AGENDA

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

Budget & Finance Committee Chair: Robert Byrd

Thursday, July 14, 2016
1:30 PM

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

1. **ACTION**
   Call to Order / Roll Call
   - Sheila Kuehl, Chair
2. **ACTION**
   Consent
   - John Wagner, Chief Operating Officer
   A. Approve Commission Meeting Summary Action Minutes and Transcript - Thursday, June 9, 2016 — 3
   B. Approve the Monthly Financial Statements Month Ending May 31, 2016 — 101
   C. Contracts: Approve One New Agreement, Two Amendments, Three Renewals and Authorize Staff to Complete Final Contract Execution Upon Approval from the Board — 107
   D. Approve First 5 CA State Advocacy Funding — 189
3. **INFORMATION**
   Remarks by the Commission Chair of the Board
   - Sheila Kuehl, Commission Chair
4. **INFORMATION** — **191**
   Executive Director's Report
   - Kim Belshé, Executive Director

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5. **INFORMATION** **215**

2015-20 Strategic Plan Year 1 Update
- Christina Altmayer, Vice President of Programs
- Barbara DuBransky, Families Outcome Lead
- Reena John, Health-Related Systems Outcome Lead
- Katie Fallin, ECE System Outcome Lead
- Antoinette Andrews, Communities Outcome Lead

Introduction: 40 minutes
Breakout Sessions: Two 30-minute sessions
Break: 10 minutes
Recap: 40 minutes

Note: Breakout Sessions for this item will take place in the following
Conference rooms:
Health: Conference Room A
Early Care and Education Systems: Conference Room B
Families: Conference Room C
Communities: Multi-Purpose Room

6. **INFORMATION**
Public Comment (for items not on the agenda)
7. **ACTION**
Adjournment

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MEETING OF FIRST 5 BOARD OF COMMISSIONERS

Thursday, June 9, 2016

750 North Alameda Street, First Floor

Los Angeles, California 90012

REPORTED BY:
HEATHERLYNN GONZALEZ
CSR #13646

Thursday, June 9, 2016; Los Angeles, California

1:32 p.m.

-oOo-

SUPERVISOR KUEHL: Welcome. Everybody, find a seat. I see you have, almost all. This meeting is called to order. Can we call the roll.

SECRETARY: Judy Abdo.

COMMISSIONER ABDO: Here.

SECRETARY: Nancy Au.

COMMISSIONER AU: Here.

SECRETARY: Jane Boeckmann.

Celia Swilley.

COMMISSIONER SWILLEY: Here.

SECRETARY: Cynthia Harding.

COMMISSIONER HARDING: Here.

SECRETARY: Christopher Thompson.

COMMISSIONER THOMPSON: Here.

SECRETARY: Gabe Gilleland.

COMMISSIONER GILLELAND: Here.

SECRETARY: Marlene Zepeda.

Brandon Nichols.

MR. NICHOLS: Here.

SECRETARY: Patricia Curry.

Karla Pleitez Howell.

Deanne Tilton.

COMMISSIONER TILTON: Here.

SECRETARY: Sheila Kuehl.

SUPERVISOR KUEHL: Here.

SECRETARY: Quorum is present.

SUPERVISOR KUEHL: I think -- sorry. Kim and I were conferring about when it is the best time to introduce our alternates or maybe I could ask them to introduce themselves. We have two -- I think Linda's not here yet.

But, Brandon, would you introduce yourself and tell us what you're an alternate for.

MR. NICHOLS: Yes. Good morning. Brandon Nichols. I am the chief deputy director at Children and Family Service, so I am the alternate for Phillip Browning at the Children and Family Services.

SUPERVISOR KUEHL: Welcome. Very happy to have you here. We'll move forward, and when she Linda, we'll welcome her as well.

I think we'll start with the consent calendar. Mr. Wagner.

MR. WAGNER: Thank you, madam chair. And good afternoon, commissioners.

Please bear with me for a few moments while I give you some brief comments to provide a little bit more context of the consent item that is before you, Item 2.

Subitem 2C is the consent matrix, which is the list of contracts that require board action. We don't have any new or amended contracts, so all the contracts that are before you are renewed contracts. So by definition, this is all work that has been approved previously. There are 73, which is a significant number.

A couple points on that. First is, the volume really represents the fact that we're getting ready for a new fiscal year, and we negotiate many of our contracts in an annual basis. So you'll be seeing and you are seeing these come back to you in preparation for the July 1st new fiscal year.

Second, just to point out that the action today on the consent matrix, which is the contracts is also contingent upon approval of the budget for fiscal year 16-17, which is Item 5. So we'll be spending a little bit more time on that in a minute. But these dollars associated with the contracts are built into that budget.

Subitem 2D would authorize us to enter into a contract with First 5 California, basically so that we could receive up to $2.7 million in funding from First 5 California to help support our work in Los Angeles in supporting and facilitating a process on the quality rating and improvement system, or QRIS. This is very consistent with presentations that have come before you

recently, most recently through the special commission program and planning committee meeting that we had last month at the end of May.

Item 2E includes several strategic partnerships that require board action to establish. And just as a reminder, the commission has authority to enter into strategic partnerships with entities under specific circumstances that allow us to contract with these entities without a competitive solicitation. Examples include when an entity is so uniquely qualified or has additional resources that our money can leverage those additional resources, as two examples.

So the first strategic partnership coming before you for consideration is one with Children Now. It is for one year allowing us to execute a contract up to $475,000 covering the next fiscal year to help inform our work on kindergarten readiness or QRA -- kindergarten readiness assessment, or QRAs. This work is detailed in a staff presentation to PPC on the 26th of May.

For the next two strategic partnerships, you may recall that the ECE, or early care education workforce consortium, was established in our previous strategic plan. Earlier this year in January, the board took action to basically reallocate those unspent dollars consistent with the work in our new strategic plan for ECE. So the

next two strategic partnerships are vehicles that will allow that work to go forward.

The first is with the alliance, and it will help them to be the fiscal agent for the early care and education credential advocacy project known as PEACH. This strategic partnership is for four years and up to $1.75 million with a contract for the next fiscal year up to $558,000.

The third strategic partnership is also with the alliance, and it's for a two-year period for up to 1.2 million with a contract next fiscal year for $600,000. This strategic partnership will allow the alliance to provide quality improvement coaching connected to the QRIS work.

The fourth and last strategic partnership for your consideration is with Third Sector New England for a period of up to four years and up to a total amount of $600,000, $200,000 of which would be allocated for the next fiscal year, 16-17. This strategic partnership will allow to us work with Third Sector to increase awareness of and training of -- on a shared services model for ECE providers consistent with the staff presentation at the May 26th PPC committee meeting.

So with that, I turn it back over to the chair and respectfully ask for your consideration of those

items.

SUPERVISOR KUEHL: Question please. Counsel.

MR. STEELE: Chair, the record should reflect that Commissioner Thompson is abstaining from the vote on Item 2C due to a -- one of those contracts with the Department of Mental Health.

SUPERVISOR KUEHL: Okay. So we'll record that.

COMMISSIONER HARDING: I also have to abstain from 2C because there's some contract --

SUPERVISOR KUEHL: Director Harding as well.

That still would leave sufficient votes to adopt it one would think.

MR. STEELE: Yes.

SUPERVISOR KUEHL: Thank you.

Any questions on any of the items on consent?

Do I have a motion to adopt the consent calendar?

COMMISSIONER AU: So moved.

SUPERVISOR KUEHL: Moved. Second?

COMMISSIONER ABDO: Second.

SUPERVISOR KUEHL: Moved and seconded. Any objection to adopting the consent calendar?

Seeing none, that will be the action.

Item Number 3 is a few comments from the chair. I guess the thing I want to talk about, we're spending a lot of today's meeting talking about First 5 LA's really

single biggest investment at this time, And that's home visitation. We take an action to review and renew 18 contracts with select home visitation providers, 13 contracts with hospitals who are participating. We'll be doing pretty significant evaluation, making and developing efforts to sustain these programs across a longer period of time. And I think we've become convinced and seen already the benefits of home visitation. They improve immediate outcomes. They improve lifelong outcomes, maternal health, school readiness, positive parenting, et cetera.

And as I mentioned last month, I see this in many ways as a kind of prevention program as well, ways to really work with new parents about avoiding abuse, finding other ways to communicate with, and in some cases I think correct as they see it, children. But also it -- it helps to keep them in -- to some extent from needing the county services.

A lot of departments around this table become engaged with parents because they don't choose these alternate ways of dealing with their kids or they're so overwhelmed they can't. So you know, mental health, public health, DCFS. So there's really a natural connection that I think people don't make between the kind of efforts that we make at First 5 and the county, which

has really been the theme that I've been trying to develop all along since I took over very happily as chair.

But as we know as significant as our commitment is to these programs, there's really no one organization who can assure that every child has access to quality home visitation.

So that's why I'll be very interested in today's presentation, looking really for opportunities for partnership, especially partnership with the county but not only with the county. We have our state and federal champions as well, also insurers who are interested. Sometimes self-interested and sometimes for even greater reasons. Hospitals that have a vested interest in positive patient outcomes.

And there are fiscal components to this; the kind of things that we save when we don't have to catch people at the end of a cycle. And recently we had quite a gathering in my office put together by Susan Bostwick of representatives from public health, children and family services, First 5, LA Best, Baby's Network, talking about different models and programs for child visitation and home visitation.

And I guess what I would say in going forward, I -- I will constantly want to look at more and more ways that we can connect things that we're trying do in the

county with things that we're trying to do at First 5. I was especially thinking about special populations -- all of our populations are special that we serve of. But I've been thinking lately about children of children. And DCFS, for instance, everybody says, oh, foster kids foster kids. But they don't think about how many of our foster youth are parents and how many of them are brand new parents and need that same kind of help while they're pregnant and then starting out, even teens who are not yet engaged with our system who may be, who are at risk of homelessness or being throw-away kids from their own homes.

So I want us to look kind of carefully at the demographics of Welcome Baby, who's in our various areas, and more importantly, maybe who's not because these programs are wonderful but they are limited geographically. So I want to know, are these kids just as involved parents or not, involved in other kinds of services. Are they -- how many are very, very young? Of course, how many in the foster care system. And so I think as we go along to continue that kind of theme of connection will be of greatest interest to me.

So thank you very much, and I look forward to that presentation. But even more I look forward to Kim Belshe's presentation because that's next on the agenda.

So here's our executive director.

MS. BELSHE: Oh, my God. Thank you, madam chair, for that kind introduction. And I will -- have a couple of things I want to talk with the board and others about. And I will return to the supervisor's comments at the end of my comments.

So a couple of things I want to highlight for the board is, number one, the terrific progress we're making with the completion of our executive leadership team. I have shared with the commission, with staff. I want to thank Gabriel in our communications and marketing team for pushing out our recent appointments. Let me begin with acknowledging that our new vice president of programs, Christina Altmayer, who is well known to the board, but maybe not all.

Christina, can you stand up? There we go. A round of applause.

Christina is overseeing our programs division, which will be comprised of families, Best Start communities, early care and education, and health related systems departments. So we welcomed Christina on May 16th. And in short order, she's already adding terrific value and making a lot of contributions in terms of guiding our implementation of the new strategic plan work.

Last week I announced the appointment of Kim

Patillo Brownson as the new vice president for policy and strategy division. Kim is someone who is also I think well known to the commission through her leadership over the course of the past many years with the Advancement Project. In this new role, she'll be overseeing the departments of policy and intergovernmental affairs, communication and marketing, and the new department of strategic partnerships. Kim will be joining First 5 LA on June 30th, which is just around the corner. So we're excited about that.

And then only yesterday I announced the final appointment of the new executive team, Daniela Pineda who's not well known to the commission. She will be our new vice president for integration and learning which oversees the department of integration and learning and the new evaluation center of excellence. She comes to us by way of Living Cities, which is based in Washington DC where she's the associate director for evaluation and impact. In that role, she's been doing a lot of the important and hard work around designing and shaping and executing a learning and evaluation and monitoring agenda for Living Cities. So she's got some terrific applied experience in this important area. Importantly, she's from Los Angeles. So she is eager to come home and will be starting on July 11th, and is very much looking forward

to contributing to our efforts to really shape and advance learning agenda that will both improve impact and effectiveness as well as helping to inform the field more broadly.

We are very fortunate to have the caliber of the leadership talent that is joining the organization in these new executive roles and very fortunate, along with Carl Gayden -- where is Carl? Stand up again, Carl, so people will know Carl. We welcome Carl again as our new senior director of administration and our future state organization. But the type of people of their caliber and talent working with a very talented group of department heads and staff broadly to really insure that First 5 LA is meeting its aspirations. I think our ability to attract and have this type of strong leadership and further build and support our internal leadership really positions us well to have the kind of impact and performance that we all know this organization can have on behalf of young kids.

So what's next? We are moving forward with the next phase of our organizational alignment process, which involves the assessment and selection of department heads which the vice presidents will be responsible for. As I've shared with the board and staff, we are taking a very deliberate, thoughtful, best practices informed approach

where we begin with the vice presidents and then move to the next level in the organization. It is a process that is, as I said, very thoughtful and very deliberate, but it is one that takes time. So I really want to, again, acknowledge my staff colleagues for their engagement and patience in this process and know that, while it is taking some time, it is not only grounded in best practices, it's also grounded in our shared desire to have the right people in the right jobs to do this important work.

So a couple other matters, Best Start. The Best Start tour continues. We have met with 12 of the 14 Best Start community partnerships. They have all been really interesting and rewarding and edifying. It's been great to listen to and learn with the partnership community members who've been attending, along with many commissioners. I really want to thank so many of the commissioners for coming to one or more of these meetings, sometimes traveling far distances. I think they -- you all would agree it gives us a lot of insight both to the promise as well as the challenges associated with this type of place-based work.

We have two more to go: West Athens and Palmdale. So June 23rd is West Athens. Palmdale is June 28th. We encourage commissioners who are interested in, if they'd like to attend one of those two meetings, that

would be terrific. And I note we've had almost every single member of the senior management team come as well. And that's been really edifying and helpful for them as well.

Once we complete the tour and the engagement sessions with the partnerships and -- obviously, we're going to be coming back. This is not the only time we're going to be engaging. But we really do want to take some time and capture some of the themes and lessons, both from a staff perspective as well as the from the perspective of those commissioners who attended. And then we'll come back to the board probably late summer or early fall with some learning. Okay?

Final Best Start item, I've noted a number of times our efforts to really think carefully about what we're calling the long-term support structure, the infrastructure, for Best Start and how do we support and position Best Start over the long term so that the work of the partnerships and the results they seek can be sustained over time. We've been very transparent in terms of saying, we don't have all the answers. So we're looking for input and we put out into the community a request for information to see what organizations or networks of organizations have the interest and the capability to provide the kind of programmatic,

administrative, and capacity building support that is so critical to the work of the partnerships today and going forward. So again we'll be coming back once we get responses and informed by other inputs be coming to the board with some ideas and options as it relates to infrastructure.

Here I want to appreciate Rafael and Antoinette and their teams, along with Teresa and now Christina for their work. This is a very complex, hard issue. And commissioners who've been involved with Best Start from the start know that this is not an easy one-size-fits-all solution necessarily, but we want to bring some consistency and coherence to our support, and that's what we'll be coming back to you with.

Finally, a couple of First 5 LA convenings I want to highlight. Consistent the priority of the board has placed in the new strategy plan on partnership and collaboration and working with others and not going off and charging off on our own and then looking around to see who wants to play with us, we've been working hard at partnership. It's a new way of working in some parts of our organization but incredibly important to our sustainability and scale over the long term.

So a wonderful milestone was reached around our work around developmental screening. On May 20th, we had

a wonderful launch of our work around developmental screening specifically related to the Help Me Grow LA systems model. This launch was co-sponsored by First 5 LA, by the Department of Public Health, by LA Care, as well as the American Academy of Pediatrics Chapter 2. All of them had leadership at this meeting. John Bacchus who's the president CEO of LA Care opened the event and I remember Christina saying afterwards, informed by our experience in Orange County, how fortunate we are to have the CEO of our largest Medi-Cal plan playing the kind of leadership role it is. He spoke about his vision for LA Care not just providing coverage and services, but really being a catalyst for change with an eye towards health improvement.

He made the comment about how he recognized that LA county is not first out of chute in terms of bringing Help Me Grow to its community. Indeed, there are many replication sites around the state and country. And Orange County actually was the first replication state after Connecticut. But he said, so we may not be the first, but we're going to be the best.

So having his leadership and support along with the Department of Public Health and the American Academy of Pediatrics is just terrific. It was a great launch to help move us towards our shared goal to help providers and

parents alike identify children at risk of behavioral and developmental concerns and help them get connected to the early intervention services they need.

Cindy Harding did a great job as our keynote. Thank you so much. Cindy did a great job reminding us all about why we care about this issue and how we really can't engage in and make a contribution to improving the life trajectory of children without really focusing on developmental screening. So thank you for setting that stage.

Christina had been invited wearing her Orange County hat. And by the time she gave her comments, she was one of our people. We were very, very proud to have Christina speak on our behalf, but really speaking about much of the learning from the Orange County experience, which I know we will benefit from mightily here from Los Angeles.

We had Duane, we had Sylvia, we have Kip, and Cindy as board members and being a part of what we were hearing and learning together.

And, finally, I want to thank our stellar super smarty pants health team that really put a lot of effort into this. So Reena John, who's the head of that outcome area. Faith Ramirez -- let me go through them all. Hold your applause. It is applause worthy. Thank you, Barb.

Faith Ramirez, who's been the project lead for this work. Ruel Nolledo was the point man for the event, so he probably bore as much stress as anyone. Christy Cardenas, Jeanette Sheen, Mercedes Paris Chica, Monia Nolesko, Fabiola Montiel, and Kelly Goods, who was the co-lead along with Faith, had a baby, had maternity leave, came home to the mothership First 5 LA, and then went home. So she has returned to being a full-time mother.

But please join me in thanking the team for doing such a wonderful job. They really did a terrific job in laying the foundation for the work that lays ahead. We had a diversity of the people in the audience who were really compelled by the consistency of the messaging and the approach and the imperative to move forward together in new and important ways and the power of the Help Me Grow framework as a systems model for that work together.

Finally, last Monday was the second family strengthening summit which was attended by about 450 staff from our Welcome Baby contractors and select home visitation grantees. This was an opportunity to come together and really celebrate accomplishments over the course of the past year, to highlight the role that home visiting is playing in terms of strengthening families and improving outcomes for children at the earliest moments possible consistent what the supervisor was just speaking

to, as well as providing ongoing learning about what's working well, what are the challenges, and how can we strengthen the Welcome Baby select home visiting work to maximum impact for young children.

As the supervisor just note, this is an anchor investment for this organization to date and going forward as a part of our new strategic plan. It represents your understanding that, if we really want to make sure that kids are ready to succeed in kindergarten and life, we need to start early, and that means starting with parents at the earliest moments possible.

So you all have put a lot behind this in terms of time and certainly resources. And I just want to underscore this is not only enormously important work to families and children here in LA county, but the eyes of the state and nation are also on us. We represent one of the most significant funders of home visiting services in the state and country. We are testing a -- what we call a light touch model.

So there's a lot of learning and we're going to hear a lot more about that this morning. But I just want to underscore what we're doing here matters not only to our communities but really to larger audiences and indeed that's being recognized by -- Barb just shared with me this morning, there are five different national

conferences in the statewide conference where First 5 LA has been invited to come and talk about Welcome Baby. And it's terrific that our teams that go -- it's not a program team alone. It's program and our research and evaluation team.

So we're going to invest about an hour or so of our time towards the end of the agenda or after budget to dig more deeply into those principle components of implementation, evaluation, systems coordination at the county and state level as well as policy and sustainability.

So I will leave it there. But it's been a very productive week -- or month. Very productive month.

SUPERVISOR KUEHL: It seems like a week. Thank you very much. I noted that, when you were referring to one of our staff who took maternity leave and came back to work and then went home, that you said she came home to --

MS. BELSHE: To the mother ship.

SUPERVISOR KUEHL: -- and then went home.

MS. BELSHE: To the mother ship, yeah. I caught myself.

SUPERVISOR KUEHL: I'm not correcting you. I'm just saying that I think it's really interesting because I know a lot of -- I don't know about the rest of you, but a lot of us spend more time at work than at home. And so

it's a very important kind of concept, what are you creating that people and how they feel about it. I suppose we'd have to ask her if she thought of it as home, but still.

Any questions from any commissioners about -- to Kim or to myself?

Yes, Cindy.

COMMISSIONER HARDING: It's not a question, but if I could just make a comment because I was able to attend the family strengthening summit. And it was an amazing event. As somebody who has really believed in this issue of home visitation from the beginning and seeing, along with Nancy and Deanne, seeing that baby birthed with this commission and then to see the sophistication of the work and where it's gotten today. There were over 450 people that were at that conference, all of them for the most part home visitors. And to see the commitment and the dedication that those women and men have to the program. They did a beautiful video that perhaps we could make available to the commissioners here to see. It's about a half hour --

MS. BELSHE: We're going to see a little piece of it actually.

COMMISSIONER HARDING: Because it was just amazing to see what people had learned. And then they did

this sort of funny part about some of the things that you don't expect to find when you do home visitation and you do find. And it was -- the learning that was shared was just phenomenal. And then to hear from one of the national experts in the country, Dr. Darrough, who we've engaged to help us with this to talk about how impressed she was how far this initiative and this investment has come.

I really applaud all the staff and all of us as well for believing in this issue and for funding it the way we have.

SUPERVISOR KUEHL: Thank you. Any other comments to me or to Kim or to each other?

All right then. Then we will move to the next item on the agenda which is an action item. Just so you know, we are asked to approve the proposed final fiscal year 16-17 budget, which we've seen and seen and kind of seen again and others have seen and then it was a committee so we saw it again.

But very, very good work on this. One presentation and then any questions that we have about any -- or comments about any sections of the budget and then I'll entertain a motion to approve it. So over to you.

MR. ORTEGA: Good afternoon and thank you, madam chair, for that great introduction.

You know, at the May 12th commission meeting, I reflected on the budget and the story that the budget tells the commissioners and our constituents internally and externally within LA county. And I reflected on the many shifts that we see within the proposed budget and how it truly does reflect our mission through different partnerships and through strengthening families and communities and systems and support so that all children succeed in school and in life.

But there is a story that we don't see within this budget, and that is the extremely and important hard work and the organization-wide effort that goes into preparing this budget. The budget truly does reflect an organization-wide collaboration. It reflects hard work internally between staff and the departments and also the collaboration and partnership with our commissioners through the different committees and committee meetings that you just referenced, supervisor. And five committee -- five committee meetings to be exact.

So I would like to take a moment to say, thank you, and acknowledge the committee members from both the program and planning and the executive committee. And just an extremely special gratitude. I wish Dr. Joseph Ybarra was here, but he's our chair of the budget and finance committee group. And I want to say thank you to

all of our committee members, including our co-chair, Nancy Au, our committee member Jane Boeckmann, and Dr. Marlene Zepeda who have really taken time to roll up their sleeves, and with that -- on several occasions to take a deeper dive and look into this budget. It was truly a pleasure for me to work with you as the director of finance and most importantly to receive the endorsement of the budget finance committee -- the budget and finance committee meeting members.

I would also like to take a moment to acknowledge our executive team and their leadership, our senior management team, our outcome leads, and the entire staff, every single entire staff from program officers to even administrative assistants who really got meetings together and gave us the opportunities to work in a very collaborative way and, because of their hard work and their dedication, we have a great budget that's in front of you.

And then most importantly, I would also like to take an opportunity to acknowledge my team. It is an extreme pleasure to work with great people and, especially our lead for the fiscal year 16-17 budget is Alison Mendes.

Alison, your leadership and your hard work is definitely reflected throughout this budget. I do

appreciate your dedication and your efforts and staying late and make arrangements for child care. It is hard work and we do dedicate a lot of time. And this effort has been going for the last six months, so I'm really appreciate that.

In addition, I want to thank our new budget manager, Daisy Lopez, for her role and the contribution of Tina O'Neal and Char Ray Motomet for their support in the last six months.

And with that, I pass it to Alison. Take it to the last down the home stretch.

MS. MENDES: Down the home stretch. Thank you, Raoul.

SUPERVISOR KUEHL: Then it all starts over again in one minute.

MS. MENDES: We'll be back before you know it. Time passes fast. Thank you for that wonderful introduction, Raoul.

As it's been noted, we've had many touch points with the board so far. Once at the commission meeting last month And four different committee meetings. We are at the financial step right now. We are at the approval June 9th commission meeting. This is our final hurrah, so I hope you can bare with me through one more presentation and hopefully approve the budget at the final -- at the

conclusion of the presentation.

So as you know, this budget across the last six months and particularly since we've been discussing it with the commission. It's a very iterative process. Our initial budget development starts very early in January and February, and estimates change as time goes on. So the budget that we brought to you at the May commission meeting has changed very slightly from that version to this final version that you see today. And I will go into those changes a little bit in more detail later. These changes were also reviewed at the May budget and finance committee meeting and also at the May program and planning committee meeting.

Also today, I want to take some time to talk about everybody's favorite topic, our fund balance, which tends to make eyes glaze over but I'll try to make it as fun as possible. But before I get into all the details of the presentation, I do want to point out that these many touch points with the board have given us so many opportunities to hear your feedback and to take your feedback and try to address it as much as possible. And, specifically, we've heard feedback on our budget estimates for our personnel costs where we have historically had some underspending. And we did take that feedback back to the drawing board, make some changes. And the version of

the budget that you saw at the commission meeting in May did implement some of those changes. In particular, we did increase our turnover rate from three to three and a half percent. That's incorporated in our estimates. And we also reduced our budget for vacant positions from 12 to nine months. And these changes were included in the May commission meeting materials that you saw.

And related to questions regarding how the 16-17 budget fits into the scope of the five years of the strategic plan, we did bring back to you also at the May commission meeting the budget figures in the context of those original five-year resource estimates that were communicated as part of the approval of the strategic plan. Once we finalize our year one, we get a final accurate figures for our year one costs, we will look back at those figures and revisit our five-year estimates and see where we are in the context of the five-year resource needs.

And then, finally, we heard questions about our administrative cost limits. As noted previously, our calculation does reflect a very broad approach to our administrative cost limits. This is consistent with previous years and with our board-approved policy on our administrative limits. In addition, as we noted previously, First 5 has consistently had one of the lowest

administrative cost rates of all county commissions across the state. And this year is no different. The 16-17 administrative limit is the second lowest of all 58 county commissions. So I'll touch on that a little bit more later.

So you heard some of this at the May commission meeting. It hasn't really changed that dramatically, but the budget does show an overall decrease from the 15-16 budget that represents year one of the strategic plan. Specifically, the decrease of 57.6 million is made of up of a net increase of resources to support the 2015-2020 strategic plan investments, an increase of 32 million, or 54 percent from 15-16, coupled with a decrease of 89.8 million in resources for the legacy initiatives. And as we talked at the May commission meeting and as Raoul touched on again today, that really does reflect our shift in strategic direction moving more into the new strategic plan.

So this gets into the changes from the draft budget that we reviewed with you at the May commission meeting. Our draft budget was a total of 160 million. This final budget is 161 million -- 161 and a half million. So we had a total of almost one and a half million in changes from the May version to this version that you see here. You can see that we did increase our

cost related to legacy investments, research and evaluation, and some of our costs related to our priority outcome areas of the strategic plan. I will get into this a little bit on the subsequent slides.

These budget changes of the 1.5 million fall into two main categories: First, there was new data that became available to inform the budget estimates. That is actually accounting for the majority of the increases, in fact, almost 1.3 million of the one and a half million increase. And then we did have one -- one program that experienced a delay in current year activity for which we needed to shift those costs into the following year.

So here you can see the specific changes by initiative and by program making up the one and a half million dollar increase to the budget from the May version. The reason for each change is shown in the final column. ND represents new data made available and the D represents a delay that shifted the cost into the next fiscal year.

More detailed descriptions of what's driving these changes are included the budget materials in today's packet. I won't go through that in much detail, but just to give you a couple of examples, you can see the change in Black Infant Health of 194,000 is related to bringing the budget for 16-17 in line with our final contracted

amounts. Those contracts were not completed by the time we brought the May version to you. Those have now been negotiated and this does bring the budget in line with that.

Another example, the increase for the Children's Dental Care Program of 572,000 was driven by additional program assessment that determined the need for additional resources which will specifically support a new pediatric clinic at the LA County Medical Center that opened in of April 2016.

I do want to note that all of the increases that you see here for legacy investments are within the overall approved allocation for these investments and do not represent requests for new funding. And similarly the -- the one change that you see for research and evaluation that was a result of a delay also does not represent a request for new funding but simply a shift in resources from the current fiscal year to fiscal year 16-17.

So these changes did increase our overall budget of course by about one and the half million. Our administrative costs limit did not change. It is still at 12.4 million, but the increase in the overall budget amount did decrease our administrative cost rate from what you previously saw of 7.81 percent so 7.67 percent. Again, I do want to reiterate that that is the second

lowest among all 58 county commissions which have rates ranging from five and of half to 25 percent of their spending.

So now I want to shift gears a little bit to talk a little bit about our commitments. And this was not a part of the presentation on the 16-17 budget at the May commission meeting. We typically wait to bring this in June because that additional month gives us a lot more information on spending for the fiscal year and a lot better projection for our final year-end fund balances for the current fiscal year.

As many of you know, our governmental accounting standards board statement 54, GASB 54, outlines a hierarchy of fund balance categories based on the strength of commitment of resources. Our board approved fund balance policy does lay out and give -- provide definitions for these categories as they pertain to First 5 LA resources and the process through which constraints are imposed on resources. It has been our practice over the past few years since we implemented GASB 54 in fiscal year 10-11 that we review our levels of commitment with the commission every year to reaffirm the commitments dedication to keep those commitments that were approved by previous commissions. Over the past couple of years, we've utilized the annual budget process as this

opportunity to bring our commitment level backs to the commission.

So here just for your reference, we do show the fund balance categories listed in order of strength of commitments from the highest to the lowest level of constraint. As I said, these are included today for reference and they do guide our final fund balance levels that are required as part of our annual year-end audit.

So to give you a visual of our fund balance from our final June 30th, 2015, fund balance that was included in our comprehensive annual financial report for that year versus what we are projecting to have at the end of this fiscal year, June 30, 2016. Here can you see that, as we spend more, as you all are aware, we spend more typically on an annual basis than we bring in revenue, and that does lead to a overall decrease in fund balance that you can see here, going from 536.6 million to a projected balance of 445.5 million.

The details of these projections are included in attachment E in today's packet. I don't want to go over those in detail, but they are there for your reference. I will call out the categories at a high level though. The committed category, or the blue category, represents our multiyear allocations, and it's actually comprised of two parts: One is, as I said, the multiyear allocations. And

the other part represents the funding commitments for those investments that do not have multiyear allocations. And those investments that don't have multiyear allocations, the fiscal year budget amounts will become committed when the budget is approved by the commission in June.

So the 26 -- almost 268 million that you see there represents the balance of our multiyear allocations coupled with our 16-17 budget amounts for those that don't have an allocation. You can see that over the course of this fiscal year, we are continuing to spend down that balance by the way.

Similarly, we are projecting to continue to spend down our advances to our contractors which is the orange section that you see there, our nonspendable. These are funds that are already out the door and in the hands of our contractors, but they still represent an asset on our books. We still do have two remaining advances that are projected to be remaining at the end of this fiscal year, and that includes our UCLA Dental Home advance that has some activity included for 16-17 to spend down their remaining balance, and also our outstanding balance with LA Care which I know has been discussed by the commission many times previously.

The unassigned category in purple includes two

components: One is approximately 21. -- well, approximately 21 -- I think it's 21.2 off the top of my head, for operating costs as well as our fund balance reserve of about 40 million, representing 25 percent of the fiscal year budget.

And, finally, the category of assigned in green represents the remainder of our fund balance. Based on board action and based on our fund balance policy, that is reserved for use consistent with the parameters outlined in the strategic plan.

In alignment with the governance guidelines and the expiring initiatives assessment process, the amount that you see here for assigned, the 106.8 million, does include 3.1 million that we did identify related to investments that have either ended in previous years or are ending in 15-16 with a projected remaining balance. And this 3.1 million -- and I will discuss this is a little bit in the next slide -- we are requesting that that amount be released from commitment and moved back to into our assigned for use consistent with the strategic plan parameters.

And with that, I will get into exactly what we are requesting for approval today. I know the budget materials are quite extensive, so we wanted to be very clear about what we're asking of you today.

There is a resolution included in your materials for today. And the resolution outlines the following components: First, we are requesting approval of the 16-17 budget of 161.5 million provided in Attachment A of your materials. Second, is the endorsement of the remaining commitments for multiyear allocations totaling an estimated 183.4 million at June 30th of 2016. As I mentioned previously, this does mean that we are requesting your reaffirmation of where our funds are committed and for what purpose; I.E, for what initiative. As noted, we do this every year in order to reaffirm commitments made by previous commissions. The details of those balances are included in Attachment E of your materials for today.

As I noted on the last slide, we did identify approximately 3.15 million in projected remaining balances related to ending or previously ended investments that we are requesting be redirected to our assigned fund balance for use pursuant to the strategic plan parameters. And those are also detailed in Attachment E as well.

We are also asking for approval of the fund balance reserve which is calculated at 25 percent of the total budget or about 40.4 million for 16-17. And, finally, we are requesting approval of our administrative limits of 12.4 million, or 7.67 percent, which is detailed

further in Attachment A of your materials.

I do want to note that the approval of the budget today would represent the last step in our many engagement point budget tour that we've had over the past few months. Once approved, the 16-17 budget will serve as our foundation for long-term financial projection analysis that we will begin this fall at conclusion of our year-end audits.

And with that and of course with yet another picture of my energetic daughter. I invite any questions that you might have.

MS. BELSHE: We've seen her age over the course of the --

COMMISSIONER AU: -- this whole budget process.

SUPERVISOR KUEHL: Are there any questions to Alison or Raoul? Any comments?

Could you go back one so that we can see the -- because the resolution is a little bit buried in Item 5. It's in about 15 or 16 pages just so you see exactly what it is you're saying yes to. I think that's an important thing.

I want to say, Alison, there's some things in this budget -- I like the budget. I wish that it wasn't shrinking in terms of -- I do not like the fact that people are not smoking as much, but it's kind of a funny

thing to be on board because public health has this tobacco cessation program and we're really happy about it. But every time I see Cindy present on the tobacco cessation program, I think, oh, no, there goes First 5.

In addition to all of the sort of wonky and responsible things in the budget and all the good work, I do want to say there's two things, one large and one kind of tiny, that I particularly want to praise and lift up for the future. One of them is the emerging opportunities money. I think this is the first time that the budget has really included kind of specifically -- strategic plan related activities, obviously, have to be related to the strategic plan, but the flexibility that it leaves in the budget, you know, in a small amount. $2 million, I never thought I would call that a small amount, but now I do. And over our four different priority areas. I think it's very important because, in a shrinking budget, the last thing you think is going to be possible is innovation or any kind of new thinking. And the fact that you say it is important to set a bit of this aside, I find that very -- very important.

Also, we had some conversations about trauma-informed care. And there is a little chunk in here for trauma-informed care. And we had some conversations just preliminary thinking that maybe we might be able to

use it in relationship to training people on serving traumatized homeless families. Very much within our mission, those families with very young children. But the -- the notion of early trauma in those children and really their place in the family and the overall trauma in the family I think is going to be very important. And it ties in with thoughts that we're adopting in the county, just new ways of looking at something. And I like, you know, that alignment is very important.

But really overall, I think very, very good work. Praise to the staff. Praise to the ED. Thanks to all of the commissioners who attended all of these meetings and, you know, gave feedback. That's sort of why we have commissioners. You bring your own kind of other world as they might say experience to it.

So with that, do we adopt this all in one vote for approval?

MR. STEELE: Yes. All the items are included within the resolution. They're all included in the one resolution.

SUPERVISOR KUEHL: So as you see on your screens what a motion for approval would include. Do I have a motion to approve the 16-17 budget?

COMMISSIONER AU: So moved.

SUPERVISOR KUEHL: It's been moved. Is there a

second?

COMMISSIONER HARDING: Seconded.

SUPERVISOR KUEHL: Moved and seconded. Any objection to adoption and approval of the 16-17 final budget?

Seeing none, the budget is approved. Thank you very, very much.

Our final item on the agenda is interesting. And let me ask if -- if it's possible if the presentation -- is it scheduled for maybe a half an hour? That would be really good because I'd like there to be some pretty robust discussion among the commissioners if possible. It's a big part of the program budget.

So Welcome Baby implementation update. Welcome, to you and over to you.

MS. DUBRANSKY: Thank you.

I'm going to start us off. So I first want to start by thanking Kim for referencing the summit. I -- and thank you also Commissioner Harding for your comments and thank you for thanking the staff. I really want to point out that the Los Angeles Best Babies Network -- and Gem French is here today -- to just really put on a fantastic event. And my reflection was that last year we were really focusing on wanting the providers to see themselves as a network in a system because you had

Welcome Baby providers, you have select home visiting providers. And that was really the drive last year.

This year, we have data that we didn't have last year so that we can reflect back to them what they've accomplished and also talk about where we need to improve. And what was really interesting from their -- their surveys, their evaluations of the day is, based on what they heard from the speakers, they walked away really reflecting that they know that they're a system and more importantly they knew after this summit this is really important nationally and really revitalized their commitment to doing really good work. So, again, I thank LABBN and our team here who supported LABBN in getting that event off the ground. It was a really meaningful day for all of us.

With all of that being said, we know that this is a mighty but insufficient investment in home visiting. So in California, 65 percent of families are either living in poverty or have at least one risk factor that would make them likely beneficiaries of a home visiting program. And what we know is in California, only 11 percent of families are being engaged in the home visiting program. So where we are making a significant contribution to that, we know that it's not enough. So that's the context that we're working in.

I also want to point out that the reason we're here today is because -- and we are -- this is an anchor investment. This investment actually goes back two strategic plans. And it means that this investment is in somewhat of a different place than many of our investments in this plan. We talked about the launch of Help Me Grow, which is fantastic, and we know we're in the early phases.

This is something where we're deeper in implementation. And we want to make sure that you all know what that means, what kind of progress have we made, what kind of progress do we still need to make. So we'll provide an update today on the programmatic elements, the evaluation elements, and the policy and advocacy elements. And some of our team will come up to do that soon.

And as Kim said, it's important to remember that this is an opportunity to engage with families at what T. Berry Brazelton calls a significant touchpoint so -- at birth. We also do engage families prenatally in this program. We don't want to lose track of how important the prenatal phase is, of course. But we have this -- a tremendous opportunity, and it's important that we take advantage of it.

So knowing that, I want to take a moment to thank some people. And I hope you'll bear with me because there are a lot of people internally and externally who make

this happen. You're going to hear from four of us today, but we are four of many. So if you'll just indulge me. So there are 14 hospitals. We have 15 CBOs, some of which play multiple roles within the system. There's the oversight entity which includes Los Angeles Best Babies Network. It also includes Maternal and Child Health Access, which was our pilot site. It includes the Perinatal Advisory Council. They all play unique and significant roles in making sure that this work is a success. The Los Angeles Perinatal and Early Childhood Home Visiting Consortium, who are our partners in making sure that the broad understanding of the significance of home visiting and the impact that it can have is known. Net Chemistry who helps us with our database, which is why we have data today to talk about. And some of our evaluation partners, Urban Institute, RAND, AIR and Georgetown University. And our policy and advocacy partners, CalStrat and the Raben Group and Children Now. So I just want to note those people externally.

And now I'm going internally because First 5 LA staff are working hard on this all the time. So you'll hear from Deanna, Allison, and Pete today, but we also have Lettia, Claudia, Mia, and Marlene, our program officers in program development who work directly with our programs. Armando, Holly, Nelia, Pegah, Melinda in R and

E. Amelia in policy. Jennifer Pippard and Jessica Monge in CI, Violet, Gabriel, and Ben in communication and marketing. Everyone has a role. Raoul, Alison, and Daisy if finance. Nick, Victoria, Jennifer in our contracts department. And our executive team, Teresa and Christina and John and Kim and growing executive team, which I'm sure we will rope into this very quickly when they get here. And, of course, some of you commissioners who've actually taken additional time to either engage with us on the program, share your expertise, which is really important to us or learn more about the program, including commissioners Au, Harding, Tilton, Curry, Swilley, and Zepeda so -- and, of course, supervisor Kuehl who has spoken today about how she has been engaging with us to learn more about the programs as well. We really thank you because your contributions make the program stronger and set us up to have more success in our policy and advocacy work.

So what are we doing today? So we're committed to exercising our value of learning and engaging you all in our findings as we implement this work. So as you remember, we have our monitoring evaluation and learning framework. This sets us in the realm of looking at monitoring how we're doing.

So here I won't read these to you. These are our

goals for this presentation. A lot of it is updating you, bringing you up to speed in these areas of the work. And from a learning perspective, we want you to understand what's the nature and extent of the program; who and how many people have we reached with this work, what systems are we impacting. And as we say, with this one, we've actually built the system essentially. And have we stayed on the course we laid out for ourselves. So these are important questions to answer today for you.

And then this goes just a bit deeper into some specific questions that we are looking to answer for you today as we -- as we go through the various components of the work.

So with that, I'm going to turn it over to Diana Careaga, our senior officer over our home visiting investments.

MS. CAREAGA: Thank you, Barb.

So I wanted just to highlight again -- it's already been said more than once, that Welcome Baby is a large investment within the families outcome area. You can see here what it represents out of the program budget for the fiscal year. And it's important to note again, just relative to what we've heard, the scale of the investment that we have. Currently, our investment for this coming fiscal year for Welcome Baby and select home

visiting is $35 million. You will hear from Peter later when he talks about policy and sustainability about the maternal, infant and early childhood home visiting funds, or MIECHV. That's for the entire state of California is $20 million. So you get the sense of how important the strategic investment in LA county is. And this again is a key strategy that we have to strengthen families and includes our Welcome Baby and our select home visiting programs.

So as a very brief overview and reminder, Welcome Baby is a voluntary program, employs client-centered, strength-based approach, and it has different program dosage. So for families living within the Best Start community, they're eligible up to nine home visitation points: Three prenatal, one at the hospital, and up to five postpartum when the child is nine months of age. Families living outside of the Best Start communities but also delivering at participating hospital are eligible for the hospital visit and, if needed, up to three Welcome Baby postpartum visits.

So before I begin sharing data and findings, I do want to highlight that all the data that we're sharing today is from the stronger families database and it is from the last two years of implementation. We obviously have not finished this fiscal year, so we did a data pull

up until April of 2016 and assumed the rate held constant for this last quarter so that we could use the full comparison of two years of data.

So I will be highlighting some programmatic aspects followed by a few sample graphs. However, as a reminder, we did include a number of additional data and graph in the appendix, and you're welcome to also ask questions about any of these slides at the end of the presentation.

So to dive in, what do we know about clients and the program? So some highlights. We know that we're making strong inroads in reaching Latino and Spanish-speaking population; however, we have had limited success with other populations, although we have been active in working with sites to identify and implement new strategies. So, for example, we know that the Asian Pacific Islander enrollment into the program has been low. We have increased the number of outreach specialists in Long Beach who speak Khmer to help the support these efforts and continue to explore other strategies.

Some other examples that we're working with DCFS to track pregnant foster youth population to link them to Welcome Baby hospitals.

Additionally, we also have new communication and contracting firm, Ogilvy, who will be helping us and has

resource to support additional outreach and recruitment efforts for Welcome Babe.

And, finally, you can also see here that the hospital sites are successfully reaching mothers under the age of 19 although the vast majority are between 25 to 39 years old.

I'll just highlight some graphs for these points. So here can you see the slide depicts enrollment data for fiscal year 14-15. And we're comparing it to LA county data from those 14 Welcome Baby participating hospitals in terms of ethnicity. So, as you can see, relative to the hospital data, sites have been successful in enrolling Latino and African-American mothers. However, there's still room for improvement for whites, Asians, and APIs. And we can theorize as to the reasons for this data. One possible reason is that Asians and Pacific Islander cultures are not as familiar or comfortable with home visiting strategies or accepting people that they don't know to come into the home. So that is why we're investing in increasing Khmer speaking outreach specialist staff as well as other resources to help support some of those initial outreach and recruitment efforts.

In this next slide, you can see in terms of language. We're showing almost 60 percent are English speaking and 40 percent Spanish speaking. Obviously, for

the English speaking it includes a multitude of different ethnicities. The Asian language as listed here constitute a combined total of less than one percent of all the Welcome Baby families served. So all the languages here, families have received services in this languages, but they're a very small portion currently of Welcome Baby families.

In terms of the age ranges on the graph on the right, you can see that this is comparing Welcome Baby data from 14-15 all the way to county data from 2013 just as a comparison. So we have made inroads with teens, those under 19 as you can see, as well those 20 to 24. There's still a slight difference with mothers 25 to 39.

So we'll look at some enrollment data. So as a universal program, we anticipate that Welcome Baby would predominantly find and serve a higher number of a lower risk population because it is not intended to target any specific criteria or risk outcome for families. And this is evident in the data regarding the specific risk factors. So I won't read all those here, but you can see between 3/4th to 4/5th of the population served indicates low risk factors in the areas of housing, domestic violence, child abuse, substance abuse, and mental health challenges.

In terms of overall risk levels, I did want to

point out that we originally anticipated that approximately 20 to 30 percent of the population served in Welcome Baby would be higher risk. And this assumption comes from the national evidence-based home visiting program. So it's something that we continue to look at and monitor. It may also be that higher risk families may be more likely to say no to program enrollment, so we don't know.

So here can you see for the risk level at the Welcome Baby hospital visit, clients complete the modified bridges for newborns tool or assessment as part of the visit which indicates to a level of risk. So some highlights is that we do see differences in risk levels between Best Start regions. We do know that, given limited resources, sites may target families who have more needs for enrollment. And, finally, clients who enroll prenatally show lower risk, which speaks to the fact that it may be harder to find those higher-risk families prenatally, which is why the hospital is such a crucial point of entering into the program.

So on this next slide, we combined the Welcome Baby hospitals by geographic regions or clusters for the Best Start communities and put their data together. You can see here just a highlight that southeast LA or east LA showed a lower risk scores compared to other regions. And

the higher risk scores we found in Pacoima, Panorama, south LA, and Central Long Beach. However, again, I did want to mention that sites often target families to enroll. So, for example, a hospital or nurse or social worker may tell Welcome Baby staff, you need to go visit this mom. So that may have an impact on their enrollment. And, again, this does not represent the risk of an overall community or region, just who's enrolling or targeted in the program.

So we'll talk now about program retention. So we'll highlight some findings. Site have increased the number of approaches and enrollment rate by a third. And as we have seen before, clients enrolling prenatally tend to complete more program visits. We also see that hospital visit indicates the point of most attrition, so we lose the most number of clients after the hospital visit is complete. When families enroll does influence the amount of the program that they actually complete.

So to highlight some data here, we see from the last two years the number of -- percentage of clients that are Best Start and non-Best Start is roughly half and half. This has changed over time. In the beginning, the sites actually targeted the Best Start families to really practice implementing the entire program from prenatal to nine months. We do anticipate that the percentage of Best

Start births will increase over time as most sites do have a higher percentage of Best Start births in their hospital.

So let's talk about what happens at the hospital. So this slide depicts hospital approaches and take-up rates. So first some words about outreach strategies as a reminder about how families are enrolled into the program. So prenatally, sites do conduct outreach at nearby community clinics, they present at maternity tours in the hospital, they also target private providers that may deliver at that hospital, and participate in community events and affairs. They also conduct outreach presentations at housing authority sites located within the Best Start communities, and accept referrals from agencies such as WIC. So there's multiple ways they may be found prenatally.

The other point of an enrollment is at the hospital. Moms are approached after delivery and introduced to the program and services and invited to join. That is the last possible point of enrollment.

You can see here the slide indicates the increases in approaches in blue has increased by 35 percent from the last fiscal year to our current. I want to note that this does not include prenatally enrolled clients, so only those that are enrolled and approached at

the hospital. So the takeup rate last year was 55 percent and this increased slightly to 58 percent this year. And an important note to make is that our original goal for the program for the takeup rates at the hospital was 80 percent. And, again, this comes from information and data from the national evidence-based programs and it's something that we continue to monitor and track.

Here you can see total enrollment in the program. And, again, as I mentioned, the hospital is the point of most enrollment for clients. You can see here blue is the last fiscal year, 2014-2015, where again prenatal is lower than postpartum, which means the hospital visit. And on the right, the total amount of clients that have enrolled, so we are seeing increases.

This -- these graphs here speak to the number of visits for completed cases, so those who finished program and how much of the program they received depending on when they enrolled, either prenatally or at the hospital.

So you can seen the graph at the left, 44 percent of clients that enrolled prenatally complete seven out of nine possible visits. 21 percent will complete all of nine visits. On the graph on the right, you can see that 66 percent of those that enroll at the hospital do complete six out of six visits. So two-thirds of clients will get a fuller program dosage.

So I want to move on to talking about some primary goals for Welcome Baby. One of those is breast feeding. And we did find that high-risk clients have a higher exclusive breast feeding rate at the hospital. The majority of clients do provide exclusive or some breast feeding to their infants. And the initial -- similar to national trends, there's a decrease in exclusive breast feeding after hospital discharge.

So here you can see a comparison of Welcome Baby data with county data for 2014. And can you see that become Welcome Baby clients in blue have a higher exclusive rate than the hospital; however, the rate of some breast feeding is lower than the county, but it does indicate that more Welcome Baby clients are actually providing exclusive breast feeding at the hospital.

However over time, there is a decrease. So this looks at that information. You can see for Welcome Baby, the higher exclusive rate here is 55 percent but that drops to 38 percent by two months, although the rate of providing some breast feeding does hold rather steady. And, again, by nine months, this has dropped more.

It is important to note that in the Welcome Baby 36-month pilot study, we followed Welcome Baby moms and a comparison group after program completion up until the child's third birthday. And we did have significant

findings that indicated that Welcome Baby mom breast fed exclusively up to four months in comparison to the other moms that were not in Welcome Baby. And it's also important to point out that, out of the 14 Welcome Baby hospitals, seven are designated as baby friendly, six are in the process. This, of course, provides additional in-hospital support for exclusive breast feeding.

So now I'll talk about another outcome area for Welcome Baby, and that's linkages to community services or referrals. So you can see here, the most common types of referrals that families need and receive, and I'll also say a few words about referrals to our select home visiting Programs as well. We did have an increase of 75 percent in referral/acceptance in this fiscal year.

So here you can see a pie graph of the most common referral types with basic needs and health medical the most common. Basic needs include baby items, clothing, food, housing, appliances, and utilities. And the health and medical, the second most common type of referral includes health insurance, family planning, and well child care. So you can see the division there.

And this slide speaks to a select home visiting referrals. Again, this is for the moms who live within the Best Start community who are identified as high-risk at that Welcome Baby hospital visit. We did have an

increase of 75 percent from the last fiscal year referrals. You can see that the rate varies by region. The highest increase was in Long Beach followed by south LA and El Monte. There was Antelope, San Fernando, and east LA were about a quarter, 25 percent higher. Metro LA decreased by about 11 percent referrals, but this was due to staffing variations. They had two out of their three hospital liaisons on maternity leave at one point.

Again, this data is also represented in a number of Best Start births at each hospital. Some do have a smaller percentage of the Best Start births, such as North Ridge and Metro versus other Welcome Baby hospitals.

So this line here looks at the acceptance of a referral to select home Visiting. So this means that a mom has been deemed your Best Start, she's high risk. Does she accept the referral to continue into select home visiting program. And you can see here that both the number of referrals and the number of acceptances increased from the last fiscal year. There was a lot of significant focus of ongoing technical assistance by the oversight entity. This included a technical assistance of the hospital liaisons, which are the Welcome Baby staff that do those hospital visits to insure that they understood the select home visiting programs and could explain them to the mothers. It also included technical

assistance to the Welcome Baby home visitors or parent coaches who do prenatal home visits so that, if they're observing possible risk factors, that they can encourage and prepare the mother to understand that we work with other programs to accept what is offered at the hospital.

And, finally, all of the select home visiting and Welcome Baby sites also had meet and greets to really help support warmer hand-offs between the work that they do.

So those are referrals. Now, let's look at take-up rate. So the referral rate was 96 percent. So those mother, do they actually get that first home visit for select home visiting. And you can see here that the rate of referrals remain relatively consistent between both years, but the take-up rate increased from 40 percent last year to 72 percent this fiscal year. So we continue to monitor and track this data and the oversight entity to provide technical assistance where needed to continue to monitor this.

Before I pass it on, I've shared a lot of information about implementation and data. So before I pass it on to Allison, we're going to show you a very video from an actual mother who was in Welcome Baby and shared at the family summit to get a sense of not just what the program looks like in numbers, but in real life.

(Video plays.)

MS. CAREAGA: So I'm going to pass it on to Allison to talk about evaluation, but I will say that this mom was part of a parent panel at the family strengthening summit. They were able to answer questions about their experiences, and she did say that this program -- not to be melodramatic -- she said it saved my life. So it was very important to hear these types of stories.

MS. WALLIN: Good afternoon, commissioners.

Next we would like to provide an overview of the Welcome Baby evaluation portfolio. This portfolio reflects the evaluation framework that the board approved in September of 2014 and includes three active evaluations: The modified bridges for newborn screening tool psychometric study, which is a bit of a mouthful. We call it the modified bridge psychometric study for short. The Welcome Baby -- the Welcome Baby implementation and outcomes evaluation, and the Welcome Baby impact evaluation.

So this portfolio was designed to provide information about our locally developed light touch home visiting model, Welcome Baby. The commissioners' investment in this evaluation of Welcome Baby is significant given the relevant sparcity of research available on light touch universal home visiting models. Although longer, more intensive home visiting models such

as Nurse-family Partnership, Healthy Families America, and Parents As Teachers, have been studied much more intensively, far less attention is -- research attention and far less is known about Welcome Baby and light touch models such as Welcome Baby.

So this evaluation portfolio is one of the steps towards filling this gap. This portfolio was also designed with multiple stakeholders and users in mind. So we expect information gleaned from this evaluation portfolio to assist with program implementation efforts to allow to us communicate with the programs' effectiveness to policy makers and potential fiscal partners and to inform the field of home visiting more broadly.

So next I'm going to describe the key questions for each of the evaluations and provide some highlights about how we expect each evaluation to contribute to programmatic improvements as well as our sustainability efforts.

So first I'd like to discuss the modified bridges psychometric study. So as a reminder, the modified bridges is used to screen women at the hospital to identify their current level of risk and to offer them the most appropriate level of home visiting services based on that level of risk. The modified bridges is an adapted version of the bridges for newborn screening tool, which

was develop and validate by the Orange County Commission For Children and Families. However, because the tool was modified for use in Los Angeles county, it's important to examine the psychometric properties of the modified bridges to insure that it still works as intended.

So as you can see on the slide, this study addresses two primary questions. So first, can the tool be used consistently across staff. In other words, will two different staff members using the modified bridges to screen the same woman give that mother similar scores. And ideally we want that from our tool. And second, does the modify bridges distinguish between mothers with low to moderate risk levels and mothers with higher risk levels. So given that the primary goal for this tool is to triage women into the appropriate level of home visiting services, it's important to establish empirically that it can consistently achieve this goal.

So the answer to the first question will assist with program implementation. So, for example, it may inform our training for staff who use the tool or it may identify items that are problematic and need to have clearer definitions around how they are scored. The answers to both of the questions will provide a key piece of evidence that the home visiting system established by the commission can work as intended by filtering women

into the appropriate level of services.

So next we'll turn to the Welcome Baby implementation and outcomes evaluation. And with this evaluation, we have three primary goals. So, first, we want to understand whether the program is being implemented as intend and identify variations in implementation across the Welcome Baby sites. Second, we want to identify early outcomes that families experience when they participate in Welcome Baby. And, third, we want to identify the connections between program implementation at the various sites and outcomes for families.

So this evaluation, this implementation and evaluation is particularly important because of the scale at which the Welcome Baby program was expanded. So we went from a single site to over a dozen sites in just a few years. And even though Welcome Baby has a strong curriculum, a good fidelity framework, and a very thoughtful and thorough training program for its staff, we know that there are likely going to be variations across the sites in how the program is implemented. But by identifying these variations and then linking them to outcomes, we can figure out what the really essential components of Welcome Baby are. And this is important to our programmatic staff because it can give them

information about how to improve the program and it can also give them information about how they can better implement the program by identifying best practices as well as training principles.

So next we'll turn to the impact evaluation, which will help us understand using a methodologically rigorous evaluation design what's the impact of Welcome Baby on families who have received the program. So this evaluation will follow families who've received Welcome Baby for 18 months postpartum and compare them to families who did not receive Welcome Baby to determine the program's effectiveness. Data for both groups of families will be collected through interviews, surveys, observations, and hopefully through administrative data matching as well.

So we just had a very, very exciting launch meeting for this evaluation at the beginning of May, and we're currently engaged in our planning process. One of the considerations that -- that is at the forefront of our minds as we engage in this planning phase that I wanted to highlight for the board is the number and the diversity of audiences for this evaluation. So you the board are a very important audience to us, as is the oversight entity and the Welcome Baby providers. But we also want this evaluation to support our sustainability discussions. And

so we know that hospitals, managed care organizations, the county government, and legislators are also going to be interested in this evaluation.

Furthermore, we recognize that universal approaches to home visiting are getting increasing attention on the national stage. We expect that scientists, policy makers, and other grant makers are also going to be interested in the effectiveness of Welcome Baby, especially given that it's a universal light touch program being implemented in a very large and very diverse county.

So given the diversity of audiences for the impact evaluation but also for the portfolio more broadly, we're paying very careful attention to the outcomes that we assess and to the tools that we use to measure them.

For example, we know from our conversations with health plans such as LA Care which maternal and child health outcomes are relevant and important to them. And we've also learned which data sources are meaningful to them and which are not. So, for example, a mother self-report about whether or not she attended her postpartum checkup is not going to necessarily be meaningful to a health plan. However, administrative data about whether that mother attended that postpartum visit provides a much stronger level of evidence that's more

appropriate to a health care plan. So we're considering these factors in the design of the evaluation.

Similarly, we recognize that our design approach and our plans for later dissemination need to be appropriate to varied audiences so that the impact evaluation and, again, the evaluation portfolio more broadly can serve a variety of purposes.

So now that we've reviewed the formal evaluations, I'd like to highlight some of the less formal learning around the commission's home visiting investments.

So there are numerous less formal learning and evaluation efforts going on to promote program improvement. First 5 LA and the oversight entity work together to identify program areas that would benefit from program improvement efforts using a variety of information sources. These include the Stronger Families database which was the source of much of the data that Diana presented earlier. They utilize anecdotal evidence from staff, from the providers themselves, participant surveys, as well as early or emerging evidence from the formal evaluations.

These collaborations from first -- between First 5 LA and the oversight entity have focused on a number of different topics. So, for example, the board approved

program changes last year that were based on this collaborative learning process, the Welcome Baby team and the oversight entity identified several possible program changes that were being recommended by providers. And then they used information from the Stronger Families database to determine whether these changes were likely to support the program's effectiveness.

As another example, the oversight entity is currently meeting with all of the Welcome Baby sites to discuss take-up and enrollment rates at those individual sites, identify barriers to enrollment, and developing plans to ensure that the greatest number of families as possible are approached and choose to enroll in home visiting services. The strategy for problem solving for program improvement has been employed successfully for a variety of site specific challenges as well.

So finally, I also want to note that we're not doing this work in a vacuum. There are other organizations throughout California and the nation that are implementing home visiting programs. So we also reflect on their lessons learned and apply them to the implementation challenges that we may be experiencing with our programs. Importantly, to leverage these insights from others to inform our program implementation, we need to know about the work and be part of a broader system

that supports this work.

So now I'm going to turn things over to Diana who will tell you a little bit more about the systems building efforts that First 5 LA has going on.

MS. CAREAGA: I'm just going to highlight some of the linkages that we're doing with home visitation and services and efforts with the county, Two of them. One is that Welcome Baby does have a referral protocol to ensure that clients are connected and sent to most appropriate program for their needs, specifically clients who are found prenatally may enroll in Nurse-Family Partnership if they fit that criteria and they are not enrolled in Welcome Baby.

I also want to highlight the efforts of the LA County Perinatal and Early Childhood Home Visitation Consortium. First 5 LA is a member of this consortiums and also provides funding to support the consortium's facilitation and coordination efforts. And this consortium brings together home visiting service providers and stakeholders in the county with the mission to coordinate, to measure, and advocate for high quality home-based support to strengthen expectant and parenting families. And the consortium has four work groups toward these ends that are listed on the slide and the data work groups. The goal really is to collect, to understand,

support, and demonstrate collective impact. As an example, they're working to finalize ten top indicators across home visiting programs so we can tell more thorough story of home visiting in Los Angeles. The other work groups advocacy, gaining to really elevate, to promote and advocate for quality home visiting to legislators, stakeholders and other funders; best practices work group that focuses on promoting well-trained and supported home visitors; and finally to referrals, to building referral pathways among those different programs. So just two examples to highlight about systems building efforts that we're doing at the county level.

And that brings us to other policies and sustainability. So I'm going to pass it over to Peter who will talk about what we're doing at the local, state, and federal level.

MR. BARTH: Thanks, Diana.

So as some commissioners might be aware, my first presentation to this commission was not as policy director; it was actually via Skype from Boston to talk about our work in assessing whether or not Welcome Baby would make a good candidate for a social invasion financing project, more commonly known as pay for success. And the work that I did with the Welcome Baby team and everyone who's been presenting so far and everyone that

Barb mentioned at beginning of the presentation really called out that we weren't quite ready yet. We weren't ready yet. We still needed more information, more evaluation. But the recommendations were adopted by the team before I joined the team full time to, basically, take a look at, how are we starting to reach out to those partners that we know should be interested in home visiting but maybe currently aren't. So how do we start to build better partnerships with hospitals and with health plans. And a key piece of that was designing an impact evaluation that spoke to the needs of other systems, not just to the interests of our staff internally.

So that is what you've heard about. But what's really continuing on a local level is that systems building approach, reaching out to those partners, having conversations with them because, as we know, at end of the day, these partnerships where we get others to support programs like home visiting don't happen overnight. It's not one meeting and everyone says, this is great, and then we're going to move on. It take as a lot of relationship building. So Barb, Diana, and the Welcome Baby team have been doing that and are going to continue to do that moving forward.

We also know though that, when California

Strategies, our state advocate, first was brought on board and started doing some analyses a couple of years ago about how our issues resonated in Sacramento. They did a presentation to the commission where they said, no one in legislature has ever even heard of home visiting. And I -- you've heard me say before and I can attest, people think of home visiting -- most people haven't heard of it in Sacramento, even those who run our health and human services programs in the state. And those who have heard of it consider it a boutique program that serves a few nap families, not part of the core systems and supports for families, for new mothers. And one of the reasons -- and Diana mentioned this in the opening -- is because the only state funding that supports evidence-based home visiting for mothers is through the Maternal Infant Early Childhood Home Visiting program, known MIECHV. It's federal funding that was first authorized through the Affordable Care Act that flows down to states. And California gets just over $20 million. So this program is not offered in every county. LA county's fortunate to receive some of that funding. But, basically, we in LA county alone are more than double what the state of California is putting into home visiting.

So when we think about the importance of building a system that offers these services to families, we have a

lot of work to do. So you've heard me talk a lot about our early care and education coalition and the work we've been doing and the conversations with the budget. But we also are starting to bring partners together by supporting a state home visiting coalition, by bringing the advocates, the programs and everyone together to say, we need to build awareness, we need to build relationships. And so we have. We've had a lot of meetings with the governor's office, lieutenant governor's office. We have a strong partnerships with the head of the MIECHV program and the State Department of Public Health, through the Health and Human Services agency in partnership with other First 5s across the stat who are investing in home visiting. This August, there's going to be a state home visiting summit where the First 5 investments, including LA's, are going to be really highlighted in a conversation with leaders from multiple departments at the State, social services, healthcare services, others. So we're at the forefront of leading some of these conversations in California and trying to bring together like-minded voices to advocate and build awareness in Sacramento.

On the federal level, as I mentioned, there is some federal funding for home visiting. It is time limited funding. It has to be reauthorized. So when we brought on our federal advocates, the Raben Group, it was

right at the time that they were authorizing the funding. The time is again to reauthorize the funding for MIECHV. So we will be focusing efforts throughout the rest of this year and into next year to make sure that that funding remains available.

But we also know there are a lot of national organizations who care about this. And a lot of national organizations, given the significant of our investment, who want to know more about LA. So we're having national leaders from organizations from DC saying, what are you doing in LA, give me a call, can I come and visit. And we're excited to be able to be a resource for them. And you're going to start seeing in the coming year some connections from these national groups coming to LA and learning more from what we're doing so it can also informed the policy discussions in DC because we also know there's a lot of interest in home visiting nationally. States like South Carolina have launched pilot projects to expand evidence-based home visiting. Right here in our backyard and under the leadership of Christina Altmayer, we in Orange County, they've launched a partnership with their Medi-Cal managed care plan, Cal Optima.

So there's a lot we can learn and there's a lot we can inform. And there are some great opportunities moving forward about how federal funding and state funding

can support investments like Welcome Baby.

With that, I'll turn it back over to Diana.

MS. CAREAGA: Going wrap it up before we take questions. We just wanted to emphasize what is the critical work for this coming fiscal year in these four areas that we've talked about: Implementation, evaluation, system building, and policy and sustainability. So here, you can see for implementation, really the focus will be on increasing enrollment both in specific target populations as well as overall enrollments across all of these Welcome Baby hospital sites and looking at the monitoring and increasing of referrals to select home visiting. We'll also be looking at fidelity, of course, of the program.

In terms of evaluation, as Allison mentioned, addressing the effectiveness of the risk assessment tool, there will also be ongoing data collection for implementation and outcomes evaluation and we will begin participant enrollment for the impact evaluation in early 2017.

In terms of system building, we'll continue to ensure linkages with home visiting efforts within LA county as well as the federal, state, and local level, as you heard from Peter, to increase awareness of home visiting and its ongoing relationship building at all of

those levels.

And then, finally, for sustainability and policy, using the plan evaluation to inform our future investment to offer insight into the program improvement, and to also design and impact evaluation that will support our policy and funding objectives.

So at this time, we are wrapping this up and opening it up for questions for any of the four of us that you may have about the four areas that we discussed. I'll mention here on the left I believe is Slinky. Sorry. So that would be Allison's cat. And on the right is my Soriah with our cat.

So opening it up for questions.

SUPERVISOR KUEHL: Thank you very much.

I was just checking about the order of things. So any commissioners wish to make comments, ask questions, give feedback?

COMMISSIONER THOMPSON: I was struck by one of the slides that said that three-quarters of the individuals -- I can't remember if -- that were enrolled had no mental health challenges. I find that difficult to believe or, if it is true, that we may not be reaching, as you said in the slide, the people that are at highest risk. And I was wondering if you had any thoughts about strategies for whether that may be true and reaching that

population.

MS. CAREAGA: I think we're still exploring that. I think one of the challenges with th hospital risk assessment tool is a one-time opportunity to have families open up to share some of their vulnerabilities. So we don't know. I think the psychometric bridges tool evaluation will help address perhaps some of that. I think this terms of strategy, it's reducing some of the stigma around home visiting programs as they become more well known so that families are not afraid to open up and share.

Again, we do anticipate that Welcome Baby, as a universal program, would find a lower risk population. But can you see in the appendix about some of those -- those rates that there's a small percentage that are identifying, and I think it challenges to look at strategies to both make home visiting more acceptable to families so that they will hope up. But I think, again, mental health is a very challenging area to have families confide. So it's a multitude of strategies.

COMMISSIONER THOMPSON: You mind if I ask one more question? You talked about enlisting the hospitals and the health plans. Have you kind of enlisted individual practitioners via the professional societies, Help Me Grow as AAP, having AAP and/or American College of

Obstetricians and Gynecologists involved, particularly if you're moving to a nonhospital based screening.

MS. CAREAGA: I think as we move forward, we're looking to broaden that. Obviously, at the individual site level, they have a different relationship that they've made with providers to increase enrollment and such. But I think one of the things that we'll be working on would be to broaden that strategy to bring in and elevate others that includes some of those.

COMMISSIONER THOMPSON: Thanks.

SUPERVISOR KUEHL: Judy.

COMMISSIONER ABDO: I'm -- I'm mostly interested in the domestic violence aspect of this program, both in the identification of families that are involved in domestic violence and then also in, then what.

MS. CAREAGA: If a family is identified as having a domestic violence issue -- and I think this is a very challenging one. Anecdotally, we know that sometimes this will be discovered once the family's already gone home with the infant and they've established a relationship with the Welcome Baby parent coach. So it does take some time to reveal that. And all the staff is trained in domestic violence and they also work to link that family to appropriate services and support based on what that family's readily to accept and to be with them in that

process. So every local site will have their local referrals, their agencies that they work with in that area.

COMMISSIONER ABDO: What kind of agencies are you talking about?

MS. CAREAGA: Well, agencies that will support families in a domestic violence situation.

SUPERVISOR KUEHL: Go ahead, Deanne.

COMMISSIONER TILTON: Did you call on me?

SUPERVISOR KUEHL: I did not, but now I am of the.

COMMISSIONER TILTON: I'm glad Judy brought that up because I had a pervasive question about risk assessment, period. And I'm not seeing in here where we consider other -- the caregiver other than the mother. And so I have a question about what kind of evaluation and services are provided to a partner, whether it's a spouse or -- a boyfriend or whomever. Those are the most high-risk situations with newborns. And so the question of identifying the risk, how is it done, and then -- Judy's point. And then what is very, very poignant because there really aren't that many readily available services that families will accept at that point in time. It's almost as though you need the partnerships with them in the beginning so that you hook them up and you don't

just refer them.

So -- so I'm -- I'm really thrilled we're doing home visitation. Obviously, this is something we've been hoping to -- to provide universally for decades. So this part is wonderful. But because I am so very aware of the risk factors to -- to newborns and very young children, 400 a day in this county, and because I don't believe always there is the ability to, on a routine basis, assess whether or not this is going to be a safe place for this newborn, whether or not the mother's having post-natal or perinatal issues that might impact her. I didn't see that mentioned in here, ability to focus on helpful nutrition or care for the child.

And so let me just bring it back. Domestic violence is a big issue that the basic issue is how are we evaluating the people around the mother. And mostly what I'm seeing are data relating to just the mother.

MS. CAREAGA: At the hospital visit, the mother is the prime -- or is the primary client who is assessed. Usually there will be maybe other family members there. And the hospital liaison staff is highly trained to -- and if they have any sense that there maybe something happening.

Again, I think the challenge is it's about self-revealing and that that may be a challenge. However,

if something is over time identified, and that again may take a number of visits to have that relationship and that trust. Referrals that are made are for both. So if the partner also needs support for treatment or is willing, that family will receive support in getting referrals for that partner and the mom.

COMMISSIONER TILTON: Let me just really quick insert. Are we talking about just referrals or are we helping provide those resources?

MS. CAREAGA: The idea is always to do a -- obviously, Welcome Baby staff are not trained to provide that type of service. But the idea is, if there's a need, whether it's domestic violence or depression, that they will work with that mom to ensure that she gets that referral to that agency and to provide the support to do that. That may take additional phone calls in between visits. And in some cases, staff will say what support they can provide to do that.

COMMISSIONER SWILLEY: I had a question related to your comments about those who enrolled prenatally had a higher attrition rate than those who, you know, after birth which is a little surprising. So do you have any thoughts as to why that would be and did it matter if it was a baby friendly hospital as opposed to a non-baby friendly hospital.

And, finally, to ask about, do you involve providers that -- and even knowing that this service exist so that they are encouraging mothers in the hospital to participate?

MS. CAREAGA: So for the first question, on that slide that had the prenatal and postpartum, you can see for the prenatal they're actually completing seven out of nine visits. That would be 44 percent. So almost half complete the majority of the program. And for the postpartum it was 66 percent I believe that completes six out of six. So we're tracking that. I think we've seen in the past that prenatal tend to complete more of the program. We still have out of the 66, 40 -- 40 something almost percent that are not completing postpartum. So it's something that we're tracking.

I don't -- I think for the providers, yes, that all of the sites do work with providers on both Q and E clinics and private providers to make sure that they know about Welcome Baby and provide referrals. So that is happening.

SUPERVISOR KUEHL: Other questions? Nancy.

COMMISSIONER AU: I guess I'm looking at this as really a learning opportunity truly and -- and to -- for First 5 LA to invest in such a complex and huge project, although we're still reaching on such a small percentage.

I -- I think that all of this information that we're gathering is really an opportunity for further, I think, learning as well as refinement.

My question to you is, do we have the ability also to gather some profile information regarding some of the -- when we talk about with Deanne's concern about domestic violence and some of the other constellation around the mother and child in terms of family members or even friends, you know, if we could somehow or another get a sense of what that looks like, I think that would be also informative. I think it's always a balance as to, you know, what the cost is in terms of how we do this so thoroughly and -- and respect the individual mother and child and family in terms of their ability to choose whether we -- they accept the services and support or not. I think that's always the challenge. But -- I -- from my vantage point, I think, given the diversity of our communities, it might be helpful if we could have a mechanism to begin sort of fleshing out more information about these families as well as these individuals. And that might help us to become a lot more successful I think in engaging them. Just my thought.

SUPERVISOR KUEHL: Brandon.

COMMISSIONER NICHOLS: I was inspired by the chair's opening comments about foster children with

children, the ability to intervene early with homeless families. And I noticed in the presentation that one of the tasks to be done in the next fiscal year is identifying target populations.

I was wondering if you have any comments now on what those target populations might be and are there strategies being contemplated to engage target populations based on their particular unique needs? I mean, for example, if it's homelessness, to have a home visit for a person that doesn't have a home is particularly challenging. Similarly for foster children, which is my area. You would potentially being visited in the home of yet another family who's providing foster care for the mother.

MS. CAREAGA: Those are really good questions.

In terms of target populations, it is a universal program, but there are specific obviously populations that we like to have more involved or more enrolled I should say. So in terms of homelessness, we are working as an example with HACLA to provide outreach. Obviously, these are families who already have homes in their housing sites to provide some of that outreach there to try and enroll them into the program. We do have families that have housing instability that find ways to work with the program even if it is meeting a different location, but it

is a challenge.

In terms of the foster youth, that also has been a challenge. There's a very -- relative to the number of children in the county, there is a small number of pregnant foster youth. And part of the challenge, first of all, is finding them and linking them with the Welcome Baby hospital. And so that -- we're working now with Children's Data Network, and they're actually going to be able to run a report to tell us probably in the summer where these children are having their babies. Because then we'll be able to establish more of a connection or conversation if they're -- if that's appropriate or if there's a way to have them come into Welcome Baby then to have them have these services. But those are ongoing conversations to try and target and increase some of these populations that may need.

I think, as you mentioned, a family that lives within -- a foster family that lives with another family, that's very common for other families as well. As an example, immigrant families may have two families within a home. So I think the staff have found different ways to work with those families for strategies that will work with them so they're flexible.

COMMISSIONER NICHOLS: I think there's an additional opportunity to, at least for the foster care

population, which is obviously the one I'm more familiar with, to have social workers who apparently or at least ideally would be aware that the foster child is pregnant, assist in making referrals and contacts and linkages rather than depending on a data run. I'm sure that's not the only way it's happening. But if there's some information we could disseminate within the organization, I think we could also help make link.

MS. CAREAGA: Thank you. We've also talked about sharing some information at the hubs to insure that they have --

COMMISSIONER NICHOLS: That would be great, yes.

SUPERVISOR KUEHL: Any other comments or thoughts?

Nancy.

COMMISSIONER AU: Just for my again clarification, there was a slide that -- that said that some -- well, you had -- you had the low risk and high risk. And high risk when identified was referred to a more intense home visitation program. And I'm looking at Cindy and the nurse home visitation piece.

How -- what is the threshold? How do you make that determination and how is that -- is it somewhat seamless or is there hurdles?

MS. CAREAGA: The slide that we showed was

specific for only select home visiting programs that we're funding. So that happens at the hospital visit. For Nurse Family Partnership, eligibility criteria for that is to enter before 27 weeks pregnant, first time mother, and also poverty level. So Welcome Baby does have a referral protocol. If an outreach staff finds a mom that may fit that criteria, they will refer to NFP for enrollment. And then they will assess her eligibility for that program. So that is the protocol.

We're still working. I think in some areas, to be frank, it's working well. And in other areas, there's still more support and work that we're doing. We're actually working on doing a pilot for, NFP having NFP staff from spa 3 talk to Welcome Baby staff to figure out what is working and what are the challenges so we can identify some solutions and then hopefully implement them across the broader county. But there's two different types.

COMMISSIONER GILLELAND: Thank you. First, let me say thank you to you and your team for this great report. I appreciate very much your work and what you presented.

I do want to return attention to on the slide that talked about retention. And I think Ms. Swilley's comments regard the comparison between prenatal and

postpartum. And I'm looking at prenatal enrollment numbers and I just want to make sure I'm reading the slide correctly. While we focused a lot of attention on the completion of seven of nine, I see that there's another 36 percent that completed those last two sessions. So truly, it looks like an 80 percent completion of seven if I'm reading that correctly. So I think that's significant. I think that draws attention to that spike. I would be curious to know why maybe after seven sessions so many feel that that's probably sufficient or enough. And if would you maybe explore that in your deliberations and discussion. There may be a need to focus more attention on those earlier sessions to hold people and maybe even consider the efficacy or necessity, you know, for the additional two. But I think the 80 percent is pretty compelling when you consider those the first seven.

So I wanted to make that comment.

MS. CAREAGA: Thank you.

SUPERVISOR KUEHL: Other comments?

I do have some. I want to praise the work. It's very good to have the data. I found it very frustrating. Because what I always want to know is what works and why does it work. I think part of what you indicated, at least as it kind of went by, was that there was -- evaluation is yet to come in terms of impact. And I guess

by impact, we mean what was different because we were engaged in this mother's life, which is very difficult to say because we don't know what didn't happen. But it -- it's one thing really when -- we had a presentation a couple of months ago about evaluation. One of the things that I found exciting about it was that, when we have presentations at the county, they often tell us how many, how many people I saw, how many people came back, how many people whatever. What we don't ever get is why. What did you learn? What did you -- what worked and what didn't work.

Because in this program, perhaps the frustration is with the idea of light touch. Because, in essence, we're looking at every family at this hospital and we're now assessing, are they at risk or not of, you know, various things. And we use an assessment tool. If we find them at high risk, we make referrals. We're not quite sure I think what happens after the referrals. But that is kind of our job, or maybe we do know what happens after the referrals.

MS. CAREAGA: I will add, if they make a referral to a select visiting program, then we do know. And currently the select home visiting module of the stronger families database was recently launched and staff is entering back data, so we'll be able to have data for

those families in the coming X number of months. And I think it's not just a referral but really it's an idea to link them to the right appropriate dosage of program, but making sure that they get there.

SUPERVISOR KUEHL: Right. And I -- honestly, I don't want you to hear this as a critique but it is a critique in the larger sense, not only of this program, but the fact that we must identify for this because it's a big part of what we're doing here at First 5. We must identify what's working and what isn't working. Why do people agree to home visits or not.

Because in the presentation, for instance, we notice far lower percentage of API families say yes. And the comment was, you know, maybe they're less familiar with home visits. Well, this may be the case, but we want them to have home visits. We're convinced it's a good thing. So what can we learn about that approach?

We had that same issue in domestic violence services. There were 60 different communities in LA where women were for various reasons not revealing that they were victims of domestic violence, didn't want to take up people on services, when they did take us up on services, our services were so not in tune with them And what they needed in their communities, et cetera. So I think the learning is going to be very important.

So I wonder what is the difference between what we're doing now and what you meant by in 2017 we're going to do some impact evaluation.

MS. CAREAGA: So, currently, what we're doing now, we are looking at program and quality improvements. We are monitoring. The impact -- we can have Allison add if she has anything else to say. But the outcome and implementation studies kind of looking at how are we doing, what can we do to improve the program implementation, how is that linked to family outcomes.

The impact study is a rigorous more methodological design to really show that it's associated with Welcome Baby, that the changes that we are seeing are connected to the program itself and not to other factors that we're not taking into account.

I don't know if you want to --

MS. WALLIN: I think Diana's comments were spot on. What Diana spoke primarily about was our monitoring efforts. And given that the program has ramped up, that's kind of the appropriate phase to be at right now because we know that there are tweaks and challenges that the sites are implementing as they're going through the implementation stage. So they're getting better. They're in ramp up. They're letting their program mature so that, when we launch the impact evaluation, which, as Diana

mentioned, is a very rigorous scientific design that's intended to indicate a causal link between Welcome Baby and outcomes. So in other words, you get Welcome Baby and therefore a change occurs in the family so it's an added layer of scientific rigor. But we wanted to make sure before we launched that evaluation, because it's very labor intensive and it's also very expensive, that the programs had an opportunity to be in a place where we can -- are at the greatest likelihood of seeing their success and being able to document their success.

One of my concerns about launching an impact evaluation too early is that we might inadvertently miss the opportunity to document how significant the program is because the program is just not quite ready yet. And that's why we've chosen to hold off on the impact evaluation for just a little bit longer to give the program some more time.

I did want to mention one additional thing is that we do have some evaluation efforts already ongoing or that have already been completed for our pilot sites. So in that study, we compared women who had received Welcome Baby to women who hadn't received Welcome Baby just in metro LA. And I think that there's -- I will bore you with the detail if I continue to talk about them because I get excited about them. But to tell you a little bit,

I think it provides a really compelling story that we're doing an excellent job of parenting. We followed these families at 12, 24, and 36 months postpartum. And the picture, the story that the data tells us is that parents are doing a good job being more responsive to their children. They're doing a good job setting up their home environments in a way that are stimulating and responsive. And so super excited about that evaluation. We're using it to help build out this impact evaluation that we hope is going to be very effective in documenting the benefits in a very scientifically rigorous way that will speak to policy makers as well as to the home visiting community more broadly.

MS. BELSHE: And if I can jump in on this. Peter can speak to this as well. One of the things we found in the policy conversations in the past year or two is that there's a lot of energy talking about nurse family partnerships. Why? Because there is a very strong evidence base to say this intervention does yield very specific outcomes. Well, that's fabulous. But as was just shared, NFP is a program that's targeted to a very narrow niche of people. The select home visiting programs that we are funding for women who are screened at higher risk, those are nurse -- Parents As Teachers, Healthy Families America. There's a very small number of programs

that are actually evidence-based. Again, they're targeting families at higher risk with greater needs.

What we're doing with Welcome Baby is different. This is that light touch. And what we're trying to demonstrate by doing this kind of gold standard, random control trial impact study is to demonstrate that that lighter touch universally made available can yield long-term benefits and to be able to then go to policy makers.

But absent that kind of evidence we've got -- it's more anecdotal, frankly. It's limited to the pilot. It's actually really exciting that that very limited intervention in the pilot is yielding results three years down the road.

But I think the questions you're raising are spot on, but we're out of -- we're trying to do something very different than all these other -- and there aren't that many -- evidence-based programs that are focusing much higher risk people.

MS. WALLIN: I just also wanted to add that an important goal for us in the impact evaluation -- and it's actually something that's written into the contractor's scope of work -- is that this study, in terms of its design, will meet the standards for the clearinghouse for evidence-based home visiting programs so that we would be

-- if the findings are significant and they're well documented and we have a well-implemented impact evaluation that we could potentially become an evidence-based model or work toward that.

MS. BELSHE: Like the federal MIECHV can only be used for a very prescribed number of evidence-based programs.

SUPERVISOR KUEHL: I think that's got to be one of the goals. I understand that's the purpose of impact evaluation is that we then become part of the evidence-based light touch kind of program.

But I guess I wanted to suggest or I guess ask because I don't really know the answer. There are a couple of whys in the light touch area that are not so much about impact on the family of a program. But a question I would have, why do some people say no, thank you?

I think that would be an important thing to understand, if possible, because you say we offered it to X and X minus, you know, Y said yes. But it would -- and again, just to repeat. It would be, what have we learned, if anything; or what can we learn from it. Because right now we're mostly counting. I understand in some of the areas we are evaluating and looking and saying, you see. And in other areas, we're simply acting out of faith where

we say, this is an evidence-based success program, we're using it. We don't have to reprove it. I get all of that.

But in some of the data that was presented, I think it -- if possible, in our ongoing work, it would be important to know why. I'm very interested to as to why the average age is much -- you know, that range of 25 to 39 is much higher in saying yes. I didn't get any information as to whether, well, it's just higher generally. So the percentage of those who said yes was the same, but the number was higher. I don't know. Or maybe if it's the case that younger people are saying no in much higher percentages I think it would be useful for us to know, if that is the case, you know, what's the hang up here and to understand the differences in ethnic and national communities.

It often takes longer to really understand that kind of reticence, but also sometimes you learn that there are inadvertent barriers that you haven't understood.

When we first started getting restraining orders for battered women, we had to have an entire investigation before we found out the court was only offering them from 2:30 to 4:00 on the Thursday. And if you had to go in and see a judge, you couldn't bring your child. And, of course, we're wondering why aren't they all getting

restraining orders. And it turns out, they couldn't.

So there are issues that I think we don't quite understand that I think would be very helpful because, in a light touch program, very important that we include -- that we reach everybody that needs whatever at whatever level.

MS. BELSHE: Absolutely. And I think what you're speaking to, supervisor, is a lot of the ongoing, continuous learning that we're doing in the course of actual implementation. And, frankly, one of the things we didn't talk that much about, but this idea that being a universal voluntary program, part of it -- part of the challenge is creating a community norm that recognizes that every new parent can benefit from some support, that this is not just some program or support that is for other people.

So there's a lot of good learning that we're already developing, but I think it's as much about the informal learning with LABBN and our program team as it is about the rigorous random controlled trial study.

SUPERVISOR KUEHL: I'm interested -- I mean, obviously, I'm more interested in the county clients who are the safety net needy people, but not necessarily, because that's not what this program is about. This program is about everybody and because the county is also

responsible for everybody in the county.

You know, we're starting a program on Tuesday for people. We may be raising the minimum wage and lifting you right out of a benefit structure. Oops. And now you don't have the support that you had. So we have a responsibility to you. There are people going in the -- in our light touch program, we don't know what you need, and we're happy to learn what has helped you as well.

You know, when my niece got a lactation expert from Kaiser and I thought, I never even heard of a lactation expert, but it makes so much sense. And her testimony was that it had helped enormously including in her mental health.

So I think as we go along. It would be good for us to understand why people turn us down, why they don't turn us down. If there's a difference because you're testing whether different people offering a screening makes a difference, but there may be other factors. That's all I'm saying.

Thank you very much. I hope it didn't feel like too much critique, but I often mostly want to know why, you know, what worked, what did we learn.

Any other questions? All right. Thank you very.

I think actually a round of applause for the people doing this program.

This brings us to the audience participation portion of the program. And instead of leading you in song, I'll simply call up Mr. Crippens whose here from LAUP.

SPEAKER: Good afternoon, everyone, as I make my way up. How's everybody today?

SUPERVISOR KUEHL: Pretty good. Pretty good. Welcome. Thank you so much.

SPEAKER: My name is David Crippens and I'm chair of -- I'm the board chair of LAUP. And I want to say thank you, thank you, thank you to First 5 for the opportunity to stand beside you in the past decade as our organization has worked -- as our organizations have worked together tirelessly to make a positive impact on LA county's children and ECET learning.

Over the past decade, I think we've done a very good job. I mean all of us, not just LAUP. I think that we've really raised to everyone to understand the importance of early education and care. And I know, because I sit on other boards dealing with workforce, that early education and care is absolutely essential for our future workforce.

I want to thank you. And I say that genuinely and to the bottom of my heart and I can't say it enough for what you've done. It hasn't been an easy road and at

some times I've been contentious here as we well know, and I -- but I've always done what I felt was best in serving of children in the same way that you all have done.

As we look forward and as we go forward and as well as you know, the last of your funding except for the carry over ends as of July 1st. As we go forth, I look forward to us working close together for all of LA, for all of the children that we have to serve.

And there's a big role that we both have here, and that's to advocate, to advocate and advocate that early education and care becomes universal and is considered a necessary and essential part of our lives.

Thank you, thank you, thank you.

SUPERVISOR KUEHL: Thank you very much. Any other -- I only had one request for public comment. So that brings us to the end of our meeting.

Our next meeting in July will primarily be devoted to our own assessment and discussion about the strategic plan which was adopted and reviewing and relooking and rediscussing. So I look forward to seeing you all in July.

Anything else? Seeing none. We are adjourned.

(At 3:47 PM, the meeting was adjourned.)

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 23rd day of June, 2016.

_____

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 May 31, 2016.

BACKGROUND:
Staff 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 $507.4 million. During the month, we received $7.5 million in revenues. We had $1.3 million in operating expenditures, $10.6 million in program expenditures, and $680,170 in pass-through expenditures. As a result, First 5 LA ended the month with a cash balance of $502.4 million.

This report includes detailed financial information for the month ending May 31, 2016. 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 May 31, 2016.

- Detailed operating and program expenditures: Shows expenses against the FY 2015-16 Budget approved on June 11, 2015 and adjusted on April 14, 2016, as well as 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
May 31, 2016, Unaudited

	REVENUES AND EXPENDITURES	
Cash Balance as of April 30, 2016	**$ 507,434,594**	
Revenue		
Monthly State Allotments	$ 6,245,129	**(1)**
State Commission Matching Grant - Cares Program	-	
Medi-Cal Administrative Activities (MAA)	53,810	
State Commission - Other Program Funds	-	
Interest Income - Unreserved	388,952	
Investment Income - Other	-	
Rental Revenue - La Petite	9,271	
Partnerships for Families (PFF) - LA County Dept. of Children and Family Services (DCFS)	763,231	
Total Revenue	**$ 7,460,393**	
Expenses		
Program Budget (Attachment A)		
2015-2020 Strategic Plan: Focusing For The Future	$ 3,190,158	
Legacy Investments	7,007,028	
Research and Evaluation	373,602	
Total Initiative/Program Expenses	**$ 10,570,788**	
Pass-Through (Attachment B)		
Medi-Cal Administrative Activities (MAA)	$ 5,876	
Child Signature Program (CSP)	-	
Partnerships for Families (PFF) - LA County Dept. of Children and Family Services (DCFS)	674,294	
Total Pass-Through Expenses	**$ 680,170**	
Operation and Administration (Attachment C)		
Personnel	$ 1,103,100	
General Operating	51,375	
Professional Services	23,352	
Consultant Services	64,046	
Travel & Meetings	24,336	
Capital Improvements	6,891	
Total Operation and Administration	**$ 1,273,100**	
Total Expenses	**$ 12,524,058**	
Variance (Revenues - Expenses)	**$ (5,063,665)**	
Cash Balance as of May 31, 2016	**$ 502,370,929**	**(2)**

NOTE:
1) Tobacco Tax Revenue for March 2016.
2) Cash Balance excludes fixed assets and liabilities.

LOS ANGELES COUNTY CHILDREN AND FAMILY FIRST - PROPOSITION 10 COMMISSION (AKA FIRST 5 LA)
PROGRAM EXPENDITURES BY FY 2015-16 BUDGET
May 31, 2016, UNAUDITED

INITIATIVE/PROGRAM	FY 2015-16 BUDGET*	MAY EXPENDITURES	FISCAL YTD EXPENDITURES	BALANCE REMAINING
2015-2020 STRATEGIC PLAN: FOCUSING FOR THE FUTURE				
Investments and Approaches Reaffirmed by the Board and Aligned with SP				
Families: Placed-Based - Welcome Baby/Select Home Visiting	30,966,000	2,094,086	19,775,759	11,190,241
Communities: Place-Based - Community Capacity Building	16,136,000	716,117	6,624,547	9,511,453
Policy Agenda/Advocacy	2,797,000	135,050	665,679	2,131,321
Communications & Marketing	4,672,000	47,999	615,997	4,056,003
Communications - Conference Funding	200,000	15,000	112,305	87,695
Existing Investments Potentially Aligned with SP				
Healthy Kids	2,732,000	127,297	2,355,637	376,363
Information Resource and Referral	1,360,000	-	825,492	534,508
New Investments Under Development (Strategic Plan Implementation Fund)				
Families	636,000	18,474	18,474	617,526
Communities	1,093,750	2,375	86,754	1,006,996
Early Care & Education (ECE) Systems	370,000	31,213	155,408	214,592
Health, Mental Health & Substance Abuse Systems	546,250	1,670	4,261	541,989
Other/Cross - Cutting Activities	490,000	877	14,797	475,203
Subtotal 2015-2020 Strategic Plan	**61,999,000**	**3,190,158**	**31,255,110**	**30,743,890**
LEGACY INVESTMENTS				
At-Risk Fathers Investment	150,000	-	-	150,000
Baby Friendly Hospitals	1,351,000	128,920	451,296	899,704
Black Infant Health	1,955,000	73,971	582,612	1,372,388
Children's Dental Care	10,656,000	488,901	5,451,922	5,204,078
Children's Vision Care	1,341,000	48,960	1,011,284	329,716
Early Identification and Intervention - Autism and other Developmental Delays	946,000	51,279	629,300	316,700
ECE Environmental Scan	80,000	20,110	25,275	54,725
Healthy Food Access	2,064,000	128,158	1,198,314	865,686
Little by Little/One Step Ahead	3,515,000	196,361	2,133,835	1,381,165
Los Angeles Universal Preschool (LAUP)	55,423,000	-	28,090,524	27,332,476
Oral Health & Nutrition - Dental Home	3,414,000	-	924,250	2,489,750
Parent Child Interaction Therapy	2,742,000	79,475	1,064,540	1,677,460
Partnerships for Families (PFF)	150,000	-	-	150,000
Peer Support Groups for Parents	1,044,000	32,991	741,287	302,713
Policy Advocacy Fund	2,194,000	107,244	1,416,269	777,731
Reducing Childhood Obesity	15,462,000	4,134,007	8,436,171	7,025,829
Resource Mobilization - ECE	525,000	19,698	356,030	168,970
Resource Mobilization - Funder Partnership	60,000	-	32,474	27,526
Resource Mobilization - Health	1,540,000	-	477,437	1,062,563
Resource Mobilization - Organizational Capacity Building	550,000	-	246,639	303,361
Resource Mobilization - Project Development	5,000	-	4,139	861
Tot Parks and Trails	660,000	263,658	355,119	304,881
Universal Assessment of Newborns	6,981,000	458,875	4,889,109	2,091,891
Workforce Development	2,522,000	53,289	992,216	1,529,784
Workforce Development - ECE Workforce Consortium	12,798,000	721,132	4,376,943	8,421,057
Subtotal Legacy Investments	**128,128,000**	**7,007,028**	**63,886,986**	**64,241,014**
RESEARCH AND EVALUATION				
Data Development and Integration	2,527,000	-	1,165,142	1,361,858
Data Partnership with Funders	900,000	90,945	714,370	185,630
Program Evaluation	3,906,000	282,657	2,513,249	1,392,751
Subtotal Research and Evaluation	**7,333,000**	**373,602**	**4,392,761**	**2,940,239**
TOTAL	**197,460,000**	**10,570,788**	**99,534,857**	**97,925,143**

* The FY 2015-16 Budget reflects the mid-year budget adjustments approved on April 14, 2016.

NOTES -PROGRAM EXPENDITURES BY FY 2015-16 BUDGET:
Journal entries for FY 2014-15 accrued expenses were reversed in July 2015. The amounts reported are the actual program expenditures for May 2016.

LOS ANGELES COUNTY CHILDREN AND FAMILY FIRST - PROPOSITION 10 COMMISSION (AKA FIRST 5 LA)
EXPENDITURES - PASS-THROUGH
MAY 31, 2016, UNAUDITED

Attachment B

INITIATIVE/PROGRAM - PASS-THROUGH	MAY EXPENDITURES	YEAR TO DATE EXPENDITURES
Medi-Cal Administrative Activities (MAA) - LA County Charges	-	-
Medi-Cal Administrative Activities (MAA) - Participation Payment	5,876	53,542
Child Signature Program (CSP)	-	-
Partnerships For Families - LA County Department of Children and Family Services (DCFS)	674,294	6,419,346
TOTAL	680,170	6,472,888

Attachment C

Los Angeles County Children and Family First -
Proposition 10 Commission (aka) First 5 LA
Operating & Administrative Budget Update
May 31, 2016, Unaudited

OPERATION AND ADMINISTRATION EXPENSE	MAY ACTUAL	FISCAL YTD ACTUAL	FY 2015-16 BUDGET	FISCAL YTD VARIANCE
Personnel Related Expenses				
Salaries & Wages	845,269	9,799,243	12,387,038	2,587,795
Fringe Benefits	257,831	2,951,585	3,980,943	1,029,358
	1,103,100	**12,750,829**	**16,367,981**	**3,617,152**
General Operating Expenses				
ADP Payroll Charges	1,616	27,008	31,000	3,992
Workers Compensation Insurance	-	(6,690)	100,000	106,690
Corporate Insurance	1,100	32,827	76,000	43,173
Mileage Expense	2,756	41,123	65,850	24,727
Telephones & Modems	3,258	54,424	45,800	(8,624)
Printing	936	13,903	21,700	7,797
Postage & Delivery	847	11,854	13,500	1,646
Office Supplies	6,301	61,085	79,780	18,695
Subscriptions & Publication	145	5,888	9,860	3,972
Equipment Rental	8,785	88,369	118,200	29,831
Repair & Maintenance - Furniture & Fixtures	8,486	173,760	180,000	6,240
Repair & Maintenance - Equipment	-	2,205	27,000	24,795
Rents & Lease - Offsite Storage	473	14,517	23,700	9,183
Los Angeles County Overhead	-	11,725	27,000	15,275
Contingency	-	49,662	70,200	20,538
Facilities & Other Supplies	-	8,224	12,150	3,926
Utilities	9,263	143,807	165,000	21,193
Educational Supplies	(199)	326	5,300	4,974
Cell Phones	2,275	32,587	43,350	10,763
Hardware & Software Maintenance	5,334	125,360	228,000	102,640
	51,375	**891,963**	**1,343,390**	**451,427**
Professional Services				
Audit and Accounting Fees	-	46,780	70,000	23,220
Legal Fees	7,573	87,168	175,000	87,832
Membership Dues	9,470	32,819	86,350	53,531
Professional Development	1,565	46,861	202,945	156,084
Professional Dues First 5 Association	-	-	50,000	50,000
Staff Recruitment	1,894	24,594	25,000	406
Commission Stipends	2,850	17,850	34,000	16,150
Human Resources Related Costs	-	33,657	68,000	34,343
	23,352	**289,729**	**711,295**	**421,566**
Consultant Services				
Consultant Fees	45,325	516,454	1,488,705	972,251
Other Professional Fees	18,721	242,963	276,950	33,987
External Reviewers	-	11,600	12,800	1,200
	64,046	**771,017**	**1,778,455**	**1,007,438**
Travel & Meetings				
State Prop 10 Commission Activities	943	3,762	40,000	36,238
Conferences - Travel & Lodging	9,602	44,703	95,242	50,539
Conference - Registration Fees	5,291	71,357	101,665	30,308
Local Meeting Expenses	3,952	35,729	94,320	58,591
Lodging	3,382	37,872	95,276	57,404
Per Diem	1,166	21,546	46,738	25,192
	24,336	**214,969**	**473,241**	**258,272**
Capital Improvements				
Capital Outlay (Equipment Purchases)	6,891	37,544	120,000	82,456
TOTAL OPERATING EXPENSES	**1,273,100**	**14,956,051**	**20,794,362**	**5,838,311**

NOTES - OPERATING & ADMINISTRATIVE BUDGET UPDATE:

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

* The FY 2015-16 Budget reflects the mid-year budget adjustments approved on April 14, 2016.

Los Angeles County Children and Families First -
Proposition 10 Commission
Statement of Net Assets
May 31, 2016 Unaudited

Assets		
Current Assets:		
Cash	$	2,048,685
Cash- Morlin Mgmt Corp		26,950
Investment:		
Operating and Allocated funds		440,718,016
Operating Fund - SRI		-
Advance - LA Care Health Plan		8,315,498
Advance - LAUP		46,037,087
Advance - UCLA Dental Home Project		3,343,591
Interest Receivable		-
Other Receivables		44,076
Total Current Assets	**$**	**500,533,903**
Fixed Assets:		
Land	$	2,039,000
Building & Improvements		12,076,512
Furniture & Fixtures		627,671
Computer, Software & Accessories		1,755,170
Office Equipment		331,033
Accumulated Depreciation		(4,944,345)
Total Fixed Assets	**$**	**11,885,041**
Total Assets	**$**	**512,418,944**
Liabilities and Net Assets		
Current liabilities:		
Other Liabilities	$	233,481 **(1)**
Total Current Liabilities	**$**	**233,481**
Net Assets:		
Investment in capital assets	$	11,885,041
Restricted		500,300,422
Total Net Assets	**$**	**512,185,463**
Total Liabilities and Net Assets	**$**	**512,418,944**

NOTES:

(1) Other Liabilities include accounts payable, security deposit from La Petite Academy and other related liabilities.

Agenda Item: 2C
Date: July 14, 2016

SUBJECT:
Contracts for approval

RECOMMENDATION:
Approve one new agreement, two amendments, and three renewals and authorize staff to complete final execution of the agreements upon approval from the Board.

BACKGROUND:
First 5 LA's approved programmatic budget for FY 2016-17 totals $140,285,000 and the approved operating budget totals $21,235,158. Funding for the agreements in Attachment A was included in the budget presented to the Board on May 12, 2016 and approved on June 9, 2016. For contracts that span fiscal years, the estimated spending amount for each fiscal year will be included in First 5 LA's annual budgets for approval. Pursuant to contract terms, if the Commission does not appropriate funds for the contract in future fiscal years, First 5 LA may terminate the contract. Upon approval of the agreement presented below, staff will complete final execution.

There is **one new agreement** with The Raben Group to develop and execute advocacy strategies to help advance First 5 LA's public policy goals. The overarching objectives of this project are to: represent First 5 LA with federal decision-makers and national partners in Washington, DC; develop and execute advocacy strategies to advance our public policy goals; and provide strategic guidance for First 5 LA's prioritization of and involvement in various federal activities.

There are **two amendments**. One is with Samantha Shahani dba Tulsi Consulting for additional funding and contract extension through December 31, 2016. The Contractor works with First 5 LA's senior leadership team to help lead, design, and coordinate an integrated organizational transformation and change management process to support the implementation of the 2015-2020 Strategic Plan. This includes sequencing and coordinating multiple work streams currently underway, developing an integrated organizational design and operating model to achieve the results outlined in the Strategic Plan, developing a governance structure to oversee the transformation process, and developing and executing a transition plan to implement the organizational design. A contract extension with budget augmentation is requested to enable Contractor to continue to provide consultation during the organization transformation and alignment process. The process of hiring executive leadership required additional time and has extended the timeframe for this effort. One is with Justus McGinity Executive Search for additional funding. The Contractor conducts executive recruitment services for First 5 LA on an as needed basis throughout the 2015-2020 Strategic Plan period. This is a request to retroactively amend the budget to account for expenditures resulting from four (4) executive recruitments conducted during FY 15-16.

There are **three renewals** under multi-year agreements that require board approval of annual budgets and scopes of work for FY 16-17 pursuant to the agreements. Please refer to Attachment B for copies of annual budgets and scopes of work. One is with the County of Los Angeles Department of Public Health for the Reducing Childhood Obesity Project. The project promotes physical activity and healthy eating among the nearly one million children prenatal to 5 years of age and their families throughout LA County by bringing together a broad range of partners to provide public education, skills-building, and environmental change support in communities. In FY 15-16, the Contractor and partners launched media campaigns and press events on Sugar-Sweetened Beverage, Healthy Eating Out and the Choose Health LA (CHLA) Moms website; enrolled nearly 50 restaurants into the CHLA Kids Restaurant Program to offer healthier adult portion sizes and children's menus; provided workshops on nutrition and physical activity to over 1,200 parents; and trained 1,800 licensed and 200 licensed-exempt child care providers to improve nutrition and physical activity offered in child

care settings. In the final year of the project, the Contractor and partners will launch a media campaign and press event on Physical Activity/Screen Time, provide workshops on nutrition and physical activity to 420 parents, continue promotion of the CHLA Moms website, and submit evaluation reports on various components of the project. One is with The Regents of the University of California for the Dental Home Project which seeks to increase access to dental care for children ages 0-5 and perinatal women by establishing dental homes in twelve (12) Federally Qualified Health Centers (FQHCs) countywide. The Dental Home Project is a 4.5 year, $9.2 million effort to increase access to dental care for 13,000 children ages 0-5 and perinatal women. In FY 15-16, the project provided preventative dental services to 5,500 children 0-5 and 500 pregnant women and completed a white paper with Children Now related to strengthening preventative dental care for children in FQHCs based on the project's work with FQHCs and other research. During FY 16-17, the Contractor will ensure FQHCs complete participation in at least one (1) Quality Improvement Learning Collaborative session to sustain the oral health/dental services systems developed by the project and through which the FQHCs will serve 2,750 children 0-5 and 250 pregnant women. The project will also complete and disseminate one policy brief to describe the project model and successes/lessons learned. Another key deliverable is the completion of the final evaluation report. The third is with the Los Angeles County Department of Mental Health for the Parent-Child Interaction Therapy (PCIT) project which seeks to expand access to 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 15-16, 13 new mental health agencies were trained to provide PCIT services. Key activities planned by the Contractor in FY 16-17 include training ten (10) new provider agencies (with teams of four (4) clinicians each) in PCIT and supporting previously trained PCIT therapists in agencies with an existing PCIT program. The Contractor will also use funds to purchase one coachman mobile van, equipped with state-of-the-art audio-video equipment to provide PCIT services in local neighborhoods where current PCIT clients reside.

DISCUSSION:
Staff seeks the Commission’s approval of the agreements summarized in Attachment A and exhibits found in Attachment B.

Attachment A
July 2016

NEW AGREEMENTS										
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**
Policy and Intergovernmental Affairs	Policy Agenda/Advocacy \ Federal Policy and Sustainability Advocate	**THE RABEN GROUP** The Contractor will develop and execute advocacy strategies to help advance First 5 LA's public policy goals. The overarching objectives of this project are to: represent First 5 LA with federal decision-makers and national partners in Washington, D.C; develop and execute advocacy strategies to advance our public policy goals; and provide strategic guidance for First 5 LA's prioritization of and involvement in various federal activities.	6/9/16	RFQ	4 years	$520,000	$125,000	7/18/2016	6/30/2017	6/30/2020

Attachment A
July 2016

AMENDMENTS									
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?**
Office of Strategic Planning and Integration	First 5 LA Operational Activities/ Office of Strategic Planning and Integration	**SAMANTHA SHAHANI DBA TULSI CONSULTING. (#08824)** **Amendment for additional funding and contract extension through December 31, 2016.** Working directly with First 5 LA's senior leadership team, Contractor will lead, design, and coordinate an integrated organizational transformation and change management process to support implementation of the 2015-2020 Strategic Plan. This will include sequencing and coordinating multiple work streams currently underway, developing an integrated organizational design and operating model to achieve the results outlined in the Strategic Plan, developing a governance structure to oversee the transformation process, and developing and executing a transition plan to implement the organizational design. A contract extension with budget augmentation is requested to enable Contractor to continue to provide expert advice and consultation during the organization transformation and alignment process. The process of hiring executive leadership requires additional time and has extended the timeframe for this effort.	6/9/2016	Solicitation to the Pool	2 Years	$628,050	$165,450	$793,500	Yes 110
Human Resources	F5LA Operational Activities / Human Resources	**JUSTUS MCGINITY EXECUTIVE SEARCH (#09068)** **Amendment for additional funding.** Contractor conducts executive recruitment services for First 5 LA on an as needed basis throughout the 2015-2020 Strategic Plan period. This is a request to retroactively amend the budget to account for expenditures resulting from four (4) executive recruitments conducted during FY 15-16.	6/11/2015	Solicitation to the Pool	4 years, 7 months	$74,850	$19,875	$94,725	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.

Attachment A
July 2016

RENEWALS

(These multi-year agreements require board approval of annual budgets and scopes of work pursuant to the agreement. Please refer to Attachment B for the exhibits.)

DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	CONTRACT AMOUNT	BUDGET AMOUNT FOR FY 16-17	CONTRACT START DATE	CONTRACT END DATE	PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
Grants Management	Reducing Childhood Obesity \ Reducing Childhood Obesity	**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH (#08379.1)** The project promotes physical activity and healthy eating among the nearly one million children ages 0-5 and their families throughout LA County by bringing together a broad range of partners to provide public education, skills-building, and environmental change support in communities. In FY 15-16, the Contractor and partners launched media campaigns and press events on Sugar-Sweetened Beverage, Healthy Eating Out and the Choose Health LA (CHLA) Moms website; enrolled nearly 50 restaurants into the CHLA Kids Restaurant Program to offer healthier adult portion sizes and children's menus; provided workshops on nutrition and physical activity to over 1,200 parents; trained 1,800 licensed and 200 licensed-exempt child care providers to improve nutrition and physical activity offered in child care settings. In the final year of the project, the Contractor and partners will launch a media campaign and press event on Physical Activity/Screen Time, provide workshops on nutrition and physical activity to 420 parents, continue promotion of the CHLA Moms website, and submit evaluation reports on various components of the project.	7/14/2011	Strategic Partnership	5 Years	$41,197,400	$5,132,715	7/1/2012	6/30/2017	6/30/2017	Yes 111
Program Development	Oral Health & Nutrition - Dental Home \ Oral Health & Nutrition - Dental Home	**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA (#08174)** 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 twelve (12) Federally Qualified Health Centers (FQHCs) countywide. The Dental Home Project is a 4.5 year, $9.2 million effort to increase access to dental care for 13,000 children ages 0-5 and perinatal women. In FY 15-16, the project provided preventative dental services to 5,500 children 0-5 and 500 pregnant women and completed a white paper with Children Now related to strengthening preventative dental care for children in FQHCs based on the project's work with FQHCs and other research. During FY 16-17, the Contractor will ensure FQHCs complete participation in at least one (1) Quality Improvement Learning Collaborative session to sustain the oral health/dental services systems developed by the project and through which the FQHCs will serve 2,750 children 0-5 and 250 pregnant women. The project will also complete and disseminate one policy brief to describe the project model and successes/lessons learned. Another key deliverable is the completion of the final evaluation report.	2/10/2011	RFP	4 years, 6 months	$9,239,023	$600,081	7/1/2012	12/31/2016	12/31/2016	No Contractor has experienced significant delays in project implementation. A corrective action plan (CAP) was negotiated on December 2015. Although progress has been made, an updated CAP will be incorporated into the FY 16-17 contract to ensure compliance.

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Attachment A
July 2016

RENEWALS

(These multi-year agreements require board approval of annual budgets and scopes of work pursuant to the agreement. Please refer to Attachment B for the exhibits.)

DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	CONTRACT AMOUNT	BUDGET AMOUNT FOR FY 16-17	CONTRACT START DATE	CONTRACT END DATE	PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
Program Development	Parent Child Interaction Therapy \ Parent Child Interaction Therapy	**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH (#08379.4)** 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 15-16, 13 new mental health agencies were trained to provide PCIT services. Key activities planned by the Contractor in FY 16-17 include training 10 new provider agencies (with teams of 4 clinicians each) in PCIT, and supporting previously trained PCIT therapists in agencies with an existing PCIT program. The Contractor will also use funds to purchase one coachman mobile van, equipped with state-of-the-art audio-video equipment to provide PCIT services in local neighborhoods where current PCIT clients reside.	2/10/2011	Strategic Partnership	5 years	$16,991,863	$6,149,186[1]	7/1/2012	6/30/2017	9/30/2017	Yes

[1]First 5 LA projected FY 16-17 expenditures of $3,080,000 in the annual budget for the DMH contract based on the proposed scope and historical spending rates for prior years of the project that have never reached 100% of original projections. Since DMH has submitted an initial projection of $6,080,000 for the FY 16-17 contract, any spending over the amount budgeted will be adjusted in the midyear.

*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.

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Exhibit A - Performance Matrix

Agreement #: 8379.1
Agency Name: Los Angeles County Department of Public Health
Project Name: Early Childhood Obesity Prevention Initiative (ECOPI)

Agreement Period: Year 5 (7/1/2016 – 6/30/2017)
Project Length: 5 years (7/1/12 - 6/30/17)
Revision Date:

Project Description: The Reducing Early Childhood Obesity Prevention Initiative (ECOPI) is a community-based public education, skills-building and environmental change project promoting physical activity and healthy eating among the nearly one million Los Angeles County children ages 0-5 and their families. This project will be executed through collaboration between the Department of Public Health's Division of Chronic Disease and Injury Prevention (CDIP) and Maternal, Child, and Adolescent Health Programs (MCAH). The three major interventions of the project, to be implemented countywide in collaboration with a broad range of county and community partners, include 1.) Choose Health LA Kids (CHLA Kids) - an intensive, community based public education and skills-building campaign by CDIP to increase communities' capacities to promote healthy eating and active living practices; 2.) Choose Health LA Child Care (CHLA Child Care) – an expansion of several child care pilot projects by MCAH including First 5 LA's Sesame Street Healthy Habits for Life pilot with license exempt providers, RENEW LA County of Los Angeles Universal Preschool Project, and MCAH's study to improve nutrition and physical activity policies and practices in Service Planning Area 6 child care providers; and 3.) Choose Health LA Moms (CHLA Moms) – MCAH's provision of nutrition, physical activity, and stress management resources offered through individual and organizational channels to support women's interconnection health.

	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 requirements.	**Due Date** Date Objective will be completed	**Quantity by Period**				
			Q1 (Jul-Sep)	**Q2** (Oct-Dec)	**Q3** (Jan-Mar)	**Q4** (Apr-Jun)	**Year-End Target** (Jul-Jun)
Reducing Early Childhood Obesity Project Administration/Management							
1	**Administrative Objective**: Conduct a final ECOPI stakeholder meeting for members of the CHLA Kids, Child Care and Moms Advisory Committees, the ECOPI Steering Committee, contracted agencies from CHLA Kids and CHLA Child Care, as well as other community partners to share project successes, sustainability, and celebrate partnerships. Submit the agenda, meeting minutes and presentations shared with the First 5 LA Quarterly Report.	12/31/2016	0	1	0	0	1
Choose Health LA Kids (CHLA Kids) Objectives 2-19							
2	**Media/Communications- Focus Groups:** DPH staff will work with the media firm who will conduct 2 focus groups with parents/caregivers of children 0 to 5 to determine appropriate messaging and visuals to promote in the county-wide Physical Activity/Screen Time campaign. Messaging, visuals, and any related collateral material will be reviewed and approved by both First 5 LA and DPH Public Affairs before being translated into Spanish and finalized.	7/31/2016	1	0	0	0	1

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Exhibit A - Performance Matrix

	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 requirements.	Due Date Date Objective will be completed	Quantity by Period				
			Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)	Year-End Target (Jul-Jun)
3	**Media/Communications- Focus Group Report:** Submit focus group summary report from focus group testing on Physical Activity/Screen Time campaign messaging, visuals and other creative products to First 5 LA.	7/31/2016	1	0	0	0	1
4	**Media/Communications- Press Event:** DPH staff and First 5 LA will collaborate with the media firm to launch the Physical Activity/Screen Time campaign with a press event (the deliverable). The media firm will be in charge of all event logistics, A/V needs, media relations, including drafting the event materials for DPH Public Affairs and First 5 LA approval. These materials include the media advisory, press release, and any fact sheets or other campaign supporting materials in the press kit. Media outreach will include pitching the general, trade, and ethnic media. Social media outreach through CHLA will be handled by DPH staff. All press event materials will be reviewed and approved by First 5 LA and DPH Public Affairs. The press event will occur in Q1 (deliverable). DPH staff will be responsible for any campaign related public education materials that are needed for distribution and outreach to CHLA Kids sub-contractors, CHLA Moms, and CHLA Child Care staff and partners. Campaign collateral materials will be approved by DPH Public Affairs and First 5 LA. Promotion of the campaign and its launch will be shared only on Choose Health LA Facebook and Twitter. DPH staff will ask DPH Public Affairs to consider promoting the campaign news on @lapublichealth. DPH staff will be able to provide only the basic analytics that are free of charge for any social media activity that is available on Facebook and Twitter.	8/31/2016	1	0	0	0	1

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Exhibit A - Performance Matrix

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			Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)	Year-End Target (Jul-Jun)
5	**Media/Communications- Media Placements:** DPH and First 5 LA Public Affairs staff will work with the media firm to identify out-of-home media placement (e.g., billboards, MTA buses, transit shelters, including locations in Best Start Communities) and procure other paid media opportunities through radio station placement targeting both the general, Spanish, and ethnic markets, and online and mobile ad placement for the Physical Activity/Screen Time campaign. Other potential paid advertising opportunities will be explored pending approval from DPH and First 5 LA. Media firm will be responsible for writing the media buy plan (first deliverable) and securing the media buys once DPH and First 5 LA approve the media buy plan. Paid media elements will occur when the campaign launches and will submit to First 5 LA a list of all final media ad placements and media outlets (second deliverable).	8/30/2016	2	0	0	0	2
6	**Media/Communications- Press Event Media Summary Report:** The media firm will submit a summary of the Physical Activity/Screen Time campaign launch event which will be shared with DPH Public Affairs and First 5 LA. The summary report will include a list of media outlets that attended the event, any news clips available online, and screen shots of any relevant social media activity. Summary report will also include a compilation of the paid media components with number of media impressions, at a minimum 1,000,000 and reach.	12/31/2016	0	1	0	0	1
7	**Media/Communications- Website Content:** The CHLA website will be reviewed quarterly and any necessary updates to website content will be made as needed. Website updates will be reported quarterly in Quarterly Reports.	6/30/2017	1	1	1	1	4
8	**Media/Communications- Social Media:** Social media content will be posted on existing platforms and will be coordinated with the DPH communications team which manages existing CHLA social media handles (Facebook and Twitter). Social media content and their timeline will be reported to First 5 LA every quarter in Quarterly Reports.	6/30/2017	1	1	1	1	4

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Exhibit A - Performance Matrix

	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 requirements.	Due Date Date Objective will be completed	Quantity by Period				
			Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)	Year-End Target (Jul-Jun)
9	**Nutrition Education and Physical Activity Materials:** Distribute nutrition education materials and collateral materials supporting the Physical Activity/Screen Time campaign to the 20 RFP funded agencies in order to engage community partners such as Best Start Communities, to support and reinforce paid media efforts as well as the nutrition/physical activity education being conducted in the community by both RFP Funded Agencies and CHLA Kids staff. CHLA Kids media materials include both promotional materials for the public (e.g. factsheets) and press release and newsletter templates for agency use. Promotional materials will also be distributed to the CHLA Moms program for cross-promotion.	12/31/2016	21	21	0	0	42
10	**Parent Education Curriculum (20 RFP Funded Agencies):** RFP Funded Agencies will deliver a total of 60 nutrition and physical activity education class cycles to families with children ages 0-5. Key curriculum concepts include those linked with both Year 4 and Year 5 planned media campaigns (i.e. sugar sweetened beverages, healthy eating out at restaurants, physical activity and screen time, and CHLA Moms website outreach). Several agencies will continue to pair grocery store tours with workshops, athough outside of their scope of work. Recruitment efforts will include Best Start communities. *(3 cycles per agency with a minimum of 7 participants at each class cycle; with 420 total participants in Quarters 1 and 2 as the deliverable)*	12/31/2016	210	210	0	0	420
11	**Parent Curriculum Evaluation:** Using data collected via the CHLA Kids parent curriculum evaluation firm and assessment tools, CHLA Kids will summarize results of knowledge, attitudes, and opinions of targeted parents/caregivers of children ages 0-5 years engaged in the curriculum workshops implemented by the 20 RFP funded agencies. A final summary report will be provided in Quarter 4, which will capture 15 months of implementation.	6/30/2017	0	0	0	1	1
12	**Parent Collaborative (20 RFP Funded Agencies):** RFP Funded Agencies will conduct 60 parent collaborative meetings (the deliverable) to disseminate nutrition and physical activity resources and build support for policy goals among parents of children ages 0-5. Recruitment efforts will include Best Start communities. *(3 meetings per agency in Quarter 1 and 2; total of 60 meetings)*	12/31/2016	30	30	0	0	60

116

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Exhibit A - Performance Matrix

	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 requirements.	Due Date Date Objective will be completed	Quantity by Period				
			Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)	Year-End Target (Jul-Jun)
13	**Community Assistance Program Promotion:** RFP Funded Agencies will distribute WIC and Cal-Fresh materials to a minimum of 420 parents/caregivers with children ages 0-5 via distributed resources at Healthy Parenting Workshops (Parent Education Curriculum) and other venues where parents are present.	12/31/2016	210	210	0	0	420
14	**Restaurant Program Summary Report:** Summarize results on program progress of the Choose Health LA Restaurants Program since inception of the program. Submit report with findings to First 5 LA.	9/30/2016	1	0	0	0	1
15	**White Paper Technical Assistance:** DPH staff will provide technical assistance to a minimum of 20 localities, RFP Funded Agencies, and other local organizations around the strategies outlined in the White Paper. Summary describing technical assistance provided and names of localities will be submitted with Quarterly Reports.	12/31/2016	10	10	0	0	20
16	**White Paper Policy/Strategy Implementation Summary Report:** DPH staff will continue to work with RFP funded agencies and local jurisdictions to implement local policy strategies provided in the White Paper to reduce the marketing of unhealthy foods and beverages to children ages 0 to 5. A summary report employing the RE-AIM policy evaluation framework describing local strategies including lessons learned will be submitted in Quarter 4.	6/30/2017	0	0	0	1	1
17	**Clinical Settings Evaluation– Summary Report:** Analyze and summarize results from program and chart review of obesity screening and management protocol implementation in up to 2 clinic systems.	9/30/2016	1	0	0	0	1
18	**DCFS Training:** DPH staff will work with DCFS to create on online childhood obesity prevention training to build sustainability after grant expiration.	6/30/2017	0	0	0	1	1
19	**DCFS Evaluation Summary Report:** Final summary report including results of pre/post-test surveys from 2014-2016 to assess the changes in knowledge, attitudes, and beliefs of training attendees, including DCFS Social Workers and Public Health Nurses. Results to be submitted in Quarter 4.	6/30/2017	0	0	0	1	1

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Exhibit A - Performance Matrix

	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 requirements.	Due Date Date Objective will be completed	Quantity by Period				
			Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)	Year-End Target (Jul-Jun)
Choose Health LA Child Care (CHLA Child Care) Objectives 20-26							
20	**Provider Video:** Create a spotlight video highlighting provider experiences of CHLA Child Care and its impact on their work with children; to be presented to stakeholders at meetings, conferences, and via the Child Care Resource Center website.	12/31/2016	0	1	0	0	1
21	**Observational Assessments Summary Report:** Synthesize data collected and analyzed from the Year 3 and Year 4 observational assessments and write a summary report that includes findings, conclusions, recommendations, challenges and limitations.	12/31/2016	0	1	0	0	1
22	**Policies and Practices Summary Report:** Incorporate data collected and analyzed from the Year 4 surveys into the Year 3 preliminary report for a complete overview of findings, conclusions, recommendations, challenges and limitations.	12/31/2016	0	1	0	0	1
23	**Focus Groups Summary Report:** Synthesize data collected and analyzed from the Year 4 Focus Groups and write a summary report that includes an executive summary, background section, methods used, major findings, conclusions, and recommendations.	9/30/2016	1	0	0	0	1
24	**Choose Health LA Child Care Project Final Report:** Final evaluation report that includes key findings, conclusions, recommendations, challenges and limitations. Evaluation Consultant will work with the CHLA Child Care Advisory Committee, project staff and other key stakeholders to finalize the document and include relevant evaluation recommendations.	6/30/2017	0	0	0	1	1
25	**Conference Presentations:** CHLA Child Care team will present program process, outcomes -- including results from coaching visits, the Policies and Practices survey, observational assessments, and focus groups – and lessons learned at three local or national conferences.	3/31/2017	1	1	1	0	3
26	**Materials for Dissemination:** Produce and disseminate three one-page documents with CHLA CC program outcome information to stakeholders, policy makers and the general public.	6/30/2017	1	1	1	1	4

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Exhibit A - Performance Matrix

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			Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)	Year-End Target (Jul-Jun)
Choose Health LA Moms (CHLA Moms) Objectives 27-33							
27	**Outreach & Recruitment- Online Newsletters:** DPH staff will develop and distribute an "E-blast" to 1,800 people each month (5,400 per quarter) to provide information about the CHLA Moms program and outreach to potential partners, and to provide information on CHLA Moms to the CHLA Kids and CHLA Child Care networks. The "E-blast" will be distributed through the CHLA Moms listserv, LA Best Babies Network (500 members) and the Los Angeles County Department of Public Health; Comprehensive Perinatal Services Program (1,627 members).	6/30/2017	5,400	5,400	5,400	5,400	21,600
28	**Training and Outreach:** DPH staff will conduct trainings and outreach to community-based organizations serving multilingual/multicultural postpartum women for community outreach. Submit summary of quarterly activities with list of participants and represented organizations for each event with each Quarterly Report (deliverable).	6/30/2017	1	1	1	1	4
29	**Interactive Curriculum and Website- Client Enrollment:** By June 30, 2017, CHLA Moms will have enrolled 1,000 postpartum women into the program through the Choose Health LA Moms website.	6/30/2017	250	250	250	250	1,000
30	**Social Media and Text Messaging:** Social media content will be posted on existing Choose Health LA platforms and will be coordinated with the DPH media team which manages existing CHLA social media handles (Facebook and Twitter). Text messaging to CHLA Moms website participants will continue to function to deliver motivational messages to keep participants engaged. Social media content, text messages, and their timeline will be reported to First 5 LA every quarter in Quarterly Reports.	6/30/2017	1	1	1	1	4
31	**Process and Summative Evaluation- Targeted Evaluation:** DPH staff will collect registration, intake assessment, and follow-up assessment data on postpartum women enrolled in CHLA Moms for the evaluation of changes in knowledge, attitude, and willingness to change physical activity, water consumption, and breastfeeding behaviors. DPH staff will submit quarterly summaries with aggregate data to First 5 LA.	3/31/2017	1	1	1	0	3

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Exhibit A - Performance Matrix

	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 requirements.	Due Date Date Objective will be completed	Quantity by Period				
			Q1 (Jul-Sep)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)	Year-End Target (Jul-Jun)
32	**Process and Summative Evaluation- Website Interaction:** DPH staff will collect data on the postpartum women enrolled in CHLA Moms, as available through web analytics (e.g. number of visits, page views, average visit duration, etc.). DPH staff will submit quarterly summaries with aggregate data to First 5 LA.	3/31/2017	1	1	1	0	3
33	**Evaluation Analysis- Final Report:** DPH staff will prepare final Year 5 evaluation, including analysis of intake and follow-up assessments and the use of the website by June 30, 2017.	6/30/2017	0	0	0	1	1

120

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Budget Summary

Agency: LA County Department of Public Health

Project Name: Early Childhood Obesity Prevention Initiative

Agreement Period: 07/01/2016 - 06/30/2017

	Cost Category	First 5 LA Funds	Matching Funds	Total Costs
1	Personnel	876,972	293,364	1,170,336
2	Contracted Svcs *(Excluding Evaluation)*	3,843,463	0	3,843,463
3	Equipment	0	0	0
4	Printing/Copying	19,000	0	19,000
5	Space	117,477	0	117,477
6	Telephone	0	0	0
7	Postage	819	0	819
8	Supplies	6,251	0	6,251
9	Employee Mileage and Travel	11,550	0	11,550
10	Training Expenses	10,500	0	10,500
11	Evaluation	191,120	0	191,120
12	Other Expenses *(Excluding Evaluation)*	0	0	0
13	*Indirect Costs	55,562	0	55,562
	TOTAL:	5,132,715	293,364	5,426,079

Noelene Kao
Fiscal Contact Person
nkao@ph.lacounty.gov
Email Address

Phone # 323-890-8671

***Indirect Cost CANNOT exceed 10% of total contract amount (excluding subcontractors, capital expenditures, equipment and depreciation expense)**

Additional supporting documents may be requested

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Section 1

Agreement # 09379.1

Personnel

Agency: LA County Department of Public Health

Project Name: Early Childhood Obesity Prevention Initiative

Agreement Period: 07/01/2016 - 06/30/2017

ANNUAL First 5 LA Funds PROJECT PERSONNEL BUDGET					TOTAL PROJECT PERSONNEL BUDGET		
Name/Title	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
Chief Physician II, Dr. Paul Simon	PT	$ 21,747.77	20%	12	-	$ 52,194.65	$ 52,194.65
Chief Physician II, Dr. Diana Ramos	PT	$ 22,464.12	20%	12	-	$ 53,913.89	$ 53,913.89
Director, MCAH, Suzanne Bostwick	PT	$ 10,064.96	20%	12	-	$ 24,155.90	$ 24,155.90
Chief Physician I, Dr. Robert Gilchick	PT	$ 16,061.41	20%	12	-	$ 38,547.38	$ 38,547.38
Chief of Administration, Todd McNairy	PT	$ 9,901.56	20%	12	-	$ 23,763.74	$ 23,763.74
Deputy Director, Dr. Tony Kuo	PT	$ 19,262.01	5%	12	-	$ 11,557.21	$ 11,557.21
Staff Analyst, Health - Sandra Austria	PT	$ 13,957.33	25%	12	-	$ 41,872.00	$ 41,872.00
Staff Analyst, Health - Stephanie Ruiz Perez	PT	$ 15,786.33	25%	12	-	$ 47,359.00	$ 47,359.00
Senior Staff Analyst, Health - Genaro Sandoval (CHLAKids)	PT	$ 10,044.83	15%	12	$ 18,080.69	-	$ 18,080.69
Administrative Services Manager III - Linda Aragon (CHLAKids)	PT	$ 10,663.33	5%	12	$ 6,398.00	-	$ 6,398.00
Staff Analyst, Health - Giannina Donatoni (CHLA Moms)	FT	$ 8,745.33	100%	12	$ 104,944.00	-	$ 104,944.00
Contract Program Auditor - Martha Cavazos - (CHLAKids)	FT	$ 7,037.39	100%	12	$ 84,448.62	-	$ 84,448.62
Research Analyst III, Donald Gravnik (CHLA Child Care)	FT	$ 7,183.48	100%	12	$ 86,201.77	-	$ 86,201.77
Management Analyst, Blaine Campbell (CHLA Moms)	FT	$ 5,745.41	100%	12	$ 68,944.88	-	$ 68,944.88
Reaserach Analyst II - Helen O' Connor - (CHLA Child Care)	FT	$ 5,710.95	100%	12	$ 68,531.40	-	$ 68,531.40
Health Program Analyst III - Janet Scully (CHLA Child Care)	FT	$ 9,839.41	100%	12	$ 118,072.95	-	$ 118,072.95
				Total Direct Salaries	555,622	293,364	$ 848,986.10

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

USE ADDITIONAL SHEETS IF NECESSARY

*Fringe Benefits:	Percentage			
FICA	1.85%	10,273		10,273
SUI	0.54%	2,978		2,978
Health	9.62%	53,434		53,434
WC	3.25%	18,041		18,041
Other	42.59%	236,623		236,623
	57.84%	321,350	-	321,350
Total Personnel		876,972	293,364	1,170,336

*Fringe Benefits must be broken down by categories.

Section 2

Contracted Services

Agency: LA County Department of Public Health

Project Name: Early Childhood Obesity Prevention Initiative

Agreement Period: 07/01/2016 - 06/30/2017

Contracted/Consultant Services	RATE OF PAY AND FORMULA USED FOR DETERMINING AMOUNT	First 5 LA Funds	Total Matching Funds	Total Contracted Svcs
PHFE Temporary Personnel Contract	18 Staff; fringe rate at 21.36% - 27%; 10% Indirect	1,450,271		1,450,271
RFP Contracts (20) - (CHLAKids)	$78,000 x 20 contracts	1,560,000		1,560,000
ChangeLab Solutions (CHLAKids)	33.33 hours x $150/hr	5,000		5,000
Media/PR Firm (CHLAKids/CHLA Moms)	4,333.333 hours x $150/hr	650,000		650,000
Child Care Resource Center (CHLA Child Care)	CCRC Year 5 Contract	177,193		177,193
Website Text Messaging (CHLA Moms)	133,333.33 text messages x $0.0075/text message	1,000		1,000
USE ADDITIONAL SHEETS IF NECESSARY	Total Contracted Services:	3,843,463	-	3,843,463

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

USE ADDITIONAL SHEETS IF NECESSARY

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Section 3

Equipment

Agency: LA County Department of Public Health

Project Name: Early Childhood Obesity Prevention Initiative

Agreement Period: 07/01/2016 - 06/30/2017

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

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

USE ADDITIONAL SHEETS IF NECESSARY

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Section 4

Printing/Copying

Agency: LA County Department of Public Health

Project Name: Early Childhood Obesity Prevention Initiative

Agreement Period: 07/01/2016 - 06/30/2017

Printing/Copying include description	Quantity	Unit Cost	Total Printing Cost	First 5 LA Funds	Matching Funds	Total Cost
Postpartum booklet (CHLA Moms)	1,870	2.00	3,740	3,740		3,740
Infographic (CHLA Moms)	1,680	0.75	1,260	1,260		1,260
Promotional Program Resources (CHLA Child Care)	5,000	0.20	1,000	1,000		1,000
Curriculum Toolkit (RFP Agencies) (CHLAKids)	800	1.25	1,000	1,000		1,000
Media Campaign Materials (CHLAKids)	16,666	0.60	10,000	10,000		10,000
ChangeLab White Paper (CHLAKids)	300	6.66	2,000	2,000		2,000
		Total Printing/Copying:	19,000	19,000	-	19,000

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

USE ADDITIONAL SHEETS IF NECESSARY

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Sections 5 & 6

Space & Telephone

Agency: LA County Department of Public Health

Project Name: Early Childhood Obesity Prevention Initiative

Agreement Period: 07/01/2016 - 06/30/2017

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
Space Cost (CHLA Moms)	438	2.08	12	10,932	10,932		10,932
Space Cost (CHLA Child Care)	657	2.08	12	16,399	16,399		16,399
Space Cost (Admin)	219	2.08	12	5,466	5,466		5,466
Space Cost (CHLAKids)	2,460	2.10	12	62,000	62,000		62,000
Staff parking (18 passes at $105/month x 12 months) (CHLAKids)	18	105.00	12	22,680	22,680		22,680
			Total Space:	117,477	117,477	-	117,477

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
				0	0		0
			Total Telephone:	-	-	-	-

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

USE ADDITIONAL SHEETS IF NECESSARY

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Sections 7 & 8

Postage & Supplies

Agency: LA County Department of Public Health

Project Name: Early Childhood Obesity Prevention Initiative

Agreement Period: 07/01/2016 - 06/30/2017

Postage include description	Quantity	Unit Cost	Number of Months	Total Postage Cost	First 5 LA Funds	Matching Funds	Total Cost
Postage - Mail FedEx print materials (CHLA Moms/CHLA Kids/CHLA Child Care)	50	16.38	1.00	819	819		819
			Total Postage:	819	819	-	819

Supplies include description	Quantity	Unit Cost	Number of Months	Total Supplies Cost	First 5 LA Funds	Matching Funds	Total Cost
Office Supplies - Staff (CHLA Moms)	1	62.50	12.00	750	750		750
Office Supplies - Toner for network printer & Xerox (CHLA Moms)	1	1,351.00	1.00	1,351	1,351		1,351
Office Supplies - Staff (Admin)	1	200.00	1.00	200	200		200
Office Supplies - Staff (CHLA Child Care)	1	750.00	1.00	750	750		750
Office Supplies - Toner for network printer (CHLA Child Care)	1	1,500.00	1.00	1,500	1,500		1,500
Office Supplies - Staff (CHLAKids)	1	700.00	1.00	700	700		700
Office Supplies - Toner (CHLAKids)	1	1,000.00	1.00	1,000	1,000		1,000
			Total Supplies:	6,251	6,251	-	6,251

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

USE ADDITIONAL SHEETS IF NECESSARY

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Sections 9 & 10

Employee Mileage/Travel & Training Expenses

Agency: LA County Department of Public Health

Project Name: Early Childhood Obesity Prevention Initiative

Agreement Period: 07/01/2016 - 06/30/2017

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 meetings and trainings (CHLA Moms)	1,887	0.53	1,000	1,000		1,000
Travel and lodging to conferences (CHLA Moms)			5,000	5,000		5,000
Mileage to meetings and trainings (CHLA Child Care)	1,887	0.53	1,000	1,000		1,000
Travel and lodging to conferences (CHLA Child Care)			2,500	2,500		2,500
Mileage to meetings and trainings (Admin)	377	0.53	200	200		200
Parking (Admin)			350	350		350
Travel to meetings and trainings (CHLAKids)	2,830	0.53	1,500	1,500		1,500
		Total Employee Mileage/Travel:	11,550	11,550	-	11,550

128

Training Expenses include description, # of people	Quantity	Unit Cost Per Training	Total Training Cost	First 5 LA Funds	Matching Funds	Total Cost
Meetings and conferences (CHLA Moms)	4	1,250.00	5,000	5,000		5,000
Meetings and conferences - Conferences (CHLA Child Care)	4	500.00	2,000	2,000		2,000
Meetings and conferences - Conference registration fees (CHLAKids)	5	400.00	2,000	2,000		2,000
ECOPI Stakeholder Meeting (CHLAKids)	1	1,500.00	1,500	1,500		1,500
		Total Training Expenses:	10,500	10,500	-	10,500

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

USE ADDITIONAL SHEETS IF NECESSARY

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Section 11

Evaluation

Agency: LA County Department of Public Health

Project Name: Early Childhood Obesity Prevention Initiative

Agreement Period: 07/01/2016 - 06/30/2017

Evaluation Contracted Services	Quantity	Rate of Pay	Total Evaluation Cost	First 5 LA Funds	Matching Funds	Total Cost
Evaluation Contracted Services (CHLA Child Care)	311.393	150.00	46,709	46,709		46,709
Evaluation Contracted Services (CHLA Moms)	796.074	150.00	119,411	119,411		119,411
Parent Curriculum Evaluation (CHLAKids)	166.666	150.00	25,000	25,000		25,000
		Total Evaluation:	191,120	191,120	-	191,120

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

USE ADDITIONAL SHEETS IF NECESSARY

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Sections 12 & 13

Other Expenses & Indirect Cost

Agency: LA County Department of Public Health

Project Name: Early Childhood Obesity Prevention Initiative

Agreement Period: 07/01/2016 - 06/30/2017

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		0
			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
10% Indirect	55,562	55,562		55,562
				0
				0
				0
				0
Total Indirect Cost:	55,562	55,562	-	55,562

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

***Indirect Cost CANNOT exceed 10% of total contract amount (excluding subcontractors, capital expenditures, equipment and depreciation expense)**

USE ADDITIONAL SHEETS IF NECESSARY

Contract # 08379.1

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Projected Budget Summary (All Years Combined)

Agency Name: LA County Department of Public Health

Project Name: Early Childhood Obesity Prevention Initiative

	Year 1	Year 2	Year 3	Year 4 *	Year 5	TOTALS (all years combined)		
Cost Category	Budget FY 2012-2013	Budget FY 2013-2014	Budget FY 2014-2015	Budget FY 2015-2016	Budget FY 2016-2017	Total First 5 LA Requested Funds	Match	Total Allocated
(1) Personnel	337,276	1,191,077	1,665,868	1,780,835	876,972	5,852,028		5,852,028
(2) Contracted Svcs (Excluding Evaluation)	767,044	5,403,330	10,175,662	12,593,103	3,843,463	32,782,603		32,782,603
(3) Equipment	67,650	1,303	5,316	-	-	74,269		74,269
(4) Printing/Copying	5,701	36,087	38,194	57,309	19,000	156,292		156,292
(5) Space	55,959	77,167	131,491	141,454	117,477	523,548		523,548
(6) Telephone	869	1,790	-	1,920	-	4,579		4,579
(7) Postage	-	318	954	5,000	819	7,091		7,091
(8) Supplies	14,255	119,258	111,675	101,922	6,251	353,361		353,361
(9) Employee Mileage and Travel	312	29,012	14,595	12,270	11,550	67,739		67,739
(10) Training Expenses	9,235	4,468	26,268	23,300	10,500	73,771		73,771
(11) Evaluation	12,016	267,972	184,383	268,309	191,120	923,800		923,800
(12) Other Expenses (Excluding Evaluation)	-	-	-	-	-	-		-
(13) Indirect Costs	22,984	78,977	107,967	112,828	55,562	378,319		378,319
GRAND TOTAL:	1,293,301	7,210,760	12,462,374	15,098,251	5,132,715	41,197,400	-	41,197,400

** Because First 5 paid the Year 3 supplemental invoice in the amount of $1,318 and applied it to Year 3 subsequent to the approval of the remaining year's budgets, these funds effectively will be realized from Year 4 savings that would naturally move into the Year 5 budget at the end of Year 4. The contract budget for Year 4 is $15,099,569 but DPH anticipates spending $15,098,251 due to anticipated savings in the Contracted Services category from a vacant position under the temporary services agreement with PHFE.*

DEPARTMENT OF PUBLIC HEALTH
DIVISION OF CHRONIC DISEASE AND INJURY PREVENTION
FIRST 5 LA - Early Childhood Obesity Prevention Initiative
Contract # 08379.1

BUDGET NARRATIVE July 1, 2016 – June 30, 2017
TOTAL BUDGET: $5,132,715
YEAR FIVE

Fiscal Contact Person: Noelene Kao
Phone and Email: (323) 890-8671; nkao@ph.lacounty.gov

1. **PERSONNEL** **$876,972**

a) Project Personnel Budget **$555,622**

Personnel is staffed through two mechanisms:
1. County allocated positions, and
2. A temporary service personnel agreement.

Eight (8) County allocated positions are included in the contract period. A renewed temporary services contract from PHFE covering the 18 positions (100% FTE) listed below under "Contracted Services" will be negotiated and executed to maintain staff on the First 5 LA Early Childhood Obesity Prevention Project (ECOPI) project through the end of Year 5. This solicitation process requires that all positions are budgeted with range to meet the maximum County equivalent with fringe rates calculated at 27%.

Position Title and Name	*# Positions*	*Gross Monthly Salary*	*Time % FTE*	*Months Per Year*	*Year Four*
Senior Staff Analyst, Health Chief of Administration (CHLA Kids) Genaro Sandoval	1	$10,045	15%	12	$18,081
Administrative Services Manager III Director of Programs, Division of Chronic Disease & Injury Prevention (CHLA Kids) Linda Aragon	1	$10,663	5%	12	$6,398
Staff Analyst, Health (CHLA Moms) Giannina Donatoni	1	$8,745	100%	12	$104,944

Contract Program Auditor (CHLA Kids) Martha Cavazos	1	$7,037	100%	12	$84,449
Research Analyst III (CHLA Child Care) Donald Gravink	1	$7,183	100%	12	$86,202
Management Analyst (CHLA Moms) Blaine Campbell	1	$5,745	100%	12	$68,945
Health Program Analyst I (CHLA Child Care) Helen O'Connor	1	$5,711	100%	12	$68,531
Health Program Analyst III (CHLA Child Care) Janet Scully	1	$9,839	100%	12	$118,073
TOTAL	**8**				**$555,622**

Senior Staff Analyst, Health – Genaro Sandoval, Chief of Administration (CHLA Kids, CHLA Moms, CHLA Child Care – 15% FTE)

Mr. Sandoval is responsible for supervising and advising on Division of Chronic Disease and Injury Prevention (CDIP) personnel, human resources, and contracts and grants processes. Mr. Sandoval works with the three leads (Contracts and Grants, Finance, and Program Support) on efficient ways to streamline the County processes, which are needed to incorporate ECOPI into the Division's operational infrastructure. Additionally, Mr. Sandoval attends all required project functions, meetings, contributes to reports, compliance and audits when appropriate. Mr. Sandoval's FTE will fluctuate as he oversees the fiscal, contracting, and hiring for CDIP. He supervises Ms. Austria, who manages the Finance Unit, and Ms. Ruiz-Perez who manages the Contracts & Grants Unit. Both Ms. Austria and Ms. Ruiz-Perez will continue in Year 5 as In-Kind employees in the following capacity:

- **Sandra Austria:** supervises the budget planning for ECOPI by analyzing and authorizing preliminary budget requests and developing annual budgets and narratives, as well as preparing summaries of financial activities to keep DPH management informed of financial conditions of the program and liaisons with Public Health Finance to ensure budget processing is within departmental policy and practices.
- **Stephanie Ruiz-Perez:** serves as a skilled advisor in the analysis, preparation, and submission of the program's contracts with external contractors and for both Request for Proposals (RFP) and Request for Statement of Qualifications (RFSQ) activities for ECOPI.

Due to First 5 LA's multiple rounds of review and approval for informal and formal budget adjustment requests and invoice submission (invoice, invoice narrative, and supporting documents) processes, he is heavily involved in all of these activities. In addition, Mr. Sandoval liaisons with the LA County Board of Supervisors as it relates to First 5 LA funding level and any possible significant changes such as contract amendments of our subcontractors.

Since Mr. Sandoval supervises the Division's administrative functions, he is ultimately responsible for the management of reconciling accounts with DPH Finance at program level, collecting Contract Release Forms from the 20+ subcontractors, quarterly invoicing and reporting to the funder. Mr. Sandoval also directs the Division's Contracts and Grants Unit's annual audit which includes fiscal (maintenance, tracking, inventory of educational and promotional materials, and accurate invoicing with supporting documentation), administrative (current adequate insurance and executed policies and procedures), and programmatic (scopes of work and progress reports completion) reviews. Typical of any grant, Mr. Sandoval will oversee the compilation of this final reporting to First 5. Mr. Sandoval's Year 5 salary is higher than his Year 4 salary due to a regular County step increase and a cost of living increase. This position will expire in June 2017.

Administrative Services Manager III (Chief of Programs and Policy) – Linda Aragon (CHLA Kids, CHLA Moms, CHLA Child Care – 5% FTE)
As Chief of Programs and Policy, Division of Chronic Disease & Injury Prevention, Ms. Aragon oversees all policy and programmatic objectives, as they relate to the ECOPI. Ms. Aragon supervises the Initiative Director who is responsible for all First 5 LA components of the Project. Ms. Aragon also works closely with the Chief Physician II (Paul Simon, MD, MPH), the Deputy Director, Division of Chronic Disease & Injury Prevention (Tony Kuo, MD, MSHS) and the MCAH Interim Director (Suzanne Bostwick, MPH) to ensure all aspects of the CHLA Kids evaluation component and programmatic Scope of Work are completed. She also provides high level oversight and attends all required project functions, meetings, contributes to reports, compliance and audits as appropriate for the ECOPI. Ms. Aragon will provide oversight to the Year 5 media contract for both the CHLA Moms and CHLA Kids programs. Ms. Aragon's Year 5 salary is higher than her Year 4 salary due to a regular County step increase and a cost of living increase. This position will expire in June 2017.

Staff Analyst, Health – Giannina Donatoni (CHLA Moms - 100% FTE)
Ms. Donatoni serves as the lead administrator for CHLA Moms, working under the direction of the Chief Physician II. She oversees the Management Analyst, Research Analyst II, and administratively, the Health Educators. Ms. Donatoni's role involves oversight of the CHLA Moms curriculum components, preparation of grant reports and other documents, coordination of activities and messaging with CHLA Kids and CHLA Child Care programs, as well as participating in both internal and external ECOPI meetings and conference calls. Ms. Donatoni's Year 5 salary is higher than her Year 4 salary due to a regular County step increase and a cost of living increase. This position will expire in June 2017.

Contract Program Auditor – Martha Cavazos (CHLA Kids 100% FTE)
The Contract Program Auditor (CPA) audits, evaluates services, and conducts detailed inspections of contractors for CHLA Kids during on-site visits, including evaluations of each special area of contracted services, such as staff qualifications, proof of licensure, proof of insurance coverage, adequacy of documentation, and charting procedures related to grant funded activities. She also manages contracts by monitoring expenditures to ensure budgetary compliance; prepare budget modifications as needed; and ensure accuracy and compliance with First 5 LA reporting data requirements. Ms. Cavazos is replacing Reuben Okonkwo in this position. This position will expire in June 2017.

Research Analyst III – Donald Gravink (CHLA Child Care - 100% FTE)
Mr. Gravink serves as the data manager for CHLA Child Care. He maintains the program databases, ensures the accuracy of the data collected and creates data reports to measure program success. He is instrumental in the data analysis process and communication of project results. Mr. Gravink works closely with program contractors and research staff from CHLA Kids/Moms to offer data related guidance and support as needed, Mr. Gravink's Year 5 salary is higher than his Year 4 salary due to a regular County step increase and a cost of living increase. This position will expire in June 2017.

Management Analyst – Blaine Campbell (CHLA Moms - 100% FTE)
Mr. Campbell is responsible for assisting in the planning, development, implementation, and evaluation of the CHLA Moms project and its social media component. He develops recommendations for project improvements or changes based on performance data; identifies, initiates, and supports community partners and mothers' groups throughout the county, and assists in the coordination of CHLA Moms project activities with the Reducing Childhood Obesity in LA County activities. Mr. Campbell serves as the CHLA Moms liaison, working in conjunction with the CDIP Communications team to assure appropriate message development, outreach planning, partner development, distribution of promotional materials of the online curriculum. He also prepares reports including a summary report of the project findings, strengths, and limitations to assist partner organizations at the conclusion of the project. Mr. Campbell's Year 5 salary is higher than his Year 4 salary due to a regular County step increase and a cost of living increase. This position will expire in June 2017.

Health Program Analyst I - Helen O'Connor – (CHLA Child Care - 100% FTE)
Ms. O'Connor supports CHLA Child Care project activities, including helping with monthly reports, reaching program objectives and working with key programs. She participates in nutrition and physical activity program evaluation process among partners. Ms. O'Connor helps to convene key workshops, coalitions and partnerships including the Advisory Committee. She also assesses data needs and provides local health data to funded partners and various stakeholders. She develops program materials and provides technical assistance to enhance collaboration with partners. Additionally, Ms. O'Connor plays a significant role in project evaluation, specifically measuring outcomes, and works towards project sustainability. Ms. O'Connor's Year 5 salary is higher than her Year 4 salary due to a regular County step increase and a cost of living increase. This position will expire in June 2017.

Health Program Analyst III – Janet Scully (CHLA Child Care - 100% FTE)
Ms. Scully manages CHLA Child Care activities, including oversight of contractors and consultants associated with work plan, including monitoring budgets, monthly reports, milestones, and key accomplishments. She also supervises the Research Analyst III and Health Program Analyst I. Ms. Scully guides program progress among partners, works with partners to implement scopes of work, and ensures progress toward completion of initiative goals. Ms. Scully is responsible for convening key workshops, coalitions and partnerships and communicating to outside stakeholders. Ms. Scully's Year 5 salary is higher than her Year 4 salary due to a regular County step increase and a cost of living increase. This position will expire in June 2017.

Personnel positions removed from the 2016-2017 Year 5 budget (9 positions):

- Program Specialist, Public Health Nurse (CHLA Moms)
- Accounting Technician II (DPH Finance)
- Sr. Accounting Systems Technician (DPH Finance)
- Accountant III (DPH Finance)
- Staff Analyst, Health (CHLA Kids)
- Staff Assistant II (CHLA Moms and CHLA Child Care)
- Contract Program Auditor (CHLA Moms and CHLA Child Care)
- Administrative Services Manager I (CHLA Kids, CHLA Child Care, CHLA Moms)
- Research Analyst III (CHLA Moms)

Essential job functions of personnel whom will not be continuing into Year 5 as listed above will be absorbed by the functions of the remaining budgeted staff or by in-kind staff. For the Research Analyst III (CHLA Moms) personnel position, the duties for this position will now be completed as an evaluation service contracted through a Work Order Solicitation. Please see Section 11 – Evaluation for a detailed justification.

b) ***In-Kind Staff*** ***$293,364***

The following staff is considered in-kind given that no funds from First 5 LA will be utilized to offset their salary. In-kind staff is defined as staff whose funding time on First 5 LA is subsidized by Net County Cost.

The following staff is considered In-Kind and will contribute the respective FTE percentage of their time to First 5 LA (unless otherwise indicated):

- *Chief Physician II, CDIP, Dr. Paul Simon (20% FTE)*
- *Chief Physician II, MCAH, Dr. Diana Ramos (20% FTE)*
- *Director, MCAH, Suzanne Bostwick (20% FTE)*
- *Chief Physician I, MCAH, Dr. Robert Gilchick (20% FTE)*
- *Chief of Administration, MCAH, Todd McNairy (20% FTE)*
- *Deputy Director, CDIP, Tony Kuo (5% FTE)*
- *Staff Analyst, Health, CDIP, Sandra Austria (25% FTE)*
- *Staff Analyst, Health, CDIP, Stephanie Ruiz-Perez (25% FTE)*

In-Kind Total Salaries: ***$293,364***

c) **Fringe Benefits** **$321,350**

Justification:
57.836% of Total salaries = County Employee Benefits

$555,622 (Total Salaries) x 57.836% **= $321,350**

Please see tables below for breakdown of the Employee Benefits and "Other" 42.587% cost.

DESCRIPTION	RATE
EMPLOYEE BENEFITS:	
FICA	1.849%
SUI	0.536%
Health	9.617%
WC	3.247%
Other*	42.587%
TOTAL EMPLOYEE BENEFITS	**57.836%**

Total Year 5 Personnel cost: $555,622 + $321,350 = **$876,972**

2. CONTRACTED SERVICES **$3,843,463**

Justification: There are a number of agencies partnering with the Department of Public Health (DPH) for the successful implementation of grant objectives in Year 5. These agencies/contractors are essential for achieving all of the objectives in this multi-faceted, multi-pronged, and comprehensive coordinated project that will reach a diverse population in Los Angeles County. Each subcontract will be reviewed and approved by First 5 prior to County contract extension.

a) Public Health Foundation Enterprises (PHFE) **$1,450,271**

Temporary Service Personnel Agreement: Select ECOPI staff with the education, skills and experience required to complete the initiative will be extended in Year 5. PHFE provides personnel services allocated for 18 positions with contract expiration either in December 2016 or June 2017. Of these eighteen staff positions 15 (100% FTE; 5 expire December 2016 and 10 expire June 2017) are for the CHLA Kids component and 3 (100% FTE; expire June 2017) are for the CHLA Moms component. For the period of July 2016 – June 2017, the fringe rate is budgeted at 23.29% with an Indirect of 10%.

Total (12 month) Temporary Personnel Services Costs in Year 5: **$1,450,271**

The following categories are included in fringe benefits**:**

- F.I.C.A
- Health Insurance and Dental
- Unemployment
- Disability
- Life Insurance
- Workers Compensation
- Pension/Retirement

- Other (Employee Assistance)

Personnel Service Agreement Staff

PERSONNEL:

Initiative Director, *Zoë Phillips*	100%
Project Director, *Lauren Walter*	100%
Assistant Project Director, *Kelly Dumke*	100%
Program Analysts (3), *Jasmine Klintong, Gabrielle Ettlinger, Zoe Schweitzer*	100%
Restaurant Program Coordinator, *Stephani Cook*	100%
Communications Coordinator, *Veronica Orozco*	100%
Communications Assistant, *Jennifer Florez*	100%
Legal Policy Analyst, *Ariana Oliva*	100%
Research Analyst, *Nathan Lehman*	100%
Fiscal Analysts (2), *Liliana Nava, Juan Huaman*	100%
Graphic Artist, *Amy Truong*	100%
Office Manager, *Fiorella Marrero*	100%
Health Educators (3) (CHLA Moms), *Nancy Rodriguez, Lonnie Resser* and *Leslie Lopez*	100%

Initiative Director – Zoë Phillips (100% FTE)
Ms. Phillips is responsible for ensuring all activities related to the ECOPI, CHLA Kids, CHLA Moms, and CHLA Child Care are implemented to achieve the overarching objectives. She provides programmatic, fiscal, and contractual oversight of the $41 million dollar First 5 LA grant, including providing vision, technical assistance, and service standards to complete the scope of work. She supervises communications with the media and other organizations; and represents the Project at local, state, and national meetings to share best practices and offer local insight to improve initiative outcomes. She also oversees the Research Analyst and Office Manager as well as provides oversight and direction to the CHLA Kids Project Director. This position will expire in June 2017.

Project Director – Lauren Walter (100% FTE)
Ms. Walter is responsible for the daily operations and administration of CHLA Kids, supervising program staff, and managing the programmatic activities of the CHLA Kids program including oversight of consultants and contractors as well as communication of updates and project findings to key stakeholders. Ms. Walter oversees the implementation of partners' scopes of work, and progress toward project goals (including dissemination of toolkits, conducting parent trainings, enrollment of grocery stores and restaurants, etc.). She works with key programs within the division of CDIP and other units in DPH to leverage and build upon existing efforts; plan and convene key workshops, coalitions, and partnerships including the Project Steering Committee; and direct the preparation and submission of reports for First 5 LA. She also oversees the Assistant Project Director as well as the three Program Analysts and the Legal Policy Analyst. This position will expire in June 2017.

Assistant Project Director – Kelly Dumke (100% FTE)
Ms. Dumke is responsible for assisting the Project Director by providing oversight and direction related to special projects including areas of community involvement, outreach efforts, strategic planning and program development, evaluation under CHLA Kids. She attends high-level

agency meetings, and attends and presides over other meetings as assigned by the Project Director, Initiative Director, and the Chief of Programs and Policy. Her responsibilities also include collaboration and communication with CHLA Moms, CHLA Child Care and other staff within the CDIP and other units in DPH working on the different ECOPI deliverables. Ms. Dumke will serve and the CHLA Kids point person for program media deliverables (related to the media campaigns). She also oversees the Food Industry Liaison and Restaurant Outreach Coordinator. This position will expire in June 2017.

Program Analysts (3) – *Jasmine Klintong, Gabrielle Ettlinger, Zoe Schweitzer* (100% FTE)
The Program Analysts are responsible for assisting in the management of various CHLA Kids programmatic activities including completing monthly reports, reaching project milestones, and working with key programs within CDIP and other units in DPH. The duties of the Program Analyst position includes, but is not limited to: guiding the nutrition and physical activity community education and outreach activities among Project funded partners; working with partners to develop and implement scopes of work, and ensure progress toward project goals (including dissemination of toolkits, conducting parent trainings, enrollment of grocery stores and restaurants, etc.); coordinating collaborative efforts among public, private, and non-profit groups and organizations to meet the needs of the Project; assist staff in convening key workshops, coalitions and partnerships including the Advisory Committee; assess data needs and provide local health data to First 5 LA funded partners. One Program Analyst position has been removed from Year 5, as described below. These positions will expire in December 2016.

Restaurant Program Coordinator – Stephani Cook (100% FTE)
The Restaurant Program Coordinator is responsible for outreaching and recruiting restaurants in priority communities for participation in the program, and provides on the ground technical assistance. Ms. Cook also helps maintain the database and assist in other administrative activities for the program. With the removal of the Food Industry Liaison, the Restaurant Program Coordinator will be the lead staff person for the restaurant program. In addition, she assists staff in convening workshops, presentation, coalitions and partnership meetings. This position will expire in June 2017.

Communications Coordinator – Veronica Orozco (100% FTE)
Ms. Orozco is the day to day contact with the media vendor and is responsible for ensuring the vendor, meets deadlines and deliverables in a timely manner. She troubleshoots challenges, addresses delays, and presents solutions related to the media Scope of Work for both Choose Health LA Kids and Choose Health LA Moms. She works with the media vendor to plan, coordinate, and implement media campaigns as well as the daily management for the Choose Health LA Moms website. She oversees the media vendors spending, reviews the budget, and approves the monthly invoices. Ms. Orozco works with the CHLA Moms and CHLA Kids media point persons while coordinating all communications between the project leads and the media vendor. Ms. Orozco also ensures that all messaging is consistent and visible across the three initiative components while streamlining communications with the media vendor. She works closely with the Director of Communications to address any concerns, questions or requests that DPH and First 5 LA have in regard to media deliverables and the vendor's budget. This position will expire in June 2017.

Communications Assistant – Jennifer Florez (100% FTE)
Ms. Florez provides support to the communications efforts of the CHLA Kids subcontractors, reviewing all press materials to ensure proper branding is included as well as any editing of materials prior to review from the Director of Communications. Ms. Florez is also responsible for creating template promotional materials for the CHLA Kids subcontractors and translating these materials into Spanish. Ms. Florez is responsible for updating the content ChooseHealthLA.com for CHLA Kids, CHLA Moms, and CHLA Child Care. She is responsible for managing the CHLA social media accounts on Facebook, Twitter, YouTube, Pinterest, and Flickr. She prepares quarterly social media reports for First 5 LA. She also provides media support and coordination for any trainings, focus groups, collateral material development, media press event support, review of social media analytics, internal meetings, and media campaign launches. Additionally, she will assist the Communications Manager on deliverables for First 5 LA, including making edits and necessary changes to documents that require First 5 LA approval e.g., the communications plan, focus group interview guide, media buy plan, performance matrix updates, and assisting the graphic artist with the content and Spanish translation for any of the collateral pieces that are created for each campaign (CHLA Moms, CHLA Child Care, and CHLA Kids). This position will expire in June 2017.

Legal Policy Analyst – Ariana Oliva (100% FTE)
Ms. Oliva is responsible for providing guidance and implementation of efforts to decrease the promotion and marketing of unhealthy foods and beverages to children ages 0 to 5. The duties of the Legal Policy Analyst include, but are not limited to: working with contractors to implement and evaluate policy strategies to reduce marketing of unhealthy foods and beverages. The Legal Policy Analyst will also help to provide presentations and policy support for the voluntary public recognition restaurant program. This position will expire in December 2016.

Research Analyst – Nathan Lehman (100% FTE)
The Research Analyst is responsible for supporting the evaluation and research activities under the Initiative's CHLA Kids program, including the development of qualitative and quantitative instruments; conducting data collection, analysis, and logic modeling activities; and selecting achievable process and outcome measures. The duties of the Research Analyst include, but are not limited to: assisting the evaluation team on the development and implementation of relevant study designs and projects, and support data collection efforts or activities for the Project; performing research and evaluation duties, including but not limited to data entry, management, and analysis; providing support to evaluation studies of chronic disease, nutrition, and health conditions related to children ages 0-5. In Year 5, the Research Analyst will also oversee implementation of the ECOPI Evaluation plan and provide programmatic support for program sustainability. Mr. Lehman performs the management and tabulation of large datasets from MS Access databases for use in Statistical Analysis System (SAS) and ArcView Geographic Information System (GIS); provide support to the preparation of scientific manuscripts, conference abstracts, and web-based reports documenting original research and evaluation findings; contribute to grant development and project design in terms of literature search, data collection, power calculations, editing, tabulation, and data analysis. This position will expire in June 2017.

Fiscal Analysts (2) –Liliana Nava, Juan Huaman (100% FTE)
Mr. Huaman and Ms. Nava provide a full range of administrative and fiscal support and independently analyze and make recommendations for the solution of highly complex management problems in the areas of organization, systems and procedures, and budget for CHLA Kids, CHLA Moms and CHLA Child Care. The duties of the Fiscal Analysts include, but are not limited to: assisting with developing guidelines, standards, and procedures for evaluating fiscal and administrative processes for initiative; participating in ongoing contract monitoring of all contracts and ensure that contractors are in compliance with contractual goals. They also support yearly auditing of contracts to ensure that contractors have required policies and procedures in place; assist in reviewing budgets and budget modifications, ensure that expenditures are tracked and invoices are paid, and maintain communications with CDIP and DPH Finance Units; and help prepare monthly and quarterly reports to funding agency (programmatic and fiscal), collect contractor data, prepare data spreadsheets and summarize progress to date. These positions will expire in June 2017.

Graphic Artist – Amy Truong (100% FTE)
Ms. Truong is responsible for the weekly, sometimes daily updates to ChooseHealthLA.com in addition to creating new materials for CHLA Kids, Moms, and Child Care. She creates the CHLA Kids program printed promotional materials as well as the digital visual design for the website. She creates web banners, web buttons, and other visual promotional materials to support the media campaigns. She formats and designs documents, PDFs, and reports. Her duties also include, but are not limited to: providing creative support to CHLA Kids, CHLA Moms, and CHLA Child Care. She designed and created the CHLA Moms curriculum into workable PDFs from Word documents. She provides regular support to the CHLA Moms team with updates to the curriculum. She researches and coordinates the purchase for any stock photo images for the website, social media promotion, promotional materials, or for branding purposes of the ECOPI body of work. She reviews and maintains both the DPH and First 5 LA style guidelines; assisting in the production of internal and external publications as well as website and online efforts; and providing graphic support for e-newsletters, brochures, research briefs, visual presentations, multimedia projects, and other related communication activities. This position will expire in June 2017.

Office Manager – Fiorella Marrero (100% FTE)
Ms. Marrero is responsible for providing secretarial support to the Initiative Director and Project Director and supporting the administrative needs of the CHLA Kids program. She is responsible for the day-to-day administrative operation of the project. The duties of the Office Manager include, but are not limited to: performing general administrative duties such as scheduling and supporting events, preparing travel and mileage claims, and purchasing requests; assisting with data collection and management and entry of surveys; assisting with preparation of materials, reports, and/or presentations. She also develops communications and disseminates information to community partners through a variety of communication channels including developing web-based communications and email updates and assisting in teleconference and in-person meetings; maintains important records and demonstrates interpersonal communication, planning, and organizational skills. This position will expire in December 2016.

Health Educators (3) – Nancy Rodriquez, Lonnie Resser, Leslie Lopez (100% FTE)
The Health Educators are responsible for conducting literature reviews on relevant public health education topics, making recommendations on protocols for nutrition education, stress management, and motivation education of postpartum women as well as coordinating activities with the other components of the Project. The Health Educators will conduct outreach meetings/trainings to community-based organizations and agencies, health plans, and health care providers to promote and recruit participants into the CHLA Moms program throughout Year 5. In addition, they will develop outreach messages for distribution to e-newsletters, partners, and department promotion of the program; update resource links on the CHLA Moms website, and assist in coordinating monthly e-blast newsletters. These positions will expire in June 2017.

Personnel service agreement staff positions removed from the 2016-2017 Year 5 budget (6 positions):

- Finance Supervisor (CHLA Kids, administrative): Essential job functions of this position will be absorbed by the functions of the remaining budgeted and in-kind fiscal staff.
- Food Industry Liaison (CHLA Kids): This position has been removed, as the Restaurant Program Coordinator's role is more critical to the continued enrollment of restaurants, ensuring we meet our goals as outlined to First 5 LA, and to the wrap-up of the final project Year 5.
- Program Analyst (CHLA Kids): Based on the reduced Scope of Work and budgets for the RFP Funded Agencies, we are confident that contract oversight can be managed with three Program Analyst positions (instead of four positions as in prior years) for the 6-month extension of the 20 RFP funded agencies.
- Implementation Scientist (CHLA Kids): This position has been removed as the primary duty of this position, oversight of the ECOPI evaluation plan and execution, will be managed by the CHLA Kids Research Analyst, the CHLA Child Care Research Analyst III, and Initiative Director in Year 5.
- Healthcare Liaison (CHLA Kids): This position has been removed as there are no longer any significant grant deliverables for the clinic component of CHLA Kids in Year 5 as all objectives have been met in Year 4 excepting the Summary Report of the Medical Chart Reviews which will be completed by existing and in-kind staff.
- Project Assistant (CHLA Kids): Essential job functions of this position will be absorbed by the functions of the remaining budgeted staff.

b) **RFP Contracts (CHLA Kids)** **$1,560,000**

Twenty funded agencies continue to conduct activities to support several Performance Matrix objectives in Year 5. The contracts for 20 RFP-Funded Agencies will expire in December 2016. CHLA Kids' grantees will offer 3 parent education workshop series of six 90-minute classes that teach parenting skills in conjunction with nutrition and physical activity education. CHLA Kids' agencies each host three issue-based parent collaboratives with the ultimate goal of implementing local policy change around reducing unhealthful food and beverage marketing to young children. The collaboratives will continue to work towards the realization of their respective selected policy strategies.

In Year 5, CHLA Kids' agencies will also be supporting the countywide media campaign focused on physical activity and screen time.

Total (6 months) RFP Contracts (20 agencies x $78,000) cost: **$1,560,000**

c) **ChangeLab Solutions (CHLA Kids)** **$5,000**

ChangeLab Solutions will be providing 33.33 hours of legal technical assistance on a range of policy issues related to the White Paper (released Year 3), aimed at reducing unhealthy food and beverage marketing to 0-5 children. ChangeLab will work in response to requests from LADPH staff, city attorneys, RFP funded agencies and community based organizations working throughout Los Angeles County, to guide policy implementation. Technical assistance will be complemented by DPH staff efforts.

The Year 5 budget includes 33.33 hours of senior staff time at $150/hour.

Total (6 month) ChangeLab Contract cost: **$5,000**

d) **Media/PR Firm (CHLA Kids/CHLA Moms)** **$650,000**

DPH will contract with a Media/PR firm to accomplish the following objectives for both CHLA Kids and CHLA Moms during Year 5:

CHLA Kids: One county-wide public education and targeted social media campaign (the last of three) will be developed and implemented by CHLA Kids in conjunction with a contracted media vendor in Year 5, focusing on screen time and physical activity.

> **Campaign #3: Screen Time and Physical Activity:** Year 5 funds will be utilized by the designated media firm contracted through the department's media work order solicitation process to: 1.) Implement the Screen Time and Physical Activity campaign, targeting parents of children ages 0-5 and their families; 2.) Secure Out-of-Home media placement throughout LA County, radio and digital and social media paid advertisements. Secure advertisements in English, Spanish, and Asian languages. Media buy plan will be reviewed and approved by both DPH & First 5 LA to determine the most effective media outlets to advertise with and length of campaign will be at least 4 weeks with added value to have the most efficient use of budget and 3.) Plan and hold a press event which will include outreach to general, trade (parent magazines), social media, and ethnic media outreach as well as translation of campaign materials into Spanish.
>
> Media vendor will continue to provide content for the Choose Health LA social media outlets and the Choose Health LA website. Where feasible, the media vendor will continue to help promote the Water: The Healthiest Choice campaign and the Healthy Eating Out tips campaign.

CHLA Moms: Through the department's media work order solicitation process that includes the CHLA Kids media scope of work listed above, the designated media firm will be contracted to continue overseeing the maintenance of ChooseHealthLAMoms.com and provide support to the CHLA Moms team for any technical website support or emergency changes to the architecture of the website.

Total Media/PR Firm cost: **$650,000**

e) **Child Care Resource Center (CHLA Child Care)** **$177,193**

The Child Care Resource Center (CCRC) is responsible for supporting the evaluation of the program and dissemination of results, in conjunction with the contracted evaluation firm and DPH staff, as well as exploring opportunities for long term sustainability. Funds will be distributed among the 10 various Child Care Alliance members to assist with program evaluation and dissemination of outcome materials. CCRC will also be responsible for the printing of materials.

Total CCRC cost: **$177,193**

f) **Website Text Messaging (CHLA Moms)** **$1,000**

Text messaging capability on the CHLA Moms website will need to be maintained after the media vendor contract ends on December 31, 2016. Text messaging to all CHLA Moms website registrants will continue from January 1, 2017 – June 30, 2017 via contracted services.

133,333.33 x $0.0075/text message = $1,000

Total Website Text Messaging cost: **$1,000**

Total Year 5 Contracted Services cost:
$1,450,271 + $1,560,000 + $5,000 + $650,000 + $177,193 + $1,000 = **$3,843,463**

3. <u>EQUIPMENT</u> **<u>$0</u>**

4. <u>PRINTING/COPYING</u> **<u>$19,000</u>**

CHLA Moms: Printing services will be used to produce the CHLA Moms postpartum booklet and the CHLA Moms infographics.

Postpartum Booklet (CHLA Moms)
Hard copies will be distributed at several different venues, such as hospitals, health fairs, and to community partners. The booklets will include CHLA Moms' programmatic

information and will be used to train community partners on the CHLA Moms curriculum topic areas and as a recruiting tool to encourage potential clients to enroll in the web-based program.

$3.74/print and duplication x 1,000 booklets (quantity) = **$3,740**

Infographics (CHLA Moms)
Hard copies will be distributed at venues including hospitals, health fairs, and to community partners. The infographics are pictorial guides to the CHLA Moms program that include program information, eligibility, and how to register. Infographics are available in English and Spanish.

$0.75 /print and duplication x 1,680 infographics (quantity) = **$1,260**

CHLA Child Care: Printing services will be used to print program evaluation materials such as infographics, one-page results sheets and summary reports for dissemination to stakeholders, policy makers and the general public.

$0.20/print and duplication x 5,000 (quantity) = **$1,000**

CHLA Kids: CHLA Kids will require printing services to produce the following items:

Curriculum Toolkit (RFP Agencies): Comprehensive curriculum toolkits developed in Year 3 will be printed for the 20 RFP funded agencies' staff who will continue to offer parent curriculum workshops in Quarter 1 and Quarter 2 of Year 5. Toolkits will be provided for each agency.

$1.25/print and duplication x 800 (quantity) = **$1,000**

Media Campaign Materials: CHLA Kids will print supplemental materials to support the outreach and promotional efforts of the CHLA Kids contracted media services agency, including flyers, brochures, consumer educational materials, and banners.

$0.60/print and duplication x 16,666 (quantity) = **$10,000**

ChangeLab White Paper (CHLA Kids): CHLA Kids will print both the full white paper report on marketing to children and the consumer-friendly collateral materials that summarize the report into actionable steps for consumers. The report will be full-color and bound. Approximately, 300 copies will be printed for continued dissemination, including any copies printed in Year 4 that were not distributed.

Total estimated cost $6.66/print and duplication x 300 (quantity) = **$2,000**

Total Year 5 Printing/Copying cost:
$3,740 + $1,260 + $1,000 + $1,000 + $10,000 + $2,000 = **$19,000**

5. SPACE **$117,477**

Works stations within County facilities are needed to accommodate staff members who are essential to complete the activities that support all of the objectives of the scope of work. CHLA Moms and CHLA Child Care program staff will be housed at 600 S. Commonwealth Ave., Suite 800. CHLA Kids staff may be housed at 695 Vermont Ave., Suite 1400 and/or 3530 Wilshire Blvd. 8th floor offices. Lease expense for the Commonwealth, Vermont, and Wilshire covers cubicle or office space used by the staff and a portion of shared space:

a)	CHLA Moms:	438 sq. ft x $2.08 sq. ft. x 12 =	$10,932
b)	CHLA Child Care:	657 sq. ft. x $2.08 sq. ft. x 12 =	$16,399
c)	Admin:	219 sq. ft. x $2.08 sq. ft. x 12 =	$5,466
d)	CHLA Kids:	2,460 sq. ft. x $2.10 sq. ft. x 12 =	$62,000
e)	Staff Parking	(18 passes at $105/month x 12 months) =	$22,680

Total Year 5 Space Cost:
$10,932 (a) + $16,399 (b) + $5,466 (c) + $62,000 (d) + $22,680 (e) = **$117,477**

6. TELEPHONE **$0**

7. POSTAGE **$819**

Postage is requested to mail letters and packages to community constituents and funded partners.

CHLA Moms, CHLA Child Care and CHLA Kids: 50 x $16.38 = $819

Total Year 5 Postage Cost: $819

8. SUPPLIES **$6,251**

Office supplies for CHLA Child Care, CHLA Moms, and CHLA Kids include products such as printer toner, copy paper, pens, tape, file folders, paper pads, paper clips, correction fluid, staplers, and business cards, as needed.

CHLA Moms: Staff = **$750**
CHLA Moms: toner for network printer and Xerox = **$1,351**

Admin: Staff = **$200**

CHLA Child Care: Staff = **$750**
CHLA Child Care: Toner for network printer = **$1,500**

CHLA Kids: Staff = **$700**

CHLA Kids: Toner = **$1,000**

Total Year 5 Office Supplies Cost:
$750 + $1,351 + $200 + $750 + $1,500 + $700 + $1,000 = **$6,251**

9. EMPLOYEE MILEAGE/TRAVEL — $11,550

Budget is required in order for CHLA Child Care, CHLA Moms, and CHLA Kids staff to attend mandatory meetings, trainings, and conferences to support the program objectives.

CHLA Moms:
Mileage to meetings and trainings: 1,886.79 miles x .53 per mile = **$1,000**
Travel and Lodging to conferences: **$5,000**

CHLA Child Care:
Mileage to meetings and trainings: 1,886.79 miles x .53 per mile = **$1,000**
Travel and Lodging to conferences = **$2,500**

Admin:
Mileage to meetings and trainings: 377.36 miles x .53 per mile = **$200**
Parking: **$350**

CHLA Kids:
Mileage to meetings and trainings: 2830.19 x .53 per mile = **$1,500**

Total Year 5 Mileage and Travel Expenses:
$1,000 + $5,000 + $1,000 + $2,500 + $200 + $350 + $1,500 = **$11,550**

10. TRAINING EXPENSES — $10,500

Training expenses are requested for CHLA Child Care, CHLA Moms, and CHLA Kids to enroll/register in trainings and conferences on topics related to obesity causes and interventions.

Meetings and Conferences:

CHLA Moms:
4 meetings and conferences x $1,250 ea. = **$5,000**
CHLA Child Care:
4 conferences x $500 ea. = **$2,000**
CHLA Kids:
5 local conference registration fees x $400 ea. = **$2,000**

ECOPI Stakeholder Meeting ($1,500): ECOPI staff at DPH will host a culminating meeting with all Initiative and program committee members, contractors and other partners. Budget amount reflects room fees.

Total Year 5 Training Expenses: $5,000 + $2,000 + $2,000 + $1,500 = **$10,500**

11. EVALUATION **$191,120**

Evaluation Services will be mainly provided by DPH staff within each of the three program components.

Evaluation Contracted Services (CHLA Child Care): A contracted evaluation firm will complete the evaluation of the program from Year 2-4 activities, including dissemination of results. This also includes a summary report of the Year 3 and Year 4 Observational Assessments which will be completed in Year 5.

Total for Year 5: 311.393 hours x $150/hour = **$46,709**

Evaluation Contracted Services (CHLA Moms): A contracted evaluation vendor will complete the evaluation of the CHLA Moms program. The vendor will participate in planning, implementing, and evaluating the CHLA Moms project. This includes designing, planning, and conducting analyses for project management and evaluation; designing and maintaining project databases; developing research and surveillance tools; and analyzing population data relevant to the project using Los Angeles Mommy and Baby (LAMB) project data. This position will also analyze data collected by the media firm in relation to the CHLA Moms website and online program evaluation. This request has been changed from a Personnel line item to an Evaluation line item. Due to the lack of eligible applicants to the Research Analyst III or II positions, there is a higher likelihood of completing evaluation related grant deliverables with an Evaluation Work Order Solicitation to complete the work. The requested funds include the same budget as would have been incurred with retaining the RA II position (which included a base salary, employee benefits and associated indirect costs). There are no additional funds being requested for this activity.

Total for Year 5: 796.074 hours x $150/hour = **$119,411**

Parent Curriculum Evaluation (CHLA Kids): LA County DPH will continue contracting with an evaluation firm to conduct impact evaluations of the CHLA Kids Parent Education Curriculum. The evaluation will include, but is not limited to, development and analysis of pre- and post-test surveys to assess knowledge, attitude, and ideally behavior changes for parents of children ages 0-5 enrolled in the CHLA Kids curriculum. The curriculum evaluation aims to:

1. Assess the knowledge gain and behavior change around nutrition and physical activity for parents enrolled in the skills-based curriculum, and
2. Strengthen the evidence base for skills-based parent education curricula layered with nutrition and physical activity education.

Total for Year 5: 166.66 hours x $150/hour = **$25,000**

Total Year 5 Evaluation Costs: $46,709 + $119,411 + $25,000 = **$191,120**

12. OTHER EXPENSES **$0**

13. INDIRECT COSTS **$55,562**

Total Salaries ($555,622) x 10% Indirect Rate = $55,562

Total Year 5 Indirect Costs: $55,562

first 5 la
Giving kids the best start

Exhibit A - Performance Matrix

Agreement #: 8174
Agency Name: The Regents of the University of California at Los Angeles (UCLA)
Project Name: 21st Century Dental Homes Project

Agreement Period: 7/1/16-12/31/16
Project Length: 4.5 yrs
Revision Date:

Project Description: The overall goal of the UCLA Dental Home Project (DHP) 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. The program 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. During the 6-month no-cost extension through 12/30/16, UCLA will complete all remaining project objectives and deliverables. FQHCs will complete participation in the Quality Improvement Learning Collaborative in order to ensure the sustainability of risk-based preventive dental and oral health services and referral systems for high-risk children and pregnant women between the clinic's medical and dental services. The clinics will also provide direct preventative dental services to 2,750 children 0-5 and 250 pregnant women. UCLA will complete the final policy brief, and project results will be analyzed and submitted in the final evaluation report.

	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 requirements.	Due Date Date Objective will be completed	Quantity by Period Year-EndTarget (July-Dec)
	Satisfy requirements detailed in the Corrective Action Plan, Exhibit E of the Grant Agreement, within the first 6 months of FY 16-17.	12/31/2016	1
1	Increase access to dental care for 2,000 children ages 0-5 at highest risk for dental disease via the dental home model in 12 DHP clinic communities (unduplicated # of children 0-5 receiving any dental services provided by or under the supervision of a dentist—includes those reported in Obj. 2a)	12/31/2016	2,000
2	Increase by 2,750 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 any dental services AND children receiving oral health services).	12/31/2016	2,750
2a	2,000 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).	12/31/2016	2,000
2b	500 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).	12/31/2016	500

150

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Exhibit A - Performance Matrix

	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 requirements.	Due Date Date Objective will be completed	Quantity by Period Year-EndTarget (July-Dec)
2c	250 additional children 0-5 receive preventive dental or oral health services provided by community health workers, community dental home coordinator, or other outreach staff.	12/31/2016	250
3	Increase by 250 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).	12/31/2016	250
4	Sustain clinic systems 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 the 12 DHP clinics. The ultimate system design is based on the Care Pathways developed by the project, which outlined 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.	12/31/2016	1
5	Conduct at least 1 Quality Improvement Learning Collaborative session as well as periodic check-in calls and activities in which 12 DHP clinics participate in order to integrate standardized risk assessment across medical dental providers to reduce caries risk in 0-5 children.	12/31/2016	1
6	Increase by 50 per clinic 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.	12/31/2016	300
7	Complete implementation and training of i2i software systems for at least 4 participating DHP clinics.	8/15/2016	4
7a	Continue support and coordination of i2i software systems (Deliverable: track utilization of i2i software in DHP clinics)	12/31/2016	1

Exhibit A - Performance Matrix

	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 requirements.	Due Date Date Objective will be completed	Quantity by Period Year-EndTarget (July-Dec)
8	Work in in partnership with Children Now to complete and disseminate policy brief on strengthening preventative dental care for California's children in FQHCs and engage key policymakers and stakeholders in implementing recommended policy changes to support sustainability of care delivery models implemented by the FQHCs for the Dental Home Project (Deliverable: Policy brief by 9/1/16 and meetings with policymakers by 10/15/16).	10/15/2016	1
9	Submit Draft evaluation report including clinic intervention and other project components related to the provision of oral health and dental services for children 0-5 and perinatal women at the 12 FQHC sites.	10/13/2016	1
10	Submit Final evaluation report including clinic intervention and other project components related to the provision of oral and dental health services for children 0-5 and perinatal women at 12 FQHC sites.	12/31/2016	1
11	Submit First 5 LA Year-End Progress and Data Reports.	1/30/2017	2

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Budget Summary

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

Project Name: Oral Health & Nutrition-Dental Home Project

Agreement Period: 7/1/16-12/31/16

	Cost Category	First 5 LA Funds	Matching Funds	Total Costs
1	Personnel - July - Dec 2016	34,747	0	34,747
2	Contracted Svcs (Excluding Evaluation)	561,860	0	561,860
3	Equipment	0	0	0
4	Printing/Copying	0	0	0
5	Space	0	0	0
6	Telephone	0	0	0
7	Postage	0	0	0
8	Supplies	0	0	0
9	Employee Mileage and Travel	0	0	0
10	Training Expenses	0	0	0
11	Evaluation	0	0	0
12	Other Expenses (Excluding Evaluation)	0	0	0
13	*Indirect Costs	3,474	0	3,474
	TOTAL:	$600,081	-	$600,081

Mary Esser
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Phone # (310) 206 - 9521

*Indirect Cost CANNOT exceed 10% of total contract amount (excluding subcontractors, capital expenditures, equipment and depreciation expense)

Additional supporting documents may be requested

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Section 1

Agreement # 08174

Personnel

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

Project Name: Oral Health & Nutrition-Dental Home Project

Agreement Period: 7/1/16-12/31/16

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	33,375	5.0%	6	10,013	0	**10,013**
Nadereh Pourat (Faculty)	FT	13,178	5.0%	6	3,953	0	**3,953**
Mary Esser, Contracts and Program Manager	FT	7,200	10.0%	6	4,320	0	**4,320**
Scott Cheng, Executive Project Assistant	FT	4,600	7.5%	6	2,070	0	**2,070**
Ashley Griggs, Project Assistant	FT	3,982	10.0%	6	2,389	0	**2,389**
Jacqueline Illum, Data Analysis and Support	FT	5,237	10.0%	6	3,142	0	**3,142**
				Total Direct Salaries	**25,887**	**-**	**25,887**
				*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%	4,329	0	4,329
				Staff Composite Benefit Rate 38.00%	4,530	0	4,530
					8,860	**-**	**8,860**
				Total Personnel	**$34,747**	**-**	**$34,747**

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

USE ADDITIONAL SHEETS IF NECESSARY

***Fringe Benefits must be broken down by categories.**

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Section 2

Contracted Services

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

Project Name: Oral Health & Nutrition-Dental Home Project **Agreement Period:** 7/1/16-12/31/16

Contracted/Consultant Services	RATE OF PAY AND FORMULA USED FOR DETERMINING AMOUNT	First 5 LA Funds	Total Matching Funds	Total Contracted Svcs
Clinic 1 - AltaMed Bell	The clinic will receive support for 100%FTE $60K annual salary (based on avg. clinic costs) for 6 months from July - December 2016 for the Community Dental Home Coordinator to complete project activities including participation in the Quality Improvement Learning Collaborative to sustain the medical dental integration systems.	30,000		30,000
Clinic 2 -AltaMed El Monte	See Line 1- AltaMed Bell.	30,000		30,000
Clinic 3 - AltaMed First Street Clinic	See Line 1- AltaMed Bell.	30,000		30,000
Clinic 4 - St. John's Frayser Clinic	See Line 1- AltaMed Bell.	30,000		30,000
Clinic 5 - Clinica Monsignor Oscar A. Romero	See Line 1- AltaMed Bell.	30,000		30,000
Clinic 6 - El Proyecto del Barrio	See Line 1- AltaMed Bell.	30,000		30,000
Clinic 7 - Comprehensive Community Health Centers - Glendal	See Line 1- AltaMed Bell.	30,000		30,000
Clinic 8 - CHAPCare Fair Oaks Pasadena	See Line 1- AltaMed Bell.	30,000		30,000
Clinic 9 - Arroyo Vista - Highland Park	See Line 1- AltaMed Bell.	30,000		30,000
Clinic 10 - Arroyo Vista - Lincoln Heights	See Line 1- AltaMed Bell.	30,000		30,000
Clinic 11 - Antelope Valley Lancaster	See Line 1- AltaMed Bell.	30,000		30,000
Clinic 12 - Antelope Valley Palmdale	See Line 1- AltaMed Bell.	30,000		30,000
Children Now - Policy	Major costs: Health & Media Director, 25% FTE ($10,108); Policy & Outreach Associate, 30% FTE ($7,102).	31,500		31,500
i2i dental software implementation	$112,500 software installation + $57,860 for dashboard	170,360		170,360
	Total Contracted Services:	**$561,860**		**$561,860**

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Section 3

Equipment

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

Project Name: Oral Health & Nutrition-Dental Home Project

Agreement Period: 7/1/16-12/31/16

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**

156

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

USE ADDITIONAL SHEETS IF NECESSARY

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Section 4

Printing/Copying

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

Project Name: Oral Health & Nutrition-Dental Home Project

Agreement Period: 7/1/16-12/31/16

Printing/Copying include description	Quantity	Unit Cost	Total Printing Cost	First 5 LA Funds	Matching Funds	Total Cost
		Total Printing/Copying:	$0	$0	$0	$0

157

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

USE ADDITIONAL SHEETS IF NECESSARY

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Sections 5 & 6

Space & Telephone

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

Project Name: Oral Health & Nutrition-Dental Home Project

Agreement Period: 7/1/16-12/31/16

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
			Total Space:	$0	$0	$0	$0

Telephone include # of lines and cost per line	Quantity	Unit Cost	Number of Months				Total Cost
			Total Telephone:	$0	$0	$0	$0

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

USE ADDITIONAL SHEETS IF NECESSARY

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Sections 7 & 8

Postage & Supplies

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

Project Name: Oral Health & Nutrition-Dental Home Project

Agreement Period: 7/1/16-12/31/16

Postage include description	Quantity	Unit Cost	Number of Months	Total Postage Cost	First 5 LA Funds	Matching Funds	Total Cost
							159
			Total Postage:	**$0**	**$0**	**$0**	**$0**

Supplies include description	Quantity	Unit Cost	Number of Months				
	1						
			Total Supplies:	**$0**	**$0**	**$0**	**$0**

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

USE ADDITIONAL SHEETS IF NECESSARY

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Sections 9 & 10

Employee Mileage/Travel & Training Expenses

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

Project Name: Oral Health & Nutrition-Dental Home Project

Agreement Period: 7/1/16-12/31/16

Employee Mileage/Travel include description	Mileage Quantity	Unit Cost per Mile	Total Mileage/Travel Cost	First 5 LA Funds	Matching Funds	Total Cost
		Total Employee Mileage/Travel:	$0	$0	$0	$0

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

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

USE ADDITIONAL SHEETS IF NECESSARY

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Section 11

Evaluation

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

Project Name: Oral Health & Nutrition-Dental Home Project

Agreement Period: 7/1/16-12/31/16

Evaluation Contracted Services	Quantity	Rate of Pay	Total Evaluation Cost	First 5 LA Funds	Matching Funds	Total Cost
Evaluation activities are budgeted as part of personnel staff time and portions of subcontractor staff time is dedicated to data collection for evaluation.						
						161
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

Agreement # 08174

Page 10 of 10

Sections 12 & 13

Other Expenses & Indirect Cost

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

Project Name: Oral Health & Nutrition-Dental Home Project

Agreement Period: 7/1/16-12/31/16

Other Expenses include description	Quantity	Unit Cost	Total Other Cost	First 5 LA Funds	Matching Funds	Total Cost
Total Other Expenses:			**$0**	**$0**	**$0**	**$0**

*Indirect Cost include general purpose for this cost	Total Indirect Cost	First 5 LA Funds	Matching Funds	Total Cost
Indirect Costs (10% of Project costs less subcontracted services)	3,474	3,474	0	3,474
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
Total Indirect Cost:	**$3,474**	**$3,474**	**$0**	**$3,474**

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

USE ADDITIONAL SHEETS IF NECESSARY

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, 2016– June 30, 2017**

Revision Date:

Project Description:

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.

Performance Objectives 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.	**Due Date** Date Objective will be completed.	**Quantity by Quarter** 163			
		Q1 (Jul-Sep)	**Q2** (Oct-Dec)	**Q3** (Jan-Mar)	**Q4** (Apr-Jun)
Up to 75 clinicians will participate in PCIT trainings	June 30, 2017	10	20	20	25
Up to 10 new provider sites will participate in PCIT training	June 30, 2017	0	5	5	0
Up to 184 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, 2017	0	61	61	62
Children and families who received PCIT services will demonstrate improved child and family functioning as indicated by selected measures	June 30, 2017	N/A	N/A	N/A	1

EXHIBIT A – Performance Matrix

Execute recruitment plan for training providers with or without existing PCIT program	June 30, 2017	1	1	1	N/A
Execute plan for capital improvements for providers with or without existing PCIT program	June 30, 2017	1	1	1	N/A
Support providers training and sustainability efforts by offering supportive activities (e.g. Learning Communities Network meetings, Provider Support Groups, Technical Assistance and Tool Kit)	June 30, 2017	1	1	1	1
Deliver evaluation report in collaboration with UC Davis to First 5 LA	June 30, 2017	N/A	1	N/A	N/A
Continue to Create dissemination products (Video, Program Flyer, materials, etc.)	June 30, 2017	1	1	1	1
Submit required First 5 Reports	June 30, 2017	1	1	1	1
Develop a competitive process to allow Legal Entities to secure a PCIT mobile van to increase access to services	June 30, 2017	N/A	N/A	N/A	1
Increase retention of PCIT clients by promoting access to childcare, transportation and the offering of program supplies	June 30, 2017	N/A	1	1	1
Increase access to training and networking of Los Angeles County PCIT providers though the use of upgraded telehealth and PCIT equipment	June 30, 2017	N/A	1	1	1
Increase access to PCIT services by offering additional funds to existing provider sites. (In order to address the time and space limitations for families receiving PCIT services, DMH will offer funding for an additional PCIT room to existing provider sites).	June 30, 2017	N/A	1	1	1
Contact Program Officer if intending to use and disseminate the data collected as part of the project and request the "Contract Approval Form for Data Use" form. Submit the form via email at least ten (10) working days in advance of the intended data use (specifically, the dissemination of data, e.g. presentation at a conference, poster presentation, submission for external review for a publication, etc).	June 30, 2017	TBD	TBD	TBD	TBD

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Budget Summary

Agency: Los Angeles County Department of Mental Health

Project Name: PCIT

Agreement Period: 07/01/2016 - 06/30/2017

	Cost Category	First 5 LA Funds	Matching Funds	Total Costs
1	Personnel	598,830	0	598,830
2	Contracted Svcs *(Excluding Evaluation)*	4,536,400	2,944,000	7,480,400
3	Equipment	0	0	0
4	Printing/Copying	2,500	0	2,500
5	Space	16,127	0	16,127
6	Telephone	4,908	0	4,908
7	Postage	0	0	0
8	Supplies	11,000	0	11,000
9	Employee Mileage and Travel	25,015	0	25,015
10	Training Expenses	60,000	0	60,000
11	Evaluation	0	0	0
12	Capital Cost/Renovation	719,000	0	719,000
13	Other Expenses *(Excluding Evaluation)*	130,000	0	130,000
14	*Indirect Costs	45,406	0	45,406
	TOTAL:	**$6,149,186**	**$2,944,000**	**$9,093,186**

Kimberly Nall
Fiscal Contact Person
Knall@dmh.lacounty.gov
Fiscal Contract Person - Email

Phone # (213) 738-4625

Additional supporting documents may be requested

Section 1

Agreement # 08379.4

Personnel

Agency: Los Angeles County Department of Mental Health

Project Name: PCIT

Agreement Period: 07/01/2016 - 06/30/2017

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
Training Coordinator	FT	7,893	100%	12	94,720	0	94,720
Intermediate Typist Clerk	FT	3,470	100%	12	41,643	0	41,643
Psychiatric Social Worker II	FT	6,707	100%	12	80,483	0	80,483
Management Analyst	FT	6,369	100%	12	76,432	0	76,432
Health Program Analyst II	FT	8,130	100%	12	97,561	0	97,561
Accountant II	FT	5,268	100%	12	63,220	0	63,220
					0		0
					0		0
					0		0
					0		0
					0		0
					0		0
					0		0
					0		0
					0		0
					0		0
				Total Direct Salaries	454,059	0	454,059

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

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
	0.00%	144,771.00	-	144,771.00
Total Personnel		$598,830	$0	$598,830

***Fringe Benefits must be broken down by categories.**

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Section 2

Agreement # 08379.4
Page: 3 of 11

Contracted Services

Agency: Los Angeles County Department of Mental Health

Project Name: PCIT

Agreement Period: 07/01/2016 - 06/30/2017

Contracted/Consultant Services	RATE OF PAY AND FORMULA USED FOR DETERMINING AMOUNT	First 5 LA Funds	Total Matching Funds	Total Contracted Svcs
Stipend - Training	Rate of pay $38.70/hr. Rate is based on County standard stipend rates for a PSW II. Funds allocated evenly between provider. Includes expanded stipend hours and increased training opportunities for depth. *10 new agencies 4 clinicians each x 320 hours each clinicianx 38.70 & 13 carry over providers for 4 clinicians x 100 hours x $38.70*	696,600		696,600
Stipend - Transportation	Allocated for up to 10 new agencies and 13 carryover agencies to receive voucher/tokens to support clients with transportation to the clinics to receive PCIT services	27,600		27,600
Stipend-Childcare	$138,000 is allocated for up to 23 providers to support the acquisition of in-home or on-site respite care services for families requiring childcare support	138,000		138,000
Stipend-Program Supplies	$55,200 will be allocated to provide up to 23 providers model specific supplies for clients receiving PCITand to provide program supplies for familes making progress towards their treatment goals.	55,200		55,200
PCIT Tool Kit*	$25,000 for the creation and cost of PCIT tool kits. The kits will increase clinicians' knowledge and skill set to become effective Trainer of Trainers (ToT) and supervisors. Tool kits will include promotional video, research literature, sample handouts & a directory of PCIT contacts.	25,000		25,000
Community Event/s*	$20,000 will be utilized to plan and organize a PCIT community event with DMH and community partners	20,000		20,000
PCIT Van*	$500,000 will be utilized for the purchase of a PCIT van, to the winning contracted bidder, to bring PCIT services into communites where most needed	500,000		500,000
Outreach & Engagement/COS	First 5 LA approved overall funds for Outreach & Engagement. Allocation is based on the number of providers receiving O&E in a given FY. It is allocated evenly between the providers.	50,000		50,000
Indigent	$8000/family*10 families	80,000		80,000
EPSDT	$8000/family* 368 families	2,944,000	2,944,000	5,888,000
				0
				0
				0
				0
				0
				0
				0
				0
	Total Contracted Services:	**$4,536,400**	**$2,944,000**	**$7,480,400**

*All items that were carried over from previous fiscal year 15-16 to be completed in fiscal year 16-17

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

USE ADDITIONAL SHEETS IF NECESSARY

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Section 3

Equipment

Agency: Los Angeles County Department of Mental Health

Project Name: PCIT

Agreement Period: 07/01/2016 - 06/30/2017

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
		Total Equipment:	**$0**	**$0**	**$0**	**$0**

168

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

USE ADDITIONAL SHEETS IF NECESSARY

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Section 4

Printing/Copying

Agency: Los Angeles County Department of Mental Health

Project Name: PCIT

Agreement Period: 07/01/2016 - 06/30/2017

Printing/Copying include description	Quantity	Unit Cost	Total Printing Cost	First 5 LA Funds	Matching Funds	Total Cost
Printing & Copying Materials for Learning Collaboratives	**See Narrative**		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
		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

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Sections 5 & 6

Space & Telephone

Agency: Los Angeles County Department of Mental Health

Project Name: PCIT

Agreement Period: 07/01/2016 - 06/30/2017

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
			Total Space:	**$16,127**	**$16,127**	**$0**	**$16,127**

170

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
Iphones	3	56.00	12	2,016	2,016	0	2,016
Landlines	6	13.50	12	972	972	0	972
Hotspot/Aircard	2	80.00	12	1,920	1,920		1,920
				0	0		0
				0	0		0
				0	0		0
				0	0		0
				0	0		0
				0	0		0
			Total Telephone:	**$4,908**	**$4,908**	**$0**	**$4,908**

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

USE ADDITIONAL SHEETS IF NECESSARY

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Sections 7 & 8

Postage & Supplies

Agency: Los Angeles County Department of Mental Health

Project Name: PCIT

Agreement Period: 07/01/2016 - 06/30/2017

Postage include description	Quantity	Unit Cost	Number of Months	Total Postage 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		171 0
			Total Postage:	**$0**	**$0**	**$0**	**$0**

Supplies include description	Quantity	Unit Cost	Number of Months	Total Supplies Cost	First 5 LA Funds	Matching Funds	Total Cost
Office Supplies	See Narrative		12	8,000	8,000	0	8,000
Computer Software	6	500.00	12	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
				0	0		0
				0	0		0
			Total Supplies:	**$11,000**	**$11,000**	**$0**	**$11,000**

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

USE ADDITIONAL SHEETS IF NECESSARY

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Sections 9 & 10

Employee Mileage/Travel & Training Expenses

Agency: Los Angeles County Department of Mental Health

Project Name: PCIT

Agreement Period: 07/01/2016 - 06/30/2017

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
Travel Expenses (includes Hotel, Food, Rental car, baggage fees, hotel/airport parking, meals, airfare, etc.)	See Narrative		23,650	23,650	0	23,650
				0	0	0
				0		0
			0	0		0
			0	0		0
			0	0		172
			0	0		0
			0	0		0
		Total Employee Mileage/Travel:	$25,015	$25,015	$0	$25,015

Training Expenses include description, # of people	Quantity	Unit Cost Per Training	Total Training Cost	First 5 LA Funds	Matching Funds	Total Cost
Various trainings (trainings, Tech Assistant Calls, Consortium, etc)	See Narrative		60,000	60,000	0	60,000
			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 Training Expenses:	$60,000	$60,000	$0	$60,000

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

USE ADDITIONAL SHEETS IF NECESSARY

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Section 11

Evaluation

Agency: Los Angeles County Department of Mental Health

Project Name: PCIT

Agreement Period: 7/01/2016 - 06/30/201

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
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

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Section 12

Capital Cost/Renovation

Agency: Los Angeles County Department of Mental Health

Project Name: PCIT

Agreement Period: 07/01/2016 - 06/30/2017

Capital Cost/Renovation	Quantity	Rate of Pay	Total Evaluation Cost	First 5 LA Funds	Matching Funds	Total Cost
Capital Needs (including New Providers, 2nd room, PCIT Telehealth and Audio & Visual Equimpment)	See Narrative		719,000	719,000		719,000
			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
Total Evaluation:			**$719,000**	**$719,000**	**$0**	**$719,000**

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

USE ADDITIONAL SHEETS IF NECESSARY

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Sections 13 & 14

Other Expenses & Indirect Cost

Agency: Los Angeles County Department of Mental Health

Project Name: PCIT

Agreement Period: 7/01/2016 - 06/30/201

Other Expenses include description	Quantity	Unit Cost	Total Other Cost	First 5 LA Funds	Matching Funds	Total Cost
Evaluation Material/Ages & Stages Questionnaire	See Narrative		30,000	30,000		30,000
Video & Promotional Material	See Narrative		100,000	100,000		100,000
			0	0		0
			0	0		0
			0	0		0
			0	0		0
Total Other Expenses:			**$130,000**	**$130,000**	**$0**	**$130,000**

Indirect Cost include general purpose for this cost	Total Indirect Cost	First 5 LA Funds	Matching Funds	Total Cost
10% of salaries	45,406	45,406		45,406
	0	0		0
	0	0		0
	0	0		0
	0	0		0
Total Indirect Cost:	**$45,406**	**$45,406**	**$0**	**$45,406**

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 2016-17 Budget Narrative

YEAR 5 TOTAL BUDGET REQUEST **$6,149,186**

LACDMH PCIT Training Coordinator – Annualized Salary: $94,720 Employee Benefits: $43,611 Services and Supplies (Operating Costs): $13,000 Total: $**151,331**

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 $94,720 (63.4% of total compensation/operating costs) and benefits/operating costs are $56,611. 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: $41,643 Employee Benefits: $19,173 Services & Supplies (Operating Costs): $13,000. Total: **$73,816**

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 trainee database. The ITC will develop, distribute, collect, and summarize training

evaluation documents. Additionally, the ITC will proofread documents to ensure accuracy, manage data entry activities required to create charts, and prepare spreadsheets for PCIT training, and administrative functions. The annualized salary of an ITC is $41,643 (56.8% of total compensation/operating costs) and benefits/operating costs are $32,173. 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 Psychiatric Social Worker II (PSWII) – Annualized Salary: $80,483, Employee Benefits: $37,056 Services and Supplies (Operating Costs): $13,000. Total: **$130,539**

The PSW II will be the practice lead to agencies participating in this countywide project. As such, the practice lead will be knowledgeable about PCIT, and act as the DMH voice for the practice. This will include being trained in PCIT, compiling frequently asked questions (FAQs) regarding PCIT, being knowledgeable about DMH requirements associated with PCIT, assisting in developing policy regarding use of PCIT, and providing recommendations for implementation, effectiveness and sustainability. The practice lead will also collaborate with the developer/trainer, and act as a liaison among First 5 LA, DMH, developer/trainer, and provider agencies. Additionally, the practice lead will provide technical assistance and support to agencies regarding implementation, monitoring fidelity to the PCIT model, tracking the collection and reporting of outcomes, and appropriate claiming for direct services. With regard to sustainability of the PCIT practice model, the practice lead will convene quarterly round table meetings with providers implementing PCIT, plan for interrupted progression and staff turnover, and develop a concrete implementation plan. The annualized salary of a PSW II is $80,483 (62.8% of total compensation/operating costs) and benefits/operating costs are $50,056. 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.

Management Analyst – Annualized Salary: $76,432 Employee Benefits: $35,191 Services & Supplies (Operating Costs): $13,000. **Total: $124,623**

The Management Analyst will perform a variety of analytical, technical, and/or confidential and sensitive assignments in health program operations and administration. The Management Analyst will assist in the formulation of program policies and objectives, track and ensure program compliance with grant requirements, monitor, adjust, and coordinate the program budget, and gather and analyze program data and prepare reports. The Management Analyst will monitor and approve manual invoices for

First 5 LA funding. 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 $76,432 (62.1% of total compensation/operating costs) and benefits/operating costs are $48,191. 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.

Health Program Analyst II – Annualized Salary: $97,561 Employee Benefits: $44,919 Services & Supplies (Operating Costs): $13,000. **Total $155,480**

The Health Program Analyst II will assist in the development, implementation, monitoring and evaluation of the PCIT. Under the general supervision of the MH Clinical District Chief, the Health Program Analyst II tracks and ensures compliance with First 5 LA grant requirements for the PCIT program. The Health Program Analyst II will also be responsible for monitoring and billing the Year 1 through Year 5 expenditures, while making adjustments and coordinating the development of budgets for Year 4 through Year 5. The Health Program Analyst II gathers and analyzes data pertaining to program expenditures and makes recommendations for future allocations. Based on PCIT outcome measures and other program data, the Health Program Analyst II assists in formulation of recommendations regarding implementation and sustainability of PCIT program. The annualized salary of a Health Program Analyst II is $97,561 (63.6% of total compensation/operating costs) and benefits/operating costs are $57,919. 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: $63,220 Employee Benefits: $29,108 Services & Supplies (Operating Costs): $13,000. **Total $118,328**

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 $63,220 (60.7% of total compensation/operating costs) and benefits/operating costs are $55,108. 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.

CONTRACTED SERVICES

Stipend-Provider Training **$696,600**

This stipend is based on LACDMH's current reimbursement rates. It will be provided for therapists participating in the PCIT basic training program. Up to 4 clinicians in each agency, up to 10 new agencies for a total of up to 40 clinicians and 13 carry-over agencies for a up to 52 clinicians will have opportunities to participate in the basic PCIT training in Year five. Three hundred and Twenty (320) hours of basic training will be offered to non-PCIT clinicians at a cost of $38.70 per hour of training. The FY 16-17 budget amount of $696,600 includes the allocated training stipends of $495,360 for up to 10 new providers to meet basic requirements of the training model. Allocated training stipends of $201,240 will be for the 13 PCIT carryover agencies participating in PCIT training to receive 100 hours of additional training to meet the requirements of the training model.

Stipend Transportation **$27,600**

Transportation has been one of the key barriers for clients receiving PCIT services in the clinic settings. To help mitigate this barrier, $27,600 is allocated for up to 23 providers to receive transportation stipends (i.e. vouchers, tap cards, gas cards, bus

tokens, etc.) to assist clients faced with transportation issues. Based on a Fiscal Year 2014-2015 Transportation Survey, DMH learned that PCIT clients relied on various modes of transportation. The majority of providers reported that families they served primarily relied on buses and/or the Metro system; with the exception of the Antelope Valley, where their support was through taxi vouchers and gas cards. The transportation stipend funds allocated from the First 5 LA PCIT Training grant will address transportation barriers and support the families challenged with transportation issues. Qualified Legal Entity (LE) providers who serve a high number of clients/families challenged with transportation issues will be able to purchase vouchers, tap cards, gas cards, and bus tokens for clients/families in need of such support.
Methodology:

# of Sessions	# of Clients	Frequency	Cost	# of Providers	Total
25	12	2 (roundtrip)	$2.00	23	$27,600

Stipend - Childcare **$138,000**

Caregivers participating in PCIT services experience challenges in maintaining a consistent attendance in treatment due to the lack of childcare, especially in households with multiple children. Since PCIT is an individualized service and requires a one-on-one interaction between the caregiver and child, the caregiver is oftentimes unable to attend sessions because of childcare limitations. First 5 LA funding for childcare will address this challenge and promote an increase in attendance of PCIT sessions. Through the provision of flex funds, qualified LE providers who serve a high number of clients and families challenged with childcare issues will be able to utilize the additional funding to support the acquisition of in-home or on-site respite care services, at the discretion of the parents, provided by local agencies offering respite care for families requiring childcare support.

Methodology:

# of Sessions	# of Clients	Frequency	Cost	# of Providers	Total
25	12	1 hour	$20.00	23	$138,000

Stipend - Program Supplies **$55,200**

DMH conducted an analysis of its providers' performance and learned that Providers who offered families with additional model specific supplies (i.e. toys, stickers, gift cards, etc.) had a decrease in drop-out rates. The analysis found that providers who offered model specific supplies in FY 13-14 were 11% more likely to complete their competency requirements successfully. Similarly in FY 14-15, providers who offered this type of support were 13% more likely to complete their competency requirements successfully.

In addition, after examining PCIT cases that were completed in FY 13-14, DMH found providers who offered this type of support were 3½ times more likely to complete their PCIT cases successfully. Based upon the results of these findings, DMH anticipates the increased availability of program supplies will elevate the overall client graduation rate and thereby decrease the time necessary for clinicians to complete the training requirements. In particular, flex funds will allow for purchase of program supplies for families making steady progress toward meeting their treatment goals. This funding will be regulated under current Client Supportive Services Guidelines.

Methodology:
Program Supplies

# of Sessions	# of Clients	Cost	# of Providers	Total
25	16	$1.00	23	$9,200

Parent/Family Reinforcements

Cost per group of session	Frequency	# of Clients	# of Providers	Total
$25	25/5=5 Gift-cards every 5 sessions	16	23	$46,000

($25 gift card every 5th session)

PCIT Tool Kit **$25,000**

As the number of PCIT clinicians is growing throughout Los Angeles County, DMH has observed the need to establish a more standardized infrastructure to support the local PCIT providers. Seasoned providers participating in training have reported a gap between the training they are receiving in the model and the tools needed to implement the model with their target population, DMH Medi-Cal clients in Los Angeles County. In addition PCIT clinicians have reported that technical assistance is needed to increase their knowledge and skill set to become effective Trainer of Trainers (ToT) and supervisors. Finally, administrators at Provider sites have noted the need for implementation support when bringing onboard an involved EBP such as PCIT. These Tool Kits will include program and operational strategies for the infrastructure needed for the implementation of PCIT as they are relevant to the Los Angeles County. Providers will gain valuable information about growing and sustaining a robust PCIT program. Materials for the PCIT Tool Kit will include but are not limited to: promotional video, research literature, sample handouts and a directory of PCIT contacts. This service will be outsourced through a competitive solicitation process, open to PCIT providers within the LA County Network.

Methodology:

Creation of	# of hours	Frequency	Total

Kits			
$150	40	2 times a year	$12,000

Cost of 100 kits	Frequency	Total
$6,500	2 times a year	$13,000

Community Event **$20,000**

Community presence and a strong Birth to Five referral stream are essential elements needed for a successful PCIT Training Program. The lack of a consistent referral stream has impacted the providers' ability to complete the PCIT training and achieve competencies. By promoting organized PCIT community events, DMH and community partners will collaborate to raise awareness and increase visibility of the growing number of mental health facilities offering PCIT services throughout Los Angeles County. The community event will offer guest speakers, community resources, handouts, health screening resources, food vendors, family friendly activities and booths and give-a-ways. The implementation and collaboration of this event will be outsourced through a competitive solicitation process, open to PCIT providers within the LA County Network.

PCIT Van **$500,000**

First 5 LA funds will be made available for one coachman mobile van, equipped with state-of-the-art audio-video equipment to provide PCIT services in local neighborhoods where current PCIT clients reside and in various community locations. The van will not only bring PCIT services into communities where they are most needed, but will also serve to mitigate issues related to lack of adequate transportation, which is one of the challenges faced by many families in Los Angeles County. Additionally, the van will be utilized to provide services for the target communities such as Head Start programs, Women, Infant & Children (WIC) centers, Best Start communities and Health Neighborhoods throughout specified service areas. Through a competitive bidding process, DMH will identify a qualified Legal Entity (LE) provider interested in obtaining a PCIT van. Among the providers that express interest, DMH will identify one agency in the selected geographical area that is currently experiencing barriers to service to receive a PCIT van. The winning bidder will assume all financial and legal responsibilities associate with the maintenance, up-keep, and storage of the PCIT van and will only be eligible to receive one PCIT van.

Public Outreach **$50,000**

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. Public outreach is included under Community Outreach Services (COS) and is billed in the DMH IS system. These activities will target the specific population in the

dissemination of information regarding the benefits of improved functioning in individuals and within the family through participation in PCIT. Additionally, these activities will ensure the long-term sustainability of PCIT. Outreach services enable provider agencies to reach the community-at-large providing a proactive way to address the needs of those who might not know how to access PCIT services. Outreach services include consultation, education, and information services provided to other professionals, organizations, and/or community residents. The specific goals of PCIT outreach services are to educate professional organizations, and/or community residents about the benefits of PCIT. Examples of outreach activities include, but are not limited to the following: contact with community residents, welfare personnel, pediatric clinics and hospitals, school personnel, residential care providers/staff, criminal justice system personnel, clergy, etc., and familiarize them with identification and referral of infants, children, and parents who would benefit from PCIT treatment. Additionally, provider agency staff may provide information during a parenting class, community health fair presentation, or other similar community group regarding availability of PCIT services. Finally, agencies currently implementing PCIT may be able to present informational forums coordinated by DMH to agencies that may be considering the appropriateness of PCIT for their client population.

Funding for Direct Indigent Services **$80,000**

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 10 families at a projected cost of $8,000 per family, assuming an average of 25 sessions over a period of 4-6 months.

Funding for Medi-Cal Match **$2,944,000**

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 368 (4 clinicians x 4 families per clinicians=16x23 providers=368) families during the fifth year funding of this project. Funding for the Medi-Cal match is limited to the duration of First 5 LA funding for the project.

PRINTING/COPYING **$2,500**

Printing/copying funding is necessary for the printing, copying, and assembly of PCIT related reports, training materials, educational brochures, forms, presentations, etc.

SPACE **$16,127**

Space costs include lease office space and office furniture for 6 full time employees (FTE) which include: 1 finance, 2 administrative, 2 program, and 1 clerical support staff. This cost serves as the headquarters for staff to conduct their First 5 PCIT job function.

TELEPHONE **$4,908**

An operating expense needed for 6 full time First 5 PCIT staff to conduct daily business requires a landline phone as well as a mobile phone for field accessibility. First 5 PCIT staff is responsible for conducting site visits, site reviews, trainings, meetings, presentations, etc. throughout the Los Angeles County. In order to insure the success of these offsite events in the community, staff is required to communicate via telephone and/or email with other staff and providers. Additionally, the staff conduct trainings, provider support group meetings, claiming trainings, etc. that require the immediate and convenient offsite internet accessibility to reference the webpages that are mentioned throughout these trainings. This would streamline the providers' understanding of the subject matter they are required to possess upon their certification process.

SUPPLIES **$11,000**

Supplies cost is associated with 6 DMH staff for their general office supplies to adequately complete their PCIT program job function.

EMPLOYEE MILEAGE/TRAVEL & TRAINING EXPENSES

Mileage/Travel & Various Trainings **$85,015**

Costs associated with this section include staffs' visits to monitor agencies' progress, claiming, and fidelity to the model. Visits include:
Technical Assistance site visits, Statement of Eligibility and Interest site reviews and Program Development site visits. In addition, this includes travel costs for trainings, conferences, meetings, presentations, etc. Airfare and lodging funds are to be used to attend collaborative meetings with UC Davis or conferences, trainings or meetings pertaining to target population. Various Training funds are used to secure venues for large group trainings/meetings/presentations such as the Technical Assistance Conference Calls, PCIT Consortium referenced below. This fund is to be used for PCIT staff professional development. Some examples include but are not limited to:

Partner meeting and trainings UC Davis sponsored events
(2-4 Staff)
Airfare $300 per person
Food is $70 per day per person

Baggage fees $50 per person
Hotel Accommodation $150 per day
Transportation/Rental $75 per day
Estimated Total $645 per person
Estimated Total $2,580

Zero to three National Training Institute (NTI) 3 day Conference (5 day stay)
(up to 8 staff)
Conference Cost-$800 per person
Airfare $350 per person R/T
Baggage fee $50 per person
Hotel $250 per night per person
Food $70 per day per person
Transportation/Rental/parking $150 per day per person
Estimated total-$3,550 per person
Estimated Total $28,400

Additional training expenses Estimated $7,070
Professional development for clinicians, managers, administrators, etc. may include travel cost, venue cost, and/or registration fees for the following conferences, trainings and/or meetings pertaining to First 5 LA target population.

- UC Davis Parent Child Interaction Therapy Conferences,
- UC Davis Extension-Infant, Parent Mental Health training,
- EBP Conferences throughout California,
- Provider Support Groups,
- Learning Communities Network,
- Advanced Trainings,
- Claiming Guidelines,
- ICARE Trainings,
- OMA Trainings

Technical Assistance Calls Estimated at $1,800
The teleconference calls facilitated by a PCIT Specialist about topics tailored to administrative, clinical and/or support staff. These calls will discuss best practices among the PCIT providers.

Development of a local PCIT Consortium Estimated $8,800

In order to mitigate concerns related to the sustainability for PCIT providers, DMH proposes to create a local PCIT consortium. With the creation of a local PCIT Consortium, a group of leaders will partner to establish and maintain a forum in which the Los Angeles County Network of PCIT providers can: share best practices, collaborate and create specific resources. This service will be outsourced through a competitive solicitation process, open to PCIT providers within the LA County Network.

Ages & Stages ToT training Estimated at $20,000

The Ages & Stages capacity building training will provide a transfer of learning approach for clinician assessing the development of the Birth to Five population. Through professional development from an expert trainer on Ages & Stages, clinicians will acquire both the theoretical and practical approach to using and teaching the Ages & Stages tools within their program. By offering this instructional trainer of trainer model, DMH will build capacity throughout Los Angeles County, thereby increase Birth to Five knowledge, expand resources and increase the number of trained clinicians to effectively assess, administer and teach on the Ages & Stages Questionnaire (ASQ). This trainer of trainer model will enable a higher quality of services and outcomes for PCIT participant by ensuring that each First 5 LA PCIT client receives a developmental screening.

EBP Symposium Estimated $15,000

DMH Prevention and Early Intervention (PEI) will launch its first efforts to support the availability of services based upon practices that have strong research support known as Evidence Based Practices (EBP). This symposium will be designed to increase the availability of mental health practices supported by research that will improve services and outcomes to children and families throughout the County of Los Angeles. Effective implementation processes, which adequately support practitioners, managers, and administrators, are key to improving quality of practices offered to consumers of mental health services.

Capital Needs Set-aside $719,000

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 10 new provider sites, and for capital expenditure for retrofitting each provider agency's facility and/or acquiring needed equipment for the appropriate implementation of PCIT. 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.

New Provider Sites	Capital cost per site	Total
10	$27,000	$270,000

Additional capital needs expenditures will be set aside to address issues related to sustainability and to assist PCIT providers in reaching the maximum capacity of children and families served to increase graduation success rate. Existing Provider (i.e. contracted providers and directly operated clinics) may choose to enhance their facilities and/or equipment in order create an environment conducive to the PCIT training and implementation requirements. DMH issued a survey to all PCIT providers in an effort to assess the level of interest in adding PCIT service delivery locations. Based on the most current survey, seven (7) providers expressed interest in adding a second room to address the time and space limitations for families and children receiving PCIT services. As part of the facility augmentation, First 5 LA will provide a maximum of $27,000 per additional room for a total of up to seven (7) Provider locations. The additional funds will serve as a one-time capital needs expenditure enabling providers to retrofit their facility and/or acquire equipment needed for the implementation of PCIT. Funding will be used for the following categories: one-way mirror, PCIT audio video equipment, telehealth equipment, PCIT specific furniture, toy and miscellaneous items pertinent to PCIT.

Number of Providers	Capital cost for 2nd room	Total
7	$27,000	$189,000

Additional requirements may be stipulated by the UC Davis Training Professional.
Capital funds would also include the purchase of PCIT Telehealth and Audio/Visual equipment for Advanced Provider locations. Advanced providers are identified as the group of Legal Entities (LE) providers that participated in the First 5 LA Training Program during Fiscal Year 2012-2013. Data compiled from a DMH administered survey showed 7 of the 13 advanced providers (some which have multiple sites) have expressed interest in facility upgrades. In order to meet the facility upgrade requirements, providers are required to have extensive bandwidth to operate telehealth training equipment needed to participate in UC Davis trainings, monthly advanced trainings and ongoing LA County PCIT supportive activities. Providers meeting this requirement will be able to use the additional funds to obtain PCIT Audio Video and Telehealth conferencing equipment needed in order to update their respective facilities and enhance service delivery, which may include: 1) A communication system which allows the therapist to speak in real time to the parent during parent-child interactions is required; and 2) Video-taping equipment required to tape sessions for evaluating PCIT treatment interactions, supervision, and training purposes. Upgrading the equipment will also allow providers to sustain PCIT training and fidelity to the model.

Number of Providers	Cost of Equipment Upgrades	Total
13	$20,000	$260,000

Evaluation Material **$30,000**

The Ages & Stages Questionnaire (ASQ) will allow for clinicians to easily and effectively screen young children for developmental delays between the ages of Birth to 6. With access to an effective developmental and social-emotional screening tool, Providers will have an increased capacity to improve child and family functioning among target population who receive PCIT services. Providing such valuable information to families would lead to improving family functioning and increasing developmental information for caregivers and families. Similarly, equipping clinicians with needed tools will lead to a higher quality of services to clients ages Birth to Five countywide.

Promotional Materials **$100,000**

As part of the performance matrix objective, there is a need to create materials and visual products to promote PCIT to target audience which may include funders, potential agencies, County and private agencies. Estimates were developed based on cost research from video production companies/vendors.

Indirect Cost **$45,406**

Salaries and employee benefits for staff involved indirectly on the project include contracts administration, fiscal services, mental health bureau administration, and executive office. Services and supplies to support staff indirectly involved on the oversight of this project include contracts administration, fiscal services, mental health bureau administration and the executive office.

YEAR 5 TOTAL REQUESTED BUDGET **$6,149,186**

Agenda Item: 2D
Date: July 14, 2016

First 5 California State Advocacy Funding Memo

SUBJECT:
Contract with First 5 California (First 5 CA) to receive funding ($105,000) to support coordinated First 5 state advocacy work for a discrete time period. Enter into a new contract with First 5 LA's existing state advocate, California Strategies (CalStrat) to distribute First 5 CA funds ($105,000) in support of aligned First 5 state advocacy. Contracts with First 5 CA and CalStrat will commence no sooner than July 18, 2016 and terminate June 30, 2017.

RECOMMENDATION:
First 5 LA staff recommends the Board approve receipt of funds in the amount of $105,000 from First 5 California (First 5 CA). Staff recommends the Board authorize staff to execute a time-limited contract with First 5 CA to support aligned state advocacy among First 5 CA, First 5 LA, and the First 5 Association. Staff also recommends the Board authorize staff to execute a time-limited contract with California Strategies (CalStrat) for an amount up to $105,000 to implement First 5 CA funding. Contracts with First 5 CA and CalStrat would commence no sooner than July 18, 2016 and end June 30, 2017. This recommendation was presented as an information item at the June 30, 2016 Special Meeting of the Board of Commissioners and Program and Planning Committee.

Background
In 2013, the First 5 LA Board of Commissioners approved a four year state advocacy contract with CalStrat to represent First 5 LA with government officials and advance policy and systems change related to the Commission's priority investments. In 2015, the Board approved First 5 LA's new strategic plan, which includes an increased focus on policy and systems change and reaffirmed the organization's investment in state advocacy.

Since initiating state advocacy work in 2013, First 5 LA has worked with leadership at First 5 CA and the First 5 Association to establish aligned state policy priorities and advocacy strategies including increased funding for child care, preschool, and home visiting services. In addition, First 5 LA, First 5 CA, and the First 5 Association share common priorities related to protecting Proposition 10 funding and building strong partnerships with other statewide early childhood organizations. Though both First 5 CA and the First 5 Association currently participate in First 5 LA-supported and coordinated advocacy efforts, First 5 LA is the only First 5 Commission investing in contracted state advocacy support.

Examples of work conducted by CalStrat on behalf of First 5 LA in partnership with First 5 CA and the First 5 Association include the California Early Care and Education (ECE) Budget Coalition, tobacco tax advocacy, and First 5 Advocacy Day.

Proposal
First 5 CA is interested in expanding its support for state-level policy and advocacy to ensure the First 5 community has a strong, coordinated, and active presence in state-level early childhood policy conversations. Currently, First 5 CA invests in policy and government affairs staff to engage in state policy, but does not support external advocacy contracts. Since First 5 LA already invests in state-level advocacy contracts, in Fiscal Year 2016-17, First 5 CA would like to augment First 5 LA's existing state advocacy efforts. First 5 CA funding would support advocacy activities that advance policy priorities, which are common across First 5 LA, First 5 CA, and the First 5 Association, like facilitating the ECE Budget Coalition.

If approved by the Board, First 5 LA would enter into a contract with First 5 CA to receive up to $105,000 beginning no sooner than July 18, 2016 and ending June 30, 2017. First 5 LA would then enter into a separate contract with CalStrat for $105,000 that would also start no sooner than July 18, 2016 and end June 30, 2017. The funding would support coordination of state-level policy and advocacy efforts that are aligned among First 5 LA, First 5 CA, and the First 5 Association.

Considerations
The proposed time-limited agreement between First 5 LA and First 5 CA would commence after Board approval – no sooner than July 18, 2016 – and continue through June 30, 2017. If First 5 CA wants to continue to invest in state advocacy in future fiscal years, staff will reassess the arrangement and return to the Board with further recommendations. At this point, however, staff expects that any future First 5 CA investment in state advocacy would be accomplished through direct contracts between First 5 CA and a state advocacy organization.

The proposed arrangement between First 5 CA and First 5 LA represents a significant step toward creating a robust, unified First 5 voice in Sacramento. Rather than funding state-level advocacy on its own, First 5 LA will now be able to leverage additional First 5 resources to advance important policy priorities like ECE funding and Proposition 10 sustainability. In addition, by directing additional funds through First 5 LA, First 5 CA resources will only be used for activities that advance the policy agendas and priorities that are common across First 5 LA, First 5 CA, and the First 5 Association; no resources will be used to support a First 5 CA priority that is not also a priority for First 5 LA and the First 5 Association.

First 5 LA currently contracts with CalStrat for statewide advocacy work. Therefore, we will execute a separate contract with CalStrat to ensure work and dollars associated with First 5 CA vs. First 5 LA are properly delineated, rather than augmenting First 5 LA's current contract.

GOVERNANCE GUIDELINES: LEVERAGING AND SUSTAINABILITY
This project is a time-limited, deliverables based project. As such, it does not require sustainability or leveraging considerations. The project work established within the First 5 LA contracts with First 5 CA and CalStrat will be considered final upon completion of the deliverables.

NEXT STEPS
Upon approval, staff will negotiate and execute the contracts with First 5 CA and California Strategies described above.

Memo

To: Board of Commissioners

From: Kim Belshé, Executive Director

Date: July 14, 2016

Subject: **EXECUTIVE DIRECTOR'S REPORT**

EXECUTIVE DIRECTOR'S HIGHLIGHTS

Organizational Alignment

I'm pleased to report that effective July 11, First 5 LA's new executive leadership team is in place. As previously reported, Christina Altmayer began her new role as VP of Programs on May 16; Kim Pattillo-Brownson began as VP of Policy & Strategy on June 30, and Daniela Pineda began as VP of Integration & Learning just two days ago on July 11. First 5 LA is fortunate to have leaders of the caliber of Christina, Kim and Daniela joining the organization and deploying their considerable talents to our collective effort to make First 5 LA a high performing, high impact organization on behalf of LA County's youngest children and their families.

What's next? As shared previously, we are taking a phased approach to organizational alignment, where we begin with the Vice Presidents. With the VPs now in place, we are moving forward with the next phase of the process that is focused on the assessment and selection of Directors. Concurrently, we are proceeding with other efforts to align our internal processes, structure and staffing with the strategic direction embodied in the Strategic Plan for 2015-20.

Best Start Community Meetings

Last month, I had the opportunity to participate in the final two Best Start Community meetings – in West Athens and Palmdale – as a part of our 14 Best Start Community Partnership tour. Each of these meetings have provided a lot of insight to the priorities, approaches, challenges and hopes of the diverse members participating in the Best Start Community Partnerships. Notwithstanding the diversity of our Best Start Communities, the common values of collaboration, shared vision, and parent/resident leadership were evident.

First 5 LA staff looks forward to coming back to the Commission this fall to talk about key questions and issues across the 14 Community Partnerships as well as staff and Board reflections and learning from the meetings. We will be reaching out this summer to those Commissioners who were able to attend one or more meetings to solicit your thoughts as a part of this learning process.

Family Strengthening Public Awareness Campaign and Parent Website Launch

On July 7, First 5 LA launched the first phase of its Family Strengthening Public Awareness Campaign and Parenting Website (www.First5LA.org/Parenting). The campaign and parenting

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website are intended to provide LA County's parents and care givers user-friendly tips, ideas and resources to support their child's development. See Attachment A for the Press Release.

We are grateful to Commissioner Judy Abdo, who joined the launch and spoke to the campaign's effort to use web-based and mobile-friendly approaches to reaching and supporting young parents. We were also joined by Matthew Melmed, President and CEO of ZERO TO THREE, who shared results from a recent national parenting survey, which included findings relevant to First 5 LA's Campaign and efforts to meet the needs of parents in supporting the development of their children.

In addition, we had two members from our Best Start Communities, Saul Figueroa (Compton/East Compton) and Alma Rodriguez (Panorama City & Neighbors). Saul and Alma spoke about their respective communities' activities – such as Parent Cafes - to build social connections and support parents to come together, learn from one and other, and empower each other to be strong advocates for their families and communities.

The first phase of the Family Strengthening Campaign will focus on social connections. As we have learned from research and parents alike, family and community connections provide important emotional support and assistance to parents and help to break down barriers that isolated parents may be experiencing. Towards that end, the media campaign includes images and information that support social connections and encourages viewers to go to the parenting website. There, users will find a variety of parent/care-giver relevant information, such as a calendar with free and low-cost family-friend events, exclusive coupons for kid-friendly venues, such as the LA Zoo, and articles on a variety of early childhood development topics. The site also offers an "Ask a Parent Coach" feature as well as "click to call" function that automatically brings up a smartphone's dialer to connect parents directly with L.A. County's 211 service.

Subsequent phases of the Campaign and parenting site will focus on other factors that strengthen families, such as parent resilience and concrete supports in times of need. As Commissioners know, these and other "Protective Factors" support strong families and healthy children with characteristics that are fundamental to strong families and which will serve as the foundation for First 5 LA's Family Strengthening Campaign.

I. FAMILIES

First 5 LA's Welcome Baby Program Participates in State and National Conferences

First 5 LA, along with the Los Angeles Best Babies Network, and in partnership with Maternal Child Health and Access, received confirmation to present at five national conferences in the upcoming months to highlight the Welcome Baby program. The conferences include: 1) The National Research Conference on Early Childhood; 2) Zero to Three's National Training Institute (NTI); 3) American Public Health Association (APHA) National Conference; 4) Ounce of Prevention's National Home Visiting Summit; and 5) California Home Visiting Summit. The presentations will highlight findings from the 36-Month Welcome Baby Pilot study, lessons learned from early implementation of Welcome Baby across 13 communities and oversight approaches for programmatic success through technical assistance and training. The unique aspects of First 5 LA's approach to home visitation - such as that Welcome Baby is universal, voluntary, "light touch", and provides a referral for intensive home visitation based on risk assessment - will be highlighted in these presentations.

First 5 LA increased efforts in recent months to educate policy makers on the benefits and positive impacts of home visiting programs for families as part of our long-term sustainability strategy. Sharing the findings, successes and challenges of Welcome Baby is critical to inform national, state and local home visitation policies, improve the field of practice, and support First 5 LA's ongoing program improvement efforts. As the major funder of home visitation services in California, First 5 LA

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has the opportunity to significantly influence state and national policy based on the results and lessons learned from our program experience.

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II. COMMUNITIES

Collaboration, shared vision, and parent/resident leadership are key values driving *Best Start.* Recently First 5 LA staff and partners were able to share and model these values for professionals across the nation by presenting at three prominent conferences: The Collective Impact Convening in Seattle; the Children's Institute Fatherhood Conference in Los Angeles; and, the National Family and Community Engagement Conference in Pittsburgh. While each conference had a different focus, the *Best Start* model of engagement and capacity building resonated with all audiences. These conferences and First 5 LA's participation demonstrate ongoing work to share lessons from the field and promote the importance of collaboration, shared vision, and parent/resident leadership to build community capacity to support the safety, healthy development and well-being of children prenatal to age 5 and their families.

The **Collective Impact Convening**, held by the Collective Impact Forum, an initiative of Foundation Strategy Group (FSG) and the Aspen Institute for Community Solutions, was the first of the conferences, held June 6 through the 8. The conference theme was *Equity as the Soul of Collective Impact: Implication for Funders*. First 5 LA staff, alongside *Best Start* Metro LA and *Best Start* Long Beach grantees, co-presented the following sessions on collaboration and parent/resident leadership:

- *"When The Equity Talk Hits the Road…Or, Um Beach: Authentic Engagement of Residents and Parents in Central and West Long Beach"* focused on effective parent and resident leadership practices and highlighted the benefits of parents and residents partnering with local institutions and city government to address community conditions such as violence, health and environmental conditions.

- *"Leading Neighborhood & Community Change from the Inside Out – Lessons from LA"* highlighted the *Best Start* Metro experience, sharing practical ways for residents and parents to lead neighborhood and community change efforts in collaboration and partnership with organizations and systems.

At the **Children's Institute Fatherhood Conference** (co-sponsored by First 5 LA), held June 17, a *Best Start* community representative, Dr. Chris Hickey, hosted a leadership workshop "*The Making of an Admired Man."* The workshop was aimed at encouraging men to understand and embrace their significance as a person and how they affect the outcomes of people around them. First 5 LA staff, alongside 40 representatives from six *Best Start* Communities (Broadway Manchester, Panorama City and Neighbors, Northeast Valley Community, Compton-East Compton, Watts-Willowbrook, and South El Monte-El Monte), were also in attendance.

"*Authentic Community Engagement for Social Change*" was the title of the presentation by First 5 LA staff at the **National Family and Community Engagement Conference** on June 22 in Pittsburgh. This presentation focused on how to authentically engage and tap into the lived experiences of parents, residents and diverse stakeholders to build a common vision and develop strategies that improve community conditions for families.

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III. EARLY CARE AND EDUCATION (ECE) SYSTEMS

ECE Staff Present QRIS Systems Planning Work at National Conferences
On June 5, Katie Fallin, Assistant Director of Research and Evaluation and ECE Outcome Lead, participated in a panel with staff from First 5 CA and the California Department of Education at the National Institute for Early Childhood Professional Development. The panel presentation entitled "*Taking quality to scale from the bottom up: California's QRIS expansion*" provided an overview of California's common QRIS framework and how it is being leveraged at the county level. Katie provided an overview of LA County's plan to create a LA County QRIS model, highlighting the cross-agency collaboration of the LA County QRIS Architects. The conference was sponsored by the National Association for the Education of Young Children (NAEYC) and was held in Baltimore, MD. On July 14, Kevin Dieterle, Program Officer, will be a part of a QRIS panel with staff from First 5 CA, First 5 El Dorado, First 5 San Francisco, the California Department of Education, and WestEd's Center for Child and Family Studies at the QRIS National Meeting in New Orleans, LA. The panel will provide both the state and local perspectives on the implementation of QRIS in California. The QRIS National Meeting is sponsored by the BUILD Initiative and the QRIS National Learning Network. These presentations are examples of the ECE outcome team's work to ensure that First 5 LA and LA County's learnings in implementing a system to improve quality early learning systems inform state and national policy and that First 5 LA's work is informed by the experience and learning from national QRIS efforts.

Staff Contact: Katie Fallin (KFallin@first5la.org)

ECE Shared Services Technical Assistance Project Follow-Up
On May 26, 2016, First 5 LA staff presented information at the First 5 LA Program and Planning Committee meeting about the Early Care and Education (ECE) Shared Services Technical Assistance Project, a capacity building strategy that supports ECE providers in reducing costs and strengthening infrastructure by sharing resources. As a follow-up to that presentation, staff compiled examples of the results of shared service efforts across the country. The Chambliss Center for Children in Tennessee, for example, saves $7,500 - $10,000 per center annually by centralizing administration and sharing directors. In New Hampshire, members of the Early Learning Alliance save over $6,000 annually through shared purchases of services like insurance, maintenance and marketing. Home-based providers that are members of the Infant Toddler Day Care network in Virginia earn $5,000 more annually than unaffiliated home based providers by sharing business supports like fiscal management and professional development. This information will support First 5 LA's outreach and communication to encourage ECE provider participation in shared services.

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IV. HEALTH-RELATED SYSTEMS

Developmental Screening, Early Identification and Intervention Strategy Update
As part of the Health-Related Systems Outcome of the Strategic Plan, First 5 LA is working on policy and systems changes that improve coordination and collaboration of developmental screening and early intervention programs within health systems. To this end, First 5 LA staff has been working with key partners on the development of the Help Me Grow framework in LA County. As a direct complementary policy strategy to this effort, staff has also been working with other early childhood advocates in urging California's Department of Health Care Services (DHCS) to adopt an indicator for developmental screening in the first three years of life to the 2017 External Accountability Set (EAS). The EAS is a set of performances measures that DHCS selects for annual reporting by Medi-Cal managed care plans. While most of the EAS measurements are mandated by the National Committee for Quality Assurance (NCQA), California can adopt an additional set of recommended,

but not mandated measures. State-level indicators are developed by DHCS with input from managed care plans, an external quality review organization (EQRO) and stakeholders.

During a June 9 meeting of the Medi-Cal Managed Care Advisory Group, DHCS unveiled its proposed set of new indicators for 2017; very few of the changes proposed were relevant to young children in general. As a result, the proposed 2017 EAS measures would continue to disproportionately underrepresent Medi-Cal's child and pregnant women populations. Representatives from Children Now and First 5 LA were among those at the meeting who spoke about the need for indicators relevant to young children. As a result, DHCS staff asked stakeholders to provide comment recommending just one indicator for inclusion. First 5 LA, Children Now, and the First 5 Association were among those who sent letters encouraging the inclusion of a developmental screening indicator. See Attachment B. Inclusion of the developmental screening metric will potentially be considered by the Medi-Cal Managed Care Advisory Group, and staff is working with partners to build support for this action.

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V. POLICY, PARTNERSHIPS AND COMMUNICATIONS

LAUSD 2016-2017 Budget
On June 21, the Los Angeles Unified School District Board of Education approved a $7.6 billion budget for 2016-17. This budget sunsets all remaining School Readiness Language Development Program (SRLDP) classrooms, converting many to Expanded Transitional Kindergarten (ETK) programs, serving a total of 6,800 4-year olds. In order to ensure ETK classrooms provide developmentally appropriate education, advocates worked with LAUSD officials to increase staffing in ETK classrooms consistent with Head Start quality standards. At a cost of $5.4 million, the District added teaching assistants to classrooms so that the ratio is at least 1 adult to every 8 children. First 5 LA and our partners sent a letter (see Attachment C) to Superintendent Michelle King thanking her for continuing to make early education a priority in the district budget and for recognizing that these investments pay off in terms of increased school readiness and retention, and reduced special education costs.

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State Budget
In June, the state legislature passed and the Governor signed the 2016-17 budget, a $122.5 billion dollar General Fund package that significantly expands investments in early education and family support services.

Due in large part to strong leadership by Assembly Speaker Anthony Rendon, the Legislative Women's Caucus, and a coordinated advocacy effort supported by First 5 LA, this budget restores significant funding to programs that had not recovered from cuts during the great recession. The budget also blocks the Governor's proposals to create an Early Learning Block Grant and convert all child care to a voucher system, and creates a Blue Ribbon Commission on Early Care and Education that will consider how to strengthen and reform California's ECE system.

For a copy of First 5 LA's press release thanking the legislature for its dedication and leadership to young children, see Attachment D. For a copy of the letter the First 5 Association, First 5 California and First 5 LA sent to legislators thanking them for their efforts on the budget, see Attachment E.

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Early Education Investments in the 2016-17 budget:

- Increases child care and state preschool rates over four years by a total of $427 million annually to accommodate increases to the minimum wage.
    - Increases Regional Market Rates (RMR) to the 75 percentile of the 2014 survey as of January 1, 2017. Expresses legislative intent to reimburse child care providers at the 85th percentile of the most recent RMR survey and update the RMR ceilings with each new survey, based on available funding.
    - Increases Licensed Exempt Rates from 65 percent to 70 percent of the Family Child Care Home Rate as of January 1, 2017.
    - Increase Standard Reimbursement Rates by 10 percent across-the-board effective January 1, 2017.
- Provides $100 million annually in Proposition 98 funding for 8,877 additional full-day State Preschool Slots to be phased in over 4 years.
- Requires the California Department of Education (CDE) to develop a new quality funding expenditure plan amending the Child Care and Development Block Grant State Plan that prioritizes activities that support the Quality Rating and Improvement System (QRIS).
- Provides $1.4 million for Los Angeles Trade-Tech Community College to provide job training, mentoring and college courses through an Early Care and Education Apprenticeship Pilot Program.

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State Legislation
Three bills remain in play on First 5 LA's legislative agenda. First 5 LA's state advocate, California Strategies, has testified in support of each of these bills at recent hearings, and delivered letters of support to committees where the bills have been heard. See Attachment F for a copy of the most recent letter illustrating our support for Assembly Bill 1644 (Bonta). Descriptions of the bills are below. See Attachment G for our full legislative agenda.

Assembly Bill 2150 (Santiago, Weber & Gonzalez) guarantees 12-months of child care assistance, use of current census data to establish income eligibility, and a graduated phase out that allows for tapered assistance to families whose income has increased at the time of re-determination, but still does not exceed the federal income limit of 85 percent of State Median Income (SMI).

Assembly Bill 1644 (Bonta) increases support services for school sites with high volumes of students experiencing adverse childhood experiences in grades TK-3. The bill would accomplish this by establishing the Healing from Early Adversity to Level the Impact (HEAL) of Trauma in Schools Act, to provide outreach, training, and technical assistance for schools and Local Education Agencies (LEAs) providing mental health services at school sites.

Assembly Bill 2770 (Nazarian) requires the State Board of Equalization (BOE) to report on the board's progress on the elimination of the excess fund balance in the Cigarette and Tobacco Tax Compliance Fund. This bill also prohibits, on or after January 1, 2017, the appropriation of revenues derived from the taxes imposed upon the distribution of cigarettes and tobacco products to the board for the purpose of implementing, enforcing, or administering the California Cigarette and Tobacco Products Licensing Act of 2003.

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Federal Legislation and Budget
In early June, the Senate Labor Health and Human Services (HHS) Education Appropriations Subcommittee passed its fiscal year 2017 appropriations bill, which provides $161.9 billion in base

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discretionary spending – $270 million below fiscal year 2016 level and $2 billion below the President's budget request. The House Appropriations Committee takes up their version of a spending bill in early July. Given the Presidential election in November, and consistent with federal budget activity in recent years, staff assumes lawmakers will pass a temporary continuing resolution to fund the government at current spending levels through December, and pass an omnibus bill (a large, combined bill containing all federal spending) in the beginning of 2017.

The Labor HHS Education Appropriations subcommittee, as well as the full Appropriations Committee, approved the following expenditures for early education:

- An increase of $25 million to the Child Care Development Block Grant
- An increase of $35 million to the Head Start program
- $250 million for Preschool Development Grants

In addition, under the new education law, the Every Student Succeeds Act (ESSA), two early literacy grants were authorized, and the appropriations committee provided the following funding for these programs:

- $190 million for the Comprehensive Literacy State Development Grants program. This program, formerly the Striving Readers Comprehensive Literacy program provides competitive grants to States who then sub-grant at least 95% of such funds to eligible entities to support efforts to improve literacy instruction. The Committee noted that under the new authorization of this program, home-based early childhood literacy programs are identified as eligible entities.
- $27 million for Innovative Approaches to Literacy. 50% must go to school libraries. The rest can support early literacy services, including pediatric literacy programs, and programs that provide books to kids and families in low-income communities.

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ACCESS Sacramento with the LA Chamber of Commerce
Government Affairs and Best Start staff attended ACCESS Sacramento with the LA Chamber of Commerce from June 8-9 as part of the LA Chamber's Early Care and Education (ECE) delegation. ACCESS Sacramento is the LA Chamber's annual advocacy trip to Sacramento. Other participants in the ECE delegation included the Los Angeles Unified School District, Early Edge, and the Child Development Consortium of Los Angeles.

The delegation met with the following government officials: Debra McManis, the Director of the Early Education and Support Division of the California Department of Education; Michael Cohen, Director of the California Department of Finance; Rick Simpson, the Special Assistant to Assembly Speaker Anthony Rendon; Joey Freeman with Lieutenant Governor Gavin Newsom; and Erika Contreras, Chief of Staff for Senator Ricardo Lara.

In addition to the delegation's broad advocacy related to state investment in ECE, First 5 LA staff highlighted our focus on policy and systems change, partnering with elected officials to expand ECE access, and investments in community through Best Start. The delegation thanked legislative and administration officials for prioritizing children in the state budget; the Legislature's final budget was released on the first day of ACCESS Sacramento.

Staff Contact: Alejandra Marroquin (amarroquin@first5la.org)

Coffee with Senator Holly Mitchell
Government Affairs and Best Start staff attended a coffee meeting hosted by Senator Holly Mitchell in her District Office on June 17. Senator Mitchell hosts coffee meetings in her District Office a few

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times a year as an opportunity to hear from organizations, constituents and other community stakeholders. In addition to thanking Senator Mitchell for her leadership in advancing Early Childhood Education in the state budget this year, as well as her hard work in ending the 'Maximum Family Grant' policy, First 5 LA staff provided Senator Mitchell updates on the Best Start Partnerships that reside within her district, and invited her to the next Best Start West Athens partnership meeting. While being unable to commit to attending any immediate Best Start Partnership meetings, Senator Mitchell's staff did indicate that they would follow up with the appropriate First 5 LA staff if the Senator is available to attend any future events. Senator Mitchell also expressed interest in First 5 LA's new Strategic Plan and shared that she looks forward to learning how First 5 LA will be evaluating progress on implementation, particularly with regard to our policy work.

Staff Contact: Alejandra Marroquin (amarroquin@first5la.org)

Message to Assemblyman Adrin Nazarian
First 5 LA and our First 5 partners, the Association and First 5 California, sent a letter to Assemblyman Adrin Nazarian (see Attachment H) thanking him for his efforts to contain the fees imposed on the First 5s by the Board of Equalization (BOE) for their administrative and tobacco enforcement efforts. The Assemblyman's special session bill ABX2 11, which imposed an annual fee on tobacco retail sites, was signed by the Governor. A second bill, AB 2770, still in the legislative process, would prohibit the BOE from using any tobacco tax revenues for enforcement or administration, ensuring that millions of dollars will be retained by the First 5s to invest in programs and systems change efforts.

VI. MONITORING, EVALUATION & LEARNING (MEL)

No highlights to report for this month.

VII. LEGACY INVESTMENTS

Oral Health
First 5 LA staff continues to track the state's Dental Transformation Initiative (DTI), which was approved under the Medi-Cal 2020 1115 Waiver. One program under the DTI, the Local Dental Pilot Program (LDPP), was developed by the state with the goal of increasing dental prevention services, caries risk assessment and disease management, and continuity of care among Medi-Cal children by utilizing innovative strategies. The LDPP presents potential sustainability opportunities for First 5 LA's grantees in the Children's Dental Care Program (CDCP).

The state is in the process of seeking proposals from parties interested in establishing pilots for the program. One of First 5 LA's CDCP grantees, the UCLA School of Pediatrics, has submitted a letter of intent to the state expressing interest in developing a pilot. First 5 LA staff will work with UCLA to identify opportunities for other CDCP grantees to participate in the pilot.

Applications for the LDPP are due August 1, with approved pilots to be announced in late fall. LDPP pilots are expected to commence on January 1, 2017.

Staff Contact: Ruel Nolledo (RNolledo@first5la.org)

UCLA Dental Home Project Policy Brief Reports on Project's Success in Increasing 0-5 Children's Access to Preventative Oral Health
Through the First 5 LA Dental Home Project (DHP), the UCLA Center for Health Policy Research has released a policy brief, which highlights the success of the project in increasing access to

preventative oral health care for children 0-5 in LA County. Available at the CHPR website (http://healthpolicy.ucla.edu/Pages/home.aspx), the brief is intended to inform policymakers and other stakeholders that improving the oral health of low-income young children through a dental home requires capacity-building of Federally Qualified Health Centers (FQHCs) and other safety net providers to provide quality oral health care, as well as financial incentives to sustain capacity. Recommendations include development of policy by the federal Health Services and Resources Administration, which administers the FQHC program, to promote highly effective low-cost services such as caries risk assessment, fluoride varnish applications, and oral health education by trained personnel. The UCLA Dental Home Project and its policy partners, including Children Now, will work with policymakers and other stakeholders over the next year to implement these and other policy recommendations to improve access to quality dental homes for children.

The DHP aims to increase access to dental care for 13,000 children ages 0-5 by establishing a dental home, which is an ongoing relationship between the dentist and child, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated and family-centered way[1], in 12 Federally Qualified Health Centers (FQHCs) countywide. The program 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 LA County more than 500,000 0-5 children covered by Medi-Cal have not seen a dentist in the past year, according to the brief. This gap is due to families and caregivers not being aware of the importance of oral health care for young children as well as difficulty finding Medi-Cal dental providers and lack of confidence among dental providers in how to serve young patients. The DHP focuses on building the capacity throughout the FQHC organizations from the operational to the clinical aspects (medical and dental, outreach) and provides other infrastructure support as needed. As a result, the participating FQHCs increased preventative visits in 0-5 year olds from 3,000 to 10,000 during a 2-year period, which suggests the potential of implementing the DHP model more broadly to improve the capacity of FQHCs to address children's oral health access.

The DHP also recently acknowledged the work of several clinics at the Quality Improvement Learning Collaborative on June 17 at the Los Angeles Cathedral. These clinics tested and implemented practice changes to increase medical dental collaboration in order to improve the oral health of young patients. The clinics recognized were St. John's Well Child and Family-Frayser Clinic, AltaMed (Bell, First Street, and El Monte sites); Arroyo Vista Family Health Center (Highland Park, Lincoln Heights); and Glendale Comprehensive Community Health Center.

Staff Contact: Nancy Watson (nwatson@first5la.org)

VIII. ADMINISTRATION & ORGANIZATIONAL DEVELOPMENT

First 5 LA has commenced our engagement with Vavrinek, Trine, Day & Co., LLP (VTD) for the Fiscal Year 2015-16 annual audit and preparation of the Comprehensive Annual Financial Report (CAFR). The Finance team is conducting its audit starting with Interim Fieldwork on June 20th through June 24th and Final Fieldwork August 22nd through September 2nd. The objective of this audit is for VTD to express an opinion about whether the financial statements prepared by Management with the oversight of the Commission are presented fairly, in all material respects and in conformity with generally accepted accounting principles. In addition, the scope includes State Compliance requirements per the California and Families Act issued by the State Controller's Office.

Staff Contact: Raoul Ortega (rortega@first5la.org)

[1] American Academy of Pediatric Dentistry

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IX. ORGANIZATION-WIDE, SPONSORED AND CROSS CUTTING RECENT CONFERENCES AND EVENTS

See E.D. Highlights regarding Family Strengthening Campaign Launch.

X. UPCOMING EVENTS

No highlights to report for the upcoming month.

XI. CONTRACTS EXECUTED BETWEEN $25K - $75K

Procurement Update
Pursuant to the Procurement Policy adopted on February 13, 2014, "The Executive Director (or designee) may approve any contract less than $75,000 in the aggregate in a fiscal year, and will establish appropriate internal policies and controls for those awards. Copies of contracts executed in the amount of $25,000 or more and up to $75,000 within a fiscal year will be provided to the Commission during the course of its normal business and be provided as informational items."

The following contract was executed between May 21, 2016 and June 24, 2016. A copy of the executed contract can be found here:
www.first5la.org/postfiles/files/July%202016%20ED%20Report%20Contracts.pdf

#09196 COMMUNITY PARTNERS, FISCAL SPONSOR FOR INVESTING IN PLACE
Memorandum of Understanding for $50,000
Project Period: 6/1/2016 – 12/31/2016

Investing in Place facilitates a technical working group that will mobilize a broad range of stakeholders to advocate for a data-driven and equity-centered approach to transportation planning. First 5 LA will leverage this workgroup to ensure that the interests of children 0-5 and their families are represented. Investing in Place will also provide trainings on transportation needs and advocacy opportunities for up to eight (8) Best Start Communities.

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PR16-09

For Immediate Release
July 7, 2016

Contact: Nadia Gonzalez
(213) 482-7548

First 5 LA Launches Innovative Public Awareness Campaign to Support Parents and Caregivers with Tips, Ideas and Resources to Benefit Children in L.A. County

First Phase of Multiyear Campaign Focuses on Raising Awareness and Understanding of Challenges of Parenting, Helping Parents and Caregivers in L.A. County Build Social Connections

LOS ANGELES – First 5 LA, a leading early childhood advocate and public grantmaker, today formally announced the launch of a new, innovative Family Strengthening Public Awareness Campaign and Parenting website. The multiyear effort will help Los Angeles County parents and caregivers by providing them with vital, user-friendly tips, ideas and resources to give young children their best start.

"Parents and caregivers are at the heart of a child's development and we want them to know that they are not alone in their efforts," said First 5 LA Executive Director Kim Belshé. "This campaign is built on research about what type of resources the parents and caregivers of L.A. County would find beneficial and would support the positive outcomes we all want for L.A.'s kids."

This first phase of the Family Strengthening Public Awareness Campaign will focus on the benefits of social connections and encourage caregivers to implement positive changes in their day-to-day interactions with their child, social networks and community. In addition to a countywide presence, campaign ads will appear in locations within First 5 LA's 14 Best Start communities – acting as a complement to ongoing programs and services currently being offered to families. Other unique aspects of the effort include messaging for diverse populations with advertising created in English, Spanish, Chinese and Korean.

Today was also the formal launch of First 5 LA's new parenting website, an online resource hub designed for parents and caregivers. Based upon research into parenting needs in L.A. County, the site features a calendar with free and low-cost family-friendly events, exclusive coupons for kid-friendly venues such as the L.A. Zoo and California ScienCenter, and originally-written and researched articles on a variety of early childhood development topics. The site also offers an "Ask a Parent Coach" feature where parents and caregivers can submit questions and get advice tailored to their needs on 20 topics.

The parenting site was built with mobile users in mind, making all of the features accessible and easy to use on smartphones and tablets.

Research shows that parents and caregivers rely on both personal sources such as friends, family, pediatricians and digital sources such as parenting sites, sites sponsored by trusted organizations, and Facebook to receive information about parenting. Parents learned about reliable digital sources from their personal networks including friends and other parents. Most parents used smartphones far more frequently than laptops, desktops or tablets to receive information.

MORE

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"All parents and caregivers want information they can trust and depend on. We also know young parents look to the internet and social media for guidance and support. This campaign offers information parents can trust and its mobile-friendly version makes it even more accessible," said First 5 LA Board of Commissioners Vice Chair Judy Abdo. "Reaching younger parents is a critical part of our work—the launch of this campaign and website is an important step for us."

Joining First 5 LA at today's announcement was Matthew Melmed, Executive Director of ZERO TO THREE, a nonprofit organization dedicated to helping infants and toddlers thrive. The nonprofit recently commissioned a national survey to gain a clear and in-depth understanding about the challenges that parents face, the help they seek and how satisfied they are with the support they receive.

"If we care about very young children we must care about, listen to and meet the needs of their parents. It's exciting to see the learnings behind our national parent survey being applied to the development of practical tools," Melmed said. "We're pleased to be part of the launch of First 5 LA's Family Strengthening Campaign, an excellent example of how we can support parents to strengthen families and give children their best start in life."

First 5 LA's Strategic Plan puts parents at the center of its work. The Family Strengthening Public Awareness Campaign draws from what research has shown is the pathway to building stronger families. The five "Protective Factors" that support healthy children and families include (1) parent resilience and stress management, (2) the presence of positive social connections, (3) a better understanding of how children develop and how to best support them as they grow, (4) the ability to raise children in a nurturing environment, as well as (5) a caregiver's ability to access support in times of need.

First 5 LA's parenting website is www.First5LA.org/Parenting.

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About First 5 LA

First 5 LA is a leading public grantmaking and early childhood advocacy 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.

About ZERO TO THREE

ZERO TO THREE works to ensure all babies and toddlers benefit from the family and community connections critical to their well-being and development. Since 1977, the organization has advanced the proven power of nurturing relationships by transforming the science of early childhood into helpful resources, practical tools and responsive policies for millions of parents, professionals and policymakers.

Attachment B

June 17, 2016

Sarah Brooks
Deputy Director, Health Care Delivery Systems
Managed Care Quality and Monitoring Division
Department of Health Care Services
P.O. Box 997413, MS 4400
Sacramento, CA 95899-7413
Delivered via: advisorygroup@dhcs.ca.gov

Re: Recommendation to Add Developmental Screenings Indicator to EAS

Dear Ms. Brooks:

On behalf of First 5 LA, we are writing to strongly recommend that the Department of Health Care Services (DHCS) add the federally-recommended quality indicator on "Developmental screenings in the first three years of life" to the 2017 External Accountability Set (EAS).

California lags behind other states in reporting on children's health care quality indicators recommended by the federal government. The selection of new EAS measures for 2017 represents an important opportunity for California to catch up – or at least not fall further behind in monitoring children's health. Medi-Cal is the cornerstone of health care for California children, covering more than half of all children in the state. As such, DHCS has a singular opportunity to drive positive outcomes for children by tracking developmental screenings in the first three years of life – a critical time in early childhood development.

Early assessment and referrals enhance quality of care for children. However, current statistics indicate that fewer than 1 in 3 children in California receive timely developmental screenings. In a 2011 National Survey of Children's Health, California ranked 30th in the nation in terms of infant and toddler developmental screening rates.

For this reason, First 5 commissions across the state have been building integrated systems of screening, assessment, referral and treatment for developmental delays. Developmental screening data are essential for both continuing this effort and bringing other stakeholders to the table.

We strongly urge DHCS to add the Medicaid Child Core Set indicator on developmental screenings to the 2017 EAS Changes-- it more than sufficiently meets the selection criteria set forth by DHCS, and is a vital step towards ensuring that access and quality of care for children is adequately monitored.

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We appreciate your re-consideration of adding the developmental screenings indicator to the 2017 EAS and look forward to your response.

Sincerely,

Kim Belshé
Executive Director

KB:rn

cc: Dr. Neal Kohatsu, Medical Director, Department of Health Care Service
Moira Kenney, Executive Director, First 5 Association of California
Mike Odeh, Associate Director, Children Now

June 28, 2016

LAUSD Board President Steve Zimmer
LAUSD Superintendent Michelle King
Los Angeles Unified School District
333 South Beaudry Ave., 24th Floor
Los Angeles, CA 90017

Dear Board President Zimmer and Superintendent King:

On behalf of the undersigned organizations, we would like to thank you for recognizing the important role of high-quality early learning programs in preparing students for success in both school and life as you finalized and approved the Los Angeles Unified School District's 2016-17 budget. The Transitional Kindergarten Expansion Plan, which will bring high-quality and developmentally appropriate classes to nearly 300 school sites next year, builds on the District's long-standing commitment to provide equitable educational opportunities to all students in Los Angeles. At a moment when LAUSD is rightly celebrating a record high graduation rate, we applaud you for increasing investments in early education programs that have proven to increase student success and outcomes.

The details of LAUSD's investments in the new budget are exciting: more than $44 million to provide Expanded Transitional Kindergarten for as many as 7,000 4-year-olds who are born after Dec. 2. We also commend you for investing in higher quality by increasing the number of teacher assistants, which will bring the child-to-adult ratio in these classes to eight-to-one.

The District's commitment to early learning programs is critical for both offering LAUSD students the opportunity to receive a high-quality start to their education and for serving as a leader in the state on how we can best invest in early learning programs. As the state's largest district and the one that has invested the most in these programs, LAUSD is demonstrating to others the effectiveness of these classrooms – including both Transitional Kindergarten and Expanded Transitional Kindergarten – and the positive impacts they have on individual students as well as entire schools and the District as a whole. In our collective efforts to encourage more districts to invest money in early learning programs, we continue to hold up LAUSD as an example for others to follow. The fact that initial studies by the American Institutes for Research are showing such positive outcomes – most notably that students who attend Transitional Kindergarten are five months advanced in preliteracy and literacy skills and better prepared in math and problem solving – only makes our case more persuasive.

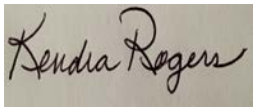
As you know, a full body of research demonstrates the effectiveness of high-quality early childhood programs on narrowing the achievement gap for the students that the state's funding formula was designed to serve – English language learners, low-income and other disadvantaged children. Quality early learning also narrows the achievement gap for important subgroups identified in the Local Control and Accountability Plan process, such as African American and Latino students.

The District's additional investments in early learning programs demonstrate a longer-term perspective that bodes well for the future of LAUSD and for the future success of its students. Again, we thank you for making these investments and we encourage you to continue to invest in early education as a valuable way to ensure the District meets its student outcome goals. We fully expect the graduation rates at LAUSD to continue to climb, and we know your commitment to high-quality preschool will be one important reason they do.

Once again, congratulations on your promotion to Superintendent. Please know you have our fullest support.

Sincerely,

Kim Belshé
Executive Director
First 5 LA



Kendra Rodgers
Managing Director, Early Childhood Policy
Children Now

Celia Ayala
Chief Executive Officer
Los Angeles Universal Preschool

Deborah Kong
President & CEO
Early Edge CA

Karla Pleitéz Howell
Director of Educational Equity
Advancement Project

Sandy Mendoza
Advocacy Manager
Families in Schools

David Rattray
Senior Vice President, Education Workforce Development
Los Angeles Area Chamber of Commerce

cc:
George McKenna, LAUSD Board Member, District 1
Monica Garcia, LAUSD Board Member, District 2
Scott Schmerelson, LAUSD Board Member, District 3
Ref Rodriguez, LAUSD Board Member, District 5
Monica Ratliff, LAUSD Board Member, District 6
Richard Vladovich, LAUSD Board Member, District 7

Final California Budget Includes Significant Investments for Quality Early Childhood Education Programs and Services

BY FIRST 5 LA JUNE 15, 2016

As a leading early childhood education advocate, First 5 LA thanks the Governor and the California State Assembly and Senate for making the state's youngest learners a top priority

LOS ANGELES – In a significant victory for California's youngest children, their families and early education professionals, early childhood funding will increase by nearly $500 million by 2019-20 as part of the state budget agreement approved by the Legislature today. The additional funding will add almost 9,000 new full-day slots to the California State Preschool Program and increase reimbursement rates for providers to help address increases to the state's minimum wage.

"These investments are important to improve access and affordability for California families seeking to prepare their children for success in school and later in life," said Kim Belshé, Executive Director of First 5 LA, a leading public grantmaker and early childhood advocate. "We want to thank Governor Brown, Speaker Anthony Rendon, Senate Pro Tem Kevin De Leon and the Budget Conference Committee for making young children a priority."

> *"California still has not returned to the level of investments in children it was making before the recession, nonetheless this budget increase is certainly a step in the right direction" - Kim Belshé*

"We also particularly want to thank members of the Legislative Women's Caucus who have made early childhood issues a centerpiece of their agenda and have committed to fight for more investments and for making improvements to these programs so they best serve the needs of children and their families," Belshé added. "California still has not returned to the level of investments in children it was making before the recession, nonetheless this budget increase is certainly a step in the right direction. There are thousands more children who would benefit from a high-quality early education and the early childhood workforce deserves to receive the wages and professional development equal to their education and training."

Speaker Rendon also has announced plans to form a Blue Ribbon Commission on Early Care and Education. The commission will develop a plan to improve services for children birth to age 3 and explore how the state can provide preschool for all 4-year-olds.

"We are encouraged by our leaders' desire to find ways to improve the programs that serve California's youngest children and their families," Belshé said. "We look forward to playing a role in developing new ideas and innovative approaches to help hard-working families and ensure our most disadvantaged children are given the chance to succeed."

With the Legislature's approval of the budget, the Governor has until June 29 to sign the budget bill into law.

Attachment E

June 28, 2016

The Honorable
Address 1
Address 2

Dear honorable_____

The First 5 community thanks you for being a champion for young children. Because of your support of early care and education in the 2016-17 budget, our state's youngest residents will be better prepared for school and positioned to thrive later in life. In addition, thousands of families will receive the support they need to go to work, contributing to their own economic security and the growth of California's economy.

We know that you face competing demands and that California's resources are limited. We also know, however, that there is no better investment of public funds than in California's children. The research is clear – what happens in a child's earliest years impacts his/her ability to learn and succeed throughout life. Quality early learning supports third-grade reading, reduces the achievement gap, and establishes the firm foundation for lifelong social, academic, and economic success.

As a champion for California's children, you understand these facts, and you know that the best way to spend California's resources is on investments like early learning that will make California's families, schools, communities, and economy stronger. Because of your leadership in this year's budget, providers will be able to keep their doors open, pay their employees a decent wage, and serve more families. There is still more work to be done – thousands of children still do not have access to affordable, quality child care and preschool – but this budget is a strong step in the right direction, and we are grateful for your support.

The First 5 Association, First 5 California, and First 5 LA are dedicated to strengthening systems that support young children and their families, and are committed to partnering with leaders like you to make that vision a reality. As we move forward, we are committed to continuing to coordinate coalitions of early learning advocates and providers to support a comprehensive plan by the Blue Ribbon Commission, and to make common sense reforms and investments to create a comprehensive early learning system in California. The First 5 community across California remains dedicated to this shared vision. Together, we can help make sure all children get the best start in life.

Sincerely,

Kim Belshé
Executive Director
First 5 LA

Camille Maben
Executive Director
First 5 California

Moira Kenney
Executive Director
First 5 Association of California

Attachment F

first 5 la
Giving kids the best start

June 22, 2016

The Honorable Carol Liu
Chair, Senate Education Committee
State Capitol, Room 2083
Sacramento, CA 95814

RE: AB 1644 (BONTA) – SUPPORT

Dear Madame Chair:

On behalf of First 5 LA, I am writing to express our support for AB 1644, which would help increase support services for school sites with high volumes of students experiencing adverse childhood experiences in preschool to Grade 3. The bill would accomplish this by establishing the **Healing from Early Adversity to Level the Impact (HEAL) of Trauma in Schools Act**, to provide outreach, training, and technical assistance for schools and Local Education Agencies (LEAs) providing mental health services at school sites. 209

First 5 LA is a leading early childhood advocate organization created by California voters to invest Proposition 10 tobacco tax revenues. In partnership with others, First 5 LA strengthens families, communities and systems of services and supports so that all children in Los Angeles County enter kindergarten ready to succeed in school and life.

We support AB 1644 because it has the potential to alleviate the damaging effects of trauma and chronic stress, one of the most pervasive factors in a child's development. Physiological changes to children's brains as well as emotional and behavioral responses to trauma have the potential to interfere with children's learning, school engagement, and academic success. Because most brain development occurs during a child's early months and years when the brain's plasticity--- the capacity of brain architecture and function to change-- is still maximal, **traumatic experiences in the early years, such as abuse and neglect and exposure to violence, can profoundly impact and limit brain development, resulting in cognitive losses, physical, emotional and social delays, all of which undermine learning.**

AB 1644 would repurpose the existing School-Based Early Mental Health Intervention and Prevention Services for Children Act of 1991 as HEAL Trauma in Schools Act. This would require the State Public Health Officer to establish a 4-year pilot program that would provide outreach, free regional training, and technical assistance for local educational agencies in

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providing mental health services at school sites. The bill would also expand program eligibility to include pupils who attend publicly funded elementary school-based preschool programs, as well as transitional kindergarten pupils. The bill would also include charter schools in the definition of local educational agency.

Adverse Childhood Experiences (ACEs) create negative educational, health, social, and economic outcomes for children. AB 1644 will help alleviate the effects of ACEs and allow children who experience them to succeed in school and in society. For these reasons, we urge your support for this important bill and look forward to working with you to improve the lives of California's children.

Sincerely,

Kim Belshé

Kim Belshé
Executive Director

KB:rn

cc:
Assemblyman Rob Bonta
Senator Marty Block
Senator Loni Hancock
Senator Bob Huff
Senator Connie M. Leyva
Senator Tony Mendoza
Senator Bill Monning
Senator Richard Pan
Senator Andy Vidak
Ted Lempert, Children Now

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Attachment G

First 5 LA
2016 Legislative Agenda
(updated 6/21/16)

Bill #	Author	Description	Sponsors	Status	Fiscal Analysis
SB 1042	Loni Hancock (D-Oakland)	**Child care: state preschool programs: age of eligibility** Defines 3-year-old children, for purposes of state preschool programs, as children who will have their 3rd birthday on or before December 1 of the fiscal year in which they are enrolled in a California state preschool program.	State Superintendent of Public Instruction Tom Torlakson	5/27: Held in Senate Appropriations Committee	$261 million (LAO estimate)
AB 1644	Rob Bonta (D-Oakland)	**School-based early mental health intervention and prevention services** Renames the Early Mental Health Initiative (EMHI) as the HEAL Trauma in Schools Act, expands the program to serve preschool and transitional Kindergarten students. Requires DPH to provide outreach to LEAs and county mental health agencies to inform them of the program.	Children Now and Attorney General Kamala Harris	6/15: Senate Education Committee	Approximately $300,000 (Appropriations Committee Analysis)
AB 2150	Miguel Santiago (D-Los Angeles) and Shirley Weber (D-San Diego)	**Subsidized Child Care and Development Services** Extends eligibility for child care assistance to families for a period no less than 12 months. The bill changes existing thresholds by establishing income eligibility upon the most recent State Median Income (SMI) data published by the US Census Bureau and raises the income limit of eligibility from 70% of the current SMI to 85% upon exit of the most recent SMI.	Parent Voices and the Child Care Law Center	6/9: Senate Education Committee	$1-$5 million per year (Appropriations Committee Analysis)
AB 2770	Adrin Nazarian (D-Sherman Oaks)	**Cigarette and Tobacco Product Licensing: Fees** This bill requires the State Board of Equalization (BOE) to report on the adequacy of funding for the Cigarette and Tobacco Product Licensing Act of 2003. The report shall also include the board's progress on the elimination of the excess fund balance in the Cigarette and Tobacco Tax Compliance Fund. This bill also prohibits, on or after January 1, 2017, the appropriation of revenues derived from the taxes imposed upon the distribution of cigarettes and tobacco products to the board for the purpose of implementing, enforcing, or administering the California Cigarette and Tobacco Products Licensing Act of 2003.		6/9: Senate Business, Professions, and Economic Development Committee	Minor costs to provide a required report six months sooner. (Appropriations Committee Analysis)
SCR 125	Ben Allen (D-Santa Monica)	**Kindergarten Readiness Assessment Tool** States that the Legislature will work towards the adoption of a statewide, developmentally appropriate kindergarten readiness assessment tool to	Children Now	4/19: Hearing cancelled at author's request	n.a.

Attachment G

Bill #	Author	Description	Sponsors	Status	Fiscal Analysis
		assess the readiness of children entering transitional kindergarten and kindergarten			

Watch List Priority I

Bill #	Author	Description	Sponsors	Status	Fiscal Analysis
AB 2410	Rob Bonta	**Local Control School Readiness Act of 2016** This bill would enact the Local Control School Readiness Act of 2016. The bill would require the department to develop prekindergarten learning development guidelines, focused on preparing 4- and 5-year-old children for kindergarten, based on current science that reflects how publicly funded programs can close the school readiness gap. The bill would authorize a local educational agency, as defined, in partnership with community-based organizations, to apply to the State Board of Education for a waiver from the department's Desired Results Quality Improvement System. The bill would specify material to be submitted with such a waiver request. The bill would require the department to submit to the state board, by July 1, 2018, a kindergarten readiness definition that has clear benchmarks for skills that are predictive of later success in academics and social-emotional, health, and executive functioning skills as evidenced by current research.		5/27: Held in Assembly Appropriations Committee	212
AB 2631	Miguel Santiago	**CalWORKs: Housing Assistance** This bill would increase the duration of homeless assistance benefits to 30 days and would delete the limitation on the number of times a recipient may receive homeless assistance or permanent housing assistance benefits. The bill would also delete the authority for the county to require a homelessness avoidance case plan as a condition of eligibility for homeless assistance benefits.		5/27: Held in Assembly Appropriations Committee	
AB 2660	Kevin McCarty	**Early Education** This bill would require the State Department of Education, in consultation with the State Board of Education and the State Advisory Council on Early Learning and Care, on or before July 1, 2017, to submit to the Legislature and the Department of Finance a plan that provides a	Early Edge California	5/27: Held in Assembly Appropriations Committee	

		3-year plan for providing access to income eligible children to high-quality prekindergarten programs for a minimum of one year before enrollment in kindergarten and a 3-year plan for ensuring that publicly funded prekindergarten programs focus on certain areas associated with positive childhood outcomes.			
AB 2680	Susan Bonilla	**Parent, Pupil and Family Engagement Support and Services: Plans** This bill would require local educational agencies, including state subsidized preschools and child development programs, that elect to participate in family, parent, and pupil engagement support and services to develop a plan that addresses at least one specified parent, pupil, and family engagement element relating to active and meaningful participation and training. If a local educational agency accepts funds appropriated in the annual Budget Act for purposes of this provision, as a condition of receiving those funds, the LEA would be required to develop an additional plan that aligns to the school district's or county office of education's local control and accountability plan that delineates how funds apportioned for purposes of this section would be spent. One year pilot program		5/27: Held in Assembly Appropriations Committee	
SB 1466	Holly Mitchell	**Early and Periodic Screening: Trauma Screening** Requires screening services for individuals under a specified age include early and periodic screening, diagnosis, and treatment under the Medi-Cal program to include screening for trauma. Provides that child abuse and neglect or removal of a child from the parent or legal guardian by a child welfare agency shall be prima facie evidence of trauma for purposes of conducting a screening under the program.		6/15: Senate Human Services Committee	Increased costs in the low millions per year for additional screening provided to Medi-Cal eligible children (Senate Appropriations Committee Analysis)

Attachment H

June 30, 2016

The Honorable Adrin Nazarian
Address 1
Address 2

Dear Honorable Adrin Nazarian:

The First 5 community thanks you for your leadership throughout this year's state budget process. Your insistence that resources allocated to children 0-5 and their families through voter-approved Proposition 10 not be increasingly diverted to Board of Equalization (BOE) administrative fees has been so significant in galvanizing the Legislature's response.

When voters enacted Proposition 10, they did not intend for tax dollars to be siphoned away from children and families' services to otherwise support the BOE's licensing and enforcement efforts. As you know, while BOE administrative fees started at nearly $600,000 in 1998, the costs of BOE administration and enforcement paid out of Proposition 10 have since increased to over $16 million in the 2014-15 Fiscal Year — taking critical support away from our children. Your special session bill ABX2 11, which imposed an annual fee on tobacco retail sites, as well as your Assembly Bill 2770 which, if enacted, would prohibit BOE from using any tobacco tax revenues for enforcement or administration, will make a profound and positive difference to children and families in our communities. We are also grateful for your effort to redirect excess BOE licensing monies back to the special funds, including First 5's, from which they have historically drawn.

We know you face competing demands on myriad policies that require legislative attention, which is why your leadership and focus on supporting young children is to be applauded. As you know, there is no better investment of public funds than investing in California's children. The research is clear — what happens in a child's earliest years impacts his/her ability to learn and succeed throughout life.

The First 5 Association, First 5 California, and First 5 LA are dedicated to strengthening systems that support young children and their families, and are committed to partnering with leaders like you to make that vision a reality.

In partnership,

Kim Belshé
Executive Director
First 5 LA

Camille Maben
Executive Director
First 5 California

Moira Kenney
Executive Director
First 5 Association of California

Agenda Item: 5
Date: July 14, 2016

FIRST 5 LA

SUBJECT:
Strategic Plan Implementation Update, Year 1

BACKGROUND:
First 5 LA began the official implementation of its newly adopted strategic plan on July 1, 2015. The July 14 Commission meeting will be dedicated to reviewing the progress and learning from the first year of implementation of First 5 LA's Strategic Plan for 2015-20. More specifically, our goal is to promote Commissioner dialogue on our first year progress and First 5 LA's contribution to improved outcomes for children and families in LA County via direct services, policy and systems change, and partnership-based efforts as well as to solicit Board feedback on key issues, questions, and opportunities for greater impact.

The meeting will begin with a brief presentation by staff that focuses on progress on one select strategy within each of the four outcome areas. These selected strategies are intended to both demonstrate the diversity of the work and types of investments First 5 LA is making consistent with our focus on policy and systems change to maximize impact for young children. Following this presentation, there will be a series of two breakout sessions, each with a discussion on one of the four Strategic Plan outcomes. Each breakout will be 30 minutes and Commissioners will have the opportunity to participate in two of the four outcome area sessions. Commissioners will be assigned to attend two outcome-specific breakout discussions based on their interest.

The breakout sessions have been designed to: (1) facilitate informal Commissioner discussion on both the select strategy presented by staff as well as other outcome-specific strategies not addressed in the presentation; (2) identify key issues, questions and considerations regarding our work to date and going forward; and, (3) develop topics that may warrant further analysis and consideration at a future Commission or Special Commission/Program & Planning Committee (PPC) meeting. Following the breakout sessions, the Commissioners will reconvene for discussion and, as necessary, direction to staff. The public will also have the opportunity to comment at that time.

Attachment 1 provides a comprehensive written update on all outcomes and strategies in a reporting matrix, including targets scheduled for completion in FY 2016/17. Staff will be prepared to address any questions related to progress in FY 2015/16 and plans for FY 2016/17 during the breakout sessions. Please note that modifications and updates have been made to some five year objectives in the matrix based on learning from Year One. Additionally, some strategies have been refined to better capture the intent and approach being employed in implementation. Specific strategies on the matrix that have been updated are noted with an asterisk. Staff will be prepared to answer any questions regarding to updates of the five year objectives and strategies during the breakout sessions.

KEY THEMES:
During the introductory presentation, staff will be highlighting key themes that have emerged during our first year implementation experience. These themes will be referenced as the progress within each outcome area are presented and discussed.

Developmental Stage of Work in Each Strategy
The First 5 LA Strategic Plan is being implemented with the context of both system and advocacy work that may or may not have already been underway within the County. In some cases, the strategy is building upon years of work, such as the early care and education policy advocacy, or in other cases, such as developmental screening, new partnerships are developing and being fostered to support implementation. Understanding the specific developmental stage of the work allows First 5 LA to better

assess its role and its investments in staff time, funding, and relationship building will be maximized for the benefit of LA County's youngest children.

Exercising Diversity of Roles
First 5 LA has and will continue to play diverse leadership roles in advancing the priorities within the Strategic Plan. First 5 LA will need to be flexible and responsive to the environment, leveraging its assets and strengths as a public funder, convenor and/or advocate to determine the most impactful role in the Plan implementation at this point in time.

Leading with Partnership
First 5 LA's mission statement begins with, "In partnership with others…" which emphasizes that partnership is a foundation for how the work is initiated and executed throughout the Strategic Plan. Given the emphasis on policy and systems change, the focus on partnership recognizes that First 5 LA alone cannot achieve the outcomes we seek for children prenatal to age 5 in LA County. The partnership led approach impacts the timeframes for which we can set expectations to achieve milestones, both positively and negatively: at times it will take longer to build relationships and establish trusting partnerships, while at other times unexpected opportunities may arise to partner on an effort that advances our Strategic Plan more quickly.

Relationship Building and Management
The key to effective partnership-led policy and systems change is building and maintaining strong relationships with stakeholders across LA County and at the state and federal levels. First 5 LA staff continues to see the value of effectively investing the time and resources to sustain partnerships to maximize opportunities to accelerate the work of the Strategic Plan.

Navigating Plan Requires Discipline & Agility
The Commission was clear during the strategic planning process that the expected reduction in revenue over time, coupled with the desire to have broader impact for more children across the County, necessitated heightened focus and discipline. This focus and discipline is further reinforced through the agency's Governance Guidelines, which reinforce the Commission's dedication to aligning all new investments with the Strategic Plan. As the first year implementation will highlight, First 5 LA needs to be disciplined to achieve our targets, such as in our ECE policy and advocacy, while responding to opportunities that accelerate our plan implementation, as with the Project DULCE pilots.

HIGHLIGHTED STRATEGIES:
The presentation by staff will highlight one strategy within each outcome area to demonstrate how our work is being executed by employing different investments to achieve the intended policy and systems change. The four strategies that will be highlighted are:

Families Outcome, Strategy 2, Family Engagement: Promote high-quality parent engagement, in partnership with others through investment in evidenced-informed models in ECE and health-related settings, public education, and policy change.		
Investment	**Summary**	**Examples of Key Themes**
Project Dulce	Project DULCE is a clinical intervention based on the Strengthening Families and Protective Factors approach which focuses on the value of parent engagement and is designed to address infant/family risks and needs at the earliest possible stage	- Leading with partnership - Identifying opportunities to accelerate Plan implementation
Communities Outcome, Strategy 2, Coordinated Services and Supports: Strengthen the capacity of ECE and health related organizations and institutions to improve services and supports within Best Start Communities.		
Investment	**Summary**	**Examples of Key Themes**
Community Resource Networks	First 5 LA is working to strengthen the connections and capacities of existing community resources to be responsive to the needs of families with children prenatal through age 5.	- Leading with partnership - Diversity of roles - Early stage project development
Health Outcome, Strategy 1, Developmental Screening: Advocate for policy and practice changes to support effort to improve coordination and functioning of developmental screening, assessment and early intervention programs.		
Investment	**Summary**	**Examples of Key Themes**
Help Me Grow	Help Me Grow is national model that promotes early identification and connects at-risk children to the community-based programs and services they need.	- Leading with partnership - Diversity of roles - Early stage project development
ECE Outcome, Strategy, Policy & Advocacy, Advocate for greater public investment in quality early care and education, with a focus on both infant/toddler care and preschool		
Investments	**Summary**	**Examples of Key Themes**
Advocacy	First 5 LA launched a statewide, coordinated ECE advocacy coalition across multiple policy and advocacy groups, representing both ECE and K-12. Advocacy is focused on rates, access and quality.	- Leading with partnership - Relationship building and management - Diversity of roles

CONCLUSION:

The July 14 Commission meeting will provide an important opportunity for Commission members to provide input on the Year 1 Strategic Plan implementation and raise questions and issues as the Year 2 implementation work launches. All feedback from the July meeting will be documented and will provide guidance to staff on agendas for future Board development sessions at either Commission meetings or the Special Commission/Program and Planning Committee meetings, and/or incorporated into future actions for plan implementation.

Strategic Plan Implementation Update: Year 1, FY 15-16

****Families Strategy 1**: 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, including support for intensive home visiting to families at high-risk of poor child outcomes identified through the Welcome Baby system.

5-Year Objectives*	Investments	FY15-16 Progress To-Date	Target in FY16-17
• By June 2020, 86,000 families will be served by Welcome Baby. • By June 2020, at least 90% of Welcome Baby and targeted home visiting providers will achieve program fidelity as indicated by Welcome Baby fidelity framework and national home visiting models standards. • By June 2020, expand the body of evidence around the impact of Welcome Baby and outcomes associated with targeted Home Visiting investments.	• Welcome Baby & Select Home Visiting	• Increased enrollment in Welcome Baby to 65% and Select Home Visiting models to 75%. • Provided training and technical assistance to support fidelity in areas such as improved implementation of reflective supervision practice. • Finalized Bridges Risk Screening Tool for Psychometric Study. • Launched data collection at some sites for Implementation and Outcomes Study. • Released Impact Evaluation RFP, on-boarded contractor, and launched planning phase. • Supported and participated in the completion of the Los Angeles County Perinatal and Early Childhood Home Visitation Consortium 2015-2020 Strategic Plan. • Created and continue to participate in the California Home Visitation Coalition. • Developed a shared advocacy agenda with home visiting programs and advocates. • Developed initial relationships with key state leaders including the California Health and Human Services Agency, Lieutenant Governor's Office, Governor's Office, Department of Public Health, and Department	• Increase hospital take-up rates to 65% through training and technical assistance provided to Welcome Baby sites. • Select Home Visiting sites will successfully pass affiliation/ accreditation process with national model office. • Complete Bridges Screening Tool Psychometric Study by February 2017. • Enroll 50% of the expected sample into the impact evaluation. • Support implementation of the Los Angeles County Perinatal and Early Childhood Home Visitation Consortium 2015-2020 Strategic Plan, including finalization of (1) A referral matrix; (2) Tools to help facilitate optimal referrals; (3) A list of quality standards to assess and assist programs with quality improvement; (4) Online data warehouse management roles. • Produce statewide advocacy

		of Social Services. • NOT COMPLETE: Develop public education campaign on the benefits of home visiting.	materials and coordinate California-based advocacy for federal home visiting funding reauthorization. • Execute Talk, Read, Sing pilot in Welcome Baby sites and distribute materials to 10,000 families by June 2017.
****Families Strategy 2**: Promote high-quality parent engagement, in partnership with others, through investment in evidence-informed models in ECE and health-related settings, public education and policy change.			
5-Year Objectives	**Investments**	**FY15-16 Progress To-Date**	**Target in FY16-17**
• By 2020, 20 new Abriendo Puertas sites will be established and will serve 800 families through 2 program cycles. • By 2020 adaptation of Abriendo Puertas for African American and/or Asian Pacific Islander communities will be implemented and fidelity to the program will be monitored. • By 2020 Project DULCE will be implemented in select sites in Los Angeles County and fidelity to the program will be monitored. • By 2020 evaluations of Abriendo Puertas and Project DULCE will be planned or underway (depending upon the status of implementation).	• Abriendo Puertas. • Project DULCE. • Integration of the Family Protective Factors (Family Strengthening) in county- and community-based agency programs. • Public Education: Family Protective Factors (Family Strengthening).	• Developed a preliminary plan to expand Abriendo Puertas in LA County and improve understanding of implementation strategies. • Partnered with the Center for the Study of Social Policy to co-design and launch Project DULCE at three sites, years ahead of schedule. • Begun serving families in partner Project DULCE sites. • Launched Family Strengthening public education campaign focused on promoting social connections. • Launched new parenting website. • Finalized strategic partnership with the Opportunities Institute and selected pilot Talk, Read, Sing campaign strategies.	• Secure a contractor to 1) identify, train, and disburse grants to 20 Abriendo Puertas implementation sites and 2) provide technical assistance to prepare sites for service delivery. • Design and implement a parent engagement strategy to involve program participants in the co-design of Project DULCE at each clinic site. • Collaborate with the national Project DULCE team to 1) launch an evaluation and 2) identify sustainability options within California's health care system. • Identify and coordinate Project DULCE efforts with other First 5 LA investments. • Support County and community collaborative options to

• By 2020 the Los Angeles County Prevention/Aftercare Networks will have increased knowledge on the application and integration of protective factors in their family support practices. • By 2020 First 5 LA execute a comprehensive public awareness campaign about the Protective Factors.			strengthen participant, community and county level data collection using the protective factors model. • Design next phase of Family Strengthening public education campaign.
****Communities Strategy 1**: Promote 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.			
5-Year Objectives	**Investments**	**FY15-16 Progress To-Date**	**Target in FY16-17**

• By June 2020, strengthen the leadership and advocacy capacity within each of the 14 *Best Start* communities.
 	
• By June 2020, increase and strengthen networks of social support for parents within each of the 14 *Best Start* communities.
	• Community Partnerships
	
	• Community Engagement
		Community Partnerships
		• Approved 14 initial Community-Identified Investments designed by *Best Start* Community Partnerships with input from community members.
		
		• Strengthened the capacity of the Community Partnerships through the design and early implementation of Community-Identified Investments in the following areas:
		  • Data-driven learning, decisions and accountability
		  • Effective collaboration
		  • Keepers of the vision
		  • Building neighborhood capacities
		  • Inclusive governance
		
		• Convened a cross-community workgroup, called the Transition Team, to gain further insight into the experiences and perspectives of the Community Partnerships as F5LA considers new ways to support and strengthen the infrastructure of the Community Partnerships.
			Community Partnerships
			• By June 30, 2017, launch early implementation of the long term support structure for the 14 *Best Start* Community Partnerships with input from the Transition Team and the 14 Community Partnerships as well as learning from Metro LA.
			
			• By June 30, 2017, launch a Community Advisory Council to provide a formal structure for community members from *Best Start* Community Partnerships to share insight, experiences, and perspectives to First 5 LA, County partners, and other key stakeholders as needed.
			
			Community Engagement
			• By June 30, 2017, develop a comprehensive community

		• Issued a Request for Information (RFI), titled "Strengthening the Infrastructure of the *Best Start* Community Partnerships," to elicit best thinking and ideas of external stakeholders regarding long-term support strategies to strengthen the viability and work of the 14 *Best Start* Community Partnerships. **Community Engagement** • Funded the development of more than 114 Community Connection Groups to facilitate social connections to more than 1,800 additional parents beyond those participating in *Best Start* Community Partnerships. • Funded 86 Neighborhood Action Councils engaging nearly 2,600 parents and residents in activities to improve neighborhoods within *Best Start* communities. **Data & Learning** • Convened quarterly Cross-Community Learning Community with representatives from all 14 *Best Start* communities to promote peer learning, relationship building, and knowledge development. • Convened two sessions of a Grantee Learning Community to foster peer learning, reinforce expectations for working with Community Partnerships, build grantee capacity around performance measurement, learning and accountability. • Completed and disseminated the final developmental evaluation report, which covered the November 2014 – June 2015. Presentation to the Board in January 2016.	building and engagement strategy based on learning from Community Connection Groups and Neighborhood Action Councils. **Data & Learning** • By January 31, 2017, provide a report on cross-community measures and the stories behind the data • By June 30, 2017, convene a minimum of four cross-community and eight grantee learning sessions to promote peer learning, relationship building, and knowledge development and identify emerging promising practices. 221

****Communities Strategy 2**: Strengthen the capacity of ECE and health-related organizations and institutions to improve services and supports within the *Best Start* communities.

5-Year Objectives	Investments	FY15-16 Progress To-Date	Target in FY16-17
• By June 2020, improve community organizations' internal policies, practices	• Community Resource Networks (CRN)	• Conducted a comprehensive information-gathering process to learn from parents, providers, and County department representatives what the critical	• By December 31, 2016, identify key opportunities to build upon existing efforts of county

and procedures to strengthen resource coordination between providers of services and supports within *Best Start* communities.		issues, barriers, and opportunities of service coordination. • Launched a pilot in the *Best Start* valley communities (Panorama City and Northeast Valley) to learn about the service coordination and information flow between Welcome Baby, Home Visiting, *Best Start* grantees, Neighborhood Action Councils, Resident Outreach Coordinators. • Conducted an internal learning process to identify ways to improve internal collaboration and coordination to ensure that families have improved access to resources funded by First 5 LA.	partners and/or other funders to coordinate community services and supports. • By April 30, 2017, launch early implementation of a comprehensive CRN capacity building approach based on learning from internal and external sources as well as the year 1 pilot.

****Communities Strategy 3**: Strengthen the capacity of existing advocacy groups to create new or improved physical spaces and places for families and children prenatal to age 5with a priority on *Best Start* Communities.

5-Year Objectives	Investments	FY15-16 Progress To-Date	Target in FY16-17
• By June 2020, improve the capacity of built environment advocates to organize community members and organizations around P-5 built environment advocacy goals. • By June 2020, Increase awareness and understanding of P-5 priorities among organizations, municipalities, and policy-makers who make decisions about the built environment.	• Places and Space (Physical/Built Environment Policy and Advocacy)	• Partnered with LA County Department of Parks and Recreation and LA Neighborhood Land Trust to educate community members in three *Best Start* communities (Compton-East Compton, East LA, and West Athens) as well as the F5LA Board on the intersection of parks and health equity as well as the County Park needs assessment. • Established a strategic partnership with Investing in Place to support the convening of a technical workgroup in support of a data-informed and equity approach to Metro's transportation planning and policy.	• By June 30, 2017, determine gaps, opportunities, and where F5LA can add the most value to existing built environment efforts.

Health Strategy 1: Advocate for policy and practice changes to support efforts to improve coordination and functioning of developmental screening, assessment and early intervention programs			
5-Year Objectives	**Investments**	**FY15-16 Progress To-Date**	**Target in FY16-17**
• By June 2020, first stage implementation of a coordinated system of care that provides access to developmental screening, early identification and intervention services is in LA County (based on the Help Me Grow framework). • By June 2020, build the capacity of healthcare providers to implement the recommended screening periodicity and related practice and policy change system-wide. • By June 2020, develop and progress on a strategy related to data reporting, sharing and monitoring for developmental screening, early identification and referral to early intervention. • By June 2020, successfully advance an advocacy agenda for the establishment of statewide system to ensure that children's health insurance plans and programs provide developmental and behavioral screenings (at no cost).	• Help Me Grow.	• Joined the national Help Me Grow network as a learning community member in March of 2016. • Launched HMG-LA effort on May 20th in partnership with the American Academy of Pediatrics Chapter 2, LA CARE Health Plan and Dept. of Public Health, with an additional 33 agencies committing to the overall effort. • Built commitment of broad cross-sector partners to advance and support a system of developmental services, including health, early care and education, County agencies and Regional Centers. • Developed, in partnership with F5 State and Children Now, a policy/advocacy position related to the promotion of developmental screenings and connection to services; this includes provider reporting on a specific indicator related to screenings. • Leveraged relationships and investment with key stakeholders in the F5LA-funded First Connections effort focused on developmental screening and connection to services, to inform learning and planning related to Help Me Grow implementation.	• By October 2016, launch and establish a leadership council to guide the ongoing implementation and improvement of a coordinated system of care for developmental screening, early identification and intervention. • By December, 2016, establish functioning workgroups around the four core components of HMG – 1) child health care provider outreach, 2) centralized access point, 3) community and family outreach, and, 4) data collection and analysis, to identify and assess key gaps and opportunities and to inform early phase development of HMG-LA. • By July 2017, implement early phase development of HMG-LA, including funding of emerging opportunities as identified. • By July 2017, implement specific strategies to integrate HMG-LA with First 5 LA's other priority outcome areas (ie. home visitation efforts, etc.). • Continue policy and advocacy related to the promotion of developmental screenings and connection to services.

Health Strategy 2: Identify and promote best practices around trauma-informed care that improve the service delivery system for children prenatal to age 5 and their families			
5-Year Objectives	**Investments**	**FY15-16 Progress To-Date**	**Target in FY16-17**
• By June 30, 2017, F5LA will identify specific strategies and milestones to support implementation of a trauma-informed care agenda through the end of the strategic plan. • By June 30, 2017, an agreement between First 5 LA and identified entities will be established, formalizing the partnership to move ahead with planning and implementation of the trauma-informed care agenda for LA County.	• Trauma- Informed Care Working Group and Countywide Agenda.	• Launched trauma-informed care systems change effort, in partnership with The California Endowment, California Community Foundation and Parsons Foundation, with an additional 40+ partners committing to the overall effort. • Established pooled fund at Community Partners with funding from all foundation partners to catalyze initial activities (environmental scan, workgroup facilitator, action plan development). • Engaged actively in the CA Adverse Childhood Experiences (ACES) Statewide Policy Working Group. • Conducted broad cross-sector partnership development to ensure commitment with key entities in the TI-Care effort, including County agencies, philanthropy, and non-profit organizations. • Funded a collaborative pilot on trauma-informed approaches with the Parsons Foundation, LA County Department of Children and Family Services and the Child Care Resource Center. • Completed a soft scan of countywide efforts related to TI-Care.	• By September, 2016 launch and facilitate a working group of key TI-Care stakeholders and experts from across the County. • –By November, 2016, complete an environmental scan on TI-Care efforts to inform the development of a countywide agenda. • By April, 2017, working group to develop a countywide agenda and action plan on TI-Care, including specific outcomes, goals and strategies. • By June 30, 2017, identify and support emerging opportunities in TI-Care (ie. training for homeless population service providers). • By June 30, 2017, identify and develop a policy/advocacy position related to trauma-informed care.
ECE Strategy 1: Advocate for greater public investment in quality early care and education, with a focus on both infant/toddler care and preschool			
5-Year Objectives	**Investments**	**FY15-16 Progress To-Date**	**Target in FY16-17**
• By June 2020, at least 5 school districts in L.A. County adopt a single kindergarten readiness assessment. • By June 2020, the state legislature and the administration adopt and	• Kindergarten Readiness Assessment (KRA). • Campaign for Grade Level Reading. • Policy and advocacy partnerships.	**Kindergarten Readiness Assessment (KRA)** • Completed landscape of KRA use in Los Angeles County and developed plan for next phase of the work. **Statewide Policy/Advocacy** • Launched a statewide, coordinated ECE advocacy coalition across multiple policy and advocacy groups, representing both ECE and K-12. Focused	**Kindergarten Readiness Assessment (KRA)** • By December 2016, complete national scan of Kindergarten Readiness Assessment (KRA). • By December 2016, establish countywide KRA leadership team and Community of

implement a higher reimbursement rate that covers the actual cost of infant/toddler and pre-school and education • By June 2020, L.A. County school district investments in ECE increased by an aggregate of at least 25%. • By June 2020, public funding for child care subsidies in L.A. County increases by at least 10%.	• ECE Policy and Advocacy Fund (PAF)	on rates, access, and quality. • Supported advocacy efforts to influence Assembly's $619 million budget proposal in FY16-17. **Local Policy/Advocacy** • Supported LAUSD's creation of Expanded Transitional Kindergarten (ETK) for low income children who turn five after December 2 and its expansion from 2,900 full day spaces to 7,000 for FY16-17. **ECE Policy Advocacy Fund** • Developed RFQ to be released in FY 16-17. **Campaign for Grade Level Reading School Readiness Workgroup** • Created action plans for each of the three subgroups: KRA, QRIS, and Family Engagement.	Practice. • By July 2017, identify key school districts to participate in KRA pilot. **Policy/Advocacy** • By October 2016, launch ECE Policy Advocacy Fund Intermediary and select policy partners by the end of the fiscal year. • By July 2017, recruit and train 250 Parent Ambassadors to advocate on behalf of their children and communities.

ECE Strategy 2: 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

5-Year Objectives	Investments	FY15-16 Progress To-Date	Target in FY16-17
• By June 2020, successfully secure increased public funding to increase investments that advance statewide QRIS efforts. • By June 2020, implement a a unified countywide approach to measuring quality through implementation of QRIS.	• QRIS Systems Building • QRIS Continuation of Services • ECE Improving Quality • Shared Service TA. • Shared Services Website.	**QRIS** • Leveraged $13.3 million of F5CA IMPACT funds using existing First 5 LA funds. • Established and convened the QRIS Architects group. • Adopted "Quality Start Los Angeles" (QSLA) name and branding for all QRIS efforts in the county, regardless of funding stream. • Identified delegates to represent LA County at the CA-QRIS Consortium meetings. **Shared Services TA** • Launched 2 shared service alliances, representing	**QRIS** • By January 2017, QRIS Architects will agree to a countywide QRIS data system. • By July 2017, recruit and retain 239 Early Education sites to be fully rated and to receive quality improvement supports (ensure at least 47 of the sites serve infants/toddlers and at least 70 are Family Child Care Homes). • By July 2017, provide quality coaching to 75 early childhood educators not participating in

		19 ECE providers who serve 3,559 children.	QRIS. **Shared Services** • By July 2017, launch at least 1 new Shared Services Alliance. • By July 2017, complete draft of the LA County Shared Services Website.
ECE Strategy 3: Strengthen the professional development system for early care and education providers			
5-Year Objectives	**Investments**	**FY15-16 Progress To-Date**	**Target in FY16-17**
• By June 2020, 75% of Los Angeles County Child Development and Early Education courses offered by participating community colleges and CSUs are aligned with the California Early Childhood Educator Competencies. • By 2020, LA County resource and referral agencies use a standardized curriculum and train the trainers model that reflects the ECE competencies. • By 2020, 50% of active ECE Workforce Registry users will access training opportunities through the registry. • By 2020, California has a formal teaching credential that prepares educators to work with children 0-8	• Improving ECE Professional Development Systems	**Workforce Registry** • Achieved goal of having 3,000 active ECE professionals actively using the Workforce Registry. • Established MOUs between the Registry and all of the Resource and Referral (R&R) agencies to enroll all R&R training participants in the Registry, market R&R trainings to registered users, and centrally track training participation. **ECE Credential Advocacy Project** • Supported two members of PEACH for appointment to the CA Child Development Permit Matrix Task Force.	**Workforce Registry** • By July 2017, increase number of active Registry users by 1,600 for a total of 4,600 active LA County users. • By July 2017, integrate the ECE Career Ladder into the Registry as a way of recognizing individuals' unique professional and educational accomplishments. • By July 2017, integrate QRIS staff qualifications rating into the Registry for all CSPP rated sites. **ECE Credential Advocacy Project** • By February 2017, develop written advocacy plan to establish an ECE teaching credential in California. • By July 2017, complete at least two advocacy action steps outlined in the advocacy plan.

years.			**ECE Competencies Curriculum Project** • By November 2016, complete a landscape analysis of ECE Competencies and their intersection with curriculum and trainings programs for the ECE field. • By March 2017, develop and release RFP/RFQ for ECE Competencies Curriculum project. • By June 2017, select a grantee to develop and pilot ECE Competencies Curriculum. **Workforce Development** • By January 2017, provide educational stipends to at least 350 individual early childhood educators to incentivize the completion of additional educational units. • By June 30, 2017, provide teacher-level workforce development support to at least 200 early educators (e.g., permit application assistance, transcript and coursework assessment, and educational and professional development guidance).

227

Strategic Plan: Year 1 Implementation Update

July 14, 2016

first 5 la

Giving kids the best start

Today's Meeting: What to Expect

- **Presentation of Strategic Plan Implementation, Year 1:**
  - Broad overview of the Strategic Plan work and Key Themes
  - Highlight milestones achieved and coming up in one strategy for each Outcome Area
- **Breakout sessions – 30 minutes each; rotate 1x**
- **Break**
- **Regroup, Report Out and Close**

Learning Goals

- Understand Strategic Plan work impacts children and families in LA County
- Provide overview of key milestones from Year 1 and 2 (Implementation Update Matrix)
- Understand and discuss how our Strategic Plan implementation efforts support policy and systems change

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, and are eager to learn, with opportunities to reach their full potential.

231

OUR VISION

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

232

OUR MISSION

Strategic Plan Investment Areas

233

Strategic Plan Outcome Areas

234

Families Communities Health ECE

Key Themes

Navigating Plan Requires Discipline & Agility

Leading with Partnership

Relationship Building & Management

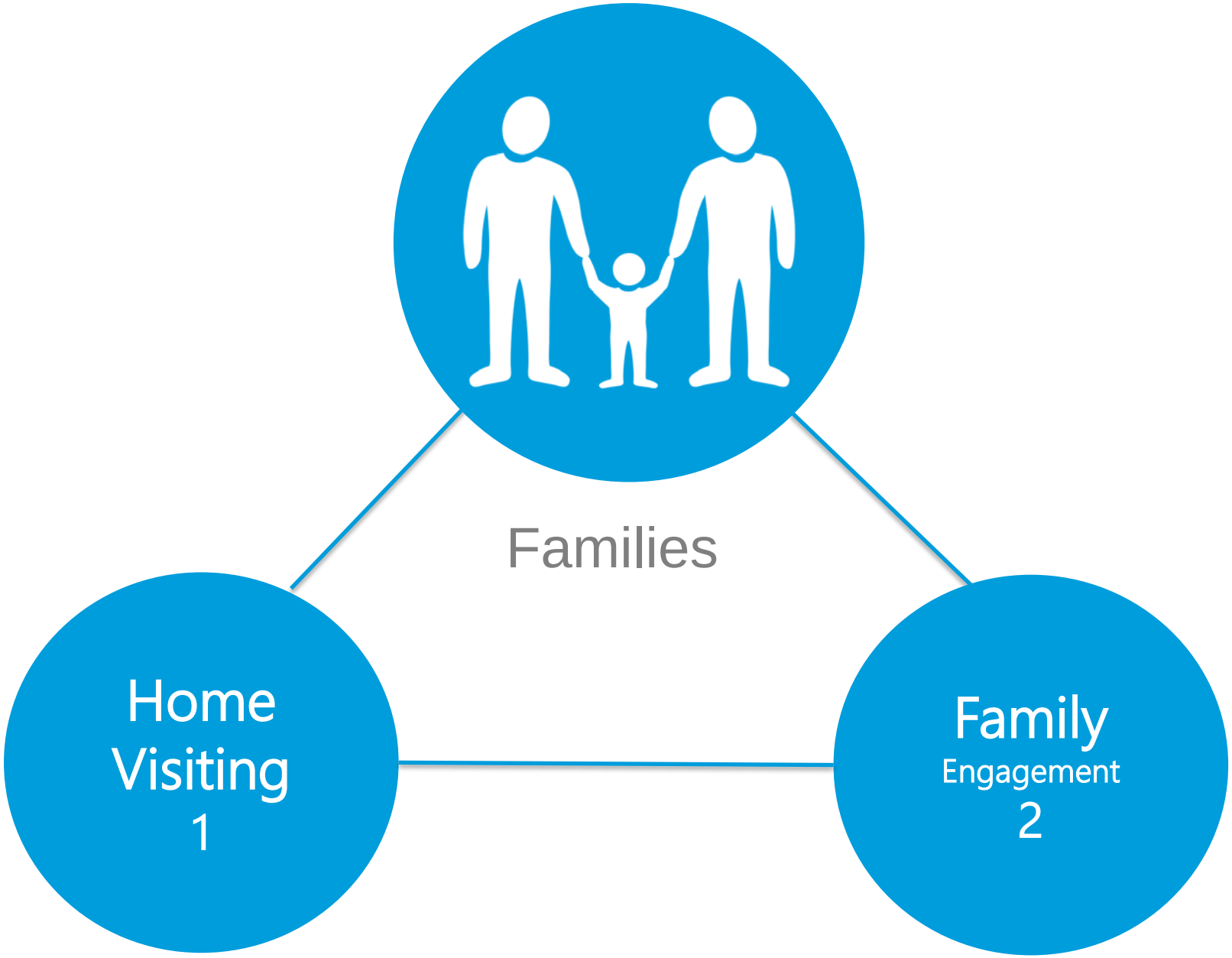
Exercising Diversity of Roles

Developmental Stages of Work in Each Strategy

235

Strategic Plan Outcome Areas

Families Communities Health ECE



237

Family Engagement 2

"Pilot and promote the scaling of evidence-based parent and caregiver-engagement models that increase family protective factors in ECE and health-related settings"

238

Year Zero: 2014-15

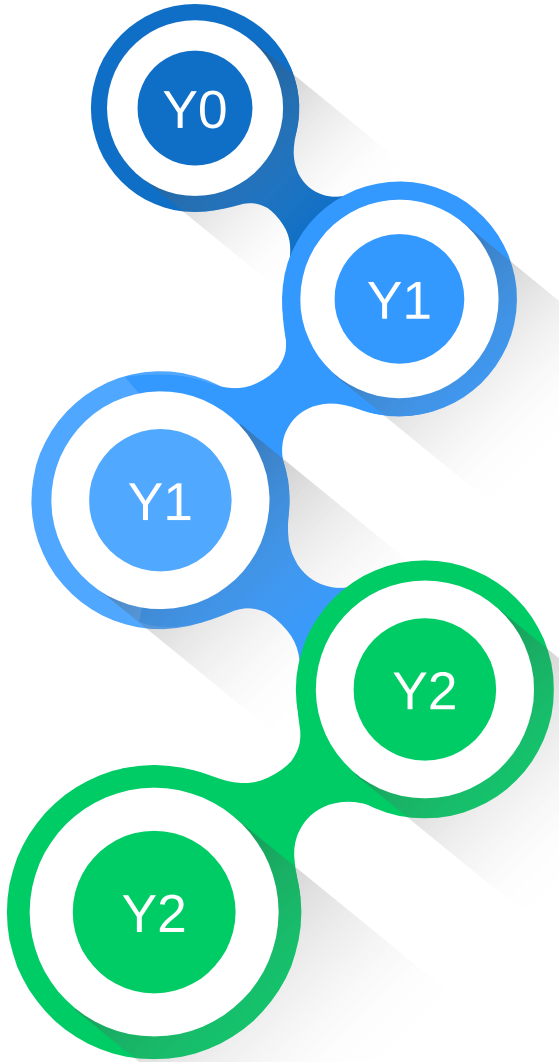
Identified Project DULCE as a program model with the potential to impact health systems, support early learning and healthy development

Year One: 2015-16

LA partner sites began serving families

Year Two: 2016-17

Collaborate with the national Project Dulce office to launch evaluation and pursue sustainability options



Year One: 2015-16

Partnered with Center for the Study of Social Policy to co-design & launch 3 LA sites

Year Two: 2016-17

Launch a parent engagement strategy and coordinate services with other investments in LA County

239

Family Engagement


Communities
Shared Vision, Collective Action 1
Coordinated Services & Supports 2
Places & Spaces 3

240

Coordinated
Services
&
Supports
2

"Convene and strengthen the capacity of ECE and Health related organizations and institutions to improve services and supports within Best Start Communities"

241

Year Zero: 2014-15

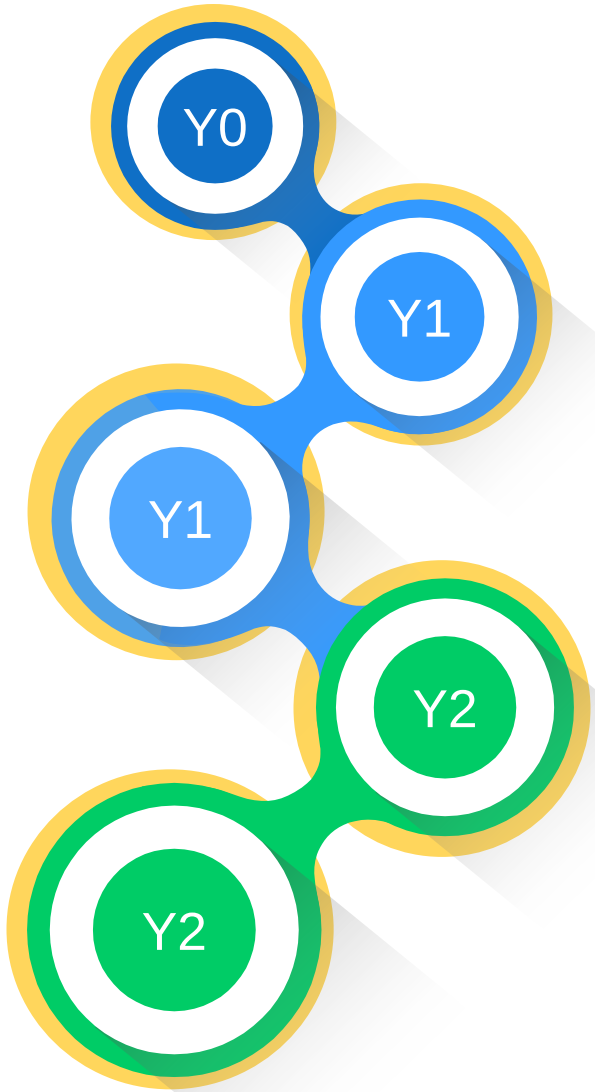
Multiple, uncoordinated ECE & Health Services & Systems

Year One: 2015-16

Piloting BSC Valley Communities F5LA Investment Coordination

Year Two: 2016-17

Launch early implementation of a comprehensive Community Resource Networks capacity building approach

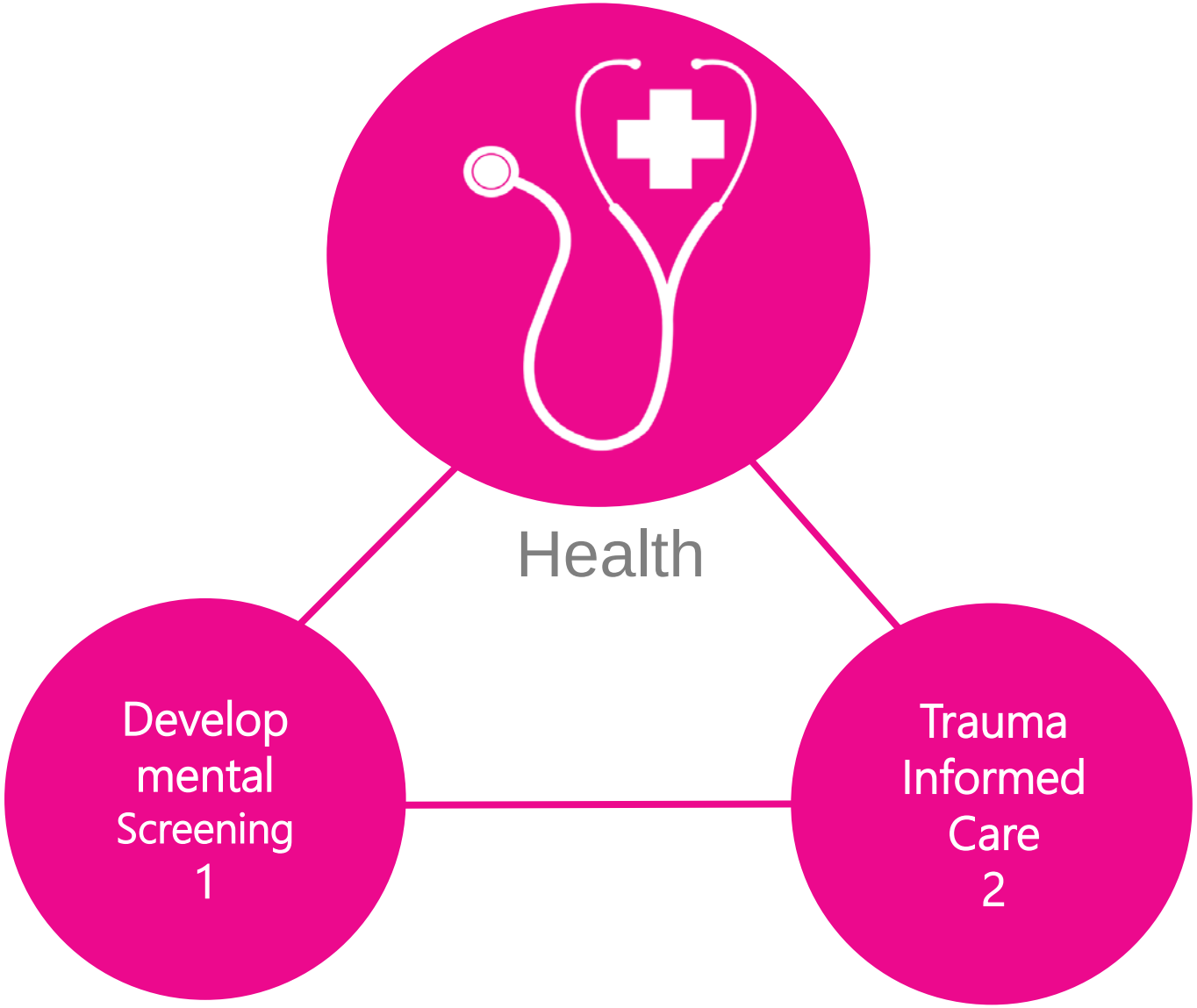


Year One: 2015-16

Issued RFI, held focus groups with Parents, Providers and Funders

Year Two: 2016-17

Identify key opportunities to build upon existing efforts of county partners and/or other funders



243

Developmental Screening 1

"Advocate for policy and practice changes to support efforts to improve coordination and functioning of developmental screening, assessment and early intervention programs"

244

Year Zero: 2014-15

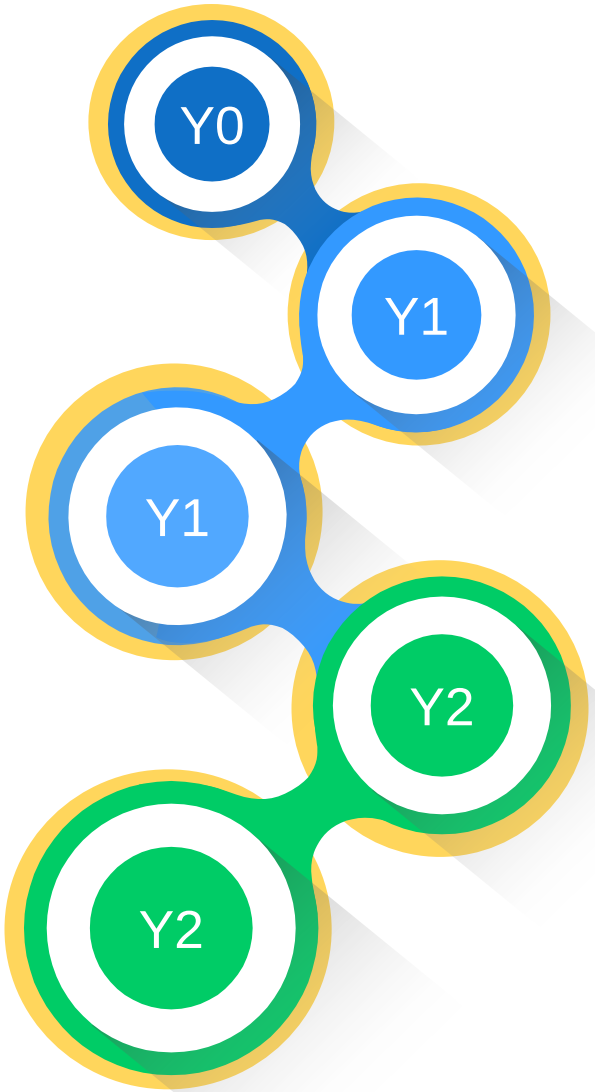
Multiple, uncoordinated services & systems, with key pockets of resources in place in the county

Year One: 2015-16

Public launch of Help Me Grow, with broad, cross-sector representation; 33 agencies commit to participate

Year Two: 2016-17

Early phase development of Help Me Grow system

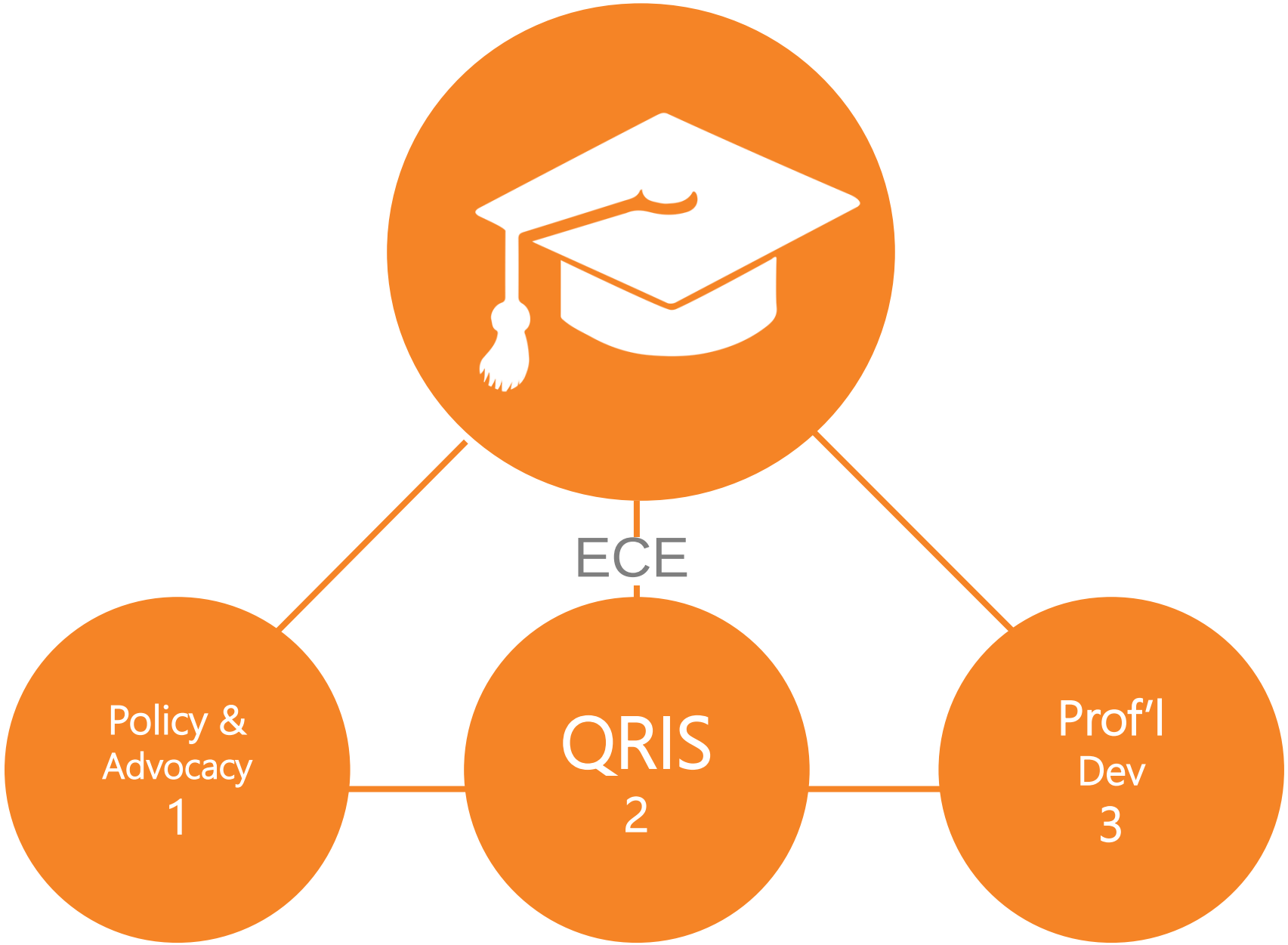


Year One: 2015-16

Identify and engage initial key provider platforms and systems. ID value propositions, engage initial partners including LA Care, LA County DPH, American Academy of Pediatrics CA Chapter 2

Year Two: 2016-17

Develop leadership council and workgroups around Help Me Grow core components



246

Policy & Advocacy 1

"Advocate for greater public investment in quality early care and education, with a focus on both infant/toddler care and preschool"

247

Year Zero: 2014-15

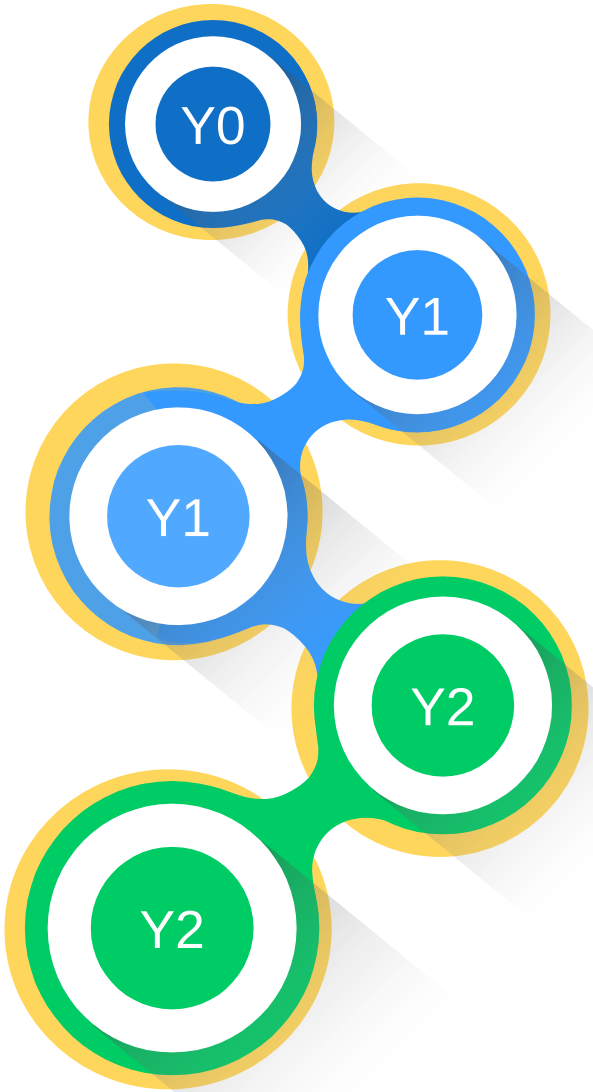
Initial coordination efforts starting 2013; Impact of recession era cuts, continued challenges to garner buy in.

Year One: 2015-16

Agreed to budget priorities and established common messaging and advocacy strategies; significant increases in ECE funding

Year Two: 2016-17

Engage other funders, advocates and stakeholders in longer term planning support for development of coordinated state plan to improve ECE quality and access



Year One: 2015-16

Established “backbone” coordination and held state early planning meetings focused on state ECE advocacy efforts

Year Two: 2016-17

Continue to convene ECE advocates and engage in coordinated advocacy.

Key Themes

249

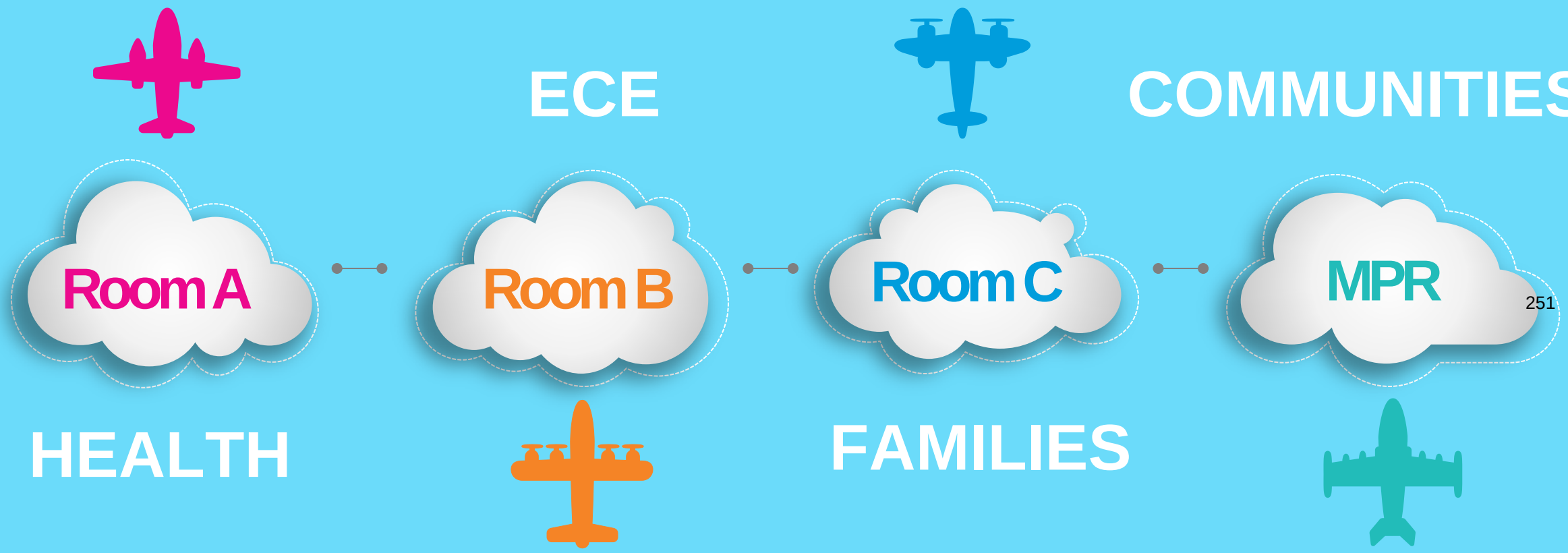
Key Themes Year 2

Deeper Organization Alignment Efforts

Integration Across Outcome Areas

Maintaining and Building Sustained Partnerships[250]

Breakout Sessions



Regroup & Closing

Breakout Groups: Discussion & Report Out

What are the priority study sessions that the Commission would like directed to PPC or future meetings?

How would Commissioners like to be engaged further in supporting the Strategic Plan Implementation