

# AGENDA

## MEETING OF THE BOARD OF COMMISSIONERS

Chair: Sheila Kuehl

Thursday, June 27, 2019  
1:30 PM - 4:30 PM

### Meeting Location:

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

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

1. **ACTION**  
Call to Order / Roll Call  
- **Judy Abdo, Acting Committee Chair**
  
2. **INFORMATION** 4  
Review Special Board/Program and Planning Committee Meeting  
Transcript – May 23, 2019  
- **Judy Abdo, Acting Committee Chair**
  
3. **ACTION** 107  
Approve Board of Commissioners Meeting Transcript – June  
13, 2019
  
4. **INFORMATION** 224  
Impact Framework: Measuring Progress Towards our North Star and Preview of  
July Board Strategic Plan Refinement (SPR4) Session  
  
- **Armando Jimenez, Director, Measurement, Learning & Evaluation**  
- **Tara Ficek, Director, Health-Related Systems**  
- **Kaya Tith, Strategic Plan Project Manager**

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#### COMMISSIONERS

Los Angeles County Supervisor	Jane Boeckmann	Yvette Martinez
Sheila Kuehl	Bobby Cagle	Romalis J. Taylor
<i>Chair</i>	Barbara Ferrer, Ph.D., M.P.H., M.Ed.	Keesha Woods
Judy Abdo		Marlene Zepeda, Ph.D.
<i>Vice Chair</i>		

#### EX OFFICIO MEMBERS

Karla Pleitez Howell
Jonathan E. Sherin, M.D., Ph.D.
Wendy Smith, Ph.D., LCSW
Deanne Tilton

#### EXECUTIVE DIRECTOR

Kim Belshé

#### EXECUTIVE VICE PRESIDENT

John A. Wagner

#### A PUBLIC ENTITY

5. **BREAK**
6. **INFORMATION** **268**  
 Communities Outcome: Establish a Strategic Partnership with Resources Legacy Fund in the Amount of \$600,000 for a Period of Two Years to Coordinate and Execute the Link Governments Advocates Families and Parks (Link) Program
  - **Antoinette Andrews Bush, Director, Communities**
  - **Max Podemski, Program Officer, Communities**
  - **Jane Beesley, District Administrator, Los Angeles County Regional Park and Open Space District**
7. **INFORMATION** **287**  
 State Budget Update
  - **Peter Barth, Director, Public Policy and Government Affairs**
8. **INFORMATION** **300**  
 Extend a Strategic Partnership with Southern California Grantmakers, Fiscal Sponsor for the Center for Strategic Partnerships, in the Amount of \$125,000 for a Total Project Cost of \$225,000 through July 2021 to Support Technical Assistance to LA County Department of Mental Health to Continue to Operationalize Mental Health Services Act/Prevention and Early Intervention Funds for Prevention Efforts **(WRITTEN ONLY)**
  - **Anna Potere, Senior Program Officer, Family Supports**
9. **INFORMATION** **304**  
 Extend a Strategic Partnership with California Community Foundation (CCF), Fiscal Sponsor for the LA Partnership For Early Childhood Investment (LA PEI) in the Amount of \$11,000, for a Total Project Cost of \$136,000 Through September 2020 to Continue to Support the Los Angeles County Perinatal and Early Childhood Home Visitation Consortium in Ensuring the Home Visiting System in LA County Sustains a High Level of Quality as it Grows **(WRITTEN ONLY)**
  - **Anna Potere, Senior Program Officer, Family Supports**
10. **INFORMATION**  
 Public comment (for items not on the agenda)

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11. **ACTION**

Adjournment



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MEETING OF FIRST 5 LOS ANGELES PROGRAM AND PLANNING  
Thursday, May 23, 2019  
750 North Alameda Street, First Floor  
Los Angeles, California 90012

REPORTED BY:  
HEATHERLYNN GONZALEZ  
CSR #13646

1 Thursday, May 23, 2019; Los Angeles, California

2 1:33 p.m.

3 -oOo-

4 COMMISSIONER PLEITEZ HOWELL: Good afternoon,  
5 everyone. Nice to see friendly faces. Lots of First 5 LA  
6 represented, as always.

7 We're going to start with introductions, and  
8 we'll go this direction.

9 COMMISSIONER INNES-GOMBERG: Debbie Innes-Gomberg  
10 representing Dr. Sherin for the Department of Mental  
11 Health.

12 COMMISSIONER HEGER: Astrid Heger, 5th District.

13 COMMISSIONER GAREN: Wendy Garen, Children's  
14 Commission.

15 COMMISSIONER ABDO: Judy Abdo.

16 MS. ALTMAYER: Christina Altmayer.

17 MR. ORTEGA: Raoul Ortega.

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

19 MS. PINEDA: Daniela Pineda, First 5 LA.

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

21 COMMISSIONER WOODS: Keesha Woods, Los Angeles  
22 County Office of Education.

23 COMMISSIONER TILTON: Hi. I'm Deanne Tilton,  
24 I-Can and commissioner.

25 COMMISSIONER TAYLOR: Romalis Taylor,

1 commissioner.

2 MS. BELSHE: Kim Belshe, First 5 LA.

3 THE REPORTER: Heather Gonzalez, stenographer.

4 Speaker: (Inaudible), First 5 LA.

5 Speaker: Gabriel Sanchez, Scorpio.

6 Speaker: Carl Gayden, First 5 LA.

7 Speaker: Rafael Gonzalez, First 5 LA.

8 Speaker: (Inaudible)

9 Speaker: Kaya Tith, First 5 LA.

10 Speaker: Tara Ficek.

11 Speaker: Crystal John.

12 Speaker: Barbara Andrews Dubransky, First 5 LA.

13 Speaker: (Inaudible)

14 Speaker: Katy Coleman (inaudible).

15 Speaker: (Inaudible), First 5 LA.

16 Speaker: (Inaudible), First 5 LA.

17 Speaker: Debra Colman, First 5 LA.

18 Speaker: (Inaudible) Clayton, First 5 LA. Best  
19 Start community Compton east Compton.

20 Speaker: Jennifer Pippard, Director of Strategy  
21 Partnerships.

22 Speaker: Linda Vo, First 5 LA.

23 Speaker: Sonya Steel, First 5 LA.

24 COMMISSIONER PLEITEZ HOWELL: And we have two  
25 more.

1 MS. PATTILLO BROWNSON: Kim Pattillo Brownson,  
2 First 5 LA.

3 MS. WORBEL: Hi. Lee Worbel, First 5 LA.

4 COMMISSIONER PLEITEZ HOWELL: Well, welcome First  
5 5 LA. Karla Pleitez Howell, commissioner.

6 Thank you so much for joining us today. Today's  
7 agenda is really rightly positioned as we think about May  
8 rewrites, what the Governor has introduced. And First 5  
9 LA will be presenting a lot of information about strategic  
10 partnerships to make sure that we're being strategic at a  
11 time when we're being asked for -- or given a lot more  
12 opportunity around early care and education issues.

13 So let's jump into Item Number 2, the review of  
14 the minutes. Any objections or questions for the minutes?

15 Hearing none, we're going to move on to Item  
16 Number 3 and ask -- Ms. Vega, we just finished  
17 introductions.

18 COMMISSIONER VEGA: I'm Michelle Vega.

19 COMMISSIONER PLEITEZ HOWELL: Moving on to Item  
20 Number 3, I'll turn it over to Raoul.

21 MR. ORTEGA: Thank you very much and good  
22 afternoon, commissioners.

23 Before we get started I just wanted to bring  
24 everybody up to speed on where we're at with the process.  
25 We do have several touch points during our budget process.

1 We did begin by going with the budget and finance  
2 committee and the executive committee back on May 2nd  
3 where they reviewed and endorsed a budget and moved  
4 forward. And from there, we did provide it to the full  
5 commission on the -- at the May 9th board of commission  
6 meeting.

7 For today's touch point and today's presentation,  
8 the focus is really to provide you an overview of the  
9 overall fiscal year 19-20 budget with a deeper dive or a  
10 focus on the costs related to the three divisions that  
11 live across the organization. Prior to diving into our  
12 presentation, I would like to take a minute to just  
13 provide you an update on where we are with our revenue and  
14 the work we have been doing with the association, First 5  
15 California, and some of my colleagues across the different  
16 counties within the state of California on backfill.

17 On Wednesday, the 21st, we did receive updated  
18 revenue forecast from First 5 California which does show a  
19 lower revenue coming in than what was originally  
20 projected. Staff is currently looking into the analysis.  
21 I myself have engaged with First 5 California and with  
22 several of my colleagues across the association, and  
23 looking into the new projection and really -- really  
24 trying to get to the bottom of what it really means and  
25 asking questions and trying to get additional information

1 from First 5 California.

2 In addition and parallel, we have been working  
3 with the Association and several of the other commissions  
4 in trying to coordinate a meeting with the department --  
5 the California Department of Tax Fees Administration.  
6 And we just confirmed yesterday that that meeting will be  
7 happening on June 5th. That meeting is really to get a  
8 better understanding and to get more information on how  
9 Prop 56 backfill works, how it impacts with all of the  
10 other competing demands on consumption of tobacco  
11 products, and the other taxes that are in place related to  
12 tobacco products.

13 So, again, this is all new information that we're  
14 getting. Staff is currently doing the analysis. And  
15 through our regular fiscal processes like the audit, our  
16 mid-year budget process, and our budget process and  
17 long-term financial projections, including an opportunity  
18 within the SR4 [sic] process, we will be coming back to  
19 you with more information as we learn more about our  
20 revenue and our revenue forecast.

21 So for now, we're going to really focus on the  
22 expenditures related to the three divisions, as I said.  
23 And I'm going to pass it on to Daisy who, again, will  
24 provide an overview of the budget and then we will pass it  
25 to each of the VPs, really taking some time to really

1 focus on the program costs.

2 MS. LOPEZ: Thank you, Raoul, and good afternoon,  
3 commissioners.

4 I would like to call out that I am just getting  
5 over a cold, so there might be some intermittent coughing.

6 So today we will be providing a brief overview of  
7 the overall all 19-20 draft budget, including the context  
8 in which the budget was developed, a high-level budget  
9 summary and highlights, as well as an overall outline of  
10 the 19-20 budget before shifting to a deeper discussion of  
11 the core programmatic budget estimates across the four  
12 divisions, and concluding with the next steps in this  
13 budget development process.

14 So to provide some context for the budget, here's  
15 a visual representation of the finance department's fiscal  
16 life cycle comprised of the four major fiscal  
17 organizational processes. This includes the audit, the  
18 five-year, long-term financial projections, the mid-year  
19 adjustment process, and the fiscal year budget development  
20 process where we find ourselves today.

21 As you see noted there in the center, all of  
22 these processes are interrelated and interdependent. The  
23 audit establishes the financial restrictions and balances  
24 available to fund the strategic plan activities which  
25 leads into the long-term financial projections to help us

1 to access our long-term fiscal position and fund balance  
2 over an extended period of time resulting from funding  
3 decisions made by the board of commissioners.

4 The first year of the LTFP is a current year  
5 budget, which includes proposed budget adjustments. Those  
6 adjusted estimates generally flow into the mid-year  
7 adjustment process, which is an opportunity for the  
8 organization to adjust and align the current year budget  
9 to actual anticipated costs for the year based on any  
10 changing circumstances and updated information. These  
11 revised estimates based on new information then inform the  
12 development of the next fiscal year's budget. And the  
13 cycle repeats itself.

14 This year we approached the processes a little  
15 differently. In a continued effort to streamline and  
16 reduce redundancies, we kicked off the LTFP and mid-year  
17 adjustment processes concurrently as a development of one  
18 is deeply integrated in the development of the other.  
19 This reduced redundancies with staff time, executive  
20 review, and commissioner touch points. We continued to  
21 assess our processes in an effort to identify  
22 opportunities for improvement and we will continue to make  
23 recommendations as they arise.

24 Another area of the budget development context  
25 that we want to underscore and remind everyone of is that

1 our long-term financial projections continue to reflect  
2 declining revenues, spending that exceeds revenue, and a  
3 declining fund balance as spending in excess of revenue is  
4 offset by fund balance resources.

5 In recent years, newly adopted legislation has  
6 impacted our Proposition 10 tobacco tax revenue. As Raoul  
7 mentioned earlier, we just recently received updated  
8 Proposition 10 tax revenue projections that reflect a  
9 greater decrease than had been previously communicated by  
10 the State Department of Finance. First 5 LA will be  
11 engaging with the First 5 Association and others to obtain  
12 more information and discuss these estimates further. And  
13 as always, we will continue to monitor the revenues and  
14 expenditures, as well as the long-term projections and  
15 impact to our fund balance. And we will discuss all of  
16 this in greater detail during the fiscal year 19-20  
17 long-term financial projection process presentations.

18 The 19-20 budget represents the fifth and final  
19 year of the 2015-2020 strategic plan period. This budget  
20 continues to be shaped and influenced by the investment  
21 guidelines which express the organization's point of view  
22 about where it can have the most impact and establish the  
23 organization's vision, goals, outcomes, investment areas,  
24 and strategies, as well as the investment areas which  
25 addresses the specific streams of work to advance the

1 outcomes in the four priority outcome areas. These  
2 investment guidelines and investment areas are highlighted  
3 and embedded throughout the budget across various  
4 projects.

5 The proposed 19-20 budget estimates reflected in  
6 this table are consistent with the estimates presented at  
7 the budget and finance executive joint committee on May  
8 2nd, and the 19-20 budget estimates that were shared with  
9 the board of commissioners on May 9th.

10 Illustrated in this table, we can see that there  
11 is a proposed fiscal year 19-20 total budget of \$133.7  
12 million. And an overall decrease in anticipated spending  
13 compared to the revised 18-19 budget of roughly eight and  
14 half or six percent -- eight and a half million or six  
15 percent. This is driven by a net decrease in program  
16 spending of eight and a half million and by a decrease of  
17 approximately 21,000 in operational costs.

18 Here can you also see the prioritization of cost  
19 as we enter year five of the 2015-2020 strategic plan. We  
20 are continuing to shift resources to advance the  
21 strategies of our current long-term plan. Although the  
22 overall proposed cost estimates in support of the  
23 strategic plan activities are decreasing, the total  
24 proposed spending for strategic plan activities represents  
25 80 percent of the total proposed budget versus 76 percent

1 of the total budget in fiscal year 18-19 at midyear.

2 As has been the practice over the course of the  
3 current strategic plan period, legacy initiatives do  
4 continue to ramp down and sunset according to plan. In  
5 18-19, we budgeted nearly 11.7 million for legacy  
6 investments. This total drops to approximately 4.2  
7 percent for 19-20, a decrease of approximately 7.4 million  
8 or 63.7 percent.

9 The framework for the budget will closely follow  
10 the overarching structure of the 18-19 budget which is  
11 categorized to reflect the 2015-2020 strategic plan  
12 priorities. This includes the four outcome areas, the  
13 strategic plan investment areas and support costs, and  
14 integration and learning, legacy investments and our  
15 internal operating costs.

16 Our internal division structure is closely  
17 aligned with the budget and strategic plan structure, with  
18 each division overseeing key areas outlined in the  
19 strategic plan, but whose work and efforts compliment one  
20 another in support of the success of the organization's  
21 mission. Today's presentation will focus on each of these  
22 components as divisions.

23 At this time, would I like to hand it over to our  
24 four division leads, beginning with the vice president of  
25 programs Christina Altmayer, followed by the vice

1 president of policy and strategy Kim Pattillo Brownson,  
2 the vice president of integration and learning Daniela  
3 Pineda, and John Wagner the executive vice president  
4 overseeing the administration division. They will each be  
5 providing highlights and key take aways from the proposed  
6 19-20 budget.

7 On that note, I will turn it over to Christina  
8 Altmayer to provide you with some additional detail on the  
9 activities within the programs divisions and anticipated  
10 fiscal year 19-20 costs.

11 MS. ALTMAYER: Hi. Good afternoon. Looking  
12 forward to providing a high-level an overview of the  
13 program division budget. I'll walk through each of the  
14 four outcome areas and what are some highlights for 19-20  
15 in terms of continuing work, as well as what are some new  
16 work that we're launching. And then if there's any detail  
17 questions, I'm happy to address those after the  
18 presentation.

19 So this is the program division mission statement  
20 of our focus. And I think one of the points that I really  
21 want to emphasize is partnership as I think about how our  
22 budget and our work has evolved over the past three years  
23 in the implementation of the strategic plan. If you think  
24 about, the first year was really developing partnerships,  
25 second year was really cementing them implementation. And

1 I feel like now we're at a point where we're really at  
2 implementation in translating those partnerships into  
3 accelerating the implementation of our work and advancing  
4 the outcomes that we seek for children and families.

5 So this is a high-level overview of the four  
6 outcome areas which match to the four departments in the  
7 program division. I'm going to briefly walk through each  
8 of them. And then, again, happy to answer any questions.

9 What you'll see in my -- what you'll hear in my  
10 comments and what you'll see in the budget narrative  
11 that's been provided is really a continued focus on  
12 working with our partners, but understanding as we -- as  
13 our legacy investments, as Daisy indicated, are really  
14 declining, our work is very firmly in the place of systems  
15 change, particularly working in partnership with policy  
16 and strategy department around how do we integrate systems  
17 work with our policy and advocacy work at both the state  
18 and local level, as well as a very keen interest in  
19 addressing the challenges of sustainability and the  
20 related leveraging opportunities that we're increasingly  
21 looking to maximize.

22 So first place to start is our family overview,  
23 and this -- our home visiting continues to be the largest  
24 single programmatic investment that First 5 LA is  
25 investing in. And we are beginning to see some fruits of

1 the long-term investments that we've been trying to make  
2 in sustainability come to fruition. So what you'll --  
3 what I want to emphasize here though is that we're really  
4 at the early stage of implementation of some of these  
5 sustainability strategies, whether it's better leveraging  
6 the GMHPEI funding or work on better leveraging of  
7 Medi-Cal funding in terms of targeted case management,  
8 blending and braiding funding. We're beginning to do that  
9 work, but there is still continued -- much work to do.  
10 It's, -- you know, it's going from the conceptual, here  
11 are the funding sources to the implementation. And  
12 particularly when we're talking about blending and  
13 braiding and funding, the devil is in the details of  
14 making these revenue resources work together without  
15 overburdening our provider partners.

16 We're also, as we think about sustainability,  
17 it's not limited to home visiting. It's very much  
18 forefront in our minds as we think about our work in --  
19 with clinical partners and primary care providers in our  
20 work with Project DULCE implementation. This has been a  
21 multiyear partnership that we've had as part of a national  
22 cohort of clinics with CSSP, the Center for Study of  
23 Social Policy -- all these acronyms -- which is really,  
24 how do you embed a parent-focused support through primary  
25 care clinics, how do you embed parent supports as parents

1 are coming in to receive their well-child visits, how do  
2 you connect families to supportive services, how do you  
3 also embed a medicolegal partnership with a clinic  
4 setting.

5 So it's a strategy that we believe has a lot of  
6 potential as we continue to work closely with our Medi-Cal  
7 managed care partners, and sustainability will be critical  
8 to ensure that those services continue beyond the pilot  
9 period.

10 So -- and I think the other point that I would  
11 emphasize as we think about this is recognizing,  
12 particularly as we more intentionally embrace a equity  
13 lens to our work, is the recognition that it's not going  
14 to be one solution as we think about home visiting and one  
15 solution as we think about these clinical strategies to  
16 support families. It's really the diversity of programs  
17 and models that is going to be essential recognizing how  
18 diverse LA county is. Again, happy to address more  
19 details about the budget.

20 As we think about our work in our 14 Best Start  
21 communities, we're at a -- you know, the second -- we're  
22 at a point where we're at the second year of implementing,  
23 which was significant change last year in moving to the  
24 regional network structure that we've talked so much  
25 about, about that investment represents both a change for

1 our community leaders that we've had long-standing  
2 relationships with, as well as how we work with new  
3 regional network leads that are coordinating the work of  
4 multiple communities. In some budget highlights that I  
5 would highlight is the launch of our built environment  
6 implementation work. This is work that we've talked with  
7 the commission about in the past that is really about, how  
8 do we leverage and maximize new funding sources,  
9 particularly county funding sources as we think about for  
10 both this transportation and open spaces, and ensure that  
11 those communities -- the 14 Best Start communities that  
12 we've prioritized have an active way of receiving those  
13 funds and being beneficiaries of it.

14 We're continuing to work to implement trauma in  
15 our resiliency framework into our work in the 14 Best  
16 Start communities. I should note that while there's no  
17 budget line item for strategy two, that has been  
18 operationalized in collaboration with other program  
19 departments and is embedded within our other strategy --  
20 within our cross-cutting investments, and it's embedded  
21 within our other work. So it's not specifically called  
22 out, but that work is continued.

23 We're also looking to launch our learning  
24 consortium in next budget year. This is the  
25 infrastructure that we think is critical to support

1 learning across the 14 Best Start communities, learning  
2 among the community leadership, as well as our regional  
3 network grantees. We are also looking to launch our work  
4 to recognize and support the nonprofit agencies that are  
5 important critical partners in our Best Start communities,  
6 but may not have the access to resources to support their  
7 continued involvement. So that is one of our capacity  
8 building efforts that we're looking to launch next year.

9 And then, finally, as I mentioned, the  
10 implementation of our built environment strategies. I  
11 should preview that in -- I meant to say this earlier. In  
12 the next month at both the board and PPC, we'll be doing  
13 some deep dives into the home visiting work that will  
14 prioritized for the June board agenda, comprehensive  
15 presentation on implementation and sustainability. And at  
16 the June PPC meeting, we'll be coming back to talk with  
17 you further about our work on the built environment as  
18 well.

19 In the ECE area, we -- there are three strategies  
20 that you can see here. Our policy and advocacy work  
21 includes our work for both the ECE policy and advocacy  
22 fund, which is our close partnership with policy and  
23 strategy, as well as our continued funding for EduCare  
24 Los Angeles at Long Beach.

25 We are looking to continue the expansion of the

1 KRA work in our partnership and LAUSD. And you will see  
2 in the later board agenda item that's being bringing forth  
3 a continued partnership with LAUSD work. We're a bit  
4 delayed in terms of the targets that we'd hoped to reach  
5 with penetration of the kindergarten readiness assessment  
6 data at LAUSD due to the teachers strike earlier this  
7 year, but we're excited about the continued commitment  
8 that LAUSD has had to collect that data which will really  
9 give us an insight to how children are doing.

10 The next area that I would just highlight is our  
11 quality work within QRIS. We will be targeting the  
12 exhaustion or the depletion, the completion of First 5  
13 LA's longstanding partnership with First LAUP and then  
14 Child 360. So the final component of the fund balance  
15 that Child 360 is holding will be exhausted by January of  
16 next year. And then we are continuing to fund LA --  
17 excuse me -- Child 360 through the QRIS impact funding.  
18 So that represent a big transition year in terms of our  
19 work with Child 360. And the impact funding  
20 implementation next year is the leveraging of the First 5  
21 California funding.

22 Now I'm going through these slides relatively  
23 quickly, but happy to answer any questions.

24 Our health systems work, what you're seeing in  
25 this year with the increase in funding is noted is that

1 we're really moving from our intensive planning effort  
2 that we have been going through for increased access to  
3 developmental screening, our early intervention -- early  
4 identification and intervention work using the Help Me  
5 Grow model as a framework that there's been a tremendous  
6 amount of planning that we have done in partnership with  
7 Department of Public Health and a number of different key  
8 community partners that we're now really transitioning  
9 significantly into implementation. We are in the last  
10 year of funding for our first connections grantees who you  
11 may recall are clinical partners and community-based  
12 organizations that we've been working with to test  
13 strategies on how we can increase families' access to  
14 developmental screening for children and testing different  
15 strategies. And that learning is really informing how we  
16 can bring this to scale and very much informing our policy  
17 and advocacy work.

18 So that will be the continuation in the final  
19 year of that, but building off of those lessons learned,  
20 we're very excited that we'll be launching our community's  
21 demonstrations project to, again, build off of those  
22 learnings and pilot strategies to increase families'  
23 access to early identification in connection to services,  
24 both looking at how we can test strategies, how do we  
25 build parent education and awareness, how do we embed

1 those practices within clinical settings, which is very  
2 much related to the LA Care pilot that I know we discussed  
3 earlier this year, which is really, I think, a very  
4 exciting partnership because it's much more directly  
5 intentionally bringing the Medi-Cal managed care plans  
6 into this conversation who really do have a responsibility  
7 to ensure that children are receiving access to  
8 developmental screening in a timely -- in a timely and  
9 accessible way.

10 Again, happy to answer any questions. And I'll  
11 pass it along to Kim.

12 COMMISSIONER PLEITEZ HOWELL: If we want to pause  
13 for questions for each section.

14 So Romalis.

15 COMMISSIONER TAYLOR: My question is, is looking  
16 at the different communities and trying to find out what  
17 -- what health care provider -- vision is provided to  
18 them, especially since we know that our focus is now going  
19 to be to look at those in greatest need. So, therefore,  
20 what are the health care providers that people will be  
21 accessing in order to get those services? Is it going to  
22 be the Help Me Grow model or the LA Care model or is there  
23 something else that we don't know yet that may come  
24 forward that we would be able to have a greater impact and  
25 a greater care provided to those communities and for

1 children so we can measure the outcomes for the children?

2 So I'm kind of interested in how that's going to  
3 play out and get us a real measurement of how this really  
4 affects the changes for the family, and especially the  
5 child going forward.

6 Very impactful issue was for me is to listen to a  
7 legislator that had the capacity to gain access and had  
8 the child assess and get the services they needed to  
9 change the directory when he was told by this assessor  
10 that their child would never go to college. Unbelievable,  
11 but that's what they were told. Okay. And then they had  
12 the capacity and resources to get their child the  
13 intervention and services for the special needs that they  
14 had. That child now is an adult and teaches children with  
15 disabilities, but they were never supposed to go to  
16 college because they said they weren't able to based on  
17 assessment.

18 So that's important to be able -- for us to be  
19 able to measure in these different mediums the outcomes  
20 for those specific children and families and tell those  
21 stories so that, when we go back up to north like we did  
22 for home visitation, we will have the data to say, this is  
23 why we need to do it this way. And that's really what I'm  
24 hoping to hear more about as we move forward around that.

25 And if we need to test it in different

1 communities because if we go to my colleagues community in  
2 Palmdale Lancaster that's great source needs, maybe we  
3 need to do it a little different. But I'm very interested  
4 in this different community because that will help the  
5 rural community that the State faces, figure out how they  
6 can do it. And if we can show them there's different ways  
7 to do it from inner city out to rural communities, it's  
8 going to be very important for us to sell this statewide  
9 as a concept. Just a thought.

10 MS. ALTMAYER: I don't know if you want me to  
11 just a comment very briefly. I think it's an and to  
12 everything that you're saying. It is both working with  
13 clinics -- with primary care providers and it is working  
14 with the health plans that have responsibility. So it's  
15 an and on those multiple levels.

16 And what you're talking about is exactly the  
17 intent of the demonstration communities, of recognizing,  
18 within the LA county regional centers, there are seven  
19 regional centers that have different geographic  
20 responsibilities throughout the county. And those  
21 regional centers do operate differently. And there is  
22 challenges depending on the community -- the geographic  
23 community that those regional centers serve, as well as  
24 access to resources. So, for example, if you live in the  
25 Antelope Valley, the nearest regional center is going to

1 be in the San Fernando valley, which has its own  
2 challenges for families. And we know that there are not  
3 as many resources that are available for families in the  
4 Antelope Valley. So how if, you know, families have their  
5 primary care services in the Antelope Valley, but then the  
6 child is referred for speech and language therapy or  
7 occupational therapy, what is their access to those  
8 services and supports.

9 So the intent of the demonstration communities  
10 project is to look at how we can test different solutions  
11 based on the community geographic needs, as well as being  
12 informed from lessons that we learned from funding what we  
13 called our first connections project, which was testing  
14 different settings in which children would be receiving  
15 developmental screenings.

16 So we did -- we've learned quite a bit. And in  
17 the budget for next year, we're just going through the RFP  
18 right now for an evaluation of the first connections to  
19 really draw out some of those learnings so that, as we  
20 look to our demonstration projects next year, we're making  
21 those connections from the work we've done in the past.

22 COMMISSIONER TAYLOR: I just want to say one  
23 thing. Because we're innovative, we have to be able to  
24 support your effort and your work. So if we need to adapt  
25 and change some things for that community versus another

1 community, if we have to put resources there to model a  
2 concept for the State or for other communities that says,  
3 if we put this in place in these communities, it works,  
4 it's better for these children and families. So that we  
5 will have this different strategies that work and why they  
6 work and what it means for that child and that family.  
7 Just a thought.

8 COMMISSIONER HEGER: Can I just ask a question?

9 I'm obviously new at all this. But, number one,  
10 I was going to ask you. On home visitations, since we  
11 spend an awful lot of money on that, do we have a  
12 comparison study on who's better at it that we fund? did  
13 we look at who does a better job and who has better  
14 outcomes? Number one.

15 Number two, can you explain what the LA Care  
16 model of assessing the development issues? What do they  
17 do that's different or -- or -- or wonderful?

18 And, you know, I remain very concerned about  
19 access to regional centers. It's good to know that there  
20 isn't one in high desert so I can go advocate for that.  
21 But we have an incredibly difficult time getting kids into  
22 regional centers. And since we end up seeing all the kids  
23 in the county that have fetal alcohol spectrum disorder,  
24 we see that nine percent of kids going into foster care  
25 who have brain damage from alcohol, and we can't get them

1 in a regional center and we have -- and we have attorneys  
2 that represent families that try to argue about getting  
3 them in. So is there anything we can advocate for that?  
4 And a bunch of other stuff. But I really would be  
5 interested if you have an easy answer in LA Care because I  
6 think they have a huge percentage of the kids in the  
7 county that are high needs. It would be good to know what  
8 they're doing and maybe work with them.

9 MS. ALTMAYER: So I can give a high -- do you  
10 want to talk about the LA Care pilot?

11 MS. FICEK: Sure. Really quickly though, there  
12 is a satellite office in the Antelope Valley for the  
13 regional center. So let's manage that information right  
14 now. So still that doesn't mean there aren't challenges  
15 with linkage and connecting families to the regional  
16 center but there is a satellite office there.

17 So the LA Care model, we are still working  
18 through the specifics of that plan. We brought it to the  
19 board. We asked for the strategic partnership in the  
20 budget and the approval to move forward to negotiate the  
21 scope. And we're approaching that work at multiple  
22 levels. So there's efforts underway and commitment  
23 between First 5 LA and funds that are in kind that are  
24 being leveraged through LA Care to target the work at the  
25 family and community level. So leveraging their family

1 resource centers that are located throughout LA county,  
2 pushing out member education, utilizing their channels to  
3 enhance member communication around developmental delays.  
4 And then we're also thinking at the provider and clinic  
5 level, so utilizing their CME program to enhance provider  
6 education around developmental delays and linkage to  
7 services, and then, of course, targeting ten pediatric  
8 high-volume clinics across the county. We haven't  
9 identified or selected those clinics yet because we're  
10 looking at the data of where are the children zero to five  
11 and where are those high-volume clinics. But they're  
12 going to be across the county. So that's exciting to  
13 think about coverage and scale and opportunity.

14 And then in terms of at the community -- or at  
15 the plan level also leveraging LA Care's kind of data  
16 capacity, their health information, technology department,  
17 how can we work with these individual clinics to look at  
18 their use of technology, where are the work flow  
19 challenges and processes and, of course, how to work with  
20 the clinics and the providers to embed developmental  
21 screening and linkage to services as a normalized,  
22 consistent part of a well-baby, well-child visit.

23 So we haven't -- I mean, I would say as a part of  
24 our early identification intervention work in Help Me  
25 Grow, we always advocate and push for validated tools so

1 -- but we are tool agnostic. But the American Academy of  
2 Pediatrics certainly identifies what are their kind of  
3 recommended and preferred tool for the development screen  
4 in the pediatric setting.

5 MS. BELSHE: One thing would I add, Tara, is  
6 there's also a state policy piece to your question. I  
7 think the Newsom administration has acknowledged that the  
8 regional centers are struggling. So our -- some of the --  
9 I remember when I worked for the State, the long-time  
10 director of the department talked about the rule of  
11 thirds. There's 21 regional centers, a third are  
12 topnotch, a third are kind of middling, and a third are  
13 really struggling. So they're kind of all over the map.  
14 They've also gone through significant financial  
15 retrenchment in recent years. So the legislature and now  
16 this governor is looking to make important reinvestments  
17 in the regional centers. And in talking with the new  
18 leadership at Health and Human Services, there's  
19 recognition that there's a money piece to this problem and  
20 also a systems integration piece to it.

21 So I think we can be an experiment or a  
22 laboratory in working with the largest health plan in the  
23 county that sees roughly 70 percent of all kids under five  
24 to -- and having some regional centers is part of our  
25 first connections project, we can test and innovate and

1 demonstrate and, hopefully, inform that conversation in  
2 Sacramento which they're actually talking about the  
3 regional centers. I'm confident you and others are also  
4 bringing your voice to that because these are really big,  
5 hard issues that the new administration is wrestling with.

6 COMMISSIONER GAREN: I've got a follow-up  
7 question.

8 Would it be true that LA Care would put  
9 requirements on the FQHCs to require them to do the  
10 developmental screenings? You know, they're not the  
11 direct provider or, you know, other than through billing  
12 or bureaucracies to clients. It's community clinics that  
13 are. So it's -- help me understand those two things: The  
14 plan level and the service delivery level. What lever  
15 does LA Care have on making sure that that work takes  
16 place appropriately?

17 MS. FICEK: So complicated, but a really, really  
18 important question.

19 MS. BELSHE: Tara, remind commissioners of your  
20 concentric circle.

21 MS. FICEK: Yes. Policy is at the heart of  
22 everything we do that influences and informs programmatic,  
23 and vice versa, programmatic learning, elevating, and  
24 informing the policy space. And there already is a  
25 requirement to do a developmental screen within for the

1 child. The challenge is the monitoring and auditing and  
2 oversight of that is less than ideal, as is the reporting  
3 requirement tied to that.

4 So it's a -- a lot of pediatricians or health  
5 plans would say it is happening, but is it happening with  
6 a validated tool? Not as much as we would like it to. So  
7 we certainly want to push and advocate for expanding that.  
8 And we want to embed within the work flow within the  
9 clinic -- within the clinic setting the operations that it  
10 makes it much easier on the provider who has, as we  
11 continue to hear over and over again -- and we have  
12 providers here today -- there's a limited amount of time  
13 to do all that ton of work.

14 So the health plan, obviously, is interested and  
15 wants to support its providers to do that. They're not  
16 necessarily pressured enough by the State with the tools  
17 and the reporting requirements to do that. So the State  
18 tells us, work with your health plans. So we're working  
19 with our health plans at the same time the State has  
20 passed legislation and has prioritized, this should be  
21 happening as a part of the zero to three well-child visit.

22 COMMISSIONER GAREN: Very helpful. Thank you.

23 COMMISSIONER PLEITEZ HOWELL: One last comment  
24 and then I'm going to move us onto policy.

25 COMMISSIONER HEGER: I know that we have short

1 time. I'm going to tell you that it's not just the  
2 screening and is the access to care. And it's not just  
3 access to care, but it's access to quality care.

4 COMMISSIONER TAYLOR: Here, here.

5 COMMISSIONER HEGER: So it really disturbs that  
6 everybody's talking about access to screening and nobody  
7 is talking access to treatment, because I don't care how  
8 much you screen in.

9 The other thing speaking as a pediatrician here  
10 is, most of the pediatricians in private practice do not  
11 want to screen. And it takes too much time. They don't  
12 have care coordinators in their office, and they have no  
13 one to facilitate the treatment for the child. So I'm a  
14 bit frustrated. And I am meeting with LA Care tomorrow at  
15 9:00. So maybe that will be a good time to ask them the  
16 questions that remain in my brain.

17 COMMISSIONER PLEITEZ HOWELL: Commissioner, it  
18 looks like we have one more comment. In terms of budget  
19 discussion, there are really specific questions we have  
20 about programs themselves. And I don't think this will be  
21 the place to have that discussion. So if there are  
22 specifics on some of the health issues, I think we should  
23 follow up with the staff here and figure out how we impact  
24 some of that and have some of those questions.

25 And Commissioner Abdo, we'll give you the last

1 comment. And then, Kim, we'll turn it over to you.

2 COMMISSIONER ABDO: My comment is about the  
3 budget and in the ECE outcome area of QRIS. I've said  
4 this before. I just want to say it again that 60 percent  
5 of the budget is going to QRIS. And I would like a lot  
6 more discussion of how we actually increase the quality  
7 and how we are going to have an effect on workforce  
8 development which I think is critical. And I hope that  
9 that's a part of that line item, but I -- I guess that's  
10 what I'm asking.

11 MS. ALTMAYER: Yes. That does include the  
12 teacher stipends. Rebecca, do you want to provide more  
13 detail?

14 That does include the stipends as part of the  
15 workforce development for the -- and the technical  
16 assistance and the support and the coaching and the  
17 stipends for those participants that are in the Quality  
18 Start LA system.

19 SPEAKER: And then I'll say, within the Quality  
20 Start LA, a lot of the revenue actually represents funding  
21 that we're pulling down from other funding streams,  
22 particularly First 5 California through their impact  
23 dollars. We're also starting a process in partnership  
24 with LACOE and our other partners around what are the  
25 on-ramps and off-ramps to Quality Start LA and how can use

1 that model to be expanded to other settings so that we're  
2 more responsive to the needs of providers. And then we  
3 also have our developmental evaluation happening right now  
4 that's looking at the model specifically to give us  
5 recommendations on the refinements.

6 COMMISSIONER ABDO: Thank you.

7 COMMISSIONER PLEITEZ HOWELL: Kim Pattillo  
8 Brownson, will you walk us through policy?

9 MS. PATTILLO BROWNSON: Thank you. So we're back  
10 on slide 14. I'll actually start for the many new  
11 commissioners with the policy and strategy division's  
12 mission statement, which is to connection, to captivate,  
13 and to catalyze our partners to help us in doing the work  
14 to drive policy and to transform systems for young  
15 children and their families.

16 I think we oftentimes describe our work as having  
17 -- around policy and systems change as having -- as being  
18 the heart of our work. And part of what that entails is  
19 recognizing that there are human decision makers who are  
20 also very much a beating heart of our work. Whether or  
21 not they are with us determines whether or not they're  
22 willing to shift systems to actually work better for  
23 families. And so I oftentimes think of our work as sort  
24 of a reframe of friends, Roman, and countrymen, lend me  
25 your ears, but instead partners, champions, and public

1 decisions makers not just lend us your ears, but also your  
2 arms to actually join us in this work.

3 I think a second sort of attribute of this work  
4 in particular in the policy context is that to -- to your  
5 point earlier, Commissioner Taylor, we have to be  
6 adaptive, we have to respond to changing conditions, we  
7 have to seize opportunities when they present themselves  
8 as is the moment where we have for the first time in  
9 decades a very friendly governor who has I think brought  
10 early childhood to the forefront of the agenda. We have  
11 many cultivated leaders in the legislature who have also  
12 for many years been I think leading on this front and now  
13 are our very willing partner.

14 So when you look at the budget, I think one of  
15 the things you'll also see is, there are shifts in terms  
16 of how we are thinking about doing the work. When I  
17 joined First 5 LA almost three years ago, I think the  
18 staff was closer to 20, and we are now closer to 30. And  
19 I think there has been a tremendous amount of investment  
20 in the staff to be able to do some work that previously  
21 was outsourced. So oftentimes the tradeoff decision is  
22 described as buy or build. And we were in the context of  
23 buying a lot of contracted services previously and  
24 expertise. And over the last three years, we have  
25 invested I think a lot in our professional development as

1 well as our recruitment of new staff to build internal  
2 capacity to do the work here at home.

3 So our staff, instead of being 20, is now 28.  
4 And a lot of the work that you're seeing shifting in terms  
5 of both increases and decreases have to do with that buy  
6 versus build tradeoff of what it makes sense for us to do  
7 at home within our staff versus what makes sense to do  
8 with consultants and to be done externally.

9 I'll just also say that, on this idea of being  
10 adaptive, every single one of the departments of the four  
11 departments in the policy and strategy division has had  
12 increases and decreases built into their budgets in  
13 response to changing conditions and changing  
14 opportunities.

15 There are a number of investments that have been  
16 sunsetted following the investment guideline that  
17 investments sunset at the time they are set to expire.  
18 One that we talked about last year and I think that many  
19 of us have seen sort of bear fruit was the Silicon Valley  
20 Community Foundation investment in the gubernatorial  
21 candidate engagement. We previously done a lot of  
22 contract work with Children Now that I think now is  
23 transitioning more to internal staff.

24 We also have a number of contracts that have just  
25 been moved from being internally in each division -- or

1     excuse me -- in each department that are now more  
2     centralized around sponsorships that live and abide by one  
3     process within communications.

4             To dive a little deeper on the next slide, I'll  
5     highlight that there is a lot that is continuing from last  
6     year and really digging more deeply into work that is  
7     ongoing. So the whole child policy frame and the ongoing  
8     advocacy and policy for greater systems change and greater  
9     investments with both the Governor as well as our  
10    legislature is continuing and I think very much ripening.  
11    We just got a very exciting Assembly budget package  
12    proposed as well as -- actually, there -- all three houses  
13    of government's budget are actually incredibly intriguing  
14    and will be wrapped up in the next couple of weeks. More  
15    on that later.

16            In terms of what the investments are, we have a  
17    steady state set of investments with CalStrat, our  
18    Sacramento lobbyist, with the ECE coalition, which is the  
19    primary convening space for our early care and education  
20    advocates, and also a continuing investment in the First 5  
21    Association under a master agreement that has been in  
22    place for a couple of years.

23            We also have a number of ongoing policy and  
24    strategy investments that accrue to the general benefit of  
25    the organization, including Barb Masters' consulting

1 contract to continue to bring along our entire staff into  
2 the policy and systems change work, and also some new work  
3 that we are actually launching before the end of this  
4 fiscal year around compliance reporting, as we are sort of  
5 growing our Sacramento footprint in making sure that we  
6 are dotting all of our Is and crossing all of our Ts for  
7 compliance reporting.

8 In terms of communication -- strategic  
9 communications to our target decision makers, we have  
10 ongoing partnerships with Pacific Oaks, which is Deepa  
11 Fernandes partnership which both provides reporting to  
12 KCRW, KPCC, as well as KQED and Capital Public Radio. We  
13 have three partnerships with USC around health reporting,  
14 a blog, a radio focus, and another for seeding articles  
15 throughout the state.

16 In terms of our local work, I think we have  
17 talked at PCC about this new emergent space with  
18 localities in particular, and have seen a number of local  
19 elected officials become more active in the space of early  
20 childhood development than I think we have in recent  
21 memory. I think that will be a continuing thread that we  
22 will build into and that will essentially continue to go  
23 from the work of our national league of cities event from  
24 last year.

25 The last highlight that I'll put in the

1 continuing thread and deepening is to -- to deepen the  
2 work with our strategic partnerships in business and  
3 philanthropy. We have been for many years I think working  
4 with a number of intermediaries and are also now I think  
5 realizing the benefits of bringing a number of these  
6 partners to Sacramento, as well as affecting their home  
7 systems and making sure that they are good partners  
8 throughout the organization for our colleagues in I and L  
9 and programs and admin.

10 There are many new things to highlight, but I'll  
11 save it to these top couple. One is that we will be  
12 coming back to talk to you more about the launching of a  
13 health policy and advocacy grant making structure,  
14 essentially responsive, again, to the opportunities that  
15 are emerging. I think with the Newsom administration, we  
16 have for the first time -- and Kris Perry who came and  
17 spoke to the commission a couple of months, weeks ago --  
18 the first time that we've had a health and human services  
19 deputy secretary who is focused on early childhood  
20 development. That also I think opens up a level of  
21 administrative advocacy that was not available in past  
22 administrations. So we have a \$600,000 increase that we  
23 are proposing that would be administered to bolster our  
24 health advocacy and family strengthening advocacy at the  
25 state level, again, under the umbrella of the whole child

1 frame.

2 We also will be increasing our investment in the  
3 First 5 Association and the Center for Child Policy, which  
4 focuses, again, on the whole child frame policy rating,  
5 gubernatorial engagement, and also Prop 64, which is the  
6 state level marijuana funding which, candidly, we thought  
7 was going to be a multiyear process. But Governor Newsom  
8 put into the conversation, and it looks like it will be  
9 going to conference committee next week between the  
10 legislature and the Governor.

11 In addition, I think we will be continuing to  
12 broaden our media partnerships to make sure that we are  
13 cresting into news circles where our decision makers are  
14 likely to be fed information, understanding what the scope  
15 of problems are that they can address that deal with young  
16 children and families. We are in early conversations with  
17 CalMatters, which is a -- very much a Sacramento insider  
18 publication online, as well as in conversations with  
19 fostering media connections, which I know many folks here  
20 in LA county depend upon as a source of news and  
21 information.

22 Lastly, we have had some brief conversations but  
23 we will also I think be bringing this topic back for  
24 greater consideration at a future commission meeting to  
25 bring along additional advocates on the First 5 LA policy

1 agenda. I think in terms of having parents and caregivers  
2 and community leaders who are actively interested in  
3 finding a way to support the First 5 LA policy agenda at  
4 the state level, we are looking to partner with an  
5 external contractor to do a training so that they can  
6 engage and become more active in support of many of the  
7 shared projects that I think are evidenced throughout the  
8 programs division.

9 With that, I will ask if there are any questions.

10 COMMISSIONER PLEITEZ HOWELL: Commissioner  
11 Taylor.

12 COMMISSIONER TAYLOR: I want to go because, the  
13 issue gets to me is, we're hitting all the right different  
14 levels of communication except I don't hear the parent.  
15 Why is it important that they get their child early  
16 screened? Have we communicated that in mediums that get  
17 to the communities of greatest need, such as the Latino  
18 community, such as the African-American community, and on  
19 and on and on. And so -- and even the Asian community.  
20 There are different mediums that they use and we have to  
21 -- I know we have the Talk Read Sing, but that's overall.  
22 But this thing about screening, which I think is important  
23 and we think is important, how are we communicating to the  
24 community why it's important that they get their child  
25 screened as young as possible as they need in order to

1 help them succeed in life and in future.

2 So I -- I don't know if we have a campaign for  
3 that, but that is the question because the people vote  
4 these legislators in, these council members in, and they  
5 -- if they get it in their mind that they want this, then  
6 the legislators will want it too. So we need to make sure  
7 that our campaign is multilevel and multifocused. And I'm  
8 going to give you a chance to answer that. Do we have a  
9 plan for the parents?

10 MS. PATTILLO BROWNSON: So most of what I've  
11 described is about public decision maker engagement, which  
12 is absolutely central to the policy and systems change  
13 work. It's also I think equally true -- and when we had  
14 the conversation with some of our outside philanthropic  
15 partners from the Blue Shield Foundation, as well as the  
16 Packard Foundation, I think many of us recall Mira Monte  
17 from Packard saying that part of our work is to build  
18 demand for services that families need but may not know  
19 necessarily that they need and may not know necessarily  
20 that they might have access to through their health plan,  
21 through a community clinic, through their local preschool,  
22 and how do you go about building demand among communities  
23 who have not yet realized either the urgency of having a  
24 service connected to their family or that they can in fact  
25 find a pathway to access it.

1 I'll highlight a couple of investments that we have  
2 within our strategic columns and marketing department. In  
3 particularly, the quarterly parenting guide that actually  
4 has an incredibly large readership and circulation. It's  
5 200,000 copies that go out every quarter to public  
6 libraries to pediatricians' offices to WIC to preschools  
7 to county agencies. And to give you a sense of sort of  
8 what the penetration is, that's 200,000 copies in  
9 circulation. And our zero-to-five population for LA  
10 county is about 650,000 children. So we -- we know that  
11 we are touching a lot of families. And a lot of the  
12 information that is currently there is about connecting  
13 families to resources, but I think as we move into the new  
14 year, there is I think a much more explicit focus on  
15 helping parents, families, community members, aunts,  
16 uncles, grandparents to be better demanders of things that  
17 their children require. We've also been expanding our  
18 Strong Families Strong Kids newsletter which actually  
19 comes out on a monthly basis, as well as a number of  
20 online platforms, and have put funding into the budget for  
21 more public marketing campaigns and public education  
22 campaigns as well.

23 Do you want to --

24 MR. SANCHEZ: Sure. I'll just add in -- I  
25 appreciate the opportunity.

1           What Kim was also -- she gave some very, very  
2 great highlights. And I also wanted to add, that's in our  
3 normal stream of communications that we have in social  
4 media to parents that is about these things. So it's part  
5 of our normal, I guess would you call it. We have a  
6 calendar of different posts that we have and things like  
7 developmental screenings or things related to early  
8 childhood development are a constant. So there's a  
9 constant stream that we're always pushing out. And that's  
10 just the program we run. So it's not a particularly  
11 highlight; it's just something that we do all the time on  
12 the natural.

13           MS. BELSHE: One other comment I would make in  
14 going back to the LA Care example, and I know we have a  
15 lot of images. We have -- if Marlene were here, she'd be  
16 referencing the tree.

17           The concentric circle I was thinking about with  
18 our LA Care partnership has children at the center, then  
19 families, then communities, then individual providers,  
20 then the high-volume pediatric clinics, and then the  
21 health plans and its related systems. So recall as a part  
22 of that LA Care investment, one of the objectives is  
23 around awareness and engagement of parents and caregivers  
24 about the importance of timely and appropriate  
25 developmental screening.

1           This is going to be an issue we'll talk more with  
2 the board in the context of our strategy refinement in  
3 terms of how we can more intentionally incorporate that  
4 kind of demand building into our work, but -- so it's --  
5 there's both the meta level, which you were hearing from  
6 Kim and Gabriel. And then in the context of specific  
7 projects, we're trying to bring more intentionality around  
8 awareness building and it's an issue that does involve  
9 some tradeoffs in terms of our resources and something we  
10 want to talk with the board further about.

11           COMMISSIONER TAYLOR: And I think the commitment  
12 is that, if we can get people to start talking about it,  
13 because not everybody reads all these different mediums  
14 and are following it. The Joe Q. Public, they hear Talk  
15 Read Sing, and then they want to ask us, what is that. We  
16 want to create that momentum that says, put it in their  
17 minds so they start asking the question, what does it mean,  
18 how can we access it, and why is it important.

19           So I'm with you on that totally. So come back  
20 and tell us what you want to do and let us get behind it.

21           COMMISSIONER PLEITEZ HOWELL: Are there other  
22 questions?

23           Kim, I have a question for you. I was struck by  
24 the overall budget in terms of the policy funding having a  
25 negative variance and declining from 2018 to 2019 to the

1 current fiscal budget. And I'm wondering what the  
2 rationale is given the opportunities that exist at the  
3 state level. We have a Governor and Assembly and Senate  
4 that is behind all this, and we haven't had an opportunity  
5 like this in the past. So why a decline at a time when  
6 more investment in something like this would make sense?

7 MS. PATTILLO BROWNSON: So there are a number of  
8 legacy investments that are just set to sunset on the  
9 natural. We had our final year in -- actually in 18-19  
10 budget year of legacy path policy and advocacy fund grant  
11 making from the last policy and advocacy fund that finally  
12 came to a close. We had the natural closure of a couple  
13 of contracts, as I mentioned, the Silicon Valley Community  
14 Foundation piece of work which was about gubernatorial  
15 candidate engagement. And as, essentially, we bring to a  
16 close the new governor's first year of budget and  
17 legislation that is set to close in the fall, but is a  
18 year-to-year difference of what was pretty full-throated  
19 advocacy leading up to the November 2018 election to  
20 educate and inform those electeds or potential electeds to  
21 actually moving them into the work of governance.

22 There's also a \$250,000 movement in the budget,  
23 which actually moved from policy events and sponsorships  
24 and policy maker engagement from policy to the  
25 communications budget, again, reflecting a desire to have

1 a common process across the division for events and policy  
2 maker engagement.

3 And then there also was, I think candidly, a  
4 recognition that is certainly reflected in the budget  
5 transmittal memo around living within our means and  
6 thinking about what are we spending today and what are we  
7 underspending. So we've had line items in the budget  
8 previously about doing policy briefs and research and  
9 broader public poling. And what we have found is that,  
10 because we are now doing this work of funder alignment  
11 with a number of other funders, we're able to be a  
12 contributor rather than the sole source funder of a number  
13 of these efforts.

14 I'll also just say though, there are certainly  
15 increases that are built into it, the 600,000 for  
16 additional health and family strengthening policy  
17 grantees. It's \$150,000 increase for the Association's  
18 budget, which encompasses both the whole child framework  
19 with the Governor as well as marijuana funding.

20 COMMISSIONER PLEITEZ HOWELL: Thank you. Keesha.

21 COMMISSIONER WOODS: Good afternoon. I have a  
22 couple questions. One, I'm going to go back to Raoul  
23 before I ask you the question, Kim.

24 Raoul, you said that there is a possible cut  
25 based on the revenues that's coming in. You're not sure

1 what it is. You're doing some work around what that  
2 difference may be. Based on this budget, we have \$133.7  
3 million, can you tell me what is the possible reduction?  
4 How much less than the 1.3 -- 133 million we could look  
5 at?

6 MR. ORTEGA: So for the current fiscal year,  
7 we're looking at a reduction of roughly six percent. For  
8 the fiscal year that we're talking about, the 19-20, we're  
9 looking at roughly four percent.

10 COMMISSIONER WOODS: Four percent less than 133  
11 million?

12 MR. ORTEGA: No. What you have before you is the  
13 total expenditures that we're projecting. Our total  
14 revenue comes in much lower than our total expenditure  
15 tour because we have a demand of our fund balance. So we  
16 draw down from our --

17 COMMISSIONER WOODS: So what's our expected  
18 revenue coming in?

19 MR. ORTEGA: Let me give you that. I have that  
20 here.

21 So for fiscal year 19-20, the new revenue is  
22 showing \$71.7 million.

23 COMMISSIONER WOODS: So most of our operating is  
24 based on what we've already received in the past and  
25 moving forward?

1 MR. ORTEGA: Correct. Correct.

2 COMMISSIONER WOODS: So if we're still expecting  
3 the 71 million to go down, how -- am I understanding  
4 correctly, if the State is possibly not going to fund us  
5 at the 71 million that we're expecting because of taxes or  
6 what have you, where would we make up the difference as we  
7 talk about the current budget expenditures that we're  
8 discussing today?

9 COMMISSIONER HEGER: So we would have to look  
10 overall through our long-term financial projections  
11 through our new strategic plan. So that's something that  
12 we're going through in the next phase through our SPR4 is  
13 that we will be updating not only our strategies and our  
14 outcomes and being more focused and specific, we will also  
15 be aligning our fiscal realities with those revenues.

16 MR. WAGNER: If I could, a concept I think -- so  
17 we're just talking about the budget today. So what I'm  
18 about to say is taking a step back and seeing a bigger  
19 picture. And the bigger picture is that, as Raoul stated  
20 in the beginning, our budget is actually funding more than  
21 we're taking in. And the way we make that up every year  
22 is dipping into our fund balance. So if the budget --  
23 we're not today recommending any changes to our budget.  
24 But if the revenues come in slightly lower, that -- than  
25 we've been told previously, as Raoul is saying, we need to

1 dig into that. It means we have to dig a little bit more  
2 into our fund balance. And that affects our long-term  
3 strategic plan -- I'm sorry -- our long-term projections  
4 because we forecast those out five, ten years.

5 So that's where you would see the difference and  
6 where Raoul was saying we'll come back to the board. So  
7 we need to do a little by the more of that analysis.

8 COMMISSIONER WOODS: That's exactly what I'm  
9 trying to get it is, where do we offset each other. So  
10 that's a good answer. Thank you.

11 So to you, Kim, the question I have -- and I was  
12 talking to Commissioner Taylor about this earlier.  
13 There's a big push around the census in trying to make  
14 sure we get to families of early -- with children under  
15 five. Also, just trying to get to our families because  
16 given everything else that's out there, they're likely not  
17 to come out willingly.

18 We put a big push in the Governor's -- the  
19 elections, what have you. What are we doing around, you  
20 know, at the same kind of thinking? It's not with the  
21 elected officials this time; it's with the families. What  
22 are we doing around census and trying to get the awareness  
23 of that?

24 MS. PATTILLO BROWNSON: So I believe that was  
25 last commission meeting had the conversation around a

1 strategic partnership with California Community Foundation  
2 to do specific outreach alongside the Partnership for  
3 Early Childhood Investment and a number of other  
4 philanthropies to target the zero-to-five population and  
5 their families. There are both target geographies as well  
6 as the age groups. But very much with the recognition  
7 that the data is very clear that young children are really  
8 the most hard-to-count population. We are both engaging  
9 and have been supportive with Assembly Member Bonta's  
10 proposed legislation and the Governor's proposed budget  
11 line item to actually increase census outreach.

12 But at the LA county level, essentially, we are  
13 partnering with other foundations and also finding a  
14 multiplier effect so that we're -- our contribution was in  
15 the 200,000 range, but I think as a result of our  
16 catalytic funding at the front end and making a  
17 commitment, that funding that has been pooled by CCF and  
18 the partnership is almost up to one million for just LA  
19 county outreach.

20 COMMISSIONER WOODS: Thank you.

21 COMMISSIONER PLEITEZ HOWELL: Last question.

22 COMMISSIONER GAREN: Yeah. With respect to the  
23 fund balance and that it's diminishing over time, has the  
24 board established a threshold old of -- of how much  
25 operating capital we -- we intend to preserve as just for

1 the functioning of the organization?

2 MR. WAGNER: That's a great question and one  
3 we're actually working into our SPR4 strategic planning  
4 process, which is projecting out that fund balance  
5 throughout the next ten years through 20-28. And one of  
6 the things we are looking at is, you know, exactly that  
7 kind of question and staff need to dig into that. The  
8 board has not taken a position, but we need to dig into it  
9 and bring some thoughts back to the board.

10 MS. BELSHE: We do have a reserve policy?

11 MR. WAGNER: We have a reserve for emergency. We  
12 can draw upon it for three factors. It's basically --

13 COMMISSIONER GAREN: It's a number of months.

14 MS. BELSHE: It's for a different purpose.

15 MR. WAGNER: Yeah, and it's 25 percent.

16 COMMISSIONER GAREN: One is sort of creative and  
17 working capital, and the other is sort of your threshold  
18 for functioning, and both of those are something worth  
19 thrashing through because it won't be that many years  
20 before -- unless we identify new resources.

21 MR. WAGNER: That's right.

22 MS. PATTILLO BROWNSON: I'll also just say that  
23 there are also funds through both the work with the  
24 Association as well as the local work to identify  
25 alternative revenue sources, both at the local and state

1 level. The Prop 64 cannabis funding conversation is  
2 certainly part of that and is actually moving very quickly  
3 right now at the state budget level. But more generally,  
4 I think the three strands of work that we have been  
5 describing that as is, basically, increasing the share of  
6 existing public funds that we're already drawing down,  
7 creating new public funding streams that do not exist  
8 today, and then coinvestment with other philanthropies to  
9 leverage funds.

10 COMMISSIONER PLEITEZ HOWELL: We're going to turn  
11 it over to Daniela for the last part of the budget  
12 overview and then open it up for questions.

13 Sorry, John. We skipped you.

14 MR. WAGNER: It's all right.

15 COMMISSIONER PLEITEZ HOWELL: Turn it over to  
16 John.

17 MS. PINEDA: Thank you. So it's so fortuitous to  
18 be in this lineup because, actually what I have to talk  
19 about has a lot to do with what has already been commented  
20 on in terms of, how does First 5 LA really have a way to  
21 check if we're being effective, a way in which from all  
22 the learning and the pieces about how we're -- thank you  
23 -- how we're learning from our investment, how do we put  
24 that information and those insights into the  
25 implementation of the work.

1           So this brings us to the work of the integration  
2 and learning division. So the division, our charge is to  
3 help First 5 LA build, share, and apply this collective  
4 knowledge in service of maximizing our impact for our  
5 young children and families. So this is learning with a  
6 purpose. It's very much tied to how do we talk about how  
7 effective are we being, how will we know if we're making  
8 progress. So you know, oftentimes you hear us talking  
9 about this notion of a learning organization. I just want  
10 to be clear that this is exactly what we mean. These  
11 conversations about, okay, how will we know, how are we  
12 being really mindful about really thinking about learning  
13 being applied.

14           So the budget that you see here it's -- so we're  
15 the newest kid on the block, the newest division for First  
16 5 LA. This is only our third year. And the budget  
17 really is a combination of supporting ongoing work that  
18 I'll speak to, and then some new really exciting work.  
19 And it's all in service of being effective and  
20 understanding where we can improve, how do we need to  
21 adapt. As we know the work that we're doing, there's so  
22 much acknowledgement about how it's difficult and it takes  
23 time. And so we need to have mechanisms built in to how  
24 we work to make sure that can adapt, as a lot of you have  
25 already spoken to.

1           So in terms of just the budget. The proposed  
2 budget, as you can see, for the next fiscal year. It's  
3 comparable to what we're doing now. And so I'll speak to  
4 some of the highlights of ongoing work.

5           So the first piece is, we are supporting --  
6 continuing to support the evaluation of the impact, the  
7 Welcome Baby impact study. So going back to some of the  
8 comments earlier about how will we know, do we know if the  
9 interventions work. This is a specific randomized control  
10 trial investment in understanding if participation in  
11 Welcome Baby, and at least to different outcomes for  
12 children and families. So this is exactly, not only about  
13 informing our home visiting work, but also building this  
14 evidence-base for this kind of intervention.

15           The second piece I'll draw your attention to is  
16 going to our quality work. So some of the conversation  
17 earlier is about, you know, how are we going to know if  
18 we're really incentivizing quality, which is such an  
19 important question. So here, as Becca and Christina  
20 mentioned, we are supporting a developmental evaluation of  
21 Quality Start LA. And the purpose of that is really to  
22 test specific pieces of a model that we already have to  
23 see if the pieces are feasible, if they're appropriate,  
24 and if they're being implemented in the way that they were  
25 designed. So all of this information is very practical

1 for us in terms of, how do we continue to refine our  
2 quality work.

3 The third piece I'll highlight is so that the  
4 work at the Best Start communities in terms of our plan  
5 for how do we understand what's working and not working  
6 and where there's room for improvement. So we refer to  
7 this work as the Best Start learning agenda. You heard a  
8 little bit about those questions at the April PPC meeting  
9 where we talked about, like, how will we know. So these  
10 resources goes to really having a very balance approach  
11 where we have at times quantitative information about the  
12 works in communities, and oftentimes complimented. We're  
13 really getting on at the stories of how do we know what  
14 families are experiencing. So back to some of the  
15 conversation we had that is so critical for us to really  
16 be very concrete about how families are experiencing our  
17 work and if there are demonstrable changes and  
18 improvements for children and families.

19 The second area of continued work that we're  
20 supporting, I'll go back to. You've all heard us present  
21 about the impact framework work. So impact framework work  
22 is really our effort in the organization to clarify how,  
23 to be very specific about the results we seek; to tell our  
24 story about how the work that this organization in  
25 partnership with others is improving systems for kids and

1 families. It really is about tracking our implementation  
2 of the strategic plan.

3 So the -- the resources there kind of generally  
4 fall into three types of categories. So the first one has  
5 to do with cost around. Data so, you know, if we are to  
6 track our progress, we think about kind of how do we get  
7 the information. Sometimes we're in a place where there  
8 is information available. Sometimes we can take a  
9 leadership position and say we could investment in some  
10 data development that will help us do X, Y, and Z. So  
11 there's cost related to that.

12 The second area has to do with how do we -- what  
13 are the reporting tools and the structures that we have  
14 within the organization to take in all those data, to  
15 analyze it, to make sense of it. We don't want to be in a  
16 where we're just getting data and then we're not doing  
17 anything with it. So it's a set of cost related to that.

18 I will say that our orientation to determining  
19 kind of the estimates always starts with looking at what  
20 we already have. So we have internal systems, but we  
21 asked ourselves, what can those systems do, is there a  
22 delta between what they can do and what we need them to do  
23 to in order to take in this information. And then we do  
24 those estimates.

25 The last piece -- and I kind of want to go back

1 to one of the things that Kim mentioned, it really goes to  
2 staff training. So in order for this work to be  
3 meaningful and for it not to be just one thing that we  
4 report on some occasions, we need to have the ability to  
5 -- if we're asking staff to interact with the information,  
6 to really use it, we need to provide those resources for  
7 them to set them up for success. So that's the types of  
8 costs embedded in that.

9 And then in terms of new work, we have some  
10 exciting partnerships that we're continuing, specifically  
11 with the Office of Child Protection. And so you might  
12 recall, we -- First 5 LA is one of many partners that have  
13 been involved in supporting of Office of Child Protection,  
14 the prevention plan in particular. So I'll highlight some  
15 of the new work we have there.

16 So, first, we're helping to -- we're supporting  
17 the OCP prevention metrics' work. So finalizing child  
18 abuse prevention measures for LA county.

19 Second, we are working on developing and testing  
20 an assessment at the county level with our partnership  
21 with the platform. This will give us some baseline  
22 understanding of how do we -- what do we know about the  
23 prevention in the county. This goes to some of the work  
24 in our results for children and families, particularly  
25 around, how do we understand families' level of awareness

1 and the resources that they have to be able to optimize  
2 that relationships. So we've talked about -- you know, my  
3 colleagues have talked about the results in terms of -- at  
4 a high level, but also how do we do that awareness work  
5 within the specific strategies. So this pilot would help  
6 us get that baseline data that would not only benefit the  
7 partnership with OCP's prevention work, but also our own  
8 work in terms of measuring our results for children and  
9 families.

10 The other investment I'll highlight is, we're  
11 working in partnership with KC Family programs and several  
12 county departments to help develop an evaluation framework  
13 for the prevention aftercare networks. This is an  
14 important piece, not only for the work that OPC does  
15 because of the importance of those informal networks and  
16 how they are critical to understanding how families  
17 interact with the systems, but also for First 5 LA because  
18 a lot of the work that we're doing, you know, when we  
19 think about communities, when we think about being on the  
20 ground and listening to families, there's a big part of  
21 those informal networks at play. And so we're looking to  
22 understand their efficacy in partnership with others.

23 And last, we are looking at the disability, doing  
24 some cost/benefit analysis for specific  
25 prevention/interventions such as home visitation and

1 prevention aftercare networks. So together you can see  
2 that the set of proposed investments not only help support  
3 of the work OCP is doing in the county, but it really well  
4 aligns with what First 5 LA is doing in terms of how we  
5 move forward to understand our results for children and  
6 families.

7 So I'll stop there and welcome questions.

8 COMMISSIONER TAYLOR: I have one.

9 MS. PINEDA: Yes. I was hoping.

10 COMMISSIONER TAYLOR: Mine is, we talk about the  
11 impact framework. I want to know, are we tracking the  
12 impact of all our efforts at the population level, at the  
13 community level, with the parents, with the children,  
14 whichever group we're talking about. But there's also the  
15 impact at the systems level with the organizations we do.  
16 So there are different levels of impact that we need to be  
17 looking at, but all of these ultimately impact the  
18 population level that we're focusing on. So are we  
19 tracking the impact we're having at the -- let's say, the  
20 legislative level, the municipal level, the county, city,  
21 community, family so that each of these we're doing that.

22 And the other thing I want to know is, are we  
23 tracking the interconnectivity of our efforts even within  
24 the system of our organization so that people in the  
25 organization start to visualize the connection of what

1 they're doing over here to this over here and how moving  
2 the string left and right affects the other. Right? So  
3 that we start really seeing how these interconnections  
4 really work to make a difference in the total system.

5 And so I'm -- I'm looking for that. And I'll let  
6 you tell me about it.

7 MS. PINEDA: Thank you. So I was smiling when  
8 you started thinking about the levels because oftentimes,  
9 I really want to talk about the levels. So this is a  
10 great opportunity. But just I will say that the impact  
11 framework, the way that we talk about that frame is  
12 certainly acknowledging three things that I'll speak  
13 about. One has to do, the results for children and  
14 families is about LA county. It is about those needles,  
15 for like, what are the observable changes for families and  
16 children, right? So that's a one thing. The ultimate,  
17 how we're -- if we're making progress on those things,  
18 this is how we know we're on track to reach our north  
19 star. So that's the highest level there.

20 And then if we think about how we talk about the  
21 work that we're doing, we're talking about systems change.  
22 So we are saying that this organization is looking to make  
23 systems work better for kids. So our vehicle to those  
24 population changes is through those -- to working in the  
25 systems. And that's where it encompasses what you just

1 spoke to in terms of policy levels, in terms of families,  
2 in terms of communities because we know that children are  
3 not in a silo; they're embedded these ecosystems. So that  
4 piece in terms of how we identify a specific system and  
5 how do we measure that is certainly one of those layers.

6 And so to your point about the interconnectivity,  
7 when we've talked about the results for kids, you know, a  
8 lot of us have emphasized and I think it's worth repeating  
9 this because it goes to the hear of what you just asked,  
10 the fact that the results are not -- you know, a lot -- we  
11 have ten strategies at this moment, right? And a lot of  
12 the work that we're doing go to multiple results. So it's  
13 not like there's a direct link between one result and one  
14 strategy. Actually, we're acknowledging the  
15 interconnectivity because we're saying, in order, for  
16 instance, for children to have -- for families to have the  
17 resources they need and the awareness to optimize their  
18 child's health, there's work in home visiting, in the  
19 family strengthening systems, there's work in early care  
20 and education. So the way we're thinking about the  
21 results and the fact that the organization has four key  
22 results out of so much work that we do, really does speak  
23 to the fact that these are crosscutting and we are  
24 acknowledging the connection.

25 So I really appreciate that question because this

1 is certainly how we are thinking about the work.

2 COMMISSIONER TAYLOR: Because screening happens  
3 in multi-systems, and each of those systems have an  
4 opportunity to engage the family in screening, whether it  
5 be in the early child education system, which is child  
6 care, Head Start, Early Head Start, all those. That can  
7 have a screening capability, and it does. They have  
8 tools. And then there's the health system. And now we  
9 have the fact that the parent is having a child and things  
10 of that nature. So each of these different systems have a  
11 responsibility to facilitate acknowledging to the family  
12 why it's important whenever -- whatever door you go in,  
13 you should have your child early screened to make sure  
14 that they have the best possible opportunity to strive and  
15 be successful in the future. And that's -- I'm trying to  
16 see that connection. I'm sorry.

17 COMMISSIONER PLEITEZ HOWELL: No. No. Thank  
18 you, Commissioner.

19 Last question from Commissioner Woods, and then  
20 we're going to have John close this off. We're running a  
21 little behind.

22 COMMISSIONER WOODS: I don't have a question.

23 COMMISSIONER HEGER: I have a question, however.

24 All right. I'm not -- I can't sit here across  
25 from Deanne Tilton and be the child abuse doctor at the

1 table.

2 I would really invite you to come and sit -- we  
3 have two commissioners on the commission who transformed  
4 this entire county when it comes to child abuse and  
5 neglect, not the Office of Child Protection. That was  
6 written into the blue ribbon commission after the death in  
7 high desert. There's a lot of -- I would recommend you  
8 form -- that you at least meet with us and discuss what  
9 worked in the county, why child death reports that Deanne  
10 was strategic in bringing about drove decisions that were  
11 made in this county, and what the data really shows and  
12 what really has worked and not worked because it's very  
13 difficult to sit here and read the last paragraph on that  
14 slide over there.

15 So I would suggest that there is a reason why we  
16 sit on this commission. So maybe come and talk to Deanne  
17 and talk to me about what actually worked and what is not  
18 working from the Office of Child Protection.

19 COMMISSIONER PLEITEZ HOWELL: The expertise at  
20 this table is open to all of you. So appreciate that  
21 comment.

22 John, we'll turn it over to you to close this up.

23 MR. WAGNER: Great. Thank you very much.

24 I know we're running over, so I'll try to  
25 summarize. The admin division is really -- this is our

1 admin goal. And we together across the admin departments  
2 strive to achieve operational excellence in an integrated  
3 customer focus. And oftentimes our customers are the  
4 internal business partners we have here at First 5 LA,  
5 including the divisions we've heard from.

6 Just to call your attention -- and I know the  
7 focus of the -- this committee is mainly on the programs  
8 side, but we did want you to see the full budget or the  
9 total budget, admin being one of the four divisions.

10 So just to summarize, as you know, the budget is  
11 constructed both in a program budget and an operating  
12 budget. In the top chart, you'll see the operating  
13 budget. And it's really broken out into the main six  
14 operating cost categories that you see on the left side of  
15 the chart. One thing I'd like to call out, if you see the  
16 first item, the first personnel services, the vast  
17 majority of our operating budget goes to fund employee  
18 wages and benefits, 78.3 percent. So the vast majority of  
19 what we're talking about is staff wages and benefits.

20 If you -- just to follow down because I know a  
21 lot of this can be coded language from -- from the  
22 perspective of someone not in the budget details. That's  
23 personnel services, which I just spoke to.

24 Operating and expenses are things like utilities,  
25 workers' compensation costs. Consultant services are --

1 include not only the costs of consultant fees, as you hear  
2 from some of the consultant experts we bring on board, but  
3 also building management. We actually have the facility  
4 managed by an outside entity. Professional services  
5 includes everything from auditing to our legal services  
6 and legal counsel to web services and the stipends that  
7 the commissioners received. Travel expenses include just  
8 that, but also per diems. Professional development  
9 includes a category that captures a lot of our internal  
10 and external training costs, as well as when we enroll  
11 staff in leadership development programs, which has been a  
12 really critical investment in our employees and costs  
13 related to that.

14 So those are the main categories.

15 The third thing I think I would point out is  
16 we've broken this up as to programs column and an  
17 administration column. Programs is meant to mean the  
18 other three divisions. It's not just the program  
19 division, so just to be clear on that. And regarding  
20 that, admin, you know, we in many ways are a part of the  
21 foundation of the organization. So even though these  
22 funds and costs are related to the admin division, they  
23 actually do support the rest of the organization. So I  
24 think the last point I was speaking to on things like  
25 leadership development, training costs, those are not just

1 in the admin division; those are across the organization.

2 The other thing maybe to point out on this slide  
3 is the -- again, the total amount of the operating budget  
4 is 2.8 million, which 17 percent of our total budget. If  
5 you look at -- for those of you who have been around for  
6 previous budgets, we used to have something called the  
7 county partnership fund. And as Daniela just spoke to,  
8 the difference in this year's budget construction is that  
9 those costs are actually in the division in which the work  
10 is done. So you'll see county partnership investments  
11 across all three divisions, and that includes the work  
12 that Reed and I do connected to the rest of the  
13 organization to move some of that county support forward.

14 I think I'll leave it at that and just open it up  
15 to any questions, if there are any on the admin budgets.

16 COMMISSIONER WOODS: I have one question. I  
17 wasn't waiting for you.

18 What's the difference between the operating  
19 overall in human resources under administration?

20 MR. WAGNER: So great question. Operating  
21 overall is our total operating budget for the -- including  
22 all four divisions.

23 COMMISSIONER WOODS: And all personnel in those  
24 divisions?

25 MR. WAGNER: That's right. So if you go just to

1 the admin division, which is the departments you see in  
2 that chart: Contracts, facilities, finance, HR. Those  
3 are the departments within the admin division. It does  
4 not include the departments in the other three divisions.  
5 And that's the difference.

6 COMMISSIONER WOODS: Okay. Thank you.

7 COMMISSIONER PLEITEZ HOWELL: Any other  
8 questions?

9 COMMISSIONER GAREN: I recall that you own the  
10 building and that there's a process underway for deferred  
11 maintenance or ongoing maintenance. And where is that  
12 reflected or is it not yet there?

13 MR. WAGNER: So there's two parts. I actually  
14 thought this question would come from Commissioner Taylor,  
15 but there is --

16 COMMISSIONER TAYLOR: I know where it is.

17 MR. WAGNER: There is a last finance to identify  
18 the maintenance part of the budget because there is a line  
19 item of maintenance.

20 COMMISSIONER GAREN: It's not very much though.

21 MR. WAGNER: Above and beyond that, we do have  
22 the capital improvement project that is being funded by  
23 the capital improvement fund which is separate from the  
24 budget that the board set aside.

25 COMMISSIONER TAYLOR: I know where it is.

1 COMMISSIONER GAREN: It's another pile entirely.

2 MR. WAGNER: It is, yeah. Thank you, though.

3 COMMISSIONER PLEITEZ HOWELL: Any other  
4 questions?

5 Concluding comments by staff, Ms. Belshe?

6 MS. BELSHE: You want to touch on next steps  
7 quickly?

8 MR. ORTEGA: So from here we will take as a --  
9 most like on the consent item since this has been reviewed  
10 by both the committees and reviewed by the programs. We  
11 will add it to the commission meeting for June 13 for an  
12 action, and it -- again, it would be an action item and  
13 most likely would be included within the consent  
14 consistent that we have done in the past.

15 And if there's any commissioners that want a  
16 specific one-on-one to go through the budget, we're always  
17 available to do that.

18 COMMISSIONER PLEITEZ HOWELL: Thank you for all  
19 that information and all the preparation it takes to share  
20 that, and moving us along as we wanted to dive really  
21 deeply on specifics. So thank you very much.

22 MS. BELSHE: Good job.

23 COMMISSIONER PLEITEZ HOWELL: All right.

24 MS. BELSHE: Who's this, Daisy?

25 MS. LOPEZ: This is Ethan "Small Fry" Guerrero.

1 He's the nephew to one of our colleges in the contracts  
2 department.

3 COMMISSIONER PLEITEZ HOWELL: Thank you. It  
4 looks like -- let's take a short break until about 3:15.  
5 We'll be back. Thank you.

6 (A brief break.)

7 COMMISSIONER PLEITEZ HOWELL: So we're going to  
8 come back. We have the next presenters. Come back.  
9 Terrific. We're missing -- actually, everyone is back at  
10 table.

11 We're going to move on to some of the strategic  
12 plan refinement conversations. And for context for some  
13 of the new commissioners, First 5 LA has gone through the  
14 process of coming up with a really terrific strategic  
15 plan. And what the refinement is about is targeting and  
16 focusing in on certain categories that we have seen  
17 opportunities in the last few years.

18 And so with that, I'll turn it over to Christina.

19 MS. ALTMAYER: Thank you, Karla. Great  
20 introduction.

21 I want to take a little bit of time this  
22 afternoon and provide an update on where we are on the  
23 strategic plan refinement process, and then speak more  
24 specifically about what we're calling our strategy  
25 refinement approach. And then finally Kaya's going to

1 walk us through the process that we're having on our  
2 community engagement sessions which we're really excited  
3 about, and how well they've been received and how  
4 forthright people have been in providing us input that's  
5 very valuable for us as we look to our strategic plan  
6 refinement. So we will get more into those details in  
7 just a moment.

8           So this is the chart when we talk about SPR4.  
9 The four are the four stages of our strategic plan:  
10 Review, reflect, refine, and results. And we are just  
11 about transitioning from the reflect stage, which was  
12 really asking the questions about what has changed in the  
13 environment, what have we learned about policy and systems  
14 change and the implementation of our strategic plan, and  
15 pivoting into, so what does that mean for our work and  
16 what changes do we need to make within our strategies to  
17 refine them.

18           You may recall at the April board meeting and  
19 then the board meeting earlier this month, we reflected on  
20 the -- on the report that our consultants LFA prepared  
21 where they summarized the key themes from the first phase  
22 of review. And there were the breakout sessions where we  
23 had some discussion with the board about the implications  
24 of those findings.

25           So, again, I won't go through this slide in

1 detail at all. And, thank you, Karla, for your opening  
2 comments. Very much aligned that our strategic plan  
3 approach or refinement approach is really holding tight to  
4 the core elements of our existing strategic plan and then  
5 adapting and holding loose in our strategies to account  
6 for both our own learning as well as changes that have  
7 occurred within the environment over the past three years.

8 So as we look to the next stage of transitioning  
9 from the review and the reflect stages into the refinement  
10 stages, we wanted to walk through kind of how we're  
11 approaching this and how the work that the board has  
12 already done and the policy guidance that you've provided  
13 us to will be incorporated into the process. So we are  
14 approaching this thinking about three gears or three  
15 levers that are guiding our strategy refinement.

16 So the first we have what we're calling  
17 guardrails. These are those decision -- these decisions  
18 that the board has made that provide guidance for how we  
19 will approach this -- any of our strategy refinement.  
20 First and foremost, is the four results that board  
21 endorsed that really provide the grounding for the work to  
22 achieve our north star.

23 Secondly, we had the investment guidelines, which  
24 you may recall we had some good, rich, robust discussions.  
25 And those were refined from the original version of the

1 investment guidelines that were adopted in the current  
2 strategic plan. And those really made the most  
3 significant change with the addition of the equity  
4 principle as well as the sustainability.

5 And, finally, is, again, our emphasis on systems  
6 change; that all of our work is grounded in systems change  
7 and policy change.

8 And then we have the inputs, the second. So  
9 these are really the learnings that we've gathered and how  
10 will they inform our strategy refinement. So, again,  
11 referencing what I mentioned earlier was the phase one  
12 review data report that LFA presented at the  
13 April meeting, and then there was discussion most recently  
14 last month, a series of community engagement sessions.  
15 And Kaya will talk about those in just a moment.

16 The county partner interviews. We've gone  
17 through an extensive process of soliciting input from our  
18 partners at the county that are key as we approach  
19 systems. The children's forecast, which we talked about  
20 earlier this month at the May board meeting, really  
21 stepping back and thinking what could the future look  
22 like. I know it was a bit scary part of the conversation  
23 about what the implications are, but what are some  
24 long-term social, economic, familial trends and how should  
25 that inform our work. And then another input is our own

1 policy agenda, which we've talked about at previous  
2 meetings.

3 So that's not an exhaustive list, but those are  
4 some of the key inputs as we think about strategy  
5 refinement.

6 And then the final piece is what we're calling  
7 this crosscutting guidance, which is really, as we think  
8 about all of the strategies that First 5 LA will employ to  
9 achieve the four results for children and our north star,  
10 that there are some important questions that we have to  
11 keep in mind, the -- our commitment to equity and the  
12 critical success factors that we set out at the outset for  
13 the strategic plan refinement process.

14 So if you think about it, looking at each of our  
15 core strategies, so whether we're looking at home visiting  
16 or early identification and intervention or thinking about  
17 our work in communities or thinking about how we're  
18 improving ECE quality. When we're going deep into that  
19 work, we have to keep in mind these guardrails. We have  
20 to think about the inputs and the learnings that we've had  
21 over the past three years. And then we have to think  
22 about what we've said at the outset are critical for the  
23 success for this strategic plan refinement process. So  
24 our strategy refinement work sort of sits in the middle of  
25 all of these constraints.

1 I'm not going to go through these next couple of  
2 slides because I know we've seen them multiple times.  
3 But, again, we have our north star which is ground our  
4 work. We have our four results for children. We have our  
5 commitment to systems change and our commitment to  
6 supporting and recognizing that to achieve our results for  
7 children, the systems that support families and the  
8 systems that support children: Public systems, community  
9 systems, local systems, have to be accessible, quality,  
10 aligned, and sustainable. And it's our role as the  
11 systems change agent to help make those systems operate in  
12 that way for family in order to achieve our north star and  
13 the results for children.

14 Guidelines. Again, I wouldn't go over these in  
15 detail, but just as a refresher and a place mark, we see  
16 these as an important guardrail.

17 And then as we think about our systems change  
18 emphasis, we've had quite a bit of learning about what  
19 does systems change mean for the work that First 5 LA  
20 does. And you may recall back in July of 2017, for those  
21 of you that were here, we had some very robust discussions  
22 with the board about what's the definition of systems  
23 change and what does it include. And we looked at  
24 frameworks such as the one from the build system on how do  
25 they define systems change. And then we've had a number

1 of conversations over the past year of looking at  
2 experience of other funders, looking at the research about  
3 what is systems change.

4 So I think from 2015 to now where we sit in 2019,  
5 we've had a lot of learning, both learning about what's  
6 happening in the field as well as our own experiential  
7 learning, so to speak, about what does systems change mean  
8 for our work.

9 So as we now go into this refined strategic plan,  
10 I think we're beginning to develop our own opinion about  
11 what it means for our work in a real intentional way. And  
12 I think what we've come to understand more explicitly is  
13 that systems change really includes three big buckets of  
14 work. It includes practice change; meaning, how the  
15 actual delivery of services works. And when you think  
16 about what Tara was mentioning earlier about increasing  
17 access to developmental screening and referrals and  
18 supports, there's a lot of practice change that's  
19 occurring. It's in the primary care setting. It's in the  
20 ECE settings.

21 There's also policy changes critical to systems  
22 change. And Kim spoke to the robust work that First 5 LA  
23 is doing both in Sacramento and locally to make formal  
24 policy change.

25 And then there is collective will building, which

1 is, again, very much speaking to the communications work,  
2 the building of champions. So as we have thought about  
3 systems change, fundamentally, there's three primary  
4 approaches that First 5 LA is employing in order to change  
5 the systems for children and families.

6 And then we've tested and learned a lot about how  
7 you actually do that work and what are some of the tactics  
8 that we need to employ in order to approach the systems  
9 change. And I think about these as sort of a toolbox that  
10 fundamental -- one of the -- maybe the biggest tool that  
11 we're using, the biggest wrench that we have in our  
12 toolbox is this idea of developing data and the power of  
13 data to move, to build -- to build will for change; the  
14 power of data to inform policy; the power of data to  
15 change practices. So it's really fundamental. But that  
16 tool is one of our tools in our tool set, and there are a  
17 whole slew, as you see around here, whether it's  
18 communication, champion building, community-based  
19 research, advocacy in a whole myriad of different forms.  
20 Those are all the tactics that we're employing as we think  
21 about our systems change work.

22 So as we begin to refine our strategic plan, we  
23 really want to think comprehensively both about all the  
24 tools that we can deploy in our tool set and how we can  
25 collectively use them to employ our systems change that we

1 seek.

2 So that will be one of the sort of inputs and  
3 guidelines that we'll be employing as we think about  
4 strategy refinement. And also encouraging our staff to  
5 really think holistically about which of these tools are  
6 necessary to deploy in order to achieve the results that  
7 we seek.

8 I'll remind you that one of the key inputs that  
9 we will also be using is the review phase data report.  
10 And as we reported earlier this month -- again, I won't go  
11 through these again, but we talked about what we heard in  
12 the board discussion at the April Board meeting, and as  
13 well as some of the critical issues that we need to  
14 consider as we move forward and as we look to refine our  
15 strategic plan.

16 Finally -- certainly, not finally, but I really  
17 want to emphasize as we've talked about at previous board  
18 discussions about the importance of having a formal or  
19 intentional approach to addressing equity in our strategic  
20 plan. As I mentioned earlier, the updated investment  
21 guidelines introduced this new priority focus on equity.  
22 And we spent quite a bit of time speaking with you all and  
23 seeking your input about, how do we define equity, what  
24 does it mean. And we talked both about developing this  
25 statement of prioritizing children and families in

1 communities in our target population that our work has the  
2 greatest potential to impact and advance our north star.

3 So I think it's a testament to all the hard work  
4 that many people around this table spent to think about,  
5 how do we make a very explicit, intentional statement  
6 about incorporating equity, as well as thinking about what  
7 you see in the three bullet points below, what does this  
8 mean for how we do our work, the importance of data, the  
9 importance of recognizing the role of public systems, and  
10 the critical need to incorporate and elevate the voice of  
11 families and communities in policy and systems change.  
12 So those are all elements of our investment guidelines.

13 As we think about operationalizing this  
14 investment guideline on equity, the concept of targeted  
15 universalism is something that has I think increasingly  
16 being recognized within the field as well as resonated  
17 from our own experience. And I know we gave you a long  
18 attachment. I'd encourage you, if you could, to flip to  
19 Page 20 in the attachment, if you haven't had a chance to  
20 look at it, because it very concretely talks about how we  
21 can take this concept of targeted universalism and apply  
22 it to our work.

23 And the concept of targeted universalism  
24 recognizes there can be a universal goal for what we seek,  
25 whether it is health access for all or whether it is all

1 children have access to a quality -- a high-quality ECE  
2 experience prior to kindergarten entry. That can be a  
3 universal goal that we support, and yet we have to  
4 recognize that there are systemic and environmental and  
5 community specific barriers that may -- that are different  
6 and situational for each of the groups that we are  
7 targeted to achieve that universal goal.

8 So the concept of targeted universalism is a lens  
9 by which we're looking at how we can apply this equity  
10 principle into our strategic plan.

11 So as we think about -- and happy to have further  
12 discussion and comments on that.

13 As we think about operationalizing an equity lens  
14 in our strategy refinement, we think that it really  
15 requires being intentional about three dimensions of this  
16 work. One is the data dimension that we need to look at  
17 what data exists and also how do we need to disaggregate  
18 our data to recognize that the experience of achieving our  
19 universal north star is going to be different depending on  
20 geographic uniqueness, racial, ethnicity, language  
21 barriers.

22 Secondly, we need to have a root cause  
23 perspective to really explore and understand the  
24 underlying drivers of inequities and what are the barriers  
25 to more equitable outcomes and, again, how those barriers

1 may be different depending on how we look at the  
2 population that we're looking to serve.

3 And then, finally, we have to look at evidence  
4 based, but also promising practices as we articulate it in  
5 our investment guidelines, that models or approaches may  
6 exist, but those models or approaches may not be tailored  
7 to the unique needs of specific populations.

8 So as we look at really close disparities and  
9 achieve our north star, we have to think both about the  
10 evidence that exists and whether or not that evidence is  
11 specifically going to support the populations that we're  
12 seeking to serve and -- but also how can we look to those  
13 to extract promising practices as well.

14 So this work of incorporating an equity lens into  
15 all of the work that First 5 does is really a journey in  
16 many respects, and I think we're increasing our own  
17 knowledge and awareness, and we are looking to learn from  
18 the experience of other communities throughout the country  
19 and also to push ourselves to operationalize this concept.  
20 So it is both a commitment in principle but it is a  
21 commitment in our own practice.

22 And, again, I would say that, as we think even at  
23 the -- as we look back and reflect on the strategic plan  
24 refinement process, we set that as one of our first and  
25 most critical success factors for this process, that we

1 address this concept of equity as well as the other  
2 concepts.

3 So in closing, I just want to, again, recap that,  
4 as we now launch this next stage of our strategic plan and  
5 go deeper into the strategy refinement, we will be forming  
6 what we're calling strategy refinement teams. They will  
7 be looking at these questions. They will be intentionally  
8 focusing on an equity lens and incorporating it into our  
9 work and will be thinking about it from those dimensions  
10 that I mentioned earlier in terms of data underlying root  
11 causes and a look towards evidence-based practices and  
12 promising practices.

13 So happy and welcome your comments as we think  
14 about this proposed strategy refinement approach. Welcome  
15 your feedback about what's unclear, what do you think  
16 we're missing, what are some other factors that we should  
17 be taking into consideration.

18 COMMISSIONER PLEITEZ HOWELL: Questions?

19 COMMISSIONER TAYLOR: Nobody's going to say it,  
20 I'm going to.

21 One thing I want to commend you on is the looking  
22 at plain speak. That's very important. In the plain  
23 speak, especially from a cultural standpoint, what medium  
24 are we using to speak to the people of different  
25 communities so they'll understand clearly why we think

1 it's important to have these children assessed to do -- to  
2 gain support when they're having children through Welcome  
3 Baby. So plain speak of why it's important to them and  
4 their children to do that.

5 The other thing I want to guard against and be  
6 very careful about, certain communities, the  
7 evidence-based practices are practiced in a different way  
8 through different population. But when it comes to  
9 certain communities, you've got to dig deeper and look  
10 further. A primary example of that is trauma-focus  
11 cognitive behavioral therapy. You try that on an  
12 African-American community, it works for a little hot  
13 second or two, but it's not going to be a cement.

14 Me and my colleagues have talked about that.  
15 There's an evidence-based practice called EMDR, which is  
16 still a trauma-focused evidence practice; however, because  
17 the African-American community is more visual in what they  
18 do and what they see and understand, then they -- they --  
19 the -- the practice of dealing with trauma gets more  
20 seated in them stronger and it lasts longer and it effects  
21 their change of how they deal with their trauma better so  
22 they're not recidivizing back into the system because the  
23 evidence-based practice they use under trauma-focused  
24 cognitive behavioral therapy did not work for them.

25 So we have to be very careful when we work with

1 our colleagues that are doing these evidence-based  
2 practice to say, how long have you vetted this, how long  
3 did it last, is there a better one that works for this  
4 population, you know. It may work very fine for others,  
5 but we have to know because we're so multicultural here,  
6 does it work for them and it is being communicated in such  
7 a way that that community that is being put forth is  
8 culturally relevant to them. And that's -- that's the  
9 biggest suggestion I have around this, evidence-based  
10 practice. Good idea, but make sure that we're focusing on  
11 that. That would be my main push for this.

12 COMMISSIONER INNES-GOMBERG: I just wanted to  
13 commend the way in which you've done this work. And I'm  
14 looking at I think maybe it's slide 19, but it's the --  
15 it's really thinking about practice change, policy change,  
16 and then collective will building. I think about  
17 implementation science and this is exactly the way you  
18 would approach systems change in that sort of environment.  
19 So I just -- I really appreciate the way you're  
20 approaching this.

21 COMMISSIONER HEGER: And I can't not say this.  
22 I'm with you. I think we have to make sure that we speak  
23 a language that everyone understands clearly. I think  
24 that sometimes I sit here and other situations where I  
25 hear a lot of words and I don't want to us forget that

1 we're talking about a child and family that we're trying  
2 to impact. So, you know, I think that a lot of these --  
3 this is all great and I'm -- I recognize that each group  
4 is a little different and we have to treat them  
5 differently and incorporate things that are beneficial to  
6 them. But I have been in a lot of international settings  
7 where the volume of words and the volume of data created a  
8 barrier to the service that we actually wanted to deliver.

9 COMMISSIONER PLEITEZ HOWELL: I think, if there  
10 are no other questions, I have a few comments and  
11 questions.

12 So Christina, a lot of appreciation to you and  
13 your team for how much digging has gone into this, how  
14 many meetings you all have had around equity, the sort of  
15 looking at targeted universalism, and what is possible  
16 because we've been doing things a certain way and it's not  
17 working. And the hypotheses you all are bringing to us  
18 is, let's try something new, here's targeted universalism,  
19 and see what First 5 LA can do with this and what that  
20 will look like. The approach sounds right. It's a  
21 hypothesis worth testing. And really appreciate the  
22 actual calling out of race within equity issues because we  
23 know that's been a conversation we've had here, and it is  
24 an important one to look at.

25 Two questions worth exploring of what could

1 potentially -- worth exploring. Commissioner Abdo pointed  
2 out that a large percentage of our investment is around  
3 quality at the state level, at the local level. We are  
4 missing a lot of data around quality and disparities in  
5 quality. So the opportunity to really dig into what  
6 disparities look like for the high-quality services that  
7 certain children get will be an amazing opportunity to  
8 explore here, given where our other investments are. So  
9 just worth exploring.

10 But second part, in looking at our budget, we  
11 have budget around trauma services and trying to link some  
12 of that as well. And within that, figuring out how we  
13 connected to the equity lens. That shouldn't be the only  
14 thing, but making sure that at least we get the  
15 connectivity around that.

16 And I will add a third point. The data is  
17 important, it is near and dear to many of our hearts, but  
18 one of the things that I talked to folk around this table  
19 is, the power of story and how story moves us. So not  
20 losing our equity lens and the story of impact on what our  
21 families and children go through and making sure that that  
22 is integrated with the data pieces that we bring up. So  
23 as we look at data policy and evidence on slide 12, just  
24 making sure that we don't forget the power of story of  
25 what it means for families, and really being ethical about

1     how we use those stories.  And those are different  
2     conversations, but just worth considering as well.

3             MS. ALTMAYER:  Thank you so much for bringing  
4     that up because I had intended to say that, that when --  
5     so I really appreciate that comment.  Thank you.  That  
6     when we think about data development integration,  
7     collective, and sharing, we often do think about  
8     quantitative data.  And I appreciate you raising the issue  
9     of both qualitative data and the importance of that story  
10    telling and elevating the voice of parents and  
11    communities.  So thank you.  I really appreciate that  
12    feedback.

13            So with that -- with that, I'm going to ask Kaya  
14    to now speak about the next piece, which is the update on  
15    our community engagement sessions.

16            MS. TITH:  Thank you, Christina.  Good afternoon,  
17    commissioners.

18            As Christina mentioned, I'm just going to provide  
19    a brief update on our community engagement session, which  
20    is, as Christina mentioned, is an input as we head into  
21    strategy refinement.

22            As a reminder, during last month's PPC meeting,  
23    we provided an overview of our community engagement  
24    approach, the process, and timeline.  So for today, I'm  
25    just -- we'll provide where we're at with that community

1 engagement sessions and also previewing that we will be  
2 providing high-level findings of those community  
3 engagement sessions, as well as those county partner  
4 interviews at next month's board meeting.

5 So as a reminder, our community engagement  
6 approach are grounded by these principles: Firstly,  
7 informed by board feedback, rather than having stand-alone  
8 community engagement sessions, we are leveraging existing  
9 forums that could serve as platform for gathering input  
10 for our strategy refinement process.

11 We're gathering input that's grounded in our  
12 strategic plan in our SPR4 process. And staff is leading  
13 this work in facilitating those conversations and these  
14 sessions to gather input for our -- that will inform our  
15 strategy refinement work that's occurring next month.

16 This slide here outlines the key questions --  
17 discussion questions that were asking at those community  
18 engagement sessions grounded in our results for children  
19 and families. We're learning what are those partnership  
20 opportunities to achieve the results for children and  
21 families and where are opportunities for us to further  
22 prioritize and focus our work to inform our refinement  
23 process. And what are areas for us to improve and learn  
24 of where we can do better to work to do this work  
25 effectively. And, lastly, what does success look like for

1 our work with partners in achieving the targeted results  
2 for children and families.

3 So as we go through -- to these different staff  
4 are leading these different community engagement sessions,  
5 they are using this common framework, but also adapting  
6 these questions depending on the audience. So, for  
7 example, staff who are facilitating these sessions with  
8 our Best Start communities, there -- when it comes to the  
9 question about what does success looks like, staff are  
10 framing that question with parents, asking them, so what  
11 are your aspirations for your children and the children  
12 and families in your communities, and what do you need to  
13 achieve that vision and how -- what are opportunities, how  
14 can First 5 LA and other systems support you in achieving  
15 that vision. So it's meeting where the people are at and  
16 framing those questions depending on the audience.

17 So we're getting great input. And last month we  
18 shared with you a list of the confirmed different meetings  
19 and forums that we are conducting the community engagement  
20 sessions with. And this slide here provides you what's  
21 been done and what's underway.

22 We're halfway there with the goal of staff is  
23 wrapping up the remaining community engagement sessions  
24 through this month as well as through the first week of  
25 June.

1           And with that, as I shared, we're providing an  
2 update and providing the key findings both for the  
3 community engagement sessions and the county partner  
4 interviews in next month's board meeting. We're excited  
5 to use that as input getting ready for strategy refinement  
6 that's going to begin at June. And then we're coming back  
7 for the strategic planning board retreat in July to share  
8 with you what are those emerging refinement  
9 recommendations that are coming up from this refinement  
10 work.

11           So brief update to preview what's next for next  
12 month, but happy to take any questions you may have.

13           COMMISSIONER GAREN: On the county partnership  
14 interviews, who -- who's -- are you doing them directly or  
15 are you engaging someone to do that?

16           MS. ALTMAYER: That's part of the scope of work  
17 for our consultant, Steven LaFrance, who I think you've  
18 presented. So the first round where many of you may have  
19 participated in them is interviews with Steven and his  
20 team for Learning For Action. And now the next round,  
21 staff is continuing to do it. So it's adapting that first  
22 interview guide that was probably part of your interview.  
23 And they're doing a synthesis of all those results. And  
24 those interviews are confidential.

25           COMMISSIONER GAREN: So it's very different than

1 those public engagement forums?

2 MS. ALTMAYER: Correct.

3 COMMISSIONER GAREN: It has more confidentiality?

4 MS. ALTMAYER: Correct.

5 MS. BELSHE: You might want to mention that  
6 meeting just yesterday that the --

7 MS. ALTMAYER: So one of the things we did  
8 yesterday -- thank you, Kim -- was -- Learning For Action  
9 had conducted interviews with the five board deputies and  
10 what we used -- quarterly update to the board deputies was  
11 to sort of echo back the synthesis that they provided to  
12 us and share that and solicit some further feedback on  
13 whether or not what they said to LFA and we fed back to  
14 them, whether or not that was in alignment as we thought  
15 about priorities. So it was a good discussion yesterday.

16 MS. BELSHE: And it was.

17 MS. ALTMAYER: It was. We're in line. Good  
18 punch line. Sorry about that.

19 MS. BELSHE: Yeah, they were very engaged. It  
20 was a good discussion.

21 COMMISSIONER PLEITEZ HOWELL: Any other  
22 questions?

23 One question in terms of getting back to the  
24 groups that participate, how will they hear back sort of  
25 the main themes and the board decision? At what point

1 will there be another engagement for feedback?

2 MS. TITH: So part of the summary that our  
3 strategic plan consultant LFA is putting together for the  
4 community engagement sessions, we are planning to prepare  
5 a summary that staff can share back at these forum as  
6 well. And we're anticipating that to be shared back late  
7 summer, early fall.

8 COMMISSIONER PLEITEZ HOWELL: Christina and Kaya,  
9 thank you so much for that.

10 Okay. We're going to move on to a few  
11 conversations on strategic partnerships. And the very  
12 first one will be around Bold Vision Equity 2028, very,  
13 very exciting as we think about the Olympics coming to Los  
14 Angeles. First 5 LA is thinking way ahead and is thinking  
15 about, as we look at equity, as we look at the life  
16 trajectory of our young adults in Los Angeles, what can we  
17 be doing now to make sure Los Angeles gets really positive  
18 attention.

19 So I'll turn it over to Jennifer and John.

20 MS. PIPPARD: So good afternoon, commissioners.  
21 I'm Jennifer Pippard, the director of strategic  
22 partnerships. And in the strategic partnership  
23 department, we -- I feel like we have the pleasure of  
24 building targeted relationships and strategies to partner  
25 with three sectors: The institutions of higher ed, the

1 business community, and philanthropic sector. And today,  
2 here with my colleague, John Wagner, we'll be presenting  
3 on two innovative strategies in partnering with our  
4 philanthropic partners, the Center For Strategic  
5 Partnerships and Bold Vision Equity 2028 Fund.

6 First 5 LA has built strong relationships with  
7 the Los Angeles philanthropic sector, and we are proud to  
8 say that today almost every First 5 LA initiative strategy  
9 or advocacy effort is in partnership with both our  
10 philanthropic friends and our county partners. We are a  
11 systems and policy change funder, so we acknowledge that  
12 we cannot successfully change systems alone. That's a  
13 common phrase. You'll hear us say that a lot. We need  
14 our strong, long-term relationships and the right  
15 partnerships to pursue and both accelerate our program --  
16 our programmatic objectives and our policy work. So,  
17 really, our aim is to achieve that bottom paragraph on the  
18 slide, which a targeted, coherent strategy that can both  
19 broaden and deepen our engagement with philanthropy and  
20 accelerate progress towards our programmatic objectives.

21 So here is our -- I should have a cute visual of  
22 a stool or something, but our three-pronged strategy,  
23 which is to partner for programmatic change. And this is  
24 really, we want to increase the philanthropic sector's  
25 reach into the zero-to-five target population and

1 commitment to our shared programmatic objectives and  
2 goals.

3 The second is the self-explanatory. We really  
4 want to drive philanthropic investments. It's investing  
5 in the number of philanthropic investments and  
6 coinvestments, and we could add a line to that as well.

7 And then the last leg of our stool that I don't  
8 have up there, is influential -- influencing policymakers  
9 by increasing the numbers of funders who take advocacy  
10 action either on their own or with us. And this could be  
11 philanthropic leaders using their very powerful voice and  
12 influence when it comes to decision makers. It could come  
13 in the form of an op-ed.

14 Just yesterday we were all in Sacramento on an  
15 advocacy trip. It was organized by Southern California  
16 Grant Makers and Philanthropy California. And it really  
17 was great. It was the -- only third year of this  
18 organized trip. And our First 5 LA priorities are now a  
19 standard part of that advocacy packet that's put together.  
20 There was a very nice cadence where many of us joined  
21 together in our shared talking points on census. We were  
22 able to do the First 5 pitch, for lack of a better word.  
23 And our other philanthropic partners, the Parson's  
24 Foundation, was right there with us, could build off of  
25 projects that we have done together.

1           So you had many people in the room talking to  
2   Assembly members about projects that we had all worked on  
3   and we were all invested in for our five and under  
4   population.

5           So this is all very exciting and we strive for  
6   some realistic balance, of course, because we are public  
7   resources and we want to remain focused and use them  
8   widely -- use them wisely, not widely. Therefore, we  
9   wanted to share with you our criteria and considerations  
10   here. And this is what we've really used to develop and  
11   help us focus. So you will hear some threads with both  
12   Bold Vision and the Center For Strategic Partnerships.  
13   They were initiated and started by our philanthropic  
14   colleagues in the philanthropic community. There is a  
15   thread of leverage, there is a thread of systems change,  
16   and there is also this thread around what trending in the  
17   external environment, and what's happening in the external  
18   environment, will it prevent us from getting to our  
19   programmatic priorities, and what do we need to do to  
20   shift.

21           Bold Vision, as John will now talk about, is a  
22   group of philanthropy that has come together. It's a very  
23   timely discussion. Christina was talking about equity.  
24   It's on the minds of many of us. We want to do what we  
25   can to be part of the solution and decreasing these

1 disparities and not do harm. The Center For Strategic  
2 Partnerships was a very targeted and focused strategy of  
3 the philanthropic community. So it was a very dramatic  
4 shift. Whereas, opposed to philanthropy shaking their  
5 fingers at the county and saying, you guys better; instead  
6 it was more of a, we are going to invest in you, we're  
7 going to walk this walk would you, we want to learn with  
8 you, we want to struggle with these very difficult  
9 problems, where can we fill the gaps, how can we do this  
10 together.

11 So with that, I'll pass it over to John.

12 MR. WAGNER: The two -- just two contextual  
13 points for -- for the commissioners. The commission and  
14 each of you play a really critical role oversight of some  
15 financial things. We as a public agency, when we go out  
16 to bid public procurements or solicitations we call them,  
17 anything over \$75,000 comes to the board for  
18 consideration, including if there's an exception to that.  
19 You also approve contracts over 75,000.

20 So the reason I'm going to get into a little bit  
21 of detail is because this is your opportunity to hear as  
22 an informational item these strategic partnerships which  
23 are going to cross the \$75,000 threshold. And we'll come  
24 back to the board for consideration at the June consent --  
25 at the June meeting on the consent item.

1           So the other point is that these, as Jennifer  
2 mentioned, have begun and they began under that threshold.  
3 So we were able to enter into these partnerships, which is  
4 why you haven't heard about this probably explicitly from  
5 us is because it was under the \$75,000 threshold, and now  
6 we're about to cross it.

7           But we are really excited, as Jennifer mentioned,  
8 by some of these emerging opportunities. So first in Bold  
9 Vision, it really is an opportunity to bring together  
10 leaders across multiple sectors: Philanthropy,  
11 government, community, community leaders, to commit to  
12 working together to achieve expanding economic vitality  
13 for all across the county by 2028. It's using the hosting  
14 -- Los Angeles hosting of the Olympics is really a  
15 catalyst to showcase what LA can do across these many  
16 sectors, to showcase the vitality of Angelenos. And it's  
17 focused in some areas, including education with a focus on  
18 early education, juvenile justice, homelessness, and  
19 disparate health outcomes.

20           To date, First 5 LA's senior executive leadership  
21 has been participating in early meetings with other  
22 philanthropic leaders. These include Cal Endowment,  
23 Weingart Foundation, Blue Shield Foundation, California  
24 Community Foundation, and others to fund these efforts,  
25 which included a landscape analysis, identifying

1 opportunities across the areas of juvenile justice,  
2 homelessness, ECE, and health, which I mentioned earlier.  
3 And our initial work was a strategic partnership, which is  
4 a sole source contract with California Community  
5 Foundation for about \$51,000. And the reason we entered  
6 into that with California Community Foundation is they're  
7 the fiscal agent or fiscal sponsor for this work on behalf  
8 of the Bold Vision initiative.

9 In addition to these philanthropic partners, the  
10 initiative is beginning and has reached out to the mayor's  
11 office, county officials, and is working closely with the  
12 Olympic planning committee.

13 Given alignment to several of the criteria of the  
14 philanthropic strategy that Jennifer just walked us through  
15 and outlines, staff is recommending an additional extended  
16 strategic partnership, so not an additional -- and  
17 extended strategic partnership with CCF as the fiscal  
18 agent for this initiative for an additional 12 months. So  
19 that would take us through the next fiscal year and it  
20 would add \$150,000 to the original 51,000 we already  
21 committed to CCF and sent over, for a grand total of  
22 \$202,282.

23 Board action would also direct staff to execute a  
24 contract amendment with CCF for this amount.

25 So that's Bold Vision, and that will be --

1 MS. BELSHE: You want to advance the slide?

2 MR. WAGNER: -- on consent.

3 The second is a strategic partnership to continue  
4 the support the Center For Strategic Partnerships, which  
5 you see on the slide. And as commissioners know, we have  
6 been an early and continued supporter of the center. In  
7 January of 2017, we began supporting financially the  
8 operating cost of the center, which was \$25,000 a year.  
9 The initial agreement was for two years -- over a period  
10 of two years. And SCG or Southern California Grantmakers  
11 is the fiscal agent for the center.

12 So now that the county has been -- has assessed  
13 the center, the -- and the Los Angeles County Board of  
14 Supervisors voted last September to permanently adopt the  
15 center as a county office housed within the county CEO's  
16 office. This movement of the center will have it continue  
17 to focus on the board approved -- county board approved  
18 priorities so it will have some expanded focus, but they  
19 continue to have a special focus or a through line with an  
20 emphasis on families and vulnerable young children.

21 So due to the success of the center and the  
22 alignment of three components of the strategy that we just  
23 went through, staff is also recommending continued  
24 operational support of the center of \$25,000 a year over  
25 the next three years.

1           So if the board approves this item, this would  
2 amend the strategic partnership with SCG and it would add  
3 \$75,000 to the existing strategic partnership of \$50,000,  
4 for a total project cost of \$125,000.

5           And then we would also be authorized to execute  
6 an amendment to the existing MOU with Southern California  
7 Grantmakers aligned to these amounts. So this item will  
8 also be coming forward for your consideration on consent  
9 at the June board meeting.

10           With that, I will open it up to any questions or  
11 comments.

12           Oops, one more slide.

13           COMMISSIONER HEGER: I'm really in favor of  
14 supporting the center. I've benefited from this theory of  
15 partnerships for a very long time, and a long time at USC  
16 and the county and foundations in creating this whole  
17 system. So I'm really a proponent. And then I've also  
18 benefited more recently from the center's investment in  
19 one of our programs. And I think it's great.

20           I think one of the things it does do, it  
21 leverages a lot of the ideas that we have into the public  
22 sector and creates entitlements, which I think is what we  
23 really want is that we have a means of other supporting  
24 the programs that -- policy -- that change policy. So I  
25 -- I'm a really big believer in that. And, of course, I

1 write down everything so I go after them for money.

2 But seriously that was a basis for starting our  
3 entire program was based on the public/private grant  
4 partnership and making it go into entitlement which then  
5 became for real, you know. Which is great. So I'm big in  
6 favor of this.

7 MR. WAGNER: Great.

8 COMMISSIONER GAREN: A question on the first  
9 project, the Bold Vision. I'm a little unclear as to the  
10 -- how the -- what time period the additional funds  
11 applies to. Has the clock already started and this takes  
12 us six months or is this 12 months from now?

13 MR. WAGNER: It's also through the next fiscal  
14 year, so it would be through the next 12 months. So you  
15 would --

16 COMMISSIONER GAREN: So it's a go forward 12  
17 months?

18 MR. WAGNER: It is a go forward --

19 COMMISSIONER GAREN: That's my question.

20 MR. WAGNER: -- for the next year.

21 COMMISSIONER HEGER: One of the other interesting  
22 strategies that you might try, just because I don't know  
23 if you can try this or not because I know nothing legally  
24 about what goes on, is the idea that we're zero to five.  
25 And oftentimes, you can partner with greater than five,

1 especially in the prevention strategies, and that you  
2 bring the funding to the table. And we fund zero to five  
3 and we have a partner that funds six to 12. I think  
4 that's a really good way of certainly in prevention, gets  
5 us into a more viable population that needs to be  
6 identified.

7 So that's just a thought.

8 MR. WAGNER: We often do a blend and partner with  
9 others. Yesterday there was an event PCI -- that  
10 celebrated the work of what this First 5 LA has funded  
11 over the past eight years in a program called Parent-Child  
12 Interaction Therapy, PCIT. And our funding was -- is  
13 restricted to those children involved in the program up to  
14 five, but they serve children up to seven. And so that's  
15 a way where other funders are able to piece together  
16 funding to support beyond our demographic, but it keeps us  
17 in partnership with that -- with those entities.

18 COMMISSIONER HEGER: I think it's a really smart  
19 thing to do. I know because I can come back and ask for  
20 money.

21 MS. BELSHE: I would note with Bold Vision and  
22 the issue of timing, I would expect we'll likely come back  
23 to the board with additional recommendations. This is  
24 still very early in its development and we have a seat at  
25 the table, and we're excited about the opportunity to

1 infuse zero to five in these larger, countywide  
2 conversations. And but, you know, we want to be in a  
3 position where we can bring you forward a little bit more  
4 meat on the bones. But I expect this will be an exciting  
5 initiative and one that will be worthy of our making a  
6 case for to you for additional resources.

7 COMMISSIONER HEGER: And it goes right into my  
8 concern about FASD because the kids that are the ones that  
9 fail as they reach adolescence, a lot of them are the FASD  
10 kids. So it's a really uniquely set of partnerships.

11 COMMISSIONER PLEITEZ HOWELL: One final comment  
12 on Bold Vision. Very strategic of First 5 LA to align it  
13 up to our north star. So really exciting to hear to be  
14 able to see what additional investments might exist around  
15 that that really link those two.

16 No final comments from folks?

17 Thank you, John. Thank you, Jennifer. Really  
18 appreciate it.

19 Item 7 through 10 are written only. So for  
20 commissioners, any questions on any of those items?

21 Hearing none. Are there any public comments?

22 SECRETARY: No public comments.

23 COMMISSIONER PLEITEZ HOWELL: All right. Then we  
24 are officially adjourned. Thank you very much for all of  
25 the questions and the presentations from staff. Thank

1     you.

2                     (At 4:05 PM the meeeting was adjourned.)

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C E R T I F I C A T E

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

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

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

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

Attested to on this 6th day of June 2019.

DocuSigned by:

*Heatherlynn Gonzalez*

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MEETING OF FIRST 5 BOARD OF COMMISSIONERS  
Thursday, June 13, 2019  
750 North Alameda Street, First Floor  
Los Angeles, California 90012

REPORTED BY:  
HEATHERLYNN GONZALEZ  
CSR #13646

1 Thursday, June 13, 2019; Los Angeles, California

2 1:31 p.m.

3 -oOo-

4 SUPERVISOR KUEHL: Can anyone hear me? Okay.  
5 The chair is very happy to announce that she gets a very  
6 special microphone because she's so incredibly special.

7 How many people in the back row can hear me now?  
8 Oh, good. That's half.

9 MS. BELSHE: And why is everyone in the back row?

10 SUPERVISOR KUEHL: The rest of you are asleep.  
11 This reminds me of my law class. The -- not the one I sat  
12 in; the one I taught. Front benchers, ain't none. Oh, my  
13 God. She's going to call on me.

14 Let me just say we do not call on you here at  
15 First 5. We allow you to sit closer and have fun. On the  
16 other hand, you are closer to the bathroom in the back,  
17 and I really understand that.

18 This meeting is coming to order. And, boom, it  
19 is in order. So please call the roll for the purposes of  
20 establishing a quorum.

21 SECRETARY: Judy Abdo.

22 COMMISSIONER ABDO: Here.

23 SECRETARY: Astrid Heger.

24 COMMISSIONER HEGER: Here.

25 SECRETARY: Yvette Martinez.

1 COMMISSIONER MARTINEZ: Here.  
2 SECRETARY: Jonathan Sherin.  
3 COMMISSIONER SHERIN: Here.  
4 SECRETARY: Romalis Taylor.  
5 COMMISSIONER TAYLOR: Here.  
6 SECRETARY: Michelle Vega.  
7 COMMISSIONER VEGA: Here.  
8 SECRETARY: Keesha Woods.  
9 COMMISSIONER WOODS: Here.  
10 SECRETARY: Marlene Zepeda.  
11 COMMISSIONER ZEPEDA: Here.  
12 SECRETARY: Barbara Ferrer.  
13 COMMISSIONER FERRER: Here.  
14 SECRETARY: Wendy Garen.  
15 COMMISSIONER GAREN: Here.  
16 SECRETARY: Carla Pleitez Howell.  
17 Deanne Tilton.  
18 COMMISSIONER TILTON: Here.  
19 SECRETARY: Sheila Kuehl.  
20 SUPERVISOR KUEHL: Here.  
21 SECRETARY: Quorum is present.  
22 SUPERVISOR KUEHL: All right. Quorum is present.  
23 Thank you so much.  
24 Let us move to the consent agenda. Before it's  
25 presented, do any members of the commissioner wish to

1 remove any items from the consent agenda for separate  
2 discussion and vote? Seeing none.

3 All right. Carl, over to you. I'm happy to  
4 announce I've had two cataract surgeries and I can now see  
5 you all very clearly. And I can read your names. In case  
6 you wondered why, instead of saying Marlene, I said "you,"  
7 it's because I couldn't see anybody and I couldn't read  
8 any nameplates. So it's a double miracle, and it's now  
9 20/20.

10 So, Carl, I see you clearly. Please present.

11 MR. GAYDEN: That's great. I'll do my best to  
12 channel the Honorable John Wagner as he's on his vacation.

13 Thank you, Madam Chair. And good afternoon,  
14 Commissioners.

15 I will attempt to summarize a lot of material  
16 that you have in front of you in your board materials,  
17 given we are in our fiscal year in which we renew our  
18 contracts. We acknowledge we have a significant number of  
19 contracts being brought forward to you today for  
20 consideration.

21 So to focus specifically on subitem 2C, the staff  
22 is recommending the renewal of 66 contracts provided in  
23 the board materials. Given previous board actions on  
24 these, I won't go through every single one, but we're  
25 certainly available and staff all are present behind me,

1 are here to answer any questions the board may have with  
2 any of these renewals.

3 In addition to the renewals, we have two new  
4 contract agreements for your consideration. The first  
5 agreement is with Harder & Company Community Research  
6 Incorporated with an estimated total project cost of  
7 \$119,920 for one year to evaluate the First Connections  
8 program. Findings will inform the implementation of the  
9 Help Me Grow Los Angeles.

10 The other new agreement is for Modis Incorporated  
11 (phonetic). This is a five-year contract for an estimated  
12 total project cost of \$500,000. Modis will provide  
13 professional and technical services to support several  
14 planned technological projects identified through our  
15 recent five-year IT strategic plan.

16 There are also three amendments for your  
17 consideration. One is for Health Management Associations,  
18 Incorporated. This is equating to a new proposed total  
19 contract amount of \$240,000. The contractor will be  
20 providing Medi-Cal technical expertise assistance in  
21 support sustainability strategies of family supports and  
22 health systems departments.

23 One amendment is with Optimus Services. And the  
24 -- this will support the implementation of the target case  
25 management TCM project. And the required amendment will

1 allow the contractor to assist First 5 LA in administering  
2 county-based Medicare administrative activities, or the  
3 CMAA program.

4 There's one amendment with MW Multimedia Design  
5 and Development, and this will -- the contractor will  
6 redevelop and redesign the First 5 LA site for  
7 First5LA.Org. The requested amendment will also allow the  
8 contractor to continue current web maintenance, including  
9 updating website functionality and navigation.

10 I will like to call to your attention two  
11 contracts: Number 48, the Los Angeles County Department  
12 of Public Health, as well as Number 60, Children Now,  
13 where we note that the supporting documentation highlights  
14 issues pending, satisfactory progress by the contractor.  
15 Both of these contractors have addressed our concerns and  
16 have provided evidence of their progress, and staff  
17 recommends approval of these contract, and staff is also  
18 available here to answer any questions, if needed.

19 Next, I want to provide a brief overview of seven  
20 strategic partnerships which were presented at the May  
21 board or May PPC meetings. To begin, Item 2D establishes  
22 a strategic partnership with California Community  
23 Foundation Community Initiatives Fund, the fiscal sponsor  
24 the Los Angeles Partnership For Early Childhood Investment  
25 Baby Futures Fund. With this funding, First 5 is

1 proposing to maximize the number of young children counted  
2 in the 2020 census by contributing to the Baby Futures  
3 Fund and to help census messaging, communications, and  
4 outreach to campaigns for families with young children to  
5 increase awareness of the importance of census-tied  
6 funding for local communities.

7           Moving on to Item 2E, this item would authorize  
8 our executive director to add an additional \$150,000 with  
9 the 12-month extension of our strategic partnership with  
10 California Community Foundation, or CCF, the fiscal  
11 sponsor for the Bold Vision Equity 2028 fund.  
12 Furthermore, the staff would be authorizing to execute a  
13 contract amendment, and this -- since November 2018, First  
14 5 LA executive leadership has been participating in Bold  
15 Vision meetings with other philanthropic leaders to  
16 discuss a countywide initiative to improve outcomes for  
17 youth of our -- of color living in Los Angeles county.

18           Item 2F, First 5 staff is recommending that the  
19 board approve the amendment of strategic partnership with  
20 SCG, fiscal agent for the Center for Strategic  
21 Partnerships. Staff is also recommending the board  
22 approve an amendment for the strategic partnership and a  
23 three-year extension and authorize staff to execute an  
24 amendment to the existing MOU. First 5 LA's funds will be  
25 providing operating support to the center and will

1 leverage funding from other philanthropic partners.

2 Item 2G would amend our strategic partnership  
3 with Child 360 and authorize staff to execute a contract  
4 with an anticipated contract start date of July 1st, 2019.  
5 Child 360 is currently providing QRIS services to early  
6 care and education providers throughout Los Angeles  
7 county. And Child 360's QRIS work funding by First 5 LA  
8 has allowed First 5 California to receive impact funds  
9 which are then distributed to First 5 LA to reinvest in  
10 QRIS service provisions in Los Angeles county.

11 Item 2H establishes a strategic partnership with  
12 the Child Care Alliance of Los Angeles, or CCALA, and  
13 authorizes staff to execute an agreement retroactively  
14 from July 1, 2018, to December 31, 2019. All funds for  
15 the proposed agreement are included within the allocation  
16 awarded to First 5 LA under its contract with the  
17 California Department of Education. And this strategic  
18 partnership would redistribute a portion of the funds to  
19 facilitate the countywide QRIS work.

20 For item 2I, staff recommends that the board  
21 approve amendment of the strategic partnership with  
22 Los Angeles Unified School District and authorize the  
23 staff to execute a contract with an anticipated contract  
24 start date of July 1, 2019. This strategic partnership  
25 would implement the kindergarten readiness assessment,

1 expand the local districts that will be collecting the  
2 data and would develop action plans to address data  
3 results through June 30th, 2020.

4 Item 2J would amend the strategic partnership  
5 with Dignity Community Care to coordinate the provision of  
6 training and materials to support the Department of Health  
7 services, Mama's Neighborhood program expansion for an  
8 additional year.

9 For all the contracts except for the four that I  
10 will mention shortly, we have built in the corresponding  
11 amount of resources being requested for the fiscal year  
12 19-20 budget under agenda Item 5, which you'll hear  
13 shortly.

14 In addition, all contract start dates will begin  
15 effective July 1st, 2019, except for the following two  
16 exceptions, which include Modis contract under new  
17 agreements in the MWA Multimedia Design and Development  
18 Incorporated, under amendments. Both of these contracts  
19 were included in the budget which was approved previously  
20 by the board on June 14th, 2018, and in the midyear budget  
21 adjustment which was approved on March 14, 2019. And  
22 these will start in this fiscal year. These two will also  
23 continue into next fiscal year's 19-20 fiscal year.

24 Separately, there are two contract amendments:  
25 One for Health Management Associates, Incorporated, and

1 the other with Optimus Services, Incorporated, that have  
2 contracted budget amounts that exceed the proposed fiscal  
3 year 2019-20 proposed budget. Due to the timing of the  
4 contract negotiations and the annual budget request  
5 process, the additional resources needed to cover these  
6 contracts will be included and requested during the 19-20  
7 revised midyear budget. Please note that for contracts  
8 that's been fiscal years, the estimated spending amount  
9 for each fiscal year will be included in the First 5 LA's  
10 annual budgets for approval. For under contract terms, if  
11 the commission does not appropriate funds for the  
12 agreement in future fiscal years, First 5 LA has the  
13 authority to terminate the agreement.

14 Just as a reminder, though we are recommending  
15 action on all of these contracts and strategic  
16 partnerships mentioned previously and funding is still  
17 contingent upon the board's consideration and action of  
18 the budgets to fund these, which you will hear in Item 5  
19 on today's agenda. And given the number of these  
20 contracts do involve a lot of different county entity  
21 partnerships, I'm going to turn it over to Craig, the  
22 commission's counsel, to call out any conflicts.

23 MR. STEELE: Thank you, chair, members of the  
24 board. We actually only have two on this item. 2C,  
25 contract number 48 is a contract with DPH. And although

1 Commissioner Ferrer is not a voting member, she's not  
2 participating in the consideration of that item. And  
3 contract 58, the record should reflect that Commissioner  
4 Heger is abstaining from the vote on that contract because  
5 it is with her employer, the University of Southern  
6 California.

7 SUPERVISOR KUEHL: All right. Let us go back --  
8 so those who have conflicts also, generally, we do not  
9 take questions from them on those particular contracts, if  
10 there are any. But does anyone have any questions about  
11 any of the contracts.

12 Marlene.

13 COMMISSIONER ZEPEDA: I have a question about the  
14 partnership with Child 360 where the project cost is \$54  
15 million. Is that correct? Am I reading that incorrectly?

16 MR. GAYDEN: Just trying to find it. I believe  
17 that is the case at 54. I'm just trying to find the  
18 number.

19 SUPERVISOR KUEHL: This is 2G?

20 MR. GAYDEN: Yes. The total project cost is  
21 \$54,300,000.

22 COMMISSIONER ZEPEDA: So we're thinking of giving  
23 them \$54 million?

24 MS. BELSHE: No, no, no.

25 COMMISSIONER ZEPEDA: Okay. That's what I'm

1 trying to understand.

2 MR. GAYDEN: No. That's the total cost across  
3 fiscal years that we've invested previously in this  
4 project.

5 COMMISSIONER ZEPEDA: That's what I needed  
6 clarification on.

7 I'm just wondering -- this is a lot to try to  
8 figure out for the commissioners. I've never seen as many  
9 consent items before on any agenda. Deanne is shaking her  
10 head yes.

11 Is there a reason why there's so many?

12 MR. GAYDEN: This is our general annual contract  
13 renewal process where we go through -- and this is  
14 generally the cycle where we have -- since our contracts  
15 are on -- even though they could go past the fiscal year,  
16 they're generally on annual renewal cycles. So,  
17 generally, during this time of year, during the June  
18 commission meeting, we have a lot of contract renewals  
19 that we have to get through in order to approve.

20 COMMISSIONER ZEPEDA: Yeah. Because of the end  
21 of the fiscal year.

22 MS. BELSHE: And we also separately have --  
23 because of our strategic -- the procurement guidelines and  
24 rules around strategic partnerships, we also need to renew  
25 strategic partnerships separately. So that's a separate

1 item as well.

2 COMMISSIONER ZEPEDA: I just want to make the  
3 observation that I've never seen as many on the consent  
4 calendar during this time frame.

5 COMMISSIONER TILTON: I think we have.

6 SUPERVISOR KUEHL: I think we had quite a few  
7 last June as I recall, but, of course, it's been a whole  
8 year.

9 COMMISSIONER TILTON: I just wanted to make the  
10 similar point that today the commission approves something  
11 like \$134 million budget for the year. That's an awful  
12 lot of money in a whole lot of pockets to approve on a  
13 five-day timeline to review about five pounds of paper in  
14 addition to our own jobs. I just want to make that  
15 comment that this was -- this was stressful and difficult.  
16 And since I'm an ex officio member, I can't vote, so  
17 I'm --

18 SUPERVISOR KUEHL: Which reduced your stress a  
19 great deal.

20 COMMISSIONER TILTON: Which reduced my stress,  
21 actually. But maybe there is some way in the future that  
22 we could approach this a little bit more incrementally  
23 because I really -- I was stressed out last night trying  
24 to read through all of this and realizing this was a whole  
25 lot of money that this commission was voting. I'm

1 wondering who else had time to do that.

2 MS. BELSHE: And we appreciate that feedback and  
3 observation, Deanne. And I think what we will be doing  
4 when Raoul and Daisy speak to the budget item on the  
5 agenda, we always like to start with what we have  
6 historically referred to as the budget journey, and the  
7 multiple touch points that we have with commissioners  
8 throughout that process, beginning with the executive  
9 committee, budget and finance committee meeting, program  
10 and planning committee, which is a meeting you and other  
11 committee members attended last month, and then today, as  
12 well as having this as an information item.

13 So we're always welcome to feedback because we  
14 have endeavored in recent years to both provide a lot of  
15 time and also to streamline. So if it's the will of the  
16 commission to extend the timeline further, that's  
17 something we should talk about. But, hopefully, the  
18 budget journey reminder will be helpful to underscoring  
19 the multiple touch points that lead us to today.

20 SUPERVISOR KUEHL: Any other questions or  
21 comments on these items? We're not talking about the  
22 budget yet. That is a separate item.

23 I see you lowering your mic, but do you wish to  
24 speak?

25 COMMISSIONER ABDO: Yes. I would like to move

1 approval of the consent calendar.

2 SUPERVISOR KUEHL: All right. I have a motion on  
3 the consent calendar and no requests for further questions  
4 or comments.

5 Is there a second?

6 COMMISSIONER ZEPEDA: Second.

7 SUPERVISOR KUEHL: Is there any objection to a  
8 unanimous vote, noting those exceptions that counsel  
9 pulled out on particular contracts?

10 Seeing no objections, the consent calendar is  
11 unanimously approved with the exceptions that counsel  
12 called out.

13 Thank you so much. Thank you very much for this  
14 work and for the analysis and for the presentation.

15 The next item is remarks from the chair. And I'm  
16 always at a bit of a loss about what to say kind of that's  
17 new. But so I want to thank Lisa Pinto, my children's  
18 deputy, for suggesting the -- sort of the item for today,  
19 which takes off from the issue about the census that is  
20 called up and we just voted for in the Consent Item 2D,  
21 which was a strategic partnership about trying to ensure  
22 an accurate count of our kids from birth to age five at a  
23 particular point in time. And it raised a -- sort of the  
24 issue for me that I think is getting a lost discussion  
25 these days, but not a lot of ability to think about what

1 we can do related to this census; and that is the notion  
2 of a full and accurate count and how important it is for  
3 California in every way.

4 I mean, it's interesting to serve on these  
5 different variety of boards, which I do and so many people  
6 really on the commission do, because we sit at different  
7 daises days on different days with sort of different  
8 lenses. And, you know, today we're looking at our  
9 children who actually don't exist in a census very much  
10 outside of their caretakers, their parents, their  
11 families, or wherever they happen to be lodged. So we  
12 have to think about their families as well. They are very  
13 important to us.

14 And it's also important to California because,  
15 unless we have a full and accurate count, California is  
16 going to lose a boat load of money. And, frankly, I think  
17 that's part of the point where we hear about the question  
18 of immigration status and the innocence with which it was  
19 suggested and the malevolence really, in my opinion,  
20 behind it. The notion really is, we hope that you will  
21 not count our immigrant population accurately. We hope  
22 that you will not, California, reflect them. Because this  
23 question in my opinion will only frighten people, make  
24 people want to hide. And it's even worse because -- you  
25 can correct me if I'm wrong, and I'm not certain that I'm

1 right -- that, if you do not answer the question, your  
2 particular census answers will not be counted at all.  
3 It's not whether you answer it accurately or not, if you  
4 just are flummoxed and don't want to answer the question  
5 of your immigration status.

6 So I don't know whether we have a role in First 5  
7 LA, but we are certainly a leader in the space of caring  
8 about these children from birth to age five to really  
9 think about how they might leverage strategic partnerships  
10 with other people doing counts and who have other, you  
11 know, foci, really, because together we're all very  
12 concerned about whether we're going to be counted.

13 And to be accurately counted, you know, it's a  
14 bigger thing than a political issue. It's kind of like  
15 the greeting I always remember in the movie Avatar, the  
16 standard greeting between people was "I see you." "I see  
17 you." Actually, I prefer that to, "hi, how are you",  
18 because whenever I have a cold, I want to say, oh, I feel  
19 terrible, you know whatever. But if you said, "hi, I see  
20 you," I wouldn't say anything but, "thank you. I see you  
21 too."

22 And I guess -- I mean, we could lose as many as  
23 two seats in Congress if enough people are dissuaded from  
24 answering the census. So we want to make certain that we  
25 can match all the families who need us with a full array

1 of services. And as much as we try in the county, as much  
2 as we try in the cities, as much as we try with the money  
3 that we have at First 5 and our partners, I have to say  
4 the big difference in this country over the past several  
5 decades has really been the failure of the federal  
6 government to fund any of the things that' we need.  
7 And this is just another kind of, you know, stab wound to  
8 whether or not we'll be able to do it.

9 So, of course, I can, you know, talk about the  
10 federal government. I don't think I need to and it's not  
11 really an appropriate place. You probably know how I  
12 feel. But I hope that we can figure out ways to work  
13 together because my experience is there are a lot of  
14 people worried about this particular census and what it's  
15 going to mean, not just with accurately counting people on  
16 their immigration status, but accurately counting people  
17 whose census reports might be thrown away because they  
18 didn't answer that question.

19 So I think I'll, you know, leave it at that. I  
20 think there's a lot more to go with it. I'm very happy  
21 that we're -- we entered into the strategic partnership to  
22 make sure that our kids get counted, because that's also a  
23 population, obviously, no one but us is paying high  
24 importance to.

25 So thank you very much. And over to you, Kim,

1 for -- did anyone sign up for public comment on my  
2 remarks?

3 SECRETARY: No public comments.

4 SUPERVISOR KUEHL: Oh, good.

5 Over to you, Kim.

6 MS. BELSHE: Thank you. And thank you for those  
7 comments. And we'll make sure, in partnership with CCF,  
8 the county, the Partnership For Early Childhood  
9 Investment, to come back to the board later this year or  
10 early next to talk about more deeply about kind of where  
11 we are on census. I'm proud of the work our team, through  
12 the strategic partnership's department, is helping to lead  
13 in terms of ensuring that that zero-to-five count is full  
14 and timely and accurate, and share all of the concerns you  
15 articulated so well.

16 So what I wanted to reflect on relates to a topic  
17 we're going to spend some time with the board this  
18 afternoon on related to our systems built teamwork around  
19 family strengthening, home visiting. And I had a chance  
20 on Tuesday to help open up the annual family strengthening  
21 home visiting summit. The poster board is over there by  
22 Heatherlynn, which is a colorful and really compelling  
23 graphic of all the extraordinary work that is underway  
24 throughout LA county related to family strengthening and  
25 home visiting.

1           And first, I'd note about it, what struck me is  
2   that there were over 600 people in the room. And I -- I  
3   almost didn't say people, instead was going to say women  
4   because it was probably 98 percent women. Thank you,  
5   Raoul. It was an extraordinary group. It takes a  
6   village. So it's just a great graphic that depicts who  
7   we're serving, how we're serving, what are we learning  
8   about the families. And it give some initial insights to  
9   the kind of data that's being captured to report out.

10           So a couple of things I would share about the  
11   meeting: Number one, is it really underscored at a human  
12   level how intensely personal this work is. So to hear and  
13   see and sense the energy of the home visitors who were  
14   there. These are the people who -- to, you know, borrow a  
15   line from Hamilton. These are the women by and large who  
16   are in the room where it happens. And that is the mom's  
17   home. And they're the ones who are sitting side by side  
18   and working through issues and hearing of challenges and  
19   hearing of hopes and dreams and helping these families  
20   build bridges to the kind of services and supports that  
21   they need, that reflect their families' particular and  
22   unique needs and circumstances. And just to hear the  
23   passion and the compassion that exudes the work that we  
24   and our county partners and others are supporting is just  
25   like enormously, enormously rewarding.

1           And then to hear from parents. And I wasn't able  
2 to stay for the parent panel, but there's always a parent  
3 panel. And then to hear from these moms who, you know,  
4 have been on this journey and with their home visitor  
5 visiting supports to be able to evolve from their desire  
6 to be the best, most amazing mom possible, to confidence  
7 in their ability to be the best, most amazing mom, and to  
8 support the best, most amazing child ready to thrive and  
9 be successful in school and life.

10           The second issue that really jumped out for me  
11 from the summit was, as much as this work is about  
12 human-to-human, person-to-person contact and support and  
13 helping moms be aware of and access the kind of services  
14 and knowledge and information they need to be successful  
15 in their role as a parents -- a child's parent, the room  
16 was full of systems builders. And the conversation, yes,  
17 was about different models, but it was really about the  
18 system that these advocates, these providers, these  
19 hospitals, LA BBN, the Department of Public Health, The  
20 Department of Mental Health, First 5 LA are coming  
21 together to build. And I think that shows a lot of the  
22 progress that First 5 LA and its many partners, lead by  
23 the Department of Public Health are helping to advance.  
24 It's a very different way of thinking about our work.

25           And as I shared with you in my executive

1 director's report, the Future of Children paper that  
2 Barbara Dubransky and Christina Altmayer contributed to,  
3 which is specific to LA, like was such a major point with  
4 pride for our organization, and I hope for our board as  
5 well, to be able to bring the story of the nation state of  
6 LA, and people when they think about LA -- and this used  
7 to be as well. It's like, I don't get LA. It's big, it's  
8 complex, it's scary, put it to one side. For us to be  
9 able to shine the light through Christina and Barbara's  
10 work on the work that we are doing, yes, to advance  
11 specific models, but really it's to build a larger system  
12 of family strengthening services and supports using home  
13 visiting as the gateway towards a universal, coordinated,  
14 and integrated system. It's just like enormously  
15 exciting.

16 So it's a point with pride I hope for all of us.  
17 It really resonates, again, at an individual level and at  
18 a systems level. And I hope board members will get a  
19 clear picture of that through the presentation, the  
20 discussions we're eager to have with you this afternoon,  
21 including a presentation and discussion about some  
22 exciting work that the team is leading with our Medi-Cal  
23 managed care organizations that are really stepping up and  
24 seeing the power of investments in such family  
25 strengthening services as home visiting as critical to

1     advancing a broader health equity and health improvement  
2     agenda.  So -- yay.  Pom-poms up.

3             SUPERVISOR KUEHL:  That was a Kim Belshe kind of  
4     cheerleading exercise.

5             MS. BELSHE:  Yup, that was it.

6             SUPERVISOR KUEHL:  That was good.  Any request  
7     for public comment on the ED's comments?

8             SECRETARY:  No public comment.

9             SUPERVISOR KUEHL:  All right.  Then thank you  
10    very much for those.

11            Let us then move onto Item 5, which is our  
12    budget.  And as many times as we've looked at this budget  
13    and thought about it and been told about it and cogitated,  
14    today we're actually going to vote on it.  So pay  
15    attention yet again.  And we look forward to presentation  
16    on the budget.

17            Welcome.  Raoul, do you want to kick off?

18            MR. ORTEGA:  Yeah.  So before we start, I'd like  
19    to make some opening comments before you through -- in  
20    order to pass the fiscal year 19-20 budget.  We do do it  
21    through a resolution.  Resolution 2019-03 is before you,  
22    which also includes some of the accounting functions that  
23    we do some follow up on.  That would also be reflected in  
24    our audit when we will present it in October.

25            This budget, as what Kim was saying earlier, is

1 -- is a long journey. It starts in January or February  
2 internally with staff and with our executive team and  
3 management. And we do start presenting our budget through  
4 many of our different board committees, including on May  
5 2nd with the budget and finance committee, along with the  
6 executive committee, which at that time it was endorsed to  
7 move forward.

8 And at this time, I would like to see if Judy  
9 Abdo would like to say a few words about that.

10 COMMISSIONER ABDO: I would in fact. The exec  
11 committee and the budget and finance committee met  
12 together this year and had a robust discussion of the  
13 budget. I think that we did a good job as in our  
14 responses. Staff did a great job of presenting to us what  
15 the budget was all about, which is always good to know.  
16 And I think that we're going to have a great impact on the  
17 children that we are supposed to be affecting.

18 The staff and the -- and our board have worked,  
19 both being smart and hard; smart because we're seeking  
20 opportunities for sustainability, and hard because we have  
21 declining revenues which we are reminded about almost  
22 every meeting. And it's true and I'm sure we're going to  
23 hear more about that.

24 So thank you very much.

25 SUPERVISOR KUEHL: Thank you, Judy.

1 MR. ORTEGA: Thank you, Judy.

2 Staff also took a significant amount of time in  
3 reviewing the projected cost for both our programs and our  
4 operations to our PPC on May 23rd where we really took  
5 time to dive deep into the actual cost drivers for each of  
6 our four outcome areas and our supportive strategies  
7 around policy and systems change, including our INL  
8 activity.

9 So I would like to note that the budget that is  
10 before you only reflects editorial changes. There has  
11 been no modification or changes to the resources. Where  
12 in the past we would highlight any changes, I would like  
13 to say there are no changes to the numbers; again, just  
14 editorial.

15 The proposed budget does reflect our priorities  
16 within our strategic plan, and most importantly, as Judy  
17 reflected in her words, reflects our efforts to align our  
18 expenditures with our fiscal realities. And as we learn  
19 more about our revenue projections and the impact of our  
20 fiscal realities through the engagement that we're  
21 currently under with Sacramento and the California  
22 Department of Tax Fees Administration, I want to assure  
23 this board that we will always continue to come back to  
24 you as we get more information on our revenue. And we  
25 will use the process of our long-term financial

1 projections to bring you up to speed on where we're at  
2 with our revenues.

3 At this time, I would really like to acknowledge  
4 internally our staff across the organization. This is a  
5 collaboration at all levels, from our administrative  
6 assistant scheduling meetings and scheduling time and from  
7 the directors and staff to our upper management for  
8 guidance and support. And I would really like to  
9 highlight leadership of Daisy Lopez who will be  
10 representing -- or will be presenting the overall fiscal  
11 19-20 budget and her important role and leadership in  
12 putting this budget together. I really appreciate  
13 everything that you've done.

14 MS. LOPEZ: Thank you. Thank you, Raoul.

15 Good afternoon, commissioners, staff, and guests.

16 So today's fiscal year 19-20 budget presentation  
17 will serve as an overview and reminder of the board  
18 engagement timeline proposed budget and administrative  
19 cost, followed by a discussion of our estimated year-end  
20 fund balance levels, and will conclude with a request for  
21 approval of the budget resolution, a copy of which is  
22 included in today's board materials.

23 So today marks the final presentation of this  
24 budget journey. We first brought the draft 19-20 budget  
25 for review and discussion at the May 2nd joint budget and

1 finance and executive committee meeting before sharing the  
2 draft budget materials with commissioners as a  
3 written-only informational item at the May 9th, board  
4 meeting, followed by a presentation and deeper discussion  
5 of the proposed fiscal year 19-20 programmatic costs at  
6 the May 23rd special board program and planning committee.

7 We are concluding with today's presentation for  
8 the approval of First 5 LA fiscal year 19-20 budget. So  
9 just to note, the 19-20 budget estimates have not changed  
10 since the beginning of this board engagement process, and  
11 we will be revisiting the total in just a moment.

12 The only change to materials, as Raoul noted  
13 earlier, is -- compared to the previous iterations are  
14 minor edits to the text.

15 We thank the board members for their commitment  
16 during this process. A lot of information has been shared  
17 and a lot of great information has been received. This  
18 information has not only been around our estimates, but it  
19 has also been related to our strategies and the future  
20 direction of the organization.

21 We heard several comments around the quality  
22 rating and improvement system and our investments in  
23 quality, in long-term sustainability, and alternative  
24 revenues. Many of these themes will be address through  
25 the strategy refinement teams as part of the strategic

1 plan refinement, or SPR4, process that is currently  
2 underway.

3 Before we revisit the final proposed fiscal year  
4 19-20 budget, I will briefly remind commissioners of the  
5 context in which the budget was developed. This is a  
6 visual representation and reminder of the finance  
7 department's key fiscal processes. All of these processes  
8 are interrelated and interdependent and help us monitor  
9 and make informed decisions with the goal of aiding the  
10 commission's short and long-term fiscal stewardship.

11 One area that we would, again, like to briefly  
12 highlight and remind everyone of is that our long-term  
13 final projections continue to reflect declining revenues,  
14 spending that exceeds revenue, and a declining fund  
15 balance. We will continue to explore and try to identify  
16 new public and private revenues that could help support  
17 and advance our strategic goals. SPR4 will be one of the  
18 vehicles that we use to address these matters and help  
19 guide our strategic path. As always, we will continue to  
20 monitor the revenues and expenditures as well as the  
21 long-term impact to our fund balance.

22 The total proposed fiscal year 19-20 budget of  
23 133.7 million reflected in the table is consistent with  
24 the estimates presented at the previous board points of  
25 engagement. The proposed cost estimates result in a more

1 prudent budget as we continue to align our program costs  
2 to the fiscal realities of declining revenues and a  
3 declining fund balance.

4 As it relates to the administrative cost  
5 calculation, the fiscal year 19-20 cost rate is calculated  
6 at 13.5 million and represents approximately 10.12 percent  
7 of the total proposed budget.

8 Now, we will shift our attention to discussion of  
9 our estimated year-end fund balance. It has been our  
10 practice to review fund balance levels with the commission  
11 every year to reaffirm commitments. And over the past few  
12 years, we have utilized the annual budget process as the  
13 opportunity to review these remaining commitments with the  
14 commission.

15 Listed here is a reminder of our various fund  
16 balance categories and definitions. We will expand more  
17 on these categories through the audit process in October.

18 This graph is a visual representation of spending  
19 that continues to outpace our incoming revenue, resulting  
20 in lower projected fund balance at the current fiscal year  
21 end from 379.4 million at June 30th, 2018, to a projected  
22 346.8 million at June 30th, 2019. These projection  
23 details are included in attachment A in today's board  
24 materials.

25 So we have shared a considerable amount of

1 information over the course of this budget process, and I  
2 want to ensure that our request for approval with the  
3 adoption of Resolution Number 2019-03, which as I  
4 previously noted, is included in today's materials, is  
5 clear. First, we will be requesting approval of the  
6 fiscal year 19-20 budget of 133.7 million, which is  
7 provided in attachment B of your budget materials.

8 Second is the endorsement of the commitments for  
9 ongoing multiyear locations, the GASB 54, included in  
10 attachment H of today's materials.

11 Third, we also identified approximately 11.87  
12 million of estimated remaining commitments for initiative  
13 that ended in a previous fiscal year with a projected  
14 remaining fund balance. We will also be asking for  
15 approval of a fund balance reserve for 19-20 calculated at  
16 25 percent of the total budget, or 33.4 million for the  
17 coming fiscal year.

18 And, finally, we are requesting approval of the  
19 administrative limit of 13.5 million, or 10.12 percent,  
20 which is detailed further in attachment B of your  
21 materials.

22 Again, today marks the final step in our budget  
23 voyage, and we are requesting for approval of the items we  
24 have just discussed. Once approved, the 19-20 budget will  
25 be used as the foundation for our long-term financial

1 projection analysis, which we will begin to update this  
2 fall.

3 This item will require a vote by the board. But  
4 before I turn it back to the chair for any questions or  
5 comments that the board may have, I would like to take a  
6 quick moment to extend my deep appreciation to all staff  
7 and commissioners who have participated in this process.  
8 It is, as Raoul noted, a collaborative effort. And I am  
9 grateful to everyone for giving their time, attention, and  
10 expertise. My deepest thanks to you all. I would  
11 especially like to thank the finance department staff who  
12 have been remarkably supportive during this time.

13 And with that being said, I will now turn it over  
14 to the chair.

15 SUPERVISOR KUEHL: Thank you very much. The  
16 chair will take it back and ask if commissioners have any  
17 questions or comments.

18 Romalis.

19 COMMISSIONER TAYLOR: I have several.

20 SUPERVISOR KUEHL: Use your mic, please.

21 COMMISSIONER TAYLOR: I have several questions  
22 mostly for clarification. I think you guys have done a  
23 wonderful job. Kim and her staff and her group have done  
24 a great job clarifying some things for me, but I still get  
25 on this document I ask for clarification to be identified

1 on the administrative assistant as a part of family  
2 support. There's an administrative for .5 that doesn't  
3 show up in the item. And then so, if it's not going to  
4 show up there, it needs to be stated where that item is,  
5 even though it's shared in that it's shared with whatever  
6 -- I think it's with your health unit. So it just needs  
7 to be quoted where that item really is. And that's on  
8 Page 44 of the document. I keep asking for that  
9 clarification and it doesn't happen. I'd like to see it  
10 by the next time we finalize this document.

11 The other one is in -- let me go to the next one.  
12 Under family support, we show a budget of about, what is  
13 it, five or \$600,000 for the physicians and under the  
14 administrative level, family support division. Okay.  
15 Here we go. Yeah. It showed like 500,000 or \$600,000 and  
16 an increase in that one. And it only showed for items.  
17 And that seems to be significant. So we need a  
18 clarification statement. I asked for that the last time.  
19 I still don't see it. That needs to be clarified that  
20 we're using that to identify to cover costs associated  
21 with interns. I know what it's for because you told me,  
22 but it's not in the writing that explains why this number  
23 is so out of sync, you know. And so that would explain it  
24 because of what you're doing with the money.

25 And the last thing I want to talk about is this

1 constant indication that we're only doing ten percent but  
2 our other documents show that is the cost of our overall  
3 administration of 22 million is supposedly ten percent of  
4 the total cost of the budget. And I'm trying to get  
5 clarification. If we're 17 percent and but yet we're  
6 saying 13 percent, what is the difference and have we  
7 noted it so that everybody understands what's the  
8 difference, the \$9 million as it relates to the \$22  
9 million of the total administrative cost. So -- and that  
10 is -- I just want to know that separation and what does  
11 that mean.

12 MR. ORTEGA: I appreciate your comments and your  
13 observations. We did have a conversation. I acknowledge  
14 that, Commissioner Taylor. And staff did make its attempt  
15 in adding clarifying language. I will be more than happy  
16 do connect with you and to revisit our language to make  
17 sure we meet and just understand your expectation.

18 COMMISSIONER TAYLOR: I just want it noted so  
19 that everybody that's either here or not know what we're  
20 doing and what it means. But I think the clarification on  
21 that ten percent would be very helpful because it looks  
22 like \$9 million is being asked for in the budget, but we  
23 don't know what it's for.

24 MR. ORTEGA: I think we have two separate issues.  
25 I think there's the editorial that I was speaking about

1 that we did connect with you. We did have conversations.  
2 I'll be more than happy to revisit that language with you  
3 and to make it stronger.

4 COMMISSIONER TAYLOR: Put it in the budget.

5 MR. ORTEGA: Because, again, staff made an  
6 attempt to address your concerns on that.

7 As related to the administrative limit  
8 calculation, I want to be clear. The \$22.8 million that  
9 you are referring to, that reflects our total operating  
10 cost. Our operating cost is a makeup of our personnel  
11 that supports each of our -- each our departments,  
12 divisions, and the executive team staff salary, and the  
13 related operating costs, what I call S and S costs,  
14 supplies and services. Out of that \$22.8 million, there  
15 is a fiscal mandate through the financial management guide  
16 that tells us that we have to also identify what are costs  
17 related to admin. So that \$13.5 Million that you're  
18 referring to, it is a subset of that \$22.8 million. Of  
19 that subset of that \$13.5 million, that represents roughly  
20 10.12 percent, and it's -- it's accounted for in a summary  
21 sheet where we call the administrative limit calculation.  
22 Based on the conversation that we had earlier today, I do  
23 acknowledge that we could create a footnote to clarify  
24 what is that delta. And I'll be more than happy to look  
25 into that and to make sure that we capture that moving

1 forward.

2 COMMISSIONER TAYLOR: It makes sense if we say we  
3 footnote the \$22 million and say that a portion is the  
4 program costs, which is not administration, so that people  
5 understand when they read this and they look at the  
6 numbers overall and we show 17 percent in one document and  
7 then we show ten percent in another, what we're talking  
8 about. Right? That's all.

9 MR. ORTEGA: Thank you.

10 SUPERVISOR KUEHL: Thank you. Anyone else on the  
11 commission?

12 We have several requested for public comment.  
13 Let us go then to public comment. Each person is given up  
14 to two minutes to speak. And we welcome all of you.  
15 First speaker would be Urias Colon (phonetic). Second,  
16 Nancy C. Gomez (phonetic). Third, Georgina Gonson  
17 (phonetic).

18 Please come forward. Speak into the microphone.  
19 Welcome.

20 Speaker: Hi. Good afternoon.

21 SUPERVISOR KUEHL: Speak up, please, into the  
22 mic. Thank you.

23 Speaker: Okay. Good afternoon, everyone. Sorry  
24 I'm really nervous.

25 It's an honor to meet with you here. I want to

1 say that how Best Start have encouraged me to get up wit  
2 parents. I am a mom. I am a regular person from a house  
3 or my community. And I am here. I -- I'm speaking  
4 English. Can you believe that?

5 I -- I have -- I have had a really nice journey  
6 during most time. I feel empowered. I'm here again.  
7 I've been working on safety committee. We had a really  
8 nice chance to work and to go to pay back to our community  
9 giving -- giving the corrected for Wilmington. And this  
10 is really big. This is what encourage me to go back to my  
11 community and say to everybody, if I can do it, can you do  
12 it, too. And this is something that First 5 thanks to  
13 Best Start to Providence Little Company of Mary for my  
14 colleagues and partners, my friends.

15 And what else I have -- I can say. I -- I feel  
16 really honored being here. Sorry for being nervous.

17 SUPERVISOR KUEHL: Thank you.

18 Next speaker, please.

19 Speaker: (Spanish).

20 Speaker: I will be interpreting. So good  
21 afternoon. My name is Gabby DeSacobia (phonetic). And  
22 I'm here and I want to share with you the impact that Best  
23 Start -- or Best Start has had on me. It actually raised  
24 my confidence and helped me get through post-partum  
25 depression. So, you know, it's -- it's definitely -- I

1 was -- I'm able to support my children and be there for  
2 their dreams. I've been able to be a part of multiple  
3 organizations, one of them being the safety committee  
4 under Best Start Wilmington and dedicated to raising the  
5 quality of life for children.

6 So I just want to tell you that I've been honored  
7 to be a part of multiple community groups and that, you  
8 know, I'm part of the current leadership group in Best  
9 Start Wilmington, and that I'm very grateful for the  
10 existence of these programs, and that I value them and  
11 that I look forward to being of support to the future  
12 development of all children in my community.

13 Thank you.

14 SUPERVISOR KUEHL: Thank you, Maribell. Thanks  
15 to Gabby as well.

16 Let me call all the others who've signed up to  
17 speak. One minute, please.

18 Raquel Cervantes (phonetic), Andrew Mondohonu  
19 (phonetic), and Carolina Casal. Please, go ahead.

20 Speaker: Hi. Good afternoon. My name is Nancy  
21 C., and also I came from Best Start Wilmington, and I'm  
22 saying thankful to be here and to be part of the Best  
23 Start.

24 They helped me a lot because I live in my home  
25 all the time. I just don't want to go out. When I know

1 about the meetings, I'm -- someone invited me to be there.  
2 When I went there, I see a lot of classes taking. So one  
3 of them is -- one encouraged me to speak English is that  
4 program. They tell you they have the translator there,  
5 but we don't use it to make sure how we can speak and how  
6 we can understand. So when you speak right now, I  
7 listening and I understand. And I'm hear and I speak and  
8 it feels so good for me.

9 And also like my friends say, we're proud of the  
10 security committee. It's about to the streets. That's  
11 what our community needs, more people to help us for the  
12 -- for being part of the community when the community  
13 speaks together. When we are together, we can do a lot of  
14 things. Thank you.

15 SUPERVISOR KUEHL: Thank you very much.

16 Next speaker, please.

17 Speaker: (Spanish).

18 Speaker: My name is Andrew. I'll be  
19 interpreting kind of because I went a little bit off  
20 script. So there's some words that were thrown in there  
21 that we're not prepared for. But, essentially, hello, my  
22 name Raquel Cervantes, member of Best Start Central Long  
23 Beach's leadership team. This is an important program for  
24 me because I was a very timid person. I was also  
25 depressed, but Best Start Central Long Beach helped me

1 come out of that and stay involved, and to really learn  
2 how to speak in public, as you just saw.

3 The topics and programs served to educate me, the  
4 community on how to be better parents and to ultimately  
5 teach our kids really how to be -- to teach our kids how  
6 to be better in the future, right. The early education  
7 programs, health, preventing child abuse and neglect, and  
8 mental health are really important for me and just really  
9 extend that thanks to all of you for continuing the  
10 investment and really to sustain our Best Start Central  
11 Long Beach, and all the Best Start communities as you see  
12 as the community members have shown up. This is very  
13 important for them and their continued investments.  
14 Really appreciate it.

15 SUPERVISOR KUEHL: Thank you. Next speaker,  
16 please.

17 Speaker: (Spanish).

18 Speaker: Good afternoon. My name is Joaquin  
19 Bronson. I'm a member of Best Start Central Long Beach's  
20 leadership team. I want to thank you for investing and  
21 supporting the Best Start initiative. Working with the  
22 leadership team, I feel that I have improved my knowledge  
23 of our priorities, like quality and affordable child care,  
24 the development of children and parenting skills, the  
25 prevention of child abuse, quality, and affordable

1 housing, learning leadership skills, how to do power  
2 analysis and how to make a community change.

3 She's really grateful that, even though she's an  
4 older age, it still hasn't really debilitated her from  
5 making change in the community and she wants to thank you  
6 all again for the continued investment in the  
7 sustainability.

8 SUPERVISOR KUEHL: Thank you.

9 Speaker: And now for mine.

10 SUPERVISOR KUEHL: You get your own two minutes.  
11 Go ahead, Andrew.

12 SPEAKER: Hello. My name is Andrew Mondohonu, a  
13 community organizer with region 4's LNC Long Beach forward  
14 working on the Best Start Central Long Beach initiative.

15 We would like to extend our deepest gratitude for  
16 your continued investment and support to our community  
17 partnership, as well as adapting to our needs and going as  
18 far as presenting at our partnership meetings, which has  
19 been really well received, by the way.

20 It's safe to say there have been growing pains  
21 throughout this transition as to goes through many culture  
22 shifts, but the relationship between ourselves, our  
23 leadership team, and our partnership has grown immensely,  
24 and there is an unprecedented amount of trust being built.

25 Our intentional approach of building

1 relationships with the leadership team, identifying  
2 concrete priorities to build our community change agenda,  
3 and emphasizing learning of the systems we wish to change  
4 and the leadership skills needed has really shined a lot  
5 on how committed our team is. We hope to continue  
6 building partnerships within our network and also building  
7 the relationship with First 5 LA and aligning our efforts  
8 as it pertains to some of the investments First 5 has made  
9 in the city of Long Beach.

10 Thank you for your time and investment and we  
11 look forward to seeing you again.

12 SUPERVISOR KUEHL: Thank you very much.

13 Next speaker, please.

14 Speaker: Good afternoon, everybody. I'm with  
15 the regional network grantee. So you heard plenty from  
16 our region, Port Cities today, Wilmington and Central Long  
17 Beach. And I'll make my comments very brief because you  
18 really heard from the folks that are impacted every day by  
19 the work that you are continue to shepherd, continue to  
20 provide leadership for in LA county. And we're here to  
21 express our gratitude for this continued investment in  
22 these initiatives which make a tremendous change in our  
23 communities.

24 And let me just say that, you know, I really  
25 don't have too much more to add because I think our

1 partners, our local network subcontractors spoke for  
2 themselves, our community leaders spoke for themselves.  
3 And they represent voices of other stakeholders in our  
4 community, other community organizations who can't be here  
5 today. But we're really starting to feel a shift,  
6 obviously. Systems change work is long-term work. And  
7 it's work very much worth investing in. And it's work  
8 that brings a lot of learning moments.

9 So we're walking that walk. It's been a year of  
10 a lot of challenges, but it's been a year of tremendous  
11 growth. And I hope that you've been able to hear that,  
12 too, by some of the very brief comments made today.

13 On that note, let me just say we have had an  
14 excellent model of what it looks like to be a learning  
15 organization in the communities department staff here at  
16 First 5. There's been a lot of really working as a team,  
17 understanding what that looks like, understanding how it  
18 takes time to really continue to build trust with  
19 community members. And the First 5 staff, all the program  
20 officers, have been right there with us. So I know that  
21 oftentimes, you know, they don't get that pat on the back,  
22 they're too busy working. But we're here to let you know  
23 that, as a regional network grantee, we really -- were  
24 very appreciative of the support we received. And,  
25 honestly, we're learning so much about this work that, as

1 an organization coming into this environment, there is  
2 still a lot of work to do when we talk about long-term  
3 systems change, but we're so ready, willing to tackle on a  
4 second year and beyond.

5 So thank you again for this time to express our  
6 support.

7 SUPERVISOR KUEHL: Thank you very much.

8 Next speaker, please. You are next.

9 Speaker: Hello. Good afternoon to the board of  
10 commissioners. My name is Maribell Amaya, and I have the  
11 honor and privilege of being the supervisor supporting  
12 parent leaders with Best Start Wilmington. And I'm going  
13 to share a really little funny story, hopefully in less  
14 than two minutes.

15 My last vision that I had was actually  
16 Commissioner Taylor was at the cultural respect event for  
17 Best Start metro. So I was ending my time with Building  
18 Stronger Families. And who would have imagined that I  
19 would have had the opportunity through this new regional  
20 and local network structure to come back and support First  
21 5 LA's work -- continued work. So like our regional  
22 support team just expressed, it's been a great impact,  
23 it's been a year of a lot of growth. And like we say our  
24 providence, we believe in creating health for a better  
25 world. Well -- healthy communities for children is so

1 important, and especially if you want to reach children,  
2 reaching those caregivers in their lives is so, so vital  
3 because they will be making those long-term impacts. And  
4 community resources and knowing how to navigate and them  
5 achieving those dreams is -- that is part of that  
6 sustainability. So I want to thank you from the bottom of  
7 our hearts for continuing to believe in that vision, that  
8 north star that you have.

9 And we're there with you and thank you so much  
10 for allowing me to even have this as a career. And I also  
11 want to thank all the staff here present that do all this  
12 invisible work in those hours, that brainstorming, those  
13 conversations to make all of this happen and to make First  
14 5 LA what it is today. So thank you so, so much. And we  
15 look forward to continuing the work together.

16 SUPERVISOR KUEHL: Thank you very much. Thank  
17 you to all of our guests who came today to testify.

18 Any further comments on the budget?

19 Seeing none, do I have a motion then from the  
20 commissioners to approve resolution 2019-03, the final  
21 proposed 2019-2020 budget?

22 COMMISSIONER TAYLOR: I move we approve the  
23 budget.

24 SUPERVISOR KUEHL: Is there a second?

25 COMMISSIONER WOODS: I second it.

1 SUPERVISOR KUEHL: It's been moved and seconded  
2 to approve the resolution on the final proposed budget.  
3 Is there any objection to a unanimous vote in favor?

4 Seeing none, that will be the action.

5 Thank you. Thank you. Thank you. Thank you so  
6 much to the staff for all the work that was done, all our  
7 community partners who have worked with us on this, and  
8 for the leadership that made it all happen.

9 Let's move then to Item 6. This is a public  
10 hearing and a receive and file on -- of First 5  
11 California's annual report. Do any commissioners feel the  
12 need for a presentation on this? I don't think we do.

13 My job, of course, is to move the meeting along.  
14 This is not a dis to anyone who was prepared to make it,  
15 but a celebration of the fact that we are all aware of it  
16 on the commission, and do not have any need for a full  
17 presentation.

18 Any questions on the First 5 Californian annual?

19 Wendy.

20 COMMISSIONER GAREN: My only question is that,  
21 I'm so impressed with the work that's going on in Los  
22 Angeles county, and it's surprising to me that we're not  
23 mentioned as a highlight for any of the work that we're  
24 doing.

25 SUPERVISOR KUEHL: I think we got a big oops from

1       them about that.

2               COMMISSIONER GAREN:   We're not chopped liver and  
3       the work really matters.   Plus, isn't this where the kids  
4       are?   So it feels like a sleight to me, even though I'm  
5       sure it's not.

6               MS. BELSHE:   It is not.

7               COMMISSIONER GAREN:   I'd love to hear how that  
8       happened.

9               MR. JIMENEZ:   Let me explain.   So First 5  
10       California has a system that they have and use for all  
11       county commissions to submit data.   In the past several  
12       years, the system is three components, three different  
13       systems.   Apparently, this year or this past year, there  
14       was a glitch in one component of the system that several  
15       commissions weren't -- their narrative for the highlights  
16       were not included.   So it was not any intentional effort  
17       by First 5 California.   There was a system glitch.   In  
18       fact, I've talked with First 5 California IT staff and the  
19       program and evaluation staff, and I was very excited to  
20       hear that they have now created a system that is one  
21       seamless system that allows us to submit all data  
22       narrative, quantitative data, and fiscal data into one  
23       system.   So you won't see that happen again.

24               The second thing is, we've coordinated and talked  
25       to the First 5 California staff about submitting an

1 addendum that allows us to highlight -- because, again, I  
2 do -- I also want to share what First 5 LA has done and  
3 the contributions we've made to the state.

4 COMMISSIONER GAREN: Another way to go about it  
5 is, because people never see addendums, is maybe more  
6 focus in the next annual report to kind of even things  
7 out. I know it's not your work, but it's communicating  
8 with them.

9 SUPERVISOR KUEHL: We'll make it better next  
10 year. That's always my answer.

11 COMMISSIONER GAREN: Yeah, exactly.

12 SUPERVISOR KUEHL: Is there any -- do I have a  
13 motion to receive and file First 5 California's annual  
14 report and close the public hearing on it? Were there any  
15 requests to speak on it?

16 SECRETARY: No public comments.

17 SUPERVISOR KUEHL: Do have I have a motion to  
18 receive and file?

19 COMMISSIONER ZEPEDA: So moved.

20 SUPERVISOR KUEHL: Do I have a second?

21 COMMISSIONER HEGER: Seconded.

22 SUPERVISOR KUEHL: Moved and seconded. Any  
23 objection to a unanimous vote to receive and file First 5  
24 California's annual report and close the public hearing?

25 Seeing none, that will be the action.

1           Let us move then to Item 7 on the -- which is an  
2 information item on our home visiting system and all  
3 related aspects.

4           Welcome.

5           MS. DuBRANSKY: Thank you. I don't think I've  
6 ever been this excited to talk to you about home visiting.

7           SUPERVISOR KUEHL: And that's saying something  
8 because you're usually pretty excited.

9           MS. DuBRANSKY: And I, too, like some of our  
10 parents, was taught by First 5 LA to speak in front of  
11 this commission trial by fire. And I'm excited today to  
12 tell you about our progress. And I'm not doing that  
13 alone. Our senior policy strategist, Charna Martin, also  
14 known as "The Boss" will be up here in just a moment to  
15 talk about our policy work. And we have a very special  
16 guest in Dr. Chris Esguerra who is a new partner to us  
17 from Blue Shield California Promise Health Plan on  
18 automatic referral into home visiting.

19           So I have a lot of information to go through.  
20 I'm going to go quickly, so I appreciate your patience.  
21 And I imagine it's going to be a lot to take in, but  
22 that's because with all of your help, we're making a ton  
23 of progress in this area.

24           So we're going to cover some of the recent  
25 expansion and improvement of the system elements have been

1 going on this year. And we're going to talk about the  
2 momentum that we want to continue into next fiscal year.

3 So families, as we always say, are at the center  
4 of our work. So I wanted to start with this slide. This  
5 was a slide that our TA body, Los Angeles Best Babies  
6 Network, presented at the summit that's been spoken about  
7 this week. And it's really sharing with us how meaningful  
8 home visiting is to parents. Evidence shows that home  
9 visiting, though not a silver bullet, is a critical means  
10 to address prevention across multiple spectrums, not just  
11 child abuse prevention, but prevention of poor health  
12 outcomes, poor mental health outcomes, et cetera.

13 And Dr. Deborah Daro, who you've met with before,  
14 was there as well. And she raised how important universal  
15 strategies are to normalizing the receipt of help by  
16 families, and that by having a universal system -- a form  
17 of a universal system in place here in LA county and  
18 working with 14 hospitals, it has really garnered support  
19 to bring in more intensive services for those families  
20 that need it because those who can invest in those  
21 intensive services know we have a means to make contact  
22 with families that are often isolated via connecting with  
23 them at birthing hospitals.

24 So as you can see, home visiting services are  
25 very well received by families. They love their home

1 visitors. And their satisfaction and their desire to be  
2 supported and have that relationship is at the center of  
3 our work.

4 Many of you have seen the house before. This  
5 really reflects the major component of building a home  
6 visiting system. And today we're going to talk about  
7 primarily policy change and system alignment. However,  
8 it's important to note that, with a learning agenda, we  
9 are able to, one, make sure we understand how we're  
10 progressing, where we need to improve, and how we can  
11 adapt as the environment around families adapt. So our  
12 learning agenda is very important.

13 And practice change is also critical because, as  
14 we create these policy opportunities and as we work  
15 collectively to align the systems, it is practice change  
16 that creates the doors that families can walk through so  
17 they can benefit from those policy changes. So that  
18 includes things like performance-based contracting, making  
19 sure that we're not just measuring the nuts and bolts of a  
20 program, but what kind of outcomes we're really getting  
21 with families; and then robust cross-system data analytics  
22 so that we're looking at, who are we able to connect with  
23 effectively, who are we able to serve effectively, and  
24 where we are not performing. We can zero in on how we're  
25 going to fix those problems.

1           So those we're not going to go into as deeply  
2 today. We will go more deeply into systems alignment as  
3 well, and that's important also to support our ability to  
4 collect that data that we can analyze, for example, and to  
5 look at blending and braiding of the many funds that are  
6 now coming into the system so that providers can focus on  
7 quality services to families and not how to administer  
8 funds that have varying requirements. So that's a goal  
9 that all of the contributors to this system have together.

10           So this was already mentioned, and I just want to  
11 kind of give a visual for it. In your packets you have  
12 the journal that was discussed and the policy brief that  
13 goes with the journal. We're very fortunate that the  
14 editors of all the articles in here chose at the launch  
15 event to highlight a couple of programs, including ours,  
16 including our article because of how innovative they think  
17 the work in LA county is. So we are being celebrated by  
18 experts across the country. And this has been an exciting  
19 opportunity for that to be acknowledged.

20           For the public, there are copies of both the  
21 article and as well as the policy brief on the sign-in  
22 table if you would like a copy.

23           So in order to put this system into context, we  
24 want to talk about how the system is broken down and built  
25 around elements of prevention. And we know we talk about

1 prevention in multiple context. So the language here is  
2 going to mirror the child welfare context, but it's  
3 important that we know that in public health, in mental  
4 health, in various -- in health systems that, prevention  
5 is a goal across all of those systems and there is work  
6 being done in all of those areas.

7 This if you recall last summer, the Children's  
8 Data Network came to present their analysis of a single  
9 cohort of children over time that allowed us to predict  
10 where we were going to have referrals into the child  
11 welfare system. What was also exciting about that  
12 presentation was that our administrative data from our  
13 home visiting programs matched that analysis, which mean  
14 that where we're looking at aggregate data that's at a  
15 community level, we are seeing the same thing in our work.  
16 So it means our system is well aligned to what's going on  
17 with families that we can see in objective data such as  
18 CDN present.

19 So we're going to go a little bit more deeply  
20 into each these components. The first one is what we call  
21 the universal platform. And that is our opportunity to  
22 make contact with all families, so to make that  
23 connection. We think there's about 40 percent of all of  
24 our families that this is really enough for them. And  
25 what we do at this stage is, we're assessing family needs.

1 So we believe all families need support. It's not that  
2 these families don't need support for parenting. It's  
3 that they have the resources to garner kind of the type of  
4 support that they need.

5 So, for example, these are families that you  
6 would -- that are hiring doulas, families that are paying  
7 privately for breast feeding services, and paying for  
8 Mommy and Me classes and Daddy and Me classes. They, like  
9 all families, need support, but they have to the means to  
10 get that support and they have strong social networks. So  
11 it's not that we're not just as concerned, but they are  
12 able from that point forward get those needs met.

13 So what's our progress in this area? As we've  
14 known for some time, we have our 14 Welcome Baby  
15 hospitals. They are a critical piece of the puzzle. We  
16 also have our health department here in LA county who  
17 raised their hand and said, we are applying for a waiver  
18 for -- to Medicaid, and we're going to put in that waiver  
19 resources to do home visiting for the clients that are  
20 served by the county system, including the county  
21 hospitals and clinics. That's called Momma's Visits. So  
22 they are newer and they are also a light touch model  
23 similar to Welcome Baby. So they are contributing to this  
24 universal platform.

25 We also are going to hear more in a little bit

1 about our pilot to have auto referral from Promise Health  
2 Plan into home visiting. This is another critical piece  
3 of building that platform.

4 So what's our challenge here? Our challenge is  
5 to establish clear fiscal incentives and accountability  
6 structures that would promote the investment in this  
7 platform. So one example is, as part of this Medi-Cal,  
8 there's a program called California Perinatal Services  
9 Program. It shares our goals in this area, but we aren't  
10 able to see data that tells us, is this being provided to  
11 families on a consistent basis. So there's an opportunity  
12 to ensure that's incentivized and that there's an  
13 accountability structure behind it.

14 And our opportunity there is to embed universal  
15 platforms within the health care system because that is a  
16 place that families go very consistently for support and  
17 where that offer will make a lot of sense to them. They  
18 see their health care provider as someone who's wanting to  
19 make sure that their children get off to a good start. So  
20 it's a good place for us to develop that platform.

21 So next our what we call the moderate need level.  
22 And this mirrors what we usually refer to as primary  
23 prevention. We think that 35 percent of families in the  
24 county will have engaged in that universal platform and  
25 will also benefit from the prevention system level. And

1 as I learned from one of my many teachers, Armando  
2 Jimenez, he will always say, this is our -- really our  
3 best opportunity for prevention, this group. Because this  
4 is a group of families that are often living right on a  
5 fault line. They -- maybe they have a job, but they're  
6 struggling. They can't pay for a doula, but they're  
7 trying to read to their children every night. They're  
8 trying to make sure their children have enriching  
9 activities, and they're trying to keep a social network,  
10 but there are challenges. So we have an opportunity to in  
11 further engagement -- they may not have very serious  
12 problems going on. They may not have substance abuse  
13 going on in the family. They may not have domestic  
14 violence, but they are, as many families are, just  
15 struggling in this economy and in this time. So we have  
16 an opportunity to maintain that engagement and prevent  
17 those risks from becoming real challenges in the family.

18 Some of our progress, same -- same here where we  
19 have our Welcome Baby hospitals, we have Momma's Visit.  
20 We also have the prevent and aftercare networks, which  
21 allow families to come in, even if they haven't had  
22 engagement with the child welfare system. So they're a  
23 critical piece of the prevention system as well.

24 So our challenge here is normalize the  
25 utilization of family and social supports and the

1 connection to those resources, and our opportunity is to  
2 make primary prevention family centered and strength  
3 based. We're not engaging because we think there's  
4 something wrong here. We're engaging because all families  
5 need support and some families don't have the resources to  
6 bring in the supports that they really need.

7 And, finally, the safety net level. And we think  
8 there's about 25 percent of the families in the county who  
9 are engaged in the safety net, are facing real struggles  
10 on a daily basis. And some of them may have already  
11 engaged in the child welfare system. Some of them may be  
12 wrestling with mental health issues already at the time  
13 they bring a new child into their home. And our  
14 opportunity here for home visiting is still to promote  
15 parenting skills. It's not any different than it is for  
16 any families, but now there's the context of how there are  
17 boulders in the way of their path to being the best  
18 parents they want to be, which they also want to be like  
19 all of the other parents.

20 So we have an opportunity here to provide ongoing  
21 assessment as they resolve some of those issues in their  
22 lives and seek out additional resources and to navigate  
23 the safety net.

24 The data that we collect from here allows us also  
25 to inform the safety net. Here are the challenges

1 families are facing so that in the future there -- it  
2 won't be so difficult to navigate the safety net because  
3 we can inform its design.

4 The progress we've made here, and we'll see this  
5 in a form of around dollars in just a bit, is the  
6 expansion of the intensive home visiting services,  
7 particularly three models which we'll talk about in a bit.  
8 This has changed the landscape dramatically. The  
9 prevention and early intervention dollars from the  
10 Department of Mental Health have allowed us to grow this  
11 system outside of the areas that were covered before. So  
12 you had Nurse Family Partnership. It was countywide, but  
13 it's for a more narrow set of families. And you have the  
14 First 5 investment, which was focused on our Best Start  
15 communities with prevention and early intervention  
16 dollars. As we know, we've always known, there are other  
17 communities of need besides our Best Start communities.  
18 And now we're able to open up that opportunity to more  
19 families.

20 And we've also seen the increased prioritization  
21 of the prevention by the child and family servicing county  
22 departments via the strong encouragement of our Board of  
23 Supervisors, which we really appreciate to continue  
24 focusing more and more on prevention. And our challenge  
25 here is to maintain engagement with families. These are

1 families that have daily struggles that make it hard to  
2 participate in programs. So the challenge on the system  
3 is to maintain that engagement. And right now, we're  
4 doing well in that area.

5 And our opportunity is to integrate home visiting  
6 into child and family serving safety net systems so that  
7 the safety net departments in the county know that home  
8 visiting is a resource that is part of what they do, not  
9 -- it is its own system in that it has to be managed, but  
10 it is also embedded in those systems.

11 So what does this expansion look like? So to  
12 orient you to this visual, this is what we call our solar  
13 system. The sun is to the right, and that is to remind  
14 everybody that a program that's closer to the sun is more  
15 intense, it works with families for a longer period of  
16 time, more often. The size of the planet tells you how  
17 many families are being served by that model. And you see  
18 that there's a diversity of models in the county. That's  
19 really important because we have a diversity of families  
20 in the county who may have different types of challenges  
21 to their child getting off to the Best Start.

22 And then the color of the planet tells you where  
23 the resources are coming from. So you see that our solar  
24 system is becoming more colorful. Our planets are  
25 becoming bigger. Welcome Baby hasn't grown in dollar, but

1 its grown in effectiveness so that it reaches more  
2 families. And this investment in more intensive services  
3 allows Welcome Baby to focus on the families of moderate  
4 and less need.

5 You see Healthy Families America growing there  
6 from our prevention/early intervention expansion, as well  
7 as some state dollars that are coming down that we'll talk  
8 about soon. You see Parents as Teachers growing and how  
9 many families it can serve. Our Nurse Family Partnership  
10 program also expanding via the prevention/early  
11 intervention dollars and state dollars.

12 And, finally, excitingly, our Department of  
13 Health Services just found out they got a Healthy Start  
14 grant, our second in the county. So Healthy Start is  
15 growing in the county as well.

16 And here -- what this demonstrates is, when we  
17 were the only funder of HFA and PAT, we, to manage  
18 resources, only allowed referral to those programs from  
19 the hospital screening because we wanted to make sure the  
20 families that most needed it got it. Now, we still will  
21 do that. We will still assess family needs, but we will  
22 now have more doorways for that, which means that our  
23 window for enrolling families expands. So that's  
24 exciting.

25 Just to look more deeply at particularly what the

1 prevention/early intervention dollars have done to grow  
2 access in the county. This is the First 5 LA investment  
3 in Healthy Families America. Now, with the  
4 prevention/early intervention dollars, you see that  
5 there's much greater access around the county. PI, give  
6 us lots of color and lots of growth. Parents as Teachers,  
7 here's the First 5 LA investment. And after our  
8 prevention/early intervention investment, you see how  
9 there's much more access in more communities of need.  
10 This is a really critical to having a population level  
11 impact packet on families.

12 And this, you'll see each of our bars is growing  
13 there before you. And that is -- this is our estimate of  
14 what the need is and the gap for the low, moderate, and  
15 high-risk levels of need. And you'll see that the  
16 greatest growth is in the high-risk categories with these  
17 new resources coming in, which is really critical because,  
18 if we're out there making contact with many families, we  
19 have to have a place to support and make connections for  
20 families of high need. And with our strategies around  
21 universal access, we'll be looking to make the same growth  
22 in the two bars to the left.

23 So I'm going to bring this back down really Quick  
24 just to making it a little bit more personal to -- this is  
25 based on just the investment in Welcome Baby and Parents

1 as Teachers, Healthy Families America by First 5 LA and  
2 the Department of Mental Health. So what happens is, in  
3 those hospitals, we have 34,820 families that are  
4 eligible. So the first thing that happens is, we try to  
5 make contact with them. In the last ten years, the amount  
6 of time that families spend at that hospital before they  
7 are discharged has decreased. And you might -- that --  
8 that home -- the Welcome Baby staff may show up, and  
9 there's something going on right then or they're getting a  
10 medical procedure, there's family there. So it's a  
11 challenge to make sure you catch every family before  
12 they're discharged. So we're doing very well at 71  
13 percent. It's an improvement.

14 After we've made contact, there's the 56 percent  
15 represents, we walk into the room and we say, can we have  
16 a conversation with you. And if they say yes, this is  
17 where we get the 56 percent. This is for the -- for the  
18 age of our system really incredible. Creating that  
19 normalcy to accepting that conversation is a challenge  
20 across the country for home visiting systems and programs.  
21 So we've continued to improve in that area. And really  
22 excitingly, if they have that conversation and they say,  
23 we'd like to offer that you stay in Welcome Baby or that  
24 you go to one of these more intensive programs, 92 percent  
25 say yes. What that tells us is that Welcome Baby staff is

1 making a strong connection with that family in just the  
2 course of 60 to 90 minutes.

3 Now, this is really fun. This was the -- the pie  
4 that represented the investment in home visiting,  
5 essentially, two fiscal years ago. You see that the total  
6 of this pie is \$90 millions, and you see that 75 percent  
7 of the resources going into that pie at that time were  
8 Early Head Start and First 5 LA. Fast forward to what  
9 we're projecting for next fiscal year, and, of course,  
10 we're working -- we're making some guesses about what  
11 percentage of the state dollars will come to LA, but  
12 they're pretty conservative. Look at -- this pie has  
13 gotten much better. At 139.5 million, it's a 64 percent  
14 increase.

15 Some important things to note about this. The  
16 State contribution to this pie went from zero to 14  
17 percent. That is something that Charna will talk more  
18 about when she's up here. Primarily with the CalWorks  
19 investment, but also with the general fund investment as  
20 well. And, of course, the mental health services act has  
21 become a huge part of the pie, about the same size as the  
22 Early Head Start piece of the pie. And that represents  
23 their -- the current investment by the Mental Health  
24 Department, their current expansion, as well as a  
25 historical investment in NFP that has been going on for a

1 decade.

2           Importantly, you also see that the dependence on  
3 First 5 LA is dropping all the time because the pie is  
4 growing and because the workforce is being centralized  
5 under these new funding streams while we continue to grow  
6 the workforce over time.

7           With that, I'm going to bring up Charna who is  
8 going to talk to you a little bit more about how we've  
9 pulled these resources into the system.

10           MS. MARTIN: Good afternoon. I wanted to talk  
11 through a few examples of interplay between our home  
12 visiting programs work and the policy outcomes we've been  
13 able to shape and achieve, and where we're going next.

14           So since your board approval of the policy agenda  
15 in 2017, we have been intentionally crafting our policy  
16 and advocacy strategies to translate and elevate the  
17 direct learnings of our investments in LA county systems  
18 building to inform and scale changes at the State level.  
19 Our goal is to advocate for home visiting as a critical  
20 platform of assisting with system navigation, informing  
21 systems change, and as an essential benefit across  
22 family-serving systems.

23           Last year marked the first State investment into  
24 home visiting through the creation of the Home Visiting  
25 Initiative for CalWorks Families. So we wanted to share

1 some examples of how LA programmatic learnings have  
2 influenced State home visiting policy and expansion.

3 A first example of this is in the CalWorks Home  
4 Visiting Initiative proposals. They were first presented  
5 with an age restriction, and we are able to use the LA  
6 county DPSS pilot enrollment and program data to  
7 demonstrate population needs and also enrollment capacity  
8 and were able to remove the -- both the first time mom  
9 requirement and any age restriction. So in the  
10 implementation of the program statewide, there's much more  
11 flexibility for local programs and counties to define  
12 their service populations.

13 I Also want to highlight that in the proposal and  
14 development last year and through the implementation this  
15 year of the home visiting initiative statewide, the LA  
16 county developed implementation guide for the DPSS pilot  
17 was shared and has been used as the model for guidance. I  
18 want to mention also the mental health integration  
19 priorities that we're elevating from the local systems  
20 building.

21 So at the State level, the Mental Health Service  
22 Act Prevention and Early Intervention funds allow  
23 flexibility for counties to define local prevention  
24 priorities, and counties have typically under spent PEI  
25 dollars. And as Barb's map was showing earlier, in LA

1 county, DMH has seen home visiting as linked to their  
2 broader prevention agenda. And thanks to the leadership  
3 of Dr. Sherin, we are now leveraging those funds to expand  
4 three home visiting models with \$40 million over two  
5 years.

6 Not only did the prevention and early  
7 intervention dollars expand access to home visiting  
8 service, but they've also added trainings on mental  
9 health, first aid, and navigating the mental health  
10 systems for home visitors. And through these investments,  
11 home visitors have been reporting greater success with  
12 connecting families to the mental health system, also  
13 earlier connections and more seamless service delivery for  
14 families when they need it.

15 As this expansion has been growing, we've  
16 continued to elevate and promote both the learnings, as  
17 well as the great success and deeper capacity at the  
18 systems -- that the systems building has demonstrated to  
19 our statewide partners and also administration.

20 And, lastly, I want to quickly preview the state  
21 budget. Governor Newsom has kept us all very, very busy  
22 this year. And we've been thrilled to partner with this  
23 administration who truly champions family strengthening  
24 policies. The 2019-2020 budget bill was voted on today by  
25 the legislature and is on its way to the Governor now, so

1 we are very close. But we are looking at much more  
2 statewide investment in home visiting and have a big  
3 opportunity to build a strong foundation between the  
4 expansions that may be coming and we think that they are.

5 So to preview where we're going, the California  
6 Home Visiting Initiative for CalWorks families is becoming  
7 permanent subject to appropriation, of course. And it's  
8 going to be expanded this year to 89.6 million statewide.  
9 Counties will be able to roll over unspent funds to this  
10 the first grant cycle, which is a policy change we've been  
11 asking for.

12 Also, the State will be investing in the  
13 expansion of the California Home Visiting Program through  
14 the Department of Public Health. This is the program  
15 aligned with the federal investment in Maternal Infant  
16 Early Childhood Home Visiting program, or MIECHV, which  
17 has previously been around 21 million in federal funds  
18 each year statewide and was approved in this budget bill  
19 at 45.9 million, including some state general fund  
20 investment, which is a huge mile marker for us, and also  
21 including a \$19.5 million expansion in the Black Infant  
22 Health program as well.

23 Turn it back to Barb.

24 MS. DuBRANSKY: So just before I ask Dr. Esguerra  
25 to come up, I want to talk a little bit about why home

1 visiting is getting the attention of health care systems.  
2 These are some datapoints that were shared at the summit  
3 this week. So we know the importance of insuring that  
4 there are depression screenings occurring in the perinatal  
5 phase. This shows you the rate at which those are  
6 occurring with and WB, our Welcome Baby program, PAT  
7 Parents as Teachers, and HFA, Healthy Families America, as  
8 well as developmental screenings. We know that this is  
9 also a critical goal for the health care system and those  
10 of us who are champions of young children.

11 Immunization status. We know that this is a  
12 challenge at this time when there are varying viewpoints  
13 on immunizations. We still have a strong record in our  
14 Welcome Baby program and are holding the best we can in  
15 home visitation. This is a reflection of, again, families  
16 having challenging time completing all of their visits,  
17 but still a strong showing.

18 And, finally -- and this is really exciting. One  
19 of the first measures that we were told by health care  
20 plans was of interest was the HEDIS measure. HEDIS stands  
21 for health care effectiveness data and information set.  
22 This is a critical set of measures that are used by 90  
23 percent of American health plans. The postpartum checkup  
24 visit -- this is when a mom comes back to her OB/GYN six  
25 weeks after she has given birth. This is critical to

1 prevent various health concerns. As you can see,  
2 commercial, PPO, and Medicaid health plans have rates  
3 ranging from 64 to 75. Our programs have rates ranging  
4 from 79 to 84. This is a really hard measure to move.  
5 And you'll see at the bottom, our Los Angeles Best Babies  
6 Network technical systems body wanted to champion some of  
7 the agencies that are making the most progress in this  
8 area. These all either are at 90 percent or have had an  
9 increase of at least ten percent from the previous fiscal  
10 year.

11 So with that, I want to welcome Dr. Esguerra who  
12 -- I'm just going to say it. We have actually discussed  
13 bubble wrapping him because we -- because he is such an  
14 incredible champion. And it's not just for home visiting.  
15 He's a champion for families and for children, and a  
16 fantastic partner to us at First 5 LA.

17 So thank you, Dr. Esguerra.

18 DR. ESGUERRA: Thank you, Barbara. And thank  
19 you, commissioners, for having me.

20 So I'm Chris Esguerra. I'm with Blue Shield of  
21 California Promise Health Plan. And our mission is to  
22 provide health care worthy of our friends and family that  
23 is affordable and high quality. That's easy for me to  
24 say. It's a lovely tag line. But I'll start with the  
25 story of why we even got into this.

1           So there's a podcast I listen to. It's called  
2 The Stoop. They brand it as what African-Americans talk  
3 to each other no one else is listening and you stoop it  
4 out. And there was a whole show called, The Birth of  
5 Solomon. A very tragic story about the death of a child  
6 after birth, and really highlighting disparities, and got  
7 us to asking, yes, ostensibly we work on health  
8 disparities and we work for equity, we work for building  
9 things in the community and our plan. That's just what we  
10 do. That's part of our work. Really got us to asking,  
11 how do we do it explicitly, intentionally, and with a  
12 strategy. And it got us to baking a lot of this work in  
13 and started us asking natural and uncomfortable questions  
14 in our plan; as we, know our C-section rates for our  
15 Medi-Cal population and for the rest of our insured  
16 individuals by county. Do we know it by race ethnicity?  
17 Do we know it by language status? Do we know it by  
18 immigration status? All of those things, and which the  
19 answers were, we've never done that before.

20           So that's allowed us to start looking at, can we  
21 redefine what we think of as health care as a health care  
22 system, understanding that that moment of the hospital,  
23 that birth is actually too late to do an intervention  
24 right then. We had a whole nine months of what may have  
25 been a helpful or not so healthful pregnancy experience.

1           So began our discussions. So Kristine, Lindsey,  
2     Barbara, really thinking about how do we do this better.  
3     And in part of our motto, how do we think outside of the  
4     four walls of a hospital, the four walls of the clinic,  
5     how do we expand this ecosystem that we call we health  
6     care, at least from the health plan perspective, and  
7     really think who else are our new partners, understanding  
8     that funding in the social needs care arena in the US is  
9     horribly low compared to other countries. So let's coopt  
10    health care dollars because, frankly, by doing that, it's  
11    going to solve some of our health care costs that we see  
12    on our side and our own silo. And, hence, we began to  
13    think about, how do we do this better, how do we do this  
14    differently. And it so happens we own and operate two  
15    primary care clinics in a high-needs area,  
16    Palmdale/Lancaster and Antelope Valley.

17           We see a lot of individuals, but we definitely  
18    see a lot of families and beginning families. Antelope  
19    Valley hospital has a lot of births for us as a health  
20    plan. So we thought, why don't we just start there. It's  
21    our own clinics. I'm their boss. I can tell them what to  
22    do. Why can't we do this. And so began the first step in  
23    our partnership to say, First 5, we know you're a revenue  
24    resources, why don't we start making health plans be that  
25    too. Let's think about, instead of the hospital, but at

1 point of we identify the positive pregnancy test in the  
2 primary care clinic, not only do we as primary care  
3 physicians refer to OB/GYN, we also refer to First 5.

4 So by decreasing the burden of figuring out what  
5 program makes the most sense, First 5 help us do that. And  
6 so we allow for an ease of process in primary care to then  
7 get into essentially a network of providers, social needs  
8 care specialists that do home visiting that are going to  
9 support our -- essentially our women through this whole  
10 process with the goal of better outcomes of health equity,  
11 of just a better sense of health care for our members.  
12 And so that was our first step.

13 Sounds like a great idea, but then we geeked it  
14 out and went further. And so the idea is, great, this  
15 sounds absolutely wonderful, we're going to do referrals.  
16 But we need to not just stop there. Let's expand it to  
17 the entirety of our network in LA county. Let's make it  
18 standard. Let's make it easy for all of our primary care  
19 providers and other entry point areas, but we'll start  
20 with primary care to actually do this and get earlier.

21 Let's also talk about payment models because the  
22 work that's happening here, the savings actually accrue  
23 also in the health care dollar side. So let's talk about  
24 then sharing that. It's trying to address that wrong  
25 pockets problem with a lot of us trying to do this in silo

1 and then sometimes savings accrue in different areas and  
2 we don't necessarily share.

3 So this is new for us as a health plan. I'm  
4 definitely putting my contracting team through a lot in  
5 having to learn that, when I know say provider, I don't  
6 just mean licensed physicians and nurse practitioners and  
7 physician's assistants. I'm actually talking about home  
8 visiting providers as well. And that's a different  
9 change. It's a different mindset.

10 So part of our path is not only expansion and the  
11 automation or ease of referrals into these programs from a  
12 health plan perspective so that we get to folks earlier in  
13 the process, but also then figure out the pavement  
14 mechanisms so there's credit given where credit is due.  
15 And so from our perspective, we want this as value based  
16 because our outcomes that are important are also important  
17 to First 5.

18 And so we shared that alignment. We've been in  
19 the path to actually developing this as a roadmap for all  
20 of this year. We started the referrals from our clinics.  
21 We actually now are mapping out the strategy for full  
22 expansion. And now our actuaries are working on the  
23 payment model.

24 So we hope to make this just standard and not  
25 just our only health plan as we seek to promote this and

1 say, this is should be the standard in health care,  
2 period. But that means we need to also redefine health  
3 care is and really break it out further and really build  
4 out this ecosystem.

5 So thank you. I'll pause there.

6 SUPERVISOR KUEHL: Thank you very much.

7 MS. DuBRANSKY: So very quickly, I'm not going  
8 to spend a lot of time on this slide. This just informs  
9 you that we continue to work on bringing Medicaid dollars  
10 via billing into the organization, into the structure.

11 And really quickly, our next steps are around  
12 building on systems growth for fiscal 19-20. That  
13 includes leading advocacy efforts statewide. This is what  
14 you heard from Charna. To continue to bring more funding  
15 into the system, to support program implementation, which  
16 includes workforce development, maximizing and integrating  
17 funding efforts, working with our partners to reduce  
18 administrative burden; as I mentioned, that blending and  
19 braiding function being just one way we can do that,  
20 building out infrastructure for a sustainable workforce,  
21 and expanding providing -- provider network and diversity  
22 of models available to meet families' needs. And that's  
23 where I told you there's a scientific endeavor to say  
24 where does the system not meet a family's needs. Is it in  
25 who offers, where they offer, what they say, what's

1 provided? Figuring that out and the expanding models of  
2 the network to meet those unique needs.

3 So with that, we'd like to open it up to  
4 questions for any of the three of us at this time. And,  
5 obviously, we want to thank all of our partners. And if I  
6 could just ask anyone from First 5 who works on this  
7 investment, please stand. There are many more upstairs.  
8 Come on. No. We don't have time for shy. So yes.

9 Please, any questions that you have.

10 SUPERVISOR KUEHL: First of all, let me --  
11 Ms. DuBransky, let me thank you very much. You did great,  
12 just great. An excellent presentation and representation  
13 of the whole team, Ms. Martin as well.

14 Dr. Esguerra, thank you for your work and for  
15 your contributions to this. I believe the -- our esteemed  
16 leader wants to make a statement before we open up to  
17 commission questions.

18 So, Kim.

19 MS. BELSHE: Thank you, esteemed chair.

20 I just want to offer an observation that one of  
21 the, until I think fairly recently, underutilized assets  
22 of First 5 has been its board in terms of having the  
23 systems leaders represented on our board and engaging with  
24 First 5 LA in the broader community to think through and  
25 advance systems that make better sense for kids and

1 families, as opposed to grant maker, grant seeker role.  
2 And I think the work that Barbara and Dr. Esguerra and  
3 Charna just spoke to on behalf of so many is just a really  
4 powerful example of the power of this governance  
5 structure.

6 And so acknowledging, Barbara, the leadership of  
7 DPH, which really has led this charge in terms of the home  
8 visiting and county consortium and developing that roadmap  
9 that guides and informs all of this work.

10 John, the leadership you and your team have been  
11 bringing in terms of really building out how we think  
12 about mental health in the context of home visiting and,  
13 you know, Dr. Esguerra's vision is what we heard you talk  
14 about at the summit in terms of how home visiting is a  
15 part of the broader determinance of health and well-being.  
16 But I really think you all being on our board and us  
17 working together in these systems-oriented ways is just  
18 really powerful evidence of what the framers of Prop 10  
19 were thinking about back in the day. And it may have  
20 taken us a while to really get to this point and leverage  
21 your leadership and systems expertise on this board and  
22 more broadly, but really, really proud of the progress  
23 we're making and the team did a great job, as the chair  
24 said, capturing that, Barb. Thank you.

25 SUPERVISOR KUEHL: Yes. Thank you.

1 Dr. Ferrer.

2 COMMISSIONER FERRER: Thank you so much. I  
3 really -- I want to give so much credit to the team that's  
4 been working on this, you know, just across the different  
5 departments as well. I think this has been an amazing  
6 experience for all of us and really highlights the  
7 importance of collaboration. And also really want to  
8 acknowledge DMH, which was expansive in their thinking  
9 about what prevention really ought to look like so that we  
10 could support families who need a variety of services and  
11 supports and resources and opportunities to be successful.

12 I do have a couple points. I want to really  
13 thank also Blue Shield Promise. I'm always impressed  
14 with, you know, your entire organizations, and their  
15 commitment is beyond, you know, sort of even our home  
16 visiting efforts. I think there's a deep and lasting  
17 commitment among your leadership to show up on behalf of  
18 families and community members. And, you know, hope you  
19 know how much we value this. It does raise the bar, I  
20 think, for other organizations that can -- you know, by  
21 your creating new models, I think it's paves the way for  
22 other organizations to figure out how they can be helpful.  
23 So I want to thank you for being here, but for the broader  
24 work you've really been doing in LA county.

25 You know, these are sort of a little by the

1 random, but I'll go through them very quick acquit. One  
2 is, I do just want to point out that the number of births  
3 in LA county has decreased dramatically. We're no longer  
4 at 130,000 births a year. We're at 110 for 2018, and it  
5 continues to decline. So as we sort of map out, you know,  
6 the extent to which we need to expand our services, we  
7 should know the declining birthrate that has a significant  
8 bearing. We also should look at demographics because that  
9 might increase demand in some areas more than we might  
10 anticipate, certainly would demand that we think about  
11 cultural and linguistic competency because that's going to  
12 become more and more important as we develop these models.

13           You know, I also want to acknowledge that there  
14 are -- there's a smaller group of folks that are working  
15 on developing different models around providing family  
16 support through home visiting that I think become more and  
17 more essential for the group that, you know, we've noted  
18 may need more support as opposed to less support and, you  
19 know, acknowledging that sometimes families are -- I mean,  
20 home visiting when you have homeless families. We need to  
21 really think about what that looks like because it would  
22 be an important component of developing models that make  
23 sense.

24           The same goes for folks who have substance use  
25 disorders or serious mental health issues. The

1 traditional models we have may not really work  
2 effectively. And I'd like to give a lot of credit to  
3 folks who are thinking about, how do you actually build  
4 out a model of support that involves more social work  
5 support, involves more case manager type advocacy support  
6 for families whose needs are complex and varied. But in  
7 order for them to really be able to attend to building  
8 their parenting skills and their ability to support their  
9 child's full development, they need help in some other  
10 areas. And our model needs to change.

11 And while we're thinking about changing that, I  
12 want to urge us not to always fall in the trap of, it has  
13 to be evidence based when we're trying to be innovative.  
14 We do better perhaps if we thought about quality -- the  
15 quality improvement models as being sort of the way to  
16 benchmark effectiveness of programming. So as we're  
17 innovating, we hold ourselves accountable for the metrics  
18 we're trying reach and then use our quality improvement  
19 tools to help us pivot when we're not getting to where  
20 we're striving to go because I think, otherwise, we're  
21 going to get very limited in being effective for families  
22 who have complex needs using a home -- using traditional  
23 home visiting.

24 But thank you.

25 SUPERVISOR KUEHL: Thank you. I wanted to make

1 some comments as well, but I'll wait if there are others  
2 who on the board -- Romalis, do you want to speak?

3 COMMISSIONER TAYLOR: I want to congratulate the  
4 team on all the hard work you've done, especially going to  
5 Washington, DC, and educating our colleagues in  
6 Washington, DC, on the great work you're doing.

7 Congratulations on your generation of the article, very  
8 much. And I'm very, very, very excited about our  
9 engagement with Blue -- with your organization and what  
10 you're trying to do because I think this is great  
11 innovation and it might be the next article we talk about  
12 because the idea is that we're setting the ground work for  
13 others, and you're going to be the people they go to say,  
14 how do we do it. And you're going to already be there  
15 because you're capturing the data. That's what I love  
16 about Barbara. She captures the data. And then the  
17 analysis that goes into that is important, important,  
18 important.

19 But also, I don't want to lose this point that  
20 Dr. Ferrer is talking about, the relevance of culture and  
21 the relevance of engagement. These families are sometimes  
22 afraid. Sometimes they think they can handle it. And  
23 sometimes they don't think they need help. And then when  
24 they're in the midst of that crisis, that's when they  
25 really are ready to engage and know that they need help.

1 So the fact that evolving this thing to say, okay, if you  
2 don't get it before, during, or after the first two or  
3 three months, but you may go down the road before we get  
4 to DCFS and say, hey, I need help, we should still open  
5 the door. And there's those kids out there that are  
6 already gone that are two, three years old and not yet  
7 four that need help, and so -- and that's families that  
8 need help.

9 So this evolution and capturing that data on that  
10 population, when do they come back, when do they engage  
11 in, and why are they engaging to get help and that  
12 outcome. And then that means those kids are not showing  
13 up at the doorstep of DCFS or they're not having problems  
14 and the families are able to deal with the economic stress  
15 of today's world. And that's important because not  
16 everything is about abuse. It's about the stress that  
17 these families are feeling out there.

18 SUPERVISOR KUEHL: Thank you.

19 Deanne.

20 COMMISSIONER TILTON: Congratulations. I'm so  
21 thrilled. Every word is just so inspiring. And it's been  
22 a long road, been 40-some years before we first realized  
23 that this was probably an important thing to do.

24 And so I -- I had some questions you answered  
25 that -- about the kind of defined intake that we receive

1 from the families themselves that we're promoting that on  
2 a -- on a strategic basis. I had a couple of questions.

3 First of all, I would like to add ICAN to your  
4 partners on this list we're missing. And, secondly, I  
5 don't see schools. They are certainly an important  
6 partner in terms of young parents and in terms of  
7 parenting education, in terms of outreach.

8 I'm wondering -- there are two issue that I'm  
9 sure you are addressing. I didn't hear. One is what  
10 we're doing about homelessness. What are we doing with  
11 parents who don't have secure place to -- a secure place  
12 to live, much less receive a home visitor and how are we  
13 negotiating that?

14 Okay. Go ahead.

15 MS. DuBRANSKY: Yeah. Because we first make  
16 contact with families at a birthing hospital, we're  
17 actually -- the vast majority, if not all of our of  
18 homeless families, do show up to deliver their babies. We  
19 make arrangements in the programs to meet them wherever  
20 they want to meet. So they may meet them where they park  
21 their car and sleep. We may meet them in a park. We'll  
22 met them wherever they are comfortable.

23 Now, obviously, we're also still working with  
24 them on, let's figure out what you're eligible for, let's  
25 figure out how we can change the situation. But in the

1 meantime, we will meet you where you want to meet.

2 To be clear, I would guess that some families who  
3 are homeless may not accept the services at this time.  
4 And we will continue to try to improve in that area  
5 because it probably feels scary sometimes to tell someone  
6 that you don't have a place to live because you think it  
7 might threaten, you know, your ability to remain with your  
8 child. We by no means are -- would say that we are sure  
9 that we're serving all those families. Definitely not.  
10 And we want to continue to improve in that area. But when  
11 we do, we will meet them where they are comfortable  
12 meeting.

13 COMMISSIONER TILTON: Thank you very much. Go  
14 ahead.

15 DR. ESGUERRA: To add to that, because, as  
16 Barbara was scribbling notes, I scribbled like, hey, we  
17 could partner here on homelessness.

18 So it's not just this area that we care about.  
19 It's really, again, that expansion of that. Ecosystem and  
20 we have been partnering with organizations in health care,  
21 especially in Medi-Cal, we cannot explicitly purchase  
22 housing. However, we have gone into partnerships that  
23 have allowed us to purchase a lot of services and we get a  
24 free bed. Also known as recuperative care or medical  
25 respite care.

1           It is not that far off for us to talk about how I  
2 can reapportion some of those contracts that I have for  
3 our moms and families for these beds. And with a lot of  
4 discussions and partnerships that we have already have  
5 with the organizations in this county for that, it's not  
6 that difficult for us to think about expanding that into  
7 this program.

8           COMMISSIONER TILTON: Okay. My last question has  
9 to do with unsafe sleep. Despite this rapidly remarkable  
10 decline in birth rates, we have a rise in infant deaths  
11 from unsafe sleep environments.

12           Are you addressing that in a major way?

13           MS. DuBRANSKY: Yes. That has consistently been  
14 part of the curricula of all of the model to address safe  
15 sleeping habits.

16           COMMISSIONER TILTON: And would resources for  
17 safe sleeping environments be a part of that?

18           MS. DuBRANSKY: That is on an agency-by-agency  
19 basis. That's the great thing about working with the  
20 types of agencies we work with. They have other programs.  
21 So our agencies often tap into their other resources to  
22 provide those -- those types of support if families need  
23 them.

24           SUPERVISOR KUEHL: Wendy.

25           COMMISSIONER GAREN: Got an e-mail today from

1 Children Now heralding all this great new money that's  
2 coming from Sacramento and the \$90 million in home  
3 visiting. And it says that the State will pay for  
4 evidence-based home visiting. So my question relates to  
5 Dr. Ferrer's remarks about creativity and the need to find  
6 new models that are effective.

7 Are our funds restricted to evidence based or do  
8 we have more flexibility on in our investment so that we  
9 can generate new models that become evidence based and how  
10 do we deal with that?

11 DR. ESGUERRA: I'm happy to step in on this one.  
12 So I'll start by referencing what North Carolina is doing  
13 with its Medicaid transformation. And I can reference  
14 that because I'm biased as I'm helping them figure out  
15 payment models for nontraditional health care services in  
16 which home visiting services is one of them.

17 And we have an opportunity similarly in  
18 California because there is this mechanism called the 1115  
19 waiver that's up for grabs next year. And in North  
20 Carolina, in its work with CMS, worked it out in getting  
21 these definitions.

22 But evidence based is the key for CMS in order to  
23 do this, but they've got some wobble. So it's all about  
24 the negotiation. And I think from a policy perspective,  
25 that's where we can come together to really influence this

1 next 1115 waiver that's happening for California, number  
2 one.

3 If we don't get that, then that's where the  
4 braiding comes in to say, great, how do we put in all  
5 these other things. And, you know, I guess being so wonky  
6 in health care financing and my career these days, us  
7 health plans also figure out other ways to say, yes,  
8 there's these defined benefits that we can do, but there's  
9 this other five sets of categories that we can enjoy to be  
10 more creative in terms of case management services,  
11 quality improvement, whatever, to then expand things  
12 further. Because I agree with Dr. Ferrer; not everything  
13 can start off at evidence based. And, in fact, a majority  
14 of the newer endeavors that we're doing, we're testing  
15 things out. We're happy to learn through failure. We're  
16 happy to refine. So I think there's a lot of opportunity  
17 there from a policy push and influence perspective.

18 MS. DuBRANSKY: I'll also add that the health  
19 agency is playing a leadership role in this. Each of the  
20 departments in the health agency have invested in  
21 innovation and/or are working on investments in innovation  
22 at this time as well as DCFS.

23 In that solar system, we have the partnerships  
24 for families model, which is an innovative model that the  
25 Department of Children and Family Services contributes to

1 this system. So as Dr. Esguerra said, what we do is, we  
2 say, okay, if that funding is a little bit narrow, that's  
3 where we'll put the evidence-based programs, and we're  
4 going to work these other funding streams to get the  
5 innovation in.

6 SUPERVISOR KUEHL: John.

7 COMMISSIONER SHERIN: Thank you. Really  
8 encouraging kind of report. And as a significant  
9 investor, it's very encouraging to me.

10 I do want to make a couple of comments. And I'll  
11 try to keep it relatively short. First thing is, when I  
12 do clinical work, which is not as often as I'd like, I do  
13 it in Skid Row. And I think a lot about the people who  
14 are there and how they got there And how things like home  
15 visiting could potentially have impacted their lives.

16 I was at that summit with Kim on Tuesday, and it  
17 was pretty powerful, the amount of energy in the room.  
18 And I think your statistics may have been right, two  
19 percent 600 or maybe a dozen dudes. And I was one of  
20 them. But I also -- I would say, as a guy who was a  
21 single parent for a long period of time, I wonder how much  
22 of our home visiting actually goes to single father  
23 families and households.

24 So many people to thank. And I would say mostly  
25 the communities and the communities that actually open

1 their doors and trust -- trust people to come in and help.  
2 I also, on the community side, think philanthropy has  
3 played a massive role as a catalyst in the work. The  
4 partners, you know, I would say especially First 5 and  
5 DPH. And Barbara wasn't there on Tuesday when I was  
6 there, and I really would have embarrassed her by talking  
7 so highly about her as a colleague and a partner and a  
8 good and inspiring person with an unbelievable depth of  
9 knowledge, and so honored to work with you, Barbara.

10 And then this Board of Supervisors and this one  
11 of my five bosses who I think just allows us to do things  
12 that are pretty unusual in this day and age. It's such an  
13 honor.

14 I do want to talk a little bit briefly about an  
15 overall concept because the Department of Mental Health  
16 has had access to these PEI funds. And I really have a  
17 problem with the -- what I think of as a conflation  
18 because I'm really focused on the P. You know, we spend a  
19 lot of our time and money and energy on the EI, in  
20 actually having spent all the money. But now we're really  
21 getting aggressive about the P. So we are going after  
22 what I call the community access platforms. So we're  
23 hitting the schools, the libraries, the parks, faith-based  
24 organizations. We're going for our fellow departments  
25 like DPSS, which brings people that have lots of needs,

1 obviously, DCFS probation.

2 And in those arenas, we want to make sure that  
3 there's enough training and awareness about what people  
4 who are suffering, kind of how they appear, how they look,  
5 what are the red flags. And then when we identify those  
6 red flags, connecting people to resources. And those  
7 resources aren't only necessarily mental health treatment.  
8 It's not just about mental health treatment and meeting  
9 Medicaid necessity criteria, which has been a big culture  
10 shift for this department and the biggest platform of all  
11 are these homes, you know. And, unfortunately, people who  
12 are living in streets with kids. And I'm really so  
13 thrilled that we're doing all of this work because, at the  
14 end of the day, it is the households and/or the nests that  
15 we have to enrich and support.

16 Along those lines, I just want to really point  
17 out that the social determinants of health are primary.  
18 Mitch Katz came here, and he said I'd rather write a  
19 prescription for someone for an apartment than for  
20 medication. And, you know, we in the Department of Mental  
21 Health are building out a peer network and a peer division  
22 within the department where we look to write a  
23 prescription for kin and social support because people  
24 become so isolated. And I think that's true of the  
25 families who become isolated. They need at that support.

1 And I would argue that the role appears in this realm is  
2 absolutely huge.

3 The last thing I just would like to say is, I  
4 really want to understand more and more about how the  
5 referrals are coordinated, not just from hospitals as we  
6 grow this thing out. I want to know about dedicated  
7 resources. And, obviously, we're braiding funding streams  
8 now, but -- and I love this conversation about the 1115  
9 waiver and creating sustainability, particularly with this  
10 new governor while we've got a chance. And what does the  
11 infrastructure look like? How do we keep the workforce  
12 alive? And then at the end of the day, what are the  
13 metrics, what are the population metrics that drive and  
14 incentivize this work? And those metrics can really only  
15 be defined with very, very deliberate, intensive  
16 engagement of our communities and our consumers who  
17 benefit from this work.

18 SUPERVISOR KUEHL: Thank you. I want to add my  
19 -- a few last points.

20 The first is, a lot of gratitude for the work and  
21 for the innovative thinking. I feel very proud of my  
22 department heads in the county and the way, you know, it's  
23 sort of like, if you set them free, they will invent, but  
24 they have to be there really to begin with. And the  
25 difference is -- and I think we are just playing catchup

1 in so many ways, is to really try to understand the  
2 population today. Who are the these families? Who are  
3 the people with whom we're dealing?

4 In some of the presentations, though it's very  
5 joyful and very good -- and I want to underscore that 12  
6 times -- made me feel sort of sad because one of the  
7 things that has rarely, if ever, been recognized is the  
8 loneliness of women in terms of their feeling such amazing  
9 responsibility for a new life, and the fact that society  
10 allocates that responsible to them individually. They  
11 believe they must be and mostly are the be-all and end-all  
12 of that new life. People might help. People might come  
13 and help. It's sort of like when somebody asks, can they  
14 help you with the dishes. They don't mean, can they do  
15 the dishes. And it made me just a little sad because that  
16 has never been recognized.

17 You know, John will say, I was a single parent  
18 and could have used this too. Nothing takes away from  
19 that truth. But this is about the loneliness of women and  
20 the assignment through centuries and the fact that we all  
21 think, it's got to be me, who else would it be.

22 Second thing is, I was interested when Barbara  
23 was saying that births are declining because there's so  
24 many different ways to look at that figure. I know my  
25 immigrant family wanted to have lots of kids in order that

1 a few might survive because they were not used to  
2 everybody surviving. Sometimes births will expand because  
3 people are optimistic. This is a good time to have  
4 children, my children will do well. But sometimes, you  
5 know, there's just fear about how my children will do. I  
6 don't know whether we want to have a third child because I  
7 don't know how they will do in the world or how I will do  
8 with them.

9 So I'm not quite sure how to look at declining  
10 births. I'm a pro choice person. I like to think people  
11 are making choices now or they can. But it's still --  
12 there's more in it to whether I will have a child or not.  
13 You know, people say, this is not a great time to bring a  
14 child into the world, or this is a great time, you know.  
15 But it's just an interesting thing to try and understand,  
16 what are people thinking when they engage in this, if  
17 they're thinking at all, or if they had no choice to look  
18 at them.

19 The third thing I was thinking was the incredible  
20 atomization of our hospitals, health care systems, health  
21 insurers in terms of maybe one of them will be really  
22 great about something and the rest will not. They'll have  
23 their own priorities. And how we can do more and more and  
24 more, not just First 5. You know, I'm going to call a  
25 meeting of a bunch of hospitals and health care providers

1 to talk about public health and whether each of them  
2 choosing to do something on their own is the best way to  
3 go about things and, you know, when we can maybe bring  
4 them together a little more.

5 And it's really the same about this. This is  
6 incredible work. Everyone is not doing it yet. So I  
7 think, without taking anything away from the enormous  
8 achievement and how optimistic we all feel and grateful  
9 about this, I just want to say that we're committed,  
10 certainly, in the county and I -- I think here at First 5  
11 to doing it more, taking into account this is a culture  
12 thing to me as well, Deanne, that you were talking about;  
13 just this idea that women should understand they are not  
14 in this alone. This is not just your baby. And a really  
15 great culture will recognize that because we call them our  
16 children, not your kid. And that I think is a very, very  
17 central point to this.

18 So I thank you very much for the presentation.  
19 This was information only. We gratefully accept it and  
20 the commissioners. I will call a ten-minute recess so you  
21 go like this, you know, and not have the whatever. We  
22 will come back at 3:54.

23 (A brief break.)

24 SUPERVISOR KUEHL: Let's reconvene. Welcome back  
25 to the meeting. I believe the next item is for

1 information only, though it could be considered quite  
2 important, Item 9.

3 We turn it over to counsel.

4 MR. STEELE: Thank you, chair, members of the  
5 commission.

6 This is your first look at a proposed bylaw  
7 amendment that would delete the limit on the number of  
8 terms that a commissioner officer can serve. As you know,  
9 the commission's bylaws are your operating procedures that  
10 are adopted pursuant to Prop 10 and the requirements of  
11 the County code, and they set up the rules and operating  
12 procedures for the commission who was among the first  
13 legislative acts of the original Prop 10 commission. And  
14 the one of the things that the bylaws included then was a  
15 two-year term limit on service as an officer of the  
16 commission. The officers of the commission are the chair,  
17 vice chair, and the committee chairs.

18 Over the course of time as the organization has  
19 evolved, the commission has amended the bylaws in various  
20 ways, including in 2017 the commission changed the  
21 two-year term limit to a four-year term limit.

22 As we've progressed further and reflecting the  
23 Board of Supervisors change in practice, originally the  
24 board would appoint a new member of the Board of  
25 Supervisors to serve on this commission every year and so

1 we had a constantly changing member of the Board of  
2 Supervisors. And recently the board has moved to more  
3 consistently returning Supervisor Kuehl to her role on  
4 this board rather than appointing a new member of the  
5 board each year.

6 In addition, the commission's work has evolved  
7 into a policy and systems change focus, as you know. And  
8 that work, as we heard earlier in the meeting, is a very  
9 long-term kind of work and a type of work that benefits  
10 from stability and longevity in leadership.

11 And so staff is proposing that the term limit be  
12 deleted from the bylaws. It seems to have outlived its  
13 usefulness and is no longer reflective of the current  
14 realities of the commission. This is one of those times  
15 when I would also point out that -- that there's a bit of  
16 a difference in terms of the governance of political  
17 bodies as opposed to the governance of philanthropic  
18 boards.

19 In this case, there remains a term limit. There  
20 are political term limits that apply to service on the  
21 Board of Supervisors, service on this commission. So it's  
22 not like there are no term limits in effect at all. Those  
23 term limits, the effective term limits that are imposed by  
24 the county code will still remain in effect. Obviously,  
25 it's a 12-year term limit for members of the Board of

1 Supervisors. It's a two-term limit for appointees to this  
2 commission. But it does leave us with a bit of a  
3 political term limit.

4 And so the executive committee has reviewed this  
5 proposed amendment at its last meeting and unanimously  
6 recommended that the board adopt this proposed bylaw  
7 amendment.

8 The next step in the process would have it come  
9 back to the board for consideration and adoption. And I  
10 would just remind the board that it requires the  
11 affirmative votes of seven commissioners. And so we hope,  
12 when this comes forward at the commission meeting in July,  
13 that as many as possible will be here to vote on it.

14 And with that, that would conclude my report.  
15 I'll be happy to answer any questions.

16 SUPERVISOR KUEHL: Any questions of counsel?  
17 This is not for a vote today.

18 All right. Thank you very much, counsel. Thank  
19 you for the proposal. I hope you don't get a dud down the  
20 line that you won't figure out how to get rid of.

21 Next item is Item 10.

22 MS. BELSHE: Moving right along.

23 SUPERVISOR KUEHL: Item 10 is our next and I  
24 believe final item, also an information item.

25 And so, Christina, do you want to kick it off?

1 MS. ALTMAYER: Yes. Thank you. Good afternoon.

2 This agenda item provides an update on our  
3 strategic plan refinement process. It also meets, similar  
4 to our budget, the annual requirements by the Proposition  
5 10, which funds us, that we have an annual review of our  
6 strategic plan. And it seems appropriate today to meet  
7 that requirement of holding a public hearing to solicit  
8 any input on our strategic plan because we're reporting to  
9 you on the progress of our input process, both our  
10 community engagement sessions, as well as a series of  
11 county partner interviews that our consultant, Steven  
12 LaFrance from LFA, will speak to you in just a moment.

13 So really quickly, in the interest of time, I'm  
14 going to -- this is where we are in the process. We're  
15 moving out of reflection into refinement. And Steven is  
16 going to speak about what we've learned from these  
17 community engagement sessions.

18 I want to say at the outset that this reflects  
19 the learnings from the sessions that were held as of May  
20 24th. We had to have an end date for their synthesis and  
21 analysis of the findings. But since May 24th, we have  
22 done many more community engagement sessions, including  
23 those with each of our Best Start communities, as well as  
24 with a number of different partners in various areas of  
25 our work. And that more holistic list of all the

1 community engagement sessions will be incorporated into an  
2 updated synthesis. But we wanted to share with you some  
3 of the preliminary learnings from the subset of that  
4 fuller set of community engagement sessions.

5 So with that, I'll turn it over to Steven.

6 MR. LaFRANCE: Thank you very much, Christina.  
7 And good afternoon, commissioners, staff, and members of  
8 the community.

9 I'm very excited to provide an overview of our  
10 findings from the community input sessions. The following  
11 presentation will be organized by the four major outcome  
12 areas of First 5 LA's work. And you will find additional  
13 detail on all these findings in the appendix to this  
14 report.

15 In the first area in early care and education, we  
16 received a lot of input. First, I should also say there  
17 is an extreme level of detail that we've received input on  
18 from both community members and county partners, all of  
19 which will be fed to staff who are working on the strategy  
20 refinement. So, actually, one of the challenges of this  
21 synthesis was to hit it at the level that was meaningful  
22 and, you know, helpful for the commission to get a sense  
23 of what we heard from the commission -- from the community  
24 rather.

25 So there was a lot of sense that First 5 LA is

1 really well positioned and should continue to be an  
2 advocate in the policy efforts to advance ECE priorities  
3 and alignment with county and state budget opportunities,  
4 but also to help build the public will and will among key  
5 stakeholders, like stakeholders across the education  
6 sector to more -- to see ECE as more relevant, even if  
7 they're in K to 12 or higher education.

8 We also heard though as well about the importance  
9 of ensuring and helping the business community to  
10 understand the importance of ECE and First 5 LA's role in  
11 that.

12 We also heard community members in the realm of  
13 ECE talk about the importance of improving quality of ECE  
14 through the workforce advancement, professionalization of  
15 the field, helping folks to see this as a viable career,  
16 making the job and the work more attractive as a career  
17 home, if you will, and also wanting First 5 LA to continue  
18 to advance policies that are improving quality of health  
19 -- early care and education sites.

20 In the health arena, we heard about First 5 LA's  
21 role in assessment, referral, and connection to services,  
22 and a potential standard countywide evidence-based  
23 assessment tool. Essentially, community members seeing  
24 opportunities for First 5 LA to -- really apropos in many  
25 way of what we heard about home visiting, but that there's

1 the opportunity to ramp up training in assessment of  
2 developmental screening, ensuring that connection is made  
3 once a need or delay is identified, and in looking at a  
4 countywide solution to assessment.

5 In the families and communities arenas, I -- this  
6 is interesting in that I've -- as with the other outcome  
7 areas, perhaps even more so though, I felt that what we  
8 heard from the community was so closely aligned with  
9 commission input as we began this process several months  
10 ago with each other. The notion that First 5 LA be a part  
11 of communications campaigns, social media work, helping to  
12 raise awareness and education about the importance of  
13 child health and development. That came through very  
14 clearly. Being a voice or helping to elevate the voice of  
15 parents and caregivers in processes that effect their  
16 lives and helping to bring their definition of success and  
17 what they see as important outcomes for them, for First 5  
18 LA having a role in bringing that perspective to the table  
19 in policy conversations at the county level. As you  
20 engage in that work in community to continue to be very  
21 careful and mindful about cultural differences, differing  
22 family structures, and having a highly both, you know,  
23 humility first approach and a deep listening approach to  
24 ensure that the needs that vary across communities and the  
25 connection that understanding those needs has to ensuring

1 that you're making progress on achieving more equitable  
2 outcomes was really what we heard members of the community  
3 speaking to. And then I just put three exclamation points  
4 next to this last bullet after hearing the last  
5 presentation which folks said, keep going on that home  
6 visiting work.

7 In the interest of time, I'm going to keep moving  
8 us forward on a fairly quick clip and provide very high  
9 level findings on the county partner interviews. This set  
10 of findings, instead of being organized by outcome area,  
11 although those findings are in the appendix, I'm just  
12 going to share the higher level findings that we heard  
13 that kind of cut across and was more about First 5 LA as a  
14 partner and the role that First 5 LA can play in  
15 partnership with -- with county systems and others moving  
16 forward.

17 So first off, as we heard in our earlier data  
18 collection efforts, the respect and appreciation for First  
19 5 LA as a critical voice and thought leader who -- I think  
20 of it both as sort of, you know, you have your feet on the  
21 ground in community and you have your voice at the table  
22 in important decision making conversations and bringing  
23 the importance and expertise on issues related to children  
24 and families to the table; that this organization is seen  
25 relative to a lot of county systems and other county

1 organizations as being, you know, again, relatively more  
2 flexible to engage and contribute in ways as a partner  
3 that the other county partners may not be able to, just by  
4 virtue of how they're organized, set up policies and  
5 proceed, et cetera.

6 And then, of course, as we discussed together  
7 with each other often, that First 5 LA's so well  
8 positioned and well suited to provide strategic guidance  
9 on the county level as opportunities are presented at the  
10 state level. And really county partners looking for First  
11 5 LA to help assess and know where and how to most  
12 effectively plug in and leverage with what is going on at  
13 the state level.

14 In terms of feedback on your role moving forward,  
15 we heard county partners talk about increasingly look at  
16 what is happening in other regions and counties and  
17 bringing that to LA. We often talk a lot about how the  
18 work in LA and at First 5 LA is informing statewide  
19 efforts in other counties and regions. And we heard a  
20 little bit of a turning that on its head to just stay  
21 attuned to what is happening around the state,  
22 particularly as we're looking to endeavoring to bring in  
23 promising and innovative models.

24 As you go through this process, we heard a  
25 consistent interest in, when you come out the end of it

1 and you've refined the strategy, to very clearly define  
2 and community what your role in the landscape will be  
3 moving forward.

4 And then as has been a clear theme in our  
5 conversations as well is your county partners saying,  
6 there's a shared interest in this focus on equity to the  
7 extent that First 5 LA can help define and address where  
8 the needs are greatest for comprehensive supports for  
9 families that can have the greatest positive impact, and  
10 shining a light on where county partners can help -- help  
11 in the effort to achieve more equitable outcomes in the  
12 county, that that would be helpful and highly valued.

13 In terms of maximizing county level efforts,  
14 county partners see a role for First 5 LA in a few  
15 regards. This notion of networking the networks that,  
16 that there are pockets and efforts in different parts of  
17 the county to bring folks together, but there isn't as  
18 much connective tissue across those efforts and bodies as  
19 would be most beneficial to ensure that county efforts,  
20 community-based efforts are as synergistic as possible,  
21 not duplicative, overlapping, or missing opportunities to  
22 leverage each other.

23 And, again, home visiting came up as an example  
24 of where, when work is aligned across partners with common  
25 strategies and common goals and outcomes, that so much

1 more can be achieved; that the whole is far more greater  
2 than the sum of the parts. And seeing First 5 LA is a  
3 great example in that with home visiting being the -- the  
4 recurring what is pointed to and what more can be done.  
5 And such is the case with First 5 LA's work in partnership  
6 around issues of child abuse and neglect, in both  
7 treatment -- prevention also as well as early  
8 intervention.

9 And the last arena in which we heard First 5 LA  
10 having a real role in maximizing county-level efforts was  
11 with respect to data. And that is in three areas. One is  
12 in terms of data's role in helping to ensure sustainable  
13 funding for early childhood, data's role in driving  
14 equitable outcomes, and data's role in supporting efforts  
15 that are prevention focused. And, again, these three  
16 areas are where county partners saw a real role for First  
17 5 LA or expanded perhaps as you're already playing this in  
18 some ways and maximizing county-level efforts that are  
19 already on radar with your partners.

20 With that, we wanted to leave some time for board  
21 discussion, just to invite any observations or reflections  
22 you have on what of the feedback you just heard resonates  
23 most and that you'd like to lift up for us and staff to  
24 consider as we continue to engage in strategy refinement.

25 SUPERVISOR KUEHL: Steve, thank you very much,

1 and Christina as well.

2 Judy.

3 COMMISSIONER ABDO: I just wanted to underscore  
4 the workforce development subject in a couple of ways.  
5 One is in a early childhood world, much of the workforce  
6 development takes place in community colleges. And I  
7 think that -- that it would be wonderful if we were  
8 working very closely with community college leaders to try  
9 to maximize their programs in training early childhood  
10 workforce programs.

11 And then -- and the other one I want to  
12 underscore is the home visiting workforce, which I think  
13 is going to not be, oh, the home visitor has to be a nurse  
14 or the home visitor has to be a social worker or some  
15 other professional, but the home visitor is going to need  
16 some training -- some workforce development training so  
17 that people do know how to go into a home and assess and  
18 help and -- and refer. That could be a certificate in the  
19 community college world as a workforce development plan.  
20 And right now I'm not sure that there is a sort of an  
21 official, I'm a home visitor because I've taken these  
22 three courses or this -- this six-month work or however it  
23 ends up being defined. I don't think it's there. And I  
24 think the workforce is going to be more and more difficult  
25 to recruit and train and -- and get into the work. So

1       somehow I'd like that reflected in there.

2               MR. LaFRANCE:   Thank you.   Seems critical for  
3       scale.

4               SUPERVISOR KUEHL:   To pick up on that -- did I  
5       see any hands?

6               Let me go with Marlene who I don't think has said  
7       anything today yet.

8               COMMISSIONER ZEPEDA:   Thank you.

9               Steven, I just wanted to ask about the  
10       communication issue because, under community input, you  
11       had opportunities.   And I know that we have had different  
12       communication campaigns.   I don't know if -- he's not  
13       here.   And, you know, Wendy mentioned earlier that people  
14       don't know about First 5, like why aren't we more visible.  
15       And I guess my question is, we're visible among the people  
16       that we interact with and they know who we are.   And I  
17       guess the question would be then, how important is it for  
18       us to be more visible in terms of the communities that  
19       we're serving.   And we know -- we've had campaigns -- I  
20       know they redid the website again.   Didn't they just redo  
21       the website again?   So that's a question I have.   Because  
22       I know that, amongst the bubble in which we live, people  
23       all know who we are.   But outside of that, you know, do  
24       people recognize, well, who First 5 is?   If people  
25       mention, who's First 5, what exactly do they do.   And they

1 always confuse us with the state commission anyway because  
2 of the Talk Read and Sing thing. I'm just throwing that  
3 out because it's not clear to me where our focus is in  
4 terms of communication.

5 MR. LaFRANCE: Two quick comments in response.  
6 One is, what we heard from community was largely about  
7 communications that advance understanding of the  
8 importance of early childhood more broadly than as  
9 compared to First 5 LA specifically. That's one.

10 And then, two, the very question that you're  
11 raising is the subject of one of our strategy refinement  
12 teams. And so it will be the subject of discussion in the  
13 commission retreat on July 11, in fact.

14 SUPERVISOR KUEHL: Romalis.

15 COMMISSIONER TAYLOR: Okay. I want to piggyback  
16 on what you said, commissioner. The thing that I think a  
17 community needs to do is be a voice for us and I'd like to  
18 see us create the model of First 5 prematura concept so  
19 those Best Start communities, as a part of their going out  
20 and connecting the community, can talk about these four  
21 areas in an effective way. We can give them the model and  
22 give them the training to go out and advocate and let the  
23 world know why it's important. It's better that they give  
24 a voice to the community in a culturally-relevant way to  
25 the community because they'll listen to each other,

1 they'll understand what we're trying to say, and it will  
2 be put in such a way that it will be more meaningful  
3 because we can talk at the academic level, but we've got  
4 to put it into plain speak like my other colleague has  
5 said on this commission, plain speak.

6 So the idea is, we need to put that in the Best  
7 Start communities and let them go out and be advocates to  
8 present I call it the -- the gospel of First 5, you know.  
9 You've got to go out and tell the people. Now, if you go  
10 out there and you tell the people the way I'm talking,  
11 they'll listen, they'll understand, and they'll spread the  
12 word among themselves if you put it in a term that they  
13 can easily understand and easily transfer to their other  
14 family and friends.

15 And the other thing I want to talk about that you  
16 hit on from a community standpoint is continue to engage  
17 parent engagement with careful mindfulness of cultural  
18 differences and different family structures. It's very  
19 important. This issue about equity and -- I call it  
20 implied bias or -- you know, the idea is that people come  
21 in with their own thinking and not really filtering that  
22 thinking when they're engaging communities. They have to  
23 be trained on who they're going to talk to, what that  
24 community is about, and what it means so you can be more  
25 effective in your transferring of knowledge and

1 information. Because if you don't, they'll shut you off  
2 in a heart beat.

3 So the idea is, that's a -- that community point  
4 is not a joke. That's dead serious. So I want to elevate  
5 that along with that communication.

6 And I think somehow we've got to come up with our  
7 own riddle on these four areas that spreads the message to  
8 the general public to the broader general public so  
9 there's the micro and macro. So somehow we have to come  
10 up with a macro approach. We got great people that are in  
11 communications and great staff that can write those kinds  
12 of messaging and get it out and probably get it for free  
13 because public announcements are very important throughout  
14 all of this, and they already have that in media that they  
15 have to give us time to get messages that are important  
16 for families.

17 So those are the two things I wanted to add.

18 SUPERVISOR KUEHL: Thank you.

19 Barbara.

20 COMMISSIONER FERRER: Thank you so much for this,  
21 and thanks for all the reaching out you've done.

22 I wanted to echo a little bit of what was said  
23 around early care and education and workforce development,  
24 and also, you know, suggest that we should figure out a  
25 way to link this strategic planning with the work that's

1 happening at the Office for the Advancement of Early Care  
2 and Education, also focusing on workforce development  
3 issues and, you know, better understand how we could, you  
4 know, sort of make sure that this -- our strategic plan  
5 and their strategic plan, because they have a policy  
6 group, are really aligned and supporting each other.  
7 Because there is really good people in the room, you know,  
8 for -- on that policy group, and I know they'd be anxious  
9 to be supportive of this. And they've already lifted up,  
10 you know, the issue on workforce development.

11 Judy, I loved your suggestion about, you know, is  
12 there a partnership with community colleges, you know.  
13 Those of us who have worked for a long time on community  
14 health workers and promotoras know that we've thought and  
15 in some states, certainly in Massachusetts, we've used our  
16 community colleges because it's always helpful for people  
17 to get some credits should they want to go on and do  
18 something else. So any opportunity that people can have  
19 to earn credits is helpful. So I love that idea and hope  
20 that we could work together on that.

21 And also, on the data landscape, I'm really glad  
22 that folks are looking more to First 5 to really guide  
23 sort of this development of the data landscape. I think  
24 the other place where, you know, all of the suggestions  
25 really come together is around sort of using data to

1 dispel what I call the false narratives. And there's just  
2 so much opportunity here because there is such a richness  
3 in the information that's being collected to really start  
4 knocking down the false narratives that perpetuate biases,  
5 perpetuate what I call poor programming. Because it's not  
6 really addressing root cause issues or even paying  
7 attention and being mindful of what we're hearing back  
8 from families.

9 So I'd like to say, you know, as we do the  
10 predictive modeling, like one part of the predictive  
11 modeling that's helpful is actually including in that the  
12 root cause analysis work so that we're getting more  
13 information there.

14 But I really -- I love what people lifted up. I  
15 think they're really helpful issues.

16 SUPERVISOR KUEHL: Thank you.

17 I wanted to ask, in terms of the community  
18 discussions and feedback, did they specifically talk about  
19 workforce development, ways to do it, you know, like  
20 things that might specifically help them?

21 The reason I ask is because I don't think that we  
22 have generally made it a part of our workforce development  
23 funding to send people to class. You know, to kind of tie  
24 these things together. We do sometimes, and I -- I mean,  
25 I really don't know whether we do that or whether people

1 would say, why are you paying for their education but not  
2 for mine. But some in the Department of Health Services,  
3 for instance, we're trying to attract doctors and we're  
4 paying off their student loans, and in other places as  
5 well, just to say, come work for us, we don't pay quite as  
6 much maybe as, you know, blah, blah, medical blah, blah,  
7 but we're more fun, we do a lot more innovative work, and  
8 we'll pay off your loan.

9 And so I'd just wondered -- and if you don't know  
10 specifically, that's okay. I would just like to know kind  
11 of what they said.

12 Christina.

13 MS. ALTMAYER: So two things I'd say is, First 5  
14 LA currently does invest significant amount in training  
15 for providers, whether we're talking about -- or I should  
16 say, significant focus on training in the sense of whether  
17 we're talking about increasing providers' capacity to do  
18 early intervention, understanding how to employ  
19 developmental screening. That was our First Connections  
20 pilot. And our home visitors go through a significant  
21 amount of training.

22 So we've also partnered through our PEACH  
23 partnership, partnership for -- I'm not going to get the  
24 acronym right, but it's all about training the -- working  
25 with colleges and universities -- and universities around,

1 how do you develop an ECE curriculum and certification.  
2 So it is embedded throughout all of our practice work.

3 I would anticipate in the next iteration of these  
4 community findings you will hear more about that just by  
5 the nature of groups that met after May 24th. So  
6 subsequent to this, we had convenings with the child care  
7 planning committee, the First Connections grantees  
8 convening, the child health advisory committee, groups  
9 that' would probably more naturally lend a workforce  
10 development lens by the nature of their scope and  
11 services. So I would anticipate in the next iteration of  
12 this you may see more of those themes coming up.

13 SUPERVISOR KUEHL: In the same vein, did they  
14 have any -- did you get any specific feedback about what  
15 they meant by improving childcare sites?

16 MS. ALTMAYER: I think this is -- well, go ahead.  
17 I was just going to say, I think it's a continued focus on  
18 recognizing that improvement of childcare outcomes and  
19 improving ECE settings includes both the settings -- the  
20 actual settings as well as the workforce development, to  
21 be thinking about that comprehensively.

22 We've seen increasingly the challenges as ECE  
23 funding is insufficient to meet the cost of particularly  
24 family childcare providers, stepping out of that space in  
25 an insufficient amount of actual ECE settings within LA

1 county to meet the need. And I think that's -- that's one  
2 of the issues that's being elevated.

3 SUPERVISOR KUEHL: So it wasn't improving  
4 individual sites; it was increasing the number of sites?

5 MS. ALTMAYER: I think it's both. I think it's  
6 both.

7 SUPERVISOR KUEHL: And what would it mean to  
8 improve an existing site?

9 MS. ALTMAYER: So that can include, as we think  
10 about the work that we're doing on quality. It can  
11 include access. It can include the safety of a facility.  
12 It can include what are the materials and the learning  
13 materials that are available within that site. It could  
14 include the availability of healthy food. So all the  
15 things -- so if you imagine a child care setting, what's  
16 that environment like, is it safe for children, is there  
17 access to outdoor space, what's the food that's served,  
18 what's the materials that are used. And then,  
19 additionally, there is, what is the ECE provider versus  
20 the child's relationship, which we often talk about, and  
21 quality settings include both of these dimensions.

22 SUPERVISOR KUEHL: Okay. Thank you.

23 COMMISSIONER ZEPEDA: Can I just say something in  
24 terms of workforce?

25 SUPERVISOR KUEHL: Sure. Marlene.

1           COMMISSIONER ZEPEDA: In terms of workforce that  
2 -- I'm just tangentially thinking that this might be  
3 something that our policy people might want to be thinking  
4 about in terms of legislation for forgivable loans, for  
5 example, which in the old days we used to have forgivable  
6 loans to provide better access because one of the barriers  
7 is the cost. Even community colleges, the cost of books,  
8 et cetera. And I know that I've worked on trying to get  
9 some legislation for forgivable loans for -- for dual  
10 language learner teachers. But I don't believe it's in  
11 the budget for -- there's any kind of initiative right  
12 now. I know we have AB-512. Is it 512? The one that the  
13 Office of Child Care -- or now it's called the Advancement  
14 of -- yeah, yeah. And they have -- they for a number of  
15 years have been giving moneys for course work.

16           MS. ALTMAYER: AB-212.

17           COMMISSIONER ZEPEDA: Yeah. AB-212, that one.

18           There may be -- I just want to plant a seed about  
19 thinking about legislation for forgivable loans for our  
20 workforce.

21           COMMISSIONER WOODS: If I may add a comment.

22           We are reimbursing our teachers that are  
23 attending school. And in some cases, it's up to \$10,000.  
24 The challenge with it in -- and I'm looking for ways where  
25 we could have them commit to the industry because what's

1 happens is, once they get their BA, they still move on to  
2 kindergarten. And we're not building -- we're still not  
3 investing in our -- so we have to find a way to have them  
4 commit to the industry as well.

5 I think if we start off maybe looking at students  
6 in high school saying that could be -- and take classes at  
7 the community college level, we may get people from a  
8 younger age tapping into their passion that would help  
9 convince them to stay in the industry.

10 SUPERVISOR KUEHL: Good idea.

11 Okay. Seeing no further comment then, we thank  
12 you very much. Do you want to make a closing?

13 MS. ALTMAYER: I was just going to point out,  
14 this is an outlook of what's coming in terms of next  
15 steps. We're looking forward and currently planning for  
16 the strategic planning session with the board at the July  
17 board meeting where we'll be soliciting your input and  
18 direction on some preliminary strategy ideas.

19 And then I also just want to highlight that, by  
20 the end of the summer, we will have the results for the  
21 feedback from the -- we conducted both stakeholders and  
22 grantee perception surveys through the Center for  
23 Effective Philanthropy. I think it's the first time that  
24 First 5 LA has sought feedback from our grantees and our  
25 stakeholders. It's a very structured format and we'll be

1 able to capture the status as well as have some  
2 comparative data to other funders. So very excited for  
3 the first time to have those results.

4 SUPERVISOR KUEHL: Great. Thank you very much.

5 I think we don't have to vote to close the public  
6 hearing. We simply have to announce that the public  
7 hearing is closed?

8 MR. STEELE: You simply have to announce it as  
9 closed.

10 SUPERVISOR KUEHL: Then the public hearing on the  
11 annual review of First 5 LA strategic plan is closed. We  
12 thank you. The rest of the information was for  
13 information.

14 Is there any request for public comment in  
15 general?

16 SECRETARY: No public comment.

17 SUPERVISOR KUEHL: All right. Any good and  
18 welfare from the remaining commissioners that want anybody  
19 to know about fun things that we have to do or difficult  
20 things that we have to do?

21 All right then. Seeing none, this meeting -- I'm  
22 sorry. It's two minutes late, but it's adjourned.

23 (At 4:31 PM the meeting was adjourned.)

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C E R T I F I C A T E

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

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

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

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

Attested to on this 19th day of June 2019.

DocuSigned by:  
*Heatherlynn Gonzalez*  
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AE10E8980664405...  
CERTIFIED SHORTHAND REPORTER  
FOR THE STATE OF CALIFORNIA

**FIRST 5 LA**

**SUBJECT:**

**Impact Framework: Measuring Progress Towards Our North Star and Preview of July Board Strategic Plan Refinement (SPR4) Session**

**BACKGROUND- WHERE WE'VE BEEN:**

During the past year First 5 LA has launched the Impact Framework (IF), which reflects a comprehensive and innovative approach to assessing our progress in implementing the 2015-2020 Strategic Plan. Throughout this period, First 5 LA staff have engaged the board in various aspects of the IF process. Specifically, staff have:

- 1) Outlined the purpose and intended use of the IF (November 2017)
- 2) Described the components of the IF (November 2017)
- 3) Presented the Results for Children and Families and the Monitoring Measures for approval (November 2018)
- 4) Outlined the approach to measurement and indicator selection (March 2019)
- 5) Presented the Long-Term Systems Outcomes (March 2019)

In addition, staff have discussed how the IF work will serve as a useful input for future strategic discussions. The strategic planning refinement process, now termed SPR4, seeks to use learnings from our current strategic plan implementation experience as well as data and insights generated from the IF process to be more focused and achieve greater focus on results for children and families.

We envision the IF and SPR4 work moving forward together in a coordinated and complementary way.

**WHERE WE ARE:**

As highlighted in previous board discussions, staff emphasized that a critical step in being able to measure our progress is the identification of indicators for the Results for Children and Families that best reflect the body of work currently being implemented by First 5 LA and our many partners.

Building upon current research, our own experiences and input from experts, staff, and board members, staff identified and applied several considerations for selection of the indicators to be used to measure progress. Broadly speaking, the considerations were:

- a) Follow best practice and select a small but meaningful set of indicators.
- b) Identify indicators that encompass the collective set of Results, and avoid indicators that only relate to one Result.
- c) Use best approximations in the absence of the perfect indicator.
- d) Use agreed-upon criteria that have an empirical basis, allow for windows of opportunity and, when possible, are aligned to County partner efforts.
- e) Prioritize indicators that are connected directly to the Long-Term Systems Outcomes and the systems change and policy work being implemented by First 5 LA.

Applying the considerations above, staff identified 10 cross-cutting indicators for the Results for Children and Families.

The attached document, *Results for Children and Families - Background on Indicator Selection*, provides a narrative description of the indicators as well as a description of why the indicators are important,

how they connect to our systems change work, what the indicator tells us, and finally, what the indicator does not tell us.

The expectation is that staff will revisit and examine the indicators for relevance once the SPR4 process has been completed to inform modifications as new data and research becomes available.

**DISCUSSION:**

The purpose of today's discussion at the Special Meeting of the Board/Program and Planning Committee is to:

- 1) Provide an overview of the current progress made on the Impact Framework
- 2) Provide an overview of the indicators for our Results for Children and Families
- 3) Describe a concrete example of how the indicators relate to our work
- 4) Provide a preview of the July Strategic Plan Refinement (SPR4) session

In addition, staff will provide a roadmap for upcoming IF and SPR4 milestones and Board engagements.

**NEXT STEPS – WHERE WE ARE GOING:**

After the conversation at the Special Meeting of the Board of Commissioners/Program and Planning Committee, staff will utilize the insights gained to continue with the IF measurement and SPR4 work. At future meetings, staff will provide updates and present products resulting from the SPR4 process.

## Indicators for Results for Children & Families

- 1 **Rate of children birth through age five in L.A. County enrolled in a high-quality early learning and care program**
- 2 **Rate of income-eligible children birth through age five in L.A. County enrolled in publicly-funded early learning and care programs**
- 3 **Average age of children entering special education services**
- 4 **Rate of children screened meeting American Academy of Pediatrics recommendations**
- 5 **Cumulative risk of involvement in Child Protective Services from birth to age five**
- 6 **Percentage of families who read to their child every day**
- 7 **Rate of families with age-eligible children participating in home visiting programs**
- 8 **Participation of eligible families in safety net services and supports**
- 9 **Rate of parents/caregivers who report having one or more people to talk to in times of need**
- 10 **Rate of families with children prenatal to five years that have access to parks and open spaces**



# DRAFT

## Purpose

The purpose of this document is to briefly describe the context for the selection of the specific proposed indicators for the Results for Children and Families that were approved on November 8, 2018, by the First 5 LA Board of Commissioners. This document outlines each of the 10 indicators and provides background for the following questions: 1) What is the selected indicator? 2) Why is the indicator important to achieve our Results for Children and Families? 3) How is the indicator relevant to our systems change agenda? 4) What does the indicator tell us?/What does it not tell us? and 5) Which external partners are aligned with the indicator and result?

## Background

The Integration and Learning Division was charged with developing a process for researching, vetting, and recommending a set of possible indicators for each of the Results for Children and Families for endorsement by the Executive Team. The I & L team worked closely with the Executive Team and Directors at First 5 LA to solicit input, answer questions, and refine indicators.

The criteria used for selection included both empirical considerations (validity, reliability, utility, and feasibility) as well as other considerations such as alignment with other critical partners (e.g., work being done in L.A. County) or maximizing current windows of opportunity where there is momentum among critical decision makers (e.g., alignment with policy and advocacy efforts or statewide momentum around an issue). The Executive Team also applied best practices from other grant making entities that have developed impact frameworks in its decision to select only a *few* indicators, so as to keep them to a manageable number that can inform our work. In practice this means that, **just as the results themselves represent the work of multiple strategies, individual indicators speak to strategies broadly as opposed to being exclusively linked to specific portfolios of work.** Ideally, First 5 LA would have data that directly relates to the targeted result, but in multiple cases there is currently not a directly related data source, or the available data source is unreliable. In those cases, the best available data source is selected as a “proxy” to provide the best available indication of progress on the result, recognizing limitations.

## Technical Note

In this document, the term “indicator” is used to refer to “a specific, observable, and measurable characteristic that can be used to show changes or progress a program is making towards achieving a specific outcome.”<sup>1</sup> In this document we also at times use the term “proxy,” which we define as an *indirect* indicator. By this we mean that a proxy is a measure in which the concept is not in itself directly relevant, but rather it is an indirect measure that serves in place of an unobservable, immeasurable, and/or unavailable indicator. Please note that the phrase “target population” is used below to refer to all children in L.A. County aged prenatal to 5 years old.

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<sup>1</sup> Guidance retrievable from [www.endvawnow.org](http://www.endvawnow.org) which contains guidelines for the United Nations and is used in the United States among measurement and evaluation professionals.

# DRAFT

## How do the Results, Indicators, and Long-Term Systems Outcomes relate?

First 5 LA adopted four Results for Children and Families that represent the necessary preconditions that we believe are necessary for “children to enter kindergarten ready to succeed in school and life.” Given First 5 LA’s focus on **all children**, the results and corresponding indicators should capture population-level progress – how all children in L.A. County are doing on each indicator. Achieving these four Results will require the collective work of multiple local, countywide, and state partners, funders, community organizations, public agencies and community members and parents themselves. The indicators of the Results represent markers of progress for the collective work that First 5 LA, in partnership with others, is doing to improve the lives of young children and families in L.A. County. First 5 LA’s contribution to improving these Results for Children and Families is by improving the systems at the county and community level to be more child- and family-focused. We want the systems that are intended to support children and families to work better for children and families in L.A. County. First 5 LA believes that our best contribution to achieving the Results for Children and Families is through changing systems (community-level and county-level) to be better aligned to achieve these results. County- and community-level systems experienced by families in health, child welfare, early care and education (ECE), as well as informal family supports experienced in the neighborhoods where families live need to be more accessible, of a higher quality, better aligned and sustainable. First 5 LA’s Long-Term Systems Outcomes articulate how these systems need to be changed to achieve the Results for Children and Families. First 5 LA’s pathway to achieving the Results is through our efforts to change formal and informal systems to be **accessible, quality, aligned, and sustainable**.

While the indicators listed in this document may have more direct relationships with certain Long-Term Systems Outcomes, it is possible to make connections and show relationships between the indicators and the Long-Term Systems Outcomes.

See pages 3 – 7 for next portion.

# DRAFT

RESULT	WHAT IS THE INDICATOR?	WHY IS IT IMPORTANT TO ACHIEVE OUR RESULTS FOR CHILDREN AND FAMILIES?	HOW IS IT RELEVANT TO OUR SYSTEMS CHANGE AGENDA?	WHAT DOES IT TELL US?	WHAT IT DOES NOT TELL US? (LIMITATIONS ON USE OF THESE DATA)	PARTNER CONNECTION
Children have high-quality ECE experiences prior to kindergarten entry.	1. Rate of children birth through age 5 in L.A. County enrolled in an ECE program that has any of the following: A QSLA rating of Tier 3, 4, or 5; a NAEYC accreditation; a NAFFC accreditation; or adherence to a Head Start Program Performance Standards Quality Component	There is a large body of evidence that suggests having high-quality ECE experiences prior to kindergarten entry leads to later school success. Beyond the experiences that improve specific cognitive domains, such as reading, language development and numeracy skills, high-quality ECE experiences promote socio-emotional development through structured play, physical and motor development and the building of positive relationships with providers and peers. Participation in high-quality programs also offers a critical platform and opportunity to identify developmental delays and connect families to a wide array of services well before they enter kindergarten.	Systems Change connection: Accessible, Quality	This indicator will help us understand if more children in our target population are being enrolled in programs that can be considered quality per the outlined definition.	Research shows that participation in high-quality ECE programs (center-based, family child care, or school-based programs) is not sufficient on its own to produce the most beneficial outcomes, especially with those programs that only offer limited hours (i.e. half-day experiences). This data does not capture whether children’s outcomes are different as a result of participating in a high-quality ECE program.  This data only addresses enrollment and does not address actual attendance or participation.	<ol style="list-style-type: none"> <li>Office for the Advancement of Early Care and Education</li> <li>L.A. County Office of Education</li> </ol>
Children have high-quality ECE experiences prior to kindergarten entry.	2. Rate of income-eligible children birth through age 5 in L.A. County enrolled in a publicly-funded ECE program	Same as above for Indicator #1. This indicator focuses on the importance of low-income children’s participation in publicly funded ECE programs. Participation in subsidized ECE programs not only offers access to high-quality programs for low-income families; it also enhances the overall economic well-being of families in L.A. County particularly low-income families needing care for infants and toddlers. The research related to the relationship between	System Connection: Accessible, Quality	This indicator will help us understand if children who are income-eligible in our target population are being enrolled in publicly funded ECE programs.	Same as for Indicator #1 above. Additionally, this data does not capture the level of quality of the ECE program.	<ol style="list-style-type: none"> <li>Office for the Advancement of Early Care and Education</li> <li>L.A. County Office of Education</li> <li>L.A. County Department of Public Social Services</li> </ol>

# DRAFT

RESULT	WHAT IS THE INDICATOR?	WHY IS IT IMPORTANT TO ACHIEVE OUR RESULTS FOR CHILDREN AND FAMILIES?	HOW IS IT RELEVANT TO OUR SYSTEMS CHANGE AGENDA?	WHAT DOES IT TELL US?	WHAT IT DOES NOT TELL US? (LIMITATIONS ON USE OF THESE DATA)	PARTNER CONNECTION
		family economic well-being and school readiness and later success is well established.				
Children enter kindergarten without any previously unidentified developmental delays and connected to developmentally appropriate services/supports	3. Average age of entry in special education services	This indicator addresses First 5 LA’s priority on early identification and intervention; the earlier children’s needs are identified, the more effective the intervention can be supporting healthy child development, reducing stress in the home, increasing parental capacity and increasing success in school.	System Connection: Accessible, Quality and Sustainable	This indicator tracks the average age of children entering special education services with the goal of reducing this age over time. Increasing system capacity to support children’s development through using valid tools, making connections to appropriate services, and following up with care coordination will improve the likelihood that a child is identified appropriately and connected to services that enable positive outcomes.	This indicator does not allow us to track the quality of the developmental services that families receive or whether the family fully participated in the referred services.  The indicator also does not tell us if the services that families received were culturally or linguistically appropriate.	<ol style="list-style-type: none"> <li>1. L.A. County Department of Public Health</li> <li>2. Office of Child Protection</li> </ol>
Children enter kindergarten without any previously	4. Rate of children screened (9-month, 18-month, 24-month/30-	Same as for Indicator #3 above. Additionally, this indicator was selected given the policy momentum behind current legislative efforts	System Connection: Accessible, Quality and Sustainable	This indicator will help us understand trends in the rates for children who are	Same as for Indicator #3 above.	<ol style="list-style-type: none"> <li>1. L.A. County Department of Public Health</li> <li>2. Office of Child Protection</li> </ol>

# DRAFT

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unidentified developmental delays and connected to developmentally appropriate services/supports .	month, PEDS, MCHAT, ASQ/ASQ-SE).	that First 5 LA and others are leading in this field statewide.		screened, at specific time intervals and in particular contexts in compliance with recommendations from the American Academy of Pediatrics		
<b>Children are safe from abuse, neglect, and other trauma.</b>	5. Rate of children with Child Protective Services involvement during the first five years of life.	<p>Children involved or at risk of being involved in the child welfare system are less likely to participate in high quality ECE programs, be ready for kindergarten, or graduate from high school, and are more likely to experience poor outcomes later in life. First 5 LA is focused on prevention of child abuse and neglect, and as such, our work supports children and families so that they have a lower likelihood of becoming involved in the child welfare system. The indicator for prevention of child abuse and neglect is defined as decreasing or eliminating altogether involvement of families with the child welfare system.</p> <p>Connecting families early on to positive family supports will reduce the number of children and families touched by the child welfare system, as well as decrease the length and intensity of interactions for those who must be involved.</p>	System connection: Accessible, Aligned	This indicator will help us understand the likelihood that an individual child will be involved in the child welfare system from birth to age 5 and whether this trend is decreasing over time, given First 5 LA’s focus on prevention of child abuse and neglect and early intervention.	<p>This indicator does not speak to children who are experiencing severe abuse, neglect and trauma but do not come into contact with the child welfare system and may only be discovered after experiencing tragic outcomes such as death or injury.</p> <p>This indicator does not tell us about the status of families or whether families are improving with respect to concepts such as the protective factors. Data doesn’t capture trauma or the experience of trauma by families; it is limited to only the trauma that is reported through the child welfare system.</p>	<ol style="list-style-type: none"> <li>1. L.A. Department of Children and Family Services</li> <li>2. Office of Child Protection, Prevention Plan</li> <li>3. Interagency Council on Abuse and Neglect</li> </ol>

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RESULT	WHAT IS THE INDICATOR?	WHY IS IT IMPORTANT TO ACHIEVE OUR RESULTS FOR CHILDREN AND FAMILIES?	HOW IS IT RELEVANT TO OUR SYSTEMS CHANGE AGENDA?	WHAT DOES IT TELL US?	WHAT IT DOES NOT TELL US? (LIMITATIONS ON USE OF THESE DATA)	PARTNER CONNECTION
					This indicator also does not tell us whether families are participating in community-based family-strengthening programs, or if those programs are meeting their most pressing needs.	
<b>Families have the awareness, resources, opportunities, relationships and environment to optimize their child's development.</b>	<b>Awareness of child's development:</b> 6. Percentage of families who read to their child every day	<p>There is a strong body of evidence showing the relationship between family well-being (including awareness, access to resources and opportunities, relationships and environment) and overall child development.</p> <p>It is important to remember that a key assumption undergirding this result and the associated indicators (#6-10) is that in order for parents to take action (to read to their child, to receive services, to seek out help, etc.) to do things that can optimize their child's development, they must have some level of awareness about the importance of the early years. This indicator serves as a proxy for both awareness of child development and active parental engagement.</p>	System Connection: Accessible, Aligned, and Quality	In this case the parental behavior of reading to a child is a proxy for parents/caregivers having both awareness of child development and having the resources to be actively engaged in behaviors such as reading, that can help optimize child development.	<p>This indicator does not directly measure the degree to which parents are knowledgeable about early childhood or if their positive parental practices extend beyond reading to their child.</p> <p>The indicator also does not tell us about the nature of the home environment beyond this specific indicator or whether it is conducive to optimizing development.</p>	<ol style="list-style-type: none"> <li>L.A. County Office of Education</li> <li>L.A. County Department of Public Health</li> </ol>
<b>Families have the awareness, resources, opportunities, relationships and</b>	<b>Resources and opportunities to optimize development:</b>	Evidence has shown that home visiting is an effective platform for connecting families with necessary supports and family-strengthening resources. This indicator builds on that research and measures how	System Connection: Accessible, Aligned, Quality, and Sustainable	This indicator will help us understand trends in the rates of participation in home visitation programs	This indicator does not directly measure the degree to which parents are knowledgeable about early childhood or if their positive	<ol style="list-style-type: none"> <li>L.A. County of Public Health</li> <li>L.A. County Department of Mental Health</li> </ol>

# DRAFT

RESULT	WHAT IS THE INDICATOR?	WHY IS IT IMPORTANT TO ACHIEVE OUR RESULTS FOR CHILDREN AND FAMILIES?	HOW IS IT RELEVANT TO OUR SYSTEMS CHANGE AGENDA?	WHAT DOES IT TELL US?	WHAT IT DOES NOT TELL US? (LIMITATIONS ON USE OF THESE DATA)	PARTNER CONNECTION
environment to optimize their child's development.	7. Home Visiting: Rate of families with age-eligible children participating in home visiting programs	well L.A. County is making progress towards the vision of a universal voluntary system of home visiting within a larger system of family supports. This indicator serves as a proxy for families accessing and connected to needed services and supports.		for families with age-eligible children.  In this case, participation in home visiting is a proxy for families accessing services and supports that they need to help optimize their child's development. Home visiting is an appropriate proxy, recognized as an effective type of intervention that can connect families to services and supports.	parental practices extend beyond participation in home visiting. The indicator also does not tell us about the quality of the home visiting program and whether it is achieving positive child development outcomes.	3. L.A. County Department of Public Social Services
Families have the awareness, resources, opportunities, relationships and environment to optimize their child's development.	<b>Resources and opportunities to optimize development:</b> 8. Participation of eligible families in: <ul style="list-style-type: none"> <li>• CalWORKS</li> <li>• CalFresh</li> <li>• WIC</li> <li>• Medi-Cal</li> </ul>	These publicly-funded systems are safety net services intended to provide basic, concrete supports to families in need. These public service system programs, such as Medi-Cal, Cal-Fresh, CalWORKS, and WIC represent the availability of critical resources that allow families to be more self-sufficient and meet important health care and basic needs. This indicator provides a proxy for the accessibility of these systems to support families, families' willingness to participate in public safety net programs and the effectiveness of referral networks to connect	System Connection: Accessible and Aligned	This indicator will help us understand trends for family participation in a set of public services. This indicator is a proxy for systems being accessible and available to families to support their needs. It helps us to understand if income-eligible families are increasingly accessing	This indicator does not measure how well these safety net supports meet actual family needs.	<ol style="list-style-type: none"> <li>1. L.A. County Department of Health Services</li> <li>2. L.A. County Department of Public Health</li> <li>3. L.A. County Department of Mental Health</li> <li>4. L.A. County Department of Public Social Services</li> <li>5. L.A. County Department of Children and Families Services</li> <li>6. Special Supplemental Nutrition Program for</li> </ol>

# DRAFT

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		families with these resources. This measure also aligns with the County Prevention Plan.		the necessary supports to help optimize their child’s development.		Women, Infants, and Children (WIC)
<b>Families have the awareness, resources, opportunities, relationships and environment to optimize their child’s development.</b>	<b>Relationships to optimize development</b> 9. Rate of parents/caregivers who report having one or more people to talk to in times of need	Research suggests that having stable social connections are a critical support for families that enables them to deal with economic, social and parental stress. This is evident in research demonstrating the relationship between improving protective factors and positive child outcomes.	System Connection: Accessible, and Sustainable	This indicator helps us to understand how well families have access to informal supports to assist in promoting their child’s development.	This indicator does not measure the availability or quality of community-level resources and informal supports to families. This indicator provides a measurement from the family perspective but does not measure the system’s quality and availability.	<ol style="list-style-type: none"> <li>1. Office of Child Protection</li> <li>2. L.A. County Department of Mental Health</li> <li>3. Department of Children and Families Services</li> </ol>
<b>Families have the awareness, resources, opportunities, relationships and environment to optimize their child’s development.</b>	<b>Environment to optimize development:</b> 10. Rate of families with children prenatal to 5 that have access to parks and open spaces	Families having access to parks and open spaces is representative of a community environment that offers the type of resources that promote healthy, thriving families. This indicator provides a proxy for understanding the critical issue of how the built environment affects children’s healthy development and the well-being of families.	System Connection: Accessible, Quality, Aligned and Sustainable	This indicator will help us to understand if families with children in our target population have access to parks and other open spaces. This indicator should be understood to be a proxy for understanding the critical issue of how the built environment affects children’s healthy development and the well-being of families.	Parks are only one dimension of the built environment that affects families’ ability to support their children’s healthy development. A more comprehensive set of measures is necessary to fully measure progress on this result.	<ol style="list-style-type: none"> <li>1. L.A. County Department of Parks and Recreation</li> <li>2. Neighborhood Land Trust</li> </ol>

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# IMPACT FRAMEWORK: MEASURING PROGRESS TOWARD OUR NORTH STAR AND PREVIEW OF JULY BOARD STRATEGIC PLAN REFINEMENT (SPR4) SESSION

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Armando Jimenez  
Director, Measurement, Learning & Evaluation

Tara Ficek  
Director, Health Systems

Kaya Tith  
Strategic Plan Project Manager



1. Review how the Impact Framework will help First 5 LA track and measure progress towards our North Star
2. Introduce indicators for the Results for Children and Families and how they connect to First 5 LA's work
3. Learn how the indicators connect to the SPR4 process
4. Gather Board insights on the indicators for the Results for Children and Families
5. Preview July Board Strategic Plan Refinement (SPR4) Session

- I. Impact Framework Review (Armando Jimenez)
- II. Results for Children and Families Indicators
  - I. Introduction of Indicators and How They Were Selected
  - II. How Indicators Relate to First 5 LA's Work (Tara Ficek)
  - III. How Indicators Relate to Strategy Refinement
- III. Impact Framework Next Steps
- IV. SPR4 Update: Preview of July Board Strategic Plan Refinement (SPR4) Session (Kaya Tith)

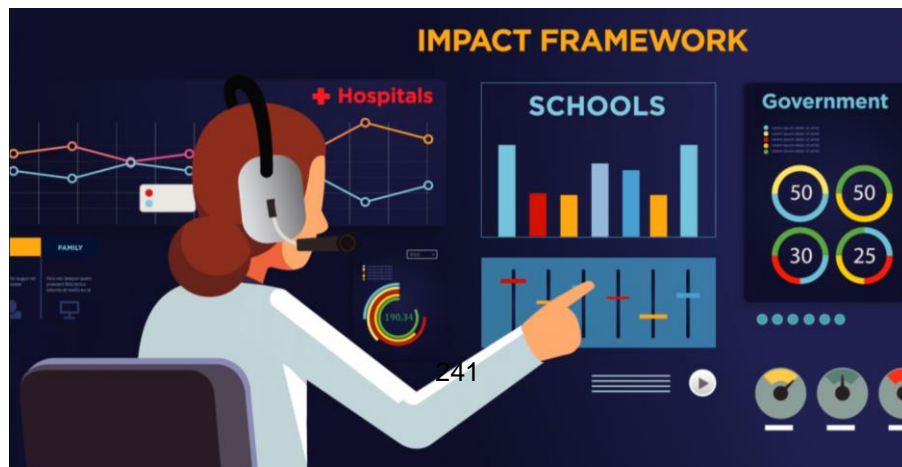
## Our Journey to the North Star

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## Measuring Progress Toward our North Star

Armando Jimenez

Director, Measurement, Learning & Evaluation



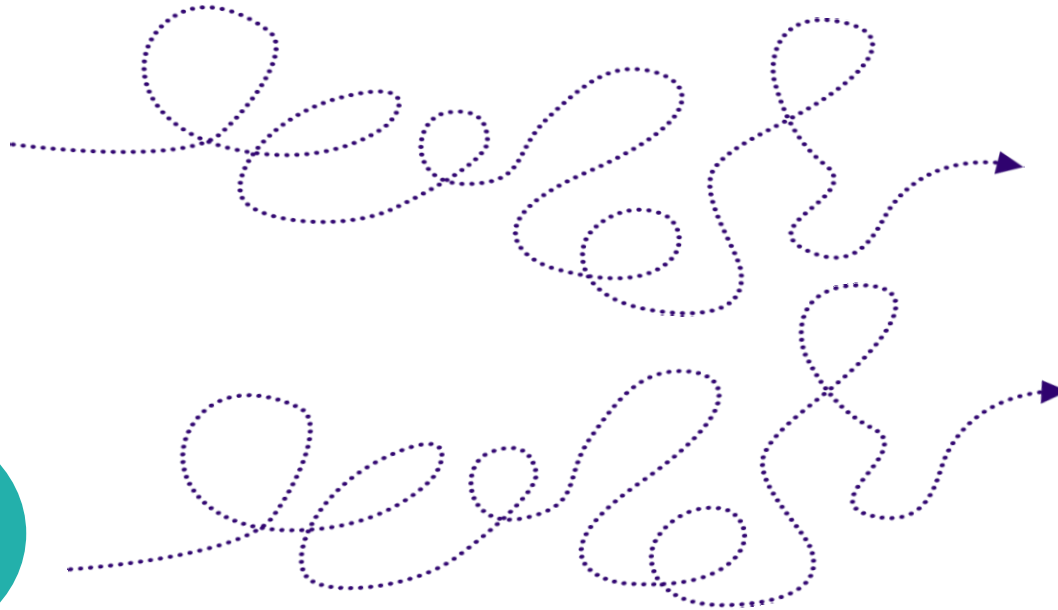
Contribution

Partners

Partners

Partners

**First 5  
LA**



NORTH STAR

By 2028,  
all children in  
L.A. County will  
enter  
kindergarten  
ready to succeed  
in school and life

## Long-Term Systems Outcomes



## Results for Children and Families



Children have high-quality ECE experiences prior to kindergarten entry



Children enter kindergarten without any previously unidentified developmental delays and connected to developmentally appropriate services/supports



Children are safe from abuse, neglect, and other trauma



Families have the awareness, resources, opportunities, relationships and environment to optimize their child's development



## North Star



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## MEASUREMENT MILESTONES

- Board endorsed Results for Families and Children & Monitoring Measures (Nov. 2018)
- Monitoring Measure Update (Mar. 2019 PPC Meeting)
- Long-Term Outcomes (Mar. 2019 PPC Meeting)

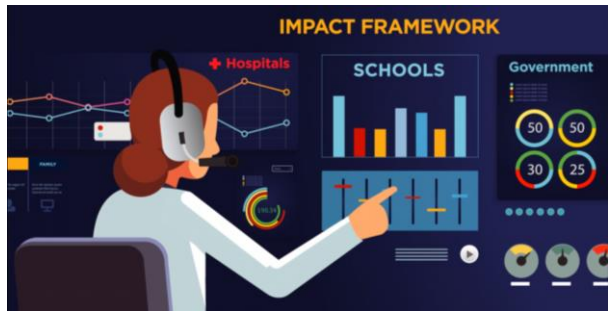


**NORTH STAR**

By 2028, all children in L.A. County will enter kindergarten ready to succeed in school and life

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**LONG-TERM OUTCOMES**  
(6-10 Years)



**RESULTS FOR CHILDREN AND FAMILIES**



**NORTH STAR**

By 2028,  
all children in L.A.  
County will enter  
kindergarten  
ready to succeed  
in school and life

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## What's an indicator?

- Specific, observable and measurable characteristic
- Can show changes or progress toward achieving a specific outcome



## What's a proxy indicator?

- Serve as an indirect measure that represents the best available data when direct measurements of the result are not available



## What they can tell First 5 LA?

- Our indicators can provide a broad snapshot of information relevant for multiple Results (and can be useful to many different initiatives)
- They act as one piece of input, among many, that First 5 LA can use to understand what's working and what isn't to meet our North Star

## Best Practice

- Select a small but meaningful set of indicators
- Use best approximations in the absence of the perfect indicator.
- Identify indicators that encompass the collective set of Results, and avoid indicators that only relate to one Result.
- Prioritize indicators that are connected directly to the systems change and policy work being implemented by First 5 LA.

## Contextual Considerations

- Alignment with policy and advocacy efforts, or state wide momentum around an issue
- Alignment with other critical partners (e.g., work being done in L.A. County)
- Maximizing current windows of opportunity where there is momentum among critical decision makers

## Empirical Considerations

- **Validity:**
  - Relevance
  - Credibility
- **Reliability:**
  - Sound Methodology
  - Data Quality
- **Utility:**
  - Disaggregation
  - Communication Power
- **Feasibility:**
  - Accessibility

# Results for Children & Families



**Families have the awareness, resources, opportunities, relationships and environment to optimize their child's development**



**Children enter kindergarten without any previously unidentified developmental delays and connected to developmentally appropriate services/supports**



**Children are safe from abuse, neglect, and other trauma**



**Children have high-quality ECE experiences prior to kindergarten entry**

# Indicators for Results for Children & Families

- 1 Rate of children birth through age five in L.A. County enrolled in a high-quality early learning and care program
- 2 Rate of income-eligible children birth through age five in L.A. County enrolled in publicly-funded early learning and care programs
- 3 Average age of children entering special education services
- 4 Rate of children screened meeting American Academy of Pediatrics recommendations
- 5 Cumulative risk of involvement in Child Protective Services from birth to age five
- 6 Percentage of families who read to their child every day
- 7 Rate of families with age-eligible children participating in home visiting programs
- 8 Participation of eligible families in safety net services and supports
- 9 Rate of parents/caregivers who report having one or more people to talk to in times of need
- 10 Rate of families with children prenatal to five years that have access to parks and open spaces

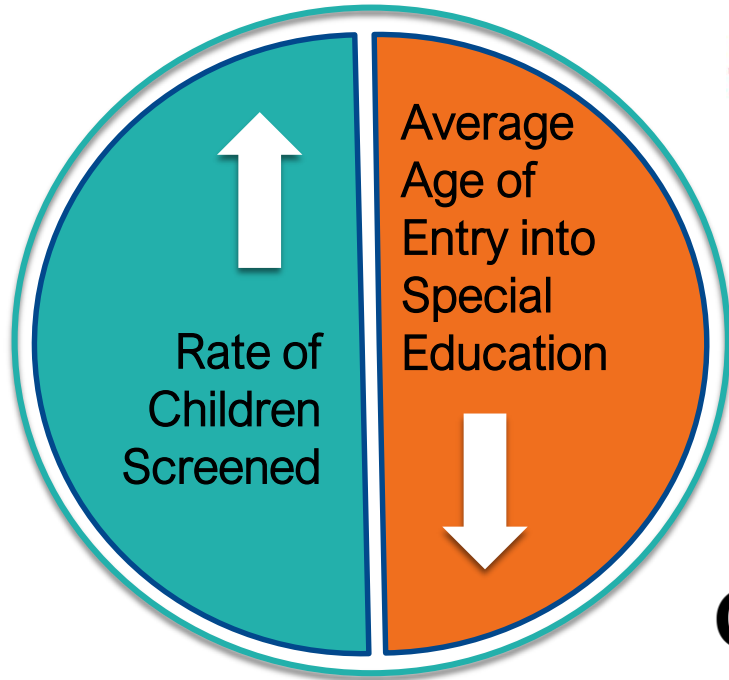


# How Indicators Relate to First 5 LA's Work

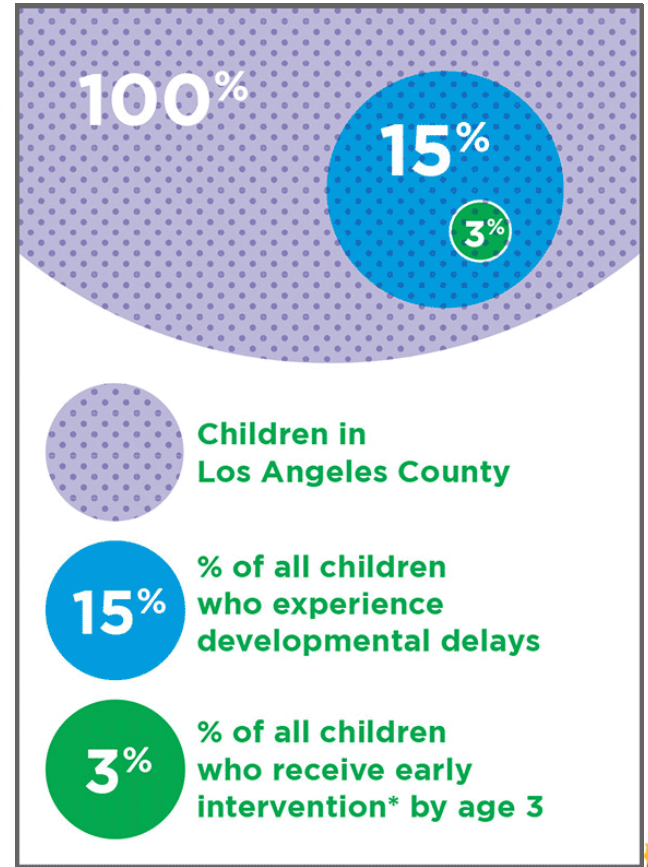
Tara Ficek

Director, Health Systems

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# How Indicators Relate to Strategy Refinement

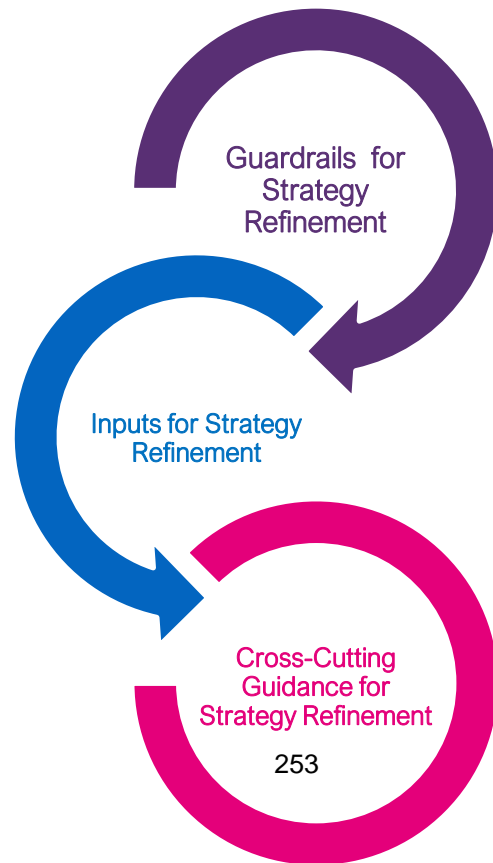
Armando Jimenez

Director, Measurement, Learning & Evaluation

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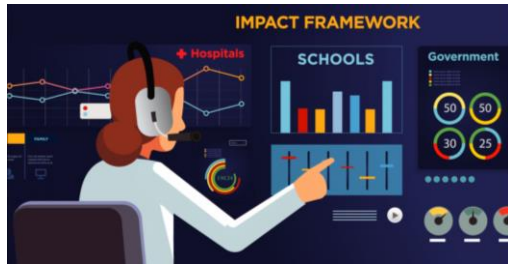
## Examples:

- [Impact Framework's Result Indicators](#)
- Review Phase Data Report & Learnings
- Community Engagement Sessions
- County Partner Interviews
- Futures for Young Children and Families Forecast
- First 5 LA Policy Agenda



- Impact Framework's Results for Children and Families and Long-Term System Outcomes
- Impact Framework's System Change Approaches
- Investment Guidelines

- Critical Success Factors – Strategy Implications



- The indicators for Results for Children and Families will serve as input for strategy refinement
- Indicators are 80% complete, but there's still refinement and feedback that may occur as a part of and after the strategy refinement process
- SPR4 will test the strength of the indicators for the Results for Children and Families and will share insights from working with the indicators back to the Impact Framework Team and Board 254

- Updates on other Measurement Components of the Impact Framework, including:
  - Monitoring Measures
  - Systems Outcomes
- Updates on any further refinement to the indicators and data sources
- Feedback from the Strategy Refinement Teams

- What questions or feedback do you have on the proposed indicators?
- Are the connections between the Results and indicators clear?
- What emerging data are you aware of that could be helpful for First 5 LA?

# Comments & Questions?

1<sup>ST</sup>  LA  
**first 5 la**  
Giving kids the best start



PREVIEW OF JULY  
BOARD STRATEGIC  
PLAN REFINEMENT  
(SPR4) SESSION

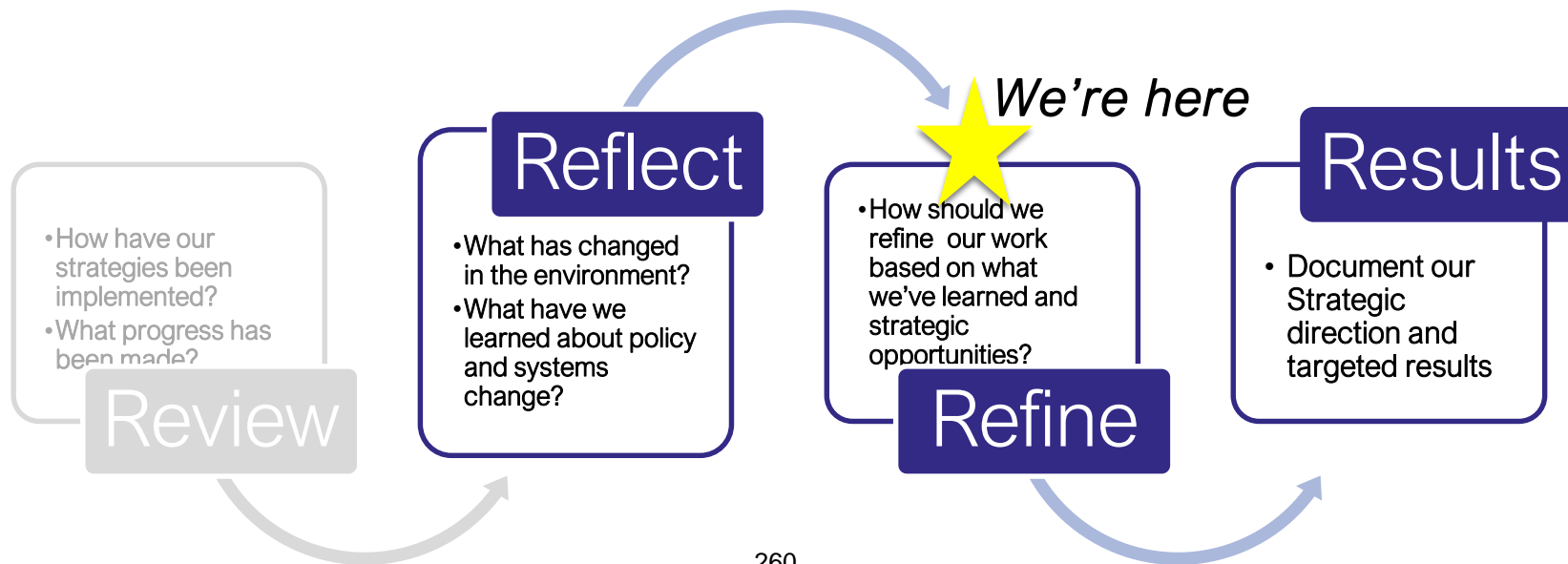
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## Preview July Board Strategic Planning Session

- Purpose
- Format and Structure
- Discussion Topics

Proposed planning process will focus on **reviewing, reflecting, and refining** the current Strategic Plan



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## WHERE WE'VE BEEN

- **Jan:** SPR4 Process launched
- **Mar:** Board directional endorsement of Investment Guidelines
- **Apr:** Review activities summarized in the Review Phase Data Report; Board reflections and discussions of Review Phase Data Report findings
- **Apr – May:**
  - LFA conducted key stakeholder and County partner interviews
  - First 5 LA staff facilitated community engagement sessions

## WHERE WE ARE

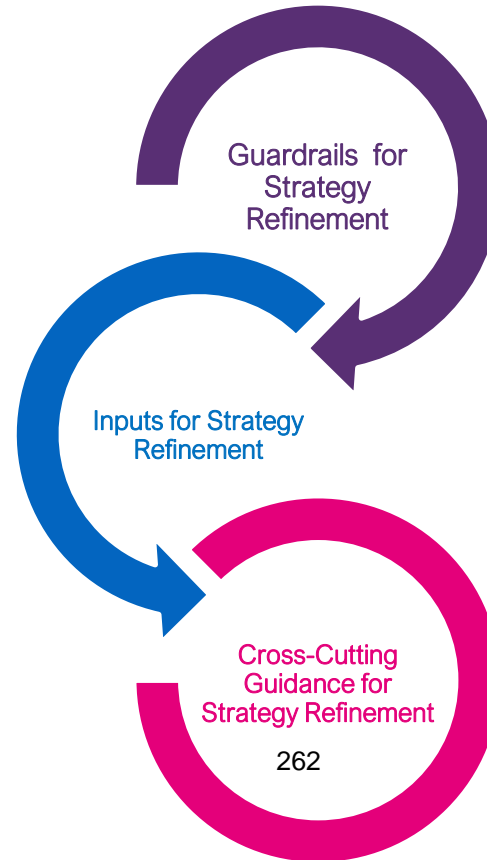
- **May – Jun:** Strategy Refinement Guardrails, Inputs, and Guidance finalized for strategy refinement process
- **Jun:**
  - Summary of County Partner Interviews and Community Engagement Sessions presented at Board of Commissioners Meeting
  - Indicators for Results for Children and Families presented at Program & Planning Committee Meeting
  - Refine Phase Launched

## WHERE WE ARE GOING

- **Jun-Aug:** Strategy refinement process
- **Jul 11:** Board Strategic Planning Session - Emerging strategy refinement recommendations
- **Sep 12:** Board of Commissioners Meeting – Debrief from July 11 Board Strategic Planning Session

## Examples:

- Impact Framework's Result Indicators
- Review Phase Data Report & Learnings
- Community Engagement Sessions
- County Partner Interviews
- Futures for Young Children and Families Forecast
- First 5 LA Policy Agenda



- Results for Children and Families and Long-Term System Outcomes
- Investment Guidelines
- System Change Approaches

- Critical Success Factors – Strategy Implications

- Key strategic issues and questions emerged from learning and inputs from Review and Reflect phase activities
  - Review Phase Data Report
  - County Partner Interviews
  - Community Engagement Sessions
  - Board and staff inputs/discussions
- Strategy Refinement Teams formed and will focus on the key strategic issues and questions identified

## Objective:

- Gather Board input and/or guidance on key strategic questions to inform strategy refinement
- Identify priority topics for Board engagement based on the following criteria

## Criteria

- Strategy team focus/questions represent an area in which the Board has previously expressed interest or sought staff recommendations
- Team recommendations are anticipated or may result in a significant change from current Strategic Plan focus
- Strategy team focus/questions represent a new strategy that has not been previously discussed by the Board in any significant way

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- Format/Structure:
  - World Café™ format
  - Four rotating stations for each discussion topic
  - Pre-reading materials will be shared as part of July Board materials
  
- Discussion Topics:
  - ECE Quality Supports
  - Kindergarten Readiness Assessment
  - Communications
  - Alternative Revenue

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## Topic # 1: ECE Quality Supports

**Purpose:** Review First 5 LA's current approach to improving quality in early learning settings. Discuss what adjustments need to be made based on learnings from Quality Start Los Angeles and the diversity of settings in the current environment.

## Topic #2: Kindergarten Readiness Assessment (KRA)

**Purpose:** Explore the value of KRA in helping First 5 LA achieve our North Star through building public will and community capacity as well as strengthening our own measurement and accountability.

## Topic #3: Communications

**Purpose:** Discuss how communications could support First 5 LA's systems change efforts and receive guidance on strategies and target audience(s).

## Topic #4: Alternative Revenue

**Purpose:** Gather feedback on First 5 LA's sustainability framework (alternative revenue as a component of, not substitute for, other sustainability strategies), revenue priorities (revenue for what?), and alternative venues (state/local).

REFLECT

REFINE

May

June

Jul

- ❑ May BOC: Futures for Young Children and Families Forecast Presentation
- ❑ May PPC: Strategy Refinement Approach and Guidance
- ❑ Complete Community Engagement Sessions and County Partners Interviews
- ❑ Continue synthesis of key inputs for strategy refinement process

- ❑ Strategy refinement process begins
- ❑ June BOC: Present preliminary findings of community engagement sessions and county partner interviews

- ❑ Jul 11: Board Strategic Planning Session
- ❑ Continue strategy refinement process
- ❑ Center for Effective Philanthropy stakeholder perception report available

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## FIRST 5 LA

### **SUBJECT:**

**Request to Establish Strategic Partnership with Resources Legacy Fund in the Amount of \$600,000 for a Period of Two Years to coordinate and execute the Link Governments Advocates Families and Parks (Link) program.**

### **RECOMMENDATION (PROVIDED AS INFORMATION):**

This memo is provided as information for the Board's consideration at the June 27, 2019 Special Commission/Program and Planning Committee. Staff will provide a presentation on the proposed Link program and the requested Strategic Partnership at the June meeting. First 5 LA staff recommends that at the July 11, 2019 Commission meeting, the Board approve the establishment of a Strategic Partnership with Resources Legacy Fund for an amount not to exceed \$600,000 for the period of two years, with an estimated start date of October 1, 2019. Staff anticipates returning to the Board to seek authority to execute a contract via Contract Consent in September 2019. Funds for FY 2019-20 are included within the current First 5 LA Programmatic Budget under Communities Strategy 3 – Built Environment Policy and Advocacy, Link Advocates Governments Families and Parks (Link), which was approved by the Board of Commissioners on June 13, 2019. Beyond FY 2019-20, funds will be drawn from the assigned fund balance and included in the First 5 LA Programmatic Budget which will be brought to the Board of Commissioners for approval in June prior to the corresponding fiscal year. At the time of budget approval, requested resources will shift from the Assigned resource category of the fund balance, dedicated for broad Strategic Plan purposes, to the Committed category, amounts dedicated for a more specified purpose via resolution.

### **BACKGROUND:**

The current Strategic Plan acknowledges the important role of place and the critical role that the built environment plays in supporting a child's growth and development. With the Board's endorsement in May 2018, staff developed a built environment strategy, prioritizing parks/open space, transportation/mobility, and food security. Consistent with the Strategic Plan, First 5 LA investments will not focus on capital projects. In May 2018, the Board endorsed a strategy for the built environment, which is inclusive of three roles:

1. Strengthen the capacity of built environment advocates to improve physical spaces and places for children and families.
2. Elevate the voices and needs of families with children, prenatal to age 5, to advocates, policy makers, and community stakeholders engaged in the built environment.
3. Partner with stakeholders and decision-makers to influence countywide built environment policy advocacy efforts to design future investments with children and families in mind.

As the built environment strategy evolves, it continues to be shaped by a commitment to promote parents and communities as critical voices in policy and systems change, which is one of the focus points for First 5 LA's Policy Agenda.

#### *A Transformative Moment in Los Angeles County*

For years, parents and residents in the *Best Start* communities have elevated concerns that the lack of investment in the built environment – the human-made elements where families live, work, and play – affects early childhood development, learning, and family well-being, especially their physical and mental health and social connection, particularly for families that are socially isolated. As communities have been working to address these issues, there was a simultaneous shift in the financial and political context in Los Angeles County as it relates to the built environment. Unprecedented public will and investments emerged due to the 2016 passage of Measures A (parks/open space) and M (transportation/mobility) as well as a

Los Angeles County Board of Supervisors 2017 motion<sup>1</sup> to address food insecurity. The result is a transformational moment in Los Angeles County to leverage public investments and provide more opportunities for cross-sector partnerships to collectively address longstanding inequities in the built environment, especially in the *Best Start* communities.

In response to this large amount of funding, the Los Angeles Funders' Collaborative, comprised of 12 funders including First 5 LA, commissioned the "Measures Matter" report written by the University of Southern California Program for Environmental and Regional Equity (USC PERE). The purpose of the report is to articulate strategies for how these measures can be equitably implemented across Los Angeles County. The report begins by defining equity as authentic partnerships "that centers the perspectives of vulnerable communities, supports community-based participation and power, and results in shared decision making." The report identified a key barrier to expanding open space in low income neighborhoods as a lack of capacity amongst government agencies and CBO's as well as a lack of inclusion of residents in the decision-making process. This results in resource distribution to wealthier areas rather than the places that most need it. The Los Angeles Funders' Collaborative sought ways to mobilize around this issue to ensure that historically underinvested communities would receive their fair share of resources from Measures A (parks/open space) and M (transportation/mobility).

#### *Link Advocates, Governments, Families and Parks (Link)*

As a member of the Los Angeles Funders' Collaborative and because of its experience working with Best Start communities, First 5 LA is well positioned to act on the recommendations of the "Measures Matter" report. First 5 LA created the concept of Link, which focuses on creating partnerships between parents, residents, municipal governments, and experts in park development to develop and then mobilize around a comprehensive park/open space plan that would be the basis for applying for Measure A funding.

Link builds upon three opportunities to leverage existing momentum within Best Start communities and Los Angeles County more broadly. First, it builds upon the experience of parents and residents in El Monte/South El Monte, who documented poor conditions at a local park and presented it to the city council. Through this, they were connected to the Trust for Public Land (TPL), a nonprofit park developer. This collaboration between Best Start community members, TPL, and city officials resulted in a community planning process to identify how the park could be rehabilitated to meet local needs. Through this, \$3.7 million dollars in state park funding have been secured for the park. Second, Link capitalizes on funding for parks/open space that was approved by voters in 2016 through Measure A, a permanent parcel tax that will raise over \$80 million a year for parks and open space in LA County. Distributed by the Los Angeles County Regional Parks and Open Space District (RPOSD), Measure A funding will be divided through annual allocations to each city in the county as well as large grants for capital investments and programs. Third, Link will serve as a model for RPOSD, which is developing a Technical Assistance Program (TAP) to help cities and nonprofits apply for funding. The convergence of increasing community mobilization and public will and investment is the impetus for the design and implementation of Link in partnership with other funders from the Los Angeles Funders' Collaborative.

The Link Program has three goals:

1. Build capacity in under-invested communities to leverage funding: Link will target communities that are within the 14 Best Start communities. Within each community, a partnership will be formed consisting of a local CBO, the municipal government, and an expert in park development. This expert will build the capacity of the partners to leverage government funding through creating a park plan and supporting them in applying for at least one grant to build a project from the plan.

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<sup>1</sup> Los Angeles County Board of Supervisors, May 23, 2017. "Reduce Prevalence of Food Insecurity and Poverty by Increasing CalFresh Participation." <http://file.lacounty.gov/SDSInter/bos/supdocs/114009.pdf>

2. Ensure that parents and residents have a voice in decision-making and that the funding meets the needs of children and families: The partners will collaborate with parents and residents, in the Best Start communities, to develop a Community Park Plan. This plan will outline the community's priorities for park and open space, ensuring that the leveraged funding responds to their needs.
3. Partner with RPOSD to integrate Link into the TAP program for Measure A: First 5 LA has partnered with the LA County Regional Parks and Open Space District (RPOSD) who oversees the distribution of Measure A funding. As part of this, they are developing a Technical Assistance Program (TAP) to help municipalities and nonprofits apply for funding. RPOSD is using Link as a potential model for the TAP program.

#### *Strategic Partnership with Resources Legacy Fund*

Link will be designed, funded, implemented and evaluated in partnership with five members of the Los Angeles Funders' Collaborative – First 5 LA, Enterprise Community Partners, Resources Legacy Fund, Rosalinde and Arthur Gilbert Foundation, and The Water Foundation. To support collaboration among the funders, create a mechanism of joint decision-making, and streamline management of Link, the funders determined that a pooled fund would best facilitate Link. Among the funders, Resources Legacy Fund (RLF) has expertise, capacity and experience in working with other funders to develop and execute initiatives related to the environment and parks. They also performed this function for the development of the Measures Matter report. Because of this, the five funding partners have expressed their familiarity with and confidence in RLF's services, noting that it is an ideal resource because it can serve as a fiscal sponsor for the pooled fund as well as provide additional services such as program consultation, contracting support and administrative support.

#### *Key Activities and Deliverables*

Through this strategic partnership, RLF will:

1. Serve as the fiscal sponsor for the pooled fund.
2. Provide additional services such as program consultation, contracting support and administrative support.
3. Convene other partners for decision making and to gather input about the program.

Pursuant to the Procurement Policy, Strategic Partners of \$75,000 or more in a fiscal year must be presented to the Board for approval. Staff is requesting an establishment of a Strategic Partnership for an amount not to exceed \$600,000 for the period of two years to comply with this policy. Section IV.5 of the Procurement Policy also states that contracts of \$75,000 or more requires Board approval prior to execution. Staff anticipates returning to the Board to seek authority to execute a contract via Contract Consent in September 2019.

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

The project strongly reflects First 5 LA's intent to invest through partnership. A Strategic Partnership with RLF provides an opportunity to leverage First 5 LA's funds to garner additional funding from philanthropic partners to support our built environment strategy. First 5 LA and our partners have worked with RLF in the past through the Los Angeles Funders' Collaborative. With RLF's ability to provide oversight and additional services, the partners collectively decided to establish the pooled fund at RLF. With all partners in agreement that RLF is the appropriate organization to operationalize the Link program, and with all the partners committing to an initial contribution to the fund at some level, this poses an important opportunity for First 5 LA to also contribute to the fund in this unique partnership and to leverage First 5 LA funds to move the Link program forward in partnership with others.

This pooled funding is to support the Link program. The establishment of this pool will leverage an estimated additional \$300,000 to be contributed from other funding partners. With the requested \$600,000 from First 5 LA, the initial contribution to the fund by all partners would total approximately \$900,000 to

support this effort. Additionally, all contributing partners are committed to continuing to outreach to additional funder partners to support the overall effort. This effort creates a space for other potential funding partners to learn about Link, assess if it is aligned with their own agency mission and goals and potentially contribute financially to the effort. In this regard, the initial establishment of this fund could truly act as a catalyst for attracting additional funders and contributions to leverage the effort.

**JUSTIFICATION:**

**This Strategic Partnership meets the criteria below:**

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

**AND**

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

**The Strategic Partnership can implement an approved program or initiative more expeditiously than resources provided through a competitive solicitation.**

Resources Legacy Fund (RLF) has the organizational capacity and experience to implement the Link project in a more expeditious manner because of their capacity and experience in managing pooled funds and partnerships. RLF's mission is to partner with donors from idea conception to final success with donors driving the results while RLF manages program implementation. Through partnerships, RLF receives funding from multiple donors and manages pooled funds it in an effective way to achieve the desired results. This includes invoicing, contracting, convening and managing networks of donors for shared decision making to work toward a common goal. For example, RLF has experience pooling funds from members of the Los Angeles Funders' Collaborative to manage the creation of the Measures Matter report. Additionally, RLF has nearly 20 years of experience working in partnerships with funders and donors on complex projects related to parks and open space and other environmental issues. One example is supporting the Climate Justice Working Group composed of 14 organizations as they crafted guiding principles for funding and policy decisions related to climate change impacts.

**The Strategic Partnership provides an opportunity to leverage First 5 LA funds to produce additional funding for the program or initiative or service.**

Through partnering with RLF, First 5 LA will be able to leverage our existing funds committed to Link with funds from several other funders. Four additional funders have agreed to contribute funding to the program and pool with RLF to manage. This includes:

- The Rosalinde and Arthur Gilbert Foundation, Approximately \$50,000
- Enterprise Community Partners, Approximately \$100,000
- Water Foundation, Approximately \$50,000
- Resources Legacy Fund, Approximately, \$100,000

These commitments of approximately \$300,000 will allow First 5 LA to greatly expand its investment in Link as well as the overall impact of the program. The creation of a pooled fund managed by RLF will also create a convenient vehicle to leverage additional funding for the program.

**The Proposed Strategic Partnership is aligned with the adopted Strategic Plan:**

The FY2015-2020 Strategic Plan Communities Outcome prioritizes building community capacity to support and promote the safety, healthy development, and well-being of children, prenatal to age five, and their families. A specific focus on the built environment, including parks and open space, was endorsed by the Board in July 2017. The proposed strategic partnership with RLF is aligned with First 5 LA's efforts to address access to parks and open space.



# Strategy Review: Link Governments Advocates Families and Parks

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Special Commission/Program and Planning  
Committee Meeting

June 27, 2019



# Presentation Objective

- Discuss progress on the Link project
  - Context, purpose, and plan
  - Request for Strategic Partnership with Resources Legacy Fund
  - Partnership with the Los Angeles County Regional Parks and Open Space District



# Board Endorsed Built Environment Strategy (May 2018)

1. Strengthen the capacity of built environment advocates to improve physical spaces and places for children and families
2. Elevating the voices and needs of families with children, prenatal to age 5, to advocates, policy makers, and community stakeholders engaged in the built environment
3. Partnering with stakeholders and decision-makers to influence countywide built environment policy advocacy efforts to design future investments with children and families in mind

# Zamora Park, the Precedent for Link



“When a committed group of parent and resident leaders come together to advocate for their concerns their ideas can create community change.”

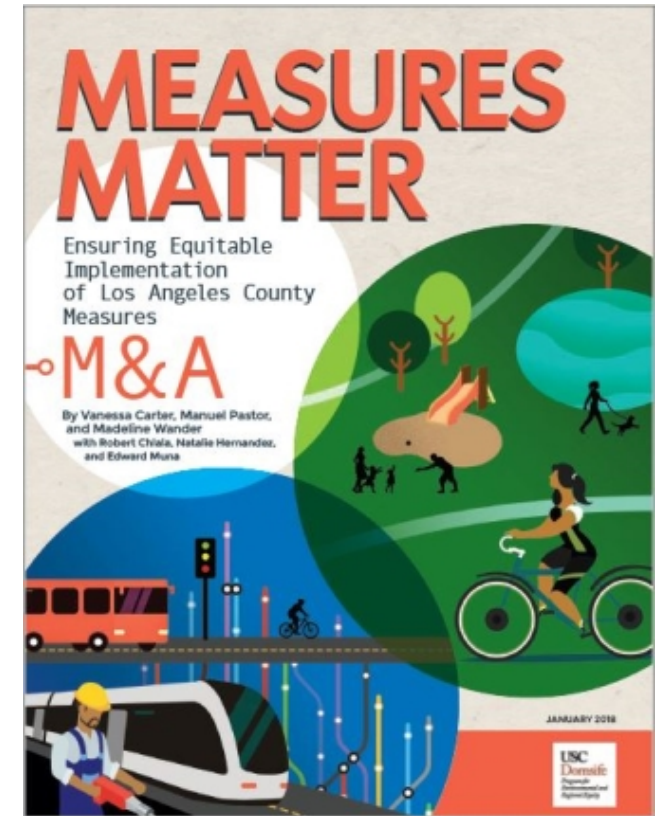
-- Debbie Sheen, Program Officer,  
Communities Department

# Resource Opportunities for Parks/Open Space

- **Measure A** - Provides dedicated local funding for parks and open spaces in Los Angeles County with an estimated annual revenue of \$94.5 million
- **Measure W** - Creates the Safe, Clean Water Program, a comprehensive action plan to increase local water supplies, clean up contaminated water to protect public health through a parcel of \$300 million
- **Prop 68** - \$4.1 billion bond measure to fund state and local parks, environmental projects, water infrastructure projects and flood protection projects throughout California

# Equitable Implementation of LA County Measures

“Equity comes from authentic partnerships that centers the perspectives of vulnerable communities, supports community-based participation and power, and results in shared decision making.”



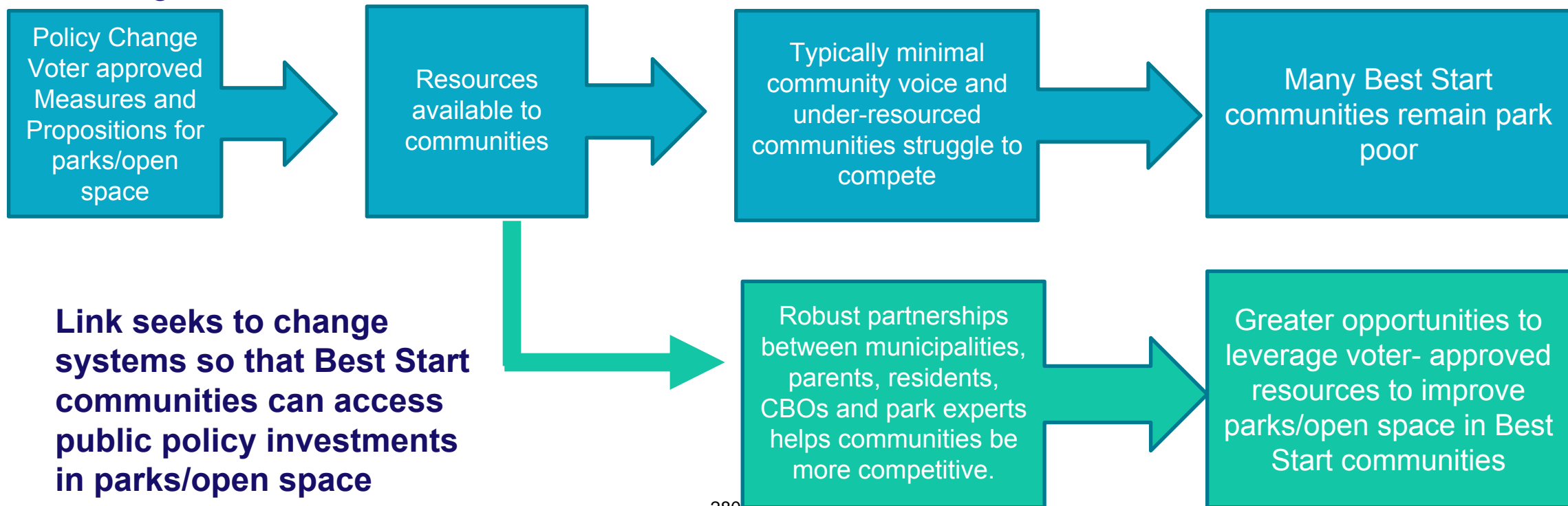
# Link Governments, Advocates, Families and Parks (Link)

- **Build capacity in under-resourced communities through robust partnerships to leverage funding** from Measure A, Measure W, and Prop 68.
- **Ensure parents and residents have a voice in decision-making** and that funding meets the needs of children and families.
- **Partner with the Los Angeles County Regional Parks and Open Space District** to integrate Link into the Technical Assistance Program (TAP) for Measure A



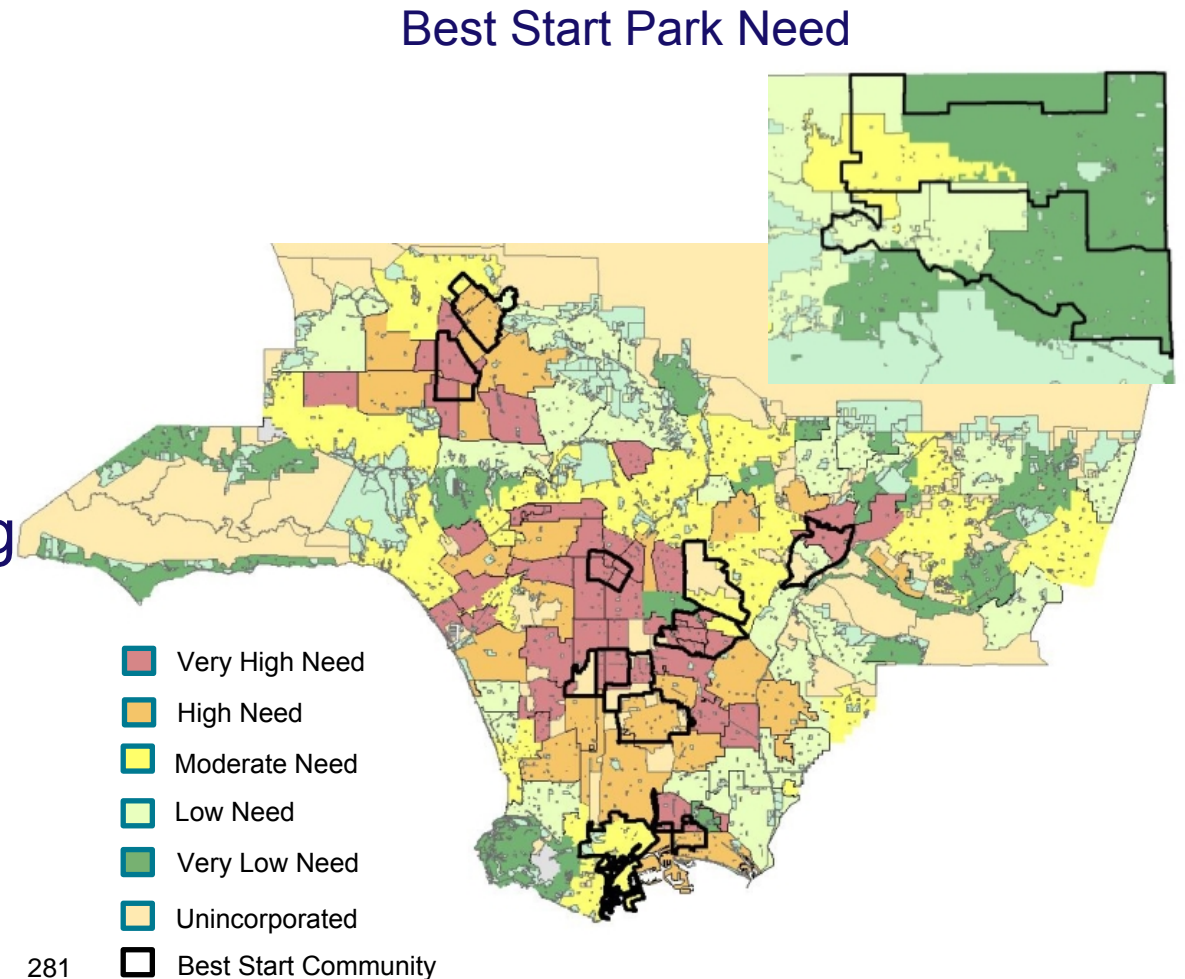
# Policy Change $\neq$ Systems Change

The lack of capacity in certain communities, particularly amongst government agencies and community-based organizations (CBOs) -- as well as a lack of inclusion of parents and residents in the decision-making process -- has led to the inability to compete for, and receive, public infrastructure grants.



# Piloting Link in Best Start Communities

- **Pilot up to two municipal areas** that are within the 14 Best Start communities and have high park need and have prioritized park access
- **Form robust partnerships** between CBOs, park experts, affordable housing groups, and municipalities
- **Leverage funding** from Measure A (parks/open space), Measure W (water), and Prop 68 (state funding for parks)



# Collaborating with the Los Angeles Funders Collaborative

Demonstrate the value of community-driven efforts across sectors that can leverage investments in underserved communities

- Parks and open space
- Water infrastructure
- Economic mobility
- Housing and anti-displacement



RESOURCES LEGACY FUND®  
CREATIVE SOLUTIONS. LASTING RESULTS.



THE ROSALINDE AND ARTHUR  
GILBERT FOUNDATION

# Strategic Partnership with Resources Legacy Fund

To support collaboration among funders, create a mechanism of joint decision-making, and streamline management of Link. Scope of work includes:

1. Serve as the **fiscal sponsor for pooled fund**.
2. Provide additional services such as **program consultation, contracting support and administrative support** if needed.
3. **Convene other partners** for decision making and to gather input about the program.

The Resources Legacy Fund will also contribute funds to the pooled fund.

# Collaboration with Los Angeles County Regional Parks and Open Space District

Jane I. Beesley  
Deputy Director  
RPOSD



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# Next Steps

- |           |   |
|-----------|---|
| July 2019 | Strategic Partnership with Resources Legacy Fund for \$600,000 over two years for Board consideration and approval via Consent Calendar   |
| Sept 2019 | Contract with Resources Legacy Fund for FY2019-2020 in the amount of \$300,000 for Board consideration and approval via Contracts Consent |
| Fall 2019 | Project Launch  |

# THANK YOU!

**What resonates with you about this approach?**

**What feedback do you have?**

**What questions do you have about the proposed approach?**



## **FIRST 5 LA**

### **SUBJECT:**

#### **State Budget Update**

Last week, both houses of the California state Legislature passed the fiscal year 2019-2020 state budget, a \$214.8 billion spending plan which includes more than \$2.8 billion in funding for First 5 LA-aligned early childhood development priorities.

The Governor is reviewing the budget and has until June 27 to sign it into law. In addition to the budget bill, the legislature is currently working on multiple budget “trailer” bills – more detailed policy legislation needed to implement the budget – which will be considered by the Legislature and Governor in the coming weeks.

Major components of the budget align with the Governor’s initial proposal from January and maintain a strong “whole child” focus, with foundational investments in a spectrum of early childhood development issues including family strengthening, child health, and early learning priorities.

#### **Family Strengthening**

- More than \$135 million to expand maternal, infant, and early childhood-focused home visiting programs offered through CalWORKs and the California Department of Public Health
- \$348 million to raise CalWORKs grants so no family receiving cash aid in California lives in deep poverty
- \$800 million to expand the Earned Income Tax Credit which benefits low-income working families
- Adjustments to the state Disability Insurance Fund reserve requirements to expand paid family leave benefits from 6 to 8 weeks
- \$17.5 million to eliminate sales taxes on diapers and women’s menstrual products

#### **Child Health and Development**

- \$19.5 million to expand the Black Infant Health program to reduce disparities in maternal and child mortality
- \$105 million to provide incentive payments for providers to conduct developmental and adverse childhood experiences (ACEs) screens, and \$50 million to train providers on ACEs
- \$500,000 to support a working group focused on improving transitions for children with special needs between regional centers and school districts

#### **Early Care and Education**

- \$174 million to expand access to state subsidized child care and preschool programs, using Proposition 64 (cannabis) and federal Child Care Development Block Grant funds in addition to general fund
- \$213.9 million to support continuous eligibility and cover expanded caseload for CalWORKs child care
- \$273 million to invest in early care and education facilities
- \$195 million to support early learning workforce development
- \$10 million to further expand access to emergency child care for foster families
- \$5 million to support the development of a master plan for early childhood development

In addition to these items, the budget includes several items prioritized by Best Start community partnerships, including:

- \$2.4 billion to combat homelessness and increase housing development, including \$650 million in grants to cities to build emergency shelters and \$500 million to expand the state's affordable housing financing fund; housing is being discussed as a priority issue in at least 7 Best Start Communities
- \$74.5 million to support clean-up efforts at the former Exide Battery Plant and for schools, parks, and other child-serving facilities in the area, a priority issue for Best Start Southeast LA
- \$15 million to support county activities related to increasing enrollment in CalFresh, California's Supplemental Nutrition Assistance Program; food access is being discussed as a priority issue in a number of Best Start communities including West Athens, Broadway Manchester, Northeast Valley, and Panorama City
- \$40 million to support projects that would improve access to safe drinking water, an issue being discussed as a priority by Best Start East L.A., Metro L.A., Northeast Valley, Panorama City, Southeast LA, and the 4 Best Start South LA Communities

## 2019/2020 State Budget Crosswalk

	Governors May Budget Revision	Senate Budget Package	Assembly Budget Package	Conference Committee	Final 19/20 Budget
<b>Full-Day Kindergarten</b>	\$600 million in one-time funding for the Facilities Grant Program	\$150 million in one-time funding for the Facilities Grant Program	\$200 million over 3 years for the Facilities Grant Program	\$300 million in one-time GF for the Facilities Grant Program	
<b>Child Care Access</b>	\$80.5 million for 8,500 AP vouchers	\$90 million in 2019-20 and \$150 million ongoing (12,150 AP vouchers and 1,800 GCC seats)	\$266 million for AP and GCC: \$166 million ongoing (\$153.2 million GF and \$12.8 million CCDBG) for 16,831 AP seats \$100 million ongoing (GF) for 6,172 GCC seats	\$80.5 million in ongoing Prop 64 funding for 8,162 AP seats \$12.8 million ongoing CCDBG for AP seats \$50 million one-time for 3,086 GCC seats and 9,459 AP seats	
<b>Universal Preschool</b>	Delay initial 10,000 seats to April 2020 and postpone the remaining 20,000 seats	Adopt May Revision	Adopt May Revision plus TBL	Adopt May Revision (10,000 seats starting 4/1/20). Allocates \$31 million in ongoing GF in 2019-20 and \$125 million in 2020-21  Adopts TBL to expand eligibility to families living in areas with 80%+ of students qualifying for free/reduced price lunch  Adopts TBL to remove work requirement for full-day State Preschool, but prioritizes working families	

## 2019/2020 State Budget Crosswalk

	Governors May Budget Revision	Senate Budget Package	Assembly Budget Package	Conference Committee	Final 19/20 Budget
<b>CalWORKs Stage 1</b>	\$40.7 million in 2019-20 and \$54.2 million ongoing	Adopt May Revision with TBL to adopt SB 321 (Mitchell)	Adopt May Revision	\$56.4 million GF in 2019-20 and \$70.5 million ongoing  Adopts TBL to extend 12 month eligibility	
<b>CalWORKs Stage 2 and 3</b>	Increase January Budget by \$17.5 million Stage 2 and \$20.6 million Stage 3 (\$157.5 million for 2019-20)	Adopt May Revision	Adopt May Revision	Adopt May Revision of \$157.5 million increase to Stage 2/3	
<b>Master Plan for Early Learning</b>	\$10 million	\$5 million plus TBL changes	\$5 million plus TBL changes	\$5 million for research by HHS, State Board of Education, and SSI	
<b>Early Learning Facilities Proposal</b>	\$245 one-time (January Budget)	Adopt May Revision with TBL changes	Adopt May Revision plus TBL to align with AB 452 (Mullin)	\$273 million total:  \$245 million one-time non-Prop.98 for facilities  \$18 million transferred from Facilities Revolving Loan Fund  \$10 million Prop. 98 for the Inclusive Early Education Expansion Program  Allows up to 5% for TA, and up to 5% for renovation, repair, and modernization	

## 2019/2020 State Budget Crosswalk

	Governors May Budget Revision	Senate Budget Package	Assembly Budget Package	Conference Committee	Final 19/20 Budget
<b>Early Learning Workforce Proposal</b>	\$245 one-time (January Budget)	Adopt May Revision with TBL changes	Adopt May Revision plus TBL to align with AB 324 (Aguiar-Curry)	\$195 million one-time non-Prop. 98 for the Early Learning and Care Workforce Development Grants Program Adopts TBL to expand eligibility and aligns with Quality Counts CA	
<b>Quality Counts CA</b>	\$2.2 million in increased CCDBG	Adopt May Revision	Adopt May Revision	Included in Workforce	
<b>Emergency Child Care Vouchers</b>	\$12.8 million ongoing CCDBG for AP vouchers	Reject May Revision, redirect \$12.8 to AP vouchers (1,298 seats)	Reject May Revision, redirect \$12.8 to AP vouchers (1,298 seats)	Rejects May Revision, no proposal included	
<b>Proposition 64</b>	\$80.5 million for 8,500 AP vouchers	Not Addressed	Rejects May Revision. Dedicates \$80.5 million for the After School Education and Safety (ASES) program	Adopts May Revision of \$80.5 million ongoing for 8,162 seats	
<b>Child Savings Accounts</b>	\$50 million one-time	Not Addressed	Not Addressed	Modifies May Revision to include \$50 million one-time GF. Approves the program and funding level, but adopts TBL directing half of the money to local programs	
<b>CSU Infrastructure</b>	\$247 million one-time (January Budget)	Adopt May Revision	Adopt May Revision	\$239 million one-time GF	

## 2019/2020 State Budget Crosswalk

	Governors May Budget Revision	Senate Budget Package	Assembly Budget Package	Conference Committee	Final 19/20 Budget
<b>Reimbursement Rate Reform</b>	Not Addressed	Not Addressed	\$45 million in 2019-20 and \$88 million ongoing. Adopts TBL to establish a single regionalized rate (AB 125 (McCarty) and SB 174 (Leyva))	No proposal	
<b>License-Exempt Hourly Rate Adjustment</b>	Not Addressed	\$85 million ongoing to ensure 70% of the FCC rate	Not Addressed	No proposal	
<b>Emergency Child Care Bridge (Foster Care)</b>	Not Addressed	Not Addressed	\$47 million ongoing (\$38 million for seats, \$5 million for navigators, \$4 million for trauma-informed training)	\$10 million ongoing GF (ends 12/31/21)	
<b>COLA Adjustments (Non-Prop. 98)</b>	Adjust from 3.46% to 3.26% (decrease of \$18.3 million)	Adopt May Revision	Adopt May Revision	Adopt May Revision of 3.26% COLA for non-Prop. 98 child care	
<b>CDE State Operations</b>	Not Addressed	Not Addressed	\$2 million ongoing to support 19-20 expansions	\$1.778 million ongoing non-Prop. 98 for EL programs	

## 2019/2020 State Budget Crosswalk

	Governors May Budget Revision	Senate Budget Package	Assembly Budget Package	Conference Committee	Final 19/20 Budget
<b>Data Infrastructure</b>	Not Addressed	Not Addressed	\$30 million one-time (\$16 million for state reporting system, \$10 million for LPC (AB 1001), and \$4 million for organizing information)	\$20 million:  \$10 million one-time GF for state reporting system  \$10 million various Departments (including Dept. Of Ed, DSS, and Public Employment Relations Board) for data collection and implementation of child care organizing	
<b>BRC Early Childhood Policy Council</b>	Not Addressed	Not Addressed	Not Addressed	\$2.2 million GF annually for 3 years to continue and build upon the BRC's work	
<b>Constructing Child Development Institute</b>	Not Addressed	Not Addressed	Not Addressed	\$1.5 million in one-time GF to build a Child Development Institute in Reseda, California	

## 2019/2020 State Budget Crosswalk

	Governor's May Budget revision	Senate Budget Package	Assembly Budget Package	Conference Committee	Final 19/20 Budget
<b>Developmental Screening</b>	<b>\$60 million</b> (\$30 million federal funds and \$30 million Proposition 56 funds) for the Department of Health Care Services to increase developmental screenings for children	Approve expenditure authority of <b>\$105 million</b> (\$52.5 million Proposition 56 funds and \$52.5 million federal funds) to provide early developmental screenings for children and adverse childhood experiences (ACEs) screenings for children and adults in Medi-Cal	No proposal	The budget includes <b>\$105 million</b> (\$52.5 million Proposition 56 funds and \$52.5 million federal funds) to provide early developmental screenings for children and adverse childhood experiences (ACEs) screenings for children and adults in Medi-Cal	
<b>ACEs Screening</b>	<b>\$45 million</b> (\$22.5 million federal funds and \$22.5 million Proposition 56 funds)	Approve expenditure authority of <b>\$105 million</b> (\$52.5 million Proposition 56 funds and \$52.5 million federal funds) to provide early developmental screenings for children and adverse childhood experiences (ACEs) screenings for children and adults in Medi-Cal	No proposal	The budget includes <b>\$105 million</b> (\$52.5 million Proposition 56 funds and \$52.5 million federal funds) to provide early developmental screenings for children and adverse childhood experiences (ACEs) screenings for children and adults in Medi-Cal	
<b>Training of ACEs screening providers</b>	<b>\$60 million over three years</b> in Proposition 56 funding, starting with \$25 million in FY 19-20	Approve expenditure authority of <b>\$50 million</b> (\$25 million Proposition 56 funds and \$25 million federal funds) to train providers on delivering trauma screenings in a sensitive and appropriate manner	<b>Approve</b> as budgeted	<b>\$50 million</b> (\$25 million Proposition 56 funds and \$25 million federal funds) to train providers on delivering trauma screenings in a sensitive and appropriate manner	
<b>California Home Visiting Program</b>	<b>\$45.9 million</b> in General Fund and Medicaid matching funds	<b>Approve overall proposed General Fund expenditures</b> for the California Home Visiting Program (CHVP). Maintain the previous total fund allocation of state operations of \$2 million for CHVP. Redirect General Fund expenditures offset by federal matching funds for state operations costs to additional local assistance expenditures	<b>Approve</b> as budgeted, reflecting May Revise adjustments	Approves 13 positions and <b>\$23 million</b> General Fund ongoing to expand the California Home Visiting Program (CHVP), add new home visiting models and focus on low-income, young mothers, reflecting the May Revise which includes an additional <b>\$22.9 million in DHCS reimbursements for Medi-Cal eligible activities</b> in the CHVP	
<b>CalWORKs Home Visiting</b>	<b>\$89.6 million</b> in a mix of federal funds and General Fund to provide home visiting services to eligible CalWORKs families in 2019-20 and serve 18,500 cases.	<b>Approve</b> and adopt placeholder trailer bill language. Additionally, adopt no-cost placeholder TBL to expand program to all eligible children aged 0-2	<b>Approve</b> as budgeted, with placeholder TBL to (1) recognize the permanent nature of the Home Visiting program and (2) eliminate the first-time parent priority, simplifying access to the service to all CalWORKs families with children under age two, to the extent resources allow, as the program phases in implementation over time	<b>Approves the Governor's May Revise Proposal for Revised CalWORKs Home Visiting Assumptions</b> , with placeholder TBL to (1) recognize the permanent nature of the Home Visiting program and (2) eliminate the first-time parent priority, simplifying access to the service to all CalWORKs families with children under age two, to the extent resources allow, as the program phases in implementation over time	

## 2019/2020 State Budget Crosswalk

	Governor's May Budget revision	Senate Budget Package	Assembly Budget Package	Conference Committee	Final 19/20 Budget
<b>Black Infant Health Program</b>	<b>\$19.5 million</b> of General Fund and Medicaid matching funds	<b>Approve</b> overall proposed General Fund expenditures for the California Home Visiting Program (CHVP) and Black Infant Health (BIH) Program. Adopt placeholder budget bill language to direct DPH to allow BIH expenditures to also be utilized by local health jurisdictions for programs implemented under the California Perinatal Equity Initiative	<b>Approve as budgeted</b> , reflecting May Revise adjustments	Approves <b>\$7.5 million</b> General Fund ongoing to expand the Black Infant Health (BIH) program, reflecting May Revise which includes an <b>additional \$12 million in DHCS reimbursements for Medi-Cal eligible activities in the BIH</b> and the California Perinatal Equity Initiative	
<b>Paid Family Leave</b>	From six weeks to eight weeks- the minimum reserve in the Disability Insurance Fund will be <b>reduced by 15 percent</b>	No proposal	No proposal	Adopts the Governor's proposal to expand the duration of Paid Family Leave benefits from 6 weeks to 8 weeks beginning July 1, 2020 and <b>reduce the reserve requirement for the Disability Insurance Fund from 45 percent to 30 percent</b> . Adopts intent language to include the goal of providing a 90 percent wage replacing rate for low-wage workers utilizing Paid Family Leave. Provides \$3.3 million ongoing from the Disability Insurance Fund for positions and technology changes to implement these changes, including updating EDD's system to be able to increase the wage replacement rate to 90 percent. Approves the Governor's proposal to provide \$8 million in one-time funding for media and outreach to increase participation in the Paid Family Leave Program	
<b>Whole Person Care Pilot</b>	<b>\$120 million</b> (\$100 for counties with existing programs and \$20 for those that do not currently operate pilots)	<b>Approve</b>	<b>Approve with placeholder trailer bill</b> to require DHCS to work with counties on the allocation methodology, target the funds, and ensure flexibility. Approve <b>\$20 million in GF</b> (in place of Prop 63) funding for counties without current pilots	<b>\$100 million</b> until June 30, 2025, by the State Department of Health Care Services for the Whole Person Care Pilots Program. Approves of <b>\$20 million</b> General Fund for counties without Whole Person Care Pilot Programs	

## 2019/2020 State Budget Crosswalk

	Governor's May Budget revision	Senate Budget Package	Assembly Budget Package	Conference Committee	Final 19/20 Budget
<b>Regional Center to LEA transitions</b>	<b>\$500,000</b> one-time non-Proposition 98 General Fund	<b>Approve with placeholder trailer bill language</b> with amendments to require workgroup to expand focus to also include non-special education services related to accessing federal funds and the use of the Medi-Cal Billing Option Program and the School-based Medi-Cal Administrative Activities Program. In addition, require workgroup to provide specific recommendations for changes to regulations, statute, policy, and practice and related workload and funding requirements. Require to workgroups include legislative staff.	<b>Approves the proposed funding</b> for the Governor's May Revision proposal to provide \$500,000 in one-time non-Proposition 98 funding. <b>Amends the provisional language</b> and adopts placeholder trailer bill language to broaden the scope of the workgroup to include recommendations and best practices for drawing down federal funds for medical services for all students, including the Medi-care Early and Periodic Screening, Diagnosis, and Treatment program and improving collaboration between the Department of Education and the Department of Health Care Services.	<b>\$500,000</b> is provided to the Superintendent of Public Instruction on a one-time basis to convene one or more interagency workgroups comprised of special education stakeholders and other agencies to develop policy recommendations and best practices to improve the transition of three-year-olds with disabilities from regional centers to school districts, expand access to available federal funds for medically-related services for all students, including the Medi-Cal Early and Periodic Screening, Diagnosis, and Treatment program, and improve collaboration between the State Department of Education and the State Department of Health Care Services	
<b>Regional Center reform and oversight implementation</b>	<b>\$7 million</b> (\$5 million General Fund)	<b>Adopt placeholder trailer bill language</b> proposed by the Senate and stakeholders to address other transparency and accountability issues	<b>No action</b> , which places this into Conference to allow more time for consideration and stakeholder feedback	<b>Approves select components of the Governor's trailer bill language proposal</b> regarding Regional Center Accountability, Oversight, and Monitoring	
<b>Menstrual Products and Diapers Sales Tax Exemption</b>	Eliminate sales taxes on diapers and menstrual products will reduce state general fund revenues by <b>\$76 million annually</b>	No proposal	No proposal	<b>Adopts trailer bill language</b> for two sales tax exemptions on diapers and menstrual products <b>for two years</b>	
<b>Loan repayment program for physicians and dentists who commit to serving Medi-Cal beneficiaries</b>	<b>\$120 million</b> additional one-time funding	Approve expenditure authority of <b>\$240 million</b> (\$120 million Proposition 56 funds and \$120 million federal funds) to provide additional awards in the Physicians and Dentists Loan Repayment Program	<b>Approve expenditure authority of \$500 million</b> (\$50 million Proposition 56 funds and \$450 million federal funds) for family planning services in the MediCal program and adopt placeholder trailer bill language to direct the family planning augmentation to evaluation and management office visits, procedures, education and counseling, and vaccinations, specific to, or related to, reproductive health and family planning	<b>\$120 million:</b> \$100 million may be allocated for recent graduate physicians and \$20 million may be allocated for recent graduate dentists. The funds appropriated for this purpose are available for expenditure until June 30, 2029	

## 2019/2020 State Budget Crosswalk

	Governor's May Budget revision	Senate Budget Package	Assembly Budget Package	Conference Committee	Final 19/20 Budget
<b>Value Based Payment program</b>	<p><b>\$70 million additional one-time funding</b> for the Value-Based Payments program, specifically for behavioral health integration. This brings the <b>total allocation for Value-Based Payments to \$250 million available</b> for the program over the next several years</p>	<p>Approve total expenditure authority of <b>\$544.2 million</b> (\$250 million Proposition 56 funds and \$294.2 million federal funds) for implementation of the Value-Based Payments Program</p>	<p>Reduce funding for the Value Based Payments program by <b>\$80 million</b></p>	<p><b>\$250 million</b> is allocated for Proposition 56 Value-Based Payment programs to offer financial incentives to health care providers that improve their performance on predetermined measures or meet specified targets that focus on quality and efficiency of care</p>	
<b>Court appointed dependency counsels</b>	<p>An ongoing increase of <b>\$34 million</b> federal funds</p>	<p><b>Approve</b></p>	<p><b>Approve</b> as budgeted</p>	<p>Provides \$1.5 million ongoing General Fund to the Judicial Council to administer federal reimbursements related to court-appointed dependency counsel, which are estimated to be <b>\$34 million annually</b>, resulting in an increase in the dependency counsel budget from \$156.7 million to \$190.7 million annually beginning 2019-20.</p>	
<b>CalWORKs grant increases</b>	<p><b>\$348 million</b> in 2019-2020</p>	<p><b>Adopt placeholder trailer bill language to modify grants</b> to raise grants to 50 percent of the Federal Poverty Level for assistance units (AUs) of one, and 48 percent for all other AUs, toward the goal of ending deep poverty for all AUs +1, per the 2018 budget agreement</p>	<p><b>Adopt placeholder TBL to modify Governor's proposal</b> to raise grants to 50 percent of the Federal Poverty Level for assistance units (AUs) of one, and 48 percent for all other AUs, toward the goal of ending deep poverty for all AUs+1, accounting for child-only AUs (55% of the caseload), per the 2018 Budget agreement.</p>	<p><b>Modifies the Governor's Proposal on CalWORKs grant levels</b>, with TBL, to raise grants to 50 percent of the Federal Poverty Level for assistance units (AUs) of one, and as high as possible, but evenly, for all other AUs, toward the goal of ending deep poverty for all AUs+1, accounting for child-only AUs (55% of the caseload), per the 2018 Budget agreement</p>	

**2019/2020 State Budget Crosswalk**

	Governor's May Budget revision	Senate Budget Package	Assembly Budget Package	Conference Committee	Final 19/20 Budget
CalEITC	<p>The newly expanded credit will be available to roughly 3 million households in total, and will approximately triple the amount of credits provided from <b>\$400 million to about \$1.2 billion</b>. The expansion will: Provide a \$1,000 credit for every family that otherwise qualifies for the credit and has at least one child under the age of 6.</p> <ul style="list-style-type: none"> <li>• Increase the maximum eligible earned income to \$30,000 so that those working up to full-time at the 2022 minimum wage of \$15 per hour will be eligible for the credit.</li> <li>• Change the structure of the credit so that it phases out more gradually, providing a more substantial credit for many eligible families</li> </ul>	<p><b>Approve the Governor's proposed expansion to the EITC, with the following changes:</b> 1) make tax payers who file with an Individual Tax Identification Number eligible for the program, 2) augment funding for outreach and free tax preparation services at the FTB by \$5 million, for a total of \$10 million, 3) reject the renaming of the program, and 4) reject the FTB's proposal to begin implementation of advanced payments. Instead of beginning to implement advance payments now, adopt budget bill language requiring the FTB and the Department of Finance to report back to the Legislature on: 1) the approval or pending approval of federal waivers necessary to ensure that other public benefits are not impacted, 2) augment funding for outreach and free tax preparation services at the FTB by \$5 million, for a total of \$10 million, 3) reject the renaming of the program, and 4) reject the FTB's proposal to begin implementation of advanced payments</p>	<p><b>Adopt EITC as outlined:</b> Adjusting the total size of the EITC program to \$1 billion, which is about a 150 percent increase over the current program.; Extending the credit to taxpayers who file with the Individual Tax; Identification Number eligible for the program and providing appropriate resources to implement ITINs; rejecting renaming the program; augmenting funding for outreach and free tax preparation services at FTB by \$5 million for a total of \$10 million.</p>	<p>The total EITC program will grow from approximately <b>\$400 million to approximately \$1.2 billion</b></p> <p><b>\$13.098 million for implementation</b> of the EITC. In order to maximize participation and claiming of the California Earned Income Tax Credit, \$10 million of the amount appropriated in Schedule (1) shall be allocated in a manner that emphasizes nonprofit and community-based organizations that provide increased awareness of the California Earned Income Tax Credit and that provide free tax preparation services.</p> <p>The Franchise Tax Board shall work with the Legislature and the Department of Finance to determine the feasibility and form of a structure for providing advance payments to recipients of the Earned Income Tax Credit</p>	

June 4, 2019

Honorable Holly Mitchell (SD-30)  
California State Senate  
Chair, Senate Budget & Fiscal Review Committee  
State Capitol, 5050  
Sacramento, CA 95814

Dear Senator Mitchell,

On behalf of First 5 LA, we would like to thank you for your leadership and your recognition of the importance of early childhood development opportunities for our state's youngest children and their families. Specifically, we are deeply appreciative that the Senate Budget Package includes increased investments in early care and education (ECE), family supports such as home visiting, and funding to improve early identification and intervention (EI) services for developmental and trauma screenings.

Focusing state investments on our youngest learners gives them the best chance for academic and career success. Early childhood development goes beyond helping children and provides multi-generational benefits. Studies have shown that, in addition to a multitude of benefits for children, early childhood programs improve health, educational and labor outcomes for parents.

All of California's children deserve a chance for a bright future. Thank you for putting forward a strong early childhood development budget package that puts our state's youngest children on the path to success and will improve labor and education outcomes for working parents. We look forward to continuing to work with you, the full Legislature, and the Administration to ensure the passage of these critical proposals in this year's upcoming budget.

Sincerely,



Kim Belshé  
Executive Director

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## FIRST 5 LA

### **SUBJECT:**

**Request to Extend a Strategic Partnership with Southern California Grantmakers, Fiscal Sponsor for the Center for Strategic Partnerships, in the Amount of \$125,000 for a total project cost of \$225,000 through July 2021 to Support Technical Assistance to LA County Department of Mental Health to Continue to Operationalize Mental Health Services Act/Prevention and Early Intervention Funds for Prevention Efforts.**

### **RECOMMENDATION (PROVIDED AS INFORMATION):**

This memo is provided as information for the Board's consideration at the June 27, 2019 Special Commission/Program & Planning Committee Meeting. First 5 LA staff recommends that at the July 11, 2019 Commission meeting, the Board approve the extension of a Strategic Partnership with Southern California Grantmakers, Fiscal Sponsor for the Center for Strategic Partnerships, in the Amount of \$125,000 for a total project cost of \$225,000 through July 2021. Staff anticipates returning to the Board to seek authority to execute a contract in July 2019. Funds for FY 2019-20 are included within the current First 5 LA Programmatic Budget under Families Strategy 1 - Home Visiting, Home Visiting Sustainability Support in Mental Health Systems, which was approved by the Board of Commissioners on June 13, 2019. Beyond FY 2019-20, funds will be drawn from the Assigned fund balance and included in the First 5 LA Programmatic Budget which will be brought to the Board of Commissioners for approval in June prior to the corresponding fiscal year. At the time of budget approval, requested resources will shift from the Assigned resource category of the fund balance, dedicated for broad Strategic Plan purposes, to Committed, amounts dedicated for a more specified purpose via resolution.

### **BACKGROUND:**

The December 2016 home visiting board motion and the resulting 2018 plan "Strengthening Home Visiting in Los Angeles County: A Plan To Improve Child, Family, and Community Well-Being", lays out strategies for the County of Los Angeles, the County's Department of Public Health, First 5 LA, and their community partners to provide the supports that will help young children and communities thrive. The home visiting motion passed by the Board of Supervisors and subsequent report significantly elevated the profile of home visiting as a holistic family-strengthening investment to improve outcomes for families with young children countywide. The motion identified several key priorities, one of which is to "identify a framework to maximize resources by leveraging available funding and where possible identify new and existing but not maximized revenue streams." In short, the motion directed partners to identify a plan for sustainability of universally-offered home visiting efforts countywide, a recommendation that is further emphasized in the report.

This directive in the Board motion and subsequent report catalyzed several important emerging opportunities in sustainability for home visiting efforts. Significant among them, the LA County Department of Mental Health (DMH) re-directed \$40M of unspent Mental Health Services Act-Prevention and Early Intervention (MHSA-PEI) funding over two years to expand mental health services and supports to programs focused on trauma-informed prevention and early intervention for at-risk children, youth, and families. This funding is being utilized specifically for the expansion of home visiting services in the County. It is important to note that in addition to home visiting, the MHSA-PEI expansion funding supports several other efforts and approaches aligned to First 5 LA priorities, such as the Prevention and Aftercare Networks, trauma-informed care, and integrated service delivery.

This \$40M investment was the culmination of various factors, including the momentum provided by the Board motion as well as feedback from a March 2017 convening in which approximately 100 home visitors, service providers, policymakers, county agency partners and other key stakeholders were asked to identify

the main challenges to providing home visiting services in the County. The most pressing need identified by the participants was more training and support related to perinatal mental health. Therefore, in addition to expanding home visiting services with these funds, DMH augmented and enhanced linkages to mental health and other services and supports that improve physical, social and mental health well-being and outcomes. MHSA-PEI funding is also supporting the expansion of other prevention services within the County, including the Prevention and After Care Network.

This large infusion of funding into the prevention services provides a leveraging and service expansion opportunity as well as a significant effort and planning to realize timely and efficient implementation. The requested support will enable Gita Murthy Cugley and Associates to continue to provide technical assistance to DMH as DMH continues to work to plan for and operationalize these funds and develop the capacity within DMH to successfully plan for, launch and implement prevention programs. Strengthening this capacity within DMH is consistent with First 5 LA's efforts on sustainability, increase family supports, and prevention and early intervention.

The original Strategic Partnership represented a partnership between First 5 LA and the Center for Strategic Partnerships (CSP) to complete this work. The requested extension of this Strategic Partnership would continue this relationship with CSP moving forward. CSP was previously known as the Center for Strategic Public-Private Partnerships and was housed in the Office of Child Protection. As of July 1<sup>st</sup>, 2019, CSP will be housed in the Chief Executive office.

Pursuant to the Procurement Policy, Strategic Partners of \$75,000 or more in a fiscal year must be presented to the Board for approval. Staff is requesting an extension of this strategic partnership in the amount of \$125,000, for a total project cost of \$225,000, through July 2021 to comply with this policy.

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

Currently, all sources (First 5 LA, County, State, Federal) of home visiting funding in LA County total approximately \$140 million. A critical component of this, the large infusion of \$40 million in MHSA-PEI funding over two years, significantly expanded home visiting funding in the County. It continues to present an incredible sustainability opportunity for the County in the long-term. Continued effective design and implementation of these funds, along with positive programmatic outcomes, could lead to further collaborations in the future with DMH as well as funding expansion. Many Counties across the state, including Santa Clara, San Bernardino and San Diego, utilize MHSA-PEI funds to support home visiting and other early childhood efforts, so this may be a long-term sustainability strategy for LA County as well.

In addition to the funding that First 5 LA has already provided, there are several funding and staffing resources that have supported initial planning efforts for the MHSA-PEI funding, and others that will support continued efforts to operationalize the funding. To date, the Blue Shield Foundation has provided \$75,000 to Gita Cugley and Associates to provide technical assistance to DMH in its initial planning efforts over a six-month period beginning in September 2017. DMH assigned 1 Fulltime staff to work with the Consultant in the planning efforts and this staff would continue to work with the Consultant through implementation. Additionally, adjacent to the home visiting Board motion is the incredibly significant County Prevention Plan, which identifies prevention as reducing the number of children and families touched by the child welfare system, as well as decreasing the length and intensity of interactions. The plan includes a key strategy – the Prevention and Aftercare Networks (PANs) – networks that provide families with community-based services and supports. Gita Cugley and Associates was contracted for \$150,000 by the Office of Child Protection to support implementation of the PANs. Furthermore, in the first year of this project, Ms. Cugley played a pivotal role in ensuring the effective and efficient utilization of the MHSA-PEI dollars. Therefore, First 5 LA's funding to support continued technical assistance to operationalize DMH MHSA-PEI dollars will leverage these different past and ongoing funding and staffing resources. Finally, it is anticipated that First 5 LA's commitment will catalyze and be supplemented by private foundation funding in the amount of \$175,000 in the first year alone.

**JUSTIFICATION:**

**This Strategic Partnership meets the criteria below:**

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

**AND**

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

**The Strategic Partnership provides an opportunity to leverage First 5 LA funds to produce additional funding for the program or initiative or service.**

The Strategic Partnership provides an opportunity to leverage First 5 LA funds to produce additional funding to ensure the continued effective implementation of MHSA-PEI funding towards prevention programs, including home visiting, through DMH. First 5 LA's funding to support continued technical assistance to operationalize DMH MHSA-PEI dollars will leverage past and ongoing funding and staffing resources. First 5 LA's contribution will catalyze other contributions to this project, including \$100,00 from Weingart Foundation and \$75,000 from The Ralph M. Parsons Foundation.

With the implementation of First 5 LA's 2015-2020 Strategic Plan, there has been an increased and intentional effort to partner with others in an effort to enhance the impact we can have on the lives of young children, and families with young children. There is no better an example of how to maximize our impact of young children than when we find opportunities to coordinate with the large County-managed systems that are aligned with First 5 LA's mission and areas of work. To that end, continuing this Strategic Partnership will extend and strengthen our partnership with the Center for Strategic Partnerships (CSP), a key County partnership because CSP is charged with developing and strengthening new and existing partnerships and strategically leveraging federal, state, and private dollars to serve Los Angeles County's youth, families, and communities. Additionally, given CSP's charge to leverage public-private partnerships and funding, by continuing this strategic partnership, First 5 LA's investment is well-positioned for CSP to catalyze additional County and philanthropic funding to better integrate resources to enhance impact and benefit to young children and families.

**The proposed Strategic Partnership is aligned with the adopted Strategic Plan**

The proposed Strategic Partnership is aligned with the 2015-2020 Strategic Plan, specifically to the Families Outcome area, Strategy 1, which aims to lead the testing, modification, and scaling up of evidence-based practices, and programs that work directly with parents/caregivers to increase Family Protective Factors, with a primary focus on Welcome Baby, including support for intensive home visiting to families at high risk of poor child outcomes identified through the Welcome Baby system.

Welcome Baby and Select Home Visiting are signature and long-standing investments for First 5 LA, and the 2015-2020 Strategic Plan reaffirms the agency's commitment to this strategy. With the ongoing decline of First 5 LA revenue, it is increasingly important that long term sustainability strategies are identified,

prioritized and implemented. The directing of MHSA-PEI funds towards home visiting represents a critical piece of First 5 LA's the efforts to secure additional sources of revenue to create a larger, more diverse, and more sustainable home visiting system. First 5 LA staff is continuing to assess, monitor and support additional local, state and national home visiting opportunities. The Commission's planned evaluation work will also be critical to making the case to potential public and private funders about the value of home visiting.

Furthermore, extending this Strategic Partnership to ensure the continued effective utilization of MHSA-PEI funding in LA County is a critical component of our myriad efforts around fund leveraging and sustainability, which is a priority of our work. For example, First 5 LA was an active participant on the Home Visiting Board Motion planning group, mentioned above, which resulted in the development and publication of the report "Strengthening Home Visiting in Los Angeles County: A Plan to Improve Child, Family, and Community Well-Being." A key directive of the motion was to ensure sustainability of efforts. Furthermore, First 5 LA is working on piloting several strategies to leverage and maximize funding in the short- and long-terms. One specific example is a Targeted Case Management pilot in partnership with the Department of Public Health, which intends to leverage federal funding through First 5 LA's existing Select Home Visiting programs. Additionally, First 5 LA, in partnership with the LA County Department of Public Social Services, the Office of Child Protection and SHIELDS for Families, implemented a pilot effort that provided home visiting to 50 families who were DPSS clients. This pilot provided an opportunity to provide evidence of the value of home visiting to CalWORKs participants and encourage the use of CalWORKs funding to support scaling of efforts. The pilot design, implementation materials and progress were used to educate and shape the statewide CalWORKs Home Visiting Initiative, the state's first investment in home visiting. Finally, First 5 LA is currently working with health plans to engage their members in home visiting, which will not only help to improve outcomes for young children and their families but will also increase member engagement. For example, First 5 LA recently launched a pilot program in partnership with Promise Health to offer home visiting to women with a positive pregnancy test at their clinics in the Antelope Valley. Since all these efforts to secure diverse and innovative sources of sustainable funding for First 5 LA's investments and the broader system of prevention-related services in LA County are aligned with one another, extending this Strategic Partnership will strengthen this entire piece of work.

FIRST 5 LA

**SUBJECT:**

**Request to Extend a Strategic Partnership with California Community Foundation (CCF), fiscal sponsor for the LA Partnership for Early Childhood Investment (LA PEI) in the Amount of \$11,000, for a total project cost of \$136,000 through September 2020 to continue to support the Los Angeles County Perinatal and Early Childhood Home Visitation Consortium in ensuring the home visiting system in LA County sustains a high level of quality as it grows.**

**RECOMMENDATION (PROVIDED AS INFORMATION):**

This memo is provided as information for the Board's consideration at the June 27, 2019 Special Commission/Program & Planning Committee meeting. First 5 LA staff recommends that at the July 11, 2019 Commission meeting, the Board approve an additional \$11,000 for a Strategic Partnership with California Community Foundation (CCF), fiscal sponsor for the LA Partnership for Early Childhood Investment (LA PEI) for a total project cost of \$136,000 through September 2020 to continue to support the Los Angeles County Perinatal and Early Childhood Home Visitation Consortium (the Consortium) in ensuring the home visiting system in LA County sustains a high level of quality as it grows. Funds for FY 2019-2020 are included within the current First 5 LA Programmatic Budget under the Families Strategy 1 – Home Visiting, LAC Perinatal and Early Childhood Home Visiting Consortium, which was approved by the Board of Commissioners on June 13, 2019. Beyond FY 2019-20, required funds will be drawn from the assigned fund balance and included in the First 5 LA Programmatic Budget which will be brought to the Board of Commissioners for approval in June of the corresponding fiscal year. At the time of budget approval, requested resources will shift from the assigned resource category of the fund balance, dedicated for broad Strategic Plan purposes, to the Committed category, amounts dedicated for a more specified purpose via resolution.

**BACKGROUND:**

First 5 LA has supported the Los Angeles County Perinatal and Early Childhood Home Visitation Consortium (the Consortium) since 2015 to convene home visiting providers, leaders, and advocates to improve coordination, quality, and advocacy efforts. The leadership of the Consortium includes LA Best Babies Network (LABBN), which is the administrative entity for the Consortium, the LA County Department of Public Health Maternal, Child and Adolescent Health Division, First 5 LA, and The LA Partnership for Early Childhood Investment (LA PEI). Key goals of the Consortium are to: 1) build working referral pathways among the multiple and varied home visiting programs across the County; 2) promote a well-trained and supported workforce; 3) collect and report data to understand, support and demonstrate collective impact; and, 4) elevate, promote and advocate for quality home visiting.

LA PEI and First 5 LA have been co-funders of the Consortium and its administrative entity LABBN's efforts over the past several years. In 2014, the Consortium, in efforts to improve organizational structure, efficiency and define its strategic function, secured a facilitator to serve as "neutral convener" and to provide technical assistance to build the capacity of the Consortium to self-govern and maintain the level of efficacy required to implement its strategic plan. By 2016, this strategic planning process was complete, and several needs were identified for implementation in 2017, such as 1) building the capacity of the Consortium to successfully implement the adopted strategic plan, 2) strengthening the entity's leadership, and 3) providing critical expertise related to assessing the home visiting landscape (research, analysis and systems change support).

In February 2017, First 5 LA approved a Strategic Partnership with California Community Foundation (CCF), fiscal sponsor for the LA Partnership for Early Childhood Investment in the amount of \$60,000 through December 2017 to support the facilitation of the LA County Home Visiting Consortium. In 2018, this Strategic Partnership was extended in the amount of \$65,000 for a total project cost of \$125,000 through June 2020 to continue this work. Via this extension, staff is requesting an additional \$11,000 for a total project cost of \$136,000 through September 2020 to support the strategic planning and capacity

development of the LA County Home Visiting Consortium. To date, the partnership between LA PEI and First 5 LA has resulted in the strengthening of the ability of the Consortium to support the home visiting system in LA County. Given the recent introduction of multiple new funding streams for home visiting into LA County, the Consortium would benefit from extending this partnership to further this work.

The Board of Supervisors' home visiting motion in December 2016 and the resulting plan in 2018, report "Strengthening Home Visiting in Los Angeles County: A Plan To Improve Child, Family, and Community Well-Being", lays out strategies for the County of Los Angeles, the County's Department of Public Health, First 5 LA, and their community partners to provide the supports that will help young children and communities thrive. Since the publication of the report, there have been several significant and exciting changes in the home visiting system in Los Angeles County, most notably the introduction of several new funding streams for home visiting through the Mental Health Services Act – Prevention and Early Intervention (MHSA-PEI) funding (administered by DPH via DMH) and Department of Public Social Services (DPSS) CalWORKs funding. As the home visiting system in the County expands and grows, it is essential that the Consortium is well-prepared to maintain the high-level of quality with which it has supported the home visiting system to date by engaging in strategic planning and capacity development with assistance from a consultant.

Pursuant to the Procurement Policy, Strategic Partners of \$75,000 or more in a fiscal year must be presented to the Board for approval. Staff is requesting an extension of a Strategic Partnership for an additional \$11,000 to comply with this policy.

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

The Strategic Partnership with California Community Foundation will leverage funds from the LA Partnership for Early Childhood Investment as described under the leveraging criteria below.

In regards to sustainability, as mentioned above, the LA County Board of Supervisors passed a Home Visiting motion in December 2016 that significantly elevated the profile of home visiting as a holistic intervention to improve outcomes for families with young children countywide. The motion identified several key priorities, one of which is to "identify a framework to maximize resources by leveraging available funding and where possible identify new and existing but not maximized revenue streams." In short, the motion directs partners to identify a plan for sustainability of expanded home visiting efforts countywide. The motion recognizes several partners, including First 5 LA and the Consortium, as essential partners in the home visiting field.

Since the passage of the motion in 2016, the home visiting system in LA County has evolved not only as a result of the motion and the subsequent planning that occurred since, but also as a result of several new funding streams for home visiting that have come or are coming into the County from multiple sources. This includes funding from MHSA-PEI, DPSS CalWORKs, and the California Home Visiting Program (CHVP). As the home visiting system works to effectively and efficiently absorb these exciting new opportunities, it is critical that the Consortium remain prepared to support the entire network. The proposed extension of the Strategic Partnership, which focuses on supporting the Consortium and its administrative entity LABBN by providing strategic planning consultation, will allow the agency to maintain its ability to support the entire home visiting system in Los Angeles County at the high level of quality with which it has done so to date as that system evolves. It will also help to continue to increase their visibility at the countywide level, strengthen their partnership with DPH and other County agencies, and further establish their role in the home visiting field. This in turn will strengthen their ability to cultivate partnerships and funding to sustain future efforts.

**JUSTIFICATION:**

**This Strategic Partnership meets the criteria below:**

- The Strategic Partnership can provide specific resources needed by First 5 LA to implement an approved program or initiative in a manner or on a scale that makes the

Strategic Partnership more cost effective than resources provided through a competitive solicitation; or

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

**AND**

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

**The Strategic Partnership provides an opportunity to leverage First 5 LA funds to produce additional funding for the program or initiative or service.**

The Strategic Partnership provides an opportunity to leverage First 5 LA funds to produce additional funding from LA PEI to support the strategic planning and capacity development of the Consortium and its administrative entity LABBN. Through the previous iterations of this Strategic Partnership, LA PEI has positioned itself as a fellow stakeholder in the success of the Consortium, as home visiting is an established service modality with myriad evidence-based models available for replication and provision to families of young children. In order to continue this Strategic Partnership, First 5 LA's contribution will catalyze \$50,000 from LA PEI to provide consultant support to the Consortium for business and strategic planning to ensure they can continue to support the home visiting system as it grows. LA PEI shares First 5 LA's vision of a system of early childhood development with home visiting as a foundational component. Partnering with LA PEI to contribute funding to this project will maximize First 5 LA's ability to continue to support the Consortium and to play a leadership role in developing the county's home visiting system and programs because it will ensure that the Consortium have the resources that they need in order to continue supporting this system as it grows.

**The proposed Strategic Partnership is aligned with the adopted Strategic Plan:**

The Strategic Partnership supports First 5 LA's Families goal area, particularly the strategy to lead testing, modification and scaling up of evidence-based practices and programs that work directly with parents/caregivers to increase family protective factors, with a primary focus on Welcome Baby and targeted home visiting models.

The anchor activity of "advocate for public and private investments in Welcome Baby and evidence based home visiting" is also supported by this project by strengthening the ability of the Consortium to support quality, data aggregation, referral pathways, and advocacy among all home visiting programs in the County as the system grows, including First 5 LA supported home visiting programs such as Welcome Baby, Healthy Families America (HFA), and Parents as Teachers (PAT). Furthermore, as this project will help to support the entire home visiting system, which has an increasingly diverse array of funding sources, as it changes and grows, it aligns with the Strategic Plan's overall focus on systems change. The project also aligns to the Strategic Plan's investment areas of research and development, public policy and advocacy, service delivery system improvement and community capacity building.