

AGENDA

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

Budget & Finance Committee Chair: Robert Byrd

**Thursday, April 25, 2019
1:30 PM**

Meeting Location:

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



ASPOSE

Your File Format APIs

1. **ACTION**
Call to Order / Roll Call
- **Marlene Zepeda, Committee Chair**

2. **INFORMATION** **3**
Review Program & Planning Committee Meeting Transcript – March 28, 2019
- **Marlene Zepeda, Committee Chair**

3. **INFORMATION** **123**
Early Identification and Intervention: Help Me Grow Implementation Update- LA County
Department of Public Health and Demonstration Communities
- **Tara Ficek, Director, Health Systems**
- **Cristina Pena, Senior Programs Officer, Health Systems**
- **Steven Baldwin, Director, Children's Health Outreach Initiatives, Los Angeles County Department of Public Health**

4. **INFORMATION** **151**
Communities Outcome: Regional Network Grantees Update - Building Best Start Local and

COMMISSIONERS

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

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M.P.H., M.Ed.
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- **Kim Hall, Manager, Evaluation & Learning**
- **Roxana Martinez, Program Officer, Communities**
- **Hector Gutierrez, Program Officer, Communities**
- **Veronica Flores, Chief Executive Officer, Community Health**

Councils

5. Break
6. **INFORMATION** 170
 - Strategic Plan Refinement Process (SPR4) Update: Programmatic Review Findings and Community Engagement Approach Preview
 - **Steven LaFrance, Founder and CEO, Learning for Action**
 - **Kaya Tith, Strategic Plan Project Manager**
7. **INFORMATION**
 - Public Comment (For items not on the agenda)
8. **ACTION**
 - Adjournment



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MEETING OF FIRST 5 LOS ANGELES PROGRAM AND PLANNING
Thursday, March 28, 2019
750 North Alameda Street, First Floor
Los Angeles, California 90012

REPORTED BY:
HEATHERLYNN GONZALEZ
CSR #13646

1 Thursday, March 28, 2019; Los Angeles, California

2 1:35 p.m.

3 -oOo-

4 COMMISSIONER ZEPEDA: Let's start as we normally
5 do with introductions. I'm going to start with -- to my
6 left.

7 COMMISSIONER MARTINEZ: Yvette Martinez.

8 COMMISSIONER HEGER: Astrid Heger.

9 COMMISSIONER GAREN: Wendy Garen.

10 COMMISSIONER ABDO: Judy Abdo.

11 MR. JIMENEZ: Oh, Armando Jimenez.

12 MS. PINEDA: Good afternoon. Daniela Pineda,
13 First 5 LA.

14 MS. TITH: Kaya Tith, First 5 LA.

15 MS. ALTMAYER: Good afternoon. Christina
16 Altmayer.

17 MS. PATTILLO BROWNSON: Kim Pattillo Brownson,
18 First 5 LA.

19 COMMISSIONER WOOD: Keesha Wood for Los Angeles
20 County Office of Education.

21 COMMISSIONER TAYLOR: Romalis Taylor,
22 commissioner.

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

24 THE COURT REPORTER: Heatherlynn Gonzalez,
25 stenographer.

1 SPEAKER: (Inaudible).

2 SPEAKER: (Inaudible).

3 SPEAKER: (Inaudible).

4 COMMISSIONER ZEPEDA: Are we missing anybody?

5 COMMISSIONER TILTON: I understand why Stadium
6 Way was not a good idea.

7 MS. BELSHE: And can we truncate that name to --
8 I know that Stadium Way is not a good idea?

9 COMMISSIONER TILTON: I am Deanne Tilton. I will
10 say that this morning at 9:00 a.m., it was already
11 chaotic. The whole of downtown has been disrupted today.

12 MS. BELSHE: Apparently there's a baseball game.

13 SPEAKER: (Inaudible), First 5 LA.

14 SPEAKER: Jasmine (inaudible), IT.

15 MS. BELSHE: Jasmine is our now IT director.

16 COMMISSIONER TAYLOR: Congratulations.

17 MS. BELSHE: Welcome.

18 COMMISSIONER ZEPEDA: Okay. And I think somebody
19 just walked in.

20 COMMISSIONER TAYLOR: Name.

21 MS. BELSHE: Introduce yourselves.

22 SPEAKER: (Inaudible), senior program officer
23 with health systems.

24 MS. BELSHE: And the last person to introduce
25 themselves after -- Natasha?

1 Speaker: Hello. Hi. Good afternoon. My name
2 is Natasha Moise. I'm the program officer and
3 communities.

4 MS. BELSHE: Bring it home, Lee.

5 SPEAKER: Lee Worbell, communities.

6 COMMISSIONER ZEPEDA: All right. Welcome,
7 everybody.

8 So, commissioners, let's look at the transcript
9 from February 28th. Any additions, comments?

10 Hearing none, we'll go ahead and accept those as
11 is.

12 And moving onto Item 3. We have our presenters
13 to talk to us about SPR4. Christina, Kaya, Daniela, and
14 Armando will be presenting to us about SPR4 today.
15 Welcome.

16 MS. ALTMAYER: Welcome. Hi. Good afternoon.

17 So I'm going to kick this off very briefly and
18 say that I'm very excited about the progress that we made
19 at the last board meeting that -- of endorsement of the
20 investment guidelines, which is one of our foundational
21 pieces of our strategic plan. We're going to provide an
22 update on the SPR4 review phase, which we are just about
23 concluding. And Kaya will walk through that. And then
24 we'll kick it over to our partners that are leading our
25 impact framework work to give -- provide an update on

1 where that process is and begin the discussion on some of
2 the systems outcomes.

3 So with that, I will toss it over to Kaya to give
4 a brief update on the strategic plan process.

5 MS. TITH: Good afternoon, commissioners.

6 So as Christina mentioned, we're just providing a
7 quick update on our first phase of our strategic plan
8 refinement process. We have four phases as you see there
9 on the slide. And the first phase which we are finishing
10 up this month is the review phase.

11 So as part of the review phase, we looked at
12 addressing how have our strategies been implemented since
13 strategic plan implementation and what progress has been
14 made since implementation. So to address these two key
15 questions, we conducted a series of activities during this
16 review phase and also reached a key milestone as Christina
17 mentioned.

18 So, specifically, our SPR4 consultant, LFA, have
19 conducted over 20 key informant interviews, both with our
20 board of commissioners. So we thank you to the board for
21 your time and participation in those important
22 conversations. And they also conducted interviews with
23 our external philanthropic partners as well as part of
24 this review process.

25 In addition to those key informant interviews,

1 they also did a comprehensive data review of over 20
2 reports and research findings to understand our current
3 landscape and implementation progress to date.

4 And, again, as we mentioned we also reached an
5 important milestone as part of this review phase with the
6 board's directional endorsement of our investment
7 guidelines which includes two new investment guidelines on
8 equity and sustainability. So not only are investment
9 guidelines foundational for our strategic plan, but
10 they're also will be important key decision making
11 criteria for all major components of our refinement
12 process going forward as well. So that's great milestone
13 that we've accomplished during this phase.

14 So the key informant interviews and the data
15 review have been compiled, analyzed, and synthesized into
16 what we call our SPR review report, which is in its final
17 stages of being complete and where we will have -- we'll
18 be engaging the board next month in -- with all the key
19 findings from that report.

20 So the -- from the findings from the data review
21 and key informant interviews, the data, the review report
22 looks to summarize our lessons learning through three key
23 areas. So what are we learning about the changes through
24 shifts in the external environment that may influence our
25 work moving forward, what are we learning about our

1 implementation progress to date, as well as what are First
2 5 LA's areas of strengths and growth in implementing our
3 policy change work.

4 So during April board presentation and PPC
5 meeting, we'll be engaging the board in sharing with you
6 not only an overview of the review report and its key
7 themes, but also opportunity to reflect on these key
8 findings. So, specifically, for April 11, board of
9 commissioners meeting, we will be doing some reflection on
10 engaging the board with discussion on the landscape review
11 of the review reports. So what are we learning about the
12 changes of our external environment since the adoption of
13 our current strategic plan that may inform our work moving
14 forward. And so we'll be engaging the board in the
15 discussion on those themes that come up from landscape
16 review.

17 And then on the April 26th program and planning
18 committee meeting, we will be having a conversation on the
19 programmatic findings from the review report and having a
20 reflection on what does that mean for our future work
21 moving forward.

22 So the findings that are being lifted from this
23 review report will help inform our next phase of our
24 strategic plan refinement process, which is our reflect
25 phase that will occur from April to June. What we're

1 looking at, based on what we're learning both in the
2 environment and our implementation progress to date and
3 our organizational capacity, how does that inform our work
4 moving forward and inform our refining our strategies.

5 So that was just a quick teaser for everyone, a
6 quick commercial on what's to come for what we anticipate
7 a very engaging and informed and dynamic conversation in
8 April. And so this slide here is just an outline of some
9 key activities for the next three months of SPR4, all to
10 highlight that we're wrapping up our review phase and
11 we're going into our reflect phase. And then in addition
12 to those board discussions on the report findings in
13 April, staff will be also conducting a series of community
14 engagement sessions that will inform our strategy
15 refinement process happening over the summer.

16 So that's it from us, as far as update. And
17 then we'll tee it over to Daniela who will provide an
18 overview of next -- on impact framework.

19 MS. ALTMAYER: If there's any questions about
20 where we are on the strategic planning process before we
21 switch gears a little bit to talk about --

22 COMMISSIONER ZEPEDA: Commissioners, any
23 questions so far?

24 Can I ask a few questions? You mentioned, Kaya,
25 that there was a literature review that was done.

1 MS. TITH: A data review, yes.

2 COMMISSIONER ZEPEDA: Data review. And what was
3 the specific -- I know I'm getting into the weeds here.
4 Maybe it's not --

5 MS. BELSHE: That will be a part of the report.

6 COMMISSIONER ZEPEDA: That will be part of the
7 report. I'd like to know what sources of information.

8 MS. ALTMAYER: It was primarily -- just to give
9 you an overview and we'll have a full list reports that we
10 developed for -- within California, within LA county about
11 trends that are happening in the early childhood field.
12 So many of the reports that will be talked about here,
13 home visiting report, the OCP prevention plan on local
14 level, on a statewide level, some of the reports that have
15 come out around issues on equity, early childhood
16 outcomes.

17 COMMISSIONER ZEPEDA: And then in that report,
18 you're going to be also talking -- that's also overlaps
19 with this idea of what do we know about the external
20 environment; correct?

21 Okay. So those are the two questions I had so
22 far. Thank you.

23 MS. PINEDA: All right. Cool. So I know that
24 we're all really anxious to hear about the Dodgers and the
25 outcome of that game.

1 MS. BELSHE: How will we measure success?

2 MS. PINEDA: I think it will be fairly obvious.
3 To keep us focused -- so thank you. What Armando and I
4 are going to do is going to engage us in a conversation.
5 So this is how we're going to do it. First, we're going
6 to give you some information about the -- so we've been
7 talking about results; right? So you've heard this. For
8 those of you who have longer tenure on the board, those of
9 you who have just joined us, we've been talking about our
10 north star results. So what we're going to do today is
11 give you more insight into how we're going to turn those
12 results, those words that we have into something that is
13 actual measurement; right? So any of you who are looking
14 to see hard numbers and figures, you know, it's no easy
15 task. So we're going to start. Armando is going to talk
16 to the steps that we're taking. So that's the information
17 part and then we'll have question. We'll have an
18 opportunity for you to do that.

19 But then the second part we're going to actually
20 ask all of you -- so we'll present some information and
21 we'll ask all of you to really kind of think about what
22 that means for you as you think about family,
23 child-focused and family-centered systems. So, right,
24 we're going from the, here's what our results are, to just
25 think very concretely, like what where we are as an

1 organization, what does that mean for how you see First 5
2 LA moving into making systems change. So I will come back
3 and facilitate us in that discussion.

4 So turning it to Armando now.

5 MR. JIMENEZ: Now. And I'm going to be as clear
6 and as concise just like a fast ball right down the
7 middle. I couldn't help it.

8 MS. PINEDA: Sports analogies right here.

9 MR. JIMENEZ: So we've been on a journey with the
10 impact framework. And I'm going to slightly provide an
11 overview of where we've been as a commission on the impact
12 framework. We have been going through a process where
13 we've articulated the strategies, the work that we do, and
14 identified pathways between those strategies and
15 short-term and long-term system outcomes and results for
16 kids.

17 Some you had an opportunity to review some of
18 those in gallery walks. We engaged commissioners, so you
19 saw what the product of that was. So we are done with
20 phase one. And there's all of the data that has been
21 collected from phase one has allowed us to kind of
22 identify those results for children and families.

23 We met a major milestone at the November 2018
24 commission meeting where you endorsed the results for
25 children and families. So we wanted to kind of move

1 forward in the journey and tell you where we are now.
2 This is where we are and we're in the process of
3 identifying -- here we go -- looking at the measurement
4 approach, which I'll talk about in the next few slides.
5 We're in the process of over the past month and moving
6 forward into mid-May, we'll be identifying indicators for
7 the measures and the outcomes, the results. We will be
8 identifying potential data sources. And we will be
9 identifying opportunities for data development and also
10 talking a little bit about how we might want to zoom in
11 and focus on some areas where we could talk a little bit
12 about our contribution to the results.

13 This is really important because this is the
14 intersection between the impact framework work and the
15 SPR4 work, and that is how we can inform some of the
16 target setting that is going to be part of the strategic
17 planning refinement process.

18 So that's kind of the place that we are moving
19 towards. That's where we're going. In June we're going
20 to be talking about reporting. And that is in my mind the
21 engine that makes the impact framework move. It's, how do
22 we use that data to help us make progress and move
23 forward.

24 So over the course of several commission meetings
25 and in addition to the commission meetings, we've had some

1 engagements with commissioners individually and we've
2 heard feedback from you. Some of the things that we've
3 heard that have surfaced that are important considerations
4 for us is, you all want to know what types of outcomes are
5 we going to be tracking. You want to also know, how do we
6 make sure we identify the right kinds of data and data
7 sources. And we also heard that you talked about how
8 important it is to really define and set targets so that
9 we can really, really move forward with the change that we
10 seek and get to that north star.

11 So in terms of the types of outcomes that we are
12 going to be tracking, as I mentioned before, as a result
13 of the phase one work where we articulated our pathways to
14 change, we are going to be identifying outcomes for what
15 we call short-term system outcomes, long-term system
16 outcomes, and results for children and families. So I'm
17 going to make note that the short-term system outcomes are
18 things that we are going to be talking about later because
19 we felt it would be more effective and efficient for us to
20 have those discussions once this strategy refinement
21 process is completed. Those are going to be closer to the
22 work, and we felt those would be things that we would be
23 talking about in the future.

24 We're also going to talking about how to assess
25 or at least understand some of the areas where we could

1 look at or talk about our contributions to the results.
2 So it gives us a chance to zoom in either with a specific
3 strategy or a point in time.

4 And the last thing is, we also introduced at the
5 November commission meeting what we call the monitoring
6 measures. And those are things that allow us to
7 understand the context in which children exist and they
8 live.

9 So here we go. I really appreciate this slide
10 because -- and I want to commend staff if they're
11 listening and I think we have staff here who were able to
12 encapsulate a 70-plus page plan into a graphic. We wanted
13 to spare you the 70-plus page plan, but we wanted to give
14 you the major components of what we see as phase two of
15 the measurement work. And you'll see on the left -- and I
16 wanted to really highlight this -- is that there are
17 various inputs that will be a part of this process. In
18 fact, today is one of those input opportunities. But we
19 will engage in discussions with other First 5 LA staff and
20 we've already started that. We are definitely in debt and
21 connected to our partner, Learning for Action, in having
22 them help us understand how to move this work forward. We
23 have lots of different inputs, but I wanted to highlight
24 something that was very important for us in the work, and
25 that is, even though we do have many inputs and we have

1 lots of opportunities to talk with people, we also are
2 aware of the need to balance getting input and making
3 progress.

4 For those of who you have been involved in any
5 kind of measurement development work, you know that it's
6 -- you know, we'd love to talk to everyone who has every
7 level of expertise and has every level of connection to
8 the work.

9 But oftentimes we find that in the pursuit of perfect
10 measures, it's possible to get paralyzed in that process.
11 We don't want to do that. We want to be thoughtful, but
12 we also want to make sure that we're moving forward with
13 the best thinking that we have at the time.

14 So on the right-hand side in the purple box, you
15 see the major plan components. I think most people are
16 interested in the first two, which are, okay, what
17 indicators are we going to identify for each of the
18 outcomes that we select, the results for children and
19 families, the systems outcomes; how will we know -- what
20 measures will we use and how will we go about that. So a
21 lot of our work will be focused there.

22 We also are dedicated to really identifying the
23 best data sources. LA county, as many of you know who've
24 worked in the county for many, many years know, that we
25 have a data rich environment. There are many sources of

1 data. And we want to make sure that we're using the right
2 ones and that we identify the right ones.

3 The third box down near the bottom is what we
4 call data development opportunities. Once again, in
5 conversations with folks who have been doing measurement
6 work, one of the first topics that always comes up is, I
7 wish we had this, I wish we had a measure for this. And
8 oftentimes we find ourselves in a situation where we keep
9 on talking about those "I wish we had" and not an
10 opportunity to sit down and make movement towards getting
11 them. So we wanted to highlight in the plan some data
12 development opportunities for the board moving forward.

13 The last piece as I mentioned is speaking to our
14 contribution, and that is, there may be opportunities for
15 us to focus in on a specific strategy, set of strategies,
16 or an area that may help us understand how we're
17 contributing, not necessarily that we're making -- trying
18 to define our attribution; in other words, this is a
19 specific thing that we're doing that makes this change,
20 but how are we contributing to make this change. So this
21 encapsulates the kind of measurement work and the plan.

22 I also like this graphic because for -- for the
23 folks out there who have measurement background experience
24 knows how comprehensive and complex it can be. So I like
25 this because it really helps define kind of like our

1 approach to moving from a concept or an outcome statement
2 to eventually getting a measurement indicator. And I like
3 this because it really kind of lays it out very clearly.

4 So any outcome statement can be very large and
5 have lots of components in it or it can be very, very
6 specific. But the very first step is to define what we
7 mean by a particular outcome or result. That's the
8 definition part. The next is to say, how do we know we're
9 making a difference in that particular area. And that's
10 the selection of indicators. The third step is
11 identifying the data sources; how -- where do we get this
12 information, what source of information are we going to
13 use to assess this, and, finally, what do we do once we
14 get the information, how do we use it, how do we interpret
15 it.

16 So it's the what, it's the how do we know, and
17 it's the where do we get, and it's the what do we do with
18 it when we get it.

19 I really -- again, I think this is the kind of
20 the approach. And I know Commissioner Zepeda probably
21 appreciates this, but I recently got back from SRCD, which
22 is the Society for Research in Child Development, and
23 there are lots of measurement people there. And it's
24 wonderful to hear all of the discussions. But by and
25 large, a lot of the kind of framework they use is this

1 approach. Some of them spend their whole careers in the
2 development of indicators, but we won't.

3 COMMISSIONER ZEPEDA: We could.

4 MR. JIMENEZ: So to make this real, I wanted to
5 provide an example. Again, this is a straightforward
6 example that I think would be useful to kind of outline
7 concept indicator, data source, and what do we do with it.
8 So this is maternal substance abuse. It's one of our
9 monitoring measures. And, again, we have a particular
10 concept, and this is kind of what we've defined as what we
11 mean by it. And, again, there's different elements to it:
12 misuse of prescription drugs, nonprescription drugs,
13 alcohol, tobacco, cannabis. That's the concept.

14 Then moving forward, the indicator. This is the
15 percentage of mothers in Los Angeles county using any
16 combination of misused prescription drugs, et cetera, et
17 cetera. And then we move forward to the data source. And
18 in this case, we would use -- one of the potential data
19 sources is Los Angeles County Department of Public Health,
20 LA County Mommy and Babies Survey.

21 Hats off to Commissioner Aragon and her team
22 because the LAMP survey is I think one of the really under
23 utilized data sources in LA county, but it really provides
24 useful information on the prenatal experience and also
25 some really maternal child health conditions that really

1 give us a better understanding what's happening
2 countywide. So, again, I really appreciate that.

3 And there's a potential data source around the
4 Office of Statewide Health Planning and Development, which
5 reports on hospitalizations or treatments that is reported
6 statewide.

7 So this is a straightforward example. I wish all
8 of them could be as straightforward as this one because
9 some of the outcome statements, as you may see or have
10 seen, are pretty packed. There's a lot there. So part of
11 the important part is to really, really, be clear about
12 what we mean the definition of those results.

13 So one thing that is a result of this kind of
14 work is, we will likely identify multiple indicators for
15 each result or outcome. And it is likely that we will
16 have multiple data sources for each particular result or
17 outcome. So one of the things that we want to do is, we
18 want to have some guidance for us to help us determine how
19 do we make sure that we prioritize the right indicators
20 and use the right data sources.

21 So here are some criteria that -- again, these
22 are not something that we've necessarily derive for these
23 purposes. These are criteria that are used all over the
24 board in the measurement world. In fact, you can see it
25 present in the literature. Again, these are kinds of

1 areas of criteria validity, reliability, utility, and
2 feasibility. One of the areas that I wanted to focus on
3 is for us there may be some of these that are much more
4 important to have than others. And let me give you an
5 example.

6 Here in LA county, it's such a large, complex
7 county where a particular event occurring, let's say in
8 Antelope Valley, is very different from how it may present
9 itself in Long Beach or in the San Gabriel valley or
10 San Fernando valley. So this idea of disaggregation for
11 us will be I think will have greater value in terms of
12 using criteria to select data sources or indicators. So
13 when we do this, we're not necessarily saying that each
14 indicator that we're going to identify needs to meet all
15 of these criteria, but for the most part we want to make
16 sure that they meet as many as possible.

17 The other is -- and I really want to highlight
18 this one as well, is data quality. Oftentimes we make
19 assumptions about the data quality of data sets that are
20 out there. Whether they're administrative data sets or
21 data that's generated through periodic surveys, we just
22 have to be very, very cautious and good to consumers of
23 the data that's available.

24 So I'm going to pivot slightly and we're going to
25 talk. I think which is the meaty part of this discussion

1 and we're going to talk about long-term system outcomes.
2 So we talked about our approach to measurement, and now
3 we're going to talk about long-term system outcomes and
4 give you a chance to see them as what we've kind of
5 generated through this process.

6 So we've seen this before. But, again, I think
7 it's useful to kind of outline. This is the scaffolding
8 of our -- at the very top, our north star, our goal, the
9 thing we want to make sure happens for all children in LA
10 county. And we talked about the results. These are the
11 things that the board endorsed in November at the November
12 commission meeting.

13 So the next step is the long-term system
14 outcomes. And you'll see there's notations here on
15 accessible, quality, aligned, and sustainable. I'll talk
16 a little bit more about what those concepts are and the
17 themes, but I just want to say these are really important
18 underlying themes that have emerged from our work.

19 So without going into a whole lot of detail, I
20 think one of the things that I think has been very
21 remarkable in this process of getting to a point of having
22 a clear set of outcomes, in this case, long-term system
23 outcomes, is that at the very beginning of our process in
24 the phase one period, there were 37 long-term outcomes --
25 long-term system outcomes that were identified initially.

1 And so this shows you kind of the process in which they
2 were -- from 37 down to 16 down to five and, ultimately,
3 what you'll see as four. And, again, this was not a -- an
4 arbitrary process. There was a lot of thoughtful
5 consideration into how we got from that 37 to the four,
6 lots of input from various folks in the staff and also
7 from our partners LFA.

8 So, again, I apologize for the coding here. But
9 if you see on here, LFA is Learning For Action, our
10 partner. INL is the integration and learning division.
11 And of ET is the executive team. We didn't put a coding
12 there, but I wanted to make sure that sometimes we get
13 caught in our own speak here.

14 But the considerations for revising are listed
15 here, but I wanted to highlight two of them. And that is
16 this is a theme that's been pervasive in this work, is the
17 need to simplify and prioritize. That is something that
18 is really critical and it was in our consciousness
19 throughout the discussion.

20 The last one is ensuring at that First 5 LA's
21 work is represented in the cross-cutting outcomes. This
22 was difficult because oftentimes when we talk about our
23 work, we want to see our specific things called out. But,
24 again, we were trying to figure out long-term system
25 outcomes that were really cross-cutting, overarching, and

1 represented the collective work of First 5 LA.

2 So the major themes that have emerged through the
3 process is -- and I think that these are things not only
4 came up during the analysis, but -- but I've also heard a
5 lot of these themes result from discussions with -- among
6 you all. Many of you have talked about sustainability,
7 you've talked about access and quality, and you've talked
8 about improving or increasing the alignment. So these are
9 the four themes that kind of were present in this
10 analysis.

11 And basically, I wanted to -- for the benefit of
12 staff who -- we have staff listening in on the -- on the
13 -- there's an audio stream. And so for their benefit, I'm
14 going to read them because they may not have the materials
15 here, but I just wanted to say, these are the long-term
16 system outcomes that were generated through this process.

17 So to achieve our results and support family
18 well-being, the systems that support children and families
19 must be accessible in that public systems, organizations,
20 and communities provide equitable access to quality
21 supports for all young children.

22 Quality. Public and community systems reflect
23 parent priorities, respond to diverse community needs, and
24 demonstrate results for early childhood development.

25 Align. Supports for families are connected and

1 linked across public systems, organizations, networks, and
2 communities with shared outcomes to improve child
3 development.

4 Sustainable. Public norms will fund systems
5 and policies advance sustainable and equitable investments
6 in young children.

7 And, again, one of the things that was important
8 is that these are long-term system outcomes that are not
9 specific to strategies that are happening in our outcome
10 areas. They are long-term system changes that we would
11 like to seek as a result of our collective work. They
12 also are long-term system outcomes that separately on
13 their own would be meaningful, but together I believe
14 would make a greater impact. Obviously, if you had access
15 only, that's a good thing, but access with quality is a
16 better thing. Access with quality that's sustained is an
17 even better thing. And having system aligned is really
18 what makes things work, especially at the family level.

19 So, again, these are two things that I wanted to
20 highlight. I felt that they -- they were very important
21 anchor points.

22 The other thing is about communication. When we
23 talk about these long-term system outcomes, I feel that
24 there are also things that could resonate with folks
25 outside of First 5 LA. They're not First 5 LA centric.

1 They are really things that I think many people in other
2 areas of the work that we do, they would resonate. So,
3 again, these are important aspects.

4 So I'm going to hand it over to Daniela.

5 MS. PINEDA: All right. Thank you, Armando.

6 So hello back.

7 So we just covered -- we just covered a lot of
8 ground. I think -- so for those of you in the room around
9 the table, we have this handout in front of you. And we
10 thought it might be useful as we start our discussion
11 about what Armando just laid out to have something that
12 has both the results; right? So the results on the
13 left-hand side. Call out the results everyone approved
14 from November, which are the population changes. So these
15 are the things we want to see change in LA county for the
16 well-being of children; right?

17 And so now what we just heard is, one, our -- so
18 how we're going to make these statements real concrete so
19 we can measure them. And then the second part of what
20 Armando covered was saying, okay, so we have those results
21 and then the organization in our data collection we also
22 talked about. So not only, what are the systems -- the
23 changes in the population that we would like to see, but
24 how do we propose those systems need to change in order
25 for us to believe that we're making those -- that we're

1 trying to improve the conditions for children. So we put
2 those on the right-hand side.

3 So what I'm going to ask those of you have the --
4 and hopefully everybody around the table has this handout
5 -- is for you to just take a moment because you just heard
6 a lot of information, just to look them over. And where
7 we want to enter this conversation is just for each of you
8 to reflect on what we just said.

9 So if we are saying -- if First 5 LA is saying
10 that, in order for us to achieve our results, systems have
11 to be accessible, of quality, aligned, and sustainable,
12 then we want to think about what -- what we want to start
13 with is what does that mean for each one of you. Let's
14 just take a moment, take a look at the handout, and we
15 will ask to you chime in. And don't worry. Everybody
16 will have an opportunity to chime in.

17 COMMISSIONER ZEPEDA: Daniela, you want to us
18 reflect more on the left-hand side or the whole thing?

19 MS. PINEDA: Yes. So you're looking at the
20 results and the systems outcome -- because our first
21 question is, when you think about children center and
22 family focus systems, what does that mean to you, so just
23 take a moment.

24 MS. BELSHE: What's new for commissioners is on
25 the right-hand side.

1 MS. PINEDA: That is right.

2 MS. BELSHE: These are the cross-cutting
3 long-term systems outcomes.

4 MS. PINEDA: Let's take just a minute. Thank
5 you.

6 COMMISSIONER ZEPEDA: We're going to start.
7 Commissioner Abdo.

8 COMMISSIONER ABDO: This is my theme. I have
9 more stuff that I'll talk about later. But cross-cutting,
10 what does that mean to anybody outside of us internal?
11 And I just wouldn't use that term.

12 MS. BELSHE: Daniela, you want to offer some --
13 maybe we don't need to get into each and every issue, but
14 that -- it's an important theme.

15 COMMISSIONER ABDO: I agree it's a great theme.
16 It's just a term.

17 MS. BELSHE: That's a good issue to respond to
18 here.

19 MS. PINEDA: Yes. Absolutely. And so you're
20 right. Yes, of course. And so what -- when we talk about
21 cross-cutting -- and we can certainly do better on that --
22 we are -- to just for us to make sure we're all on the
23 same page, we mean that they're not -- they apply to many
24 of them. So they're across (inaudible) as to what we need
25 to do is to have a different way to talk about that

1 externally, because we -- and internally too. I mean, I
2 think that with the organization we are used to that term.
3 You know, perhaps maybe too comfortable. But to the point
4 that Armando made about, this is not just like here this
5 First 5 LA specific because all these things are other
6 organizations are trying to do with systems. So that's a
7 very good piece of feedback. Thank you.

8 COMMISSIONER ZEPEDA: Commissioner Woods.

9 COMMISSIONER WOODS: I would just like to
10 acknowledge and commend all of us for trying to look at
11 what other organizations are trying to do as well so that
12 we're not duplicating, that we really are looking
13 long-term for sustainability and knowing that we're only
14 going to get to that sustainability by partnering. So
15 that's -- that's really good. Thank you.

16 COMMISSIONER ZEPEDA: Commissioner Taylor.

17 COMMISSIONER TAYLOR: I don't want to lose in
18 this effort. I see you say equity. But I want to make
19 sure that's equitable in the sense of what's being
20 provided out there and done in communities that we keep
21 that in the back of our mind or forefront because, if we
22 don't have equity, then we're not saying what we're really
23 doing and how we're impacting the different communities
24 out there. I'm throwing out an example.

25 The Asian community is a hard community to

1 engage. They're -- and the economic disparity between the
2 lower end of that community to the high-end is dynamic
3 because high-end is doing things to take care of their
4 own. But other end isn't, but people assume that they all
5 are the same. They're not. And that's what I'm talking
6 about with equity. You have to look at that and then dive
7 down, is that equity really happening and are we making
8 sure that that community -- I'm just throwing out one
9 example. So this could be for each of the community,
10 depending on how you dissect what's going on in the built
11 environment. I don't want to lose that. So I think
12 equity has to be forefront in how you decide that.

13 The biggest thing I'm struggling with is the
14 definition of systems change because you keep talking
15 about outcomes and data and indicators, but how do we
16 define and break down that we're going to track that we're
17 making progress in systems change? What are going to be
18 the things, what is the strategy, the dynamic steps we're
19 going to take to make that systems change up front, even
20 though we're doing. And then you have to have that thing
21 called reflective learning, which says, we know that this
22 is what we targeted and where is it that we're going to
23 say that we have this will reflective learning that says,
24 we're going to change it because we see there's a better
25 way; right?

1 And so I'm not sold on this data stuff because
2 you can count widgets all day long. It means nothing.
3 What I want to know is, what is changing to make it
4 better. And if we can't define that and if we can't -- I
5 look at it. We could be wasting a lot of time and energy
6 and money. And by energy, I'm talking about everybody's
7 energy; right?

8 The strength of this organization has been on
9 systems change and how we facilitate it. So let's not
10 lose that. Let's define it and say what are we doing to
11 facilitate systems change; right? Because a lot of this
12 stuff is doing work, but it's not changing a system, you
13 know. So data is talking about information. How are we
14 changing the system?

15 I've seen you do it. I know you guys are doing
16 it, but we're not defining it. And that's the power of
17 what we're doing. And when I say we, you guys. You guys
18 are doing it.

19 MS. PINEDA: We're doing it.

20 COMMISSIONER TAYLOR: But I think we need to own
21 that and we need to own it in such a way that we can
22 define it so everybody else can learn from us or from our
23 partners in what we're learning in interaction among other
24 people.

25 So I'm -- I get lost in this in a sense that data

1 is good, but it only can tell you so much and it tells you
2 what's happening right here. But we're talking about
3 greater dynamics at a higher level, right, which is us
4 changing a system. And what are those elements that we
5 have to do to change the system; right? And we have done
6 it. And then you get to sustainability. Then you use
7 these outcomes of that strategy and effort. So how do we
8 track that effort whether it's on target or not to achieve
9 any of these?

10 So I know we've talked about it before and we
11 talked about how it's hard to define systems change. So I
12 don't want to you -- I don't want people to keep assuming
13 that this thing talking about data and outcomes and all of
14 that defines systems change. We're going to lose the
15 strength of what we have by not defining what we're going
16 to do to change the system, our strategies, our approach,
17 our collaboration, and things of that nature, and then
18 measure what happened and how we're going to do it.
19 Because when you go back to this, you want to define the
20 guide. You want to have reflective -- reflecting --
21 reflective changing. And that says that we learned
22 something, we do it. And then we do a learning reflection
23 that says, this is what we learned from that strategies
24 and these tactics to meet that. Otherwise, we can't
25 validate that we took these steps to make this change that

1 had these outcomes; right? And so systems change, what
2 did you do to change it.

3 One of the things we changed, policy procedure
4 and practice. We engaged our partners to do it a
5 different way. That had this outcome. And then we
6 reflected on that outcome and then we said, oh, wait a
7 minute, they said and we said, this is not working, we
8 need to try X, Y, Z, pushed it in another direction, had a
9 greater outcome; right?

10 So the systems change I'm looking at is real
11 change: How do we define that, what does that change, and
12 what did it do. And you've done it, but I don't think
13 we're telling people how we did it; right? And that's the
14 key. That's the power in what you're doing.

15 And one of those strategies is not only going up
16 north and advocating, because that's a part of the
17 strategy, right, to change the system. And sharing the
18 knowledge of what we learned is a part of that strategy.
19 So these are elements of systems change as to what we've
20 done to make this outcome. And when we get down into
21 saying, these are the outcomes we're looking at, I want to
22 know how we're going to get there. And then, it tells me
23 we've thought it through, we've got a strategy, and we
24 have a reflective moment that says, we're going to change
25 it based on everybody's input to the outcome; right? So

1 I'm just struggling with this data set to do that.

2 And then your terms in the front end for the
3 first five years are too broad. It should be as succinct
4 to what we're going to do to make that happen; right? So
5 we can start in the first five years this new term of
6 having that outcome of the systems; right?

7 Indicators and data is fine. That says we moved
8 the scale, but how did we do -- what did we do to move the
9 scales? That's the learning; right? And all that process
10 to do that and all those elements that it takes to make
11 that happen.

12 That's what I want to see because if you don't do
13 that, then all of this stuff -- how do we share knowledge
14 if we can't share how we got there with others? And the
15 people are already looking at us. Our partners in
16 San Bernardino and Riverside and up and down the state,
17 are looking at us. How can we help them if we can't
18 define it so they understand it; right?

19 So I'm -- I'm still struggling. And you can hear
20 me struggling. I -- I know you know how, but we're not
21 defining it right; right?

22 Okay. So I want to defined right so that we have
23 these -- and you can even do it at a little global level,
24 but it shows these -- this approach that we're using to
25 make systems change real to get to the outcome. And then

1 when you get into that, once you have that approach down,
2 then you can say, in this instance, we're going to use
3 this; in this instance, we're going to use that to change
4 these different areas, right, because it won't be the
5 same. It will be a little change up in that. But the
6 approach has to be laid out so everybody understands the
7 approach and it can get in line with it; otherwise, you're
8 going to have that group over there doing it a little
9 different, this group over here doing it different, and
10 not everybody's going to be on the same page. I want
11 everybody on the same page so we can have maximum
12 outcomes. And if we don't have that, we're going to have
13 mixed outcomes. Still the end result will be there, but
14 it's really not defined.

15 So I'm not trying to be particular -- I'm trying
16 to help say, if you're going to talk to people out there,
17 and everything and you already heard it, what does this
18 mean; right? She shouldn't have to ask that question. It
19 should be, this is what we're going to do and this is how
20 it is, and we should put it in words that anybody can
21 understand. Okay. Okay. That's my --

22 COMMISSIONER ZEPEDA: Okay. Thank you,
23 Commissioner Taylor.

24 Commissioner Aragon, and then we'll go to --

25 COMMISSIONER ARAGON: Thank you. And I

1 appreciate the comments. I think one of the things that,
2 as I was reading through this, I'm -- I know for First 5
3 we do this really well, but we go to the north a lot. But
4 we also have local. There's 88 cities in LA county, plus
5 our county. So I feel like part of that is missing in
6 here because the policy level changes. The systems is
7 huge. But law policy is sustainable. I mean, that is --
8 has such a big impact. And so I don't know how we call it
9 out but that -- where is it? Let's put it in here
10 somewhere, that we're ensuring that this voice of First 5
11 is heard through -- when we say communities, are we
12 talking including our local cities, our elected officials,
13 are we weighing in on that because the voice that First 5
14 brings to those tables is powerful. And the policies that
15 get implemented at that level are sustainable and long
16 term. So I feel like that part is missing too, and I just
17 -- it would really encourage us to think about that.

18 MS. BELSHE: Just -- this is very helpful
19 feedback for this initial conversation.

20 So one of the long-term systems outcomes we've
21 identified relates to sustainability. And we call out
22 specifically what does that mean. It means we have public
23 will -- excuse me -- public norms, public will, public
24 funding systems, and public policies that are advancing
25 sustainable and equitable investments in young kids.

1 So is it -- are you inferring or do those words
2 infer more of a state focus as opposed to county,
3 municipality, school district?

4 COMMISSIONER ARAGON: Well, I mean, yeah, because
5 I think maybe it's because when we talk a lot -- when we
6 talk about it, I hear the state. We go up to the state a
7 lot, we do a lot of that. And we also engage LA County
8 Office of Education, LAUSD. But I feel like there's other
9 local so because when we also talk about the public will
10 at the community level, what does that mean and what does
11 that translate to.

12 So, yeah, there's somewhere maybe an asterisk or
13 something like just a definition of what we're inferring
14 about that because I feel like there is missed
15 opportunities for us to engage. And when we say public,
16 what does that mean because it's not always going to be
17 across all of LA county. Sometimes it really is El Monte
18 or sometimes it really is, you know --

19 MS. BELSHE: It's going to vary by the
20 strategies.

21 COMMISSIONER ARAGON: Exactly. So I just -- I
22 don't want it -- I want it to become more elevated, maybe
23 lift it up a little bit.

24 COMMISSIONER ZEPEDA: Commissioner Tilton, a
25 question.

1 COMMISSIONER TILTON: Thank you. First of all,
2 really nice job. And let me say, Armando, that I agree
3 data is really important. I know data, more data, dam
4 lies, something. But it is a way of measuring. And I
5 really appreciate that. And we've used it a lot in child
6 abuse to try to -- to try to understand the nature and
7 extent of the problem, the ages and the ways to prevent.

8 I'm looking at the long-term system outcomes. I
9 also agree with -- always with everything Romalis says.
10 And it's more complicated than driving through Stadium Way
11 to keep up with it. But really good comments.

12 And, Glenda, extending beyond just county or
13 Sacramento, we've got a lot of cities, we've got a lot of
14 federal, state, local, city entities that touch the lives
15 of children here that -- that we need to include in our
16 perspective. So I appreciate that and the partnerships
17 are really important.

18 Okay. Looking at the long-term system outcomes,
19 here's the issue I have. And I will ask Astrid to chime
20 in on this. I don't see the children so much in the
21 long-term system outcomes. So, for example, just take the
22 quality. Public and community systems reflect parent
23 priorities, respond to diverse community needs, and
24 demonstrate results for early childhood development. I
25 don't feel in that the identification with the child's

1 priorities and the child's needs and the fact that
2 sometimes they're different. Sometimes they're different.
3 And that's where we need to be effective in providing the
4 kind of connection that will meet our -- our goal of
5 providing for the safe -- providing for safe environments
6 for kids.

7 So if we can look at all of these long-term
8 system outcomes and think, I'm a child, and how am I
9 impacted by this? Because if we can't even understand
10 some of the vernacular and the terms and the
11 organizational speaks, then how is -- parents are going to
12 have trouble with that. We know the community does. But
13 you're a child. What -- what am I offering? What are we
14 offering to children? Because today, as we meet here,
15 there are children in situations that they are enduring
16 and aren't able to escape because there isn't a system to
17 reach them, and they are powerless. So how -- how are we
18 dressing that issue?

19 COMMISSIONER HEGER: I've been sitting here
20 dying. Somebody needs to tell me, I can look at those
21 systems outcome and say, I can understand the ability of
22 data and to assess sustainability. That's like asking
23 individuals at a whole wide range of levels, how are you
24 going to sustain your service to your community and where
25 do you go for funding to sustain that. I am really

1 perplexed as how you're going to assess the accessibility,
2 the quality, and whether the services are aligned for
3 these kids and these families. I don't know how do you
4 measure that as an outcome. I need a definition. What is
5 -- how do you measure the quality of a service in the
6 community, like what are your guidelines for doing that?
7 Because I mean -- I mean, I use this all the time, but
8 it's like, you know, you say you have access to care;
9 right? And I say, you dig a well in Rwanda, but you can't
10 drink the water. You have the well, so you have access,
11 but you can't drink. You're not getting any water out of
12 it.

13 So the idea that there's access doesn't mean that
14 they have quality care.

15 And I agree with Deanne. I mean, I'm -- I have
16 some ideas on how to do this, but now maybe this is not
17 the place to tell you how I think to do that. But I do --
18 I'm confused by how you guys are going to be charged with
19 that, that you're going to be able to do that assessment.

20 MR. JIMENEZ: So I take a chance and answer your
21 -- so -- so I totally appreciate the question and the
22 challenge. I think that one of the things that we are in
23 the midst of is, how do you define these things, as
24 Commissioner Taylor mentioned. How do you define quality
25 in the context of these systems?

1 And so one of the things that we are working on
2 at this point at this moment is actually articulating
3 definitions, identifying what it means to us. For
4 example, there are certain quality dimensions that relate
5 to standards, standards of care, and they apply across.
6 For example, there are certain standards that should
7 happen in the course of an intersection between a provider
8 and a child or patient. So that may be a particular
9 element of that definition.

10 So we -- we I think are -- part of our process is
11 thinking about how do we identify those types of
12 definitions, but we also -- and this is maybe more of a --
13 in the future, would like to talk to several of you who
14 may have ideas about this. I think that that's something
15 we are planning to do. I know that we have an opportunity
16 to get your thinking and your experience in -- in this
17 particular thing to say, how do we define this. How do we
18 make sure that it reflects something that can be measured,
19 that exists for us to be able to track and see if that
20 progress makes sense with regard to these -- these terms.
21 We also are going to engage some -- have some discussions
22 with other folks who are involved in systems change.

23 So when we looked at the whole plan and we looked
24 at all the inputs, one of the input areas is what we call
25 content experts. So we as part of our plan is to look at

1 folks that have done systems change work, systems change
2 evaluation. In fact, several of those presentations have
3 been made to the board, and there are some folks who have
4 done some work.

5 We -- and this is not an escape route, but this
6 is new territory for us. I think this is new territory
7 for many people. I often will ask my colleagues, do you
8 have a measure for X or Y within the context of systems
9 change. And their response is, we're waiting for you.

10 And so --

11 COMMISSIONER TAYLOR: I believe that. I really
12 do.

13 MR. JIMENEZ: We will make that work. But I
14 really think that one of the things that we would like to
15 do is have conversations with you because you do have
16 expertise in this area.

17 MS. BELSHE: And to just to put this -- sure
18 we're putting this discussion in a broader context. This
19 is a piece of a multifaceted strategy that we have -- work
20 effort that is underway. I appreciate the point of --
21 which we've wrestled with. This is not a new idea. What
22 do we mean by systems change. How we ultimately define
23 the indicators and the data we collect and what we report
24 out is going to make that real. And so we're coming today
25 not to say, these are the indicators to make it real, but

1 to share this is the approach we're taking. It's grounded
2 in the results approved by the board. Some good staff
3 work looking at, what are the systems that need to change.
4 We are a systems funder. And what's exciting is that
5 there's a lot of common themes that emerged in terms of,
6 what does it mean for systems to change in a way that are
7 child centered and family focused.

8 And the good news is, there's a lot of
9 commonality in terms of strategies -- in terms of our
10 strategies across our -- our interventions and activities
11 across our strategies that are summed up across these four
12 overarching systems change themes.

13 How we ultimately track that is going to be
14 informed by what specific indicators, and that is also
15 informed by data. I know this sounds really jargony and
16 techy, but this is complex and there are a lot of
17 different moving pieces. But at the end of the day, we're
18 going to come back to you and say, this is our best
19 thinking about the indicators that can capture to the best
20 of our -- our thinking what we're doing and whether or not
21 we're making progress. And it's not going to perfect, but
22 it's going to be a start.

23 And as Armando said, each of you in different
24 ways have expertise to share. So we're grateful to those.
25 You're going to hearing from us and spending some time

1 doing a little bit deeper dive individually before we come
2 back collectively. But I think once you see the initial
3 best thinking about indicators and data sources, it will
4 become a bit more concrete in terms of what systems change
5 means.

6 COMMISSIONER MARTINEZ: Just an idea, maybe we
7 could take one of the potential projects or programs and
8 run it through our system, you know, a few of them
9 actually, and go through a practical process and see, does
10 it make the cut, does it meet these four potential markers
11 that we're looking for. Maybe we try -- I don't know --
12 five of them. Maybe three make it, two don't or whatever.
13 So that we all get into the habit of running through that
14 process and it's practical and then we can explain it to
15 others and -- just an idea.

16 Maybe when we do -- remember how we did breakout
17 things before? I felt like those were really tangible
18 things that we experienced that we could use as a learning
19 tool.

20 COMMISSIONER HEGER: Can I just say one thing to
21 that? I'm sorry, Wendy.

22 Maybe it's because I'm so new to this board that
23 I need things broken down so they're really simple. I
24 would really like to have maybe a breakout session where
25 we -- those of us who deal with kids all the time make a

1 list of the things that we think every child zero to five
2 should have, you know, the tangible things. And then look
3 at the county or look at -- break it down into sections
4 and see where they are, do they have those services and
5 High Desert, since he represent the Kathryn Barger here,
6 And then look at how we would assess the accessibility,
7 the quality, and are they sustainable. And so that we
8 have -- we've gone through a practical exercise that's
9 less -- you know, I -- I appreciate all the data stuff and
10 all the jargon and all of that, but really honest to God,
11 I'm going to be candid, there are times when it sounds
12 like just creative incoherence, you know. And I'm like
13 sitting here going, oh, my God, that's so much jargon.

14 To me in my career, I want to know that that kid
15 has access to the best of all of the things we think they
16 need. So let's define them and then do a -- a run and to
17 see if the kids in High Desert have that or another part
18 because I don't know what the outcome is. How are you
19 going to measure it if we don't know that it's even there.

20 MS. BELSHE: I think it's an interesting idea,
21 Astrid, and I appreciate your point about, you know,
22 grounding it in kids. I do want to remind us that this
23 whole effort is grounded in our current strategic plan.
24 It's grounded in the four results that -- that the board
25 approved in the fall, which is -- the challenges to us is,

1 so these are our results, these are our strategies, how
2 are we going to assess whether or not we're making
3 progress.

4 So what I'm hearing your suggestion is a really
5 interesting, kind of big picture, what do we know about
6 the landscape, what do we know about kids zero to five
7 broadly in terms of specific population, specific needs,
8 specific geographies. That could be a helpful input as
9 part of our strategy refinement effort.

10 We're still going to be wrestling though with
11 this question of, how do we assess, monitor, and report
12 out on progress associated with our work today, grounded
13 in our strategic plan and the results.

14 So I don't see them as mutually exclusive, but I
15 -- what you're suggesting is an interesting -- could be a
16 very interesting input to our broader thinking around
17 strategy refinement.

18 COMMISSIONER HEGER: Is that a nice way of saying
19 you don't agree with me?

20 MS. BELSHE: No. I'm saying it's complicating my
21 thinking a little bit. And importantly though, I think my
22 point is to just remind us that this measurement approach
23 is grounded in our strategic direction, our four results,
24 and our charge from you all to come up with a way to be
25 clear about, so what progress are we making, what are we

1 learning, how do we use that from an external
2 communications perspective as well as to inform our work
3 going forward.

4 COMMISSIONER HEGER: I think Wendy and I just
5 came back from Washington where they were talking about
6 the foster care system and high-risk kids. And I think
7 one of the more stunning things in the national
8 conversation was people saying, let's just scrap the whole
9 system of child protection in this country. Others
10 saying, let's stop reporting child abuse altogether
11 because it doesn't help families when you take their kids
12 away. And it was this astounding -- and these are all
13 professionals and policy makers. And I just sat there
14 thinking to myself that they needed to be more grounded in
15 the reality of the kids that we actually see. And it kind
16 of brought -- and I don't want to speak for Wendy, but
17 certainly brought us up short about how could we defend
18 and present concrete -- and I think a little bit that's
19 what Commissioner Taylor is talking about -- present a
20 concrete, defined outcome, you know, that we understand.
21 And I understand the -- the where we're going in a bigger
22 picture. And you know I really sustain that. But I think
23 that we also need to say, we've looked at the county that
24 we represent and we know how outcomes we're actually going
25 to look at because that means -- I mean, I have my own

1 ideas about outcomes.

2 COMMISSIONER GAREN: Just a couple of remarks.
3 One is these long-term sort of cornerstones that have been
4 outlined I think are -- they seem like just the right tent
5 poles: Increasing access, improving quality, alignment,
6 sustainability. I think those are very -- you know, very
7 sound lenses by which to evaluate our work. So I think,
8 you know, we've got some boundaries there. We've got some
9 focus. That's a really good thing. So I just wanted to
10 call out how -- you know, how sound that work is, that,
11 you know, you got to there.

12 On another issue, I'm sort of reacting to your
13 remarks by thinking that there's data and then there's
14 sort of the -- the watching a process and reporting on it.
15 The -- you know, the kind of process evaluation
16 essentially as opposed to outcomes evaluation, but where
17 you're creating a narrative of the work that you've done,
18 so particularly around something like advocacy.

19 Let's use the bridge to -- that was created to
20 child care for kids in foster care that took an advocacy
21 effort that was statewide. The result was \$31 million in
22 ongoing money that's going to be benefit, you know, the
23 most at-risk kids for ACEs and help with placement. And
24 now we've got some scaffolding around that where we can
25 build that out to a bigger level. It seems to me that

1 there's -- it's not so much data that you analyze in that
2 systems change, but more who talked to who, who got
3 chamber in, who -- you know, who paid the visits on so and
4 so, who got the board of supervisors to step up with --
5 because it's an orchestra that gets -- that is being --
6 not even conducted by anybody. You know, it comes
7 together in a sort of organic way and sometimes, of
8 course, is led quietly in some ways by First 5. And so
9 it's, how do you document that?

10 And so the only other thing I would say around
11 that is, when the county with philanthropy set up the
12 Office of Strategic Public Private Partnership, there was
13 a
14 chronicling effort, hire a consultant to do chronicling.
15 And I think some of our evaluation may be less about
16 metrics and more about process and chronicling.

17 And so I just offer that up as a suggestion
18 because I think it is easy to get very bogged down in --
19 we're going to track population level changes. Okay,
20 great. But then what are all the intervening things that
21 happen? You know. And can we isolate our effect on that
22 big -- I don't know. Maybe. I don't know. But I do
23 think we certainly can look at, particularly in systems
24 change because I think it's about relationships and
25 connections and -- and it seems less about data and more

1 about something else. But you do want to measure your
2 effectiveness and figure out what you're doing to drive
3 the change.

4 So this is exciting and really -- it's almost
5 rocket science, you know. This is not -- it's really hard
6 to figure this out. And so I'm -- I'm impressed because I
7 think you really are -- we are headed in the right way in
8 terms of the things that we seek to measure.

9 COMMISSIONER TAYLOR: Can I jump in here just a
10 little bit?

11 COMMISSIONER ZEPEDA: Okay, because I know
12 Daniela wanted to respond.

13 MS. PINEDA: No. Go ahead.

14 COMMISSIONER TAYLOR: Just to jump on what you're
15 saying. What we've done is we picked an area to target a
16 change, to make it better, to improve it. And we decided
17 that, based on what our great staff recommended that says,
18 if we go after this and do this, we can change the
19 dynamics of quality in school. So the key is, what did we
20 do. And then what did we do in between in order to change
21 that dynamics.

22 Now, we've done that, and they have done a great
23 job in that. And one of those things is have a tool that
24 is assess every child, a strategy to make sure every child
25 is assessed. All of these things are elements of the

1 change to change a system. And these are the elements we
2 had to change -- we wanted to change to change that system
3 to create that outcome.

4 So I don't want -- you're getting back to what I
5 was saying. This is the -- this is the target, but this
6 is what we did to change that. And in that are all these
7 elements of what we did to do that. And then we turned
8 around and we did it in incremental steps. We started
9 with the partners that wanted to do it with us, and then
10 we proved that it worked. We captured valid data and
11 anecdotal data and systems data, systems element and said,
12 that system proves that the outcomes for the children
13 based on their assessment improved their performance and
14 ability and well-being; right? So then we've got that.

15 There are different systems, many different
16 systems that effect how a child and you have targeted
17 these different systems to have that outcome. And I'm
18 saying your strategy is very articulate in a sense that
19 one, two, three, four to get this outcome. And so this
20 systems change as you say is not always about data; it's
21 about the strategy of figure out what is important to go
22 after. And then not only what is important, but how it
23 potentially could affect the child and the family and
24 everything, and then looking at how can we improve it.

25 One of the elements we're doing with our

1 collaborative partners in saying, let's improve the
2 education of the provider for child care and education,
3 right, to improve the quality and how are question we
4 going to help them do that and who do we need to bring to
5 the table to do that.

6 I've been watching and listening to all the great
7 work we're doing, but we're not defining this approach of
8 saying, if we use these approaches to saying something,
9 then we're going to go out and look for the element that's
10 going to make that happen and change that element. And
11 you're then you're going to be able to strategy.

12 So if we're going to make sure the systems change
13 work, we better be tracking how we're doing it, what are
14 we doing, and did we miss a step, or we might miss the
15 target rather than really making that change. And then
16 all of that ended up with an advocacy strategy that
17 says, how do we sustain this and then broaden to do it,
18 and who do we need to bring to the table for that. That's
19 where I think we are doing systems change.

20 We're not doing data collection just to collect
21 data. We're looking at the process, we're looking at the
22 systems and how it affects the children and families, and
23 which one is doing it. And then we may be over in another
24 area doing something else that's doing things such as our
25 efforts in Best Start to build up the environment in which

1 these kids sit in because we figured it out that the toxic
2 environment they're living in is destroying these
3 families. So we say, if that's going to make the child
4 well-being and give them a better future, we've got to
5 effect how and empower the family to engage that.

6 So that was a different strategy and a different
7 systems we're trying to change. So we're changing
8 different systems in different ways to affect it. But
9 when you pull all of these together, it's making it
10 better. And that's the kind of thing -- how do we capture
11 that? How do we capture that so that we can say, you
12 know, you've been doing it all the way the long time the
13 wrong way.

14 I'm just blown away by child welfare. The issue
15 is about the system is broken because they haven't done
16 this kind of analysis to say, the process they have is not
17 making the change they thought it was making.

18 COMMISSIONER GAREN: I said my last remark would
19 be about this workshop that was CASI put on in DC. And I
20 think the revolution lens that they're offering is a
21 public health lens and not a child welfare lens, but a --
22 sort of a classic public health, let's think about family
23 well-being. And you really start at a baseline and you're
24 really looking at what can we do to effect population
25 level change. And that is a -- a revolution for people in

1 the child welfare world. So they're really putting
2 forward, let's use a different lens to really have impact.

3 And so that was really my take away from the --

4 COMMISSIONER TAYLOR: The child welfare lens is
5 enforcement lens. It has nothing to do --

6 COMMISSIONER GAREN: It's safety. It's not
7 well-being.

8 COMMISSIONER TAYLOR: No. It's an enforcement
9 focus.

10 COMMISSIONER GAREN: It puts you in a different
11 place. And the opportunity that exists with families
12 first as it gets redefined that some of that money may be
13 able to used for primary prevention. And I think that's a
14 systems change goal now.

15 COMMISSIONER TAYLOR: Now we're getting to it.
16 Preach.

17 COMMISSIONER ZEPEDA: I think Commissioner Abdo
18 has been holding her fire here.

19 COMMISSIONER ABDO: I'm thinking the two of you
20 should go somewhere else and talk to each other.

21 I wanted to focus a little bit about quality. As
22 I'm looking at the sort of big picture of what's going on
23 in the state right now, almost suddenly, there is the idea
24 of spending more money on early childhood. What an idea.
25 Okay.

1 And so how does that -- how does that end up
2 being as successful strategy? One of the things that
3 going to need to happen is that more children are going to
4 need to be in more programs that are higher quality.

5 COMMISSIONER TAYLOR: Yeah.

6 COMMISSIONER ABDO: And our system as a statewide
7 thing doesn't have room for that. There are -- there's
8 not a whole group of highly-skilled workers at any level
9 who can step in and improve for -- for the kids who exist
10 right now and will exist soon improve their lives unless
11 we do something to prepare more people to be those quality
12 providers, whether they're teachers or service providers
13 of all kinds or -- or family homeowners and -- who are
14 bringing children into their -- their programs.

15 Something is going to have to happen up at the
16 pipeline here to help -- to help us all be prepared to
17 serve children better. And I think we need to broaden our
18 look. I know we're not looking for more work. We have
19 lots and lots of work. But I think we need to think about
20 how are people going to increase their skills so that the
21 quality increases for young children and their families.
22 And I don't think we're looking at that enough.

23 And I -- I'm thinking of the community college
24 system -- I've said that before -- the state college
25 system, the university systems and private trainings that

1 happen all over the state. There needs to be a look at
2 how are we going to provide the services we want to
3 provide that children need and families need. And we're
4 -- I don't know if anybody is tracking that yet. And I
5 know it's statewide, but, you know, we're a huge county
6 and we're going to have to I think set the example for the
7 rest of the state on how to improve that quality. And I
8 don't mean assessing every classroom. We know how to do
9 that.

10 I think it's going back -- and the young people
11 coming out of educational institutions need to have more
12 options and more understanding of what they can do to
13 better the -- the world for the very youngest children.
14 And, of course, that's going to take more money being paid
15 to the people who are doing this work.

16 But -- and I think that -- that Keesha knows very
17 well that what we're seeing is -- is a withdrawal of
18 federal funds at least that will target the very young
19 children most in need. And we're -- we're seeing that as
20 a problem in California in particular because everything
21 costs more here. And so -- I know these are giant
22 societal changes. But if we're talking about spending
23 more money on early childhood, then let's look at that
24 too.

25 COMMISSIONER ZEPEDA: Thank you. Commissioner

1 Woods.

2 COMMISSIONER WOODS: I don't think I've ever been
3 a part of a commission where we've had such a long
4 discussion. A good discussion, but a very long
5 discussion.

6 COMMISSIONER TILTON: The game will be over.

7 COMMISSIONER WOODS: I want to make two comments.
8 And, first, if I may, I think the discussion has been so
9 rich and powerful, it's bringing so many different things
10 to mind. And one is, as a very young commissioner, if I
11 may, I'm taking -- I'm going back to orientation I had
12 with Kim and team around our strategic plan. And how
13 First 5 got to that strategic plan, there had to have been
14 this broad assessment of factors, data, whatever you want
15 to say that ultimately drove the -- the outcome -- the
16 direction of the plan.

17 I -- I think the part that I'm having a hard time
18 with as I move with the discussion, not that -- all of it
19 is important, but I'm still just having a hard time. I
20 don't know if we're going back to what drove us to that
21 overall strategic plan. And as a new member, maybe when
22 we are in the revision period, maybe a reminder of what
23 drove us to saying, we're not going to do these are
24 projects, we're going to focus on system change, what got
25 us there and what parts of the system at that particular

1 time was impacting and driving our decision. And I think
2 this revision period should be, is that part of the -- the
3 system that is still being impacted driving us or has it
4 now become obsolete because of all the investment in early
5 childhood. I just -- I just can't say that we're here in
6 the strategic plan without something that got us here.
7 Maybe we need to revisit that.

8 And then if I can just one more point about what
9 Commissioner Abdo was indicating or around quality, that
10 quality and how quality is not defined amongst all
11 agencies is very different, but how that quality, all the
12 things that's happening from a state level and even from a
13 federal level and the cost of income for California,
14 that's going to directly effect accessibility. If we
15 don't have the workforce, if we don't have a place to send
16 the staff to get support, if we're not paying them at the
17 same levels we're paying kindergarten teachers, then we're
18 not going to -- we may as well forget quality. We're not
19 going to even be able to meet the basic health and safety
20 which is a ratio of a one-to-four of infant to toddler.
21 We can't meet it. And having substitutes come in and out
22 and in and out is not responsive care giving. It's a
23 every day that kid is getting a patch on a major system
24 breakdown. And so one part is going to effect the other
25 part of our long-term system outcomes.

1 COMMISSIONER ZEPEDA: Okay. Any other comments?

2 I'd like to make -- let Daniela respond.

3 MS. PINEDA: You haven't had an opportunity.

4 COMMISSIONER ZEPEDA: Oh, I have a lot of
5 comments.

6 MS. PINEDA: I know. I'm excited.

7 COMMISSIONER ZEPEDA: I want to echo what
8 Commissioner Woods said with respect to the richness of
9 this conversation and the engagement that the
10 commissioners have demonstrated relative to this because
11 it is a new -- it is -- this is innovative. What we are
12 trying to do is very innovative. And I think it is
13 important to go back to the roots and -- the roots and the
14 origins of why we're doing what we're doing. I think that
15 would be an important thing.

16 I also think that we're operating on different
17 levels of analysis here. So that gets caught. That's
18 where sometimes some people are talking about apples and
19 we're talking about oranges. So I think that we have to
20 be very clear about that. But I think that one theme from
21 my perspective -- and this is a theme that has been echoed
22 I guess for about the last year or so, ever since we
23 started talking about this, is that we need to tell our
24 story. And that means qualitative methodology. And I'm
25 not hearing that; that we need, you know, qualitative

1 methodologist -- I think Wendy mentioned bringing a
2 consultant to talk about how to best do that. Because
3 when it comes to communication, the population indicators
4 ain't going to matter to some of the people that we need
5 to communicate with. It's going to be the story. And
6 Gabe's not here, but he knows that that's really where the
7 rubber hits the road. Even with policymakers, that's
8 where the rubber hits the road.

9 So there needs to be some thought given to how
10 we're -- how we're measuring and how we're evaluating what
11 is our capacity as an agency to do this kind of work, you
12 know, who are the consultants that we have to bring in to
13 help us with that. Because I think what you're hearing
14 from all of the commissioners for the most part, I'm
15 thinking, or this is my interpretation is that we need
16 that piece, that that's what's going to distinguish what
17 it is that we do.

18 So that, Armando, when you said how they do
19 things in the Antelope Valley is going to be different
20 from how they do things in Long Beach. How are we going
21 to know that if we're only using population indicators.
22 So I think that's -- that's the real issue, I think for me
23 is -- and I think Commissioner Smith was one of the first
24 people that really brought this up.

25 And that's why we have promising practices in our

1 funding guidelines now due to her insistence on the idea
2 that we have to be more atraditional, if you will, or
3 unconventional in our approach. So I would really like to
4 see that. Having done qualitative methodology, it's --
5 it's messy. But it's something I think that is worth
6 exploring, and I don't think we can get to the process or
7 the why unless we have that piece.

8 So I think that that's -- that's what -- the way
9 that I'm summing up what people are saying around the
10 table here.

11 So, Daniela, did you want to respond at all? I
12 know you had earlier wanted to respond.

13 MS. PINEDA: I just want to be since have I a
14 minute.

15 So I just really -- I want to thank all of you
16 for your input. I was thinking about what are the themes
17 that resonate. So Commissioner Zepeda, you just hit on
18 one of them in terms of how is that piece. And that one
19 graphic I showed you put of many right there Armando share
20 is tracing our contribution. That's the why. That's the
21 story telling that compliments the population, the
22 outcomes, the systems shifting, and the monitoring
23 measures.

24 But one of the things I want to highlight, and
25 please tell me if I'm mistaken about this, but I think

1 that there was a combination in the conversation about
2 themes that have to do with how do we refine our
3 strategies in the context of the strategy refinement and
4 things that have to do with how do we make the impact
5 framework work, so what in the measurement, how will we
6 know, actionable. So we have opportunities for our
7 communications to be more concrete.

8 In terms of the -- the issue of widget collection
9 if we, you know, thinking about how -- you know,
10 describing changes in systems is certainly not easy even
11 though widget collection is not easy either; right? So
12 this is part of why we've been in a process. I think
13 there's opportunity to think about quality and what that
14 means in the strategy refinement as well as to highlight
15 some of the like what -- when we're talking about policy,
16 what are the local opportunities. I think that that is
17 mixing both the strategy refinement and the impact
18 framework and there --

19 MS. PATTILLO BROWNSON: More on that later.

20 MS. PINEDA: So the real desire to really combine
21 the information and the data with the story is something
22 that we have heard and we are very eager to continue to go
23 down that path. So all of this resonates -- I know some
24 of you, when you share this, you said, you know, I'm not
25 trying to do this. But this is exactly the kind of

1 conversation we want to find because we don't want to go
2 down the read and then say, hey, this is what we found and
3 that doesn't meet our needs. So I think that the
4 connections -- I think one thing we can do better is make
5 sure that the connection in the outcomes is linked to the
6 strategies because the strategies is the why are we doing
7 that. And then the why is the, how are we going to know.
8 Because the reasons the systems change is complex is
9 because there's not a clear, like, here you say there's a
10 cause and effect and you can isolate it. There's too many
11 things happening. So we understand that. But for us,
12 it's going to be critical that we understand that why.

13 I'll leave it at that. Thank you so much for
14 this.

15 Kim, did you have --

16 MS. PATTILLO BROWNSON: Sorry. One thought on
17 how you do -- or how policy evaluation is oftentimes done.
18 And what I want to just call out can appreciate about the
19 approach that Armando and Daniela offered that is the
20 focus on end child outcomes is not something that everyone
21 does. It is in some ways a much more ambitious and
22 accountable set of metrics that we are holding ourselves
23 to. As a, you know, ten-year veteran of policy and grant
24 making or grant recipient work, it is very common for
25 grant makers to just say, give us your process metrics,

1 give me the number of meetings you had with legislative
2 folks, with partner organizations that you're drawing into
3 your coalition. And you can be successful across all of
4 those process metrics and spend a very lovely narrative,
5 but in the end not effect child outcomes. And the
6 population outcomes that I think Daniela is pointing us
7 towards is not in place of, it's a both/and. There has to
8 be a narrative. There has to be a communications plan of
9 the how, and to your point, the approach and the levers
10 that are the right drivers. But what we're aiming for is
11 not elegant process. It's child outcomes. And that's, I
12 think, why we're all here.

13 COMMISSIONER ZEPEDA: Okay. We'll let Kim have
14 the last word on that one.

15 Thank you so much. And we're going to go ahead
16 and take our broke. A well-deserved ten-minute break.

17 (A brief break.)

18 COMMISSIONER ZEPEDA: Okay. Everybody, if we can
19 get back to order. Commissioners, over here. We're going
20 to move onto Item 5. Family outcome home visiting
21 building and policy efforts. And Diana, Charna, and Anna
22 will be talking to us about this today.

23 MS. CAREAGA: Thank you, everyone. Good
24 afternoon.

25 We're providing an update on the home visiting

1 system building and policy efforts today, along, as you
2 mentioned, with my colleagues, Charna and Anna. Here you
3 can see the objectives of today up on the slides. We'll
4 be reviewing the home visiting countywide expansion and
5 policy progress and the home visiting changes underway.

6 And as you all recall, our home visiting system
7 has four core components, including policy and advocacy,
8 learning agenda, system building, and program
9 optimization. Today we'll be focusing on policy and
10 advocacy and system building.

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

12 MS. MARTIN: Thank you.

13 I wanted to start by doing a quick revisiting of
14 the context for expanded resources as we talk this and the
15 opportunities that we're currently trying to shape in our
16 policy space.

17 So last year we worked our national partners and
18 through the National Home Visiting Coalition for the
19 reauthorization of the maternal infant early childhood
20 home visiting program, which was reauthorized last
21 February for five years and will -- and allocates \$21
22 million around there a year for California. And I also
23 wanted to note there that the California home visiting
24 program has been entirely federally funding and has
25 historically been the only state-level infrastructure or

1 state program for home visiting services for about the
2 past decade. And since we have another now four years of
3 that, that's a pretty stable source for us.

4 I also wanted to note that last summer the county
5 mental health services act prevention early intervention
6 funds invested in an expansion of three home visiting
7 models in LA county, allocating about 40 million over the
8 next -- over the next two years. And to Commissioner
9 Aragon's point, that's the culmination of county and state
10 level policy that has expanded in LA, resources in LA.

11 And then so last year in the budget act of 2018,
12 it created the first state level investment or state
13 funding investment in home visiting with the CalWorks home
14 visiting initiative. 43 counties have been awarded in
15 this first cycle. Los Angeles county is awarded about
16 \$7.5 million. So our county is receiving about a third of
17 the allocation. And these programs are just ramping up
18 and starting. So we're knee deep in implementation,
19 support, and advocacy around that. And also I wanted to
20 note that the opportunities that we're engaging in now in
21 the 2019-2020 governor's budget proposal that was released
22 in January proposed a \$78.9 million mix of federal and
23 general funds to expand home visiting services in the
24 CalWorks Program for families in 2019-2020. And this
25 funding is, of course, subject to appropriation in the

1 budget but would more than double the current or last
2 year's allocation as well.

3 And the budget proposal also included \$30.5
4 million investment from the general fund to expand the
5 department of public health home visiting programs and the
6 back infant health program. Of this amount, about 23
7 million would be the expansion of home visiting services
8 in California home visiting program. So it would,
9 basically, double the federal investment. It would also
10 represent another significant state funding investment in
11 California. And the remaining 7.5 from the budget
12 proposal related to home visiting would increase
13 participation in the black infant health program through
14 case management services, including home visiting.

15 So I wanted to also say that our advocacy and
16 policy priorities that we engage in at the state and
17 federal level are focused on systems building for home
18 visiting services and are informed directly from our local
19 investments and from our work with the program team here.
20 We continue to prioritize investment in infrastructure,
21 interagency coordination, as well as key foundational
22 priorities as more resources and program expansions are
23 implemented. Our priorities include expanding the client
24 eligible population so more families are served and to
25 increase local county flexibility to design programs and

1 build systems that meet unique community needs.

2 And then also in our priorities for 2189, we do
3 our work in close partnership and coordination with other
4 First 5 commissions through the First 5 network and with
5 the First 5 Association. We also work really closely with
6 First 5 California to inform and embed our priorities
7 across different areas that we invest and advocate in. We
8 are clearly focused that in this new administration we
9 serve as partners and we are positioned to be a resource
10 to policy makers and the administration. We are working
11 really hard to elevate the rich and complicated learnings
12 from our experience and success here in LA to inform and
13 develop opportunities for interagency state-level
14 collaboration.

15 Two that I will highlight here are the blue
16 ribbon commission recommendations as well as partnering
17 with the administration to support the new home visiting
18 state needs assessment that will serve as the blueprint
19 for future MIECHV applications and program expansions if
20 future budgets allocate more resources to expand home
21 visiting.

22 Turn it back to you.

23 MS. POTERE: We are working on several strategies
24 with our partners to sustain the home visiting system and
25 ensure that we are maximizing all possible resources. As

1 you can see here, we have a group of Medicaid billing
2 pilots. The goal of this first group of pilots I'll talk
3 about is to maximize our ability to draw down federal
4 Medicaid revenue. We're currently working specifically
5 with two Medicaid mechanisms. The first is that we are
6 training our grantees on the family support side to bill
7 for services through targeted case management. We've also
8 been piloting billing for services through Medi-Cal
9 administrative activities, also known as MAA, for several
10 years at the original welcome baby pilot site at
11 California Hospital through maternal and child health
12 access. Currently, we are working to identify potential
13 incentive structures for this pilot to encourage more
14 billing, and again, ensure that we are maximizing this
15 founding stream.

16 In terms of managed care our engagement with
17 managed care will help to demonstrate the potential impact
18 of home visiting on health and member engagement outcomes,
19 including improved patient uptake. For example, we are
20 piloting auto referral into home visiting from Blue Shield
21 California Promised Health Plan in Antelope Valley for all
22 woman who test positive for pregnancy in their clinics.
23 This creates an opportunity for us to increase our
24 prenatal enrollment in our programs and for health plans
25 to acknowledge the critical role that home visiting can

1 play in care coordination, which is one of their primary
2 goals.

3 We're also exploring opportunities to integrate
4 home visiting in to MediCal managed care, including
5 through the California Comprehensive Perinatal Services
6 Program. And now I'll talk a little bit about
7 our engagement with philanthropy. We often partner with
8 philanthropies to move our key priorities forward. We are
9 supporting strategic planning and business modeling, as
10 well as capacity development, for the home visiting
11 consortium. Our goal here is to ensure that with all of
12 the new revenue streams and opportunities that Charna
13 discussed coming into the home visiting system, that the
14 consortium is prepared to maintain the high level of
15 quality with which they have supported the system in the
16 past.

17 We are also working towards a truly integrated
18 data system that will provide the best referrals for
19 families and providers, the E-directory, which allows
20 parents and providers to input information to find
21 suitable programs in their area is a critical step towards
22 this goal.

23 Finally, in our most recent discussions with
24 philanthropies through the quarterly meetings, the four
25 areas you see here have garnered the most interest. And

1 since they look very small, at least to me, I'll go
2 through them. Workforce, Medicaid revenue maximization
3 methods, in addition to those that I already discussed,
4 technology, and communication.

5 And now I will turn it back to Diana for more
6 about our efforts to build the home visiting system.

7 MS. CAREAGA: So I'll begin with systems
8 building. So we've partnered with Department of Public
9 Health in their expansion of home visiting. And 17 of our
10 19 funded grantees applied and received funding from DPH.
11 This has allowed us really to build on our long working
12 relationship with DPH to work together. And we're working
13 very closely with them, along with Los Angeles Best Babies
14 Network, or LABBN, in the implementation process. We
15 shifted experienced home visitors from the First 5 LA side
16 to the DPH team in order to meet the State expenditure
17 guidelines. And as Charna said, we are knee deep. We are
18 shoulder deep in the process with them. It has been a
19 very quick timeline and very challenging. We have been
20 working very closely with the providers, with DPH, and
21 LABBN to really roll in and address the challenges and in
22 the weeds and out as high up as possible. So it's been a
23 very intense process that we've been working very closely
24 in communicating with the sites continuously.

25 So we will are also expanding our Medicaid

1 billing support. So the home visitors that shifted from
2 the First 5 LA side to the DP side had already begun
3 training in Medicaid billing. So this will benefit the
4 Medicaid work under DPH to bill effectively.

5 We're also aligning our reporting requirements.
6 So, for example, the County used a screen called a
7 generalized anxiety disorder 7 or GAD7. We on our side
8 have screened mothers for depression and linked them to
9 services. But at the national level in the home visiting
10 field, it's thought that anxiety caused by social
11 stressors is something that can be positively impacted by
12 home visiting. So it was a benefit that they County
13 elevated this and it's been incorporated into the system
14 of all of the home visiting providers to screen.

15 Finally, we're expanding the database's capacity
16 and reporting functionality to really meet the knowledge
17 needs of our partners and to continue to work at a systems
18 level. In particular, it was an exceptional win that both
19 DPH and DPSS agreed to use the First 5 LA database. So
20 this is going to allow us to track effectiveness across as
21 a system and to track outcomes across the system as well.

22 Now, I'll speak about countywide alignment. So
23 John Wagner continues to lead our integration work between
24 ourselves and OCP's integration plans. As you know, we
25 partner with OCP on multiple goal areas, with one of the

1 goals being the expansion of home visiting. And we
2 continue to work across the prevention plan to integrate
3 with other approaches such as the database and prevention
4 and aftercare networks.

5 We also work closely with DPH on their focus on
6 African-American infant mortality, which seeks to reduce
7 the disparity of birth outcomes. So this work has
8 identified home visiting as one way to address the toxic
9 stress of racism.

10 And finally, our own providers on the First 5 LA
11 teams initiated a request and created a work group to
12 address enrollment of African-American mothers into home
13 visiting to identify strategies more effectively. And
14 they have been meeting now for several months.

15 For this slide I'm going to call your attention
16 up to the -- we have some animation for you. You may have
17 seen this visual before. We used it in 2017. We used it
18 to demonstrate both the number of home visitation models
19 in the county, number of families served, intensity of
20 services provided, and the funding streams. So this is
21 the solar system. And the sun implements how intense or
22 how much services families received. The farther away,
23 the more light touch the program. The closer, the more
24 engagements that the family has with the program. So we
25 won't review all the elements today, but I want to

1 demonstrate how our system is growing.

2 On Welcome Baby, you can see here, we've gone
3 from 12,500 annually to 15,000 every year. If you like up
4 as I click, you'll see the changes on the slide. Healthy
5 Families America has gone from two to three funding
6 streams and from 1,700 families to over 2,500 capacity to
7 serve. Parents as Teachers also from one to two funding
8 streams and from to 1,400 to 2,400. And then finally,
9 NFP, Nurse Family Partnership, they right size their
10 county investment to balance resources at the county
11 level. They're currently at 925 families that they're
12 serving.

13 So the others you can see here is Health Start at
14 150, Early Head Start also at 150, PFF at 1,300 annually.
15 And finally, we do have a new model that's on there,
16 Momma's Neighborhood. It's from DPHS, Department of
17 Public Health and Social Services, focused on new moms
18 receiving prenatal care and up to 18 months of the
19 infant's age.

20 On this next slide looks at the expansion of the
21 enrollment periods that we have. So initially we had very
22 limited prenatal enrollment opportunities for families and
23 also into the postpartum period. So here you can see that
24 the longest healthy start -- you can see at the bottom the
25 age of the enrollment starting from prenatal all the way

1 up to six months and up and when families can enroll into
2 these different programs. So you can see here I'm going
3 to click Healthy Families America, we've gone from the
4 postpartum period only within hospital visit Through
5 Welcome Baby all the way now because of the expansion to
6 prenatal as well as up to three months of age, which is
7 following the program's protocols.

8 And then Parents as Teachers, also prenatal now
9 all the way up to two years of age for the child.

10 So for our --

11 COMMISSIONER ZEPEDA: What is triple P? You
12 didn't mention that one.

13 MS. CAREAGA: PPP is funded by the Department of
14 Mental Health, and they provide focused counseling for
15 families who are having challenges with their children who
16 are two years and up.

17 COMMISSIONER ZEPEDA: Okay. Thank you.

18 MS. MARTIN: It's Positive Parenting Practices is
19 the name for the model, PPP.

20 COMMISSIONER TAYLOR: It's an evidence-based
21 practice.

22 MS. MARTIN: It's an evidence-based model and it
23 provides anywhere from up to seven sessions with families
24 one-on-one with the parents. And if needed, they go up in
25 intensity.

1 COMMISSIONER TAYLOR: It has very positive
2 outcomes for children and families, and it goes within the
3 inner dynamics of the family so that it looks at what's
4 going on and what they need to help the family. And it
5 can go beyond just what we're doing, but if the family
6 needs help beyond that, it can integrate the other
7 elements of that family into what helps that child. So
8 it's very important that it's interactive and integrative
9 in its approach. And mental health uses it, but child
10 welfare can use it too to be what we call prevention
11 oriented. And it's a prevention oriented model and it
12 does change the behavior and family dynamics of that
13 particular family to support the child in a positive way.

14 MS. PATTILLO BROWNSON: And one of the
15 opportunities that we'd like to do is PPP in other
16 counties is more intentionally viewed as a home visiting
17 strategy. Here in LA it hasn't quite been integrated as
18 one of our home visiting programs. And that's the
19 opportunity to see how it's -- it's one of the
20 evidence-based practices that DMH commissions employ. And
21 I think in other counties the way the program is operated,
22 there's an opportunity for more to be identified as a home
23 visiting strategy. So that's one of the opportunities
24 that we continue to be in conversation with DMH on.

25 COMMISSIONER TAYLOR: And I say it could be used

1 for DCFS under the prevention model Bobby Cagle, the
2 director wants to go, along with OCP, to do prevention.
3 And that can go way out up front when you see the family
4 struggling. Rather than just getting up and
5 investigating, you can then start referring to these
6 resources in the community before they -- how do you say
7 -- start falling apart and then become a real problem.

8 COMMISSIONER TILTON: That's what our partnership
9 program does, isn't it, the one started here?

10 MS. PATTILLO BROWNSON: Partnership for Families.

11 MS. ALTMAYER: Yes. It is for families that are
12 exiting the child welfare system or at risk of entering
13 into the child welfare system, the program.

14 COMMISSIONER ZEPEDA: I didn't mean to side
15 track.

16 COMMISSIONER TAYLOR: No. No.

17 COMMISSIONER TILTON: That's what we're here for,
18 Romalis.

19 MS. CAREAGA: For short-term priorities, we
20 continue to operationalize our expansion. One priority
21 for us and our partners in our system building is to think
22 about the effective blending and braiding of funds. So we
23 have been learning from this recent expansion many dos and
24 don'ts. As once this intense transition has been
25 completed, we will convene on how to effectively approach

1 the incoming funds and how to blend and braid at the
2 client level versus the team level, which is what we're
3 currently doing so we can be more efficient with our
4 resources moving forward.

5 We continue to provide expanded training,
6 technical assistance, and quality assurance through our
7 partners with Los Angeles Best Babies Network, both at a
8 systems level as they work with the home visitors from
9 First 5 LA, DPH, DPSS, and even Mama's Neighborhoods.

10 Additionally, we mentioned the home visitation
11 consortium continues to be a critical space for home
12 visitors to raise the voice of families, to improve
13 practice, and to advocate for programs broadly and make a
14 case for home visiting in LA county. This also includes
15 strengthening the capacity to have common benchmarks and
16 reporting requirements such as generalized anxiety
17 disorder tool that I mentioned previously.

18 And then finally, we continue our ongoing
19 alignment with the OCP. So DMH has brought in expertise
20 from third sector to support us in an intermediate term
21 process to shift from a current performance matrix to
22 fully outcome based.

23 So at the April board meeting, we will have a
24 presentation. We will review some of these topics again,
25 but we'll also include a status update on our policy and

1 our learning agenda.

2 And, finally, there will be an item on the
3 consent calendar to amend a procurement that will allow us
4 to expand our ability to provide Medicaid training to both
5 First 5 LA, DPH, and DPSS home visitors to help maximize
6 federal reimbursement.

7 So here I -- we also have some appendices that
8 you can refer to in your packet. This is a picture of the
9 team both from DPH, first 5 LA, LABBN at an Ounce of
10 Prevention conference last year in Washington, DC.
11 They're a leader in national home visiting and very
12 critical to our work. We stole one of their people here,
13 Anna.

14 COMMISSIONER TAYLOR: Well, thank you.

15 MS. CAREAGA: And I also, as we close, want to
16 acknowledging the team here has been working very hard on
17 the expansion. If you will please stand up. Put them on
18 the spot.

19 MS. BELSHE: All right, team.

20 COMMISSIONER TAYLOR: Let's give them a hand.

21 MS. CAREAGA: So thank you. And at this point,
22 we'll open it up for discussion and questions.

23 COMMISSIONER ZEPEDA: Commissioner Woods.

24 COMMISSIONER WOODS: Just real quickly. How did
25 you come up with the determination that Early Head Start

1 was 3,000 wait listed? How do you make that determination
2 on a number?

3 Just another part of that. Is the 3,000 the
4 number of children that's served through the program that
5 were refer from a wait listed program?

6 MS. CAREAGA: My understanding is that those are
7 the numbers served and there's a wait list. We can
8 confirm the number.

9 MS. BELSHE: It serves 3,000 children, and that's
10 the cap.

11 MS. ALTMAYER: And the way we estimated that was
12 capturing -- looking at dollars that were allocated and
13 estimating based on dollars and the cost of the program to
14 estimate the annual number of served. It's really
15 difficult, as you know, to capture countywide how many
16 children are served through Early Head Start. So it's a
17 proxy that we've noted based on allocations that there is
18 for LA county.

19 COMMISSIONER WOODS: We can assist in getting
20 that captured number. And I do know how many children are
21 eligible for Early Head Start. It's like a hundred
22 thousand children in the county eligible, and we're only
23 serving about three percent. So that's what I'm trying to
24 figure out. How did you get a wait listed. So let me
25 know if I can assist you.

1 MS. ALTMAYER: We have been trying to capture
2 actual enrollment, so if you can help us, we would be
3 extremely grateful.

4 COMMISSIONER WOODS: I can do that. I can show
5 you.

6 COMMISSIONER ZEPEDA: Commissioner Aragon.

7 COMMISSIONER ARAGON: So on behalf of the
8 Department of Public Health, I want to extend our warmest
9 thank you and appreciation for all of the work that First
10 5 has done -- has committed to and has worked with us in
11 partnership in making this happen because we all recognize
12 that this was an incredible opportunity for this funding
13 and it was -- it's a short-term amount the time that we
14 have to prove that we're doing this. And I remember
15 having this discussion with -- with Deanna and folks and
16 saying, we got to get this done. We got to think outside
17 the box.

18 And for the -- you know, they're at our offices
19 so folks know we're meeting with the agencies together,
20 there staff, First 5 staff, DPH staff side by side. So
21 the -- when the agencies have questions, we're working
22 through this together. So it has been a huge lift, but
23 it's something that we definitely appreciate because I
24 think this opportunity will -- we will have -- this will
25 create more opportunities for home visiting to be part of

1 the system of care that we're creating.

2 I love the numbers. What we're also going to see
3 is with the DPSS funding there's even going to be more
4 capacity that we're serving. So we're laying the
5 foundation, the ground work that we will get to all the
6 families that need services or we'll have access to the --
7 to the appropriate level of services.

8 The last thing I want to say is that we're -- a
9 lot of emphasis has been on our existing agencies that are
10 providing Health Families American and Parents as Teachers
11 services and our NFP. Ultimately, the goal is to increase
12 capacity of other agencies to also provide these services,
13 but recognizing the process to get accredited is long and
14 it didn't fit in this. But I just want to say that we are
15 committed to expanding the capacity of community-based
16 organizations to provide these services. And, again, just
17 our heartfelt thanks for all of the work that First 5 has
18 done to make this a real, true partnership and a real,
19 true success as we move this forward. So thank you.

20 COMMISSIONER ZEPEDA: Commissioner Heger.

21 COMMISSIONER HEGER: I wanted to first thank
22 First 5 for funding the hub system 15 years ago. But I
23 also wanted to mention the fact that you turned us 14 --
24 14 years ago when we came back and said that we wanted to
25 anticipate the kids that were in risk of falling into

1 foster care. When the calls were coming into the hotline,
2 that we wanted to do home visitation on the high risk kids
3 that were identified as probably going to go into foster
4 care. And I'm glad that we've now come full circle around
5 and all of us in the county are now talking about creating
6 a system whereby those calls that identify the highest
7 risk kids, that we are going to respond to them maybe not
8 in the same way that we're responding to the ones that
9 have been identified as being abused or sexually
10 assaulted, but that are at risk and look at ways that we
11 can bring them in in collaboration with both public health
12 and certainly with mental health and talking to them about
13 funding the idea of a mental health hub, and that we use
14 PPP as a home service product right now for the kids that
15 are identified at risk. So we are taking that into the
16 homes.

17 But I'm glad that we're there. I was seriously
18 disappointed that my vision of responding to every call
19 those 14 years ago was -- was rejected here, but I am glad
20 that we're there now.

21 COMMISSIONER ZEPEDA: Thank you. Commissioner
22 Taylor.

23 COMMISSIONER TAYLOR: Kudos to all of you.
24 Congratulations.

25 But I want to -- when we make these changes and

1 shifts based on the conversation we had earlier, look at
2 the system and how we do the transition, our community
3 partners, our providers and stuff. We need to have the
4 flexibility and give you the flexibility to help them in
5 this transition. This could be overwhelming. This could
6 be destructive in their operation. So I want you to look
7 at what we can do to help make sure that this is a smooth
8 transition and a smooth implementation. And if that means
9 we've got to put a dollar or two to make it work so that
10 we can facilitate what you need to have done, then we need
11 to do what we need to do.

12 But we can't forget the burden we're putting on
13 those operations and how that's going to draw them or the
14 operational dynamics from shifting from our system to
15 their system to another system and an expansion, and also
16 what it's going to take to do that expansion.

17 Sometimes organizations out there need upfront
18 funding to gear up. We forget about that in government
19 sometimes. But you need to think about what is going to
20 facilitate that expansion and the hesitation of
21 organizations out there to expand and -- as well as those
22 that are already there. So the idea is, what are you
23 going to do when you're talking to them. Ask them, what
24 is it you need to make this a smooth transition and
25 implementation. Because of the intensity, it's putting a

1 lot of pressure on your system. You don't want to it fall
2 apart. So I'm saying take this time and then figure out
3 what we need to do to help you help them. And so that we
4 can make that happen.

5 I would like to hear about that. So that I know
6 that you're getting what you need and they're getting what
7 they need to help the family, and so that we're not having
8 this chaos going on in this transition of time
9 compression.

10 Just a thought.

11 MS. ALTMAYER: So -- and I completely applaud and
12 support those comments. I just wanted to elevate some of
13 the issues.

14 I think one of the exciting opportunities is that
15 now from the position that LA's in is we have an
16 opportunity through our advocacy efforts to really raise
17 what are the challenges for the implementation from the
18 provider's perspective and fully recognize, and we've
19 talked quite a bit that, when we think about LA county, a
20 county of over 10 million people, there are less than 20
21 agencies that are accredited in these home visiting models
22 in LA county.

23 So I completely recognize the point that you're
24 making that we -- making sure that those agencies are
25 committed and interested in staying in the system is just

1 as important as the expansion.

2 So one of the things that I think we've been able
3 to take advantage of is -- at this moment is to elevate
4 some of these issues at a state policy level -- Charna has
5 been very actively involved in this -- so that, as the
6 State is considering rolling out an expansion, we have
7 some on-the-ground lessons learned that can inform that
8 policy, whether we're talking about California home
9 visiting through the Department of Public Health, through
10 the expansion, or through CalWorks. And I think that puts
11 LA uniquely in a position to be part of these
12 conversations at a state level.

13 COMMISSIONER TAYLOR: Just so you know, when we
14 were bringing up evidence-based practice on the MHSA, we
15 paid for the training through MHSA funding because I sat
16 on the advisory committee. And what we found is that, in
17 order to help these organizations wanted to do this
18 practice, we had to help them pay for training. It's very
19 expensive to do this evidence-based practice. It takes
20 time. So that has to be included in that dynamic where
21 it's hard for the County to do those kind of things, maybe
22 it's something we do on our side in partnership with you
23 to help them get training so that you can expand and those
24 that are there can expand and get services to bring on new
25 clinicians to do the work. And that's what I mean by

1 being flexible and figuring out the system dynamic because
2 what you're going to do is, you're going to have these
3 people saying, I got to do -- where am I going to get the
4 money and all this stuff.

5 So we've got to make that easier for them. And
6 that's what we did under MHSA for all the agencies brought
7 up countywide to do all these evidence-based practices.
8 And people stepped up because we were willing to do it
9 differently under MHSA more flexible money than it is for
10 these other things like Medi-Cal and Medicare. They're
11 not always going to pay for that. So we might want to be
12 able to look at how we can support them in this transition
13 to get that training so you can expand.

14 COMMISSIONER ARAGON: And they have access to it.
15 It's built into the budget. So it's absolutely built into
16 the budget for training, not only for the model that
17 they're providing -- or the services they're providing,
18 like the Healthy Families of America has a curriculum.
19 Parents as Teacher, NFP, but also additional training like
20 Maternal Mental Health Services. The different training
21 that we're also standardizing to create this kind of
22 package of training that we have expected for all of our
23 home visitors. And we're supplying that. We're giving
24 them that fund so they can have that training so it's on
25 them to do that.

1 COMMISSIONER TAYLOR: Right. But I want to look
2 at the element -- I love what you're doing with regards to
3 the private sector with the Blue Cross. I'm very
4 interested in what that outcome is. But we need to look
5 at what we need to have those providers, facilitate them
6 transitioning because their data systems and all that
7 other stuff is different. Who's going to pay for that?
8 How is it going to happen? We need -- if we're going to
9 prove that it works, we got to be able to pilot it and see
10 what those barriers are so that we can break that down so
11 they don't have that barrier so we can expand in that area
12 to offer more to other people.

13 So I'm -- I'm hoping -- this is the systems kind
14 of that I'm talk about. And so you need to kind of look
15 at that. I'm very excited about that piece, but we need
16 to make sure our providers don't find barriers in their
17 operation that prevent them from doing even though they
18 want to.

19 COMMISSIONER ZEPEDA: Thank you. I think we're
20 running short of time. So I want just to commend the
21 work. This is the biggest home visiting investment I
22 believe in the nation. So this is extremely important
23 work. We are innovating here. We are path finders. I
24 think I brought up the issue of connecting with the PEACH
25 group in terms of workforce because, as Judy mentioned,

1 with the early childhood, we have that gap also with home
2 visitation. And so we need to think about that as well.

3 So thank you home visiting group. You're great.

4 We do have a request to speak on this item from
5 Ziggy. And Ziggy, I can't make out your last name.

6 SPEAKER: Don't worry about it.

7 COMMISSIONER ZEPEDA: Okay. I won't worry about
8 it.

9 SPEAKER: Ziggy Morganstein. It's my husband's
10 name. I kind of got it. I inherited it.

11 Quickly to talk about me. My name is Ziggy
12 Morganstein. I'm a nurse practitioner and a public health
13 nurse here in the LA county for 22 years, been working
14 with many large health organizations. I started company
15 called Baby Love Advice back in 2014. And what we do is
16 we help systems do exactly the work that you guys do, but
17 just do it virtually. So we are in nine states. We're
18 seeing 3,000 women a week. We have a very large
19 organization of about 400 nurses who are well qualified do
20 this job. And we're allowing parents to get educated and
21 trained and ask all the questions that they have from
22 preconception to early childhood. We do prenatal care,
23 lactation, mental health services. We have social
24 workers. We have dentists on staff. We really do have
25 the whole gamut.

1 We -- I really do want to come here today to just
2 let you know that we are here to support you and your
3 efforts, and we would love to partner with you.

4 Our cost of services are about a quarter of what
5 you guys are paying for your home services right now. We
6 have \$40 per visit right now. In some of our states, we
7 are even as low as \$29 per visit. And we are -- can give
8 up to an hour of consultation online, via phone, or via
9 video. We have a full-blown app. It's a HIPAA secure
10 app. And our company who provide detail of health
11 services for our app is actually also providing care for
12 NASA and the government. So we are very, very secure.

13 I just wanted to let you know that we're here to
14 assist you and help you in moving to innovation, doing
15 things that are strategic and are cost effective with
16 increased access to all of our moms here in California,
17 too, please.

18 Okay. That's all.

19 COMMISSIONER ZEPEDA: Thank you so much for that.

20 MS. BELSHE: Commissioners, I want to note Anna
21 Potere is a new senior program officer. And this is her
22 first presentation opportunity before the board. So
23 welcome.

24 COMMISSIONER ZEPEDA: Okay. Well, thank you for
25 that presentation. Moving onto Item 6, our policy and

1 advocacy agenda. And Kim and Peter, the dynamic duo.

2 MS. PATTILLO BROWNSON: Good afternoon. We are
3 on Item 6, and this is the 2019 advocacy agenda. We are
4 going to cover several of the topics I think that the
5 commissioners raised earlier around sustainability with
6 partners, around the importance of local partnerships, and
7 systems outcomes that actually drive to child outcomes.
8 And please keep me honest if I don't thread that needle
9 and get to each of those.

10 So an overview of where we are going to today is
11 first to describe the advocacy engagement guidelines,
12 which really is the set of criteria that guides when we
13 engage, why we engage, and how we engage. The context in
14 2019 is obviously very different than when we adopted the
15 strategic plan in 2015, both in terms of economic
16 forecast, but also in terms of the political opportunities
17 and the sort of rising tide in terms of awareness around
18 early childhood issues.

19 We're going to cover state advocacy priorities
20 anticipated for this legislative season that continues
21 through to the end of the budget year in June, as well as
22 the legislative season through to the fall, flag a couple
23 of next steps in terms of alignment and further
24 integration expected down the road, and then we'll close
25 with the conversation around a recommendation to engage on

1 a local advocacy opportunity with LAUSD.

2 I will just reference this briefly. I think we
3 covered this slide in large part with Daniela and
4 Christina and Kaya previously, but maybe just reiterate
5 that, again, we are driving towards child outcomes as our
6 results that we are actually seeking to move.

7 So to sort of take us back, this is language
8 excerpted from our 2015-2020 strategic plan. And the key
9 words to is highlight here are systems change,
10 collaboration, public policy, and greatest number of
11 children prenatal to five. I think, too, our prior
12 conversations we have said many times that First 5 LA
13 cannot be the agent of scale or sustainability. And so
14 the focus on collaboration and partnerships is -- is one
15 that is about ensuring that we can be larger than the
16 footprint of our current revenues.

17 So the brief history of our present, where we
18 have been back in 2015. We anchored our work in policy
19 and systems change, partnership with others, advocacy. In
20 2016, we articulated the criteria for legislative and
21 budgeted advocacy engagement. We also dipped our toes in
22 the water of ballot measure endorsement at the state
23 level, having endorsed Prop 55 and Prop 56 which both
24 passed in 2016. To refresh your memories, Proposition 55
25 was the renewal. Prop 30 for K to 12, communities

1 colleges, Medi-Cal, and debt pay down. Prop 56 was the
2 increase to tobacco for \$2 a pack, which went to Medi-Cal
3 and also brought us within the ambit of e-cigarette tax
4 collection.

5 In 2017 we developed the first organizationwide
6 policy agenda based on the strategic plan, and that is a
7 policy document that moves and unites both programs and
8 policy and INO and admin, and began a new approach to
9 legislative advocacy, which is to say that we effectively
10 leaned into legislative advocacy in ways that we had not
11 been as active previously. I'll also just say we staffed
12 up some of the fantastic people who you just heard from
13 and Becca and Charna who's hiding in plain sight.

14 MR. BARTH: I'm a large block.

15 MS. PATTILLO BROWNSON: And then in 2018, I think
16 we began a different type of legislative engagement, which
17 was to say that we were on the front end rather than
18 reacting to other people's proposals once they were fully
19 bake and halfway down the pike. We were much, much
20 earlier in the process of engagement of shaping the clay
21 and actually ensuring that our -- our best intention
22 legislative friends were doing things that were geared
23 towards child outcomes that would be appropriate for the
24 whole state, but in particular for LA county.

25 So with that, I will now turn it over to Peter

1 who will walk us through more on the state level.

2 MR. BARTH: So just also I think a note that in
3 2015 the real shift that we saw not only with having a new
4 strategic plan was this idea that First 5 LA should be an
5 advocate, not just a funder of advocacy or a funder of
6 services. So that's actually a big shift for an
7 organization to go from, we're paying for something to we
8 as staff are actually engaging in the work and shaping
9 policy.

10 The second part of it was that advocacy should
11 not be just be limited to the small number of staff whose
12 goal is to work with elected officials at the state or
13 federal level, but should be everybody. So I think that's
14 what you heard in the last presentation was an example of
15 embedding policy work and systems work in all of our work,
16 whether it's here locally, whether we're partnering with
17 county agencies and local communities on home visiting or
18 whether it's our state and federal advocacy.

19 I will note that when you see me or when you see
20 members my team, our team's goal is actually to say, if
21 everyone at First 5 LA is paying attention to advocacy and
22 the vast majority of our work and our funding is here in
23 LA and in our communities, how can we make sure what's
24 happening in LA shapes and drives what happens in
25 Sacramento and DC, and that what's happening in Sacramento

1 and DC can help inform our work here on the ground.

2 So that is why the conversation a little bit
3 you're going to hear today is around that work. But I'll
4 just put a note into where Kim will wrap up our discussion
5 is, our goal is to start to articulate our advocacy work
6 in a broader, more holistic, and integrated way. So
7 rather than just saying we have an agenda that is just
8 about state and federal, that we're going to talk about
9 those different pieces together.

10 As Kim mentioned, we do want to make sure we have
11 criteria guiding our work. This criteria has been shared
12 with the board before. And part of it is just to help us
13 understand there are thousands of pieces of legislation,
14 there are -- the Governor's budget proposal was 380 pages
15 long. And, frankly, I can make the argument that
16 everything impacts children.

17 And so we need to do something more just what's
18 best for kids. So we have some criteria that we use to
19 try to help engage our -- to help gauge what where should
20 we be putting our capacity. This is also a reminder it's
21 an attachment in your documents. So I'm not expecting you
22 to read this. But this is a reminder for commissioners,
23 our policy agenda. It's a document that reflects
24 organizationwide outcomes that we're trying to drive
25 towards in the context of the current strategic plan.

1 You'll note that it's not -- it doesn't say, this
2 is our state goal. This is our goal as an organization.
3 Just to make a quick touch point to the starting
4 conversation about impact framework and the SPR4 process,
5 our intention is that our impact framework actually can
6 help shape and -- this document into the future. And so
7 that the impact framework, those results we seek, are the
8 results that we're trying to work toward in the policy
9 agenda, being much more outcomes oriented.

10 So with that in mind, I want to talk a little bit
11 our continued evolution. Kim talked about, you know, a
12 couple years ago we were responding to things. Last year
13 we were able to be a little more proactive. This year
14 what you see in and in your other attachment, which was a
15 very long list of different policy items that we are
16 paying attention to, is that we are trying to demonstrate
17 that our advocacy agenda is more than just legislation.

18 In the past when we've engaged the board, we have
19 come to you and said, here are bills that we're supporting
20 and here are bills that we are watching. But all of you
21 know from your work that policy change and systems change
22 happens in way more places than just the legislature. And
23 so we want to make sure that you get to see the host of
24 different formal policy vehicles that we're working on and
25 the issues we're engaging in.

1 And importantly I think one big context before I
2 actually jumped ahead of myself is that this is
3 particularly true now in this year with the new governor.
4 And when you have an administration that has appointed
5 senior officials -- you met Cris Perry the other day in
6 the health and human services agency -- who care about
7 early childhood, they are receptive to hearing your ideas
8 and your thoughts, and so you spend a lot more time
9 actually engaging with administration officials and
10 pushing advocacy that way, not just in legislation.

11 So, hopefully, what you're going to hear from us
12 moving forward, not just today, but is how we are trying
13 to achieve those results that we laid out and we're laying
14 out in the impact framework through multiple methods, not
15 just a bill that we're supporting.

16 So just as an example of what this might look
17 like in practice, when we think about our goals around
18 early identification and intervention, making sure that
19 children receive developmental screening and referral to
20 services, we do have legislation. As commissioners who
21 were serving with our organization last year will recall,
22 last year was first time First 5 LA actually drafted and
23 sponsored legislation. And it was around developmental
24 screening. And, unfortunately, the Governor vetoed it
25 despite unanimous support in the legislature. But as our

1 commission Chair Sheila Kuehl encouraged us to do, come
2 back for more, never let things die. So we do have this
3 legislation reintroduce and we are sponsoring and we are
4 working to see if we can come to the legislative solution.

5 But also to my point just a few moments ago,
6 sometimes legislation is not needed if you have an
7 administration that cares deeply about work. And so we
8 are actually working not just with the legislature, but
9 also with the Newsom administration and leadership in the
10 health and human services agency to see if we can come to
11 other solutions, whether it's guidance for health plans or
12 executive orders or other components where we can use
13 those tools to advance our budget.

14 And then, of course, there's the budget. So in
15 that long advocacy list, you'll see budget items where
16 First 5 LA is actively trying to shape, if you've
17 committed and are excited about putting potentially \$60
18 million behind advancing this goal of developmental
19 screenings, how do you spend that money? How can we take
20 our lessons learned from our work with our health plans
21 and our clinics and our communities here and elevate that
22 story in the state.

23 On the family support side just to reiterate, you
24 heard Charna talk about this in the last presentation, you
25 don't actually see a piece of legislation there. And

1 that's an example where last year you might have missed
2 all this other opportunity for advocacy because we didn't
3 have a bill necessarily that we were weighing in on.
4 There may be a bill that comes up, but there are a lot of
5 things we can do administratively, like expanding the
6 number of home visiting models that might be eligible for
7 federal funding. That's something that we can do through
8 the state plan amendment process that we're trying to
9 engage in. Or maybe maximizing the number of funds that
10 we can use to support programs. A really good example
11 locally was other counties for a long time had been
12 prioritizing use of the Mental Health Services Act funding
13 to pay for home visiting services. And in LA county, we
14 hadn't been. But thanks to leadership and our
15 partnership, we're able to now direct \$40 million to home
16 visiting services.

17 And then, finally, I think on the early care and
18 education component, there are actually a lot of bills
19 related to ECE. It is something that a lot of champions
20 are here. This is why I have Becca up here in case we
21 have some questions from our work. But as a reminder to
22 commissioners, First 5 LA in partnership with First 5
23 California funds and coordinates what's known as the state
24 early care and education coalition. It's a group of more
25 than 40 advocacy organizations who represent different

1 interests in the early learning field. And our goal is to
2 try to bring alignment and coordination to that effort.

3 And so through legislation and some of these
4 bills that we have now supported allows us to do things
5 like to Commissioner Abdo's point try to reframe and
6 reform and shore up the system of supporting professional
7 development for our early educators and how can we make
8 sure we're maximizing those the dollars and directing new
9 resources and doing it in such a way that we have quality
10 improvement, not just quality rating in our early learning
11 settings.

12 But the Governor has also put forward a lot of
13 resources in his proposed budget, and we want to shape
14 what that looks like for infrastructure for workforce. We
15 want to make sure that there's a focus on advocacy or on
16 access. And there are a lot of other platforms. For
17 example, the Blue Ribbon Commission on Early Education
18 just came out with their recommendations and report, and
19 can we help continue to partner with members of the Blue
20 Ribbon Commission and to shape the policy recommendations
21 moving there.

22 But on this point, I want -- this where I'm going
23 to hand it off to Kim because I have local up there. And
24 this is a good example of what we hope to show more of,
25 which is the connection between state, federal, and local

1 advocacy that are all driving our work forward.

2 In particular also on the advocacy agenda, you'll
3 see a column that says, community identified priority.
4 One issue that I want to call out last year that was
5 really important was for the first time, we had our Best
6 Start community parent leaders who independently with
7 their partners on the ground identified a priority issue
8 that turned into legislation at the state, brought it to
9 our attention, and we were able to add it to our advocacy
10 agenda.

11 We want to and are going to be working more with
12 the communities team throughout 2019, be able to identify
13 what is it that communities are prioritizing, how does
14 that align with our policy agenda, and so when there is
15 alignment, we can be mutually reinforcing. Parents in the
16 community care about this issue. It's aligned with our
17 agenda. Let's give that support.

18 So there are a couple of bills that we're
19 watching and engaging in now that have that checkbox, and
20 we would love to see more and more of that moving forward
21 in future years. But that was a big first time win for us
22 last year that we want to see more of in future years.

23 So this with that, I'll hand it over to Kim to
24 talk a little bit more about our local context.

25 MS. PATTILLO BROWNSON: Actually, just before we

1 leave, one thing I just wanted to reference back to in
2 Daniela's presentation. Commissioner Abdo had raised the
3 issue of quality. And the administrative potential I
4 think that is on the table that didn't exist candidly in
5 prior administrations is just very rich. It's not
6 necessarily a money play. It's not something that goes
7 through the Governor's budget process. But there are --
8 there are gears that can be brought in motion through both
9 appointments for the commission on teacher credentialing,
10 for the creation of standards through the state board of
11 education, through health and human services' internal
12 processes to actually work with health plans. To make
13 sure that the quality of services are held to a different
14 standard is something uniquely that I think a friendly
15 champion of young children, early childhood governor can
16 do and has expressed great appetite to do.

17 So as we turn back to local policy and advocacy,
18 it is not for -- for love of Sacramento itself that we
19 spend a lot of time in Sacramento. It's a fine place.

20 MS. BELSHE: Hey, hey, hey.

21 MS. PATTILLO BROWNSON: It's a fine place. It
22 has a lovely delta and history and Sutter's Fort is really
23 cool. However, it is also the location where \$200 billion
24 worth of tax revenue is generated, goes through, allocated
25 every year. LA county is no slouch either. The LA county

1 budget is -- is robust as well at \$30 billion, which is
2 larger than many northeastern states' budgets. The City
3 of Los Angeles is \$9 billion, also larger than many
4 northeastern states. LAUSD's budget is \$7 billion, which
5 is extraordinary and is rivaled only by New York City.

6 So if we singularly decide to only focus on
7 state, we are basically missing opportunities. And so
8 LAUSD is in the midst of work on early childhood that is
9 very topical. And you're probably reading about it in the
10 paper. I'll flag that, on this slide the third bullet
11 around programs is really the conversation that we just
12 had with Christina and the programs team around home
13 visiting. I think you also believe Commissioner Tilton
14 had referenced at the last -- excuse me -- at the last
15 commission meeting, there is a motion moving through the
16 City of Los Angeles to expand child care centers in their
17 park and recs division, and our community relations team
18 is helping to usher that forward in exploration of
19 additional revenues that the City may bring to bear and
20 also draw down from the State and become a more active
21 player in the space. In addition, however, LAUSD has
22 played historically an outsized role, not just for LA
23 county but for the state. It is the single largest
24 provider of state preschool, not just for our kids in the
25 city and the county, but for the whole darn state. And

1 they are a player of scale and sustainability.

2 For many folks who are newer to the commission
3 and didn't have the sort of background that we provided in
4 2016, First 5 LA is unique in its formation in that there
5 are a host of activities that we can take that private
6 philanthropy oftentimes is not able to and that
7 traditional government often is not able to engage in.
8 But because of the way that we are legally comprised, we
9 in fact can take endorsement positions. We can offer up
10 our analyses in terms of what the impacts on young
11 children and families are. We can post our information
12 and we can respond to request from the public to
13 understand better how this impacts young children, and, in
14 fact, have already received requests to do so.

15 There are also activities that we will not be
16 engaging in, both because we don't want to and also
17 because we're not allowed to. In some ways, it's quite a
18 safe haven actually to be the voice of good government and
19 to say whether it's good for kids or bad for kids. But we
20 are not endeavoring to become a PAC in any way. We cannot
21 gather signatures. We're not going to create campaign
22 materials. We're not going to link to other campaign
23 websites. And we're never going to issue a call to arms
24 to voters to vote X on Y measure.

25 So with that, we can offer a reasoned analysis of

1 the merits of various proposals that are moving forward.

2 So measure EE was recently adopted at the first
3 Thursday of this month by the LAUSD school board
4 unanimously. This is the actual text of the parcel tax
5 bill. I have highlighted in pink the part that is most
6 relevant to us, which is preschool, which is a new and
7 intriguing development because there have been parcel
8 taxes throughout the state and very few school districts
9 have opted to include preschool within their list of
10 priorities. The language that goes to the voters in fact
11 has a higher level of persuasiveness in terms of what gets
12 prioritized in subsequent years should the measure pass.
13 And, obviously, having it on the ballot is precedent
14 setting.

15 So in terms of what it functionally does, it's a
16 12-year parcel tax. It is a square footage parcel tax and
17 it's projected to raise between 400 and 500 million per
18 year starting in the 19-20 budget year. The estimation is
19 that it would be on average -- or at median 235 for the
20 owner of the 1,450 square foot home. If you're wondering
21 what this will mean for you in particular, and that's
22 okay, too. It's \$160 for every thousand square foot of
23 improved space, which means your actual home's square
24 footage. And there are strange exceptions under
25 California law, if you have a pool house, that doesn't

1 count. If have you unimproved space or a pool, that does
2 not counts. Seniors are exempted. The disabled
3 population is exempted. And the tax burden shifts about
4 two-thirds to commercial properties and multiunit
5 apartment-style homes for landlords. And then about a
6 third of it goes to single-family homes and rental
7 properties that are smaller. For context, we know that
8 about one out of eight, that's about 12 percent, of school
9 districts in California have passed some form of parcel
10 tax in the past. So --

11 COMMISSIONER ARAGON: 55 percent.

12 MS. PATTILLO BROWNSON: It's two-thirds. It's
13 67. 55 is the school bonds. And there is in fact by
14 Senator Ben Allen, there is a bill moving forward in
15 Sacramento to lower the threshold for parcel taxes. That
16 is going through the committee process.

17 The criteria for analyzing a ballot measure is
18 very much similar to what Peter described earlier in terms
19 of many of the same criteria. I'll also say that because
20 this is -- this is our backyard. This is our
21 neighborhood. You will run in to people who will talk to
22 you about parcel taxes in your grocery store. And so we
23 also have a couple of additional factors beyond those that
24 Peter outlined previously around the likelihood of success
25 partnership implications and reputational risk.

1 I would say, however that the -- though it's not
2 scaled in a precise way, the top three that are closer to
3 the mountaintop are the guiding sort of principles and
4 those are the ones that are most recurrent through our
5 legislative agenda as well and, obviously, are our primary
6 drivers.

7 So in terms of poling, what we have seen is that
8 there is a rising tide of public opinion. Because of the
9 strike that LAUSD experienced and that many of you
10 probably saw people in red shirts during that time that
11 the strike was happening, there -- there is a heightened
12 attention not just in LA but actually throughout the state
13 to thinking about the finances of school districts. And
14 so the awareness of school districts needing more funding
15 is higher than it has been at any point in the last
16 decade.

17 The recent poling suggests that voters -- likely
18 voters are poling at 75 percent support for a parcel tax
19 with even six percent of undecided leaning yes. As
20 Commissioner Abdo was referencing earlier, it's a 67
21 percent higher threshold, super majority threshold for
22 passing a parcel tax, but one that many other localities
23 primarily up north have met previously.

24 We have a distinguished list of ballot signers
25 for the parcel tax, including the mayor of Los Angeles,

1 Mayor Garcetti, and support from institutional players and
2 the nurses, teachers, administrators in higher ed worlds.
3 And then there's also a list of early adopters and
4 supporters as of the time of the Brown Act requirements
5 that we go live with our commission materials.

6 I can update you that we also now have a list of
7 opponents who have subsequently declared their opposition.
8 So that is the LA Chamber, the Valley Industry Commerce
9 Association, VICA, the LA County Business Federation, Biz
10 Fed, and the Howard Jarvis Association, which I think many
11 of us saw that coming.

12 In terms of support arguments, what we know in
13 terms of California's per pupil spending is that it is
14 factually just lower than most states of our GDP. Our
15 2018 per pupil spending is around 9,400 for the state of
16 California. It ranges from 15,000 to 21,000 for Rhode
17 Island, Massachusetts, Pennsylvania, New Jersey,
18 Connecticut, New Hampshire, Maine, New York, and Vermont.

19 MS. BELSHE: Kim, we've got probably -- sorry to
20 interrupt, but maybe about five minutes. We want to make
21 sure there's some time for discussion.

22 MS. PATTILLO BROWNSON: I'll do very quickly just
23 that there are financial implications I think that are
24 overhanging if you have seen the press coverage of LACOE
25 sending a letter in terms of the potential for

1 receivership which others districts have experienced.
2 That conversation has already been initiated. Once other
3 school districts have undergone receivership, their early
4 ed centers are often first to go.

5 In terms of the opposition arguments, many of the
6 business organizations have made an argument that it's an
7 onerous and disproportionate tax burden, that it may cause
8 rising rents. And the LA Chamber has not made this
9 argument, but some of the other business organizations and
10 the Howard Jarvis Association has also just questioned
11 whether it's a wise use of public funds without reforms
12 preceding it.

13 So applying our criteria, there is very high
14 alignment with our strategic plan in terms of the ECE,
15 both quality and access planks. Their impact on young
16 children is high as is the scale with over 20,000 young
17 children currently being educated by LAUSD and the number
18 with the potential to grow. The sustainability prospect
19 is also quite high because it's a 12-year life span and it
20 would be counter cyclic to what our recession cycles
21 normally fair because it's not driven by the markets or
22 income taxes.

23 The likelihood of success is higher than it's
24 ever been or has been in the last ten years. Let me not
25 exaggerate. They haven't been poling this forever. I

1 think the reputational risk reward calculation actually
2 favors much more highly for better partnership prospects
3 as a result. And I think we have already heard signals
4 from our business partners that it's just fine for us to
5 disagree sometimes and that this is not a surprise.

6 This is a summation. And I will just say again
7 that endorsement has practical implications and also
8 symbolic implications, and that this is appropriately a
9 decision of this commission.

10 Moving forward -- actually, I'll skip this and
11 maybe just go to questions.

12 MS. BELSHE: But actually touch on this quickly
13 just to the extent we do intend to come back to the full
14 board.

15 MS. PATTILLO BROWNSON: So this is the
16 information and discussion. And we welcome any and all
17 questions. This would go to the full board for
18 endorsement on April 11th. And the special election will
19 be June 4th. So this is a hyper --

20 MS. BELSHE: Time sensitive.

21 COMMISSIONER MARTINEZ: Did the LA county
22 supervisors already vote on this?

23 MS. PATTILLO BROWNSON: I don't think they have
24 taken a position at all.

25 COMMISSIONER ZEPEDA: Are they able to take a

1 position?

2 MS. PATTILLO BROWNSON: They take positions on
3 legislation. Yeah, they do.

4 COMMISSIONER MARTINEZ: I think -- it was just
5 check in since some of us represent those supervisors to
6 see where they stand on this.

7 COMMISSIONER TILTON: And the CPO's legislative
8 section can actually do that for the County. You don't
9 even have to go above the board.

10 COMMISSIONER TAYLOR: But the supervisors give
11 them the go-ahead on certain things like this. So it's
12 important to understand where the board stands on this
13 issue.

14 MS. PATTILLO BROWNSON: And we can have that
15 information available when we come back on April 11th.

16 COMMISSIONER ZEPEDA: Commissioner Abdo.

17 COMMISSIONER ABDO: Thank you. On the
18 legislation, I -- I want to make sure that you let us know
19 which are the important legislative bills that we should
20 weigh in on if we have relationships with -- with our own
21 legislators. And I -- I tried to read all of the bills
22 that you sent us. I gave up. I couldn't -- could not do
23 that. So I -- some are way more important than others to
24 us. And sometimes I get asked, what do you think. So I
25 need a little more information.

1 MR. BARTH: Absolutely.

2 COMMISSIONER ABDO: I think you --

3 MS. PATTILLO BROWNSON: And thank you for making
4 the effort.

5 COMMISSIONER ABDO: But we all have relationships
6 that could be helpful.

7 I want to mention affordable housing legislation
8 because we have many, many families who are so close to
9 losing their homes or who have already lost their homes.
10 And so it becomes an early childhood issue, even though it
11 does -- it isn't obvious necessarily, but it seems to me
12 that it's worth looking at those -- those bills to see
13 which ones would have the -- the most impact on families
14 with young children, and that we should know for ourselves
15 what we should be doing about that. And, of course, we
16 should endorse major EE.

17 COMMISSIONER ZEPEDA: Other questions?

18 Commissioner Taylor.

19 COMMISSIONER TAYLOR: I would like to see us, if
20 we were advocating, advocating from the position of what
21 we're about and what we want and why it's important to us
22 that this gets passed. So that it looks from the sense of
23 our strategic plan and our effort that why are we getting
24 in here and saying something. Because we support the part
25 that deals with children preK to school because they're

1 the children of the future and we're building the workers
2 of the future. You know, something like that. So that --
3 that -- if we're going to say advocating, we're advocating
4 for this reason. We're not getting into all the other
5 menagerie. This is where we are. This is why we're
6 advocating and this is who we're advocating for. And then
7 all that other stuff can go somewhere else. But the idea
8 is that I'd like to see more of that and when you come
9 back.

10 The other thing I want to do is thank Kim and
11 thank you, Kim, and thank your wonderful team. This is
12 what I'm talking about with systems change. You have laid
13 it out. And this is what we need to see to say what
14 you're going to do with systems change. You laid it out
15 in this document or in this thing. You said we're going
16 to go here, state. Now we're going to go here. We think
17 we ought to expand into this arena and on and on and on.
18 So this is what it is. And what's the result and the
19 outcome? We're getting more money. We've raised the
20 level of understanding at the state and local level.
21 We've got our partners from San Bernardino and Riverside
22 wanting to partner with us. You know, what I'm saying?
23 That's systems change, you know. So we did all these
24 things to create that -- that change. And we've developed
25 other strategies to create systems change. And so it's

1 that kind of thinking, innovative thinking that I'm saying
2 you're doing.

3 I keep saying you guys are doing it. We're not
4 owning it, you know. And so we've got to keep talking
5 about how we expand the systems change. We went from this
6 to this to this, and here are the outcome. The outcome is
7 real. We're getting more money from the Governor to do
8 things for kids and stuff like that.

9 If we're talking about homelessness, how it
10 effects children for children to be homeless. You know,
11 that kind of thing, the advocacy portion. So kudos to
12 you guys and everything. So I thank you for that. The
13 advocacy. I was mentored and trained to go up there and
14 advocate.

15 MS. BELSHE: You're going to have more
16 opportunity.

17 COMMISSIONER TAYLOR: But I'm saying you -- when
18 we say, give us this tool to help you help what you're
19 doing, that's what, you know, Commissioner Abdo is saying
20 and this is what I'm saying too. Give us the tools that
21 says, here is the priority we want to advocate for in
22 these things because, going through that list, I ran -- I
23 ran out of that too.

24 But the bottom line is, give us something that we
25 can kind of hone down that we can run with and say, this

1 is what we're advocating for in this particular session of
2 the legislation and this is why.

3 COMMISSIONER TILTON: May I ask a quick question?

4 Can you explain the difference between support
5 and priority engagement? And can we assume that we're
6 good already to go on the priority engagement and support
7 but on the watches, not?

8 MR. BARTH: Thank you for calling that. So the
9 list has two sections. So the first section is what we
10 would call broadly our support list. Those are bills
11 where First 5 LA has already taken a position. For budget
12 items, it says, priority engagement because, unlike a bill
13 process where it's introduced and then you say, I support
14 that, with the budget process it may be, I'm not walking
15 out the door and saying, oh, I have a bill to say I
16 support, but this is incredibly important. So it says
17 priority engagement next to things like the 60 million for
18 developmental screening. That's a priority for us.

19 That's where we're going to engage. That's where we're
20 going to shape the policy. And when you actually have a
21 budget bill much later in the session, we will support it.

22 The watch is our list of, these are things that
23 we think are likely to align with our policy agenda but we
24 need more information. Sometimes legislation or
25 regulations or all these other issues, sometimes those

1 things are elevated into what's called spot language. It
2 has a sentence but it doesn't actually have meat on it.
3 So that gets developed over time and it may be something
4 we want to weight in on, but we're trying to signal that
5 we're -- if it's on the watch list, we're paying
6 attention, we're monitoring, we may be shaping a little
7 bit, we may be asking questions, engaging with the bills
8 authors, but it's not yet something where we have a formal
9 public position.

10 COMMISSIONER TILTON: Thank you.

11 COMMISSIONER ZEPEDA: Other questions or
12 comments?

13 I have a question, Peter, about the early
14 childhood consortium. What -- because last year their big
15 ask was a billion dollars for babies. What is their ask
16 for this session?

17 MR. BARTH: Becca, I would like to hand this or
18 to you.

19 SPEAKER: So we've gotten even more ambitious.
20 So our -- and also our adjusting towards the new
21 environment that we're in. So we're both putting forth
22 our agenda while also being responsive to the
23 administration's agenda. So we are helping to shape both
24 the proposed investment in facilities and workforce. So
25 that's two of our four pillars. And then we are also have

1 a bill again this year that is a billion dollars for
2 babies to expand access. And the last piece is the rate
3 reform piece. So finally getting to single reimbursement
4 rate. So that policy fix.

5 COMMISSIONER ZEPEDA: And that's what we'll be
6 advocating for at the end of April?

7 SPEAKER: Yes. And each of those pieces has a
8 bill vehicle with it.

9 MS. BELSHE: April, May, June, July.

10 MR. BARTH: Already.

11 MS. PATTILLO BROWNSON: Good reminder.
12 April 30th and First 5 advocacy day.

13 COMMISSIONER ZEPEDA: Any other questions or
14 comments?

15 COMMISSIONER TAYLOR: Just one more. You know,
16 in your first one where you talked about each year what we
17 did and how you changed it, that's the strategy change and
18 that shows that learning and how we evolved and you came
19 to the commission and said, give us permission to move and
20 things like that. And we said, okay, do it. But the
21 idea, it made sense and it put us in a better position.
22 This is how -- this is what I think we need to see and how
23 we share with our colleagues that, if they're not doing
24 what we're doing, then they're not being as effective as
25 they could in advocating for their community. So it's

1 that kind of stuff.

2 And then there's cross support, our teams giving
3 you the input of what they're doing in the fields with
4 Kristine and her team doing in the field to advocate for
5 change in these specific areas. And then that teaming and
6 integration across those sectors makes it so that you,
7 when you talk to them and say, we're doing this over here
8 and this is the outcome, this is how it's doing, this is
9 what's happening, this is how we did it. And then they
10 say, oh, it can be done. Because they don't have any idea
11 up north that it can be done or how to do it. And not
12 because I'm knocking them. Going down to the community
13 level -- and kudos again to my predecessors in this
14 commission member -- going to the community, the power of
15 the community behind what you want to do is unbelievable,
16 especially up there and locally.

17 So because when they advocate, people listen. So
18 it kind of adds to not only are they advocating for
19 themselves, but they're advocating the issues that we
20 support for them. So it's that kind of thinking that I'm
21 saying, we need to own that and we need to own what we're
22 doing to make that happen.

23 MR. BARTH: Thank you, Commissioner Taylor.

24 I just want to call them too, that's why it's so
25 important to note that Charna, who is on the policy and

1 government affairs team, was presenting with the programs
2 team around home visiting and connecting the dots between
3 our advocacy work and our program work; why when Becca did
4 her presentation now as the director of early learning,
5 not on the policy and government affairs team, when she
6 did her presentation to this body in January, she talked
7 about what are we doing here in the community with our
8 partners and how is that tied to our advocacy work.

9 So I will call out to you all as our board and as
10 our commissioners, moving forward whether or not I'm
11 presenting or Kim's presenting, you should actually be
12 able to hear and understand how does policy and systems
13 change fit into the work that's happening, whether the
14 presentation is from our integration and learning team,
15 our program team, or us.

16 So thank you for that feedback and I appreciate
17 that we're moving that forward.

18 COMMISSIONER TAYLOR: Good job.

19 COMMISSIONER ZEPEDA: There's no request for
20 public comment, right?

21 SECRETARY: No public comments.

22 COMMISSIONER ZEPEDA: I just wanted to mention
23 that there was three written only pieces here. Item 7 on
24 ECE outcomes, Item 8 on community outcomes, and Number 9
25 also on community outcome.

1 Are there questions by commissioners on any of
2 those items as people are getting -- organizing themselves
3 to leave.

4 Well thank you very much, Kim, Peter, Charna, and
5 Becca. I look forward to hearing more about the parcel
6 tax as we go forward.

7 (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 10th day of April, 2019.

DocuSigned by:
Heatherlynn Gonzalez

AE10E8980664405...
CERTIFIED SHORTHAND REPORTER
FOR THE STATE OF CALIFORNIA

FIRST 5 LA

SUBJECT:

Provide an implementation update on early identification and intervention (EII) strategies including Help Me Grow-Los Angeles (HMG-LA).

BACKGROUND:

Identifying young children with or at risk for developmental and behavioral delays is an essential first step toward ensuring that all children have the opportunity to reach their optimal physical, mental and socio-emotional health and well-being. In California, approximately 21 percent of children do not receive timely developmental-behavioral screenings. First 5 LA, in partnership with L.A. Care Health Plan, the Los Angeles County Department of Public Health (LAC DPH), and the American Academy of Pediatrics (AAP)-California Chapter 2, launched planning for Help Me Grow (HMG) in 2016 to strengthen early identification and intervention systems in the county. Currently, First 5 LA and LAC DPH are co-leading the implementation of Help Me Grow for L.A. County (HMG-LA).

HMG is a national system change model, which aims to improve the coordination and functioning of developmental and behavioral screening, assessment and early intervention supports through the following four essential core components: Centralized Access Point (CAP); Data Collection and Analysis (DCA); Child Health Care Provider Outreach (CHPO); Community & Family Outreach (CFO);¹.

The model works to promote cross-sector collaboration in order to build efficient and effective early childhood systems that support families so that children can grow, develop and thrive to their full potential. Successful implementation of HMG leverages existing resources, maximizes opportunities within public agencies and across system functions, and advances a coalition of providers and sectors working collaboratively toward a shared agenda.

On November 9, 2017 the Board approved the establishment of a Strategic Partnership with LAC DPH to serve as the organizing entity for HMG-LA and on May 10, 2018 authorized a total budget of \$10.1 million for the 5-year Strategic Partnership and an initial agreement (FY 18-19) for an amount up to \$900,460. On July 1, 2018, the agreement with LAC DPH was executed and together First 5 LA and LAC DPH have been working in close collaboration on strategy design and implementation of the core components. Staff anticipates returning to the Board to seek contract renewal authority in June 2019 to continue this partnership.

Strategic Partnership with LAC DPH and the Co-Implementation of HMG-LA

Since July 1, 2018, First 5 LA and LAC DPH have been working to create an implementation strategy to bring the vision in the 2017 HMG-LA Recommendation Report to life. As the organizing entity, LAC DPH is tasked with providing support, oversight and facilitation of broad system change activities and also building out the necessary foundational infrastructure for HMG-LA. LAC DPH will provide administrative and fiscal oversight necessary for long term system sustainability and expansion and lead ongoing continuous quality improvement.

In year one of the Strategic Partnership, LAC DPH's key objective was to develop a strategy to launch and sustain two of the four core components of HMG: 1) CAP and 2) DCA. This is in parallel to First 5 LA launching and sustaining the CFE and CHPO core components. Additionally, LAC DPH was to identify and coordinate three Advisory Committees to support the implementation and direction of HMG-LA.

¹ The Help Me Grow National model refers to this core component as "Community and Family Outreach," however the HMG-LA planning members selected to change the title to "Community and Family Engagement (CFE)"

Throughout the implementation design, and specifically the development of the CAP, First 5 LA and LAC DPH have upheld the key themes and values that emerged from the HMG-LA Recommendation Report including:

- HMG-LA integrates & leverages existing resources
- CAP approaches "screening" as a last resort
- CAP is a tiered model which should address equity vs. equality
- CAP is "centralized-decentralized"
- CAP is virtually centralized with multiple ways to engage

The "centralized-decentralized" approach reflects the vision that the HMG-LA website and call center are available countywide from a "virtually-centralized" contact point. Direct services and early intervention are coordinated and delivered at the local level, in a decentralized approach.

The following sections outline the latest implementation approach and design for the core components of the model.

Centralized Access Point (CAP) — (Lead: LAC DPH)

In order to design the most appropriate CAP for L.A. County, the team engaged many stakeholders, meeting with all seven L.A. County Regional Center Early Start Managers and exploring alignment with other L.A. County Health Agency programs at LAC DPH, Department of Mental Health and Department of Health Services. The team also researched CAPs across the country, exploring various platforms, apps and call centers to envision a web-forward model. This exploration was further supported by technical assistance provided by HMG-National Executive Director, Kimberly Martini-Carvell.

The web-forward model of HMG-LA CAP acknowledges three tiers of support for families. First is the *universal* tier which consists of online information and materials about developmental and behavioral health, screening and interventions. Second, for families needing a little more support the *assisted* tier consists of a call center and remote support via text or chat form for information and "warm" handoff referrals to services and supports. In addition to providing referrals to the child's medical home and early identification and intervention supports, referrals will be made to connect families to LAC DPH home visiting programs and early care and education supports. Finally, for families requiring increasingly intensive customized care, there is the *care coordination* tier.

HMG-LA's CAP will focus on the *universal* and *assisted* tiers of support and refer families to the child's medical home as Medi-Cal managed care plans are responsible for providing case management and care coordination to members for medically necessary services delivered both within and outside the managed care plans provider network. In addition, there is an opportunity to refer families to HMG-LA Demonstration Communities (see below) for more intensive support and *care coordination* in a decentralized setting.

Through the design and implementation planning process, the team concluded that there is not one entity that can provide the diverse aspects of HMG-LA's CAP components. LAC DPH has been in discussions with many entities that could fill these various roles and has developed decision criteria to determine the final, best-fit entity for each.

The implementation approach and design for HMG-LA CAP has been vetted by the original HMG-LA early planning and design Co-Chairs, HMG-National leadership, and First 5 LA and LAC DPH leadership. Moving into years two and three of the Strategic Partnership, LAC DPH will use their decision criteria to procure the most appropriate entities to execute the HMG-LA CAP components.

Data Collection and Analysis (DCA) — (Lead: LAC DPH)

Closely related to HMG-LA CAP is HMG-LA's DCA core component. The overarching goal of HMG-LA's DCA plan is to create a framework for determining the reach, extent of implementation, feasibility, and impact of HMG-LA service delivery in L.A. County. Data will be collected across multiple levels (i.e. individual level, agency/department level, etc.). Specific focus will be placed on collecting HMG National

system level shared metrics and data pertaining to identified L.A. specific priority outcome indicators. In the past year, LAC DPH formed a DCA committee tasked with adapting the HMG National system to Los Angeles County's unique needs with attention to prioritizing indicators that identify barriers in practice and track the coordination across systems, sectors, and programs. The team has also created a data collection and analysis evaluation strategy. Part of this strategy includes the collection of baseline data on screening and referral practices of providers working with children ages 0-5, which LAC DPH presented on at the October 25, 2018 Program and Planning Committee meeting. This baseline data collected through the "Survey of Practices in Screening, Referrals and Related Barriers" (SUPRB) helped the team understand provider practices across L.A. County and will inform HMG-LA implementation, including the CHPO component.

Child Health Care Provider Outreach (CHPO) — (Lead: First 5 LA)

First 5 LA staff are directly leading multiple efforts to strengthen partnerships with the health care system and health care providers. These efforts recognize the important role of the primary medical home in identifying children with developmental delays and connecting them to necessary interventions. A brief status is provided on each of these efforts below.

L.A Care Pilot: As staff presented to the Program and Planning Committee in February 2019, L.A. Care and First 5 LA are partnering to implement a pilot project engaging health providers and practices in integrating early developmental-behavioral screening and referral protocols into practice workflow and increasing community and family awareness on the importance of early identification and intervention. This work supports L.A. Care's responsibility to provide screening, diagnosis, treatment and care coordination to members for developmental and behavioral delays. This work will launch in late summer 2019.

First Connections: Initiated in January 2014, the First Connections program prioritizes early screening and intervention for young children and connects them and their families with culturally and linguistically appropriate services as early as possible. The objectives of the First Connections Program to increase developmental screenings and improve access to services are aligned to the goals of the Help Me Grow (HMG) model. First 5 LA is procuring an independent evaluator to assess the program's implementation, effectiveness and relationship between implementation and effectiveness. Findings will help inform sustaining components and practices established by the First Connections Program and inform system-change efforts including co-implementation of HMG-LA.

Additionally, First 5 LA is also working in partnership with the six First Connection grantees to develop "toolkits" illustrating implementation phases and best practices to replicate First Connection program components. Staff continue to glean and apply learnings and best practices from First Connections to inform HMG-LA implementation design and planning.

AAP-Chapter 2 HMG-LA Strategic Forum: On May 29, 2019, First 5 LA and the Southern California American Academy of Pediatrics are hosting an event entitled "The Grey Zone: Strengthening Early Identification and Intervention for Children with Mild to Moderate Developmental and Behavioral Delays" for cross-sector stakeholders invested in early identification and intervention. The objectives include increasing awareness about challenges to serving children with mild to moderate developmental delays, sharing how partners and other counties are addressing these challenges and engaging in strategic planning to strengthen access to intervention services and coordination across systems/sectors in L.A. County.

Community & Family Engagement (CFE) — (Lead: First 5 LA)

The HMG-LA recommendation report provided guidance to First 5 LA, LACDPH, and county partners to adopt an incremental phased-in, implementation approach for HMG-LA. In addition, criteria was recommended to help guide the selection of the Demonstration Communities, including applying data to inform population and geographic targets, using spatial data of existing resources, and qualitative

considerations, such as leveraging existing place-based efforts and identifying systems for greatest potential for success.

Following the release of the Recommendation Report and between Fall 2017-Fall 2018, First 5 LA staff engaged in targeted exploration to better understand system inefficiencies across the early identification and intervention continuum and further inform the scope and objectives of the Demonstration Communities. Research included a series of discussions with mature HMG affiliate systems across diverse states and California counties; analysis of existing literature, including studies and white papers; examination of existing prevalence and utilization data; review of findings and learnings from previous investments including EDSI and First Connections; and resource mapping. Furthermore, this exploration also included targeted stakeholder discussions with key systems delivering EII in the county, including with all 7 L.A.-based Regional Centers and early childhood education sites participating in Quality Rating and Improvement System (QRIS), also known as Quality Start Los Angeles (QSLA). Throughout this exploration, First 5 LA considered the following two essential questions:

1. How can the Demonstration Communities strengthen the EII continuum to prepare for HMG-LA countywide, including the four core components?
2. How can the Demonstration Communities address documented challenges and barriers that typically exist across other HMG affiliate systems post-implementation?

The proposed HMG-LA Demonstration Communities are an important component to HMG-LA that offer an opportunity to strengthen key components along the early identification and intervention continuum, specifically referral pathways, coordination and access to prevention and intervention services, within a place-based (i.e., decentralized) community setting to ensure all children identified with a delay or at risk of delay can effectively access appropriate timely services.

The goal is to have one demonstration community per each of L.A.'s Regional Center catchment areas. The Regional Centers represent a crucial system along the EII continuum, particularly because they are responsible Early Start services under the Individuals with Disabilities Education Act- Part C (IDEA) and developmental disability services under the Lanterman Act. The Demonstration Community Request for Proposals are anticipated to be posted Summer 2019, with the first wave of communities starting in early 2020.

Advancing State Policy and Advocacy

As this effort moves from implementation planning to the incremental rollout of HMG-LA, the team has taken into consideration how our work can align with California's new Administration's strong prioritization of early identification and intervention for developmental and behavioral delays. This prioritization is exemplified by Governor Newsom's Budget Proposal which allocates \$60 million (\$30 million federal funds and \$30 million Proposition 56 funds) for the Department of Health Care Services (DHCS) to increase developmental screenings for children. First 5 LA has also had the opportunity to engage with the Administration to shape DHCS decisions related to this issue. Additionally, First 5 LA is cosponsoring Assembly Bill 1004 – which is a continued strategy from our AB 11 sponsorship last session. The intent of AB 1004 is to meaningfully implement the specific developmental screening guidelines recommended by the AAP, which should already be happening at regular well-child visits, and also to close important data and oversight gaps.

NEXT STEPS:

Staff is currently working closely with LAC DPH to develop the scope of work and budget for subsequent years of the Strategic Partnership. Staff anticipates returning to the Board to seek contract renewal authority in June 2019 to continue this partnership.

Additionally, staff anticipates bringing information to the Board in Summer 2019 regarding the First Connection Program Evaluation, including the identified consultant, scope of work and budget. Staff also expect to release the HMG-LA Demonstration Communities Request for Proposals in Summer

2019 and will be bring information for approval to the Board in Fall 2019 related to the identified agencies who will be a part of the collaboratives.

EARLY IDENTIFICATION AND INTERVENTION (EII) – HELP ME GROW LOS ANGELES IMPLEMENTATION

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Tara Ficek, Director, First 5 LA

Cristina J. Peña, Senior Program Officer, First 5 LA

Steve Baldwin, Director Children’s Health Outreach Initiatives, L.A. County Department of Public Health



1. Review State Policy & Advocacy Landscape
2. Recap Help Me Grow (HMG) model and co-implementation structure
3. Preview HMG-LA implementation approach and design
4. Discuss other activities underway and next steps

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FIRST 5 LA POLICY OBJECTIVE: Improve systems to support the optimal development of all children through the earliest screenings, interventions, and connections to family-centered services

- Ensure all children receive early and periodic validated developmental and behavioral screenings and appropriate interventions.
- Enhance capacity and coordination across systems providing early identification and intervention services.
- Strengthen child and family serving systems to prevent, anticipate and respond appropriately to adverse experiences, trauma and toxic stress.

130

Governor Newsom's Budget Proposal

- \$60 million for developmental screenings
- \$45 million for Adverse Childhood Experiences (ACEs) screenings

Administrative Advocacy

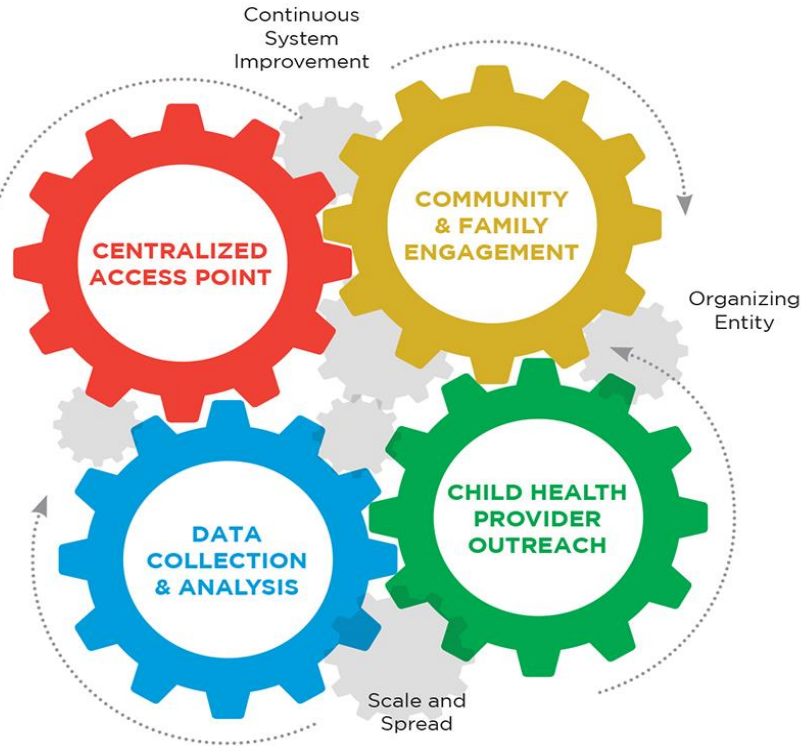
- Prop. 56 – Value Based Payments (VBP) Program
- Draft All Plan Letter— Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT)

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Legislative Advocacy

- Assembly Bill: 1004

Partnership with First 5 Commissions, First 5 Associations and First 5 CA



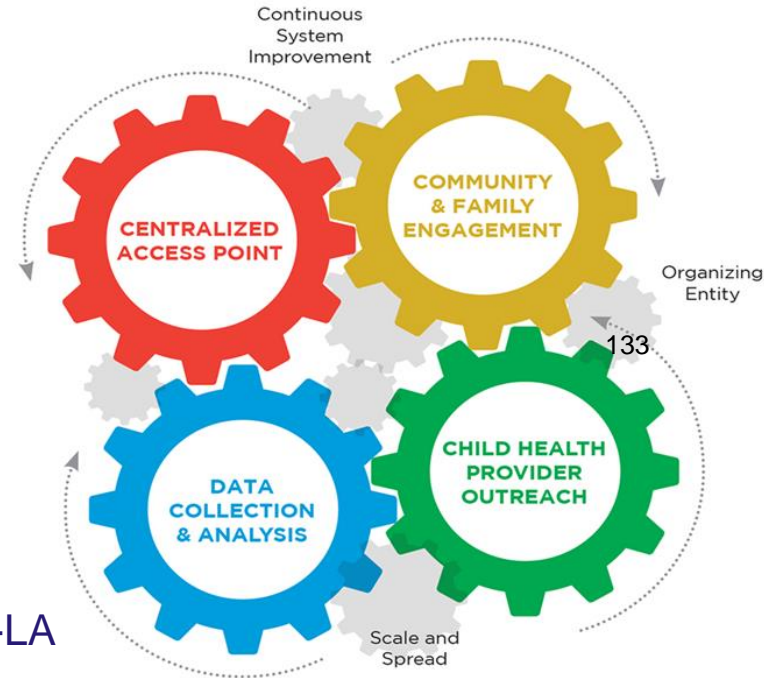
HMG is a system that **promotes early identification** and **connects young children** at risk for and with developmental-behavioral delays to **intervention services**

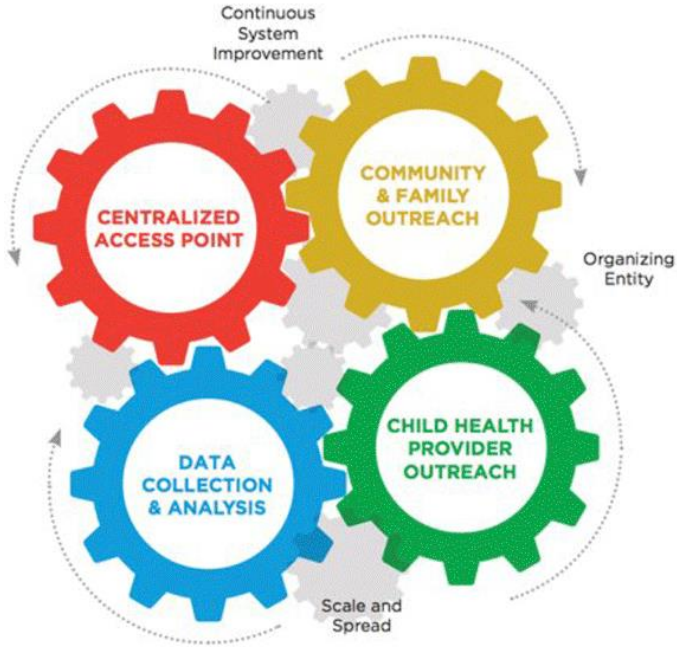
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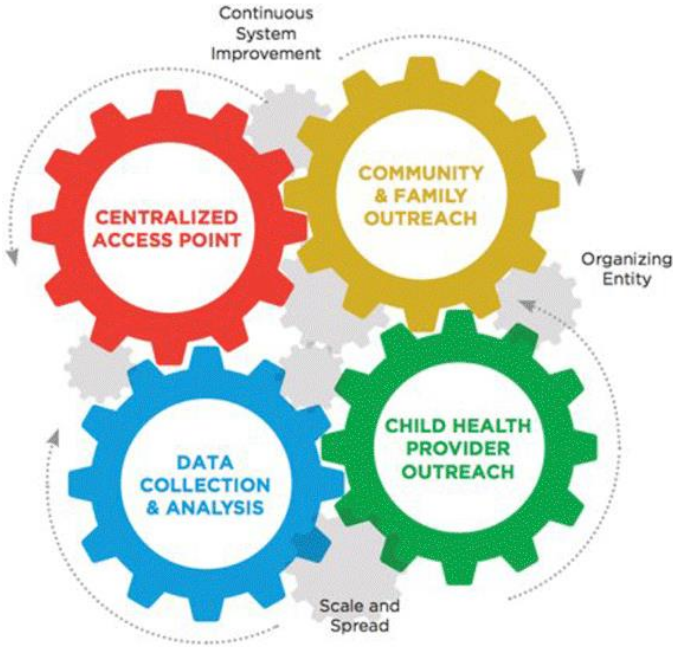
- HMG is not a program
- Promotes local cross-sector collaboration
- Seeks to coordinate existing resources and systems

HMG-LA Recommendation Report – Shared Values:

- HMG-LA integrates & leverages existing resources
- HMG- LA is local & flexible
- HMG-LA should engage in advocacy at multiple levels
- HMG-LA includes and values meaningful family participation
- HMG-LA activities are family-centered
- HMG-LA should deepen cultural competencies
- HMG-LA partners should share a commitment to HMG-LA values and goals







Core Component Lead Implementers

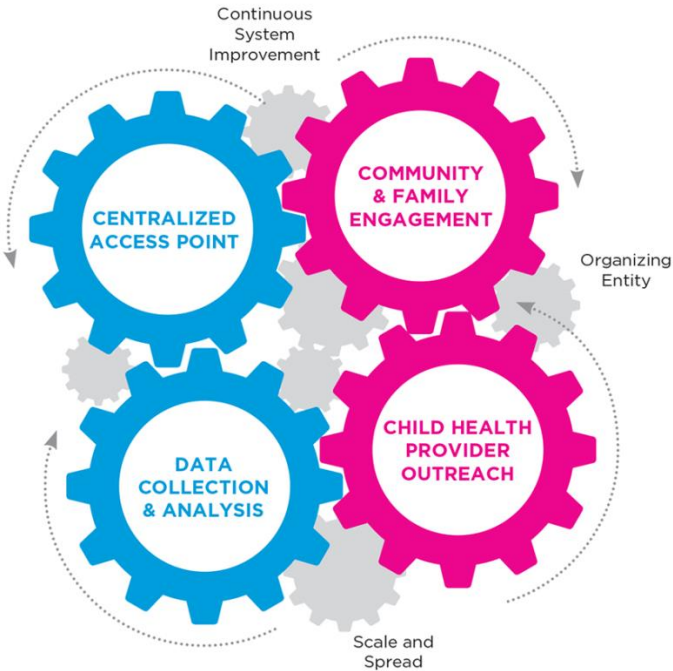
Los Angeles County Department of Public Health:

- Centralized Access Point (CAP)
- Data Collection & Analysis (DCA)

135

First 5 LA:

- Child Health Provider Outreach (CHPO)
- Community & Family Engagement (CFE)



Core Component Lead Implementers


Los Angeles County Department of Public Health:

- Centralized Access Point (CAP)
- Data Collection & Analysis (DCA)

136

First 5 LA:

- Child Health Provider Outreach (CHPO)
- Community & Family Engagement (CFE)

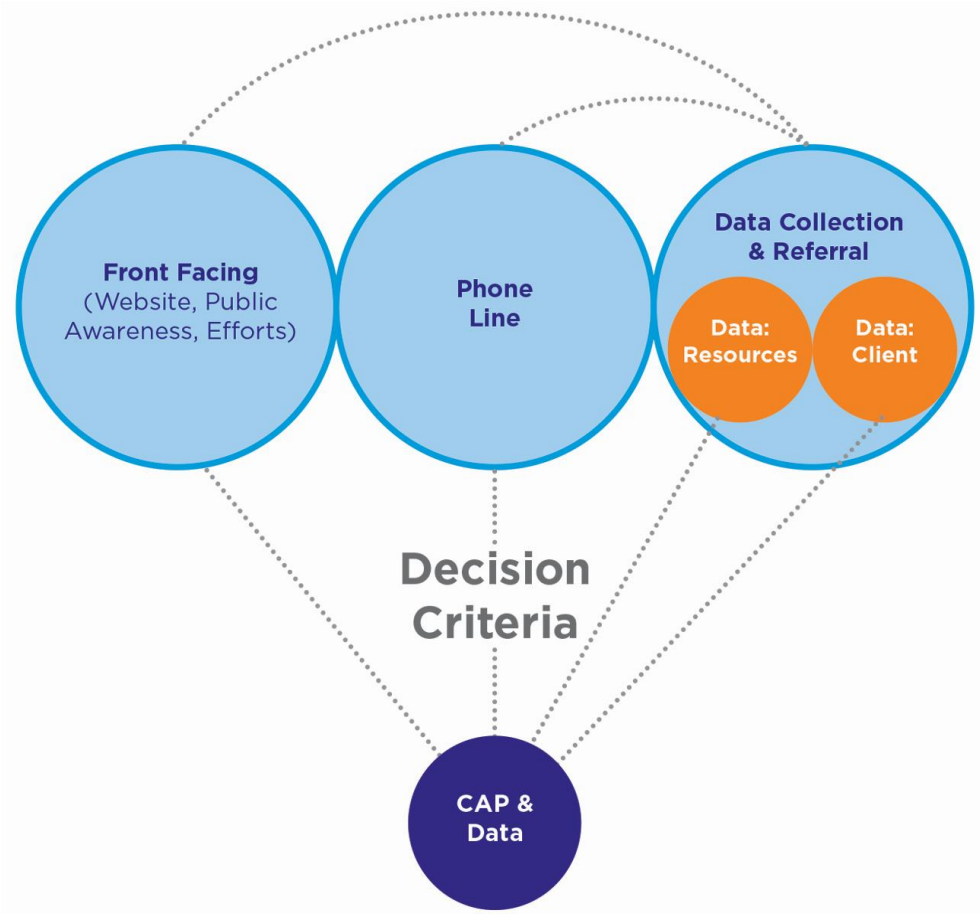
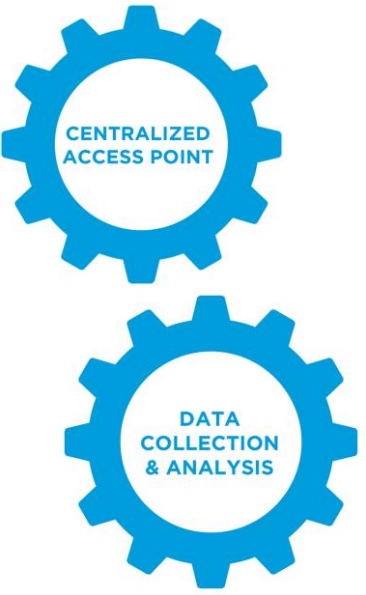


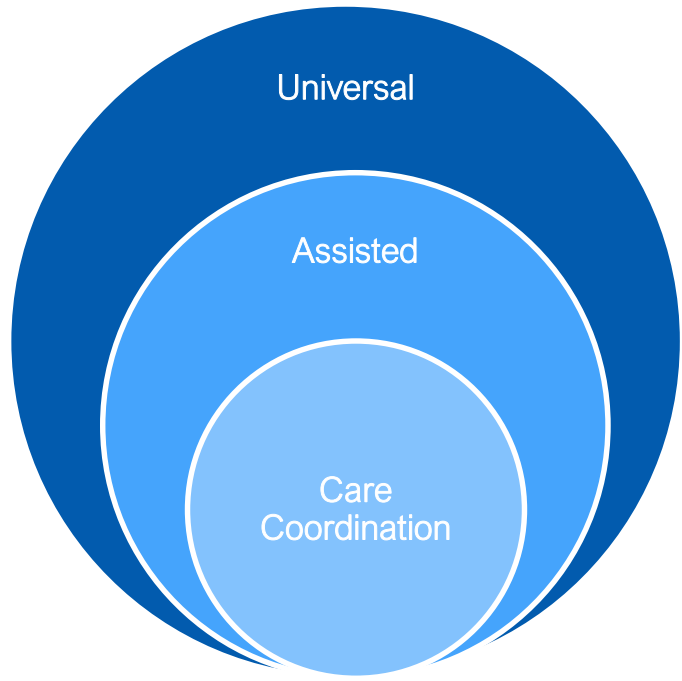
**Centralized Access
Point &
Data Collection
and Analysis**



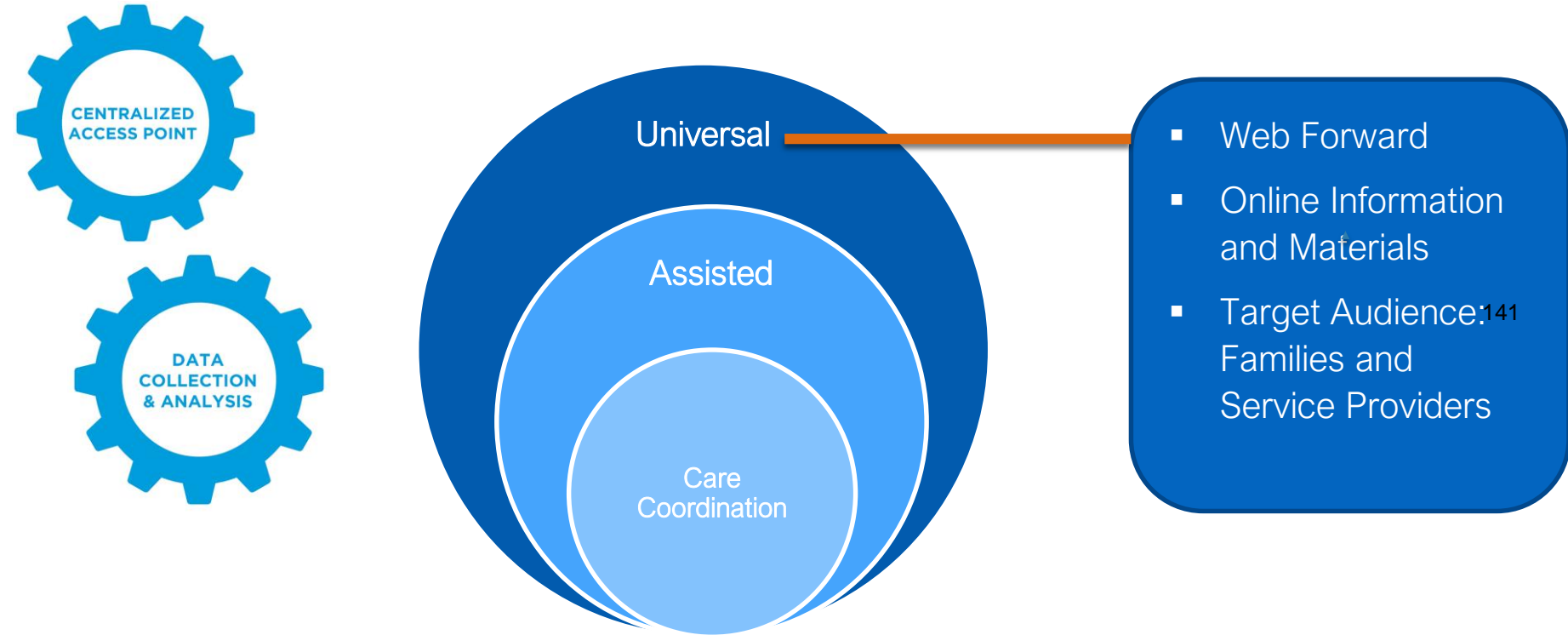
HMG-LA Recommendation Report – Key Themes:

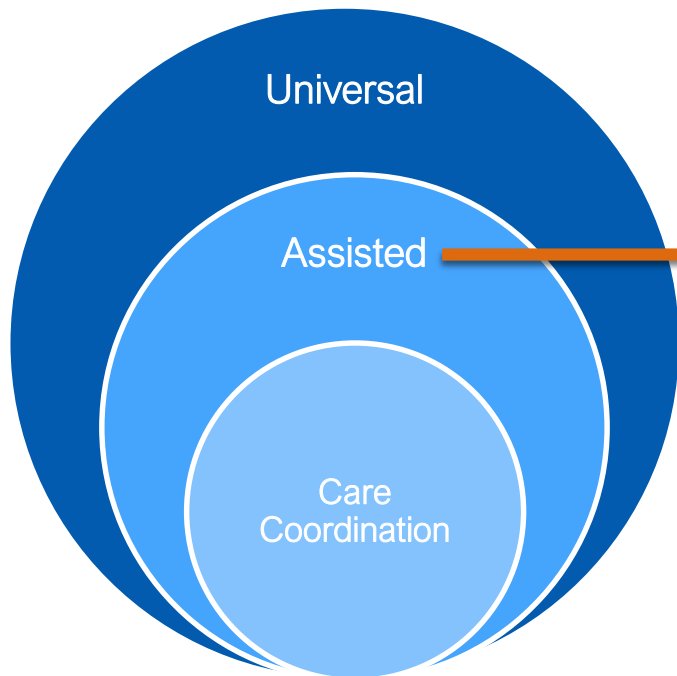
- CAP serves as the “go-to” place for family members, service providers and community
- CAP is "centralized-decentralized"
- CAP is “virtually-centralized” with multiple ways to engage (ie: website, phone, email, app, social media, etc.)¹³⁸
- CAP approaches "screening" as a last resort
- CAP is a tiered model which should address equity vs. equality





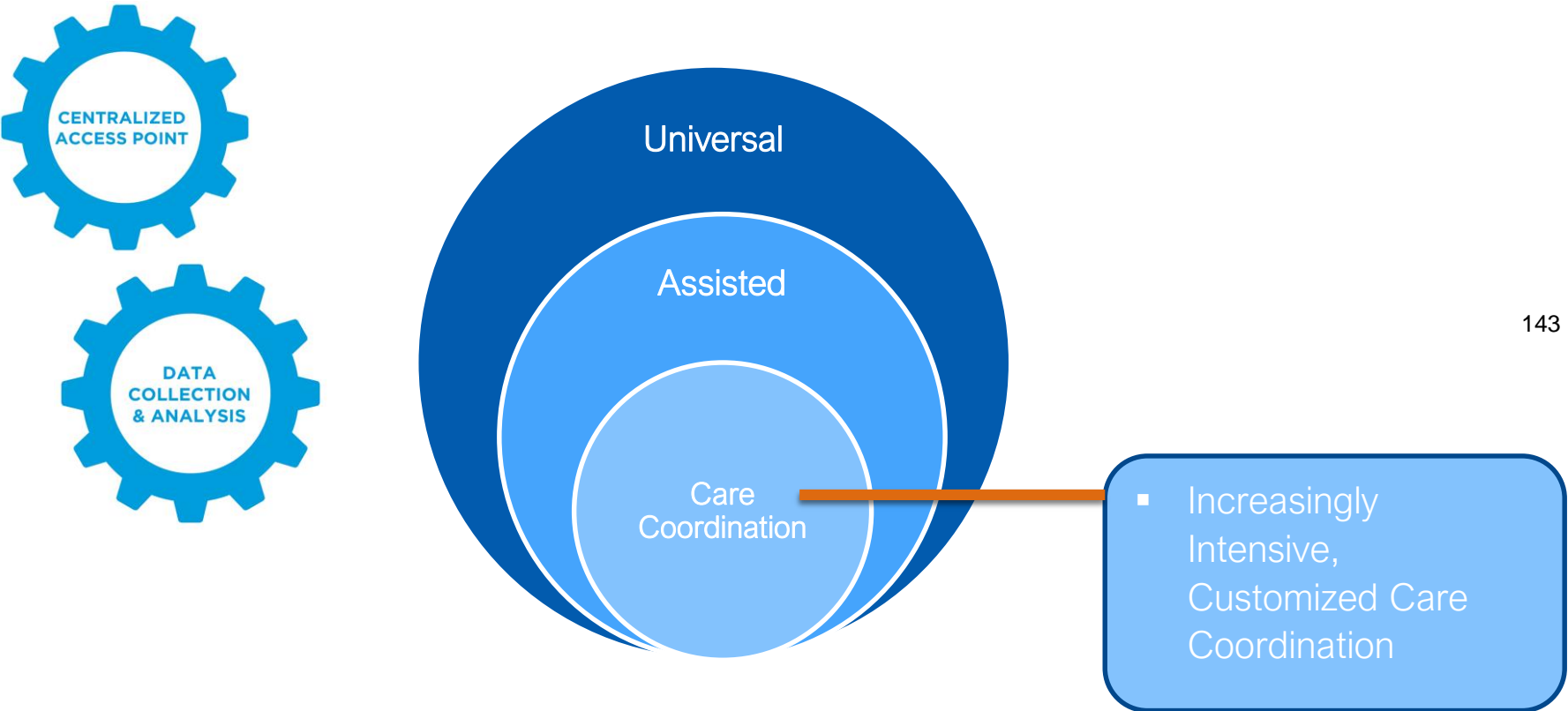
140





- Information Sharing
- “Warm” Handoff to Appropriate Referrals
- Key Elements:
 - Medical Home
 - Home Visiting
 - Early Care & Education
 - Social Determinants of Health (SDH)

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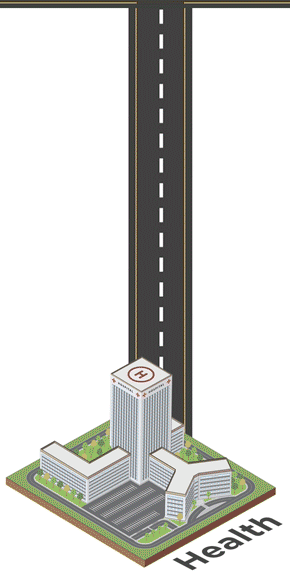
A photograph of two women and a child sitting on a blue and white patterned blanket on a grassy lawn. The woman on the left is holding a young child. The woman on the right is smiling and looking towards the child. In the background, there are trees, a building, and a green bench. A large pink circle is overlaid on the left side of the image, containing white text.

**Community and
Family Engagement
&
Child Health
Provider Outreach**

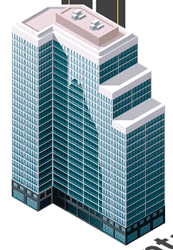
HMG-LA Community & Family Engagement: Demonstration Communities



Early Identification and Intervention (EII) Continuum



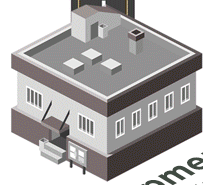
Health



Mental Health



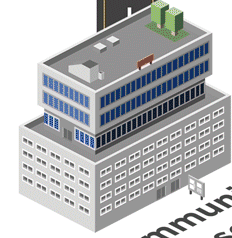
Child Welfare



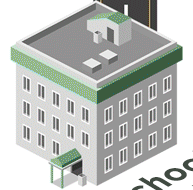
Developmental Disabilities



Early Childhood Education



Community Based Organizations



145 School Districts

CONCEPT

- *Reach:* 7 cross-sector collaboratives across L.A. County
- *Goal:* Strengthen & expand referral pathways between primary EII sectors through technology, infrastructure and practice change
- *Opportunity:* Pilot and integrate core component strategies and activities (CAP, DCA, CFE, and CHPO)



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NEXT STEPS

- Summer 2019: Release RFP
- Anticipated Launch: January 2020

L.A. Health Care Pilot

- Engagement at multiple health care levels (e.g.: members, providers, and health plan)
- Anticipating: Fall 2019 Launch



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HMG-LA Strategic Forum

- Co-hosted with the American Academy of Pediatrics- Chapter 2 and the LAC DPH
- Focus: The Grey Zone— Strengthening EII for children with mild to moderate delays

First Connections

- Spring 2019-Spring 2020: Evaluation and Toolkit Development

Currently Underway

- ❑ Policy & Advocacy:
 - ❑ Governor's Budget
 - ❑ Administrative Advocacy
 - ❑ Legislative: AB 1004
- ❑ Stakeholder Engagement
 - ❑ HMG-LA Strategic Forum
 - ❑ MCO Health Plans
 - ❑ EII Continuum Sectors
- ❑ HMG Implementation:
 - ❑ LAC DPH HMG-LA Business Plan
 - ❑ First Connections Evaluation
 - ❑ First Connections Toolkits
 - ❑ L.A. Care Pilot
 - ❑ HMG-LA Alignment and Integration with F5LA investments

On the Horizon

- ❑ Release of HMG Demonstration Communities RFP (Summer 2019)
- ❑ HMG Advisory Committees (Summer 2019)
- ❑ HMG- LA CAP Website Soft Launch (Summer 2020)

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June 2019 Board Meeting

- Seek approval for contract renewal authority with the Los Angeles County Department of Public Health

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Questions

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FIRST 5 LA

SUBJECT:

Communities Outcome: Best Start Regional Network Update

BACKGROUND:

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

The purpose of the Best Start investment is to cultivate strong collaborative efforts with parents, residents, organizations, and key leaders (i.e. community partnerships) so that, together, they are a powerful catalyst for change to achieve and sustain positive outcomes for children and families in their communities. The long-term intent for Best Start is that communities build, use, and maintain the ability to influence policies and systems that affect the safety, healthy development and well-being of children prenatal to age 5 and their families in their community. As the Best Start investment evolved, First 5 LA recognized the need for a stronger infrastructure that could maximize community resources, increase local ownership, and promote increased collaboration and the sustainability of the results for children and families.

In May 2017, the First 5 LA Board of Commissioners endorsed a new structure (regional with local customization) for the Best Start community partnerships at a contracted cost not to exceed a total of \$15.5M annually. The Board authorized staff to proceed with implementation planning and procurement. This endorsement was the culmination of a thoughtful and deliberative process of inviting community stakeholders to provide their best thinking and ideas about how to strengthen the infrastructure of Best Start so they could better position themselves to advocate for their young children and advance policy and systems changes in their community.

In February 2019 staff provided a written update on the Best Start Learning Agenda to the Program and Planning Committee (PPC). The purpose of the Learning Agenda is to frame our learning about the implementation and outcomes of the Best Start investment. The Learning Agenda will guide ongoing reflection, learning, and meaning-making alongside our partners. Learnings from these questions help improve how First 5 LA partners with communities to achieve better outcomes for young children and their families within in Best Start regions and LA County. The April PPC presentation and discussion will provide the Board with initial learnings from year 1 of the Regional Support Structure implementation.

DISCUSSION:

In May 2018, five Regional Network Grantees (RNGs) — Para Los Niños (Region 1), Community Health Councils (Region 2), El Nido Family Services (Region 3), The Nonprofit Partnership (Region 4), and Children’s Bureau (Region 5)—began work with Best Start community partnerships. These RNGs developed a team that includes Local Network Contractors (LNCs) to work with each of the communities within the region. Communities range from two to four per region. First 5 LA transitioned all operations to these organizations, and the new structure implementation began. The first six months of Year 1 largely focused on relationship and trust building. A significant amount of time, energy, and resources were used to set and reaffirm the new structure. Each

community has its own history, group dynamics, and priorities and naturally, the relationships between the RNGs, LNCs and the community partnerships vary across the different regions. As expected during any period of change, the process has been challenging at times and has led to much learning. Three key areas of learning are shaping how First 5 LA and RNGs are working together to build on the momentum of Best Start:

Learning #1: Growing pains are real.

The experience of the first several months reinforced the notion that transitions take time especially after eight years of implementing a different structure managed directly by First 5 LA. Moreover, it will continue to take a great deal of time, dedication, and resources for the critical relationships to be built, developed, and sustained to move community change efforts forward. Each of the stakeholders in this work—community partnerships, LNCs, RNGs, and First 5 LA—are building the capacity do this work more effectively together. The growing pains experienced during Year 1 have led to a process of continuous learning and reflection that is impacting the way the RNGs, LNCs, and community partnerships work together as well as the way First 5 LA is managing its relationship with grantees. Community work is often complex and layered and all parties involved have had to evaluate power dynamics and at times, made changes to support a new way of working to move community work forward.

Learning #2: Systems change cannot occur without communities.

Systems change is about “shifting the conditions that hold a problem in place,” and it will take multiple efforts at all levels to change the conditions that affect child development and family wellbeing.¹ In order for every child in Los Angeles County to enter kindergarten ready to succeed in school and life, publicly-funded, professionally-delivered services – by themselves – are not sufficient. Through Best Start, parents with young children and their families and neighbors are mobilizing and acting together both to directly support the wellbeing of their children, and to advocate for and help design improvements in the policies, services, investments, and infrastructure that benefit young children and their families. As Best Start communities refine their community change agendas (i.e. systems change strategies) and begin implementation, there is increasingly alignment between their priorities and First 5 LA long-term systems outcomes in service of the four results for children and families.

Learning #3: First 5 LA is learning how to be a better partner to communities.

Within this first year of the new structure, First 5 LA was working on its Impact Framework and launched the strategic plan refinement (SPR4) process. Both of these processes generated excitement and increased commitment to partnership between First 5 LA and the RNGs. These processes also raised important questions from RNGs about First 5 LA’s longer-term commitment to Best Start, including questions about priorities, resources, roles, timeframe, and sustainability. These questions will be addressed through the SPR4 process, informed by ongoing reflections on Year 1 learnings. Moving forward, First 5 LA will continue to strengthen its relationship with the RNGs and partners involved in the investment. Moreover, the Communities Department will further refine its approach, roles, and practices through the strategic plan refinement process (SPR4). While the SPR4 process is underway, staff will continue to support implementation of Best Start as a key anchor investment.

¹ Kania, John, Kramer, Mark, and Senge, Peter. (2018). The Water of Systems Change. Retrieved from https://www.fsg.org/publications/water_of_systems_change?utm_source=newsletter&utm_medium=email&utm_content=Read%20the%20article&utm_campaign=20180604waterofsystemschangeall

NEXT STEPS:

Staff is working the RNGs to apply lessons learned to inform the scope of work and budget for FY2019-2020. The Year 2 grant renewal process is currently underway in preparation for the Board's consideration and approval in June 2019. Additionally, any resources for community-identified projects that exceed the \$15.5 million approved by the Board in May 2017 (but aligned with the previous Board-approved \$1.95 million per community) will be included in the FY2019-2020 budget for the Board's consideration and approval.



Best Start Regional Network Implementation Update

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Special Meeting of the Board of Commissioners & Program and Planning Committee

April 25, 2019



Presentation Objectives

1. Briefly review the Learning Agenda questions for the Best Start Regional Network Structure
2. Discuss three key learnings from Year 1 implementation of the Best Start Regional Network Structure.
3. Share learnings and perspective from a Regional Network Grantee (RNG).
4. Share immediate next steps.



Best Start Learning Agenda

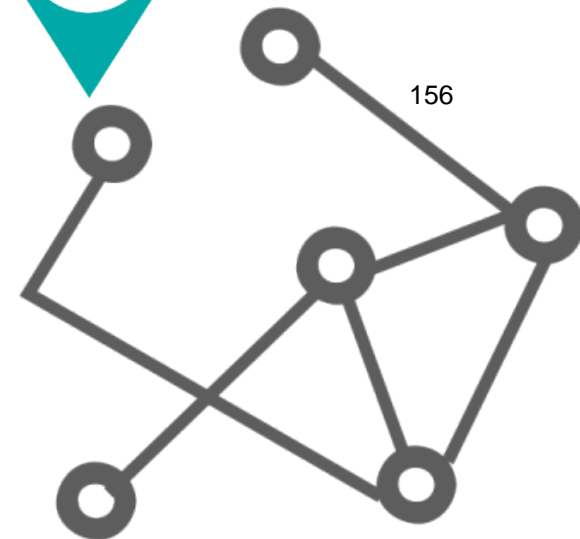
Using Learning Agenda to help First 5 LA better understand the Best Start Investment

Best Start Learning Agenda Questions

1. How is the new approach being implemented? What are the facilitators and barriers to implementing the new approach?
2. How are the Best Start networks connecting to existing community leaders, advocates, and other networks to increase the focus on and impact of collective efforts for children prenatal to age five?
3. To what extent does the approach position the Best Start networks to drive policy and systems change?
4. To what extent does policy and systems change occur through Best Start networks' efforts? What factors influence the effectiveness of their efforts and how?
5. How is First 5 LA adapting and evolving as an agent of policy and systems change as a result of its work with the communities?



Learnings from the Best Start Investment



Five Best Start Regions

Region 1: Central East

- East Los Angeles, South El Monte/El Monte, Southeast LA, Metro LA
- Grantee: Para Los Niños

Region 2: South Los Angeles

- Compton, Broadway Manchester, Watts Willowbrook, West Athens
- Grantee: Community Health Councils

Region 3: San Fernando Valley

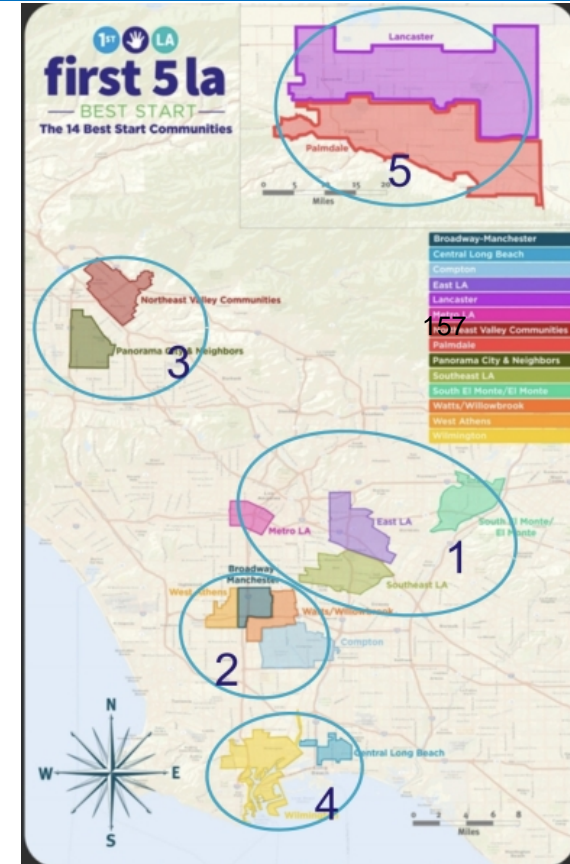
- Northeast Valley, Panorama City & Neighbors
- Grantee: El Nido Family Services

Region 4: Port Cities

- Central Long Beach, Wilmington
- Grantee: The Nonprofit Partnership

Region 5: Antelope Valley

- Lancaster, Palmdale
- Grantee: Children's Bureau



Beginning Implementation



May 2018

- ✓ First 5 LA executes Best Start Regional Network Agreements with five lead organizations.



June 2018 – September 2018

- ✓ Transition begins between First 5 LA and Regional Network Grantees (RNGs). First 5 LA made a commitment to working with the grantees as partners to advance a common vision for this investment.



August 2018 – Present

- ✓ RNG's lean into the transition and work with the community partnerships to support infrastructure development and community change agendas. First 5 LA implements the Community of Practice to learn and co-design with RNGs.

Three Key Learnings from Year 1



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Learning #1 – Growing Pains Are Real

- **Growing pains** are natural for any transition and were to be expected as new relationships are built and deepened.
- Pains experienced at the individual, group, and organizational level.



Understanding Growing Pains



Forming

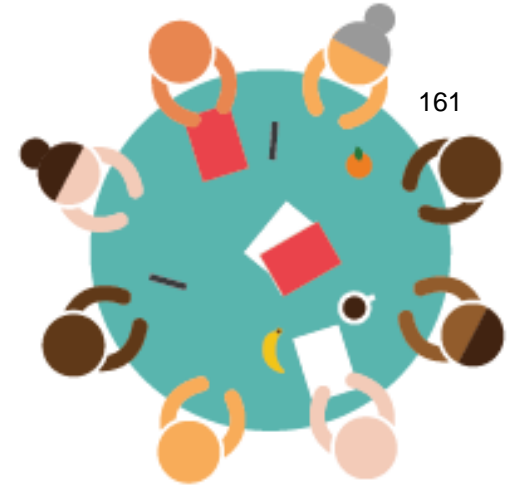


Storming



Norming

Performing



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Learning #2 – Systems Change Cannot Occur Without Communities

Systems Change: “Shifting the conditions that hold a problem in place.”

- Norms
- Resource Distribution
- Behaviors
- Learned Habits
- Culture
- Decision-Making Patterns

Systems Change can occur...

- Within public agencies (i.e. public “systems” at state, county, regional and municipal levels)
- Within an organization (i.e. nonprofit, businesses)
- Within a community (i.e. people, organizational networks, etc.)



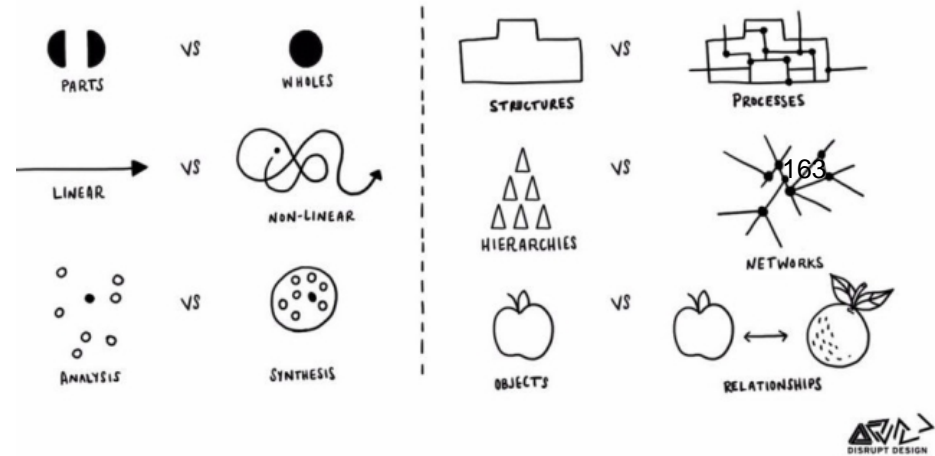
this is a system.

Systems Change Is Complex and Multi-Dimensional

Systems changes includes changing norms, relationships, networks and community cultures to support early childhood (local community ecosystem coming together to advocate for resources that address community violence, quality early care and education, and health of children)

And

Systems change includes the work that Communities are doing to improve public entities (Metro LA, AVTA, and LA Walks to promote safe streets, informing LA's park plans, supporting access to benefits)



DISRUPT DESIGN

Best Start Communities Advancing Systems Change

Four Results for Children and Families

By 2028,
all children in L.A.
County will enter
kindergarten
ready to succeed
in school and life

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

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Best Start Community (Systems) Change Agendas (Illustrative Examples)

- Parent advocacy for quality schools
- Coordinating resources and connecting families to resources
- Advocating for improvements in the built environment (parks, transportation, food, housing)
- Strengthening social connections (informal support for families)
- Partnering with decision-makers to influence decisions that affect children and families
- Making information about child development and wellbeing more accessible to families

Long Term Systems Outcomes

Quality: Public and community systems reflect parent priorities, respond to diverse community needs and demonstrate results for early childhood development.

Accessible: Public systems, organizations and communities provide equitable access to quality supports for all young children.

Sustainable: Public norms, will, funding systems, and policies advance sustainable and equitable investments in young children.

Aligned: Supports for families are connected and linked across public systems, organizations, networks and communities with shared outcomes to improve child development.

Learning #3 – First 5 LA is Learning How to Be a Better Partner To Communities

Best Start Communities are committed to working with First 5 LA.

As First 5 LA demonstrates the values of partnership and collaboration, RNGs seek clarity on First 5 LA's long-term intentions:

Resources



Roles



Timeframe



Priorities



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Sustainability



In Review: Three Key Learnings from Year 1

1. Growing pains are a natural part of any transition.
2. Systems change includes, but is not limited to, changes in public agencies. Best Start community change agendas are systems change strategies that contribute to the four results for children and families.
3. Answers to questions about timeframe, resources, priorities, roles, and sustainability are critical so that all partners are clear about First 5 LA's intentions.

Year 1 Learnings: A Grantee Perspective

Veronica Flores, Chief Executive Officer



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Next Steps

April – May 2019

- First 5 LA staff will work with RNGs to negotiate year 2 of the contract
- Year 1 learnings and feedback from stakeholders incorporated into SPR4 process (*informs refinement of the Communities Outcome throughout the SPR4 process*)

June 2019

- Budget including remaining balance of \$1.95 million allocation per community for Board consideration and approval through annual budget process
- Year 2 grant renewals on contracts consent for Board consideration and approval in June 2019



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Questions and Discussion



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FIRST 5 LA

SUBJECT:

Strategic Plan Refinement Process (SPR4) Update: Programmatic Review Findings and Community Engagement Approach Preview

BACKGROUND: WHERE WE'VE BEEN

The Strategic Plan Refinement (SPR4) process is grounded in the learnings from the first three years of implementation and the recognition that the fundamental elements of the FY 2015-2020 Strategic Plan continue to drive and prioritize our work. First 5 LA's North Star, policy and systems change orientation, and the four results for children approved by the Board in November 2018 provide the foundation for the Strategic Plan Refinement Process. The Strategic Plan refinement process encompasses four major phases - Review, Reflect, Refine, and Results. Building on the North Star and the four results, the Review phase of the SPR4 process involved a series of activities to understand how our strategies have been and are being implemented to achieve our targeted outcomes and the resulting learnings.

Key questions that were answered during this first phase of the SPR4 include:

- What has changed in the landscape in the last three years that impacts how we achieve our targeted outcomes?
- What progress have we made in the first three years and what have we learned from the first three years of implementation about **how** we do our work and the outcomes (**what**) we are working to achieve?
- What have we learned about First 5 LA's capacity to do this work?

The key findings from the phase one review activities are summarized in the Review Phase Data Report, prepared by Learning for Action (LFA) and presented to the Board at the April Board meeting.

The report is structured in three sections:

- Landscape Review – What has changed in the landscape in the last three years that might impact how First 5 LA achieves its targeted results?
- Programmatic Review – What progress has First 5 LA made in the first three years of its 2015-2020 Strategic Plan implementation? What has First 5 LA learned about how it does the work to best achieve outcomes?
- Organizational Review – What have we learned about First 5 LA's capacity to do systems and policy change work?

The April Board meeting focused on the Landscape Review and provided an opportunity for Board members to discuss the implications on the findings in terms of equity, systems change, and policy and advocacy. The results from the breakout discussed will be summarized for the May Board meeting. The April PPC meeting will continue to dive into the Review Phase Data Report with a specific focus on the Programmatic Review and findings.

WHERE WE ARE:

The second phase of the SPR4 process, Reflect, is underway from now through the end of June where the Board and staff will reflect on the findings from the Review Phase Data Report and address the following questions:

- How do **learnings from our progress** inform how we approach our future work?
- How do changes in the landscape create new and/or unanticipated opportunities to advance our targeted outcomes?

- How do the **Results for Children and Families**, as defined in the Impact Framework, inform our strategies and how we approach our work?

Building on the Board and PPC discussions, the Reflect phase of SPR4 process from April through June will include:

- Input from community partners and key stakeholders to inform First 5 LA's strategies and how we approach our work through community engagement sessions
- A series of County partners interviews to inform First 5 LA's strategies and how we approach our work

DISCUSSION AND NEXT STEPS:

During the April 25 Program and Planning Committee meeting, staff will preview the community engagement approach and LFA will present the key findings from the Programmatic Review followed by a discussion of its implications for strategy refinement. Preliminary findings from the community engagement sessions will be presented at the June 13 Board of Commissioners meeting and the Board reflections and feedback from the Review Phase Data Report will inform planning for the July 11 Board Retreat.

STRATEGIC PLAN REFINEMENT (SPR4) PROCESS: REVIEW PHASE FINDINGS AND COMMUNITY ENGAGEMENT APPROACH



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Steven LaFrance

Founder and CEO, Learning for Action

Kaya Tith

Strategic Plan Project Manager



- Preview SPR4 Community Engagement Approach
- Present key findings from the Programmatic Review of the SPR4 Review Phase Data Report

Proposed planning process will focus on **reviewing, reflecting and refining** the current Strategic Plan with a focus on **results**

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Soliciting Input from Community Partners and Key Stakeholders is Critical to SPR4

- The following **principles** guided First 5 LA's approach for input gathering:
 - Leveraging existing forums that are platforms for community and stakeholder engagement
 - Soliciting input that builds upon the work that First 5 LA is doing consistent with the Strategic Plan and Refinement process approach
 - Engaging staff to collect this input through their representation at forums using common frameworks
- **Timeline:** April – May
- **Discussion Questions are Focused on:**
 - Assessing implications of **Landscape Review**
 - **Partnership opportunities** to achieve Results for Children and Families, with a focus on equitable outcomes
 - **Critical areas for First 5 LA to improve** our ability to lead and achieve in partnership
 - **What success would look like** if the work of First 5 LA together with our partners was wildly successful

- Regional Community Meetings
- African American Infant & Maternal Mortality Steering Committee
- Center for Education Excellence & Talent Development
- Child Care Planning Committee, County of LA
- ELA Alliance Meeting
- First 5 LA Maternal and Child Health Managed Care Meeting
- First Connections Convening
- LA Care Child Health Advisory Committee
- LA County Commission on Children and Families
- LA County Policy Roundtable for Childcare and Development
- LA County Perinatal and Early Childhood Home Visitation Consortium
- PEACH Monthly Meeting

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**Confirmed as of 4/15/19*

First 5 Los Angeles Strategic Plan Refinement Process (SPR4) Review Phase Data Report: Executive Summary of the Programmatic Review

Revised April 11, 2019



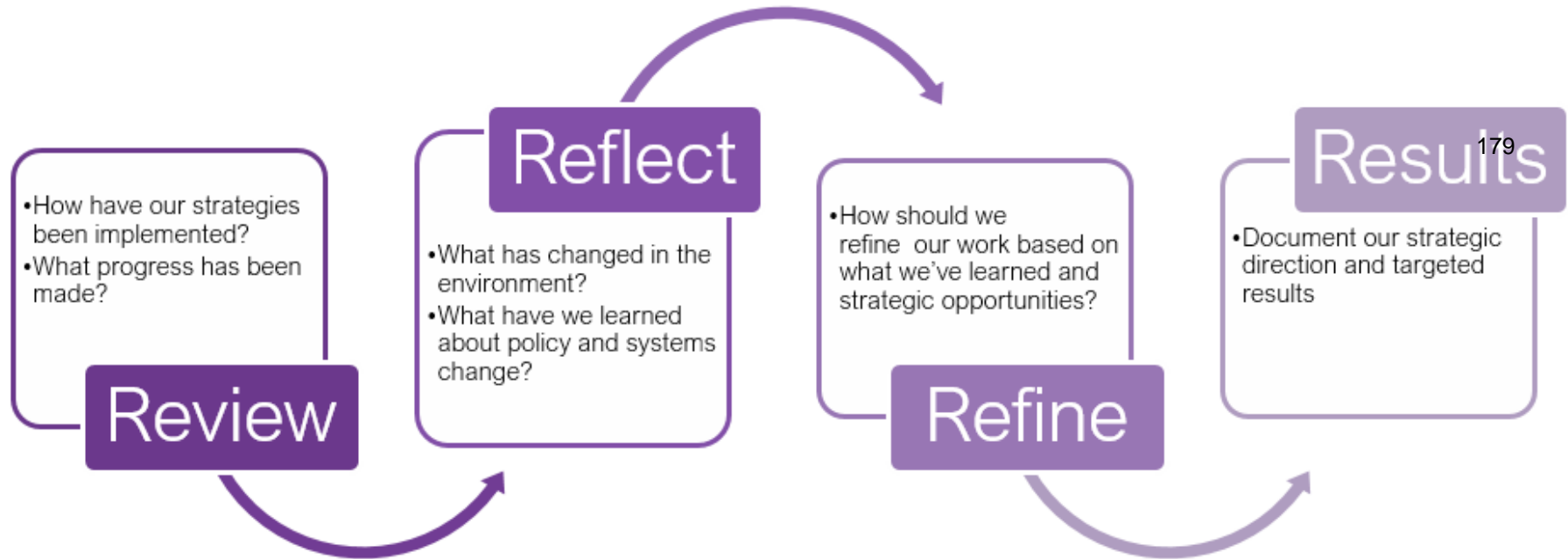
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Introduction + Context

Overview of the SPR4

First 5 Los Angeles (F5LA) is currently engaged in a process to **review, reflect** upon, and **refine** its 2015-20 Strategic plan, with a focus on **results**.



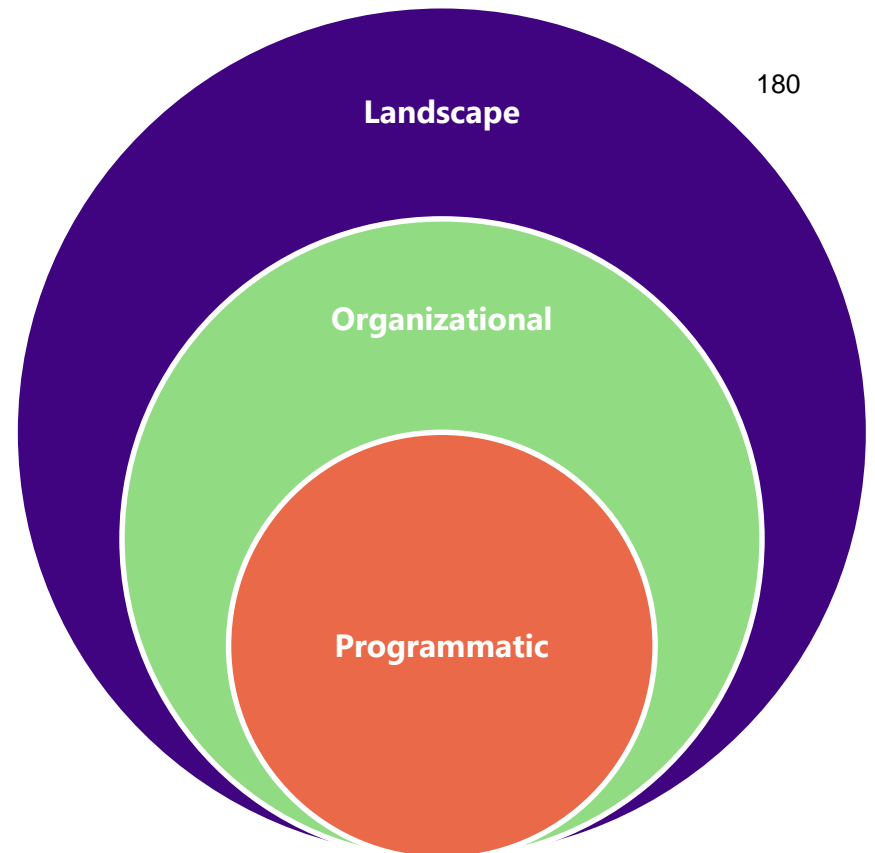
The Review Phase, and this data report, take stock of:

- **Progress** on Strategic Plan implementation
- **Lessons learned** on effectively implementing systems and policy change
- **Shifts in the landscape** that might affect F5LA's strategy

About this Report

Learning for Action (LFA) conducted **20+ interviews** and reviewed **20+ documents** (see Appendix) to identify themes organized into three sections.

- 1. Landscape Review** – examining changes in the landscape that might impact how F5LA achieves its targeted results.
- 2. Organizational Review** – examining F5LA’s strengths and areas for growth.
- 3. Programmatic Review** – examining progress and lessons learned regarding implementation of F5LA’s strategies.





Programmatic Review

What progress has First 5 LA made in the first three years of its 2015-2020 Strategic Plan implementation?

What has First 5 LA learned about how it does the work to best achieve outcomes?

First 5 LA has made positive **contributions in all outcome areas**.

The shift towards systems change also has inspired **culture change at** First 5 LA. It is becoming a **stronger partner and learning organization**, impacting the way staff collaborate internally and with external partners.

First 5 LA brings **expertise to planning groups and other funders**, informing how to **implement a systems change approach** to supporting children 0-5 and their families.

*The organization has successfully shifted away from being viewed primarily as a funder to a partner in policy. **To make this shift is extraordinary.** There was a lot of resistance; yet, they have strategically built a strong internal team, [and] successfully reorganized to respond to the needs of the strategic plan.*

- First 5 LA Stakeholder

Critical Stakeholder Reflections for First 5 LA

To improve their policy and systems work, staff and stakeholders suggest that First 5 LA:

- Use research and data strategically and clarify intended long-term outcomes.
- Clarify systems change language and improve communications.
- Clarify its approach to equity.

Deepen partnership with community-based organizations & parent leaders.

- Elevate the voices of parent leaders.
- Unite research and data with political power and community voice.

Build even stronger connections with philanthropy, government agencies, and the corporate sector.

- New leadership creates opportunity to engage more deeply with county systems.
- There are ongoing opportunities to build strong connections to philanthropy.
- Partnership with the private sector can benefit First 5 LA's goals through funding as well as through promotion of family-strengthening policies such as family leave.

Consider a deeper focus at the local municipality level.

- First 5 LA can explore partnerships with mayors, city councils, and other leaders that have demonstrated leadership in early childhood or at the issue level – i.e., addressing homelessness or parks and green space – to ensure that family and children's needs are front and center in localities.

We have so much evidence about the importance of investment in early childhood that I think First 5 LA (can and) should focus on community organizations and things closer to families.
- First 5 LA Stakeholder

In 2018-19, First 5 LA's Communities Department engaged in a significant and rigorous reflection and planning process, resulting in a new regional model. There is now an opportunity to ensure **internal and external clarity** about this new approach.

Critical Stakeholder Reflections for First 5 LA

- **Clarify** what is unique about First 5 LA's **approach** in, intended **outcomes** for, and long-term **sustainability plan** for efforts in Best Start Communities.
- **Engage greater community voice**, build relationships with new partners within communities, and help neighborhoods develop a sustainable strategy.

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The Best Start communities have done really important work, [...] that kind of work makes a huge difference for people's lives, and it obviously makes a huge difference for young children."

- First 5 LA Stakeholders

First 5 LA's **systems change approach and strong relationships with key ECE partners has helped to make traction on QRIS in the county.** As convener and collaborator, First 5 LA has helped build consensus on how QRIS will move forward in the county after laying the groundwork for QRIS implementation.

Further clarification of First 5 LA's KRA strategy is needed. Partners understand the value of the KRA, but the approach to scale and sustainability is unclear. Stakeholders would like First 5 LA to specify what success for the KRA strategy looks like in a sustainable way, and explore how the KRA will be used with children whose home language is not English.

We've gotten traction to get partners on board understanding the value of having [KRA] information, but then what? There is no money going in to improve schools' readiness for children. Resources need to be institutionalized at the school level. Then, what is the pathway for understanding what it takes to get children to the goal post of being able to succeed in school if they are not entering ready to succeed.

- First 5 LA Stakeholder

Home visiting programs have scaled and are more sustainable. Funding in partnership with the Department of Mental Health, piloting HV programs and demonstrating results, have led to greater sustainability and scaling. The launch of the state home visiting initiative built on momentum First 5 LA created with its investments in Welcome Baby and more intensive home visiting (Select Home Visiting).

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Home visiting programs broadly demonstrate results for those most in need—when they are reached by the intervention. Investment in home visiting and building HV capacity throughout the county has had positive effects on building a system of family strengthening services and in the identification of high-risk families.

In home visitation, First 5 LA is a leader setting and driving the agenda.

- First 5 LA Stakeholder

I'd like to see the visitations focused on the families that are not asking anyone to their house.

- First 5 LA Stakeholder

Early Identification and Intervention: Help Me Grow

Help Me Grow is seen as a **sustainable and scalable** path for early identification. However, screening is only valuable when there are available resources to direct families to, and a warm handoff to support families in taking next steps to address identified needs. First 5 LA should continue the momentum to **connect strategy to regional centers, families, and school districts.**

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Trauma Informed Care (TIC)

First 5 LA can further **clarify its TIC strategy.** Stakeholder suggestions for First 5 LA's role(s) include promoting messaging and training for parents/caregivers on the impact of trauma on child development and helping to better equip ECE providers to create trauma-informed environments so all children can thrive.



Trauma is a huge issue in our inner city and low-income communities. Trauma hinders children's ability to develop. We should look at a campaign to minimize that traumatic experience and what we can do to minimize the likelihood of trauma so our children have a better chance of success.

- First 5 LA Stakeholder



The following implications for First 5 LA' strategy emerge from the **programmatic review**:

1. Double down on systems and policy change as First 5 LA's core identity while also further **reducing the scope of work** in the Strategic Plan¹⁸⁸ moving forward and developing **clearer guidelines for the organization's role** in each strategy.
2. **Map the necessary partnerships to achieve desired systems change outcomes** to focus relationship-building efforts.
3. More effectively integrate and demonstrate **how First 5 LA's work in Best Start Communities** advances the organization's **overall Theory of Change**.
4. Invest more heavily in **communications and dissemination** with clear and accessible campaigns aligned to outcomes and targeted results.

Theme: Greater Focus

In what areas does the Commission advise First 5 LA streamline its work in order to strategically hone our focus and double down on a systems and policy change agenda?

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Theme: Honing First 5 LA's Work in Communities

How can First 5 LA better integrate and communicate its working with communities, particularly in Best Start Communities, to most effectively achieve our results for children and families?

Theme: Communications

How can First 5 LA strengthen its use of communications to support systems and policy change and advance progress towards our results for children and families?

The findings and themes synthesized in this document draw on interviews with members of the First 5 LA Board of Commissioners and Executive Team as well as from Learning for Action's (LFA) review of the following reports, briefs, and First 5 LA internal resources:

1. External Reports and Resources

- Getting Down to Facts II: ECE in California
- Investing Early: Taking Stock of Outcomes and Economic Returns from Early Childhood Programs (RAND, 2017)
- Equity Profile of Los Angeles (PolicyLink and PERE, 2017)
- Race Counts: Advancing Opportunities for All California, 2017)
- Achieving Fair Access to Early Education (EC Berkeley and AIR, 2018)
- Center for Health Equity, Action Plan Community Forum Summary
- Road to Safety for Our Children: LA County Blue Ribbon Commission on Child Safety
- Condition of Children Birth to Age Five and Status of Early Childhood Services in California
- Understanding Barriers to Early Intervention Services for Preterm Infants: Lessons from Two States

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2. First 5 LA Internal Reports and Analysis

- Stakeholder Review Memo
- Summary of Key Themes from Review of 2018 Board Discussions on 2015-2020 Strategic Plan
- October 2018 All-Staff Meeting Strategic Planning Survey Results
- Impact Framework Phase 1 Analysis
- 2015-2020 Strategic Plan Variance Focus Group Summary Report
- First 5 LA Diversity, Equity, and Inclusion Workgroup – Equity Memo
- First 5 LA: A Take on Equity Brief (June 2018, Prepared by PolicyLink and USC PERE)
- First 5 LA Equity Factsheet (June 2018) Prepared by PolicyLink and USC PERE)
- First 5 LA EI: Surveillance and Screening Issue Brief 1, May 2018
- Long Term Financial Projections
- Program Division Business Plan – Integration Summary Memo
- Program Division Business Plan: January 2018-June 2020
- Enterprise Risk Management Project Framework – Interviews
- First 5 LA IT Assessment Report
- First 5 LA IT Strategic Plan
- First 5 LA Impact Framework Template Guidance Memo