcontractor or agent to agree to extend

the protections of this Agreement to such Protected Health Information and limit further uses and disclosures by the subcontractor or agent of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as the subcontractor or agent maintains such Protected Health Information.

(d) The respective rights and obligations of Business Associate and L.A. Care under Sections 3.3, 4, 5.2, 5.3, and 5.4 shall survive the termination of this Agreement indefinitely.

4. **Indemnification.**

The parties hereto agree to indemnify, defend and hold harmless each other and each other’s respective employees, directors, officers, subcontractors, agents or other members of its workforce (each of the foregoing hereinafter referred to as “indemnified party”) against all actual and direct losses suffered by the indemnified party and all liability to third parties arising from or in connection with any breach of this Agreement or of any warranty hereunder or from any negligence or wrongful acts or omissions, including failure to perform its obligations under the HIPAA Regulations or ARRA, by the indemnifying party or its employees, directors, officers, subcontractors, agents or other members of its workforce. Accordingly, on demand, the indemnifying party shall reimburse any indemnified party for any and all actual and direct losses, liabilities, lost profits, fines, penalties, costs or expenses (including reasonable attorneys’ fees) which may for any reason be imposed upon any indemnified party by reason of any suit, claim, action, proceeding or demand by any third party which results from the indemnifying party’s breach hereunder. The obligation of the parties hereto to indemnify any indemnified party shall survive the expiration or termination of this Agreement for any reason.

5. **Miscellaneous.**

5.1 Notices. Any notices required or permitted to be given hereunder by any party to the other shall be in writing and shall be deemed delivered upon personal delivery; twenty-four (24) hours following deposit with a courier for overnight delivery; or seventy-two (72) hours following deposit in the U.S. Mail, registered or certified mail, postage prepaid, return-receipt requested, addressed to the parties at the following addresses or to such other addresses as the parties may specify in writing:

If to L.A. Care:
1)

L.A. Care Health Plan
1055 West 7th Street, 10th Floor

Los Angeles, California 90017
Attention: Chief Executive Officer

If to Business Associate:

Attn: _____

5.2 Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of California.

5.3 Venue. In the event of any litigation under this Agreement, the parties agree that the venue for such litigation shall be the County of Los Angeles in the State of California.

5.4 No Third Party Beneficiaries. Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the parties hereto any rights, remedies, obligations, or liabilities whatsoever.

5.5 Regulation References. A reference in this Agreement to a section in the HIPAA Regulations or ARRA means the section as in effect or as amended, and for which compliance is required.

5.6 Amendment. This Agreement may not be modified or amended, except by mutual written agreement. The parties hereto agree to take such action as is necessary to amend this Agreement from time to time as is necessary for L.A. Care to comply with the requirements of the HIPAA Regulations, HIPAA and ARRA.

5.7 Enforcement. In the event that either party hereto shall be required to enforce the terms of this Agreement, whether with or without arbitration, the prevailing party shall be entitled to recover the costs of such action, including reasonable attorneys' fees.

5.8 Entire Agreement; Modification. This Agreement shall constitute the entire agreement of the parties hereto with respect to the subject matter hereof and supersedes all prior agreements, oral or written, and all other communications between the parties hereto relating to such subject matter.

5.9 Severability. In the event any provision of this Agreement is held to be unenforceable or void for any reason, the remainder of the Agreement shall be unaffected and shall remain in full force and effect in accordance with its terms, unless such unenforceability or voidness defeats an essential business term hereof.

5.10 Waivers. A waiver by either party of a breach or failure to perform hereunder shall not constitute a waiver of any subsequent breach or failure.

5.11 Interpretation. Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits L.A. Care to comply with the HIPAA Regulations and ARRA.

5.12 Counterparts. This Agreement may be executed in counterparts, each of which will be deemed to be an original, but all of which together will constitute one and the same agreement.

IN WITNESS WHEREOF, the undersigned have executed this Agreement as of the date and year above first written.

“Business Associate”:

“Covered Entity”:

Local Initiative Health Authority for Los Angeles County d.b.a. L.A. Care Health Plan

(ii) By: _____

By: Howard A. Kahn

(iii) Its: _____

Its: Chief Executive Officer



**EXHIBIT A
HEALTHY KIDS PROGRAM TERMS AND CONDITIONS**

**ATTACHMENT M
HEALTHY KIDS
Provider Network Principles**

I. ACCESS and AVAILABILITY

A. Geographic Access

1. All Healthy Kids beneficiaries shall have access to a contracted primary care provider within 10 miles or 30 minutes of their residence.
2. All Healthy Kids beneficiaries shall have access to contracted subspecialists, ancillary providers, facilities and other service providers within a reasonable distance of their residence.

B. Availability

1. Primary care providers of Healthy Kids beneficiaries shall ensure at least telephone access to a physician provider for emergency purposes 24 hours a day, 7 days a week.
2. Providers of Healthy Kids beneficiaries shall ensure availability of appointments for primary care and specialty services in accordance with time frames established by L.A. Care Health Plan and the Department of Managed Health Care.
3. Primary care providers of Healthy Kids beneficiaries who maintain more than one office shall ensure physician availability and oversight of non-physician medical practitioners at each site in accordance with the minimum time frames established by L.A. Care Health Plan.

C. Member Choice

1. L.A. Care Health Plan shall maintain a network sufficient in size to facilitate reasonable member choice of primary care, specialists and ancillary providers.

II. CULTURAL AND LINGUISTIC NEEDS

A. Cultural Needs

1. L.A. Care Health Plan shall maintain a primary care network sufficient in size to represent the cultural diversity of Healthy Kids beneficiaries and facilitate reasonable member choice of primary care providers who meet the cultural needs of the Healthy Kids members.
2. Cultural needs will be considered in the assignment of any Healthy Kids beneficiaries who do not choose their own primary care provider.

B. Linguistic Needs

1. L.A. Care Health Plan shall maintain a primary care network sufficient in size and services to meet the linguistic needs of Healthy Kids beneficiaries. L.A. Care will meet the linguistics standards established by the State's Cultural and Linguistic Task Force and the Federal Cultural and Linguistically Appropriate Services (CLAS) Standards. This may be accomplished through a variety of means including but not limited to:
 - contracting with primary care providers who speak at least the threshold languages of the members
 - contracting with primary care providers who maintain office staff who speak the members' primary language
 - ensuring continuous education of providers on the CLAS Standards and the availability of interpretative services, and/or
 - ensuring access to telephonic and face to face interpretative services, including during after-hours, in the members' primary language via
 - o L.A. Care's Cultural and Linguistic department
 - o Pacific Interpreters

L.A. Care Health Plan shall inform members on how to access interpretative services in the member handbook.

2. Language needs will be considered in the assignment of any Healthy Kids beneficiaries who do not choose their own primary care provider.

3. The HEALTHPLAN agrees to translate written informing MATERIALS FOR SUBSCRIBERS INCLUDING, BUT NOT LIMITED TO, The Evidence of Coverage booklet; form letters; notice of action letters; consent forms; letters containing important information regarding participation in the healthplan; notices pertaining to the reduction, denial, modification, or termination of services; notices of the right to appeal such actions or that require a response from subscribers; notices advising LEP subscribers of the availability of free language assistance services; other outreach materials; and medical care reminders. Translation of these materials shall be in the following languages: Spanish, and any language representing the preferred mode of communication for the lesser of either five percent (5) or more of the Contractor's enrollment of 3,000 or more subscribers of the Contractor's enrollment in the Program as of December of the previous year.

III. SCOPE OF BENEFITS/COMPREHENSIVITY

- A. L.A. Care Health Plan will contract with and maintain a network of providers, and facilities to ensure timely access to the full scope of benefits provided in the Healthy Kids benefit package. This shall include but not be limited to primary care providers, specialists, ancillary service providers and hospitals.
- B. Primary care providers of Healthy Kids beneficiaries shall provide or arrange for the provision of the full scope of benefits to which members are entitled.
- C. Primary care providers of Healthy Kids beneficiaries shall maintain privileges at one or more contracted hospitals within the Healthy Kids network, or arrange for coverage in a contracted hospital in the event of the need for hospitalization.
- D. Primary Care providers of Healthy Kids beneficiaries shall also maintain active provider identification status as a L.A. Care Health Plan Medi-Cal primary care provider.

IV. CONTINUITY OF CARE

- A. Access and availability standards for primary care providers shall be maintained to facilitate continuity of care for Healthy Kids members.

- B. Care management² services shall be available to Healthy Kids members to facilitate continuity of care and access to the full scope of benefits to which members are entitled. Basic Care management services will be provided by the primary care providers. More targeted/complex care management services may be provided by group or health plan staff.

V. QUALITY OF THE PROVIDER NETWORK

- A. L.A. Care Health plans shall ensure that all Healthy Kids practitioners are credentialed in accordance with the regulations of the State of California, industry standard and the Medi-Cal program.
- B. Primary care providers of Healthy Kids beneficiaries shall meet and maintain the facility and medical record standards established by L.A. Care Health Plan and the Medi-Cal program. These standards shall be met prior to receiving enrollment, and on an ongoing basis.

VI. SAFETY NET

- A. L.A. Care Health plans shall ensure access to safety net providers, who have traditionally served the uninsured, and who meet the L.A. Care standards for provider participation.
- B. L.A. Care Health plans shall, where appropriate, assist strategically important safety net providers to meet the standards necessary to enter the network.

VII. FAMILY CENTERED CARE

- A. Providers of Healthy Kids beneficiaries shall provide care in a manner that has a core family centered focus demonstrated by at least the following:
 - recognition of the family, as configured, as the constant in the life of the member.
 - involvement of the family, and beneficiary, where appropriate, in decisions regarding health care needs
 - facilitation of professional collaboration when necessary.

² Care management services are those support services provided by PCPs, LA Care case managers or other staff to facilitate coordination of services and equipment needs for HK beneficiaries.

**EXHIBIT A
HEALTHY KIDS PROGRAM TERMS AND CONDITIONS**

**ATTACHMENT N
OPERATIONAL REPORTING**

Report Type	Frequency	Date initiated	Responsibility Entity
--------------------	------------------	-----------------------	------------------------------

Acute Reports

Number of Acute Admits	Quarterly	July-04	LA Care
Number of Acute Admits/1,000 Members	Quarterly	July-04	LA Care
Number of Acute Bed Days	Quarterly	July-04	LA Care
Number of Acute Bed Days/1,000 Members	Quarterly	July-04	LA Care

Emergency Room (ER)

Number of ER visits	Quarterly	July-04	LA Care
Number of Out-of-Area ER visits	Quarterly	July-04	LA Care
Number of ER visits/1,000 Members	Quarterly	July-04	LA Care

Member Service Reports

Total Enrollment (by LA Care region)	Monthly	July-03	LA Care
Total Enrollment by source (LA Care, external)	Monthly	July-03	LA Care
Total Disenrollment / with reason code (by LA Care region)	Monthly	July-03	LA Care
Number of Members by Provider	Monthly	July-03	LA Care
Number of Member Grievances	Quarterly	July-04	LA Care
Member Demographics (by LA Care region)	Monthly	July-03	LA Care

Provider Network Reports

Number of Providers by type	Quarterly	July-04	LA Care
PCP : member ratio by DMHC regions	Quarterly	July-04	LA Care
PCP language capacity	Quarterly	July-04	LA Care

HEDIS Reports

Each performance measure as captured through HEDIS	Annually	July-05	LA Care
--	----------	---------	---------

Additional Quality Measures

FAACT or other mutually acceptable reporting measure	Annually	July-05	LA Care
--	----------	---------	---------



Grant #	: 05632
Agreement Period:	7/1/2015-12/31/2015

Budget Summary FY15-16

Healthy Kids Initiative

Applicant Name: L.A. Care Health Plan
 Project Name: Healthy Kids (HK 0-5)

Cost Category	TOTALS		
	Total First 5 LA Requested Funds	Total Matching Funds	Total Projected Budget
HK Premium Coverage	250,000		250,000
GRAND TOTAL:	250,000		250,000.00

FIRST 5 LA

SUBJECT:

Los Angeles Universal Preschool (LAUP) FY 15-16 Performance Based Contract

RECOMMENDATION (FOR ACTION):

1. Approve LAUP's FY 15-16 Plan
2. Authorize staff to amend and execute the contract effective July 1, 2015 in an amount not to exceed \$60,300,150
3. Delegate authority to Executive Director to execute contract amendments

BACKGROUND:

The FY 15-16 performance-based contract between First 5 LA and LAUP marks the seventh and final year of the Second Master Agreement. The Master Agreement with LAUP is scheduled to end on June 30, 2016. The proposed FY 15-16 contract reflects LAUP's continued work in direct funding of preschool spaces while beginning the pivot from direct service to program quality. The proposed changes to the outcome targets and process milestones are intended to support LAUP's transition into their new strategic direction and business model adopted early in FY 14-15.

While the language on the Second Master Agreement remains relatively constant from year to year, the exhibits (Performance Matrix, Budget, Fund Balance, and Reporting Framework) change on an annual basis as they represent the work to be conducted for that given year. First 5 LA and LAUP staff considered several factors that contribute to the proposed FY 15-16 contract exhibits. These factors include the Master Agreement end date of June 30, 2016; First 5 LA's adopted Governance Guideline #7 "*Expiration of contracts/grants*" which stipulates that grants must end on their scheduled funding end date; and the implementation of LAUP's new Strategic and Business Plans. The proposed changes for the final year of the Second Master Agreement were presented to the First 5 LA Board of Commissioners on May 14, 2015.

DISCUSSION:

Final Year: FY 15-16

LAUP's Strategic and Business Plans are paving the way for its transition from an organization with a significant focus on providing preschool access to one which puts emphasis on services pertaining to quality and advocating together with others, for access to quality learning environments for all of LA County's young children. LAUP's Strategic Plan includes three priority areas: 1) Early Education Quality and Excellence; 2) Strategic Partnerships, Revenue and Organizational Development; and 3) Advocacy and Public Will Building.

To support its new strategic plan, the LAUP Business Plan is a complementary planning tool. It identifies three phases for LAUP's future work: Phase I (FY 2015), Phase II (FY 2016), and Phase III (FY 2017 – FY 2019). The planning efforts in Phases I and II will prepare LAUP for the transition it will fully execute in Phase III as it significantly reduces its expenditures and pivots to a focus on growing and sustaining early education quality. The action items to be implemented in each phase are briefly described.

Phase I (FY2015):

- Develop internal and contracted professional capacity to access diversified funding and fee-for-service activities
- Market LAUP as a QRIS (Quality Rating and Improvement System) leader
- Conduct in-depth funding and relationship opportunity research
- Develop strategic partnerships to leverage funding

Phase II (FY 2016):

- Plan and develop new business activities in the areas of QRIS, Workforce Development and Advocacy
- Formalize communication with families and program providers about changes to come
- Develop a detailed plan for transitioning services as needed based upon Phase III activities which will include both reductions to services and the launch of new services, as determined by Phase III activities
- Develop a detailed internal reorganization plan that aligns with Phase III activities and anticipated Phase III funding levels
- Seek Advancement funding and identify and develop strategic partnerships to leverage existing funding

Phase III (FY 2017-2019):

- Implement the internal reorganization plan developed in Phase II
- Implement the service transition plan developed in Phase II
- Continue to seek Advancement funding for business activities
- Continue to develop and grow partnerships in support of Phase III activities

The proposed changes in four of the seven outcome targets associated with this final year of LAUP master agreement are explained below. They highlight anticipated alignment between LAUP's Strategic and Business Plans and First 5 LA's Strategic Plan.

1. Data to Inform Policy and Program Planning

Although the objective statement for Outcome #3 remains the same, LAUP will utilize the findings from the teacher retention study to inform their future policy and program planning. Some of the data elements are changed to better align with quality related measures (i.e., use of teacher observation tool).

2. Robust Research and Evaluation

There will no longer be an aligned research agenda between LAUP and First 5 LA beginning in FY 15-16; however, Outcome #5 demonstrates LAUP's continued commitment to research and evaluation. The research effort will inform program development efforts during Phase II of the Business Plan, provide data and evaluation findings to support grant applications, inform the early education policy agenda at all levels, and to support LAUP's business development team.

3. Strategies from Strategic and Business Plans

Outcome #6 indicates how LAUP will incorporate strategies from its Strategic Plan and Phase II of its Business Plan to support the organization's new strategic direction.

4. Changing Public Policies

The language of Outcome #7 has been changed to better reflect LAUP's new strategic direction, part of which is a focus on broadening access to quality early learning to all of LA County's children, and not just the 4-year-olds who were served under the LAUP Master Agreement.

Although the majority of the proposed budget will continue to be spent on preschool access, LAUP's pivot to quality is reflected in the increased spending on Research and Evaluation and Sustainability categories under direct program support. The fund balance is currently estimated to be between \$30M to \$40M by the end of 2016. This estimate will be updated as part of the First 5 LA Comprehensive Annual Report to be reviewed and adopted by the board in October 2015. Per the Commission's directional endorsement at the May 2015 Board of Commissioners meeting, First 5 LA staff will work together with LAUP to develop an expenditure plan for the fund balance that aligns to First 5 LA's and LAUP's new strategic directions.

Attachment A
 Contract Performance Matrix (PM)
 For LAUP/First 5 LA Performance Based Contract FY 15-16

<p>Outcome #3: LAUP demonstrates an ongoing commitment to supporting quality early learning environments.</p>	<p>Preschool Quality: Demonstrate adherence to quality practices across the LAUP network.</p>	<p>Preschool Quality:</p> <ul style="list-style-type: none"> • The average score across all LAUP providers meet the following targets in each of the three dimensions of the CLASS assessment: <ul style="list-style-type: none"> • Emotional Support – 5 • Instructional Support – 2.5 • Classroom Organization – 5 • 95% of providers had child to staff ratios consistent with the LAUP operating guidelines and Star Rating System. • 95% of LAUP classrooms used one of the approved curricula listed in the LAUP Operating Guidelines. 	<p style="text-align: right;">277</p>
	<p>Teacher Retention: Utilize findings from the teacher retention study to inform policy and program planning</p>		<p>Teacher retention:</p> <ul style="list-style-type: none"> • By August 31, 2015 report out on findings from the teacher retention study and make recommendations on how to improve teacher retention • Disseminate findings of the retention study • Incorporate findings from the teacher retention study into the policy agenda, as appropriate • Incorporate findings from the teacher retention study into program planning

Attachment A
 Contract Performance Matrix (PM)
 For LAUP/First 5 LA Performance Based Contract FY 15-16

<p>Outcome #4: Cost-effective quality preschool services are provided to maximize the number of children served.</p>	<p>Cost to revenue expenditure ratio for all First 5 LA funding will be consistent with maintaining the number of half-day preschool seats noted in Outcome #1 including attrition. Cost to revenue expenditure ratio for administration will remain at 5%.</p>	<ul style="list-style-type: none"> Actual cost per child data reported annually as part of the annual budget and annual year-end financial reporting, subject to an annual audit 	<p>N/A</p>
<p>Outcome #5: LAUP demonstrates an ongoing commitment to robust research and evaluation efforts related to:</p> <ul style="list-style-type: none"> Informing program development efforts during Phase II of the strategic plan Providing data and evaluation findings to support grant applications Informing the early education policy agenda at the local, state and national level Supporting LAUP’s business development team by analyzing data to inform planning and decision making 	<p>N/A</p>	<p>N/A</p>	<p>LAUP will submit a semiannual report on progress related to new and ongoing research and evaluation efforts.</p> <p style="text-align: right;">278</p>

Attachment A
 Contract Performance Matrix (PM)
 For LAUP/First 5 LA Performance Based Contract FY 15-16

<p>Outcome #6: LAUP incorporates strategies from its Strategic and Business Plans to diversify revenue sources.</p>	<p>Implement Phase II of the Business Plan to support LAUP transition to their new strategic direction.</p>	<p>Non-First 5 LA revenue generated by LAUP, exclusive of any annual "carry-over" and money earned from the Child Signature Program</p> <p>Report on Phase II activities as listed in the Process Milestones.</p>	<p>LAUP will report on progress towards achieving the following Phase II Business Activities:</p> <ul style="list-style-type: none"> • Plan and develop new business activities in the area of QRIS • Develop a detailed plan for transitioning services as needed based upon Phase III activities. This will include both reductions to services and the launch of new services, as determined by Phase III activities • Continue communication with program providers regarding the transition • Continue to seek funding and identify and develop strategic partnerships to leverage existing funding • LAUP will submit a forecast to First 5 LA by May 1, 2016 that identifies the projected balance at the close of the year
---	--	--	---

Attachment A
 Contract Performance Matrix (PM)
 For LAUP/First 5 LA Performance Based Contract FY 15-16

<p>Outcome #7: Progress is made in changing public and political will and public policies to further the goal of expanding access to quality early learning for all of LA County's children.</p>	<ul style="list-style-type: none"> • Continue to work collaboratively with First 5 LA on a policy agenda by advocating at the local, state and federal levels. 	<p>N/A</p>	<ul style="list-style-type: none"> • LAUP will submit semiannual updates on activities to support the increase of public will and/or changes to public policies related to expanding access to quality early learning for all of LA County's children. This includes but is not limited to: <ul style="list-style-type: none"> • Advocacy activities at the local, state and federal levels • Progress within the Parent Ambassador Program • LAUP and First 5 LA will review and adjust the policy agenda quarterly to incorporate First 5 LA and LAUP Strategic Planning efforts, and changing policy landscape.
--	---	------------	--



FIRST 5 LA LAUP CASH ADVANCE FORECAST



LAUP First 5 LA Expenses	Q1	Q2	Q3	Q4	FY 2016
DIRECT LAUP GRANTS					
Preschool Provider Funding	\$ 3,188,496	\$ 10,856,863	\$ 11,089,493	\$ 11,214,499	\$ 36,349,351
District Demonstration Project	\$ 382,632	\$ 1,048,981	\$ 1,058,522	\$ 1,062,249	\$ 3,552,385
TOTAL DIRECT LAUP GRANTS	\$ 3,571,128	\$ 11,905,844	\$ 12,148,015	\$ 12,276,748	\$ 39,901,736
PROGRAM SUPPORT					
Coaching	\$ 1,471,273	\$ 1,328,543	\$ 1,583,391	\$ 23,052	\$ 4,406,259
Program Services	\$ 891,906	\$ 795,432	\$ 957,307	\$ 201,273	\$ 2,845,918
Awareness	\$ 465,894	\$ 471,694	\$ 516,073	\$ 102,384	\$ 1,556,045
Program Compliance	\$ 1,144,897	\$ 1,009,106	\$ 589,440	\$ 270,440	\$ 3,013,883
Research & Evaluation	\$ 434,399	\$ 381,745	\$ 479,090	\$ 154,653	\$ 1,449,887
Sustainability	\$ 1,951,437	\$ 1,227,755	\$ 1,272,182	\$ 471,091	\$ 4,922,465
TOTAL PROGRAM SUPPORT	\$ 6,359,806	\$ 5,214,275	\$ 5,397,483	\$ 1,222,893	\$ 18,194,457
TOTAL ADMINISTRATIVE	\$ 727,306.16	\$ 639,148.06	\$ 578,980.20	\$ 258,523.58	\$ 2,203,958
					4%
TOTAL LAUP FIRST 5 LA EXPENSES	\$ 10,658,240	\$ 17,759,267	\$ 18,124,478	\$ 13,758,165	\$ 60,300,150

Breakdown in First 5 LA Fund Categories

Operating Contract Commitment per MSA ¹	\$ 9,836,601	\$ 13,104,040			\$ 22,940,641
Est. Child Signature Program (not yet received) ²	\$ 439,006	\$ 1,024,347	\$ 1,463,353	\$ 1,951,138	\$ 4,877,844
District Demonstration Projects ³	\$ 382,632	\$ 1,048,981	\$ 1,058,522	\$ 1,062,249	\$ 3,552,385
Fund Balance Request ⁴		\$ 2,581,900	\$ 15,602,603	\$ 10,744,778	\$ 28,929,281
LAUP First 5 LA Cash Expense Schedule:	\$ 10,658,240	\$ 17,759,268	\$ 18,124,478	\$ 13,758,165	\$ 60,300,150
<i>less unspent funds already paid to LAUP</i>	<i>\$ (382,632)</i>	<i>\$ (1,048,981)</i>	<i>\$ (1,058,522)</i>	<i>\$ (357,129)</i>	<i>\$ (2,847,264)</i>
TOTAL CASH ADVANCE REQUEST:	\$ 10,275,608	\$ 16,710,287	\$ 17,065,956	\$ 13,401,036	\$ 57,452,886

NOTES:

- 1 - The First 5 LA Operating Fund Commitment for FY 2016 is \$22.9M.
- 2 - LAUP's CSP budget is projected to extend through the end of FY16. Current projected budget for CSP in FY 2016 is \$4.9M
- 3 - Funding for District Demonstration Projects previously paid will cover \$2.8M of the expected expenditures for FY 2016. Additional funding of \$0.7M is required for FY 2016.
- 4 - LAUP estimates a need of \$28.9M from the Fund Balance in order to target 10,760 half-day preschool spaces according to Outcome 1 of Exhibit D in the Second Master Agreement.

1st Draft - F5LA Ops Budget-FY16



	F5LA FUNDING SOURCE			TOTAL FIRST 5 LA BUDGETED FUNDS	LAUP Financial Responsibility	TOTAL LAUP BUDGET
	Operating Funds	Child Signature Program	District Demo Project Funds			
DIRECT LAUP GRANTS						
Preschool Provider Funding	\$ 32,599,746	\$ 3,749,605	\$ -	\$ 36,349,351		\$ 36,349,351
District Demonstration Project	\$ -	\$ -	\$ 3,552,385	\$ 3,552,385		\$ 3,552,385
TOTAL DIRECT LAUP GRANTS	\$ 32,599,746	\$ 3,749,605	\$ 3,552,385	\$ 39,901,736		\$ 39,901,736
PROGRAM SUPPORT						
Coaching	\$ 3,544,014	\$ 862,245	\$ -	\$ 4,406,259		\$ 4,406,259
Program Services	\$ 2,749,150	\$ 96,768	\$ -	\$ 2,845,918		\$ 2,845,918
Awareness	\$ 1,554,040	\$ 2,005	\$ -	\$ 1,556,045		\$ 1,556,045
Program Compliance	\$ 2,909,503	\$ 104,380	\$ -	\$ 3,013,883		\$ 3,013,883
Research & Evaluation	\$ 1,393,771	\$ 56,115	\$ -	\$ 1,449,886		\$ 1,449,886
Sustainability	\$ 4,919,956	\$ 2,509	\$ -	\$ 4,922,465		\$ 4,922,465
TOTAL PROGRAM SUPPORT	\$ 17,070,434	\$ 1,124,022	\$ -	\$ 18,194,456		\$ 18,194,456
TOTAL ADMINISTRATIVE	\$ 2,199,743	\$ 4,215	\$ -	\$ 2,203,958	4%	\$ 2,203,958
TOTAL LAUP BUDGET	\$ 51,869,923	\$ 4,877,842	\$ 3,552,385	\$ 60,300,150	\$ 750,000	\$ 61,050,150

NOTE:

-Workforce Consortium and CaresPlus are contracted separately and therefore budgets are not included above.

Attachment C

LAUP Proposed Operating Budget and Projected Sustainability Fund Forecast (in Millions)

	FY 13-14		FY 14-15		FY 15-16	
	\$ (millions)	% of budget	\$ (millions)	% of budget	\$ (millions)	% of budget
EXPENSES						
LAUP Preschool Grants	\$42.02	65.74%	\$43.65	68.15%	\$39.90	66.17%
Program Support	\$19.31	30.21%	\$17.99	28.09%	\$18.19	29.83%
Administrative	\$2.59	4.05%	\$2.41	3.76%	\$2.20	4.00%
Total Expenses	\$63.92	100.00%	\$64.05	100.00%	\$60.29	100.00%
REMAINING FUNDS						
Funds Requested from Fund Balance	\$13.91		\$23.20		\$28.93	
Projected Fund Balance	\$75.86		\$52.67		\$23.74	

Contract Exhibit D
Contractual Reporting Framework
LAUP/First 5 LA Performance Based Contract FY 15-16

Deliverables (Due as specified on the PM)	Monthly Reporting (Due 30 Days After End Of Month)	Mid-Year Reporting (Due January 31, 2016)	End of Year Reporting (Due August 31, 2016)
<p><i>General</i></p> <ul style="list-style-type: none"> ▪ Review and, if necessary, adjust the joint policy agenda quarterly <p><i>Research and Evaluation (Outcome 3)</i></p> <ul style="list-style-type: none"> ▪ Report out on findings from the teacher retention study by August 31, 2015 <p><i>Sustainability (Outcome 6)</i></p> <ul style="list-style-type: none"> ▪ Submit a forecast that identifies expected Fund Balance by May 1, 2016 	<p><i>Spaces (Outcome 1)</i></p> <ul style="list-style-type: none"> ▪ Total Spaces ▪ # of Fully Funded Spaces ▪ # of Enhanced Spaces ▪ % of Spaces by Operating Status ▪ % of Spaces by STAR Quality <p><i>Enrollment and Attendance (Outcome 2)</i></p> <ul style="list-style-type: none"> ▪ # of Enrolled Children ▪ Average Attendance (Monthly and Cumulative) 	<p><i>General</i></p> <p>Submit First 5 LA's mid-year report (Getting Better Data Report)</p> <p><i>Financial Data (Outcome 4)</i></p> <ul style="list-style-type: none"> ▪ YTD Budget to Actuals ▪ Reconciliation Report ▪ Expenditure Ratios for Direct Provider Payments, Program Support, Administration <p><i>Research and Evaluation (Outcome 5)</i></p> <p>Report on LAUP's evaluation efforts in the following areas:</p> <ul style="list-style-type: none"> ▪ Informing program development efforts during Phase II of the strategic plan. ▪ Providing data and evaluation findings to support grant applications. ▪ Informing the early education policy agenda at the local, state and national level. ▪ Supporting the Business Development team by analyzing data to inform planning and decision making <p><i>Sustainability (Outcome 6)</i></p> <ul style="list-style-type: none"> ▪ Report on implementation of Phase II activities listed in the Performance Matrix <p><i>Policy and Advocacy (Outcome 7)</i></p> <ul style="list-style-type: none"> ▪ Report on advocacy activities to support the increase of public will and/or policies related to expanding access to quality early learning as well as Progress of Parent Ambassador Program 	<p>Include all Mid-Year Reporting Requirements plus the following</p> <p><i>General</i></p> <ul style="list-style-type: none"> ▪ Submit First 5 LA's year-end report (Getting Better Data Report) <p><i>Target Population Enrollment and Attendance (Outcome 2)</i></p> <ul style="list-style-type: none"> ▪ % of Children Enrolled in LAUP Programs Who Live in Targeted School Catchments ▪ Demographic Report of LAUP Enrolled Children <p><i>Quality Preschool Services (Outcomes 3 and 4)</i></p> <ul style="list-style-type: none"> ▪ Report on incorporation of the teacher retention study findings into 284 programmatic planning and policy strategies ▪ Assessment of attrition trends, including location, number of spaces, provider type and reason ▪ Report on Curriculum Usage ▪ Child to Staff Ratios ▪ CLASS scores ▪ Cost per Child ▪ Cost per Child by Quality STAR Rating ▪ Cost per Child by Operating Status ▪ Assessment of Star Quality Rating Trends

Contract Exhibit D
Contractual Reporting Framework
LAUP/First 5 LA Performance Based Contract FY 15-16

FIRST 5 LA

SUBJECT:

Building Lease – La Petite Academy

RECOMMENDATION:

Approval to extend the lease with La Petite Academy, a child care center, for a five-year period beginning with fiscal year 2015-16 through 2020-21 and authorize the Executive Director to execute the agreement.

BACKGROUND:

La Petite Academy, Inc. (LPA), a for-profit company, has operated a licensed child care facility in a portion of the first floor of First 5 LA's building at 750 N. Alameda Street since May of 2005. LPA paid no rent from 2005 until 2012 when a new agreement was negotiated of approximately \$99,000 per year plus annual Consumer Price Index (CPI) adjustments. The current agreement expires June 30, 2015, and First 5 LA has negotiated the new terms of the extension with LPA. First 5 LA contracted with our facilities management contractor (Morlin Asset Management, LP) and Commission legal counsel to negotiate an acceptable renewal of our lease with LPA.

RESULT:

Lease negotiations have ended, and the lease agreement has been reviewed by legal counsel. Staff has agreed with LPA to a new lease term of five (5) years. Staff also has agreed with LPA on a first year base rent amount of \$110,745.60 that shall be increased each year by the annual CPI adjustment not to exceed 2%. While First 5 LA has not charged La Petite for operating expenses (e.g., utility costs) in the past, La Petite has agreed to pay its prorata share of 14.5% of such expenses in the new lease. Thus the first year total income to First 5 LA will be approximately \$154,253. This new lease amount will constitute a 51% increase from the current lease amount of \$102,012 for 2014-15.

This item was presented at the May Commission meeting for information and is being presented today as an action item for the Commission's approval, directing the Executive Director to execute the lease agreement.

FIFTH AMENDMENT TO FACILITY USE AGREEMENT

THIS FIFTH AMENDMENT TO FACILITY USE AGREEMENT ("Fifth Amendment") is dated as of May ___, 2015 and is entered into by and between the LOS ANGELES COUNTY CHILDREN AND FAMILIES FIRST-PROPOSITION 10 COMMISSION (aka "First 5 LA"), a California public entity ("Landlord") and LA PETITE ACADEMY, INC., a Delaware corporation ("Tenant").

RECITALS

- A. Landlord and Tenant entered into a "Facility Use Agreement for La Petite Academy" dated October 1, 2009, and subsequently amended it by memoranda dated September 28, 2010, September 19, 2011, February 29, 2012 and June 14, 2012 (as so amended, said Facility Use Agreement is hereinafter referred to as the "Lease").
- B. The Lease grants Tenant the right to use the space outlined on Exhibit "A" attached hereto (the "Premises") that is on the first floor and exterior playground space of the building at 750 North Alameda Street, Los Angeles, California (the "Building").
- C. The term of the Lease (the "Term") is scheduled to expire on June 30, 2015.
- D. Landlord and Tenant desire to extend the term of the Lease and otherwise amend the Lease.

NOW, THEREFORE, in consideration of the foregoing recitals, the mutual covenants and amendments hereinafter set forth and the consideration, the adequacy of which is hereby acknowledged, Landlord and Tenant hereby agree as follows:

AGREEMENT/ AMENDMENTS

- 1. **TERM:** The term of the Lease ("Term") is hereby extended to June 30, 2020. The period from July 1, 2015 through June 30, 2020 is referred to herein as the "Extension Term".
- 2. **BASE RENT:**
 - (a) Tenant shall pay monthly rent to Landlord during the Extension Term in advance, without prior notice, demand, deduction or offset, on or before the first day of each calendar month at 750 North Alameda Street, Suite 300, Los Angeles, California 90012, Attn: Chief Operating Officer. The rent shall be Nine Thousand Two Hundred Twenty-Eight and 80/100 Dollars (\$9,228.80) per month, but shall be increased on July 1, 2016, July 1, 2017, July 1, 2018, and July 1, 2019 (each, an "Adjustment Date") by the annual percentage increase in the CPI (as hereinafter defined) or set forth in Section 2(b) below. The annual rent adjustment shall be no less than the current base rent.
 - (b) On each Adjustment Date, the then-current monthly rent shall be increased by a percentage equal to the percentage increase (not to exceed 2%) in the United States Department of Labor, Bureau of Labor Statistics' consumer Price Index for

All Urban Consumers for the Los Angeles Anaheim Riverside statistical area (CPI U) (1982 84=100) the ("CPI") for approximately the preceding year, which shall be calculated by multiplying the then-current monthly rent amount by a fraction, the numerator of which shall be the CPI most recently published prior to the beginning of the immediately preceding year and the denominator of which shall be the CPI most recently published prior to the end of such immediately preceding year. Should the Bureau of Labor Statistics discontinue the publication of the Index, or publish the same less frequently or alter the same in some other manner, then the most nearly comparable index or procedure as reasonably determined by Landlord shall be substituted therefor.

3. **NO PARKING:** La Petite Academy, Inc. shall not park in the Building parking areas and shall not permit its employees, invitees or contractors to park in such parking areas.
4. **JANITORIAL SERVICES; OPERATING EXPENSES:** Landlord shall provide janitorial services to the Tenant. Tenant shall reimburse Landlord as additional rent, on a calendar quarterly basis within thirty (30) days after written demand by Landlord, for 14.5% of all costs incurred by Landlord for janitorial, utilities (Electric, Gas, Water), landscaping, management fees (not to exceed 6.5% of actual expenses), property insurance, and common area costs of the Metro Transit Authority complex.
5. **SECURITY:** Tenant shall in good faith, promptly and diligently explore and discuss with Landlord and its property management company different alternatives for Tenant to install by December 31, 2015 and thereafter maintain its own security system for the Premises, including but not limited to access cards. Landlord shall have the right to reasonably approve any alterations required for installation of any security equipment.
6. **USE OF LANDLORD FACILITIES:** Tenant shall be allowed to use Landlord's facilities (i.e., multi-purpose room and conference rooms located on the ground floor) only if Landlord consents to such use in writing and such use is scheduled at least five (5) business days in advance with Landlord. Should Landlord's facilities staff be utilized after normal business hours (8:00 A.M.-5:00 P.M., Monday thru Friday), or on a day that Landlord is closed for business, Tenant shall reimburse Landlord within ten (10) business days after written demand, as additional rent, for the costs of Landlord's facilities staff at their overtime rate.
7. **BROKERS:** Tenant represents and warrants that it is not represented in this transaction by any real estate brokerage firm or individual broker. Tenant has had no contact, dealings or communications with any real estate brokerage firm or agent or other person who can claim a right to a commission or finder's fee in connection with the negotiation of this amendment on behalf of Tenant and that no real estate commission or finder's fees are payable in connection with any such representation concerning this Amendment on behalf of Tenant. Tenant shall indemnify, defend and hold Landlord harmless from all expenses, claims, liabilities, costs and damages (including reasonable attorney fees and costs) incurred by the Landlord as a result of a breach of this warranty.

8. **TIME OF ESSENCE:** Time is of the essence of every provision of this Fifth Amendment in which time is a factor.
9. **DEFAULT:** A default by Tenant under this Fifth Amendment shall constitute a default under the Lease.

IN WITNESS WHEREOF, Landlord and Tenant have executed this Fifth Amendment as of the date first

LANDLORD:

LOS ANGELES COUNTY CHILDREN AND
FAMILIES FIRST-PROPOSITION 10
COMMISSION, a California public entity

By: _____

Print Name: _____

Title: _____

APPROVED AS TO FORM:

Counsel to Landlord

TENANT:

LA PETITE ACADEMY, INC.,
a Delaware corporation

By: _____

Print Name: _____

Title: _____

FIRST 5 LA

SUBJECT:

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

RECOMMENDATION:

On May 28, this item was presented as information during the Special Board of Commissioners Meeting/Program and Planning Committee Meeting. Staff is now seeking board approval of the recommendations below:

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

This approval does not obligate First 5 LA to contract with the agencies above for the duration of the Strategic Plan if it is determined not to be in the best interest of the Commission. The funds for these Partnerships have been included in the First 5 LA Fiscal Year 2015-16 Programmatic Budget. These recommendations are contingent upon board approval of the F5LA annual budget scheduled under Item 7.

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

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

1) South Bay Center for Counseling:

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

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

Background for South Bay Center for Counseling

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

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

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

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

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

2) Welcome Baby Hospitals:

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

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

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

Thus, staff is seeking to continue Strategic Partnerships with the hospitals listed below and to implement Welcome Baby with the 14 grantees listed below as strategic partners.

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

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

**St. Francis Medical Center will be placed in non-compliant status. Staff will work with grantee on a corrective action plan and grantee will be reassessed in three to six months.

Background for Welcome Baby

On June 14, 2012, the Board of Commissioners approved written evidence of findings to establish Strategic Partnerships with 24 hospitals in Los Angeles County to implement Welcome Baby/Universal Assessment for Newborns through an issuance of the Welcome Baby Letter of Intent (LOI). Birthing

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

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

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

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

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

Based on these criteria, projects were then recommended to end, continue with modification, or continue as is. This process was presented at the March 18, 2015 Special Meeting of the Program and Planning Committee meeting. Staff is recommending approval to complete final data collection for the follow-up survey as well as the analysis of both the 2014 LAMB survey and the follow-up survey since the 2015-20 Strategic Plan allows for completion of current funding commitments through to their successful conclusion.

Background on LAMB

As part of its research and evaluation activities, First 5 LA entered into a partnership in 2008 with the County of Los Angeles Department of Public Health: Maternal, Child and Adolescent Health Programs to administer the Los Angeles and Baby (LAMB) Survey and conduct analyses to increase our knowledge of new mothers in L.A. County and to improve the way we support that population. The main objectives of the LAMB survey are to better understand the causes of poor

birth outcomes in L.A. County, identify areas where help and resources are needed the most and improve health and human services for future mothers and babies in L.A. County. The survey has been conducted every two years from 2008 on, providing us with trend data across the county. On June 12, 2014, the Commission approved an extension of the Strategic Partnership for Fiscal Year 2014-2015. In FY 2014-2015, the 2014 LAMB survey was conducted as well as the addition of a follow-up survey. The LAMB follow-up survey contacted mothers two years after giving birth and provides longitudinal data on social determinants, health and well-being. However, the final data collection for the follow-up survey has not been completed, nor has the analysis of either survey. Renewing this Strategic Partnership for one year will provide us with the data from the 2014 survey.

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

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

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

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

Background for Third Sector New England

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

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

administrative functions with other organizations that provide the same types of services. There are a range of entry points to Shared Services—from information sharing via a website to intensive collaboration and integration of back-office and administrative services.

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

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

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

Recommendation:

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

FIRST 5 LA

SUBJECT:

Request for Board action on the Healthy Kids Children's Health Outreach (CHOI) Recommendations

RECOMMENDATION (FOR ACTION):

Approve extending the strategic partnership with LA County Department of Public Health (DPH) for the Healthy Kids Children's Health Outreach Initiative (CHOI) through December 31, 2015 for up to \$2 million plus additional unspent funds from FY14-15. This requires the Board to waive Governance Guideline #7: Expiration of Contracts/Grants. Additionally, the CHOI contract is a part of the County Multiyear Agreement which requires First 5 LA Commission approval of annual budgets and scopes of work (see attached).

BACKGROUND:

Expiring Initiatives Assessment Process

On November 13, 2014, the Board of Commissioners approved First 5 LA's 2015-2020 Strategic Plan: Focusing for the Future. This Strategic Plan clearly describes the organization's focus for the next five years. The plan outlines the change we seek for children prenatal to age 5, the contribution we will make to advance that change, and the role First 5 LA will play within L.A. Within the Strategic Plan, there were several additional steps outlined to be completed in the months following plan approval to ensure First 5 LA is prepared to embark on its new strategic direction.

One of these additional next steps included an expiring initiatives assessment process to review programmatic investments expiring during the next Strategic Plan period, identify remaining resources, evaluate whether or not the investment is specifically provided for within the Strategic Plan, and make recommendations to the Commission about how any remaining funds should be utilized.

There were two phases to the Expiring Initiatives Assessment Process, as required by the Governance Guidelines. The first phase allowed for review of the 30 initiatives scheduled to expire in FY2014-2015 and FY2015-2016. First 5 LA staff assessed these 30 initiatives to determine which ones met at least one of the following conditions. If one of these conditions were met, the initiative was not subject to further assessment.

- Limited term initiative aimed at timely capacity building opportunities that strengthen organizational infrastructure or a target population this includes capital, capacity building and resource mobilization/matching investments.
- Initiative went through First 5 LA Research and Evaluation department's review process (presented at March Program and Planning Meeting)
- Initiatives included in the projected expenditure estimates outlined in 2015-2020 Strategic Plan (e.g., Best Start, Welcome Baby)
- Remaining balance of less than \$1 million in allocation (exempts annual appropriation which requires further assessment)

Further assessment of the initiative included the second phase of the Expiring Initiatives Assessment Process in which the following additional criteria was applied:

1. Determine if deliverables were completed and outcomes achieved for the initiative
2. Consider impact on a countywide or population level
3. Evaluate sustainability
4. Consider current landscape and environmental context
5. Assess alignment to the new strategic plan

If a finding from the assessment process is that an initiative is not specifically provided for in the 2015-2020 Strategic Plan, First 5 LA will continue the funding commitment until a successful conclusion

consistent with the Governance Guidelines, ensuring that all resources are expended in the most effective way possible.

The expiring initiatives assessment process has been presented to the Board during the following meetings:

- February 26th Program and Planning Committee Meeting: Review of expiring initiatives assessment process
- March 12th Board of Commissioners Meeting: Expiring initiatives recommendation for Healthy Kids Insurance Coverage (LA Care) initiative (information only)
- April 9th Board of Commissioners Meeting:
 - Approval of expiring initiatives recommendation for Healthy Kids Insurance Coverage (LA Care) (action item)
 - Report on FY14-15 and FY15-16 expiring initiatives findings and recommendations (information only)
- April 30th Program and Planning Committee Meeting: Review of FY14-15 and FY15-16 expiring initiatives findings and recommendations

DISCUSSION:

Based upon the assessment process, staff determined the Healthy Kids initiative required board action. The Healthy Kids initiative is supported by 2 contracts, LA Care and DPH. Staff's recommendation for LA Care was approved during the April 9th Board of Commissioners meeting. Healthy Kids- DPH was presented as an information item at the April 9th Board of Commissioners meeting and as an action item at the May 14th Board of Commissioners meeting. Waiving of the Governance Guidelines requires 7 of 9 votes. Attendance at the May Commission meeting did not include 7 non-conflicted board members and therefore the item is being presented for approval at the June 11th Commission meeting.

Healthy Kids Children's Health Outreach Initiative (CHOI) - LA County Department of Public Health

This initiative is scheduled to end on June 30, 2015. Key findings from the review process include:

- Estimated remaining balance of \$2 million
- An opportunity exists to assist with connecting Healthy Kids members (LA Care) to health care services (MyHealthLA, Kaiser)
- Outreach sustainability
- Components of CHOI's work have potential alignment with the 2015-2020 Strategic Plan
 - Data collection to improve access to developmental screening
 - Information, Resource and Referral in Best Start communities

Recommendation: Waive Governance Guideline #7 and approve extending the strategic partnership with LA County Department of Public Health for the Healthy Kids Children's Health Outreach Initiative (CHOI) through December 31, 2015 for up to \$2 million plus additional unspent funds from FY14-15 to support the Healthy Kids program (LA Care) transition and outreach sustainability. Additionally, the CHOI contract is a part of the County Multiyear Agreement which requires First 5 LA Commission approval of annual budgets and scopes of work (see attached)

Children currently enrolled in the Healthy Kids program will be offered the opportunity to enroll in the County's indigent health services program, MyHealthLA (MHLA) or if possible another insurance program (Kaiser Permanente). DPH could play an important role in supporting that effort to move these children to an alternative health care program or insurance coverage through their community-based outreach and enrollment sub-contractors. Components of CHOI's current work, such as the CHOI database and information, resource and referral in Best Start communities, are potentially aligned to work we will support in our new strategic plan. The degree to which these components align to our strategies and outcomes will be determined during this 6-month period. Staff anticipates coming back to the board later this year with further information.



EXHIBIT A – Performance Matrix

Contract Number: **08379.3**

Contract Period: **July 1, 2015 – December 31, 2015**

Agency Name: **Los Angeles County Department of Public Health**

Revision Date:

Project Name: **Healthy Kids Outreach Partnership**

Project Length: **6 months**

Project Description:

1. Ensure and oversee the provision of outreach enrollment, utilization, and retention activities through community-based organizations, LAUSD, LACOE and the cities of Long Beach and Pasadena Health Departments. The Project will conduct:

Performance Objectives Measureable, observable, and attainable objectives including: (1) Outcomes –Changes in health/mental health status, developmental status, attitudes, behaviors, knowledge, skills, practices, or policies; (2) Outputs -- The direct result of activities and typically expressed as the number or scope of services and/or products that are delivered or produced; and/or, (3) Major Deliverables -- Tangible products that are submitted in fulfillment of contract	Due Date Date Objective will be	Quantity by Quarter			
		Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)
1. A OUTREACH: Successfully engage a minimum of <u>18,750 individuals</u> of the target population through an outreach contact.	12/31/15	9375	9375	N/A	208 A
1. B APPLICATION ASSISTANCE: Complete applications for a minimum of <u>2,500</u> uninsured clients enrolling in Healthy Kids, My Health LA, Medi-Cal, Kaiser, and other low-cost health coverage programs. Sub-contracting agencies will also provide clients with referrals to appropriate health programs and health agencies throughout SPA's 1-8.	12/31/15	1250	1250	N/A	N/A
1. C ENROLLMENT CONFIRMATION: Confirm enrollment of <u>70%</u> of applications assisted with or facilitated by subcontracting agencies.	12/31/15	70%	70%	N/A	N/A



EXHIBIT A – Performance Matrix

<p>1. D TROUBLESHOOTING ASSISTANCE: Provide ongoing assistance, e.g. troubleshooting and problem solving, to a minimum of 10,000 clients experiencing problems with enrollment, utilization of benefits, retention, and redetermination of eligibility.</p> <ol style="list-style-type: none"> 1. Navigating the complexities of the health coverage system – assisting families with maneuvering through the health enrollment system 2. Assisting families in need of assistance with accessing health and support services 	12/31/15	5,000	5,000	N/A	N/A
<p>1. E UTILIZATION ASSISTANCE: Offer utilization assistance at 4-6 months post enrollment to 80% of clients whose application were assisted or facilitated by a subcontractor and confirmed enrolled</p> <ol style="list-style-type: none"> 1. Utilizing benefits – Contacting clients to verify usage of health benefits, contact client to offer assistance with making utilization appointments or any issues related to utilization of coverage. 2. Developmental screening/ Well baby exam during each time of contact – encourage families to obtain age appropriate screening for children or have agency send out flyer/information to clients 	12/31/15	80%	80%	N/A	200 N/A
<p>1.F RENEWAL ASSISTANCE: Successfully contact and offer renewal/ re-determination assistance to 65% of clients who submitted their original application with the subcontracting agency or who submitted their application elsewhere but gets assistance at a subcontracting agency</p> <ul style="list-style-type: none"> • Renewal assistance at 11 months to re-determine eligibility and assist with renewing coverage 	12/31/15	65%	65%	N/A	N/A



EXHIBIT A – Performance Matrix

Project Description:					
2. Ensure and oversee the provision of training and technical assistance for agencies conducting community-based outreach enrollment, utilization services. The Project will:					
Performance Objectives	Due Date	Quantity by Quarter			
Measureable, observable, and attainable objectives including: (1) Outcomes –Changes in health/mental health status, developmental status, attitudes, behaviors, knowledge, skills, practices, or policies; (2) Outputs -- The direct result of activities and typically expressed as the number or scope of services and/or products that are delivered or produced; and/or, (3) Major Deliverables -- Tangible products that are submitted in fulfillment of contract requirements.	Date Objective will be completed.	Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)
<p>2.A PROVIDE TRAINING: Ensure that Maternal & Child Health Access provides 80 hours of training over a 20 week period, incorporating the approved training modules listed below to all subcontracting agency staff and participating non subcontracting agency staff on Healthy kids, Medi-Cal and other free and low-cost health coverage programs.</p> <ol style="list-style-type: none"> 1. 2-3 Core “We’ve Got You Covered “ (2-day training = 16 hrs each) 2. 1-2 Follow-Up/Troubleshooting Trainings (4 hrs each) 3. 1-2 Utilization and Retention Trainings (4 hrs each) 4. 1-2 Affordable Care Act Trainings (2 levels – 1.5 hrs and 3 hrs each) 5. 1-2 Agency-driven or Special Topic Trainings (4 hrs) 	12/31/15	40	40	N/A	300 N/A



EXHIBIT A – Performance Matrix

Project Description					
3. Increase the impact of the health coverage outreach, enrollment utilization and retention activities through collaboration with community partners and participation in Medi-Cal Administrative Activities (MAA). The Project will:					
Performance Objectives	Due Date <small>Date Objective will be completed.</small>	Quantity by Quarter			
		Q1 <small>(Jul-Sep)</small>	Q2 <small>(Oct-Dec)</small>	Q3 <small>(Jan-Mar)</small>	Q4 <small>(Apr-Jun)</small>
Measureable, observable, and attainable objectives including: (1) Outcomes –Changes in health/mental health status, developmental status, attitudes, behaviors, knowledge, skills, practices, or policies; (2) Outputs -- The direct result of activities and typically expressed as the number or scope of services and/or products that are delivered or produced; and/or, (3) Major Deliverables -- Tangible products that are submitted in fulfillment of contract requirements.					
<p>3. A PARTICIPATE IN COLLABORATIVE MEETINGS: Maintain collaborate relationships with children’s health organizations on the local and State levels to ensure coordinated outreach and enrollment efforts.</p> <ul style="list-style-type: none"> Participate in a minimum of 6 collaborative meetings and events with children’s health insurance outreach and enrollment stakeholders, including but not limited to: LA Access to Health Care Coalition, CA Coverage and Health Initiatives, Department of Public Social Services, the California Endowment and Insure the Uninsured Project. 	12/31/15	3	3	N/A	N/A 301
<p>3. B PARTICIPATE IN MEDI-CAL ADMINISTRATIVE ACTIVITIES: Ensure project-funded staff and subcontracting agencies participate in the Medi-Cal Administrative Activities (MAA) federal reimbursement program to maximize funding through MAA.</p> <ul style="list-style-type: none"> By the end of the 6 month project period, , the MAA Coordinator will review and approve completed perpetual MAA time surveys for submission to the State Department of Health Services. 	12/31/15	N/A	1	N/A	N/A



EXHIBIT A – Performance Matrix

Project Description:					
4. Ensure and oversee the successful provision of outreach enrollment, utilization, and retention activities through contract monitoring and evaluation of the project’s implementation. The Project will conduct:					
Performance Objectives	Due Date	Quantity by Quarter			
		Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)
Measureable, observable, and attainable objectives including: (1) Outcomes –Changes in health/mental health status, developmental status, attitudes, behaviors, knowledge, skills, practices, or policies; (2) Outputs -- The direct result of activities and typically expressed as the number or scope of services and/or products that are delivered or produced; and/or, (3) Major Deliverables -- Tangible products that are submitted in fulfillment of contract requirements.	Date Objective will be completed.				
4. A MONTHLY REPORTING: Review and approve 114 subcontractor monthly reports to assess progress made toward achievement stated SOW objectives. (19 subcontractors x 6 reports for total 6 month project period.)	12/31/15	57	57	N/A	N/A
4. B MONTHLY INVOICES: Review and approve 114 subcontractor monthly invoices (19 subcontractors x 6 invoices for total 6 month project period) for payment of contracted services.	12/31/15	57	57	N/A	N/A
4. C MONTHLY SUBCONTRACTOR MEETINGS: Conduct a minimum of 4 subcontractors meetings and/or monthly email updates.	12/31/15	2	2	N/A	302
4. D DATA SYSTEM SURVEY: Survey data system to monitor outreach, enrollment, utilization and retentions trends in order to: 1) determine deficiencies reaching the primary target population; and 2) discuss and share best practices and effective strategies among contracted partners at monthly subcontractor meetings.	12/31/15	1	1	N/A	N/A
4. E ANNUAL SITE VISIT AUDITS: Ensure subcontracting agencies' compliance with County agreement, including Scope of Work (SOW) performance objectives. <ul style="list-style-type: none"> • Conduct monitoring site visits to subcontracting agencies annually to perform administrative and programmatic reviews to ensure required licenses, policies and procedures, validate provision of services and plans of corrective action. 	12/31/15	N/A	17	N/A	N/A
4. F END OF PROJECT REPORT TO FIRST 5: Conduct evaluation of process outcome measures for the Healthy Kids Outreach Partnership subcontracts and provide data to First 5 LA for their external evaluation. <ul style="list-style-type: none"> • Provide technical assistance related to use of DPH data system to subcontractors. • Maintain and update DPH data system programming. • Provide ongoing user support and troubleshooting. • Review outreach, enrollment, utilization and retention data in order to: <ul style="list-style-type: none"> • Determine deficiencies reaching /enrolling the target population in Healthy Kids, Medi-Cal; and • Develop effective strategies to confirm enrollments and retain families in health programs. 	12/31/15	N/A	1	N/A	N/A



Budget Summary

Agency: Los Angeles County Department of Public Health

Project Name: Healthy Kids Outreach Partnership

Agreement Period: 07/01/2015 - 12/31/2015

Cost Category		First 5 LA Funds	Matching Funds	Total Costs
1	Personnel	242,484	0	242,484
2	Contracted Svcs (Excluding Evaluation)	1,800,000	0	1,800,000
3	Equipment	0	0	0
4	Printing/Copying	1,800	0	1,800
5	Space	8,718	0	8,718
6	Telephone	336	0	336
7	Postage	0	0	0
8	Supplies	3,969	0	3,969
9	Employee Mileage and Travel	5,489	0	5,489
10	Training Expenses	5,700	0	5,700
11	Evaluation	3,017	0	3,017
12	Other Expenses (Excluding Evaluation)	0	0	0
13	*Indirect Costs	16,293	0	16,293
TOTAL:		2,087,806	Plus FY 14/15 Unspent Funds	2,087,806

 6/2/15

Fiscal Contact Person
 Nkao@ph.lacounty.gov

Email Address

Phone # (323) 890-8671

*Indirect Costs **MAY NOT** exceed 10% of Personnel cost, excluding Fringe Benefits.

Additional supporting documents may be requested



Sections 5 & 6

Space & Telephone

Agency: Los Angeles County Department of Public Health

Project Name: Healthy Kids Outreach Partnership

Agreement Period: 07/01/2015 - 12/31/2015

Space include description, cost per square foot	Footage/Quantity	Unit Cost	Number of Months	Total Space Cost	First 5 LA Funds	Matching Funds	Total Cost
Facility Space cost for staff housed at 600 S. Commonwealth				0	0		0
1. Budgeted staff at 3 FTE at 258.13 square feet per FTE	774.39	1.88	6	8,718	8,718		8,718
Total Space = 774.39 square feet				0	0		0
Cost per square foot: \$1.77				0	0		0
				0	0		0
				0	0		0
				0	0		0
				0	0		308
				0	0		0
Total Space:				8,718	8,718	-	8,718

Telephone include # of lines and cost per line	Quantity	Unit Cost	Number of Months	Total Phone Cost	First 5 LA Funds	Matching Funds	Total Cost
Telephone Costs:				0	0		0
1. Budgeted staff of 3FTEs at one (1) telephone per FTE	3	14.00	6	252	252		252
Cost is \$14/month				0	0		0
				0	0		0
2. One (1) fax line at \$14.00/month	1	14.00	6	84	84		84
				0	0		0
				0	0		0
				0	0		0
				0	0		0
Total Telephone:				336	336	-	336

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED
 USE ADDITIONAL SHEETS IF NECESSARY



Sections 9 & 10

Employee Mileage/Travel & Training Expenses

Agency: Los Angeles County Department of Public Health

Project Name: Healthy Kids Outreach Partnership

Agreement Period: 07/01/2015 - 12/31/2015

Employee Mileage/Travel include description	Mileage Quantity	Unit Cost per Mile	Total Mileage/Travel Cost	First 5 LA Funds	Matching Funds	Total Cost
1. Mileage for:			0	0		0
A) budgeted for three (3) FTEs for travel to meetings and subcontractor offices and satellite locations. Each FTE travelling approximately 55 miles/month for six (6) months for approximately 340 total miles.	1,017	0.53	539	539		539
			0	0		0
			0	0		0
B) Travels for ITUP, CHHI, CA Partnership for Health Care Advocates, and City Match Urban MCH Leadership conferences in Sacramento, Long Beach and Salt Lake City and other outreach & enrollment policy and conference requiring travel and lodging (i.e., Covering Kids & Families Coalition, etc.)	22	225.00	4,950	4,950		4,950
			0	0		0
			0	0		0
			0	0		0
			0	0		0
Total Employee Mileage/Travel:			5,489	5,489	-	5,489

Training Expenses include description, # of people	Quantity	Unit Cost Per Training	Total Training Cost	First 5 LA Funds	Matching Funds	Total Cost
1) Training expenses to cover staff trainings specific to health coverage programs, policies, issues, data analysis, and data system support	1	350.00	350	350		350
			0	0		0
			0	0		0
2) Computer or software training necessary for HKOP data analysis mapping, designing, programming, etc.	1	350.00	350	350		350
			0	0		0
3) HKOP and local CHI partnership with California Coverage & Health Initiatives (CCHI) membership fees for advocacy and policy issues related to outreach and enrollment services	2	2,500.00	5,000	5,000		5,000
			0	0		0
			0	0		0
4) County of LA mandated/required trainings	4	In-Kind		0		0
Total Training Expenses:			5,700	5,700	-	5,700

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED
USE ADDITIONAL SHEETS IF NECESSARY



Sections 12 & 13

Other Expenses & Indirect Cost

Agency: Los Angeles County Department of Public Health

Project Name: Healthy Kids Outreach Partnership

Agreement Period: 07/01/2015 - 12/31/2015

Other Expenses include description	Quantity	Unit Cost	Total Other Cost	First 5 LA Funds	Matching Funds	Total Cost
			0	0		0
			0	0		0
			0	0		0
			0	0		0
			0	0		3120
			0	0		0

Total Other Expenses: - - - -

*Indirect Cost include general purpose for this cost	Total Indirect Cost	First 5 LA Funds	Matching Funds	Total Cost
Administrative costs of the Department including services from: Finance, Chief Administrative Office, Auditor-Controller, Human Resources, Health Services Administration, and Board of Supervisors overhead				0
		16,293		16,293
				0
				0
				0

Total Indirect Cost: - 16,293 - 16,293

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED

USE ADDITIONAL SHEETS IF NECESSARY



**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
CHILDREN’S HEALTH OUTREACH INITIATIVES**

PROJECT NAME: HEALTHY KIDS OUTREACH PARTNERSHIP

CONTRACT/AGREEMENT NUMBER: CONTRACT #08379.3

AGREEMENT PERIOD: JULY 1, 2015 THROUGH DECEMBER 31, 2015

FISCAL CONTACT: NOELENE KAO, DPH GRANT MANAGER, 323-890-8671, NKAO@PH.LACOUNT.GOV

BUDGET NARRATIVE

1. PERSONNEL

Contract Program Manager/Auditor - Adjoa Jones (1 FTE): Ms. Jones provides program technical assistance to contracted agencies to ensure contractual compliance and ensure that CHOI scope of work (SOW) objectives are implemented and evaluated. The CPA will review subcontractors monthly reports, approve monthly invoices and reports, review and approve budgets, budget justification and budget modifications, conduct on-site administrative and programmatic monitoring of outreach, enrollment, utilization and retention services by reviewing SOW activities, insurance documentation, personnel requirements, policies and procedures, quality assurance plan, database reports, service delivery sites, invoices, monthly reports, and other required programmatic and administrative items. CPA will prepare written report of findings outlining the areas of need and necessary action to be taken, and evaluates and responds to contractors plans of corrective action. The total amount budgeted for this position is **\$38,874**.

Contract Program Auditor– Yaroslav Svitlynets (1 FTE): Mr. Svitlynets provides program technical assistance to contracted agencies to ensure contractual compliance and ensure that CHOI scope of work (SOW) objectives are implemented and evaluated. The CPA will review subcontractors monthly reports, approve monthly invoices and reports, review and approve budgets, budget justification and budget modifications, conduct on-site administrative and programmatic monitoring of outreach, enrollment, utilization and retention services by reviewing SOW activities, insurance documentation, personnel requirements, policies and procedures, quality assurance plan, database reports, service delivery sites, invoices, monthly reports, and other required programmatic and administrative items. CPA will prepare written report of findings outlining the areas of need and necessary action to be taken, and evaluates and responds to contractors plans of corrective action. The total amount budgeted for this position is **\$38,874**.

Research Analyst III - Suvas Patel (1 FTE): Ms. Patel will conduct evaluation of process outcome measures for the Healthy Kids Outreach Partnership subcontracts and provide data to First 5 LA. She will download data from internet based data system and conduct statistical analyses, assess process and outcome measures, review outreach, enrollment, utilization and retention data, conduct complex statistical analyses of evaluation data and interpret to determine most effect enrollment and retention strategies, provide technical assistance to resolve data collection problems and prepare oral and/or written reports based on data analysis. The total amount budgeted for this position is **\$40,641**.

Epidemiologist – C. Bemis (1 PTE): Ms. Bemis will conduct the evaluation of process outcome measures for the Healthy Kids Outreach Partnership subcontracts and provide data to be submitted to First 5 LA. She will download data from the internet based CHOI datasystem and conduct statistical analyses, assess process and outcome measures, review outreach, enrollment, utilization and retention data, conduct complex statistical analyses of evaluation data and interpret to determine most effect enrollment and retention strategies, provide technical assistance to resolve data collection problems and prepare oral and/or written reports based on data analysis. Ms. Bemis’ skills in SAS and SQL will be utilized to complete highly technical programming needed to modify the CHOI system data for further analysis by the Research Analyst. Modifications will include formatting of data tables such that the Research Analyst can generate progress reports, monitor trends, and complete detailed analyses for the remainder of the grant cycle period. The employee benefits rate for this position is less due to the EB rate for a County 120-day retiree being at 1.45% (HIT/OASDI) instead of the 55.486% calculated rate for regular/permanent Full-Time employees. The total amount budgeted for this position is **\$20,072**.

Accounting Tech II – Shu Juan Zhu (1 FTE): Ms. Zhu is responsible for the day-to-day accounting operation of the CHOI HKOP program. She will maintain accounting records, review monthly invoicing for the program subcontractors to verify accuracy, accounts receivables, account payables, reconciling and balancing account, tracking errors and required adjustments, etc. The total amount budgeted for this position is **\$24,468**.

Employee Benefits for Full-Time Salaries: The employee benefit rate for full-time salaries is calculated at 55.4860% and totals **\$79,555**.

Total Salaries and Employee Benefits are budgeted at \$242,484

2. CONTRACTED SERVICES

Subcontractors – 19 community-based Outreach and Enrollment agencies comprised of the City of Long Beach, City of Pasadena, Los Angeles Unified School District (LAUSD) and the Los Angeles County office of Education (LACOE) will provide outreach, enrollment, utilization and retention services throughout Los Angeles County in designated Service Planning Areas (SPA's. and one (1) subcontractor who manages, updates and provides training of the internet-based "CHOI" data collection data system. The total amount budgeted for Contracted Services is **\$1,800,000**

3. EQUIPMENT

Equipment: No equipment will be purchased for this contract period.

4. PRINTING/COPYING

Printing and Duplication: This will cover the cost of reproduction associated with the training and outreach materials including reprints of fact sheets, pamphlets, programmatic updates, and even signs for the Healthy Kids Program. Reprints of CORE training binders are necessary to provide learning materials for attendees. Trainings and updates are provided as continuing education for Certified Application Assistants (CAA) and community enrollers. The total amount budgeted for Printing is **\$1,800**.

5. SPACE

Facilities: Cost will cover the space occupied and used by the 3 FTEs housed at 600 Commonwealth Avenue, LA 90005. Budget for (2) Contract Program Auditors and (1) Research Analyst is \$1.88 per sq. feet for a total space of 774.39 sq. feet for six months. The total amount budgeted for Space is **\$8,718**.

6. TELEPHONE

Telephone: Cost will cover the Budgeted staff of 3 FTE's at one (1) telephone per FTE at a cost of \$14.00 per month and one (1) fax line at \$14.00 per month. The total amount budgeted for Telephone for six months is **\$336**.

7. POSTAGE

Postage: Paid by In-Kind

8. SUPPLIES

Project Supplies: Includes customary office supplies, including copier paper, printer cartridges, binders, writing tablets, mailing labels, calendars, pencils, envelopes, file folders, fax cartridges, presentation supplies, post-it notes, flip chart papers, storage boxes, computer software, etc. The total amount budgeted Supplies is **\$3,969**.

9. EMPLOYEE MILEAGE AND TRAVEL

Mileage: Includes reimbursement for staff travel to program meetings and subcontractor offices for contract monitoring and to provide technical assistance including mileage and parking fees at a mileage rate of \$0.53 per mile. The total amount budgeted for Mileage is **\$539**.

Travel: Reimbursement for 2 staff to travel to Sacramento to attend the ITUP and CCHI conference, 1 staff to travel to City Match Conference in Salt Lake City and 7 staff to travel to Long Beach for California Partnership of Healthcare Advocates Conference and participate in other required Outreach & Enrollment conferences, as needed. The total amount budgeted for Travel is **\$4,950**.

10. TRAINING EXPENSES

Training: Includes expenses for staff trainings specific to health coverage programs, policies, issue, data system support, computer software trainings for HKOP data analysis, mapping, designing, programing, HKOP and local CCHI membership fees and LAC mandated/required trainings. The total amount budgeted for Training is **\$5,700**.

11. EVALUATION

Database Maintenance: IT services for Public Health Internal Services (ISD) for DPH and provides support for the DPH/CHOI data tracking system. The total amount budgeted for this line item is **\$3,017**.

12. OTHER

Other: Paid by In-Kind

13. INDIRECT COST

Indirect Cost: Administrative costs of DPH include services from Finance, Chief Administrative Office, Auditor Controller, Human Resources, DPH Administration, and Board of Supervisors. Indirect Cost is based on salaries only. The total amount budgeted for Indirect Cost is **\$16,293**.

Total cost for program \$2,087,806 + Unspent FY 14/15 Funds

Please let us know if you have any further questions.



Noelene Kao, Grant Manager
Department of Public Health
5555 Ferguson Drive
City of Commerce, CA 90022

Expiring Initiatives: Findings and Recommendations

June 11, 2015

1ST  LA
first 5 la
Giving kids the best start

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

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

317

Memo

To: Board of Commissioners

From: Kim Belshé, Executive Director

Date: June 11, 2015

Subject: **EXECUTIVE DIRECTOR'S REPORT**

EXECUTIVE DIRECTOR'S HIGHLIGHTS

There are three recent events that I want to draw attention to as a part of this month's Executive Director's report. First, First 5 LA partnered with Antelope Valley Partners for Health and Antelope Valley Hospital to convene a meeting with staff of elected officials to learn more about First 5 LA's Welcome Baby home visiting program. We were pleased to be joined by staff from the offices of Mayor Antonovich, Assemblymember Lackey, and Congressman Knight.

The roundtable discussion provided an opportunity for attendees to learn about the Welcome Baby program and its relationship to early learning, child health, and maternal well-being. We shared with participants the reach of Welcome Baby at full implementation, the initial evaluation outcomes associated with the Welcome Baby pilot, and the importance of public investment in home visiting.

Importantly, attendees were able to hear directly from a number of Welcome Baby participants. A number of Welcome Baby moms – with their babies – joined the conversation and discussed their experience with Welcome Baby, the information, support, and access to services the program facilitated, and opportunities to further strengthen the program.

Relatedly, I was pleased to help open on June 2nd First 5 LA's Family Strengthening Network's 1st Annual Summit. This was an important milestone event, representing the first time that all of the First 5 LA-supported Welcome Baby and Select Home Visitation providers have come together. These individuals and their organizations represent a powerful network of agencies that supports families and works together to identify family needs and match them to the program that will best serve that family. And, these individuals represent an extension of First 5 LA and are an integral part of our shared work and aspiration that all Los Angeles County children enter kindergarten ready to succeed in school and life.

It's remarkable to consider that what began in 2009 as one First 5 LA Welcome Baby pilot site – at California Hospital – is now on a path to include a total of 15 Welcome Baby sites and 21

COMMISSIONERS

Los Angeles County Supervisor	Jane Boeckmann	Sandra Figueroa-Villa
Don Knabe	Philip L. Browning	Neal Kaufman, M.D., M.P.H.
<i>Chair</i>	Arturo Delgado, Ed.D.	Marvin J. Southard, D.S.W.
Nancy Haruye Au	Duane Dennis	
<i>Vice Chair</i>		

EX OFFICIO MEMBERS

Patricia Curry
Cynthia A. Harding, M.P.H.
Karla Pleitéz Howell
Deanne Tilton

EXECUTIVE DIRECTOR

Kim Belshé

CHIEF OPERATING OFFICER

John A. Wagner

A PUBLIC ENTITY

Home Visiting sites across LA County. What does this mean for LA County families? It means that up to 50% of Best Start families and 25% of all families county-wide will be touched by the Welcome Baby/Home Visiting services that First 5 LA supports. This work represents the front-end of the system of support envisioned by First 5 LA's new Strategic Plan – a system that begins with home visiting and includes family-supporting communities, timely developmental screening and early intervention, and access to quality early education and health-related services.

I'm grateful that Commissioner Bostwick was able to attend the Summit and that a terrific cross-section of First 5 LA staff was in attendance. I'm very proud of the excellent, family-focused, and organization-wide work they are leading to strengthen families and improve child outcomes through First 5 LA's nation-leading investment in home visiting.

Finally, First 5 LA joined with Abriendo Puertas, the Aspen Institute, and others to co-sponsor a symposium to explore strategies to reduce poverty for children and parents together. The "Top Ten for 2Gen" is an innovative policy agenda from Ascend at the Aspen Institute that focuses on approaches that meet the needs of children and their parents together. The focus of the Los Angeles meeting was to explore approaches to build a "cycle of opportunity" in LA County by advancing educational success and economic security for children and their parents.

It was terrific to have First 5 LA so well represented at the meeting, including Commissioners Ybarra, Abdo and Figueroa-Villa, as well as staff from multiple departments. At the meeting, participants heard from leaders from academia, philanthropy and state government, as well as from community leaders who shared two-generation strategies that are making a difference in LA County and California.

Among the themes from the meeting that resonated with the work of First 5 LA:

- The work of First 5 LA – early childhood education, health and well-being promotion, social capital building – represents essential components of the Two-Generation Framework;
- Improving outcomes for children requires "expanding our lens" beyond children to the needs of parents and communities – an important affirmation of First 5 LA's ecological approach;
- Informal and formal networks, friends and neighbors (aka social capital) represent the "secret sauce" that help support increased family resilience and decreased stress – a learning that reinforces our place-based work in Best Start communities that emphasizes the power of social connections; and
- Parents/families have a powerful voice and role to play in advocating for changes in policy and practice that generate opportunities for family economic success.

Please click here for the [document/link](#) from Ascend and the Aspen Institute. At the Commission's June 18 meeting, the Commission will hear from Sandra Gutierrez, National Director of Abriendo Puertas, which is a participant in the Ascend Network.

ORGANIZATION-WIDE ACTIVITY HIGHLIGHTS

I. PERINATAL SUPPORT

No highlights to report this month.

II. PARENTING SUPPORT AND CHILD SAFETY

At-Risk Fathers Update

On March 12, 2015, First 5 LA released a Request for Information (RFI) to canvass existing fatherhood efforts supporting families with children prenatal to age 5 to identify opportunities to enrich these efforts in L.A. County. Specifically, respondents were asked to describe their current work, gaps and opportunities in relation to the target population and objectives of First 5 LA's At-Risk Fathers Investment. There were ten RFI respondents that provided key information regarding existing fatherhood efforts in L.A. County. Following the close of the RFI, respondents were invited to participate in a more in-depth focus group to provide additional insight on target population needs and explore potential areas in policy and advocacy work as well as potential system change efforts. The focus group took place on May 7th and included a rich discussion around at-risk fathers. Key themes observed from both the RFI responses and focus group include improved service coordination among providers, re-imagining child support policies, co-parenting mandates to support fatherhood engagement, addressing stigmas associated with at-risk fathers, and providing fathers with trauma-informed care programming.

Information collected is part of a multi-layered process that will help First 5 LA focus and shape future At-Risk Fathers investments to align with the new 2015-2020 Strategic Plan. First 5 LA approved the At-Risk Father Investment on November 14, 2013 as part of a two-year \$600,000 investment. The investment will target at-risk fathers of children prenatal to age 5 who are previously, currently, or at-risk of being placed on probation; or foster youth in order to complete school, get a job, and become involved parents and partners. Additional information regarding this investment will be forthcoming in the next fiscal year.

Staff Contact: Tina Chinakarn (tchinakarn@first5la.org)

Permanent Supportive Housing (PSH) Update

On April 14, First 5 LA celebrated the groundbreaking for the Mar Vista capital project in Pasadena. PSH Program Officer Sharon Murphy joined representatives of Los Angeles County Mayor Michael D. Antonovich, the Mayor and Councilmembers of the City of Pasadena, our contractor (the Community Development Commission of the County of Los Angeles) and the Developer (National Community Renaissance). Once constructed, Mar Vista will include 20 apartment units, 7 of which will house homeless families with at least one 0-5 child.

The PSH initiative as a whole is on target, both with the expenditures to date as well as the number of families housed. As of 3/31/2015, \$21,083,219 of the \$34,850,000 awarded was spent. The table on the following page shows the projected and actual number of families housed.

**Number of Families to Receive Housing and Support Services
 (unduplicated and as of 3/31/2015)**

		2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	Total
Capital Development: (DCFS involvement required) 12/1/12-11/30/17	Target	0	39	0	47	0	0	86
	Actual	0	39	0				39
Rental Assistance Program 1: (DCFS involvement required) 3/4/13-6/30/15	Target	50	420	277	N/A	N/A	N/A	747
	Actual	50	420	182	N/A	N/A	N/A	652
Rental Assistance Program 2: (No DCFS involvement required) 3/3/14-3/3/16	Target	N/A	112	424	164	N/A	N/A	700
	Actual	N/A	112	322		N/A	N/A	434

Staff Contact: Sharon Murphy (smurphy@first5la.org)

III. PHYSICAL AND MENTAL HEALTH

Welcome Baby Site Visit

On May 27, First 5 LA and the Antelope Valley Partners for Health co-hosted a site visit highlighting the Antelope Valley Hospital Welcome Baby program. We were joined by Los Angeles County Mayor Antonovich's children's deputy, Michelle Vega, and staff from the offices of Congressman Steve Knight and Assemblyman Tom Lackey, who heard directly from program participants about their experiences in the program and its impact on their families. First 5 LA staff will use video footage from the meeting to create a Welcome Baby video, and will share it with Commissioners when it is complete.

Staff Contact: Tessa Charnofsky (tcharnofsky@first5la.org)
Public Education Work

4/18 California Poppy Festival

The two-day Antelope Valley event consisted of exhibits, arts and craft booths, activities, entertainers and a wide array of food for festival-goers. First 5 LA/Best Start Lancaster/Palmdale participated in the resource section of the festival and provided resources to over 500 families and free books to children.

4/18 – 4/19 Los Angeles Times Festival of Books

The Festival of Books, is the largest literacy event in the nation and feature a variety of readings by authors, publishers and music performances, with the primary objective of fostering a love of literature and reading. As a sponsor, First 5 LA had three locations within the footprint of the festival. Two of the locations were the First 5 LA signature Breastfeeding/diaper Changing Stations, which provided families with a quiet space to change and breastfeed their little ones. The third location provided interactive activities. The event organizers boast over 130,000 attendees and First 5 LA distributed over 10,000 books and resources. First 5 LA partners helped run the three booths and include Welcome Baby providers, WIC and Breastfeed LA.

4/25 Belvedere Park Dia de Los Ninos

The 16th Annual Día de Los Niños event at Belvedere Park celebrated and honored young Americans by demonstrating the importance of family values, cultural customs and unity. The event offered a variety of activities to bridge the gap between needs and resources in the East Los Angeles communities. First 5 LA provided Family Guides, Father Resource Guides, information on the Welcome Baby program and children's books to over 500 families.

Staff Contact: Violet Gonzalez (vgonzalez@first5la.org)

IV. SCHOOL READINESS

LAUSD Proposal to Expand Transitional Kindergarten

The Los Angeles Unified School District approved a Resolution in May that asks the state to allow the district to enroll younger 4-year olds in Transitional Kindergarten (TK). Originally designed to serve the small number of older 4-year olds whose date of birth prevent them from being able to enroll in Kindergarten, the proposed TK expansion would allow a larger number of 4-year olds to enroll in TK, and allow LAUSD to collect Average Daily Attendance (ADA) rates for TK children once they turn 5. Children currently enrolled in state-funded preschool or the School Readiness Language Development (SRLDP) program at District campuses, even when those children turn 5, are not eligible for ADA. First 5 LA is supportive of this effort to obtain clarification in state statute regarding TK enrollment.

Part of the impetus for this change is to maintain early learning slots for children who would lose them if the District dissolves the SRLDP program, a proposal supported by Superintendent Cortines. First 5 LA has joined a number of partners in asking the District to maintain SRLDP (See attached letter, Attachment A), particularly until a TK-expansion proposal is approved by the state legislature.

Staff Contact: Tessa Charnofsky (tcharnofsky@first5la.org)

Take Time. Talk!

LAUP debuted a new vocabulary enrichment tool entitled *Take Time. Talk! Giving Children the Words They Need* on April 13, 2015 as part of its Clinton Global Initiative commitment to reduce the 30-million word gap that exists between children from the lowest and highest income families upon Kindergarten entry.

The tool is designed to assist parents and caregivers in Los Angeles County to strengthen the vocabulary skills of young children by increasing the number of words their children ages 0-5 hear on a daily basis. The launch occurred at the Los Angeles Central Library and featured a panel discussion with experts, including Dr. Anne Fernald, Director of the Center for Infant Studies at Stanford University, Dr. Celia Ayala, CEO of LAUP, Alex Johnson, Executive Director of the Children's Defense Fund-California, and Camille Maben, Executive Director of First 5 California. As part of the rollout of Take Time. Talk!, more than 530 early childhood educators have received training on using the tool and LAUP will be mailing 10,000 pocket-sized booklets demonstrating how adults can effectively talk to infant, toddlers, and preschool-aged children. Partners in this initiative include First Book, Lakeshore, Unite for Literacy, PHFE WIC, California State Library, California Library Association, Los Angeles Campaign for Grade-Level Reading, Families in Schools, and KLCS.

Staff Contact: Kevin Dieterle (kdieterle@first5la.org)

DonorsChoose.org Partner Summit

The Community Investments (CI) Department represented First 5 LA at the third annual DonorsChoose.org Partner Summit on May 6-7, 2015 at the Ford Foundation in New York City. The Partner Summit provided staff with a unique opportunity to network with other DonorsChoose.org partners—representing school districts and teachers, education and technology companies, private investors, corporate social responsibility, and grantmaking foundations—to identify new allies and promote investments in early care and education systems.

Program highlights included presentations by various business and academic leaders. Adam Alter, Associate Professor at New York University's Stern School of Business and author of New York Times Best Seller "Drunk Tank Pink," shared his research findings on how subconscious forces influence our thoughts and actions, such as decisions to support social causes and make charitable donations.

Journalists Jessi Hempel, WIRED, and Ron Lieber, New York Times, discussed how nonprofit and philanthropic organizations can use storytelling to engage the media and develop trusted, long-lasting relationships with journalists. Carolyn Everson, VP for Global Marketing Solutions at Facebook, and angel investor and entrepreneur Tim Ferris addressed the importance of leaders to personally embrace lifelong learning and model life balance for their employees.

DonorsChoose.org staff shared how they are piloting two new initiatives that allow for students, working with a faculty advisor, to design and submit classroom project funding requests; and for public school teachers to request funding support for professional development activities. DonorsChoose.org also continues to utilize data from the past 15 years of funding classrooms to inform public and private decision-makers of the needs and funding gaps in public school education across the country.

First 5 LA has partnered DonorsChoose.org for the past four years to leverage resources in support of preschool and transitional kindergarten classrooms in LA County public schools. First 5 LA provided an incentive to potential donors via a "Double Your Impact" offer, in which First 5 LA matched donations to our target population at a 1:1 rate. Through this partnership, DonorsChoose.org has increased financial support for the preschool and transitional kindergarten population and increased awareness of early childhood education among donors.

During the 2014-2015 school year, the full amount of First 5 LA matching funds (\$112,500) was awarded by February 19, 2015, leveraging an additional \$115,000 for early childhood classroom resources to over 9,174 students in 130 public schools in L.A. County. Ninety-four percent of funded projects were awarded to high-need schools, as defined by 65% or more students receiving free or reduced lunch. Further, DonorsChoose.org reports that First 5 LA's "Double Your Impact" funding challenge incentivized 1,348 donors to support early childhood classrooms in L.A. County this year. A full list of First 5 LA funded projects is available at www.donorschoose.org/donors/viewChallenge.html?id=20426611&historical=true. While the First 5 LA matching funds are no longer available, public school teachers are strongly encouraged to take advantage of ongoing funding opportunities via DonorsChoose.org by creating an account (<https://secure.donorschoose.org/wizard/addressWizard.html?execution=e1s1>) and posting funding requests for classroom projects on the site throughout the school year.

As First 5 LA concludes our formal strategic partnership with DonorsChoose.org in FY 2014-2015, the CI Department is exploring how our relationship with DonorsChoose.org can evolve to support our mutual goals as defined in the FY 2015-2020 Strategic Plan's Early Care and Education (ECE) Strategy. For example, First 5 LA has access to DonorsChoose.org's rich datasets which can be used to influence future investments in early learning. In addition, there may be opportunities to leverage resources in support of professional development for public school teachers that reflects the ECE competencies.

Staff Contact: Jennifer Cowan (jcowan@first5la.org)

V. BEST START

Best Start Community Partnerships

In May, **Best Start East Los Angeles'** (BSELA) newly elected Advisory Committee participated in a team building retreat where they reviewed the Partnerships governance structure, and laid out a foundation for work in the next six months. Their Outreach and Engagement committee sponsored the annual El Dia de los Niño's Celebration where they also held a booth. Since the beginning of the year, there have been at least three new residents at each BSELA Partnership meeting due to this committee's work.

Best Start South El Monte-El Monte hosted representatives from the El Monte Promise Foundation who provided a financial literacy workshop to the partnership. Additionally, leadership members attended the "Project ABC: Relationships Matter" conference and made connections with other leaders from around the county.

The **Best Start Central Long Beach** partnership continues to meet monthly and in April celebrated Cambodian New Year with traditional dances. Additionally, the Partnership celebrated Day of the Child or Dia de los Niños and attendees shared how they celebrate their children. The Partnership also received a presentation on preventing child abuse and neglect by practicing self-care.

The **Best Start Southeast Los Angeles** Community Partnership hosted a presentation by the L.A. County Department of Mental Health (DMH) in May intended to increase families' awareness about mental health issues, improve access to care and to learn specific techniques to not only reduce stress but many of the symptoms associated with mental health disorders.

Best Start Wilmington sponsored and participated in the Sharefest Annual Workday, which is a community-building service day to beautify schools, churches, and nonprofit organizations in the South Bay and L.A. Harbor areas. Members from the "I Heart Wilmington" program, who also participate in *Best Start*, supported a mural project entitled Cultural Roots: Pathways to COMMUNITY.

The Communications Task Force in **Best Start Metro LA** has started a writing workshop to build capacity to promote the work of Best Start Metro LA. A total of 12 members, representing the six neighborhoods in Metro LA, are participating in this workshop with a total of six group sessions. At the end of the workshop, each participant will have created a story reflecting what is important to their community and how it relates to the *Best Start* effort.

Several **Best Start Panorama City & Neighbors (PCN)** community members participated in a cross-community learning opportunity with Best Start Lancaster in May. Members of the PCN Communications Workgroup shared their "Ready for Kinder" book workshop and outreach strategy as well as insight on how Lancaster can develop a similar project.

The **Best Start Northeast Valley** community received a presentation from DMH to raise awareness about resources, and the stigma of seeking mental health support. The Communications Workgroup has continued to prepare for an upcoming family event to be held on June 13th.

Non-profit, Little Green Fingers presented information to the **Best Start Lancaster** Guidance Body about a First 5 LA funded community garden located at the Cedar Ridge Apartment Complex, which is another First 5 LA investment. The Guidance Body was excited to learn about the investment and voted to invite Little Green Fingers back to a full Community Partnership meeting to engage in deeper conversations about leveraging the garden.

At the last **Best Start Palmdale Partnership** meeting, Palmdale Unified School District Superintendent Maldonado updated the members on where the district is in their strategic planning process and encouraged them to get involved through focus groups or campus specific efforts.

Best Start Broadway-Manchester had its outreach workgroup meeting in May to discuss promotional efforts that will align with the Learning by Doing workplan. These efforts will look at strategies to reach the target population of single, young and first-time parents.

Best Start West Athens sponsored a Baby Shower event held by Great Beginnings for Black Babies, where over 130 mothers and expectant mothers attended to learn about concrete supports in the community. Leadership Group members gave a presentation about *Best Start* and also hosted a booth where they provided New Parent Kits and encouraged participants to join the Partnership.

Best Start Watts-Willowbrook participated in four community events in May: Riley High School's Health and Resource Fair; Watts Healthcare Corporation's Cinco de Mayo event; Jordan High School's Mother's Day event; and Watts Century Latino Organization's Watts Multicultural Celebration. The Partnership sponsored three of these events, which aligned with the Partnership's core result of increasing Social Connections and reaching its target audience of young parents.

Best Start Compton-East Compton conducted outreach at a Youth Air Fair and Job Fair, where they talked to families about *Best Start* and connected over 100 participants to the Best Start Compton-East Compton Facebook page. The Communications and Membership workgroup also conducted a Community Engagement training at their May meeting to further strengthen their outreach skills and messaging about Best Start and First 5 LA.

Staff Contact: Katie Kurutz (KKurutz@First5LA.org)

“Catalyzing Large Scale Change: The Funder’s Role in Collective Impact” Conference

On May 4-6, four Best Start staff attended “Catalyzing Large Scale Change: The Funder’s Role in Collective Impact” Conference in New Orleans hosted by the Collective Impact Forum, Aspen Institute and FSG. This was a national convening of over 500 professionals leading community change efforts using the CI approach around the nation as well as from other countries. Collective Impact is a specific approach to community change that incorporates specific steps and roles in building collaborative, community-based approaches to sustainable systems change.

Staff attended the conference to learn more about the collective impact model in order to inform planning for the long-term support structures for the Best Start Community Partnerships. Separate tracks were provided for funders and “backbone organizations”, which are community agencies that play a convening and coordinating role in the community effort, similarly to First 5 LA in the 13 communities. Staff participated in the funders track. Conference topics focused on many different aspects of the work from multiple angles and phases of maturity of the efforts- from pre-launch to well-developed initiatives. These topics included: how to begin a community impact initiative, funder/community partnerships, leadership development, equity, learning, scaling impact, using data to guide efforts, policy change, communications and evaluation.

Staff learned many important lessons. A key commonality across all efforts was that community change efforts are highly complicated, challenging and require a long-term commitment to achieve success, but that great and pervasive community change is possible. This validated First 5 LA's commitment to Best Start and that First 5 LA is not alone in its challenges, many of which are actually quite common. For instance, the many difficulties of serving as both the funder and backbone seem to be commonly recognized across the attendees, many difficulties of which First 5 LA has experienced. Additionally, staff learned that First 5 LA is somewhat advanced in some areas, such as resident engagement. Most other communities have struggled to engage residents in their efforts, while First 5 LA has found some success in this area that staff was able to share by

hosting a table for a dinner discussion. Another important takeaway was the potential of data, specifically data targets, to help clarify and unify community change efforts. As an example, some of the other initiatives sought to decrease the rate of infant mortality. By identifying a baseline and a specific target that they were striving to achieve by a certain date, they could easily understand and communicate the purpose of their effort as well as measure their incremental success along the way.

Staff Contact: Adam Freer (AFreer@First5LA.org)

VI. WORKFORCE DEVELOPMENT

ECE Works Project Sponsors Access Sacramento

The ECE Works project, with support from First 5 LA, was a sponsor at the LA Chamber's Access Sacramento event, which took place May 19 and 20 and included over 100 business and civic leaders who convene annually in Sacramento to advocate for a range of Chamber priorities, including expanding early learning and health care for young children. Sponsorship entailed hosting a speaker at the May 20th breakfast to address the audience on the importance of early childhood education for the business community. The speaker, Dean Leavenworth from Time Warner Cable, connected the dots between a strong and healthy economy and high quality early learning for children. This was the final project of ECE Works, as the project expires June 30, 2015.

Staff Contact: Tessa Charnofsky (tcharnofsky@first5la.org)

ECE Workforce Consortium

The ECE Workforce Consortium is a First 5 LA investment that supports 6 professional development programs including the Early Childhood Education Professional Learning Communities (ECE PLC), a project of the Los Angeles County Office of Education. With the addition of Transitional Kindergarten to California's public school system, elementary school teachers and principals often need support to develop their ECE skills and knowledge. In addition to ECE PLC's on-going professional learning communities with L.A. county schools, the program also has an annual Transitional Kindergarten Conference.

This year's Transitional Kindergarten Conference, "Play It Forward: Building Blocks for Learning", took place in Pasadena on April 15, 2015. The conference reached 273 participants from 28 school districts and over 20 ECE agencies. Workshops covered topics like active learning, project based learning, social emotional development, special education considerations, technology, parent engagement, classroom management, and the P-3 continuum. Overall, 97% of participants strongly agreed that they were satisfied with the TK Conference and 96% of participants strongly agreed that keynote speaker, Dr. Carol Vukelich, increased their understanding of the importance of play. One conference participant shared "Very clear information and do-able ideas. This was one of the most practical, helpful keynotes I've heard in a long time. Can't wait to get back to school and try out ideas I've learned! Thank you!"

A priority focus area of First 5 LA's new strategic plan is to strengthen the preparation and professional development system for ECE providers and approaches like ECE PLC lay an important foundation. Many ECE providers have different training, knowledge and skills, which impacts the quality of children's care and education. It is essential to strengthen the system so members of the ECE workforce have the same competencies (skills, knowledge, and dispositions) to support the optimal learning of young children.

Staff Contact: Debra Colman (dcolman@first5la.org)

Prenatal to Five Workforce Development Project

The pilot training of the Prenatal to Five Workforce Development (P-5 WFD) Project will be implemented in six Best Start Communities in FY 15-16. The intent of the P-5 WFD Project is to enhance the knowledge and practice of the P-5 workforce to better support their work with children and families by refining, integrating, and embedding cross-sector competences and training curriculum within Los Angeles County health and human service delivery systems, educational institutions, and community based organizations. In partnership with ZERO TO THREE (ZTT), the P-5 WFD Project builds on the Best Start LA Prenatal to Three Workforce Development Project which provided the foundation for a cross-disciplinary professional development strategy.

During the past year, ZTT developed the content of the cross-sector online training module on each of the 8 main domains identified as core knowledge and competency areas. ZTT and First 5 LA staff identified two Best Start Regions for the pilot training after considering recommendations from the P-5 Steering Committee and assessing geographical reach and its impact. The six Best Start Communities within the South LA and Antelope Valley Best Start Regions were identified during the planning process. Outreach and recruitment will be planned in partnership with Best Start in the next few months.

The pilot will include two cohorts, each in a Best Start Region, of 25 to 30 professionals representing the early care and education, child welfare/social services, physical health, mental health and early identification/intervention sectors. An additional cohort will be comprised of the P-5 Steering Committee Members to inform the training. The training experience will include an orientation, online lessons, communities of learning and practice, and evaluation. FY 15-16 is the third year of this five-year project.

Staff Contact: Young-Ji Lee (ylee@first5la.org)

VII. COUNTYWIDE SYSTEMS IMPROVEMENT

4/27 & 4/28 For the Child – Project ABC Summit: Relationships Matter: About Building Connections Conference

The goal of this conference is to help communities and individuals work more collaboratively and effectively with young children and families who are involved in or are at risk of involvement in the child welfare system. As a sponsor, First 5 LA provided resources to 300 attendees including the First 5 LA brochure, Family Guides and the Fathers Resource Guide and branded pens.

4/29 Connections For Children – Santa Monica Kindergarten Readiness Summit

This summit aims to advance its campaign to increase kindergarten readiness, empower parents in preparing their children for school and ensuring classrooms are ready for students. As a conference sponsor, First 5 LA provides attendees with the resources including the Family Guide, Father's Resource Guide and branded pens to 100 conference attendees.

Staff Contact: Violet Gonzalez (vgonzalez@first5la.org)

VIII. INTERNAL INITIATIVES

No highlights to report this month.

IX. FEDERAL AND STATE PUBLIC POLICY AND GOVERNMENT RELATIONS

The Raben Group Visit to Los Angeles

First 5 LA's federal lobbyists, The Raben Group, presented at the First 5 Commission meeting on May 14 and held meetings with staff and Commissioners to review work they had done during 2014-15, and to explore federal policy goals for the next fiscal year that reflect our new Strategic Plan. One area of focus in the coming year is the reauthorization of the Elementary Secondary Education Act (ESEA) and to advocate for the expansion of early learning programs within the new law. While the Senate Health Education Labor Pensions (HELP) Committee passed a bipartisan ESEA bill that includes a number of new provisions on early learning, the House has yet to show interest in enacting a law with any new programs. The Raben Group and First 5 LA Policy department will continue to track.

May Revise and ECE Coalition

Please note that I will provide verbal remarks during the Commission meeting that reflect the latest budget news.

On May 14, Governor Brown released his *May Revise* budget, which reflects a stronger than expected economy and exceeds the January budget proposal by \$6.7 billion. The Governor's plan calls for a \$169 billion budget with a general fund of \$115.3 billion. Schools and community colleges stand to gain the most from this increased revenue. Under this proposal, K-14 gains \$5.5 billion.

While the May Revise offered token increases to programs that serve low-income Californians, the proposal is a far cry from what First 5 LA and our advocacy partners have asked for in this year's budget. The Early Childhood Education coalition, which includes nearly a dozen partners, including Children Now, Early Edge, Advancement Project, First 5 Association, First 5 California, and others, released a joint statement on the Governor's budget (see Attachment B), as well as a letter highlighting the specific investments the group seeks (see Attachment C). First 5 LA staff and our state advocates, California Strategies, hand-delivered the letter on budget priorities to budget subcommittee members and to the LA Delegation.

The Governor's revised budget does include some increased support for programs serving children and families. These include:

- The establishment of the California Earned Income Tax Credit to assist the state's lowest-income workers. The credit would provide \$380 million in benefits to 2 million Californians
- 2,500 part-time preschool slots aimed specifically at 3- and 4-year-olds with special needs
- \$30 million for an early education program that supports infants and toddlers with exceptional needs
- The creation of an infant and toddler Quality Rating and Improvement System block grant using federal funds to support quality child care

At the June 11 Board of Commissioners meeting, staff will provide Commissioners with an update of the state budget for FY 2015-16, which is expected to be completed by the June 15 Constitutional deadline.

Staff Contact: Tessa Charnofsky (tcharnofsky@first5la.org)

State Legislation

In May, four new bills were added to First 5 LA's Legislative Agenda:

- **AB 50 (Mullin).** This bill would require California's Department of Health Care Services, in consultation with stakeholders, to develop a plan to ensure that evidence-based home

- visiting programs are offered and provided to pregnant and parenting women who are eligible for Medi-Cal. Research shows that voluntary evidence-based home visiting programs effectively support vulnerable families and show a positive influence on both parent and child outcomes. AB 50 would establish a state plan for leveraging federal Medicaid dollars to fund evidenced-based home visiting programs.
- **AB 762 (Mullin).** The bill would create a single license for centers serving children age birth through age 5, with the intent of promoting continuity of caregiver relationships and continuity of a child's peer relationships. Currently, if there is no vacancy in the preschool age classroom when a child turns 3, a family may be forced out of a center because their child is not allowed to be with younger children. As a result, some centers are forced to hold slots vacant in order to facilitate the transition, denying service to other families and depriving them income in the process. AB 762 would address this issue by creating a single license system that would promote continuity of caregiver relationships.
 - **AB 765 (Ridley Thomas).** This bill would state the intent of the Legislature to provide state funded child development programs with annual cost of living adjustments equal to the inflation adjustments given to K-12 education. The bill would also take additional steps to rebuild wages, benefits and financial stability in these programs -- including the elimination of gender pay inequity.
 - **SB 277 (Pan).** This bill would eliminate the exemption from existing immunization requirements based upon personal beliefs. SB 277 would allow exemption from future immunization requirements deemed appropriate by the State Department of Public Health for either medical reasons or personal beliefs. Historically, most of the diseases have had very high incidence in school-aged children because of the high potential for transmission in the congregate setting. However, according to the CDC, outbreaks have occurred at earlier ages with more children in preschool settings.

Attachment D provides additional information about the newly added bills, as well as the status of other bills on the Legislative Agenda.

First 5 LA staff also continues to educate legislators on the importance of supporting the bills included on the Legislative Agenda. In May, staff delivered letters of support for a number of bills, including AB 50, AB 74, 648, and AB 1321 (see Attachment E).

Member Website Project

In an effort to educate the public about First 5 LA's resources for young children and their families, First 5 LA's state advocate, California Strategies, has been working with legislative staff to link Assembly member websites to an online listing of resources specific to their districts. These First 5 LA resource pages include information on Best Start communities, Welcome Baby, and First 5 LA's Family Guide. To date, five legislators—Assemblymembers Autumn Burke, Patty Lopez, Adrin Nazarian, Patrick O'Donnell and Miguel Santiago—have agreed to host First 5 LA resources on their respective websites. Here is an example of one of the legislators' websites that feature First 5 LA: <http://asmdc.org/members/a70/>.

Staff Contact: Ruel Nolleddo (Rnolleddo@first5la.org)

X. CONTRACTS EXECUTED BETWEEN \$25K - \$75K

No contracts to report this month.



April 15, 2015

The Honorable Ramón Cortínes, Superintendent
L.A.U.S.D. Board of Education
333 S. Beaudry Avenue, 24th Floor
Los Angeles, CA 90017

Re: SRLDP Program

Dear Superintendent Cortínes:

We are writing in strong, united support of the School Readiness Language Development Program (SRLDP), which faces elimination over the coming two years under Superintendent Cortínes' proposed budget. We urge the Los Angeles Unified School District Board of Education to reject this cut, which would fall disproportionately on the low-income, English language learners who are most in need of additional help and preparation before they enter kindergarten or first grade. While it may seem like there are short-term savings to be had, we know that ending SRLDP will cost the district, and our community, much more in the longer term.

We are especially concerned about this discussion as it comes just weeks after a report detailed to the Board and the Superintendent the troubling statistics about LAUSD students' progress toward meeting elementary-grade reading goals. All aspects of the March 20 report are absolutely alarming: the low numbers scoring at benchmarks at the beginning of the school year in all grades as well as their limited or backward progress during the year. The report also notes that the Office of the Deputy Superintendent of Instruction is developing a "preK-12 college- and career-readiness plan." It makes no sense – from an educational or budgetary standpoint – to develop such a plan while at the same time eliminating an existing, successful program that supports the district's most needy students. This report in fact argues for just the opposite: to invest more in improving and expanding programs like SRLDP so our youngest learners are better prepared for school.

Also alarming were the findings of a UC Berkeley study released this month that show Latino children lag three to five months behind whites in their language skills and acquisition. It suggests convincingly that our nation, as well as LAUSD, should be investing in a full range of early learning and child development programs. SRLDP offers precisely the combination of educational and language skills with parental engagement that the Berkeley researchers say can help close this "language gap" between young Latino and white children. For a district that is nearly three-quarters Latino not to be compelled by these findings to act, and act now, defies logic.

You do have the opportunity to act, however. Choosing to save SRLDP, which at one point served 16,000 children and their parents and has shown remarkable outcomes during its 35 years, is a clear and easy decision to make. A 2002 study by LAUSD concluded that SRLDP "appears to be an effective program that prepares students for success in school." In

particular, that study found the SRLDP “appears to have a significant effect on early education.

As proposed, LAUSD’s budget would save about \$16 million next year out of a more than \$7 billion budget by laying off 140 SRLDP teachers and eliminating 5,040 slots. The program’s elimination the following year, to save about \$36 million, would see another 140 teachers fired and a total of 10,000 children left without the option to attend a program that LAUSD itself has found successfully prepares students for school. Furthermore, parents who participated in SRLDP report they are much more engaged in their children’s education. Both are key factors to long-term student success and ongoing attendance within LAUSD.

We keenly understand the need to manage a budget as large and complex as LAUSD’s, but we equally know the hazards of making short-sighted cuts that turn out to be far more costly in the long run. Cuts to SRLDP would be precisely that – we already know these cuts will end up costing the district and our community. They will lead to lower graduation rates, increased grade retention and higher placement in special education programs, which has been cited as one contributor to the district’s ongoing budget problems. Knowing this, you have the opportunity to avoid making this mistake in the first place.

Based on our own experiences and the myriad compelling research – including, but far from limited to, Professor James Heckman's Nobel Prize-winning research on the economic return on investment of early learning – we know that we must begin preparing students even before they enter kindergarten. It is past time that LAUSD realizes the irreplaceable value of supporting and nurturing children in their earliest years and makes smart investments that will pay off not only for these children but for the district, as well.

We look forward to working with you to help the district become both a leader in early education and in providing students the best education possible.

Sincerely,



Kim Belshé
Executive Director
First 5 LA



Kim Pattillo Brownson
Director of Educational Equity
Advancement Project



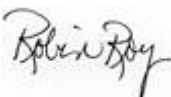
Linda Asato
Executive Director
California Child Care Resource
& Referral Network



Cristina Alvarado
Executive Director
Child Care Alliance
Los Angeles



Kim Kruckel
President
Child Care Law Center



Robin Roy
Co-Chair
Children’s Literacy Coalition
of Los Angeles



Ted Lempert
Executive Director
Children Now



Deborah Kong
President & CEO
Early Edge CA



Maria Brenes
Executive Director

InnerCity Struggle



Alberto B. Mendoza
CA Executive/

Jumpstart



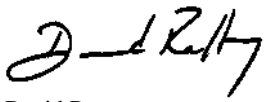
Parker Blackman
Executive Director

LA Partnership for Early
Childhood Investment



Celia Ayala
Chief Executive Officer
Regional Vice President
Education Workforce
Development

Los Angeles Universal Preschool



David Rattray
Senior Vice President
Los Angeles Area Chamber
of Commerce



Ritu Mahajan
Staff Attorney
Community Development
Project, ECE Law Unit
Public Counsel



Alex Caputo-Pearl
President, (UTLA)
United Teachers Los Angeles



Stuart Waldman
President
Valley Industry
and Commerce
Association



Tahra M. Goraya
Director
ZERO TO THREE

Executive Director
SEIU Local 99



Aurea Montes- Rodriguez
Vice President of Organizational Growth
Community Coalition

Cc:

- School Board President, Richard Vladovic, Board District 7
- School Board Member, George McKenna, Board District 1
- School Board Member, Mónica García, Board District 2
- School Board Member, Tamar Galatzan, Board District 3
- School Board Member, Steve Zimmer, Board District 4
- School Board Member, Bennett Kayser, Board District 5
- School Board Member, Mónica Ratliff, Board District 6



CHILDREN NOW



FOR IMMEDIATE RELEASE
May 14, 2015

Contact: Gabriel Sanchez
(213) 482-7804

Governor Brown Proposes Only Minimal Increases in Quality Early Childhood Education

Early Childhood Education Coalition calls on California State Assembly and Senate to make quality early childhood education top priority

(Sacramento, CA)— Today Governor Brown released the May Revision to his proposal for the California [2015-16 state budget](#). Despite the \$6.7 billion growth in revenue that includes \$5.5 billion in Proposition 98 funds, which support preK-14 education, the governor's proposal includes only minimal increases for young learners from birth to age 5.

The budget proposal includes a \$30 million Proposition 98 increase for the Early Education Program for Infants and toddlers with Exceptional Needs, which identifies and provides early interventions for infants from birth to age 2 with special needs.

In addition, the proposal includes \$13.5 million in Proposition 98 funding to provide access to 2,500 more children in State Preschool with a priority focus on children with exceptional needs, a minor \$6 million increase in reimbursements rates, and a recognition that professional development that provides teachers with training on behavioral strategies and targeted interventions to improve kindergarten readiness is important to improve children's outcomes. The proposal also designates \$2.4 million in federal funds to provide Early Head Start services to an additional 260 infants and toddlers, and establishes the Infant Toddler Quality Rating and Improvement System Block Grant with anticipated federal quality funds available beginning October 1, 2016.

Assembly Democrats, the California State Women's Legislative Caucus, and Senate leaders have made this issue a top priority, but the governor's proposal holds funding virtually steady for the early learning system in California, despite the clear need for quality early learning opportunities for our state's youngest children and working families.

Since 2008, \$1 billion has been cut from the early learning and care system in California. As a result, far fewer of our vulnerable infants and toddlers are enrolled in programs that support their healthy development, and only minimal reinvestments have been made—only 6% of income-eligible children under age 3 are served by any publicly supported programs. Additionally, the demand for new preschool spaces funded in last year's budget was more than 8 times the number of spaces available, and the California Department of Education acknowledges the need is likely much greater.

California's steady economic recovery and growing revenues present an opportunity to reinvest in these programs in ways that increase access, affordability, and quality.

Joint statement from the Early Childhood Education Coalition:

“We are disappointed in the May Revision’s failure to significantly increase investments in access, affordability and quality for early childhood education for our children from birth through age 5.

With state revenues growing each month, California should be making wise investments in programs with proven outcomes. The research is crystal clear—early childhood education is one of the best investments we can make to not only provide our youngest and most vulnerable children with quality early learning experiences they need to thrive in school and in life, but to give their working families the opportunity to participate in our recovering economy.

We call on the Assembly and the Senate to seize the small recognition contained in this May Revise proposal and use it as an invitation to continue their stand for our youngest learners and send Governor Brown a budget that invests in quality early childhood education.”

Additional Responses from Early Childhood Education Coalition Members:**Kim Belshé, Executive Director of First 5 LA**

“Investing in early childhood education programs will pay dividends in future budget years. California has a historic opportunity to expand access to quality early learning programs for families in Los Angeles County and throughout the state. We urge Governor Brown and members of the Legislature to direct greater attention and resources to these programs that recognize learning begins at birth and supports parents in their efforts to get their children ready for kindergarten, and for life.”

Camille Maben, Executive Director of First 5 California

“Significant and stable investments in our early learning system are the soundest way to bridge the achievement gap in California's schools and improve each child's chance for success in life. We hope that this year's budget debate will set up a long-term plan to rebuild and strengthen a high-quality learning and care system for all our children ages 0-5, including the supports their parents need to help them thrive. We are slightly heartened by the Governor’s recognition that more can and should be done around preschool access and quality in a robust Prop 98 year, but his proposal is just a drop in the bucket for what we need and can do for children in a budget year like this one.”

Celia C. Ayala, Ph.D., Chief Executive Office of LAUP

“Since 2005, LAUP has helped prepare over 100,000 children for kindergarten and overseen workforce development programs for more than 4,000 early learning students and professionals. However, for every child, teacher and provider we support, there are many more who lack access to these opportunities. We need a State Budget that creates greater access to quality early learning and increases investment in the development of the early education workforce.”

Ted Lempert, President of Children Now

"While we are encouraged to see the Administration propose some small, new investments to increase services for young children with exceptional needs, the proposal misses a critical opportunity to fulfill last year's promise to provide access to state preschool for all low-income families with 4-year olds and begin the much needed expansion of child care programs serving our infants and toddlers. Investing in quality early learning is crucial to our children's educational outcomes and our state's future, and our budget should reflect that. There is a chance

to do so much more this year, and we call on the Legislature to make these investments the priority in their budget negotiations with the Governor."

Kim Pattillo Brownson, Director of Educational Equity of the Advancement Project

"We are pleased that the Administration has finally acknowledged the importance of providing services to our state's infant and toddlers, but we are troubled that the May Revise does not back that acknowledgement with sufficient investment. Our ECE programs have borne the burden of the recession, costing our children \$1 Billion in services and lost learning opportunities. The ECE funding proposed in the May Revise doesn't even get us close to closing the gap. We stand behind the California Legislative Women's proposal for an investment of no less than \$600 million for early care and education."

Deborah Kong, Early Edge California President

"Despite the countless studies, overwhelming public support, and a substantial budget surplus-particularly for education funding-this proposal misses the mark by not investing adequately in early childhood education and ensuring our children are ready for school.

It is disappointing to see Governor Brown not realize the commitment to serve all low-income preschoolers made in last year's budget. Despite this small increase, there are still tens of thousands of low-income 4 year olds who do not have access to a preschool program. However, we are pleased to see a few bright spots for our youngest learners. With the critical lack of programs that benefit our most vulnerable babies, we are heartened by this small increase to ensure their healthy development and future success. We are also encouraged by the acknowledgement of the importance of professional development and improved training for early learning teachers to improve kindergarten readiness. Supporting the teachers and caregivers in our children's lives is a critical component of quality early childhood education.

We look forward to working with champions in the Assembly and Senate, as well as Governor Brown, to produce a final state budget that ensures high-quality early childhood education is accessible to our most vulnerable infants, toddlers and preschoolers."

###

About the Early Childhood Education Coalition

The Early Childhood Education Coalition is a partnership of statewide and regional early childhood education advocacy and policy organizations that support investments in quality Early Care and Education (ECE) programs for our state's youngest children. In order to continue building a successful early learning system that works for California's families and young children, we highly encourage the state to continue making significant investments in three fundamentally linked priority areas: **access, affordability, and quality.**

About First 5 LA

First 5 LA is a leading early childhood advocate organization created by California voters to invest Proposition 10 tobacco tax revenues in Los Angeles County. In partnership with others, First 5 LA strengthens families, communities, and systems of services and supports so that all children in L.A. County enter kindergarten ready to succeed in school and life. Please visit www.first5la.org for more information.



CHILDREN NOW

LOS ANGELES AREA
CHAMBER OF COMMERCE

May 18, 2015

The Honorable Marty Block, Chair
Senate Budget & Fiscal Review Sub. 1 on Education
State Capitol, Room 4072
Sacramento, CA 95814

The Honorable Kevin McCarty, Chair
Assembly Budget Sub. 2 on Education Finance
State Capitol, Room 2160
Sacramento, CA 95814

The Honorable Holly Mitchell, Chair
Senate Budget Sub. 3 on Health & Human Services
State Capitol Building, Room 5080
Sacramento, CA 95814

The Honorable Tony Thurmond, Chair
Assembly Budget Sub. 1 on Health & Human Services
State Capitol Building, Room 5150
Sacramento, CA 95814

Re: Invest in Quality Early Education Funding in the 2015-2016 Budget

Dear Chairs Block, McCarty, Mitchell, and Thurmond:

Our organizations – representing a partnership of key statewide and regional early childhood education advocacy organizations – call on the Assembly and the Senate to continue to stand for our youngest learners and their families. We urge you to seize the small but hopeful recognition of young children’s early learning needs contained in the Administration’s May Revision proposal and use it as an invitation to be bold and visionary. We ask you to send Governor Brown a budget that invests at least \$600 million in quality early childhood education across three fundamentally linked priority areas: **access, affordability, and quality**.

1. *Expand access to quality early learning for low-income young children and their families*

Quality preschool for 4-year olds

Last year, Governor Brown and the Legislature increased access to the California State Preschool Program and declared their intent to provide full-day, full-year quality preschool opportunities to all low-income 4-year olds over a multi-year period. This 2015-2016 budget should contain a significant step toward the promise of funding an additional 31,500 preschool spaces with a further expansion. As such, we propose that you:

- Expand the California State Preschool Program by 10,500 full-day, full-year slots and streamline funding by placing all preschool funding under Prop 98 with a corresponding rebenching of the minimum guarantee
- Begin expansion of the state preschool program by an additional 10,500 slots before the end of the current fiscal year in June 2015
- Enact statutory language stating intention to fund the remaining 10,500 slots committed to in 2014-2015 budget

Quality child care for babies and toddlers

We are supportive of the Governor’s proposal to expand the Early Education Program for Infants and Toddlers with Exceptional Needs, which identifies and provides early interventions for children birth to age 2 with special needs. Yet, given the great need for families to have access to quality care for babies and toddlers in various settings, we propose the budget contain the following additional augmentations:

- Expansion of the General Child Care and Alternative Payment Programs by 10,500 slots with priority for infants and toddlers
- Increased funding for existing community college child care support programs, such as Campus Child Care Support and the child care assistance component in the CARE program
- Support efforts to move early learning programs ^{back} under Prop 98, reversing the decision made in the 2011-12 budget, and similarly reversing the rebenching of the Prop 98 guarantee that happened at that time

2. Increase rates and cost of living adjustment so that low-income families can afford a wide range of programs and child care/early education providers can continue to provide services

Given the need to continue quality improvements and the continuous cost pressure to maintain operations, including the recent increase in minimum wage, we propose that you:

- Increase the Standard Reimbursement Rate by 10% as well as the infant multiplier from 1.7 to 2.3 and the toddler multiplier from 1.4 to 1.8
- Increase the Regional Market Rate ceiling so families can eventually access 85% of the programs in their communities

3. Continue to focus on increasing quality in all settings

Although California has successful local efforts and various initiatives to support quality, *the state still needs a consistent, system wide focus* on quality and continuous quality improvement to ensure families throughout the state have equal access to quality child care and preschool. We propose that you:

- Support the QRIS block grant expansion for infant and toddler providers
This proposal will build upon the ongoing Quality Rating and Improvement System (QRIS) block grant for the California State Preschool Program and set the stage for providing additional resources to state subsidized infant and toddler providers. As part of the upcoming State Plan process for Child Care Development Block Grant (CCDBG) quality investments, we support using new CCDBG funds toward this concept and look forward to working with the Legislature and Administration to launch the new block grant in the budget year.
- Establish the Community College ECE Professional Development Consortium
This proposal will improve the quality and consistency of ECE professional training and education throughout the state and raise the quality of the education and care provided to children birth through five who are served in the community college laboratory schools. The Consortia will assess current community college early childhood instructional practices and practicum opportunities and support local implementation of evidenced-based professional preparation and development.
- Invest in local Professional Development opportunities for early care and education providers
This proposal builds upon the state's significant investment in K-12 professional development by providing professional development funds for state preschool and other subsidized child care programs, and includes incorporation of evidence-based practices, training and delivery, such as practice-based coaching, teacher-child interactions, mentoring and cohort-based programs.

With state revenues growing each month, California should be making wise investments in programs with proven outcomes. The research is crystal clear – early childhood education is one of the best investments we can make to not only provide our youngest and most vulnerable children with quality early learning experiences they need to thrive in school and in life, but to give their working families the opportunity to participate in our recovering economy. We respectfully ask that you prioritize our youngest children and their families in this year's state budget.

Sincerely,

Advancement Project; Bay Area Council; Children Now; Early Edge California; First 5 California; First 5 Los Angeles; Los Angeles Area Chamber of Commerce; Los Angeles Universal Preschool; First 5 Association of California; United Ways of California; and ZERO TO THREE

Cc: Members, Senate Budget and Fiscal Review Sub. 1 on Education
Members, Assembly Budget Sub. 2 on Education Finance
Members, Senate Budget Sub. 3 on Health & Human Services
Members, Assembly Budget Sub. 1 on Health & Human Services

First 5 LA
2015 Legislative Agenda:
(Additional Bills As Of May 21, 2015)

Bill #	Author	Description	Status	Reason For Taking Action Now	Additional Information	Support/Opposition
AB 50	Mullins	Home Visiting Programs Requires DHCS, in consultation with stakeholders, to develop and implement a plan to ensure that evidence-based home visiting programs are offered and provided to Medi-Cal eligible pregnant and parenting women. Bill also requires the department, in developing the plan, to consider establishing Medi-Cal coverage for evidence-based home visiting program services and incentives for providers to offer those services.	Amendments to the bill were submitted by First 5 LA, Children Now and other advocates to the author on 5/5. In Appropriations Committee on 5/27	Aligned with First 5 LA's criteria regarding home visiting. New amendments were put forth by First 5 LA and other home visiting advocates to the author. These amendments are more aligned with MIECHV and provide opportunities to leverage potential new funding, in particular with HFA and PAT. The outcomes, while heavily health focused, also include education and development.	Program Development staff participated in all stages of bill review and revision.	There is no official list of supporters for the amended bill yet. But Children Now, First 5 Association and First 5 California are expected to support. Fight Crime Invest in Kids and Next Generation are also part of the coalition that have been engaged on this issue and are likely to support.
AB 762	Mullin	Day care centers; integrated licensing The bill would require an existing day care center license to be converted to a single integrated child care license upon annual renewal of the license in calendar year 2018. Also requires that until a day care center has the new integrated license, standards for inspection of a day care center to be based on the current license. Also requires regulations to include age-appropriate transition times and a	Currently in Appropriations Committee	Aligned with First 5 LA's criteria regarding ECE.	Program Development Department staff did analysis on the bill and recommended support position.	Support: Includes California Head Start Association, Advancement Project, American Federation of State, County and Municipal Employees (AFSCME), California Alternative Payment Program Association (CAPPA), California Association for the Education of Young Children, California Child

Bill #	Author	Description	Status	Reason For Taking Action Now	Additional Information	Support/Opposition
		requirement that an integrated license list the age groups of children being served at the center.				<p>Care Resource & Referral Network, Child Care Partnership Council of San Mateo, Child Care Resource Center, Children NOW, First 5 Association, First 5 Santa Clara, LA County Office of Education (LACOE), MAAC Head Start (San Diego)</p> <p>Oppose: None.</p>
AB 765	Ridley-Thomas	<p>Child care standard reimbursement rates Provides that the standard reimbursement rate is not intended to fund mandated costs imposed upon child development programs due to actions of law relating to minimum wage requirements, health insurance requirements, new or increased fees, new or expanded program requirements, or other cost increases due to legislative action. Also requires the standard reimbursement rate to be raised as needed to provide a living wage, reasonable health insurance, and retirement benefits for employees, to support the recruitment and retention of skilled and trained teachers, to support the financial</p>	Currently in Assembly Appropriations.	Aligned with First 5 LA's criteria regarding ECE	Program Development Department staff provided analysis and recommended support position. The County Office of Child Care Joint Leg Committee is recommending a support position by the county.	<p>Support: California Child Development Administrators Association (CCDAA) Cal-SAFE Program at Redwood High School; Community Action Marin Child Development Program; Extended Child Care Coalition of Sonoma County; Go Kids; Professional Association for Childhood Education; Quality Children's Services; The Advancement Project</p> <p>Oppose: None</p>

339

Bill #	Author	Description	Status	Reason For Taking Action Now	Additional Information	Support/Opposition
		stability of programs and educational quality, and to achieve gender pay equity				
SB 277	Pan	<p>Public health: vaccinations. Removes the personal belief exemption from school immunization law and requires the governing board of a school district to notify parents or guardians of school immunization rates. As a result, all children entering into schools-- including child care centers, day nurseries, nursery schools, family day care homes, or developmental centers-- are required to be vaccinated as a condition of entry into those institutions, unless a medical reason exemption applies</p>	Passed Senate on 5/14 and ordered to Assembly.	SB 277 does not fulfill any of the criteria First 5 LA is utilizing in selecting bills for its 2015 Legislative Agenda. However, immunization as a public health strategy is important for young children per se, but relevant to young children in that, with more children in preschool programs, outbreaks have occurred at earlier ages according to CDC.	Commissioners requested we consider supporting bill as it addresses public health crisis affecting all children especially young children.	<p>Support: Includes Vaccinate California (sponsor), California State Association of Counties, American Academy of Pediatrics, First 5 Association, Child Care Law Center, L.A. County Board of Supervisors, Children Now, City of Pasadena, Children’s Defense Fund</p> <p>Oppose: Includes ACLU, Association of American Physicians & Surgeons, National Autism Association of California, and others.</p>

**First 5 LA
2015 Legislative Agenda
(Bills Approved on April 9, 2015)**

Bill #	Author	Description	Additional Information
AB 74	Calderon	Makes every community care facility, residential care facilities for the elderly, child day care center, and family day care home subject to an annual unannounced visit by the State Department of Social Services requiring the department to conduct annual unannounced visits to no less than 20% of the facilities by requiring the department to conduct annual unannounced visits to no less than 30% of facilities.	<ul style="list-style-type: none"> • Potential to advance First 5 LA's priority related to early learning. • Supporters include: Advancement Project, California Alternative Payment Program Association (CAPPA), California Child Care Resource and Referral Network, Child Care Alliance of Los Angeles, First 5 Santa Clara, Special Needs Network. • Currently in Assembly Appropriations
AB 648	Low	Establishes the Virtual Dental Home (VDH) program to expand the virtual dental home model of community-based delivery of dental care to the residents of this state who are in greatest need. Authorizes the program administrator to encourage development and expansion of the delivery of dental health services in community clinics and school programs.	<ul style="list-style-type: none"> • Potential to support one of First 5 LA's current investments. • Supporters of the first VDH bill (AB 1174) included California Dental Association, Children Now, Community Clinic Association of LA, Delta Dental, Liberty Dental Plan, L.A. Chamber of Commerce, LAUSD. • Currently in Assembly Appropriations
AB 1321	Ting	Establishes the Nutrition Incentive Matching Grant Program in the Office of Farm to Fork, and would create the Nutrition Incentive Matching Grant Account in the Farm to Fork Account to collect matching funds received from a specified federal grant program and funds from other public and private sources to provide grants under the Nutrition Incentive Matching Grant Program and to administer the Nutrition Incentive Matching Grant Program.	<ul style="list-style-type: none"> • Potential to support one of First 5 LA's current investments. • Supporters of the previous bill (AB 2385) included Roots of Change (sponsor), California Food Policy Advocates, California Partnership, Charles Drew University, Community Health Councils, Food Access Coalition, and others. • Currently in Assembly Appropriations

May 19, 2015

The Hon. Jimmy Gomez
Chair, Appropriations Committee
California State Assembly
State Capitol, Room 2114
Sacramento, CA 95814

Re: AB 50 (Mullin): Evidence-based Home Visiting Programs – SUPPORT

Dear Chairman Gomez:

On behalf of First 5 LA, I am writing to express our support for AB 50 (Mullin), which would strengthen the parent-child relationship and connect families with vital information and resources during the pivotal time from pregnancy to age five. The bill would do so by authorizing the California Department of Health Care Services (DHCS) to develop a plan that would ensure that voluntary evidence-based home visiting programs are offered and provided to pregnant and parenting women who are eligible for Medi-Cal. The development of this plan would also enable California to draw down federal Medicaid funds for these programs.

First 5 LA is a child advocacy and grantmaking organization created by California voters to invest Proposition 10 tobacco tax revenues in health care, early education and child development programs for L.A. County children from the prenatal stage to age 5 and their families. Research shows a child's success in school and life starts from the earliest moments — before birth and at home with his or her parents/caregivers. Through its Welcome Baby initiative, First 5 LA currently supports voluntary home visiting programs throughout Los Angeles County. We recognize the need to collaborate with state and federal partners in order to ensure all families have access to these cost-effective prevention oriented programs.

Research has shown that economic hardship adversely influences children's health and learning—an especially relevant fact for California, where approximately half of the 500,000 infants born each year will grow up in a poor or low-income household. Poor health and learning outcomes for children result in greater costs for the state in terms of special education, social services, and child welfare programs.

However, research also shows that voluntary evidence-based home visiting programs effectively support vulnerable families and show a positive influence on both parent and child outcomes. In fact, the benefits of such programs far outweigh the costs, with savings up to \$5.70 per dollar invested in the form of reduced health, education, and child welfare system costs, as well as increased family economic self-sufficiency. Studies have shown that pregnant mothers who receive home visits were less likely to deliver low-birth weight babies. If California reduced its current low-birth weight rate by fifty percent, the state would save as much as \$673 million each year.

COMMISSIONERS

Los Angeles County Mayor Michael D. Antonovich <i>Chair</i>	Judy Abdo Nancy Haruye Au Jane Boeckmann Duane Dennis	Sandra Figueroa-Villa Marvin J. Southard, D.S.W. Joseph Ybarra Jr., Ph.D.
Philip L. Browning <i>Vice Chair</i>		

EX OFFICIO MEMBERS

Patricia Curry
Cynthia A. Harding, M.P.H.
Karla Pleitez Howell
Deanne Tilton

EXECUTIVE DIRECTOR

Kim Belshé

CHIEF OPERATING OFFICER

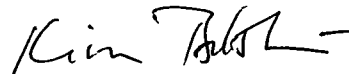
John A. Wagner

A PUBLIC ENTITY

In order to realize the full potential for a return on state investments, California must establish state plans and mechanisms for drawing down federal Medicaid dollars to fund evidence-based home visiting programs; more than 20 states, including Illinois, New York and Virginia have already taken advantage of this opportunity. AB 50 would require DHCS to develop a plan to ensure that evidence-based home visiting programs are offered and provided to Medi-Cal eligible pregnant and parenting women, on or before January 2017.

AB 50 can help California promote young children's health and well-being in a cost-effective manner, as well as increase the effectiveness of the Medi-Cal system. We urge your support for this important bill and look forward to working with you to improve the future for California's children.

Sincerely,



Kim Belshé
Executive Director

KB:rn

April 21, 2015

The Honorable Ian Calderón
 State Capitol, Room 2148
 California Assembly
 Sacramento, CA 94249

RE: AB 74 (Calderón): Care facilities: regulatory visits – SUPPORT

Dear Assemblyman Calderón:

On behalf of First 5 LA, I am writing to express our support for AB 74, which requires the Department of Social Services (DSS) Community Care Licensing Division to conduct annual unannounced visits to community care facilities licensed by the state, including family child care homes, child care centers, and children’s residential facilities.

First 5 LA oversees the Los Angeles County allocation of funds from Proposition 10, which added a 50-cent tax on tobacco products sold in California. Funds raised help pay for health care, education and child development programs for children from the prenatal stage to age 5 and their families. One of our priority focus areas is to improve access to affordable, quality, sustainable early care and education.

California’s licensing program performs the essential function of protecting the basic health and safety of children in care. Prior to 2002, community care facilities were typically subject to annual, comprehensive visits from licensing program analysts. Budget deficits in recent years had a significant impact on DSS’s ability to monitor the health and safety standards of community care facilities. As a result, California facilities are only required to be visited once every five years unless a facility has complaints and/or compliance problems. Due in part to the lack of annual, unannounced visits, the National Association of Child Care Resource & Referral Agencies ranked California’s oversight of child care center programs 50th in the nation in 2013.

AB 74 serves the interests of parents, children, and child care providers by requiring more frequent visits to help ensure the basic health and safety of all individuals cared for in these programs, including one million children receiving care in licensed child care settings across California. The bill would implement a phased-in plan to require DSS to conduct annual unannounced inspections of all community care facilities by 2018. As part of this plan, DSS would, by July 1, 2016, inspect facilities no less often than once every three years with a 30 percent random sample to be subject to an annual inspection. By July 1, 2017, DSS will inspect facilities no less often than once every two years with a 20 percent random sample.

On behalf of the children, families, and child care providers in California, we thank you for your leadership in authoring AB 74 and look forward to working with you and other supporters of this important legislation to ensure passage this year.

If we can be of further assistance, please contact Tessa Charnofsky, Government Affairs Manager, at tcharnofsky@First5LA.org.

Sincerely,

Kim Belshé
 Executive Director

KB:m

COMMISSIONERS

Los Angeles County Mayor Michael D. Antonovich <i>Chair</i>	Judy Abdo Nancy Haruye Au Jane Boeckmann Duane Dennis	Sandra Figueroa-Villa Marvin J. Southard, D.S.W. Joseph Ybarra Jr., Ph.D.
Philip L. Browning <i>Vice Chair</i>		

EX OFFICIO MEMBERS

Patricia Curry
 Cynthia A. Harding, M.P.H.
 Karla Pleitez Howell
 Deanne Tilton

EXECUTIVE DIRECTOR

Kim Belshé

CHIEF OPERATING OFFICER

John A. Wagner

A PUBLIC ENTITY

April 22, 2015

The Honorable Evan Low
 California Assembly
 P.O. Box 942849
 Room 2175
 Sacramento, CA 94249-0028

RE: AB 648 (Low): Community-based services: Virtual Dental Home program- SUPPORT

Dear Assemblyman Low:

On behalf of First 5 LA, I am writing to express our support for AB 648, which would increase access to dental care for underserved children and adults who currently go without needed care. The bill would do so by providing a one-time investment in the start-up of the Virtual Dental Home (VDH) program so that it can be expanded to more underserved communities across the state.

First 5 LA is a child advocacy and grantmaking organization created by California voters to invest Proposition 10 tobacco tax revenues in health care, early education and child development programs for Los Angeles County children from the prenatal stage to age 5 and their families. From 2012 to 2015, First 5 LA funded a VDH project that demonstrated the potential of this model to provide much-needed access to oral health services to underserved children of low-income families in L.A. County.

The VDH utilizes specially trained dental hygienists and assistants who examine and collect dental information from patients in community settings, such as schools, Head Start sites, and nursing homes. Information is then sent electronically to the supervising dentist at a clinic or dental office. The dentist uses that information to create a dental treatment plan for the hygienist or assistant to carry out. The hygienists and assistants would also refer patients to dental offices for more advanced procedures that require the skills of a dentist.

Previous legislation passed in 2014 now requires Medi-Cal to pay for dentists who use telehealth to provide dental care, while also allowing all dental hygienists and specified dental assistants to be trained to perform the additional duties previously limited only to providers involved in the VDH pilot.

AB 648 would take the next important step towards increasing access to dental care for underserved children and adults, by providing essential support for the establishment of the VDH as a statewide model of practice available in underserved communities across the state. The bill would authorize a one-time, \$4 million General Fund appropriation to establish a Virtual Dental Home grant program, under the leadership and direction of the State Dental Director, for the purpose of expanding the VDH into the state's areas of greatest need. AB 648 would also authorize the allocation of grant funds for activities that support VDH implementation, including training, community-based learning collaboratives, technical assistance, and equipment.

COMMISSIONERS

Los Angeles County Mayor Michael D. Antonovich <i>Chair</i>	Judy Abdo Nancy Haruye Au Jane Boeckmann Duane Dennis	Sandra Figueroa-Villa Marvin J. Southard, D.S.W. Joseph Ybarra Jr., Ph.D.
Philip L. Browning <i>Vice Chair</i>		

EX OFFICIO MEMBERS

Patricia Curry
 Cynthia A. Harding, M.P.H.
 Karla Pleitéz Howell
 Deanne Tilton

EXECUTIVE DIRECTOR

Kim Belshé

CHIEF OPERATING OFFICER

John A. Wagner

A PUBLIC ENTITY

First 5 LA supports AB 648 as a means of scaling up and establishing a successful, cost-effective model of bringing dental care to large numbers of children and other underserved populations in their communities. We thank you for your leadership in authoring this legislation and look forward to working with you and other supporters of this important bill to ensure passage this year.

If we can be of further assistance, please contact Tessa Charnofsky, Government Affairs Manager, at tcharnofsky@First5LA.org.

Sincerely,



Kim Belshé
Executive Director

KB:rn

April 22, 2015

The Honorable Phil Ting
 State Capitol, Room 3123
 California Assembly
 Sacramento, CA 95814

Re: AB 1321 (Ting): Nutrition Incentive Matching Grant Program – SUPPORT

Dear Assemblyman Ting:

On behalf of First 5 LA, I am writing to express our support for AB 1321, which would establish the Nutrition Incentive Matching (NIM) Grant Program. This bill has the potential to improve the health of young children from low-income families by creating a statewide consumer incentive program for purchasing healthful fruits and vegetables.

First 5 LA oversees the Los Angeles County allocation of funds from Proposition 10, which added a 50-cent tax on tobacco products sold in California. Funds raised help pay for health care, education and child development programs for children from the prenatal stage to age 5 and their families.

The NIM Grant Program is based on Market Match, an evidence-based pilot shown to double the purchasing power of nutrition assistance benefits like CalFresh by allowing clients to purchase fresh, healthful foods from local farmers at farmers' markets. A 2013 evaluation of the Market Match pilot program showed that it returned \$6 to California's economy for every dollar invested on average. In 2014, First 5 LA provided Market Match with a \$2.5 million grant that is expected to double the number of local markets participating in the program in L.A. County by 2018.

AB 1321 would expand the program statewide, to the benefit of California's low-income families. Financial obstacles limit low-income families' access to quality food, exerting a dramatic impact on health and increasing the risk of developing preventable chronic diseases, like diabetes. Good nutrition is especially crucial to the healthy development of young children.

On behalf of children and families in California, we thank you for your leadership in authoring AB 1321 and look forward to working with you and other supporters of this important legislation to ensure passage this year. If we can be of further assistance, please contact Tessa Charnofsky, Government Affairs Manager, at tcharnofsky@First5LA.org.

Sincerely,

Kim Belshé
 Executive Director

KB:rn

COMMISSIONERS

Los Angeles County Mayor	Judy Abdo	Sandra Figueroa-Villa
Michael D. Antonovich	Nancy Haruye Au	Marvin J. Southard, D.S.W.
<i>Chair</i>	Jane Boeckmann	Joseph Ybarra Jr., Ph.D.
Philip L. Browning	Duane Dennis	
<i>Vice Chair</i>		

EX OFFICIO MEMBERS

Patricia Curry
 Cynthia A. Harding, M.P.H.
 Karla Pleitéz Howell
 Deanne Tilton

EXECUTIVE DIRECTOR

Kim Belshé

CHIEF OPERATING OFFICER

John A. Wagner

FIRST 5 LA

SUBJECT:

Public Hearing and Review of First 5 LA's 2015-2020 Strategic Plan: Focusing for the Future

RECOMMENDATION:

Review the process the Commission undertook to obtain public input into the approved 2015-2020 strategic plan. Conduct the mandated, annual public hearing of First 5 LA's 2015-2020 Strategic Plan: Focusing for the Future.

BACKGROUND:

Proposition 10 imposes certain annual procedural requirements on each county commission as a condition to the continuing receipt of Proposition 10 tobacco tax funds. Those procedural conditions include the requirement that the Board hold public hearings at least annually to review First 5 California's Annual Report, First 5 LA's Strategic Plan, and First 5 LA's annual audit. This public hearing is intended to comply with the requirement to hold a public hearing about the organization's strategic plan. The annual review of First 5 California's Annual Report occurred at the May 2015 Commission meeting. The Board's review of the annual audit will occur at the end of the 2014-2015 fiscal year when the independent, external audit is complete.

DISCUSSION:

First 5 LA Strategic Plan – Annual Review

First 5 LA's 2015-2020 Strategic Plan: Focusing for the Future was approved by the Commission on November 13, 2014. Throughout the planning period, the Commission utilized public meetings to inform the planning process. This included presentations and discussions about the strategic plan at monthly Commission meetings, a Board retreat, and monthly Program & Planning Committee Meetings/Special Meetings of the Commission. Other opportunities facilitated by staff to ensure public input into the plan included a stakeholder survey administered to First 5 LA grantees, five community meetings held in different regions across the County, and two webinars. These engagement points were created to accomplish two things: (1) ensure public stakeholders were informed of the Commission's progress in developing the strategic plan, and (2) allow public comment on strategic decisions approved by the Commission during the planning period.

In addition to the above referenced public sessions, this meeting will serve as the Board's official public hearing to consider and review the Strategic Plan to comply with Proposition 10's statutory requirements. First 5 LA's 2015-2020 Strategic Plan is available to the public on First 5 LA's website (http://www.first5la.org/postfiles/files/F5LA%20Strategic%20Plan_FINAL.pdf). Public comment on the current Strategic Plan is encouraged by the public hearing designation on the meeting agenda.

Following this presentation, staff will report First 5 LA's compliance with these requirements to First 5 California.

RECOMMENDATION:

Staff recommends the Board conduct the mandated, annual public hearing of First 5 LA's 2015-2020 Strategic Plan: Focusing for the Future.



Focusing for the Future

First 5 LA Strategic Plan 2015–2020

November 2014

Table of Contents

I. OVERVIEW AND CONTEXT FOR FIRST 5 LA'S STRATEGIC PLAN	1
The Context for Our Work.....	1
Implications for the 2015–2020 Strategic Plan	3
II. FIRST 5 LA'S STRATEGIC DIRECTION, FOCUS AND IDENTITY	6
The Strategic Imperative for This Planning Process	6
First 5 LA's Focus: Supporting Parents/Caregivers in Their Child's Success	6
First 5 LA's Evolving Role and Approach.....	7
Investment Guidelines	8
Investment Areas	9
III. VALUES, VISION, MISSION AND TARGET POPULATION	10
Values: Our guiding principles	10
Vision: Our guiding aspiration.....	10
Mission: How we will act to achieve our vision	11
Target Population: Who We Support.....	11
IV. THE CHANGE FIRST 5 LA SEEKS TO ACHIEVE AND HOW WE WILL ACHIEVE IT	12
The Overarching Result We Seek	12
The Goals That Contribute to the Overarching Result	12
Measurable Outcomes of Progress	12
Strategies.....	14
V. RESOURCE REQUIREMENTS FOR THE PLAN	20
Projected Expenditures	20
Projected Resources Available	20
Comparison of Projected Expenditures and Resources	22
VI. NEXT STEPS: IMPLEMENTATION PLANNING	23
Additional Fiscal Analysis	23
Strategy Refinement and Execution.....	23
Evaluation and Learning Plan	24
Organizational Alignment.....	24
Future Funding Model.....	25
VII. APPENDICES	26
Appendix A: Synopsis of the 2009-2015 Strategic Plan.....	27
Appendix B: 2015-2020 Strategic Planning Process and Milestones.....	29
Appendix C: Research Basis and Stakeholder Engagement.....	33
Appendix D: Governance Guidelines.....	42
Appendix E: Building Stronger Families Framework.....	46
Appendix F: Investment Guidelines and Conditions for Deviation.....	47
Appendix G: Strategy Descriptions.....	49
Appendix H: Monitoring, Evaluation and Learning Framework Example Questions.....	68

I. Overview and Context for First 5 LA's Strategic Plan

For more than 15 years, First 5 LA has been working collaboratively across Los Angeles County (L.A. County) to ensure that every child enters kindergarten ready to succeed in school and life. First 5 LA is a public organization charged with directing Proposition 10 tobacco tax revenues in L.A. County toward issues relating to children from prenatal to age 5 and their families. Since its inception, First 5 LA has invested more than \$1 billion to improve the health, safety, and school readiness of children prenatal to age 5 by supporting multiple programs, initiatives, research, partnerships, public education, and other policy and systems change efforts throughout the county.

As it reaches the end of its 2009–2015 Strategic Plan, First 5 LA is poised to undergo a significant transition in its role and function, to increase its ability to make lasting impact for the greatest number of children. This transition is informed by a much clearer understanding of how to maximize First 5 LA's impact given changing needs within L.A. County, shifts in the early care and development and health systems for children, and declining tobacco tax revenues that have supported its work to date. Built on a robust foundation of data, analysis, consultation with the community and First 5 LA's stakeholders, and deliberation amongst the Commission and staff, the strategies presented in this plan provide a road map for navigating the transition and increasing First 5 LA's contribution to improving conditions for families, the communities they live in and the systems that support them.

The Context for Our Work

What happens to our youngest children today will impact all of us tomorrow. When we dedicate attention and resources to children at the earliest stages of their lives, we are laying the foundation for our community's social and economic future.

Science tells us that the basic architecture of the brain is constructed through an ongoing process that begins before birth. In fact, 80 percent of a child's brain is developed by age 3, which means that a child's success in school and life starts from the earliest moments — prenatal, at birth, at home, and with his or her parents/caregivers.¹ That's why the early years matter.

Much like building a house, a child's brain development starts with laying a solid foundation and building up — step by step. Every interaction in a young child's life, whether with a parent/caregiver, in daycare or at a park, helps to build and develop his or her brain and ultimately impacts their ability to enter school ready to learn and succeed. Similarly, negative interactions like stress and trauma damage and weaken a child's brain, hampering his or her ability to function and grow. Stress can come from things like fear, hunger from poverty or even interacting with a parent/caregiver who is under stress. Chronic stress can literally stop the cells in a baby's brain from growing and forming connections with each other, leading to problems with learning, behavioral issues and even physical and mental illness.

¹ Zero to Three. *Tips and Tools on Brain Development*. Retrieved from <http://www.zerotothree.org/child-development/brain-development/faqs-on-the-brain.html>

When we invest wisely in children and their families, we are investing wisely in the future of L.A. County.

L.A. County Context

In L.A. County, the landscape has shifted in a variety of important ways for children and their families. This information informed First 5 LA's strategic planning process. Some examples of the factors we considered include:

- **A decreasing 0–4 population means there will be fewer Angelenos entering the workforce.** The population of children 0–4 is declining in L.A. County and is expected to continue to decline through 2020. Given that very young children will continue to play an increasingly important role in the future workforce and as taxpayers, it is imperative that L.A. County children receive opportunities to continue to optimize their development and support to become contributing members of their communities.²
- **The population of low birthweight babies is increasing among African Americans and Asian Americans, putting these children at risk of ongoing health and developmental delays.** Between 2000 and 2010, low birthweight rates for African American babies increased from 12.1% to 13.3%, while rates for Asian American babies increased from 6.6% to 8.0% (the statewide average in 2010 for all babies was 6.8%). Children born at low birthweight are at a higher risk for developmental delays and other costly medical procedures that have long-term effects for children, their families and publicly funded services and systems.³
- **Substantiated abuse and neglect is increasing for children prenatal to age 5, which negatively impacts a child's socio-emotional well-being, overall health and school readiness.** Between 2000 and 2012, there was an increase in the rate of substantiated child abuse and neglect in L.A. County among children prenatal to age 5. This trend is particularly worrisome because, at the state level, the rates of substantiated abuse and neglect among children prenatal to age 5 decreased in the same time period. Children experiencing abuse or neglect are more likely to face substance abuse, depression, eating disorders, obesity, suicide and sexual promiscuity.⁴
- **Third-grade reading proficiency disparities remain for Latino and African American students, affecting their ability to acquire the skills needed to be competitive in today's economy.** While the rate of third-grade students scoring at or above proficiency in reading rose 19 percentage points between 2003 and 2012, 53% of third graders are still not reading at grade level. The picture is less promising for subpopulations of children within L.A. County.⁵ L.A. Unified School District data from 2013 show that only 34% of Latinos and 37% of African American students are scoring at or above third-grade reading proficiency.⁶ These persistent disparities in reading proficiency matter because children who are not reading at grade level are more likely to fall behind in school and drop out of high school, and less likely to acquire the skills they need to be competitive in today's economy. Helping children be ready for school is a proven strategy for getting children on the right path to school success.

² Myers, D., Pitkin, J. (2013). *The Generational Future of Los Angeles: Projections to 2030, and Comparisons to Recent Decades*. Population Dynamics Research Group, Sol Price School of Public Policy, University of Southern California. Retrieved from http://www.usc.edu/schools/price/research/popdynamics/futures/2013_Myers-Pitkin_LA-Projections.pdf

³ California Department of Public Health, Center for Health Statistics. (November 2012). *Vital Statistics Section, Birth Statistical Master Files*. Retrieved from <http://www.apps.cdph.ca.gov/vsq/default.asp>

⁴ Needell, B., et al. (2013). *Child Welfare Services Reports for California*. Retrieved from http://cssr.berkeley.edu/ucb_childwelfare

⁵ California Department of Education Assessment and Accountability Division. (August 2012). *2003-2012 STAR Results*. Retrieved from <http://dq.cde.ca.gov/dataquest>

⁶ LA Compact. (2014). *Measures Report Executive Summary*. Retrieved from http://events.lachamber.com/sbaweb/events/evite/EDUCATION/Compact/Compact_Measures_ExecSummary.pdf

Implications for the 2015–2020 Strategic Plan

Listening, Learning and Leading (L3)

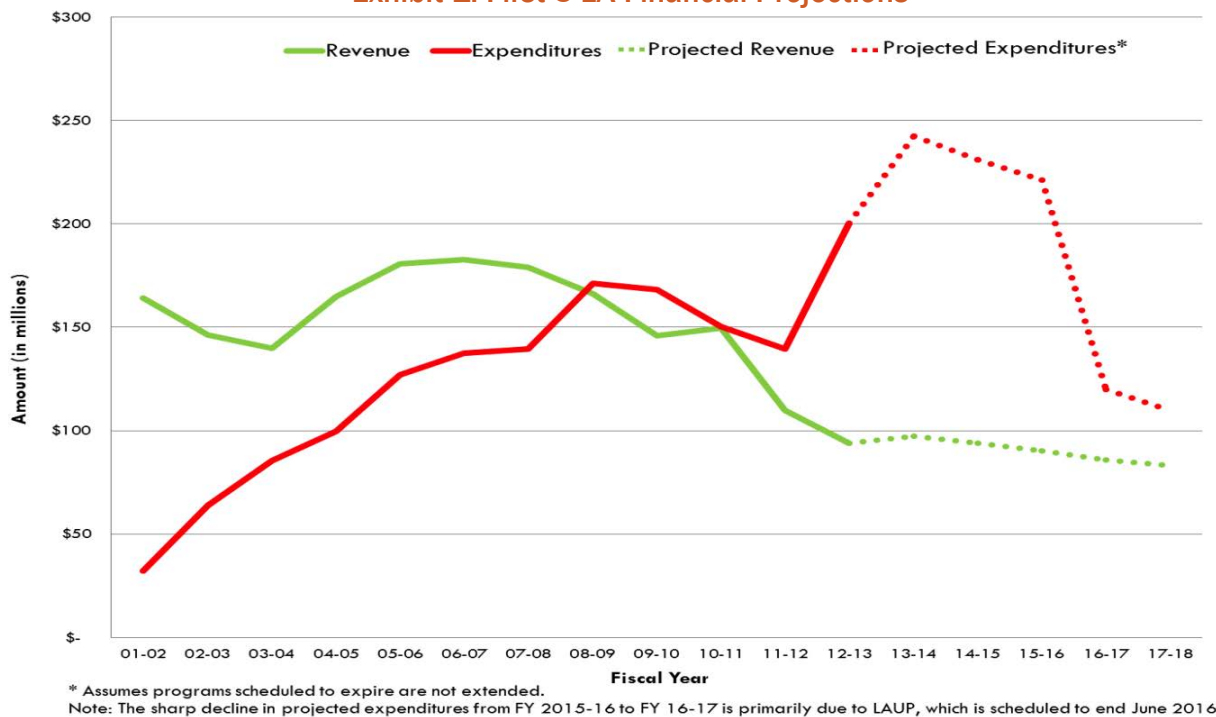
In January 2013, just past the midpoint of its current strategic planning cycle, First 5 LA brought on new executive leadership. Under the direction of the new Executive Director, the organization embarked on a six-month assessment process known as “**Listening, Learning and Leading (L3)**” to explore and better understand the progress First 5 LA has made in achieving its goals and the organization’s role in improving outcomes for L.A. County’s young children. Between the L3 process and additional data analysis conducted by First 5 LA consultant partner Learning for Action in early 2014, the following data collection techniques were deployed: surveys, interviews, and focus groups with staff, commissioners, partners and community stakeholders; an assessment of the funding and policy landscape; an assessment of the Early Care and Education landscape; and an analysis of the alignment between current investments and Strategic Plan goals. These processes produced a wealth of information about the strategic issues and opportunities facing First 5 LA, summarized as follows:

- **First 5 LA’s investments are too widely dispersed to create sustained impact.** First 5 LA’s current investments are scattered and not clearly linked to a set of goals, which make it difficult to make strategic decisions regarding those investments. Furthermore, some investments do not contribute at all to the four priority goals established in the 2009–2015 Strategic Plan (Children are healthy, children maintain a healthy weight, children are safe from abuse and neglect, and children are ready for kindergarten).
- **First 5 LA’s systems change activities (e.g., public education campaigns, technical assistance, community and organizational capacity building, and grant making of innovative models) are extremely diverse, not well coordinated, and do not reflect a coherent outcome-oriented approach.** First 5 LA should clarify its definition of systems change, better articulate how systems change will be pursued and establish the relative level of organizational investment in systems change work.
- **There is a lack of clarity — both internally and externally — about First 5 LA’s goals and its role in contributing to positive change for children prenatal to age 5.** First 5 LA is primarily perceived as a funder, despite the fact that both internal and external stakeholders believe that a critical role for First 5 LA is as a leader of, and advocate for, early childhood issues in L.A. County and statewide. External stakeholders also raised questions regarding the extent to which the First 5 LA Board of Commissioners uses the Strategic Plan as a basis for its decision making.
- **In the context of declining revenues, First 5 LA needs to shift its emphasis from funding direct services to creating systems-level change.** First 5 LA initiatives are making an important contribution to the well-being of children, but the impact is at the participant level rather than the broader community level. First 5 LA cannot create sustained change by continuing to fund direct services on a large scale. By shifting its emphasis to supporting systemic changes that will endure after First 5’s funding (or role) ends, First 5 LA can deepen the impact it can have, thereby extending the reach and impact of its resources.

Long-term Financial Projection

Concurrently, First 5 LA developed a **Long-Term Financial Projection (LTFP)** that provides a sobering fiscal context in which First 5 LA’s projected expenditures exceeds its projected revenue, as shown in Exhibit 1 below.

Exhibit 1: First 5 LA Financial Projections



This graphic produces the following insights:

- First 5 LA expenditures have exceeded revenue since 2008–09, requiring the organization to rely on its fund balance to meet its obligations. Maintaining the current rate of spending is unsustainable in the long run. With a diminishing fund balance, spending cannot continue exceeding revenue.
- Internal projections based on state data forecast annual Proposition 10 tax revenue to decline by 15% over the next six years, from \$90.3 million (FY 13–14) to \$76.9 million (FY 19–20).
- Even if all existing contracts end consistent with contract terms, First 5 LA’s expenditures will still exceed estimated revenues in FY 2017–18.

The LTFP makes clear the fiscal imperative for First 5 LA to transition to a sustainable spending portfolio and to “live within our means.”

Governance Guidelines

The strategic imperative established by the L3 process to achieve greater focus and the financial imperative to do so in a fiscally responsible manner have grounded First 5 LA’s fiscal, governance, and planning activities and decisions in 2014. Informed by L3 and the LTFP, the Commission adopted in March 2014 a set of Governance Guidelines (see Appendix D), which are designed to achieve:

- Transparency and consistency in decision making;
- Coordination, coherence and integration of First 5 LA investments;
- Accountability for First 5 LA’s declining revenues; and
- Adherence and fidelity to the organization’s Strategic Plan.

These guidelines establish the Commission’s expectations for future grantmaking. Such expectations include that contractors and grantees not expect First 5 LA to be a permanent source of funding for programs and services, and successful applicants for First 5 LA grant support will be able to sustain project efforts beyond the contract period and First 5 LA funds.

Taken together, the Governance Guidelines provide important decision-making guardrails that will help First 5 LA contribute to lasting change for the greatest number of children in L.A. County.

II. First 5 LA's Strategic Direction, Focus and Identity

The Strategic Imperative for This Planning Process

Informed by L3, the Long-Term Fiscal Projection, the Governance Guidelines and other inputs, the First 5 LA Commission developed a “strategic imperative” to anchor the strategic planning process and define what a successful Strategic Plan would achieve. The Strategic Imperative helps First 5 LA maintain the clear focus needed to make difficult choices and informed Commission consideration of goals, outcomes and strategies.

The three elements of the strategic imperative are:

- Maximize return on the Commission's future investments to achieve mission and greatest possible impact for children to age 5 and their families;
- Determine a clear, well-defined focus for First 5 LA; and
- Align goals to long-term financial projections and strategy.

First 5 LA's Focus: Supporting Parents/Caregivers in Their Child's Success

Parents/caregivers (i.e., the family environment) are foundational to a child's healthy development. A child's success in school and life starts from the earliest moments — before birth, at home and with his or her parents/caregivers. Furthermore, First 5 LA recognizes that parents/caregivers do not live in a vacuum. They live in neighborhoods and belong to communities. They send their children to day care and preschool. They rely on systems to access resources and services. Based on this focus on parents/caregivers, First 5 LA has outlined an approach to parent/caregiver engagement that will guide the work of the organization into the future. The work of First 5 LA will be designed to strengthen and impact the following elements of parent/caregiver engagement, including:

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

To help all children enter kindergarten ready to succeed, First 5 LA will support parents/caregivers by strengthening their skills, fostering community capacity, and working to change the policies and systems that give families the support they need to help their children succeed. First 5 LA's work with parents/caregivers, communities and systems is grounded in the Center for the Study of Social Policy's (CSSP) *Protective Factors Framework*, a researched-based approach to helping parents/caregivers succeed and children thrive.⁷ CSSP's research shows that when parents/caregivers have certain skills and supports, child outcomes improve. These skills and supports, known as the Protective Factors, include the following: (1) parents/caregivers are able to manage stress; (2) have positive relationships and social connections; (3) understand how a child

⁷ Center for the Study of Social Policy. *The Protective Factors Framework*. Retrieved from <http://www.cssp.org/reform/strengthening-families/the-basics/protective-factors>

develops and their role in supporting his/her growth; (4) are able to provide positive environments for their children; and (5) have access to concrete support in times of need. Most of the work outlined in this plan is designed to increase the Protective Factors identified by this Framework, both directly (by working with individual families) and indirectly (by making communities, public policies and systems more responsive to and supportive of the Protective Factors).

First 5 LA's dedication to promoting the Protective Factors builds upon the organization's 15 years of experience and learning about what works for families and children. Recognizing the critical role parents/caregivers play in their child's development, this Strategic Plan reaffirms and deepens important work underway to strengthen families and improve child outcomes in two principal areas. First, the Commission will continue to support home visitation services, such as Welcome Baby and intensive home visiting. These critical programs help parents/caregivers build the skills they need to support the health and well-being of children and their families.

Second, the Commission will continue to support family strengthening and community capacity-building in the 14 Best Start Communities, consistent with First 5 LA's 2013 Building Stronger Families Framework (BSFF). The BSFF highlights our belief that community environments (both physical and social) are important to the Protective Factors. Community is essential in supporting the wellness of parents/caregivers and families, and are the contexts in which services and the systems and policies that guide them play out (See Appendix E).

In addition, this Strategic Plan recognizes that the systems through which services and supports are financed, organized and delivered can help or hinder the ability of parents/caregivers to build the Protective Factors so vital to improving child outcomes. Therefore, this Strategic Plan will work to strengthen families by increasing the effectiveness and coordination of service delivery systems to ensure families receive concrete supports in times of need.

First 5 LA's Evolving Role and Approach

Addressing the challenges faced by today's families is a big task, and First 5 LA can't do it alone. The 2015–2020 Strategic Plan recognizes that we are just one organization, among many, that is working to improve the lives of children and families, and that the path to widespread impact and sustainability runs through community, systems and policy change. Community and systems change is the transformation of how existing organizations and communities work to improve outcomes for young children (e.g., structures, functions, norms, values, skills or attitudes). Only by working together to change policies and improve service delivery systems at a fundamental level can we address the core issues that prevent so many children and their families from getting the support they need to thrive. If we improve the effectiveness, coordination and quality of services and supports young children and families need, then we can help many more children and families across L.A. County now and for generations to come.

One key feature of First 5 LA's more focused approach is a reduced emphasis on funding discrete direct services with impact at the participant level and an increased emphasis on systems change, collaboration and public policy. This shift reflects both the Commission's strategic imperative to maximize impact for young children through the systems and policies that can affect the greatest number of children prenatal to age 5 over a longer period of time and the fiscal imperative to live within available resources.

Investment Guidelines

To help define and support First 5 LA's more focused role, the Commission adopted six investment guidelines, which express the organization's point of view about how and where it can have the most impact. Together, these six investment guidelines represent a "six-part identity statement" for First 5 LA (see Appendix F for more information on these Investment Guidelines).

The Commission's investment guidelines are that First 5 LA will:

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

These guidelines served as criteria for Commission decision making for all major components of the strategic planning process, including the identification of vision, goals, outcomes, investment areas and the strategies that First 5 LA will utilize to achieve impact. Furthermore, the investment guidelines serve as ongoing policy guidance to staff as First 5 LA implements the Strategic Plan.

Investment Areas

First 5 LA will focus its resources on six investment areas, which represent specific streams of work to advance the Outcomes and Priority Focus Areas. The investment areas include:



A brief definition of each investment area follows:

Research and Development: Identifying and supporting the expansion of evidence-based practices that have been proven to make a real difference in the lives of children prenatal to age 5 and their families.

Public Policy and Advocacy: Increasing public-sector investments in children and families, and improving the policies that govern those investments.

Service Delivery System Improvement: Increasing the effectiveness and coordination of service delivery systems (such as health-related systems) to ensure that children and families receive the services they need, and that those services are of high quality.

Provider Training: Improving the quality of the services we care about by building the knowledge and skills of providers.

Community Capacity Building: Helping individuals and groups that live and work in neighborhoods and communities take greater ownership and responsibility for the children and families who live within them by fostering safe, healthy, and vibrant communities.

Communications: Educating the public and key stakeholders about the importance of investing in our children and families.

III. Values, Vision, Mission and Target Population

The values, mission, vision and target population below, which have all been revised to reflect First 5 LA's increased focus and new strategic direction, provide vital context and direction for the Strategies contained in this plan and beyond.

Values: Our guiding principles

Our values act as guiding principles for how we do our work, the culture we aim to promote and a benchmark to measure behaviors and performance.

Overarching Organizational Value:

Collaboration: We believe joint effort toward common goals achieves trust and produces greater impact for L.A. County's youngest children and their families.

Values:

Integrity: We believe fidelity to our values builds credibility, trust, fairness and consistency.

Respect: We believe in honoring and nurturing every individual and community.

Accountability: We believe results matter and that a focus on transparency and excellence yields improved outcomes, work quality and stewardship of resources.

Partnership: We believe that by working with others who share our aspirations for young children, we can maximize every child's readiness for kindergarten and success in life.

Shared Leadership: We believe that together we can ensure that every child enters kindergarten ready to succeed in school and life.

Learning: We believe learning never ends, so we are committed to critical thinking and continuous innovation.

Vision: Our guiding aspiration

Our vision describes what we want to be true in 20 years or so based on our contributions for children from prenatal to age 5 and their families.

Throughout Los Angeles' diverse communities, all children are born healthy and raised in a safe, loving and nurturing environment so that they grow up healthy in mind, body, and spirit, are eager to learn, with opportunities to reach their full potential.

Mission: **How we will act to achieve our vision**

Our mission concisely describes the outcome we are working towards, and how our organization will work towards that outcome.

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.

Target Population: **Who We Support**

While First 5 LA cares about the healthy development of all children prenatal to age 5 and their families in L.A. County, it recognizes that some of those children and families have far greater needs than others, and has called this out in the following statement:

First 5 LA works on behalf of all children prenatal to age 5 and their families in Los Angeles County, but focuses on those who face significant risks and challenges to achieving their maximum physical and socio-emotional health and learning potential.

IV. The Change First 5 LA Seeks to Achieve and How We Will Achieve It

First 5 LA spent a significant amount of effort during this strategic planning process clarifying *what* specific change it will contribute to, as well as *how* the organization will use its fiscal and non-fiscal resources to influence that desired change. These critical decisions are captured in three related components, each of which help to make more specific the change First 5 LA is aiming for and how it will be clear if progress towards success has been achieved: 1) The Overarching Result We Seek, 2) The Goals That Contribute to the Overarching Result; and 3) The Measurable Outcomes of Progress (all described in detail below).

During the planning process, First 5 LA also defined the work it will do — referred to as Strategies — over the next five years to advance progress towards its desired change.

The Overarching Result We Seek

The Overarching Result serves as a single ‘north star’ for First 5 LA:

Children enter kindergarten ready to succeed in school and life.

The Goals That Contribute to the Overarching Result

First 5 LA adopted three goals that contribute to achieving the Overarching Result. These goals are based on the three primary domains of what affects a child’s ability to learn and achieve optimum potential: 1) physical health; 2) socio-emotional health and development; and 3) cognitive development.

- Children prenatal to age 5 achieve their maximum physical health potential;
- Children prenatal to age 5 achieve their maximum socio-emotional health potential; and
- Children prenatal to age 5 reach their maximum cognitive development potential.

Measurable Outcomes of Progress

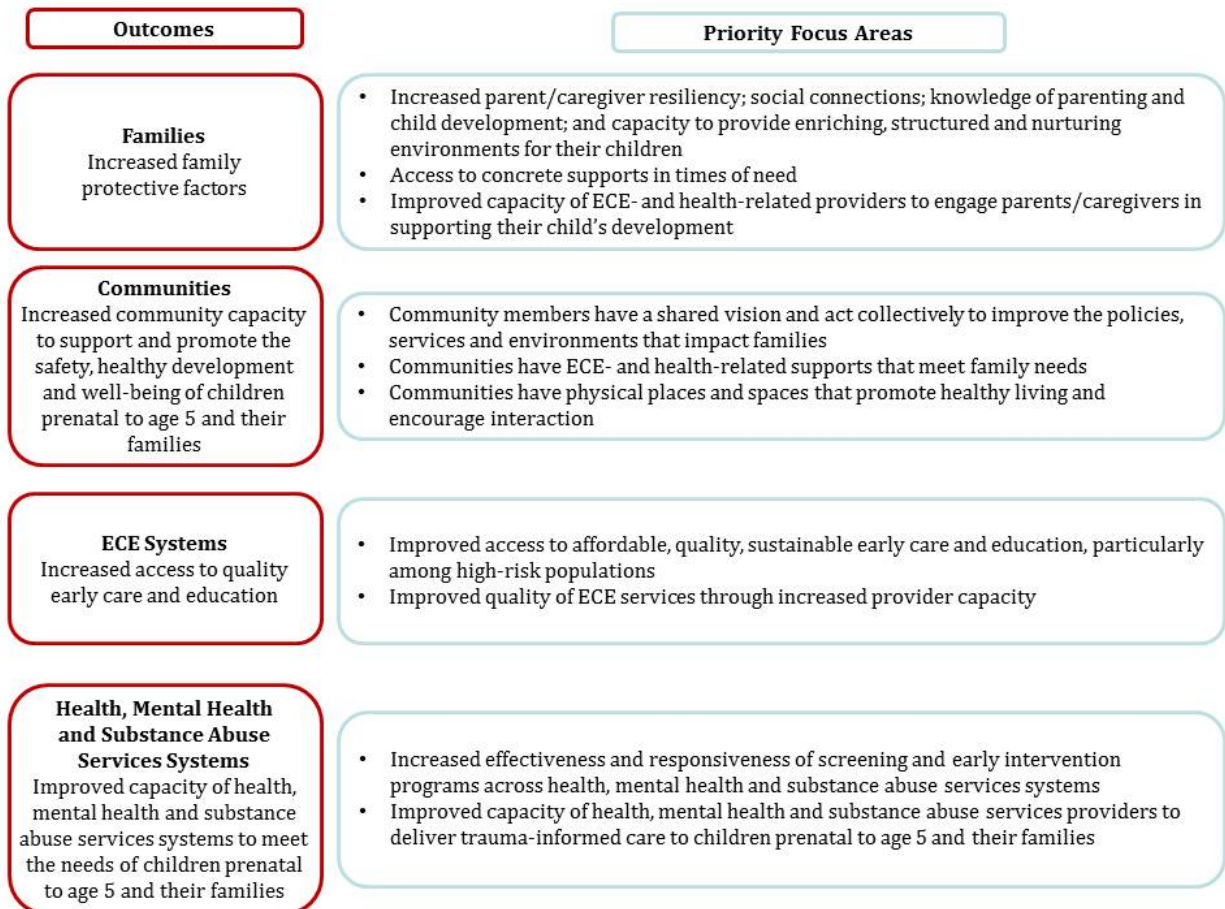
To advance the physical health, socio-emotional health and cognitive development potential of children prenatal to age 5, First 5 LA identified four outcomes that focus the organization’s work. The Outcomes reflect needs identified by families, community members and other stakeholders engaged during the strategic planning process. The Outcomes represent areas where First 5 LA can have a broad, lasting impact that will positively affect the greatest number of children prenatal to

age 5 and their families for years to come. The following summarizes these Outcomes and the change we seek:

Outcomes
<p>Families: Increased family protective factors</p> <p><i>We will work with parents and caregivers to make sure they have the skills, knowledge and access to resources to support their child's development.</i></p>
<p>Communities: Increased community capacity to support and promote the safety, healthy development and well-being of children prenatal to age 5 and their families</p> <p><i>We will support a community's ability to foster safe, healthy and engaged neighborhoods that help children and their families thrive</i></p>
<p>ECE Systems: Increased access to quality early care and education</p> <p><i>We will increase access to affordable, quality early care and education.</i></p>
<p>Health, Mental Health and Substance Abuse Services Systems: Improved capacity of health, mental health and substance abuse services systems to meet the needs of children prenatal to age 5 and their families</p> <p><i>We will 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 L.A. County.</i></p>

These Outcomes reflect First 5 LA's belief that improving child outcomes requires change at three, interrelated levels: through (1) supporting families; (2) strengthening the capacity of the communities in which families and children live; and (3) increasing the effectiveness and coordination of the service delivery systems upon which families rely. For example, when we help families strengthen their skills to support their child's development through hospital-based home visitation programs, we improve the health system and put children on a path for school readiness. Furthermore, when we work with others to enhance a community's capacity to support families and children, we improve the coordination of the systems of care within communities that, in turn, build families' Protective Factors.

In light of the Strategic Imperative to "determine a clear, well-defined focus for First 5 LA," the Commission acknowledged the need to provide further clarity on the specific and measured contributions First 5 LA would make within each outcome. Therefore, Priority Focus Areas were identified to further define the type of change that First 5 LA can measurably affect, as depicted in the following visual.



The Outcomes and Priority Focus Areas provide an important strategic foundation for First 5 LA's work during 2015–2020. They state the change that is possible for young children in L.A. County with the help and contribution of First 5 LA. Moreover, they reflect the Commission's commitment to partnering with others to support families and communities, and enhance the systems of services they rely on to help in their child's development. The next section details the Strategies First 5 LA will prioritize to achieve these Outcomes.

Strategies

Strategies represent how First 5 LA will advance the change we seek in each of the Outcomes and Priority Focus Areas. First 5 LA's work during the 2015–2020 strategic planning cycle will focus on preventative efforts that have a broad, lasting impact that affects the greatest number of children prenatal to age 5 and their families. We have identified specific strategies to advance each of the four Outcomes, which represents ways in which we can make a significant difference in helping children enter kindergarten ready to succeed in school and life. These ten Strategies have been shaped in response to opportunities where the organization has significant potential to contribute to the Outcomes identified in this plan. They were informed by First 5 LA's experience in these outcome areas, the literature and evidence available demonstrating how to advance the Outcomes, and stakeholder engagement. The Strategies are organized by outcome and priority focus area, and where possible include examples of descriptive activities anticipated to be implemented under each strategy. Please refer to Appendix G for additional details on the Strategies.

Families

We will work with parents/caregivers so that they have the skills, knowledge and resources they need to support their child's development.

Why This Matters:

A child's success in school and life starts from the earliest moments — before birth and at home with his or her parents/caregivers. Therefore, when parents/caregivers have certain skills and when the Protective Factors are present, they are able to create nurturing, responsive, stable relationships and learning environments for their children, and child outcomes improve.

Home visiting programs can effectively build the Protective Factors by engaging parents/caregivers in their child's development at the earliest stages. High-quality home visiting programs have been shown to make a positive difference for children and families on a range of outcomes, including child health and development, school readiness and parent/caregiver employment, as well as helping to prevent child abuse and neglect.⁸ When quality programs are properly implemented, they lead to increased family self-sufficiency, lower health care costs, and reduced need for remedial education. For every dollar spent on these efforts, at least \$2 in future spending is saved.⁹

What We Will Do:

One way First 5 LA will increase the Protective Factors and support the parent/caregiver-child relationship is by continuing implementation of Welcome Baby and intensive home visiting programs. Welcome Baby represents a significant First 5 LA investment in enhancing the child-parent/caregiver relationship and the health, safety and security of children and their families. Through Welcome Baby, families are referred to an intensive home visiting program for additional services, if required. First 5 LA will build on the Commission's experience implementing Welcome Baby and intensive home visiting programs to directly support families before and after children are born. Essential complements to Welcome Baby and intensive home visiting programs are a robust research, policy and advocacy agenda to assess the effectiveness of these home visiting investments and to marshal public and private support to extend their reach to all L.A. County families.

Additionally, the parent/caregiver-provider relationship is foundational to increasing family Protective Factors. Therefore, First 5 LA, in partnership with others, will seek to impact systems of services and supports to better engage parents/caregivers in fostering their child's early learning and healthy development.

⁸ Avellar, S., Paulsell, D., Sama-Miller, E., Del Grosso, P. (September 2013, Revised June 2013). *Home Visiting Evidence of Effective Review: Executive Summary*. Office of Planning, Research and Evaluation. Retrieved from http://homvee.acf.hhs.gov/HomVEE_Executive_Summary_2013.pdf

⁹ The PEW Charitable Trusts. (January 2014). *Home Visiting Family Support Programs: Benefits of the Maternal, Infant, and Early Childhood Home Visiting Program*. Retrieved from <http://www.pewtrusts.org/en/research-and-analysis/q-and-a/2014/02/21/the-maternal-infant-and-early-childhood-home-visiting-program>

Our Strategies to advance each focus area are:

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

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

Focus Area 2: Improved capacity of ECE- and health-related providers to engage parents/caregivers in supporting their child's development

- **Strategy:** Pilot and/or promote the scaling of evidence-based parent/caregiver-engagement models that increase family protective factors in ECE and health-related settings

Communities

We will support a community's ability to foster safe, healthy and engaged neighborhoods that help children and their families thrive.

Why This Matters:

Just as children thrive in the context of strong families, families thrive in the context of neighborhoods and communities that support parents/caregivers' ability to raise their children, providing them with the support, services and opportunities they need. Families themselves build the Protective Factors, but the neighborhoods and communities in which they live provide the context and opportunities for parents/caregivers to strengthen their capacity, build social connections and access concrete supports. Simply put, place matters. If communities are unable to support families in their child's development, or create barriers, children's outcomes are negatively impacted. Focusing on the places in which families live and building the capacity of communities can create and sustain thriving and healthy environments for all children.

What We Will Do:

Because place matters in the lives of families and children, First 5 LA will continue its commitment to the 14 Best Start Communities through implementation of the BSFF. The BSFF seeks to strengthen the Protective Factors through a community capacity building approach. We will strengthen the capacity of the communities to support families, build parent/caregiver participation within their community, improve the coordination of the systems that serve them and support the enhancement of the environments in which children live, learn and play. First 5 LA will continue to engage parents/caregivers, residents and local organizations in the Best Start Communities to generate a shared vision and action plan. This work will promote collective action to identify barriers and gaps as well as mobilize assets and resources to ensure communities support families to succeed.

Our Strategies to advance each focus area are:

Focus Area 1: Community members have a shared vision and act collectively to improve the policies, services and environments that impact families

- **Strategy:** Convene and create opportunities for collaboration among parents/caregivers, residents, organizations and institutions across multiple sectors within the Best Start

Communities to work together to achieve the core results of the Building Stronger Families Framework

Focus Area 2: Communities have ECE- and health-related supports that meet family needs

- **Strategy:** Convene and strengthen the capacity of ECE- and health-related organizations and institutions to improve services and supports within the Best Start Communities

Focus Area 3: Communities have physical places and spaces that promote healthy living and encourage interaction

- **Strategy:** Convene and strengthen the capacity of existing advocacy groups to work with communities to create new or improved physical spaces and places for families and children prenatal to age 5 with a priority focus on Best Start Communities

Early Care and Education Systems

We will increase access to affordable, quality early care and education.

Why This Matters:

A child's early learning is critical to their success in school and beyond. By participating in high-quality early care and education (ECE) programs, children are more likely to have higher socio-emotional skills, be school ready and achieve key academic benchmarks such as third grade reading proficiency.¹⁰ However, in L.A. County, there are significant gaps and needs in ECE access, quality of programs and workforce.¹¹ For example, there is limited availability of quality programs for infant and toddlers and preschool age children; this is especially prevalent for children living in low-income communities of color.¹² Within the workforce development system, there is a need for increased alignment across qualifications, competencies, and preparation and training.

What We Will Do:

To support the school readiness of children across L.A. County, First 5 LA will work to improve policies and systems to increase the number of affordable and sustainable child care programs and to improve the quality of those programs. To do this, First 5 LA will advocate at the local, state and national level for more resources for early care and education — for infants/toddlers as well as preschool-aged children — to improve the availability of affordable programs. Recognizing the power of data and partnership, First 5 LA will collaborate with others to develop a kindergarten readiness assessment that can help inform and drive ECE policy, fiscal and systems change.

In addition, we will focus on improving the quality of care by supporting uniform quality measures to empower parental decision-making and drive program improvements. We will also improve the system of professional development so that early care and education providers have strong skills and the knowledge necessary to help young children get ready for school.

¹⁰Vandell, D.L. et al. (2010). *Do effects of early childcare extend to age 15 years?* Results from the NICHD Study of Youth Development. *Child Development*, 81 (3), 737-56. Retrieved from <http://nieer.org/publications/latest-research/do-effects-early-child-care-extend-age-15-years-results-nichd-study>

¹¹ Advancement Project. (June 2014). *ECE Landscape: Past and Potential Future Roles and Strategies*. Retrieved from <http://www.first5la.org/files/lpad/6-23-14/Item-10.pdf>

¹² Advancement Project. (June 2014). *ECE Landscape: Past and Potential Future Roles and Strategies*. Retrieved from <http://www.first5la.org/files/lpad/6-23-14/Item-10.pdf>

Our Strategies to advance each focus area are:

Focus Area 1: Improved access to affordable, quality, sustainable early care and education, particularly among high-risk populations

- **Strategy:** Advocate for greater public investment in quality early care and education, with a focus on both infant/toddler care and preschool

Focus Area 2: Improved quality of ECE services through increased provider capacity

- **Strategy:** Support implementation of a uniform Quality Rating and Improvement System (QRIS) within L.A. County in order to build the evidence base to support advocacy and policy change
- **Strategy:** Strengthen the professional development system for early care and education providers

Health, Mental Health and Substance Abuse Systems

We will help 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 L.A. County.

Why This Matters:

The physical and socio-emotional well-being and development of children prenatal to age 5 is affected by the parent/caregiver-provider relationship and interaction with the health, mental health and substance abuse services systems (health-related systems). However, navigating these systems is difficult and complex for many families. For example, families often encounter challenges to receiving timely developmental screenings and early intervention services because of a lack of systemic care coordination and data-sharing obstacles. Breaking down these barriers is critical in helping to identify factors that affect socio-emotional and health outcomes for children.

Additionally, one of the most pervasive and damaging factors in a child's development is the effect of trauma and chronic stress. Children who experience trauma — such as abuse, neglect, loss and chronic stress as a result of persistent poverty, community and family violence, homelessness, parental substance abuse and maternal depression — often face lifelong physical and emotional health problems. While the impact of trauma can be profound and can have long-term negative implications, research on stress and resilience demonstrates that a positive and secure attachment with at least one caring adult can serve a protective function for children and can actually buffer the negative impact of toxic stress on the child's developing brain.¹³ This safe, loving and nurturing relationship can be strengthened through the promotion of the Protective Factors in the systems with which families interact.

What We Will Do:

To ensure children prenatal to age 5 reach their optimal physical and socio-emotional health potential, First 5 LA has identified two ways we can advance improvements across these health-related systems and help the greatest number of children and families. First 5 LA will focus on strengthening how health-related systems coordinate and assist families in receiving early

¹³ Werner, E. E. (2000). *Protective factors and individual resilience*. In J.P. Shonkoff and S.J. Meisels (eds), *Handbook of Early Childhood Intervention* (pp. 115-132). New York, NY: Cambridge University Press

intervention services needed for their child's healthy development. Specifically, First 5 LA will support efforts to promote, from a systems perspective, improved coordination of care for children in relation to developmental delays.

In addition, we will respond to the effects of trauma on a child's development in two ways. First 5 LA will first collaborate with experts to learn about the impact of trauma on a child's development and the gaps in service providers' ability to respond to families affected by trauma. Second, we will develop an action plan to build and promote the capacity of health care providers and systems to realize, recognize and respond to families and their young children who have experienced trauma in their lives.

Our Strategies to advance these two areas are:

Focus Area 1: Increased effectiveness and responsiveness of screening and early intervention programs across health, mental health and substance abuse services systems

- Strategy: Advocate for policy and practice changes to support efforts to improve coordination and functioning of developmental screening, assessment and early intervention programs

Focus Area 2: Improved capacity of health, mental health and substance abuse services providers to deliver trauma-informed care to children prenatal to age 5 and their families

- Strategy: Identify and promote best practices around trauma-informed care that improve the service delivery system for children prenatal to age 5 and their families

V. Resource Requirements for the Plan

In order to establish the feasibility of the Strategies contained in this plan, analyses were conducted regarding both the estimated cost of implementing the Strategies and the resources available for the five-year planning cycle.

Projected Expenditures

As part of this strategic planning process, staff developed resource estimates for each Strategy based on the “anchor” and “supplemental” activities identified during the initial strategy development process. Staff identified cost drivers and variables for each activity, based on their actual, extensive experience in implementation planning for initiatives, especially Welcome Baby and Best Start. Staff was asked to provide estimates for the Strategies based on an assumption that the Strategies would be robustly implemented in order to achieve the greatest impact for children prenatal to age 5. To develop a complete picture of the resources required (beyond implementing each strategy) for the Plan, staff calculated the following additional costs:

1. Estimates for core operations using the current level as a baseline and then projecting for future years based on declining tobacco tax revenues.
2. Estimates for Research and Evaluation activities based on the maximum currently allowed by the Commission (5% of estimated programmatic spending).
3. Estimates related to programs initiated under the 2009–2015 Strategic Plan but expected to be completed during the 2015–2020 strategic planning cycle (otherwise known as zero-based budgeting).

Total resources required for the five-year Strategic Plan based on these estimates is \$565 million as shown in Figure 1. These estimates reflect staff’s knowledge of cost drivers and variables for each Strategy at the time of writing this Strategic Plan. Continued refinement of the Strategies, which will occur during the Implementation Planning phase, will further clarify the resources required to support the Plan’s implementation. The annual review of the Strategic Plan, as required by Proposition 10, provides another opportunity to update and refine cost projections associated with the new Strategic Plan.

Projected Resources Available

To ascertain the total amount of resources available for the 2015–2020 strategic planning cycle, First 5 LA staff assessed the following:

1. Tobacco tax revenue projections for FY2015–2020^{14,15}
2. The portion of the Fund Balance that was not allocated during the 2009–2015 Strategic Plan (currently estimated at \$57.7 million as of November 2014); and

¹⁴ Staff has included tobacco tax revenues from FY2014–2015 in the projected estimates of available revenue for the 2015–2020 Strategic Plan. These revenues are not being expended in the current fiscal year because FY2014–2015 programmatic and operational expenses are funded by First 5 LA’s Fund Balance.

¹⁵ Additional revenue through interest income and lease revenue is not included.

3. Board approved and funded commitments that were never developed during the 2009–2015 strategic planning cycle, and therefore available to the new Strategic Plan, if the Commission were to redirect. There were two initiatives¹⁶ that fell into this category of available resources, totaling approximately \$15.9 million.

Based on staff analysis and recommendation, the Commission agreed to apply the assigned portion of the Fund Balance referenced above, as well as the two funding commitments identified above, to the new Strategic Plan. Therefore, at the time of this Plan’s publication, the estimated total resources available for the 2015–2020 Strategic Plan is \$567 million.

The Commission is committed to putting its available resources to use to advance the Outcomes outlined in the 2015–2020 Strategic Plan. Moreover, at the end of this Strategic Plan, it is expected that First 5 LA expenditures will align with revenues and no longer require reliance on a Fund Balance. Finally, the Commission’s allocation of available resources to support the 2015–2020 Strategic Plan complements other board-approved policies, including: (1) First 5 LA’s Reserve Policy, which sets aside 25% of annual operating and program costs for unexpected events; and (2) the Governance Guidelines, which require that a sustainability plan for investments be developed at the beginning of implementation.

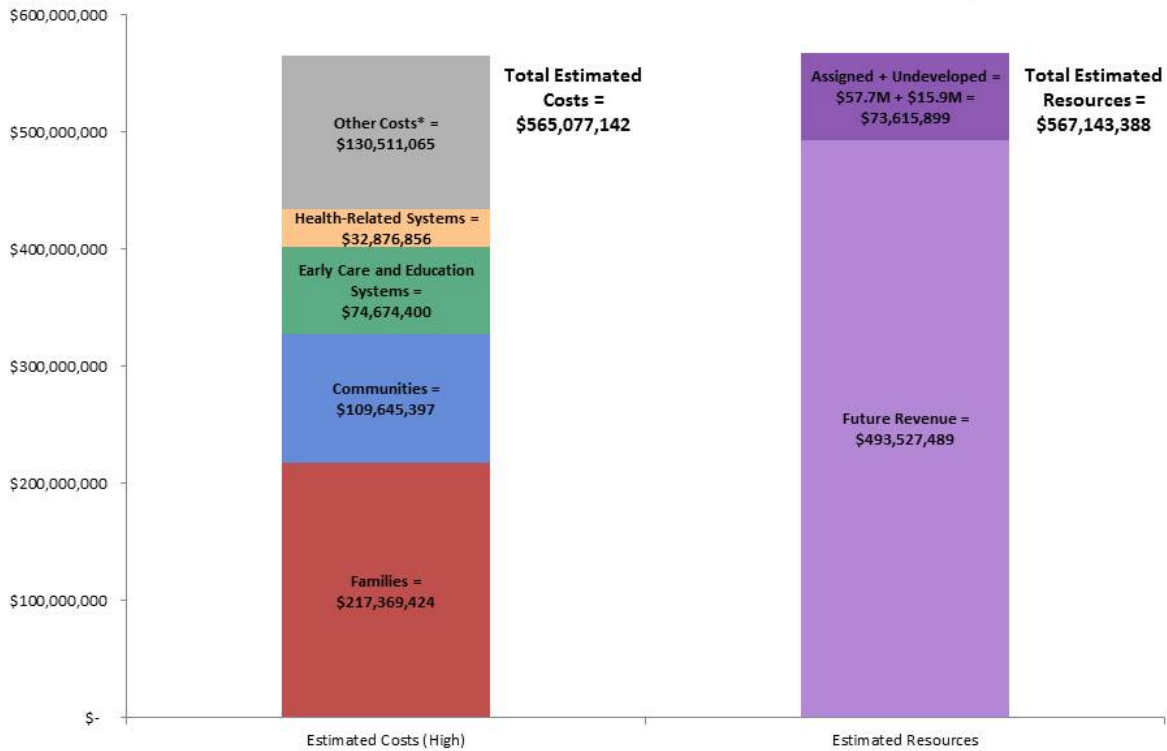
¹⁶ These allocated, but undeveloped, initiatives include Family Education and Uninterrupted Care for Prenatal to Postpartum Women.

Comparison of Projected Expenditures and Resources

The following table summarizes the resources available for the 2015–2020 Strategic Plan as compared to the estimated costs of deploying the Strategies. This graphic affirms the fiscal viability of the Strategies laid out in this Strategic Plan.

Figure 1:

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



*Includes: Zero-Based Awards = \$8,856,856; R&E = \$32,233,652; Operations (Program) = \$41,133,456; Operations (Admin) = \$48,287,101

VI. Next Steps: Implementation Planning

This Strategic Plan identifies the Strategies that will guide First 5 LA's work between 2015 and 2020, and provides clear policy guidance regarding how the Strategies will be deployed and to what end. Several additional steps, summarized below, will be completed in the months following plan approval to ensure First 5 LA is prepared to embark on its new strategic direction.

Additional Fiscal Analysis

Work to be Completed: First 5 LA is committed to seeing all current funding commitments through to their successful conclusion consistent with the Governance Guidelines, ensuring that all resources are expended in the most effective way possible. To this end, First 5 LA staff will conduct a review of all investments expiring during the next Strategic Plan period, identify remaining resources and make recommendations to the Commission about how they should be utilized. This process may or may not identify additional funds that could be applied to the work carried out under the 2015–2020 Strategic Plan.

Commission Action Needed: Approve criteria for use of remaining resources associated with current contracts expiring 2015–2020 presented by staff.

Estimated Date of Completion: Spring 2015

Strategy Refinement and Execution

Work to be Completed: Upon approval of this Strategic Plan, First 5 LA staff will continue to develop and refine the initial Strategies identified by the Commission. Activities identified during this strategic planning process (see Appendix G for examples) served as the basis for providing the Commission with examples of how to deploy the Strategies; ongoing strategy refinement may result in the identification of additional activities that will effectively advance the Outcomes and Areas of Focus contained in this Plan. This strategy refinement work will include the following key steps:

1. Continuing to evaluate whether the proposed set of activities represents the best approach to accomplishing the Priority Focus Areas within each Outcome; the final product will be a set of specific activities that is recommended for implementation between 2015 and 2020.
2. Identifying key implementation details associated with each activity, including responsible personnel, time frames, and variables that could affect implementation.
3. Refining the estimated cost of implementation for each activity.
4. Developing a comprehensive policy, data development, and communications agenda across the Strategies.
5. Identifying timely partnership opportunities that will accelerate the achievement of impact.
6. Updating the financial projections presented in Section V.

Commission Action Needed: None, although the implementation plans produced by the strategy refinement process will be shared with the Commission in Spring 2015 and serve as the basis for budgeting for FY 2015–16.

Estimated Date of Completion: Spring 2015

Evaluation and Learning Plan

Work to be Completed: First 5 LA's approach to monitoring, evaluation and learning reflects the organization's commitment to using data to advance strategies that change policies and systems for the benefit of children from prenatal to age 5 and their families, as well as for learning how to continuously improve the efforts the organization participates in and supports. First 5 LA's learning and accountability efforts are centered around the following:

- Conducting research studies and data development projects that build knowledge to advance systems change and policies that improve child and family outcomes;
- Developing systems to collect data to determine progress toward goals;
- Conducting evaluations that help to identify best practices and lessons learned; and
- Sharing First 5 LA's progress and learning through dissemination tools such as dashboards and an Annual Accountability and Learning report.

As has been the case in the past, research, evaluation and learning efforts will play a prominent role in implementing the 2015–2020 Strategic Plan. First 5 LA staff will engage in research and data development efforts that advance progress towards strategies (such as advancing the level of evidence of home visiting models to promote the scaling and sustainability of these models) and that support measurement of progress towards outcomes. There are five levels of measurement and evaluation that will be designed during the implementation phase of the 2015–2020 Strategic Plan:

1. **Participant level:** Collecting data on the process and results of First 5 LA's work with children and parents/caregivers prenatal to age 5;
2. **Systems and policy level:** Collecting data on process and results related to First 5 LA's systems change efforts;
3. **Organization-community level:** Collecting data on process and results related to First 5 LA's work with communities and community capacity building;
4. **Population level:** Collecting data on community indicators to monitor trends in First 5 LA's goals; and
5. **First 5 LA Commission level:** Collecting data on First 5 LA's ability to execute and fulfill the roles it has defined for itself to achieve impact for children from prenatal to age 5 and their families.

There will be a detailed and focused effort to develop Theories of Change and indicators at each of these five levels of measurement, evaluation and learning. For illustrative examples of performance measurement, outcomes and population-level monitoring questions that will guide the development of the Monitoring, Evaluation and Learning Framework, please see Appendix H.

Commission Action Needed: The Commission will provide input on the Monitoring, Evaluation and Learning Framework presented by staff in Spring 2015.

Estimated date of completion: Spring 2015

Organizational Alignment

Work to be Completed: Because this Plan supports a new strategic direction for First 5 LA, as reflected by an increased emphasis on systems change, policy advocacy and partnership, it will be

necessary for First 5 LA to carefully analyze its current staffing capacity, existing business systems and organizational structure in relation to what is needed to deliver on the new Strategic Plan. This process will both build upon and support the organizational development work currently underway to identify organization-wide priorities and strategies. Examples of the types of activities that will be included in this process are:

1. Identify the staff knowledge, skills and abilities necessary to advance the Strategies.
2. Design and implement internal organization and leadership-capacity-building activities to develop identified areas of staff growth and development.
3. Explore and evaluate options to align the organizational structure with the work embodied in the new Strategic Plan.
4. Develop a time line for the organizational alignment process and implementation.

Commission Action Needed: Review and/or approval of staff recommendation on organizational alignment to support Strategic Plan implementation.

Estimated Date of Staff Progress Report: Report progress to the Commission, Spring 2015

Future Funding Model

Work to be Completed: While this Plan identifies an adequate level of resources to fund the Strategies it contains for the full five-year plan cycle, First 5 LA faces a future of declining tobacco tax revenues and, therefore, a challenge to its funding model. While one approach available to First 5 LA is to plan for declining expenditures over time, another is to explore options for increasing revenue from alternative sources.

In order to facilitate a wise decision on this matter, First 5 LA staff will assess options to modify the organization's existing funding model. Examples of steps involved in this analysis include:

1. Consultation with other First 5's across California regarding their plans for addressing their funding model, both to identify creative approaches from peer organizations and to ensure that whatever approach First 5 LA pursues takes into account the values, dynamics and direction of the broader First 5 community.
2. Informed by this consultation, conduct a review of the options available to modify First 5 LA's funding model, identifying specific revenue sources (e.g., local or state tobacco or e-cigarette revenues) and/or funding models (e.g., Pay for Success, program-related investments).
3. Conduct a cost/benefit analysis of different funding options, taking into account financial viability/sustainability as well as considerations about the role and reputation of First 5 LA.
4. Make a recommendation to the Commission regarding a future funding model based on these analyses.

Commission Action Needed: Review and/or approval of staff recommendation on a future funding model.

Estimated Date of Staff Progress Report: Report progress to the Commission relevant to the FY 2015–16 Budget, Spring 2015

VII. Appendices

- Appendix A: Synopsis of the 2009–2015 Plan
- Appendix B: Approach to the 2015–2020 Strategic Planning Process
- Appendix C: Research Basis and Stakeholder Engagement
- Appendix D: Governance Guidelines
- Appendix E: Building Stronger Families Framework
- Appendix F: Investment Guidelines and Conditions for Deviation
- Appendix G: Strategy Descriptions
- Appendix H: Monitoring, Evaluation and Learning Framework Example Questions

Appendix A: Synopsis of the 2009-2015 Strategic Plan

In 2009, First 5 LA's Board of Commissioners adopted a new strategic plan to guide its investments through June 2015. The plan, *Strengthening Families and Communities in L.A. County*, marked a significant evolution in First 5 LA's approach to creating change in the county to benefit its youngest children and their families. First 5 LA identified three strategies to deliver on change for children prenatal to age 5: Family Strengthening through home visitation; Community Capacity Building through a place-based approach called *Best Start*; and Countywide Systems Change. The Plan was amended in 2010 by the Commission to include additional *Countywide Initiatives* intended to provide additional supports to children prenatal to age 5 and their families.

Family Strengthening

The Family Strengthening strategies in the 2009-2015 Strategic Plan were developed in recognition of the fact that families are fundamental to the well-being of children prenatal to age 5. These strategies include a continuum of direct services, beginning at pregnancy, that provide intensive support to at-risk families, such as assisting parents/caregivers in bonding with their children and supporting all aspects of their child's development. Family Strengthening activities include home visitation programs (e.g. Welcome Baby), case management to help families access community-based services, parent education, supporting early care and education quality improvement and service enhancement, and family engagement to increase parent/caregiver involvement in their communities.

Community Capacity Building

Families are strong when supported by safe and thriving communities. The Community Capacity Building strategies in the 2009-2015 Strategic Plan focus on improving the quality of life in 14 specific geographic communities within LA County by supporting strong community relationships and collective action.

Community Capacity Building develops residents' ability to advocate for local policy changes, promote collaboration between community residents and organizations, and connect and leverage community assets. Key components of the Community Capacity Building strategy include community engagement, developing community leadership, and improving community infrastructure through connecting and mobilizing local community-based resources (including money, time and talent).

The Community Capacity Building strategy is implemented under the umbrella of *Best Start*, First 5 LA's place-based approach designed to concentrate investment in communities of extremely high need. In the spring of 2013, First 5 LA staff developed, and the Board of Commissioners endorsed, a Building Stronger Families Framework (BSFF) to sharpen the focus of the work of Best Start. The BSFF articulates the core results First 5 LA seeks and a plan for how to achieve those results (see Appendix E).

Countywide Systems Change

The 2009-2015 Strategic Plan outlines the critical role of strong, coordinated, and responsive systems in supporting families and improving outcomes for children prenatal to age 5. These

systems include the platforms through which health, early learning, and human services are provided in L.A. County, as well as less formalized systems and structures that support children and their families. Systems change strategies improve the formal structure through which services to young children and their families are provided in L.A. County through public policy, public education, resource mobilization, workforce development, data systems integration, health access, and information resources and referral.

Appendix B: 2015-2020 Strategic Planning Process and Milestones

The 2015–2020 Strategic Plan was developed through a rigorous process that drew on the expertise, wisdom and contributions of a multitude of First 5 LA stakeholders. Initiated in March 2014, the process was driven by the Commission’s Program & Planning Committee (which is responsible for leading all strategic planning efforts) and championed by both Commission and Program & Planning Committee Chairs.

The strategic planning process was led by the Office of Strategic Planning and Implementation, members of the First 5 LA Steering Committee and the consulting firm Learning for Action. This team facilitated monthly discussions with the Board at the regular Commission Meetings and the Program & Planning Committee Meetings to develop and refine each component of the Strategic Plan. Commissioners were engaged throughout the process, providing vital feedback on elements of the Plan.

In addition, multiple staff teams were assembled to support the strategic planning process:

- Strategic Planning Work Group: a cross-departmental assembly of staff representatives, who provided input regarding early components of the Strategic Plan and served as a vital communications conduit to all First 5 LA staff as the process unfolded; and
- Outcome Work Groups: guided the development of Strategies and related resource requirements to advance the outcomes. There was one group for each outcome identified in this Plan. Each group was comprised of 10–15 staff members.

Below is the time line depicting how the activities unfolded during this planning process:



The planning process consisted of the following major elements:

- **Key Choices:** In March 2014, at an all-day “Jump Start” session facilitated by consultants from the Claremont Graduate University Drucker School of Management in partnership with LFA, First 5 LA staff discussed, refined and prioritized the choices that First 5 LA must make as part of its planning for the future. The discussion was designed to illustrate the critical role that choices play in developing organizational strategy; to identify the major areas where choice by the Commission would need to be made to achieve greater focus, impact, and sustainability; and to see where there might be convergence that could help inform further discussion.
- Through conversations with the Commission, the LFA team facilitated the development of First 5 LA’s **Strategic Imperative** and home positions on **Investment Guidelines** to set the stage for creating a Strategic Plan that will help the organization make tough choices, in particular, choices regarding First 5 LA’s unique and highest value and, importantly, the activities the organization will *not* undertake.
- LFA completed a **Data Synthesis** in April 2014 that analyzed the results of the Listening, Learning and Leading effort (L3), the Accountability and Learning Report, the Prenatal to 5

Environmental Scan, the Long Term Financial Projection FY 2014-18, and other program and financial information.¹⁷

- Following the policy guidance provided by the Strategic Imperative and the Investment Guidelines, Commissioners reviewed proposals for several key components for the Strategic Plan including: a **vision statement, ultimate impact, goals and target population**. The proposed language sought to bring greater clarity to First 5 LA's existing statements or articulate a position when it did not exist — as was the case with the target population and ultimate impact components of the framework. The suggestions presented to Commissioners for discussion were informed by research, experience and best-practice examples from other county First 5's and strategic funders.
- LFA engaged Commissioners in a facilitated process to identify **outcomes** for each goal area. Staff and LFA presented to Commissioners additional criteria to facilitate discussion, including a review of the policy and funding landscape for each of these goal areas and an assessment of the availability of indicators to measure the proposed outcomes.
- To inform the selection of outcomes, LFA administered **Community Input Surveys** to staff, current and former grantees and contractors, Best Start Communities, and other stakeholders with the intent of gaining feedback about how the outcomes could be prioritized, what additional outcomes may be missing under each goal area and the ways that First 5 LA could potentially achieve these outcomes.
- At the June 30 Board retreat, Commissioners approved the outcomes and **priority focus areas**. Commissioners also adopted First 5 LA's **definition of systems change** to clarify that the efforts and outcomes related to policy change and community capacity-building are a part of how First 5 LA can pursue and achieve systems change.
- Work with staff continued in August and a set of **Strategies** was presented to the Commission on August 28. The Strategies are grounded in research on best practices from the field relative to each of the focus areas, a review of First 5 LA's previous experience in these areas, an examination of existing literature and environmental scans, including the Advancement Project's *ECE Landscape: Past and Potential Future Roles and Strategies*, and initial discussions with key stakeholders across the county working in these fields. The Strategies were evaluated against the Investment Guidelines described above.
- **Community Input Sessions:** First 5 LA convened community members throughout the County to share their vision and direction moving forward, and to engage community members in a discussion about how First 5 LA can partner with communities, initiatives, and/or organizations and leaders as they move toward implementation of the Strategic Plan.
- LFA and staff presented estimated **financial resources** available to First 5 LA for 2015–2020. Additionally, LFA and staff presented estimated resources required to support the plan's implementation.

Furthermore, the FY 2009–2015 Strategic Plan provided a foundation and starting point for the planning process, which also drew from the following inputs developed in 2013: the Building Stronger Families Framework; the Listening, Learning and Leading effort (L3); the Accountability and Learning Report; the Prenatal to 5 Environmental Scan; and the Long Term Financial Projection FY 2014–2018.¹⁸

¹⁷Additional data sources include: the *First 5 LA Brand Awareness and Perception Study Overview*; the *Best Start* inquiry; the *Birth Outcomes Exploratory Study*; the *Blue Ribbon Commission on Child Protection*; the *Early Childhood Education Landscape*; *Community Input*; and *LFA's Policy and Funding Landscape*.

¹⁸Additional data sources include: the *First 5 LA Brand Awareness and Perception Study Overview*; the *Best Start* inquiry; the *Birth Outcomes Exploratory Study*; the *Blue Ribbon Commission on Child Protection*; the *Early Childhood Education Landscape*; *Community Input*; and *LFA's Policy and Funding Landscape*.

The following table highlights key milestones that occurred throughout this strategic planning process:

Meeting Date	Action Taken	Item
April 10, 2014	Endorsed	Strategic Imperative
May 8, 2014	Approved	Investment Guidelines
June 12, 2014	Approved	Ultimate Impact, Vision Statement, Target Population Statement, and Goals
June 30, 2014 (Retreat)	Approved	Outcomes and Priority Focus Areas
September 24, 2014	Endorsed	Programmatic Strategies
October 22, 2014	Endorsed	Range of Expenditures and Resources Available for 2015–2020 Strategic Plan

Appendix C: Research Basis and Stakeholder Engagement

There were many data sources consulted in preparation for launching First 5 LA's 2015–2020 strategic planning process. In addition, First 5 LA solicited opinions and perspectives from members of the community. This research basis and stakeholder engagement process provided the foundation for First 5 LA's strategic choices as outlined in the body of the Strategic Plan.

Los Angeles County Context

L.A. County is the most populous county in the United States, with 9,818,605 residents reported in the 2010 Census. L.A. County is projected to have approximately 650,000 under age 5.¹⁹ The table below shows the L.A. County population by age and race/ethnicity for 2010 and projected for 2020.

For the source documents, please visit the following weblinks:

- LFA's Data Synthesis: <http://www.first5la.org/files/lpad/4-24-14/Item-10.pdf>
- F5LA Policy and Funding Landscape Analysis <http://www.first5la.org/files/lpad/6-23-14/Item-3.pdf>
- Community Input: Contractors, Grantees, First 5 LA Staff, and Community Survey Results <http://www.first5la.org/files/lpad/6-23-14/Item-3.pdf>
- Community Input: Best Start Communities Survey Results <http://www.first5la.org/files/lpad/8-28-14/Item-8.pdf>

Exhibit 2: L.A. County Population Projections by Age Category and Race/Ethnicity, 2010²⁰

Race/Ethnicity	0-4	5-9	All ages
Hispanic/Latino	409,767	395,751	4,688,443
Asian/Pacific Islander	64,155	66,397	1,406,021
Black/African American	50,687	51,010	848,466
American Indian/Alaska Native	1,197	1,220	24,772
White	120,339	119,288	2,850,688
Total	646,145	633,66	9,818,390

Exhibit 3: L.A. County Population Projections by Age Category and Race/Ethnicity, 2020²¹

Race/Ethnicity	0-4	5-9	All ages
Hispanic/Latino	325,309	320,567	4,990,054
Asian/Pacific Islander	62,059	64,440	1,640,200
Black/African American	55,474	50,902	822,109
American Indian/Alaska Native	1,381	1,262	27,106
White	105,295	106,845	2,651,268
Total	549,518	544,016	10,130,737

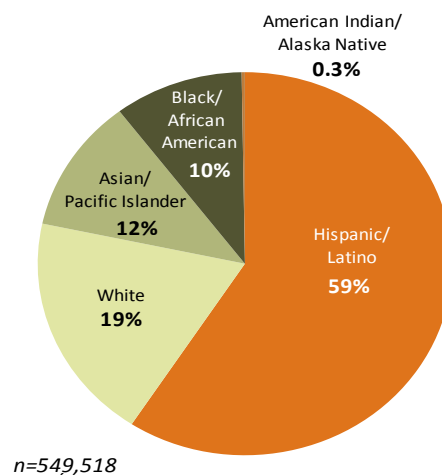
¹⁹ Advancement Project. (June 2014). *ECE Landscape: Past and Potential Future Roles and Strategies*. Retrieved from <http://www.first5la.org/files/lpad/6-23-14/Item-10.pdf>

²⁰ Myers, Dowell (December 2012). *Narrative of Demographic Futures in Los Angeles County: The Growing Importance of Children*. Population Dynamics Research Group, Sol Price School of Public Policy, University of Southern California.

²¹ Myers, Dowell (December 2012). *Narrative of Demographic Futures in Los Angeles County: The Growing Importance of Children*. Population Dynamics Research Group, Sol Price School of Public Policy, University of Southern California.

As shown in Exhibit 4 to the right, the majority of children prenatal to age 4 in L.A. County in 2020 will be Hispanic/Latino (59%), followed by White (19%), Asian/Pacific Islander (12%), and Black/African American (10%). The L.A. County context has shifted in a variety of ways, including:

Exhibit 4: Population Distribution of Children prenatal to age 4 by race/ethnicity, L. A. County 2020



- A decreasing aged 0-4 population means there will be fewer Angelenos entering the workforce.** The population of children aged 0–4 is declining in L.A. County and is expected to continue to decline through 2020. Given that very young children will continue to play an increasingly important role in the future workforce and as taxpayers, it is imperative that L.A. County children receive opportunities to continue to optimize their development and support to become contributing members of their communities.²²
- Low birthweight babies are increasing among African Americans and Asian Americans, putting these children at risk of ongoing health and developmental delays.** Between 2000 and 2010, low birthweight rates for African American babies increased from 12.1% to 13.3%, while rates for Asian American babies increased from 6.6% to 8.0% (the statewide average in 2010 for all babies was 6.8%). Children born at low birthweight are at a higher risk for developmental delays and other costly medical procedures that have long-term effects for children, their families, and publicly funded services and systems.²³
- Substantiated abuse and neglect is increasing for children prenatal to age 5, which negatively impacts a child’s socio-emotional well-being, overall health, and school readiness.** Between 2000 and 2012, there has been an increase in the rate of substantiated child abuse and neglect in L.A. County among children prenatal to age 5. This trend is particularly worrisome because, at the state level, the rates of substantiated abuse and neglect among children prenatal to age 5 decreased in the same time period. Children experiencing abuse or neglect are more likely to experience substance abuse, depression, eating disorders, obesity, suicide, and sexual promiscuity.²⁴
- Third grade reading proficiency disparities remain for Latino and African American students, affecting their ability to acquire the skills needed to be competitive in today’s economy.** While the rate of third grade students scoring at or above proficiency in reading rose 19 percentage points between 2003 and 2012, 53% of third graders are still not reading at grade level. The picture is less promising for subpopulations of children within L.A. County.²⁵

²² Myers, D., Pitkin, J. ,*The Generational Future of Los Angeles: Projections to 2030, and Comparisons to Recent Decades* (2013), Population Dynamics Research Group, Sol Price School of Public Policy, University of Southern California. Retrieved from http://www.usc.edu/schools/price/research/popdynamics/futures/2013_Myers-Pitkin_LA-Projections.pdf

²³ California Department of Public Health, Center for Health Statistics, *Vital Statistics Section, Birth Statistical Master Files*; November 2012, <http://www.apps.cdph.ca.gov/vsq/default.asp>

²⁴ Needell, B., et al. (2013). *Child Welfare Services Reports for California*. Retrieved 6/27/2013, from University of California at Berkeley Center for Social Services Research website, http://cssr.berkeley.edu/ucb_childwelfare

²⁵ California Department of Education Assessment and Accountability Division, *2003-2012 STAR Results* retrieved from Dataquest <http://dq.cde.ca.gov/dataquest/>

L.A. Unified School District data from 2013 shows that only 34% of Latinos and 37% of African American students are scoring at or above third-grade reading proficiency.²⁶ These persistent disparities in reading proficiency matter because children who are not reading at grade level are more likely to fall behind in school and dropout of high school, and less likely to acquire the skills they need to be competitive in today's economy. Helping children be ready for school is a proven strategy for getting children on the right path to school success.

Policy and Funding Landscape Analysis

In June 2014, LFA conducted a Policy and Funding Landscape Analysis in order to identify key policies and funding developments and opportunities relevant to First 5 LA's goals and outcomes. LFA interviewed First 5 LA public policy staff and conducted additional research activities, including but not limited to: analysis of First 5 LA policy-related documents (e.g., Commission Meeting Summaries and P-5 Environmental Scan), research on the financial implications of federal and state policies and proposals, and aggregating trend data from the Foundation Center. The following provides a highlight of the key takeaways of this research:

Overall Takeaways:

- Policy and philanthropic trends project most new investments will be in the physical health goal area, followed by cognitive development and socio-emotional health.
- Policy analysis anticipates that California will maintain strong revenue streams for the coming 5–6 years, establishing an encouraging financial outlook for a variety of state-funded health and human services.

Below is a summary of findings from the Policy and Funding Landscape Analysis:

Physical Health

- Proposed and allocated funding measures have the most significant implications for the areas of obesity, nutrition, oral health and preventative services, including developmental screenings.
 - Last year, California opted to expand Medi-Cal under the Affordable Care Act (ACA), which will expand access to low-income Californians. Medi-Cal enrollment is expected to rise from 7.9 million before implementation to 11.5 million in 2014–15, covering about 30% of the state's population.
 - The Affordable Care Act (ACA) will increase federal support for preventative services, such as developmental screenings, breastfeeding promotion and obesity prevention practices.
 - The Governor's proposed 2014–2015 California state budget proposed to increase dental outreach activities for children 0 to 3 years old by \$17.5 million; however, this increase will be somewhat offset by reductions in Medi-Cal pediatric dental care.
 - The Children's Health Advisory Board (CHAB) will develop a vision for children's health in California, making recommendations on improving child health systems, and setting goals and standards for children's health standards. The bill, AB 357, was chaptered on September 17, 2014, and will help improve the capacity of health systems.
 - Medi-Cal payments for teledentistry services will be authorized, which will expand access to oral healthcare and facilitate the Virtual Dental Home system of care. The bill, AB 1174, was passed on September 27, 2014.

²⁶ LA Compact. (2014). *Measures Report Executive Summary*. Retrieved from http://events.lachamber.com/sbaweb/events/evite/EDUCATION/Compact/Compact_Measures_ExecSummary.pdf

- The Governor’s Office of Planning and Research may administer the Social Impact Partnership Pilot Program until 2020. This partnership will allow applicants to provide an alternative method for delivering state services to a defined population, which will support improved capacity of health systems. The bill, SB 593, was vetoed by the Governor in September 2014 and is awaiting the Senate’s consideration of the Governor’s veto during the next legislative session. A two-thirds vote of both houses is required to override the Governor’s veto.
- The alignment between Medi-Cal and CalFresh reporting periods may be strengthened to streamline benefit delivery and ensure families’ access to federally funded nutrition and health benefits. This bill, SB 1002, was vetoed by the Governor in September 2014 and is awaiting the Senate’s consideration of the Governor’s veto during the next legislative session. A two-thirds vote of both houses is required to override the Governor’s veto.
- Prominent foundations in California and L.A. County focus on community health approaches, ACA implementation support and systems improvement

Socio-Emotional Health

- Within socio-emotional health, proposed policies emphasize home visiting programs as well as systems to detect and respond to developmental concerns.
 - The President’s 2015 budget proposes to extend and expand evidence-based, voluntary home visiting programs by \$15 billion in mandatory funds over 10 years.
 - The 2014–2015 California State Human Services budget contains a 4.5% increase for the Department of Developmental Services.
- Prominent foundations in California and L.A. County are not highly active in the area of socio-emotional health.

Cognitive Development

- Within cognitive development, proposed and allocated policy funding measures emphasize expanding access and quality of early childhood education.
 - Preschool for All, a voluntary federal-state partnership, will build upon and strengthen existing state systems to provide all low- and moderate-income 4-year-olds with high-quality, publicly funded preschool. The 2015 national budget proposes a 10-year, \$75 billion commitment.
 - In 2014, California state legislators introduced SB 837, which would expand transitional kindergarten to serve all 4-year-olds in California. After the bill was amended to include only lower-income 4-year-olds,²⁷ the bill passed in Senate, but did not pass in Assembly. The bill’s author, Senator Steinberg (currently acting as President pro tempore of the State Senate) is not eligible for reelection in 2014, but it is possible that other legislators will continue pursuing transitional kindergarten during the next legislative cycle.
 - In California, the Local Control Funding Formula (LCFF) provides schools with a base grant and a supplemental grant depending on the number of low-income students, English learners, and foster children they serve. At full funding, districts with all or nearly all high-needs students would receive upward of \$3,000 per student above the base grant. The LCFF may lead to increases in early learning investments if school districts include early education in their Local Control Accountability Plans.
 - At the federal level, Preschool Development Grants, administered by the Department of Education, will help states, local education agencies, and local governments build the

²⁷ Four-year-olds who are eligible for free and reduced-price lunch, Cal-Fresh or Medi-Cal programs, or if their family’s adjusted monthly income is at or below 70% of the state median income, adjusted for family size, and adjusted annually.

fundamental components of a high-quality preschool system or to expand proven early learning programs. \$750 million is proposed nationwide for 2015.

- The 2014–15 proposed state budget provides a 4% increase (\$64 million) from the revised 2013–14 funding levels for childcare.
- At the federal level, new regulations in the Child Care Development Fund and the potential reauthorization of the Child Care Development Block Grant could increase child care safety and quality requirements.
- The Common Core State Standards will mean new accountability and assessment standards.
- Prominent foundations in California and L.A. County place moderate emphasis on ECE.

Stakeholder Engagement

First 5 LA engaged its stakeholders early in the planning process. Following a webinar to introduce grantees and contractors to the 2015–2020 strategic planning process, two separate surveys were administered to help inform First 5 LA’s outcomes selection process. Once the programmatic strategies were developed, First 5 LA held five community input sessions across the county to share an update on the strategic planning process, share the vision and direction moving forward as well as key goals and outcomes, and hear from stakeholders how First 5 LA can better partner with the community as First 5 LA moves toward implementation.

Contractors, Grantees, First 5 LA Staff and Community Input Survey

The purpose of this survey was to solicit input from First 5 LA stakeholders on:

- Prioritization of Commissioner-identified outcomes and identification of additional outcomes for First 5 LA to consider.
- Potential ways that First 5 LA can focus its work.

Survey participants included current and former grantees and contractors, community members from L.A. County and First 5 LA staff. A total of 203 stakeholders provided input. Survey respondents were asked to prioritize a list of outcomes generated by the Commissioners for each goal area, and to share their ideas for how First 5 LA should focus its resources.

The three most highly rated outcomes for each goal area include:		
Physical Health <ul style="list-style-type: none"> ➔ Increased rate of healthy births ➔ Healthy weight ➔ Improved capacity of the healthcare system 	Socio-Emotional Health <ul style="list-style-type: none"> ➔ Increased family protective factors ➔ Reduction in substantiated cases of child abuse and neglect ➔ Increased engagement in child’s learning 	Cognitive Development <ul style="list-style-type: none"> ➔ Parent are active and equal partners in their child’s learning ➔ Increased access to high quality ECE ➔ Improved child literacy

Survey respondents suggested focusing First 5 LA’s work in the following ways:

- **Policy and Systems Improvement work should:**
 - Ensure families have access to prenatal and health care, educational resources and high quality ECE.
 - Support provider coordination and collaboration.

- Support screening and early assessment for children.

Stakeholders also suggested that First 5 LA's policy work should be data driven, informed by best practices, and advocate for campaigns that have strong community support/engagement components as well as initiatives to take advantage of federal and state programs and funding (e.g., ACA, Medi-Cal).

- **Families and Communities work should:**

- Help ensure communities are safe.
- Educate and empower parents/caregivers through increased skills and knowledge.

Stakeholders also suggested that First 5 LA support evidence-based programs such as home visitation models (Nurse-Family Partnership and Healthy Families America), Early Head Start/Head Start, Parents as Teachers, and Triple P (Positive Parenting Program) that can help First 5 LA achieve its three goals. Furthermore, stakeholders shared that home visitation programs such as Welcome Baby and Select Home Visitation are effective starting points for First 5 LA's home visitation approach. Respondents also recommend scaling up Welcome Baby beyond Best Start communities and include a stronger prenatal component.

Best Start Communities Input Survey

A total of 343 community members completed the survey from the 14 Best Start Communities. The purpose of this survey was to solicit input from Best Start Community members on:

- The biggest concerns held by community members related to the physical health, socio-emotional health and cognitive development of children prenatal to age 5.
- The barriers or challenges community members believe stand in the way of children prenatal to age 5 being physically healthy, socio-emotionally healthy and reaching their maximum cognitive development potential.

The concerns and barriers shared by Best Start Community members were consistent throughout the 14 communities. Key concerns regarding children's prenatal to age 5 health and well-being included:

Physical Health:

- **Unhealthy lifestyle practices that lead to childhood obesity.** Community members reported a lack of exercise among young children and unhealthy eating habits as major concerns. Parents/caregivers are also concerned about the excessive number of fast food restaurants in their communities and lack of available fresh and nutritious foods.
- **Child abuse and neglect.** Survey respondents shared they are concerned about parents/caregivers who physically and emotionally abuse children. Domestic violence, other trauma and high stress experienced by parents/caregivers were noted as contributors to child abuse and neglect. Respondents also mentioned unhealthy parenting/caregiving behaviors, such as yelling at children or allowing them to play outside by themselves.
- **Asthma and respiratory problems.** Survey respondents registered concern about the high incidence of asthma amongst children in the community, particularly in locations like Wilmington, where pollution is prevalent (due to refineries being located nearby).
- **Oral health.** Some respondents mentioned that young children do not see the dentist.

Socio-Emotional Health:

- **Parents/caregivers do not provide sufficiently nurturing and enriching environments.** Survey respondents shared that parents/caregivers do not spend enough time with their children talking to them, reading and bonding.
- **Child abuse and neglect.** Multiple respondents mentioned the importance of preventing abuse. Additionally, some respondents noted that children are exposed to domestic violence.
- **Behavioral challenges among children.** Survey respondents expressed concern that many young children do not learn respectful behaviors such as sharing, and they report seeing behavioral issues that get in the way of children's healthy socio-emotional development. Respondents also noted that bullying is a problem in their communities.
- **Parents/caregivers face mental health issues.** Respondents were concerned that many parents/caregivers have untreated mental health issues like depression, as well as drug/alcohol abuse, which can get in the way of their ability to care for their children.

Cognitive Development:

- **Children are not ready for kindergarten.** Respondents mentioned a variety of factors, such as school quality and family involvement that do not support children's school readiness. Some respondents noted that children do not attend preschool consistently or, in some cases, have access to preschool services at all.
- **Children are not stimulated intellectually.** Respondents mentioned that children do not receive enough intellectual stimulation, such as being read to, interacting with each other and adults, learning through games and engaging in unstructured play. They also noted that kids are overly exposed to television and video games. Some survey respondents noted that young children in their communities exhibit speech delays, possibly because parents/caregivers do not communicate adequately with their children or read to them.

Best Start Community members also reported on barriers to children’s prenatal to age 5 healthy development and well-being. These additional concerns cut across the First 5 LA goal areas. Examples include:

- **Community Safety.** Respondents noted that children are exposed to high levels of violence within neighborhoods, especially gang violence. Others noted the prevalence of environmental toxins, pollution and smog as main barriers to physical health.
- **Lack of Spaces for Children to Play.** Best Start Communities noted that there are not enough parks and other safe, green spaces for children to play and interact. Parks are unsafe due to violence and drug use, and they are often subject to vandalism.
- **Social Isolation and Discrimination.** Lack of communication and trust between neighbors was a common barrier. Respondents noted that there are not many community events, and they reported low levels of community involvement as well as spaces to meet and socialize. Discrimination — particularly against Latinos, immigrants, and people who do not speak English — was also identified as a barrier.
- **Parental Knowledge.** Respondents overwhelmingly named limited parent/caregiver knowledge as a barrier to children’s well-being. In particular, they noted that parents/caregivers need education about: healthy lifestyle habits, supporting nurturing at-home learning environments, childhood development, financial literacy, and general parenting skills.
- **Awareness and Use of Resources.** Families in need often do not know where to look for help and are unaware of existing resources, such as clinics and community workshops. Parents/caregivers may be afraid to seek help, due to language barriers (i.e., program staff not speaking a family’s native language), fear of agencies such as DCFS, concerns due to their immigration status or stigma surrounding mental health issues.
- **Language Barriers.** Many respondents reported barriers due to not understanding English, such as not being able to access services or fill out paperwork.
- **Basic Resources.** Many families have insufficient income to meet children’s basic needs, due to low wages or unemployment. Healthy food is too expensive for many families to afford. For many families, child care is either unavailable or too expensive. Some participants noted that they cannot access programs due to a lack of transportation.
- **Lack of Time for Working Parents/Caregivers.** Parents/caregivers working multiple low-wage jobs often lack the time necessary to support their children’s development at home (e.g., read to them, cook healthy meals) and/or attend parenting classes.

Community Input Sessions

First 5 LA hosted five community meetings throughout L.A. County in October 2014. The purpose of these meetings with First 5 LA stakeholders was to share what led the Commission to the decisions made to date in First 5 LA’s 2015–2020 Strategic Planning process, First 5 LA’s renewed vision and focus (where First 5 LA was in the process), and to hear from community members how First 5 LA can better partner and collaborate with them as First 5 LA moves toward implementation of the new Strategic Plan. Representing local community-based organizations, residents, parents/caregivers, Best Start partnerships, approximately 570 people attended the five regional meetings:

- October 2: David Gonzalez Park, Pacoima
- October 3: Chimbole Center, Palmdale
- October 7: Bell Community Center, Bell and Miller’s Children Hospital, Long Beach
- October 8: Saint Sophia Cathedral, Los Angeles

Attendees provided many helpful comments highlighting components of First 5 LA's 2015–2020 Strategic Plan, including that the Plan:

- Provides more focus for First 5 LA's work going forward
- Puts parents/caregivers at the center
- Makes explicit that parent/family strengthening occurs in context of communities and systems
- Continues First 5 LA's place-based focus on Welcome Baby and community capacity building
- Recognizes First 5 LA's potential for larger, more sustainable impact via policy and systems change
- Focuses on quality early care and learning: access, QRIS, workforce, parent engagement
- Emphasizes the importance of partnership
- Provides transparency regarding First 5 LA's fiscal realities
- Incorporates learning from First 5 LA's 2013–14 L3 and other inputs, including parent voices

Some of the considerations provided by attendees included the request that First 5 LA develop language that is more understandable to parents/caregivers and residents, help connect parents/caregivers with existing resources and supports, and prioritize the policy change objectives.

Attendees also generated ideas to help inform the implementation of the 2015–2020 Strategic Plan, including emphasizing parents/caregivers as agents of impact given the role parents/caregivers play in supporting and engaging other parents/caregivers, recognizing First 5 LA's fiscal environment, and recommending that First 5 LA pursue new revenues to augment tobacco taxes. Leveraging was another theme, including leveraging existing systems and community resources to achieve broader impact and leveraging Best Start Communities' learning to inform and advance broader system and policy change.

Appendix D: Governance Guidelines

LEGEND:

- ✓ - Bylaws
- ✓ - Strategic Plan
- ✓ - Board Policy
- ✓ - Internal Policy

Below are the First 5 LA Governance Guidelines, as approved March 13, 2014:

Statement of Purpose

- The First 5 LA Board of Commissioners will make its decisions guided by the principles of transparency, financial responsibility and accountability, and adherence to the Commission’s Strategic Plan.

Objectives

- Update and conform First 5 LA decision-making guidelines to reflect current organizational practice and best practices.
- ✓ • Promote transparency and consistency in decision-making.
- ✓ ✓ • Promote coordination, coherence and integration of First 5 LA investments.
- ✓ ✓ • Ensure accountability for First 5 LA’s declining revenues.
- ✓ ✓ • Establish Commission expectations for contractors and grantees that they not expect First 5 LA to be a permanent source of funding for programs and services.
- ✓ • Maintain Commission flexibility to respond to significantly changed circumstances and emergencies by authorizing exceptions to the Governance Guidelines via a vote of 7 of 9 of the voting members of the Commission.

Governance Categories

Process

- ✓ 1. Sequencing of action items. Agenda items requiring Commission action will first be introduced as information at a full Commission meeting prior to action at a subsequent meeting. Staff presentations will be provided and public comment received in one meeting, with referral to appropriate Committee(s) for further discussion. Non-substantive issues will return to the full Commission on the Consent calendar; substantive issues will be agendaized for further Commission discussion pre-action. Public comment will be

incorporated for both Consent and non-Consent action items.

- ✓ 2. Staff presentations. Staff presentations on Commission agenda items will precede public comment.

Fiscal Accountability

- ✓ 3. Long-term financial projection. At least annually, the Board will review and adopt the next five-year financial projection that represents estimated five-year trends of First 5 LA expenditures, revenues, and, if applicable, staff recommendations regarding the re-classification of unexpended funds.
- ✓ ✓ 4. “Paygo”*. Board decisions that have a fiscal impact will require identification of the funding source: e.g., “assigned” funding (per the current Strategic Plan), “committed” (per previous Board-approved allocations) or “unassigned” funds (operations and Reserve). Staff will present to the Board a five-year spending projection for all service-related investments with a fiscal impact, prior to Board action. Committed funds from an approved allocation cannot be redirected to a different, unintended purpose.
- ✓ ✓ 5. Sustainability*. It is the Commission’s expectation that successful applicants for First 5 LA grant support will be able to sustain project efforts beyond the contract period and First 5 LA funds. As a condition of funding, applicants must provide a Sustainability Plan, including sustainability goals, other (anticipated) sources of funding, and action steps. To inform Plan development, First 5 LA will provide specific program outcomes and objectives expected to be sustained and examples that reflect a continuum of possible approaches and recognize the diversity of potential applicants (i.e., size of investment, type of program, capacity of applicant). Sustainability provisions will be included in First 5 LA solicitations, scoring tool and performance evaluation, unless the Executive Director finds such provisions not practical or consistent with a particular grant program and reports that finding and its bases to the Commission prior to the time the solicitation is issued.
- ✓ ✓ 6. Leveraging*. It is the Commission’s expectation that successful applicants for First 5 LA grant support will identify opportunities to leverage First 5 LA funding to support the scope, quality and sustainability of program activity. As a condition of funding, applicants will report other financial resources they have secured for use in the project other than the First 5 LA funds requested. In addition, for multiyear funding, applicants will provide a detailed description demonstrating incremental increases in leveraging

consistent with First 5 LA determined benchmarks. Applicants not able to secure leveraged resources at the time of submission will provide a plan to acquire these funds during the project term. Where appropriate, First 5 LA may establish milestone-based funding based upon progress in meeting financial and/or programmatic benchmarks. Leveraging provisions will be included in First 5 LA solicitations, the scoring tool and performance evaluation, unless the Executive Director finds such provisions not practical or consistent with a particular grant program and reports that finding and its bases to the Commission prior to the time the solicitation is issued.

✓ ✓ ✓

7. Expiration of contracts/grants. Each First 5 LA contract/grant will have an expiration date. Multiyear First 5 LA services-related investments will end pursuant to the time stated in the original allocation or grant award. The Commission is under no obligation to continue funding beyond the initial contract term. Should future requests be forthcoming after the contract term is over, these requests will be evaluated based on the 2015–2020 Strategic Plan criteria (see below). Staff will provide an annual Board update each spring on expiring grants and contracts.

Strategic Planning (2015–2020)

✓

8. Decision-making document. The Strategic Plan will represent a decision-making document that focuses First 5 LA’s strategic direction, aligns the organization’s efforts and activities, and clarifies its intended impact.

✓

9. Alignment of “legacy” investments (from previous Strategic Plans) with 2015–2020 Strategic Plan. Prior Strategic Plan initiatives must expire pursuant to their terms or be clearly aligned with the 2015–2020 Strategic Plan criteria (see below).

✓

✓

10. Criteria for new initiatives/programs. To be included in the new Strategic Plan, initiatives/programs must include an analysis of each of the following criteria:

- Alignment with Strategic Plan outcomes, objectives and strategy.
- Clearly defined and measureable outcomes and performance metrics.
- Evidence of or potential for effectiveness relative to outcomes and metrics identified.
- A budget and fiscal impact analysis, including a spending projection for at least five years.

- Realistic implementation time line.
- Evidence of or potential for sustainability of results.
- Evidence of or potential for scalability, if scalability is an intended outcome.

The appropriate Board Committee will review such requests, make findings and provide a recommendation to the full Commission.

✓ ✓ ✓

*** Definitions:**

Guideline #4: “Pay Go”

- Assigned: Funds available for use within the parameters set by the current Strategic Plan. For example, under the 2009–2015 Strategic Plan, funds would be available for use within the guidelines of 30–45% for Countywide Activities, 45–60% for Place-Based Activities, 5% for Research and Evaluation, and 5% for Administration.
- Committed: Funds have been set aside by the Commission for a specific purpose via Resolution. This can include either annual appropriations or multi-year allocations approved by the Board. For example, in FY 2010–11 the Board approved a \$7.5 million multiyear investment in the Healthy Food Access initiative. These funds remain in Committed unless the Commission takes action to redirect the funds for other purposes via Resolution. In contrast, for a zero-based investment, such as Public Education, only the annual FY 2013–14 appropriation approved by the Commission of \$2.3 million is shown as Committed, because this investment does not have an approved multiyear allocation; any spending in future fiscal years would come from Assigned assuming sufficient funds were available.
- Unassigned: Funds have been designated for First 5 LA operations (via the annually approved fiscal year Operating Budget) and the Fund Balance Reserve, which is calculated annually as 25% of the total fiscal year budget approved by the Board in June.

Guideline #5: Sustainability

- The ability to maintain programming and its impact on the well-being of children and families after the expiration of First 5 LA funds.

Guideline #6: Leveraging

- Additional funding that is awarded and/or accessed as a result of First 5 LA funding (distinct from existing funding).

Appendix E: Building Stronger Families Framework

In June 2013, the First 5 LA Board of Commissioners endorsed the Building Stronger Families Framework (BSFF) in order to provide more focus and clarity for Best Start. The BSFF asserts that if families are strong and communities support families to succeed, then children will be healthy, safe and ready for school. The BSFF is grounded in family Protective Factors and anchored in six core results:

Building stronger families:

- Family capacities – knowledgeable, resilient and nurturing parents/caregivers
- Social connections – families participating in positive social networks
- Concrete supports – access to services and supports in times of crisis

Communities that support families to succeed:

- Coordinated services and supports that meet families’ needs
- A shared vision and collective action to strengthen families
- Social networks and safe spaces or recreation and interaction

Strong families are those that support and promote optimal child well-being. Research and evidence-based practices have identified key characteristics of a “strong family.” These characteristics come from observing families that thrived despite many challenges.

These characteristics, which relate to parents/caregivers and expectant parents, are also known as family strengthening Protective Factors, which are:

- Parental resilience
- Social connections
- Concrete support in times of need
- Knowledge of parenting and child development
- Social and emotional competence of children

When present, these factors are tied to child health, safety and school readiness.

The diagram (Figure 2) demonstrates the relationship of the six core results to supporting families within communities.



Figure 2: Building Stronger Families Framework

Appendix F: Investment Guidelines and Conditions for Deviation

These Investment Guidelines represent policy guidance the Commission approved to inform investment decisions for the 2015–2020 Strategic Plan. The “home positions” articulated below express the organization’s point of view about how and where it can have the most impact. To enable the Commission to address unforeseen circumstances or emerging needs, conditions under which it would consider deviating or moving away from its stated home position were identified. The following table summarizes these Commission-directed policy guidelines.

Investment Guideline	Recommended Home Position	Condition for Deviation
Upstream (Prevention) ↔ Downstream (Intervention)	The activities First 5 LA supports will generally fall on the upstream side of the continuum.	<ul style="list-style-type: none"> ▪ When support of downstream activity is indirect, for example, through policy change, systems improvement or capacity building for providers, working on the downstream side of continuum ▪ When activity includes an upstream component that engages and builds the capacity of the family or community to address the downstream problem
Direct Services ↔ Systems and Policy Change	The activities First 5 LA supports will primarily fall on the systems and policy change side of the continuum.	<ul style="list-style-type: none"> ▪ When support of direct service has significant potential to support additional children and families in L.A. County in a way that advances scale/replication or being incorporated into policy ▪ When direct service focuses on upstream issues/conditions and is delivered in a manner that builds a community’s capacity to support children and their families

397

Investment Guideline	Recommended Home Position	Condition for Deviation
Going Broad ↔ Going Deep	The activities First 5 LA supports will generally seek to have a broad impact, affecting large numbers of people.	First 5 LA could fund intensive efforts targeting high-risk and high-need communities only when the results can be used to drive broader systems change and inform policy.
Individual Focus ↔ Family/Community Focus	Activities that First 5 LA supports must always include components to strengthen families and, whenever possible, should include components to improve community capacity.	First 5 LA will ensure that all future investments include some level of family engagement and will prioritize efforts that build the capacity of communities to support children and their families. Any deviation would be only be considered when the family or caregiver cannot guarantee the safety of a child.
Growing Local Models ↔ Supporting Evidence-Based Models	First 5 LA will identify and scale evidence-based practices to achieve its strategic goals and outcomes.	<ul style="list-style-type: none"> ▪ First 5 LA could consider best or promising practices based on available evaluation information, staff knowledge and community experience in cases where there are not evidence-based practices available ▪ Such models must have the potential to achieve community or systems-level impact (vs. individual impact) and/or help inform policy change
Go It Alone ↔ Start with Partnership	First 5 LA will engage partners in sustainability and scale at the earliest possible stage of designing and engaging in any given approach to impact.	First 5 LA may consider making a lead investment — with the intention to cultivate partners as early in the design and implementation process as possible — if efforts to identify potential partners are unsuccessful, or there is an urgent need with a unique opportunity to contribute to significant impact on strategic goals and outcomes.

398

Appendix G: Strategy Descriptions

Families

Increased family protective factors

Priority Focus Area:

- Increased Family Protective Factors:
 - Parent/caregiver resiliency;
 - Social connections;
 - Knowledge of parenting and child development
 - Capacity to provide enriching, structured and nurturing environments for their children; and
 - Access to concrete supports in times of need

Strategy:

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

Why This Strategy:

A child's success in school and life starts from the earliest moments — before birth and at home with his or her parents/caregivers. Therefore, supporting the early care and learning of children means starting with parents/caregivers and ensuring they have the skills and supports they need to support their child's optimal development. When these skills and supports — known as the Protective Factors — are present, parents/caregivers are able to create nurturing, responsive, stable relationships and learning environments for their children, and child outcomes improve.

Home visiting programs can effectively build the Protective Factors by engaging parents/caregivers in their child's development at the earliest stages. High-quality home visiting programs have been shown to make a positive difference for children and families on a range of outcomes, including child health and development, school readiness and parent/caregiver employment, as well as prevention of child abuse and neglect.²⁸ When quality programs are properly implemented, they lead to increased family self-sufficiency, lower health care costs and reduced need for remedial education. For every dollar spent on these efforts, at least \$2 in future spending is saved.²⁹

What We Will Do:

First 5 LA will increase the Protective Factors and support the parent/caregiver-child relationship by continuing implementation of Welcome Baby and intensive home visiting programs. Welcome Baby represents a significant First 5 LA investment in enhancing the child-parent/caregiver relationship and the health, safety and security of children and their families. Through Welcome Baby, families are referred to an intensive home visiting program for additional services, if required. First 5 LA will build on the Commission's experience implementing Welcome Baby and intensive home visiting programs to directly support families before and after children are born.

Welcome Baby and the intensive home visiting programs directly reflect First 5 LA's focus on

²⁸ Avellar, S., Paulsell, D., Sama-Miller, E., Del Grosso, P. (September 2013, Revised June 2013). *Home Visiting Evidence of Effective Review: Executive Summary*. Office of Planning, Research and Evaluation. Retrieved from http://homvee.acf.hhs.gov/HomVEE_Executive_Summary_2013.pdf

²⁹ The PEW Charitable Trusts. (January 2014). *Home Visiting Family Support Programs: Benefits of the Maternal, Infant, and Early Childhood Home Visiting Program*. Retrieved from http://www.pewtrusts.org/~media/legacy/uploadedfiles/pes_assets/2014/Home20Visiting20Factsheet20January202014pdf.pdf?la=en

supporting parents/caregivers, grounded in the Center for the Study of Social Policy’s Strengthening Families™ approach and Protective Factors Framework. Strengthening Families emphasizes the importance of nurturing and responsive relationships with caregivers.³⁰ The Commission’s investment in home visiting provides an opportunity to work directly with families in a manner that meets the families’ unique needs.

Essential complements to Welcome Baby and intensive home visiting programs are a robust research, policy and advocacy agenda to assess the effectiveness of these home visiting investments and to marshal public and private support for home visiting strategies that increase Protective Factors and extend their reach to all L.A. County families with young children.

Below are example activities illustrating how First 5 LA will advance this strategy across the investment areas:

Investment Areas and Example Anchor Activities



Fund efforts to collect data to measure Welcome Baby impact and Select Home Visiting outcomes.

Expand the body of evidence around the impact of the Welcome Baby and outcome associated with Select Home Visiting investments.

Maintain a level of investment to be determined in Welcome Baby and Select Home Visiting.



Advocate for public and private investments in Welcome Baby and evidence-based targeted intensive home visiting programs.



Utilize communication strategies to increase countywide awareness and knowledge about the impact of the Welcome Baby and evidence-based targeted home visiting models.

Implications:

First 5 LA will build upon its current investment in home visiting services by funding implementation of Welcome Baby and the Select Home Visiting programs, but will not fund large-scale implementation of other direct service programs

³⁰ Center for the Study of Social Policy. *The Protective Factors Framework*. Retrieved from <http://www.cssp.org/reform/strengthening-families/the-basics/protective-factors>

Priority Focus Area:

Improved capacity of ECE- and health-related providers to engage parents/caregivers in supporting their child's development

Strategy:

Pilot and/or promote the scaling of evidence-based parent/caregiver-engagement models that increase family protective factors in ECE and health-related settings

Why This Strategy:

Parent/caregiver engagement is foundational to increasing family Protective Factors. Engagement occurs when there is an ongoing, reciprocal, strengths-based partnership between families and their children's providers. It is crucial that programs implement strategies for developing partnerships with families.³¹ A growing body of research suggests that meaningful engagement of families in their children's early learning supports school readiness and later academic success.³² It is essential that ample opportunities exist for parents and caregivers to productively interact with the organizations and systems that impact them and their children, as well as to utilize their growing knowledge about their child to influence the informal and formal supports and services provided.

What We Will Do:

First 5 LA will partner with others to impact systems of services and supports to better engage parents/caregivers in fostering their child's early learning and healthy development.

Specifically, the Commission seeks to invest in and support the research, development and advocacy of programs that engage parents/caregivers to increase Protective Factors. In order to better meet the diverse needs of L.A. County's young children and their families, the Commission seeks to support programs that have demonstrated effects on the Protective Factors in a diversity of target populations, modalities and settings. First 5 LA will replicate components of the Research and Evaluation approach applied to Welcome Baby on a smaller scale to expand the evidence regarding what programs are effective at building the Protective Factors in ECE and health-related settings. In addition, First 5 LA will conduct limited pilot testing of evidence-based parent engagement programs within ECE and/or health-related setting within Best Start Communities.

A key component of this work will be the identification of and broad agreement on how program success will be measured and ensuring that baseline data is developed and available for programs to utilize in planning and implementation. In order to assess progress toward desired results and improvements in our specified outcome areas, it is essential to collect data at multiple points in time. First 5 LA also has an opportunity to be a promoter of this work through broad communication efforts at all stages, as well as be a broker of relationships between providers, potential funders and evaluators.

Recognizing the contribution the Strengthening Families approach and Protective Factors Framework can make for the long-term well-being of children and their families, First 5 LA sees an opportunity to partner with County departments and other organizations that serve children and families to deliver their programs and services utilizing this approach and to ensure that the workforces serving families implement quality programs. By supporting County departments and organizations to integrate and effectively promote the Protective Factors, First 5 LA will impact the quality and quantity of programs and practices that strengthen families and develop providers' skills.

³¹ Henderson, A.T. & Mapp, K.L.. (2002). *A New Wave of Evidence: The Impact of School, Family, and Community Connections on Student Achievement*. Southwest Educational Development Lab.

³² Halgunseth, L.C., Peterson, A., Moodie, S, Stark, D.S. (2009) *Family Engagement, Diverse Families, and Early Childhood Education Programs: An Integrated Review of the Literature*. National Association for the Education of Young Children and Pre-K Now. Retrieved from <http://www.naeyc.org/files/naeyc/file/research/FamEngage.pdf>

Below are example activities illustrating how First 5 LA will advance this strategy across the investment areas:

Investment Areas and Example Anchor Activities

Fund efforts to collect data to better measure family Protective Factors.



Partner with others to expand the body of evidence around what works for parent engagement, education and empowerment programs within ECE settings and health-related systems.

Limited pilot testing of evidence-based parent engagement programs in ECE settings and health, mental health and substance abuse service systems within Best Start Communities.



Advocate for increased public and private investments in proven programs that demonstrate successful parent engagement in ECE settings and health, mental health and substance abuse service systems.



Utilize communication strategies to increase countywide awareness and knowledge about the importance of family Protective Factors, as well as what works to promote them within the ECE and Health Sectors (drawing on Best Start Community experience).



Partner with county agencies to adopt policies and practices that are proven effective in building family Protective Factors (e.g., integration into county systems, contracts and services).

Support the incorporation of Protective Factors into the practice of ECE- and health-related providers.



Pilot training curricula on the application and integration of the family Protective Factors with county- and community-based agencies working with First 5 LA's targeted population.

Implications:

First 5 LA's strategic direction prioritizes policy, advocacy and coalition building to achieve broad impact. First 5 LA will, therefore, focus on efforts to demonstrate the effectiveness of programs and models, but will not fund large-scale implementation of services.

Communities

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

Priority Focus Area:

Community members have a shared vision and act collectively to improve the policies, services and environments that impact families

Strategy:

Convene and create opportunities for collaboration among parent/caregivers, residents, organizations and institutions across multiple sectors within the Best Start Communities to work together to achieve the core results of the Building Stronger Families Framework (BSFF).

Why This Strategy:

Just as children thrive in the context of strong families, families thrive in the context of neighborhoods and communities that support parents/caregivers' ability to raise their children, providing them with the support, services and opportunities they need. Families themselves build the Protective Factors, but the neighborhoods and communities in which they live provide the context and opportunities for parents/caregivers to strengthen their capacity, build social connections and access concrete supports. Simply put, place matters. If communities are unable to support families in their child's development, or create barriers, children's outcomes are negatively impacted. Focusing on the places in which families live and building the capacity of communities can create and sustain thriving and healthy environments for all children.

The political and social environments in L.A. County and nationally are conducive for investment in place-based community engagement and mobilization. Several efforts — e.g., Health Neighborhoods, Promise Neighborhoods, Building Healthy Communities — are underway and present an opportunity to promote mutually reinforcing activities to maximize the results we seek for young children and their families.

What We Will Do:

Because place matters in the lives of families and children, First 5 LA will continue its commitment to the 14 Best Start Communities through implementation of the BSFF (see Appendix E). The BSFF seeks to strengthen the Protective Factors through a community capacity building approach. We will strengthen the capacity of the communities to support families and build parent/caregiver participation within their community.

Community capacity, in this sense, refers to the ability of a broad range of stakeholders, including parents/caregivers and residents, to work together to generate a shared vision and action plan to strengthen family Protective Factors by improving the structures, policies and practices within communities that impact families with young children. This strategy, then, represents the first BSFF community core result, which is to engender a shared vision and promote collective action to identify barriers and gaps as well as mobilize assets, and resources to ensure that communities support families to succeed. This builds social capital by promoting and supporting formal and informal networks that link individuals, groups, organizations and resources otherwise unknown to each other.

A place-based approach to community capacity building provides opportunities for focused and strategic mobilization of First 5 LA and community resources (financial, human and social capital). Therefore, this strategy will be implemented within the 14 Best Start Communities with particular

emphasis on engaging parents/caregivers and residents, civic and organizational leaders, grantmakers and others to achieve the core results of the BSFF.

Below are example activities illustrating how First 5 LA will advance the strategy across the investment areas:

Investment Areas and Example Anchor Activities



Support research and evaluation activities to build collective knowledge about what works in community capacity building to improve outcomes for families and communities.



Partner with other public and private funders to increase investment in the services, supports and environments that impact families.



Strengthen the capacity of Best Start Community Partnerships to engage a broad range of stakeholders (including parents/caregivers and residents) within each Best Start Community to achieve the core results of the Building Stronger Families Framework.



Implement strategic communications activities within and across Best Start Communities to broaden participation in efforts that support families with children prenatal to age 5.

Implications:

First 5 LA will continue its community capacity building investment with Best Start to implement the BSFF. The focus will be on supporting formal or informal resident groups and associations within the 14 Best Start Communities. First 5 LA will not fund direct services through this funding stream.

Priority Focus Area:

Communities have ECE- and health-related supports that meet family needs.

Strategy:

Convene and strengthen the capacity of ECE-and health-related organizations and institutions to improve services and supports within the Best Start Communities.

Why This Strategy:

The systems through which services and supports are financed, organized and delivered can help or hinder the ability of parents/caregivers to build the Protective Factors, particularly access to concrete support in times of need. When parents/caregivers seek help, it should be provided in a way that is coordinated and in partnership with families. According to the Center for the Study of Social Policy, “access to concrete support in times of need must be accompanied by a quality of service coordination and delivery that is designed to preserve parents/caregivers’ dignity and to promote their and their family’s healthy development, resilience, and ability to advocate for and receive needed services and resources.” Therefore, results for families — and, ultimately, child well-being — are shaped by communities’ ability to assure access to high-quality services, supports and opportunities.

Community capacity building plays an important role in both strengthening families and increasing the effectiveness of the service delivery system and resources designed to foster optimal child development and well-being. The emphasis on early care and education (ECE) as well as health-related services and supports is consistent with feedback from various stakeholders and represents an opportunity to align strategies across outcome areas. ECE and health-related providers are supporting many of the same families, but may operate independently or in silos. This perpetuates structural and procedural barriers that may make access to services too complex and challenging for families to navigate.

Additionally, parents/caregivers must be active participants in building the community’s capacity to support families, not passive recipients of services. Parents/caregivers who have access to data are better able to understand the challenges or barriers existing in their communities. Data and information can also help parents/caregivers make better-informed decisions about ECE and health-related services and supports in their communities and become better advocates for the resources they need.

What We Will Do:

First 5 LA will work to strengthen families by increasing the effectiveness and coordination of service delivery systems to ensure families have the skills, knowledge and resources they need to support their child. This strategy supports the second BSFF community core result. First 5 LA will support the integration of the Protective Factors within the ECE and health-related services systems in three ways:

- Convene local organizations to share resources, lessons learned and best practices. The intent is to promote alignment of the fundamental components of a system of services in order to improve quality and the method by which services are provided.
- Build the capacity of ECE and health-related service providers to support families in a way that build their Protective Factors.
- Support and convene parents/caregivers and residents within Best Start Communities to utilize data in a way that helps them advocate for greater investments and make informed decisions about ECE and health-related services and supports.

First 5 LA recognizes the importance of partnership to the success of this work. We will join local funding collaboratives to help define specific opportunities where funders, community agencies and others can collaborate and leverage to achieve mutually desired outcomes for young children. This approach provides an opportunity for First 5 LA to be a more effective partner with parents/caregivers, organizations, institutions and other stakeholders to improve the quality and

delivery of services and supports available to families within the Best Start Communities.

Below are example activities illustrating how First 5 LA will advance the strategy across the investment areas:

Investment Areas and Example Anchor Activities



Convene local ECE and health-related service providers and organizations to build relationships, increase awareness of available services, and share learning and best practices about quality services and supports for families. Provide capacity building assistance to ECE and health-related providers in Best Start to improve delivery of services and supports.



Convene parents/caregivers and residents within the Best Start Communities to build their knowledge and skills to utilize data to advocate for greater investment in and make informed decision about the utilization of ECE and health-related services and supports.

Implications:

First 5 LA will support convening and data sharing amongst parents/caregivers, residents and local ECE and health-related service providers in order to strengthen their capacity to increase the Protective Factors for families within the 14 Best Start Communities; direct services will not be funded through this strategy.

Priority Focus Area:

Communities have physical places and spaces that promote healthy living and encourage interaction.

Strategy:

Convene and strengthen the capacity of existing advocacy groups to work with communities to create new or improved physical spaces and places for families and children prenatal to age 5 with a priority focus on Best Start Communities.

Why This Strategy:

According to the Center for the Study of Social Policy, “constructive and supportive social connections help buffer parents/caregivers from stressors and support nurturing parenting behavior and promote secure attachments in young children.” Parents/caregivers need opportunities to develop positive, meaningful and lasting connections with others, and these opportunities are often influenced by the built environment. Parents/caregivers, residents and other stakeholders in the Best Start Communities have consistently highlighted the lack of safe, accessible places and spaces to promote physical health and social connection, particularly for families that are socially isolated.

Therefore, this strategy emphasizes availability of and access to places and spaces that promote healthy living and encourage social interaction. Opportunities exist to maximize impact in this area by partnering with existing advocacy groups. These groups not only advocate for physical spaces but also work with communities to promote sustained investment and commitment by civic leaders and other stakeholders who influence resources for new and/or improved physical places and spaces.

What We Will Do:

First 5 LA will connect existing, open-space advocacy groups with parents/caregivers and other stakeholders actively engaged in Best Start as well as the broader community. If successful, these advocacy efforts may have impact beyond the Best Start Communities. Moreover, through countywide communication efforts, First 5 LA can increase awareness of the importance of safe places and spaces as an important community resource to help strengthen families.

Below is an example activity illustrating how First 5 LA will advance this strategy:

Investment Area and Example Anchor Activity



Support public space advocates to work with Best Start Communities to increase local and external resources to create and improve physical places and spaces for children prenatal to age 5.

Implications:

First 5 LA will prioritize the support of public space advocates to engage with Best Start Communities to increase physical places and spaces for children prenatal to age 5 rather than providing direct funding for capital improvement projects.

Early Care and Education

Increased access to quality early care and education

Priority Focus Area:

Improved access to affordable, quality, sustainable early care and education, particularly among high-risk populations.

Strategy:

Advocate for greater public investment in quality early care and education, with a focus on both infant/toddler care and preschool

Why This Strategy:

A child's early learning is critical to their success in school and beyond. Over half of L.A. County's third graders are not achieving grade-level proficiency in reading.³³ However, research shows that proficiency in reading by the end of third grade positions students well for success later in school.³⁴ Children living in low-income communities of color are more likely to be underprepared for kindergarten and to experience lower school achievement, and have the least access to high-quality early care and education (ECE).³⁵ Children who participate in high-quality ECE are more likely to have higher socio-emotional skills, school readiness and later academic achievement.³⁶ Providing children with access to high-quality early learning is a public responsibility, as it plays a significant role in the future academic and career success of children.

In order to truly expand access to high-quality, affordable and sustainable ECE, there must be a focused effort to increase public funding in L.A. County. In Los Angeles, there is great need for additional center and family child care programs throughout L.A. County. There are approximately 650,000 children in L.A. County under age 5.³⁷ Only 2.4% infants/toddlers and 41.3% of 2–4 year olds have access to licensed center care, and 11.4% under 5 have access to licensed family child care.³⁸

Investing in quality ECE can actually save society a significant amount of money — up to \$7.10 return on investment.³⁹ A 2013 study estimated the budgetary impact of providing quality preschool to all eligible children under 200 percent of the federal poverty level.⁴⁰ Using data from New Jersey's

³³ California Department of Education Assessment and Accountability Division. (August 2012). *2003-2012 STAR Results*. Retrieved from <http://dq.cde.ca.gov/dataquest>

³⁴ Annie E. Casey Foundation. (2010). *Early Warning! Why Reading by the End of Third Grade Matters*. Retrieved from <http://www.aecf.org/resources/early-warning-why-reading-by-the-end-of-third-grade-matters/>

³⁵ Karoly, L.A., Ghosh-Dastidar, B., Zellman, G.L., Perlman, M. and Fernyhough, L. (2008). *Prepared to Learn: The Nature and Quality of Early Care and Education for Preschool-Age Children in California*. RAND Corporation. Retrieved from http://www.rand.org/pubs/technical_reports/TR539.html

³⁶ Vandell, D.L. et al. (2010). Do effects of early childcare extend to age 15 years? Results from the NICHD Study of Youth Development. *Child Development*, 81 (3), 737-56. Retrieved from <http://nieer.org/publications/latest-research/do-effects-early-child-care-extend-age-15-years-results-nichd-study>

³⁷ Advancement Project. (June 2014). *ECE Landscape: Past and Potential Future Roles and Strategies*. Retrieved from <http://www.first5la.org/files/lpad/6-23-14/Item-10.pdf>

³⁸ Advancement Project. (June 2014). *ECE Landscape: Past and Potential Future Roles and Strategies*. Retrieved from <http://www.first5la.org/files/lpad/6-23-14/Item-10.pdf>

³⁹ Reynolds, A.J., Temple, J.A., Robertson, D.L., Mann, E. (2001). *Long term effects of an early childhood intervention on educational achievement and juvenile arrest*. *Journal of the American Medical Association*, 285 (18). Retrieved from http://www.cfc.ca.gov/pdf/help/chicago_cpc_jama.pdf

⁴⁰ Barnett, W. S. (2013). *Expanding Access to Quality Pre-K is Sound Public Policy*. National Institute for Early Education Research. Retrieved from <http://nieer.org/sites/nieer/files/Why%20expanding%20quality%20PreK%20is%20a%20sound%20public%20policy.pdf>

Abbott preschool program to estimate potential decreases in grade repetition and special education, the study projected that by 2030, California would save an estimated \$1,197,043,751.⁴¹

What We Will Do:

To support the school readiness of children across L.A. County, First 5 LA will work to improve policies and systems to increase the number of affordable and sustainable child care programs. For the purpose of the 2015–2020 Strategic Plan, access to ECE programs is defined as the availability of quality spaces that serve children under the age of 5. While there are a number of factors that impact a family’s access to ECE, including cost, location, a provider’s schedule, and the provider’s ability to meet a family’s cultural and linguistic needs, the focus of this strategy is on increasing the number of quality, affordable and sustainable spaces within geographic regions of L.A. County experiencing the greatest disparity between the number of children under the age of 5 and the number of licensed center-based and family child care spaces.

Increasing public funding is a major challenge and one that takes the collective effort and will of multiple stakeholders. To do this, First 5 LA will advocate at the local, state and national level for more resources for ECE — for infants/toddlers as well as preschool-aged children — to improve the availability of affordable programs. Recognizing the power of data and partnership, First 5 LA will also collaborate with others to develop and implement a kindergarten readiness assessment. Data from this assessment can help inform and drive ECE policy, fiscal and systems change.

First 5 LA is uniquely positioned to partner with other funders and stakeholders to enhance current public funding streams and explore the creation of new funding streams for ECE in L.A. County as well as the state.⁴² Through this strategy, First 5 LA will engage multiple stakeholders, including, but not limited to, city and county government, schools districts and school boards, and state and federal policymakers.

Below are example activities illustrating how First 5 LA will advance the strategy across the investment areas:

Investment Areas and Example Anchor Activities



Partner with others to identify or develop and implement a kindergarten readiness assessment in L.A. County that can be used as a platform to advocate for policy, fiscal and systems change.



Advocate for greater public funding for child care subsidies, a higher reimbursement rate that covers the actual cost of infant and toddler care as well as preschool, and greater school district investments in ECE.

Implications:

First 5 LA’s strategic direction prioritizes policy, advocacy and coalition building to achieve broad impact, rather than on directly funding ECE spaces.

⁴¹ Barnett, W. S. (2013). *Expanding Access to Quality Pre-K is Sound Public Policy*. National Institute for Early Education Research. Retrieved from <http://nieer.org/sites/nieer/files/Why%20expanding%20quality%20PreK%20is%20a%20sound%20public%20policy.pdf>

⁴² Advancement Project. (June 2014). *ECE Landscape: Past and Potential Future Roles and Strategies*. Retrieved from <http://www.first5la.org/files/lpad/6-23-14/Item-10.pdf>

Priority Focus Area:

Improved quality of ECE services through increased provider capacity

Strategy:

Support implementation of a uniform Quality Rating and Improvement System (QRIS) within L.A. County in order to build the evidence base to support advocacy and policy change.

Why This Strategy:

Research shows that ECE programs that provide nurturing and stimulating teacher-child interactions in enriching environments promote children's positive development and learning and prepare them for school.⁴³ Unfortunately, many ECE programs (especially those serving low-income children) are not of sufficient quality to improve children's school readiness and later school success.⁴⁴

A Quality Rating and Improvement System (QRIS) is a tool for systems reform focused on improving the quality of ECE settings. According to the QRIS National Learning Network, 45 states including the District of Columbia have launched or are piloting a QRIS.⁴⁵ California and Florida are the only two states implementing a regional, rather than statewide, approach to QRIS.⁴⁶ QRIS increases the quality of ECE by:

- using a uniform set of criteria, graduated by level of quality, to assess and rate programs;
- linking QRIS ratings and standards to professional development activities (such as training and coaching) and financial supports (such as grants, bonuses, differential reimbursements); and
- communicating the quality of programs to parents/caregivers so that they can make informed ECE program choices

In October 2013, the L.A. County Chief Executive Office produced a feasibility report on a countywide child care rating system, which highlighted the importance of establishing a comprehensive QRIS in the county, educating parents/caregivers about the quality of child care programs, and working on state legislation.⁴⁷ Currently, L.A. County has three Quality Rating and Improvement Systems (Steps to Excellence Program, LAUP, and Race to the Top Early Learning Challenge). As currently implemented, these systems serve less than five percent of child care providers and are not funded highly enough for sustained, long-term quality improvement. Additionally, infants and toddlers are not widely served by QRIS rated programs.⁴⁸

What We Will Do:

Through this strategy, First 5 LA will focus on improving the quality of ECE programs by working with partners to support the implementation of a uniform QRIS for L.A. County. As part of this uniform QRIS, First 5 LA will also support efforts to disseminate rating information to parents/caregivers who are making decisions about ECE for their children. Additionally, First 5 LA will advocate at the state level for development and support of a statewide rating system.

⁴³ Karoly, L. A. (2009). *Preschool Adequacy and Efficiency in California: Issues, Policy Options, and Recommendations*. RAND Corporation. Retrieved from <http://www.rand.org/pubs/monographs/MG889/>

⁴⁴ Karoly, L. A. (2009). *Preschool Adequacy and Efficiency in California: Issues, Policy Options, and Recommendations*. RAND Corporation. Retrieved from <http://www.rand.org/pubs/monographs/MG889/>

⁴⁵ QRIS National Learning Network. (August 2014). *Current Status of QRIS in States*. Retrieved from [http://qrisnetwork.org/sites/all/files/maps/QRIS%20Map,%20QRIS%20National%20Learning%20Network,%20www.qrisnetwork.org%20\[Revised%20August%202014\].pdf](http://qrisnetwork.org/sites/all/files/maps/QRIS%20Map,%20QRIS%20National%20Learning%20Network,%20www.qrisnetwork.org%20[Revised%20August%202014].pdf)

⁴⁶ QRIS National Learning Network. (August 2014). *Current Status of QRIS in States*. Retrieved from [http://qrisnetwork.org/sites/all/files/maps/QRIS%20Map,%20QRIS%20National%20Learning%20Network,%20www.qrisnetwork.org%20\[Revised%20August%202014\].pdf](http://qrisnetwork.org/sites/all/files/maps/QRIS%20Map,%20QRIS%20National%20Learning%20Network,%20www.qrisnetwork.org%20[Revised%20August%202014].pdf)

⁴⁷ County of Los Angeles. (October 2013). *Feasibility Report on a Countywide Child Care Rating System*. Retrieved from <http://ceo.lacounty.gov/ccp/pdf/Child%20Care%20Rating%20System-1%20bm-10-18-13.pdf>

⁴⁸ Advancement Project. (June 2014). *ECE Landscape: Past and Potential Future Roles and Strategies*. Retrieved from <http://www.first5la.org/files/lpad/6-23-14/Item-10.pdf>

It is timely for First 5 LA to partner with county agencies and others in the field to establish a uniform QRIS, especially given additional state and federal support, including \$50 million for a QRIS Block Grant in the Governor’s 2014–15 state budget. Such support highlights the importance of QRIS in improving the quality of child care programs. Additionally, First 5 LA is uniquely positioned given its current relationships with agencies implementing QRIS in L.A. County, as well as other critical partners and stakeholders.

Below are example activities illustrating how First 5 LA will advance the strategy across the investment areas:

Investment Areas and Example Anchor Activities



Partner with other funders to support implementation of a QRIS that is accessible and easily understood by parents/caregivers, providers and the public to drive broader systems and policy change, with a priority focus on Best Start Communities.



Advocate for a statewide uniform QRIS.



Collaborate with stakeholders to pilot efforts, including technology-based platforms, that increase the accessibility and availability of QRIS information for use by parents/caregivers, so they are aware of what the ratings mean and use QRIS to inform their ECE decisions, with a priority focus on Best Start Communities.

Implications:

Through the work of this strategy, First 5 LA will not develop a new QRIS. First 5 LA’s work regarding QRIS will focus on licensed child care providers, building off of the current practice of the three existing QRIS models. First 5 LA will not directly fund QRIS participation for all licensed providers in the county.

Priority Focus Area:

Improved quality of ECE services through increased provider capacity

Strategy:

Strengthen the professional development system for early care and education providers

Why This Strategy:

A skilled workforce is essential to providing high-quality ECE.⁴⁹ However, research suggests that many early educators in California lack the requisite knowledge and skills to effectively support young children’s development and learning.⁵⁰ This is the case despite more than a decade of significant local, state and federal investment in workforce development activities. Some experts point to the significant mismatch between the consumer expectations for early educators and the quality and relevance of available preparation.⁵¹

Early educators need high-quality pre-service and in-service professional development opportunities. Intensive, well-designed professional development focused on improving evidence-based teaching strategies can improve early educators’ practice and lead to positive child outcomes.⁵² The California Department of Education has developed the California Early Learning and Development System (CELDS), which includes the Early Childhood Educator Competencies (ECECs) and Early Learning Foundations (ELFs). The ECECs articulate the professional knowledge, skills and dispositions required for high-quality care and education for young children.⁵³ However, there is a lack of alignment across qualifications, competencies and workforce preparation.⁵⁴

The need for an improved professional development system is further motivated by the quality shortfalls substantiated in recent studies. These shortfalls include the ability of the workforce to provide children with the instructional support needed for the age-appropriate language development and reasoning skills that are linked to later success in school and limited formal training in working with dual language learners.⁵⁵ Such findings suggest the need to systematically integrate both competencies and essential focus areas related to the latest brain research, language acquisition, with emphasis on dual language learners, cultural and economic diversity and family engagement.⁵⁶

There is also significant momentum around workforce development improvement given a number of statewide and national efforts focused on the qualifications of the ECE workforce (e.g., adoption of an ECE credential, Curriculum Alignment Project, revisions to the Child Development Permit Matrix, Race to the Top Early Learning Challenge Grant and the Head Start Act).

What We Will Do:

⁴⁹ Hatfield, B., Hamre, B., LoCasale-Crouch, J., Pianta, R. C., Downer, J., Burchinal, M., & Howes, C. (2012). *Teacher characteristics influence responsiveness to a course and a consultancy focused on effective teacher-child interactions*. Paper accepted for presentation at the Society for Research on Educational Effectiveness Annual Spring Conference, Washington, D.C.

⁵⁰ Karoly, L. (2012). *A Golden Opportunity: Advancing California’s Early Care and Education Workforce Professional Development System*. RAND Corporation. Retrieved from <http://www.rand.org/pubs/monographs/MG1188.html>

⁵¹ Whitebook, M. and Ryan, S. (2011). Degrees in context: *Asking the right questions about preparing skilled and effective teachers of young children*. Preschool Policy Brief, Issue 22. National Institute for Early Education Research.

⁵² Hatfield, B., Hamre, B., LoCasale-Crouch, J., Pianta, R. C., Downer, J., Burchinal, M., & Howes, C. (2012). *Teacher characteristics influence responsiveness to a course and a consultancy focused on effective teacher-child interactions*. Paper accepted for presentation at the Society for Research on Educational Effectiveness Annual Spring Conference, Washington, D.C.

⁵³ California Department of Education. *California Early Childhood Educator Competencies*. Retrieved from <http://www.cde.ca.gov/sp/cd/re/ececomps.asp>

⁵⁴ Advancement Project. (June 2014). *ECE Landscape: Past and Potential Future Roles and Strategies*. Retrieved from <http://www.first5la.org/files/lpad/6-23-14/Item-10.pdf>

⁵⁵ Karoly, L. (2012). *A Golden Opportunity: Advancing California’s Early Care and Education Workforce Professional Development System*. RAND Corporation. Retrieved from <http://www.rand.org/pubs/monographs/MG1188.html>

⁵⁶ Whitebook, M. and Ryan, S. (2011). Degrees in context: *Asking the right questions about preparing skilled and effective teachers of young children*. Preschool Policy Brief, Issue 22. National Institute for Early Education Research.

First 5 LA will improve the system of professional development so that ECE providers have strong skills and the knowledge necessary to help young children get ready for school. To do this, First 5 LA will support efforts to align the training and education provided to ECE professionals with state standards such as the ECECs and ELFs. Additionally, First 5 LA will continue efforts to pilot the ECE Workforce Registry. The ECE Workforce Registry is designed to track and promote the education, training and experience of the ECE workforce, and can provide useful data to support further professional development improvements.⁵⁷

Bolstering the system that prepares, educates, and trains ECE providers has the potential to have a broad and lasting impact for years to come. First 5 LA is well positioned to play a significant and influential role to affect change in this area given existing relationships with key stakeholders as well as current investments in local and statewide efforts to impact the system.

Below are example activities illustrating how First 5 LA will advance the strategy across the investment areas:

Investment Areas and Example Anchor Activities



Provide resources and support to integrate and align professional development provided through the formal education system (e.g., credit-bearing courses in a postsecondary institution that could lead to a degree) with stated Early Childhood Educator Competencies (ECECs) and Early Learning Foundations (ELFs).

Provide resources and support to integrate and align professional development provided outside the formal education system (e.g., noncredit-bearing professional development) with stated Early Childhood Educator Competencies (ECECs) and Early Learning Foundations (ELFs).



Continue to pilot the ECE Workforce Registry.

Implications:

Focusing our work to improve the system that prepares, educates and trains ECE providers allows First 5 LA to have broad and sustainable impact to support the ECE workforce, and is in alignment with First 5 LA's strategic direction. Through this strategy, First 5 LA will not directly fund the provision of professional development for the ECE workforce outside of QRIS (see previous strategy).

⁵⁷ Early Care and Education Workforce Registry. Retrieved from <https://www.caregistry.org/>

Health, Mental Health and Substance Abuse Services Systems

Improved capacity of health, mental health and substance abuse services systems to meet the needs of children prenatal to age 5 and their families

Priority Focus Area:

Increased effectiveness and responsiveness of screening and early intervention programs across health, mental health and substance abuse services systems

Strategy:

Advocate for policy and practice changes to support efforts to improve coordination and functioning of developmental screening, assessment and early intervention programs

Why This Strategy:

Timely screening and early intervention are important to a young child's healthy development. While developmental screenings by primary care providers are covered by the Affordable Care Act, there are still many challenges that parents/caregivers face when trying to navigate the complex systems that support the developmental care of their young children. One of the first challenges a parent/caregiver may face is being provided a developmental screening. As of 2007, in L.A. County, only 21.8% of children prenatal to age 5 had received a developmental screening (compared to 24.8% in California), and 56.3% of parents had never been asked if they had a concern about their child's development by their provider (compared to 52.8% in California)⁵⁸. The American Academy of Pediatrics recommends developmental screenings to be provided at 9, 18, and 24 or 30 months.⁵⁹ Additionally, autism-specific screening is recommended for all children at the 18- and 24-month visit.

There is a variety of settings where a developmental screening may take place, including the office of a primary care provider or an ECE center. Once a child is screened and a potential risk for developmental delay is identified, a parent/caregiver may experience challenges in accessing a full developmental evaluation, which is the primary tool utilized to determine eligibility for interventions and/or services. Two separate systems exist, which provide developmental services to children dependent upon their age. Children under the age of 3 receive developmental services at a Regional Center via the California Early Start Program, and children ages 3 to 5 years old may receive services through their local school district or through the Regional Center, depending on eligibility. The difficulty in coordinating a child's care is a result of the multiple entry points into the system and the lack of coordination between existing service providers. Further, the service pathways and providers do not routinely share data. The lack of systemic care coordination and data-sharing presents a navigation challenge for parents/caregivers, and may impede a child's ability to access critical intervention services.

⁵⁸ UCLA Center for Health Policy Research, AskCHIS, Main Topic: Risk of Developmental Delays, Population: 0-5 (2007). Retrieved from http://ask.chis.ucla.edu/main/DQ3/output.asp?_rn=7.712954E-02

⁵⁹ Centers for Disease Control and Prevention, Developmental Screening and Monitoring. Retrieved from <http://www.cdc.gov/ncbddd/childdevelopment/screening.html>

What We Will Do:

Based on these challenges, First 5 LA will focus on supporting efforts to promote, from a systems perspective, improved coordination of care for children in relation to developmental delays. This includes the entire continuum of care — from the initial recruitment to screening to referral to the needed interventions and/or services. First 5 LA will bring together key stakeholders from health-related and ECE systems to ensure an ongoing dialogue, identify barriers/gaps, and support efforts to improve systems coordination and child access to screening and follow-up services.

Furthermore, First 5 LA will apply a health systems change approach to improving the system of developmental care for children in L.A. County as it relates to provider outreach and training. Some of the basic elements of this approach include taking systems improvements that have shown positive results in different provider communities and scaling them more broadly to various provider platforms, which may include county entities, professional associations and federally qualified health centers. This approach takes improvements in policy and practice that have been evidenced on a limited scale, and drives their spread on a larger scale.

Below are example activities illustrating how First 5 LA will advance the strategy across the investment areas:

Investment Areas and Example Anchor Activities



Advocate for policy and practice changes that improve coordination and collaboration of developmental screening and early intervention programs within the health and education-related systems.



Convene and leverage relationships with relevant partners (Department of Public Health, Department of Mental Health, Department of Children and Family Services, regional centers, school districts) to support efforts to achieve effective care coordination and referral systems.

Support the integration and sharing of data.



Outreach and train providers to improve systems-level service delivery in settings where young children and their families receive care.

Implications (i.e., what will First 5 LA not do?):

First 5 LA will focus on activities that contribute to coordinating existing services and programs more effectively, and driving evidenced-based improvements in provider training to scale through various platforms. First 5 LA will not fund direct services unless they have the potential to lead to policy/practice change and service delivery system improvement.

Priority Focus Area:

Improved capacity of health, mental health, and substance abuse services providers to deliver trauma-informed care to children prenatal to age 5 and their families

Strategy:

Identify and promote best practices around trauma-informed care that improve the service delivery system for children prenatal to age 5 and their families

Why This Strategy:

To ensure all children prenatal to age 5 reach their maximum health potential, it is important that First 5 LA's efforts identify and limit the influence of those factors that are known to impede healthy child development. One of the most pervasive and damaging of those negative influences is the impact of trauma and chronic adversity. Children who experience trauma such as abuse, neglect, loss, terrorism and disasters, or chronic adversity such as persistent poverty, community and family violence, homelessness, parental substance abuse and maternal depression are often at high risk of experiencing "toxic stress."⁶⁰

Both risk and Protective Factors impact the development of a child's stress response system. Risk factors associated with child maltreatment include factors such as social isolation of families; lack of caregiver understanding of the child's needs and child development; caregiver history of domestic abuse; poverty and other socioeconomic disadvantages; substance abuse; and caregiver stress and distress, including depression and other mental health conditions. Protective Factors that protect against child maltreatment in contrast include a supportive family environment; nurturing caregiver skills; stable family relationships; access to healthcare and social services; and caring adults outside the family who serve as role models or mentors.⁶¹ Research on stress and resilience demonstrates that a positive and secure attachment with at least one caring adult can serve as a protective function for children and can actually buffer the negative impact of toxic stress on the child's developing brain.⁶²

This safe, loving and nurturing relationship can be strengthened through the promotion of the Protective Factors in the systems that families interact with. Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.⁶³ "Trauma-informed" systems, organizations and programs have the following characteristics: (1) an acknowledgement of the widespread impact of trauma and a collective understanding of the potential paths for healing; (2) a recognition of the signs and symptoms of trauma in staff, clients and others involved with the system; and (3) a culture that fully integrates knowledge about trauma into policies, procedures, practices and settings. This strategy focuses on supporting health-related systems to shift their culture to one that is trauma-informed — recognizing the prevalence of trauma and instituting policies, practices and procedures that fully integrate knowledge of trauma.⁶⁴

⁶⁰ Shonkoff, J.P., Garner, A. S.. (2011). *The Lifelong Effects of Early Childhood Adversity and Toxic Stress*. Journal of the American Academy of Pediatrics, Issue 10.1542, 2011-2663. Retrieved from <http://pediatrics.aappublications.org/content/early/2011/12/21/peds.2011-2663.full.pdf+html>

⁶¹ Hodas, Gordon R.(February 2006). *Responding to Childhood Trauma: The Promise and Practice of Trauma Informed Care*. Pennsylvania Office of Mental Health and Substance Abuse Services.

⁶² Werner, E. E. (2000). Protective Factors and Individual Resilience. In J.P. Shonkoff and S.J. Meisels (eds), *Handbook of Early Childhood Intervention* (pp. 115-132). New York, NY: Cambridge University Press

⁶³ SAMHSA National Center for Trauma-Informed Care (NCTIC) (2011). *Trauma-Informed Approach and Trauma-Specific Interventions*. Retrieved from <http://www.samhsa.gov/nctic/trauma-interventions>

⁶⁴ Blanch, A.. (September 2012). *SAMHSA's National Center for Trauma-Informed Care*. Retrieved from http://www.nasmhpd.org/docs/NCTIC/NCTIC_Marketing_Brochure_FINAL.pdf

What We Will Do:

First 5 LA is new to this field, and the Commission’s work will initially involve collaboration with experts to learn about the impact of trauma on a child’s development and the gaps in service providers’ ability to respond to families affected by trauma. From this work, First 5 LA will develop an action plan to build and promote the capacity of health-related providers and systems to realize, recognize and respond to families and their young children who have experienced trauma in their lives.

Below are example activities illustrating how First 5 LA will advance the strategy across the investment areas:

Investment Areas and Example Anchor Activities



Convene a learning community of experts and key partners⁶⁵ to define and identify the scope and impact of trauma-informed care for children prenatal to age 5 and their families.

Conduct an environmental scan⁶⁶ to identify key partners, gaps and opportunities to improve provider capacity to deliver trauma-informed care to children prenatal to age 5 and their families.

Develop an action plan informed by the learning community and environmental scan to improve capacity of service delivery systems to provide trauma-informed care to children prenatal to age 5 and their families.

Implications:

First 5 LA will partner with others to will on activities that contribute to addressing the gaps and opportunities to improve the capacity of service delivery systems to provide trauma-informed care to families and young children, rather than scaling up or directly funding innovative programs on our own.

⁶⁵ Examples of providers that work with children and their families who may have experienced trauma include L.A. County Department of Public Health [Child Health and Disability Prevention Program (CHDP), Substance Abuse Prevention and Control (SAPC)]; Los Angeles County Medical Association (LACMA), Department of Children and Family Services (DCFS) [Young Children in Care Strategic Planning Committee]; Department of Mental Health [Children’s System of Care]; Office of Child Protection; law enforcement [sheriff department, jails, district attorney’s office]; federally qualified health centers (FQHCs); community health clinics; community-based organizations; advocacy/policy organizations; City of Pasadena Health Department; City of Long Beach Health Department.

⁶⁶ Include analysis of challenges faced by the Antelope Valley: lack of mental health services, less qualified professionals, and transportation challenges. Address how trauma-informed care can impact First 5 LA’s other outcome areas (ECE, Families, Communities). Children’s Data Network can possibly provide data on the prevalence of trauma in and across different systems.

Appendix H: Monitoring, Evaluation and Learning Framework Example Questions

This section provides illustrative examples of the types of questions First 5 LA's new Monitoring, Evaluation and Learning Framework may consider. These questions will be tailored and customized during the implementation planning phase.

Performance Measurement

Performance measurement analyzes the extent to which strategies or programs have been implemented as planned. The following are examples of the types of questions First 5 LA's performance measurement work may address:

- What has been the extent and nature of First 5 LA's investments and efforts in each strategy?
- How many parents/caregivers and children prenatal to age 5 has First 5 LA reached?
- What is the demographic and risk profile of the population served by First 5 LA?
- What aspects of the systems of services and supports that First 5 LA aims to affect has First 5 LA reached?
- What is the nature and type of work First 5 LA did to support and improve systems?
- To what extent has First 5 LA implemented its work according to the principles and practices of its strategic direction, focus and investment guidelines?

Outcome Evaluation

Outcome evaluation will focus on measuring the changes experienced by children prenatal to age 5, parents/caregivers, communities and systems. The following are examples of the types of questions First 5 LA's outcome evaluation work may address:

- To what degree have parents/caregivers engaging in First 5 LA-supported efforts experienced the expected outcomes?
- To what degree have children prenatal to age 5 engaging in First 5 LA-supported efforts experienced the expected outcomes?
- To what degree has community capacity within Best Start Communities increased to support and promote the safety, healthy development, and well-being of children prenatal to age 5 and their families?
- To what degree have local health, mental health and substance abuse systems improved their capacity to meet the needs of children prenatal to age 5 and their families?
- To what degree have children prenatal to age 5 and their families experienced increased access to quality ECE?

Population-Level Monitoring

For each of First 5 LA's goal areas, population-level indicators will be developed to monitor trends over time. Monitoring these trends is not about claiming causal attribution to First 5 LA if changes

in indicators are seen over time, rather this monitoring work is part of an effort to monitor the landscape and make any adjustment in strategy as indicated by external changes. A few *illustrative* examples of community indicators that may be monitored include:

- A decrease in the rate of substantiated child abuse and child abuse referrals
- An increase in the rate of breastfeeding
- An increase in the number of women receiving early prenatal care
- An increase in the number of licensed ECE sites
- An increase in the number of early childhood education providers who attain degrees related to the early childhood field
- An increased access to safe spaces

Note that when determining measures for parent-child outcomes, the evaluation approach will be differentiated based on whether the services and programs provided are evidence-based or a promising practice. In this new Strategic Plan, First 5 LA explicitly identified some strategies that will be evidence based, and funding and focusing these evaluations will be on fidelity measures and tracking progress towards interim outcomes, as more intensive evaluation is not needed given that these interventions have been tested elsewhere. For promising practices — where the intent is to elevate the level of evidence available that speaks to this practices' promise — thereby supporting this practice becoming an evidence-based model, this evaluation work may require a more significant level of investment. One example of First 5 LA working on developing the evidence base of a promising model is with Welcome Baby and its work to generate more comprehensive data on families in L.A. County.

First 5 LA's 2015-2020 Strategic Plan: Public Hearing

June 11, 2015

1ST  LA
first 5 la
Giving kids the best start

Purpose of Today's Presentation

- Conduct annual public hearing on First 5 LA's Strategic Plan

421

Public Engagement Important to First 5 LA's Strategic Plan

- First 5 LA's strategic planning process included many opportunities for public engagement
- Annual public hearing allows additional opportunity for Commission to receive public comment on the strategic plan

422

Proposition 10 Annual Procedural Requirements

- Annual public reviews of:
 - First 5 CA's Annual Report
 - First 5 LA's Annual Audit
 - First 5 LA's Strategic Plan

423

Next Steps

- Staff to report First 5 LA's compliance with Proposition 10 requirements to First 5 California

424

Thank you



Memo

To: Board of Commissioners
 From: Kim Belshé, Executive Director
 Date: June 11, 2015
 Subject: **FIRST 5 LA FISCAL YEAR 2015-16 PROPOSED BUDGET**

Honorable Chair and Members of the Commission,

We are pleased to submit for your review the updated FY 2015-16 Proposed Budget, which includes changes since the May draft, resulting in a net increase of \$1.5 million, or 0.7%, for a total budget of \$229.7 million as presented in the table below. Initial funding requests were generated using the latest information available at the time the budget was developed and were updated to reflect new data available to inform budget development. In addition, several projects experienced a delay in current year activity that will carry over into FY 2015-16. Finally, there was one omission from the draft that required an adjustment based on a subsequently identified need for FY 2015-16.

BUDGET CATEGORY	Draft Proposed FY 2015-16 Budget (May 2015)	Final Proposed FY 2015-16 Budget (June 2015)	Variance
Program			
2015-2020 Strategic Plan: Focusing for the Future	\$ 68,047,000	\$ 68,047,000	\$ -
Legacy Investments	131,556,000	133,208,000	1,652,000
Research & Evaluation	7,914,000	7,667,000	(247,000)
Total Program	\$ 207,517,000	\$ 208,922,000	\$ 1,405,000
Operating	20,684,362	20,794,362	110,000
TOTAL BUDGET	\$ 228,201,362	\$ 229,716,362	\$ 1,515,000

These changes are outlined in Attachment A in the “Summary of Changes from the Draft Proposed Budget” schedule. Attachments A and B have also been updated to reflect the final budget figures. The materials included for review in Attachments C and D—which provide further detail on the Program and Operating components of the budget, respectively—include only those programs or internal departments that experienced changes to budget estimates from the draft FY 2015-16 Budget as reviewed in May. Finally, additional information has been included in Section IV of this memo, “Impact on Fund Balance,” with Attachment E providing further detail regarding the fund balance projections as of June 30, 2015.

COMMISSIONERS

Los Angeles County Mayor	Judy Abdo	Sandra Figueroa-Villa
Michael D. Antonovitch	Nancy Haruye Au	Marvin J. Southard, D.S.W.
<i>Chair</i>	Jane Boeckmann	Joseph Ybarra Jr., Ph.D.
Philip L. Browning	Duane Dennis	
<i>Vice Chair</i>		

EX OFFICIO MEMBERS

Patricia Curry
 Cynthia A. Harding, M.P.H.
 Karla Pleitéz Howell
 Deanne Tilton

EXECUTIVE DIRECTOR

Kim Belshé

CHIEF OPERATING OFFICER

John A. Wagner

A PUBLIC ENTITY

Consistent with the First 5 LA Governance Guidelines, we presented the draft Proposed Budget to the Commission in May, and are returning today for final approval.

The FY 2015-16 Budget was prepared in accordance with Generally Accepted Accounting Principles (GAAP) and in compliance with First 5 Management Guide budgeting guidelines developed by the Government Finance Officers Association. This budget represents the first to align with the 2015-2020 Strategic Plan: Focusing for the Future.

This transmittal memo is intended to provide an overview of the FY 2015-16 Proposed Budget and assumptions that inform the requests, including the following:

- I. Budget Overview
 - A. Overall Budget Summary
 - B. Program Costs Summary
 - C. Operating Costs Summary
- II. Budget Development Context
 - A. Format and Approach to the FY 2015-16 Budget
 - B. Potential Future Changes
- III. Revenue Assumptions
- IV. Impact on Fund Balance
- V. Administrative Cost Limit
- VI. Conclusion

Key budget and supporting documents are as follows:

Attachment A: FY 2015-16 Proposed Budget

- FY 2015-16 Budget Summary
- Summary of Changes from the Draft Proposed Budget (May 2015)
- Budget Request for Programs by Initiative/Program
- Operating Request Summary
- Administrative Limit Calculation
- Schedule of Authorized Positions

Attachment B: FY 2015-16 Proposed Budget – Highlights

Attachment C: Program Request – Detail by Program

Attachment D: Operating Request – Summaries & Detail Tables by Department

Attachment E: GASB 54 Fund Balance Presentation

I. BUDGET OVERVIEW

Combined efforts in recent years—including adoption of the Building Stronger Families Framework, the Listening, Learning and Leading (L3) effort, the updated Long Term Financial Projection, and the new Governance Guidelines—helped to inform the 2015-2020 Strategic Plan. The new Strategic Plan is intended to sharpen our focus, improve the impact we seek, live within our means, and strengthen internal capacity to deliver on our mission. FY 2015-16 will mark the first fiscal year under this fifth Strategic Plan, approved by the Commission in November 2014.

The 2015-2020 Strategic Plan lays out a clear path for First 5 LA to maximize its impact to strengthen families and improve outcomes for the greatest number of children prenatal to age 5 in L.A. County. Consistent with the Commission’s strategic direction, First 5 LA will place greater emphasis on efforts to contribute to sustainable public financing, public policy and systems-level change, and less emphasis on funding direct services.

To ensure that all children in LA County enter kindergarten ready to succeed in school and life, the Strategic Plan directs that the Commission’s work focus on the following four priority outcome areas, as defined below:

Families: Increased family Protective Factors

- Work with parents and caregivers so that they have the skills, knowledge and access to resources they need to support their child’s development.

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

- Support a community’s ability to foster safe, healthy, engaged neighborhoods that help children and their families thrive.

Early Care and Education Systems: Increased access to high-quality early care and education

- Increase access to affordable, quality child care and preschool.

Health-Related Systems: Improved capacity of health, mental health, and substance abuse services systems to meet the needs of children prenatal to age 5 and their families

- Improve how health-related systems coordinate and deliver care to young children and their families in L.A. County.

Based on the processes currently underway to effectively implement the strategies outlined in the Strategic Plan, the FY 2015-16 Proposed Budget represents a transitional budgeting approach. On the one hand, the budget reflects costs for roughly two dozen ongoing initiatives that will soon be either ending or ramping down. At the same time, the budget reflects recent commitments made by the Board, funding investments in priorities that continue in the new Strategic Plan—such as Welcome Baby and Select Home Visiting, the Best Start Communities, and policy efforts—and resources for more developmental activity to advance the 2015-2020 Strategic Plan. In addition, consistent with the Governance Guidelines and the Strategic Plan, we have prepared budget requests with a renewed focus on sustainability and leveraging.

The budget includes existing multi-year programs (“Legacy Investments”) scheduled to conclude during the new Strategic Plan term. Any continued funding beyond the previously approved timeframe and amount will be subject to criteria approved by the Commission, such as alignment with the Strategic Plan, through the expiring initiative assessment process.

A. Overall Budget Summary

The total FY 2015-16 Proposed Budget is presented in a summary schedule in Attachment A. As shown in the following high-level table, the Proposed Budget totals \$229.7 million, an increase of \$4.2 million, or 1.9% over the FY 2014-15 revised budget of \$225.5 million. Costs are estimated to increase by 1.4% for programs and 7.4% for internal operations.

BUDGET COMPONENT	FY 2014-15 Budget				Proposed		Variance	
	Original		Revised		FY 2015-16 Budget			
Program	\$ 221,203,000	92%	\$ 206,113,001	91%	\$ 208,922,000	91%	\$ 2,808,999	1.4%
Operating	19,355,179	8%	19,355,179	9%	20,794,362	9%	1,439,183	7.4%
TOTAL BUDGET	\$ 240,558,179	100%	\$ 225,468,180	100%	\$ 229,716,362	100%	\$ 4,248,182	1.9%

Given the fiscal reality of declining resources—both revenue and fund balance—on which First 5 LA can rely for both programmatic and operational spending, it is important to note the strategic rationale driving the overall budget proposal. Reflecting Commission direction and priorities, narrative highlights of the FY 2015-16 Budget are presented in Attachment B.

As we enter into the first year of the new Strategic Plan, a number of “anchor” investments are ramping up to full implementation, driving anticipated costs for FY 2015-16 higher than in previous years. Specifically, FY 2015-16 will reflect continued ramp up of implementation of the Family Strengthening investments, including the Welcome Baby and Select Home Visiting programs, as well as the community capacity building investments in the 14 Best Start communities. In addition, resources are proposed in support of key activity as outlined in the Strategic Plan, including resources to continue expanding our policy and advocacy efforts as well as strategic communications.

A number of the legacy initiatives designed to broaden the reach of First 5 LA throughout the County are also expected to continue or achieve full implementation during FY 2015-16, including: Children’s Dental Care, Children’s Vision Care, Peer Support Groups for Parents, Reducing Childhood Obesity, and Universal Assessment of Newborns.

While the strategy refinement process continues, estimated resources to support the anticipated “Year 1” activities are included as part of the Strategic Plan Implementation Fund (SPIF). Based on the intensive work conducted through the implementation process currently underway, these resources represent estimated costs for activities that we expect to advance or achieve in FY 2015-16.

B. Program Costs Summary

Program costs comprise \$208.9 million, or 91% of the total Proposed Budget, as shown in the table below. Given that FY 2015-16 represents the first year of the 2015-2020 Strategic Plan, the initiatives summarized in Attachment A and highlighted in Attachment B are organized to reflect the new Strategic Plan and the three related components of implementation activity: 1) investments and approaches reaffirmed by the Board and aligned to the Strategic Plan, 2) existing investments potentially aligned to the Strategic Plan, and 3) new investments under development, to be aligned with the Strategic Plan (Strategic Plan Implementation Fund). In addition, the budget includes resources for the 25 legacy investments and research and evaluation projects with ongoing costs in FY 2015-16. We anticipate that the program budget structure as presented in Attachment A and in the table below may require modifications in the future to best support our strategic direction based on implementation and strategic refinements that will continue to evolve and inform implementation activities.

BUDGET CATEGORY	FY 2014-15 Budget				Proposed	
	Original		Revised		FY 2015-16 Budget	
Program						
<i>2015-2020 Strategic Plan: Focusing for the Future</i>						
a. Investments/Approaches Reaffirmed by the Board and Aligned with SP	\$ 48,801,000		\$ 44,698,000		\$ 61,301,000	
b. Existing Investments Potentially Aligned with SP	7,305,000		6,652,000		3,610,000	
c. New Investments Under Development (Strategic Plan Implementation Fund)	-		250,000		3,136,000	
<i>Total 2015-2020 Strategic Plan</i>	\$ 56,106,000	23%	\$ 51,600,000	23%	\$ 68,047,000	30%
<i>Legacy Investments</i>	151,454,000	63%	143,153,000	63%	133,208,000	58%
<i>Research & Evaluation</i>	13,643,000	6%	11,360,000	5%	7,667,000	3%
Total Program	\$ 221,203,000	92%	\$ 206,113,000	91%	\$ 208,922,000	91%
Operating	19,355,179	8%	19,355,179	9%	20,794,362	9%
TOTAL BUDGET	\$ 240,558,179	100%	\$ 225,468,179	100%	\$ 229,716,362	100%

Consistent with the FY 2014-15 Budget, program costs reflect a continuation of planned implementation of initiatives and programs according to their approved timeline, actions taken by the Commission during FY 2014-15 to extend certain initiatives and programs, continued implementation of anchor investments in the Best Start Communities and Welcome Baby/Select Home Visiting activities, and estimated costs necessary to carry out Year 1 activities for the 2015-2020 Strategic Plan. Program costs largely support contract awards and grants to agencies and include all planning, implementation, evaluation and associated communications and marketing costs for services, programs and projects.

Attachment A presents the proposed budget request for programs by initiative. At this point in time, the budget includes 35 initiatives with anticipated costs to be incurred during FY 2015-16, a decrease from the 47 initiatives in FY 2014-15 due to 10 initiatives expiring by June 30, 2015 and the incorporation of two initiatives within existing initiatives in order to better reflect the overall purpose.

Program investments are presented based on the following overarching categories:

1) 2015-2020 Strategic Plan: Focusing for the Future:

- a. Investments and Approaches Reaffirmed by the Board and Aligned with the Strategic Plan – This category includes the following:
 - i. Anchor activities outlined in the Strategic Plan that represent program implementation in progress, including Welcome Baby and Select Home Visiting, as well as the community capacity building implementation activities in the 14 Best Start Communities.
 - ii. Approaches that were included as part of the 2015-2020 Strategic Plan that are key to advancing all four of the outcome areas established by the Plan, including policy and advocacy efforts, as well as communications and marketing.
- b. Existing Investments Potentially Aligned to the Strategic Plan – These investments reflect existing work that may be potentially aligned to the four outcome areas of the Strategic Plan. These investments will be subject to additional analysis and consideration of their alignment to the strategies and outcomes of the new Strategic Plan. This category includes investments that have already been presented to the Commission in

the context of the expiring initiatives process, including Information Resource and Referral and Healthy Kids.

- c. New Investments Under Development (Strategic Plan Implementation Fund) – This fund represents an estimate of resources anticipated to be needed to support new work related to the anticipated Year 1 activities of the 2015-2020 Strategic Plan, based on the strategy refinement work done to date. The overall purpose of the strategy refinement process was to continue developing the implementation requirements necessary to move forward the strategies identified in the Strategic Plan. This process was intended to inform how First 5 LA will use its resources to further the outcome areas outlined by the Plan by identifying those activities within the outcome areas that can reasonably be expected to take place during FY 2015-16, and providing realistic cost estimates needed to support these activities. The resources proposed within this category represent high-level estimates of costs related to new work only, reflecting the best thinking to date regarding the potential needs for Year 1 activities. Additional information will become available to further clarify the cost requirements as work continues to refine the activities for FY 2015-16.

2) Legacy Investments – These 25 investments represent ongoing work of the Commission that is expected to end according to the terms of the initiative or project approval. This category includes some investments that may align with the outcomes and strategies of the Strategic Plan, but which have yet to go through the assessment process because they are scheduled to end beyond FY 2015-16. These will be evaluated in the future consistent with the First 5 LA Governance Guidelines and the expiring initiatives assessment process.

3) Research and Evaluation – These include projects that align with and contribute to the outcomes and strategies of the 2015-2020 Strategic Plan, as well as ongoing projects aligned to our legacy investments. Proposed resources are based on the analysis presented to the Commission in March 2015 by the Research and Evaluation team and demonstrate First 5 LA's commitment to learning from our current and past investments. The Research and Evaluation Department is in the process of developing the Monitoring, Evaluation and Learning (MEL) Framework, which provides a comprehensive structure for organizing First 5 LA's Research and Evaluation activities. The transition to the new framework will occur during FY 2015-16 and may result in changes to how these items are categorized in the context of the fiscal year budget.

Attachment B provides narrative highlights of certain programs (investments that are large, high-profile, or Commission priorities) as well as additional information regarding SPIF. Attachment C provides additional detail on each program budget request.

The table on page 4 compares the current year budget with the FY 2015-16 Proposed Budget. As FY 2015-16 represents a transitional year as First 5 LA moves into the timeframe governed by a new Strategic Plan, the \$2.8 million increase represents a net change that encapsulates changes related to work that has ended, as well as work that is ramping down, continuing, increasing, or is in development. The primary drivers of the net \$2.8 million increase include the following:

1. Ramp-up of the Best Start direct service investments in Family Strengthening, which includes both Welcome Baby and Select Home Visitation in the 14 Best Start communities, and Universal Assessment of Newborns outside of the communities.
2. Ramp-up of implementation related to the Building Stronger Families Framework in the 14 Best Start communities, including work related to planning and execution of the Learning by Doing projects and results-focused actions.

3. Full implementation of various legacy county-wide initiatives, including the following:
 - a. Children’s Dental Care;
 - b. Children’s Vision Care;
 - c. Healthy Food Access;
 - d. Peer Support Groups for Parents; and
 - e. Reducing Childhood Obesity.
4. Expanded resources to support policy and advocacy activities, consistent with the policy priorities (ECE and home visitation) and strategies outlined in the Strategic Plan.
5. The inclusion of SPIF, which represents estimated resources to support new work under development to begin critical Year 1 activities to begin implementation of the 2015-2020 Strategic Plan.

C. Operating Costs Summary

Operating costs comprise \$20.8 million, or 9% of the total Proposed Budget, with approximately 79% of funding for First 5 LA’s internal operations supporting salaries and benefits for management and staff, as presented in the following table.

OPERATING COST CATEGORY	FY 2014-15 Budget				Proposed	
	Original		Revised		FY 2015-16 Budget	
Personnel Services	\$ 15,238,672	79%	\$ 14,757,141	76%	\$ 16,367,981	79%
General Operating Expenses	1,509,250	8%	1,395,100	7%	1,398,990	7%
Professional Services	722,846	4%	718,246	4%	714,900	3%
Consultant Services	1,394,900	7%	1,865,900	10%	1,733,500	8%
Travel & Meeting Expenses	329,511	2%	458,793	2%	458,991	2%
Capital Improvements	160,000	1%	160,000	1%	120,000	1%
Total Operating Costs	\$ 19,355,179	100%	\$ 19,355,180	100%	\$ 20,794,362	100%

An increase of \$1.4 million in operating costs from the current year is primarily due to costs related to the approval and implementation of Board-approved policy that resulted from last year’s comprehensive compensation study conducted of First 5 LA in FY 2013-14. The implementation of the compensation study recommendations approved by the Board is on track relative to the initially communicated timeframe, and the estimated FY 2015-16 fiscal impact is below the initial projections as presented to the Board in FY 2014-15. The changes included the approval of a salary structure, adjustments to bring employee compensation in alignment to the structure and new philosophy, and an enhancement to the retirement benefits offered by the organization.

In addition, various position changes during FY 2014-15 and the addition of new positions for FY 2015-16 also increased the overall cost of personnel. Attachment B provides a more detailed narrative discussion of operating cost highlights, which include:

- Staff and related support costs for program planning, design, development and management;
- Staff and related support costs for program evaluation, data collection and reporting; and
- Administration and related overhead costs associated with operating First 5 LA. Per Commission policy, an annual ceiling of administrative expenses is adopted as part of the budget process. The proposed administrative cap for FY 2015-16 is 4.96%. (Refer to Section V.)

In addition to the highlights provided in Attachment B, Attachment D provides further detail on the operating budget request by internal division and department, based on the existing organizational structure.

II. BUDGET DEVELOPMENT CONTEXT

This section highlights the context in which the budget was developed and potential modifications we may recommend in the future.

A. *Format and Approach to the FY 2015-16 Budget*

FY 2015-16 represents First 5 LA's fifth official program budget. In each of the four previous years, we have made significant changes to the format and the approach used to develop the budget. The FY 2015-16 Budget continues to encourage transparency and improve the accuracy of financial projections.

Consistent with FY 2014-15, the role of the FY 2015-16 Budget is to provide a blueprint for spending on Commission priorities, including setting outside spending parameters based on estimates. To maintain fiscal control, we define Budget Authority as a spending cap, and thus have developed the budget based on spending estimates—rather than negotiated contract amounts—so staff will have the flexibility to manage contracts within a budget unit without having to return to the Commission. We have generated program-level budget requests that include the program purpose, proposed use of funding, and the methodology used to determine the funding level.

Modifications were also incorporated into the process for mid-year adjustments to the overall budget during FY 2014-15. Per current First 5 LA policy, any change to the spending levels approved at the initiative level in the program budget requires formal approval by the Board of Commissioners via Resolution. In previous years, we requested periodic approval of augmentations to the program budget as needed during the year, but did not return to the Commission at any point to request reductions to the approved amounts. During FY 2014-15, all program budget augmentations were incorporated into a single item presented to the Commission for approval in March 2015, along with reductions to programs that were anticipated to underspend their approved budget levels by 10 percent or more. These adjustments resulted in a net decrease to the overall FY 2014-15 Budget of approximately \$15.1 million, for a revised fiscal year budget of \$225.5 million.

B. *Potential Future Changes*

This budget was prepared as the organization continues the strategy refinement process for the implementation of the 2015-2020 Strategic Plan. Because the anchor investments in Welcome Baby/Select Home Visiting and the community capacity building work of the 14 Best Start Communities are already underway, estimates were incorporated into the FY 2015-16 Budget to support these efforts. Given that much of the new work in support of the Strategic Plan outcome areas is still in development, initial cost estimates of resources required to support the anticipated Year 1 activities are less precise. In recognition of the developmental nature of these initial activities and estimated costs, staff proposes the use of SPIF, as put forward in the Board-approved mid-year budget adjustments for FY 2014-15. As the strategy refinement process continues, costs associated with initial implementation activities will become more concrete, and we will return to the Commission to provide updates on the uses of these funds as appropriate.

In addition, work is currently underway regarding the appropriate processes and structure required to effectively advance the work outlined in the strategic plan, as well as to support the work related to legacy investments that extend into the 2015-2020 Strategic Plan term. This work

is expected to evolve throughout the next fiscal year, and the impact to processes and the overall organizational operating structure may have an effect on the FY 2015-16 Budget. Any modifications to the FY 2015-16 Budget that are necessary as a result of these changes will be brought back to the Commission as appropriate.

In addition, First 5 LA continues to methodically process the remaining recommendations from the Hay Group's compensation study completed in FY 2013-14 in order to implement additional recommendations in the most effective way possible for the organization. First 5 LA's compensation philosophy is to promote competitiveness with the external market, address pay inequities, adopt best practices in compensation policy, and reward employee performance. Salary adjustments and modifications to the organizations retirement benefit were approved during FY 2014-15 with a two-phase approach, with the second phase of these changes reflected in the proposed FY 2015-16 budget. Further work is being conducted to support an approach to merit increases that both begins to address pay inequities identified by the Hay Group and provides incentives for high-performing employees. As noted above, although this process may require additional time and will likely be implemented outside of the annual budget approval process, a modest amount of resources to support merit increases have been incorporated into the FY 2015-16 operating budget.

III. REVENUE ASSUMPTIONS

First 5 LA is funded through the Proposition 10 Tobacco Tax, 80% of which is distributed to the County Commissions based on their proportion of statewide births. Los Angeles County receives the greatest share, typically approximately 26% of the total County allocations. Tobacco tax revenue, projected to be roughly \$87.8 million in FY 2014-15 and \$85.6 million in FY 2015-16, is anticipated to continue declining in future years based on the most recent estimate from the State Department of Finance (DOF), which forecasts an average 2 to 4% annual decline. The DOF revenue forecast incorporates assumptions related to the State Board of Equalization (BOE) administrative costs. First 5 LA will continue to work with other county Commissions and the State First 5 Association to track and evaluate the increasing BOE administrative costs and possible actions to address this issue.

Interest earnings, estimated at approximately \$4.1 million for FY 2014-15, are projected using an estimated 0.75% return on anticipated cash balances. Lease revenue of \$99,000 is also expected this year based on the lease agreement for the preschool occupying space in the First 5 LA building.

IV. IMPACT ON FUND BALANCE

It is important to note how the annual budget impacts First 5 LA's fund balance, particularly given the picture of the agency's financial future communicated through the updated Long Term Financial Projection approved in February 2015. Based on current policy, the annual budget is approved by the Commission via Resolution, which formally commits the resources for purposes of the initiatives as outlined in the budget document. However, the Commission has in many instances already taken formal action via Resolution to commit funds to discrete multi-year allocations for specific initiatives. Funds for these multi-year allocations are set aside in the First 5 LA committed fund balance as designated for specific purposes. The balances of these funding allocations remain in committed fund balance until the Commission takes action via Resolution to redirect the funds for other purposes. To the extent that any amounts approved for the FY 2015-16 budget do not exceed the remaining balance for these funding allocations, approval of the FY 2015-16 budget amounts for these initiatives will not commit additional dollars.

Redirection:

Staff recommends that the Commission release approximately \$6.1 million from commitments for initiatives that ended in previous fiscal years or are ending in FY 2014-15 with a projected remaining balance. This recommendation is consistent with the Governance Guidelines and in alignment with the assessment and recommendations presented to the Board through the Expiring Initiatives Assessment Process. These expired or expiring initiatives—Community Opportunities Fund, Connecting Risk and Perinatal Services, Family Friends and Neighbors, Infant Safe Sleeping, Oral Health and Nutrition (not including activities related to the Oral Health and Nutrition – Dental Home initiative), Oral Health Community Development, and Permanent Supportive Housing (evaluation activities)—are not included in Attachment E and do not have activities planned or budgeted for FY 2015-16 to continue using these resources. As part of the Commission action in June 2015, staff recommends that the \$6.1 million be released from commitment, redirecting the funds from First 5 LA's committed to assigned fund balance in support of the 2015-2020 Strategic Plan.

Reaffirmation:

In addition, Attachment E details the projected remaining allocation balances totaling \$276,649,283 as of June 30, 2015, which are presented to the Commission for reaffirmation in June 2015 in conjunction with the approval of the FY 2015-16 budget. This annual process provides the Commission with a regular opportunity to review and ratify existing commitment levels for specific initiatives.

Annual Appropriation:

In contrast to the multi-year allocation balances noted for specific initiatives in Attachment E, only the annual appropriation approved for a fiscal year is shown as committed for fund balance purposes for programmatic investments without an approved multi-year allocation. Any unspent funds from the previous fiscal year for these investments revert back to assigned fund balance, which represents funds available for use within the parameters set by the 2015-2020 Strategic Plan. Approximately \$81.7 million of the FY 2015-16 budget request is in support of programmatic investments without an allocation, for which funds will be drawn from assigned fund balance and designated as committed for FY 2015-16 when the budget is approved.

Funds for internal operations, \$20.8 million for FY 2015-16, are classified as unassigned fund balance for the upcoming fiscal year. In addition, based on current policy, the Commission must approve a Fund Balance Reserve, which is calculated annually as 25% of the total fiscal year budget approved in June. For FY 2015-16, the Reserve is calculated at \$57.4 million, an amount that is also classified as unassigned for fund balance purposes.

Balances for all fund balance categories will not be finalized until the completion of the FY 2014-15 year-end audit and the preparation of the Comprehensive Annual Financial Report (CAFR).

V. ADMINISTRATIVE COST LIMIT

Based on current policy and in compliance with the California Health and Safety Code (the "Code") governing the operations of First 5 LA, the Commission approves an annual administrative cost limit which is a percentage of the total budget. Although neither the Code nor the First 5 LA policy specifies a maximum percentage, historically the Commission has approved an administrative cost limit that is below 5% of the total projected organizational spending. In FY 2013-14, First 5 LA clarified the definition of administrative costs to more closely align with that of other First 5 county Commissions. This definition accounts for 100% of the following departments' proposed costs: Board of Commissioners, Executive, Chief Administrative, Contract Compliance, Facilities Management, Finance, Finance – Medi-Cal Administrative Activities, Human Resources, Information Technology, Chief Programs, Office of Strategic Planning and Implementation, and Communications & Marketing.

In addition to these department costs, the definition was expanded to include salary and employee benefit (S&EB) costs for Directors and Administrative Assistants in the following programmatic departments: Best Start Communities, Community Investments, Grants Management, Policy & Intergovernmental Affairs, Program Development, Public Affairs and Research & Evaluation.

Using this methodology (detail is provided as part of Attachment A), the administrative cost for supporting First 5 LA programs is projected to be \$11.4 million, or 4.96% of the total budget.

VI. CONCLUSION

First 5 LA enters into the first year of the 2015-2020 Strategic Plan mindful of both the fiscal reality of declining resources, our ongoing responsibility for 25 legacy investments, the strategy refinement process currently underway to implement the new Strategic Plan, and the organizational transformation process underway to ensure that First 5 LA is adequately poised to advance the work directed by the Commission. The format and the approach for the FY 2015-16 Proposed Budget represent our continued efforts to improve financial accountability and transparency, while remaining flexible in the evolving environment in which First 5 LA operates. With a new Strategic Plan that provides clear direction, focuses our investments and improves the organization's capacity to deliver, we anticipate the need for further refinements in the budget presentation, potentially during FY 2015-16 as well as during the FY 2016-17 budget development process to continue improving our financial management and reporting practices.

With First 5 LA's declining revenue and fund balance, the Commission will need to continue to refine the strategies and activities outlined in the 2015-2020 Strategic Plan, as well as assess the alignment of current work to the new outcomes. We will continue working to advance Commission priorities with a renewed focus on sustainability and leveraging, and with consideration paid to the fiscal outlook presented in the most recent Long Term Financial Projection.

We are grateful to the Commission for its ongoing leadership and support of First 5 LA's efforts to ensure that all children in LA County enter kindergarten ready to succeed in school and life.

RESOLUTION NO. 2015-02

**A RESOLUTION OF THE LOS ANGELES COUNTY CHILDREN
AND FAMILIES FIRST PROPOSITION 10 COMMISSION:
APPROVAL OF THE FY 2015-16 BUDGET AND RELATED COMPONENTS**

The Board of Commissioners of Los Angeles County Children and Families First Proposition 10 Commission (“the Commission”) hereby finds and resolves as follows:

Whereas, the Commission is authorized by statute and Los Angeles County ordinance to adopt an annual budget for operations and programs;

Whereas, the Commission has adhered to the practice of annually reaffirming the balance of Committed program allocations pursuant to GASB 54 guidelines as outlined in the revised Fund Balance Policy approved on May 16, 2013;

Whereas, the Commission is required to adopt a minimum Fund Balance Reserve, calculated at 25 percent of the annual fiscal year budget per the revised Fund Balance Policy approved on May 16, 2013; and

Whereas, the Commission has annually established a limit on administrative costs as defined by the First 5 Financial Management Guide and the First 5 LA Policy and Guidelines for Administrative Costs and Function, revised on June 14, 2012.

NOW, THEREFORE, BE IT RESOLVED THAT:

1. Resolution No. 2014-04 approved on June 12, 2014 is hereby superseded; and
2. The FY 2015-16 Proposed Budget of \$229,716,362 (Attachment A – FY 2015-16 Budget Summary) is approved. Staff is authorized to implement and incur costs on the Commission’s behalf, pursuant to Commission Policy, to achieve the objectives and goals adopted within the Budget and the Strategic Plan; and
3. Subject to the final year-end financial audit, the projected balance of previously Committed program allocations totaling \$276,649,283 as of June 30, 2015 is approved, affirming these allocations as Committed Fund Balance in adherence with GASB 54 guidelines (Attachment E); and
4. The constraints on resources previously set aside in the amounts of \$6.1 million for initiatives that have ended or are ending in FY 2014-15 are removed, redirecting these funds from First 5 LA’s Committed fund balance to the Assigned fund balance as of June 30, 2015; and
5. A Reserve of \$57,429,091 will be set aside and deemed available for use during the fiscal year only for the purposes outlined in the policy; and
6. The administrative cap for FY 2015-16 of \$11,382,637, 4.96% of the total budget, is approved, reflecting the common purpose costs and related overhead associated with operating First 5 LA (Attachment A – Administrative Limit Calculation); and
7. The executed copy of this Resolution shall be retained on file as evidence of the Commission’s actions herein.

**PASSED, APPROVED AND ADOPTED THIS 11TH DAY OF JUNE, 2015, BY THE
FOLLOWING VOTE:**

AYES: Commissioners _____

NOES: Commissioners _____

ABSTAIN: Commissioners _____

Michael D. Antonovich
Chair, First 5 LA

Kim Belshé
Executive Director

ATTACHMENT A:

FY 2015-16 BUDGET

- Budget Summary
- Summary of Changes from Draft Proposed Budget (May 2015)
- Budget Request for Programs by Initiative/Program
- Operating Request Summary
- Administrative Limit Calculation
- Schedule of Authorized Positions

BUDGET COMPONENT		FY 2014-15		FY 2015-16		VARIANCE	
		REVISED	DRAFT (MAY)	CHANGES	FINAL (JUNE)	\$	%
2015-2020 STRATEGIC PLAN: FOCUSING FOR THE FUTURE							
Investments and Approaches Reaffirmed by the Board and Aligned with SP							
1	Families: Place-Based - Welcome Baby/Select Home Visiting ¹	\$ 26,016,000	\$ 36,603,000	\$ -	\$ 36,603,000	\$ 10,587,000	40.7%
2	Communities: Place-Based - Community Capacity Building ²	14,810,000	17,029,000	-	17,029,000	2,219,000	15.0%
3	Policy Agenda/Advocacy	1,095,000	2,797,000	-	2,797,000	1,702,000	155.4%
4	Communications & Marketing ³	2,559,000	4,672,000	-	4,672,000	2,113,000	82.6%
5	Communications - Conference Funding ⁴	218,000	200,000	-	200,000	(18,000)	-8.3%
	Sub-Total	\$ 44,698,000	\$ 61,301,000	\$ -	\$ 61,301,000	\$ 16,603,000	37.1%
Existing Investments Potentially Aligned with SP							
6	Healthy Kids ⁵	\$ 5,292,000	\$ 2,250,000	\$ -	\$ 2,250,000	\$ (3,042,000)	-57.5%
7	Information Resource and Referral	1,360,000	1,360,000	-	1,360,000	-	0.0%
	Sub-Total	\$ 6,652,000	\$ 3,610,000	\$ -	\$ 3,610,000	\$ (3,042,000)	-45.7%
New Investments Under Development, to be Aligned with SP (Strategic Plan Implementation Fund)							
	Families	\$ -	\$ 636,000	\$ -	\$ 636,000	\$ 636,000	N/A
	Communities	-	1,093,750	-	1,093,750	1,093,750	N/A
	Early Care & Education (ECE) Systems	-	370,000	-	370,000	370,000	N/A
	Health, Mental Health & Substance Abuse Systems	-	546,250	-	546,250	546,250	N/A
	Other/Cross-Cutting Activities	250,000	490,000	-	490,000	240,000	96.0%
	Sub-Total	\$ 250,000	\$ 3,136,000	\$ -	\$ 3,136,000	\$ 2,886,000	1154.4%
	TOTAL 2015-2020 STRATEGIC PLAN: FOCUSING FOR THE FUTURE	\$ 51,600,000	\$ 68,047,000	\$ -	\$ 68,047,000	\$ 16,447,000	31.9%
LEGACY INVESTMENTS							
8	At-Risk Fathers Investment	\$ 2,000	\$ 150,000	\$ -	\$ 150,000	\$ 148,000	7400.0%
9	Baby Friendly Hospitals	1,818,000	1,245,000	-	1,245,000	(573,000)	-31.5%
10	Black Infant Health	1,952,000	1,955,000	-	1,955,000	3,000	0.2%
11	Children's Dental Care	8,451,000	9,260,000	1,396,000	10,656,000	2,205,000	9.6%
12	Children's Vision Care	1,342,000	1,395,000	(54,000)	1,341,000	(1,000)	3.9%
*	Community Opportunities Fund	142,000	-	-	-	(142,000)	-100.0%
13	Early Identification and Intervention - Autism and Other Developmental Delays	854,000	818,000	-	818,000	(36,000)	-4.2%
14	ECE Environmental Scan	211,000	80,000	-	80,000	(131,000)	-62.1%
*	Family Place Libraries	124,000	-	-	-	(124,000)	-100.0%
15	Healthy Food Access	1,941,000	2,064,000	-	2,064,000	123,000	6.3%
16	Little by Little/One Step Ahead	3,647,000	3,515,000	-	3,515,000	(132,000)	-3.6%
17	Los Angeles Universal Preschool	54,245,000	55,423,000	-	55,423,000	1,178,000	2.2%
*	Oral Health & Nutrition	879,000	-	-	-	(879,000)	-100.0%
18	Oral Health & Nutrition - Dental Home	3,600,000	3,904,000	-	3,904,000	304,000	0.0%
*	Oral Health & Nutrition - Safety Net	55,000	-	-	-	(55,000)	-100.0%
*	Oral Health Community Development	2,000	-	-	-	(2,000)	-100.0%
19	Parent Child Interaction Therapy	4,672,000	4,642,000	-	4,642,000	(30,000)	-0.6%
20	Partnerships for Families	5,488,000	150,000	-	150,000	(5,338,000)	-97.3%
21	Peer Support Groups for Parents	1,058,000	1,469,000	-	1,469,000	411,000	38.8%
22	Policy Advocacy Fund	3,355,000	2,194,000	-	2,194,000	(1,141,000)	-34.2%
23	Reducing Childhood Obesity	13,387,000	15,462,000	-	15,462,000	2,075,000	15.5%
24	Resource Mobilization - ECE	443,000	1,225,000	-	1,225,000	782,000	176.5%
25	Resource Mobilization - Funder Partnerships	416,000	60,000	-	60,000	(356,000)	-85.6%
26	Resource Mobilization - Health	3,794,000	1,540,000	-	1,540,000	(2,254,000)	-59.4%
*	Resource Mobilization - Matching Grants	163,000	-	-	-	(163,000)	-100.0%
27	Resource Mobilization - Organizational Capacity Building	776,000	550,000	-	550,000	(226,000)	-29.1%
28	Resource Mobilization - Project Development	350,000	-	-	-	(350,000)	-100.0%
*	Substance Abuse Treatment Services	4,055,000	-	-	-	(4,055,000)	-100.0%

BUDGET COMPONENT	FY 2014-15		FY 2015-16		VARIANCE	
	REVISED	DRAFT (MAY)	CHANGES	FINAL (JUNE)	\$	%
29) Tot Parks and Trails	1,934,000	350,000	310,000	660,000	(1,274,000)	-81.9%
30) Universal Assessment of Newborns	7,058,000	8,785,000	-	8,785,000	1,727,000	24.5%
31) Workforce Development	2,718,000	2,522,000	-	2,522,000	(196,000)	-7.2%
* Workforce Development - ECE Career Development Policy Project	1,151,000	-	-	-	(1,151,000)	-100.0%
32) Workforce Development - ECE Workforce Consortium	13,090,000	12,798,000	-	12,798,000	(292,000)	-2.2%
TOTAL LEGACY INVESTMENTS	\$ 143,153,000	\$ 131,556,000	\$ 1,652,000	\$ 133,208,000	\$ (9,945,000)	-8.1%
RESEARCH AND EVALUATION						
33) Data Development and Integration ⁶	\$ 4,020,000	\$ 2,447,000	\$ 80,000	\$ 2,527,000	\$ (1,493,000)	-39.1%
34) Data Partnership with Funders	1,000,000	900,000	-	900,000	(100,000)	-10.0%
35) Program Evaluation	6,137,000	4,567,000	(327,000)	4,240,000	(1,897,000)	-25.6%
* Research Partnerships	198,000	-	-	-	(198,000)	-100.0%
* Results Dissemination	5,000	-	-	-	(5,000)	-100.0%
TOTAL RESEARCH AND EVALUATION	\$ 11,360,000	\$ 7,914,000	\$ (247,000)	\$ 7,667,000	\$ (3,693,000)	-30.3%
INTERNAL OPERATIONS						
Administrative Costs	\$ 10,913,894	\$ 11,272,637	\$ 110,000	\$ 11,382,637	\$ 468,743	4.3%
Program Costs	8,441,285	9,411,725	-	9,411,725	970,440	11.5%
TOTAL INTERNAL OPERATIONS	\$ 19,355,179	\$ 20,684,362	\$ 110,000	\$ 20,794,362	\$ 1,439,183	7.4%
TOTAL FIRST 5 LA BUDGET	\$ 225,468,179	\$ 228,201,362	\$ 1,515,000	\$ 229,716,362	\$ 4,248,183	1.9%

Notes:

- * Initiative ends in FY 2014-15, with no anticipated spending for FY 2015-16.
 - 1 The Place-Based - Welcome Baby/Select Home Visiting initiative was previously referred to as "Best Start - Family Strengthening".
 - 2 Costs for the Neighborhood Action Councils have been incorporated into the budget for the Place-Based - Community Capacity Building initiative, formerly referred to as "Best Start - Community Funding".
 - 3 The Communications & Marketing initiative was previously referred to as "Public Education".
 - 4 The Communications - Conference Funding initiative was previously referred to as "Public Education - Conference Funding".
 - 5 The Healthy Kids initiative was previously referred to as "Health Access (Healthy Kids)".
 - 6 Programs in the Data Systems Integration and Data Development initiatives have been incorporated into a single initiative called Data Development and Integration.
- FY 2014-15 budget amounts were similarly incorporated to ensure comparability.

SUMMARY OF CHANGES FROM DRAFT PROPOSED BUDGET (MAY)

INITIATIVE	PROGRAM	DRAFT FY 2015-16 BUDGET (MAY)	CHANGE	FINAL FY 2015-16 BUDGET (JUNE)	% CHANGE	REASON FOR CHANGE	EXPLANATION OF CHANGE	
1	Children's Dental Care	Children's Dental Care Program	9,260,000	1,396,000	10,656,000	15%	ND	Original budget estimates were too low. The final negotiated amounts for two contractors were higher than original budget estimates based on updated data. For one contractor, the increase is due to higher than anticipated costs required to open a new pediatric dental clinic in collaboration with LA County. For the other contractor, the increase is due to revised estimates related to additional project sites and higher numbers of children, parents and providers expected to be served during FY 2015-16.
2	Children's Vision Care	Children's Vision Care	1,395,000	(54,000)	1,341,000	-4%	ND	Original budget estimate was too high. Contractor negotiations came in lower than originally anticipated.
3	Data Development & Integration	Los Angeles County Health Survey	28,000	80,000	108,000	286%	D	One deliverable originally due in June 2015 will not be completed until July, as data collection has taken longer than originally anticipated. This requires a shift in funds from FY 2014-15 to FY 2015-16 to account for the delay.
4	Program Evaluation	Professional Development Program Evaluation	1,743,000	(242,000)	1,501,000	-14%	ND	Original budget estimate was too high. Contractor negotiations came in lower than originally anticipated.
5	Program Evaluation	Welcome Baby Impact Study	360,000	(85,000)	275,000	-24%	ND	Resources were originally budgeted within this line item for 800 hours of expert consultant services. However, further analysis determined that fewer hours would be needed for FY 2015-16 than initially estimated, resulting in a reduction of \$85,000 from the original \$120,000 budgeted for expert consultant services within this program line item.
6	Tot Parks and Trails	Tot Parks and Trails	350,000	310,000	660,000	89%	D	The FY 2015-16 budget amount will support a no-cost extension for one contractor to complete two projects that were delayed due to city and county permitting processes. The original budget estimate was too low. Revised estimates based on updated data indicate the need to shift more resources from FY 2014-15 to FY 2015-16 in order to complete the projects.
7	Operating - Information Technology	Consultant Fees	250,000	110,000	360,000	44%	D, O	Due to organizational delays, the financial system reengineering project will not begin until FY 2015-16, resulting in the need to shift \$50,000 originally budgeted for this project in FY 2014-15 into the next fiscal year. In addition, \$60,000 was inadvertently omitted from the original draft budget for completion of the SharePoint document management platform and migration.
Total			\$	1,515,000				

KEY: Reason for Change

ND = New data available to inform budget development

D = Delay in current year activity

O = Oversight led to inadvertent omission in the May budget

BUDGET REQUEST FOR PROGRAMS BY INITIATIVE/PROGRAM

INITIATIVE NAME	PROGRAM NAME	FY 2014-15		FY 2015-16		VARIANCE	
		REVISED	DRAFT (MAY)	CHANGES	FINAL (JUNE)	\$	%
2015-2020 STRATEGIC PLAN: FOCUSING FOR THE FUTURE							
<i>Investments and Approaches Reaffirmed by the Board and Aligned with SP</i>							
Families: Place-Based - Welcome Baby/Select Home Visiting	Family Strengthening Oversight Entity	\$ 3,172,000	\$ 3,418,000	\$ -	\$ 3,418,000	\$ 246,000	8%
	Family Strengthening Public Education	40,000	100,000	-	100,000	60,000	150%
	Select Home Visitation Programs	9,956,000	17,183,000	-	17,183,000	7,227,000	73%
	Welcome Baby Hospitals	12,848,000	15,902,000	-	15,902,000	3,054,000	24%
	Assessing Progress	302,000	-	-	-	(302,000)	-100%
	Best Start Metro LA ¹	885,000	1,112,000	-	1,112,000	227,000	26%
	Long-Term Business Model Transition ²	153,000	28,000	-	28,000	(125,000)	-82%
	Marketing & Communications	1,775,000	1,870,000	-	1,870,000	95,000	5%
	Neighborhood Action Councils	1,902,000	-	-	-	(1,902,000)	-100%
	Partnership Capacity Building ³	2,203,000	2,933,000	-	2,933,000	730,000	33%
Communities: Place-Based - Community Capacity Building	Partnership Support ⁴	3,946,000	2,323,000	-	2,323,000	(1,623,000)	-41%
	Resident Engagement ⁵	1,820,000	3,520,000	-	3,520,000	1,700,000	93%
	Results-Focused Actions ⁶	1,824,000	5,243,000	-	5,243,000	3,419,000	187%
	Early Learning Advocacy Strategies ⁷	535,000	2,055,000	-	2,055,000	1,520,000	284%
	Federal Policy and Sustainability Advocate	127,000	127,000	-	127,000	-	0%
	Opinion Research	75,000	75,000	-	75,000	-	0%
	Policy Briefs	50,000	100,000	-	100,000	50,000	100%
	State Policy and Sustainability Advocate	308,000	440,000	-	440,000	132,000	43%
	Communications & Marketing ⁸	2,559,000	4,672,000	-	4,672,000	2,113,000	83%
	Conference Funding	218,000	200,000	-	200,000	(18,000)	-8%
Sub-Total		\$ 44,698,000	\$ 61,301,000	\$ -	\$ 61,301,000	\$ 16,603,000	37%
<i>Existing Investments Potentially Aligned with SP</i>							
Healthy Kids	Healthy Kids Insurance Coverage	\$ 600,000	\$ 250,000	\$ -	\$ 250,000	\$ (350,000)	-58%
	Healthy Kids Outreach, Enrollment, Retention, and Utilization	4,692,000	2,000,000	-	2,000,000	(2,692,000)	-57%
	211 LA County	1,340,000	1,340,000	-	1,340,000	-	0%
Information Resource and Referral	Performance Based Agreement (Consulting)	20,000	20,000	-	20,000	-	0%
	Sub-Total	\$ 6,652,000	\$ 3,610,000	\$ -	\$ 3,610,000	\$ (3,042,000)	-46%
<i>New Investments Under Development, to be Aligned with SP (Strategic Plan Implementation Fund)</i>							
Families	Communities	\$ -	\$ 636,000	\$ -	\$ 636,000	\$ 636,000	N/A
	Early Care & Education (ECE) Systems	-	1,093,750	-	1,093,750	1,093,750	N/A
Health, Mental Health & Substance Abuse Systems	Other/Cross-Cutting Activities	-	370,000	-	370,000	370,000	N/A
	Health, Mental Health & Substance Abuse Systems	-	546,250	-	546,250	546,250	N/A
Sub-Total		\$ 250,000	\$ 3,136,000	\$ -	\$ 3,136,000	\$ 2,886,000	115.4%
TOTAL 2015-2020 STRATEGIC PLAN: FOCUSING FOR THE FUTURE		\$ 51,600,000	\$ 68,047,000	\$ -	\$ 68,047,000	\$ 16,447,000	32%

BUDGET REQUEST FOR PROGRAMS BY INITIATIVE/PROGRAM

INITIATIVE NAME	PROGRAM NAME	FY 2014-15		FY 2015-16		VARIANCE	
		REVISED	DRAFT (MAY)	CHANGES	FINAL (JUNE)	\$	%
LEGACY INVESTMENTS							
At-Risk Fathers Investment	At-Risk Fathers Investment	\$	\$	\$	\$	\$	
	Baby Friendly Hospital Project - Cycle 1	40,000	-	-	-	148,000	7400%
	Baby Friendly Hospital Project - Cycle 2	574,000	-	-	-	(40,000)	-100%
	Baby Friendly Hospital Project - Cycle 3	1,204,000	645,000	-	645,000	(574,000)	-100%
	Baby Friendly Hospital Project - Cycle 4	-	600,000	-	600,000	(559,000)	-46%
	Birth Outcomes and Disparities – Policy and Systems Change	500,000	500,000	-	500,000	600,000	N/A
	Black Infant Health Program	1,452,000	1,455,000	-	1,455,000	3,000	0%
	Children's Dental Care Program	8,451,000	9,260,000	1,396,000	10,656,000	2,205,000	26%
	Children's Vision Care	1,342,000	1,395,000	(54,000)	1,341,000	(1,000)	0%
	Capacity Building Grants	4,000	-	-	-	(4,000)	-100%
	Policy Grants	138,000	-	-	-	(138,000)	-100%
	Early Identification and Intervention - Autism and Other Developmental Delays	854,000	818,000	-	818,000	(36,000)	-4%
	ECE Environmental Scan	211,000	80,000	-	80,000	(131,000)	-62%
	Family Place Libraries	124,000	-	-	-	(124,000)	-100%
	Healthy Food Access	1,364,000	1,389,000	-	1,389,000	25,000	2%
	Little by Little/One Step Ahead Program	577,000	675,000	-	675,000	98,000	17%
	Los Angeles Universal Preschool	3,647,000	3,515,000	-	3,515,000	(132,000)	-4%
	Oral Health & Nutrition	54,245,000	55,423,000	-	55,423,000	1,178,000	2%
	Oral Health & Nutrition - Dental Home	720,000	-	-	-	(720,000)	-100%
	Oral Health & Nutrition - Safety Net	159,000	-	-	-	(159,000)	-100%
	Oral Health & Nutrition - Dental Home	3,600,000	3,904,000	-	3,904,000	304,000	8%
	Oral Health Community Development	55,000	-	-	-	(55,000)	-100%
	Parent Child Interaction Therapy	2,000	-	-	-	(2,000)	-100%
	Partnerships for Families	4,672,000	4,642,000	-	4,642,000	(30,000)	-1%
	Peer Support Groups for Parents	5,488,000	150,000	-	150,000	(5,338,000)	-97%
	Policy Advocacy Fund - I	867,000	1,352,000	-	1,352,000	485,000	56%
	Policy Advocacy Fund - II	191,000	117,000	-	117,000	(74,000)	-39%
	Policy Advocacy Fund Technical Assistance Provider	1,460,000	805,000	-	805,000	(655,000)	-45%
	Policy Capacity Building Support	1,622,000	1,276,000	-	1,276,000	(346,000)	-21%
	Reducing Childhood Obesity	140,000	113,000	-	113,000	-	0%
	Resource Mobilization - ECE	13,387,000	15,462,000	-	15,462,000	2,075,000	16%
	Resource Mobilization - Funder Partnerships	113,000	-	-	-	(113,000)	-100%
	Resource Mobilization - Matching Grants	225,000	925,000	-	925,000	700,000	311%
	Resource Mobilization - Organizational Capacity Building	105,000	300,000	-	300,000	195,000	186%
	Reducing Childhood Obesity	-	30,000	-	30,000	30,000	N/A
	Resource Mobilization - Funder Partnerships	25,000	15,000	-	15,000	(10,000)	-40%
	Resource Mobilization - Health	376,000	15,000	-	15,000	(361,000)	-96%
	Resource Mobilization - Matching Grants	1,000,000	-	-	-	(1,000,000)	-100%
	Resource Mobilization - Organizational Capacity Building	1,154,000	1,250,000	-	1,250,000	96,000	8%
	Resource Mobilization - Organizational Capacity Building	1,640,000	290,000	-	290,000	(1,350,000)	-82%
	Resource Mobilization - Organizational Capacity Building	146,000	-	-	-	(146,000)	-100%
	Resource Mobilization - Organizational Capacity Building	17,000	-	-	-	(17,000)	-100%
	Resource Mobilization - Organizational Capacity Building	226,000	-	-	-	(226,000)	-100%
	Resource Mobilization - Organizational Capacity Building	550,000	550,000	-	550,000	-	0%

BUDGET REQUEST FOR PROGRAMS BY INITIATIVE/PROGRAM

INITIATIVE NAME	PROGRAM NAME	FY 2014-15		FY 2015-16		VARIANCE	
		REVISED	DRAFT (MAY)	CHANGES	FINAL (JUNE)	\$	%
Resource Mobilization - Project Development	Consulting	150,000	-	-	-	(150,000)	-100%
	Convenings	100,000	-	-	-	(100,000)	-100%
Substance Abuse Treatment Services	Strengthening Families	100,000	-	-	-	(100,000)	-100%
	Access to Substance Abuse Services	4,055,000	-	-	-	(4,055,000)	-100%
Universal Assessment of Newborns	Tot Parks and Trails	1,934,000	350,000	310,000	660,000	(1,274,000)	-66%
	Welcome Baby Hospitals	7,058,000	8,785,000	-	8,785,000	1,727,000	24%
Workforce Development	CARES Plus	2,000,000	2,000,000	-	2,000,000	-	0%
	P-5 Workforce Development Core Competencies	718,000	522,000	-	522,000	(196,000)	-27%
Workforce Development - ECE Career Development Policy Project	ECE Workforce Policy Project	1,151,000	-	-	-	(1,151,000)	-100%
	ECE Workforce Consortium	13,090,000	12,798,000	-	12,798,000	(292,000)	-2%
TOTAL LEGACY INVESTMENTS		\$ 143,153,000	\$ 131,556,000	\$ 1,652,000	\$ 133,208,000	\$ (9,945,000)	-7%
RESEARCH AND EVALUATION							
Data Development and Integration	Best Start - Family Survey	\$ 27,000	\$ -	\$ -	\$ -	\$ (27,000)	-100%
	Data consultant ⁹	10,000	8,000	-	8,000	(2,000)	-20%
	Data Requests	5,000	10,000	-	10,000	5,000	100%
	Dissemination	36,000	42,000	-	42,000	6,000	17%
	First 5 LA Contracts and Grants Program Reporting Database ¹⁰	187,000	200,000	-	200,000	13,000	7%
	LA County Data Match	25,000	-	-	-	(25,000)	-100%
	Los Angeles County Health Survey	1,019,000	28,000	80,000	108,000	(911,000)	-89%
	Los Angeles County P-5 Asset Mapping	335,000	13,000	-	13,000	(322,000)	-96%
	Los Angeles Mommy and Baby (LAMB) Project	574,000	260,000	-	260,000	(314,000)	-55%
	Maternal Infant Hospital Assessment	-	105,000	-	105,000	105,000	N/A
	SharePoint	135,000	-	-	-	(135,000)	-100%
	Data Partnership with Funders	Stronger Families Database	847,000	880,000	-	880,000	33,000
WIC Data Mining Research Partnership		320,000	320,000	-	320,000	-	0%
Workforce Registry		500,000	581,000	-	581,000	81,000	16%
Children's Data Network (CDN)		1,000,000	900,000	-	900,000	(100,000)	-10%
Best Start Evaluation		1,105,000	285,000	-	285,000	(820,000)	-74%
Black Infant Health Evaluation		75,000	-	-	-	(75,000)	-100%
Countywide Systems Improvement Evaluation		171,000	61,000	-	61,000	(110,000)	-64%
Early Identification and Intervention - Autism and Other Developmental Delays Evaluation		5,000	100,000	-	100,000	95,000	1900%
Home Visiting Evaluation		727,000	-	-	-	(727,000)	-100%
Little by Little/One Step Ahead Evaluation		51,000	10,000	-	10,000	(41,000)	-80%
Los Angeles Universal Preschool Evaluation - Universal Preschool Child Outcomes Study		810,000	109,000	-	109,000	(701,000)	-87%
Program Evaluation		Medi-Cal Match Feasibility Study*	-	45,000	-	45,000	45,000
	Obesity Prevention & Nutrition Collective Impact Evaluation	228,000	720,000	-	720,000	492,000	216%
	Parent-Child Interaction Therapy Evaluation	158,000	47,000	-	47,000	(111,000)	-70%
	Peer Support Groups for Parents Implementation Evaluation	75,000	62,000	-	62,000	(13,000)	-17%
	Permanent Supportive Housing Implementation Study	85,000	-	-	-	(85,000)	-100%
	Policy/Advocacy Evaluation	70,000	-	-	-	(70,000)	-100%
	Professional Development Program Evaluation ¹¹	2,565,000	1,743,000	(242,000)	1,501,000	(1,064,000)	-41%
	Professional Development System Study ¹²	12,000	340,000	-	340,000	328,000	2733%
	Universal Screening Psychometric Study*	-	170,000	-	170,000	170,000	N/A
	Welcome Baby Impact Study*	-	360,000	(85,000)	275,000	275,000	N/A
	Welcome Baby Implementation and Outcomes Evaluation*	-	515,000	-	515,000	515,000	N/A

BUDGET REQUEST FOR PROGRAMS BY INITIATIVE/PROGRAM

INITIATIVE NAME	PROGRAM NAME	FY 2014-15 REVISED	DRAFT (MAY)	FY 2015-16		VARIANCE	
				CHANGES	FINAL (JUNE)	\$	%
Research Partnerships	Kindergarten Readiness Indicator Development - Early Development Index (EDI) Project	131,000	-	-	-	(131,000)	-100%
	Oral Health Study	42,000	-	-	-	(42,000)	-100%
	Research Advisory Committee	25,000	-	-	-	(25,000)	-100%
Results Dissemination	Research Briefs	5,000	-	-	-	(5,000)	-100%
TOTAL RESEARCH AND EVALUATION		\$ 11,360,000	\$ 7,914,000	\$ (247,000)	\$ 7,667,000	\$ (3,693,000)	-33%
TOTAL FIRST 5 LA PROGRAM BUDGET		\$ 206,113,000	\$ 207,517,000	\$ 1,405,000	\$ 208,922,000	\$ 2,809,000	1%

Notes:

* These projects were budgeted within the Home Visiting Evaluation program in FY 2014-15, but were separated as discrete programs for FY 2015-16.

1. This program was referred to as "Best Start LA Pilot Community" in FY 2014-15.
2. This program was referred to as "BSFF Alignment: Capacity Development" in FY 2014-15.
3. This program was referred to as "LBD: Partnership Capacity Building and Planning" in FY 2014-15.
4. This program was referred to as "LBD: Community Convenings" in FY 2014-15.
5. This program was referred to as "LBD: Resident Engagement" in FY 2014-15.
6. This program was referred to as "LBD: Results-Focused Actions" in FY 2014-15.
7. This program was referred to as "Sustainability and Leveraging Support" in FY 2014-15.
8. This program was referred to as "Public Education - Marketing & Communications" in FY 2014-15.
9. This program was referred to as "Consent and Confidentiality" in FY 2014-15.
10. This program was referred to as "Getting Better Data Database" in FY 2014-15.
11. This program was referred to as "Professional Development Evaluation" in FY 2014-15.
12. This program was referred to as "Workforce Systems Improvement Evaluation" in FY 2014-15.

OPERATING REQUEST SUMMARY

OPERATING COSTS SUMMARY FY 2015-16						
	FY 2014-15		FY 2015-16			Variance from FY 2014-15
	Revised Budget	Estimated Expenditures	Variance	Proposed Budget (May 2015)	Final Proposed Budget (June 2015)	
Personnel Services	11,347,496	10,147,754	1,199,742	12,387,038	12,387,038	1,039,542
Total Salaries	3,409,644	2,546,197	863,447	3,980,943	3,980,943	571,299
Total Employee Benefits	14,757,140	12,693,951	2,063,189	16,367,981	16,367,981	1,610,841
General Operating Expenses	30,000	27,000	3,000	31,000	31,000	1,000
6131 ADP Payroll Charges	123,500	96,173	27,327	100,000	100,000	(23,500)
6132 Workers' Compensation Insurance	160,000	153,000	7,000	155,000	155,000	(5,000)
6202 Utilities	73,500	66,136	7,364	76,000	76,000	2,500
6203 Corporate Insurance	63,150	37,203	25,947	61,850	61,850	(1,300)
6205 Mileage and Parking	75,650	75,888	(238)	65,000	65,000	(10,650)
6206 Telephones and Modems	70,620	32,896	37,724	52,250	52,250	(18,370)
6207 Cell Phones and Mobile Devices	24,500	7,808	16,692	19,200	19,200	(5,300)
6208 Outside Printing	12,150	-	12,150	12,150	12,150	-
6209 Other Supplies	13,300	13,248	52	13,300	13,300	-
6210 Postage and Delivery	5,600	2,175	3,425	5,300	5,300	(300)
6211 Educational Supplies	67,980	35,831	32,149	83,980	83,980	16,000
6212 Office Supplies	6,850	1,068	5,782	10,060	10,060	3,210
6214 Subscriptions and Publications	120,000	120,000	-	118,200	118,200	(1,800)
6218 Equipment Rental	195,000	147,129	47,871	180,000	180,000	(15,000)
6220 Building Repairs and Maintenance	59,200	780	58,420	32,000	32,000	(27,200)
6221 Equipment Repairs and Maintenance	20,600	12,110	8,490	23,700	23,700	3,100
6222 Offsite Storage	166,500	124,160	42,340	258,000	258,000	91,500
6223 Hardware and Software Maintenance	57,000	12,000	45,000	27,000	27,000	(30,000)
6230 Miscellaneous Service Charges	50,000	-	50,000	75,000	75,000	25,000
6231 Miscellaneous/Contingency	1,395,100	964,605	430,495	1,398,990	1,398,990	3,890
Total General Operating Expenses	70,056	33,120	36,936	70,000	70,000	(56)
Professional Services	175,000	157,000	18,000	175,000	175,000	-
6502 Audit	78,140	28,584	49,556	82,100	82,100	3,960
6504 Legal	50,000	50,000	-	50,000	50,000	-
6507 Professional Dues	246,550	23,701	222,849	210,800	210,800	(35,750)
6508 First 5 California Association	34,000	34,000	-	25,000	25,000	(9,000)
6509 Professional Development	40,000	18,612	21,388	34,000	34,000	-
6512 Staff Recruitment	40,000	-	40,000	68,000	68,000	28,000
6514 Commission Stipends	718,246	357,089	361,157	714,900	714,900	(3,346)
6606 Human Resources Related Costs	1,622,400	804,437	817,963	1,381,000	1,491,000	(131,400)
Total Professional Services	239,500	238,246	1,254	237,500	237,500	(2,000)
Consultant Services	4,000	4,000	-	5,000	5,000	1,000
6601 Consultant Fees	1,865,900	1,046,683	819,217	1,623,500	1,733,500	(132,400)
6602 Other Professional Fees	79,282	32,776	46,506	86,242	86,242	6,950
6603 External Reviewers	15,000	4,893	10,107	40,000	40,000	25,000
Total Consultant Services	83,222	46,985	36,237	84,876	84,876	1,654
Travel and Meeting Expenses	82,485	67,477	15,008	89,485	89,485	6,990
6701 Airfare	159,700	144,845	14,855	115,900	115,900	(43,800)
6702 Program Events	39,084	21,616	17,468	42,488	42,488	3,404
6703 Lodging	458,793	318,592	140,201	458,991	458,991	198
6704 Conference Registration	160,000	95,535	64,465	120,000	120,000	(40,000)
6706 Local Meetings	160,000	95,535	64,465	120,000	120,000	(40,000)
6707 Per Diem	19,355,179	15,476,455	3,878,724	20,684,362	20,794,362	1,439,183
Total Travel and Meeting Expenses	1,865,900	1,046,683	819,217	1,623,500	1,733,500	(132,400)
Capital Improvements	160,000	95,535	64,465	120,000	120,000	(40,000)
6216 Capital Outlay	160,000	95,535	64,465	120,000	120,000	(40,000)
6302 Capital Improvements	160,000	95,535	64,465	120,000	120,000	(40,000)
Total Capital Improvements	19,355,179	15,476,455	3,878,724	20,684,362	20,794,362	1,439,183
Total Operating Expenses	19,355,179	15,476,455	3,878,724	20,684,362	20,794,362	1,439,183

First 5 LA FY 2015-16 BUDGET Administrative Limit Calculation		
Departmental Budgets		
Board of Commissioners	\$	116,850
Executive		1,313,289
Chief Administrative		323,553
Contract Compliance		789,994
Facilities Management		809,600
Finance		1,243,463
Finance - MAA		173,027
Human Resources		921,217
Information Technology		1,559,405
Chief Program		385,269
Communications and Marketing		1,638,054
Office of Strategic Planning & Implementation		530,545
Salary & Benefits*		
Best Start Communities		348,271
Community Investments		250,215
Grants Management		228,916
Policy and Intergovernmental Affairs		235,640
Program Development		208,066
Research & Evaluation		307,263
Total FY 2015-16 Administrative Budget	\$	11,382,637
Total FY 2015-16 Operating Budget		20,794,362
Total FY 2015-16 Program Budget		208,922,000
Total FY 2015-16 Budget	\$	229,716,362
Administrative Cost Percentage		4.96%
* Directors and Administrative Assistants Only		

SCHEDULE OF AUTHORIZED POSITIONS

SCHEDULE OF AUTHORIZED POSITIONS						
Division/Department	FY 2014-15			Filled Positions as of April 1, 2015	FY 2015-16	
	Authorized Positions ¹	Amended Positions	Amended Authorized Positions		Baseline	New Positions
Executive Operations	4.5	0.5	5	5	0	5
Administration						
Chief Administrative	2	0	2	1	0	2
Contract Compliance	6	0	6	4	1	7
Facilities Management	0	0	0	0	0	0
Finance Operations	9	0	9	7	0	9
Medi-Cal Administrative Activities (MAA)	1	0	1	1	0	1
Grants Management	9	0	9	8	0	9
Human Resources	2.5	0	2.5	2.5	1	3.5
Information Technology	5	0	5	5	0	5
Office of Strategic Planning and Implementation	0	1	1	1	0	1
Programs						
Chief Program	1.5	0.5	2	1	0	2
Best Start Communities	34	0	34	32	-2	32
Community Investment	8	0	8	7	0	8
Policy and Intergovernmental Affairs	8	0	8	6	4	12
Program Development	17	0	17	15	0	17
Communications and Marketing	14	0	14	11	2	16
Research and Evaluation	19	0	19	15	0	19
	140.5	2	142.5	121.5	6	148.5

1) Based on approval of the Operating Budget for FY 2014-15 in June 2014.

ATTACHMENT B:

FY 2015-16

**PROPOSED BUDGET –
HIGHLIGHTS**

ATTACHMENT B: FY 2015-16 PROPOSED BUDGET – HIGHLIGHTS

The FY 2015-16 Proposed Budget represents a transitional budgeting approach. On the one hand, the budget proposes support for a number of programs that will soon be either ending or ramping down. At the same time, the budget proposes investments in priorities that continue in the new Strategic Plan—such as Welcome Baby and Select Home Visiting, the Best Start Communities, and policy efforts—and resources for more developmental activity to advance the 2015-2020 Strategic Plan.

Historically, the Commission approves the budget at the initiative level, with each initiative including one or more programs. These highlights include a summary of budget requests at the initiative level, specifically calling out investments that are large, high-profile, or Commission priorities. These highlights also include a high-level discussion of the estimated resources proposed for Year 1 activities related to the implementation of the 2015-2020 Strategic Plan. The highlights are organized according to the following investment areas:

1. 2015-2020 Strategic Plan: Focusing for the Future
 - a. Investments and Approaches Reaffirmed by the Board and Aligned with the Strategic Plan
 - b. Existing Investments Potentially Aligned with the Strategic Plan
 - c. New Investments Under Development, to be Aligned with the Strategic Plan (Strategic Plan Implementation Fund)
2. Legacy Investments
3. Research and Evaluation
4. Internal Operations

Further detail on each program budget request is provided in Attachment C, with the exception of the estimated resources proposed for Year 1 activities related to the implementation of the 2015-2020 Strategic Plan (Strategic Plan Implementation Fund). Further detail on the operating budget request by internal division and department—based on the existing organizational structure—is provided in Attachment D. While the budget document is intended to provide broad parameters around programmatic spending, it is important to note that much of the information included is subject to change, as funding requests were generated using the latest information available at the time the budget was developed. In addition, activities or funding estimates for contracts that have yet to be negotiated may be revised as appropriate.

1. 2015-2020 STRATEGIC PLAN: FOCUSING FOR THE FUTURE

a. Investments and Approaches Reaffirmed by the Board and Aligned with the Strategic Plan

This category includes those anchor activities outlined in the Strategic Plan that represent work already in progress, including the direct service Welcome Baby and Select Home Visiting programs, as well as the community capacity building work in the 14 Best Start Communities. This is consistent with the Commission’s dedication in the 2015-2020 Strategic Plan to promoting the Protective Factors, which encompass the skills and supports that families need to help their children succeed. The Strategic Plan demonstrates this commitment by affirming that “the Commission will continue to support family strengthening and community capacity-building in the 14 Best Start Communities,

consistent with First 5 LA's 2013 Building Stronger Families Framework (BSFF)", highlighting the critical nature of community environments to the advancement of the Protective Factors.

The category also includes approaches that were included as part of the 2015-2020 Strategic Plan that are key to advancing all four of the outcome areas established by the Plan, including policy and advocacy efforts, as well as communications and marketing.

Families: Place-Based – Welcome Baby/Select Home Visiting (\$36,603,000)

The place-based investments in Welcome Baby and Select Home Visiting represent ongoing programs that the Commission affirmed as core to advancing the Families outcome area defined in the 2015-2020 Strategic Plan. These activities directly support Strategy 1 of the Families outcome area, and begin with engaging families through Welcome Baby, a home visitation program designed to serve as an outreach to families at strategic points in time during pregnancy, birth, and post-natally. Welcome Baby provides parenting education and health promotion information, and invites families into an array of services and supports in their community. In addition, families receive information and support during each visit on topics such as breastfeeding, health, safety, postpartum depression and other issues.

All families delivering at participating hospitals, regardless of place of residence, will receive a Welcome Baby hospital visit at the time of their baby's birth. Families residing within a Best Start Community and identified as having a great risk for poor child outcomes will be eligible for referral to an intensive Select Home Visitation Program (Healthy Families America, Parents as Teachers or Triple-P).

Although other, less intensive parent education and support services may be available, the goal is to develop a network of high quality, evidence-based models to serve as the primary resource for high risk pregnant women and new parents. Families residing within a Best Start Community are eligible for up to nine Welcome Baby engagements: three prenatal, at the hospital, and up to five postpartum engagements. Families living outside Best Start communities and facing serious challenges in caring for their newborn due to such factors as lack of social supports or limited knowledge on infant care will receive up to three Welcome Baby postpartum home visits, as needed.

The components of this anchor investment are reflected in the table below, representing 17.6% of the overall program budget. FY 2015-16 reflects further ramp up of implementation of the Welcome Baby and Select Home Visiting programs, including an increased number of providers and increased enrollment, resulting in higher costs relative to FY 2014-15. For further information and detail on the budget amounts and activities anticipated to occur during FY 2015-16, please refer to Attachment C. Additional funding to support new components of the work within the Families outcome area will be requested as part of the Strategic Plan Implementation Fund (SPIF).

INITIATIVE/PROGRAM	Revised FY 2014-15 Budget		Proposed FY 2015-16 Budget	
Families: Place-Based - WB/SHV				
Welcome Baby Hospitals	\$ 12,848,000	49%	\$ 15,902,000	43%
Select Home Visitation Programs	9,956,000	38%	17,183,000	47%
Family Strengthening Oversight Entity	3,172,000	12%	3,418,000	9%
Family Strengthening Public Education	40,000	0%	100,000	0%
Total Families: Place-Based - WB/SHV	\$ 26,016,000	100%	\$ 36,603,000	100%

Communities: Place-Based – Community Capacity Building (\$17,029,000)

The place-based investments in the 14 Best Start Communities represent ongoing activities that the Commission affirmed as core to advancing the Communities outcome area defined in the 2015-2020 Strategic Plan. Most of the activities within this initiative support Strategies 1 and 2 of the Communities outcome area, including training and technical assistance for the Community Partnerships, seed funding to build social capital and promote civic engagement, and seed funding for efforts to bring organizations and members of the larger community together to improve coordinated service delivery.

The components of this anchor investment are reflected in the table below, representing 8.2% of the overall program budget. A key component of the initiative are the Results-Focused Actions (RFAs), which are designed to build community capacity as Community Partnerships implement actions to address their core results. First 5 LA began funding RFAs during FY 2014-15 as Community Partnerships developed strategies and activities through the Learning by Doing (LBD) process, although these activities were delayed in FY 2014-15 due to the additional time necessary to conduct the LBD process. Because of this delay, the FY 2014-15 funding for this line item was decreased at mid-year, and spending for these activities is expected to ramp up in FY 2015-16. The RFAs that will continue in FY 2015-16 will be based on the decisions that have been made throughout the LBD process, and will be provided to organizations based on criteria established in conjunction with the Community Partnerships. As the Partnerships ramp up their activity

For further information and detail on the budget amounts and activities anticipated to occur during FY 2015-16, please refer to Attachment C. Additional funding to support new aspects of the work within the Communities outcome area will be requested as part of SPIF.

INITIATIVE/PROGRAM	Revised		Proposed		
	FY 2014-15 Budget		FY 2015-16 Budget		
Communities: Place-Based - Community Capacity Building					
Best Start Metro LA	\$	885,000	6%	\$ 1,112,000	7%
Long-Term Business Model Transition		153,000	1%	28,000	0%
Assessing Progress		302,000	2%	-	0%
Marketing & Communications		1,775,000	12%	1,870,000	11%
Neighborhood Action Councils		1,902,000	13%	-	0%
Partnership Capacity Building		2,203,000	15%	2,933,000	17%
Partnership Support		3,946,000	27%	2,323,000	14%
Resident Engagement		1,820,000	12%	3,520,000	21%
Results-Focused Actions		1,824,000	12%	5,243,000	31%
Total Communities: Place-Based - Community Capacity Building	\$	14,810,000	100%	\$ 17,029,000	100%

Policy Agenda/Advocacy (\$2,797,000)

First 5 LA has invested in key activities to support its work in Home Visiting (HV), Early Care and Education (ECE) and to develop/explore issues related to the 2015-2020 Strategic Plan. The Policy Agenda/Advocacy initiative includes multiple components, including resources funding opinion research, policy briefs, and the work of both the federal and state policy advocates that broadly support First 5 LA priority policy and sustainability issues, aligned with the Strategic Plan. In addition, resources are included to support early learning advocacy strategies, with anticipated work during FY 2015-16 on policy technical assistance to support the HV and ECE coalitions in Sacramento, LA County Early Childhood Education Local Control Funding Formula Coalition, the LA County Home

Visiting Consortium, establishment of ECE policy activities in LA County related to the 2015-2020 Strategic Plan and parent advocacy efforts in the county.

Communications & Marketing (\$4,672,000)

The 2015-2020 Strategic Plan places an emphasis on policy and systems change across the goal areas of Families, Communities, Early Care and Education and Health-systems. During FY 2015-16, the Communications and Marketing Department will work collaborative across the organization to develop and execute communications strategies that advance the new plan's outcomes and priority focus areas. With the Strategic Plan's shift in emphasis, the work will seek to leverage opportunities that demonstrate the impact our investments are having and to illustrate what policy and systems change can mean for children prenatal to age 5 and their families. This will be accomplished through the implementation of public education, social marketing and strategic communications efforts. In addition, in-house marketing and communications support will be provided to develop, enhance or promote First 5 LA's overall programmatic efforts.

The proposed FY 2015-16 budget includes resources for ongoing public education and social marketing efforts, strategic communications, public relations, maintenance of the First 5 LA website, community event participation and sponsorships, the development and distribution of promotional and collateral materials, and the ongoing development of messages and the training for staff and First 5 LA representatives on their use, all in service of a more effective implementation of our Strategic Plan outcomes for young children and families.

b. Existing Investments Potentially Aligned with the Strategic Plan

This category includes two investments that have already been presented to the Commission in the context of the expiring initiatives process, for which FY 2015-16 activities and costs may be modified during the fiscal year to align with the Strategic Plan. These investments will be subject to additional analysis and consideration of their alignment to the strategies and outcomes of the new Strategic Plan. Other investments that went through the expiring initiatives assessment process during FY 2014-15 are reflected in the Legacy Investment category because the work to be conducted during FY 2015-16 reflects a continuation of ongoing work, with no anticipated alignment of FY 2015-16 activities to the new Strategic Plan.

Information Resource and Referral (\$1,360,000)

Since the Information Resource and Referral (IR&R) approach is relevant to achieving the outcomes of the Strategic Plan, staff recommended through the expiring initiatives assessment process that the existing relationship with the Information and Referral Federation of Los Angeles County, Inc. ("211 LA County") be continued through June 2016 at the current level, while additional work will be conducted during FY 2015-16 to align the current work with the 2015-2020 Strategic Plan as the strategy refinement process continues and the potential alignment opportunities become apparent.

Currently, 211 LA County provides services to more than 600,000 clients each year and covers the following components: 1) efficient and timely response to pregnant women and parents/primary caregivers of children ages 0-5; 2) Community Resource Advisors (CRAs) provide accurate and knowledgeable information to the target population; and 3) face-to-face comprehensive information and referral is provided at the Los Angeles Family Court location. Through 211's comprehensive database, the information available and referrals given covers a broad range of issues pertinent to

the 0-5 population such as health insurance, child care, health care providers, and parenting support. While this current work will continue during FY 2015-16, it is anticipated that modifications to activities will be made during the fiscal year to better align the current activities with the 2015-2020 Strategic Plan strategies.

Healthy Kids (\$2,250,000)

Through the expiring initiatives assessment process, staff recommended that the existing relationships with LA Care and the Department of Public Health (DPH) be continued through December 2015. This six-month extension will support the transition of children insured by LA Care to alternative coverage and services. Support for DPH is recommended for six months to assist LA Care in the transition of Healthy Kids children to alternative coverage. In addition, DPH and its subcontractors recently provided First 5 LA information regarding the potential alignment of their work with the new Strategic Plan. First 5 LA staff is reviewing this information to inform a final recommendation to the Commission at its May meeting. The six-month extension for DPH will be funded through the approximately \$2 million remaining of their original allocation.

LA Care has a significant balance remaining of the approximately \$12.9 million that was initially advanced in FY 2012-13. While this contract was approved at a level of \$250,000 through December 2015, additional work will be conducted to determine whether there are potential uses for these remaining funds that align with the 2015-2020 Strategic Plan. Further budget authority will be requested in this area to spend down these resources during FY 2015-16 depending on the outcome of this alignment process.

c. New Investments Under Development, to be Aligned with the Strategic Plan (Strategic Plan Implementation Fund)

The Strategic Plan Implementation Fund (SPIF) represents an estimate of resources anticipated to be needed to support new work related to the anticipated Year 1 activities of the 2015-2020 Strategic Plan, based on the strategy refinement work done to date. As discussed at the Program and Planning Committee meeting on April 30, 2015, the overall purpose of the strategy refinement process was to continue developing the implementation requirements necessary to move forward the strategies identified in the Strategic Plan. This process was intended to inform how First 5 LA will use its resources to further the outcome areas outlined by the Plan by identifying those activities within the outcome areas that can reasonably be expected to take place during FY 2015-16, and providing realistic cost estimates needed to support these activities. This refinement process was accomplished by addressing the following questions:

- 1) What work is required to implement the strategies?
- 2) Who are the key partners needed to successfully implement this work?
- 3) How will the work be integrated, sequenced and coordinated across the outcomes and with ongoing work?
- 4) What are the Year 1 resources required to begin implementation?

This refinement process was also approached based on the following criteria:

- 1) How does the proposed work align to the investment guidelines?
- 2) Is the proposed work critical to achieving impact as shown by evidence or best practice?
- 3) Is First 5 LA uniquely positioned to add value given the current landscape?

- 4) To what extent does the proposed work contribute to sustainability of the system?
- 5) Is the proposed work feasible, given personnel and funding realities?

While the refinement process provided a comprehensive look into the anticipated activities for FY 2015-16, it also yielded a number of critical considerations to keep in mind. Most importantly, it became clear that the proposed work within the four outcome areas are at very different stages of development. For example, the organization’s Welcome Baby and Select Home Visiting and the community capacity building work within the Best Start Communities, within the Families and Communities outcome areas, respectively, represent ongoing work already in progress, while much of the proposed work in the ECE and Health Systems outcome areas are still in the early stages of development.

Similarly, the refinement process identified that systems change efforts require time and effort to effectively develop the partnerships necessary to achieve the desired goals. It will also be necessary for partnership engagement and management to be coordinated for effective and successful collaboration across the planned activities. In addition, monitoring, evaluation and learning (MEL) activities are critical to assessing First 5 LA’s impact and to inform necessary mid-course corrections.

The refinement process also identified that some of the emerging work has the potential to advance more than one outcome area, and as such, implementation will be coordinated across strategies as appropriate. The work will also be sequenced and paced to support First 5 LA’s organizational transformation to a new internal structure.

The resources proposed within this category represent *costs related to new work only*. It is important to note that costs reflected below are approximate, reflecting the best thinking to date regarding the potential needs for Year 1 activities. As the scope of tasks for FY 2015-16 is clarified through continued refinement work, additional information to further define the use of funds will be provided through standard operating procedures. Ongoing work currently underway is reflected in other areas of the FY 2015-16 program budget.

2015-2020 STRATEGIC PLAN OUTCOME AREA	Proposed FY 2015-16 Budget	
Families	\$ 636,000	20%
Communities	1,093,750	35%
Early Care & Education (ECE) Systems	370,000	12%
Health, Mental Health & Substance Abuse Systems	546,250	17%
Other/Cross-Cutting Activities	490,000	16%
Total Strategic Plan Implementation Fund	\$ 3,136,000	100%

Families (\$636,000)

Much of the planned FY 2015-16 work in the Families outcome area represents ongoing work related to First 5 LA’s investments in Welcome Baby and Select Home Visiting. These costs are detailed under item 1.a. above.

New work for FY 2015-16 related to the Families outcome area includes further work around program implementation and research to build the evidence base of Abriendo Puertas and Project Dulce, as well as the integration of the family protective factors in county- and community-based

agency programs via strategic communications on the family protective factors and coordination with prevention and aftercare networks. This includes tasks such as:

- Developing an advocacy strategy to support parent engagement programs (\$140,000);
- Developing an implementation plan for a pilot of Project Dulce (\$150,000);
- Convening the Abriendo Puertas design and implementation team (\$196,000);
- Conducting a landscape of family protective factor measurement tools (\$100,000); and
- Developing an action plan with the Prevention and Aftercare Networks workgroup (\$50,000).

Communities (\$1,093,750)

Much of the planned FY 2015-16 work in the Communities outcome area represents ongoing capacity building work in the 14 Best Start Communities. Those costs are detailed under item 1.a. above.

Resources to support new work for FY 2015-16 related to the Communities outcome area includes funding for consultant expertise in Information Resource and Referral (IR&R) to establish a funding process and appropriate capacity building assistance to strengthen processes within the Best Start Communities (\$35,000). In addition, resources are included to support the coordination between Community Partnerships and advocacy organizations to improve places and spaces by building relationships between governmental and non-governmental coalitions and Community Partnerships to advocate for investments in built environments (\$1,057,750). Examples of tasks include:

- Providing training and technical assistance to advocacy groups to increase knowledge surrounding the specific needs relative to built environments for children ages 0-5; and
- Providing capacity building to Community Partnerships that have identified built environments as a priority; and
- Supporting community participation in a countywide comprehensive park needs assessment.

Early Care and Education (ECE) Systems (\$370,000)

New work for FY 2015-16 related to the ECE outcome area includes work around coordinating advocacy to increase public funding for quality ECE, supporting a Quality Rating Improvement System (QRIS), and improving ECE professional development systems. Resources are included to support the following tasks:

- Identification and funding of systems-level collaborative efforts aligned with the ECE strategies to advance policy and systems-level change (\$225,000);
- Joint planning and relationship building with key QRIS partners and collaborative work to track state QRIS work and determine strategies to advance QRIS support locally, regionally and statewide (\$80,000);
- Presenting findings from the landscape analysis of Kindergarten Readiness Assessments used by all school districts in the County (\$40,000); and
- Conducting a study of best practices for communication about quality ECE to parents, including the use of technology to inform child care choices (\$25,000).

Health, Mental Health & Substance Abuse Systems (\$546,250)

New work for FY 2015-16 related to the Health outcome area includes work primarily around Help Me Grow and knowledge and practice of trauma-informed care. Resources are included to support the following tasks:

- Conducting an environmental scan to support the identification of partners to participate in broader Help Me Grow learning, including identification of platforms for provider training, regional focus for initial efforts, local partnerships and philanthropic organizations (\$150,000);
- Establishing and convening an initial partner collaborative to support learning around Help Me Grow (\$100,000);
- Conducting an environmental scan and identifying policy issues related to trauma-informed care (\$240,000);
- Engage experts, partners and funders to participate in a learning community on trauma-informed care (\$26,250); and
- Identifying additional knowledge gaps and conducting supplementary scans or research as needed (\$30,000).

Other/Cross-Cutting Activities (\$490,000)

Resources are also included in SPIF for anticipated activities that outside the four outcome areas that broadly support the implementation of the 2015-2020 Strategic Plan. This includes resources to support the following tasks:

- Building internal knowledge and capacity and supporting emerging needs of grantees and contractors around Welcome Baby, QRIS, developmental delays and trauma-informed care (\$100,000);
- Development of a contact relationship database to track partnership development contacts, interactions, and other business process improvements (\$140,000);
- Coordinating with consultant experts as necessary to support First 5 LA's work around emerging leveraging opportunities and to provide technical assistance for innovative investments (e.g., Pay for Success) to support the implementation of strategies across the four outcome areas (\$150,000); and
- Convening public and private funders and other external stakeholders to coordinate and align investments across the outcome areas to achieve maximum long-term impact, such as convening stakeholders to educate and engage on the Local Control Funding Formula, Kindergarten Readiness Assessments, Quality Rating Improvement Systems, home visitation, capacity building and parent engagement (\$100,000).

2. LEGACY INVESTMENTS

These investments represent ongoing work of the Commission that is expected to end according to the terms of the project approval. This includes investments that have gone through the expiring initiatives assessment process and were recommended to end according to schedule based on insufficient alignment of the work relative to the 2015-2020 Strategic Plan, or for which the alignment of activities to the Strategic Plan is expected to take place in a future fiscal year. This category also includes investments that may align with the outcomes and strategies of the Strategic Plan, but

which have yet to go through the assessment process. These will be evaluated in the future consistent with the First 5 LA Governance Guidelines and the expiring initiatives assessment process.

Children's Dental Care (\$10,656,000)

The Children's Dental Care initiative represents a continuing five-year investment to address the challenges facing pediatric dental health in LA County by focusing on providing services to children in greatest need of dental care. The initiative was designed as a collaborative, integrated effort with three dental schools in the County—the University of California, Los Angeles (UCLA), University of Southern California (USC) and Western University—working together to create collective impact. FY 2015-16 will be the third year of the initiative, and will focus on providing direct oral health services to children ages 0-5, parent education and provider training. The collaboration activities between the three schools will continue through quarterly meetings focused on program evaluation and sustainability.

Healthy Food Access (\$2,064,000)

The Healthy Food Access initiative is intended to increase families' access to fresh fruits and vegetables by providing funding to construct, operate and/or maintain local community gardens for low-income children and their families and to promote the purchase of healthy fruits and vegetables for low-income children through a "fruit and veggie voucher" subsidy. The currently funded programs under this initiative are the Children's Garden Collaborative and Market Match, both of which encompass goals that are broadly aligned with the strategy within the Communities outcome area that communities have physical places and spaces that promote healthy living and encourage interaction.

The Children's Garden Collaborative focuses on designing and constructing community gardens to provide families with space to grow fresh fruits and vegetables. During FY 2015-16, two additional gardens are expected to be completed, each serving a minimum of 30 families. Garden members also receive gardening and nutrition classes supported by leveraged funds. Each garden will have a network of support to rely on for sustainability purposes that includes community members and local stakeholders, including elected officials. This is the fourth year of a five-year partnership, expected to end in FY 2016-17.

Market Match leverages an existing fruit and veggie voucher program to increase the purchase and consumption of fresh fruit and vegetables by families with children ages 0-5. Market Match is a voucher system that matches a family's purchase amount when using certain purchasing methods at 19 farmers' markets in LA County. The families receive a dollar-for-dollar match up to \$10 that can only be spent on fruits and vegetables at the farmers' markets. This is the third year of a five-year partnership, expected to end in FY 2017-18.

Little by Little/One Step Ahead (\$3,515,000)

The Little by Little/One Step Ahead initiative is a continuing investment intended to improve health, developmental and safety outcomes for newborns in low-income communities for families receiving services through the Women, Infants and Children (WIC) in LA County. The initiative seeks to provide resources that the target population may not otherwise be able to afford, including early literacy and safety awareness education or counseling, along with vouchers for age appropriate

books, toys and safety items. To date, the program has been delivered in ten WIC sites across the County, eight of which are located either within or adjacent to one of the 14 Best Start Communities. The investment is anticipated to continue through September 2019.

Los Angeles Universal Preschool (\$55,423,000)

FY 2015-16 represents the final year of the Los Angeles Universal Preschool (LAUP) Master Agreement. Based on the recommendation from the expiring initiatives assessment process, this initiative was approved to continue beyond FY 2015-16 in order to spend the funds remaining from the original allocation, dependent on the alignment of activities to the 2015-2020 Strategic Plan. LAUP is reflected in the Legacy Investment category because the work to be conducted during FY 2015-16 reflects a continuation of ongoing work, with no anticipated alignment of FY 2015-16 activities to the new Strategic Plan.

The LAUP initiative provides access to quality early childhood education programs for children in Los Angeles County. Quality services are demonstrated through the 5-Star Quality Rating and Improvement System, which serves as a model for a statewide rating system. This system improves the effectiveness of classrooms and the overall educational experience through its intensive coaching model. LAUP is working towards creating new preschool spaces efficiently, making preschool more affordable, giving preschools the funding they need, continuously improving quality, providing families with the option of choosing from a wide range of LAUP preschool programs, and connecting programs to their communities.

Activities in FY 2015-16 will support Phase II implementation of the LAUP Business Plan, which include: planning and developing new business activities related to their QRIS (including a fee-for-service model), formalized communication with providers and families about the future of LAUP, development of a plan to reduce services, meeting current objectives outlined in the master agreement, and development of an internal reorganization.

Oral Health & Nutrition – Dental Home (\$3,904,000)

The Oral Health & Nutrition – Dental Home initiative reflects a continuing investment expected to end in June 2016. The overall goal of the initiative is to increase access to dental care for 13,000 children ages 0-5 and perinatal women by establishing dental homes in 12 Federally Qualified Health Centers (FQHCs) countywide. It is intended to be a comprehensive sustainable model that uses integrated service delivery to link local healthcare providers, childcare providers and families of children 0-5. In FY 2015-16, the FQHCs will continue capacity building activities and will fully implement systems/infrastructure improvements needed to improve the quality and efficiency of dental services and operations and to integrate medical and dental services so that children can receive more comprehensive services. Funds for this initiative were advanced to the contractor, UCLA, the balance of which is anticipated to be fully spent by the end of FY 2015-16.

Parent Child Interaction Therapy (\$4,642,000)

The overall goal of the Parent Child Interaction Therapy (PCIT) initiative is to utilize an evidence-based behavioral family intervention model, PCIT, to reduce risk of abuse in families with young children with serious disruptive behavior disorders by expanding access for young children and their families' to PCIT services. This is being accomplished by increasing the number of PCIT-certified mental health providers in LA County and expanding the number and capacities of clinical programs

to provide PCIT services. Capacity will be developed within the workforce and service delivery organizations throughout Los Angeles County to provide PCIT services for families with children 0-5 specifically by providing training opportunities to mental health professionals on the PCIT model. This five-year initiative is anticipated to end in FY 2016-17, with approximately 20 new agencies and four mental health professionals at each agency expected to be trained each year. FY 2015-16 activities are geared at improving workforce development and service delivery for 2-5 year olds' with disruptive behaviors and their caregiver/parents, with training offered for both new and advanced providers.

Policy Advocacy Fund (\$2,194,000)

The Policy-Advocacy Fund (PAF) initiative is a continuing investment designed to support a variety of strategies in the policy and advocacy arena that help advance the First 5 LA Policy Agenda. Grantees vary in size and strategic approach, such as community based organizing, administrative advocacy, legislative advocacy. PAF funding has been implemented over two cycles, with grant awards ranging from three to five years in length. In FY 2015-16 there will be eight Cycle I and ten Cycle II grantees active that employ a variety of strategies and activities to support their advocacy projects, such as administrative advocacy and implementation support, policy issue identification and development, policy education and advocacy, and community engagement.

Reducing Childhood Obesity (\$15,462,000)

The Reducing Childhood Obesity initiative represents a continuing four-year investment intended to address the growing epidemic of childhood obesity that impacts children and their families. The project aims to contribute to the adoption, implementation, and strengthening of policies, and systems and environmental changes in multiple sectors including government agencies, businesses, health care, and other community settings. These changes will benefit large segments of the county population and, in particular, will reach deeply into communities most severely impacted by the obesity epidemic. It was determined through the expiring initiatives assessment process that this initiative does not align with the strategies outlined in the 2015-2020 Strategic Plan. However, it was recommended that the initiative be extended for one year through FY 2016-17 in order to spend the balance of the funding allocation to achieve the project objectives, with no expectation that modifications will be made to align activities with the Strategic Plan. FY 2015-16 resources will support costs related to various direct services, public education, provider capacity building, community skill-building and policy/environmental change strategies.

Universal Assessment of Newborns (\$8,785,000)

The Universal Assessment of Newborns initiative aims to identify families at greatest risk/need and link them to supportive services by implementing a universal risk screening of all new parents at the birth of their child and providing up to three home visits, as needed, to offer basic supports and ensure linkages to needed services. This initiative is integrated with the Welcome Baby program implementation, with services delivered by the same hospital providers participating in Welcome Baby, and is an integral component of the 2015-2020 Strategic Plan and in alignment with the Families outcome, with a focus on increasing family protective factors. The target population for this initiative is the estimated 112,000 annual LA County births outside of First 5 LA's 14 Best Start communities. Program costs are anticipated to be higher in FY 2015-16 due to the addition of additional providers and expected increases in program enrollment.

Workforce Development (\$2,522,000)

The Workforce Development initiative is comprised of the continuing Comprehensive Approaches to Raising Education Standards (CARES) Plus and the Prenatal to Five (P-5) Workforce Development Core Competencies programs. CARES Plus is a professional development program designed to increase the quality of early learning programs for children 0 to 5 and their families by supporting the education and preparation of an effective, well-compensated and diverse early learning workforce. FY 2015-16 represents the final year of CARES Plus funding.

P-5 Workforce Development Core Competencies seeks to expand the Prenatal to Three Core Competencies to reflect content for professionals serving expectant parents and children 0-5. The Cross-sector Core Competencies identify the knowledge, skills and attitudes needed by professionals across the early care and education, early intervention, mental health, physical health and social services sectors. FY 2015-16 represents the third year of a five-year project spanning from 2013 to 2018. While the project does not have a multi-year allocation, the contractor was awarded an overall amount based on the expected five-year lifespan of the project. The decrease in funding needed for FY 2015-16 relative to the prior year is because there were greater needs in FY 2014-15 due to the development of online training.

Workforce Development – ECE Workforce Consortium (\$12,798,000)

The ECE Workforce Consortium creates an opportunity for collaboration among stakeholders across LA County to provide and improve available training and professional development to a wide spectrum of the current and potential ECE workforce. The project aims to increase the quality of early learning programs for young children by supporting the recruitment, education, preparation and retention of a diverse, high quality workforce. As the lead agency, LAUP ensures the continuation of collaborative efforts and promote recruitment and retention. Although FY 2015-16 represents the final year of the original project timeframe, this initiative was approved through the expiring initiatives assessment process to continue beyond FY 2015-16 in order to spend the funds remaining from the original allocation, dependent on the alignment of activities to the 2015-2020 Strategic Plan. The ECE Workforce Consortium is reflected in the Legacy Investment category because the work to be conducted during FY 2015-16 reflects a continuation of ongoing work, with no anticipated alignment of FY 2015-16 activities to the new Strategic Plan

3. RESEARCH AND EVALUATION

These include projects that align with and contribute to the outcomes and strategies of the 2015-2020 Strategic Plan, as well as ongoing projects aligned to our legacy investments. Proposed resources are based on the analysis presented to the Commission in March 2015 by the Research and Evaluation team and demonstrate First 5 LA's commitment to learning from our current and past investments. The Research and Evaluation Department is in the process of developing the Monitoring, Evaluation and Learning (MEL) Framework, which provides a comprehensive structure for organizing First 5 LA's Research and Evaluation activities. The transition to the new framework will occur during FY 2015-16 and may result in changes to how these items are categorized in the context of the fiscal year budget.

Data Development & Integration (\$2,527,000)

The Data Development & Integration initiative is a combination of the programs from FY 2014-15 that comprised the Data Systems Integration and the Data Development initiatives. For FY 2015-16, the costs for this initiative are driven by the following:

- Los Angeles Mommy and Baby (LAMB) Project (\$260,000) – This project is a mail-in survey, conducted by the Los Angeles County Department of Public Health (DPH), that is used to collect data on mothers and children in Los Angeles County. Its main objectives are to better understand the causes of poor birth outcomes in L.A. County, identify areas where help and resources are needed the most and improve the health and human services of future mothers and babies in the county. First 5 LA provides partial funding for the survey administration and analysis to increase our knowledge of new mothers in L.A. County and to improve the way we support that population. Specifically, since the new Strategic Plan places an emphasis on the use of data, the LAMB data can be mined to answer population level questions about LA County mothers.
- Stronger Families Database (\$880,000) – The Stronger Families Database is the administrative structure to track the clients served by the Welcome Baby and Select Home Visiting programs, which are a critical component of the 2015-2020 Strategic Plan. The FY 2015-16 budget will support and continue the build-out of the Database, which includes client-level data on services, screening, and assessments.
- WIC Data Mining Research Partnership (\$320,000) – In an effort to collect critical data about low-income families with children aged 0–5 in LA County, First 5 LA partnered with PHFE-WIC (WIC) to create the Data Mining Project. Since the new Strategic Plan places an emphasis on the use of data, this partnership can provide both county-level and community-specific data to inform the strategic planning implementation process.
- Workforce Registry (\$581,000) – This project continues to support the Child Care Alliance of Los Angeles (CCALA) to operate the offices of the Early Care and Education (ECE) Workforce Registry, which is aligned with the 2015-2020 Strategic Plan and is a proposed strategy within the ECE outcome area in an effort to strengthen the professional development system for ECE providers. CCALA will monitor and manage Registry data, provide technical support to Registry users, outreach to potential Registry users, support the ongoing development and refinement of the data system and pursue data sharing agreements with state and county agencies to expand the Registry to an increased number of users.

Program Evaluation (\$4,240,000)

Program Evaluation is the largest of the Research and Evaluation initiatives and is focused on both accountability and learning. The purpose and focus of the evaluations differ depending on the scale of the program being evaluated, the maturity of the program, as well as the capacity and resources of the grantees/contractors implementing the program to support evaluation and learning. Evaluation activities range from collecting and reporting common data from all grantees and contractors on services that were implemented as well as data on the recipients of those services to designing highly rigorous implementation and outcome evaluations of First 5 LA's flagship projects. For FY 2015-16, the costs for this initiative are driven by the following:

- Best Start Evaluation (\$285,000) – This project consists of two components, the completion of the developmental evaluation—which will describe the ongoing development and evolution of Best Start as related to the core results in the BSFF—and preparation for a separate comprehensive evaluation of Best Start.
- Obesity Prevention & Nutrition Collective Impact Evaluation (\$720,000) – First 5 LA partnered with a contractor to evaluate the collective impact of our nutrition and physical activity investments to help reduce early childhood obesity in LA County. The funds will be used to finalize the evaluation plan, obtain IRB approval, recruit and enroll participants, collect data, generate dissemination plans, and general project management. While the 2015-2020 Strategic Plan did not identify obesity prevention as a priority, the focus of this evaluation is on learning from the strategies that do align with the refined strategic approach (i.e., systems and policy change and community capacity building). Additionally, the Strategic Plan has identified moving forward with Collective Impact approaches to the work of First 5 LA, and this evaluation represents an initial effort to examine our investments using this approach.
- Professional Development Program Evaluation (\$1,501,000) – This evaluation is related to and will inform the ECE outcome area of the 2015-2020 Strategic Plan, specifically the strategy to “strengthen the professional development system for early care and education providers.” Findings from this evaluation will provide information about the ECE workforce and professional development system in LA County as well as evidence to support potential activities.
- Professional Development System Study (\$340,000) – This study seeks to gain an understanding of the current state of the ECE professional development system in the County to inform First 5 LA's professional development system improvement efforts in the Strategic Plan. FY 2015-16 funds will be used to finalize the evaluation plan, convene an advisory group, develop data collection protocols, gain IRB approval, collect data, conduct a literature review, conduct preliminary data analyses, and disseminate preliminary findings.
- Welcome Baby Impact Study (\$275,000) – The purpose of the Welcome Baby Impact Study is to determine if participation in Welcome Baby leads to changes in expected maternal and child variables. The study is expected to provide information to a variety of stakeholders about the effectiveness of Welcome Baby and is an integral part of the portfolio of evaluations being used to build an evidence-base to support sustainability efforts.
- Welcome Baby Implementation & Outcomes Evaluation (\$515,000) – This evaluation seeks to generate implementation and participant outcome findings that can be used by a broad array of Welcome Baby stakeholders when making decisions and mid-course corrections related to the program. As with the Welcome Baby Impact Study, this evaluation is part of the portfolio of evaluation efforts being used to improve and better understand Welcome Baby and to help support sustainability efforts.

4. INTERNAL OPERATIONS

Based on an analysis of historical spending for the past three fiscal years and projected expenditures through June 2015, as well as anticipated needs for FY 2015-16, the Proposed Budget includes approximately \$20.8 million for First 5 LA operating costs.

The \$20.8 million represents an increase of \$1.4 million, or 7.4% from the FY 2014-15 budget primarily due to the approval during FY 2014-15 of management recommendations related to the comprehensive compensation study of First 5 LA, including adjustments to bring employee compensation in alignment to the new compensation structure and philosophy and an enhancement to the retirement benefits offered by the organization. In addition, various position changes during FY 2014-15 and the addition of new positions for FY 2015-16 also increased the overall cost of personnel.

OPERATING COST CATEGORY	FY 2014-15 Budget				Proposed	
	Original		Revised		FY 2015-16 Budget	
Personnel Services	\$ 15,238,672	79%	\$ 14,757,141	76%	\$ 16,367,981	79%
General Operating Expenses	1,509,250	8%	1,395,100	7%	1,398,990	7%
Professional Services	722,846	4%	718,246	4%	714,900	3%
Consultant Services	1,394,900	7%	1,865,900	10%	1,733,500	8%
Travel & Meeting Expenses	329,511	2%	458,793	2%	458,991	2%
Capital Improvements	160,000	1%	160,000	1%	120,000	1%
Total Operating Costs	\$ 19,355,179	100%	\$ 19,355,180	100%	\$ 20,794,362	100%

During the L3 process as we “listened and learned,” we undertook important activities to identify ways to strengthen internal capacity, and thus, ensure First 5 LA is positioned to deliver on its mission and advance the Commission’s priorities. Based on the findings of L3, the employee engagement survey, and the ongoing organizational alignment work, staff and leadership have identified a number of priorities to support staff development and organizational capacity to execute:

- Staff training professional development: A clear and consistent finding of L3 and the employee engagement survey is the need for organization-wide staff training and development. To that end, resources are included to support professional development activities in relevant content and skills-based training opportunities, conference attendance and educational materials. As First 5 LA transitions to new investment priorities and undergoes an expected organizational realignment during FY 2015-16, these resources will be critical to ensure that staff are well equipped to perform the key job functions needed to advance the desired outcomes outlined in the Strategic Plan.
- Consulting services for continued organizational development and implementation of strategic planning efforts: As the strategy refinement process continues, we will maintain though scale back our existing relationships with strategic planning and organizational development consultants. These resources support the agency’s ability to coordinate, align, and sequence the strands of activity—strategy, staffing, business processes and structure—to effectively execute the new Strategic Plan.
- Position changes: Given the shift in organizational emphasis, the FY 2015-16 operating budget includes several position changes and additions, determined by management as essential to effective implementation of the new Strategic Plan. Additional changes are expected as the organizational transformation process evolves. These changes will be informed by organizational development processes underway and incorporated into mid-year budget adjustment recommendations to the Board.
- Implementation of compensation study recommendations: First 5 LA’s leadership commissioned a compensation study as directed by the Commission in 2012. Management

recommendations—informed by the results of this study and by a Commission-approved compensation philosophy to ensure internal equity in job content and pay, external competitiveness to attract and retain strong talent, alignment with competitive and best-practice compensation methods, and incentives for high-performing employees—were approved by the Commission during FY 2014-15. As approved by the Board, the resources to implement the second phase of salary compensation adjustments, as well as other components of the approved recommendations are reflected in the FY 2015-16 operating budget request

Attachment D provides further detail on the operating budget request by internal division and department, based on the existing organizational structure.

Highlights and Assumptions:

The total \$1.4 million net increase is driven by an increase in Salaries and Employee Benefits (S&EB), offset by decreases primarily in Consultant Services. As shown in the summary tables and departmental budgets in Attachment D, the budget includes many increases and decreases within individual departmental budgets, and the following are highlights of the major spending categories.

Salaries and Employee Benefits

Approximately \$16.4 million, or 78.7%, of the total \$20.8 million in operating costs is for S&EB. This represents an increase of about \$1.6 million, or 10.9% over the current fiscal year. A complete schedule of authorized positions may be found in Attachment A. Of the increase, approximately \$292,000 is due to the inclusion of resources to support a potential 3% merit pool based on ongoing work surrounding one of the remaining recommendations from the compensation study. The overall application of this merit pool will evolve as the organizational transformation process continues into FY 2015-16. In addition, we accounted for anticipated employee turnover by incorporating an estimated 3% attrition rate into the budgeted S&EB figures.

The remainder of the change is primarily related to the second phase of the salary adjustments approved during FY 2014-15 based on the compensation study recommendations (approximately \$211,000), the approved modification to the retirement benefits offered by First 5 LA (approximately \$379,000), and new positions included as part of the FY 2015-16 budget, as detailed in the table below (approximately \$620,000). Management asserts that position changes made during the course of the fiscal year are appropriate based on identified business need, to the extent that the organization expects to remain within the overall approved budget amount for the fiscal year. New and vacant positions are budgeted at 92.5% of the mid-range salary for the applicable classification level for a given position.

FY 2015-16 BUDGET: NEW POSITIONS		
Department	Position	Estimated Fiscal Impact
Policy & Intergovernmental Affairs	Policy Analyst II	\$ 77,000
	Program Officer II	77,000
	Senior Policy Analyst	85,000
	Senior Policy Program Officer	85,000
Communications & Marketing	Communications Officer II	70,000
	Social Media Coordinator	63,500
Contract Compliance	Contract Compliance Officer III	85,500
Human Resources	Human Resources Generalist	77,000
Total Estimated Fiscal Impact of New Positions		\$ 620,000

General Operating Expenses

General operating expenses comprise \$1.4 million, or 6.7% of the total proposed operating costs of \$20.8 million. This is a net increase of approximately \$93,000 related to an increase in costs related to hardware and software maintenance, as well as the reinstatement of a contingency that was reduced during the FY 2014-15 mid-year adjustment process, offset by additional decreases in other areas.

Professional Services

The budget includes approximately \$715,000 to support Professional Services, representing 3.4% of total proposed operating costs and a small decrease from the FY 2014-15 funding level. Consistent with FY 2014-15, these resources include funds related to findings from the employee engagement survey and L3 pointing to the need for more workforce professional development and training. As noted previously, these resources will be critical to ensure that staff are well equipped to perform the key job functions needed to advance the new work in order to achieve desired outcomes as First 5 LA transitions to a refined strategic focus and undergoes an anticipated organizational realignment during FY 2015-16.

Consultant Services

The budget includes approximately \$1.7 million for Consultant Services, representing 8.3% of total operating costs and a decrease of approximately \$132,000, or 7.1% from FY 2014-15. Major components of this budget include the following:

- Office of Strategic Planning and Implementation: The budget includes funding for consultant needs related to continued implementation efforts for the 2015-2020 Strategic Plan, including organizational alignment activities.
- Human Resources: The budget includes resources to support the current work underway to support the organizational development efforts, including the development of and training for a performance management system, a long-term needs assessment to support internal capacity, and executive recruitment, as well as the ongoing needs of the department.
- Information Technology: Resources will support improvements to First 5 LA's financial system, budget system and SharePoint, as well as ongoing programming needs.

Travel and Meeting

Travel and Meetings costs comprise 2.2% of the proposed operating costs at approximately \$459,000, representing a minor increase from the revised funding level for FY 2014-15.

Capital Improvements

The budget includes \$120,000 for purposes of capital improvements, a decrease of \$40,000, or 25.0% from FY 2014-15. This decrease is because funding in the FY 2014-15 was for anticipated one-time projects that are no longer applicable for FY 2015-16.

ATTACHMENT C:

PROGRAM REQUEST –
DETAIL BY PROGRAM
(change pages only)

Proposed Budget Fiscal Year: 2015 - 2016

Initiative	Investment Category
Children's Dental Care	Legacy Investments

Program Name	Prior Year Revised Budget	Revised Budget	Variance
Children's Dental Care Program	\$8,451,000	\$10,656,000	0.2609

Program Summary

The Children's Dental Care Program (CDCP) funds three Strategic Partnerships with the University of California Los Angeles (UCLA), University of Southern California (USC) and Western University (additional programmatic detail for each is provided below), with a total allocation of \$38 million across 5 years. FY 14-15 was the second year of the project, with the majority of the activities related to direct services as well as planning and setting up the infrastructure. FY 15-16 will focus on providing direct oral health services to children ages 0-5, parent education and provider training. The program also requires collaboration across the three schools. FY 15-16 will continue these collaboration activities through quarterly meetings focused on program evaluation and sustainability.

In addition, by the end of the 5-year contract period, CDCP aims to:

- 1) Increase knowledge and behavior change among parents and primary caregivers;
- 2) Increase knowledge and behavior change among community organizations;
- 3) Increase knowledge, skill level and practice change among dental providers;
- 4) Increase access to quality preventative and treatment services provided to children ages 0-5; and
- 5) Improve organizational/delivery systems.

UCLA: expands the 21st Century Dental Home Project model to 10 community clinics to serve as quality dental homes for children 0-5 and pregnant women. The program will provide preventative and treatment services at the clinics, conduct clinical and ECE provider training, and support capital improvements for the UCLA -Venice Family Clinic Mar Vista to provide services and serve as a service-learning site.

USC: expands access to oral health services in LA County, by providing preventative dental care to children from birth through age five, with a referral to a dental home. The project utilizes a case management model that consists of interns from the USC School of Social Work, an oral health promotora and a Benefits Enrollment Specialist to address access to oral health care for underserved children.

Western: provides preventative and treatment dental services for children ages 0-5 in school-based settings. In addition, dental students will be exposed to pediatric populations in non-traditional settings providing necessary preventative and comprehensive services.

Spending Plan and Funding Methodology

Main activities during this period will include providing direct services to children, provider training and technical assistance, capital costs for office and dental space and other infrastructure needed to provide direct services. It is expected that in FY 15-16, the majority of the costs will be associated with program implementation (personnel, dental equipment/supplies, training and contracted services).

The funding level for the year was estimated based on cost projections submitted by each of the universities as well as historical data for actual expenditures for the year. The estimated budgets are based on actual costs to provide services which include staff, supplies, dental equipment, training, etc. In addition, the projected budget assumes that all programs will be operating at full capacity and there are no-delays in programming/operating. Estimates are as follows:

UCLA: \$3,400,000
 USC: \$4,394,000
 Western: \$1,466,000

UPDATE: For the updated June budget, these estimates were revised upward by \$1,396,000 to account for final negotiated contracts that were higher than original budget estimates. For USC, the increase (\$188,000) was due to higher than anticipated costs required to open a new pediatric dental clinic in collaboration with LA County. For Western University, the increase (\$1,208,000) was due to revised estimates related to additional project sites and higher numbers of children, parents and providers expected to be served during FY 2015-16.

Proposed Budget Fiscal Year: 2015 - 2016

Initiative	Investment Category.
Children's Vision Care	Legacy Investments

Program Name	Prior Year Revised Budget	Revised Budget	Variance
Children's Vision Care	\$1,342,000	\$1,341,000	-0.0007

Program Summary

The Children's Vision Care Program aims to improve the vision and school readiness of preschool children. Services include vision screening and eye examinations at preschool, community events, and youth service organizations. Children receive free prescription eyeglasses if needed. The program started in FY 12-13 with University of California Los Angeles (UCLA) serving as the sole grantee. The program was expanded in FY 13-14 to fund two additional grantees, Vision to Learn and Junior Blind of America. A total of \$5.6 million has been allocated to the Children's Vision Care Program.

Spending Plan and Funding Methodology

The requested funding level was determined based on a cost-per-child, which varies by grantee. Each project provides a varying degree of vision services which affects the total cost per child. The following highlights each project's cost-per-child and what contributes to that cost.

1. UCLA provides vision care services to preschool children that include vision screenings at preschool sites, eye examinations on the UCLA Mobile Eye Clinic, referrals to specialists, and prescription eyeglasses if needed. The project anticipates to screen 21,800 children at \$45.40/child for a total estimate of \$989,720, rounded up to \$990,000.
2. Vision to Learn (VTL) provides vision care services to children ages 2-5 that include vision screenings, eye examinations on the Vision to Learn mobile eye clinic, referrals to specialists, and prescription eyeglasses if needed. For the initial vision screening, VTL provides vision screenings for children at youth service organizations, parochial schools, and community events. VTL subcontracts with LAUSD to perform vision screenings for children in preschool and transitional kindergarten. The project anticipates to screen 6,600 children at \$45.40/child for a total estimate of \$299,640, rounded up to \$300,000.
3. Junior Blind of America (JBA) provides vision care services to children ages 2-5 that include vision screenings at preschools and health fairs, eye examinations, referrals to specialists, and prescription eyeglasses/patching if needed. JBA subcontracts for eye examinations. The project anticipates to screen 3,075 children at \$34/child for a total estimate of \$104,550, rounded up to \$105,000. JBA's rate/child is less than VTL and UCLA because the eye exam is sub-contracted to another entity.

The total FY 15-16 funding level requested for Children's Vision Care is estimated to be approximately \$1,395,000.

UPDATE: For the updated June budget, this estimate was revised downward by \$54,000 to account for final contract negotiations that came in below original budget estimates.

Change from Prior Year (if >+-20%)

Proposed Budget Fiscal Year: 2015 - 2016

Initiative	Investment Category.		
Communities: Place-Based - Community Capacity Building	2015-2020 Strategic Plan: Focusing for the Future		
Program Name	Prior Year Revised Budget	Revised Budget	Variance
Partnership Capacity Building	\$2,203,000	\$2,933,000	0.3313

Program Summary

Note that this was included in the FY 14-15 budget under the Program name "LBD: Partnership Capacity Building and Planning."

This program is aligned with Strategy 1 of the Communities outcome area of the 2015-2020 Strategic Plan that calls to fund training and technical assistance (TA) to ensure that the existing 14 Best Start Community Partnerships become high-functioning, results focused and sustainable. Specifically, this strategy calls for the selection of contractors with experience in the six core capacities for a training and TA pool.

The proposed community capacity building approach is based on lessons learned from the implementation of the BSFF and "Learning by Doing" (LBD) process in FY 14-15. After an analysis of the current resources provided to each Community Partnership, staff has determined that a more focused and strategic approach is necessary to strengthen community capacity building efforts and align with the Year 1 process milestone of the Communities Outcome area of the 2015-2020 Strategic Plan.

The Year 1 process milestone emphasizes capacity building in three of the six core capacities (i.e. inclusive governance, effective collaboration, and building neighborhood capacities). A focus on these measures requires training and technical assistance in areas such as parent/resident leadership, demographic diversity, stakeholder representation/participation, communication systems, and community investments/assets/resources. In addition to these capacities, there is a need to and lay the foundation to support evaluation and learning with a focus on the Community Partnerships' understanding, tracking, and disseminating data on LBD performance measures. Moreover, as the Community Partnerships continue implementation of LBD activities, staff is proposing to have a pool of content-specific training and technical assistance providers (e.g., policy and advocacy, early care and education, built environment, information, resource and referral, etc.) that the Partnerships can access as needed.

The capacity building supports identified below support the areas of anticipated growth in the three core capacities as well as the need for evaluation capacity building and content-specific training and technical assistance, with emphasis on strengthening the implementation of LBD activities. These supports also represent a shift in how resources are distributed to the Community Partnerships to achieve the Year 1 process milestone and lay the foundation to achieve the five-year objective to ensure that Community Partnerships become high-functioning, results-focused and sustainable.

(1) CENTER FOR THE STUDY OF SOCIAL POLICY (CSSP): Contract renewal for CSSP through June 30, 2016 to provide support specifically to the 14 Partnerships in developing milestones in three core capacities (inclusive governance, effective collaboration, neighborhood capacities) and implementing action steps around those milestones to strengthen Community Partnership members' knowledge and skills through direct experience, self-reflection, learning and improvement.

(2) CAPACITY BUILDING ASSISTANCE CONTRACTOR(S): To provide comprehensive support to the Community Partnerships, LBD contractors, and external entities associated with the long-term support of Best Start (i.e. long-term business model). The purpose is to strengthen community leadership, promote effective collaborations, support inclusive community governance, build organizational capacity to support LBD and Community Partnerships, and advance results-focused actions to achieve the BSFF core results. Contract start date anticipated in April 2016 to support the onboarding, ramp-up and community relationship-building to strengthen the transition to a long-term capacity building support for Best Start in Years 2-5 of the FY2015-2020 Strategic Plan.

(3) NETWORK OF LOCAL TRAINING AND TECHNICAL ASSISTANCE PROVIDERS: Resources that Community Partnerships can access for customized, content-specific, and time-limited assistance to address an identified need, especially as it relates to Learning by Doing projects (e.g., policy and advocacy, early care and education, built environment, information, resource and referral, etc.).

(4) DATA & LEARNING SUPPORT: Contractor(s) to provide training and technical assistance for LBD contractors

Proposed Budget Fiscal Year: 2015 - 2016

Initiative	Investment Category
------------	---------------------

Communities: Place-Based - Community Capacity Building	2015-2020 Strategic Plan: Focusing for the Future
--	--

and Community Partnerships to develop and track performance measures.

(5) BUSINESS ENGAGEMENT

The business community is an important stakeholder as communities seek to ensure that communities are family-supporting. A crucial component of the long-term sustainability of Best Start Communities (BSC) is engaging businesses as key stakeholders. In FY 14-15, a business engagement pilot was implemented in South El Monte/El Monte and funded through the First 5 LA Public Affairs Department. This has demonstrated initial strong success and the FY 15-16 budget reflects the continuation of this work as follows:

SEM/EM Business Engagement: Maintain current efforts, including direct support of the Communications Workgroup meetings, business engagement events, relationship building with the business community, and continued development and refinement of model for expansion to all Best Start communities.

Best Practices and Scalability: Support from contractor to develop and produce an analysis that examines and shares best practices and explores feasibility of scaling pilot across all 14 communities. This analysis will include a landscape analysis of the remaining 13 communities.

Support for Business Outreach and Engagement: Budget includes collateral materials (e.g., business cards, pitch packets), event participation fees (e.g., Chamber mixers, conferences), and membership dues.

(6) LEARNING EXCHANGES

Best Start Learning Community: Quarterly convene cross-partnership members to participate in peer-to-peer learning interactions to establish a vital flow of information regarding common experiences that promote and build knowledge. Topics include: sharing promising practices, communications and outreach, parent engagement, regular updates on milestones reached in funded LBD activities, and collective impact efforts.

Regional and Cross-Partnership exchanges and visits: BSC will encourage and promote learning exchanges by region. As a result of meeting quarterly at the Learning Community events, community members want to meet regionally to strengthen their connections, learning, and efforts to impact regional issues. Additionally, community members are interested in initiating partnership visits to learn more about specific partnership strategies such as stakeholder engagement, governance and outreach. BSC will support these cross-partnerships visits to encourage self-directed partnership peer-to-peer learning and networking.

Conference Attendance: Budget estimates include conference fees and travel costs for Partnership members to attend and/or present at conferences related to achieving the core results through a place-based approach.

Spending Plan and Funding Methodology

FY 15-16 budget estimates were developed based on the following methodology:

(1) Center for the Study of Social Policy (CSSP) (\$1,775,000 TOTAL rounded)

Based on historical expenditures from FY2014-15 budget and projected scope of work for FY2015-16. Costs associated with personnel, supplies, and services. Major cost drivers are: a) capacity builders providing 60 hours of support per month per community; and b) management and oversight of capacity builders to ensure continuous quality improvement.

a. Capacity Builders = 60 hours x \$110 per hour x 12 months x 14 communities = \$1,108,800

b. Management of Capacity Building = 2 managers x 1,957 hours x \$123.75 per hour = \$242,179

c. Personnel, supplies, mileage and travel, space, indirect costs = \$424,008

Total cost = \$1,774,987 (rounded to \$1,775,000)

(2) Capacity Building Assistance Contractor(s) (\$300,000 TOTAL)

Three months (April 2016-June 2016) of resources to support the onboarding, ramp-up and community relationship-building to strengthen the transition to a long-term capacity building support for Best Start. Projected spending these three months is based on FY2014-15 budget for community capacity building contracts to support Community Partnerships' leadership development, data and learning, and communications.

Total = \$300,000

Proposed Budget Fiscal Year: 2015 - 2016

Initiative	Investment Category.
Communities: Place-Based - Community Capacity Building	2015-2020 Strategic Plan: Focusing for the Future
<p>(3) Network of local training and technical assistance providers (\$497,000 TOTAL) Estimated costs reflect a flexible source of funding for specialized training and technical assistance that can be accessed on an as-needed basis. $\\$35,500 \times 14 \text{ Partnerships} = \\$497,000$</p> <p>(4) Data & Learning Support (\$147,000 TOTAL) Projects costs based on data and learning support provided as part of the BSFF Implementation Plan approved in November 2013. $70 \text{ hours per community} \times \\$150 = \\$10,500$ $\\$10,500 \times 14 \text{ communities} = \\$147,000$</p> <p>(5) Business Engagement (\$129,000 TOTAL rounded) Projected costs of \$129,200 based on current work in Best Start SEM/EM</p> <ul style="list-style-type: none"> • Direct support to workgroup (meetings, events): $\\$100/\text{hour} \times 36 \text{ hours per month} = \\$3,600 \times 12 \text{ months} = \\$43,200$ • Relationship building with business community: $\\$100/\text{hour} \times 10 \text{ hours per month} \times 12 \text{ months} = \\$12,000$ • Ongoing alignment with BSFF and all Best Start efforts: $\\$100/\text{hour} \times 5 \text{ hours per month} \times 12 \text{ months} = \\$6,000$ • Support for Business Outreach and Engagement: Budget includes collateral materials (e.g., business cards, pitch packets), event participation fees (e.g., Chamber mixers, conferences), and membership dues: \$8,000 • Best practices and scalability: $\\$150/\text{hour} \times 20 \text{ hours per month} \times 12 \text{ months} = \\$36,000$ • Landscape Analysis: Technical assistance for $\\$150/\text{hour} \times 13 \text{ hours per month} \times 12 \text{ months} = \\$24,000$ (rounded) <p>(6) Learning Exchanges (\$85,000 TOTAL) Learning Communities: Program planning, co-design and facilitation assistance with the Learning Communities: $20 \text{ hours per month} \times 10 \text{ months} \times \\$150/\text{hour} = \\$30,000$</p> <p>Regional and Cross-Partnership Exchanges: Program planning, implementation and facilitation assistance with (3) Regional Exchanges and 7 community initiated Cross-Partnership visits: $15 \text{ hours per month} \times 12 \text{ months} \times \\$150/\text{hour} = \\$27,000$</p> <p>Conference Attendance: Expenses for this line-item with registration and travel costs (i.e., mileage and parking) and are calculated at: $14 \text{ Partnerships} \times \\$2,000 = \\$28,000$</p>	
Change from Prior Year (if >+-20%)	

During the FY 14-15 mid-year budget adjustments, this funding area was increased as a result of a need for additional resources to assist the Community Partnership members in completing the LBD process. For FY 15-16, staff anticipates an increase in this area due to the following:

- Contract renewal for CSSP to increase support to the Community Partnerships around the three core capacities.
- Added capacity building supports by other/local organizations.
- Data & Learning Support is a new line-item for FY 15-16.
- For FY 14-15, funds for Business Engagement were expensed from the Cross-Communities Marketing and Communications budget and only for one pilot community (i.e., South El Monte/El Monte). For FY 15-16, funds will be reflected in the Capacity Building budget and will include support to continue working with SEM/EM, as well as an analysis of best practices and scalability across all 14 Best Start communities.
- Launch of a comprehensive capacity building assistance approach to support the Community Partnerships, LBD contractors, and external entities selected as part of the long-term support structure for the Community Partnerships.

Proposed Budget Fiscal Year: 2015 - 2016

Initiative	Investment Category.
Data Development and Integration	Research & Evaluation

Program Name	Prior Year Revised Budget	Revised Budget	Variance
Los Angeles County Health Survey	\$1,019,000	\$108,000	-0.8940

Program Summary

Given the 2015-2020 Strategic Plan's emphasis on the importance of using data to inform the work of First 5 LA, the Los Angeles County Health Survey (LACHS) data can be mined to answer population level questions about LA County children and families in an effort to support the work and outcomes defined by the Strategic Plan. LACHS functions as a primary vehicle for gathering population-based information about access to health care, health care utilization, health behaviors, health status, and knowledge and perceptions of health-related issues among the LA County population. Along with other funders, First 5 LA funds the LACHS for as a way to obtain population-based data on the health and well-being of children 0-5 and their families in LA County.

Spending Plan and Funding Methodology

One deliverable from FY 14-15 was not completed during the fiscal year and is being carried over into FY 15-16. Approximately \$28,000 is the amount originally allocated for that deliverable in the negotiated contract. For this deliverable, a Quantitative Modeler will analyze survey data and produce brief(s) of interest to First 5 LA.

UPDATE: For the updated June budget, this estimate was revised upward by \$80,000 to account for an additional deliverable originally due in June 2015 that will not be completed until July, as data collection has taken longer than originally anticipated. This requires a shift in funds from FY 2014-15 to FY 2015-16 to account for the delay.

Change from Prior Year (if >+-20%)

FY 14-15 was a data collection year, resulting in a high budget. The contractor completed data collection in FY 14-15, with the exception of one deliverable that will carry over into FY 15-16.

Proposed Budget Fiscal Year: 2015 - 2016

Initiative	Investment Category.
Program Evaluation	Research & Evaluation

Program Name	Prior Year Revised Budget	Revised Budget	Variance
Professional Development Program Evaluation	\$2,565,000	\$1,501,000	-0.4148

Program Summary

This evaluation is related to and will inform the Early Care and Education (ECE) outcome area of the 2015-2020 Strategic Plan, specifically the strategy to “strengthen the professional development system for early care and education providers.” Findings from this evaluation will provide information about the ECE workforce and professional development system in LA County as well as evidence to support potential activities. Results from the study can be used by numerous stakeholders, including policy makers and other funders. In addition, results will provide information about outcomes for early educators related to their participation in First 5 LA-funded professional development programs, personal characteristics, aspects of the workplace, etc.

The Professional Development Evaluation will continue to fund Mathematica Policy Research to conduct a longitudinal evaluation of the effectiveness of five professional development (PD) programs in First 5 LA’s ECE Workforce Development Portfolio. Four of the five programs are implemented through subcontract with LAUP through the ECE Workforce Consortium and are part of First 5 LA’s overall investment in the ECE workforce. The five PD programs that are a part of the evaluation include:

- (1) Child Development and Education Workforce Initiative (CDWFI)
- (2) A Stipend Program for Early Educators (ASPIRE aka CARES Plus)
- (3) Family Child Care Higher Education Academy (aka Project Vistas)
- (4) Gateways for Early Educators
- (5) Early Childhood and Education Professional Learning Communities (ECEPLC)

Spending Plan and Funding Methodology

The funding level requested for FY 15-16 was determined by using the estimated cost per deliverable (for those deliverables expected for FY 15-16) as detailed in the complete 3-year, 7-month Scope of Work submitted for the original project proposal. Major activities include:

PARTICIPANT RECRUITMENT: \$130,000
 DATA COLLECTION (e.g., instrument development, participant incentives, travel): \$1,160,000
 DATA ANALYSIS: \$90,000
 DISSEMINATION OF FINDINGS (e.g., interim reports, study briefs, presentations): \$205,000
 PROJECT MANAGEMENT (e.g., bi-weekly calls, monthly progress reports): \$75,000
 Contingency, in case costs differ slightly from what is anticipated = 5%

 \$1,743,000

UPDATE: For the updated June budget, this estimate was revised downward by \$242,000 to account for final contract negotiations, which came in below original budget estimates.

Change from Prior Year (if >+-20%)

The most expensive evaluation activity (sample recruitment) took place in FY 14-15. The budget for FY 15-16 is therefore lower compared to the previous year.

Proposed Budget Fiscal Year: 2015 - 2016

Initiative	Investment Category.
Program Evaluation	Research & Evaluation

Program Name	Prior Year Revised Budget	Revised Budget	Variance
Welcome Baby Impact Study		\$275,000	0.0000

Program Summary

Welcome Baby and Select Home Visiting are key strategies in the Families Outcome Area of the 2015-2020 Strategic Plan. The Welcome Baby Impact Study is an integral part of the portfolio of evaluations being used to build an evidence-base for Welcome Baby to help support sustainability efforts.

The purpose of the Welcome Baby Impact Study is to determine if participation in Welcome Baby leads to changes in expected maternal and child variables. The Impact Study is expected to provide information to a variety of stakeholders about the effectiveness of Welcome Baby and to support sustainability efforts (e.g. Pay for Success). This evaluation was included in the Home Visiting Evaluation line item budget in FY 14-15. The original amount included in the previous budget was \$5,000 for reviewer costs but was reduced to \$0 during the mid-year adjustments since the project did not begin during the fiscal year.

Spending Plan and Funding Methodology

Anticipated contractor activities for FY 15-16 include orientation and planning meetings, hospital engagement, instrument piloting, travel and general project management.

The program costs for the Welcome Baby Impact Study were estimated by identifying potential tasks the contractor will engage in during FY 15-16 and making educated assumptions about the hours required to complete those tasks. Direct costs (e.g. participant incentives) and travel costs were also included in the estimates. Breakdown of tasks and hours are listed below:

- RFP Reviewer Costs: \$4,500 (assuming 6 applications, 3 reviewers, with a payment of \$250 per application)
- Contractor Labor Costs: \$202,500 (approximately 2,025 hours at a rate of \$100/hr)
- Travel: \$33,000 (assumes contractor is not local - will be cheaper for local evaluators)
 - 6 trips @ \$5,000 = \$30,000
 - \$500/month for local traveling x 6 months = \$3,000
- Expert Consultant: \$120,000 (800 hours @ \$150/hour)

UPDATE: For the updated June budget, this estimate was revised downward by \$85,000 based on further analysis determining that fewer hours would be needed for FY 2015-16 than initially estimated, resulting in a reduction from the \$120,000 originally budgeted for expert consultant services.

Change from Prior Year (if >+-20%)

After the mid-year adjustments, the Welcome Baby Impact budget estimate for FY 14-15 was \$0, hence the increase in expected costs for FY 15-16. The project did not get started in FY 14-15 because the program was not deemed mature enough to warrant an impact study at the time.

Proposed Budget Fiscal Year: 2015 - 2016

Initiative	Investment Category.
Tot Parks and Trails	Legacy Investments

Program Name	Prior Year Revised Budget	Revised Budget	Variance
Tot Parks and Trails	\$1,934,000	\$660,000	-0.6587

Program Summary

This initiative will expire as scheduled by the end of FY 14-15 with the exception of one contractor remaining past June 30, 2015 to complete construction of two park projects (via a three-month no-cost extension).

Approved in November 2010, the three-year Tot Parks and Trails project seeks to create sustainable changes in communities to support increased physical activity and shifting to healthy and active living communities. More than 30 projects are to be implemented by public/private partnerships with a high level of community support. Examples of projects include: parks, sidewalks, trails, schools, workplaces, playgrounds, walkable neighborhoods, and indoor recreational facilities. Inclusion of projects in Best Start Communities is a component of the design of this investment with approximately half of the proposed projects to be completed in Best Start Communities.

The project has two main objectives:

1. Expand the number of play spaces for all young children including those with special needs and families residing in park-deficient communities; and
2. Improve play space safety for all young children and families in park-deficient communities.

Spending Plan and Funding Methodology

This initiative will expire by the end of FY 14-15 with the exception of one contractor continuing past June 30, 2015 to complete construction of two park projects (via a three-month no-cost extension). The FY 15-16 funding amount represents the estimated amount remaining as of June 30, 2015, which will be used to complete the two park projects.

UPDATE: For the updated June budget, this estimate was revised upward by \$310,000 based on updated data indicating the need to shift more resources from FY 14-15 to FY 15-16 to complete the two projects noted above that were delayed due to city and county permitting processes.

Change from Prior Year (if >+-20%)

The estimated FY 15-16 budget represents an 82% decrease because although this initiative will expire by the end of FY 14-15, one contractor will continue beyond June 30, 2015 to complete construction of two park projects (via a three-month no-cost extension).

ATTACHMENT D:

OPERATING REQUEST –
SUMMARIES AND
DETAIL TABLES
BY DEPARTMENT
(change pages only)

OPERATING COSTS SUMMARY FY 2015-16

	FY 2014-15		FY 2015-16			Variance from FY 2014-15
	Revised Budget	Estimated Expenditures	Variance	Draft Proposed Budget (May 2015)	Final Proposed Budget (June 2015)	
Personnel Services	11,347,496	10,147,754	1,199,742	12,387,038	12,387,038	1,039,542
Total Salaries	3,409,644	2,546,197	863,447	3,980,943	3,980,943	571,299
Total Employee Benefits	14,757,140	12,693,951	2,063,189	16,367,981	16,367,981	1,610,841
General Operating Expenses	30,000	27,000	3,000	31,000	31,000	1,000
ADP Payroll Charges	123,500	96,173	27,327	100,000	100,000	(23,500)
Workers' Compensation Insurance	160,000	153,000	7,000	155,000	155,000	(5,000)
Utilities	73,500	66,136	7,364	76,000	76,000	2,500
Corporate Insurance	63,150	37,203	25,947	61,850	61,850	(1,300)
Mileage and Parking	75,650	75,888	(238)	65,000	65,000	(10,650)
Telephones and Modems	70,620	32,896	37,724	52,250	52,250	(18,370)
Cell Phones and Mobile Devices	24,500	7,808	16,692	19,200	19,200	(5,300)
Outside Printing	12,150	-	12,150	12,150	12,150	-
Other Supplies	13,300	13,248	52	13,300	13,300	-
Postage and Delivery	5,600	2,175	3,425	5,300	5,300	(300)
Educational Supplies	67,980	35,831	32,149	83,980	83,980	16,000
Office Supplies	6,850	1,068	5,782	10,060	10,060	3,210
Subscriptions and Publications	120,000	120,000	-	118,200	118,200	(1,800)
Equipment Rental	195,000	147,129	47,871	180,000	180,000	(15,000)
Building Repairs and Maintenance	59,200	780	58,420	32,000	32,000	(27,200)
Equipment Repairs and Maintenance	20,600	12,110	8,490	23,700	23,700	3,100
Offsite Storage	166,500	124,160	42,340	258,000	258,000	91,500
Hardware and Software Maintenance	57,000	12,000	45,000	27,000	27,000	(30,000)
Miscellaneous Service Charges	50,000	-	50,000	75,000	75,000	25,000
Miscellaneous/Contingency	1,395,100	964,605	430,495	1,398,990	1,398,990	3,890
Total General Operating Expenses						
Professional Services	70,056	33,120	36,936	70,000	70,000	(56)
Audit	175,000	157,000	18,000	175,000	175,000	-
Legal	78,140	28,584	49,556	82,100	82,100	3,960
Professional Dues	50,000	50,000	-	50,000	50,000	-
First 5 California Association	246,550	23,701	222,849	210,800	210,800	(35,750)
Professional Development	34,000	12,072	21,928	25,000	25,000	500
Staff Recruitment	34,000	34,000	-	34,000	34,000	-
Commission Stipends	40,000	18,612	21,388	68,000	68,000	28,000
Human Resources Related Costs	718,246	357,089	361,157	714,900	714,900	(3,346)
Total Professional Services						
Consultant Services	1,622,400	804,437	817,963	1,381,000	1,491,000	(131,400)
Consultant Fees	239,500	238,246	1,254	237,500	237,500	(2,000)
Other Professional Fees	4,000	4,000	-	5,000	5,000	1,000
External Reviewers	1,865,900	1,046,683	819,217	1,623,500	1,733,500	(132,400)
Total Consultant Services						
Travel and Meeting Expenses	79,292	32,776	46,516	86,242	86,242	6,950
Airfare	15,000	4,893	10,107	40,000	40,000	25,000
Program Events	83,222	46,985	36,237	84,876	84,876	1,654
Lodging	82,485	67,477	15,018	89,485	89,485	6,990
Conference Registration	159,700	144,845	14,855	115,900	115,900	(43,800)
Local Meetings	39,084	21,616	17,468	42,488	42,488	3,404
Per Diem	458,793	318,592	140,201	458,991	458,991	198
Total Travel and Meeting Expenses						
Capital Improvements	160,000	95,535	64,465	120,000	120,000	(40,000)
Capital Outlay	160,000	95,535	64,465	120,000	120,000	(40,000)
Capital Improvements	19,355,179	15,476,455	3,878,724	20,684,362	20,794,362	1,439,183
Total Capital Improvements						
Total Operating Expenses						
	19,355,179	15,476,455	3,878,724	20,684,362	20,794,362	1,439,183

INFORMATION TECHNOLOGY

	Revised FY 2014-15 Budget	Estimated FY 2014-15 Expenditures	Draft Proposed FY 2015-16 Budget (May 2015)	Changes	Final Proposed FY 2015-16 Budget (June 2015)	Variance From FY 2014-15
Personnel Services						
Total Salaries	518,620	511,473	530,410	-	530,410	11,790
Total Employee Benefits	159,039	123,398	168,869	-	168,869	9,830
Total Personnel Services	677,659	634,871	699,279	-	699,279	21,620
General Operating Expenses						
6131 ADP Payroll Charges	-	-	-	-	-	-
6132 Workers' Compensation Insurance	-	-	-	-	-	-
6202 Utilities	-	-	-	-	-	-
6203 Corporate Insurance	-	-	-	-	-	-
6205 Mileage and Parking	1,000	288	1,000	-	1,000	-
6206 Telephones and Modems	75,000	75,000	65,000	-	65,000	(10,000)
6207 Cell Phones and Mobile Devices	45,000	16,737	20,000	-	20,000	(25,000)
6208 Outside Printing	-	-	-	-	-	-
6209 Other Supplies	-	-	-	-	-	-
6210 Postage and Delivery	-	-	-	-	-	-
6211 Educational Supplies	-	-	-	-	-	-
6212 Office Supplies	15,000	9,873	15,000	-	15,000	-
6214 Subscriptions and Publications	-	-	-	-	-	-
6218 Equipment Rental	-	-	-	-	-	-
6220 Building Repairs and Maintenance	-	-	-	-	-	-
6221 Equipment Repairs and Maintenance	20,000	780	10,000	-	10,000	(10,000)
6222 Offsite Storage	4,500	-	4,500	-	4,500	-
6223 Hardware and Software Maintenance	160,000	124,112	250,000	-	250,000	90,000
6230 Miscellaneous Service Charges	-	-	-	-	-	-
6231 Miscellaneous/Contingency	-	-	-	-	-	-
Total General Operating Expenses	320,500	226,790	365,500	-	365,500	45,000
Professional Services						
6502 Audit	-	-	-	-	-	-
6504 Legal	-	-	-	-	-	-
6507 Professional Dues	500	-	500	-	500	-
6508 First 5 California Association	-	-	-	-	-	-
6509 Professional Development	20,000	-	10,000	-	10,000	(10,000)
6512 Staff Recruitment	-	-	-	-	-	-
6514 Commission Stipends	-	-	-	-	-	-
6606 Human Resources Related Costs	-	-	-	-	-	-
Total Professional Services	20,500	-	10,500	-	10,500	(10,000)
Consultant Services						
6601 Consultant Fees	175,000	18,857	250,000	110,000	360,000	185,000
6602 Other Professional Fees	-	-	-	-	-	-
6603 External Reviewers	-	-	-	-	-	-
Total Consultant Services	175,000	18,857	250,000	110,000	360,000	185,000
Travel and Meeting Expenses						
6701 Airfare	792	-	792	-	792	-
6703 Lodging	926	-	926	-	926	-
6704 Conference Registration	1,000	-	1,000	-	1,000	-
6706 Local Meetings	1,000	1,000	1,000	-	1,000	-
6707 Per Diem	408	-	408	-	408	-
Total Travel and Meeting Expenses	4,126	1,000	4,126	-	4,126	-
Capital Improvements						
6216 Capital Outlay	160,000	100,000	120,000	-	120,000	(40,000)
6302 Capital Improvements	-	-	-	-	-	-
Total Capital Improvements	160,000	100,000	120,000	-	120,000	(40,000)
Total Department Expenses	1,357,785	981,518	1,449,405	110,000	1,559,405	201,620

Information Technology Budget Detail

Personnel Services

Salaries

Provides compensation for full-time and temporary employees.

Employee Benefits

Provides for employee benefits including retirement, Medicare, unemployment insurance, medical coverage, deferred compensation, employee assistance and parking.

General Operating Expenses

6205 Mileage and Parking

Provides for mileage reimbursement and parking expenses when private vehicles are used in the course of conducting Commission business.

6206 Telephone and Modems

Provides for monthly telecom services for the entire organization. These services include telephone lines (local, long distance, and analog lines for emergencies), fax lines, and T-1 (Internet access). IT is expecting a decrease of \$10,000 in FY 15-16 due to restructuring of the AT&T contract to be executed before June, 2015.

6207 Cell Phones and Mobile

Provides for monthly phone and data usage on smart phones and tablets issued to First 5 LA staffs and monthly fees for hotspots used by staffs to access internet while on the field. IT expects \$25,000 reduction due to shifting of the cell phone fees to the departmental budget.

6212 Office Supplies

Provides for general computer related supplies for all First 5 LA departments in addition to IT needs for office supplies. Most of the funds will be spent on technology expenditure such as power surge units, various computer cables, toner cartridges for HP network printers and plotters, batteries for commission Pods, keyboards, mouse, and other related items. IT plans to stay with the current budget allocation.

6221 Equipment Repairs and Maintenance

Provides for repairs of infrastructure components such as servers, storage units, switches, Network printers, plotters, Uninterrupted Power Supply (UPS), and others. IT is requesting a decrease of \$10,000 based on current projections.

6222 Offsite Storage

Offsite storage cost for the organization's backup tapes.

6223 Hardware and Software Maintenance

Provides for the annual support contract and licenses associated with the core legacy applications (GIFTS, Financial Edge, ECM), support contracts for infrastructure components, business software licenses used by R&E, and projected additional software licenses to enhance SharePoint platform. IT is projecting an increase in monthly license costs for the FY 15-16, and is requesting a budget of \$250,000 based on the following assumptions:

1. ECM maintenance platform: **\$5K**. We restructured the current contract in anticipation of migrating to SharePoint, reducing the cost by \$22K.
2. Office 365 for 160 Outlook and SharePoint licenses: **\$12**
MSDN subscription provides a wide range of resources that help IT on Microsoft platforms. With a huge library of both current and previous editions of Microsoft software, you have the tools and information you need to support the entire development process: **\$2K**
3. Spiderlink for Firts5LA Web page hosting: **\$10K**
4. Citrix – GotToMeeting/GotTo Webinar/OpenVoice: **\$40K**
5. Infrastructure Maintenance (Mainline/IBM): **\$10K**
6. ITD ticket system (SysAid) and AntiVirus (Symantec): **\$1K**
7. SharePoint platform support:
 - a. ShareSquared Support: **\$25K**
 - b. KnowledgeLake: **\$5K**
 - c. Colabware: **\$12K**
 - d. Content Commander: **\$5K**
 - e. K2 Workflow: **\$12K**
 - f. CRM - Customer Relationship Management: **\$70K**
8. BlackBaud's Financial Edge reconfiguration and potential purchase of additional module is estimated to increase annual cost to **\$18K**.
9. GIFTS, including BluePrint: **\$6K**
10. R&E specific software:
 - a. ArcGIS license maintenance: **\$3.2K**
 - b. ArcGIS online subscription: **\$2.8K**
 - c. Tableau: **\$2.4K**
 - d. American Digital Cartography Here data for geocoding: **\$4K**

Professional Services

6507 Professional Dues

Provides funds for industry publications for IT staff.

6509 Professional Development

The fund provides for professional training of IT staff to keep up with the new technology trends, new releases of software and hardware used by First 5 LA, and network security. In FY 15-16, IT is requesting a decrease of \$10,000. IT expects to train department staff in Microsoft SharePoint and related tools. Other infrastructure training may include systems such as Telecome, Microsoft Server Operating System, VMware (virtualization of the infrastructure assets), Network Security, and other related concepts. The IT Director may be attending technology forums & seminars in SharePoint, Cloud technology, and others related to First 5 LA business.

Consultant Services

6601 Consulting Fees

Provides for consulting fees associated with IT activities in technical areas where staff does not have the expertise or resources to perform such tasks. Such areas include network, telecommunication, storage, programming, data modeling, workflow development, and other related services. IT has identified the following projects for such services:

1. **\$100K** to purchase, configure, design, and develop workflow automation plug-in tool to SharePoint platform. SharePoint Out of the box has limited capabilities to automate multi-level workflow. Using plug-in software such as K2 significantly enhances these capabilities. Workflow automation streamlines business processes and eliminates paper intensive manual processes. The automation also helps with proper status tracking of a task, accountability for approval, and search capabilities for audit tracking and historical references.
2. **\$50K** to enhance First5LA budget system with Operating budget development and other functionalities. This includes analysis and data modeling.
3. **\$100K** Estimated consulting charges for Financial Edge reconfiguration and developing training material for the staff.
4. **\$50K** for developing an Enterprise Application Integration (EAI) platform to integrate various First5LA systems.
5. **\$60K** to support the completion of the SharePoint document management platform and migration.

Travel and Meeting Expenses

IT plans to attend 2 technology seminars within California and at least one outside of California.

Attendee: Information Technology Director or an alternate

- 6701 Airfare
Provides for airfare to and from professional conferences outside of the Los Angeles area.
- 6703 Lodging
Provides for lodging at multi-day professional conferences outside of the Los Angeles area.
- 6704 Conference Registration
Provides for registration expenses for professional conferences.
- 6706 Local Meetings
Provides for expenses related to meetings attended by Commissioners, legal counsel, staff and guests.
- 6707 Per Diem
Provides for various daily expenses incurred while attending professional conferences outside of the Los Angeles area.

Capital Improvements

- 6216 Capital Outlay
Provide funds for purchase of workstation replacements (laptops, tablets, monitors, small printers, keyboards, and mouse) enterprise servers, enterprise storage devices, network appliances, and other hardware upgrades. Plans for FY 15-16 may include the following:
1. **\$40K** for New Virtual Machine (VM) server for redundancy.
 2. **\$80K** to Replace aging storage and add to the capacity as we increase utilization of the SharePoint.
 3. **\$40K** to replace 20 to 30 aging workstations with laptops and tablets.
 4. **\$10K** to improve wireless access point throughout the building. The current server is not meeting the capacity because of increased usage of smart devices.
 5. **\$30K** Purchase of six audio visual kits including projectors, screens, public address systems for the Best Start Communities Department.

ATTACHMENT E:

**GASB 54 FUND BALANCE
PRESENTATION**

FIRST 5 LA

GASB 54 Presentation of Projected Fund Balance at June 30, 2015

Cash Fund Balance as of April 30, 2015 (unaudited)¹	\$ 598,385,188
Plus: Projected Revenue (May 1 - June 30, 2015) ²	29,873,514
Less: Projected Program Expenditures (May 1 - June 30, 2015) ³	91,341,939
Less: Projected Operating Expenses (May 1 - June 30, 2015) ⁴	2,568,700
Projected Fund Balance as of June 30, 2015	\$ 534,348,063

Committed Program Allocations (Multi-year Allocations)	Balance as of June 30, 2014 ⁵	Projected FY 2014-15 Expenditures ⁶	Projected Balance as of June 30, 2015	Committed	Assigned ¹⁸	Unassigned	Nonspendable
At-Risk Fathers Investment	\$ 600,000	\$ 1,500	\$ 598,500				
Baby Friendly Hospitals/Family Place Libraries ⁷	25,984,655	1,076,930	24,907,725				
Black Infant Health	7,783,841	1,452,000	6,331,841				
Children's Dental Care	34,398,009	8,451,000	25,947,009				
Children's Vision Care	4,249,172	1,342,000	2,907,172				
Data Partnership with Funders	4,181,228	938,623	3,242,605				
Early Identification & Intervention - Autism & Other Developmental Delays	2,338,968	754,000	1,584,968				
Family Education ⁸	-	-	-				
Healthy Food Access	4,987,848	1,677,000	3,310,848				
Healthy Kids ⁹	6,780,025	4,692,219	2,087,806				
Little by Little/One Step Ahead	27,140,959	3,647,000	23,493,959				
Los Angeles Universal Preschool (LAUP) ¹⁰	142,227,905	55,983,406	86,244,499				
Parent-Child Interaction Therapy	15,233,770	2,341,000	12,892,770				
Peer Support Groups for Parents ¹¹	2,192,608	723,608	1,469,000				
Reducing Childhood Obesity	32,612,283	13,387,000	19,225,283				
Research & Evaluation - Early Learning (LAUP)	3,476,586	701,657	2,774,929				
Substance Abuse Treatment Services ¹²	4,054,873	4,054,873	-				
Tot Parks and Trails	1,933,243	1,224,384	708,859				
Uninterrupted Care for Prenatal to Postpartum ⁸	-	-	-				
Universal Assessment of Newborns	51,632,773	6,890,200	44,742,573				
Workforce Development - ECE Career Development Policy Project	1,150,401	1,150,401	-				
Workforce Development - ECE Workforce Consortium	26,689,737	12,510,800	14,178,937				
Total Committed Program Allocations/Estimated Program Demands	\$ 399,648,884	\$ 122,999,601	\$ 276,649,283	\$ 276,649,283			
FY 2015-16 Appropriations for Investments without a Multi-Year Allocation¹³							
2015-2020 Strategic Plan: Focusing for the Future ¹⁴				\$ 65,797,000			
Legacy Investments				8,321,000			
Research & Evaluation ¹⁵				7,558,000			
Estimated Balance Remaining on Advances at June 30, 2015¹⁶						\$ 12,973,739	
FY 2015-16 Operating						\$ 20,794,362	
First 5 LA Fund Balance Reserve¹⁷						57,429,091	
Total Fund Balance by Category				\$ 358,325,283	\$ 84,825,589	\$ 78,223,453	\$ 12,973,739
Total Projected Fund Balance as of June 30, 2015				\$ 534,348,063			

Notes to GASB 54 Presentation of Projected Fund Balance at June 30, 2014:

1. Cash Fund Balance excludes fixed assets and liabilities, and was obtained from the monthly financial statements as of April 30, 2015.
2. Revenue was projected on an annual basis for the Long Term Financial Projection. This figure was calculated using the annual amount less the total revenue received through April 30, 2015, including tobacco tax, interest, and income received in rental payments.
3. Projected program expenditures for the last two months of the fiscal year were calculated based annual projections using the best available data at the time, less program expenditures through April 30, 2015.
4. Projected operating expenditures for the last two months of the fiscal year were calculated based on the rate of operating expenditures through April 30, 2015.
5. The remaining balances for all allocations as of June 30, 2014 were obtained from the Comprehensive Annual Financial Report (CAFR) for FY 2013-14. Balances were adjusted as appropriate based on actions taken by the Commission during FY 2014-15 or other updated information as specifically noted below.
6. FY 2014-15 expenditures were estimated using the best information available at the time of this analysis.
7. The allocation for the Baby Friendly Hospitals and Family Place Libraries initiatives was previously known as Best Start LA.
8. The constraints on resources previously set aside in the amounts of \$13.1 million for Family Education and \$2.8 million for Uninterrupted Care for Prenatal to Postpartum were removed per Resolution 2014-06, moving these funds from First 5 LA's Committed to Assigned Fund Balance.
9. This figure for the Healthy Kids initiative does not include the estimated remaining balance of the amount advanced to LA Care Health Plan, which is accounted for separately in Nonspendable Fund Balance (see also #24).
10. The LAUP allocation balance at June 30, 2014 was adjusted upward to account for pass-through expenditures based on a comprehensive analysis conducted during FY 2014-15. Projected FY 2014-15 expenditures for LAUP include expenditures related to the Child Signature Program, which are considered pass-through costs.
11. The allocation balance at June 30, 2014 for the Peer Support Groups for Parents initiative was adjusted upward by \$46,230 to account for expenditures reflected in a previous fiscal year that should not have drawn down from the allocation balance.
12. Based on a reconciliation performed by the Los Angeles County Department of Public Health, the Substance Abuse Treatment Services allocation balance at June 30, 2014 of \$3,657,129 as reported in the CAFR was adjusted upward by \$397,744 to account for lower spending through FY 2013-14 than previously reported, resulting in a revised allocation balance of \$4,054,873.

13. Annual appropriations for all investments without a multi-year allocation will be reflected as Committed when the Commission approves the FY 2015-16 Budget in June 2015.

14. This figure represents investments without a multi-year allocation only; the annual appropriation for Healthy Kids has been subtracted, as this initiative has a Committed multi-year allocation and a Nonspendable advance provided to one of the contractors.

15. This figure represents investments without a multi-year allocation only; the annual appropriation for the LAUP Evaluation has been subtracted, as this program has a Committed multi-year allocation.

16. This figure reflects an estimated balance remaining as of June 30, 2015 on advances to LA Care Health Plan (Healthy Kids initiative) and the University of California, Los Angeles (Oral Health & Nutrition - Dental Home initiative).

17. Per Board-approved policy, the Fund Balance Reserve is calculated annually as 25% of the total annual budget. The Reserve is a self-imposed restriction and requires Commission action to change. This amount is considered Unassigned for Fund Balance purposes.

18. The use of all Assigned funds is dedicated to support activities related to the 2015-2020 Strategic Plan. This also includes approximately \$6.1 million that staff recommends be released from commitment through Commission action in June.

Final FY 2015-16 Proposed Budget

Board of Commissioners
Meeting

June 11, 2015



Agenda

- Budget context and observations
- Changes since the draft Proposed Budget presented on May 14, 2015
- Projected Fund Balance and GASB 54 Commitments
- Request for approval

495

Board Engagement

- May 4, 2015 – Budget & Finance Committee
- May 14, 2015 – Commission
 - Informational Item: Presented for Discussion
- May 21, 2015 – Executive Committee
 - Discussion of FY 2015-16 proposed operating costs
- May 28, 2015 – Program & Planning Committee
 - Discussion of FY 2015-16 proposed programmatic costs, focusing on resources for the 2015-2020 Strategic Plan
- June 1, 2015 – Budget & Finance Committee
 - Review changes to the FY 2015-16 Proposed Budget
- June 11, 2015 – Commission
 - Action Item: Presented for Commission Approval

496





Budget Context

The FY 2015-16 Budget represents a *transitional budget*

- Reflects costs for ongoing legacy initiatives that continue into the new Strategic Plan timeframe
- Reflects funding for work associated with the new Strategic Plan
 - Priority anchor investments
 - Evolving and new work under development

497

Key Observations

- Legacy Investments continue to represent nearly 60% of the First 5 LA budget
- Anchor Investments of new Strategic Plan reaching full implementation
 - Welcome Baby/Select Home Visiting
 - Best Start Community Capacity Building
- New resources needed to advance the Strategic Plan
 - Policy and Advocacy
 - Strategic Communications
 - Developmental Activity (Strategic Plan Implementation Fund)
- Workload demands are multi-faceted, requiring continued dedication of staff time
- Estimated FY 2015-16 tobacco tax revenue = \$85.6 million → Demand on fund balance = \$144.2 million

498

Budget Overview

BUDGET CATEGORY	Draft Proposed FY 2015-16 Budget (May 2015)	Final Proposed FY 2015-16 Budget (June 2015)	Variance
Program			
<i>2015-2020 Strategic Plan: Focusing for the Future</i>			
a. Investments/Approaches Reaffirmed by the Board and Aligned with SP	\$ 61,301,000	\$ 61,301,000	\$ - ⁴⁹⁹
b. Existing Investments Potentially Aligned with SP	3,610,000	3,610,000	-
c. New Investments Under Development (Strategic Plan Implementation Fund)	3,136,000	3,136,000	-
<i>Total 2015-2020 Strategic Plan</i>	\$ 68,047,000	\$ 68,047,000	\$ -
<i>Legacy Investments</i>	131,556,000	133,208,000	1,652,000
<i>Research & Evaluation</i>	7,914,000	7,667,000	(247,000)
Total Program	\$ 207,517,000	\$ 208,922,000	\$ 1,405,000
Operating	20,684,362	20,794,362	110,000
TOTAL BUDGET	\$ 228,201,362	\$ 229,716,362	\$ 1,515,000

Budget Changes

Reasons for budget changes fall under three categories:

1. New data available to inform budget development (\$1.02 million increase)
2. Delay in current year activity (\$440,000 increase)
3. Inadvertent omission in the May budget (\$60,000 increase)

500

Budget Changes

INITIATIVE	PROGRAM	DRAFT FY 2015-16 BUDGET (MAY)	CHANGE	FINAL FY 2015-16 BUDGET (JUNE)	% CHANGE	REASON FOR CHANGE
LEGACY INVESTMENTS						
Children's Dental Care	Children's Dental Care Program	9,260,000	1,396,000	10,656,000	15%	ND
Children's Vision Care	Children's Vision Care	1,395,000	(54,000)	1,341,000	-4%	ND
Tot Parks and Trails	Tot Parks and Trails	350,000	310,000	660,000	89%	D
RESEARCH AND EVALUATION						
Data Development & Integration	Los Angeles County Health Survey	28,000	80,000	108,000	286%	D
Program Evaluation	Professional Development Program Evaluation	1,743,000	(242,000)	1,501,000	-14%	ND
	Welcome Baby Impact Study	360,000	(85,000)	275,000	-24%	ND
INTERNAL OPERATIONS						
Information Technology	Consultant Fees	250,000	110,000	360,000	44%	D, O
TOTAL FIRST 5 LA			\$1,515,000			

KEY: Reason for Change

ND = New data available to inform budget development, D = Delay in current year activity

O = Oversight led to inadvertent omission from the May budget

GASB 54 Commitments

- As part of the annual budget process, staff presents projected fund balance categories to the Commission for review.
- This provides the Commission a regular opportunity to review and reaffirm existing commitments.

502

Fund Balance Categories

As defined by the Fund Balance Policy:

Nonspendable: Funds that have been advanced to a contractor or grantee for services to be provided in the future and are considered to be an asset of the Commission.

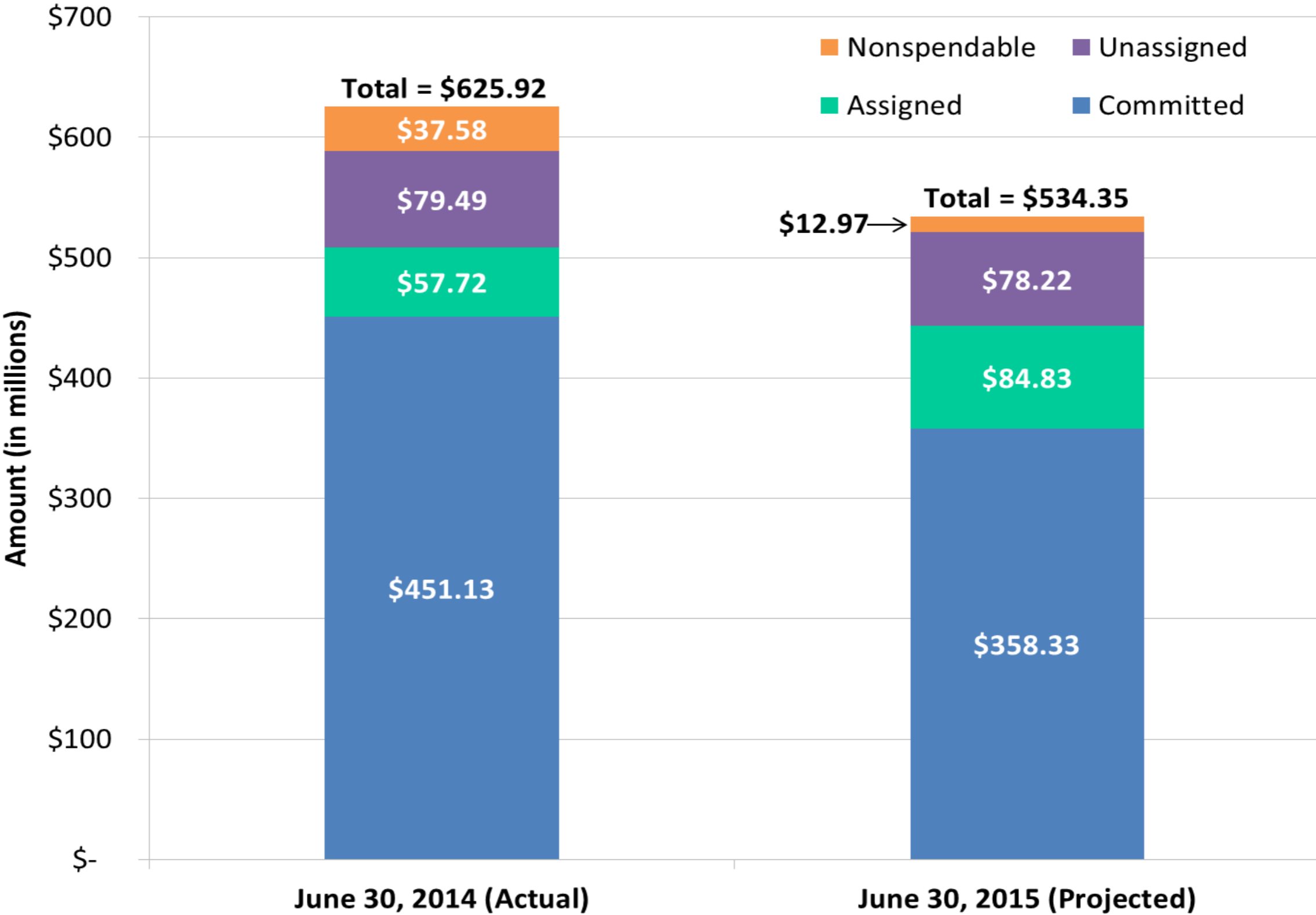
503

Committed: Funds allocated for a specified purpose and directed by the Commission via Resolution. The Commission must adopt another Resolution to reappropriate these funds for other purposes.

Assigned: Funds are reserved for Commission use consistent with the 2015-2020 Strategic Plan.

Unassigned: Funds designated for the Operating Budget and Reserve.

Fund Balance Projections



504

Request for Approval – Resolution

For approval by the Commission in June 2015:

1. Total FY 2015-16 Budget of \$229.7 million
 - Attachment A – FY 2015-16 Budget Summary
2. Reaffirmation of GASB 54 Commitments
 - Attachment E – GASB 54 Fund Balance Presentation
 - Redirection to Assigned Fund Balance of \$6.1 million projected remaining balances related to ended/ending initiatives
3. Fund Balance Reserve
 - 25% of the total FY 2015-16 Budget (\$57,429,091)
4. Administrative Limit for FY 2015-16
 - Attachment A – Administrative Limit Calculation (4.96%)

505

Questions?



First 5 LA

SUBJECT:

Best Start Palmdale Community: Working Collectively to Build a Strong Community Where Children and Families Thrive

BACKGROUND:

Children thrive in the context of strong families and families thrive in the context of neighborhoods and communities that support parents' and caregivers' ability to raise their children. First 5 LA's 2015-2020 Strategic Plan maintains its commitment to the *Best Start* Building Stronger Families Framework (BSFF)¹ place-based investment through the *Communities Priority Outcome and Focus Area strategies*. These strategies seek to strengthen the capacity of 14 *Best Start* communities to support families, promote parent and caregiver participation, improve the coordination of the systems that serve them, have stronger policies to provide increased access to services, and support the enhancement of the environments in which children live, learn and play.

A central component to First 5 LA's place-based approach for building community capacity is the 14 *Best Start* Community Partnerships. The *Best Start* Community Partnerships work collaboratively to engage residents, organizations, and other diverse partners at the neighborhood, community, and countywide levels to develop a shared vision and lead a broadly supported community action plan. The action plan strategies and activities address the barriers and gaps, and mobilize assets and resources to ensure that communities support families to succeed. The Partnerships' approach to leading collective action is comprehensive and includes building social capital by promoting and supporting formal and informal networks that link individuals, groups, organizations and resources that do not have a history of working together. The strategies and activities identified by Community Partnerships to create and sustain a thriving and healthy community fall into one or more of the following community capacity building categories: 1) social capital², 2) civic engagement³, 3) organizational capacity development⁴, and 4) community resource mobilization⁵. Each of the 14 *Best Start* Partnerships have unique qualities and interests based on their community context, however, all are comprised of diverse community stakeholders who are committed to carrying out a shared vision of building strong communities where children and families thrive.

Today's presentation highlights the *Best Start* Palmdale Partnership's collective efforts and multifaceted activities as an example of similar work under way across the 14 *Best Start* communities. It will specifically illustrate how the *Best Start* Palmdale Partnership is engaging

¹ The Commission's approval of the BSFF refined *Best Start*'s family and community level outcomes for supporting communities in building stronger families. BSFF asserts that if families are strong and communities support families to succeed, then children will be healthy, safe, and ready for school. The BSFF is grounded in family Protective Factors and anchored in the following six core results: 1) Family Capacities, 2) Social Connections, 3) Concrete Supports, 4) Coordinated Services and Supports, 5) Community Places and Spaces, and 6) Shared Vision and Collective Action.

² Social Capital - Efforts to build relationships and partnerships among and across families, organizations, networks, and other community stakeholders. These activities are intended to strengthen the social fabric of a community – sense of community – by building and strengthening relationships.

³ Civic Engagement - Efforts that build public awareness/support around issues of public concern that affect children prenatal through age five and their families as well as efforts that influence public policy (at the municipal and/or community levels) to achieve the BSFF core results.

⁴ Organizational Capacity Development - Efforts that strengthen informal and formal community groups/organizations/collaboratives to improve overall functioning to more effectively meet the needs of families.

⁵ Community Resource Mobilization - Efforts to mobilize, leverage, and connect resources to increase access and availability of services, supports, places and spaces to achieve the BSFF core results.

residents, organizations, and government institutions to collectively develop and execute a community action plan focused on strengthening social connections among parents and residents, removing barriers to accessing services, supporting expansion of effective programs, and increasing awareness of resources available to young children and their families.

DISCUSSION:

The *Best Start* Palmdale community⁶ is home to a diverse population⁷, spans more than 300 square miles in northern Los Angeles County, and consists of both urban and rural areas. The urban areas include neighborhoods in which residents live near one another and in the rural areas considerable distance exists between neighbors. In rural areas this distance creates additional challenges for neighbors to cultivate strong social connections with one another and develop a sense of *neighborhood*. Services are generally located in the urban areas, specifically in the City of Palmdale or in Lancaster, the next closest city.⁸ In the *Best Start* Palmdale community, residents' daily activities are often dependent on transportation. Additionally, many residents commute long distances to other parts of Los Angeles County for work.

Through the *Best Start* Palmdale Partnership, we have learned that many of *Best Start* Palmdale residents value the importance of strong relationships with one another, have a strong desire for information, and are committed to sharing their knowledge and experience with others in the community. They also want to personally help other residents connect to community resources and services. Residents want to strengthen their leadership skills to play a stronger role in leading community changes that improve the quality of life for their children and families. They also want to apply this leadership to help strengthen their relationships and collaboration with organizations and government institutions.

Many of the organizations serving the *Best Start* Palmdale community participate in collaboratives, such as the Antelope Valley (AV) Network for Healthy Families, AV Home Visitation Coalition, and AV Partnership For Families, that focus on working together to share information and develop solutions. These collaboratives also focus on strengthening their relationships with one another to achieve a more coordinated, effective outreach to as many people as possible, including those living in isolated areas. Organizations want residents to have more information about available services and supports in their community and they want to support residents in sharing this information with other residents.

Strong collaboration between organizations and institutions currently exists in *Best Start* Palmdale and this is expanding with the support of the *Best Start* Palmdale Partnership. For example, prior to the Partnership, collaboration existed mostly between organizations and did not include residents. However, residents are also taking on strong leadership roles within the Partnership and are helping to lead engagement efforts with additional organizations, collaboratives, local government and public institutions (such as the City of Palmdale and Palmdale School District). Through this engagement, parents have stepped into leadership roles to strengthen the relationship between residents, organizations, institutions, and civic leaders. The Partnership is utilizing multiple mechanisms for engaging residents who are unable to attend Partnership meetings. For example, the Partnership engaged more than 500 parents and residents through its collaboration with Neighborhood Action Councils, conducting surveys, and relationship-based outreach conducted by a *Best Start* Resident Outreach Coordinator (ROC). In addition to one-on-one outreach, the ROC brings parents and

⁶ *Best Start* Palmdale community boundaries include the city of Palmdale, Lake Los Angeles, Llano, Pearblossom, Sun Village, and Little Rock. More than 170,000 people reside in this area and among this population there are approximately 14,000 children ages 0 to 5 (*Best Start* Community Perspectives, June 2014).

⁷ *Best Start* Palmdale community population is 56% Latino, 24% White, 13% African-American, 3% Asian or Pacific Islander, and 3% other (*Best Start* Community Perspectives, June 2014).

⁸ Residents reports community members living in rural areas such as Lake LA, have to travel to more urban areas to access services and resources (First 5 LA Community Assessment Report Palmdale, April 2012)

residents together within their neighborhoods to form *connection groups* that strengthen their social connections at the neighborhood level. As a result, the Partnership members are: 1) creating linkages among one another thereby strengthening the social bonds, networks, and collaboration among community members, 2) sharing information about available resources to parents and developed an approach that includes organizations and parents working together to engage and disseminate information parents and caregivers, and 3) identifying the need for more parent leadership to inform and policy advocacy to improve services in the community.

As a collective, the *Best Start* Palmdale Community Partnership is championing both neighborhood level and communitywide issues that are important to residents. As part of *Learning by Doing*⁹ (LBD), the Partnership identified the need for: 1) stronger social connections among parents and residents; 2) up to date information about available services; and 3) improved access to current Early Care and Education (ECE) and health services. The Partnership identified eligibility requirements and transportation as challenges for accessing available services. For example, many parents, particularly those living in rural areas, have difficulty learning about and/or traveling to available services given the distance between their homes and the location of services. To minimize this barrier for families, organizations and parents want to work in partnership to disseminate information about available services to families, particularly those residing in hard to reach areas. Parents also want to personally: 1) establish *connections groups* similar to those supported by the ROC, and 2) assist families in directly connecting with services. To implement this approach, parents, residents, and organizations are committed to working collaboratively with one another. These efforts are scheduled to commence in the Fall of 2015 and will primarily focus on policy and advocacy related to creating and accessing affordable childcare and preschool, raising awareness of existing childcare, preschool and educational services in Palmdale, and strengthening parent capacity and leadership skills to lead these efforts.

The *Best Start* Palmdale Partnership builds on the community's value of collaboration and has been expanding its approach extensively to include all community stakeholders. The Partnership is building relationships between residents and organizations to collectively learn from one another and develop solutions. For example, the Partnership will create a community resource guide that parents can disseminate as part of their social capital strategy, particularly in areas of Best Start Palmdale that are hard to reach. The resource guide will be used by partnership members who will lead efforts to establish informal social connections groups so parents who are geographically isolated areas can learn from and support each other in addressing issues they may be facing. The resource guide will be distributed in strategic areas within the community to connect families to formal supports within Palmdale to raise their awareness of available services and how they can become connected to these services. The Partnership's community agenda is positioned to be broadly supported as it reflects issues important to residents at the neighborhood level and communitywide interests.

Based on the Strategic Plan's Priority *Outcomes* and *Priority Focus Areas*¹⁰, First 5 LA shares the community's interest in improving social connections; strengthening its social capital, civic

⁹ *Learning by Doing* is a decision-making process to identify strategies and activities to make progress in family and community level core results identified in the BSFF. During this process Partnerships also strengthen their capacity as a Partnership (such as strengthening their collective knowledge of BSFF core results, effective collaboration, making data-driven decisions, etc.). As part of LBD Partnership members: 1) reviewed and discussed various sources of data about the conditions of families in their communities; 2) conducted community surveys and hosted parent engagement activities to better understand the experiences of families; 3) identified families most impacted by issues that hinder family protective factors (BSFF family-level core results); and 4) identified strategies and activities to achieve results.

¹⁰ Strategic Plan 2015-2020 Outcomes include: 1) Families: Increased family protective factors; 2) Communities: Increased community capacity to support and promote the safety, healthy development and well-being of children prenatal to age 5 and their families; 3) ECE Systems: Increased access to quality early care and education; and 4)

engagement and parent leadership skills; and improving ECE and health-related systems. *Best Start Palmdale* reflects the opportunities for focused and strategic mobilization of First 5 LA and community resources (financial, human, and social capital). The Palmdale Partnership extends its reach at the neighborhood and community levels and First 5 LA is poised to address systems and policy changes needed to improve the community's ability to support children and families.



**Best Start Palmdale
Community: Working
Collectively to Build a Strong
Community Where Children
and Families Thrive**

**June 11, 2015
Board of Commissioners Meeting**



Presentation Objectives

- Provide Overview of Building Stronger Families Framework (BSFF)
- Highlight *Best Start* Palmdale
- Discuss How BSFF Core Capacities are Being Strengthened in Best Start Communities
- Discuss Key Lessons Learned and Next Steps

512

Building Stronger Families Framework (BSFF)

BSFF is grounded in the protective factors and anchored in six core results:

Building stronger families:

- Family capacities – knowledgeable, resilient, and nurturing parents
- Social connections – families participating in positive social networks
- Concrete supports – access to services and supports in times of crisis

513

Communities that support families to succeed:

- Coordinated services and supports that meet families' needs
- A shared vision and collective action to strengthen families
- Social networks and safe spaces for recreation and interaction

“Learning by Doing”

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



The ***learning*** aspect of LBD (core capacities):

Keepers of the Vision

Effective Collaboration

Data-Driven Learning, Decisions & Accountability

Building Neighborhood Capacity

Inclusive Governance

Resources and Sustainability

514

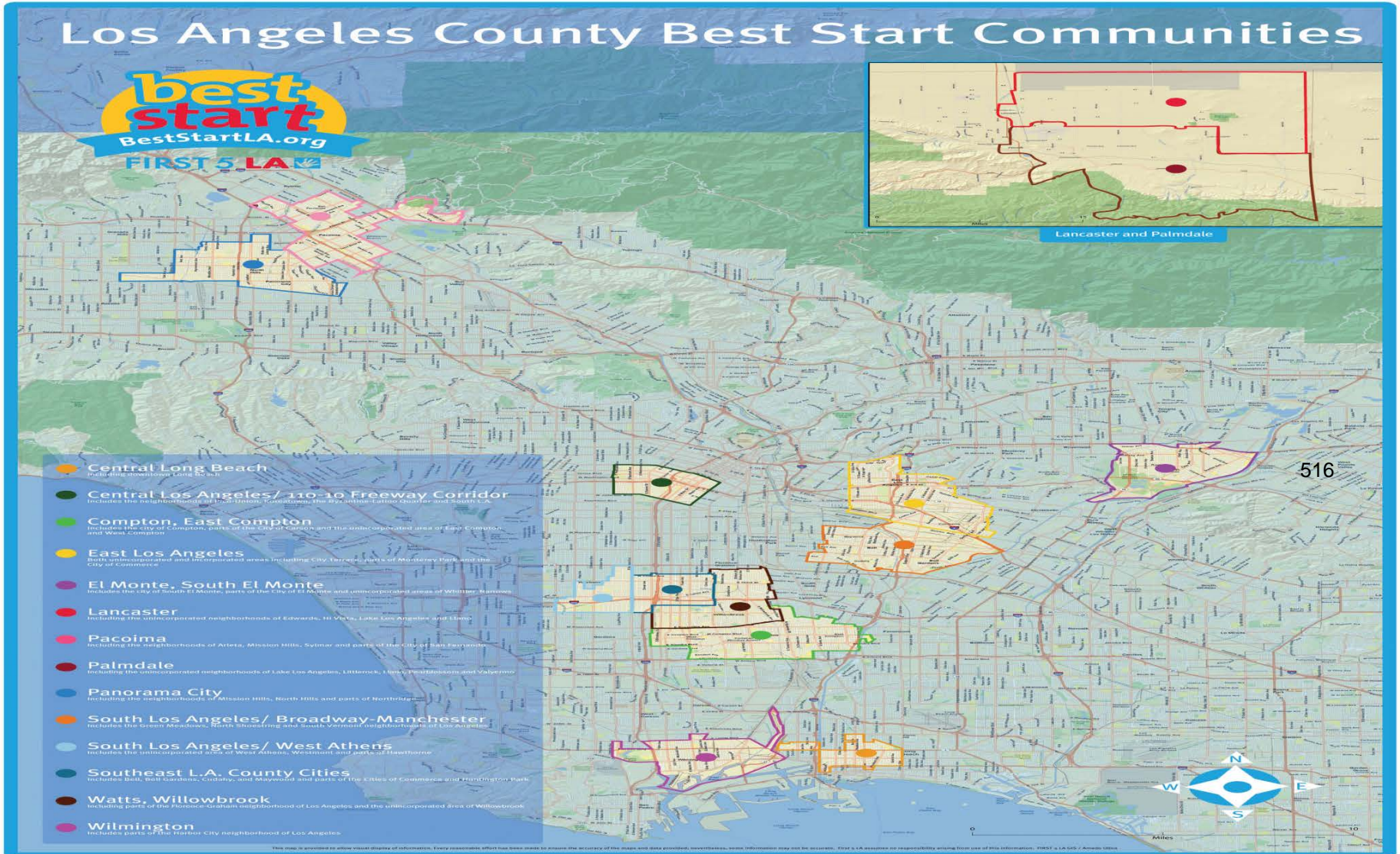
The ***doing*** aspect of LBD (results-focused actions):

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

Best Start Palmdale: A Case Example



Where is Palmdale?



Who is Palmdale?

Demographic Data

- 173,015 residents
- 14,333 children under 5 years old
- 60% Latino/Hispanic
- 22% Caucasian
- 13% Black/African American
- 3% Asian & Pacific Islander
- 3% Other

Other Data

- 34% children in poverty
- 29% child abuse allegation referrals in 2009
- 29% children in childcare for more than 10 hours a week



Best Start Palmdale: Vision Statement

- Best Start Palmdale will be the best environment for all families to raise their children 0-5 and have opportunities and access to quality resources.



Best Start Palmdale Video

- <https://youtu.be/5Q6RI54yIEY>

BSFF Implementation: *Best Start Palmdale* Strategies & Activities

LBD Stage	Palmdale Decisions
1-Core Result	Concrete Supports
2-Indicators	<ul style="list-style-type: none"> • % of parents who needed childcare and who found it very or somewhat easy to obtain
3-Target Pop	Families seeking childcare who do not qualify for subsidized services
4-Strategies	<ul style="list-style-type: none"> • Advocate for childcare and preschool (civic engagement) • Raise awareness of existing childcare, preschool, and educational services in Palmdale (civic engagement) • Strengthening parent capacity and leadership skills (social capital)
5-Implementation	RFP released July 2015 and anticipated implementation launch in October 2015

520

Key Take Aways

- Relationships are Critical
- Best Start instrumental in building/strengthening parent leadership
- Best Start supports residents in thinking critically and strategically about issues and how they can be addressed
- Importance of Data Utilization

521

Next Steps

- Continuing to strengthen collaborative outreach efforts with Resident Outreach Coordinators
- Building/Strengthening Relationships with Civic Leaders within *Best Start* Communities
- Establishing community capacity building priorities and milestones across 14 *Best Start* Communities

522

Questions

523

1ST  LA
first 5 la
Giving kids the best start

FIRST 5 LA

SUBJECT:
Policies for approval

RECOMMENDATION:

Approve staff recommendations to:

1. Amend the “Conference and Event Funding” policy to no longer require it to be a Board-approved policy;
2. Amend the “Policy for Travel Approval and Reimbursement for Commissioners”;
3. Sunset the “Policy and Guidelines for the Development and Approval of Research and Evaluation Projects”;
4. Sunset the “Policy and Guidelines for Outcomes-Driven Planning and Evaluation”

BACKGROUND:

One of the significant findings of the L3 (Listening, Learning, Leading) Initiative was the need to create a process to standardize policies and procedures and to enhance their consistent application across the organization. In response to this, an interdepartmental, internal workgroup named 3M (Method, Mission, Mobilize) was established in October, 2013 to evaluate, update, and when needed develop policies and procedures for First 5 LA. The 3M workgroup has identified nearly 250 policies in need of review.

A number of these policies and procedures require Board approval, due to the nature of their content. The four policies being brought forth for your review at the June 11, 2015 Board meeting (for action on July 9, 2015) are all policies previously approved by the Board. Prior to coming to the full Board, policies are brought before the Executive Committee for their review and input. All four of these policies were reviewed by the Executive Committee on May 21, 2015. Below is a summary of staff recommendations for these four policies.

Item 1: “Conference and Event Funding”

This policy has evolved over the last couple of years. In 2013, the Board approved changes to our Bylaws which, among other things, eliminated the role of the Public Affairs Liaisons. In so doing, the Board amended this policy in 2014 to remove the functions of the Public Affairs Liaisons and to spell out guidelines for awarding conference sponsorships, directing First 5 LA staff to implement internal procedures in line with the policy. This policy further requires staff to ensure all funding is distributed consistent with the Board-approved budget and the Board-approved strategic plan. In order to continue to effectively administer a process for awarding these funds, staff are recommending the edits (highlighted in yellow) as contained in the Board packet. In addition, given the Board has already directed staff to ensure alignment with the Strategic Plan and has the authority to review and modify any required changes to this funding via the annual budget review process, staff is recommending this no longer be a Board-approved policy. Being able to manage this policy aligned to Board direction (via the Strategic Plan and the annual budget) as an internal, administrative function would be more expeditious and efficient for staff and the Board.

Item 2: “Policy for Travel Approval and Reimbursement by Commissioners”

This policy was last updated by the Board and went into effect on December 7, 2011. This policy governs the policy and procedures required for approving travel reimbursement for Commissioners (including air fare, hotels, car rentals, ground transportation and per diem reimbursements) for all travel over 100 miles. The changes are highlighted in the attachment in the Board packet, and also in the annotated comments calling out the reasons for these changes. Commissioner travel reimbursement mirrors the same policy and procedures we have for reimbursement of staff due to

travel, and these changes reflect changes made to the staff reimbursement policy. Some of the most significant changes to highlight include:

- Identifies the role of the Board Secretary in assisting Commissioners with these procedures and requirements (including completion of forms)
- Identifies requirements to ensure costs are competitive (e.g., encourages advance purchase of airline tickets when possible, requires two quotes for air travel in excess of \$500.00, etc.)
- Addresses more recent fees charged by hotels and airlines that were missing from the previous policy (e.g., carry-on luggage, seat selection fees, etc.)
- Identifies the federal reimbursement rates provided by the General Services Administration (GSA) as appropriate hotel reimbursement rates
- Removes the requirement that the Commission Chair approve any Commissioner vehicle rental
- Updates information on per diem rates tied to the GSA per diem rates
- Delineates examples of non-reimbursable costs

Item 3: “Policy and Guidelines for the Development and Approval of Research and Evaluation Projects

This policy was established to “ensure there is a standardized procedural approach to the development and approval of all new research and evaluation projects and that Commissioner have the opportunity to provide feedback in the development of these projects prior to formal approval by the entire Board of Commissioners.” Furthermore, this policy established the following fiscal thresholds and requirements for approval of research and evaluation projects:

- Projects under \$100,000—approval on consent calendar
- Projects from \$100,000-500,000—presentation to the Program and Planning Committee then approval on Board consent
- Projects over \$500,000—presentation to the Program and Planning Committee then approval by Board as an action item

This policy was one of the recommendations stemming from the Harvey M. Rose audit of 2010, and was last amended by the Board on 3/8/12. Since that time, the Board has approved two items that eliminate the benefit of or need for this policy.

First, in February of 2014 the Board approved an amended procurement policy which requires all contracts over \$75,000 to be brought to the Board for consideration. Second, in March of that same year the Board adopted the “Governance Guidelines.” Governance Guideline #1 on the sequencing of action items specifically requires staff to bring forth for information and discussion any item for which we are seeking Board action, thus affording the Board an opportunity for input prior to final approval. Therefore, staff is recommending that because of both of these Board-approved items, we no longer have a need for a separate policy for research and evaluation projects.

Item 4: Policy and Guidelines for Outcomes-Driven Planning and Evaluation

This policy requires request for program funding to include “clearly defined outcomes and measurable outcome objectives” that be presented to the Board for approval “in conjunction with the approval of the [program] investment.” It goes on to state the policy “ensures that the Commission’s programmatic investments are outcomes-driven and progress and performance can be measured against meaningful and agreed-upon objectives.” This policy was last amended by the Board on 3/8/12.

Similar to the above policy, with the Board’s approval of the “Governance Guidelines,” staff feels this policy is no longer needed. Specifically, Governance Guideline #10 requires that any funding request for an initiative under the new Strategic Plan must include an analysis of “clearly defined and

measurable outcomes and performance metrics” as well as “evidence of or potential for effectiveness relative to outcomes and metrics identified.”

DISCUSSION:

Staff seeks the Commission’s approval to: No longer require the “Conference and Event Sponsorship” policy to be a Board-approved policy; accept recommended amendments to the “Policy for Travel Approval and Reimbursement for Commissioners”; sunset the “Policy and Guidelines for the Development and Approval of Research and Evaluation Projects” and sunset the “Policy and Guidelines for Outcomes-Driven Planning and Evaluation.”

First 5 LA's Policies and Procedures

Board Update

June 11, 2015



Outline

- Overview of Policy Amendment Process
- Staff Recommendations:
 1. Conference and Event Funding
 2. Travel Approval/Reimbursement by Commissioners
 3. Development/Approval of Research and Evaluation Projects
 4. Outcomes-Driven Planning and Evaluation Policy

528

Policy Amendment Process

- L3 Learning: need to establish a process for developing, evaluating and updating policies, ensuring standardization of application
- Established internal, interdepartmental workgroup: 3M (Method, Mission, Mobilize)
- Identified nearly 250 policies (18 Board approved)

529

Process, cont.

- Board approved policies
 - 3M input, review
 - Executive Committee input, review (5/21)
 - Board information (6/11)
 - Board action (7/9)

Recommendations

Conference and Event Funding

- Changes to Bylaws, 2013
- Policy updated 2/13/14
 - Aligned to changes in Bylaws
 - Delegated procedures to staff, aligned to Board-approved guidelines (e.g., alignment to Board-approved strategic plan and budget)
- Policy has become administrative
- Recommendation: no longer require board approval; Board authority exercised in strategic plan and budget

Recommendations, cont.

Travel Approval/Reimbursement by Commissioners

- Last updated 12/7/11
- Staff policy updated 12/8/14
- Commissioner's policy mirrors staff policy
 - Updated to reflect role of Board Secretary
 - Updates reimbursement for newer types of fees (baggage, seat selection, etc.)
 - Other updates aligned to federally approved rates
- Recommendation: Approve amendments

532

Recommendations, cont.

Development/Approval of Research and Evaluation Projects

- Last updated 3/8/12
- Established fiscal thresholds for projects to be brought to Board (Rose Audit)
- Since then, Board-approved “Procurement Policy” requires all contracts at \$75,000 and above be brought to Board
- Board-approved Governance Guideline #1
- Recommendation: Sunset

533

Recommendations, cont.

Outcomes-Driven Planning and Evaluation

- Last updated 3/8/12
- Focus on providing outcomes info to Board prior to making program investments
- Board-approved Governance Guideline #10⁵³⁴ requires “clearly defined and measurable outcomes and performance metrics”
- Recommendation: Sunset

Summary of Recommendations

1. Amend “Conference and Event Funding” policy to no longer require Board approval;
2. Amend “Travel Approval/Reimbursement by Commissioners” policy;
3. Sunset “Development and Approval of Research and Evaluation Projects” policy;
4. Sunset “Outcomes-Driven Planning and Evaluation” policy.

535

Questions



536

Los Angeles County Children and Families First Proposition 10 Commission

SUBJECT: Conference and Event Funding	Policy Number: P-3500x
	Effective Date:
	Supersedes: 02/13/14
Initiating Authority: Communications and Marketing Department	Page 1 Of 6

I. PURPOSE

This policy establishes a uniform policy and procedure for funding conferences/events through the Communications and Marketing budget for conference funding. First 5 LA reserves the right to sponsor other types of events/conferences (i.e. marketing and policy conferences/events) outside of this policy.

Comment [JW1]: The purpose updates name of Department; clarifies that events are included in this policy (e.g., Policy Day in Sacramento).

II. APPLICATION

This policy applies to all agencies, organizations or collaborative groups that request First 5 LA conference/event support through Communication and Marketing budget funding.

III. POLICY

The Commission's goals for funding conferences/events are to support knowledge sharing activities that advance the field of early child development through:

- Increasing community and/or professional capacity
- Disseminating best and promising practices
- Sharing new research findings

Comment [JW2]: This section updates the policy to:
 1. reflect our new Strategic Plan and our four relevant outcome areas;
 2. decreases maximum sponsorship amount from \$25,000 to \$15,000 to manage external entities' expectations;
 3. adds language to incentivize diversification of funding for conference

In November 2014, the First 5 LA Board of Commissioners adopted a new [Strategic Plan](#) to guide its investments from July 2015 through June 2020. The plan, *Focusing for the Future*, lays out a clear path for First 5 LA to maximize its impact to strengthen families and improve outcomes for the greatest number of children prenatal to age 5 in L.A. County. The plan approved the following four priority outcomes to guide the Commission's investments and efforts, and conferences/events supported by the Commission must relate to one or more of these outcome areas:

1. **Families:** Increased family Protective Factors
 - a. Work with parents and caregivers so that they have the skills, knowledge and access to resources they need to support their child's development.
2. **Communities:** Increased community capacity to support and promote the safety, healthy development, and well-being of children prenatal to age 5 and their families
 - a. Support a community's ability to foster safe, healthy, engaged neighborhoods that help children and their families thrive.

3. Early Care and Education Systems: Increased access to high-quality early care and education

- a. Increase access to affordable, quality child care and preschool.

4. Health-Related Systems: Improved capacity of health, mental health, and substance abuse services systems to meet the needs of children prenatal to age 5 and their families

- a. Improve how health-related systems coordinate and deliver care to young children and their families in L.A. County.

The funds governed by this policy will not fund the following: annual meetings, fundraising events, or conferences/events that promote religious doctrine or political campaigns.

All proposed conferences/events must be held in Los Angeles County and serve a countywide population or be in a geographic jurisdiction (e.g., Sacramento) that could impact policies and/or resources affecting L.A. County children ages prenatal to 5.

Each fiscal year, monies may be designated via the Commission’s annual budgeting process for Conference/Event Funding. After the budget is established and exhausted, no additional funding will be available until the next fiscal year. If funding is established in the budget, the annual appropriation will be split, with half being put toward conferences/events taking place in the first half of the fiscal year, and half being put toward conferences/events taking place in the second half of the fiscal year. If funds from the first half of the fiscal year are not awarded, they will roll over into the second half of the year.

Applicants may apply for a maximum of \$15,000 or 50 percent of the total of their conference/event budget, whichever is lower. First 5 LA may not be the sole financial supporter of a conference/event being applied for and “in-kind” contributions by the organizer may not exceed more than 25 percent of the budget.

Please note: Application amounts awarded are often less than the amount requested. Award amounts are subject to internal staff review and allocation.

IV. PROCEDURES

Process for Applying for Funding for Conferences/Events

First 5 LA’s fiscal year is July 1–June 30. There will be two filing periods: April 1–30 will field conferences/events taking place between July 1–December 31. The second application period will be October 1–31 for conferences/events taking place between January 1– June 30.

For a conference/event to be considered for funding, it must meet the following requirements:

1. Conference/event relates to current First 5 LA’s four priority outcome areas as stated above.
2. Applicants must submit the following through the online application system:
 - a. Application.
 - b. Complete conference agenda.
 - c. Short biographies of proposed presenters/speakers at the conference and a statement clarifying if the speakers will receive honorarium and how much it will be (including speaking fees, hotel stays, transportation or meals).

Comment [JW3]: This section updates the procedures to

1. align with the new online process (replacing the requirement of a letter with conference logistics, etc.
2. adds question re: other funding source(s)
3. replaces requirement to submit four hard copies of application with the new online application
4. provides for a hard copy of application for those who don’t have access to online application

- d. Conference budget, including what component First 5 LA's investment will support (if appropriate), and indication of other sources of funding.
- e. Any previous conference programs (if available).

NOTE: If the applicant is unable to submit application digitally, a paper application will be made available.

Process for Awarding Funding for Conferences/Events

After the close of the application periods, First 5 LA will evaluate all applications for completeness and minimum requirements. Basic requirements include: timely receipt of application, submission of all required attachments, etc. Applications with omissions of any required documentation are subject to disqualification. First 5 LA will also conduct a due diligence review which includes a review of applications that are current and former contractors, grantees and vendors were not out-of-compliance with any existing and past Commission contracts.

If the application is responsive to the application requirements, a review committee made up of inter-disciplinary First 5 LA staff will grade each application according to the following criteria. Each area is scored from 1 to 5, 5 being the highest in each area. The scoring is broken down as follows:

- 1. To what extent does the conference/event support First 5 LA's Strategic Plan outcome areas of Families, Communities, Early Care and Education and/or Health-Related Systems as outlined above?
- 2. To what extent does the conference/event increase community and/or professional capacity?
- 3. To what extent does the conference/event disseminate best and/or promising practices?
- 4. To what extent does the conference/event share new research findings?
- 5. Does the conference or event support existing First 5 LA investments?
- 6. To what extent does the conference/event receive other funding?

The final score will reflect the level of quality and pertinence of the conference/event to First 5 LA's goals and priorities. To be eligible to receive funding, applicants **must** score a minimum of 16 out of the maximum 30 points possible. Review tools are adhered to by the committee members to alleviate the potential for bias. While the committee may make a recommendation of funding, the Executive Department will make the final decision on funding awarded. Committee members are required to sign a Conflict of Interest and Confidentiality Statement.

Final funding amounts will be determined based upon each applicant's score as well as other factors taken into consideration across all applicants, such as the demographics of attendees, subject matter, target audience and location of event.

General Guidelines

- 1. Conference funds will be provided at no more than \$15,000 or 50 percent of the total conference budget, whichever is lower, for each individual conference/event. Only up to 50 percent of the total amount funded may be provided to the conference/event organizers **as an advance prior** to the conference/event. To receive the advance, an invoice along with the funding number is required. The remaining 50 percent will be disbursed when the conference/event is completed. (See **Process for Invoicing** below for more details.) First 5 LA may not be the sole financial supporter of the conference/event being applied for, and "in-kind" contributions by the organizer may not

Comment [JW4]: This section:
1.Adds language clarifying process;
2.Spells out our "due diligence";
3.Updates language to reflect outcome areas of new strategic plan;
4.Adds question about other (non-F5LA) funding
5.Clarifies entities don't need to request the max. amount;
6.Limits awards to 3 out of 5 years (prior version prioritized those not receiving funding in 3 or more of 5 years)
7.Adds a requirement that conference must occur within the funding period granted (unless obtain a F5 extension.
8.Adds language to prevent "double dipping"
9.Prohibits more than one grant per conference/event.

exceed 25 percent of the total budget. Application amounts awarded are often less than the amount requested.

2. Agencies, organizations or collaborative groups may propose one conference/event per fiscal year and may not be awarded more than three years within each five-year period, beginning with the entity's first year as an awardee.
3. Conference/Event must take place within the funding term period during which applicant applied. Otherwise grantee will forfeit their funding. Grantee may request an extension due to special circumstances and it is solely First 5 LA's decision whether to accept or not.
4. Applicant agencies, organizations or lead agencies (in a collaborative) must be in compliance with any existing and past Commission contract and/or funding agreement terms, if such a relationship exists.
5. All applicant conferences/events must be open to the general public.
6. If awarded a funding, the conference/event organizer agrees to provide First 5 LA with the following assets:
 - a. Five entrance passes. In addition, the conference/event will offer a discount for purchase of additional tickets if additional tickets are needed by First 5 LA.
 - b. If appropriate, the opportunity to provide First 5 LA spokespeople to address conference participants.
 - c. If appropriate, the opportunity for First 5 LA to conduct a conference session/workshop regarding our focus areas, initiatives, research findings or other topics.
 - d. Prominent display of First 5 LA logo on all conference materials such as brochures, programs, websites, advertising and other promotional material with the designation of "Supported by First 5 LA." Use of First 5 LA logo must follow the First 5 LA Style Guide. Prior to printing and/or distribution, First 5 LA requests review of the materials using the First 5 LA logo to ensure proper logo usage. Logos and style guide may be downloaded online at <http://www.first5la.org/index.php?r=site/tag&id=690>.
 - e. If the event hosts an exposition for attendees, First 5 LA requires one (1) information booth/table to disseminate public education materials.
 - f. Logo display and a live link between the conference/event website and First 5 LA's website.
 - g. Co-branding opportunities will be facilitated between First 5 LA and other conference sponsors. For example, if First 5 LA wants to develop a giveaway and another sponsor with similar goals/mission is willing to participate, co-branding opportunities may be explored.
 - h. Contact information for other conference/event sponsors/collaborators and attendees.
7. Current First 5 LA Grantees: In order to ensure that current First 5 LA grantees are not using Conference/Event funding to support work that is already within their First 5 LA grant scope of work, and to give as many organizations a chance to receive Conference/Event funding, a current grantee may apply for Conference/Event funding, but the activity must be outside their current scope of work and budget.

- 8. Grantees Applying for Multiple Grants: The applicant may not apply to more than one First 5 LA source of funding in support of the same conference/event. However, in the event that one application is denied, the applicant may then pursue financial support through another First 5 LA funding source (e.g., marketing or policy grants).

Process for Invoicing and Payment

No more than 30 days following the event or conference, the applicant must submit the following to First 5 LA (email submission is preferred):

1. A summary report of the conference, including number of attendees, a program summary, a budget detailing actual expenditures, a media report (if appropriate) along with a short (300 words or less) description of how the conference assisted First 5 LA in achieving its priority goals.
2. An invoice with the MOU reference number for the amount of the award (note: if the applicant received a 50 percent advance, the final invoice will be for the remaining amount of the award).
3. Submission of a W-9 will be required for payment processing.

IV. RESPONSIBILITIES

The Board of Commissioners is responsible for the approval of the Conference and Event Funding through the annual budgeting process.

The Contract Compliance department is responsible for:

- Posting solicitation during two filing periods
- Receiving the applications
- Conducting Level 1 review
- Developing a summary report of the review process, declination and award letters
- Emailing award and declination letters
- Executing MOUs

The Grants Management department is responsible for:

- Conducting a meeting with the internal review committee where all applications will be reviewed.
- Making funding recommendations to the Executive Department for the proposed sponsorships
- Receiving and processing invoices and filing final event report.

The Communications and Marketing department is responsible for:

- Promoting conference funding application periods via social media and First 5 LA website
- Working with various grantees to secure First 5 LA marketing/onsite benefits and all event activation including securing speakers
- Informing all staff of events being sponsored and coordinating staff attendance
- Promoting First 5 LA's participation in events on social media and First 5 LA website
- The overall management of this program, including budgeting the appropriate amount

Comment [JW5]: This reflects internal responsibilities and adds roles for Contract Compliance and Grants Management in addition to Communications/Marketing.

into First 5 LA's annual budget.

The Executive Department is responsible for making final decisions on funding. All applicants will receive a notice of "application received" within 10 days of submission. Final funding notices will be sent within two months of the application closing date.

V. REFERENCES/LEGAL AUTHORITY

VI. APPROVALS

Gabriel Sanchez, Director of Communications and Marketing, Date
Initiating Authority

John Wagner, Chief Operating Officer Date

Kim Belshé, Executive Director Date

DRAFT

Los Angeles County Children and Families First Proposition 10 Commission

SUBJECT: Conference Sponsorship	Policy Number: P-3500
	Effective Date: 02/13/14
	Supersedes:
Initiating Authority: Public Affairs Department	Page 1 Of 5

I. PURPOSE

This policy establishes a uniform policy and procedure for funding conferences/events.

II. APPLICATION

This policy applies to all agencies, organizations or collaborative groups that request First 5 LA conference/event sponsorship funding.

III. POLICY

On July 11, 2002, the Commission approved a protocol for funding conferences/events. The Commission’s primary goal for funding conferences/events is to support knowledge sharing activities that advance the field of early child development through:

- Increasing community and/or professional capacity
- Disseminating best and promising practices
- Sharing new research findings

To this end, conferences/events supported by the Commission will relate to its current priority goal of building stronger families and healthier communities through focus in:

- health
- early care and education
- fitness and nutrition
- child safety

Conferences or events may also relate to existing First 5 LA investments, current research partnerships, current Public Affairs Public Education Plan priorities and/or issues that relate to knowledge that will improve outcomes for families with children age 0-5. The Commission will not fund the following: annual meetings, fundraising events, or conferences/events that promote religious doctrine or political campaigns.

All proposed conferences/events must be held in Los Angeles County and serve a countywide population or be in a geographic jurisdiction (e.g., Sacramento) that could impact policies and/or resources affecting Los Angeles County children ages 0-5.

Each fiscal year, monies may be designated via the Commission's annual budgeting process for Conference/Event Funding. Once that budget is established and exhausted, no additional funding is available until the next fiscal year (July 1 – June 30). If funding is established in the budget, the allocation will be split in half, so that half will be put toward conferences/events that take place between July 1 – December 31 and half for conferences/events that take place between January 1 – June 30. If the funds from the first half of the year are not awarded, they will roll over to the second half of the year.

A maximum of \$25,000 or 50 percent total conference budget, whichever is lower, can be awarded to support an individual conference.

IV. PROCEDURES

Process for Applying for Funding for Conferences/Events

Applications must be filed at a minimum of three months prior to the conference/event. First 5 LA's fiscal year is July 1 – June 30. There will be two filing periods: April 1-30 will field all conference/events taking place between July 1 – December 31. The second application period will be October 1-31 for all conferences/events that take place between January 1 – June 30.

In order for a conference/event to be considered for funding, it must meet the following requirements:

1. Conference/event relates to current First 5 LA priority goals as stated above.
2. Applicants must submit the following through the online application form:
 - a. Letter outlining the conference/event including time, place, goal of conference, audience served (including geographic or ethnic communities), estimated number of attendees, entrance fee (if applicable) and description of how the conference will assist First 5 LA in achieving its priority goals of health, safety, nutrition/fitness, and early care and education.
 - b. Complete conference agenda.
 - c. Short biographies of all proposed presenters/speakers at the conference and a statement clarifying if the speakers will receive honorarium and how much it will be (including speaking fees, hotel stays, transportation or meals).
 - d. Conference budget, including what component First 5 LA's investment will support (if appropriate).
 - e. Any previous conference programs (if available).

NOTE: If the applicant has documents, samples or other materials that cannot be submitted digitally, the applicant must deliver four (4) hard copies of the materials to First 5 LA at 750 N. Alameda Ave., Los Angeles, CA 90012, attn: Conference Funding, within the application timeframe.

Process for Awarding Funding for Conferences/Events

After the close of the application periods, a review committee made up of First 5 LA staff will conduct a preliminary review of each application to determine if it is responsive to the initial application parameters from #2 above. Committee members are required to sign a Conflict of Interest and Confidentiality Statement.

If the application is responsive to the application requirements, the committee will grade each application according to the following criteria. Each area is scored from 1 to 5, 5 being the highest in each area. The cumulative lowest score is 6, the highest 30:

1. Does the applicant support First 5 LA's current priority goal of building stronger families and healthier communities?
2. What is the level of relevance of the applicant to one or more of First 5 LA goal areas?
 - a. health
 - b. early care and education
 - c. fitness and nutrition
 - d. child safety
3. Does the applicant increase community and/or professional capacity?
4. Does the conference or event disseminate best and/or promising practices?
5. Does the conference or event share new research findings?
6. Does the applicant tie into any current First 5 LA investments or research partnerships?

The score will reflect the level of quality and pertinence of the conference/event to First 5LA's goals and priorities. To be eligible to receive a grant, applicants **must** score a minimum of 16 out of the maximum 30 points possible. Review tools are adhered to by the committee members to alleviate the potential for bias. While the committee may make a recommendation of funding, the Executive Department will make the final decision.

In the event that the cumulative sum requested by the applicants within each filing period exceeds the funding allocation per application cycle, final grant amounts will be determined based upon each applicant's score as well as other factors taken into consideration across all applicants, such as the appropriate mix of demographics, subject matter, business vs. consumer and geography of event.

General Guidelines

1. Conference funds will be provided at no more than 50 percent of the net conference budget. Only up to 50 percent of the total amount granted may be provided to the conference/event organizers prior to the conference/event. To receive the advance, an invoice along with a W9 form and a copy of the original award letter is required. The remaining 50 percent will be disbursed when the conference/event is completed. (See **Process for Invoicing** below for more details.)
2. Agencies, organizations or collaborative groups may propose one conference per fiscal year. Priority will be given to applicants that have been awarded a grant for three years or less within each five-year period, beginning with the entity's first year as an applicant.
3. Applicant agencies, organizations or lead agencies (in a collaborative) must be in compliance with any existing and past Commission contract and/or grant agreement terms, if such a relationship exists.
4. All applicant conferences/events must be open to the general public; however, non-membership fees to membership-sponsored conferences/events may apply.

5. If awarded a grant, the conference/event organizer agrees to provide First 5 LA with the following assets:
 - a. Five entrance passes. In addition, the conference/event will offer a discount on additional tickets if additional tickets are needed by First 5 LA.
 - b. If appropriate, the opportunity to provide First 5 LA spokespeople to address conference participants.
 - c. If appropriate, the opportunity for First 5 LA to conduct a conference session/workshop regarding our focus areas, initiatives, research findings or other topics.
 - d. Prominent display of First 5 LA logo on all conference materials such as brochures, programs, websites, advertising and other promotional material. Use of First 5 LA logo must follow the First 5 LA Style Guide. Prior to printing and/or distribution, First 5 LA requests review of the materials using the First 5 LA logo to ensure proper logo usage. Logos may be downloaded online at <http://www.first5la.org/About-Us/Press-Room>.
 - e. One (1) information booth/table in event exposition area with the opportunity to disseminate First 5 LA collateral materials.
 - f. Logo display and a live link between the conference/event website and First 5 LA's website.
 - g. Co-branding opportunities will be facilitated between First 5 LA and other conference sponsors. For example, if First 5 LA wants to develop a giveaway and another sponsor with similar goals/mission is willing to participate, co-branding opportunities may be explored.
 - h. Contact information for other conference/event sponsors/collaborators.

Process for Invoicing and Payment

No more than 30 days following the event or conference, the applicant must submit the following to First 5 LA (email submission is preferred):

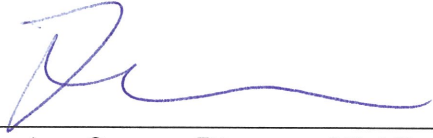
1. A summary report of the conference, including number of attendees, a program run down, a budget detailing actual expenditures, a media report (if appropriate) along with a short (300 words or less) description of how the conference assisted First 5 LA in achieving its priority goals.
2. An invoice for the amount of the award (note: if the applicant received an advance, the final invoice will be for the remaining amount of the award).

V. RESPONSIBILITIES

The Public Affairs Department is responsible to market and publicize this opportunity for funding, receiving the applications for conference/event sponsorship, convening the review committee and making recommendations to the Executive Department of sponsorships. The Executive Department is responsible for making final decisions. All applicants will receive a notice of "application received" within 10 days of submission.

VI. REFERENCES/LEGAL AUTHORITY

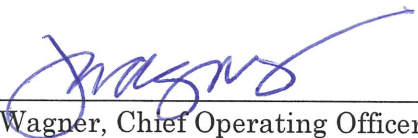
VII. APPROVALS



Francisco Oaxaca, Director of Public Affairs,
Initiating Authority

2/14/14

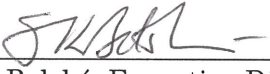
Date



John Wagner, Chief Operating Officer

2/14/14

Date



Kim Belshé, Executive Director

2/18/14

Date

Approved by Board of Commissioners February 13, 2014

Los Angeles County Children and Families First Proposition 10 Commission

SUBJECT: Policy for Travel Approval and Reimbursement for Commissioners	Policy Number: E-1002x
	Effective Date:
	Supersedes: 12/07/11
Initiating Authority: Executive Department	Page 1 Of 4

Comment [JW1]: This updates the 12/7/11 Finance Department Policy, reflecting updates of the staff travel reimbursement policy applicable for Commissioner travel (mirrors staff policy except where delineated below).

I. PURPOSE

This policy establishes standard guidelines and procedures for approval and reimbursement of Commissioners **business travel over 100 miles**.

Comment [JW2]: For staff and Commissioners, this governs process for travel over 100 miles. Travel can be reimbursed separately under 100 miles outside of this policy (e.g., not requiring prior approval, etc.)

II. APPLICATION

These guidelines and procedures apply to all Commissioners.

III. POLICY

This policy establishes guidelines for approval and reimbursement of travel expenses incurred by Commissioners through service to First 5 LA. **Any expense submitted which does not comply with the guidelines of this policy will not be reimbursed.**

IV. PROCEDURES

1. TRAVEL AUTHORIZATION & APPROVAL

When a Commissioner is planning to attend a conference, workshop, meeting, or other business-related event that is 100 miles or more roundtrip from First 5 LA or the Commissioner's home, whichever is farthest, is outside of Los Angeles County and he/she is requesting reimbursement beyond mileage, a Travel Authorization Form (TAF) with the estimated costs of the travel must be completed by the Board Secretary or designee to be approved by the Executive Director and brought to the attention of the Board Chair or his/her Designee. All international travel requires approval of the Executive Director or Chief Operating Officer. A copy of the event agenda, invitation/letter or email confirmation must accompany the TAF.

Comment [JW3]: This addresses the role of the Board Secretary in assisting with proper completion of forms and documentation. This role is not in the staff policy. In addition, there is a new Release Form, suggested by Legal Counsel. This is in our staff policy for travel by non-First 5 LA personnel.

All travel arrangements must be coordinated through the Board Secretary or designee and should not be made until the TAF is approved by the appropriate entities. Any travel arrangements made prior to TAF approval must have the option of being fully refundable without any costs incurred.

All Commissioners must sign a Release Form (release of liability).

Comment [JW4]: This section provides the following additions/updates:

1. encourages advance purchase/discount;
2. requires two quotes for airfare over \$500;
3. clarifies how to handle personal travel in conjunction with work-related travel;
4. updates reimbursement expenses given more recent airline and hotel fees;
5. reflects staff policy for allowable additional hotel costs due to meetings held before 9am and up to/after 5:00pm;
6. Links hotel reimbursement to GSA rate (exceptions required to be approved by ED);
7. Removes requirement that Commission Chair approve Commissioner's vehicle rentals;
8. Updates language on Per Diem to reflect GSA approved rates (versus IRS);
9. Clarifies non-reimbursable expenses (consistent with staff policy) as well as business meals.

2. TRAVEL GUIDELINES

Air Travel

Air travel should be restricted to coach class. Discount and advance purchase arrangements (e.g., 14-day or 21-day advance purchase) should be utilized whenever possible.

When the total price of airfare is \$500 or more, two quotes should be obtained and attached to the expense report to verify the expense is accurate not just a preference.

Travelers must identify and pay for all personal flights, even if such flights are incorporated into a flight schedule that serves business purposes. A copy of a quote of the flight without the personal leg or additional days to verify the difference. Additionally:

- Airline baggage fees for one (1) checked bag will be reimbursed. If there is a fee for one (1) carry-on bag, this will also be reimbursed.
- Any upgrades are considered personal options and will be paid by the Commissioner.
- Seat selection is not reimbursable unless there is a fee for selecting standard seats.
- Travel insurance may be reimbursed. A reason for the expense must be included on the TAF for approval.
- Fees for in-flight Wi-Fi may be reimbursed.

Hotel

Maximum lodging rates are determined based on localities and seasons listed in the U.S. General Services Administration website at www.gsa.gov/perdiem. Accommodations should be made at the event location (or designated hotels), if available, to ensure negotiated event discounted rates. Any exception to the event hotel or hotel rates greater than the GSA rate must be approved by the Executive Director.

Additionally:

- Commissioners should stay in standard rooms.
- Hotel receipts must be itemized showing all charges by date (i.e., room rate, taxes, phone, etc.).
- Prior day hotel accommodations to conference, workshop or meeting are acceptable when the meeting start time is 9:00 am or earlier AND transportation time is more than 3 hours or flights are not available.
- Commissioners are eligible for an additional day of hotel accommodations if the meeting end time is 5:00 pm or later AND transportation time is more than 3 hours or flights are not available.
- Daily hotel internet usage fee will be reimbursed.
- Fees connected with recreational/gym facilities are not reimbursable.
- When submitting the TAF for approval, a copy of the GSA page showing the maximum lodging rate for that locale should be attached.

Car Rental

Rental cars may be used for extended stays or where the destination makes renting a car more economical than other ground transportation, provided that car rental is approved on the TAF. When utilizing rental cars, a compact or midsize car should be selected. If the Commissioner chooses to upgrade, he/she must pay the difference between the compact/midsize car and the selected car.

- First 5 LA's insurance policy provides liability coverage only. When renting a vehicle, the Commissioner must purchase comprehensive and collision insurance coverage. The cost of this coverage will be reimbursed.
- The Commissioner must justify why renting a car is the most economical/practical means of transportation and obtain approval from the Executive Director before renting a car. Commissioners must choose the most economical suitable vehicle available.
- The lowest parking option at the hotel and/or event site is reimbursable. The lowest parking may not be the best option if arriving at a late hour or during extreme weather.

Ground Travel

Commissioners must exercise reasonable judgment when selecting transportation. For travel to and from airports, transportation should be selected by comparing available commercial transportation (e.g., taxi or shuttle) to the sum of mileage plus airport parking. However, the most economical means of transportation may not be the best option if traveling during late hours or in extreme weather.

If a Commissioner uses his/her car in lieu of airfare, mileage will be paid at the current First 5 LA mileage reimbursement rate, only up to the air coach fare. When driving in lieu of airfare, the Commissioner must provide an air fare quote along with the Mileage Reimbursement Form to support mileage reimbursement requests. Gasoline and routine auto expenses are not reimbursable. Also, the lowest parking at the hotel and event site is reimbursable. The lowest parking may not be the best option if arriving at a late hour or during extreme weather.

Per Diem

The per diem allowance is available for all Commissioners during the time he/she is traveling out of town for business purposes, including weekends and First 5 LA approved holidays, to cover expenses for meals and tips. A business related trip must last a minimum of 12 hours including travel in order to be eligible for a per diem.

- For meal and incidental expenses, the per diem stipend amount is determined based on localities listed in the U.S. General Services Administration website at www.gsa.gov/perdiem.
- Each day, including travel days, are calculated at full per diem rate.
- When submitting the TAF for approval, a copy of the GSA page showing the per diem rate for that locale should be attached.

Other Travel Expenses Eligible For Reimbursement

- Expense reports should explain all long-distance telephone charges and cell phone charges.

Non-Reimbursable Travel Expenses

Examples of non-reimbursable expenses are:

- Mobile hot spots are available to Commissioners during travel from the Information Technology Department. If the Commissioner borrows a mobile hot spot, then internet usage fees are not reimbursable.
- Any personal related expenses, including extended or diverted travel, toiletries, clothing, entertainment, credit card and ATM fees.
- Loss or theft of cash, credit cards, travel documents or other personal property (i.e., baggage, auto, clothing).
- Home maintenance/baby-sitting expenses/pet boarding.
- Personal gifts, meals or entertainment provided to hosts in lieu of lodging or meals.
- Expenses incurred by a third party, such as family member mileage incurred.
- Companion travel, including for Commissioner's spouse or partner.

Business Meals

Meals expenses incurred by Commissioners in conducting First 5 LA business will be reimbursed within set guidelines. Commissioners seeking to incur such expenses for reimbursement must obtain approval from the Executive Director and brought to the attention of the Board Chair or his/her designee. A description of the business purpose of the event and the names of those present and their business affiliation to First 5 LA is required. First 5 LA will not reimburse a Commissioner for the per diem meal in addition to

the business meal. Gratuities for business meals should not exceed 20%.

In case of emergency travel, please see the Executive Office for waiver of procedures; approval is based on the circumstances of the emergency.

3. TRAVEL REIMBURSEMENT

Upon completion of travel, invoices and original receipts can be submitted for reimbursement using the Payment Requisition and the Expense Reimbursement forms. Single expenses under \$5 do not require a receipt.

V. RESPONSIBILITIES

The Board Secretary or designee is responsible for completing the Travel Authorization Form and getting Executive Director approval and brought to the attention of the Board Chair or his/her designee in a timely manner. Commissioners will only incur expenses that are consistent with business needs, and exercise care in determining appropriate expenditures. Expense reports must be submitted as outlined in the Travel Reimbursement section of this policy within 30 days of return.

The Executive Director is responsible to determine if travel is really necessary to achieve goal and for approving expenses in accordance with policy and budget.

The Director of Finance and the Finance Department are responsible for determining the Commissioner travel expenses. They are also responsible for the accounting and reporting of incurred Commissioner travel expenses and the reimbursement of such expenses.

VI. REFERENCES/LEGAL AUTHORITY

US General Services Administration www.gsa.gov/perdiem
Mileage Expense Reimbursement Policy

VII. APPROVALS

John Wagner, Chief Operating Officer, Initiating Authority

Date

John Wagner, Chief Operating Officer

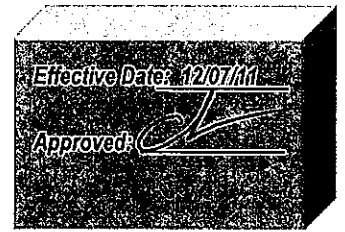
Date

Kim Belshé, Executive Director

Date

Los Angeles County Children and Families First Proposition 10 Commission

Finance Department Policy and Guidelines for Travel Expenses/Per Diem Stipend Check For Commissioners



1 POLICY STATEMENT

552

The Travel Expenses/Per diem stipend check policy for Commissioners establishes internal controls for reimbursement of travel expenses incurred by Commissioners through service to the Los Angeles County Families and Children First-Proposition 10 Commission (“Commission”). Business travel out of the country is not permitted.

2 PURPOSE

This policy establishes standard guidelines and procedures for Commissioners travel expenses and issuance of per diem stipend checks.

3 APPLICATION

These guidelines and procedures apply to all Commissioners.

4 RESPONSIBILITIES

The Commission Chair, Chief Executive Officer, Director of Finance and the Finance Department are responsible for determining the Commissioners travel expenses and issuance of per diem stipend checks guidelines and procedures.

The Commission Chair is responsible for approving all travel requests by Commissioners to represent First 5 LA.

The Director of Finance and the Finance Department are responsible for the accounting and reporting of incurred Commissioners travel expenses and the reimbursement of such expenses.

5 PROCEDURE

The Commission, Director of Finance and the Finance Department will validate travel expenses as follows:

- A. Overnight travel is required to qualify for a per diem stipend check.
- B. When a Commissioner is planning to attend a conference, workshop or meeting that is *both* 100 miles or more roundtrip from First 5 LA or the Commissioner's home whichever is farthest, *and* is outside Los Angeles County, a purchase requisition form needs to be completed for the issuance of a per diem stipend check.
- C. If the conference, workshop or meeting is held outside Los Angeles County, hotel accommodations should be made at the event location, if available, to ensure negotiated event discounted rates. If hotel accommodations are not available at the event location, reservations should then be made where comparable rates can be secured and near the location of the event.
 - Prior day hotel accommodations to conference, workshop or meeting are acceptable when:
 1. The meeting location is at least 100 miles (roundtrip) from First 5 LA or the Commissioner's home, whichever is farthest.
 2. The meeting start time is 9:00 am or earlier.
 - Employees are eligible for the payout of an additional day per diem of prior day hotel accommodations are necessary based on criteria above.
- D. Commissioners are to use their own personal credit cards for travel expenses, such as airfare and hotels. Reimbursement will be made by the Finance Department upon submission of expenses and related invoices and receipts using the attached expense report form. The expense report and related invoices and receipts must be submitted to the Executive Department for its use in preparing the payment request form.
- E. The purchase requisition form for per diem stipend should be submitted to the Finance Department by the Executive Department at least 10 working days before the planned trip. Supporting documentation should be attached, such as the map-quest identifying the mileage from home and First 5 LA when mileage is a determining factor, a copy of the event registration and agenda. If the event registration is not required, acceptable supporting documentation includes event invitation/letter,

agenda or email confirmation. Per diem stipends will not be paid for travel that is less than 100 miles roundtrip except as noted below.

- Travel is for a regional meeting hosted by a Southern California First 5 County Commission: Kern, Imperial, Orange, Riverside, San Diego, and Santa Barbara.
- Regional meetings are defined as those meetings where the Commission is represented by the Chief Executive Officer (or designee) and/or members of senior staff (Department Directors):
 1. First 5 Association of California
 2. Executive Committee of the First 5 Association of California
 3. First 5 California (State Commission)
 4. Annual State-Wide Conference (hosted by First 5 California)
 5. Annual Staff Summit (hosted by First 5 Association of California) of 554
- For meal and incidental expenses, the per diem stipend amount is determined based on localities listed in the IRS Publication 1542 Per Diem Rates (for travel within the Continental United States) Table 4 Maximum Federal Per Diem Rates (effective October 1, 2011 – September 30, 2012).
 1. For example, if a Commissioner is attending a meeting in Sacramento, the Commissioner will receive a per diem stipend of \$61 per day for meals and incidental expenses.
 2. Definition of incidental expenses per the IRS: “means fees and tips given to porters, baggage carriers, bellhops, hotel maids, stewards or stewardesses; transportation between places of lodging or business and places where meals are taken, if suitable meals can be obtained at the temporary duty site” .
 3. For hotel, airfare, taxi cabs, shuttles and vehicle rentals, upon completion of the trip, the actual invoices and receipts can be submitted for reimbursement using the purchase requisition and the expense reimbursement form. *Please note that costs to change flight reservations are the personal responsibility of the individual Commissioner and not the Commission.*
- When renting a vehicle, the Commissioner must purchase comprehensive and collision insurance coverage. Our insurance policy provides liability coverage only.

- The Commissioner must justify why renting a vehicle is the most economical/practical means of transportation and obtain approval from The Commission Chair before renting a vehicle. Commissioners must choose the most economical suitable vehicle available.
4. For mileage reimbursement, the rate is set at 55.5 cents per mile effective December 7, 2011. The mileage with beginning/ending odometer readings should be included as supporting documentation with the purchase requisition form. Gasoline expenses are not eligible for reimbursement when a Commissioner is driving their own vehicle since the mileage reimbursement rate covers it.
 5. All receipts must be taped on a standard white sheet of paper (8.5 x 11 inches; use one side only) as supporting documentation, and included with the purchase requisition form.
- F. In case of emergency travel, please contact the Chief Executive Officer and/or the Finance Director for waiver of procedures, based on the circumstances.

Attachment

Los Angeles County Children and Families First Proposition 10 Commission

Board of Commissioners

Policy and Guidelines for the Development and Approval of Research & Evaluation Projects

1. POLICY STATEMENT

All new research and evaluation projects must be approved by the Board of Commissioners. Commissioners will have the opportunity to provide feedback on all research and evaluation project proposals prior to approval by the entire Board of Commissioners.

2. PURPOSE

This policy ensures that there is a standardized procedural approach to the development and approval of all new research and evaluation projects and that Commissioners have the opportunity to provide feedback in the development of these projects prior to formal approval by the entire Board of Commissioners.

3. APPLICATION

This policy applies to all First 5 LA research and evaluation projects developed after the effective date of this policy.

4. RESPONSIBILITIES

The Board of Commissioners is responsible for approving all new research and evaluation projects. The Chief Programs Officer, in coordination with the Director of Research and Evaluation, is responsible for assuring that all new research and evaluation project proposals are brought to the Board of Commissioners for approval and that Commissioners are given the opportunity to provide feedback in the development of research and evaluation projects prior to formal approval by the entire Board of Commissioners.

5. PROCEDURE

- A. For each research and evaluation project the Chief Programs Officer, in coordination with the Director of Research and Evaluation, will bring a proposal to the Board of Commissioners for approval.
- B. The proposals will include:
 - a. A statement of purpose
 - b. A list of expected learning outcomes
 - c. A timeline and list of activities
 - d. Proposed cost

- C. All Commissioners will be given the opportunity to provide feedback on research and evaluation project proposals prior to approval by the full Board of Commissioners according to the following guidelines:
- a. Contracts that are below \$100,000 will be approved as part of the consent calendar process and will not require prior review from the Programs and Planning Committee;
 - b. Contracts between \$100,000 and \$500,000 will be presented to the Programs and Planning Committee prior to approval as part of the consent calendar process. The Programs and Planning Committee will decide if the contract should be included in the consent calendar for approval or needs to be an action item on the Commission agenda;
 - c. Contracts over \$500,000 will be presented to the Programs and Planning Committee for review prior to going to the full Board of Commissioners for approval as an action item.

Los Angeles County Children and Families First Proposition 10 Commission

Board of Commissioners

Policy and Guidelines for Outcomes-Driven Planning and Evaluation

1. POLICY STATEMENT

All programmatic investments will include clearly defined outcomes and measurable outcome objectives. These outcomes and objectives will be approved by the Board of Commissioners in conjunction with the approval of the investment. All grantees, contractors and strategic partners funded as a result of these decisions will be held accountable to measurable performance objectives that align with the approved outcomes.

2. PURPOSE

This policy ensures that the Commission's programmatic investments are outcomes-driven and that progress and performance can be measured against meaningful and agreed-upon objectives. This will inform decision making and ongoing improvement, ensure accountability by demonstrating progress and assist the Commission in identifying those investments that have been successful in achieving the changes they were designed to make.

3. APPLICATION

This policy applies to all new and existing programmatic investments and the grantees, contractors and strategic partners funded as a part of those investments.

4. RESPONSIBILITIES

The Board of Commissioners is responsible for approving specific and measurable outcomes and outcome objectives as a part of all programmatic funding decisions. The Board of Commissioners is also responsible for approving grantee/contractor performance objectives as part of the consent calendar contract approval process.

The Chief Program Officer or his/her designee is responsible for assuring that all programmatic funding decisions that are brought to the Board of Commissioners for approval include appropriate and measurable outcomes and outcome objectives.

The Chief Program Officer or his/her designee is responsible for ensuring that all grantee/contractor/strategic partner scopes of work include measurable performance objectives that align with the approved outcomes and outcome objectives.

The Chief Program Officer or his/her designee is responsible for evaluating and reporting the progress in achieving the approved outcomes and outcome objectives.

The Chief Program Officer or his/her designee in coordination with the Department Director who is managing the grants/contracts is responsible for monitoring, documenting and reporting grantee/contractor performance toward achieving performance objectives.

5. PROCEDURE

- A. Outcomes and outcome objectives for all existing programmatic investments will be brought to the Commission for approval when the grants/contracts are brought to the Commission for renewal.
- B. When a new programmatic funding decision is brought to the Commission for approval, the documentation must include a section that identifies the measurable and specific outcomes and outcome objectives to be approved.
- C. When a new program grant/contract is brought to the Commission for approval, the documentation must include the measurable performance objectives for each grantee or contractor for that year.
- D. When a program grant/contract is renewed, the documentation must include the measurable performance objectives for each grantee or contractor for that year.
- E. The Chief Programs Officer or his/her designee will report to the Commission on progress the project made toward achieving its outcome objectives.
- F. The Department Director who is managing the grant/contract or his/her designee will report to the Commission on grantee/contractor progress toward achieving performance objectives.

6. DEFINITIONS

- A. Outcome – Changes in health/mental health status, developmental status, attitudes, behaviors, knowledge, skills, practices or policies.
- B. Outcome Objectives - Measurable, attainable milestones to be achieved by a specific point in time on the way to accomplishing an outcome.
- C. Output - The direct result of project activities and usually described in terms of the number or scope of services and/or products that are delivered or produced.
- D. Performance Objectives – Measureable, attainable milestones to be achieved by a specific point in time on the way to accomplishing a desired output or outcome.

LEGEND:

- ✓ - Bylaws
- ✓ - Strategic Plan
- ✓ - Board Policy
- ✓ - Internal Policy

First 5 LA Governance Guidelines

As approved March 13, 2014

Statement of Purpose

- The First 5 LA Board of Commissioners will make its decisions guided by the principles of transparency, financial responsibility and accountability, and adherence to the Commission’s Strategic Plan.

Objectives

- Update and conform First 5 LA decision-making guidelines to reflect current organizational practice and best practices.
- ✓ • Promote transparency and consistency in decision-making.
- ✓ ✓ • Promote coordination, coherence and integration of First 5 LA investments.
- ✓ ✓ • Ensure accountability for First 5 LA’s declining revenues.
- ✓ ✓ • Establish Commission expectations for contractors and grantees that they not expect First 5 LA to be a permanent source of funding for programs and services.
- ✓ • Maintain Commission flexibility to respond to significantly changed circumstances and emergencies by authorizing exceptions to the Governance Guidelines via a vote of 7 of 9 of the voting members of the Commission.

Governance categories

Process

- ✓ 1. Sequencing of action items. Agenda items requiring Commission action will first be introduced as information at a full Commission meeting prior to action at a subsequent meeting. Staff presentations will be provided and public comment received in one meeting, with referral to appropriate Committee(s) for further discussion. Non-substantive issues will return to the full Commission on the Consent calendar; substantive issues will be agendaized for further Commission discussion pre action. Public comment will be incorporated for both Consent and non-Consent action items.
- ✓ 2. Staff presentations. Staff presentations on Commission agenda items will precede public comment.

Fiscal Accountability

- ✓
3.
Long-term financial projection. At least annually, the Board will review and adopt the next five-year financial projection that represents estimated 5-year trends of First 5 LA expenditures, revenues, and, if applicable, staff recommendations regarding the re-classification of unexpended funds.

- ✓
4.
“Paygo”*. Board decisions that have a fiscal impact will require identification of the funding source: e.g., “assigned” funding (per the current Strategic Plan), “committed” (per previous Board-approved allocations) or “unassigned” funds (operations and Reserve). Staff will present to the Board a 5-year spending projection for all service-related investments with a fiscal impact, prior to Board action. Committed funds from an approved allocation cannot be redirected to a different, unintended purpose.

- ✓
5.
Sustainability*. It is the Commission’s expectation that successful applicants for First 5 LA grant support will be able to sustain project efforts beyond the contract period and First 5 LA funds. As a condition of funding, applicants must provide a Sustainability Plan, including sustainability goals, other (anticipated) sources of funding, and action steps. To inform Plan development, First 5 LA will provide specific program outcomes and objectives expected to be sustained and examples that reflect a continuum of possible approaches and recognize the diversity of potential applicants (i.e., size of investment, type of program, capacity of applicant). Sustainability provisions will be included in First 5 LA solicitations, scoring tool, and performance evaluation, unless the Executive Director finds such provisions not practical or consistent with a particular grant program and reports that finding and its bases to the Commission prior to the time the solicitation is issued.

- ✓
6.
Leveraging*. It is the Commission’s expectation that successful applicants for First 5 LA grant support will identify opportunities to leverage First 5 LA funding to support the scope, quality and sustainability of program activity. As a condition of funding, applicants will report other financial resources they have secured for use in the project other than the First 5 LA funds requested. In addition, for multi-year funding, applicants will provide a detailed description demonstrating incremental increases in leveraging consistent with First 5 LA determined benchmarks. Applicants not able to secure leveraged resources at the time of submission will provide a plan to acquire these funds during the project term. Where appropriate, First 5 LA may establish milestone-based funding based upon progress in meeting financial and/or programmatic benchmarks. Leveraging provisions will be included in First 5 LA solicitations, scoring tool, and performance evaluation, unless the Executive Director finds such provisions not practical or consistent with a particular grant program and reports that finding and its bases to the Commission prior to the time the solicitation is issued.

✓ ✓ ✓

7. Expiration of contracts/grants. Each First 5 LA contract/grant will have an expiration date. Multi-year First 5 LA services-related investments will end pursuant to the time stated in the original allocation or grant award. The Commission is under no obligation to continue funding beyond the initial contract term. Should future requests be forthcoming after the contract term is over, these requests will be evaluated based on the 2015-20 Strategic Plan criteria (see below). Staff will provide an annual Board update each spring on expiring grants and contracts.

Strategic Planning (2015-20)

✓

8. Decision-making document. The Strategic Plan will represent a decision-making document that focuses First 5 LA’s strategic direction, aligns the organization’s efforts and activities, and clarifies its intended impact.

✓

9. Alignment of “legacy” investments (from previous Strategic Plans) with 2015-20 Strategic Plan. Prior Strategic Plan initiatives must expire pursuant to their terms or be clearly aligned with the 2015-20 Strategic Plan criteria (see below).

✓

✓

10. Criteria for new initiatives/programs. To be included in the new Strategic Plan, initiatives/programs must include an analysis of each of the following criteria:

- Alignment with Strategic Plan outcomes, objectives, and strategy.
- Clearly defined and measureable outcomes and performance metrics.
- Evidence of or potential for effectiveness relative to outcomes and metrics identified.
- A budget and fiscal impact analysis, including a spending projection for at least 5 years.
- Realistic implementation timeline.
- Evidence of or potential for sustainability of results.
- Evidence of or potential for scalability, if scalability is an intended outcome.

The appropriate Board Committee will review such requests, make findings and provide a recommendation to the full Commission.

✓ ✓ ✓

*** Definitions:**

Guideline #4: “Pay Go”

- Assigned: Funds available for use within the parameters set by the current Strategic Plan. For example, under the 2009-15 Strategic Plan, funds would be available for use within the guidelines of 30-45% for Countywide Activities, 45-60% for Place-Based Activities, 5% for Research and Evaluation, and 5% for Administration.

- Committed: Funds have been set aside by the Commission for a specific purpose via Resolution. This can include either annual appropriations or multi-year allocations approved by the Board. For example, in FY 2010-11 the Board approved a \$7.5 million multi-year investment in the Healthy Food Access initiative. These funds remain in Committed unless the Commission takes action to redirect the funds for other purposes via Resolution. In contrast, for a zero-based investment, such as Public Education, only the annual FY 2013-14 appropriation approved by the Commission of \$2.3 million is shown as Committed because this investment does not have an approved multi-year allocation; any spending in future fiscal years would come from Assigned assuming sufficient funds were available.
- Unassigned: Funds have been designated for First 5 LA operations (via the annually approved fiscal year Operating Budget) and the Fund Balance Reserve, which is calculated annually as 25% of the total fiscal year budget approved by the Board in June.

Guideline #5: Sustainability

- The ability to maintain programming and its impact on the well-being of children and families after the expiration of First 5 LA funds.

Guideline #6: Leveraging

- Additional funding that is awarded and/or accessed as a result of First 5 LA funding (distinct from existing funding).