

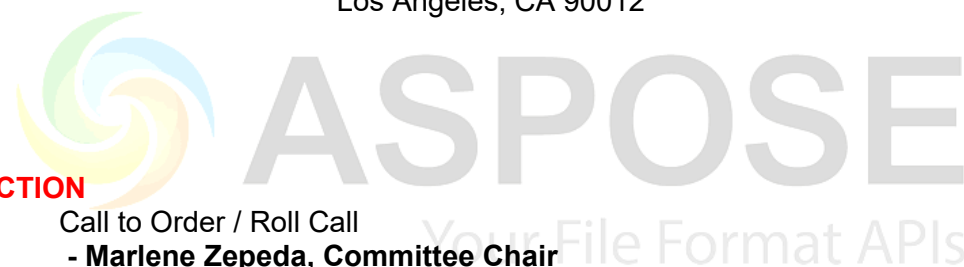
# AGENDA

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

Budget & Finance Committee Chair: Robert Byrd

Thursday, February 22, 2018  
1:30 PM

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

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1. **ACTION**  
Call to Order / Roll Call  
- **Marlene Zepeda, Committee Chair**
  2. **INFORMATION** 3  
Review Program & Planning Committee Meeting Transcript –  
January 25, 2018  
- **Marlene Zepeda, Committee Chair**
  3. **INFORMATION** 102  
Alternative Revenue and Sustainability Strategies  
- **Peter Barth, Director, Public Policy & Government Affairs**  
  
- **Reena John, Senior Program Officer, Family Supports**  
- **Kim Pattillo Brownson, VP of Policy & Strategy**
  4. Break
  5. **INFORMATION** 127  
Health Outcome: Information, Resource and Referral Services  
Update  
- **Tara Ficek, Director, Health Systems**  
- **Gabriel Sanchez, Director, Communications**
  6. **INFORMATION** 140  
Communities Outcome: Review Results from Community

### COMMISSIONERS

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

### EX OFFICIO MEMBERS

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

### EXECUTIVE DIRECTOR

Karla Pleitéz Howell

### EXECUTIVE VICE PRESIDENT

John A. Wagner

### A PUBLIC ENTITY

Partnership Survey

- **Antoinette Andrews Bush, Director, Communities**

- **Jonathan Nomachi, Program Officer, Communities**

- **Joaquin Calderon, Senior Program Officer, Communities**

7. **INFORMATION**

Public Comment (For items not on the agenda)

8. **ACTION**

Adjournment



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8 MEETING OF FIRST 5 LOS ANGELES PROGRAM AND PLANNING

9 Thursday, January 25, 2018

10 750 North Alameda Street, First Floor

11 Los Angeles, California 90012  
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24 REPORTED BY:  
HEATHERLYNN GONZALEZ  
25 CSR #13646

1 Thursday, January 25, 2018; Los Angeles, California

2 1:35 p.m.

3 -oOo-

4 COMMISSIONER ZEPEDA: Good afternoon. Can you  
5 hear me? All right. I'll just press the button when I  
6 need to press the button.

7 Good afternoon, everybody. Happy new year.  
8 Welcome to our first program and planning committee for  
9 the First 5 commission. I'd like to start with  
10 introductions. I'm Marlene Zepeda and I represent  
11 director one as a commissioner.

12 MS. BELSHE: Kim Belshe First 5 LA.

13 COMMISSIONER TAYLOR: Romalis Taylor.

14 COMMISSIONER THOMPSON: Chris Thompson,  
15 (inaudible) DMH.

16 COMMISSIONER TILTON: Hi. I'm Deanne Tilton, and  
17 I'm the commissioner representing ICAN.

18 Before you, upi have a flyer for the childhood  
19 grief and traumatic loss conference. This is I think our  
20 eighth conference. It's dealing with children who  
21 experience traumatic events, which could include domestic  
22 violence homicide; it could include the loss of someone in  
23 the family for whatever reason. And it's very profound,  
24 and we get turnaway crowd for this. So I hope that you'll  
25 be able to come. I think the -- yeah. There's a way to

1 register on here.

2 But as we talk about childhood trauma and loss,  
3 this is where we try to address it in a profound way. We  
4 even have therapy dogs coming this year.

5 So I also wanted to say that on last week, we had  
6 our child sexual exploitation conference. And at that  
7 conference, we talked about human trafficking of kids.  
8 And they can be very young, typically not zero to five,  
9 but they have kids -- young women who are trafficked have  
10 kids zero to five. Very, very difficult issue. And we  
11 focused on boys and why they become -- and why -- what  
12 happens to them. And pretty much every one of them had a  
13 miserable, abusive childhood. They're not there because  
14 they enjoy it.

15 And, of course, our feature -- one of our  
16 featured speakers was Father Greg Boyle. Everybody's  
17 heard of Father Greg Boyle. He talked about pimps and  
18 gangsters are there at the end of a life of misery. And I  
19 just wanted to say he has a new book out. It's already on  
20 the best seller list. It's called "Barking to the Choir."  
21 I highly recommend it. You can't put it down. It tells  
22 the stories of these kids and his relationship with them.

23 And I apologize. I think our Labrador retriever  
24 saw the barking on the cover, and this is what she did to  
25 this book when she brought it to me in this condition.

1 So I'm happy to, you know, pass this around. But, again,  
2 I -- I recommend this. I recommend you attend the grief  
3 and loss conference if you can. And happy new year.

4 Thank you.

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

7 MR. WAGNER: John Wagner, First 5 LA.

8 COMMISSIONER GAYDEN: Carl Gayden, First 5 LA.

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

10 MS. LOPEZ: Daisy Lopez, First 5 LA.

11 MS. FICEK: Tara Ficek, First 5 LA.

12 MS. FAED: Pegah Faed, First 5 LA.

13 MS. CHHEANG: Jennifer Chheang from the  
14 California Endowment.

15 MS. ALTMAYER: Good afternoon, Christine Altmayer  
16 with First 5 LA.

17 COMMISSIONER ABDO: Judy Abdo, commissioner.

18 COMMISSIONER ARAGON: Linda Aragon, Department of  
19 Public Health, alternate commissioner.

20 COMMISSIONER MARTINEZ: Yvette Martinez,  
21 commissioner District 4.

22 COMMISSIONER SMITH: Wendy Smith, commissioner  
23 representing the Commission for Children and Families.

24 COMMISSIONER ZEPEDA: Can we start over here and  
25 go around in time back --

1 SPEAKER: Sharon (inaudible) First 5 LA.  
2 SPEAKER: (inaudible.)  
3 SPEAKER: Jimenez, First 5 LA.  
4 SPEAKER: (Inaudible.)  
5 SPEAKER: First 5 LA.  
6 SPEAKER: Gabriel Sanchez, First 5 LA.  
7 SPEAKER: Gonzalez, First 5 LA.  
8 SPEAKER: (inaudible.)  
9 SPEAKER: (Inaudible) LA.  
10 SPEAKER: Liz (Inaudible), Los Angeles County  
11 Office of Ed.  
12 SPEAKER: Katy Fallin, First 5 LA  
13 SPEAKER: (Inaudible) Stewart, Healthcare  
14 Alliance of Los Angeles.  
15 SPEAKER: (Inaudible) First 5 LA.  
16 SPEAKER: (Inaudible) First 5 LA.  
17 SPEAKER: (inaudible.)  
18 SPEAKER: (Inaudible) First 5 LA.  
19 SPEAKER: (Inaudible) First 5 LA.  
20 SPEAKER: (inaudible.)  
21 SPEAKER: (Inaudible.)  
22 SPEAKER: (Inaudible.)  
23 SPEAKER: (Inaudible.)  
24 SPEAKER: (Inaudible) First 5 LA.  
25 SPEAKER: (Inaudible.)

1 SPEAKER: Kathy (Inaudible.)

2 SPEAKER: (Inaudible.)

3 SPEAKER: (Inaudible.)

4 SPEAKER: (Inaudible.)

5 SPEAKER: (Inaudible.)

6 SPEAKER: Tina (Inaudible).

7 SPEAKER: Antoinette Andrews-Bush, First 5 LA.

8 COMMISSIONER ZEPEDA: Our staff?

9 SPEAKER: Karen Valencia, First 5 LA.

10 SECRETARY: Linda Vo, First 5 LA.

11 THE REPORTER: Heatherlynn Gonzalez, reporter.

12 MS. BELSHE: One thing I'd ask, clearly, there  
13 are a lot of people here from First 5 LA, a number of whom  
14 are new colleagues. So I think it's important for our  
15 commissioners to get a sense -- because this is part of  
16 our own wording, come to a board meeting, come to a PPC  
17 meeting. So if you're a relatively new First 5 LA-er,  
18 this is the first or maybe second PPC or board meeting,  
19 raise your hand.

20 Okay. So come up, introduce yourself, say hello.  
21 These are super brilliant, talented people, and we're  
22 delighted to have them.

23 COMMISSIONER ZEPEDA: Welcome, new staff. You're  
24 in for a nice ride.

25 MS. BELSHE: Spoken like a true PPC chair.

1           COMMISSIONER ZEPEDA: Okay. Let's move to Item  
2 2, which is review program and planning committee meeting  
3 notes.

4           Do I have any comments regarding those? Any  
5 edits? Modifications?

6           COMMISSIONER TILTON: Does everybody like the new  
7 way that they're printed? It's really hard to read them.  
8 I also don't like 400 pages of them, so I don't --

9           COMMISSIONER ZEPEDA: It didn't read out  
10 correctly on my computer. It was kind of overlapping. So  
11 I don't know if that was just my browser or what.

12           COMMISSIONER TILTON: Mine was in little squares.  
13 Little tiny squares. I'm sorry.

14           MS. BELSHE: No, no. I'm glad you raised it.  
15 Let's take it back and we'll better understand what's  
16 going on, and if there's ways to make it more  
17 reader-friendly.

18           COMMISSIONER ZEPEDA: If there's no suggestions  
19 for change other than the formatting issue, we'll look  
20 into it, we'll accept them.

21           Moving on to Item 3, Health Outcome: Update on  
22 Trauma Informed Care and Proposed Strategic Partnership  
23 with the City of Long Beach -- my phone's ringing --  
24 Department of Health and Human Services. And we have  
25 Tara, director of health systems; Pegah, senior program

1 officer, health systems with California Endowment,  
2 correct? And then Jennifer Chheang, senior program  
3 manager of the California Endowment.

4 So welcome, colleagues, and we look forward to  
5 your presentation.

6 MS. FICEK: Thank you. Good afternoon,  
7 commissioners.

8 The health systems team, we're excited today to  
9 be bringing back an update on our -- where the status of  
10 our work at is related to the trauma and resiliency  
11 informed systems changed work. So I'm looking for a  
12 clicker. Next slide, please.

13 We have three priorities for our conversation  
14 today, and we're going to start with a review of the  
15 report that was an outcome of the almost year-long,  
16 countywide exploration process that we launched in  
17 partnership with several other funders back in November of  
18 2016. And this report was provided to the board last  
19 summer during our trauma informed care board presentation  
20 that we did in July, if you'll recall. And today we  
21 wanted to provide a really deeper dive into that document  
22 and offer examples of work that we've both done over this  
23 year and then also work that we're exploring, aligning  
24 with the strategies in that report.

25 And then, finally, we're going to close with an

1 update on a new strategic partnership that is taking shape  
2 with our partners in the City of Long Beach. And for that  
3 part of the presentation, we're going to be hearing from  
4 our guest speaker today, Jenny Chheang, from the  
5 California Endowment who has been working closely with us  
6 here at First 5 LA really since day one as we launched our  
7 work in trauma informed care. So we're bringing this  
8 partnership to you today as an information item, knowing,  
9 of course, that it will come before you at the February  
10 board meeting as action.

11 So as a reminder, our 2015-2020 strategic plan  
12 committed us to focus on trauma informed care,  
13 specifically building and promoting the capacity of health  
14 related systems to realize, recognize, and respond to  
15 families and young children who have experienced trauma in  
16 their lives. And as this area of work began to unfold for  
17 us and our partners, it became clear that this process was  
18 about moving beyond assessments, treatments, and practices  
19 related to trauma informed care, and really exploring how  
20 to foster systems change across LA county. And even  
21 though we house our trauma informed care investment within  
22 our health related systems, we certainly see the important  
23 linkages and connections to our work across all the other  
24 outcome areas. And I think what we're going to dig into  
25 and highlight today is, of course, our work in alignment

1 with the communities department.

2 So as we think about a trauma and resiliency  
3 informed LA county, what that could can look like, it's  
4 important that we really think about a paradigm shift.  
5 And what is a paradigm? It was defined back in the early  
6 '60s by Thomas Kuhn as basically a set of assumptions or  
7 kind of a vision of reality through which each of us  
8 perceives the world. So to have a paradigm shift, we are  
9 aspiring to influence a fundamental change in thinking  
10 which will then lead to a whole new way of behaving.

11 So to demonstrate this shift, I want to remind  
12 you of a time not too long ago within my lifetime when  
13 children would ride bikes without helmets. And, of  
14 course, we started to see a rise in head injuries. And  
15 through things like research and data and public awareness  
16 campaigns and, of course, laws and regulations, we shifted  
17 our norms over time to expect and require that kids wear  
18 helmets, obviously, to protect their brains from injury.  
19 I'll be the first to admit, I don't think I thought -- I  
20 had some self-reflection about bicycle helmet use as we  
21 did this presentation. I'm pretty sure my first helmet  
22 use was in my 20s. But look at now. I would never think  
23 to not put my child on a bike without putting on a helmet.  
24 So now we can't really imagine a time when helmets for  
25 children really wasn't the norm.

1           So as we strive -- clicker not working? Oh, there  
2 it is -- for a similar shift in our service delivery  
3 systems and how they really prevent, anticipate, and  
4 respond to traumas. So if you think back years ago, we  
5 started to notice the signs and symptoms of trauma. And  
6 in 1998, with the Adverse Childhood Experiences, the ACE  
7 study, we had important research and data then that helped  
8 build and broaden the conversation around trauma and the  
9 need to more systemically address its negative effects.

10           And then there was a growing awareness and  
11 recognition around the impact of trauma, of course, on  
12 brain development. And then, as we see, a transformation  
13 beginning to unfold. We want our service delivery systems  
14 to begin shifting their norms and expectations. We want a  
15 culture shift and we want behavior change in order to  
16 improve how we serve children and families across LA  
17 county.

18           So where did we leave this conversation last  
19 year. As a reminder, in both our July and September board  
20 presentations, we had a focused retreat on trauma informed  
21 care in the built environment. Christina Altmayer framed  
22 that conversation by reminding us of these definitions of  
23 systems, which is at the very top, and, of course, also  
24 around systems and policy change. System change really  
25 looking at that broad set of interrelated changes and

1 getting at norms, resources, behaviors. And then when we  
2 think about policy change in the kind of shifting and new  
3 laws and changing and creating new laws, not just to only  
4 think about public policy, which often people only assume  
5 it's that, but also thinking about private institutions  
6 like hospitals or employers and how they're modifying  
7 policy and practice.

8 So we now know that systems change is complex and  
9 long term. Well, we knew that before, but now we  
10 definitely -- it's been confirmed. I always like to say  
11 system change requires playing the long game. So if  
12 you're into that immediate gratification kind of thing,  
13 systems change is not for you. But we know that it is an  
14 interaction of multiple agendas reflecting the work of  
15 multiple agents. So it's multidimensional and it is  
16 dynamic, and, finally, it is clearly interdependent. When  
17 you think about us evolving as a society that now uses  
18 helmets without giving it really much thought or thinking  
19 about us being a trauma informed LA county that doesn't  
20 equal one entity or one organization solely responsible or  
21 capable of shifting that.

22 So several key lessons we wanted to highlight  
23 that emerged from our board conversation last year, we've  
24 noted many of them here. Hopefully, they will be very  
25 familiar to each of you. We heard from you and confirmed

1 that trauma and resiliency is foundational to our work,  
2 but we have to approach this work very differently. It's  
3 not just a program or an initiative, but something much,  
4 much deeper. And to quote a commissioner, this is  
5 changing the way we think and the way we work with  
6 families, but it's also at getting to those root causes.

7 We heard your thoughts on language and the  
8 importance of moving away from abstract terms. But we  
9 also need to think of a framework to guide this work. And  
10 we're going to be digging into that framework in a few  
11 slides. And then considering the size and scope of this  
12 issue, there aren't easy answers. The government does  
13 play a critical role in advancing this work and must be  
14 the agent of scale and sustainability for the  
15 transformation to occur.

16 And then, finally, we heard that trauma occurs,  
17 of course, not only at the individual level but also at  
18 the community level, and it's important to understand that  
19 link and the complexity of community trauma, understanding  
20 the nature of historical trauma experienced by  
21 communities, and the role that systems have played in  
22 contributing. So then systems change work must really be  
23 linked with the community work which I think, as you'll  
24 see in the presentation, we're going to be getting into  
25 that a little bit more.

1           So I'm going to pass the clicker over to my  
2 colleague, Pegah, who's going to dig into the details of  
3 the report and our progress to date.

4           MS. FAED: Thank you, Tara. Good afternoon,  
5 commissioners.

6           As a quick reminder on where we started and how  
7 far we've come, we launched countywide work group in  
8 partnership with our philanthropic partners in spring of  
9 2016, and those partners included the California  
10 Endowment, California Community Foundation, the Ralph M.  
11 Parsons Foundation, and Conrad and Hilton Foundation. And  
12 over the course of nine months, our countywide work group  
13 developed the trauma informed systems change report, which  
14 you have in your board packets. And that was with support  
15 from the Center For Collective Wisdom.

16           We're going to spend the rest of the time  
17 together going over some of the key findings in that  
18 report and the recommendations, and talk about how that  
19 report has informed some of the work that we've done to  
20 date and how we're looking at implementing those  
21 strategies as we look to the future.

22           So the board has always reminded staff about the  
23 importance of accessible language. And as we began our  
24 workgroup process, the first issue we started to tackle  
25 was exploring those definitions and terminology. And the

1 environmental scan work of the Center For Collective  
2 Wisdom, in conjunction with the workgroup discussions  
3 unveiled multiple definitions around these topics.

4 And so building upon the literature, the  
5 expertise in the room, as well as the needs of various  
6 systems and community voices, we settled on the following  
7 definitions: Trauma defined as the effects of a single  
8 event, a series of events, and/or ongoing circumstances  
9 that are experienced or perceived as physically or  
10 emotionally harmful and/or life threatening systems. It  
11 can affect individuals, families, communities, and  
12 systems, and oftentimes is intergenerational.

13 Another important component that emerged out of  
14 the various partners at the table was the need for  
15 conversation about trauma to also include the recognition  
16 of resilience within our most impacted families and  
17 communities. So you see the definition included there as  
18 the capacity of individuals, families, and communities to  
19 heal from trauma and to strengthen the well-being and  
20 adaptability in ways that can mitigate or prevent future  
21 trauma.

22 Given that our strategy is about impacting  
23 service delivery systems, the workgroup also developed  
24 this definition of trauma and resiliency informed systems  
25 change, and that is really an ongoing process to

1 strengthen an organization, department, or larger systems  
2 impact by integrating into its program, structures, and  
3 culture a comprehensive commitment to address trauma and  
4 promote resiliency.

5 Such a process, as Tara mentioned, is not a  
6 program model that can be implemented and monitored with a  
7 fidelity checklist, but rather it's a profound paradigm  
8 shift, and knowledge, perspectives, attitudes, and skills  
9 that continue to deepen and unfold over time.

10 Additionally, I wanted to acknowledge a valuable  
11 learning that we've heard from the board a number of times  
12 about the term resilience and the possible negative  
13 connotation that may come from telling communities to just  
14 be resilient in the face of difficult circumstances and  
15 that are out of their control. And when discussing this  
16 among our partners, there was an understanding that our  
17 communities and systems should adopt a trauma and  
18 resiliency informed approach to better address the needs  
19 of our most vulnerable. And it's not to say that  
20 shouldn't be a greater push to address the root causes of  
21 the oppression and trauma and seek to eliminate them; it's  
22 a both/and not an either/or.

23 So in the report there's an outline of a number  
24 of lessons about cultivating and sustaining systems level  
25 change focused on trauma and resiliency. These lessons

1 emerged from the environmental scan and reflections from  
2 the Center For Collective Wisdom and our workgroup  
3 partners. So I'll highlight two.

4 The first is about an abiding why tied to  
5 results. This lesson is about the defining question of  
6 any system that's considering this work: Why. Why would  
7 any system undertake this work now and at this moment?  
8 And the most compelling reason for any organization or  
9 system to dedicate resources, time, and energy necessary  
10 for success is that the system itself recognizes that  
11 addressing trauma and promoting resiliency are essential  
12 to achieving the results that the system is really  
13 dedicated and committed to effect. And the report  
14 outlines a number of examples where this has been the  
15 case.

16 The second lesson I'd like to highlight is about  
17 the complexity of community. This lesson aims to  
18 illustrate how the term community can be defined in a  
19 number of different ways, whether it be a particular city,  
20 neighborhood, county, or a group of people who just share  
21 a personal identity or culture. So how community is  
22 defined is important because it has implications for how  
23 the work evolves. And systems change efforts to improve  
24 the quality and effectiveness of services are different  
25 from community capacity building efforts that aim to

1 address individual or collective trauma, but both efforts  
2 are needed.

3 We'll be exploring how these lessons inform the  
4 strategies in the report in a few slides. And from our  
5 content on these lessons, I'd refer you back to the full  
6 report for more details.

7 So beyond the definitions, the workgroup helped  
8 inform the construction of this developmental framework.  
9 What you see on this slide is a simplified version of the  
10 full framework that's included in the report. The four  
11 stages of the framework include recognizing, planning and  
12 testing, committing and nurturing and adapting. These  
13 stages are not intended to be rigidly prescriptive, but  
14 rather intended to be customized by each system to ensure  
15 alignment with the system's mission, current priorities,  
16 and unique culture. The leaders, staff, and partners can  
17 use this framework to better discern where their  
18 organization or system currently is along this continuum  
19 and to explore if and how they want to evolve to the next  
20 stage and beyond.

21 In addition to the stages outlined here, the  
22 framework includes six principles and ten implementation  
23 domains that you can see in the full report that reflect  
24 foundation setting and domains where systems should  
25 address changes as they progress towards adopting and

1 nurturing this approach. And the framework was developed  
2 to really serve at least three purposes. The first, to  
3 demonstrate the scope of the change that we're seeking.  
4 The second, to help organizations become more systematic  
5 in their internal change efforts to address this issue.  
6 And third, to help facilitate cross-system learning and  
7 collaboration.

8 And, again, more details can be found in the full  
9 report.

10 So the developmental framework provides the  
11 foundation for our discussion of potential strategies to  
12 advance this movement across our county. The report  
13 proposed four types of long-term strategies that are  
14 captured in this visual. And we'll spend time on each of  
15 these strategies and share some concrete examples of what  
16 we've done and what we're exploring as it relates to each  
17 strategy.

18 The first strategy that was identified by the  
19 stakeholders and partners who participated in the  
20 workgroup was around informing and inspiring action from  
21 communities and populations who may not regularly engage  
22 with public service systems through public awareness  
23 activities. So during the past few years, First 5 LA's  
24 program division has worked closely with our  
25 communications and marketing team to identify

1 opportunities to highlight the importance of the impact of  
2 trauma on early childhood brain development and the  
3 benefits and needs for transforming LA county into a  
4 trauma-informed county.

5 These activities include an op-ed coauthored by  
6 our very own Kim Belshe and Dr. Bob Ross at the California  
7 Endowment on why trauma informed care is needed in LA  
8 county. We've also used social media for a Children Can  
9 Thrive Twitter storm to raise awareness around the impact  
10 of trauma and approaches to buffer the impact, as well as  
11 the recent release of a call to action linking the  
12 experience of childhood homelessness with the exposure to  
13 trauma and poor outcomes.

14 And as we look to the future, we continue to  
15 identify opportunities to elevate this issue for the  
16 public by partnering with other key partners who have  
17 dedicated resources and expertise to developing more  
18 formal campaigns. For example, our partners at Futures  
19 Without Violence and their Changing Minds campaign that  
20 was developed to educate the public on the impact of  
21 violence and trauma can have on the brain and ways to  
22 buffer that impact.

23 The second strategy bucket is around intrasystem  
24 transformation, which is really about a strategy to deepen  
25 change within particular systems through support for

1 adopting the developmental framework. Further, as  
2 particular systems begin to undertake this type of  
3 transformation, they'll become stronger role models and  
4 ambassadors for this work for other partners that are  
5 coming to the table. An example of this work in this area  
6 has been First 5 LA's contribution to the Home For Good  
7 funders collaborative. Our investment of \$300,000 to a  
8 pooled fund that multiple foundations, public and private,  
9 have contributed to will contribute to development of  
10 training modules for homeless service delivery system  
11 providers to begin this intrasystem transformation and  
12 systematize a trauma informed approach for our most  
13 vulnerable homeless neighbors.

14 As we look to the future of this strategy, there  
15 are a number of exciting activities on the horizon, both  
16 internally and externally. The first is around formally  
17 integrating a trauma informed approach within our own home  
18 visiting investments and, hopefully, having that impact  
19 the larger home visiting landscape in LA county and  
20 beyond. Additionally, LA County's Department of Mental  
21 Health is prioritizing prevention and early intervention  
22 models that align with First 5 LA's desired outcomes. And  
23 staff have started to explore opportunities to partner and  
24 align with DMH's innovation two grants that are focused on  
25 the prenatal to age five population.

1           The third strategy bucket is cross-system  
2 learning and action, which will focus on promoting  
3 interconnectedness among systems and intentionally linking  
4 systems change and community change efforts focus on  
5 healing trauma and promoting resiliency. An exciting  
6 integration effort underway is the alignment of a trauma  
7 and resiliency approach -- informed approach within our  
8 communities department strategies. As our Best Start  
9 community partnerships begin the process of selecting and  
10 onboarding the new support structure, the health systems  
11 team is working closely with our communities department to  
12 determine ways to infuse this approach in the various  
13 components of the strategy.

14           The board will hear more about these initial  
15 efforts at the February PPC meeting.

16           And something we're excited to be proposing today  
17 as an information item is a strategic partnership with the  
18 City of Long Beach's Department of Health and Human  
19 Services, cofounded by the California Endowment. So we'll  
20 pause here in the strategy overview. And I'd like to  
21 introduce our partner and First 5 LA alum, Jenny, senior  
22 program manager. And she'll be sharing with us some of  
23 the genesis of this workgroup, the endowment, and the  
24 vision for Long Beach.

25           MS. FAED: Thanks, Pegah. And hello, everyone.

1 It's great to be with you today, even though I still get  
2 nervous sitting at this table. It's my own form of  
3 trauma.

4 So as I introduced already, I'm Jennifer Chheang.  
5 I'm senior program manager at the California Endowment.  
6 I've been there for almost seven years now. It's hard to  
7 believe, but I -- six of those years I was overseeing our  
8 Building Healthy Communities work, which is our  
9 place-based effort in Long Beach. And for the last year  
10 I've been leading our statewide education portfolio. I  
11 also staff the Endowment's -- I'm the Endowment's staff to  
12 the LA county TI workgroup -- trauma informed workgroup.

13 In full disclosure, I'm a Long Beach native. I  
14 still live there and I'm raising my kids there. So this  
15 work is actually really, really personal and dear to my  
16 heart as well.

17 So Pegah asked me to just share briefly about our  
18 partnership and -- but also how this work has emerged in  
19 Long Beach. So I want to kind of ground that in our  
20 Building Healthy Communities initiative work there. I'm  
21 sure everyone is familiar, but BHC, Building Healthy  
22 Communities, is the ten-year initiative that the Endowment  
23 began in 2010, which is seeking to improve health in 14  
24 communities in the State of California. It's really based  
25 on the belief that your ZIP code matters more to your

1 health than your genetic code, and unless we really  
2 transform community conditions, we won't ever get to the  
3 root causes of poor health and health inequities in our  
4 communities.

5 So BHC is really fundamentally focused on  
6 improving health by transforming how policies and  
7 decisions get made and making them more responsive to the  
8 needs of community. So we do this by really trying to  
9 give voice to community members who have traditionally  
10 been left out of decision-making processes. So as a  
11 result, we fund a lot of community organizing or what we  
12 call power building work.

13 And as you can imagine, we're entering our eighth  
14 year of this initiative. So we've learned a lot of  
15 lessons of what to do and what not to do in trying to fund  
16 community transformation. And one of our key findings --  
17 and Dr. Ross speaks about this very openly -- is that we  
18 fundamentally underestimated the effects of trauma on the  
19 residents in our community. So when you ask people who  
20 have lived lives of marginalization and disenfranchisement  
21 to speak truth to power, you need to not just give them a  
22 voice, but you need to give them healing and restoration.  
23 And to not do that is to really just use them in a  
24 transactional way.

25 So we as the Endowment are really looking at, how

1 do we -- we really transformed how we work with community  
2 and really prioritizing working with organizations that  
3 not just organize residents, but that do so in a way that  
4 actually focuses on them as people and really understands  
5 the healing that's needed, particularly the young people  
6 that we work with.

7           So let me just connect that to how the trauma  
8 informed work has emerged in Long Beach. A lot of how BHC  
9 works in our sites is that we're really responsive and  
10 opportunistic to opportunities as they arrive and really  
11 try to take advantage of things happening on the ground.  
12 So in 2012, the Children's Clinic in Long Beach received a  
13 million dollar grant from the Every Child Foundation to  
14 transform their clinic system into being trauma inform.  
15 And I know that you've heard previously from Dr. Alyssa  
16 Nicholas about that work. And so as part of that, she was  
17 pulling together an advisory group, and it included  
18 everyone you would ever want to pull together in Long  
19 Beach to talk about trauma informed systems, including law  
20 enforcement and medication and providers and community  
21 members and schools. So she and I started talking about  
22 how can this work not just advise on this one grant that  
23 you have, but how can this really become the body that  
24 leads trauma informed change work throughout Long Beach.

25           So we went through a process with that group of

1 talking about becoming a of trauma informed task force for  
2 the whole city. You can see a timeline on this slide of  
3 some of the activities that we undertook as part of that.

4 So the strategic partnership that's before you  
5 today is really the manifestation of that. And it's also  
6 really the direct way of taking the leadership that Kim  
7 and Dr. Ross have provided of partnering our organizations  
8 to talk about this issue and really making it an  
9 on-the-ground, tangible reality of how we do this work  
10 together.

11 And so it provides the opportunity for our  
12 agencies to combine our collective knowledge, our skills,  
13 and resources, and to really provide a test lab for what  
14 does it look like for a community to become trauma  
15 informed.

16 As we were launching this task force, we went  
17 through the process of creating an action plan. So we did  
18 a scan across the country of how communities have done  
19 trauma informed transformation work. And there's very  
20 little out there. There's very few communities that have  
21 really committed to taking this step. So this is really a  
22 test case. This is really an opportunity to say, what  
23 does it look like for a whole community to come together  
24 around this issue.

25 But as I have said since day one of leading the

1 Building Healthy Communities work in Long Beach, my goal  
2 is that every child, every family, every person in Long  
3 Beach is dealt with in a trauma inform and restorative  
4 way. And I am thrilled that this work that we're  
5 presenting today really helps to make that vision a  
6 reality.

7 So thank you.

8 MS. FAED: So thank you so much.

9 So in alignment with the strategy three in the  
10 report around cross-system placed-based initiatives, First  
11 5 LA in partnership with the California Endowment is  
12 proposing a strategic partnership with the City of Long  
13 Beach's Department of Health and Human Services in the  
14 amount of 150,000 for two years. The objective of this  
15 strategic partnership is to strengthen across systems  
16 citywide trauma and resiliency informed approach,  
17 leveraging existing relationships that Jenny just spoke to  
18 and the momentum in Long Beach around this work.

19 In addition to First 5 LA's investment, the  
20 California Endowment will also be contributing 150,000  
21 over two years. And these funds will support a position  
22 within the Department of Health and Human Services to  
23 support coordination and planning around advancing this  
24 cross-system citywide approach in Long Beach. Part of  
25 those dollars will also go towards monitoring and

1 evaluating the effort and inform future replication and  
2 scaling of this type of effort in other places.

3 Another key component of this investment that's  
4 important for commissioners to note is an intentional  
5 connection with our Best Start investment in Long Beach  
6 and ensuring that the cross-system efforts align and  
7 partner with the community change efforts such as Best  
8 Start to bring the community voice to the table.

9 And as a reminder, this strategic partnership is  
10 presented today as an information item and will be on  
11 consent at the February board meeting for action.

12 And, lastly, the last strategy of the four is  
13 titled, Holding the Whole, which really just means that  
14 we're -- we need to identify a strategy around building  
15 infrastructure and stewardship of this work in order to  
16 support an ongoing evolution and adaptation of the other  
17 strategies that we just spoke to. So someone needs to  
18 really -- or an organization, an entity needs to guide  
19 this work for the county. We started to explore this  
20 strategy by expanding the original steering committee of  
21 funders that originated this work to our systems -- key  
22 leaders from our systems across the county. And as we  
23 look to the future, we'll continue to work in partnership  
24 with our foundation partners, system leaders, and  
25 community voices to determine opportunities to build the

1 necessary infrastructure to support this work as we look  
2 to the future in a sustainable and ongoing way.

3           So now that we've reviewed all the strategies  
4 that we hope to begin implementing, what does the path  
5 look like for First 5 LA and our partners on this journey.  
6 We spent the first year or so exploring the field with our  
7 partners. And now that we've successfully assessed the  
8 landscape and built the necessary partnerships to elevate  
9 this movement across the county, we're entering a phase of  
10 innovation and demonstration. And so given both the scale  
11 and complexity of LA county and the complexity of the  
12 issue that we're dealing with, trauma, this phase is  
13 critical to demonstrating success.

14           We plan to identify demonstration projects that  
15 align with the four buckets of strategies that I shared.  
16 And some of those projects we've shared with you today.  
17 And part of the innovation and demonstration phase is  
18 about documenting the successes and challenges in order to  
19 inform future replication and scaling up of those  
20 successful projects.

21           And as we demonstrate success, we'll be moving --  
22 we will move to scaling and sustaining the work across the  
23 counties such that we reach a point where this approach is  
24 simply just the new community norm, the way that we do  
25 things. And much like children wearing helmets, we won't

1 be able to remember a time when our services delivery  
2 systems were not providing services in a trauma and  
3 resiliency informed way.

4 And so with that, we just have a few next steps  
5 to the board. To wrap up, we'll be bringing the strategic  
6 partnership back to the full board for action in February.  
7 And at the February PPC, our colleagues from the  
8 communities department will be sharing some updates with  
9 the board on the Best Start community partnership survey  
10 results and how it can tell a story about community  
11 resiliency. And in spring, staff will bring the formal  
12 contract back for board approval with the Department of  
13 Health and Human Services.

14 And with that, we're happy to answer any  
15 questions.

16 COMMISSIONER ZEPEDA: Thank you for that  
17 presentation. Commissioners, questions? Or our guests?

18 COMMISSIONER TAYLOR: I think you need to take  
19 some credit for your effort already, because in the  
20 reading of the material you've already done 77 trainings  
21 within -- or within departments and agencies within Long  
22 Beach already; right? That effort?

23 MS. CHHEANG: I think that's speaking to a grant  
24 that was funded through the Department of Justice to the  
25 City of Long Beach. So, yeah, we're really building off

1 of a lot that has already been done.

2 COMMISSIONER TAYLOR: Exactly. So I think we  
3 need to talk about how you built on that and you're  
4 already done something that shows that's importance, and  
5 the commitment of the city to make this happen. That's  
6 very important. Don't throw that away. You need to bring  
7 that forward.

8 The other thing is that I really like the effect  
9 that you are trying to do -- what I'm hoping that everyone  
10 will start doing -- is linking our new efforts and  
11 transition to existing efforts that we're doing in other  
12 places. So like the Best Start, I was glad to see that.

13 And then the third I'd like to see is the trauma  
14 informed efforts we're doing with schools. So we need to  
15 link that, too, to this effort in Long Beach so that we  
16 can see how these things start to connect and have a  
17 greater effect, and then you multiply all those efforts.

18 So more linking to the things we're doing and  
19 others are doing within the community. I just -- I'm just  
20 excited about this. This is really innovative, but okay.  
21 I just wanted to add that.

22 COMMISSIONER ZEPEDA: Any response? Okay. Thank  
23 you, commissioner Taylor.

24 COMMISSIONER SMITH: I think is very exciting,  
25 too. I'm curious if any one of you can speak to the

1 evaluation piece on what -- it may be too early in the  
2 process to have much of an idea about that, but maybe you  
3 have some beginning ideas of how you would go about that  
4 since it's such a system-wide endeavor.

5 MS. FAED: I'll start and then if you have  
6 anything to add. I would say it definitely is early in  
7 the process, so we haven't gone into the details of that,  
8 but I imagine we want to document -- first document just  
9 the steps that we've taken, what --

10 COMMISSIONER SMITH: The process, right.

11 MS. FAED: -- implementation really looks like,  
12 Exactly. And then start to look at what those outcome  
13 indicators are that we want to look at. And I think we  
14 will be working closely with our INL division to start to  
15 think about that and likely bring on part of this contract  
16 support time for an external evaluator to really think  
17 deeply about what that means. But systems change  
18 evaluations are not easy. But it's early.

19 But another thing I'd like to point out is we  
20 want to design that very early on so implementation  
21 doesn't begin and continue on and the evaluation is an  
22 afterthought. It will definitely be early in the process.

23 MS. CHHEANG: I would just add -- and this is  
24 actually to the previous comment as well. What's really  
25 unique about this work is that there already is a large

1 commitment in the city, not just of kind of what we would  
2 call systems leaders and city staff, but really of  
3 community folks as well. They've been very engaged.

4 So I think what's unique is that we're talking  
5 about really spreading trauma informed practices at two  
6 levels. One is within systems like the school district,  
7 the health department, police department. But the other  
8 is really, what is building community resiliency look  
9 like. And because of our Building Healthy Communities  
10 work and the Best Start work, we have very deep  
11 connections to community members, to community organizing  
12 groups. And so we're really bringing in those pieces as  
13 well and trying to really think about community resiliency  
14 beyond just the systems change piece. So I think we  
15 really want to test and evaluate both of those pieces.

16 COMMISSIONER ZEPEDA: Commissioner Tilton.

17 COMMISSIONER TILTON: This is a good work. I  
18 love the way you pull the community together, including  
19 law enforcement and health and community providers. I'm  
20 sure you have, but I want to make sure you've included the  
21 Long Beach Trauma Child Council, Michelle Wintersteen, For  
22 the Child.

23 MS. CHHEANG: Yeah. Michelle's been part of the  
24 steering committee that wrote the action plan. She's been  
25 really involved.

1           COMMISSIONER TILTON: So I'm really excited about  
2 this. Good work. I think this outcome can really provide  
3 a lesson for a lot of other communities, and it's taken  
4 quite a while.

5           COMMISSIONER ZEPEDA: Commissioner Taylor.

6           COMMISSIONER TAYLOR: I thought of just one more  
7 while you were talking. DMH has a strong effort that  
8 they're pushing for trauma informed care, and linking them  
9 to this effort is very important too. I'd be very  
10 supportive of that from the other hat I wear if you are  
11 going to bring that to full, you know, we -- what we've  
12 been doing is called the built environment with the trauma  
13 informed care. So if the other system that's out there  
14 that can help the community, which is DMH, and they're a  
15 big effort to do it. They're really putting a lot more in  
16 it. And bringing this up along with what you're doing  
17 would be exciting as well.

18          MS. FAED: If I'm not mistaken, I think -- Jen,  
19 you can speak to this more -- but DMH has been part of the  
20 Long Beach work to date.

21          MS. CHHEANG: They have. And then the Invasions  
22 Two grant that was recently out. This collaborative came  
23 together wrote a proposal for that grant. I don't know  
24 where that is -- you probably do -- in the review process,  
25 but I know that they also approached DMH to get funding

1 for this work through --

2 COMMISSIONER TAYLOR: They keep promising us that  
3 it was going to be this month and then they pushed it to  
4 next month. So we'll see what happens.

5 MS. CHHEANG: Yeah. It's been a long process.

6 COMMISSIONER ZEPEDA: Commissioner Abdo.

7 COMMISSIONER ABDO: I think this is very exciting  
8 also. And I can understand how you can work through the  
9 Best Start communities as a beginning, I suppose. But how  
10 is it going to effect the rest of the county? Is it going  
11 to be just through departments or are there going to be  
12 other city-focused activities around this?

13 MS. FAED: I think this is our first endeavor to  
14 kind of assess whether this works, how it will work, and  
15 then, hopefully, the lessons from this pilot will start to  
16 inform how we scale up and out, whether do we decide to  
17 continue to focus on smaller communities and implement  
18 this across the county or do we go big and go straight to  
19 the big systems and hope that that spreads across the  
20 county. I think we're still exploring that. And this is  
21 what this innovation and demonstration phase of the work  
22 is really meant to do for staff and our partners, to  
23 explore what that strategy looks like. But I don't know  
24 if you have any --

25 MS. FICEK: I would only add, I think a lot of

1 our early conversations have been often with systems  
2 leaders through the county. We have a lot of strong  
3 partnerships and relationships there. But we're also  
4 having really promising conversations -- well, actually  
5 through many of those county lead partners -- with school  
6 district. So getting to your comment, commissioner  
7 Taylor, earlier too, which we know, across the entire  
8 county, especially one very large district. So there's a  
9 lot of I think momentum and movement right now, and  
10 there's a lot of conversations that are building upon  
11 others to see and identify really important systems  
12 partners that I think are going to be -- broaden our reach  
13 across the county. So opportunities even outside of Best  
14 Start.

15 COMMISSIONER ABDO: I think working through  
16 school districts is really important.

17 I want to share just a -- quickly something that  
18 happened in Santa Monica this week. Can I do that?

19 COMMISSIONER ZEPEDA: Sure.

20 COMMISSIONER ABDO: We have a community that has  
21 gone through trauma for the last hundred years. And  
22 recently a woman bought a house on -- on a street in that  
23 community -- it's an R-1 zoned house -- and is going to --  
24 to develop a child care center in the house. It's not a  
25 family day care. It's a center for 20 children in the

1 house and it will still be the house.

2 Organizing against that child care center became  
3 huge. The planning commission spent about four or five  
4 hours on this issue with the community coming in -- the  
5 close by community coming, freaked out that a business was  
6 going to be on their street and all the traffic that would  
7 be coming from these 20 children and how these children  
8 would go to their park. It came to the council on appeal.  
9 It was approved at the planning commission. It came to  
10 the council on appeal, and it was a five-hour event with  
11 more than 70 people speaking, some for, some against.  
12 More against than for, but there were lots of people  
13 there. And the council did approve it. What they had to  
14 do was deny the appeal.

15 But just listening today, I'm thinking this is a  
16 community that has experienced trauma and it's historic  
17 trauma. A freeway came and divided the community. A  
18 train has come with a maintenance yard near them. And  
19 they feel put upon in such a way that they would fight the  
20 way they did a child care center. And I don't -- I don't  
21 know how to help them heal, but I think we're going to  
22 learn how to do that through this process, and I'm really  
23 excited about doing that. But it is very, very difficult  
24 when it becomes polarized and it's around a child care  
25 center.

1           COMMISSIONER ZEPEDA: Thank you for that, Judy.  
2           Any other comments from commissioners?

3           I just would like to commend you on this work. I  
4 think that this is a broader conversation relative to a  
5 paradigm shift between a deficit model and a strength  
6 based model. I do bristle at the term trauma. And I know  
7 that we've talked about that in the past within that  
8 context, but -- and Commissioner Smith and I were speaking  
9 before the meeting relative to the evaluation.

10           Was there -- Jenny, was there an evaluation or  
11 anything to track the development of the trauma informed  
12 task force and what they did to bring people together in  
13 Long Beach?

14           MS. CHHEANG: No. We haven't evaluated the work  
15 up until now. We have the process of creating the action  
16 plan embedded within it, but we haven't actually evaluated  
17 that process. That would be very much a process  
18 evaluation. I do know there was a lot of evaluation and  
19 surveying done around the trainings that happened, and  
20 those were very well received. There was a number of  
21 levels of training. There was a one-hour intro course and  
22 then a four-hour and then a full day. And so the City has  
23 all of that data around both the evaluation of like pre  
24 and post-tests, but also what people wanted next and what  
25 they felt like a good next step would be. So we're really

1 going to be building off of that work.

2 COMMISSIONER ZEPEDA: Because I think that, as  
3 you found out, it's not something that is going on around  
4 the nation where you can go look at XYZ place. You are  
5 the XYZ place. So it would behoove First 5 and your  
6 efforts to document as best you can. I know that  
7 qualitative evaluation is not high on the hit list in  
8 terms of evaluators, but that's really the way that you  
9 evaluate process.

10 So to the extent that we can help with that  
11 evaluation, I think it's extremely important, and document  
12 it. Because when I was reading the report, I kept asking  
13 myself, who is this report for, because I'm not convinced  
14 that your communities that you're working with are going  
15 to sit down and read this report. So thinking about how  
16 you communicate what you're doing with your communities is  
17 also something I think that's worth some attention. But I  
18 do think this is really great. So thank you.

19 MS. BELSHE: Okay.

20 COMMISSIONER ZEPEDA: Thank you very much. And  
21 we will go on to Item 4, our favorite subject.

22 MS. BELSHE: Money.

23 COMMISSIONER ZEPEDA: Money.

24 MS. BELSHE: Declining revenue.

25 MR. ORTEGA: Declining revenue and fund balance,

1 yes.

2 Good afternoon. Thank you, Commissioner Zepeda.  
3 The two items before you are truly my favorite subjects  
4 for the organization, so I share your excitement.

5 As mentioned, two items before you are  
6 informational items. The first item is really the budget  
7 calendar for fiscal year 18-19 budget timeline. And the  
8 second item is the long-term financial projections.

9 Related to first item, the proposed fiscal year  
10 18-19 budget timeline is an informational item, and it  
11 really is to provide context to the internal budget  
12 process timeline, and in addition, to highlight the  
13 different touchpoints of when we will provide information  
14 to the different committees that we have within the  
15 organization and to the full board.

16 For those that are familiar with the budget  
17 process, you will note that the amount of touchpoints have  
18 been reduced by two, from six to four. This change was  
19 really informed by staff and management's analysis in  
20 grappling with the question on what is the appropriate  
21 amount of touchpoints for our commissioners between the  
22 different committees and for the actual board. With an  
23 emphasis on streamlining the process and without  
24 compromising transparency and due diligence for both the  
25 commission and management, what we are proposing is the

1 appropriate amount of touchpoint for us to be the most  
2 effective in how we manage our resources. So that's  
3 reflected in the budget timeline. We will be bringing the  
4 timeline to the full commission on February 8th.

5 And before we go to the second item, is there any  
6 questions related to the budget timeline?

7 COMMISSIONER ZEPEDA: Which were the ones that  
8 were eliminated?

9 MR. ORTEGA: So we actually didn't really  
10 eliminate. What we've done was combine. So, for  
11 instance, where we used to have a separate touchpoint with  
12 the executive committee and then the budget and finance  
13 committee, one focusing on the operating budget, one  
14 focusing on the program budget or the overall budget, we  
15 have elected to combine both of these meetings. And then  
16 we've also elected to do a more direct communication via  
17 the e-mail with the budget and finance committee after the  
18 first draft where, historically, with the changes being  
19 very immaterial, we still concluded a budget and finance  
20 committee meeting and we elected that, if it's not  
21 material enough, we will elect to communicate that  
22 information and that change electronically. And if it is  
23 material enough, we will bring it to the budget and  
24 finance committee together to discuss those significant  
25 changes, if identified.

1 MS. BELSHE: And today's meeting is an example.  
2 We typically would have a budget and finance committee in  
3 December or January. And in the spirit of trying to  
4 minimize demands on board members and staff, we thought,  
5 well, let's use 45 minutes of this meeting. It's a good  
6 introduction, get some feedback from commissioners, and  
7 then use that to inform the presentation to the full  
8 board. You know, sensitive to your time. Exciting as we  
9 know you are to come to all these meetings, we think  
10 there's a way to streamline and improve how we use your  
11 time and our time as Raoul indicated.

12 COMMISSIONER ZEPEDA: Okay. Any questions for  
13 Raoul or Daisy on the calendar?

14 MR. ORTEGA: All right. So moving on to the  
15 second item, which is my favorite subject, is the  
16 long-term financial projection, as I said earlier.

17 Before you is the 2017-18 long-term financial  
18 projections that takes the projections through the end of  
19 June of 2022. Before I hand the presentation to Daisy, I  
20 would like to first acknowledge that this is an  
21 organizationwide effort. It's a -- finance gets the  
22 information, but what really drives and is the catalyst of  
23 the information that's before you is the work and the  
24 collaboration that we have between our different  
25 divisions. So I want to acknowledge and just really

1 appreciate all of the staff effort, from the VPs to the  
2 directors to the appropriate management and line staff.

3 And then before -- I would like to just really  
4 highlight some key themes and takeaways that you will be  
5 hearing throughout the presentation from Daisy. And,  
6 first, is that our approach to the LTFP is consistent to  
7 prior years' long-term financial projections. It provides  
8 a fiscal context of the organization long-term final  
9 condition of the organization, and it's not a policy  
10 decision; that projected expenditures are aligned to the  
11 current strategic plan outcomes and strategies, including  
12 those expenditures projected for the two outer years '21,  
13 '22. And though we do reflect that expenditures do exceed  
14 our revenues, there are sufficient fund balance to  
15 adequately cover our existing obligations, including those  
16 expenditures that are projected out through June of '22.

17 And most importantly what I think is extremely  
18 important to realize and to acknowledge is the recognition  
19 of the activities that First 5 LA is engaging and  
20 undertaking in relations to alternate revenue and  
21 sustainability and how we potentially look at our  
22 long-term financial conditions beyond the scope of five  
23 years, as reflected here in front of you, but how we make  
24 those systematic relationships in order for us to make  
25 sure that we include those implications and impacts beyond

1 what we're showing in front of you.

2 So for now, I'd like to pass the baton to Daisy  
3 who's been the critical undertaker for the LTFP. And I  
4 just, again, want to acknowledge the great work and  
5 support that you have provided.

6 Daisy.

7 MS. LOPEZ: Thank you, Raoul. Good afternoon,  
8 everyone.

9 Before I proceed I'd like to echo our guest,  
10 Jennifer's, sentiment about how intimidating and a little  
11 traumatic presenting at these meetings can be. So let's  
12 dive right in.

13 Today's long-term financial projection  
14 presentation will address the purpose of the LTFP,  
15 assumptions used in preparation of the projections,  
16 revenue expenditure and fund balance highlights and key  
17 takeaways, including a snapshot of our fiscal position  
18 based on historical and projected data before presenting  
19 what this represents for First 5 LA today. And we will  
20 conclude with the next steps.

21 Beginning with a brief overview of the long-term  
22 financial projections, or LTFP. The LTFP is an analytical  
23 planning tool. We utilize it to assess our fiscal  
24 position over a five-year period as well as to track and  
25 monitor expenditures and trends over the course of the

1 strategic plan. The primary goal of the LTFP is to  
2 provide a framework and fiscal context that depicts the  
3 long-term results of funding decisions made by the  
4 commission. This multiyear forecast helps to identify and  
5 establish a spending guardrail based on projected  
6 expenditures, revenue, program commitments, and fund  
7 balance. This information is presented to the board to  
8 provide fiscal context and to aid in organizational  
9 strategizing. This should not, however, be used as a  
10 final vehicle on which to enter into policy decisions.  
11 Those vehicles include the budget, the midyear, and other  
12 policy changes.

13 The current five-year forecast period begins with  
14 the current year budget and extends two years beyond the  
15 2015-2020 strategic plan through fiscal year 21-22.

16 Now to turn to some of the major assumptions  
17 utilized in the preparation of the LTFP. First, we  
18 assumed fidelity to allocations and other funding  
19 decisions made by the commission as we have in other prior  
20 year. Additionally, as First 5 LA is required to provide  
21 home visiting services to both Best Start and non-Best  
22 Start families served by Welcome Baby participating  
23 hospitals, current projections assume that funding for  
24 non-Best Start families served by Welcome Baby hospitals  
25 through the universal assessment of newborns will continue

1 beyond fiscal year 18-19 when the original allocation is  
2 projected to be exhausted.

3 We also revised the strategic plan cost estimates  
4 where additional information was available, as well as  
5 maintaining a status quo approach for fiscal years '21 --  
6 20-21 and 21-22, assuming that resource requirements would  
7 be relatively consistent with fiscal year 19-20, the final  
8 year in our current strategic plan, until more information  
9 about the direction of the next strategic plan is known.

10 Finally, with regard to the operating  
11 expenditures, we assume that cost would slowly increase  
12 based on standard salary and benefit increases and  
13 standard inflation of the costs of goods and services.  
14 And I would like to note that similar expense increases  
15 were included and adjusted for in the program projections  
16 where appropriate.

17 Moving on to some of the highlights. Our primary  
18 revenue source, Proposition 10 tax revenue, continues a  
19 gradual rate of decline, approximately three to four  
20 percent per annum since fiscal year 04-05. The most  
21 recent revenue forecast from the State Department of  
22 Finance suggests that the decline in Proposition 10 tax  
23 revenue is expected to remain relatively consistent for  
24 the next several years with a one-time irregularity for  
25 fiscal year 17-18. This irregularity is a one-time 16

1 percent decline in revenue, primarily the result of the  
2 first year implementing Proposition 56, and is consistent  
3 with earlier projections.

4 A backfill, which is essentially a hold harmless,  
5 is projected for fiscal year 18-19, which will increase  
6 the revenue by approximately 16 percent, offsetting the  
7 sharp decrease in fiscal year 17-18, again, followed by a  
8 steady rate of decline of approximately three to four  
9 percent per year for subsequent years based on decreasing  
10 birth rates and decreasing sales of tobacco products.

11 These figures will be changing and additional  
12 information is forthcoming. We are continuing to monitor  
13 the adjustments made by the Department of Finance.

14 On the expenditure side, our annual spending  
15 began to exceed incoming revenue in fiscal year 08-09, and  
16 the approximately 130 million spent in fiscal year 16-17  
17 represented about one and a half or a 155 percent of our  
18 Proposition 10 tax revenue for that year.

19 For 17-18, we are projecting to spend  
20 approximately 146 million, which is roughly 189 percent of  
21 our estimated tobacco tax revenue for the same year;  
22 although, again, it should be noted that this year is  
23 somewhat of an anomaly as it relates to the revenue for  
24 reasons previously mentioned.

25 One thing of note is that we estimated that

1 spending for the commission's home visiting direct service  
2 investment will represent roughly half of incoming tobacco  
3 tax revenue over the course of the current LTFP. To be  
4 clear, these estimates are at a very high level and we're  
5 continuing to conduct analysis on an ongoing basis to  
6 determine the commission's overall investment in direct  
7 services whilst identifying perspective sustainability  
8 strategies. And we will touch on that point again a  
9 little later in this presentation.

10 Next, is a visual representation that helps to  
11 illustrate the effect of revenue and expenditure decisions  
12 and projections. That being said, I would like to  
13 elaborate and add that any actual resource needs beyond  
14 those approved to date will be determined by the board  
15 through the annual budget process. This graph includes  
16 our current revenue and expenditure projections through  
17 the duration of the 2015-2020 strategic plan and extending  
18 into the first two years of next strategic plan period.

19 This graph specifically highlights: One, the  
20 buildup of fund balance in the early years when incoming  
21 revenue outpaced spending. Two, that our expenditures  
22 continue to far exceed our revenue. Three, our primary  
23 source of revenue, Proposition 10 revenue, continues a  
24 gradual rate of decline, again, approximately three to  
25 four percent per year. And, four, this directly affects

1 our fund balance as spending in excess of revenue is  
2 offset by fund balance resources. And, again, we will  
3 explore this last point a little more deeply also in a few  
4 minutes.

5 As I mentioned previously, actual expenditure  
6 data and other information was utilized to update the  
7 forecasted trajectory of expenditures specifically related  
8 to strategic plan activities where available. The study  
9 state of cost for this LTFP period reflects the alignment  
10 of expenditures with revised estimates based on  
11 newly-garnered experience.

12 This next graph extrapolates the data reflected  
13 in the last slide to illustrate the level of decline in  
14 future years and to try to identify the year in which  
15 revenue and expenditures may align. The data assumes a  
16 standard rate of decline for revenue and a gradual rate of  
17 decline in spending beyond fiscal year 21-22. This basic  
18 analysis suggests that the alignment of revenue and  
19 expenditure will likely occur toward the latter part of  
20 the next strategic plan period.

21 Next, this pie chart illustrates the breakdown of  
22 fund balance at June 30th, 2017, in the committed,  
23 nonspendable, and operating expenses and reserve,  
24 typically referred to as unassigned by GASB 54, that is  
25 the Governmental Accounting Standards Board Statement 54.

1 This ending fund balance for the last fiscal year also  
2 represents the beginning fund balance for the current LTFP  
3 term. Approximately 4.7 percent of the total fund balance  
4 is considered nonspendable, translated visually here by  
5 the delicious orange slice representing advances to  
6 contractors and grantees. Approximately 13.7 percent is  
7 earmarked for operating expenses and reserve or  
8 unassigned, seen here in purple, which includes 21.6  
9 million designated for our fiscal year 17-18 operating  
10 budget and 36.2 million of that 57.8 million designated  
11 for our fund balance reserve.

12 The committed resources are reflected in two  
13 separate categories and colors. The reason for this is  
14 that both fund categories are board dedicated for the  
15 purpose of advancing the strategic plan. The difference  
16 is the level of commitment whereby the blue category  
17 reflects the amounts that have been approved and dedicated  
18 for a more specific purpose by resolution, including  
19 multiyear allocations. The green category, on the other  
20 hand, is dedicated more broadly for strategic plan use and  
21 purposes.

22 So what are some of the fund balance highlights?  
23 Starting with this 422.1 million fund balance level at  
24 beginning of fiscal year 17-18, the key takeaway is that  
25 the LTFP forecasts that the total fund balance will

1 decline by 64 percent to just over 150.5 million by June  
2 2022 per our current projections. Of this projected  
3 balance, a portion would be set aside for the fund balance  
4 reserve and to support ongoing operating costs for the  
5 following year.

6 The purpose of this graph is to visually convey  
7 the effect of the continued spending in excess of revenue  
8 through the end of the term covered by the LTFP, fiscal  
9 year 2018 through 2022. The projected ending fund balance  
10 at June 30th, 2022 is approximately 150.5 million. Again,  
11 a portion of this balance would be expected to be set  
12 aside for operating costs and the fund balance reserve for  
13 the following year.

14 Key takeaways. Underspending in fiscal year  
15 16-17 resulted in a higher fiscal year 17-18 beginning  
16 fund balance than previously expected, which represents  
17 the beginning fiscal position for the current LTFP time  
18 period. Compared to previous projections, the current  
19 LTFP reflects higher overall revenues, lower anticipated  
20 expenditures, and an overall higher fund balance.  
21 However, this fund balance is being expended annually to  
22 offset the cost in excess of income revenue.

23 Fiscal year 16-17 provided one additional year of  
24 actual spending data, which enhanced the outcome area  
25 projections compared to prior year. These revised

1 projections indicate lower than anticipated levels of  
2 spending by the end of the current strategic plan term.  
3 We will continue to revise and analyze the cost data and  
4 we will bring information back to the board as necessary.

5 In summary, the LTFP shows spending continuing  
6 to exceed revenue, placing demands on the diminishing fund  
7 balance. This information is nothing new. This disparity  
8 has been ongoing, anticipate, and had closely monitored.

9 As the organization gains experience, we continue  
10 to move in a direction towards sustainability, and  
11 expenditures continue on a path toward alignment with  
12 revenues.

13 Staff will continue to monitor revenue  
14 implications and revise estimated resource needs as more  
15 information become available. As a result of decreasing  
16 revenue and ongoing changes, adaptability and  
17 sustainability are key and conversations are underway to  
18 address challenges, funding alternatives, and future  
19 decisions. Some of the strategies that have been  
20 identified include diversifying funding by connecting and  
21 engaging with partners to leverage resources and support  
22 common goals, leveraging federal funds by identifying  
23 opportunities to draw down on some federal funds, and  
24 continued advocacy work at the state level; one of the  
25 many results being the addition of home visiting resources

1 included in the governor's budget for the first time. And  
2 I believe the policy team will be touching on this point a  
3 little later in today's meeting.

4 The story overall is that any time we spend more  
5 than what we bring in annually in revenue, we depend on  
6 our fund balance to cover the difference. Consequently,  
7 the LTFP, again, provides a clear picture of declining  
8 resources, both revenue and fund balance that is projected  
9 to continue, as well as First 5 LA's commitment to  
10 transition to a more sustainable spending portfolio in the  
11 current strategic plan term and future years.

12 Our next step in this process is to present the  
13 long-term final projections to the commission at the  
14 February 8th meeting as an informational item before  
15 returning to action on -- from action on March 8th as an  
16 item on consent. The LTFP process leads into the midyear  
17 adjustment process currently underway, which will inform  
18 and help establish the foundation upon which the fiscal  
19 year 18-19 budget will be based. As part of the effort to  
20 consolidate and streamline commissioner touchpoints, as  
21 Raoul mentioned earlier, materials will be developed in  
22 support of a fiscal year 17-18 midyear budget adjustment  
23 process and will be shared electronically with the budget  
24 and finance committee members before it is presented to  
25 the commission on March 8th as an informational item.

1           Finally, a revised advised long-term approach to  
2 the home visiting investments with a focus on programs and  
3 sustainability will be brought to the commission in the  
4 near future as the process further develops.

5           And that concludes this presentation.

6           MS. BELSHE: Who is this child?

7           MS. LOPEZ: This is my adorable bespectacled  
8 nephew, Owen.

9           COMMISSIONER ZEPEDA: He has his Harry Potter  
10 glasses on?

11          MS. LOPEZ: This was actually in celebration of  
12 my cousin's nerdy 30.

13          COMMISSIONER ZEPEDA: Thank you, Raoul and Daisy.  
14 Commissioners, questions on the budget --  
15 long-term budget projections?

16          COMMISSIONER TAYLOR: I have one.

17          COMMISSIONER ZEPEDA: Sure. Commissioner Taylor.

18          COMMISSIONER TAYLOR: The question I have is, we  
19 keep looking at what is, and we are not talking about the  
20 potential impact of the efforts we're making to offset  
21 this cost strategy, and then the long-term projection is  
22 an estimate only. So we need to start estimating what the  
23 impact is of these other efforts. And so I don't know how  
24 hard that is or whether we have ability to do that.

25          Some of the things I think about is the \$25

1 million that DMH is going to do in home visitation. How  
2 does that affect our expenditure and when do we shift some  
3 of that cost over there? Those kinds of thoughts is what  
4 I'd like to see. Because in your documents, I kept  
5 hearing the word, the commission needs to be aware of this  
6 -- this automatic paradox that says we're going to crash,  
7 but -- and I know you're doing --

8 MS. BELSHE: It doesn't say that, just to be  
9 clear.

10 COMMISSIONER TAYLOR: I know it doesn't say that,  
11 but it's the way it looks in your mind because you keep  
12 seeing this --

13 COMMISSIONER THOMPSON: It's a glade.

14 COMMISSIONER TAYLOR: I know you're not saying  
15 that. I apologize.

16 The end result is, you're not doing yourself  
17 justice and the total entity justice on all the efforts  
18 we're making. So we need to start talking about in this  
19 projection -- and you can say it's a projection only -- if  
20 these things happen, then it's going to have -- it's going  
21 to effect X and Y, and it doesn't say that it will happen.  
22 You can still do the projection the way you're doing it.  
23 But if we have this and this and this, it will have X  
24 effect on this program, that program, and change the  
25 trajectory. That's what I'm kind of -- would like to see

1 as we move forward.

2 MS. BELSHE: We're going to be coming back, as  
3 Daisy noted, in the next steps in your concluding  
4 comments. I think, Christina, it's the February PPC where  
5 we're going to be talking with this committee regarding  
6 federal, state, and local sustainability strategies in  
7 support of our single biggest investment, Welcome Baby  
8 home visiting. So we can absolutely break it down. A lot  
9 of good work. Appreciate your point about we should call  
10 it out more explicitly. We are reluctant to assert,  
11 frankly, even estimate what those dollars may be pending  
12 similar work with our many partners. And I think the good  
13 news is that, under the leadership of the board of  
14 supervisors, particularly our chair, and over the course  
15 of the year, plus with the Department of Public  
16 Health-lead effort about home visiting, there's a lot of  
17 really good energy, a lot of really good discussions, and  
18 some very concrete commitments such as the PEI dollars  
19 from DMH that you mentioned.

20 So there's a lot of good work, but a lot more  
21 work to be done. And, you know, we'll take your feedback  
22 in terms of being a bit more concrete, but I also want to  
23 manage our expectations in terms of our readiness to  
24 assert even an estimate of what some of the other  
25 decision-making bodies ultimately really need to make.

1           COMMISSIONER TAYLOR: I'll accept the caveat of  
2 plus or minus ten percent or whatever, but it --

3           MS. BELSHE: I still need to manage the  
4 expectations.

5           COMMISSIONER SMITH: I think that's kind of the  
6 resiliency strategies, you know. I mean, in other words,  
7 we're looking at the trauma approaching. You know, I  
8 think -- I think that's just a reminder that, you know,  
9 increasing our capacity to respond, et cetera.

10          MS. BELSHE: That's a good point.

11          COMMISSIONER TAYLOR: And then I think it's  
12 important that you guys are doing good work, and those  
13 efforts need to be recognized and noted and as we move  
14 along. So I'm not taking away. I know -- and we can even  
15 do another footnote that says this is only a projection  
16 that may or may not happen. But the idea is that we need  
17 to take credit for some of the things we're trying to do  
18 to counter that balance, and we're not doing that. So I'm  
19 hoping that we will.

20          COMMISSIONER ZEPEDA: Thank you.

21          Commissioner Tilton.

22          COMMISSIONER TILTON: Phillip Morris is  
23 developing a new cigarette that doesn't burn. It cooks  
24 the tobacco.

25          COMMISSIONER SMITH: It heats it.

1           COMMISSIONER TILTON. It heats it, right. And so  
2 I'm kind of wondering what that means in terms of sales of  
3 cigarettes, if this is going to be, like, a totally  
4 separate product that's going to be really popular and  
5 take away from those who are smoking currently -- variety  
6 of cigarettes and how that might affect our income. I  
7 mean, it just occurred to me that that could affect our  
8 income. Maybe someone could look into that.

9           COMMISSIONER ZEPEDA: You want to respond?

10          COMMISSIONER TAYLOR: I'm not on that one, but I  
11 wanted to say something. But go ahead.

12          COMMISSIONER ZEPEDA: Go ahead, commissioner  
13 Taylor. I have one question too.

14          COMMISSIONER TAYLOR: You know, the real effort  
15 you're doing about EPSDT funding, that's positive. That's  
16 real. If you get that and if we advocate and policy and  
17 legislation up north and get the governor to change that,  
18 that's going to change everything. That no longer says  
19 that we have to foot the bill. We can actually cost that  
20 out to the EPSDT funding that's in the state and the feds  
21 and everyone else. That's powerful change. And, plus,  
22 this is sustainable. I'm kind of saying, I see these real  
23 things going on and I'm saying we're not taking credit.  
24 That's all I want to say. I'm sorry.

25          COMMISSIONER ZEPEDA: Other questions?

1 I'll ask my question. I think I asked this when  
2 I was on the budget committee, and that's with respect to  
3 Proposition 56 with the 16 percent decline that we lose  
4 it, then we gain it back. Is that correct?

5 Remind me why it key declines, why is that sharp  
6 decline.

7 MR. ORTEGA: Because of the implications of the  
8 proposition, they acknowledge that there's going to be  
9 revenue -- there was an assumption that there was going to  
10 be a decline in the sales of products and then there's  
11 going to be a backfill in that. There's that hold  
12 harmless piece. So the Board of Equalization and the  
13 Department of Finance, what the forecast is that there's  
14 going to be a one-time reduction. And as we learn what  
15 that reduction is, then we can start accounting for what  
16 that backfill is.

17 COMMISSIONER ZEPEDA: I think you explained this  
18 to me before, Raoul, but I forgot. Thank you for that.

19 MS. BELSHE: And we all need to put our helmets  
20 on and buckle up because these -- the estimates are going  
21 to be really volatile. There's just a lot of moving  
22 pieces, including the -- speaking to estimates. You know,  
23 initial estimates that were made around revenues  
24 associated with the taxation of E -- electronic  
25 cigarettes. So that was a kind of finger in the air. And

1 so those numbers may come in well above or potentially  
2 well below what those initial estimates were. So we just  
3 -- whether they come in high or come in low, we just got  
4 to -- it's not going to change the path we're on, which is  
5 being good fiscal stewards of these dollars and continuing  
6 to provided leadership, as you're underscoring, Romalis,  
7 and sustainability strategies related to our big  
8 investment, particularly home visiting, as well as  
9 alternative revenue generation.

10 And, Kim, you're speaking at PPC next month  
11 regarding some of our alternative revenue generation work  
12 in concert with many others at the state and local level.  
13 And we're going to be hearing shortly from Charna and  
14 Becca regarding some of the budget and legislative work  
15 associated with the budget and the session that just got  
16 kicked off this month.

17 COMMISSIONER ZEPEDA: Okay.

18 MS. BELSHE: We're in it. We're in it, but you  
19 may not see an actual number, but we're going to bring --  
20 we'll bring back more detail.

21 MS. PATILLO BROWNSON: For the sustainability  
22 presentation in February, we'll actually have some numbers  
23 of past investments that we have sort of off loaded that  
24 are no longer on these balance sheets that have  
25 sustainability strategies that are now have been adopted

1 and found homes in other agencies' budgets. And we'll be  
2 able to talk through past successes, what is work in  
3 progress, and also what we're looking ahead to. Some of  
4 those will have more concrete numbers than others, but  
5 there will be numbers, I promise.

6 COMMISSIONER ZEPEDA: Well, if there are no other  
7 questions.

8 Oh, Christina.

9 MS. ALTMAYER: I was going to say, at the  
10 February meeting, we will be looking at what are our  
11 investments in home visiting and then it's a little bit  
12 complex because, looking at our -- some of our components,  
13 if you think about our pies so to speak, we're going to be  
14 sharing with you what's the current pie funding and what  
15 are some potential strategies that we're looking to  
16 support different slices. But it's a little bit complex  
17 because there's multiple, as you point out, different  
18 funding sources that we're looking at from TANF and  
19 CalWorks funding to working very closely with DPH on  
20 better leveraging of federal MediCal funding, DMH funding.  
21 So that blend of funding is what we're working to do to is  
22 to make it far more diverse.

23 COMMISSIONER TAYLOR: That's a better optic. If  
24 someone were looking at this, the optics of that, it says,  
25 wow, you really are thinking about how to deal with it.

1                   COMMISSIONER ZEPEDA: Right. And I think that's  
2 important, Commissioner Taylor, because under the Brown  
3 Act, people can see what we're talking about here. So  
4 that's important.

5                   If there are no other question or concerns, I  
6 will -- we will thank Raoul and Daisy for their work. And  
7 I hope, Daisy, you're not -- you're acclimating. And  
8 we'll take a break.

9                   MS. BELSHE: She just had her two-year  
10 anniversary.

11                  COMMISSIONER ZEPEDA: Great. Congratulations.  
12 You lasted two years.

13                  MS. BELSHE: What the counselor meant to say is,  
14 look how comfortable Daisy is after only two years.

15                  COMMISSIONER ZEPEDA: Okay. We're going to be  
16 taking a break about ten minutes and I'll call you back in  
17 the room then. Thank you have a good break.

18  
19                                 (A brief break.)  
20

21                  COMMISSIONER ZEPEDA: Everybody take your seats.  
22 I want to get started. Okay. We're moving on to Item 6,  
23 budget and legislative update, Charna Martin and Becca  
24 Patton will be presenting.

25                  MS. PATTON: Good afternoon, commissioners.

1 Charna and I are very excited be to here to provide some  
2 updates on policy and legislation.

3 So our goals for our discussion today is really  
4 to highlight strategic plan alignment and collaboration,  
5 to share some emerging information that we have about  
6 legislation that is currently coming up in the governor's  
7 budget, and then to solicit feedback and engage in a  
8 discussion with our commissioners that will help guide our  
9 policy engagement and legislative engagement and our  
10 policy direction over the next few months.

11 So commissioners will remember that back at  
12 November commission meeting, we presented and you approved  
13 our policy agenda. That policy agenda was authored in  
14 true partnership with our program colleagues and has  
15 really helped to guide our engagement over this past month  
16 and will be our guiding star over the next few months as  
17 well.

18 Having the policy agenda is also allowing us to  
19 shift our timeline for legislative engagement. So with  
20 having the policy agenda approved in November, it allowed  
21 us to take December and January to really engage and  
22 figure out what is emerging, what is coming up, and how  
23 can we be supportive, how can we influence legislation,  
24 and how can we take a more proactive role. We've been  
25 able to do that already. We have two bills that we are

1 currently supporting. And will you hear about those bills  
2 later on in the presentation. But it's been a real shift  
3 in our engagement and has provided us with a lot more  
4 flexibility and has allowed us to be a better partner.

5 So I'm going to shift and we're going to talk  
6 through our different priority areas and talk about sort  
7 of what's emerging at the federal and state level, what we  
8 have upcoming over the next few months.

9 So for early care and education at the federal  
10 level, Senator Patty Murray from the State of Washington  
11 introduced in September the Childcare Working Families  
12 Act. So this bill is not moving at the federal level, but  
13 it has been -- has shine a light on the importance of  
14 quality within our ECE system, and it allowed both First 5  
15 LA, First 5 California, and our First 5 Association to  
16 submit letters of support in September with the  
17 introduction of the bill, which was significant for us as  
18 well.

19 At the state level, we've had the governor  
20 released his budget proposal on January 10th. So in this  
21 budget, Governor Brown proposed to increase investments in  
22 child care and preschool by 399 million. These increase  
23 investments includes a modest increase to reimbursement  
24 rates for child care providers. It also expands access to  
25 full-day state-run preschool seats, and provides one-time

1 funding for an early education expansion grant program.

2 While we're excited about these increased  
3 investments, our state ECE coalition will be advocating  
4 for further investment, particularly around access to and  
5 the infrastructure for infant and toddler care. I know  
6 that's an acute need across the state, and particularly in  
7 LA county. So we want to do our best to advocate for our  
8 youngest learners.

9 In addition to budget advocacy, we are also  
10 engaged in legislative advocacy as well. So we are  
11 currently supporters of AB-605, which I'll go into detail  
12 in the next slide. But this was -- came out in January  
13 and we were able to submit a letter of support.

14 In addition, we are currently analyzing two bills  
15 that have been proposed around preschool. The first is  
16 Assemblymember McCarty's AB-1754 and Senator Dodd's  
17 SB-837. So we will be analyzing these over the next few  
18 weeks and figure out what our role is in the engagement  
19 and influence of these two pieces of legislation.

20 AB-605 is authored by Assemblymember Mullin, and  
21 this creates an integrated child care license for child  
22 care centers, center-based care serving children birth  
23 through kindergarten. Currently in California,  
24 center-based care requires two separate license if you  
25 serve a diversity of ages. So centers are required to

1 obtain a license to serve infants and toddlers and obtain  
2 a license to serve preschool-aged children. This bill  
3 would actually allow centers to obtain a single license  
4 while still maintaining age-appropriate standards and  
5 developmental standards for the diversity of ages. So  
6 this also was supported and has passed unanimously out of  
7 both Assembly Human Services and Assembly Appropriations.  
8 It will be going to the Assembly floor over the next month  
9 or so.

10 So with that, I'm going to hand it over to my  
11 colleague Charna who will be going through our other  
12 priority areas, but I'm looking forward to answering  
13 questions and engaging in the dialogue after our  
14 presentation.

15 MS. MARTIN: Thank you, Becca.

16 So I'm going to talk about the health-related  
17 systems and family strengthening inside of our policy  
18 portfolio and start with our federal engagement, which has  
19 had -- we've had a scary four months since September 30th  
20 when both the Children's Health Insurance Program and the  
21 Maternal Infant Early Childhood Home Visiting program  
22 expired. Luckily or through a lot of force and will, the  
23 short-term funding bill that President Trump signed last  
24 week reauthorized the Children's Health Insurance Program  
25 for another six years. If that hadn't been signed, there

1 were ten states that would have run out of funding this  
2 month. So this was a really significant piece for us and  
3 we're glad. But then, of course, MIECHV, our Maternal  
4 Infant and Early Childhood Home Visiting program also  
5 expired September 30th and has yet to be reauthorized.

6 We're working closely with -- as members of the  
7 National Home Visiting Coalition for advocacy efforts and  
8 have been engaged in the policy negotiations. The House  
9 passed legislation seeking a five-year extension, and the  
10 Senate has a bill, 1829, that has bipartisan support and  
11 bipartisan cosponsors that would extend for another five  
12 years as well, but some of those policy negotiations,  
13 again, have stalled. There's been no vote on this bill  
14 yet. So far we've garnered 22 cosponsors for the bill and  
15 have seen a lot of bipartisan commitment, but there's not  
16 a lot of oxygen in DC at the moment. So we may see a  
17 two-year reauthorization which would mean six months later  
18 we need to start working on MIECHV reauthorization again.  
19 But we're really hopeful that we could get in the next  
20 continuing resolution that needs to be voted on by  
21 February 8th that MIECHV would be one of the health  
22 extenders and authorized for five years, and we're asking  
23 for that.

24 I will be in DC next week, along with several  
25 members of the program team, including Christina, for the

1 National Home Visiting Summit, and we'll be doing huddle  
2 visits on this as well with our advocacy partners from  
3 other states.

4 So then in our state work, the governor's budget  
5 included a budget for CalWORKs home visiting initiative,  
6 which would allocate \$26.7 million annually through 20-21  
7 to fund the home visiting initiative for first time  
8 parents in the CalWORKs program. It's expected to serve a  
9 little over 6,000 families for the three years, and the  
10 funding of this description of the program aligns with the  
11 Assembly Bill 992 that we've been supporting since last  
12 year and, if approved, would represent first state funding  
13 available to counties to support home visiting programs.  
14 We will be participating in the stakeholder group  
15 convening in February, and expect to continue to engage in  
16 shaping this program as well.

17 And then for us on this side, there are only two  
18 bills that we've established a support position on in this  
19 portfolio and that's Assembly Bill 11 and 992. Assembly  
20 Bill 11 was previously a child care grant bill. And I'll  
21 talk about that in the next slide as well.

22 Assembly Bill 992 is the CalWORKs home visiting  
23 program. It's another two-year bill that we engaged with  
24 before and are continuing to support. This would  
25 establish the CalWORKs baby wellness and family support

1 home visiting program in the Department of Social Services  
2 to offer voluntary home visiting programs to CalWORK  
3 assistance units for pregnant recipients and children up  
4 to the age of 24 months. We're working closely with our  
5 the cosponsors of the bill, Children Now and Western  
6 Center on Law and Poverty to explore some amendments to  
7 this program. And while I think there's a lot of overlap  
8 between AB 992 and the governor's budget for the DSS  
9 initiative, the sponsors are looking for this to be an  
10 additional ask of other \$50 million a year ongoing for  
11 home visiting.

12 And so AB-11 was the child care grant bill  
13 previously and now it is an early periodic screening and  
14 diagnostic test. So we're engaging closely with the  
15 cosponsors of this, which is First 5 Association and  
16 Children Now. We believe AB-11 will clarify and codify  
17 existing Medi-Cal screening guidelines for providers to  
18 use validated tools and to follow the periodicity of the  
19 AP -- the American Academy of Pediatrics Bright Futures  
20 guidelines program. The bill has passed out of the  
21 Assembly Health with unanimous support, and we asked our  
22 Dr. Patel, who is a close friend of our Help Me Grow work,  
23 and you've heard her speak here before, to testify in  
24 Assembly Health. It also passed unanimously out of  
25 Assembly Appropriations and we expect a floor vote next

1 week on the Assembly side.

2 COMMISSIONER MARTINEZ: Who's the author of the  
3 bill?

4 MS. MARTIN: McCarty from Sacramento. Yes.  
5 Bonta, Carrillo and Nazarian are also coauthors of the  
6 bill.

7 So we are working with first -- in terms of  
8 additional activities that we're engaging in and going  
9 forward, we are working with First 5 Association and  
10 through the First 5 network in planning the First 5  
11 advocacy day in Sacramento, which has been scheduled for  
12 May 1st and 2nd. In addition to the three bills we  
13 discussed today that we have current support positions on  
14 for our state work, we're also reviewing and analyzing  
15 bills to add support and a watch list as we head into  
16 session. We're currently looking at a maternal mental  
17 health bill to draw down more federal funds, as well as  
18 two universal preK bills. And now that we have hired our  
19 government affairs strategist as well, we're working with  
20 our consultants and partners to develop a deeper policy  
21 maker relationship strategy that we can talk more about in  
22 future presentations. And, of course, we're working on  
23 priorities to expand alternative revenue and keep on an  
24 eye on funding streams that may be opportunities to insert  
25 our policy priorities and amplify our work.

1           So our 2018 priorities for the policy side, our  
2 work plan entails working with these main priorities to  
3 focus closely on our coordinated agenda with the  
4 Association and First 5 California; to continue to build  
5 stronger alliances with our partners, coalitions, and  
6 stakeholders; to identify opportunities to support  
7 intergenerational and family support priorities; and to  
8 protect our revenue streams while also finding  
9 opportunities to increase resources throughout the  
10 prenatal-to-five systems.

11           And our next steps will continue to develop our  
12 legislative agenda as more bills are coming out and will  
13 be presenting at the next commission meeting with more  
14 updates and analysis. We're coplanning the First 5  
15 advocacy day meetings and starting to develop the  
16 materials to be included in that. And we're working with  
17 program staff partners to develop issue briefs for each of  
18 our policy agenda priorities and working on developing and  
19 hosting two briefings in March as well as and reports on  
20 the home visiting system and policy platforms for our  
21 issues.

22           And with that, happy to answer any questions and  
23 have a conversation. Also, the policy department does not  
24 have any children. So these are our babies.

25           MS. BELSHE: Who belongs to whom?

1 MS. PATTON: The Corgi is Becca's. Tucker is --  
2 the large dog is Peter's. The two Chihuahuas eating  
3 Thanksgiving are mine. Then John Bamford's bulldog.

4 COMMISSIONER ZEPEDA: Thank you, Charna and  
5 Becca.

6 Questions?

7 COMMISSIONER ARAGON: Regarding the MIECHV  
8 funding, we all hear it's bipartisan support, everybody's  
9 fine with it. I thought we were -- I thought it would  
10 have a easier time to pass than CHIP. So what do we know  
11 at this point? I mean, I heard that it should be, but  
12 like what's the issue? Why isn't it getting over the line  
13 here?

14 MS. PATTON: Would I say in September we had a  
15 lot of optimism with the five-year reauthorization bills  
16 and policy changes were a stumbling blocker for all  
17 parties and all groups. And as that and the tax bill and  
18 budget and DACA and everything else that's really the  
19 heartbeat of DC right now, this is one of the things  
20 that's a bargaining chip, but also continues to have  
21 support. So it's still in the conversation. I would say  
22 it's hard to make it a strong priority for some offices.

23 MS. BELSHE: Are there issues involving models  
24 that have complicated the conversation?

25 MS. PATTON: Yes. I would say that it's

1 complicated coalition strategy across the board. Some of  
2 the policy changes that were being negotiated included a  
3 requirement for state matches, a requirement for a new  
4 tier of evidence, several different views through it. The  
5 longer that we go without reauthorization, the less those  
6 are really things that we're talking about as much. The  
7 state match is almost gone away, but that was a big  
8 sticking point of how narrow that would be. The original  
9 intent for that and negotiation on that, California would  
10 have been okay because First 5 funding would have  
11 qualified because it's pooled at the state. And then as  
12 more models ask for more evidence, that was a really  
13 difficult sell. It became a very narrow definition that  
14 would have hurt us greatly. So those conversations  
15 continue, but not with the same specificity that they did  
16 before.

17 I think everything's broadening a little and I  
18 would feel optimistic that we could be included with the  
19 other health extenders for the February 8th CR. Whether  
20 or not that happens, I have no crystal ball, but I feel  
21 better about that than I did last week which I thought  
22 that was a really good sign for us.

23 COMMISSIONER ZEPEDA: Other questions from  
24 commissioners?

25 COMMISSIONER TILTON: Where are the -- what are

1 the Chihuahua's sitting on?

2 MS. PATTON: That is a highchair that I own for  
3 my dog. And those are Cornish game hens that they are  
4 eating because they needed a meal too.

5 COMMISSIONER ZEPEDA: I have a question. I know  
6 that we're working with the ECE coalition, correct?

7 MS. PATTON: Yes.

8 COMMISSIONER ZEPEDA: And one of their agendas is  
9 infant toddler. Could you elaborate a little bit more on  
10 that? You said access for infant toddler. Is that access  
11 to what when we don't have enough places for them? Are we  
12 talking about family child care? What are we talking  
13 about?

14 MS. PATTON: Yes. That's a great question.  
15 Because we know we need to access immediately but we also  
16 know we need to fix the infrastructure of infant toddler  
17 care. So we are looking for immediately to provide some  
18 more access and expansion to the alternative payment  
19 program, so increasing the amount of spaces for children  
20 to receive vouchers. However, in doing that we also want  
21 to couple that with some systematic changes that will  
22 incentivize participation for providers in infant toddler  
23 care. So we're looking at increasing the adjustment rate  
24 factor for infant toddler care so sort the bump in the  
25 reimbursement rate that providers will receive. And so we

1 know that we need to increase that in order to make the  
2 system sustainable.

3 And then we're also looking at professional  
4 development, because we know that we need to make sure  
5 that our educators are really trained and equipped to work  
6 with infants and toddlers and care for infants and  
7 toddlers. And in the governor's budget in sort of the  
8 one-time proposal -- one-time funding he had, we're also  
9 looking at what the startup costs are for infant toddler  
10 spaces. And especially over the past several years, a lot  
11 of spaces that were used for infant toddler care have been  
12 transitioned to preschool classrooms; how do we transition  
13 those classrooms back and what are the costs for that. So  
14 we're looking at that as well.

15 So a both/and strategy for both access and  
16 infrastructure.

17 COMMISSIONER ZEPEDA: And the other question I  
18 had was, you mentioned -- I don't know if it was you or  
19 Charna mentioned the policymaker relationships, that you  
20 had hired someone for -- to do that. Could you also give  
21 more detail on that, if you can?

22 MS. PATTON: He starts on Monday. So we're --  
23 we're very excited. Charna and I have great expertise in  
24 policy, but it will be wonderful to have someone on our  
25 team who can really have a lens towards how are we

1 developing relationships with our policymakers and elected  
2 official, both especially here in LA county. A lot of the  
3 legislation that we're engaging in are electeds from  
4 different parts of the state. So how with can we really  
5 further engage our relationships in LA county and partner  
6 with our champions here in LA county.

7 MS. BELSHE: So this a manager position that  
8 we've been recruiting for quite some time, government  
9 affairs manager. So this is someone we will be announcing  
10 soon that we're very excited about and will complete the  
11 leadership team for the policy department.

12 COMMISSIONER ZEPEDA: Thank you.

13 Other -- any other questions or comments?  
14 Christina.

15 MS. ALTMAYER: I just want to bring attention to  
16 AB-11, which is -- this is the bill that Charna  
17 referenced, which is increasing access to validated  
18 developmental screening tools. This has been something  
19 that the First 5 Association and First 5s have probably  
20 been advocating for for close to ten years. This is a  
21 critical issue as we think about the implementation of  
22 Help Me Grow and really bringing quality and bringing a  
23 standard of quality to something that is -- has been a  
24 practice and is really an existing requirement, I would  
25 say. So I know that it was highlighted, but I just wanted

1 to give a little voice to this is really -- what does Kim  
2 call it? Big deals.

3 MS. BELSHE: Big ding dang deals.

4 MS. ALTMAYER: Because it has been so long. And  
5 I think it's also one of these places that the First 5  
6 voice has been very uniquely raising this issue up as a  
7 critical issue and it speaks to prevention and early  
8 intervention agenda. So I just wanted to give voice. And  
9 a tremendous amount of credit is due to our policy friends  
10 for capitalizing on a moment where there seemed to be a  
11 way of changing something that wasn't really going  
12 anywhere into something that's had I think tremendous  
13 support.

14 So I don't know how many letters of support are  
15 we up to.

16 MS. MARTIN: 68.

17 MS. ALTMAYER: So it's really been I think just  
18 some great leadership at the policy department.

19 COMMISSIONER ZEPEDA: So that would only pertain  
20 to providers who are funded by the state or would this be  
21 across the board?

22 MS. MARTIN: This would be any Medi-Cal  
23 providers. So any child who is -- during well-child  
24 checkups that are Medi-Cal beneficiaries would receive a  
25 redefinition of what screening means to include validated

1 screening tool as well as following the periodicity, and  
2 the validated screening tool in its entirety.

3 MS. BELSHE: It's a good example of how work we  
4 did a year or two ago in partnership with LA Care --  
5 recall -- some of our commissioners will recall we  
6 supported LA Care to do a very interesting and thorough  
7 qualitative study surveying their provider partners, both  
8 in terms of health plan partners, integrated provider  
9 networks, and specific individual providers to better  
10 understand, so how are they doing with developmental  
11 screening. And it was really, really powerful in terms of  
12 the learning. It was also very discouraging in terms of  
13 the actual practice. And one of the things we learned --  
14 and this was consistent with some work then the Department  
15 of Health Services commission -- that providers often  
16 think they're doing developmental screenings, but what  
17 they're really doing is observing, eyeballing children and  
18 saying, well, yeah, I've been doing that.

19 So one of the really important findings is,  
20 again, you can have a policy change, you can have a law or  
21 requirement, but how the system supports or doesn't  
22 support the actual implementation is really significant.  
23 So this is informed by learning and experience from the  
24 Department of Health Services, First 5 LA, and many  
25 others. And we'll see how it continues to go, but it's --

1 and I really -- it's important to call out Charna in  
2 particular who has been a yo as, yo person -- really been  
3 an incredibly important voice in terms of supporting this  
4 shepherding of the coalition, supporting the author's  
5 office and their eagerness to really get a bill moving  
6 that can make a difference.

7 And as Christina noted, it's another example  
8 where the First 5s as an association, as a leadership  
9 network and individual First 5s like First 5 LA are really  
10 leaning into some important policy issues in Sacramento  
11 and informed by our experience. So --

12 COMMISSIONER ZEPEDA: Okay. Well, if there are  
13 no other questions or comments, thank you, both, for your  
14 work and we really appreciate it. This is extremely  
15 important as we go forward. Thank you.

16 MS. BELSHE: And, commissioners, Lindell sent  
17 something out to you before too long on advocacy day,  
18 which was just noted. The -- a number of us just came  
19 back from meetings in Sacramento Tuesday and yesterday  
20 with the association. And this is our 20th anniversary.  
21 So the association is going to be leading some statewide  
22 work to really draw attention to the learning, the  
23 successes, and the opportunities going forward associated  
24 with Prop 10 and the work of First 5s. So the advocacy  
25 day on May 1-2 is intended to be a big ding dang deal.

1 And not only are First 5 staff and commissioners expected,  
2 but also some of our contractors and grantees, which we  
3 haven't done in a really big way in the past, and will  
4 include for us thinking carefully about our parents from  
5 the Best Start communities and how to ensure they're a  
6 part of that conversation.

7 So more to come, but we're -- we've had  
8 commissioners in the past and we're eager to have  
9 commissioners going forward.

10 COMMISSIONER ZEPEDA: And wear your good shoes as  
11 you walk around a lot.

12 MS. BELSHE: You're walking shoes.

13 COMMISSIONER ZEPEDA: Yeah. Okay.

14 We're going to move on to Item 7, the ECE outcome  
15 update on the ECE competencies. Gina Rodriguez and Debra  
16 Colman will be presenting.

17 MS. COLMAN: Thank you, commissioners, staff, and  
18 guests. I am thrilled to be here today presenting with my  
19 colleague, Gina Rodriguez, on the early childhood educator  
20 competencies initiative. Our goals for today are to learn  
21 and share about this initiative and especially to  
22 highlight how it connects and supports First 5 LA's  
23 strategic plan, as well as explore how the competencies  
24 can strengthen the early care and education workforce.

25 To begin today, I'd like us all to revisit the

1 connection between high-quality early learning and the  
2 early care and education, or ECE, workforce. So numerous  
3 studies tell us that when the workforce has more  
4 education, when they have more specialized training, the  
5 children in their care actually receive a better quality  
6 of care. We also know that the children in their care  
7 make higher developmental gains. So one of the keys to  
8 improving quality, which is part of our strategic plan, is  
9 by improving the preparation of our workforce.

10 Now, some of that is done through the college and  
11 university system, but we also know that about 50 percent  
12 of LA county early educators do not have a college degree.  
13 So we want to be sure to address the needs of those early  
14 educators, many of their -- much of their training comes  
15 through the resource and referral agencies or  
16 community-based training organizations. So how do we  
17 impact and strengthen that training system.

18 Part of the pathway lies in the early childhood  
19 education competencies. These competencies are the  
20 knowledge, skills, and dispositions that every early  
21 educators needs no matter if they go to college or they  
22 are on another track on receiving training. The same  
23 skills, knowledge, and dispositions can impact the  
24 learning of the child.

25 They were developed collaboratively in 2011

1 between the California Department of Education, the First  
2 5 California, and various stakeholders. They also provide  
3 a coherent structure in content for professional  
4 development for the ECE workforce in the State of  
5 California.

6           Although they've been around since 2011, they are  
7 complex. I have them here. There's over 700. So they've  
8 been difficult to embed in the daily practice. Now, one  
9 strategy that is going on currently through one of our  
10 investments is the connection between PEACH and several  
11 early education faculty from across the county who are  
12 mapping and aligning the course work in colleges and  
13 universities to these competencies. But what about this  
14 other 50 percent? How do we ensure that they have those  
15 skills, knowledge, and dispositions?

16           So we weren't sure how to start. We had some  
17 ideas. Our team decided the best approach was to step  
18 back, to look at the landscape. So we conducted extensive  
19 research looking at other states who have competencies,  
20 interviewing teachers, family child care providers,  
21 professional development experts, and administrators,  
22 getting their feedback. Also, we convened a stakeholders'  
23 meeting to really explore what the benefits and challenges  
24 of incorporating these competencies into training programs  
25 would be.

1           Several key findings have guided the strategy  
2 you're going to hear today. Some that I'd like to elevate  
3 for you and probably the biggest surprise to us was the  
4 fact that there are various understandings of what these  
5 competencies are in the ECE workforce. Second, it became  
6 evident that we needed to focus on ensuring that whatever  
7 training rolled out regarding these competencies really  
8 reflected the needs of both family child care providers  
9 and center-based providers and, finally, that  
10 competency-based training needed to connect to bigger  
11 quality strategies. It needed to connect to our quality  
12 rating and improvement system as well as the initiative  
13 you heard about last October with Educare and the  
14 possibility of having an ECE teaching hospital model to  
15 Educare in Long Beach.

16           So staff reflected on this research, did some  
17 intentional planning, and now we believe that we have a  
18 strategy that is truly reflective of the needs of the ECE  
19 field at this time.

20           So at this point, I'm going to turn it over to  
21 Gina who's going to walk us through the strategies  
22 initiative -- the initiative strategy, as well as the  
23 timeline to roll it out.

24           MS. RODRIGUEZ: Thank you, Debra. Good  
25 afternoon, commissioners.

1 I want to provide you with an overview of the  
2 entire initiative. So as you know, the current strategic  
3 plan identifies ECE systems as one of its four outcome  
4 areas. And one way that the ECE outcome area increases  
5 access to affordable, quality early care and education is  
6 by strengthening the professional development system for  
7 ECE providers.

8 Based on the landscape analysis that Debra  
9 mentioned on the competency, staff developed a plan to  
10 enhance the ECE professional development system through a  
11 project called The Early Childhood Educator Competencies  
12 Initiative. The goal of the initiative is to strengthen  
13 the early learning professional development system by  
14 integrating the competencies into LA county ECE training  
15 programs.

16 The rollout of the initiative, there's two  
17 phases. The first phase is the training and technical  
18 assistance provider. They were selected through an open  
19 and competitive solicitation. They'll provide training,  
20 coaching, and a learning community to participate in ECE  
21 professional development agencies. These two, the ECE  
22 competencies, professional development grantees will be  
23 selected through a competitive solicitation. Professional  
24 development organizations will participate in the training  
25 in TA. Grantees will embed the competencies in their

1 training programs and testing models with early educators.

2 I just want to pause here and want to clarify  
3 that the ECE leaders -- the ECE leaders we're referring to  
4 the competencies initiative are trainers and leaders from  
5 professional development organizations who will train  
6 early educators from centers and family child care. I  
7 just want to make sure that everyone was clear on that.

8 So systems change happens in multiple stages in  
9 the initiative through learning, reflecting, testing, and  
10 embedding. This is a project design of the initiatives.  
11 So as you can see in the first box on the left, the TA  
12 provider will convene a multiday training with ECE leaders  
13 and then -- where the ECE leaders will then learn more  
14 about the competencies, the systems change approach, look  
15 at best practices, and learn from experts. Reflection  
16 will occur throughout the initiative through coaching and  
17 peer learning communities. And then there will be a  
18 period of testing the competency training -- there will be  
19 a period of training their competencies training with  
20 early educators as they continue to share and learn from  
21 the peer organizations, and then, ultimately, embed the  
22 refined training on the competencies in the ECE  
23 professional development system in LA county.

24 Throughout the process the team provider, the ECE  
25 leaders, and First 5 LA will be co-constructing the

1 initiative and being very intentional about taking into  
2 account the circumstances and needs of family child care  
3 providers and center-based providers.

4 Then, lastly, based on successes and lessons  
5 learned, the TA provider will develop an expansion plan to  
6 support the replication of the strategy to expand to  
7 additional professional development leaders.

8 At this point, we're very happy to share with  
9 you that, when we were going to release the RFP before the  
10 release, we shared the RFQ with California Department of  
11 Education, Cecelia Fisher-Dahms, and she was very excited  
12 about the approach. She thought it was innovative and  
13 wanted to discuss points of collaboration.

14 The initiative is aligned with First 5 LA's  
15 strategic plan and focus on systems change and it's a  
16 shift in the paradigm of the ECE professional development  
17 world. We're providing the space, time, and resources so  
18 that professional development organizations can learn and  
19 collaborate with one another and align efforts.

20 I want to share some highlights of the timeline.  
21 This past December, the Child Care Alliance of Los Angeles  
22 was selected to be the training and technical assistance  
23 provider. They're sitting back there. In the spring of  
24 2018, we'll be releasing the competitive solicitation for  
25 the ECE professional development organizations to

1 participate. And by the summer of 2018, the grantees will  
2 be selected and activities begin.

3 In terms of next steps, the Childcare Alliance of  
4 Los Angeles contract as a training and technical  
5 assistance provider scheduled to be approved at the  
6 contracts consent calendar -- on the contracts consent  
7 calendar in -- at the March commission meeting. Once  
8 approved, the Childcare Alliance will launch the project.  
9 And in the spring of 2018, First 5 LA will release the  
10 solicitation to select the LA county ECE professional  
11 development organizations to participate in technical  
12 assistance.

13 And then last but not least, the young man on the  
14 right is my son Giomani. This is his first school picture  
15 ever, and he's now a tenth grader in Eagle Rock High  
16 School.

17 MS. COLMAN: And on the left is one of my  
18 inspirations, one of my nine great nieces. This is Mazy,  
19 and she is three years old right now. And now we'd love  
20 to take questions from commissioners.

21 And now we'd love to take questions from  
22 commissioners.

23 COMMISSIONER ZEPEDA: Commissioner Smith.

24 COMMISSIONER SMITH: I think this is a great  
25 project. I have one comment and a question.

1 My comment is, having just done an accreditation  
2 for the school of social work based on social work  
3 competencies, we have ten competencies for the master's  
4 degree. I am floored that you managed to get 700  
5 competencies. I mean, that just -- I don't know what to  
6 say about that.

7 The question that I have is I -- not to be an  
8 evaluation nag, but I don't hear that as a part of the  
9 framework here.

10 MS. RODRIGUEZ: It's absolutely part of the  
11 framework. And assessment is going to happen from the  
12 very beginning as the Childcare Alliance assesses or -- to  
13 see where the ECE leaders are at. So throughout the  
14 initiative, the assessment is going to happen. They will  
15 also be working with an evaluation team to evaluate the  
16 entire initiative. Those conversations are going to start  
17 from the onset as we co-construct.

18 COMMISSIONER SMITH: And I think that would be  
19 great to have that reflected when you're presenting and  
20 describing it because it's such an essential part and it's  
21 important that you've already built that in.

22 MS. RODRIGUEZ: Thank you for that.

23 MS. COLMAN: Absolutely. To add to what Gina  
24 shared, as a social worker, there are only ten  
25 competencies. One of the great elements of this project

1 is there have not been the resources or the time and space  
2 for the professional development world to come together  
3 and really have a conversation about, how do we prioritize  
4 these competencies? How do we roll it out since there are  
5 so many? Are there some that are essential and some that  
6 might be latter? So we really think that through this  
7 project, we're going to be able to create a space to have  
8 those very important conversations.

9 COMMISSIONER ZEPEDA: Great. Other questions?

10 Commissioner Tilton.

11 COMMISSIONER TILTON: Okay. I know that early  
12 childhood educators get paid less than any other level of  
13 educator. So my question is, do we know sort of who they  
14 are. Are they younger? Older? Are they representative  
15 of the population? I mean, what do we know about them?  
16 Are they starting in early before they move on to  
17 something else or are they doing this kind of at the end  
18 of their career? What -- who are they? I'm trying to get  
19 a sense of who these early childhood educators who don't  
20 get paid very much are.

21 MS. RODRIGUEZ: I will answer and then, Debra,  
22 you can chime in. They are -- and this is, you know,  
23 based on my perception and, of course, I've read a little  
24 bit about it is. They're primarily ladies this their 40s,  
25 they're women of color. They rely on community

1 organizations for their professional development. They do  
2 this because they really care about children and they want  
3 to do a good job and that's why they continue to seek  
4 professional development through the RNRs of participating  
5 agencies. They don't have college degrees, 50 percent of  
6 them -- the workforce that we're talking about, 50 percent  
7 of them do not have college degrees.

8 Anything you want to add?

9 MS. COLMAN: No.

10 COMMISSIONER TILTON: That's important to know in  
11 terms of childhood reach and expand their scope of  
12 understanding and ultimately the position on attractive  
13 and profitable. If you can't support yourself, what  
14 you're paid to do, that won't do it.

15 MS. RODRIGUEZ: And that's why we're being very  
16 intentional about really thinking through what can we do  
17 for family child care, center-based care to really reach  
18 out to some of these ladies that are sometimes --  
19 especially with family child care, they're very isolated.

20 MS. COLMAN: And one thing I'd like to share  
21 because it does tie to compensation. Compensation and  
22 qualifications really go hand in hand. And with all  
23 industries that are trying to really validate themselves  
24 as a profitable career path, as something that is a career  
25 path and not just a starting point for young people in

1 their -- their teaching journey. There really needs to be  
2 competencies and expectations as a part of that  
3 qualification foundation. So we're hoping possibly by the  
4 expansion of competencies that it's a journey and a path  
5 way to professionalize the workforce.

6 COMMISSIONER ZEPEDA: Commissioner Abdo.

7 COMMISSIONER ABDO: So I ran a child development  
8 company at Santa Monica Malibu Unified. I had about 225  
9 staff members, not all teaching staff, but many of them,  
10 of course, were. What I learned when I found out who had  
11 BAs and who didn't, was that many of the staff had gone  
12 through community college and were interested in getting a  
13 college degrees, but they couldn't pass Algebra II and  
14 so they were stuck because they couldn't get into a  
15 program where they could get a college degree so they  
16 would have their -- their early childhood units and be  
17 ready and in the classroom. And this is all ages.

18 And it's just -- it's an issue and it's -- it has  
19 a lot to do with how women are taught as children. And  
20 math is kind of this thing that -- that is not made clear  
21 so that it become a very scary thing and I there was -- I  
22 was shocked to learn this, but it was very real.

23 COMMISSIONER ZEPEDA: Other questions or  
24 comments?

25 Commissioner Taylor.

1                   COMMISSIONER TAYLOR: You know, I'm very  
2 interested in whether or not your model really goes into  
3 how we engage this particular population of providers and  
4 how we motivate them through support and the transition to  
5 a possible college. And like my colleague is saying, how  
6 do we help them navigate the system? Now we all know that  
7 the system has more than one way to beat it and you need  
8 to understand how to do it. One of the those things was  
9 that you can take -- there was a thing called logic and  
10 informed -- and systems logic or language logic that you  
11 could do instead of numbers in certain schools. And it  
12 really was interesting and it wasn't that complex, but it  
13 was at least something you could do instead of doing the  
14 numbers and still get by.

15                   And so we need to find out how to help them  
16 navigate these systems of colleges so they can get  
17 qualified, they can get through, and that's a very  
18 important point she brought up. But I really want to know  
19 how your strategy engages them and has a transition to  
20 help them and support them through their school.

21                   MS. COLMAN: Okay. Well, one of the unique  
22 aspects of the design of this initiative is bringing  
23 together the professional development leaders in the field  
24 into a room to really co-construct what these training  
25 models will look like.

1           As a little back story, originally, when we  
2 thought of this project during the strategic planning  
3 process, we thought it would be as simple as creating a  
4 singular curriculum for the resource or referral agencies  
5 and a master training program. The deeper we got in the  
6 research, the more we realized that there were a lot of  
7 needs of the field that we needed to take into account.  
8 And I'm very grateful to our ECE director Katy  
9 Valley-Kinyon (phonetic) for having us pause and really  
10 take the time and the due diligence to do that research.

11           So I think, as this co-construction goes on with  
12 First 5 LA staff with the Childcare Alliance with the  
13 professional development organizations that are selected  
14 to participate in this program, we hope that that will be  
15 one of those questions that is raised, that is a part of  
16 the conversation. We hope that the needs of family child  
17 care providers are raised as a part of the conversation.  
18 How to make this appropriate, how to make the competencies  
19 digestible are all key elements. Unfortunately, we don't  
20 know -- I'm going to say unfortunately and fortunately we  
21 do not know what that will look like yet. And that is the  
22 wonder of being on this journey with experts who will then  
23 come together with all their knowledge and years of  
24 expertise to be a part of forming what these training --  
25 I'm saying trainings because I don't think there will be

1 just one pathway -- what these training will look like for  
2 our community, for our professional development system in  
3 LA, as well as California.

4 COMMISSIONER TAYLOR: Can I say one more thing?

5 One of the things that I think we've heard here  
6 several times today, fear. Fear of the change and fear of  
7 the challenge. And -- and we need to take that away  
8 somehow as a part of that process and the encouragement  
9 that they can do it because a lot of people have already  
10 told them they can't. So the idea is, how do we take that  
11 fear away and how do we encourage them that they can.  
12 Because I know some people that have told -- been told in  
13 school they would never graduate from college and never go  
14 to college and was told by a counselor. And that was just  
15 one example. And that person graduated from college and  
16 graduated with honors. So it's kind of like, you got to  
17 take away the fear so they will engage the process.

18 COMMISSIONER ZEPEDA: Other questions or comments  
19 from commissioners?

20 I have a few. First of all, I think -- and I've  
21 said this in other venues within First 5, focusing on  
22 family child care is so important. We have a mixed  
23 delivery system in early childhood education and we cannot  
24 get by just with center-based care. The infants and  
25 toddlers are serviced primarily through family child care,

1 not through center-based care.

2 When you -- I am familiar with the competencies.  
3 When you say 700, Debra, you're talking about for the  
4 assistant teacher, the teacher, the director, the higher  
5 ed faculty. So in effect, it's not 700. So maybe you  
6 want to kind of revise that statement because it's going  
7 to scare everybody because we're really only talking about  
8 the assistant teacher or teacher on that slice. And I am  
9 familiar with them, there are a lot of. Them ten domains  
10 or I can't --

11 MS. COLMAN: 12.

12 COMMISSIONER ZEPEDA: 12 domains. So there has  
13 to be some discussion about which domains you're going to  
14 be focused on in your training. Typically, it's language  
15 and literacy and numeracy, maybe socioemotional  
16 development. So there may have to be a narrowing down or  
17 collapsing of some of those domains because I don't think  
18 it's manageable, frankly.

19 I'm also concerned about the delivery -- and this  
20 something that the Alliance probably is aware of -- of the  
21 training in languages other than English because we know  
22 that many of our providers are not native English  
23 speakers. And so that is something that needs to be  
24 thought through.

25 And then who are the trainers and how well do

1 they know their stuff? Which is a big discussion in the  
2 field of PD right now.

3 And then one thing that the R and Rs have talked  
4 about and some of them have been successful and some not  
5 is maybe trying to get some CEUs or some academic unit  
6 credit for some of these trainings, if that's even a  
7 possibility. I know that's a controversial in some  
8 circles, but as a way to get them interested in maybe  
9 pursuing some course work at the community colleges.

10 So those are some of the thoughts I have.

11 MS. COLMAN: All great ideas and great food for  
12 thought in a very collaborative process. So thank you,  
13 commissioner.

14 COMMISSIONER ZEPEDA: Well, okay. Good luck with  
15 this project and keep us informed.

16 MS. BELSHE: And I think this was Gina's first  
17 presentation. Becca's as well. That means they get a  
18 cookie bar.

19 MS. ANDRADE DUBRANSKY: I'm on it.

20 COMMISSIONER ZEPEDA: Moving on to Item 8. And  
21 Barbara is going to tell us about the extension of the  
22 strategic partnership with California Community  
23 Foundation, partnerships for early childhood investment to  
24 support the perinatal and early childhood home visiting  
25 consortium. And that's a mouthful.

1 MS. BELSHE: And this, commissioners, will note  
2 is on the agenda as a written only item. So this is part  
3 of our effort to continue to work with you using different  
4 ways of bringing information forward that don't  
5 necessarily require a presentation behind everything, but  
6 we will always have our lead as Barbara DuBransky for this  
7 one to be available for -- who are you pointing to?

8 MS. ANDRADE DUBRANSKY: As well as Rena John.

9 MS. BELSHE: So if commissioners have questions,  
10 there's always going to be time with that, but this is  
11 intended to be written only unless, Barb, there's like a  
12 headline you want to give. This is not new work of First  
13 5 LA.

14 MS. ANDRADE DUBRANSKY: I will just -- I'll only  
15 say that the consortium is a critical partner to all the  
16 work we were just talking about earlier in terms of  
17 sustainability and building this home visiting system  
18 because they are really the ones who convene home visitors  
19 and make sure that we understand the core issues that are  
20 needed to be addressed in order to build the system.

21 So that's all I'm going to say.

22 COMMISSIONER MARTINEZ: I thought this is where  
23 the interpretive dance starts.

24 MS. ANDRADE DUBRANSKY:

25 MS. BELSHE: Barb, don't you think Linda's right?

1 I thought it was the county agency official.

2 MS. ANDRADE DUBRANSKY: That's what I thought.

3 COMMISSIONER ARAGON: No one wants to see that.

4 MS. BELSHE: No. No. No. To be clear, Marlene,  
5 if commissioners do have questions, we absolutely can.  
6 The intention is not to keep you all presentation on  
7 everything. But if you have questions, now is the time;  
8 otherwise, we'll move this forward to board consent in  
9 February.

10 COMMISSIONER ZEPEDA: Do commissioners have any  
11 questions at this juncture?

12 Okay. Well, read your materials and you can have  
13 questions the next time.

14 Okay. Thank you. Do we have -- we have no  
15 public comment?

16 SECRETARY: No public comments.

17 COMMISSIONER ZEPEDA: Okay. No public comments,  
18 so in that case, we are out of here a little bit early.

19 MS. BELSHE: Way to start off the new year.

20 (At 4:07 PM, the proceedings were concluded.)  
21  
22  
23  
24  
25

C E R T I F I C A T E

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

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

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

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

Attested to on this 6th day of February, 2018.

\_\_\_Heatherlynn Gonzalez\_\_\_

CERTIFIED SHORTHAND REPORTER

FOR THE STATE OF CALIFORNIA

# Alternative Revenues and Sustainability Strategies

Kim Pattillo Brownson, Peter Barth,  
Barbara Dubransky, Reena John

February 22, 2018



# Discussion Overview

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- Overview of alternative revenues and sustainability in the First 5 LA context
- Sustainability Discussion: Home Visiting
- Alternative Revenues Discussion: Proposition 64, local initiatives

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# Strategic Approach

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First 5 LA is not the agent of scale or sustainability.

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# Strategic Approach

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But we are innovators, collaborators, partners, supporters, and influencers.

## Focused Investment Strategies

- Research and Development
- Public Policy and Advocacy
- Provider Training
- Community Capacity Building
- Service Delivery System Improvement
- Communications

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# Context

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- Declining revenue source
- Proposition 10 mandate: “facilitate the creation and implementation of an integrated, comprehensive, and collaborative system ...”
- Increased focus on outcomes and all children

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# Definitions

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- **Sustainability:** maintaining investment in critical services and supports for families and young children
- **Alternative Revenues:** increasing the funds available for early childhood

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# Examples of Success

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## Sustainability:

- Oral Health: Dental Transformation Initiative
- Family Strengthening: Partnerships for Families

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## Alternative Revenues:

- Proposition 56 Tobacco and E-Cigarette taxes

# Home Visiting



# Universal Voluntary Home Visiting

*Building A Sustainable System*



Policy and  
Advocacy

Learning  
Agenda

System  
Building

Program  
Optimization

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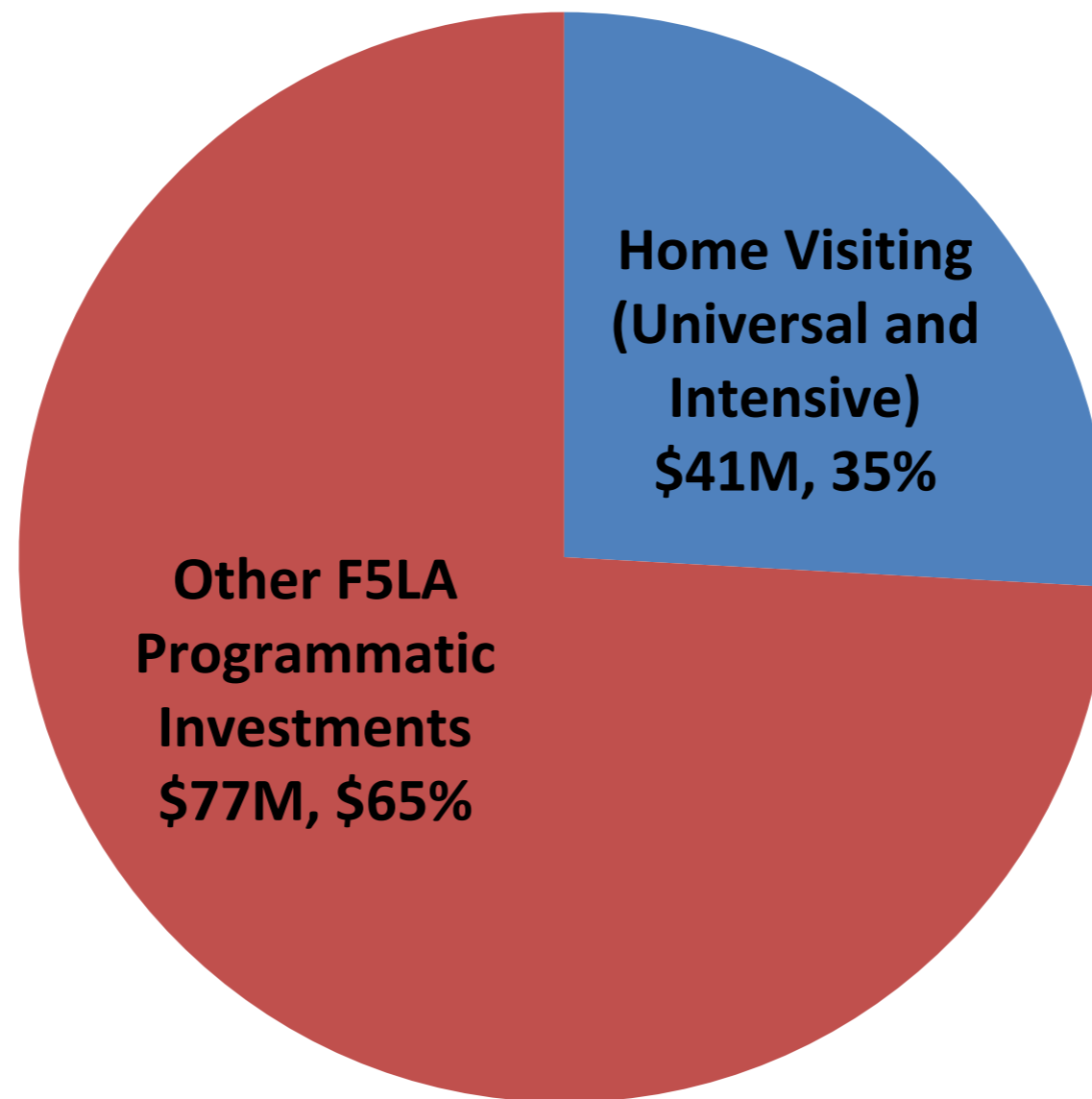
# Context for Home Visiting (HV) Sustainability Efforts

- HV as F5LA's Most Significant and Long-Standing Direct Services Investment, Representing 35% of FY17-18 Annual Programmatic Budget
- F5LA Currently the Largest Funder for HV in LA County, Representing 45% of Total Funding in LA County
- Countywide Efforts to Develop a HV System – 2016 Board of Supervisors Home Visiting Motion

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# Home Visiting Allocation in Relation to F5LA FY17-18 Programmatic Budget of \$118M\*



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\*Includes only programmatic costs. Operating costs are an additional \$22M

# System-Building: Board of Supervisors Home Visiting Motion Planning

## **Charge of Motion Response Workgroup led by Department of Public Health:**

“Develop a plan to coordinate, enhance, expand and advocate for high quality home visiting programs to serve more expectant and parenting families.”

## **First 5 LA Actively Supporting Board Motion Response Launched in January 2017:**

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- Initial Landscape Assessment/Guiding Principles Released (June 2017)
- Report Highlighting County Department Engagement (October 2017)
- Preliminary Recommendations (February 2018)
- Final Report (June 2018)

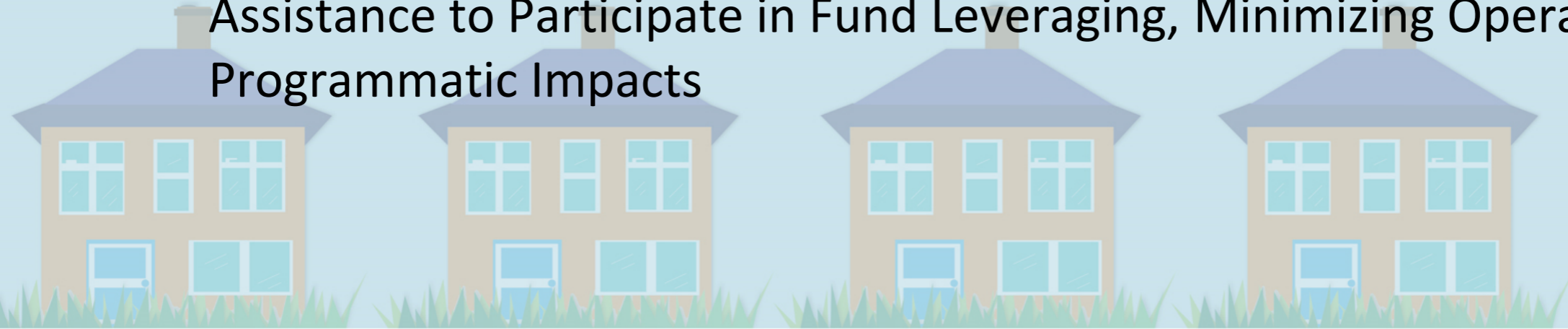


# Home Visiting Sustainability Goals

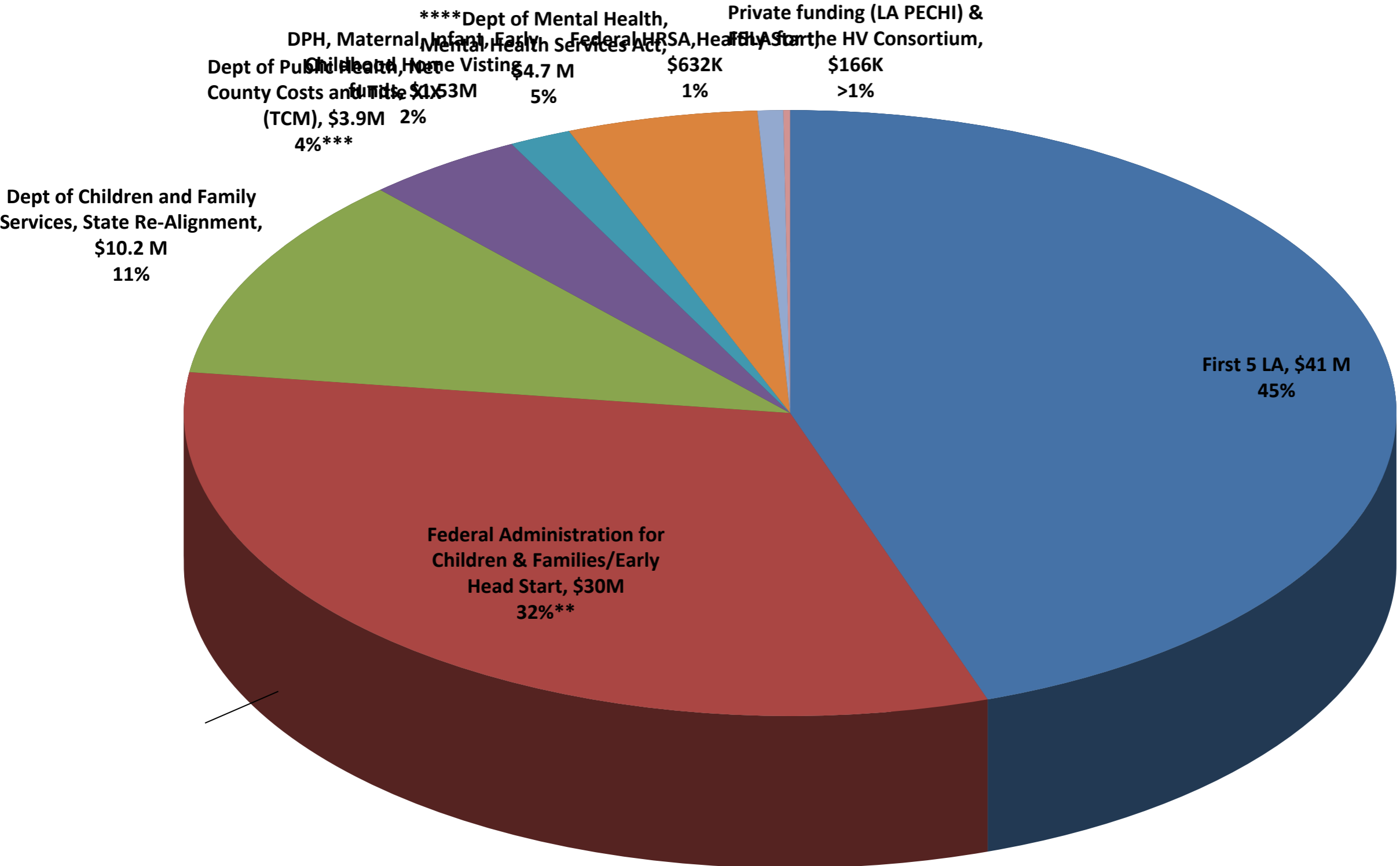
## Promote Strategies:

- Strengthen Policy and Systems For HV Services to Ensure Sustainability of Positive Outcomes for Families
- Maximize and Generate Additional Revenue to Support Expansion of HV in the County
  - Fully Leverage and Maximize Available Sources (Federal, State, Local) by Building Partnerships Across County Agencies
  - Identify New or Untapped Sources of Funding for HV
- Have Broad Application for Agencies (ie. Targeted Case Management)
- Ensure Grantees are Provided Appropriate Training and Technical Assistance to Participate in Fund Leveraging, Minimizing Operational and Programmatic Impacts

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# Home Visiting Funding Landscape in LA County, FY16-17\*



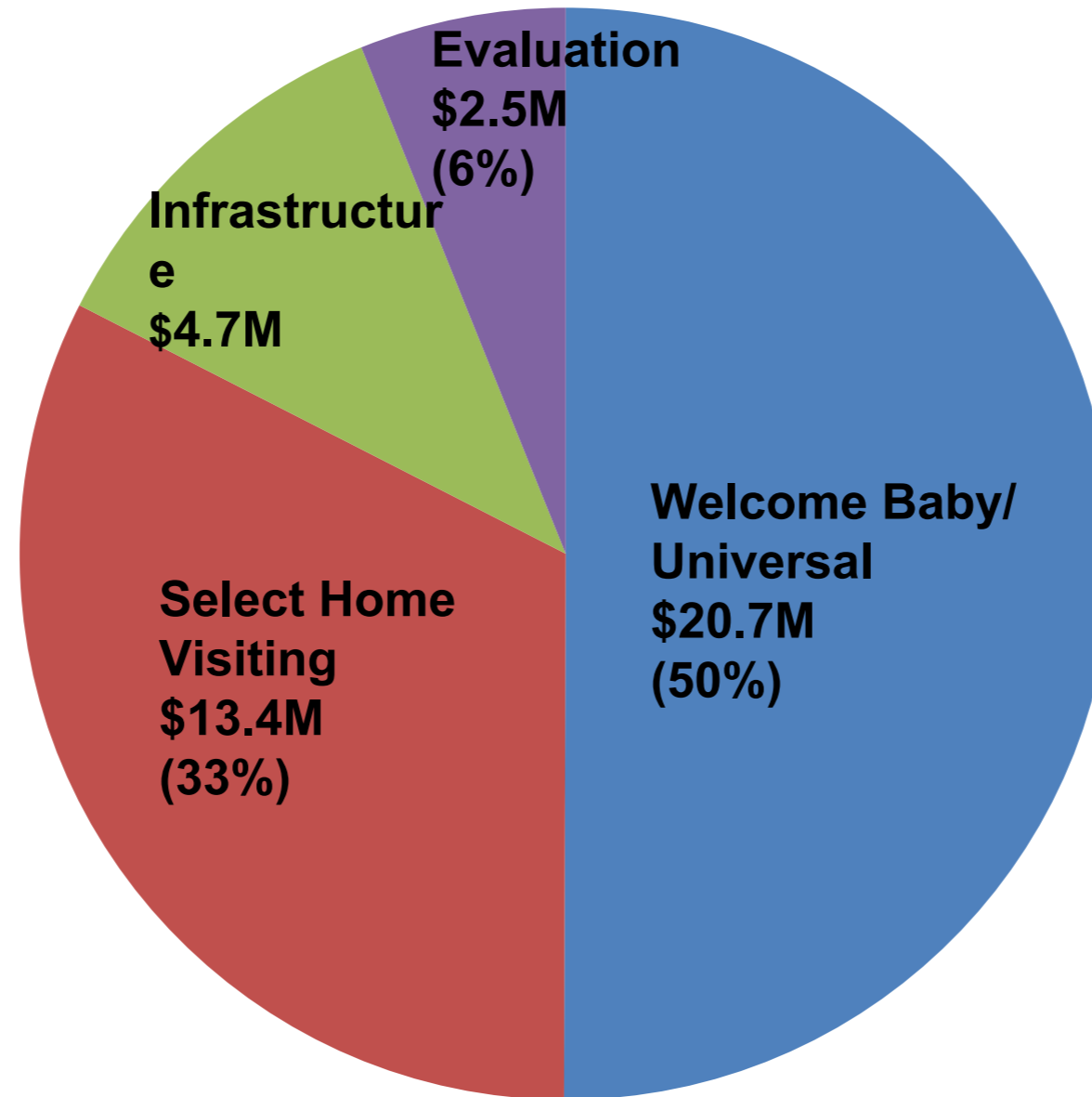
115

*\*Data collected by Consortium (2016), updated by Rochelle Alley(2017)*  
*\*\*Estimate to be refined*

*\*\*\*Expansion anticipated in FY18-19*  
*\*\*\*\*Significant expansion in FY17-18*

# Home Visiting Allocation by Investment Type

## Total FY17-18 HV Budget Estimate - \$41M



# Direct Services: Opportunities for Sustainability and System Expansion

Investment and Current Funder	Future Potential Funding	Relevant LA County Department	Time Frame	Status
Direct Services (Welcome Baby and Select Home Visiting)/ First 5 LA	<b>Federal</b> -Medicaid/Targeted Case Management & Medicaid Administrative Activities	Public Health	Immediate	Pilot Phase/ Range TBD Summer 2018
	<b>Federal</b> -Temporary Assistance for Needy Families	Public Social Services	Medium Term	Pilot Phase/HV Allocation in Governor's <sup>147</sup> Budget
	<b>State</b> -Mental Health Services Act/Prevention and Early Intervention ( <b>Service Expansion</b> )	Mental Health	Immediate	Funding Opportunity Announced to Public in Late 2017/\$25M per year for 2 years
	<b>Other Potential Sources</b> - Maternal Infant Early Childhood Home Visiting (MIECHV), Early Head Start, Medicaid Waivers, Title V Maternal Child Health Block Grant, Probation	Various	Long-Term	Exploratory Phase

# Evaluation and Infrastructure: Opportunities for Sustainability and System Expansion

Investment Type	Current Funder	Future Potential Funding	Time Frame	Status
Evaluation	First 5 LA	Private Philanthropy	Long-term	Ongoing Engagement with Philanthropy in Progress
Infrastructure	First 5 LA, Private Philanthropy	Private Philanthropy	Long-term	Ongoing Engagement with Philanthropy in Progress

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# Key Points

- Ensure Sustainability of a Countywide HV System Which Provides Universal Access to Families at Appropriate Levels
- Sustainability Strategies Must be Nuanced and Strategic
- Test Multiple Concurrent Strategies to Address Sustainability
- Blending/Braiding Funding Streams is Critical – Cannot Continue to Fund in Silos
- County Leadership has Created Unique Opportunities to Pursue Collaborative Strategies

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# Next Steps

## Efforts Underway:

- Targeted Case Management Pilot in Partnership with Department of Public Health (Feb-May, 2018)
- Department of Public Social Services Pilot (Launched November, 2017)
- Request for First 5 LA to Provide up to \$100,000 in Funding for the Center for Strategic Public Private Partnerships/LA County Office of Child Protection to Support Technical Assistance to Department of Mental Health on Operationalizing Mental Health Services Act/Prevention and Early Intervention (MHSA-PEI) Funds
  - Request Will Return to the March Commission Meeting as an Action Item for Approval
- Early Conversations with Health Plan Leadership, Exploring Options to Leverage Existing Benefits (California Perinatal Services Program)

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# Next Steps, Continued

## Additional Sustainability Opportunities – State/Federal Policy

- HV Allocation in Governor's Budget
- AB 992
- Federal Reauthorization of the Maternal, Infant, Early Childhood, Home Visiting (MIECHV)

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# Alternative Revenues



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# Alternative Revenues

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## Proposition 64: Cannabis

- State: Youth Education, Prevention, Early Intervention and Treatment Fund
- Local: Los Angeles City Community Reinvestment Fund
- Monitoring and engaging with the County, other municipalities across the County
- Learning from other counties and First 5s: Humboldt, Santa Cruz, Yolo

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# Alternative Revenues

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## New Champions

- Choose Children 2018
- Increased focus on multi-sector outreach

## Early Childhood Initiatives

- Funding the Next Generation
- Learning from other communities: Alameda County, San Francisco, Oakland
- Building support for work in LA with partners: LAPAI/CCF, LA Chamber

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# Key Takeaways

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- First 5 LA is focused on new funding for children and families, not necessarily First 5 LA
- Potential short-term funding opportunities like cannabis are important but relatively small when compared to total need
- Emerging work focused on engaging with municipalities through new Community Relations Department and connecting that effort with state, statewide, and federal opportunities
- Sustainability and alternative revenues are a focus of the entire organization, not just one department or program

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# Next Steps

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- Educating priority policymakers about the importance of early childhood in the context of the state and federal budget, Choose Children Campaign, state budget development process, legislation, Prop 64 implementation, etc.
- Engaging with priority municipalities making key decisions regarding new revenues, in particular cannabis in the short-term
- Building alliances with key partners and funders interested in our goals
- Creating new champions to join us in this work, especially non-traditional partners
- Investing our funds in all our divisions with input and ownership from key systems leaders

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FIRST 5 LA

**SUBJECT:**

**Provide an update on First 5 LA's support of Information, Resource and Referral (IR&R) services including status of 211 LA County contract. Review current data on how families with young children access and utilize information, services and resources.**

**RECOMMENDATION (PROVIDED AS INFORMATION):**

This memo is provided as information for the Board's consideration at the February 22, 2018 Special Program and Planning Commission meeting. First 5 LA staff recommends that at the March 12, 2018 Board of Commissioners meeting, the Board waive Governance Guideline #7, Expiration of Grants/Contracts and approve a 6-month extension of 211 LA County's contract (through December 2018) for an amount not to exceed \$620,000. The funds to support this contract extension will come from the FY18-19 First 5 LA Budget under Legacy Investments.

**BACKGROUND:**

**Information, Resource and Referral (IR&R)**

IR&R services connect people—parents, caregivers and families—with resources that can help them. IR&R services create and maintain databases of information on community, social, health and government resources such as organizations, programs and services and share that information through a variety of channels including phone, online and text message. These databases are kept up-to-date by trained specialists or community ambassadors. The databases can range from comprehensive, providing information about all human services within a particular area to specialized, providing in-depth information about resources specific to a population group such as military personnel or families with children from the prenatal stage to age 5. Local examples of broad IR&R services include 211 LA County, 311 LA, and the Yellow Pages. Examples of IR&R services that are more specialized include the Crisis Text Line, or suicide prevention hotlines such as the one run by The Trevor Project.

Recently, First 5 LA's Communications Department used a literature review, telephone interviews and online survey research to learn more about how parents access and utilize information/services as well as help develop the first phase of a public education campaign on family strengthening. First 5 LA learned that parents "google it" when they have a concern about raising their children or where to find family-friendly events. Instead of using a traditional laptop or desktop computer, our target audiences used mobile devices, like a smartphone or tablet, to access the internet.

Parents of young children go online frequently for information about parenting, seeking information digitally, including reading websites, and using social media (particularly Facebook). Some download apps but this is less common. Mothers make more use of online sources for parenting information. They are more likely to use social media to find information or support related to parenting. Texting is the most common digital activity; downloading apps is the least common.

In follow up research done as part of the development of the next phase of this public education campaign, we learned that parents rely on parenting websites, online blogs or forums, and/or online videos to help them find immediate answers. They recognize that having the ability to look up readily available information on their smartphones or home computers is a luxury that parents in the past did not have access to. When referring to online resources, parents often shared that they did not necessarily have a specific website they went to. Instead, confirming the earlier findings, parents will conduct Google searches for key terms and phrases directly related to their problem at hand, and will often review several of the top results for cross-reference.

Mothers and single fathers are typically more informed about various resources available, since they are often responsible for taking their children to pediatrician visits or research what child care and early education options are available.

Similarly, Latino mothers and those with relatively lower incomes were also more aware of free and reduced-cost services, as they are more likely dependent on these resources. Most parents, regardless of background, however, mentioned using similar tools when looking for information online. While most parents will rely on a series of Google results based on words or phrases directly tied to an immediate issue at hand, many parents will also ask for help or reference other parents on online communities.

First 5 LA applied this information on how parents accessed information to its parenting website at [www.First5LA.org/parenting](http://www.First5LA.org/parenting). Based on the research findings, First 5 LA chose a mobile-first platform as opposed to an app. This boosted the site's rankings on Google. The Communications Department also posts regularly on social media, with an emphasis on Facebook, in order to reach its intended audience of parents with young children. First 5 LA is considering text-based platforms for messaging to parents, but more research is needed.

First 5 LA has invested in IR&R efforts for the past 11 years through a contract with 211 LA County for a total of approximately \$19.1 million. In both FY15-16 and FY16-17, the 211 IR&R initiative went through the Expiring Initiatives Review Process which recommended an extension as a result of potential alignment with the 2015-2020 Strategic Plan. Currently (FY17-18), First 5 LA provides \$1.2 million which represents approximately 19% of 211 LA's overall infrastructure budget. This contract is scheduled to end June 30, 2018

211 LA provides residents of LA County with integrated, coordinated, and comprehensive telephonic information, referral support, and assistance. In addition, a new and improved website (launched in 2017) has expanded 211's community services beyond telephone referrals. 211 LA County's contract with First 5 LA includes specific performance metrics tracking and reporting (average time to answer and abandonment rate) which are tracked and reported quarterly. For FY16-17, 211 LA County met the average time to answer target of 120 seconds or less with an average of 110 seconds, but did not meet the abandonment rate target of 15% or less, with an average of 16.5%. As far as numbers served in FY16-17, 66,850 (15.2% of total 211) calls were from families with children 0 to 5 and/or pregnant women. And through these calls, 85,371 children and 13,364 pregnant women were served. An additional 1,686 families were assisted with in-person IR&R support at the Edelman Children's Court.

As previously noted, in addition to funding through First 5 LA, 211's infrastructure is also supported through the County. Recently the County released an RFP to procure IR&R services and supports with emphasis on electronic/digital service delivery including web-sites, online chatting, texting, smart phone applications and push notifications. A final decision is expected from the County by July 1, 2018. 211 LA's current contract with the County is through June 2018 with delegated authority to extend month to month through December 2018. First 5 LA has been working closely with the CEO to track RFP status and timeline.

First 5 LA staff recommends that at the March 8, 2018 Board of Commissioners Meeting, the Board waive Governance Guideline #7, Expiration of Grants/Contracts and approve extending the Strategic Partnership with 211 LA County for the Information Resource and Referral (211) Initiative for an additional 6-months (through December 2018) for an amount not to exceed \$620,000 to continue IR&R services. This 6-month extension aligns with the County CEO's IR&R procurement and contract execution timeline and allows staff time to complete an internal inquiry process to review potential alignment, including role and purpose of IR&R across all 4 outcome areas of the Strategic Plan.

# Information, Resource and Referral

Program and Planning  
Committee Meeting

February 22, 2018



[First5LA.org](http://First5LA.org)

# Presentation Goals

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- Review the latest research on how parents access and utilize information, resource and referral (IR&R)
- Provide update on 211 LA County contract
- Review LA County CEO IR&R procurement process and timeline
- Discuss next steps to guide future IR&R investment

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# What We Learned

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Our research in 2015 found:

- Parents of young children “google it” frequently, via smartphone, for information about parenting
- Parents seek information digitally, including reading websites, and using social media (particularly Facebook).
- Texting is the most common digital activity; downloading apps is the least common

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# What We Learned

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Additional research in 2017 found:

- Parents rely on a wide variety of resources, from government sponsored programs (e.g. WIC) to online resources
- Consistent with our 2015 findings, parents will conduct Google searches for key terms and phrases directly related to their problem at hand
- Mothers and single fathers are typically more informed about what resources are available

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# Applying Our Learnings

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## First 5 LA applied these learnings by:

- Creating a “mobile-first” web portal for parenting information
- Making information easy to find for parents
- Used Search Engine Optimization (SEO) strategies

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# 211 LA County Overview

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- Provides residents of LA County integrated, coordinated, and comprehensive telephonic information, referral support, and assistance to expectant parents and parents of children ages 0 to 5.
- First 5 LA funding supports approximately 19% of 211 LA's infrastructure budget with County supporting 81%.

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First 5 LA Funding History	
2005-2010	\$10.9 million
2011-2016	\$6.7 million
Current Funding (July 2016 - June 2018)	\$2.5 million

- Current contract is set to end June 2018

# 211 LA County Performance (2016-17)

Performance Metric	Target	FY16-17 Outcome
Average Time to Answer	<120 seconds	Met: 110 seconds
Outreach events	28/year	Met: 35
Abandonment Rate	15% or less	Did not Meet: 16.5%

## Numbers Served: FY2016-17

- 66,850 (15.2% of total 211) calls from families with children 0-5 and/or pregnant women
- 85,371 children and 13,364 pregnant women were served
- 69,016 children (0-5) were screened for participation and access to ECE and child development programs, resulting in 15,032 referrals
- 1,686 families assisted at Edelman Children's Court

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# LA County CEO IR&R Procurement

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- RFP Process
  - Priorities (technology use, diverse platforms, etc.)
  - Timeline: anticipate IR&R contractor in place July 1, 2018

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# Key Takeaways

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- Parents seek information from a variety of sources with heavy reliance on digital information
- Aligning with the County's IR&R process
- Review role and contribution of IR&R across our Strategic Plan

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# Staff Recommendation

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- Waive Governance Guideline #7-Expiration of Grant/Contract
- Extend 211 LA County contract an additional 6 months (through December 2018) for an amount not to exceed \$620,000 to align with LA County CEO's IR&R procurement process timeline. An additional 6 months would also allow time to complete an organization-wide inquiry process to review potential alignment including role and purpose of IR&R across our 4 outcome areas and recommend future IR&R investment.

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# Next Steps

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- March 2018 Commission Meeting (action)
- Fall 2018 Commission update on future IR&R investment

## **FIRST 5 LA**

### **SUBJECT:**

**Communities Outcome: Review Results from Community Partnership Survey**

### **BACKGROUND:**

During the October 2017 Program and Planning Committee Meeting, staff presented preliminary findings from a review of Best Start Building Stronger Families (BSF) grants. The presentation and supporting documents illustrated current and forward-facing learning opportunities by: 1) highlighting emerging learning from the implementation of these community-identified projects (current); and 2) demonstrating potential alignment with the Best Start Learning Agenda currently under development (forward-facing).

As First 5 LA transitions to a new structure for Best Start, it is important that staff continue to have a dual focus on both current and forward-facing learning opportunities. From a future-facing perspective, First 5 LA is undergoing a stakeholder engagement process to establish a set of learning priorities prior to the implementation of the new structure. The culmination of this engagement process is the finalization of the Best Start Learning Agenda. Simultaneously, First 5 LA continues to learn from its current efforts in order to inform the transition to and implementation of the new structure. The BSF Learnings presentation during the October 2017 Program and Planning Committee Meeting is an example. Another example is emerging learning based on staff reflections on the results of a Community Partnership survey administered between July and September 2017.

The survey results highlight areas of strength and improvement that have implications for how First 5 LA is currently working with the Community Partnerships. The results also provide key insights for the Best Start Regional Support Networks as they begin working alongside Partnership members. Perhaps even more interesting are staff reflections on the points of connection with First 5 LA's trauma and resiliency systems change work. The survey served as a catalyst to uncover important opportunities to make meaning of the data and integrate strategies in the Health Systems and Communities outcome areas. This memo, and subsequent presentation to the Program and Planning Committee, highlights the significance of being attuned to these types of emergent learning opportunities, like the Partnership survey, even as First 5 LA moves forward with the development of a more formalized learning agenda.

### **DISCUSSION:**

In August 2017, staff from the Communities Department and Integration & Learning Division developed and implemented a survey to understand the experiences, satisfaction and overall support to the Best Start Community Partnerships. In fall of 2017, the Health Systems Department disseminated a report titled, *Trauma and Resiliency: A Systems Change Approach*, a final report generated by a cross system, countywide workgroup funded in partnership with First 5 LA and four other funders. The report is the product of a 10 month collaborative process, led by the Center for Collective Wisdom. The report provided a developmental framework to promote a trauma and resiliency-informed systems change approach within organizations and institutions. Key guiding principles from this framework include: *safety; trust and transparency; peer support; collaboration and mutuality; voice, choice, and self-agency; and culturally, historically, and gender-identity appropriate.*

While staff in the Communities Department was awaiting survey responses, they were reading the trauma and resiliency report, noting intersections between community capacity building, trauma and resiliency based on their experience. Seven hundred eighteen surveys later, the results (Attachment A) indicated a strong connection to the recommendations of the report (Attachments B). Since their

inception in 2009 with Metro Los Angeles and 2010 in the other thirteen communities, the Best Start Partnerships have been evolving as unique community systems and networks that provide space for strengthening families through learning, healing, and resource mobilization.

The trauma and resiliency report emphasizes the important role ‘community’ plays in successful community change efforts and that a combination of community capacity building with organizations’ and institutions’ adoption of trauma informed practices will ultimately lead to community healing. Through this lens, the results below offer important lessons for First 5 LA and the Regional Support Networks that will be selected to work in partnership with community members.

- ***Community Partnerships are complex systems that provide space for networking, learning, and strengthening families.***

Many of the respondents qualitatively expressed that their participation in the Partnership meetings revolve around the desire to ‘**network**’, ‘**learn new things**’, and promote ‘**community unity**’ through ‘**resource sharing**’. Additionally, many of the respondents felt they have had opportunities to ‘**attend trainings**’ (72%), ‘**develop leadership skills**’ (75%), and ‘**advocate for policy**’ (55%). Finally, many respondents felt satisfied with how First 5 LA has supported the Partnerships through providing meeting supports such as translation, childcare, food, and transportation.

- ***Community Partnerships (like many systems) continue to strive for excellence around communication, services provided, and resource mobilization.***

Respondents provided suggestions on how information sharing can be improved by both First 5 LA and Community Partnerships. Qualitative suggestions included increasing **social media presence**, documenting **information shared at meetings**, and increased **communication** and **transparency** from First 5 LA. Additionally, many of the respondents felt Community Partnerships have assisted in ‘**strengthening relationships between community residents and service providers.**’ (86%)

- ***Community Partnerships are community healing spaces that promote resiliency.***

The results reveal a connection with many of the report’s guiding principles that define the essence of a trauma and resiliency-informed system. Respondents felt the Community Partnership meetings are ‘**safe and inclusive**’ (89%, *safety* principle). Additionally, many respondents felt Partnerships ‘**work well together** to identify issues and solve problems’, ‘**develop their leadership skills**’, (83%) ‘provide them with a **voice** in decision-making’, (78%) and are ‘**making a broader impact**’ in their community (86%, *collaboration and mutuality* and *voice, choice, and self-agency* principles). Finally, many respondents noted opportunities to ‘**develop and advocate for policy**’ (49%, 55%, *voice, choice, and self-agency* principle)

The stories behind this data provide a glimpse into the developmental trajectory of the Best Start Community Partnerships. As First 5 LA transitions to the new regional structure, such data and stories can further inform and support the launch and ongoing implementation of the Best Start Regional Support Networks.

#### **NEXT STEPS:**

The findings from the 2017 Community Partnership Survey results will be shared at the upcoming Best Start Leadership Summit on February 23, 2018. Each community will receive community-specific as well as regional survey data to support their current and ongoing reflection process as they prepare for the onboarding and integration of the Regional Support Networks.

## Attachment A: Community Partnership Survey results

### Community Partnership Survey 2017

Items highlighted in Yellow will be referenced in the memo and presentation.

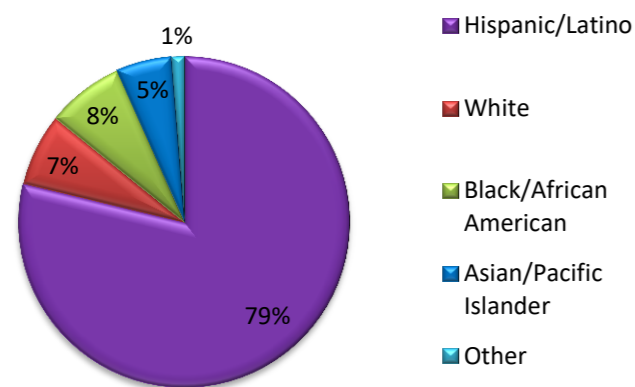
Total # of Surveys Collected Across all Partnerships: 718

#### DEMOGRAPHIC CHARACTERISTICS

Most respondents in the Partnership speak Spanish (54%).

The second most common language spoken by respondents in the Partnership is English (33%).

Percent Race/Ethnicity



Majority are parents/grandparents (61%). The next largest group is community based non-profits (29%).

Governments, schools, private entities, businesses, faith based organizations described the remaining respondents.

A little less than half of respondents have been attending Partnership meetings for more than 2 years. About half of respondents have been attending for less than 2 years.



#### PARTNERSHIP PARTICIPATION

The most common committees to work on were the Leadership (36%) and the Parents committee (20%). Other committees with substantial participation included the Communications committee, Transition Team, Learning by Doing committee, and the Outreach committee.



People in the Partnerships agree (87% or more) with the statements:

*I can make meaningful contributions to the partnership*

*When I attend partnership meetings I feel like I am a part of something bigger*

#### PARTNERSHIP EXPERIENCE

The majority of people (85% or more) have had the opportunity to:

Share Information (90%)

Network with Other Members (89%)

Share Resources (85%)

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More than half (71%-77%) have had the opportunity to:

Collaborate with other organizations (77%)

Develop Leadership Skills (75%)

Attending Trainings (72%)

And, about a half have had the opportunity to:

Advocate for Policy (55%)

Develop Policy (49%)

#### NUMBER OF CHILDREN AGE 0-5

The total number of children age 0-5 living in a household with a Partnership member is 356. 1 out of 3 adults who filled out this survey has a child age 0-5 living in their household.



## PARTNERSHIP OUTCOMES

People in the Partnerships **agree** (83% or more) that:

The **information** discussed at Partnership meetings is **useful** to me (90%)

The Partnership meetings are **safe and inclusive** (89%)

Partnership meetings are a **good use of my time** (89%)

The Partnership is **making an impact** in the broader **community** (86%)

Community residents and service providers have **developed strong relationships** through participating in Best Start (86%)

The Partnership **works well together to identify issues and solve problems** (83%)



## CAPACITY BUILDER

Overall, people in the Partnerships **agree** that (84% or more):

The Capacity Builder is responsive to Partnership needs

The capacity builder helps the Partnership accomplish its goals



## MEETING SUPPORTS

Overall, people in the Partnerships (68% or more) **felt satisfied with:**

Food/Catering at Partnership meetings

Facilities where the Partnership meetings are held (88%)

Child Care at Partnership meetings

Translation at Partnership meetings

Transportation for Partnership meetings (68%)

## FIRST 5 LA

Overall, people in the Partnerships felt that First 5 LA (74% or more):

Staff shows respect towards the Community Partnership (79%)

Works collaboratively with the Community Partnership (77%)

Is responsive to the requests from the Community Partnership (75%)

**Communicates effectively with the Community Partnership** (74%)

Notes: \_\_\_\_\_

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Questions: \_\_\_\_\_ 143

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ATTACHMENT B: Community Partnership Survey Results and Trauma and Resiliency Report

Below is a table that provides some initial thinking connecting key results from the Community Partnership Surveys with the guiding principles described in the 4 Stages of Development in the Trauma and Resiliency Report. (page 31 of Report)

The principles include: 1) Safety; 2) Trust and transparency; 3) Peer support; 4) Collaboration and mutuality; 5) Voice, choice, and self-agency; and 6) Culturally, historically, and gender-identity appropriate. (page 25 of Report for definitions for each principle) Based on the report, ‘these six principles, when fully embodied, define the essence of a trauma and resiliency-informed system.’

While the initial purpose of the Partnership survey was not directly tied to the Trauma and Resiliency Report, we realized through our internal conversations of the results that there was a connection with Partnership progress and the ability of these systems to be seen as community resilient spaces.

Partnership Survey results	Trauma and Resiliency Report Guiding Principles
<p align="center"><b><i>The Community Partnership meetings are <u>safe and inclusive</u></i></b> (89% agreed/strongly agreed with statement)</p>	<p align="center">Safety</p>
<p align="center"><b><i>First 5 LA staff <u>communicates effectively</u> with the Community Partnership</i></b> (74% agreed/strongly agreed with statement)</p>	<p align="center">Trust and Transparency</p>
<p align="center"><b><i>The Community Partnership works well together to <u>identify issues and create solutions</u></i></b> (83% agreed/strongly agreed with statement)</p>	<p align="center">Collaboration and mutuality</p>
<p align="center"><b><i>I have <u>a voice</u> in the Community Partnership’s decision making</i></b> (78% agreed/strongly agreed with statement)</p>	<p align="center">Voice, choice, and self-agency</p>
<p align="center"><b><i>Through my involvement with the Community Partnership, I have had opportunities to <u>develop leadership skills</u></i></b> (75% of respondents agreed with statement)</p>	<p align="center">Voice, choice, and self-agency</p>
<p align="center"><b><i>Through my involvement with the Community Partnership, I have had opportunities to <u>attend trainings</u></i></b> (72% of respondents agreed with statement)</p>	<p align="center">Voice, choice, and self-agency</p>
<p align="center"><b><i><u>Community residents and service providers</u> have developed strong relationships through participating in Best Start</i></b> (86% agreed/strongly agreed with statement)</p>	<p align="center">Collaboration and mutuality</p>
<p align="center"><b><i>Through my involvement with the Community Partnership, I have had the opportunity to <u>advocate for policy</u></i></b> (55% of respondents agreed with statement)</p>	<p align="center">Voice, choice, and self-agency</p>

A photograph of four children of diverse backgrounds holding hands and running on a grassy hill. From left to right: a girl in a pink shirt and pants, a boy in a red shirt and plaid shorts, a girl in a striped shirt and black leggings, and a boy in a black t-shirt and plaid shorts. A green lamppost stands in the background under a clear blue sky.

# Community Partnership Survey Results

## Community Resilience and Learning

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Jonathan Nomachi

February 22, 2018

# It Takes a Village!

- Communities Department
- Integration and Learning
- Health Systems



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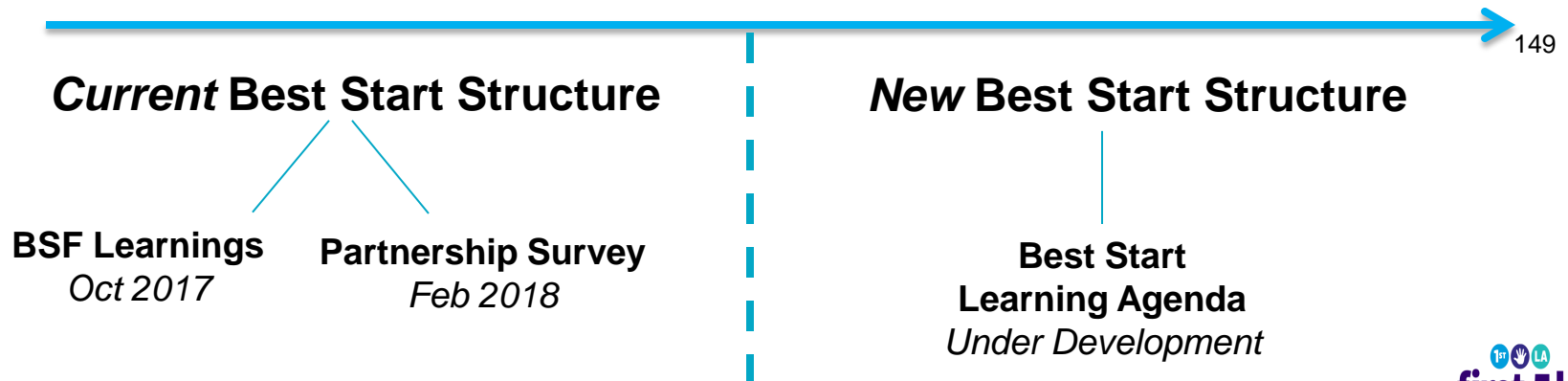
**First 5 LA Values:  
Partnership and Learning!**

We do not learn from  
experience...  
we learn from reflecting  
on experience.

-- John Dewey

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# Learning = Experience + Reflection



# Presentation Objectives

- How Data Can Tell Stories
- Story from 2017 Community Partnership Survey
- Another Story of Community Resilience
- Future Stories
- Discussion Questions



# 2017 Community Partnership Survey Results

The purpose of the survey:

- **Experiences**
- **Satisfaction**
- **Support**

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***718 surveys completed!***

# Experiences

- **89%** of those surveyed felt they had opportunity to network with other members
- **88%** of those surveyed agreed with the statement: “I can make a meaningful contribution to the Community Partnerships”
- Many of the respondents qualitatively shared the following around why they participate in the Partnerships:
  - To network and promote community unity
  - To learn new things/resources
  - To help others and give back to the community

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# Satisfaction

- Almost **75%** of respondents felt First 5 LA communicates effectively with Community Partnerships
- 83% of respondents felt the **83%** of respondents felt the Partnership works well together to identify issues and solve problems
- Many respondents shared the following around how First 5 LA can strengthen the Community Partnerships:
  - Strengthen communication channels
  - Increase visibility at Partnership settings
  - Increase resources

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# Support

- **86%** of respondents felt the Partnerships strengthened relationships between residents and service providers
- **89%** of those surveyed felt the Community Partnerships are safe and inclusive
- **75%** of those surveyed felt they developed leadership skills

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# The Next Story: Community Partnerships and Community Resilience

## What is a Community?

Groups of people who provide tangible support to each other and can act together.



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# Best Start Community Partnerships are healing spaces



78% of respondents felt **they had a voice** in the Community Partnership's decision making

75% of those surveyed felt they **developed leadership skills**



89% of those surveyed felt the Community Partnerships are **safe and inclusive;**

# Best Start Community Partnerships have enhanced and strengthened “community.”



# Community Partnerships and Community Resiliency

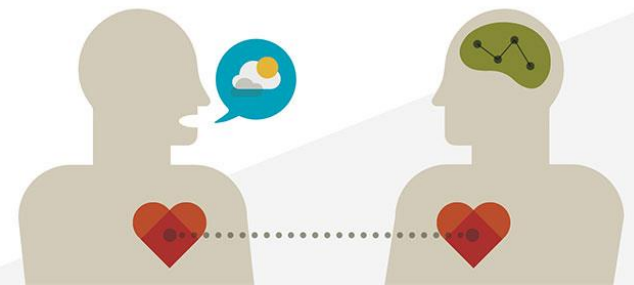
*“The term “resiliency” refers to the capacity of individuals, families and community to heal from trauma, and to strengthen their wellbeing and adaptability in way that can mitigate or prevent future trauma.”*



# Future Stories

- Upcoming spaces of community healing
- Future iterations of community feedback mechanisms
- Continue reflection/ learning/ integration with eye towards new structure

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**THANK YOU!**

# Discussion Questions

- What questions do you have?
- What would you like to understand better?
- How can we strengthen the relationships between community members and larger systems?
- How can we continue to integrate our work in trauma, resiliency, and the Community Partnerships?

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