

AGENDA

MEETING OF THE BOARD OF COMMISSIONERS

Chair: Sheila Kuehl

Thursday, October 8, 2020
1:30 PM

Meeting Location:

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

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

1. ACTION

Call to Order / Roll Call

2. ACTION

Consent

- A. Approve Special Commission Meeting Summary Action Minutes and Transcript - Thursday, September 10, 2020
- B. Approve the Monthly Financial Statements for the Months Ending July 31, 2020 and August 31, 2020
- C. Contracts: Approve Three New Agreements and One Amendment and Authorize First 5 LA Staff to Complete Final Contract Execution Upon Approval from the Board
- D. Approve Draft of the Comprehensive Annual Financial Report (CAFR) Including the Independent Auditor's Report for the Fiscal Year Ending June 30, 2020
- E. Approval to Submit First 5 LA Annual Report to First 5 CA (State Commission)
- F. Adopt the 2020 Biennial Update to First 5 LA's Local Conflict of Interest Code; Direct Staff to File the Updated Code with the County of Los Angeles
- G. Authorize First 5 LA to Receive Funds from First 5 California Commission for the Home Visiting Coordination Project, Approve Resolution #2020-09 and Authorize First 5 LA Staff to an Execute Agreement in the Amount of \$199,560

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COMMISSIONERS

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

EX OFFICIO MEMBERS

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

EXECUTIVE DIRECTOR

Kim Belshé

EXECUTIVE VICE PRESIDENT

John A. Wagner

A PUBLIC ENTITY

H. Approve a Strategic Partnership with Los Angeles County Department of Public Health in the Amount of \$400,000 to evaluate efforts to reduce the gap in infant mortality rates between white and Black/African American babies in LA County and advance the county-wide African American Infant and Maternal Mortality Initiative for the period of 12 months and Authorize First 5 LA Staff to Execute an Agreement for an amount not to exceed \$400,000

3. **INFORMATION**

Remarks by the Commission Chair of the Board

4. **INFORMATION**

Executive Director's Report

5. **ACTION**

Emergency Ratification Actions Due to the COVID-19 Pandemic

- Approve Board Resolution #2020-10

6. **INFORMATION**

2020 Indicators Report

Presenters: Kimberly Hall, Interim Director, Measurement, Learning & Evaluation; Agnieszka Rykaczewska, Manager, Measurement, Learning & Evaluation

7. **INFORMATION**

Learning from the First Two Years of the Best Start Regional Network Approach

Presenters: Antoinette Andrews Bush, Director, Communities; Kimberly Hall, Interim Director, Measurement, Learning, & Evaluation; Audrey D. Jordan, Ph.D., ADJ Consulting & Coaching

8. **INFORMATION**

State & Federal Policy Updates (**Written Only**)

Presenters: Peter Barth, Interim Chief of Staff; Charna Widby-Martin, Interim Director of Public Policy & Government Affairs

9. **INFORMATION**

Public Comment (for items not on the agenda)

10. **ACTION**

Adjournment

SUMMARY ACTION MINUTES

FIRST 5 LA
September 10, 2020
Meeting of the Board of Commissioners (VIRTUAL)
1:30-3:00 pm

COMMISSIONER PRESENT

Commissioners:

Judy Abdo (Vice Chair)
Linda Aragon (Alternate)
Astrid Heger
Sheila Kuehl (Chair)
Yvette Martinez
Jonathan Sherin
Romalis Taylor
Keesha Woods
Marlene Zepeda

Ex-Officio Commissioners:

Helen Berberian (Alternate)
Wendy Garen
Deanne Tilton
Karla Pleitez Howell

COMMISSIONERS ABSENT:

Bobby Cagle [Excused]
Barbara Ferrer [Excused]

STAFF PRESENT:

Christina Altmayer, Vice President of Programs
Peter Barth, Interim Chief of Staff
Kim Belshé, Executive Director
Linda Vo, Board Relations Manager
John Wagner, Executive Vice President

LEGAL COUNSEL:

Craig Steele, Attorney-at-Law

CALL TO ORDER / ROLL CALL: (Item 1)

1. Commission Chair Kuehl called the meeting to order at 1:30 pm. Quorum was present.

COMMISSION: (Items 2– 12)

2. Consent
 - A. Approve Special Commission Meeting Summary Action Minutes and Transcript - Thursday, July 9, 2020
 - B. Contracts: Approve Five New Agreements and Two Renewals, and Authorize First 5 LA Staff to Complete Final Contract Execution Upon Approval from the Board
 - C. Authorize First 5 LA to Receive Funds from Los Angeles County Office of Education (LACOE) in support of Quality Counts California (QCC) and Quality Start Los Angeles (QSLA) Regional Efforts, Approve Resolution #2020-07 and Authorize First 5 LA Staff to Execute Agreement to Receive Funds in the Amount of \$125,000
 - D. Approve Amendment to a Strategic Partnership with Southern California Grantmakers, Fiscal Sponsor for the Center for Strategic Partnerships, from July 2021 to September 2021 to Support Technical Assistance to LA County Department of Mental Health to Continue to Operationalize Mental Health Services Act/Prevention and Early Intervention Funds for Prevention Efforts in the Context of the COVID-19 Pandemic and Authorize Staff to Execute a Contract in the Amount of \$75,000 from September 2020 to September 2021
 - E. Approve Amendment to a Strategic Partnership with Dignity Community Care in the Amount of \$265,000, for a total project cost of \$903,876 through June 30, 2021 to Coordinate the Provision of Training and Materials to Support the Department of Health Services' MAMA's Neighborhood Program Expansion

SUMMARY ACTION MINUTES

- F. Approve Amendment to Strategic Partnerships with Los Angeles Unified School District, El Monte City School District, Mountain View School, and Rosemead School District through June 30, 2023 and Pomona Unified School District through June 30, 2021 for First 5 LA's Kindergarten Readiness Assessment Strategy for a Combined Total not to Exceed \$22,645,556 and Authorize First 5 LA Staff to Execute an Agreement with LAUSD in the Amount of \$3,936,144
- G. Approve a Strategic Partnership with Community Partners, Fiscal Sponsor for the Mayor's Fund for Education, in the Amount of \$225,000 for the period of 24 months to support First 5 LA's Efforts to Engage the Business Sector for Early Childhood Advocacy; and Authorize First 5 LA Staff to Execute an Agreement for an Amount not to Exceed \$150,000 with an Anticipated Contract Start Date of September 11, 2020 to September 10, 2021 (Fund Balance Category: Committed for FY 2020-21 and Assigned for FY 2021-22 and FY 2022-23)
- H. Approve a Strategic Partnership with Public Private Strategies, LLC in the Amount of \$104,999 to Evaluate and Expand First 5 LA's Business Sector Engagement Strategy to Increase the Number and Demographics of Small Business Leaders Targeted for Recruitment Within the Context of COVID-19 for the Period of 24 Months
- I. Approve a Strategic Partnership with UNITE-LA in the Amount of \$100,000 to Develop a "Talent Development Network" of Influential Cross Sector Business Partners to be Engaged and Activated in Support of Early Childhood Development and Key Economic Recovery Priorities from the COVID-19 Pandemic to Advance First 5 LA's Four Outcomes for Children Prenatal to Five and Their Families for the Period of 24 Months

M/S (Romalis Taylor/Astrid Heger)

Roll Call:

Judy Abdo – Aye
Linda Aragon – Aye
Astrid Heger – Aye
Sheila Kuehl – Aye
Yvette Martinez – Aye
Jonathan Sherin - Aye
Romalis Taylor – Aye
Keesha Woods – Aye
Marlene Zepeda – Aye

Abstention: Keesha Wood on Item 2C

THE ITEMS WERE APPROVED

- 3. **Remarks by the Commission Chair**
- 4. **Executive Director's Report**
- 5. **Emergency Authority Actions Due to the COVID-19 Pandemic**
 - Approve Board Resolution 2020-08

M/S (Judy Abdo/Marlene Zepeda)

Roll Call:

Judy Abdo – Aye
Linda Aragon – Aye
Astrid Heger – Aye
Sheila Kuehl – Aye
Jonathan Sherin - Aye

SUMMARY ACTION MINUTES

Yvette Martinez – Aye
Romalis Taylor – Aye
Keesha Woods – Aye
Marlene Zepeda – Aye

THE ITEM WAS UNANIMOUSLY APPROVED

There is no further discussion on this item.

6. 2020-2028 Strategic Plan: Implementation Progress

A team of First 5 LA Staff presented an update on the Implementation of our 2020-2028 Strategic Plan, approved by the Board at the November 12, 2019 Board Meeting. Christina Altmayer started the presentation with a reminder of Our Pathway for Systems Change and our North Star – by 2028, all children in L.A. County will enter kindergarten ready to succeed in school and life.

Kimberly Hall discussed the Impact Framework as a tool to monitor and assess implementation progress. The Impact Framework reflects a comprehensive data set that tracks our advancement towards achieving the four results for children that will be used to:

- Gauge how well systems are working for young children and families
- Assess the effectiveness of our systems change strategies
- Guide course-correction throughout implementation
- Understand our evolving context and inform our strategies

It is understood that implementation will be an ongoing process and we expect to refine our implementation based on our own organizational learnings and the changing context for our work. Ms. Hall presented and discussed the review cycle using the following graphic:



SUMMARY ACTION MINUTES

Commissioner Taylor posed the question: Will there be annual reviews in between the 3-Year Review & Refinement stages? Ms. Hall clarified that there will be annual reviews and she will add a footnote to the graphic indicating that for future presentations.

Anna Potere discussed Home Visiting as an example of how First 5 LA is playing a critical role in impacting the L.A. County Healthcare System. Ms. Potere highlighted the importance of the system being sustainable in order to be effective. She also noted some examples on how First 5 LA is engaging in Policy Change, Practice Change, and Public Will Building to support the growth of the Home Visiting System in L.A. County, including Virtual Home Visiting.

Becca Patton then shared an example how implementation of our Strategic Plan is positively affecting the ECE System in L.A. County. Ms. Patton explained that, given the shift of priorities in this COVID-19 setting, we must work to determine what Families and Children need now in this new context to drive our work forward. This shift in focus supports our result around ensuring Children have high-quality early care and education experiences. Ms. Patton noted that First 5 LA is working to diversify their strategies to build a more unified ECE System during COVID-19 and beyond.

As an example of Optimizing our Organization Effectiveness, John Wagner discussed how the Administration Division is working to support the work of First 5 LA's Departments and Divisions, grounded in our Strategic Plan. Mr. Wagner explained that if we do not continue to strengthen our Organization, our work will not be sustainable in the long run. Mr. Wagner then placed a spotlight on implementation examples that demonstrate integration, commitment to our Values, and focusing the work.

The below graphic was provided:



SUMMARY ACTION MINUTES

There was a short discussion on prioritizing Best Start Network Families and Providers when working towards an aligned ECE System. Commissioner Zepeda asked us to consider, especially as it relates to our Equity Investment Guideline, other providers and families outside of these Best Start Communities that also need attention.

There was some discussion around Home Visiting engagement strategies, during which Ms. Altmayer and Ms. Potere both shared examples of existing and emerging opportunities to further engage the community and build relationships. Supervisor Kuehl also noted the issue of the Digital Divide among families, especially in the context of COVID-19. Commissioner Sherin reminded us that we must remain focused on our North Star and asked us “how we are determining a baseline for success when these children attend kindergarten?” Ms. Hall, Ms. Belshe, Commissioner Zepeda, and Commissioner Taylor furthered the discussion and contributed feedback. Ms. Altmayer closed out the Presentation with Next Steps and requested Commissioners to reflect on the question “How should we think about our work in light of the COVID-19 Pandemic, while holding tight to our North Star and Four Results?”

There is no further discussion on this item.

7. 2020 Biennial Update to First 5 LA’s Local Conflict of Interest Code; Upon Adoption, Direct Staff to File the Updated Code with the County of Los Angeles

Craig Steele, First 5 LA’s Legal Counsel, presented a review of the 2020 Biennial Update to First 5 LA’s Local Conflict of Interest (COI) Code. This item is presented every 2 years in accordance with state laws. In 2020, First 5 LA is proposing minor changes to our COI code. This update proposes an adjustment to one current applicable title/position of the current code and some minor “clean-up” updates, including changing references to Proposition 10 to First 5 LA. Additionally, this update proposes minor clarifications to the disclosure requirements for consultants and contractors. This item will return to the Board for Approval on Consent at the October 8, 2020 Board Meeting.

There was no further discussion on this item.

8. Public Comment (for items not on the agenda)

There were no Public Comments

ADJOURNMENT:

The Commission adjourned at 3:10pm.

NEXT MEETING:

The next Commission meeting will take place on Thursday, October 8, 2020 at 1:30 pm.

VIRTUAL BOARD MEETING

Meeting details will be posted per Brown Act Requirements

Meeting minutes were recorded by Jaimie Knowles, Acting Board Secretary.

**SUMMARY ACTION MINUTES
MEETING OF THE BOARD OF COMMISSIONERS (VIRTUAL)**

September 10, 2020

1:30-3:00 pm

Page 5 of 5

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MEETING OF FIRST 5 BOARD OF COMMISSIONERS

Thursday, September 10, 2020

TAKEN REMOTELY

Los Angeles, California 90038

STENOGRAPHICALLY REPORTED BY:
HEATHERLYNN GONZALEZ
CSR #13646

Thursday, September 10, 2020; Los Angeles, California

1:31 p.m.

-oOo-

SUPERVISOR KUEHL: Well, welcome everyone.
Welcome. Thank you so much for joining us today. The
meeting is officially called to order.

So Linda, would you please do the roll call.

THE SECRETARY: Judy Abdo.

COMMISSIONER ABDO: Here.

THE SECRETARY: Barbara Ferrer?

Astrid Heger?

COMMISSIONER HEGER: Here.

THE SECRETARY: Yvette Martinez?

COMMISSIONER MARTINEZ: Here.

THE SECRETARY: Jonathan Sherin?

Romalis Taylor?

COMMISSIONER TAYLOR: Here.

THE SECRETARY: Keesha Woods?

Marlene Zepeda?

COMMISSIONER ZEPEDA? Here.

THE SECRETARY: Helen Berberian?

COMMISSIONER BERBERIAN: Here.

THE SECRETARY: Wendy Garen?

COMMISSIONER GAREN: Here.

THE SECRETARY: Karla Pleitez Howell?

1 Deanne Tilton?

2 COMMISSIONER TILTON: Here.

3 THE SECRETARY: Sheila Kuehl?

4 SUPERVISOR KUEHL: Here.

5 THE SECRETARY: Quorum is present.

6 SUPERVISOR KUEHL: All right. Thank you so much.

7 Now, Linda, would you read the ground rules for the
8 meeting, please.

9 THE SECRETARY: Will do.

10 Pursuant to Governor Newsom's Executive Order
11 N-25-20, members of the First 5 LA Board of Commissioners
12 or staff may participate in this meeting via
13 teleconference.

14 In the interest of maintaining appropriate social
15 distancing, members of the public may observe this meeting
16 telephonically or otherwise electronically as posted on our
17 website and this agenda.

18 To provide public comment: You may submit written
19 public comment by e-mail to LVO@First5LA.Org or call
20 213-276-9389. Please indicate the item number your comment
21 corresponds with. All public comments corresponding to an
22 agenda item must be received before 1:30 p.m. the day of
23 the meeting. Any received after 1:30 p.m. will become a
24 part of public record. All public comments received prior
25 to 1:30 p.m. today will be read aloud at the end of each

1 item it coincides with.

2 Before we begin this meeting, please note the
3 following: Today's meeting will include video and audio
4 allowing all meeting participants and public members to
5 view presentations via shared screen.

6 To minimize background disruptions: All board
7 members and staff should place their lines on mute until
8 called upon to speak. To minimize multiple people speaking
9 at the same time and ensure for a coherent dialogue, board
10 members will text the chair or use the chat box function on
11 Zoom to message me directly to express interest in speaking
12 and wait to be called upon.

13 With the exception of adjournment which will be
14 called for by the chair, a formal roll call will be done
15 for all action items.

16 A reminder to all board members, please do take
17 yourselves off mute prior to roll call.

18 If technical assistance is required during the
19 meeting, please contact me at 213-276-9389 and I will
20 connect you with IT.

21 With that, I will now hand this meeting back to
22 our Honorable Chair.

23 SUPERVISOR KUEHL: Thank you. It's so
24 interesting. When I was elected I was suddenly honorable,
25 and then for six years when I wasn't elected, I guess I was

1 dishonorable, and now I'm honorable again. So it's just
2 such a pleasure.

3 I believe the next matter on our agenda are our
4 consent items; so I believe I'll turn it over to you, John,
5 to walk us through a little bit of the consent agenda.

6 MR. WAGNER: Great. Thank you, Madam Chair, and
7 good afternoon commissioners, staff, and members of the
8 public.

9 I just want to acknowledge ahead of time that
10 there's a fair number of items on consent, and I'll try to
11 summarize those.

12 Subitem 2B is our monthly matrix of contracts
13 requiring board consideration and action. We have five new
14 agreements and two contract renewals.

15 The first contract is with BARÚ Advertising. The
16 amount of the contract is \$800,000 and it's for social
17 media and digital marketing services supporting
18 the communications department of First 5 LA. This is the
19 result of a competitive procurement and the contract is
20 through the remainder of the fiscal year.

21 We have four additional contracts with entities as
22 a result of a competitive procurement focused on supporting
23 our early identification and intervention work, as you
24 know, as -- entitled Help Me Grow. These entities will
25 create regional networks of supports connecting children to

1 appropriate resources within their communities.

2 The four entered entities are Children's Bureau of
3 Southern California, West Side Regional Center, Public
4 Health Foundation Enterprises, and the South Central LA
5 Regional Center. Each contract is for \$90,000 through the
6 remainder of the fiscal year.

7 In addition, we have two contract renewals. The
8 first is with the prevention institute to continue to fund
9 their work as our intermediary for the Built Environment
10 Policy Advocacy Fund. This is a technical assistance and
11 granting fund that seeks to build organizational capacity
12 and advocacy effectiveness across the three focus areas of
13 our built environment, which include parks and open space,
14 transportation, and food security. This is a one-year
15 contract through October 14th, 2021, for \$875,000 with
16 \$465,500 coming out of the current fiscal year 20-21
17 budget.

18 And finally, the last contract is also a renewal
19 providing \$200,000 to Viva Strategy and Communications to
20 continue their support of our Quality Start LA work which
21 is the County's Quality Rating and Improvement System
22 effort. This contract is through the remainder of the
23 fiscal year.

24 I'm going to move on now to the strategic
25 partnerships. But before I do, I just want to acknowledge

1 that all the contracts I just walked through are provided
2 for and funded in the 20-21 budget that the board passed
3 this past July.

4 So moving on to the strategic partnerships. And
5 one item to receive funding -- all of these should be
6 familiar given that they were brought forward to the board
7 as informational items at last month's board meeting.

8 Subitem 2C would authorize First 5 LA to receive
9 funding from the Los Angeles County of Education. Your
10 action on this by approving resolution 2020 would allow us
11 to receive \$125,000 which would continue to support First 5
12 LA's efforts on Quality Start LA.

13 Subitem 2D would amend an existing strategic
14 partnership with SCG, Southern California Grantmakers,
15 which is the fiscal sponsor for the Center for Strategic
16 Partnerships. First 5 LA continues to support a number of
17 the Center's priorities. In addition to amending this
18 strategic partnership, this would authorize staff to
19 provide \$75,000 to the center to continue supporting a
20 consultant for the Department of Mental Health to
21 coordinate multiple funding streams in support of a
22 County-wide system of home visiting whose efforts are
23 instrumental for managing these critical resources in the
24 current environment caused by the pandemic. These funds
25 will leverage additional funding from other private

1 funders.

2 Your approval of Subitem 2E would add \$265,000 to
3 the already board-approved strategic partnership with
4 Dignity Community Care to provide expansion of the
5 Los Angeles County Department of Health Services Mama's
6 Neighborhood Program. This would increase the total
7 project cost over multiple years to \$903,876 with \$265,000
8 being contracted between October 1st and June 30th of next
9 year.

10 Moving on to Subitem 2F, this would amend the
11 board-approved strategic partnerships across multiple
12 school districts as part of our focus on funding school
13 readiness efforts. Action on this item would increase the
14 project to a total cost not to exceed \$22,846,612. In
15 addition, this item authorizes staff to renew our existing
16 contract with LAUSD providing up to \$3.9 million through
17 June 30th of 2021.

18 Item 2G would approve a new strategic partnership
19 with Community Partners, the fiscal sponsor of the Long
20 Beach Mayor's Fund for Education. The strategic
21 partnership would provide \$225,000 over two years with a
22 focus of developing a scalable city-wide strategy for
23 business sector engagement on early childhood advocacy.
24 Your approval of this item would also authorize First 5 LA
25 to execute a contract not to exceed \$150,000 for the first

1 year of this project through September 10th, 2021.

2 Subitem 2H -- there's only two more to go.

3 Subitem 2H would authorize us to enter into a new
4 strategic partnership with Public Private Strategies in the
5 amount of \$104,999 over three years. This funding also is
6 focused on collaborations with the business sector, in this
7 case with a particular focus on small business leaders in
8 community and diverse Chambers of Commerce who can be early
9 childhood advocates and champions. It is anticipated that
10 if this strategic partnership is approved by you today,
11 staff would enter into contracts but they would be under
12 the threshold of \$75,000 requiring board approval. So
13 consequently, these would be executed by the Executive
14 Director.

15 And finally, your actions on Subitem 2I would
16 approve a strategic partnership with Unite LA in the amount
17 of \$100,000 over the period of two years. This strategic
18 partnership is focused on developing early childhood
19 advocates across the sector of large corporate leaders.
20 Again, it is anticipated if approved by the board, the
21 contracts would be under the \$75,000 threshold requiring
22 board approval.

23 Just to underscore, all of these strategic
24 partnerships have been provided to the board as an
25 informational item.

1 And with that I'll turn this back to the Honorable
2 Chair for consideration and action.

3 SUPERVISOR KUEHL: Thank you very much,
4 Mr. Wagner. I see no requests for information from the
5 board.

6 Does any board member wish to remove any item from
7 consent? All right. Seeing none, is there any public
8 comment on the consent agenda?

9 THE SECRETARY: No public comments.

10 SUPERVISOR KUEHL: All right. Then I would accept
11 a motion to approve the consent agenda. You can just say
12 it out loud if you want to unmute.

13 COMMISSIONER TAYLOR: This is Commissioner Taylor.
14 I propose approval of the agenda items.

15 SUPERVISOR KUEHL: Thank you. Is there a second?

16 COMMISSIONER HEGER: Second it.

17 SUPERVISOR KUEHL: Thank you very much. All
18 right. Then let us have a roll call vote.

19 Is Keesha on the line?

20 COMMISSIONER WOODS: I am on the line, Madam
21 Chair.

22 SUPERVISOR KUEHL: You need to abstain from Sub C
23 because it's a contract with LACOE; right?

24 COMMISSIONER WOODS: Yes.

25 SUPERVISOR KUEHL: All right. Good. So your

1 affirmative vote, if you give it, will be registered as
2 affirmative on everything but C, and C will register your
3 vote as an abstain, if that is okay with you?

4 COMMISSIONER WOODS: That is okay, Madam Chair.

5 SUPERVISOR KUEHL: All right. Please let us have
6 a roll call vote on the consent agenda.

7 THE SECRETARY: Judy Abdo?

8 COMMISSIONER ABDO: Sorry. Had trouble unmuting.
9 Yes.

10 THE SECRETARY: Astrid Heger?

11 COMMISSIONER HEGER: Yes.

12 THE SECRETARY: Yvette Martinez?

13 COMMISSIONER MARTINEZ: Yes.

14 THE SECRETARY: Romalis Taylor?

15 COMMISSIONER TAYLOR: Yes.

16 THE SECRETARY: Keesha Woods?

17 COMMISSIONER WOODS: Yes.

18 THE SECRETARY: Marlene Zepeda?

19 COMMISSIONER ZEPEDA: Yes.

20 THE SECRETARY: Sheila Kuehl?

21 SUPERVISOR KUEHL: Yes.

22 THE SECRETARY: Motion is passed.

23 SUPERVISOR KUEHL: All right. Thank you very
24 much. And thank you, John.

25 Then we'll move onto Item 3, which is remarks by

1 the Chair.

2 I wanted to especially highlight in my remarks
3 today two things: One, related to our home visitation work
4 and ways in which it's evolving and changing; and the
5 second is a somewhat more general kind of big picture about
6 what the Board of Supervisors is considering and actions
7 that were taken.

8 First of all, the Board recently -- of
9 Supervisors, recently received a response to a motion that
10 I coauthored with Hilda Solis a while ago concerning home
11 visiting, and presented a status report on the County's
12 effort to build a really universal system for all families
13 building on a motion that we approved four years ago in
14 2016. The updated report also quantifies the unmet need
15 for home visiting services, some programmatic options for
16 ways that we might expand and diversify models of home
17 visiting, and, of course, funding needs as well as funding
18 opportunities to see if we can't achieve an appropriate
19 level of home visiting services all across the county.

20 Public health in the county took the lead, but I
21 want to recognize this was truly a collaborative effort
22 among many County Departments including the Department of
23 Mental Health and other partners like First 5 LA, LA Best
24 Baby's Network, and quite a few other wonderful partners.
25 Time and again, though, we have seen and the County

1 recognizes the really strong role that First 5 LA plays in
2 those collaborative efforts.

3 And, you know, in times of social crises, need
4 really spikes across the board. And, of course, in the
5 current pandemic, we have seen that our families are
6 exposed to heightened levels of stress, increasing risk of
7 mental health issues, substance abuse, sometimes family
8 violence often co-occurring with housing, unemployment,
9 income and food insecurity and it really calls on us to
10 find an enhanced capacity to connect with and support new
11 families, even at a time when it's harder to connect with
12 anybody.

13 We know that home visiting is a critical support
14 for families during these crises. And through this
15 collaboration among all these partners, we've been able to
16 continue to support families with virtual home visits. And
17 in the last quarter of the fiscal, year providers conducted
18 over 6,500 virtual home visits every month. And stayed
19 connected with families on phone, through text, and web
20 platforms which we now have become familiar with like Zoom.

21 So like telehealth, we found that virtual home
22 visitation is actually kind of an effective way to reach
23 our families in ways that we were hoping that it would be.
24 But currently given our budgetary and resource challenges
25 at every level of government and among our private sector

1 partners, and the extraordinary demands placed on the
2 County and its departments as a result of the pandemic,
3 public health has requested that First 5 LA take on the
4 interim governance role for the next 12 to 18 months in
5 order to continue to drive progress, even as the County
6 grapples across the board with Covid-19 issues.

7 This makes me feel very happy and very secure
8 about this program, and also speaks volumes to me that the
9 county continues to turn to First 5 LA for its leadership
10 and its vision.

11 So considering some of the often chaotic looking
12 situations that we're facing, I am really pleased to see
13 the commitment of our Department of Public Health,
14 Department of Mental Health, Public Services, Children and
15 Family Services, as well as First 5 LA and other County
16 partners continuing the important system building that we
17 launched four years ago. I can't believe it's been that
18 long.

19 But I'm really proud of us. And thanks, with my
20 County hat on, to First 5 LA for saying yes to taking on
21 this interim governance role.

22 Finally, I just want to say we are looking at a
23 new allocation in the County of CARES Act funding. And I
24 am really happy to say the recommendation for Tuesday is
25 going to include a fair chunk of CARES money to make

1 certain that every child in the County who does not have
2 sufficient access to the Internet to get the education that
3 is being offered to them now will have it. It will be
4 primarily, probably, Chrome Books, and maybe some iPads.
5 But we're talking in the thousands of kids. And also
6 access through hot spots and I hope maybe other providers
7 stepping up.

8 But the County is definitely going to recommend to
9 the Board that we adopt this as part of our remaining --
10 though it's not very much, though it is a lot of money when
11 you compare it to other things because it's in the millions
12 -- CARES Act funding for Internet access. And hopefully
13 that will also include some enrichment programs, not just
14 school districts but primarily school districts.

15 This is particularly important because we still
16 don't feel really comfortable about opening up the schools.
17 And I know this is something that you know -- all of you --
18 a lot about, and the discussion that goes back and forth.
19 We are allowing individual students to attend where they
20 really, really cannot get their services except in person,
21 but really trying to limit that a lot.

22 You know, children -- it's interesting. The one
23 children's holiday that we have across the country is
24 Halloween, and there's been a lot of talk about trick or
25 treating. Public health originally was going to recommend

1 that we bar it completely. And there was just a lot of
2 dis-ease about it; so they changed their recommendation to
3 -- really, I have to say discouraged. You know, not
4 recommended. Probably not really safe for children to be
5 going door to door. Probably not safe for the people
6 behind the doors to be visited by children and their
7 families.

8 So we're recommending that people do everything
9 they can that's different from trick or treating. And I'm
10 trying to invent new ways to deliver a piece of candy at a
11 six-foot distance. I have no idea if we can do that. But,
12 you know, we want to try to let kids be kids but not put
13 people at risk. And I mean not just at Halloween, but
14 everywhere.

15 So I think there's a lot going on, of course, in
16 the County, and I'd be happy to answer any questions
17 probably offline, but online if you like. But I don't see
18 any; so let me ask Linda if there are any public comments
19 for the Chair's comments.

20 THE SECRETARY: No public comments.

21 SUPERVISOR KUEHL: All right. Then let me go to
22 our Honorable Executive Director, Ms. Belshe. Over to you.

23 MS. BELSHE: Thank you so much. Thank you, Madam
24 Chair, since we're throwing around titles so freely. Thank
25 you so much.

1 And it's just terrific to see and hear our
2 commissioners. Today is another first for our
3 organization. It's our first video-phone combined board
4 meeting. And I'm confident we're going to learn together
5 along the way and further adjust and refine.

6 We have a PPC meeting on the 24th which we believe
7 will be principally, if not exclusively, video. That will
8 be a special board meeting; so we're eager to encourage and
9 hope to see all of you at that upcoming deep dive on a
10 couple of really timely topics.

11 So today is an opportunity for us to reconnect
12 with you after far too long. And we really want to share
13 with you some exciting progress being made in terms of
14 implementation of our strategic plan. And so today is
15 really about reporting out at a high level and then going
16 more deeply into some of the issues at the upcoming PPC
17 meetings. And Christina and the team will talk about the
18 game plan in more detail.

19 But I do want to underscore a couple points, and I
20 shared some of these observations in my Executive
21 Director's report that I want to emphasize publicly here,
22 which is just my deep appreciation, certainly to the board
23 for your support and confidence in the team over the course
24 of these past many months. The emergency authorities you
25 have supported that we'll be speaking to shortly in John's

1 item have enabled us to move with far more nimbleness and
2 flexibility than we have in the past. And they've helped
3 us to do our very best to meet this moment.

4 And this moment continues to throw a lot at us
5 from the global pandemic to the very much needed and
6 sustained focus on systemic inequities and structural
7 racism, to the heat crisis, and now to the wildfires and
8 the smoke. And I'm up in Northern California and, like
9 much of the state, the day has become night throughout most
10 of California.

11 You're going to be hearing about progress. And
12 it's progress being made in a very challenging context for
13 our team personally as well as professionally. That
14 context within which we work has been challenging and
15 complex. It's also been very motivating. And our team's
16 recognition of the disproportionate impacts of Covid and
17 systemic inequities on our black children and families and
18 communities of color is a motivation for us, and one that
19 is not time limited, but one that I really see us
20 sustaining and enduring with the Board's support and
21 direction.

22 So I'm grateful for that commitment and that
23 dedicated to mission. I'm impressed by the resiliency and
24 adaptability I've seen in the team in response to a very
25 fluid and dynamic and challenging environment.

1 And I'm really pleased to see -- and I think the
2 board will see increasingly in the next number of meetings
3 -- a growing embrace of our systems orientation that is so
4 fundamental to our organization understanding and digging
5 into root causes, and advancing approaches in concert with
6 our partners for change that is scalable and sustainable at
7 a level that our families deserve and should expect,
8 particularly those communities facing the greatest gaps in
9 equity and opportunity.

10 So it's just been a delight to see the team really
11 leaning into our systems change roles beyond funder,
12 leading with how do we connect? How do we convene? Where
13 are there opportunities to catalyze our mode of thinking to
14 address some very deep and systemic issues.

15 So we know our new normal is anything but normal
16 though every day seems to be bringing a lot of new. And as
17 I shared with the board in my note, you know, that -- that
18 dynamic context is really helping us focus on some of the
19 big picture strategic questions, beginning, of course, with
20 staff and how do we support staff to be safe and feel
21 connected and engaged in a remote-work environment and to
22 balance the very real challenges between work and
23 home life. And I'm grateful for the feedback and guidance
24 they've given us, and we've endeavored to be responsive and
25 nimble over the course of the past many months.

1 We've also been working in concert with parents
2 and family-serving organizations and policymaking and
3 others to better understand, like, what is happening in
4 community and what can we learn from that and how can we
5 use that learning to inform our strategic plan and
6 implementation work.

7 And the example is one that the Supervisor just
8 spoke to in terms of technology and the digital divide.
9 And we're eager to learn more about how the County is
10 approaching this work as well as other funders and
11 community leaders.

12 We're learning a great deal about the digital
13 divide. And I want to commend the team for lifting up some
14 of those early learnings and beginning to explore what is
15 First 5 LA's role in advancing innovative strategies to
16 ensure that families in a remote environment are getting
17 connected to the services and supports they need. And
18 you're going to hear a little bit more about that in the
19 presentations.

20 Finally, we are in a very increasingly purposeful
21 way really leaning into our diversity, equity, and
22 inclusion values and investment guidelines. This has
23 implications, as you'll hear, both for how we do our work
24 alongside our partners. And then it also has work --
25 implications for how we do our work side by side within

1 First 5 LA. So you'll hear a little bit through the
2 strategic plan implementation update about how we're
3 approaching DEI in the context of our work, and we'll look
4 forward to talking with the board about how First 5 LA is
5 focusing on DEI with the support that the board approved to
6 bring on a DEI consultant team which we're poised to do and
7 will be on the agenda next -- next month on consent.

8 So challenging environment, but one that while
9 sobering and complex is also one that is helping to focus
10 us and motivate us. And we're eager today to be sharing
11 with you some progress to lift up some lessons learned and
12 some reflections, and then to go deeper at the PPC with
13 hopefully as many board members as possible later this
14 month.

15 And with that, I will end, and turn it back to
16 you, Honorable Chair.

17 SUPERVISOR KUEHL: Thank you very much, Kim.

18 I have no requests for questions on my phone.
19 Linda, do you have any requests in chat to ask any
20 questions to Kim?

21 THE SECRETARY: Not for Kim, but I do have one
22 from Commissioner Zepeda to yourself, Chair.

23 SUPERVISOR KUEHL: Okay. Let's take any public
24 comment on Kim's remarks first, and then I'll go to
25 Marlene.

1 THE SECRETARY: There are no public comments on
2 Kim's remarks.

3 SUPERVISOR KUEHL: All right.

4 Marlene, I'm sorry. The request popped up a
5 little late. You have a question to me; so please go
6 ahead.

7 COMMISSIONER ZEPEDA: Yes, thank you. I was
8 pleased to hear that the Board of Supervisors is really
9 addressing the digital divide because my concern is the
10 learning loss -- I think this is an issue that they're
11 contending with at the State level. And particularly for
12 young children, I think it's going to be even more critical
13 because of the foundational nature of their development
14 within 0 to 5. And I was wondering if there was going to
15 be a particular carve out, if you will, for the 0 to 5
16 within this digital divide funding?

17 SUPERVISOR KUEHL: You know, I think that's -- I
18 think that's a big problem. What happened was it's -- it's
19 interesting how sometimes these things all sort of come
20 together.

21 Kathryn Barger had a motion which she then pulled
22 back so that we could all ask for CARES Act money at the
23 same time. But the motion was to get laptops and contact
24 ability to our camps and juvenile facilities.

25 Janice brought a motion at the same time and

1 pulled it back so we could all do this together to expand
2 services at parks and libraries which has its own sort of
3 issues about, you know, safety and access, et cetera.

4 And at the same time Deb Duardo did a --
5 Dr. Duardo did a survey of all the school districts to ask
6 them to identify how many students they thought did not
7 have or knew did not have access either because they didn't
8 have hardware or because they didn't have Internet access.
9 And to come up with a -- really, a price tag for that.
10 That did not include 0 to 5 because we went -- Dr. Duardo
11 went through the 80 school districts. 79 replied because
12 LA Unified had already begun to put in a good deal of money
13 into this very kind of investment.

14 This particular approach is not going to address
15 access by families with 0 to 5; so I think that this is
16 something we'll have to see, because it -- it's not -- we
17 don't have a, sort of, an organized request about it -- how
18 the families would be identified who don't have it. You
19 know, school districts are kind of a convenient -- a
20 convenient way to be in touch with students, essentially,
21 you know, by grades pre-kindergarten to 12. So we'll see
22 how that goes, but I think it certainly merits more
23 conversation as we go along and we may still have some
24 money to invest. It's a question of identifying those
25 families in a really concerted organized way.

1 I don't know if that answers your question. I
2 know it wouldn't be satisfying, but --

3 COMMISSIONER ZEPEDA: Right. And I understand the
4 issue of identification or having a consistent way that you
5 could identify, because in our mixed-delivery system,
6 they're all over the place.

7 SUPERVISOR KUEHL: Yeah.

8 COMMISSIONER ZEPEDA: So that creates a problem.

9 I think the concern is that I'm sure we're
10 concerned about learning loss in older children. It's --
11 it's an issue. But I'm particularly concerned for the
12 younger children in terms of their child growth and
13 development within that critical learning period.

14 And so we know from data that was -- you know,
15 just coming from the LA Times in terms of LA Unified and
16 how many children were not even attempting to do distance
17 learning, I am very concerned about the 0 to 5 and maybe
18 this is something First 5 could explore going forward,
19 maybe with some philanthropies, but I think it's really
20 something we have to think about.

21 SUPERVISOR KUEHL: There may be an ability to
22 provide this same kind of service. But as I said, the
23 families have to be identified. And we're looking,
24 obviously, most importantly at -- well, we're looking at
25 ZIP codes to some extent of places that have the least

1 Internet access by percentage of families. Although, what
2 we're bringing to the Board on Tuesday is for every student
3 that doesn't have this service. We're not just looking in
4 one or two or three of the districts.

5 It's interesting how this all came together kind
6 of suddenly because, you know, the County doesn't really
7 fund education except through LACOE and it just seemed to
8 me we needed to take a bold step with our CARES Act money,
9 because we discovered also -- not discovered, but
10 identified that the family's of students who don't have
11 access also, of course, don't have access; so they can't
12 get their unemployment, they can't register for benefits.
13 You know, this is really helpful to the family.

14 So maybe First 5 and our affiliates can identify a
15 way to identify the families of 0 to 5 children who do not
16 have access. And I think it's a very good thing to work on
17 it. So thank you very much for bringing it up. I'll have
18 a further discussion with Kim about it and with anyone
19 else.

20 Romalis has a question.

21 COMMISSIONER TAYLOR: I just want to jump in on
22 this one for two things.

23 One is we can partner with our childcare providers
24 throughout the County to collaborate with them for children
25 0 to 5, because they have a lot of contact with families

1 that are struggling to get childcare and even what we call
2 pre-K services as well for their children.

3 The other issue is that these children -- these
4 families are struggling really hard with the crisis of
5 stress within their families in these various communities,
6 especially those that have low income or, actually, helping
7 us by providing services to families in the community in
8 general. So I'm hoping that we will put a mark on mental
9 health to collaborate with the -- or find a way to
10 integrate with the home visitation services this --
11 referral or services so that when families are stressing
12 out because of this crisis, that we are able to support
13 them in-home and in-family without having them arise to the
14 level of having children taken away.

15 Because the families are stressing out, and the
16 reaction is to flare out every now and then, whatever that
17 is, and it's hard on these families; so we need to be more
18 understanding. We need to provide those services and
19 anticipate the crisis of what they need so that we can
20 serve them better. And I'm telling you now, the children
21 are being taken away when these crises come up. And rather
22 than to do that, we can serve them by giving them services
23 that will support them in their home, in their families, in
24 their communities in this crisis.

25 MS. BELSHE: Supervisor, when we get to the

1 strategic plan progress update, the two programmatic topics
2 of EC and home visiting -- both of them lend themselves to
3 a few more comments from our team around digital divide and
4 what we're learning about doing this work remotely, as well
5 as there's clearly a lot more work to do. So, you know, in
6 the context of our work, I think there's some good initial
7 learning, and we're eager to dig deeper into this. But
8 today, it's going to be more of a higher level.

9 SUPERVISOR KUEHL: Okay. Thank you. No further
10 requests to speak on either my report or yours. So let's
11 move to Item 5, which is an action item, but I think pretty
12 quick.

13 This is the emergency resolution that allows the
14 Executive Director to take some actions in between the
15 board meetings and then asks us to ratify them. I believe
16 there's only one that Kim took, entering into a contract
17 amendment with The Raven Group, which is our federal
18 lobbying group.

19 John, do you want to say more about that?

20 MR. WAGNER: Let me just very briefly acknowledge
21 that you had that absolutely right. We've executed a
22 contract amendment with The Raven Group for \$75,000. It
23 brings the total contract amount to \$270,000, and it is
24 really additional resources to focus on something called
25 the We Must Count campaign, which looks at how we can dig

1 into and disaggregate health data to get at some of the
2 health inequity issues that we're committed to addressing.
3 So this funding would give The Raven Group the resources to
4 participate in that campaign and do that.

5 Though final thing I just acknowledge is we are
6 working with the Los Angeles County Department of Public
7 Health, and so as this work unfolds, we would continue to
8 work with them in the implementation of this.

9 There -- typically, like we've done in the past,
10 there's a resolution that we would ask the Board to ratify
11 and an exhibit, and this contract is spelled out on that
12 exhibit in your Board Book.

13 So with that, I'll turn it back over to the Chair
14 to consider the resolution contained in this item.

15 SUPERVISOR KUEHL: Okay.

16 Linda, do we have any public comments on Item 5?

17 THE SECRETARY: No public comments on Item 5.

18 SUPERVISOR KUEHL: All right. I see no Board
19 questions.

20 So may I have a motion to approve board resolution
21 2020-08?

22 UNIDENTIFIED SPEAKER: So moved.

23 COMMISSIONER ZEPEDA: Second.

24 SUPERVISOR KUEHL: Moved and seconded. Please
25 take a roll call.

1 THE SECRETARY: Judy Abdo?

2 COMMISSIONER ABDO: Yes.

3 THE SECRETARY: Astrid Heger?

4 COMMISSIONER HEGER: Yes.

5 THE SECRETARY: Yvette Martinez?

6 COMMISSIONER MARTINEZ: Yes.

7 THE SECRETARY: Jonathan Sherin?

8 COMMISSIONER SHERIN: Yes.

9 THE SECRETARY: Romalis Taylor?

10 COMMISSIONER TAYLOR: Yes.

11 THE SECRETARY: Keesha Woods?

12 COMMISSIONER WOODS: Yes.

13 THE SECRETARY: Marlene Zepeda?

14 COMMISSIONER ZEPEDA: Yes.

15 THE SECRETARY: Sheila Kuehl?

16 SUPERVISOR KUEHL: Yes.

17 THE SECRETARY: Motion is passed.

18 SUPERVISOR KUEHL: Thank you. Resolution 2020-08
19 is adopted.

20 Let us move to Item 6, which is really the meat of
21 the meeting. So this presentation will take up most of the
22 meeting. It is really the substance of, you know, what
23 we're doing. And there will be some pauses as the
24 presentation goes along for reactions or questions; so feel
25 free to text me if you have questions or reactions of

1 various people or, as Linda indicated, you can simply tell
2 her in the chat function that you have one.

3 So that being said, let me turn it over, I think,
4 to Christina? Or Kim did you wish to introduce it?

5 MS. BELSHE: No. Turning it over to Christina to
6 start it.

7 SUPERVISOR KUEHL: Great. Welcome.

8 MS. ALTMAYER: Thank you. Good afternoon,
9 Commissioners and Chair. Thank you for the opportunity.

10 We're going to dig into two examples and try and
11 highlight the work that First 5 LA has been doing in
12 implementation of our strategic plan. And we want to share
13 some of the things that we're learning and really highlight
14 two examples.

15 I want to try and bring us back to November, I
16 know it's been a long time since we've maybe seen this
17 graphic, and remind us that the Board took this momentous
18 action in November after a year-long planning process to
19 approve our 2020-2028 strategic plan. And it provided the
20 framework to affirm our commitment to changing the systems
21 to hopefully -- that impact children and families to make
22 them work better for families. And we identified our
23 pathway in which we will be doing that.

24 We identified and affirmed our commitment to our
25 north star, by 2028 all children in LA County will enter

1 kindergarten ready to succeed in school and life. And we
2 identified four specific results that we think are
3 critical. I'm going to talk about how we're measuring
4 those results in just a moment.

5 The updated strategic plan identified four
6 critical strategy priorities. And today we're going to
7 talk about how we're making those strategic priorities come
8 alive by looking at both our home visiting work and ECE
9 work.

10 Next slide.

11 So what I want to do now is introduce Kim Hall to
12 talk a little bit about how we're going to measure the
13 impact of achievement of our strategic plan and the various
14 measures and tools that we will be using.

15 Kim.

16 MS. HALL: Thank you Christina. Good afternoon,
17 Commissioners.

18 For this, Slide 4 contains the impact framework
19 indicator pyramid. As a reminder, we've talked about the
20 impact framework on multiple occasions, but it's been quite
21 some time; so I wanted to take a little bit of time just to
22 walk through the pyramid as a context. Because what the
23 impact framework is is essentially a tool that's going to
24 help us track our progress towards the north star.

25 And this pyramid is -- is the visual that we've

1 created to sort of depict what we're going to be looking at
2 and measuring as a part of the impact framework.

3 So as I mentioned, the impact framework is most of
4 the tools that track our progress towards the north star.
5 And because it helps to identify how we will know if we're
6 making progress, it's also a tool for informing how we
7 prioritize and focus our system-change efforts. So we're
8 going to use the impact framework in a couple of different
9 ways. I'm going to talk now about how we'll use it as a
10 measure of progress, and then we'll hear later about how it
11 can also help in making some decisions about what we do in
12 some parts of implementing the strategic plan.

13 So the indicator pyramid is a visual depiction of
14 the impact framework, as I said. And the use of a pyramid
15 was intentional. We wanted to use this pyramid to really
16 convey or communicate that what we will be measuring and --
17 we'll be measuring and tracking progress at multiple levels
18 that build upon one another.

19 So the top layer of the pyramid represents the
20 indicators for the results for children and families. We
21 also refer to those as the result indicators. These are
22 the population-level measures that we're going to use to
23 gauge progress on the four results for children and
24 families. So this could be clear, while our work is really
25 -- First 5 LA's work is really aimed at improving systems,

1 we're doing so in service of better outcomes for children
2 and families. So it's really important for us to monitor
3 if and how the conditions for children and families are
4 changing.

5 But in addition to looking at those
6 population-level measures, we also need to be tracking
7 changes that are happening at the systems level. And
8 that's where the second and third layer of the pyramid come
9 into play. So the middle and bottom layer represents the
10 system-level changes we'll be tracking in both the long
11 term as well as the short term or near term.

12 It's important that we track both since the
13 near-term improvement or the short-term markers of progress
14 will give us early feedback to let us know if we're making
15 progress or needing to make course corrections. While
16 indicators for the long-term system outcomes will help us
17 gauge if systems are improving in ways that really make a
18 difference for children and families.

19 The orange circle surrounding the pyramid
20 represents the contextual indicators. And these are the
21 indicators that really focus on the context -- the context
22 that helps inform our work and how we implement our
23 strategy.

24 So that's a quick overview of the indicator
25 pyramid and the kind of indicators that we're going to be

1 tracking as a part of the impact framework.

2 We can now advance to Slide 5. So Slide 5 depicts
3 features of the review and refinement cycle. So on
4 a periodic basis, approximately every three years, First 5
5 LA is going to review our progress to see how we're doing
6 and to determine if any elements of our strategic plan need
7 to be refined.

8 This is particularly important given that this is
9 an eight-year strategic plan; so we want to stop and take
10 notice. Some things we'll do annually, but every three
11 years we'll take a bigger look to think about how we might
12 want to make changes.

13 A part of -- one of the inputs to this reflection
14 and refinement process will be data on the impact framework
15 indicators. And as you can see across the bottom row of
16 this slide, there are impact framework indicator reports
17 that are going to be produced on a regular basis that align
18 with the refinement cycles. As you can see, the first
19 indicator report is due in 2020. And so I'm happy to
20 announce that later this month in conjunction with the
21 program and planning committee meeting, we'll be releasing
22 the inaugural impact framework indicator report.

23 This report contains the data that represents the
24 starting point that we're going to use to gauge our
25 progress on those result indicators; so it has information

1 that tells us about the current conditions of children and
2 families or the most recent conditions of children and
3 families. And we'll use that over time to look and see
4 where change is being made and also where change is not
5 being made and how that can inform what we do moving
6 forward.

7 So at this point, I'd like to pause before handing
8 it back over to Christina to see if there are any questions
9 about the impact framework or how we're going to be
10 measuring the progress of this strategic plan.

11 COMMISSIONER TAYLOR: I have a question. This is
12 Commissioner Taylor.

13 SUPERVISOR KUEHL: Go ahead.

14 COMMISSIONER TAYLOR: I want to reaffirm that you
15 did mention that there would be an annual review that is
16 once a year in between these three-year periods so that you
17 can correct -- have a course correction prior to the three
18 year review; right?

19 MS. HALL: Absolutely. Yeah. So I didn't maybe
20 speak about it in detail. But we certainly will be looking
21 at it -- and it's kind of indicated in that first box
22 underneath the years, that there -- through our annual
23 planning processes, we'll be looking and going through some
24 real-time reflection and learning based on implementation,
25 based on our context, as well as indicator data that we

1 will be collecting as it gets refreshed.

2 So yes, it's three years for the larger review
3 processes. But on an annual basis we'll be looking at how
4 are things going in terms of the short term markers of
5 progress and other inputs to see if we want to make course
6 corrections or changes.

7 COMMISSIONER TAYLOR: Can we add that as a
8 footnote to your chart so it's clear?

9 MS. HALL: Absolutely.

10 COMMISSIONER TAYLOR: Thank you.

11 SUPERVISOR KUEHL: So I see no further requests
12 for questions or comments; so thank you very much, Kim.

13 Christina, take us into the next section.

14 MS. ALTMAYER: Thank you. If we can move to Slide
15 6.

16 So before we jump into these examples, I wanted to
17 just affirm our approach and how we're thinking about
18 implementing our strategic plan. Now, the phrase is often
19 said about people living into their strategic plan, and
20 this strategic plan's being a living document that's
21 adapted over time.

22 And I think this is an important lesson learned
23 that First 5 LA identified through last year's planning
24 process of the importance of this -- of being strongly
25 grounded in our values, affirming our commitment to being a

1 learning organization, and holding tight to our fundamental
2 commitments -- our north star, our strategic plan approach
3 on how we will make systems change through policy change,
4 through practice change.

5 But if, you know, the last six months have shown
6 us anything, it does show us that we have to be dynamic in
7 our implementation. So holding tight to our strategic
8 direction while recognizing that through our strategy and
9 implementation we have to be adaptive to the incredible
10 changing conditions and also to our own learnings.

11 So as we talk about implementation examples that
12 we're going to go through in just a moment, they
13 demonstrate how we're embracing this approach, how we're
14 really trying to think deeply about our investment
15 guidelines -- particularly our focus on diversity, equity,
16 and inclusion -- and our values, including our important
17 focus on sustainability.

18 So this work, I think, demonstrates -- in the last
19 six months demonstrates the importance of being flexible
20 and adaptive to the conditions, while really holding tight
21 to our targeted results.

22 So with that, I'd like to introduce Anna and Becca
23 who are going to talk through, first, our example of our
24 work in home visiting and our systems change work and how
25 it's focused on improving our targeted results. And then

1 we're going to talk a little bit about our work in ECE.
2 Finally, then, I will be turning the -- turn the speaker
3 over to John who will be talking about some of the
4 important work that was edited into our strategic plan,
5 which is recognizing that if we're going to do this work
6 successfully, we need to be an effective and impactful
7 organization, and the work that will be needed.

8 So with that, let me introduce Anna Potere, who's
9 going to talk about using home visiting as an example.

10 MS. POTERE: And good afternoon, Commissioners.
11 You'll see we are now on Slide 8.

12 As you all know, home visiting is a long-standing
13 investment of First 5 LA, and there's been a significant
14 amount of work, which is ongoing, to create a comprehensive
15 system for home visiting in LA County and First 5 LA is
16 playing a critical leadership role in this.

17 As we move along the pathway for systems change
18 here, those of you who are viewing the presentation will
19 see the relevant sections highlighted, and for those using
20 the static version, I will note that as we move through the
21 sides so that you can follow along.

22 So we will begin with the fact that home visiting
23 relates directly to Strategic Priority 1. In the static
24 version, this is highlighted on Slide 9. And the result
25 around supporting families and optimizing their children's

1 development, which is highlighted on Slide 10 in the static
2 version, because the purpose of the work that we do is to
3 strengthen public and community systems in order to improve
4 results for children and families.

5 While this work is associated with all of our
6 values, and we aim to lean into that even more through the
7 implementation of the strategic plan, I'd like to focus on
8 the strong connection to collaboration and learning in this
9 process. On the static version of the slides, it's Slide
10 11.

11 Making progress and building a universal system of
12 LA County will require extensive internal and external
13 collaboration as well as learning in order to ensure that
14 we're coordinating services effectively and efficiently to
15 maximize that impact for children and families.

16 One important example of this collaboration is the
17 effort that supported the development of DPH's recently
18 submitted response to the Board motion on home visiting
19 that Supervisor Kuehl mentioned in her comments earlier.
20 As Supervisor Kuehl noted, DPH, DMH, First 5 LA, Los
21 Angeles Best Baby's Network, and many others worked in
22 partnership to inform the response which explores new home
23 visiting models as well as strategies for the families who
24 are most at risk.

25 In order to be effective, it's also critical that

1 this system be sustainable, which is both an investment
2 guideline and a long-term system outcome, which on the
3 static version is highlighted in Slide 12.

4 The sustainability requires policy change,
5 practice change, and will building as highlighted. Myriad
6 efforts are underway to diversify funding for home visiting
7 and build a strong system-wide integrated infrastructure to
8 support children and their families. For example, in terms
9 of policy change, we are engaged in advocacy to secure
10 Medi-Cal funding for home visiting, to ensure continued
11 CalWorks funding for home visiting, and to have home
12 visiting covered through the Families First Prevention
13 Service Plan.

14 Families First is federal legislation that is
15 aimed at shifting child-welfare funding from intervention
16 upstream towards more prevention-related services to
17 support families. And this presents a really important
18 opportunity for us to highlight the positive impacts of
19 home visiting and to build a broader home-visiting system
20 -- more partnerships.

21 In terms of practice change, we will be
22 capitalizing on the grant opportunity from First 5
23 California to improve home visiting coordination.

24 We are also working across funding streams to make
25 changes to improve practice. For example, developing a

1 uniform consent form for home visiting and a standardized
2 contract which will ease administrative facilitate data
3 sharing across funding streams.

4 We are also, as you know, allowing home visiting
5 virtually now, and this is going to be facilitated by
6 recent proposed federal guidance to continue allowing
7 flexibility in federally funded home visiting programs
8 including telehealth.

9 This guidance is informed by the experiences like
10 those of LA County who have successfully transitioned to
11 telehealth during the pandemic, which Supervisor Kuehl also
12 highlighted in her comments.

13 As John will speak to in greater depth, we
14 realized that, while we have build a strong home-visiting
15 system, achieving our markers of progress and leaning into
16 our values and taking on this new and exciting work will
17 require us to make some operational changes to optimize
18 organizational effectiveness.

19 And now, I will pass it to Becca for our second
20 example.

21 MS. PATTON. Thanks, Anna. Thank you,
22 Commissioners.

23 So I'm going to walk through an example within
24 Early Care and Education. So as many of you know, as we
25 enter our new strategic plan, we have an increased focus on

1 supporting both family childcare and family friend and
2 neighbor care.

3 Historically, most of our work within the Early
4 Care and Education Department has actually supported
5 center-based care, and so we have a need to transition our
6 focus. And this need is even more acute in light of the
7 Covid pandemic. Currently, a majority of our center-based
8 care in LA County remains closed while a majority of our
9 family childcare remains open.

10 So with this shift, we see our work embedded in
11 both Strategic Priority 1 and 2. So with Strategic
12 Priority 1, we're trying to change and improve our public
13 systems to better support families. And with Strategic
14 Priority 2, we're going to have a primary focus of
15 providers and families within our Best Start geographies.

16 As I mentioned earlier, the pandemic has seen a
17 significant shift in our Early Care and Education system.
18 So deemed an essential service, childcare was allowed to
19 remain open during Safer-At-Home orders, mainly because the
20 essential workforce needed to have a place for their
21 children to be cared for.

22 However, over the summer, we've seen a steady
23 trend of only family childcare continuing to operate. And
24 this trend is holding steady as we transition to the fall.
25 So we will need to do work to understand why this happened

1 and what support, specifically, family childcare needs in
2 order to drive our work forward.

3 So shifting and expanding our focus supports our
4 result around ensuring children have high quality early
5 care and education experiences. So we are working to build
6 a more comprehensive support system that is inclusive of
7 all provider types and responsive to all provider types.

8 So as we look to diversify our strategies to
9 support family childcare and family friend and neighbor
10 care, we're ensuring that our value of diversity, equity,
11 and inclusion informs this work.

12 So we want to ensure that the early care and
13 education system is not only responsive to the diversity of
14 providers, but that the system also fully supports dual
15 language learners and children of color.

16 The Board is actually going to hear more details
17 about this at the November commission meeting, especially
18 our work around dual language learners and the launch of a
19 landscape analysis and research that we'll be conducting
20 around family childcare and family friend and neighbor
21 care.

22 But this new work is really going to require us to
23 stretch and grow in new ways and, as Anna had mentioned,
24 this also means implications for our operations. So John
25 is going to go into more detail, but as we look to build

1 this unified system, we have to make sure that we have the
2 ability to draw down funding from multiple sources, we need
3 to ensure that we're able to share data across funding
4 streams and across partners. And part of that will have
5 implications for our own operational effectiveness.

6 So I'm now going to hand it over to John who will
7 go into more detail.

8 MR. WAGNER: Thank you, Becca.

9 I'd like to take the next couple of minutes to
10 build off the earlier presentations by Kim, Anna, and Becca
11 to illustrate what the administration division is doing in
12 order to make not only the work possible that they spoke
13 to, but to continue to enhance organizational effectiveness
14 which is foundational to the other strategic priority areas
15 for First 5 LA shown here on Slide 17.

16 In short, if we aren't continuing to strengthen
17 our organization and how we do our work, that work is not
18 sustainable in the long term. And though often behind the
19 scenes, the admin team has many critical contributions to
20 make to the work we just heard about.

21 I'll briefly touch on three examples. Over the
22 last couple of years, the Board has supported budget
23 requests from our IT department to purchase additional
24 licenses for our Tableau System.

25 Tableau is a data tracking, reporting, and

1 visualization tool that runs our Strengthening Families
2 database containing information on families participating
3 in our Welcome Baby's select home-visiting program. These
4 resources not only supported the system and database for
5 our purposes, we built connections to the other external
6 partners, including providers of home-visiting services
7 from the Departments of Mental Health and Public Health,
8 for example. That way, all providers could be
9 participating in one integrated database.

10 With the support of our IT department and in
11 coordination across our integration and learning and
12 program staff, we have been able to implement this critical
13 resource as part of the infrastructure supporting a
14 coordinated approach to home visiting across Los Angeles
15 County. Furthermore, the information in this Strengthening
16 Families database is a critical input to the measures that
17 Kim Hall just spoke to that will be included in our
18 first-ever indicators report.

19 Second, the support of our finance and contracts
20 departments have made in setting -- is the support the
21 finance and contracts department has made in setting up us
22 to be in a position to partner in new and exciting ways
23 with external entities.

24 This has enabled us to be the recipient of funding
25 beyond Prop 10 tobacco taxes. As a great example, earlier

1 today, the Board took action to accept \$125,000 in funding
2 from LACOE for our Early Care and Education work. Over the
3 past several years, First 5 LA has received over \$25
4 million in additional state funding to support our ECE work
5 here in Los Angeles.

6 Creating the contracting and financial policies
7 and processes to take in these resources and then building
8 the appropriate systems to track these resources and spend
9 them in a way aligned to the granting requirements is an
10 important part of our work to enhance sustainability and
11 leveraging. And exploring new partnerships like increased
12 utilization of fiscal intermediaries, for example, affords
13 us an opportunity to be less involved in the administrative
14 management of multiple subgrantees while supporting these
15 intermediaries to bring forward a much more diverse array
16 of grantees than we alone could do.

17 Referring back to Becca's presentation just a
18 minutes ago and her comments on ECE, the Board-supported
19 contract with the fiscal intermediary Community Partners,
20 for example, has broadened our support for those relying on
21 family childcare that will inform First 5 LA in this
22 emerging area of work.

23 And I'll close by citing our greatest asset, our
24 staff, which is foundational to us achieving and enhancing
25 organizational effectiveness. Taking on policy and systems

1 change, working innovatively across partners and engaging
2 the mainstream service systems that provide critical public
3 resources available to children and families requires a set
4 of skills and competencies to make all of this possible.

5 Hiring staff or training staff who have knowledge
6 of the health systems and Medi-Cal billing, know the large
7 and critical mainstream services like those administered by
8 the County departments and the role of the State versus the
9 County. These are all examples of competencies that are
10 key to us advancing work in our four results and eventually
11 achieving our north star. With the leadership of our human
12 resources and talent management department, we are focused
13 on recruiting and retaining top talent that has and
14 supports these competencies.

15 Hopefully, these examples illustrate some of the
16 behind the scenes efforts staff are working on to support
17 our work as outlined in the 20-28 strategic plan. In
18 effect, all of us comprise the organization of First 5 LA,
19 and the administration functions of our organization are
20 both foundational to and essential for optimizing our
21 organizational effectiveness.

22 Now I'll turn it back over to Christina to
23 close-up this presentation.

24 SUPERVISOR KUEHL: Christina, let me interject for
25 just a moment, because Marlene had a question for Becca and

1 I didn't see the request in time. So if we could go to
2 that first, before you go to the next steps.

3 Okay?

4 MS. ALTMAYER: Certainly.

5 SUPERVISOR KUEHL: Marlene?

6 COMMISSIONER ZEPEDA: Thank you, Sheila.

7 Becca, you said something that caught my
8 attention. You said that providers and families within the
9 Best Start communities would be the ones that you would
10 focus on for family childcare providers and family friends
11 and neighbors. Is that correct?

12 MS. PATTON: We're prioritizing providers within
13 those geographies. That won't be exclusive, but they will
14 be prioritized in outreach.

15 COMMISSIONER ZEPEDA: Because I do have a concern
16 about that. I understand why that would be done in terms
17 of access and -- and credibility of the organization, et
18 cetera, et cetera. But there's a lot of providers outside
19 of those Best Start communities, too, that need some
20 attention. So I think that this is something that we we've
21 got to think about it in terms of our diversity and equity
22 focus going, you know, with this work; so I just wanted to
23 point that out.

24 MS. PATTON: Yup. Thank you.

25 SUPERVISOR KUEHL: Okay. Thank you. I have no

1 other questions so far; so back to you Christina for the
2 next piece.

3 MS. ALTMAYER: So really quickly, we know that
4 this meeting just provided an opportunity to highlight two
5 examples; so we wanted to preview that -- as we think about
6 our strategic plan implementation, it may not have been
7 satisfying to cover all the work that we're doing with just
8 these two examples -- so we wanted to preview with you some
9 of the topics that we're envisioning bringing to the Board
10 at both the PPC and Board meetings through the end of the
11 calendar year.

12 Quickly, having a deep dive at the PPC further, as
13 Kim said, on the impact framework; also looking at our work
14 to close birth disparities for the Department of Public
15 Health; a deeper dive in October on our Best Start regional
16 model; lessons learned from the two years of this
17 transition; and then as you can see, the subsequent agenda
18 items that are planned for the rest of the calendar year.

19 So we would welcome your feedback. I think
20 there's time available for discussion. And we also have a
21 question for you, if you don't have any questions for us,
22 around what are some of your reflections on how we should
23 think about our work in light of Covid-19 and this idea of
24 holding tight to our strategic plan but being adaptable.
25 So we welcome either any questions or your reflections on

1 that question.

2 SUPERVISOR KUEHL: Yes. Romalis has a question.

3 COMMISSIONER TAYLOR: Yeah. My question gets to
4 be that, at some point, we need to have evaluated our
5 efforts in the Best Start regional model -- or concept.
6 And I was under the impression that we were going to get an
7 evaluator to talk about that so we can see what's working
8 and what's not and how we adapt to improve the model if it
9 needs it. The same thing with home visitation, the same
10 kind of concept so that we can compare ourselves
11 nationwide, locally, and others as to how we're doing.

12 Somehow, we left out the Department of Public
13 Health in our comments about our collaborative partnership
14 around home visitation, because we are doing a partnership
15 with them. So I know we'll get into all of this in the
16 next week, but I want to know that we're going to do an
17 evaluation of what we have done in the past, and what is
18 working and what can be done better and everything so we
19 don't lose that.

20 The same thing with the regional start -- the Best
21 Start regional model. We've done Best Start for years, and
22 we haven't evaluated that; so I want to know if we're going
23 to do that.

24 MS. BELSHE: Christina, you want to -- let's --
25 let's -- that's a terrific and timely question, Romalis.

1 So going back to the slide about next -- next steps, you
2 want to say a couple words quickly about those touch
3 points, Christina?

4 MS. ALTMAYER: Yeah. And thank you for those
5 questions. And I absolutely affirm your comments,
6 Commissioner Taylor. We are working very closely with
7 Department of Public Health and certainly view them as our
8 partners in this fully as we think about our
9 systems-building work, for instance; so I really want to
10 affirm that statement that you made.

11 And looking ahead, you will see at the October
12 Board meeting, the focus of the discussion will be on
13 lessons learned from the first two years of implementation
14 of the Best Start regional model. And we're looking
15 forward to engaging the Board in that discussion of our
16 early findings.

17 And then at the October PPC -- you can't see on
18 the chart, but the sub-bullet points that would be under
19 there would be our discussion in terms of thinking about
20 our evaluation strategy. We are coming back with a Plan B.
21 Covid has really impacted our planned evaluation strategy
22 of embarking on randomized control trial for Welcome Baby.
23 And for a number of different reasons, not the least of
24 which is the transition to virtual, that seems highly
25 unlikely. So we're coming back with a proposed revised

1 evaluation strategy; so we want to share that thinking with
2 the Board as well as our work on our partnership, our
3 efforts, and our lessons learned around increasing
4 enrollment and engagement of different target populations
5 that we see in our sustainability efforts. so that will be
6 at the October PPC. And then, as indicated, the Best Start
7 regional discussion and lessons learned will be at the
8 October Board meeting. Thank you.

9 COMMISSIONER TAYLOR: Thank you.

10 SUPERVISOR KUEHL: Thank you. I see no request at
11 the moment, though anyone, of course, can have second,
12 third, and fourth thoughts. So let me jump in.

13 I think the bad news for us all across -- well,
14 the world, but certainly this country and locally is that
15 we will undoubtedly be in this very restrained and
16 different situation for quite a while. Everybody hopes
17 that it will be over by the end of the year. Everybody
18 wants there to be a vaccine. Everybody -- you know,
19 whatever. But I think it would behoove us to think of this
20 as the new normal, at least -- well, let's say the bad news
21 might be through next summer.

22 And I wonder if the -- if the four of you can
23 indicate -- and Kim as well -- how you believe we will
24 shift the actual sort of physical work that we do so as to
25 be able to continue to move forward, not only in these two

1 areas, but since we're taking them as examples, in, let's
2 say, home visitation and just our ECE work -- how this
3 virtual world or perhaps not a hundred percent virtual,
4 where we do some visits or we do, you know, some person to
5 person work -- how First 5 will continue on, you know, our
6 impact framework under these circumstances.

7 Did you say that was really --

8 MS. BELSHE: No. No. It's exactly the right
9 question. And from us all personally and professionally
10 and organizationally, I think you're absolutely right that
11 our current reality may well be our new norm for the
12 foreseeable future. Like, we've used that term for the
13 foreseeable future for quite some time, and continue to do
14 so.

15 So one of the things we are doing, as I touched on
16 briefly in my opening comments, is endeavoring to lift up
17 learning from our work across our full portfolio where to
18 inform -- so what are we learning. What's working, what's
19 not working so well. And particularly this question of,
20 you know, what does it mean to do this work in a remote
21 context.

22 And there's been some good early learning that we
23 would love to talk with the Board about in more detail,
24 perhaps in the context more explicitly as some of these
25 deeper dives with PPC and with the Board, but particularly

1 as it relates, as you've heard, to our family
2 strengthening, home visiting work. But also, importantly,
3 in terms of our communities, the work being led by our
4 communities department and the five Best Start geographies.
5 And, you know, the digital divide -- these digital
6 inequities are profound and have implications for not just
7 how we do our work but, you know, what outcomes we seek.

8 So it's part of an -- an internal analysis that
9 we're doing right now. Some of the changes have been very
10 rapid and almost in real time, like the work we've shared
11 with the Board around our pivot to virtual family
12 strengthening, home-visiting services and supports. And as
13 Christina briefly noted we are making an assumption that
14 this will be the new norm for quite a period of time, and
15 thus the pivot in terms of our approach to evaluation and
16 learning which we'll share with PPC and the Board; so I --
17 we don't have a comprehensive answer for you. We have some
18 initial learning and initial actions we're taking. But I
19 think given where we are, as you know, we are at a time
20 where we need to be stepping back and reflecting what does
21 this new normal mean for what we do and how we do it. And
22 what do our families and providers and partners need to be
23 successful in a remote environment, and what is First 5's
24 LA's role? Because we are not digital, technical, tech
25 experts beyond Jasmine and Amado, our IT team -- mighty

1 team of two.

2 But what is our role? We are experts in families.
3 We are experts in children. What kind of partnership role,
4 convening role, connecting role can we play as we better
5 understand learning around the digital divide. Some areas
6 of which we have good data, like our home visiting team has
7 begun to collect some data to inform family needs. On the
8 ECE side, Becca and the county-wide ECE response
9 partnership has been collecting data about providers, which
10 is a really important place to start. We also need to be
11 asking ourselves, you know, what kind of technology support
12 do young children -- youngest children need.

13 So a lot of good questions. But let me see if
14 Christina and others have further thoughts and
15 observations, either big picture or, Anna and Becca, more
16 specifically in your respective areas.

17 MS. ALTMAYER: I would just offer, you know, these
18 -- it's always incredibly challenging, but there is some
19 bright lights of learning as well. One of the things that
20 we've seen, for example, in our home-visiting work is the
21 transition to virtual has created, in many cases, more
22 interactions between the home visitor and the family
23 because there's a greater reliance on texting and phone
24 calls and more frequent; so I think the challenge will be
25 is -- we're not going to, you know, put the Genie back in

1 the bottle and go back to a hundred percent in-person
2 visits. And it's likely that the future will have some
3 combination of both.

4 The second example that I would raise is that, you
5 know, we are seeing in some of our community engagement
6 work that we'll talk more about at the October Board -- the
7 transition to virtual has created some opportunities for
8 families that maybe could not be engaged in some of our
9 community meetings or community-building activities for
10 them to participate.

11 So we're seeing some positive signs in terms of
12 increased engagement and more informal engagement, both
13 with our providers in both of those areas.

14 SUPERVISOR KUEHL: Thank you. Other -- anybody
15 else? Anna or Becca?

16 MS. POTERE: I just wanted to add --

17 SUPERVISOR KUEHL: Okay.

18 MS. POTERE: Sorry.

19 SUPERVISOR KUEHL: Wait. Go ahead.

20 MS. POTERE: Oh, thank you.

21 I just wanted to add to that, in terms of
22 engagement, that another strategy we've been implementing
23 is that we've been working to increase the proportion of
24 home visits that are conducted virtually with video versus
25 just being on the telephone, and so that that relationship

1 between the home visitor and the parent and the child can
2 be sustained and can be deepened, even though they're not
3 able to be in the home with them. And so that's something
4 we're continuing to do to continue to increase the
5 proportion of those visits that are conducted virtually
6 through video. So just a very specific example of that
7 piece.

8 SUPERVISOR KUEHL: Great. Well, I think when Kim
9 was talking about our assessment, early on, of family needs
10 and the way we were looking at measuring what a family
11 needs, I think we do need to add the issue of the digital
12 divide. You know, we've talked about this for decades and
13 suddenly we're going to do something about it.

14 And that was the thing that really struck me in
15 the County because we -- you know, we could be putting a
16 good \$30 million in for our school age kids, and I think
17 that there would be some available. The problem is there's
18 no needs assessment and, as we discussed earlier, no real
19 identification of this family needs it and this family
20 needs it and this family doesn't have it.

21 So maybe, Kim, we need to talk about beefing up
22 the ability in our staff to figure out, either through a
23 consultant or through our own work, how to identify those
24 needs because there may be a way to fill them. I think
25 this is going to be an ongoing discussion, not necessarily

1 today, but when you said, you know, we've got a couple of
2 IT people, this is something I think that's going to be
3 part of a shift, not just in the foreseeable, but in the
4 kind of unforeseeable future. Because we may never go back
5 to a hundred percent in-person anything because we're
6 finding some virtues.

7 And the next question comes, actually, from one of
8 the guys that has been a big fan of this, John Sherin,
9 because we're doing -- he's doing and his department is
10 doing a lot of virtual mental health connections, and
11 probably has a question that's different from that.

12 But, John, you're next up on the queue.

13 COMMISSIONER SHERIN: Thank you very much. It's
14 nice to see people.

15 And, yeah. I mean, just a quick note on that.
16 We're -- we're -- we're having more encounters, we're
17 seeing more people, we're having less no-shows. Our
18 efficiency is kind of going through the roof with
19 telehealth. And, you know, trying to make a strong case to
20 the State that, you know, you're not doing us a favor by
21 funding it. Please fund it going forward because we're
22 really renovating and, you know, reengineering the system
23 of care.

24 So my question really kind of comes back to the
25 idea of, you know, whether it's a new normal or an old

1 normal or an abnormal or a super normal, the end of the
2 day, it's always -- it's about the north star. And I -- I
3 hate to kind of be a broken record on this -- this north
4 star piece, but we're -- we're kind of saying that we want
5 to make sure that the kids are ready. And that -- you
6 know, I have brought up before that, you know, knowing that
7 a kid is ready versus knowing that a kid was ready and that
8 it translated into a successful year are two important
9 indicators.

10 And so with that in mind, I guess my question
11 would be regardless of how the system's changed, what are
12 we doing now -- and I may be naive on this. But what are
13 we doing now to map what we consider to be readiness
14 measures to a successful first year? How do we establish a
15 baseline so that we can demonstrate over time that policy
16 changes, practice changes, funding infusions are impacting
17 that readiness, and that that readiness is translating into
18 a result after that first year?

19 MS. ALTMAYER: Well, I don't know. Kim, I'll just
20 jump in and offer one reflection. And I really appreciate
21 this question, Dr. Sherin.

22 One of the items that was on today's agenda was
23 our efforts to increase our partnership with schools so
24 that we are collecting school readiness assessment data.
25 And it's a target in our strategic plan to capture the data

1 for all of the children that are living within our Best
2 Start communities.

3 And, obviously, it's our commitment to capture
4 that data County-wide on all children, but given our
5 resources we are prioritizing -- focusing on children that
6 are living within the 13 Best Start communities. So that
7 capture of our kindergarten-readiness data includes
8 multiple domains -- all five domains: Social, emotional,
9 physical, cognitive, communication -- so that we really are
10 showing how our investments into the 14 Best Start
11 communities are changing the trajectory of children's
12 lives.

13 And then I'd also ask Kim, if you want to comment
14 on anything from the community indicators report that we
15 are just about to release.

16 MS. BELSHE: Kim Hall?

17 COMMISSIONER SHERIN: Kim, are you going to say
18 something?

19 MS. BELSHE: We've got a surfeit of Kims.

20 COMMISSIONER SHERIN: Oh, okay.

21 MS. ALTMAYER: Yes, I was anticipating Kim Hall.
22 I'm sorry.

23 MS. HALL: Yeah. I think that what we're seeing
24 this year about the -- what we're capturing in terms of
25 kindergarten readiness as it speaks to what we're doing at

1 that level in terms of progress on kindergarten readiness;
2 so in terms of the indicator reports, that's not something
3 I've concluded there.

4 MS. BELSHE: John, are -- you're really talking
5 about -- and we've heard you talk before about --

6 COMMISSIONER SHERIN: Broken record.

7 MS. BELSHE: No. No. No. Broken record is good.
8 Positively, we refer to it as redundant communications.

9 COMMISSIONER SHERIN: Okay.

10 MS. BELSHE: But you've really brought the
11 perspective on it, is there a way for us to kind of take a
12 longitudinal perspective.

13 COMMISSIONER SHERIN: Yeah. I remember when I
14 brought this up before, there was, you know, the -- kind of
15 the response has been, well, we know these readiness
16 indicators are critical because they've been studied. And
17 I guess what I'm saying is, well, how do we know -- I mean,
18 how do we know in the context of LA County that the
19 readiness indicators are translating in a way that we
20 think, that we predict, that maybe even the literature
21 might suggest. And then, you know, that -- that -- you
22 know, you're -- you're awakening the old scientist in me
23 that died a long time ago in favor of a suit.

24 This is kind of an opportunity at some level for
25 me to kind of reverse engineer. In other words, if you

1 look at the outcomes of the kids in the Best Start
2 communities, and you say, you know, it's like a bell curve.
3 Kids do poorly, kids do great, kids are on the bell curve.
4 You know, we talk about root cause analyses. We talk about
5 what I used at the beginning called recovery root cause
6 analyses which is when you get a surprisingly good result,
7 how does that translate back into what was going on with
8 that kid at that -- that would be an indicator of readiness
9 or a set-up for success.

10 S. BELSHE: So I -- here's how I would respond:
11 We need -- we need to walk before we can run.

12 COMMISSIONER SHERIN: Okay.

13 MS. BELSHE: And our indicators report is an
14 inaugural effort. Our work around KRA is really just
15 beginning to mature and expand into -- with more
16 penetration, particularly in the context of LAUSD, which is
17 enormously exciting. But I think what you're raising, John
18 -- continuing to raise is a good nudge to us in terms of
19 thinking, you know, more broadly. And, you know, maybe
20 Christina and Becca, there's some learning from those
21 counties that are further along than we are with KRA in
22 terms of, you know, have they been able to go that extra
23 significant step that Dr. Sherin's speaking to.

24 So don't take our you're not hearing us as a it
25 doesn't make sense. It's more we're trying to create some

1 of the basic blocking and tackling around our measurement
2 and monitoring broadly, and KRA specifically, that we view
3 as very foundational to beginning to get at some of the
4 bigger picture questions that you raise.

5 COMMISSIONER SHERIN: No, that's fair. Thank you.

6 COMMISSIONER TAYLOR: I'm putting my hand up on
7 this one.

8 SUPERVISOR KUEHL: Romalis, Marlene is next.

9 COMMISSIONER TAYLOR: Okay.

10 COMMISSIONER ZEPEDA: Thank you, Sheila.

11 I just want to react to Dr. Sherin's issue,
12 because it really is tracking longitudinal data which we're
13 -- we don't have that capacity right now. We're not in
14 that space.

15 This is a discussion that has been going on at the
16 State level that we need a unique identifier for our
17 children so that we can do this kind of tracking over time.
18 Other states are trying to do this with something that's
19 being talked about at the State level as a real need that
20 we have.

21 With that being said, I want -- you know, I think
22 that Kim and the First 5 staff that are working on this
23 have really done a yeoman's work or a yeowoman's work with
24 respect to trying to put together a set of variables that
25 don't necessarily correspond metrically with each other to

1 be able to begin to get a sense of what the collective
2 impact is.

3 So I see this as more of a snapshot of what it is
4 that we are accomplishing. We don't have the tool right
5 now to really do this one-to-one correspondence that would
6 really give us better information about the process
7 involved to get children from point A to point B.

8 So -- so I think that that's where we are. And
9 it's not just us that are struggling with this. This is
10 also the State with the Cradle to Career idea. But we
11 still need more of the cradle to the preschool idea.

12 So I think as Kim Belshe said, we're just kind of
13 starting off with this, trying to figure this out. And so
14 I would just like to commend Kim Hall in particular for all
15 the heavy lifting that you've been doing on this, Kim. I
16 think you've been doing this a good job.

17 SUPERVISOR KUEHL: And Kim Hall says she has a
18 response to should some of this; so please go ahead, Kim.

19 MS. HALL: Yeah. I just wanted to also share that
20 I think we really have an opportunity here in LA County
21 with the relationship that we have with the Children's Data
22 Network to possibly start looking at things longitudinally.

23 So if we get more information around how children,
24 for example, in the Best Start are joined, if it's upon
25 kindergarten entry. Through data matching, there's an

1 opportunity to look at how are those children doing when
2 they get into third grade. How are they doing in later
3 years.

4 And several years ago, when we were investing in
5 LAF, we did a similar kind of data-matching study to see
6 how well children were doing in third grade. And I think
7 there's some opportunity locally to replicate some of that.
8 So I'm really glad that we're having this conversation
9 because it, you know, creates an opportunity for us to
10 think more deeply about this.

11 SUPERVISOR KUEHL: Thank you.

12 Now Romalis.

13 COMMISSIONER TAYLOR: I think we're missing a big
14 opportunity to connect to the feeder systems to the
15 education and kindergarten process. Most of them, it's a
16 number of these families are using childcare providers like
17 the Childcare Alliance and all of their connected provider
18 networks. We need to connect to them about what they're
19 doing to track their success in preparing school --
20 children for schools and kindergarten. And that's very
21 important that we look at what is out there as well as
22 what's not out there and who's getting these services and
23 who's not getting them.

24 So I think we need to collaborate with the
25 alliance -- Childcare Alliance to see how we can capture

1 some of their data that is predated to the kindergarten
2 readiness that are actually the feeder system to pre-K.
3 And before schools started looking at pre-K, these
4 providers were doing that work.

5 So the question is, is what level of services were
6 being provided, who was getting it, and who was not getting
7 it, because some kids are not attending anything and
8 they're actually being taken care of by their relatives.
9 So the idea is kind of to separate those two issues and to
10 identify who is getting and who is not, and what is the
11 success of those that are getting it versus those that
12 aren't getting it.

13 SUPERVISOR KUEHL: Christina, a response to
14 Romalis?

15 MS. ALTMAYER: I appreciate that comment. I think
16 one of the side benefits, Kim referenced the experience of
17 other counties that have invested heavily in kindergarten
18 readiness data. And as schools begin to see the value of
19 that data, the schools -- we've seen schools where they
20 begin to collect data on children's experience prior to
21 kindergarten entry.

22 So currently, schools don't -- aren't mandated to
23 collect -- kindergarten isn't mandatory in California, and
24 schools aren't required to have a unified school ID until a
25 child is enrolled in kindergarten. So -- what we've seen,

1 though, in other communities is that, when school districts
2 are starting to be really invested in this kindergarten
3 readiness data, they want to understand -- Commissioner
4 Taylor, as you indicated -- what were the experience of
5 children prior to kindergarten entry. So they start
6 investing in assigning that unique child identifier when
7 the child is in preschool so that you begin to get a
8 consistent record.

9 So it is a system side benefit of the school's
10 investing in this data to get a more robust picture of what
11 has been their experience prior to kindergarten entry.

12 So I think that's a very exciting opportunity and,
13 you know, and appreciate your comment in calling that out.

14 SUPERVISOR KUEHL: Thank you.

15 Astrid has a question or comment.

16 COMMISSIONER HEGER: And I had to unmute myself.

17 I guess, I'm looking -- I agree with you,
18 Jonathan, that the north star is obviously our -- our --
19 our navigation goal. I'm also sitting here looking at the
20 many, if not the majority of the families, that we're
21 trying to connect with are -- do not have access to any
22 kind of resources right now.

23 And I sometimes think when we talk about where
24 we're going, we are all thinking about returning to what
25 we've called in the past "normal." And I don't know that,

1 for many of these families, they're going to miss at least
2 a year of getting ready and looking at their needs. And I
3 think we have to also consider what we're doing right now
4 in terms of preventing these families from going under and
5 these kids from sinking out of sight.

6 So -- because that's what I'm seeing. I -- you
7 know, our partnership with DCFS is remarkable and wonderful
8 and I really appreciate Helen's help in that, but I see a
9 lot of families who are not doing well. And the kids are
10 really at risk for being abandoned. So I don't know how
11 ready they're going to ever be or what do we do to help
12 them catch up, is my question.

13 SUPERVISOR KUEHL: Well, I think it's a good
14 question and a little bit rhetorical for this, unless
15 someone wants to jump in. But I hear an interesting
16 concurrence in our feeling as unspecific as it is that
17 things are not probably ever going to be the way they were.

18 I don't know whether that's really true. I know
19 in the middle of a war we always felt that way. And then
20 things just sort of reverted or, you know, went to a whole
21 different kind of reality, and we don't know.

22 I do think one of the interesting things about
23 readiness, however, has to do with things that we were not
24 necessarily looking at in terms of the difference between
25 being isolated and being socialized. That is normally, you

1 know, one of the things, but with childcare and preschool
2 and many of those experiences, those sort of had less
3 emphasis. I just think there's a lot more isolation now,
4 and there may be even when we come out of this if we have a
5 major earthquake or a major power failure or, you know,
6 something.

7 So I wonder whether readiness has to include some
8 kind of resiliency that we may or may not have thought
9 about. I don't know. It's a little abstract. But I I've
10 really been thinking about resiliency and how resilient
11 even very, very young children are. Because normal is for
12 them what they're going through kind of today, which is
13 almost a good thing. Because it gives a lot of
14 adaptability.

15 So any way, in terms of looking at readiness, I
16 hear us saying that there are a number of different touch
17 points, one of them is the sort of basic, make sure that
18 people with the young children -- youngest children have
19 digital access, and we happen to be talking about that
20 anyway. I think we want to go big in the County eventually
21 and provide Internet access to everyone at a basic level.
22 That would be my dream.

23 I don't see any further questions. So Christina,
24 did you want to make any closing remarks or any of the fine
25 people who presented today?

1 MS. ALTMAYER: I just want to thank everyone for
2 their comments or feedback and we look forward to
3 continuing with the Board and the discussions this fall; so
4 thank you.

5 SUPERVISOR KUEHL: Great. Thank you very, very
6 much.

7 Linda, did we have any public comment on Item 6?

8 THE SECRETARY: There are no public comments on
9 this item.

10 SUPERVISOR KUEHL: All right. Good. I think this
11 was a presentation and does not require us to vote on
12 anything.

13 So let us move, then, to our last piece, which is
14 very short. Essentially, it is Craig's request to review
15 the 2020 biennial update to First 5 LA's Conflict of
16 Interest codes, one of the most fascinating items; so
17 Craig, please go ahead.

18 MR. STEELE: Thank you, Chair, members of the
19 commission. I know this is a highlight for everybody every
20 two years when we do this. This is a compliance item
21 that's just a legally required item.

22 Every local agency in California is required to
23 have a local Conflict of Interest code. First 5 LA does.
24 And that code just determines who in the organization is
25 required to file financial interest disclosure statements,

1 and what they're required to report. And State law
2 requires that we review that code every two years with the
3 Board to see if there are any updates that are needed.

4 In this case, there are only two very minor
5 updates that we're recommending. One is to change the name
6 of an existing position. Linda thinks that's important
7 because it's Linda Vo's position.

8 And the second item is to split out the definition
9 of consultant to recognize that there are different levels
10 of work that contractors and consultants do for this
11 organization. And we want to ensure that we don't ask
12 consultants to over report their interests or underreport
13 their interests.

14 So those are the only two minor changes that we're
15 recommending for this biannual review of the Conflict Code.
16 This is an informational item, and if there are no
17 objections or questions, the matter will come to the
18 commission for a vote at the meeting in October and we'll
19 be done with this for another two years.

20 I'd be happy to answer any questions. And that's
21 it for my report.

22 SUPERVISOR KUEHL: Thank you, Counsel. I see no
23 questions, and we are happy to have the information and
24 look forward to taking official action at the next board
25 meeting.

1 Linda, are there any public comments on Item 7?

2 THE SECRETARY: No public comments on Item 7.

3 SUPERVISOR KUEHL: And are there any general
4 public comments on items not on the agenda?

5 THE SECRETARY: There are no general comments
6 either.

7 SUPERVISOR KUEHL: All right. Well, that brings
8 us to the end of our agenda. And I thank you all very,
9 very much for your participation. Really a good meeting,
10 always a very interesting meeting. I look forward to
11 seeing as many of you as can make the September 24th PPC
12 meeting, as that's also often a deeper dive into these
13 issues and also very interesting in terms of discussion.

14 Kim, have I left anything out that you need to add
15 before we adjourn?

16 MS. BELSHE: I think you hit all the high points.
17 Really appreciate the dialogue and feedback.

18 SUPERVISOR KUEHL: All right. Good. I think this
19 is an excellent board. I'm very, very happy to be engaged
20 with all of you. I hope that you will stay safe and do
21 everything you can to help everyone else get through this,
22 and I know you are.

23 And that, I believe, concludes our meeting and
24 therefore -- I believe I don't need a motion to adjourn or
25 I do, but I'm -- I don't need a vote. Which one is it?

1 MR. STEELE: No. You do not need a motion or a
2 vote.

3 SUPERVISOR KUEHL: All right, then. Thank you so
4 much, everyone. This meeting is adjourned.

5 (At 3:07 p.m. 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 stenographically and transcribed into English under my supervision and authority;

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

Attested to on this 23rd day of September, 2020.

DocuSigned by:

Heatherlynn Gonzalez

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CERTIFIED SHORTHAND REPORTER

FOR THE STATE OF CALIFORNIA

FIRST 5 LA

SUBJECT:
Monthly Financial Reports

RECOMMENDATION:
Approval of the monthly financial statements for the months ending July 31, 2020 and August 31, 2020.

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

DISCUSSION:
For the FY 2019-20 year-end closing purposes, we converted from a cash basis to modified accrual basis and accounted for all assets and liabilities as of June 30, 2020. Beginning July 1, 2020, these statements revert to a cash basis and account for reversals of any accruals for either revenues or expenditures.

July 31, 2020

First 5 LA began the month of July with a cash balance of \$347.1 million. During the month of July 2020, we had \$218,501 in program expenditures and \$1.2 million in operating expenditures. Tobacco tax revenue for May and June in the amount of \$9.3 million was booked as a receivable in FY 2019-20. First 5 LA ended the month with a cash balance of \$345.7 million.

August 31, 2020

First 5 LA began the month of August with a cash balance of \$345.7 million. During the month of August 2020, we received \$214,538 in revenues. We had \$2.2 million in program expenditures, and \$2.0 million in operating expenditures. As a result, First 5 LA ended the month with a cash balance of \$341.7 million.

This report includes detailed financial information for the months ending July 31, 2020 and August 31, 2020. The financial statements are unaudited and reported as a "soft close." All materials in this packet and check registers are available online. Statements in this report include the following:

- Revenue and Expense Statement: Summarizes financial statements to highlight the starting cash balance, revenues received, program and operating expenses, and the ending cash balance for the month.
- Balance Sheet: Provides a "snapshot" view of the Commission's assets, liabilities and fund balance as of July 31, 2020 and August 31, 2020.
- Detailed operating and program expenditures: Shows expenses against the FY 2020-21 Budget approved on July 9, 2020, concluding with a report of expenditures related to programs functioning as pass-through agreements.

**Los Angeles County Children and Family First -
Proposition 10 Commission (aka) First 5 LA
Revenue and Expense Statement
July 31, 2020, Unaudited**

	REVENUES AND EXPENDITURES	
Cash Balance as of June 30, 2020	\$ 347,117,419	
Revenue		
Monthly State Allotments	\$ -	(1)
Medi-Cal Administrative Activities (MAA)	-	
State Commission - Other Program Funds	25,000	
Interest Income - Unreserved	-	
Investment Income - Other	-	
Rental Revenue - La Petite	30,187	
Total Revenue	\$ 55,187	
Expenses		
Program Budget (Attachment A)		
2015-2020 Strategic Plan: Focusing For The Future	\$ 218,501	
Legacy Investments	-	
Total Initiative/Program Expenses	\$ 218,501	
Pass-Through (Attachment B)		
Medi-Cal Administrative Activities (MAA)	\$ -	
Total Pass-Through Expenses	\$ -	
Operation and Administration (Attachment C)		
Personnel	\$ 1,005,489	
General Operating	145,131	
Consultant Services	2,562	
Professional Services	71,210	
Travel Expenses	-	
Professional Development	-	
Capital Improvements	-	
Total Operation and Administration	\$ 1,224,391	
Total Expenses	\$ 1,442,892	
Variance (Revenue - Expenses)	\$ (1,387,705)	
Cash Balance as of July 31, 2020	\$ 345,729,714	(2)

NOTE:

- 1) Tobacco Tax Revenue for May and June in the amount of 9.3 million was booked as a receivable in FY 2019-20.
- 2) Cash Balance excludes fixed assets and liabilities.

LOS ANGELES COUNTY CHILDREN AND FAMILY FIRST - PROPOSITION 10 COMMISSION (AKA FIRST 5 LA)
PROGRAM EXPENDITURES BY FY 2020-21 BUDGET
July 31, 2020, UNAUDITED

INITIATIVE/PROGRAM	FY 2020-21 BUDGET	JULY EXPENDITURES	FISCAL YTD EXPENDITURES	BALANCE REMAINING
2015-2020 STRATEGIC PLAN: FOCUSING FOR THE FUTURE				
Strategic Plan Priority Outcome Areas				
Families	37,631,000	-	-	37,631,000
Communities	20,200,000	-	-	20,200,000
Early Care & Education Systems	18,791,000	-	-	18,791,000
Health-Related Systems	5,768,000	-	-	5,768,000
Strategic Plan Policy & Strategy Support				
Policy Agenda/Advocacy	1,515,000	-	-	1,515,000
Communications & Marketing	5,748,000	58,621	-	5,748,000
Communications - Conference Funding	-	-	-	-
County Partnerships	315,000	150,000	-	-
Strategic Partnership-Cross-Cutting Funder Partnership	692,000	-	-	692,000
Strategic Partnership-Grantmaking Memberships	41,000	1,030	-	41,000
Strategic Partnership-Partnership Development	-	-	-	-
Community Engagement and Advocacy	207,000	8,850	-	207,000
Policy & Strategy - Emerging Opportunities	-	-	-	-
Integration & Learning				
Communities of Practice	114,000	-	-	114,000
Data Development and Integration	752,000	-	-	752,000
Data Partnership with Funders	850,000	-	-	850,000
Dissemination	20,000	-	-	-
Grantee Assessment	-	-	-	-
Impact Framework	325,000	-	-	325,000
Knowledge Management	80,000	-	-	80,000
Learning Plan Development	100,000	-	-	100,000
Program Evaluation	2,082,000	-	-	2,082,000
Staff Capacity Building	75,000	-	-	75,000
Subtotal 2015-2020 Strategic Plan	95,306,000	218,501	-	94,896,000
LEGACY INVESTMENTS				
Baby Friendly Hospitals	48,000	-	-	48,000
Black Infant Health	-	-	-	-
Little by Little/One Step Ahead	3,105,000	-	-	3,105,000
Parent Child Interaction Therapy	-	-	-	-
Subtotal Legacy Investments	3,153,000	-	-	3,153,000
Emerging Opportunities Fund	3,000,000			3,000,000
TOTAL	101,459,000	218,501	-	98,049,000

The FY 2020-21 Program budget was approved by the Board of Commissioners on July 9, 2020.

NOTES:

Journal entries for FY 2019-20 accrued expenses were reversed in July 2020. The amounts reported are the actual program expenditures for July 2020.

LOS ANGELES COUNTY CHILDREN AND FAMILY FIRST - PROPOSITION 10 COMMISSION (AKA FIRST 5 LA)
EXPENDITURES - PASS-THROUGH
JULY 31, 2020, UNAUDITED

Attachment B

INITIATIVE/PROGRAM - PASS-THROUGH	JULY EXPENDITURES	YEAR TO DATE EXPENDITURES
Medi-Cal Administrative Activities (MAA) - LA County Charges	-	-
Medi-Cal Administrative Activities (MAA) - Participation Payment	-	-
TOTAL	-	-

**Los Angeles County Children and Family First -
Proposition 10 Commission (aka) First 5 LA
Operating & Administrative Budget Update
July 31, 2020, UNAUDITED**

OPERATION AND ADMINISTRATION EXPENSE	JULY ACTUAL	FISCAL YTD ACTUAL	FY 2020-21 BUDGET	FISCAL YTD VARIANCE
Personnel Services				
Salaries & Wages	844,939	844,939	13,722,800	12,877,861
Fringe Benefits	160,550	160,550	4,081,895	3,921,345
Total Personnel Services	1,005,489	1,005,489	17,804,695	16,799,206
General Operating Expenses				
ADP Payroll Charges	-	-	40,000	40,000
Workers Compensation Insurance	70,749	70,749	75,000	4,251
Utilities	-	-	145,000	145,000
Corporate Insurance	65,569	65,569	90,000	24,431
Mileage, Parking and Other Transportation	-	-	43,370	43,370
Telephones	1,120	1,120	70,000	68,880
Cell Phones & Mobile Devices	5,600	5,600	116,100	110,500
Outside Printing & Publishing	143	143	3,600	3,458
Other Supplies	-	-	10,250	10,250
Postage & Delivery	-	-	13,200	13,200
Educational Supplies	-	-	2,900	2,900
Office Supplies	-	-	77,870	77,870
Subscriptions & Publication	-	-	25,440	25,440
Equipment-Rents & Leases	569	569	27,000	26,431
Building Repair & Maintenance	-	-	150,000	150,000
Equipment Repair & Maintenance	-	-	12,000	12,000
Offsite Storage	-	-	25,000	25,000
Hardware & Software Maintenance	1,382	1,382	470,730	469,348
Miscellaneous/Contingency	-	-	259,000	259,000
Internal Meeting	-	-	125,800	125,800
Divisional Capacity Building	-	-	75,000	75,000
Total General Operating Expenses	145,131	145,131	1,857,260	1,712,129
Consultant Services				
Consultant Fees	2,562	2,562	1,435,725	1,433,164
Other Professional Fees	-	-	350,500	350,500
External Reviewers	-	-	3,000	3,000
Total Consultant Services	2,562	2,562	1,789,225	1,786,664
Professional Services				
Audit	-	-	90,000	90,000
Legal Fees	-	-	150,000	150,000
Professional Dues	70,160	70,160	126,718	56,558
Staff Recruitment	-	-	10,000	10,000
Commission Stipends	1,050	1,050	25,000	23,950
Web-Based Services	-	-	48,000	48,000
Bank & Other Service Charges	-	-	35,000	35,000
Total Professional Services	71,210	71,210	484,718	413,508
Travel Expenses				
Airfare	-	-	127,350	127,350
Lodging	-	-	114,225	114,225
Per Diem	-	-	59,745	59,745
Other Travel Expense	-	-	25,425	25,425
Total Travel Expenses	-	-	326,745	326,745
Professional Development				
Training Material & Supplies	-	-	11,300	11,300
Internal Training	-	-	92,000	92,000
Leadership Programs	-	-	48,500	48,500
Conference Registrations	-	-	158,750	158,750
External Education/Training	-	-	77,300	77,300
Total Professional Development	-	-	387,850	387,850
Capital Improvements				
Capital Outlay (Equipment Purchases)	-	-	147,000	147,000
Total Capital Improvements	-	-	147,000	147,000
TOTAL OPERATING EXPENSES	1,224,391	1,224,391	22,797,493	21,573,102

NOTES - OPERATING & ADMINISTRATIVE BUDGET UPDATE:

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

The FY 2020-21 Operating budget was approved by the Board of Commissioners on July 9, 2020.

**Los Angeles County Children and Families First -
Proposition 10 Commission
Statement of Net Assets
July 31, 2020 Unaudited**

Current Assets:

Cash	\$ 1,279,680
Cash- Morlin Mgmt Corp	91,619
Investment:	-
Operating and Allocated funds	334,549,557
Advance - Regional Network (RN)	-
Advance - Various	4,731,441
Other Receivables	7,141,182
Total Current Assets	\$ 347,793,479

Fixed Assets:

Land	\$ 2,039,000
Building & Improvements	12,076,512
Furniture & Fixtures	627,671
Computer, Software & Accessories	2,039,785
Office Equipment	331,033
Accumulated Depreciation	(6,485,968)
Total Fixed Assets	\$ 10,628,033

Total Assets	\$ 358,421,512
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Liabilities and Net Assets

Current liabilities:

Other Liabilities	\$ 6,162,002	(1)
Total Current Liabilities	\$ 6,162,002	

Net Assets:

Investment in capital assets	\$ 10,628,033
Restricted	341,631,477
Total Net Assets	\$ 352,259,510

Total Liabilities and Net Assets	\$ 358,421,512
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NOTES:

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

**Los Angeles County Children and Family First -
Proposition 10 Commission (aka) First 5 LA
Revenue and Expense Statement
August 31, 2020, Unaudited**

	REVENUES AND EXPENDITURES	
Cash Balance as of July 31, 2020	\$ 345,729,714	
Revenue		
Monthly State Allotments	\$ -	
Medi-Cal Administrative Activities (MAA)	-	
State Commission - Other Program Funds	-	
Interest Income - Unreserved	214,538	
Investment Income - Other	-	
Rental Revenue - La Petite	-	
Total Revenue	\$ 214,538	
Expenses		
Program Budget (Attachment A)		
2015-2020 Strategic Plan: Focusing For The Future	\$ 1,927,632	
Legacy Investments	289,592	
Total Initiative/Program Expenses	\$ 2,217,224	
Pass-Through (Attachment B)		
Medi-Cal Administrative Activities (MAA)	\$ -	
Total Pass-Through Expenses	\$ -	
Operation and Administration (Attachment C)		
Personnel	\$ 1,906,227	
General Operating	41,587	
Consultant Services	75,754	
Professional Services	24,971	
Travel Expenses	264	
Professional Development	390	
Capital Improvements	-	
Total Operation and Administration	\$ 2,049,194	
Total Expenses	\$ 4,266,418	
Variance (Revenue - Expenses)	\$ (4,051,880)	
Cash Balance as of August 31, 2020	\$ 341,677,834	(1)

NOTE:

1) Cash Balance excludes fixed assets and liabilities.

LOS ANGELES COUNTY CHILDREN AND FAMILY FIRST - PROPOSITION 10 COMMISSION (AKA FIRST 5 LA)
PROGRAM EXPENDITURES BY FY 2019-20 BUDGET
AUGUST 31, 2020, UNAUDITED

INITIATIVE/PROGRAM	FY 2020-21 BUDGET	AUGUST EXPENDITURES	FISCAL YTD EXPENDITURES	BALANCE REMAINING
2015-2020 STRATEGIC PLAN: FOCUSING FOR THE FUTURE				
Strategic Plan Priority Outcome Areas				
Families	37,631,000	924,552	924,552	36,706,448
Communities	20,200,000	275,000	275,000	19,925,000
Early Care & Education Systems	18,791,000	25,349	25,349	18,765,651
Health-Related Systems	5,768,000	43,583	43,583	5,724,417
Strategic Plan Policy & Strategy Support				
Policy Agenda/Advocacy	1,515,000	275,000	275,000	1,240,000
Communications & Marketing	5,748,000	315,440	374,061	5,373,939
County Partnerships	315,000	-	150,000	165,000
Strategic Partnership-Cross-Cutting Funder Partnership	692,000	-	8,850	683,150
Strategic Partnership-Grantmaking Memberships	41,000	19,200	20,230	20,770
Community Engagement and Advocacy	207,000	-	-	207,000
Integration & Learning				
Communities of Practice	114,000	-	-	114,000
Data Development and Integration	752,000	-	-	752,000
Data Partnership with Funders	850,000	-	-	850,000
Dissemination	20,000	-	-	-
Impact Framework	325,000	26,183	26,183	298,817
Knowledge Management	80,000	-	-	80,000
Learning Plan Development	100,000	-	-	100,000
Program Evaluation	2,082,000	23,325	23,325	2,058,675
Staff Capacity Building	75,000	-	-	75,000
Subtotal 2015-2020 Strategic Plan	95,306,000	1,927,632	2,146,133	93,064,867
LEGACY INVESTMENTS				
Baby Friendly Hospitals	48,000	15,295	15,295	32,705
Little by Little/One Step Ahead	3,105,000	274,297	274,297	2,830,703
Subtotal Legacy Investments	3,153,000	289,592	289,592	2,863,408
Emerging Opportunities Fund	3,000,000			3,000,000
TOTAL	101,459,000	2,217,224	2,435,725	95,928,275

The FY 2020-21 Program budget was approved by the Board of Commissioners on July 9, 2020.

NOTES:

Journal entries for FY 2020-21 accrued expenses were reversed in July 2020. The amounts reported are the actual program expenditures for August 2020.

LOS ANGELES COUNTY CHILDREN AND FAMILY FIRST - PROPOSITION 10 COMMISSION (AKA FIRST 5 LA)
EXPENDITURES - PASS-THROUGH
AUGUST 31, 2020, UNAUDITED

Attachment B

INITIATIVE/PROGRAM - PASS-THROUGH	AUGUST EXPENDITURES	YEAR TO DATE EXPENDITURES
Medi-Cal Administrative Activities (MAA) - LA County Charges	-	-
Medi-Cal Administrative Activities (MAA) - Participation Payment	-	-
TOTAL	-	-

**Los Angeles County Children and Family First -
Proposition 10 Commission (aka) First 5 LA
Operating & Administrative Budget Update
August 31, 2020, UNAUDITED**

OPERATION AND ADMINISTRATION EXPENSE	AUGUST ACTUAL	FISCAL YTD ACTUAL	FY 2020-21 BUDGET	FISCAL YTD VARIANCE
Personnel Services				
Salaries & Wages	1,421,937	2,266,876	13,722,800	11,455,924
Fringe Benefits	484,290	644,840	4,081,895	3,437,055
Total Personnel Services	1,906,227	2,911,716	17,804,695	14,892,979
General Operating Expenses				
ADP Payroll Charges	3,177	3,177	40,000	36,823
Workers Compensation Insurance	-	70,749	75,000	4,251
Utilities	10,808	10,808	145,000	134,192
Corporate Insurance	-	65,569	90,000	24,431
Mileage, Parking and Other Transportation	-	-	43,370	43,370
Telephones	2,507	3,627	70,000	66,373
Cell Phones & Mobile Devices	11,200	16,800	116,100	99,300
Outside Printing & Publishing	-	143	3,600	3,458
Other Supplies	-	-	10,250	10,250
Postage & Delivery	479	479	13,200	12,721
Educational Supplies	-	-	2,900	2,900
Office Supplies	447	447	77,870	77,423
Subscriptions & Publication	-	-	25,440	25,440
Equipment-Rents & Leases	1,070	1,639	27,000	25,361
Building Repair & Maintenance	11,742	11,742	150,000	138,258
Equipment Repair & Maintenance	-	-	12,000	12,000
Offsite Storage	157	157	25,000	24,843
Hardware & Software Maintenance	-	1,382	470,730	469,348
Miscellaneous/Contingency	-	-	259,000	259,000
Internal Meeting	-	-	125,800	125,800
Divisional Capacity Building	-	-	75,000	75,000
Total General Operating Expenses	41,587	186,718	1,857,260	1,670,542
Consultant Services				
Consultant Fees	47,954	50,516	1,435,725	1,385,210
Other Professional Fees	27,800	27,800	350,500	322,700
External Reviewers	-	-	3,000	3,000
Total Consultant Services	75,754	78,316	1,789,225	1,710,909
Professional Services				
Audit	-	-	90,000	90,000
Legal Fees	17,373	17,373	150,000	132,627
Professional Dues	700	70,860	126,718	55,858
Staff Recruitment	66	66	10,000	9,934
Commission Stipends	-	1,050	25,000	23,950
Web-Based Services	1,530	1,530	48,000	46,470
Bank & Other Service Charges	5,302	5,302	35,000	29,698
Total Professional Services	24,971	96,181	484,718	388,537
Travel Expenses				
Airfare	-	-	127,350	127,350
Lodging	-	-	114,225	114,225
Per Diem	264	264	59,745	59,481
Other Travel Expense	-	-	25,425	25,425
Total Travel Expenses	264	264	326,745	326,481
Professional Development				
Training Material & Supplies	-	-	11,300	11,300
Internal Training	-	-	92,000	92,000
Leadership Programs	-	-	48,500	48,500
Conference Registrations	390	390	158,750	158,360
External Education/Training	-	-	77,300	77,300
Total Professional Development	390	390	387,850	387,460
Capital Improvements				
Capital Outlay (Equipment Purchases)	-	-	147,000	147,000
Total Capital Improvements	-	-	147,000	147,000
TOTAL OPERATING EXPENSES	2,049,194	3,273,585	22,797,493	19,523,908

NOTES - OPERATING & ADMINISTRATIVE BUDGET UPDATE:

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

The FY 2020-21 Operating budget was approved by the Board of Commissioners on July 9, 2020.

**Los Angeles County Children and Families First -
Proposition 10 Commission
Statement of Net Assets
August 31, 2020 Unaudited**

Current Assets:

Cash	\$ 1,608,471
Cash- Morlin Mgmt Corp	91,619
Investment:	
Operating and Allocated funds	326,917,696
Advance - Regional Network (RN)	-
Advance - Various	4,826,441
Other Receivables	765,444
Total Current Assets	\$ 334,209,670

Fixed Assets:

Land	\$ 2,039,000
Building & Improvements	12,076,512
Furniture & Fixtures	627,671
Computer, Software & Accessories	2,039,785
Office Equipment	331,033
Accumulated Depreciation	(6,485,968)
Total Fixed Assets	\$ 10,628,033

Total Assets	\$ 344,837,703
---------------------	-----------------------

Liabilities and Net Assets

Current liabilities:

Other Liabilities	\$ 562,604	(1)
Total Current Liabilities	\$ 562,604	

Net Assets:

Investment in capital assets	\$ 10,628,033
Restricted	333,647,066
Total Net Assets	\$ 344,275,099

Total Liabilities and Net Assets	\$ 344,837,703
---	-----------------------

NOTES:

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

First 5 LA

SUBJECT:
Contracts for approval

RECOMMENDATION:
Approve three new agreements and one amendment and authorize staff to complete final execution of the agreements upon approval from the Board.

BACKGROUND:
First 5 LA's approved programmatic budget for FY 2020-21 totals \$101,459,000 and the approved operating budget totals \$22,797,493. Funding for the new agreements and amendment were included in the budget which was approved at the July 9, 2020 meeting under agenda item #6. For contracts that span fiscal years, the estimated spending amount for each fiscal year will be included in First 5 LA's annual budgets for approval. Pursuant to contract terms, if the Commission does not appropriate funds for the agreement in future fiscal years, First 5 LA may terminate the agreement. Upon approval of the agreements presented below, staff will complete final execution.

There are **three new agreements** for approval.

- One is with Seed Collaborative, LLC, to provide First 5 LA with consulting services, specifically to design and implement a comprehensive workplan to inform how First 5 LA can best approach diversity, equity, and inclusion (including implicit bias) in First 5 LA's internal policies and practices. The goal is to develop a strategy and associated roadmap that is aligned with First 5 LA's Strategic Plan and values and will ensure that barriers to inclusion continue to decrease while internal awareness, knowledge and skills continue to increase.
- One is with Bumpercar Inc., to provide a full range of multimedia creative services, including but not limited to graphic design for print, digital, social media and presentations, photography, photo cataloging and organization, videography, film editing, audio production, and post-production and related services. The goal is to complement existing integrated communications campaigns and initiatives, and develop new campaigns and initiatives that inform, educate and encourage target audiences to take action and influence changes in behavior and beliefs.
- One is with Viva Strategy and Communications, LLC, to provide early identification and intervention (EII) expertise, support capacity building needs and program implementation for the up to seven (7) Unifying Agencies within the designated HMG-LA Pathways communities. The contractor would also be responsible for the evaluation component for the project to capture learning and improve project implementation. The HMG-LA Pathways investment focuses on strengthening and expanding referral pathways within a place-based community setting to ensure all children identified with a developmental or behavioral delay or at risk of delay can effectively access appropriate timely services. Help Me Grow-Los Angeles ("HMG-LA") Pathways is focused on strengthening and expanding referral pathways within a place-based community setting to ensure all children identified with a delay or at risk of delay can effectively access appropriate and timely services. HMG-LA Pathways offers an opportunity to strengthen key components across systems providing early identification and intervention (EII) services over a three-year period.

There is **one amendment** with Community Partners to continue serving as the intermediary for the Early Care and Education Policy and Advocacy Fund (ECE PAF), a multi-year initiative that aims to advance improved access to quality, affordable, sustainable Early Care and Education (ECE).

Through the Contractor as an intermediary, ECE PAF provides partnership grants and emerging opportunities grants for ECE policy and advocacy-related projects.

DISCUSSION:

Staff seeks the Commission's approval of the agreements summarized in Attachment A.

Attachment A
October 2020

	NEW									
	DEPARTMENT	OUTCOME AREA / INITIATIVE/STRATEGY / PROGRAM	CONTRACT (PROJECT) INFORMATION	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE
1	Human Resources & Talent Management	Internal Operations / Executive Department	<u>SEED COLLABORATIVE, LLC</u> The Consultant will design and implement a comprehensive workplan to inform how First 5 LA can best approach diversity, equity, and inclusion (including implicit bias) in First 5 LA's internal policies and practices. The goal is to develop a strategy and associated roadmap that is aligned with First 5 LA's Strategic Plan and values and will ensure that barriers to inclusion continue to decrease while internal awareness, knowledge and skills continue to increase. The funds for this contract were included in the FY20-21 budget presented for approval at the July 9, 2020 Commisison meeting.	RFP	2 Years	\$250,000	\$125,000 (Seeking approval to negotiate up to \$125,00 for Y1) Committed for FY 20-21; Assigned for FY 21-22 and FY 22-23	11/1/2020	10/31/2021	10/31/2022
2	Communications	Communications/ Communications & Marketing/ Strategic Communications	<u>BUMPERCAR INC.</u> The Contractor will provide a full range of multimedia creative services, including but not limited to graphic design for print, digital, social media and presentations, photography, photo cataloging and organization, videography, film editing, audio production, and post-production and related services. This project will complement existing integrated communications campaigns and initiatives, and develop new campaigns and initiatives that inform, educate and encourage target audiences to take action and influence changes in behavior and beliefs. The funds for this contract were included in the FY20-21 budget presented for approval at the July 9, 2020 Commisison meeting.	RFQ	4 years, 8 months	\$1,525,000	\$225,000 Committed for FY 20-21	11/1/2020	6/30/2021	6/30/2025
3	Health Systems	Health Systems / Early Identification and Intervention / Help Me Grow	<u>VIVA STRATEGY AND COMMUNICATIONS LLC</u> Help Me Grow-Los Angeles ("HMG-LA") Pathways is focused on strengthening and expanding referral pathways within a place-based community setting to ensure all children identified with a delay or at risk of delay can effectively access appropriate and timely services. HMG-LA Pathways offers an opportunity to strengthen key components across systems providing early identification and intervention (EI) services over a three-year period. The Contractor will provide technical assistance by offering early identification and intervention (EI) expertise and providing capacity building and program implementation support for up to seven (7) Unifying Agencies within the designated HMG-	RFQ	3 Years	\$600,000	\$300,000 Committed for FY 20-21	11/1/2020	6/30/2021	10/31/2023

Attachment A
October 2020

	NEW									
	DEPARTMENT	OUTCOME AREA / INITIATIVE/STRATEGY / PROGRAM	CONTRACT (PROJECT) INFORMATION	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE
			LA Pathways communities. The Contractor is also responsible for the evaluation component of the project to capture learning and improve project implementation. The HMG-LA Pathways investment focuses on strengthening and expanding referral pathways within a place-based community setting to ensure all children identified with a developmental or behavioral delay or at risk of delay can effectively access appropriate timely services. The funds for this contract were included in the FY20-21 budget presented for approval at the July 9, 2020 Commisison meeting.							

	AMENDMENTS									
	DEPARTMENT	OUTCOME AREA / INITIATIVE/STRATEGY / PROGRAM	CONTRACT (PROJECT) INFORMATION	PROCUREMENT METHOD	PROJECT LENGTH	CURRENT CONTRACT AMOUNT	AMENDMENT AMOUNT	NEW CONTRACT AMOUNT	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?	
4	Early Care & Education	ECE \ County Systems Building \ ECE Policy Advocacy Fund	<u>COMMUNITY PARTNERS (#09347)</u> The Early Care and Education Policy and Advocacy Fund (ECE PAF) is a multi-year initiative that aims to advance improved access to quality, affordable, sustainable Early Care and Education (ECE). Through the Contractor as an intermediary, ECE PAF provides partnership grants and emerging opportunities grants for ECE policy and advocacy-related projects. The proposed request will amend the contract with the Contractor in the amount of \$467,595 from July 1, 2020 to December 31, 2021. The funds for this amendment were included in the FY 19-20 budget, approved by the Board on June 13, 2019. These funds represent the unspent balance from an advance provided to Contractor in FY 19-20 designated for regranting. The rollover of these funds is necessary to meet the stated goals of ECE PAF over the life of the project. Since the Contractor received these funds as part of an advance in FY 19-20, no additional distribution of funds is necessary for this request. The estimated FY 20-21 funds are included in the Board approved FY 20-21 budget.	RFQ	5 years, 2 months	\$3,565,808	\$467,595	\$4,033,403	Yes	

96
*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress towards completion in the current agreement by the contract expiration date.

October 8, 2020

To the Board of Commissioners
Los Angeles County Children and Families
First – Proposition 10 Commission
Los Angeles, California

We have audited the financial statements of the governmental activities and the general fund of the Los Angeles County Children and Families First – Proposition 10 Commission (Commission), a component unit of Los Angeles County, California, as of and for the year ended June 30, 2020, and have issued our report thereon dated October 8, 2020. Professional standards require that we advise you of the following matters relating to our audit.

Our Responsibility in Relation to the Financial Statement Audit under Generally Accepted Auditing Standards and *Government Auditing Standards*

As communicated in our presentation on June 17, 2020 and in our engagement letter dated June 17, 2020, our responsibility, as described by professional standards, is to form and express an opinion about whether the financial statements that have been prepared by management with your oversight are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America. Our audit of the financial statements does not relieve you or management of your respective responsibilities.

Our responsibility, as prescribed by professional standards, is to plan and perform our audit to obtain reasonable, rather than absolute, assurance about whether the financial statements are free of material misstatement. An audit of financial statements includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control over financial reporting. Accordingly, as part of our audit, we considered the internal control of the Commission solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal control.

We are also responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

Planned Scope and Timing of the Audit

We conducted our audit consistent with the planned scope and timing we previously communicated to you.

Compliance with All Ethics Requirements Regarding Independence

The engagement team, others in our firm, as appropriate, our firm, and other firms utilized in the engagement, if applicable, have complied with all relevant ethical requirements regarding independence.

Qualitative Aspects of the Entity's Significant Accounting Practices

Significant Accounting Policies

Management has the responsibility to select and use appropriate accounting policies. A summary of the significant accounting policies adopted by the Commission is included in Note 1 to the financial statements. There have been no initial selection of accounting policies and no changes in significant accounting policies or their application during the fiscal year ended June 30, 2020. No matters have come to our attention that would require us, under professional standards, to inform you about (1) the methods used to account for significant unusual transactions and (2) the effect of significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

Significant Accounting Estimates

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's current judgments. Those judgments are normally based on knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ markedly from management's current judgments.

Management's estimate of the fair value of investments as disclosed in Note 1 to the financial statements is based on information provided by Los Angeles County. We evaluated the key factors and assumptions used to develop the estimate and determined that it is reasonable in relation to the basic financial statements taken as a whole.

Financial Statement Disclosures

The financial statement disclosures are neutral, consistent, and clear.

Significant Difficulties Encountered during the Audit

We encountered no significant difficulties in dealing with management relating to the performance of the audit.

Uncorrected and Corrected Misstatements

For purposes of this communication, professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that we believe are trivial, and communicate them to the appropriate level of management. Further, professional standards require us to also communicate the effect of uncorrected misstatements related to prior periods on the relevant classes of transactions, account balances or disclosures, and the financial statements as a whole. There were no uncorrected or corrected misstatements identified as a result of our audit procedures.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting, or auditing matter, which could be significant to the Commission's financial statements or the auditor's report. No such disagreements arose during the course of the audit.

Representations Requested from Management

We have requested certain written representations from management which are included in the management representation letter dated October 8, 2020.

Management's Consultations with Other Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters. Management informed us that, and to our knowledge, there were no consultations with other accountants regarding auditing and accounting matters.

Other Significant Matters, Findings, or Issues

In the normal course of our professional association with the Commission, we generally discuss a variety of matters, including the application of accounting principles and auditing standards, operating conditions affecting the entity, and operating plans and strategies that may affect the risks of material misstatement. None of the matters discussed resulted in a condition to our retention as the Commission's auditors.

This report is intended solely for the information and use of the Board of Commissioners, and management of the Commission and is not intended to be, and should not be, used by anyone other than these specified parties.

Rancho Cucamonga, California

Comprehensive Annual Financial Report
For the Year Ended June 30, 2020

**Los Angeles County Children and
Families First – Proposition 10
Commission**

(a Component Unit of the County of Los Angeles, California)

DRAFT 9/16/20

Los Angeles County Children and Families First – Proposition 10 Commission
Table of Contents
For the Year Ended June 30, 2020

Introduction Section

Letter of Transmittal	i
Board of Commissioners	vii
Organizational Chart	viii
GFOA Certificate of Achievement	ix

Independent Auditor's Report	1
------------------------------------	---

Management's Discussion and Analysis	4
--	---

Financial Statements

Statement of Net Position and Governmental Fund Balance Sheet	15
Statement of Activities and Governmental Fund Revenues, Expenditures and Changes in Fund Balance	16
Notes to Financial Statements	17

Required Supplementary Information

Schedule of Revenues, Expenditures and Changes in Fund Balance– Budget and Actual – General Fund	31
Note to the Required Supplementary Information	33

Other Supplementary Information

Schedule of First 5 California Funding	34
--	----

Statistical Section (Unaudited)

Financial Trends

Net Position by Component	36
Changes Net Position	37
Fund Balances – General Fund	38
Changes in Fund Balances – General Fund	39

Revenue Capacity

First 5 California County Tax Revenue Projections for FY 2019-2020 – FY2023-2024	40
Cigarette Taxes and Other Tobacco Products Surtax Revenue 1959-60 to 2018-19	41

Demographic Information

Demographic Data and Economic Statistic	43
Unemployment Rate	44
Ten Largest Industries	45

Operating Information

Capital Assets Statistics	46
Authorized Positions by Function	47

Compliance Section

Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i>	48
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Independent Auditor's Report on State Compliance	50
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October 8, 2020

Board of Commissioners
 First 5 LA
 750 North Alameda Street, Suite 300
 Los Angeles, CA 90012

Dear Commissioners:

The Comprehensive Annual Financial Report (CAFR) of the Los Angeles County Children and Families First – Proposition 10 Commission (First 5 LA) for the year ending June 30, 2020, is hereby submitted, as mandated by applicable statutes. These statutes require First 5 LA to annually issue a report of its financial position and activity.

A complete audit of the report by an independent firm of certified public accountants is also required. Responsibility for both accuracy of the data and the completeness and fairness of the presentation, including all disclosures, rests with the Commission's management team. The information in this report is intended to present the reader with a comprehensive view of the Commission's financial position and the results of its operations for the fiscal year, along with additional disclosures and financial information designed to provide an understanding of First 5 LA's financial activities.

Eide Bailly LLP, Certified Public Accountants, have issued an unmodified ("clean") opinion on First 5 LA's financial statements for the year ending June 30, 2020. The independent auditors' report is located at the beginning of the financial section of this report. Management also provides a narrative introduction, overview and analysis of the basic financial statements in the form of the Management's Discussion and Analysis (MD&A).

PROFILE OF THE COMMISSION

First 5 LA was created by the Los Angeles County Board of Supervisors in December 1998 following the passage of Proposition 10, through which California voters made an unprecedented investment in early childhood development.

Over the last 20 years, First 5 LA has made a lasting positive impact in Los Angeles County through its allocation of over \$2.5 billion to support diverse partnerships, innovative programs, leading policy and systems change efforts and operations that improve the well-being of young children and families.

A POLICY AND SYSTEMS CHANGE APPROACH

In fiscal year 2019-20, First 5 LA completed its fifth year of implementation of the 2015-2020 Strategic Plan which marked the final year of a plan whose shift in approach from mainly funding programs toward a focus on policy and systems change challenged us to find new ways to effectively partner with others to advance aligned goals to strengthen families and improve child outcomes. This strategic approach is based on First 5 LA's desire to direct its resources to have the greatest

COMMISSIONERS

Los Angeles County Supervisor Sheila Kuehl <i>Chair</i>	Barbara Ferrer, Ph.D., M.P.H., M.Ed. Astrid Heger, M.D. Yvette Martinez	Jonathan E. Sherin, M.D., Ph.D. Romalis J. Taylor Keesha Woods Marlene Zepeda, Ph.D.
Judy Abdo <i>Vice Chair</i>		

EX OFFICIO MEMBERS

Bobby Cagle
 Wendy Garen
 Karla Pleitez Howell
 Deanne Tilton

EXECUTIVE DIRECTOR

Kim Belshé

EXECUTIVE VICE PRESIDENT

John A. Wagner

impact on families and children prenatal to age five in Los Angeles County. Consistent with the Commission-approved strategic direction, First 5 LA will continue to place greater emphasis on efforts to contribute to sustainable public financing, public policy and systems-level change, and less emphasis on funding direct services.

To ensure all children in L.A. County enter kindergarten ready to succeed in school and life, the 2015-2020 Strategic Plan directed that the Commission's work focus on the following four priority outcome areas, as defined below:

Families: Increased family protective factors

- Work with parents and caregivers so that they have the skills, knowledge and access to resources they need to support their child's development.

Communities: Increased community capacity to support and promote the safety, healthy development, and well-being of children prenatal to age 5 and their families

- Support a community's ability to foster safe, healthy, engaged neighborhoods that help children and their families thrive.

Early Care and Education Systems: Increased access to high-quality early care and education

- Increase access to affordable, quality child care and preschool.

Health-Related Systems: Improved capacity of health, mental health, and substance abuse services systems to meet the needs of children prenatal to age 5 and their families

- Improve how health-related systems coordinate and deliver care to young children and their families in L.A. County.

The Commission continues to conduct all decision-making processes in accordance with the governance guidelines, approved in March 2014 with the intention of advancing important First 5 LA goals, including:

- Transparency and consistency in First 5 LA's decision-making;
- Coordination, coherence and integration of First 5 LA investments; and
- Accountability, acknowledging First 5 LA's declining revenues.

These guidelines continue to ensure that decisions made by the Commission are guided by the principles of financial responsibility, accountability, and adherence to the Commission's Strategic Plan. The refined 2020-2028 Strategic Plan will continue to build off work and learnings from the 2015-2020 strategic approach and direction.

ORGANIZATIONAL HIGHLIGHTS

- ***Living our values of diversity, equity and inclusion.*** First 5 LA's refined Strategic Plan provides a solid roadmap to guide our work as a systems change leader, grounded in our values and investment guidelines, including diversity, equity and inclusion (DEI). Consistent with Board direction, we're challenging ourselves in our Strategic Plan Implementation planning to recognize racial disparities and inequities in the systems we seek to change, dig into the root causes that contribute to inequities, and work to change the underlying policies, practices and public attitudes that we know hold these inequities in place.

Throughout the FY 20-21 approved budget, resources are included to support changes in policy, practice and public norms and attitudes that reflect important learning about where and how First 5 LA can contribute to addressing the systemic barriers that impede equity and opportunity for Black children and families and communities of color.

We also recognize that First 5 LA is a system itself and that we have organizational work to do to ensure we are living our DEI values in the workplace. We recognize what we refer to as our equity journey will take time; and, we recognize we will benefit from DEI consultant support to facilitate a thoughtful and deliberate process. Resources are included in the approved budget to support this internal DEI work.

- ***Mobilizing advocacy across our work, diverse partners, the Association of First 5s.*** First 5 LA plays an increasingly important and visible role as a connector, convener and partner in local, county and state advocacy to prioritize young children and their families in policy and practice. The approved budget includes resources for continued support of the Early Care and Education Policy and Advocacy Fund and the Built Environment Policy and Advocacy Fund as well as support to initiate a new Early Childhood Development Policy and Advocacy Fund, focused on engaging and building the capacity of early childhood health and family strengthening advocates to shape and help advance a whole child, whole family framework in state and local policies. In addition, the budget support for the Association of First 5s is for the development and execution of a coordinated, proactive statewide policy and legislative agenda informed by the network of First 5s.
- ***COVID-19 Response.*** First 5 LA is deeply committed to supporting the needs of staff, partners and children and communities in this moment of time and going forward. Our response to COVID-19 is anchored in three primary objectives: 1) Protecting and supporting the health of our staff; 2) Supporting our contracted partners (grantees, vendors, contractors); and 3) Supporting LA County's young children and their families, with a particular focus on those most vulnerable during this pandemic. In March 2020, First 5 LA transitioned to mandatory telework and the First 5 LA building is restricted to essential workers only until further notice.
- ***Supporting our human assets by improving our capital asset: our building.*** As the owner and operator of its building, into which First 5 LA moved in 2005, we are reaching the point in the life of our facility which will require certain capital expenditures to maintain this critical asset. Following the Board's direction in establishing a Capital Improvement Fund (CIF) as part of the FY 2017-18 Budget process as well as the Board-approved Capital Improvement Plan (CIP), we are moving this critical project forward in a way to provide needed upgrades to the building as well as to enhance the way in which we work. Though this past year saw delays due to the need to allow the first-floor tenant to vacate its leased space and due to the pandemic, we have continued to scope out options for the facility upgrade and have shared them with the Board's Executive Committee. Given the impact the pandemic has had not only on our organization but on facility management practices world-wide, we are in a position to refine our plans with updated learning on internal space configurations and systems upgrades that will maximize the health and safety of our employees and the public. In the short term, we will be focused on planning for the phased re-entry into the facility when conditions permit. This will be strategically aligned to our longer-term building remodel or CIP, which will begin later in 2021.

LOOKING AHEAD

- ***2015-2020 Strategic Plan.*** First 5 LA finished the fifth year of the 2015-2020 Strategic Plan mindful of the fiscal reality of declining resources, as well as the need to continue both refining the strategies and activities outlined in the 2020-2028 Strategic Plan and assessing the alignment of current work to the new outcomes. We will continue to achieve our goals for young children by working to advance Commission priorities with a renewed focus on sustainability and leveraging, and with consideration paid to the fiscal outlook presented in the most recent Long-Term Financial Plan.

As legacy investments come to the end of their contracts, First 5 LA's resources will be more fully dedicated to the outcomes and strategies detailed in the Strategic Plan. The FY 2020-21 budget continues to reflect costs for ongoing legacy initiatives that will soon be either ending or ramping down but represents a 25% decrease in anticipated spending from FY 2019-20, while simultaneously accounting for commitments made by the Commission. The Commission will continue to prioritize investments in the 2020-2028 Strategic Plan.

As we completed the final year of our current five-year strategic plan period, the implementation began at different starting points. In the year ahead, we will continue to strengthen First 5 LA's longer-term signature investments, such as Welcome Baby and Best Start, through our partnerships with providers and parents; we will solidify new systems change efforts that are gaining support and traction, such as kindergarten readiness assessment efforts, and we will transition from planning to implementation of new work, such as early identification and intervention (Help Me Grow) and the built environment.

- ***Implementing our 2020-2028 Strategic Plan, Adapting to our context.*** For First 5 LA, the approved budget for FY 20-21 was presented to the Board in the context of a global pandemic with far-reaching implications for our staff, contract partners and the children and families of LA County. As a systems change leader and funder, First 5 LA has been attentive to the evolving and unprecedented context in which our budget was developed. We recognize that addressing the COVID-19 pandemic and contributing to efforts to eradicate racial disparities and systemic inequities are not new, additive pieces to our work; rather, they represent the new context in which we are doing work, and our 2020-2028 Strategic Plan will guide our response. The resources included in the approved budget for FY 20-21 speak directly to the opportunities we see for First 5 LA to respond to this moment in time and contribute to an LA County that is just, inclusive and equitable.

To support First 5 LA's ability to be responsive and nimble in our current context, the approved FY 20-21 budget includes a centralized Emerging Opportunity Fund, to be funded at \$3 million. The fund is intended to facilitate our responsiveness to target additional support to existing contractors with unique capabilities and needs as well as additional support to new opportunities, including pooled or aligned funds.

- ***First 5 LA staff as impact multipliers.*** One of First 5 LA's most significant investments in systems change and improved results for children and families is our staff. As evidenced by our most recent work in the context of the COVID-19 pandemic, staff are actively coordinating, connecting and facilitating solutions to the challenges parents, providers, and partners are experiencing. These roles are reflective of our strategic approach to impact, one which places less emphasis on direct services and more emphasis on partnership, policy and systems. Our more collaborative, partnership-focused approach is more staff-intensive, relative to staff's more traditional contract solicitation and management roles. Recognizing the critical role of First 5 LA staff in our systems change work and the need to limit growth in First 5 LA's operating budget, the FY 20-21 budget retains the cap on the number of full-time equivalent positions at the number authorized in the current year budget (148). To manage resources and reflect vacancies and attrition, the budget assumes an 11.25 percent personnel adjustment rate.

OTHER FINANCIAL INFORMATION

Internal Controls

Management assumes full responsibility for the completeness and reliability of the information contained in this report, based upon a comprehensive framework of internal controls that has been established for this purpose. The internal control structure is designed to protect the Commission's assets from loss, theft or misuse and to ensure that adequate accounting data is compiled for the

preparation of the financial statements in conformity with Generally Accepted Accounting Principles. Because the cost of internal controls should not exceed anticipated benefits, the objective is to provide reasonable rather than absolute assurance that the financial statements are free of any material misstatements.

Budgetary and Accounting System

The Commission is not required to adopt a budget for the following year before the end of each fiscal year. However, the Commission has historically adopted a budget to ensure controlled spending. Any increase to previously adopted appropriations during the fiscal year requires Commission approval. The Executive Director has the authority to make adjustments to the operating budget in an amount not to exceed \$25,000, and any adjustments to the adopted fiscal year budget for programs must be approved by the Commission. Monthly financial updates are also provided to the Board of Commissioners. The Commission has not adopted or revised any financial policies that may have a significant impact on the current period's financial statements.

Long Term Financial Plan

First 5 LA has annually prepared a long-term financial projection which forecasts future revenues and fund balance, assuming spending trends continue as forecasted and approved. The projection allowed us to test what the future would look like and it helped the Commission establish financial guardrails to inform future budgeting and spending. Given First 5 LA's declining revenues, fund balance and increased priority on addressing sustainability, First 5 LA staff, with input provided by the September 24, 2019 joint meeting of the Executive and Budget & Finance Committees, has transitioned to implement a higher degree of fiscal discipline through the adoption of a long-term financial plan in place of the long-term financial projection. While both processes provide important planning and context for the Board on future spending, the Long-Term Financial Plan will change how the organization plans for the long-term, adjusting to the organization's fiscal reality and 2020-2028 Strategic Plan goals and establishing spending limits for outer years which will help us to better manage our ever-decreasing fund balance. The future spending limits, grounded in an 85%-15% maximum split of total expenditures between programmatic and administrative costs, respectively, will require changing current norms but also promote shared resources and decision making across the organization to leverage and maximize resources and partnerships. Deviations from the established annual limits will require Board review and approval.

CERTIFICATE OF ACHIEVEMENT

Government Finance Officers Association of the United States and Canada (GFOA) awarded a Certificate of Achievement for Excellence in Financial Reporting to First 5 LA for its comprehensive annual financial report for the fiscal year ended June 30, 2019. This was the twelfth consecutive year that First 5 LA has achieved this prestigious award. In order to be awarded a Certificate of Achievement, First 5 LA must publish an easily readable and efficiently organized comprehensive annual financial report. This report must satisfy both generally accepted accounting principles and applicable legal requirements.

A Certificate of Achievement is valid for a period of one year only. We believe that our current comprehensive annual financial report continues to meet the Certificate of Achievement Program's requirements and we are submitting it to the GFOA to determine its eligibility for another certificate.

ACKNOWLEDGEMENTS

The Commission's Comprehensive Annual Financial Report was prepared through the combined efforts of all First 5 LA staff. Special recognition is due to the Finance Department staff for their effort to ensure timely and accurate reporting. I would also like to thank the Board of Commissioners for your responsible and thoughtful fiscal stewardship of First 5 LA's financial operations.

Sincerely,

Kim Belshé
Executive Director

KB:ro

FIRST 5 LA

Commissioners

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Judy Abdo, Vice Chair
Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Astrid Heger, M.D.
Yvette Martinez
Jonathan E. Sherin, M.D., Ph.D.
Romalis J. Taylor
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Marlene Zepeda, Ph.D.

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Wendy Garen
Karla Pleitéz Howell, J.D.
Deanne Tilton Durfee

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Helen Berberian
Victor Manalo, Ph.D.
Terry Ogawa
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Sylvia S. Swilley, M.D.
Christopher Thompson, M.D.
Arturo Valdez

Executive Director

Kim Belshé

Executive Vice President

John A. Wagner

Vice President

Christina Altmayer, Programs Division

Interim Chief of Staff

Peter Barth

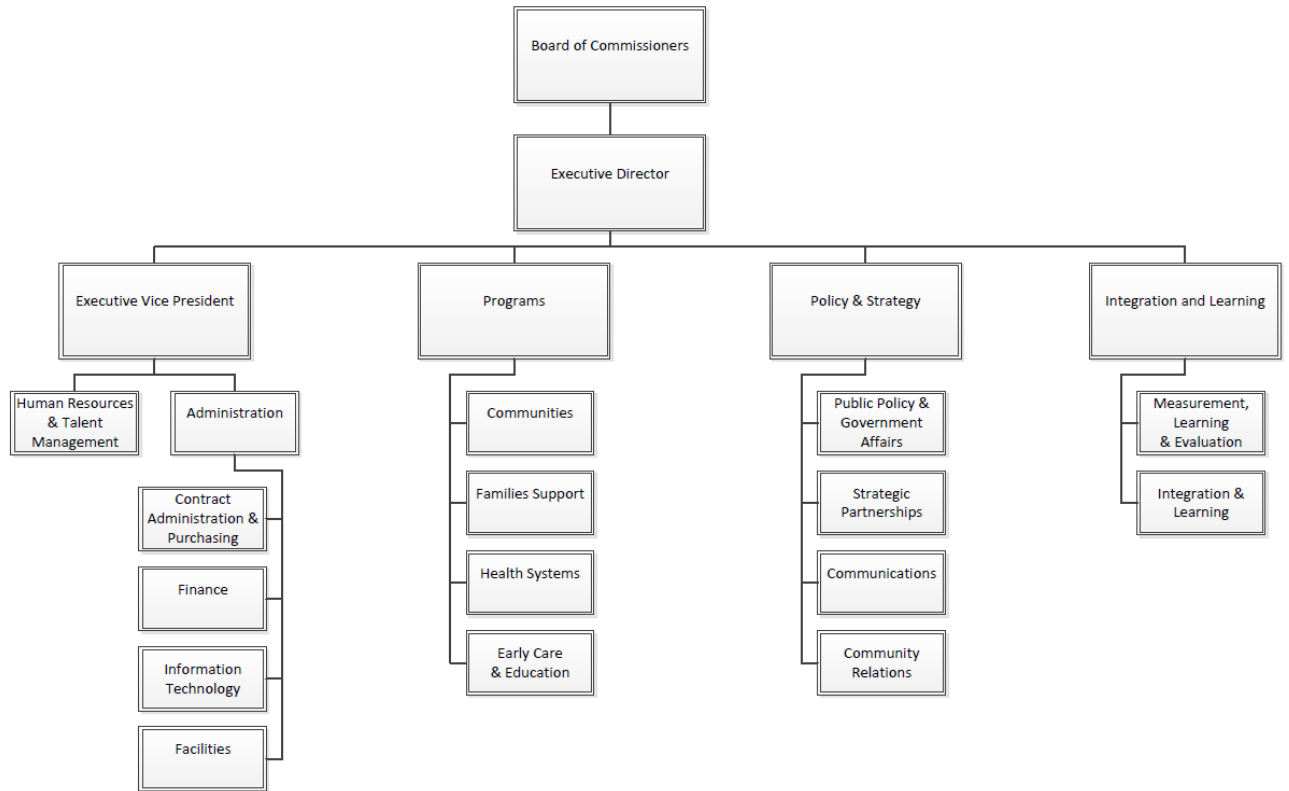
Senior Director of Administration

Carl Gayden

Department Directors

Antoinette Andrews-Bush, Communities
Jasmine Frost, Information Technology
Gala Collins, Human Resources & Talent Management
Jennifer L. Eckhart, Contract Administration & Purchasing
Tara Ficek, Health Systems
Manuel Fierro, Integration & Learning
Rafael González, Community Relations
Kim Hall, Interim Director, Measurement, Learning & Evaluation
Raoul Ortega, Finance
Jennifer L. Pippard, Strategic Partnerships
Gabriel Sanchez, Communications
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First 5 LA





Government Finance Officers Association

Certificate of
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Presented to

**First 5 LA
California**

For its Comprehensive Annual
Financial Report
For the Fiscal Year Ended

June 30, 2019

Christopher P. Morill

Executive Director/CEO

Independent Auditor's Report

Board of Commissioners
Los Angeles County Children and Families
First – Proposition 10 Commission
Los Angeles, California

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities and the general fund of the Los Angeles County Children and Families First – Proposition 10 Commission (Commission), a component unit of the County of Los Angeles, California, as of and for the year ended June 30, 2020, and the related notes to the financial statements, which collectively comprise the Commission's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and the general fund of the Commission, as of June 30, 2020, and the respective changes in financial position thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that management's discussion and analysis and budgetary comparison information as listed in the table of contents, be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Commission's basic financial statements. The introductory section, schedule of First 5 California funding, and statistical section are presented for purposes of additional analysis and are not a required part of the basic financial statements.

The Schedule of First 5 California Funding is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Schedule of First 5 California Funding is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

The introductory and statistical sections have not been subjected to the auditing procedures applied in the audit of the basic financial statements and, accordingly, we do not express an opinion or provide any assurance on them.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated October 8, 2020, on our consideration of the Commission's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Commission's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Commission's internal control over financial reporting and compliance.

Rancho Cucamonga, California
October 8, 2020

**Los Angeles County Children and Families First – Proposition 10 Commission
Management’s Discussion and Analysis
(Unaudited)**

This section of the Los Angeles County Children and Families First – Proposition 10 Commission (the “Commission”) comprehensive annual financial report presents management’s discussion and analysis of the Commission’s financial performance during the year ending June 30, 2020. This discussion and analysis is intended to be read in conjunction with the Commission’s basic financial statements and accompanying notes.

Financial Highlights

- The Commission recognized a total of \$79.0 million in revenues from First 5 California (the State), reflecting a 12.3% decrease of \$11.0 million from \$90.0 million in FY 2018-19. Total program revenues for FY 2019-20 in the amount of \$80.1 million include tobacco taxes, IMPACT Hubs funds, Department of Education for Child Care and Development fund and pass-through funds for Medi-Cal Administrative Activities.
- Commission expenses totaled \$114.4 million in FY 2019-20, representing a 3.9% decrease of \$4.6 million from \$119 million in FY 2018-19.
- The Commission’s liabilities increased from \$20.6 million in FY 2018-19 to \$22.6 million in FY 2019-20, reflecting a total increase of approximately \$2 million, or 9.8%.
- The Commission’s total net position decreased from \$375.2 million in FY 2018-19 to \$349.3 million in FY 2019-20, a decline of approximately \$25.9 million, or 6.9%.

Overview of the Financial Statements

The comprehensive annual financial report consists of two parts, this management’s discussion and analysis and the basic financial statements, including: government-wide financial statements, fund financial statements, and notes to the basic financial statements. The Commission’s financial statements offer key, high-level financial information about its activities.

Government-wide Financial Statements

The government-wide financial statements are designed to provide readers with a broad overview of the Commission’s finances, in a manner similar to a private-sector business. These statements provide both long-term and short-term information about the Commission’s overall financial status.

The Statement of Net Position includes information on all of the Commission’s assets and liabilities, with the difference between assets and liabilities reported as net position. Changes in net position may serve as a useful indicator of whether the financial position of the Commission is improving or deteriorating.

The Statement of Activities presents information showing how the Commission’s net position changed during the fiscal year. All changes in net position are reported as soon as the underlying event giving rise to the change occurs, regardless of the timing of related cash flows.

A fund is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. Fund accounting is used to ensure and demonstrate compliance with finance-related legal requirements. All the Commission's activities are accounted for in the general fund.

Governmental fund financial statements focus on near-term inflows and outflows of spendable resources and balances of spendable resources available at the end of the year.

While a nine-member Board of Commissioners governs the Commission, the Commission was created by, and ultimately is, under the authority of the Los Angeles County Board of Supervisors, in accordance with California State Law, through its appointment of the Board of Commissioners and its ability to remove the Commissioners at will. Consequently, the County of Los Angeles Auditor-Controller's Office has designated the Commission as a "discretely presented component unit" of the County of Los Angeles and includes a summary of the Commission's basic financial statements in the County's basic financial statements.

Government-wide Financial Statements Analysis

The following is a summary of the Commission's assets; liabilities and net position comparing FY 2019-20 with FY 2018-19:

	FY 2019-20	FY 2018-19	Percent Increase (Decrease)	Increase (Decrease)
Assets:				
Current and other assets	\$361,258,011	\$384,943,434	-6.15%	(\$23,685,423)
Capital assets	10,628,033	10,841,379	-1.97%	(213,346)
Total assets	\$371,886,044	\$395,784,813	-6.04%	(\$23,898,769)
Liabilities:				
Long-term liabilities	\$668,916	\$691,066	-3.21%	(\$22,150)
Other liabilities	21,958,179	19,914,054	10.26%	2,044,125
Total liabilities	\$22,627,095	\$20,605,120	9.81%	\$2,021,975
Net Position:				
Unrestricted	\$338,630,916	\$364,338,314	-7.06%	(\$25,707,398)
Net investment in capital assets	10,628,033	10,841,379	-1.97%	(213,346)
Total net position	\$349,258,949	\$375,179,693	-6.91%	(\$25,920,744)
Total liabilities and net position	\$371,886,044	\$395,784,813	-6.04%	(\$23,898,769)

The Commission's total assets of \$371.9 million represent a decrease of \$23.9 million, or 6.4% decline, compared with the prior year. Of this total, the decrease in current and other assets is approximately \$23.7 million. The key factor contributing to this reduction in total assets is that total expenses, including program expenses (such as provider grants and contractors), were higher than the total revenue by \$25.9 million.

The \$213,346 decrease in capital assets resulted from continued depreciation of the Commission's capital assets. The depreciation expense for FY 2019-20 was \$300,441. Additional information on capital assets can be found in Note 3 of this report.

The following is a summary of the Commission's revenues; expenses and change in net position comparing FY 2019-20 with FY 2018-19:

	FY 2019-20	FY 2018-19	Percent Increase (Decrease)	Increase (Decrease)
Revenues:				
Program revenues				
Tobacco taxes	\$60,022,841	\$68,580,443	-12.48%	(\$8,557,602)
Prop 56	18,068,329	7,482,310	141.48%	10,586,019
State Commission program funds	922,472	13,986,085	-93.40%	(13,063,613)
Medi-Cal Administrative Activities	133,955	350,924	-61.83%	(216,969)
California Department of Education	328,658	376,551	-12.72%	(47,893)
Other program revenue	584,118	123,793	371.85%	460,325
Total program revenues	\$80,060,373	\$90,900,106	-11.92%	(\$10,839,733)
General revenues				
Investment income	\$6,938,051	\$8,183,532	-15.22%	(\$1,245,481)
Net increase in fair value of investments	1,354,275	4,898,141	-72.35%	(3,543,866)
Other general income	110,899	133,321	-16.82%	(22,422)
Total general revenues	8,403,225	13,214,994	-36.41%	(4,811,769)
Total revenues	\$88,463,598	\$104,115,100	-15.03%	(\$15,651,502)
Expenses:				
Provider grants and other allocations	\$93,379,930	\$97,979,838	-4.69%	(\$4,599,908)
Pass-through grants	65,042	273,294	-76.20%	(208,252)
Salaries and benefits	17,393,319	17,532,230	-0.79%	(138,911)
Operating services	1,212,116	1,122,911	7.94%	89,205
Consultant services	1,308,527	881,090	48.51%	427,437
Professional services	323,816	382,450	-15.33%	(58,634)
Professional development	176,217	186,902	-5.72%	(10,685)
Other expenses	224,934	339,524	-33.75%	(114,590)
Depreciation	300,441	302,300	-0.61%	(1,859)
Total expenses	\$114,384,342	\$119,000,539	-3.88%	(\$4,616,197)
Change in net position:	(25,920,744)	(14,885,439)	74.13%	(11,035,305)
Net position – beginning	375,179,693	390,065,132	-3.82%	(14,885,439)
Net position – ending	\$349,258,949	\$375,179,693	-6.91%	(\$25,920,744)

The Commission received a total of roughly \$88.5 million in revenues for FY 2019-20, reflecting a decrease of \$15.7 million, or 15.0% compared with the prior year's total revenues of \$104.1 million. The overall changes in revenue are due to the following.

Tobacco Tax

Tobacco tax revenue decreased from \$68.6 million in FY 2018-19 to \$60.0 million in FY 2019-20, a decrease of \$8.6 million, or 12.48%. The decrease in revenue was due to declining sales of tobacco products and the decline in births in Los Angeles County.

Proposition 56

Proposition 56 backfill (or "hold harmless") amounts are calculated in arrears, which considered in FY 2016-17 actual revenue loss was attributable to Proposition 56. The backfill amount of \$18.1 million received in FY 2019-20 increased revenue by \$10.6 million compared to prior fiscal year. The backfill is received the following fiscal year and the actual amount represented here is for prior FY 2018-19.

State Commission Program Funds

Other State Commission program funds decreased from \$14.0 million in FY 2018-19 to \$0.9 million in FY 2019-20, a decrease of \$13.1 million. This decrease was primarily due to lower IMPACT and Hubs funds received from First 5 CA.

Medi-Cal Administrative Activities

The Medi-Cal Administrative Activities (MAA) program decreased from \$350,924 in FY 2018-19 to \$133,955 in FY 2019-20. The program, contracted through the County of Los Angeles, assists in the administration of the Medi-Cal program by improving the availability and accessibility of Medi-Cal services to eligible participants. This decrease is a result of delays in County reimbursements from prior periods. It is important to note that MAA reimbursements are based on activities that are reimbursed from 18 months prior to billing.

California Department of Education

The California Department of Education fund decreased from \$376,551 in FY 2018-19 to \$328,658 in FY 2019-20, a decrease of \$47,893, or 12.7%.

Other Program Revenue

Other Program revenue increased from \$123,793 in FY 2018-19 to \$584,118 in FY 2019-20, an increase of \$460,325, or 371.9%. This increase is due to grants from Los Angeles County Children's Health Outreach Initiatives (CHOI) MAA program and grants from the Los Angeles County Office of Education.

Investment Income

The Commission earned \$6.9 million of investment income in FY 2019-20, which was a decrease of \$1.25 million, or approximately 15.2%, compared with the \$8.2 million earned in the prior year. This decrease is due to the overall rate of return which decreased from the prior year with an average earning of 1.72% and a lower average balance in our invested funds.

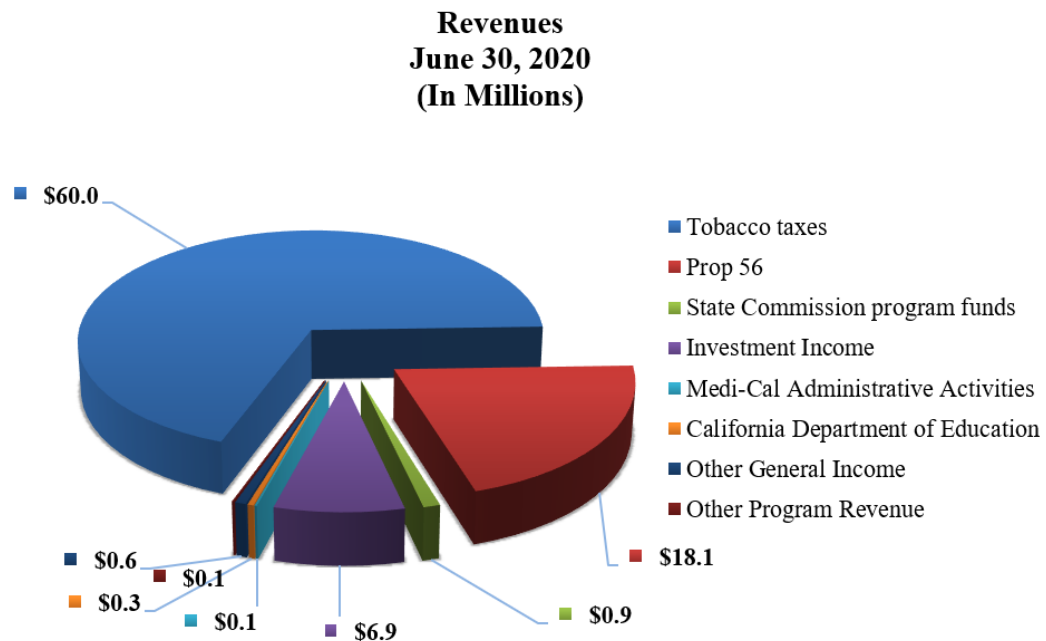
Fair Value Adjustment

First 5 LA separates the fair value adjustment under investment income from the Statement of Activities to more accurately reflect true interest earned. In FY 2019-20, the fair value of First 5 LA investment portfolio adjustment was down \$3.5 million, compared to \$4.9 million gain in FY 2018-19. This decrease can be attributed to external economic factors related to interest rates and overall economic health at this point-in-time.

Other General Income

DRAFT 9/16/20

The Commission generated other revenue primarily through a lease agreement it had with La Petite Academy, which was terminated on June 30, 2020. This revenue was \$110,899 in FY 2019-20.



Expenses

The Commission recognized expenses of \$114.4 million in FY 2019-20 compared with \$119 million in FY 2018-19, a decrease of \$4.6 million, or 3.9%. The \$4.6 million net decrease in overall expenditures encompasses the following from FY 2019-20.

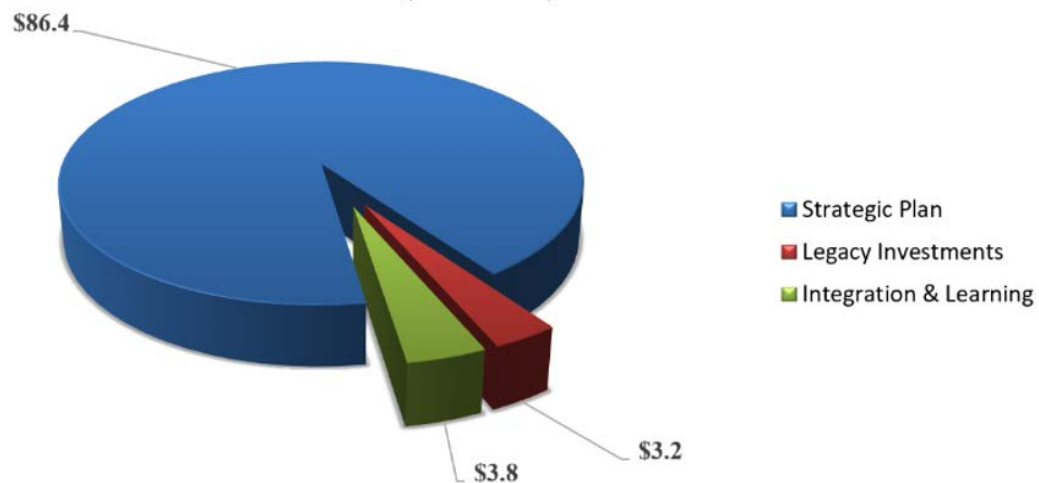
Provider Grants and Other Allocations

The Commission experienced a decrease of \$4.6 million, or 4.7%, expending approximately \$93.4 million in FY 2019-20 compared to \$98 million in FY 2018-19 for "Provider grants and other allocations". The net decrease is a result of a number of Legacy initiatives ramping down or ending, as well as a delay in program costs during FY 2019-20, with a number of activities commencing later in the fiscal year and continuing into FY 2020-21. In addition, activities in some programs slowed down due to the COVID-19 pandemic and its related impacts. The following details activity based on the Commission's investment categories, reorganized per the new Strategic Plan, during the fiscal year:

- 2015-2020 Strategic Plan: Focusing for the Future: FY 2019-20 marks the fifth and final year to align with the five-year 2015-2020 Strategic Plan, represented in two primary areas of implementation activity - Strategic Plan Priority Outcome Areas and Strategic Plan Investment Areas & Support Costs. Roughly \$86.4 million was expended in FY 2019-20, an increase of approximately \$1.2 million as compared to FY 2018-19. The primary driver for the increase was costs within Communities that allowed the Regional Networks to utilize the remaining Community Identified Project (CIP) fund allocations which were approved by the Board in FY 2015-16 for use through FY 2019-20. This was primarily offset by decreases within Families and Communications & Marketing largely due to the COVID-19 pandemic and pandemic-related impacts.

- **Legacy Investments:** This category includes existing multi-year funding scheduled to conclude or be realigned with the 2020-2028 Strategic Plan. Approximately \$3.2 million was expended in FY 2019-20 which reflected just over a \$6.0 million reduction in programs that expired or were reclassified in alignment to the Strategic Plan. There were decreases in cost for the ongoing Legacy Investments as they continue to ramp down. Additionally, service provision and corresponding cost was adversely impacted by the pandemic. The overall continued decline of resources in support of the Legacy Investments is aligned with internal projections and will continue to decrease in the coming years.
- **Integration & Learning:** This includes current investments that align and contribute to the Strategic Plan, as well as ongoing projects aligned to our Legacy Investments and the organization's ongoing commitment to learning. The increase of approximately \$356,000 in FY 2019-20 is due to support of additional costs related to Data Development and Integration and Learning Plan Development including costs related to supporting the work of the Office of Child Protection (OCP) to implement several key work groups that are part of the LA County Prevention Plan as well as the ongoing collaboration to collect Women, Infants, and Children (WIC) data and refine and administer the LA County WIC Survey.

**First 5 LA Funded Provider Grants and Other Allocations Expenses
June 30, 2020
(In Millions)**



Pass-through Grants

For FY 2019-20, \$133,955 was recorded as “pass through grants” which is related to Medi-Cal Administrative Activities program during the fiscal year. These expenses represent reimbursement for FY 2017-18 and 1st quarter of FY 2018-19.

Salaries and Benefits

Salaries and Benefits decreased from FY 2018-19 by \$138,911 or 0.79%. This is due primarily to vacancy savings over the course of FY 2019-20.

Operating Services

Operating Services increased by \$89,205 or 7.94% from prior year because of increases in general operating costs for the organization related to facilities management, such as security, maintenance and utilities.

Consultant Services

The Commission recorded \$1,308,527 in expenses for the Consultant services in FY 2019-20, a 48.51% increase from FY 2018-19. The increase is primarily due to significant need for consulting services

related to Procurement Reform Project being led by the Contract Administration and Purchasing Department and the Strategic Plan Refinement process needs related to implementation planning and organizational effectiveness. In addition, consultant services were needed in the Information Technology Department due to vacant positions critical in the department.

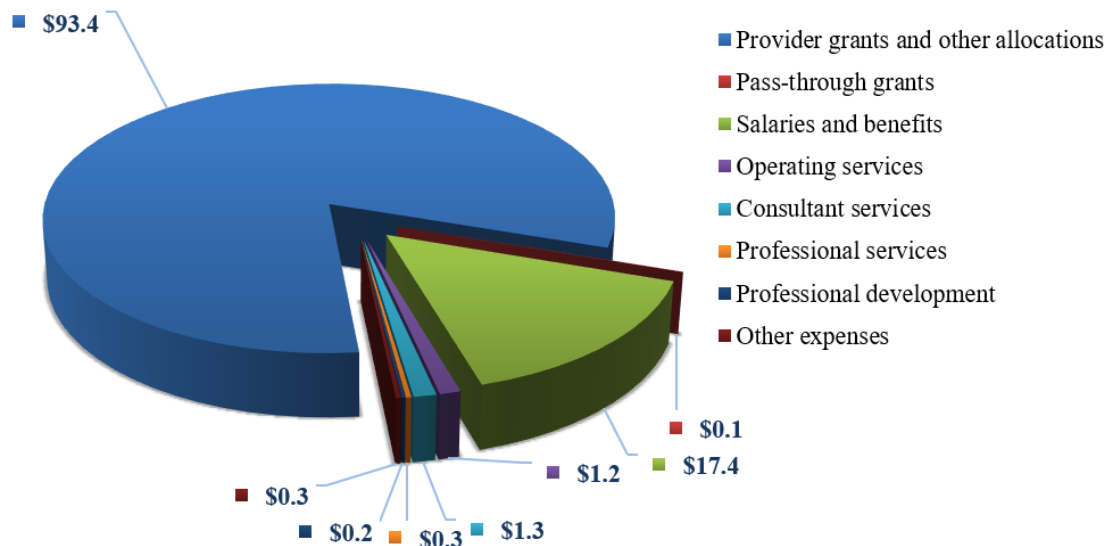
Professional Services

Professional services decreased from FY 2018-19 by \$58,634 or 15.33%. A decrease largely due to lower legal fees as well as audit fees originally anticipated for the fiscal year.

Professional Development

Professional development decreased in FY 2019-20 by \$10,685 or 5.72% from FY 2018-19. The decrease is primarily due to travel restrictions for the last quarter of the fiscal year caused by the COVID-19 pandemic.

**Program and Operating Expenses
June 30, 2020
(In Millions)**



Analysis of the Governmental Fund

The activities are contained in the general fund of the Commission. The focus of the Commission's governmental funds is to provide information on near-term inflows, outflows and balances of spendable resources. Such information is useful in assessing the Commission's financing requirements. In particular, fund balance may serve as a useful measure of the Commission's net resources, both committed and available for future operation needs.

As of the end of FY 2019-20, the Commission's general fund reported a total ending fund balance of \$338.7 million, a decrease of \$13.4 million, or 3.8% in comparison with the prior fiscal year balance of \$352.1 million.

Total fund balance decreased due to an ongoing decline between annual incoming revenue and the expenditures that are required to advance the activities and strategies outlined in the 2015-2020 Strategic Plan, including the ongoing responsibility to multi-year commitments for specific initiatives.

Based on the information provided in the Schedule of Revenues, Expenditures and Changes in Fund Balance – Budget and Actual – General Fund, the following analysis is presented.

Final Revenue Budget vs. Actual Revenue

The information below provides a summary of the primary factors that caused the variance between revenue estimates and actual revenue.

Tobacco Taxes and Prop 56

Tobacco tax revenue recorded for FY 2019-20 was \$71.5 million of tobacco tax revenue and \$18.1 million of Prop. 56 backfill. The \$71.5 million was \$264,538 or .37% lower than the anticipated amount of \$71.7 million. The original estimate of \$71.7 million was based on data from the California Department of Tax and Fee Administration updated May 2019.

California Department of Education

Actual California Department of Education revenue in the amount of \$328,658 was recorded to support activities related to the Quality Ratings and Improvement System (QRIS).

Investment Income

Investment income of \$6.9 million was earned in FY 2019-20. The monthly average return of 1.72% is higher than the 1.20% anticipated and included in the Long-Term Financial Projection approved by the Commission in February of 2019.

Original Expenditure Budget vs. Final Expenditure Budget

In March 2020, the Commission approved an overall addition of \$599,000 or 0.4% to the original approved \$133.7 million FY 2019-20 Budget. The following provides a brief summary of the primary factors that contributed to the increase in the final budgeted expenditures compared with the original budgeted expenditures.

Provider Grants and Other Allocations

The overall Program Budget (Provider Grants and Other Allocations) was adjusted upward during the year by \$599,000 or 0.5%. In April 2020 the Commission approved a mid-year budget revision adjusting the Communities budget upward by roughly \$2.2 million and Early Care & Education (ECE) Systems upward by roughly \$504,000. The upward adjustment to ECE is primarily the result of new pass-through funding from the Los Angeles County Office of Education (LACOE). The downward adjustments include Families by \$210,000, Healthy-Related Systems by approximately \$1.1 million, Strategic Plan Policy & Strategy Support costs by \$115,000, Integration & Learning by \$905,000 and Legacy Investments by \$10,000. The biggest driver in the adjustment to the overall budget was the nearly \$2.2 million-dollar upward adjustment to allow the Communities Regional Networks to access the remaining Community Identified Project (CIP) fund balances in the final year of CIP funding. The most notable downward adjustment was in Health Strategy 1: Help Me Grow for approximately \$1.1 million. This budget was adjusted downward to reflect the final negotiated contract amount with the Los Angeles County Department of Public Health (LACDPH), as well as delays in starting the LA Care pilot due to contract negotiations and longer than anticipated program design and procurement for Help Me Grow (HMG) LA Pathways. Adjustments to Families, Health, Policy & Strategy and Integration & Learning are primarily due to shifts in the timeline of activities, lengthy contract negotiations, and an alignment to actual anticipated costs or final contracted amount.

General Operating Expenditures

Adjustments to the Operating Budget represented movements of funds between cost categories at the departmental level based on updated assessments of need, which aggregated into the agency-wide adjustments. The net result of the various adjustments was cost neutral, with no net change to the Operating Budget.

Operating Services

Funds were adjusted upward at mid-year, resulting in a net increase of \$14,050 to reflect revised projections based on expenditures through December 2019. This increase is primarily due to additional funds needed for corporate insurance.

Consultant Services

Funds were adjusted upward at mid-year by \$108,662. This increase is due to additional funds needed for Consultant Fees related to the Procurement Reform Project being led by the Contracts Administration and Purchasing Department, and the Strategic Plan Refinement process needs related to implementation planning and organizational effectiveness.

Professional Services

Funds were adjusted downward at mid-year by \$6,300. The adjustment reflects the decrease in Staff Recruitment budget and an increase in bank charges budget.

Final Expenditure Budget vs. Actual Expenditure Amounts

The following provides a summary of the primary factors causing the significant variances in the actual expenditures compared with the final budgeted expenditures.

Provider Grants and Other Allocations

The total Provider Grants and Other Allocations variance for FY 2019-20 was approximately \$18.1 million. The primary overarching factor contributing to the FY 2019-20 budget to actual variance was the COVID-19 pandemic and the subsequent challenges related to the provision of services amidst a shut-down and redefining new work structures. In addition to:

- Additional requested Community Identified Project (CIP) fund resources within Communities were not fully utilized as anticipated before the end of the fiscal year.
- Many activity timelines were assessed and extended into the following fiscal year.
- Ending or ramping down of Legacy Investments.

Pass-through Grants

The total expenditures related to pass-through grants were \$65,042 for FY 2019-20. This amount is a result of Medi-Cal Administrative Activities program. The Commission's annual fiscal year budget is developed to include planned expenditures of Commission funds only; programs that are funded via pass-through grants in which the Commission acts as an intermediary are not included in the annual budget to accurately represent expenditures of Commission funded provider grants and other allocations.

Salaries and Benefits

Salary and benefit costs were lower than budgeted, with a variance of \$429,394. This is due to a combination of regular employee turnover during this fiscal year and vacant positions that were budgeted but not immediately filled.

Utilities

FY 2019-20 expenditures exceeded the budget by \$14,316. This overage is due to an annual reconciliation completed with our building management account.

Mileage & Parking

FY 2019-20 expenditures were lower than budgeted by \$23,830. This decrease was driven by the stay-at-home work order initiated in March 2020 and the subsequent decrease in local travel and parking expenses.

Cell Phones and Mobile Devices

FY 2019-20 expenditures exceeded the budget by \$13,024. This overage is due to mandated telework caused by the global pandemic starting in March 2020 and staff received partial reimbursement of cell phone and internet charges.

Outside Printing

Outside printing costs were lower than budgeted, with a variance of \$12,732. This is due to fewer needs due to stay-at-home work orders than what was originally anticipated for FY 2019-20.

Postage and Delivery

Postage and delivery costs were lower than budgeted, with a variance of \$10,136. This is due to less mailings and outgoing deliveries in the final quarter of FY 2019-20.

Office Supplies

Office Supplies were lower than budgeted, with a variance of \$29,930. This is due to fewer needs related to stay-at-home work orders than what was originally anticipated for FY 2019-20.

Equipment Rental

Equipment rentals and leases were lower than budgeted, with a variance of \$15,254 or 27.7%. This is due to stay-at-home work orders and fewer needs than what was originally anticipated for FY 2019-20.

Offsite Storage

Office Storage was lower than budgeted, with a variance of \$11,404. This is due to the centralization of work-related supplies and less space needed for storage.

Hardware & Software Maintenance

Hardware & Software Maintenance was lower than budgeted with a variance of \$180,975. This is primarily due to several applications that were not utilized in FY 19-20 and did not require licenses to be obtained.

Internal Meetings

Internal Meeting was lower than budgeted, with a variance of \$34,380. This is due to fewer needs related to staff working remotely in the last quarter of the fiscal year than what was originally anticipated for FY 2019-20.

Legal Fees

Costs for legal fees were lower than budgeted, with a variance of \$85,833, or 50.8%. This is due to lesser requests for public records and the overall decrease in legal services needed for this fiscal year.

Consultant Fees

Consultant Fees were significantly lower than budgeted, with a variance of \$508,040. This is primarily due to timeline shifts due to COVID-19 which impacted work in the second half of the fiscal year. Some of these costs are anticipated to be incurred in FY 2020-21, depending on the flexibility during a pandemic.

The final budget for Operations remained the same at \$22.8 million for FY 2019-20, while the Program Budget was increased by \$599,000 due to additional program funds needed to support the Communities Regional Networks in accessing and utilizing the remaining CIP funds in the final year of this funding. Other adjustments were related to the alignment of budget to actual spending trends for the first half of FY 2019-20, alignment to final negotiated contract amounts and a reassessment of the timeline activities which extended some activities, and costs, into the next fiscal year.

Other Potentially Significant Matters

The State projections assume a roughly 3% rate of revenue decline on an annual basis starting in FY 2020-21 through FY 2027-28. The projected annual revenue decrease is estimated to be 1.37% through FY 2020-21 based on the Department of Finance projections updated May 20, 2019.

With the passage and implementation of SBx2 and Prop 56, the one-time payment based on the backfill clause that was built into the Prop 56 language which is essentially a “hold harmless” to keep Proposition 10 revenue whole for participating counties moving forward is expected to be released sometime in November 2020. Based on the FY 2018-19 backfill of roughly \$18.07 million, staff is currently forecasting from 3% up to 6% lower for FY 2019-20.

Contacting the Commission’s Financial Management

This financial report is designed to provide the public with an overview of the Commission’s financial operations and condition. If you have questions about this report or need additional information, please contact the Commission’s Director of Finance at (213) 482-7545 or 750 N. Alameda Street Suite 300, Los Angeles, California 90012.

Los Angeles County Children and Families First – Proposition 10 Commission**Statement of Net Position and Governmental Fund Balance Sheet****June 30, 2020**

	General Fund	Adjustments (Note 1)	Statement of Net Position
Assets			
Cash and investments	\$ 347,591,811	\$ -	\$ 347,591,811
State receivable	10,981,298	-	10,981,298
Investment income receivable	491,786	-	491,786
Advances to grantees	2,193,116	-	2,193,116
Capital assets			
Not depreciated	-	2,039,000	2,039,000
Depreciable capital assets (net)	-	8,589,033	8,589,033
Total assets	\$ 361,258,011	\$ 10,628,033	\$ 371,886,044
Liabilities			
Accounts payable and accrued liabilities	\$ 21,807,917	\$ -	\$ 21,807,917
Other liabilities	-	16,480	16,480
Compensated absences			
Due within one year	-	133,782	133,782
Due in more than one year	-	668,916	668,916
Total liabilities	21,807,917	819,178	22,627,095
Deferred Inflows of Resources			
Unavailable revenue - state commission program funds	482,800	(482,800)	-
Unavailable revenue - other	283,488	(283,488)	-
Total deferred inflows of resources	766,288	(766,288)	-
Fund balance/net position			
Fund balance			
Nonspendable	2,193,116	(2,193,116)	-
Committed	138,338,530	(138,338,530)	-
Assigned	113,226,421	(113,226,421)	-
Unassigned	84,925,739	(84,925,739)	-
Total fund balance	338,683,806	(338,683,806)	-
Net position			
Net investment in capital assets	-	10,628,033	10,628,033
Unrestricted	-	338,630,916	338,630,916
Total net position	-	349,258,949	349,258,949
Total liabilities, deferred inflows of resources and fund balance/net position	\$ 361,258,011	\$ 10,628,033	\$ 371,886,044

Los Angeles County Children and Families First – Proposition 10 Commission
Statement of Activities and Governmental Fund Revenues, Expenditures and Changes in Fund Balance
For the Year Ended June 30, 2020

	General Fund	Adjustments (Note 1)	Statement of Activities
Revenues			
Program revenues			
Operating grants and contributions			
Tobacco taxes	\$ 71,477,179	\$ (11,454,338)	\$ 60,022,841
Prop 56	18,068,329	-	18,068,329
State Commission Program Funds	1,901,074	(978,602)	922,472
Medi-Cal Administrative Activities	133,955	-	133,955
California Department of Education	328,658	-	328,658
Other program revenue	320,982	263,136	584,118
Total program revenues	92,230,177	(12,169,804)	80,060,373
General revenues			
Investment income	6,938,051	-	6,938,051
Net increase in fair value of investments	1,354,275	-	1,354,275
Other general income	110,899	-	110,899
Total general revenues	8,403,225	-	8,403,225
Total revenues	100,633,402	(12,169,804)	88,463,598
Expenditures/expenses			
Provider grants and other allocations	93,379,930	-	93,379,930
Pass-through grants	65,042	-	65,042
Salaries and benefits	17,281,687	111,632	17,393,319
Operating services	1,212,116	-	1,212,116
Consultant services	1,308,527	-	1,308,527
Professional services	323,816	-	323,816
Professional development	176,217	-	176,217
Travel	224,934	-	224,934
Capital outlay	87,095	(87,095)	-
Depreciation	-	300,441	300,441
Total expenditures/expenses	114,059,364	324,978	114,384,342
Excess/(deficiency) of revenues over/(under) expenditures	(13,425,962)	-	-
Net Change in Fund Balance	(13,425,962)	13,425,962	-
Change in Net Position	-	(25,920,744)	(25,920,744)
Fund balance/net position			
Beginning of year	352,109,768	23,069,925	375,179,693
End of year	\$ 338,683,806	\$ 10,575,143	\$ 349,258,949

Note 1 - Organization and Summary of Significant Accounting Policies**Reporting Entity**

With the passage of a ballot initiative in November 1998, California (the “State”) voters approved the establishment of the Los Angeles County Children and Families First – Proposition 10 Commission (the “Commission”), a component unit of Los Angeles County. A thirteen-member Board of Commissioners governs the Commission. The Commission was created by and ultimately is under the authority of the Los Angeles County Board of Supervisors, in accordance with California State Law, through its appointment of the Board of Commissioners and its ability to remove the Commissioners at will. The Commission is a public entity legally separate and apart from the County. The initiative, Proposition 10, mandated an additional 50-cent-per-pack tax on cigarettes and a comparable increase in the tax of other tobacco products and required that the new funds be used on programs focused exclusively on early childhood development for children prenatal up to five years of age.

Following the directive of Proposition 10 to fund programs at the community level, each of the State’s 58 counties created a Proposition 10 Commission as well as a trust fund to receive Proposition 10 revenues. In Los Angeles County, the Board of Supervisors passed an ordinance in December 1998 to establish the Los Angeles County Children and Families First – Proposition 10 Commission, and in May 1999, the Commission held its first meeting, elected officers and established a number of ad hoc committees to address organizational and planning issues. The Commissioners and others who were involved in the effort regarded Proposition 10 as an extraordinary and unprecedented opportunity to begin making a difference in the lives of pregnant women, young children and their families, and to do so at a point in their lives when it can make the most difference. In August 2002, the Commission introduced a new branding identity, First 5 LA, to signify the importance of the first five years of life.

The Commission’s vision statement is that all children throughout Los Angeles’ diverse communities, “are born healthy and raised in a safe, loving and nurturing environment so that they grow up healthy in mind, body, and spirit, are eager to learn with opportunities to reach their full potential.” The Commission’s mission, in partnership with others, is to “strengthen families, communities, and systems of services and support so all children in LA County enter kindergarten ready to succeed in school and life”.

Upon termination of the Commission, all assets of the Commission shall be returned to the State of California. The liabilities of the Commission shall not become liabilities of the County upon either termination of the Commission or the liquidation or disposition of the Commission’s remaining assets.

Basis of Accounting and Measurement Focus**Government-Wide Financial Statements**

Government-wide financial statements consist of the statement of net position and the statement of activities. These statements are presented on an economic resources measurement focus. All economic resources and obligations of the reporting government are reported in the financial statements.

The government-wide financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. With this measurement focus, all assets and liabilities associated with operation of the Commission's fund are included on the statement of net position. The statement of activities presents a comparison of the direct expenses and program revenues for the Commission's governmental activities. Program revenues include grants and contributions restricted for the operational requirements of a particular program. Grants and similar items are recognized as revenue as soon as all eligibility requirements have been met. Program revenues include tobacco taxes and grants and contributions that are restricted to meeting the operational requirements of a particular program. General revenues are all revenues that do not qualify as program revenues and include investment income and other income. Net position represent the resources that the Commission has available for use in providing services. Net position is composed of net investment in capital assets and unrestricted funds. At June 30, 2020, the Commission reported unrestricted net position of \$338,630,916.

Fund Financial Statements

The fund financial statements consist of the balance sheet and the statement of revenues, expenditures and changes in fund balance of the Commission's general fund. These statements are presented on a current-financial resources measurement focus. The fund financial statements focus on near-term inflows and outflows of spendable resources and on balances of spendable resources available at the end of the fiscal year. The statement of revenues, expenditures and changes in fund balance for the governmental fund generally presents increases (revenues) and decreases (expenditures) in net current resources. All operations of the Commission are accounted for in the general fund.

The fund financial statements have been prepared on the modified accrual basis of accounting. Revenues are recognized in the accounting period in which they become both measurable and available to finance expenditures of the current period. Revenues are considered available if they are received within 60 days after year-end. Revenues susceptible to accrual include tax revenues, grants, and investment income. Expenditures are recognized in the accounting period in which the fund liability is incurred except for compensated absences which are recorded only when payment is due.

Adjustments Between Fund Financial Statements and Government-Wide Financial Statements**Capital Assets**

Capital assets are not considered to be financial resources and therefore, are not reported as an asset in the fund financial statements. Capital assets in the amount of \$10,628,033 are capitalized and reported at cost, net of accumulated depreciation, in the government-wide financial statements. Capital assets purchased during the year in the amount of \$87,095 are reported as expenditures on the fund financial statements and capitalized on the government-wide financial statements. Depreciation expense for the year ended June 30, 2020 amounted to \$300,441 and is included in the government-wide financial statements.

Long-Term Liabilities

As of June 30, 2020, the Commission estimated its liability for vested compensated absences to be \$802,698. Compensated absence obligations are considered long-term in nature and are reported in the fund financial statements as expenditures in the period paid or when due and payable at year-end under the modified accrual basis of accounting. The compensated absences have been accrued in the government-wide financial statements and are included in long-term liabilities. The change in compensated absences during the year of \$111,632 is reported in the statement of activities and does not require the use of current financial resources.

For the year ended June 30, 2020, the Commission maintained a security deposit in the amount of \$16,480 related to a facility use agreement with La Petite Academy for use of the first floor of the Commission's building for the period of July 1, 2012 through June 30, 2020.

Unavailable Revenue

Under the modified accrual basis of accounting, revenue is recognized in the fund financial statements if it has been collected after year-end within the Commission's established availability period of 60 days. All other accrued revenues due to the Commission are recognized as unavailable revenue at year-end in the fund financial statements. Governmental funds recognized unavailable revenue where receivables are not available to liquidate liabilities of the current period. As of June 30, 2020, the Commission has unavailable revenues of \$766,288. The change in unavailable revenue during the year of (\$12,169,804) is reported in the statement of activities.

Net Position

In the government-wide financial statements, net position represents the difference between assets less liabilities and is classified into two components:

- Net investment in capital assets – This balance reflects the net position of the Commission that are invested in capital assets. This amount is generally not accessible for other purposes.
- Unrestricted net position – This balance represents the net amount of the assets and liabilities that are available for general use.

Fund Balance

Fund balance classifications comprise a hierarchy based primarily on the extent to which a government is bound to observe constraints imposed upon the use of the resources reported in governmental funds. The Commission established the following classifications and definitions of fund balance for the year ended June 30, 2020:

- a. **Nonspendable**
Portion of net resources that cannot be spent because they are not in an expendable form (e.g. Advances to Grantees) or the portion of net resources that cannot be spent because they must be maintained intact (e.g. revolving fund or the principal of an endowment).
- b. **Restricted (externally enforceable limitations on use)**
Amounts constrained to specific purposes by their providers (such as creditors, grantors, contributors, or laws and regulations of other governments: e.g. funds advanced by First 5 CA under specific agreements for services such as matching funds for specific initiatives). Amounts constrained by limitations imposed by law through constitutional provisions or enabling legislation (e.g. funds legally restricted by County, state, or federal legislature, or a government's charter or constitution; or amounts collected from non-spendable items such as long term portion of loan outstanding if those amounts are subject to legal constraint).
- c. **Committed (self-imposed limitations in place prior to end of the period)**
Amounts constrained by limitations imposed at the highest level of decision making authority that requires the same formal action at the same level to remove or modify. The formal action required by the Board of Commissioners for funds to be committed is action by way of resolution allocating funding for a specific program or initiative.
- d. **Assigned (limitation resulting from intended use)**
Amounts or limitations that are constrained by the Commission's intent to be used for a specific purpose (the purpose of the assignment must be narrower than the general fund itself) and are not either restricted or committed. Adoption of a Strategic Plan or Long Term Financial Plan with general spending parameters would be examples of the Commission's intent and would constitute an assignment. Accordingly, modification to the Commission's intent would not require formal action. Further, the Commission may designate a body/committee or an official who can specify such purposes. However, as of June 30, 2020, the Commission had not made such a designation.
- e. **Unassigned (residual net resources)**
Resources in the fund balance that cannot be reported in any other classification including a minimum fund balance reserve based on 50% of the operating and programmatic budget. It also includes the negative residual fund balance that cannot be eliminated by offsetting assigned fund balance amounts.

When both restricted and unrestricted resources are available for use, it is the Commission's policy to use restricted resources first and then unrestricted resources as needed. The spending priority of fund balance is restricted, committed, assigned, and then unassigned.

Effect of New Governmental Accounting Standards Board (GASB) Pronouncements**Effective in Current Fiscal Year**

GASB Statement No. 95 – In May 2020, GASB issued Statement No. 95, Postponement of the Effective Dates of Certain Authoritative Guidance. The primary objective of this Statement is to provide temporary relief to governments and other stakeholders in light of the COVID-19 pandemic. That objective is accomplished by postponing the effective dates of certain provisions in Statements and Implementation Guides that first became effective or are scheduled to become effective for periods beginning after June 15, 2018, and later. This statement was effective upon issuance. The Commission implemented this statement effective July 1, 2019 and has determined that there was no impact on the Commission's financial statements.

Effective in Future Fiscal Years

The GASB has issued the following pronouncements that have effective dates which may impact future financial statement presentation. The Commission has not determined the effect of the following Statements:

GASB Statement No. 84 - Fiduciary Activities.

GASB Statement No. 87 - Leases.

GASB Statement No. 89 - Accounting for Interest Cost Incurred Before the End of a Construction Period.

GASB Statement No. 90 - Majority Equity Interests – an amendment of GASB Statements No. 14 and No. 61.

GASB Statement No. 91 - Conduit Debt Obligations.

GASB Statement No. 92 - Omnibus 2020.

GASB Statement No. 93 - Replacement of Interbank Offered Rates.

GASB Statement No. 94 - Public-Private and Public-Public Partnerships and Availability Payment Arrangements.

GASB Statement No. 96 - Subscription-Based Information Technology Arrangements.

GASB Statement No. 97 - Certain Component Unit Criteria, and Accounting and Financial Reporting for Internal Revenue Code Section 457 Deferred Compensation Plans.

Investments

The Commission participates in the common investment pool of Los Angeles County. Investments are reported at fair value which is the amount at which financial instruments could be exchanged in a current transaction between willing parties. The Commission categorizes the fair value measurements of its investments based on the hierarchy established by generally accepted accounting principles. The fair value hierarchy, which has three levels, is based on the valuation inputs used to measure an asset's fair value: Level 1 inputs are quoted prices in active markets for identical assets; Level 2 inputs are significant other observable inputs; Level 3 inputs are significant unobservable inputs. The Los Angeles County Treasurer is responsible for establishing and consistently applying a policy for identifying those events that might affect fair value measurements.

Advances to Grantees

The Commission may provide advances to grantees/contractors that are repayable by the end of the fiscal year unless otherwise stipulated by contract or agreement. During fiscal year 2019-20, the Commission entered into agreements with various grantees to support the Commission’s 2015-2020 Strategic Plan “Focusing for the Future”. The Commission has the following outstanding advances to grantees as of June 30, 2020.

Advances to Grantees	
Los Angeles Universal Preschool	\$ 1,718,283
Community Partners	467,596
Los Angeles County Office of Education	<u>7,237</u>
Total advances to grantees	<u><u>\$ 2,193,116</u></u>

Capital Assets

Capital assets are composed of land, buildings, building improvements, computer software and accessories, office equipment and furniture and fixtures and are recorded at cost. Donated capital assets are recorded at acquisition value at the date of donation. The Commission capitalizes assets with a cost in excess of \$5,000 and with a useful life greater than one year. The Commission depreciates capital assets using a straight-line method over the estimated useful life of fifty years for buildings, four years for computers and five years for office equipment and furniture and fixtures. Building improvements are depreciated over the remaining useful life of the building.

Deferred Inflows of Resources

Deferred inflows of resources represent an acquisition of fund balance that applies to a future period and will not be recognized as an inflow of resources (revenue) until that time. The Commission has one type of deferred inflow, unavailable revenue, which occurs only under the modified accrual basis of accounting. Accordingly, the item is reported only in the governmental fund balance sheet. This amount is deferred and recognized as an inflow of resources in the period that the amounts become available.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Los Angeles County Children and Families First – Proposition 10 Commission

Notes to Financial Statements
For the Year Ended June 30, 2020

Note 2 - Cash and Investments

Total cash and investments at fair value, as of June 30, 2020 are as follows:

Cash	
Cash in bank	\$ 91,619
Investments	
Money Market Mutual Funds	8,000,795
Investments with County Treasurer	
Pooled cash and investments	<u>339,499,397</u>
Total investments	<u>347,500,192</u>
Total cash and investments	<u><u>\$ 347,591,811</u></u>

Cash in Bank

The California Government Code requires California banks and savings and loan associations to secure the Commission's deposits by pledging government securities as collateral. The market value of pledged securities must equal 110% of an agency's deposits. California law also allows financial institutions to secure an agency's deposits by pledging first trust deed mortgage notes having a value of 150% of an agency's total deposits and collateral is considered to be held in the name of the Commission. At June 30, 2020, cash held by financial institutions of \$93,860 was entirely insured and collateralized as described above. The book balance at June 30, 2020 was \$91,619.

Pooled Cash and Investments

Investments with the Los Angeles County Treasurer at June 30, 2020 are stated at fair value. The fair value of pooled investments is determined annually and is based on current market prices. The fair value of each participant's position in the pool is the same as the value of the pool shares. The method used to determine the value of participants' equity withdrawn is based on the book value of the participants' percentage participation at the date of such withdrawals. As of June 30, 2020, the Commission's percentage of participation is 1.02. The Los Angeles County Treasury is sponsored and administered by the County of Los Angeles and oversight is conducted by the County Treasury Oversight Committee. At June 30, 2020, the weighted average maturity for the County pool approximated 590 days and the County pool is not rated. For further information regarding the Los Angeles County Investment Pool, refer to the County of Los Angeles Comprehensive Annual Financial Report.

Fair Value Measurements

The Commission categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles. The hierarchy is based on the valuation inputs used to measure the fair value of the asset. Level 1 inputs are quoted prices in active markets for identical assets, Level 2 inputs are significant other observable inputs; Level 3 inputs are significant unobservable inputs.

Los Angeles County Children and Families First – Proposition 10 Commission

Notes to Financial Statements
For the Year Ended June 30, 2020

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Commission's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset or liability.

Deposits and withdrawals are made on the basis of \$1 and not fair value. Accordingly, the Commission's proportionate share of investments in the Los Angeles County Investment Pool at June 30, 2020 is uncategorized and not defined as a Level 1, Level 2, or Level 3 input. The Commission's investment in money market mutual funds is defined as a Level 2.

The table below identifies the investment types that are authorized by the California Government Code or the Commission's investment policy, where more restrictive. The table also identifies certain provisions of the California Government Code or the Commission's investment policy for a Specifically Invested Portfolio, where more restrictive, that address interest rate risk, credit risk, and concentration of credit risk.

Type	Limit Per Issuer	Total Limit	Maximum Maturity
Certificates of Deposits (CDs)	5%	30%	5 Years
Commercial Paper (CP)	5%	40%	5 Years
Corporate Notes	5%	30%	5 Years
Federal Agencies	15%	60%	5 Years
U.S. Treasuries	100%	100%	5 Years
Los Angeles County Investment Pool	None	None	N/A
Money Markey Mutual Funds	None	None	None

The County Treasurer's Investment Policy diversifies investments among issues and issuers with a minimum credit rating to mitigate credit risk. For an issuer of short-term debt, the rating must be no less than P-1/A (Moody's) or A-1/A (S&P) while an issuer of long-term debt shall be rated no less than A. The Commission's investment in money market mutual funds is rated Aaa (Moody's) and AAA (S&P).

Los Angeles County Children and Families First – Proposition 10 Commission

Notes to Financial Statements
For the Year Ended June 30, 2020

Note 3 - Capital Assets

	Balance July 1, 2019	Increases	Decreases	Balance June 30, 2020
Capital assets, not depreciated				
Land	\$ 2,039,000	\$ -	\$ -	\$ 2,039,000
Capital assets, depreciable				
Building and improvements	12,076,512	-	-	12,076,512
Computer software and accessories	1,952,690	87,095	-	2,039,785
Office equipment	331,035	-	-	331,035
Furniture and fixtures	627,670	-	-	627,670
Total depreciable capital assets	14,987,907	87,095	-	15,075,002
Less accumulated depreciation				
Building and improvements	(3,405,660)	(242,542)	-	(3,648,202)
Computer software and accessories	(1,821,167)	(57,899)	-	(1,879,066)
Office equipment	(331,032)	-	-	(331,032)
Furniture and fixtures	(627,669)	-	-	(627,669)
Total accumulated depreciation	(6,185,528)	(300,441)	-	(6,485,969)
Total capital assets, depreciable (Net)	8,802,379	(213,346)	-	8,589,033
Capital assets, net	\$ 10,841,379	\$ (213,346)	\$ -	\$ 10,628,033

Note 4 - Changes in Compensated Absences

Compensated absences liability activities for the year ended June 30, 2020 is as follows:

	Balance July 1, 2019	Increases	Decreases	Balance June 30, 2020	Due Within One Year
Compensated absences	\$ 691,066	\$ 767,198	\$ (655,566)	\$ 802,698	\$ 133,782

Los Angeles County Children and Families First – Proposition 10 Commission

Notes to Financial Statements
For the Year Ended June 30, 2020

Note 5 - Fund Balance

Fund balance is classified using a hierarchy based primarily on the extent to which a government is bound to observe constraints imposed upon the use of the resources reported in governmental funds. Fund balance at June 30, 2020 consists of the following:

Initiative/Program Allocation	
Los Angeles Universal Preschool (LAUP) dba: Child360	Nonspendable
Community Partners	\$ 1,718,283
Los Angeles County Office of Education (LACOE)	467,596
Total Nonspendable	7,237
	<u>\$ 2,193,116</u>
Families	Committed
Communities	\$ 37,631,000
Early Care & Education Systems	20,200,000
Health-Related Systems	18,791,000
Policy Agenda/Advocacy	4,368,000
Communications & Marketing	1,515,000
County Partnerships	5,748,000
Strategic Partnership - Cross-Cutting Funder Partnership	315,000
Strategic Partnership - Grantmaking Memberships	692,000
Community Engagement and Advocacy	41,000
Communities of Practice	207,000
Data Development and Integration	114,000
Data Partnership with Funders	752,000
Dissemination	850,000
Impact Framework	20,000
Knowledge Management	325,000
Learning Plan Development	80,000
Program Evaluation	100,000
Staff Capacity Building	2,082,000
Baby Friendly Hospitals/Family Place Libraries	75,000
Black Infant Health	22,958,080
Little by Little/One Step Ahead	1,559,165
Emerging Opportunities Fund	10,306,010
Capital Project Fund	3,000,000
Total Committed	6,609,275
	<u>\$ 138,338,530</u>
Strategic Plan	Assigned
Total Assigned	\$ 113,226,421
	<u>\$ 113,226,421</u>
Unassigned	Unassigned
Fund Balance Reserve - 50% of total FY 20-21 Budget	\$22,797,493
Total Unassigned	62,128,246
	<u>\$ 84,925,739</u>
Total Fund Balance	<u><u>\$ 338,683,806</u></u>

Note 6 - Program Evaluation

In accordance with the *Standards and Procedures for Audits of California Counties Participating in the California Children and Families Program*, issued by the California State Controller, the Commission is required to disclose the amounts expended during the fiscal year on program evaluation. Program evaluation costs pertain to those activities undertaken to support the collection, production, analysis and presentation of evaluation information for Commission management, Commissioners and other interested parties.

The Commission spent \$3,397,082 on program evaluation during the year ended June 30, 2020.

Note 7 - Deferred Compensation Plans

All regular and limited-term employees of the Commission participate in the 403(b) Savings and Investment Plan, a defined contribution plan administered by The Standard. Benefit provisions under the plan are established by the California Government Code Section 31694(a) and other applicable statutes. The 403(b) Savings and Investment Plan provides for service retirement, death, and disability benefits to plan members. The plan can be amended by executive management of the Commission.

Regular and limited-term employees are eligible to receive both an elective and a non-elective contribution based on years of completed service with the organization. The elective contribution requires employee participation in order to receive the employer match, and is between 1% and 3% depending on the employee's contribution and the years of service the employee has completed with the organization: 1% for less than one year, 2% after one year and 3% for after two years or more of completed service. The Commission also makes a separate, non-elective contribution into the retirement plan regardless of employee participation. This non-elective employer contribution is between 3% and 7.5% based on years of completed service with the organization: 3% for less than 5 years, 4.5% for 5 to 9 years, 6% for 10 to 14 years, and 7.5% after 15 years or more of completed service. Employer contributions are not 100% vested until an employee has completed three years of service with the organization, with a graded vesting schedule for employees who complete at least one year of service. The Commission contributed a total of \$843,821, comprised of \$344,670 in elective contribution and \$499,151 in non-elective contribution for the fiscal year ended June 30, 2020.

Note 8 - Unavailable Revenue

The general fund reports unavailable revenue on the governmental fund balance sheet in connection with resources that have been earned but are not yet available to finance expenditures of the current fiscal period. This type of deferred inflow of resources occurs only under the modified accrual basis of accounting. Accordingly, unavailable revenue is reported only in the general fund balance sheet. At the end of the current fiscal year, the components of unavailable revenue resulting from funds not received within the 60-day period of availability were as follows:

Unavailable Revenue	
IMPACT Funds	\$ 200,000
Hubs Funds	282,800
LA County: CHOI- MAA Federal Funds	226,954
University of Utah - Pritzker/Sorenson Grant	<u>56,534</u>
Total unavailable revenue	<u>\$ 766,288</u>

Note 9 - Risk Management

The Commission is exposed to various risks of loss related to general liability, property liability, health benefits, workers' compensation and auto. These risks are addressed through commercial insurance policies.

The Commission's property and liability insurance is provided by insurance companies that are "Non-Admitted" insurance companies in the State of California. If such a company becomes insolvent, the California Insurance Guarantee Association will not settle unpaid claims.

No claims or suits are pending against the Commission arising out of proposed claim settlements covered by insurance. No settlements exceeded insurance coverage during the last three years.

Note 10 - Commitments and Contingencies**Operating Lease**

The Commission leases equipment from a third party which expires in May 2022 and August 2024 and are non-cancelable. The future minimum rental payments due under the lease are as follows:

For Year Ending June 30,	Annual
2021	\$ 33,753
2022	32,715
2023	21,290
2024	21,290
2025	3,548
Total	<u>\$ 112,596</u>

The Commission recognized \$39,746 in lease expense for the year ended June 30, 2020.

Future Funding

The Commission has entered into future funding commitments with various entities, which are contingent on State funding.

Note 11 - Related Party Transactions

The Commission incurred expenses totaling \$41,330 for County of Los Angeles services provided during the year ended June 30, 2020.

The Commission paid \$41,043,816 of provider grants, operating services, consultant services, and professional services to organizations which are represented by 12 members of the Board of Commissioners.

Note 12 - First 5 California Signature Programs**Improve and Maximize Programs so All Children Thrive (IMPACT) Regional Coordination and Training and Technical Assistance Hubs (Hubs) Program**

The purpose of IMPACT is to support a network of local quality improvement systems to better coordinate, assesses, and improve the quality of early learning settings to achieve the goal of helping children ages 0 to 5 and their families thrive by increasing the number of high quality early learning settings, including supporting and engaging families in the early learning process. Funding is to center around Continuous Quality Improvement, including a network of local Quality Rating and Improving System (QRIS). All IMPACT funds require a local match based on county size. For the Commission, a one to one match ratio or a dollar of local funding match with a dollar of IMPACT fund is required. The Commission claimed \$650,251 in IMPACT Regional Coordination and Training reimbursable expenditures for the year ended June 30, 2020.

For IMPACT Hubs, the primary focus is to provide coordination and specialized support to consortia within a region or with similar technical assistance needs to create economies of scale while building a local early learning system. The Commission claimed \$146,900 in IMPACT Hubs reimbursable expenditures for the year ended June 30, 2020.

Required Supplementary Information
June 30, 2020

**Los Angeles County Children and
Families First – Proposition 10
Commission**

DRAFT 9/16/20

Los Angeles County Children and Families First – Proposition 10 Commission
Schedule of Revenues, Expenditures and Changes in Fund Balance– Budget and Actual – General Fund
For the Year Ended June 30, 2020

	Original Budget	Final Budget	Actual	Variance Positive (Negative)
Revenues				
Tobacco taxes	\$ 73,715,535	\$ 71,741,717	\$ 71,477,179	\$ (264,538)
Prop 56	-	-	18,068,329	18,068,329
State Commission Program Funds	-	-	1,901,074	1,901,074
Medi-Cal Administrative Activities	-	-	133,955	133,955
California Department of Education	-	-	328,658	328,658
Other program revenue	6,493,063	6,350,000	320,982	(6,029,018)
Investment income	4,492,864	4,711,550	6,938,051	2,226,501
Net increase (decrease) in fair value of investments	-	-	1,354,275	1,354,275
Other general income	-	-	110,899	110,899
Total revenues	84,701,462	82,803,267	100,633,402	17,830,135
Expenditures				
Program Costs				
Provider grants and other allocations	110,889,000	111,488,000	93,379,930	18,108,070
Pass-through grants	-	-	65,042	(65,042)
Total program costs	110,889,000	111,488,000	93,444,972	18,043,028
Operations & Administration				
Personnel Related Expenditures				
Salaries and wages	13,948,161	13,791,911	13,320,524	471,387
Fringe Benefits	3,919,170	3,919,170	3,961,163	(41,993)
Total personnel related expenditures	17,867,331	17,711,081	17,281,687	429,394
General Operating Expenditures				
ADP Payroll Charges	38,000	38,000	39,220	(1,220)
Workers' Compensation Insurance	65,000	68,000	67,984	16
Utilities	138,000	138,000	152,316	(14,316)
Corporate Insurance	75,000	84,300	87,132	(2,832)
Mileage and Parking	49,980	50,980	27,150	23,830
Telephones and Modems	55,800	55,800	55,935	(135)
Cell Phones and Mobile Devices	51,800	50,800	63,824	(13,024)
Outside Printing	20,500	20,500	7,768	12,732
Other Supplies	20,250	20,250	174	20,076
Postage and Delivery	13,200	13,200	3,064	10,136
Educational Supplies	3,900	3,900	2,734	1,166
Office Supplies	82,070	81,070	51,140	29,930
Subscriptions and Publications	21,155	20,905	21,644	(739)
Equipment Rental	55,000	55,000	39,746	15,254
Building Repairs and Maintenance	182,000	182,000	183,755	(1,755)
Equipment Repairs and Maintenance	13,000	13,000	-	13,000
Offsite Storage	35,152	35,152	23,748	11,404
Hardware and Software Maintenance	452,480	452,480	271,505	180,975
Miscellaneous/Contingency	70,000	70,000	-	70,000
Stipend/Honorarium	-	-	(900)	900
Internal Meetings	124,600	127,600	93,220	34,380
Division Capacity Building	100,000	100,000	2,503	97,497
Capital Outlay	134,500	134,500	18,454	116,046
Total general operating expenditures	1,801,387	1,815,437	1,212,116	603,321

DRAFT 9/16/20

Los Angeles County Children and Families First – Proposition 10 Commission
Schedule of Revenues, Expenditures and Changes in Fund Balance – Budget and Actual – General Fund
For the Year Ended June 30, 2020

	Original Budget	Final Budget	Actual	Variance Positive (Negative)
Professional Services				
Audit	80,000	80,000	41,646	38,354
Legal	175,000	169,000	83,167	85,833
Professional Dues	125,740	126,740	108,072	18,668
Staff Recruitment	20,000	10,000	6,204	3,796
Commission Stipends	30,000	30,000	15,300	14,700
Web-Based Services	50,000	48,000	28,097	19,903
Bank & Other Service Charges	32,000	42,700	41,330	1,370
Total professional services	<u>512,740</u>	<u>506,440</u>	<u>323,816</u>	<u>182,624</u>
Consultant Services				
Consultant Fees	\$ 1,372,700	\$ 1,479,862	\$ 971,822	\$ 508,040
Other Professional Fees	342,000	342,000	331,145	10,855
External Reviewers	1,000	2,500	5,560	(3,060)
Total consultant services	<u>1,715,700</u>	<u>1,824,362</u>	<u>1,308,527</u>	<u>515,835</u>
Travel and Meetings				
Airfare	176,500	174,500	80,278	94,222
Lodging	163,900	163,900	86,137	77,763
Per Diem	78,500	79,500	33,872	45,628
Other Travel Expense	29,950	32,021	24,647	7,374
Total travel and meetings	<u>448,850</u>	<u>449,921</u>	<u>224,934</u>	<u>224,987</u>
Professional Development				
Training Materials & Supplies	9,500	24,467	2,587	21,880
Internal Training	94,400	131,000	19,275	111,725
Leadership Programs	63,000	50,000	26,980	23,020
Conference Registration	211,150	205,950	76,947	129,003
External Education/Training	104,300	109,700	50,428	59,272
Total professional development	<u>482,350</u>	<u>521,117</u>	<u>176,217</u>	<u>344,900</u>
Capital Improvements	-	-	87,095	(87,095)
Total operating expenditures	<u>22,828,358</u>	<u>22,828,358</u>	<u>20,614,392</u>	<u>2,213,966</u>
Total program costs and operating expenditures	<u>133,717,358</u>	<u>134,316,358</u>	<u>114,059,364</u>	<u>20,256,994</u>
Excess (deficiency) of revenues over (under) expenditures	<u>\$ (49,015,896)</u>	<u>\$ (51,513,091)</u>	<u>\$ (13,425,962)</u>	<u>\$ 38,087,129</u>
Fund balance - Beginning of year			352,109,768	
Fund balance - End of year			<u>\$ 338,683,806</u>	

Note 1 – Budget Adoption

The Commission adopts a budget annually in accordance with generally accepted accounting principles based on estimates of revenue and anticipated expenditures. The Board of Commissioners has given the Executive Director authority to make budget adjustments between line items in the Commission’s annual budget for Operating and Administrative costs in an amount not to exceed \$25,000. Any budget adjustment between line items in excess of \$25,000 requires approval of the Board of Commissioners.

The accompanying Schedule of Revenues, Expenditures and Changes in Fund Balance – Budget and Actual – General Fund includes the budgeted expenditures for the year, along with management’s estimate of revenues for the year. The legal level of budgetary control is at the total fund level. The total final budget for FY 2019-20 was \$134.3 million, which included \$111.5 million for Program costs and \$22.8 million for Operating and Administrative costs.

Other Supplementary Information
June 30, 2020

Los Angeles County Children and Families First – Proposition 10 Commission

DRAFT 9/16/20

Los Angeles County Children and Families First – Proposition 10 Commission
Schedule of First 5 California Funding
For the Year Ended June 30, 2020

Program	Source	Revenue Funds	Expenditures
IMPACT Regional Coordination and Training	First 5 CA	\$ 650,251	\$ 650,251
Technical Assistance Hubs (Hubs)	First 5 CA	146,900	146,900

The information in this section is not covered by the Independent Auditor’s Report, but it is presented as supplemental data for the benefit of the readers of the comprehensive annual financial report. The objectives of statistical section information are to provide financial statement users with additional information to understand and assess the Commission's economic condition.

	Page
Financial Trends	
These schedules contain trend information to help the reader understand how the Commission's financial performance and well-being have changed over time.	36-39
Revenue Capacity	
These schedules contain trend information to help the reader assess the Commission's most significant revenue base.	40-42
Demographic Information	
These schedules offer economic and demographic indicators to help the reader understand how the information in the Commission's financial report relates to the services the Commission provides and the activities it performs.	43-45
Operating Information	
This schedule contains infrastructure data to help the reader understand how the information in the Commission's financial report relates to the services the Commission performs.	46-47

Sources:

Unless otherwise noted, the information in these schedules is derived from the comprehensive annual financial reports for the relevant years.

DRAFT 9/16/20

Los Angeles County Children and Families First – Proposition 10 Commission

Net Position by Component
Last Ten Fiscal Years

	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011
Restricted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Unrestricted	338,630,916	364,338,314	379,018,838	422,015,244	461,512,770	543,521,742	632,680,166	723,252,516	829,030,048	434,206,491
Net investment in capital asset	10,628,033	10,841,379	11,046,294	11,310,273	11,593,026	11,885,041	12,082,438	12,355,226	12,777,760	13,114,194
Total net position	\$ 349,258,949	\$ 375,179,693	\$ 390,065,132	\$ 433,325,517	\$ 473,105,796	\$ 555,406,783	\$ 644,762,604	\$ 735,607,742	\$ 841,807,808	\$ 447,320,685

* The Commission presented net position as unrestricted beginning with 2010.

DRAFT 9/16/20
Los Angeles County Children and Families First – Proposition 10 Commission
Changes Net Position
Last Ten Fiscal Years

	2020	2019	2018*	2017	2016	2015	2014	2013	2012	2011
Revenues										
Tobacco taxes*	\$ 60,022,841	\$ 68,580,443	\$ 72,330,836	\$ 83,567,141	\$ 87,942,700	\$ 89,475,135	\$ 90,280,307	\$ 94,112,590	\$ 100,187,619	\$ 100,269,182
Prop. 56	18,068,329	7,482,310	-	-	-	-	-	-	-	28,465,232
State School Readiness	-	-	-	-	-	-	-	-	-	7,933,188
State Commission Program Funds	922,472	13,986,085	896,040	556,665	5,796,252	10,283,414	18,009,907	2,749,082	8,098,412	507,869
Medi-Cal Administrative Activities	133,955	350,924	181,859	137,599	159,549	80,799	232,408	316,369	483,325	-
Partnership for Families Fund**	-	-	-	4,334,967	9,001,152	4,615,313	-	-	-	-
California Department of Education	328,658	376,551	298,700	-	-	-	-	-	-	-
Other program revenue	584,118	123,793	1,016,683	401,956	115,000	-	-	-	-	-
Investment income	6,938,051	8,183,532	6,830,856	4,003,489	3,759,751	3,903,275	6,368,593	(3,402,141)	915,935	12,004,422
Net increase (decrease) in FMV of investments	1,354,275	4,898,141	(2,742,856)	(3,026,254)	1,064,007	2,152,879	-	-	-	-
Other revenues	110,899	133,321	148,135	122,208	119,100	104,072	100,320	98,880	9,048	290,093
Total revenues:	\$ 88,463,598	\$ 104,115,100	\$ 78,960,253	\$ 90,097,771	\$ 107,957,511	\$ 110,614,887	\$ 114,991,535	\$ 93,874,779	\$ 109,694,339	\$ 149,469,986
Expenses										
Provider grants and other allocations	\$ 93,379,930	\$ 97,979,838	\$ 101,364,209	\$ 106,777,128	\$ 159,337,913	\$ 182,991,937	\$ 189,910,283	\$ 185,753,622	\$ 124,709,026	\$ 133,261,213
Pass-through grants	65,042	273,294	136,877	4,150,975	13,519,735	N/A	N/A	N/A	N/A	N/A
AB 99	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	(424,388,705)	424,388,705
First 5 California (SRI)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,137,220	2,506,120
Salaries and benefits	17,393,319	17,532,230	17,382,747	15,763,620	14,357,480	13,423,832	12,682,373	11,583,915	11,153,057	10,685,423
Operating services	1,212,116	1,122,911	1,232,687	1,172,319	1,157,290	1,346,532	1,207,259	1,159,609	1,138,850	1,324,708
Consultant services	1,308,527	881,090	850,154	999,806	990,724	1,216,609	956,488	549,676	331,046	1,523,221
Professional services	323,816	382,450	500,050	346,529	323,336	404,560	543,038	426,726	540,606	398,819
Professional development	176,217	186,902	166,975	-	-	-	-	-	-	-
Other expenses	224,934	339,524	273,951	358,346	255,453	264,892	183,974	149,116	114,384	116,223
Depreciation	300,441	302,300	312,988	309,327	316,567	322,346	353,258	452,182	471,732	585,814
Total expenses:	\$ 114,384,342	\$ 119,000,539	\$ 122,220,638	\$ 129,878,050	\$ 190,258,498	\$ 199,970,708	\$ 205,836,673	\$ 200,074,846	\$ (284,792,784)	\$ 574,790,246
Change in net position	\$ (25,920,744)	\$ (14,885,439)	\$ (43,260,385)	\$ (39,780,279)	\$ (82,300,987)	\$ (89,355,821)	\$ (90,845,138)	\$ (106,200,066)	\$ 394,487,123	\$ (425,320,260)

* For FY 2018, tobacco taxes include \$3,212,942 of Prop. 56 backfill.

**Partnership for Families initiative was funded by the LA County Department of Children and Family Services (DCFS), with First 5 LA acted as a pass-through entity and received reimbursement from DCFS. This initiative ended December 2016.

DRAFT 9/16/20
Los Angeles County Children and Families First – Proposition 10 Commission
Fund Balances – General Fund
Last Ten Fiscal Years

	<u>2020*</u>	<u>2019*</u>	<u>2018*</u>	<u>2017*</u>	<u>2016*</u>	<u>2015*</u>	<u>2014*</u>	<u>2013*</u>	<u>2012*</u>	<u>2011*</u>
Fund Balance										
Nondisposable	\$ 2,193,116	\$ 50,000	\$ 1,044,000	\$ 19,760,505	\$ 34,279,475	\$ 39,411,636	\$ 37,578,099	\$ 27,022,268	\$ 19,960,620	\$ -
Committed	138,338,530	154,580,859	195,282,039	216,214,576	249,515,814	340,879,636	451,133,640	561,003,855	631,710,435	632,471,832
Assigned	113,226,421	141,221,211	125,245,775	128,331,556	114,665,689	78,113,279	57,716,899	64,902,466	153,086,390	-
Unassigned	84,925,739	56,257,698	57,847,860	57,832,380	61,615,198	78,223,453	79,494,722	70,816,380	16,691,138	(205,716,806)
Total Fund Balance	<u>\$ 338,683,806</u>	<u>\$ 352,109,768</u>	<u>\$ 379,419,674</u>	<u>\$ 422,139,017</u>	<u>\$ 460,076,176</u>	<u>\$ 536,628,004</u>	<u>\$ 625,923,360</u>	<u>\$ 723,744,969</u>	<u>\$ 821,448,583</u>	<u>\$ 426,755,026</u>

* Fund balance presentation changed in fiscal year 2010-2011 due to the implementation of GASB 54.

DRAFT 9/16/20

Los Angeles County Children and Families First – Proposition 10 Commission
Changes in Fund Balances – General Fund
Last Ten Fiscal Years

	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011
Revenues										
Tobacco taxes*	\$ 71,477,179	\$ 68,580,443	\$ 72,330,836	\$ 83,567,141	\$ 87,942,700	\$ 89,475,135	\$ 90,280,307	\$ 94,112,590	\$ 100,187,619	\$ 100,269,182
Prop. 56	18,068,329	7,482,310	-	-	-	-	-	-	-	-
State School Readiness	-	-	-	-	-	-	-	-	-	39,242,565
State Commission Program Funds	1,901,074	13,986,085	896,040	556,665	5,796,252	11,050,327	10,668,187	10,741,413	7,960,036	95,713
Medi-Cal Administrative Activities	133,955	350,924	181,859	137,599	159,549	80,799	232,408	316,369	483,325	507,869
Partnership for Families Funds*	-	-	-	4,334,967	9,001,152	3,701,993	-	-	-	-
California Department of Education	328,658	376,551	298,700	-	-	-	-	-	-	-
Other program revenue	320,982	123,793	1,016,683	401,956	115,000	-	-	-	-	-
Investment income	6,938,051	8,183,532	6,830,856	4,003,489	3,759,751	3,903,275	6,368,593	(3,402,141)	915,935	12,004,422
Net increase (decrease) in FMV of investments	1,354,275	4,898,141	(2,742,856)	(3,026,254)	1,064,007	2,152,879	-	-	-	-
Other income	110,899	133,321	148,135	122,208	119,100	104,072	100,320	98,880	9,048	290,093
Total revenues:	<u>\$ 100,633,402</u>	<u>\$ 104,115,100</u>	<u>\$ 78,960,253</u>	<u>\$ 90,097,771</u>	<u>\$ 107,957,511</u>	<u>\$ 110,468,480</u>	<u>\$ 107,649,815</u>	<u>\$ 101,867,110</u>	<u>\$ 109,555,963</u>	<u>\$ 152,409,844</u>
Expenditures:										
Provider grants and other allocations	\$ 93,379,930	\$ 97,979,838	\$ 101,364,209	\$ 106,777,128	\$ 159,337,913	\$ 182,991,937	\$ 189,910,283	\$ 185,753,622	\$ 124,709,026	\$ 133,261,213
Pass-through grants	65,042	273,294	136,877	4,150,975	13,519,735	N/A	N/A	N/A	N/A	N/A
AB 99	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	(424,388,705)	424,388,705
First 5 California (SRI)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,137,220	2,506,120
Salaries and benefits	17,281,687	17,532,230	17,382,747	15,763,620	14,357,480	13,414,357	12,589,911	11,502,328	11,144,681	10,619,053
Operating services	1,212,116	1,122,911	1,232,687	1,172,319	1,157,290	1,346,532	1,207,258	1,159,609	1,138,850	1,324,708
Consultant services	1,308,527	881,090	850,154	999,806	990,724	1,216,609	956,488	549,676	331,046	1,523,221
Professional services	323,816	382,450	500,050	346,529	323,336	404,560	543,038	426,726	540,606	398,819
Professional development	176,217	186,902	166,975	-	-	-	-	-	-	-
Other expenses	224,934	339,524	273,951	358,346	255,453	264,892	183,974	149,116	114,384	116,223
Capital outlay	87,095	302,300	312,988	309,327	316,567	124,949	80,471	29,648	135,298	294,166
Total expenditures:	<u>\$ 114,059,364</u>	<u>\$ 119,000,539</u>	<u>\$ 122,220,638</u>	<u>\$ 129,878,050</u>	<u>\$ 190,258,498</u>	<u>\$ 199,763,836</u>	<u>\$ 205,471,423</u>	<u>\$ 199,570,724</u>	<u>\$ (285,137,594)</u>	<u>\$ 574,432,228</u>
Excess of revenues over expenditures	<u>\$ (13,425,962)</u>	<u>\$ (14,885,439)</u>	<u>\$ (43,260,385)</u>	<u>\$ (39,780,279)</u>	<u>\$ (82,300,987)</u>	<u>\$ (89,295,356)</u>	<u>\$ (97,821,608)</u>	<u>\$ (97,703,614)</u>	<u>\$ 394,693,557</u>	<u>\$ (422,022,384)</u>

*For FY 2018, tobacco taxes include \$3,212,942 of Prop. 56 backfill.

**Partnership for Families initiative was funded by the LA County Department of Children and Family Services (DCFS), with First 5 LA acted as a pass-through entity and received reimbursement from DCFS. This initiative ended December 2016.

DRAFT 9/16/20

Los Angeles County Children and Families First – Proposition 10 Commission

First 5 California County Tax Revenue Projections for FY 2019-2020 – FY2023-2024

2016 Projected Births	2016 Projected Birthrate	2018-2019 Tax Revenue Projection	2017 Projected Births	2017 Projected Birthrate	2019-2020 Tax Revenue Projection	2018 Projected Births	2018 Projected Birthrate	2020-2021 Tax Revenue Projection	2019 Projected Births	2019 Projected Birthrate	2021-2022 Tax Revenue Projection	2020 Projected Births	2020 Projected Birthrate	2022-2023 Tax Revenue Projection	2021 Projected Births	2021 Projected Birthrate	2023-2024 Tax Revenue Projection
122,958	25.169%	\$ 72,739,589	121,413	24.987%	\$ 71,741,717	119,336	24.735%	\$ 69,271,309	117,752	24.555%	\$ 67,078,213	115,758	24.303%	\$ 64,761,175	114,079	24.070%	\$ 62,565,322

Source:

"First 5 California County Tax Revenue Projections for FY 2018-19 through 2023-24"

(Updated 5/20/2019 Utilizing DOF May Revise 2019 Tobacco Tax Projections and DOF Birth Projections for California State and Counties 1990-2040)

DRAFT 9/16/20

Los Angeles County Children and Families First – Proposition 10 Commission
Cigarette Taxes and Other Tobacco Products Surtax Revenue
1959-60 to 2018-19
(In thousands of dollars)

Fiscal year	Cigarette tax				Other tobacco products surtax	
	Revenue a/	Distributors' discounts b/	Gross value of tax indicia c/	Refunds	Revenue	Rate
2018-19	\$1,786,074,000	\$ 5,305,000	\$ 1,791,379,000	\$ 3,659,000	\$ 271,772,000	62.78%
2017-18	1,852,854,000	15,884,000	1,868,738,000	1,033,000	169,244,000	65.08%
2016-17	948,636,000	8,133,000 d/	956,769,000 d/	1,185,000	95,330,000	27.30%
2015-16	741,937,000	6,360,000	748,297,000	1,262,000	101,427,000	28.13%
2014-15	748,022,000	6,413,000	754,434,000	837,000	86,949,000	28.95%
2013-14	751,513,000	6,443,000	757,956,000	600,000	86,424,000	29.82%
2012-13	782,115,000	6,705,000	788,820,000	498,000	82,548,000	30.68%
2011-12	820,322,000	7,032,000	827,355,000	1,017,000	80,424,000	31.73%
2010-11	828,831,000	7,105,000	835,937,000	1,308,000	77,016,000	33.02%
2009-10	838,709,000	7,187,000	845,896,000	1,583,000	84,617,000	41.11%
2008-09	912,724,000	7,819,000	920,543,000	626,000	85,506,000	45.13%
2007-08	955,030,000	8,185,000	963,215,000	727,000	85,929,000	45.13%
2006-07	998,723,000	8,558,000	1,007,281,000	1,330,000	79,946,000	46.76%
2005-06	1,026,497,000	8,795,000	1,035,293,000	1,707,000	67,348,000	46.76%
2004-05	1,024,272,000	8,778,000	1,033,051,000	1,653,000	58,441,000	46.76%
2003-04	1,021,366,000	8,755,000	1,030,121,000	4,721,000	44,166,000	46.76%
2002-03	1,031,772,000	8,845,000	1,040,617,000	13,248,000	40,996,000	48.89%
2001-02	1,067,004,000	9,146,000	1,076,150,000	10,774,000	50,037,000	52.65% e/
2000-01	1,110,692,000	9,503,000	1,120,195,000	8,741,000	52,834,000	54.89%
1999-00	1,166,880,000	9,980,000	1,176,859,000	9,413,000	66,884,000	66.50%
1998-99	841,911,000	7,206,000	849,117,000	6,808,000	42,137,000 g/	61.53% g/
1997-98	612,066,000	5,244,000	617,309,000	5,448,000	39,617,000	29.37%
1996-97	629,579,000	5,394,000	634,973,000	5,060,000	41,590,000	30.38%
1995-96	639,030,000	5,469,000	644,499,000	6,193,000	32,788,000	31.20%
1994-95	656,923,000	5,628,000	662,551,000	11,159,000	28,460,000	31.20%
1993-94	647,993,000	5,553,000	653,546,000	8,353,000	19,773,000	23.03%
1992-93	667,479,000	5,715,000	673,195,000	9,138,000	21,480,000	26.82%
1991-92	711,275,000	6,086,000	717,362,000	7,791,000	22,016,000	29.35%
1990-91	729,612,000	6,242,000	735,854,000	7,904,000	24,064,000	34.17%
1989-90	770,042,000	6,581,000	776,623,000	11,615,000	24,956,000 h/	37.47%
1988-89	499,712,000	4,273,000	503,984,000	4,968,000	9,994,000 h/	41.67%
1987-88	254,869,000	2,180,000	257,049,000	2,970,000		
1986-87	257,337,000	2,202,000	259,539,000	2,661,000		
1985-86	260,960,000	2,231,000	263,190,000	2,834,000		
1984-85	265,070,000	2,267,000	267,337,000	2,390,000		
1983-84	265,265,000	2,267,000	267,532,000	2,756,000		
1982-83	273,748,000	2,336,000	276,084,000	2,060,000		
1981-82	278,667,000	2,383,000	281,050,000	1,843,000		
1980-81	280,087,000	2,395,000	282,482,000	1,567,000		
1979-80	272,119,000	2,327,000	274,446,000	1,645,000		
1978-79	270,658,000	2,315,000	272,973,000	1,408,000		
1977-78	275,042,000	2,352,000	277,394,000	1,239,000		
1976-77	270,502,000	2,315,000	272,817,000	832,000		
1975-76	269,852,000	2,309,000	272,161,000	927,000		
1974-75	264,182,000	2,262,000	266,444,000	745,000		
1973-74	259,738,000	2,222,000	261,960,000	632,000		
1972-73	253,089,000	2,167,000	255,256,000	626,000		
1971-72	248,398,000	2,127,000	250,525,000	677,000		
1970-71	240,372,000	2,058,000	242,430,000	552,000		

Fiscal year	Cigarette tax				Other tobacco products surtax	
	Revenue a/	Distributors' discounts b/	Gross value of tax indicia c/	Refunds	Revenue	Rate
1969-70	237,220,000	2,032,000	239,253,000	455,000		
1968-69	238,836,000	2,046,000	240,882,000	492,000		
1967-68	208,125,000	1,862,000	209,987,000	328,000		
1966-67	75,659,000	1,543,000	77,202,000	129,000		
1965-66	74,880,000	1,528,000	76,407,000	88,000		
1964-65	74,487,000	1,520,000	76,007,000	61,000		
1963-64	71,530,000	1,459,000	72,989,000	71,000		
1962-63	70,829,000	1,445,000	72,274,000	79,000		
1961-62	68,203,000	1,390,000	69,593,000	47,000		
1960-61	66,051,000	1,675,000 l/	67,726,000	76,000		
1959-60	61,791,000	767,000 m/	62,558,000	67,000		

Footnotes

- a. Net of refunds for tax indicia on cigarettes that become unfit for use (See Refunds).
- b. A discount of .85 percent of gross value of tax indicia is granted to distributors for affixing the stamps. From July 1, 1960, until August 1, 1967, the discount rate was 2 percent.
- c. Includes sales of indicia purchased on credit. Effective July 16, 1961, distributors have been able to purchase tax indicia on credit.
- d. Effective April 1, 2017, the overall tax rate on cigarettes was increased from 87 cents to \$2.87 per pack.
- e. From July 1, 2001, through September 9, 2001, the surtax rate on smokeless tobacco ranged from 131 percent for moist snuff to 490 percent for chewing tobacco. Effective September 10, 2001, the surtax rate on smokeless tobacco was lowered to 52.65 percent.
- f. Effective January 1, 1999, the overall tax rate on cigarettes was increased from 37 cents to 87 cents per pack under voter-approved Proposition 10. The additional 50-cent-per-pack tax was imposed to raise funds for early childhood development programs. Excludes \$87,978,766 in 1998-99 from the floor stocks taxes for both cigarettes and other tobacco products levied on January 1, 1999.
- g. From July 1, 1998, through December 31, 1998, the surtax rate was 26.17 percent for other tobacco products. Effective January 1, 1999, the new surtax imposed under Proposition 10 raised the combined surtax rate to 61.53 percent for other tobacco products. The new surtax is equivalent (in terms of the wholesale costs of other tobacco products) to a 50-cent-per-pack tax on cigarettes.
- h. Effective January 1, 1994, the overall tax rate on cigarettes was increased from 35 cents to 37 cents per pack. The additional 2-cent-per-pack tax was imposed to raise funds for breast cancer research and education.
- i. Effective January 1, 1989, an additional 25-cent-per-pack surtax was imposed on cigarettes and a new 41.67 percent surtax was imposed on other tobacco products. Excludes \$57,927,856 in 1988-89 and \$595,000 in 1989-90 from the floor stocks tax levied on January 1, 1989.
- j. Effective August 1, 1967, the tax rate was increased from 3 cents to 7 cents per pack. On October 1, 1967, the rate was further increased to 10 cents per pack, with the stipulation that 30 percent of the tax be allocated to cities and counties. Includes \$6,515,209 from the 4-cent-per-pack floor stocks tax levied on August 1, 1967; and \$4,889,485 from the 3-cent-per-pack floor stocks tax imposed October 1, 1967.
- k. Refunds made for distributors' discounts in the 1960-61 fiscal year on purchases made in the 1959-60 fiscal year have been deducted. These refunds amounted to \$324,000.
- l. Effective July 1, 1960, a discount was allowed at the time tax indicia were purchased.
- m. Includes \$2,673,048 from the 3-cent-per-pack floor stocks tax imposed July 1, 1959; and also includes the amount of distributors' discounts which were refunded after purchase of indicia. During July and August of 1959, the tax was collected by invoice and no discount was allowed on these collections of \$8,123,700, nor on the \$2,673,048 tax on floor stocks.

DRAFT 9/16/20
Los Angeles County Children and Families First – Proposition 10 Commission
Demographic Data and Economic Statistic

Demographic Data

	2011 (1)	2012 (1)	2013 (1)	2014 (1)	2015 (1)	2016 (1)	2017 (1)	2018 (1)	2019 (1)	2020 (1)
Total Population	9,902,197	9,990,748	10,067,904	10,126,977	10,181,066	10,215,207	10,261,736	10,278,836	10,324,698	10,257,557
White	2,743,604	2,746,860	2,747,854	2,745,389	2,742,057	2,734,611	2,732,047	2,722,365	2,724,168	2,637,825
Black	827,192	830,806	833,290	834,117	833,564	831,614	831,069	828,565	832,355	833,261
American Indian	19,581	19,753	19,859	19,959	20,027	20,093	20,175	20,229	20,410	29,994
Asian	1,344,135	1,354,023	1,364,296	1,372,821	1,381,892	1,385,913	1,393,055	1,395,155	1,395,377	1,646,804
Native Hawaiian & Other Pacific Islander	23,398	23,705	23,919	24,085	24,189	24,289	24,403	24,476	24,597	23,806
Hispanic or Latino	4,759,731	4,827,179	4,886,304	4,934,442	4,979,470	5,015,652	5,054,516	5,078,483	5,114,541	4,877,565
Multi-race	184,556	188,422	192,382	196,164	199,867	203,035	206,471	209,563	209,563	208,302
Female	5,019,305	5,062,122	5,099,417	5,127,633	5,155,652	5,175,095	5,201,009	5,210,549	5,232,284	5,194,651
Male	4,882,892	4,928,626	4,968,487	4,999,344	5,025,414	5,040,112	5,060,727	5,068,287	5,092,414	5,062,906
Under 5 years	649,434	648,278	646,688	646,206	645,034	634,158	624,988	607,092	587,690	568,989
5-9 years	631,437	638,148	643,942	644,459	643,497	644,771	640,576	636,547	637,200	634,122
10-14 years	662,373	651,743	643,751	637,498	632,422	629,523	634,291	637,463	638,667	632,785
15-19 years	766,806	767,285	755,305	742,241	727,556	713,861	697,383	692,400	691,590	682,645
20-24 years	752,195	764,271	783,178	797,897	807,553	810,493	802,622	786,678	773,665	771,182
25-29 years	740,780	722,040	700,712	681,244	668,489	666,490	676,732	691,365	706,231	705,970
30-39 years	1,429,129	1,437,704	1,447,018	1,450,724	1,447,331	1,440,568	1,431,051	1,413,067	1,397,968	1,423,634
40-49 years	1,428,340	1,432,793	1,429,492	1,423,090	1,419,677	1,414,860	1,413,542	1,406,380	1,400,493	1,351,616
50-59 years	1,257,742	1,285,111	1,311,668	1,330,539	1,343,517	1,348,247	1,354,647	1,355,259	1,362,848	1,333,654
60-69 years	821,450	859,004	896,157	935,625	979,320	1,016,812	1,048,181	1,075,050	1,104,938	1,100,157
70-79 years	449,308	465,003	484,287	504,232	525,638	546,827	579,910	611,339	643,520	657,221
80+ years	313,203	319,368	325,706	333,222	341,032	348,597	357,813	366,196	379,888	395,582

Source:

(1) State of California, Department of Finance, Population Projections for California and Its Counties 2010-2060. Sacramento, CA, January 2013.

Economic Data

	2011	2012	2013	2014	2015	2016	2017	2018	2019**	2020**
LA County Personal Income	\$ 454,935,533	486,733,508	483,578,594	514,516,564	549,073,019	563,907,868	593,741,110	628,808,732	N/A	N/A
LA County Per Capita Personal Income	46,007	48,900	48,283	51,111	54,298	55,624	58,419	62,224	N/A	N/A
California Personal Income	\$ 1,727,433,579	1,838,567,162	1,861,956,514	1,986,025,976	2,133,664,158	2,212,691,221	2,303,870,496	2,475,727,500	N/A	N/A
California Per Capita Personal Income	45,854	48,359	48,555	51,317	54,664	56,374	58,272	62,586	N/A	N/A
United States Personal Income	\$ 13,233,436,000	13,904,485,000	14,068,960,000	14,811,388	15,547,661,000	15,913,777,000	16,413,550,863	17,572,929,100	N/A	N/A
United States Per Capita Personal Income	42,463	44,283	44,489	46,486	48,429	49,204	50,392	53,712	N/A	N/A

Source:

Bureau of Economic Analysis: <http://www.bea.gov/iTable/iTable.cfm?reqid=70&step=1&isuri=1&acrdn=4> (Tables SA1-3 and CA1-3)

Personal income data are shown in thousands of dollars; per capita income data are shown in dollars.

**2019 and 2020 economic data is not yet available for Los Angeles County, State of California and United States.

DRAFT 9/16/20
 Los Angeles County Children and Families First – Proposition 10 Commission
 Unemployment Rate
 2010 - 2019

Area	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
United States	3.7%	3.7%	4.4%	4.3%	5.3%	6.2%	7.4%	8.1%	8.9%	9.6%
California	4.0%	4.2%	4.8%	4.7%	6.2%	7.5%	8.9%	10.4%	11.8%	12.4%
Los Angeles County	4.0%	4.6%	4.7%	4.6%	6.7%	8.3%	9.9%	10.9%	12.3%	12.6%

Source:
 Bureau of Labor Statistics (<http://www.bls.gov/>; annual averages)

DRAFT 9/16/20
Los Angeles County Children and Families First – Proposition 10 Commission
Ten Largest Industries

Industry	June 30, 2019			June 30, 2010		
	Number of Employees	Rank	Percentage of Total	Number of Employees	Rank	Percentage of Total
Trade, Transportation & Utilities	844,200	1	17.44%	743,900	1	17.37%
Educational & Health Services	840,300	2	17.36%	666,000	2	15.55%
Professional & Business Services	627,300	3	12.96%	516,200	4	12.05%
Government	603,900	4	12.48%	599,200	3	13.99%
Leisure & Hospitality	555,400	5	11.47%	389,800	5	9.10%
Manufacturing	344,400	6	7.11%	382,600	6	8.93%
Financial Activities	219,900	7	4.54%	211,600	7	4.94%
Information	210,100	8	4.34%	190,800	8	4.45%
Other Services	164,600	9	3.40%	138,500	9	3.23%
Construction	157,900	10	3.26%	104,500	10	2.44%
Sub-total Ten Largest Industries	4,568,000		94.36%	3,943,100		92.05%
All Other Industries	272,800		5.64%	340,300		7.95%
Total Industries	4,840,800		100.00%	4,283,400		100.00%

Note:

(1) Employment by industry is presented because employment data for individual employers was unavailable.

Source:

County of Los Angeles Comprehensive Annual Financial Report for the year ended June 30, 2019:
<http://auditor.lacounty.gov/wp-content/uploads/2020/01/CAFR-FY-2018-2019.pdf>

Capital Assets (Land, Building, Furniture & Equipment) are used by the Commission for general operating and administrative function. The Commission has only one (1) centrally located building supported by other capital assets.

Los Angeles County Children and Families First – Proposition 10 Commission
Authorized Positions by Function
2012 - 2020

Functional Area	Fiscal Year								
	2020 (9)	2019 (8)	2018 (7)	2017 (6)	2016 (5)	2015 (4)	2014 (3)	2013 (2)	2012 (1)
Executive	8	8	7	8	5	4.5	5.5	3	2
Administration	32	32	30	38	37.5	34.5	34	35	33
Programs	108	108	111	107	106	101.5	91.5	92	91
Total	148	148	148	153	148.5	140.5	131	130	126

Note:

(1) Data are budgeted authorized positions approved as part of the fiscal year budget

Source:

- (1) First 5 LA Approved FY 2011-12 Operating Budget
- (2) First 5 LA Approved FY 2012-13 Operating Budget
- (3) First 5 LA Approved FY 2013-14 Operating Budget
- (4) First 5 LA Approved FY 2014-15 Operating Budget
- (5) First 5 LA Approved FY 2015-16 Operating Budget
- (6) First 5 LA Approved FY 2016-17 Operating Budget
- (7) First 5 LA Approved FY 2017-18 Operating Budget
- (8) First 5 LA Approved FY 2018-19 Operating Budget
- (9) First 5 LA Approved FY 2019-20 Operating Budget

Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

Board of Commissioners
Los Angeles County Children and Families
First – Proposition 10 Commission
Los Angeles, California

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities and the general fund of the Los Angeles County Children and Families First – Proposition 10 Commission (Commission), a component unit of the County of Los Angeles, California, as of and for the year ended June 30, 2020, and the related notes to the financial statements, which collectively comprise the Commission's basic financial statements, and have issued our report thereon dated October 8, 2020.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Commission's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Commission's internal control. Accordingly, we do not express an opinion on the effectiveness of the Commission's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Commission's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Rancho Cucamonga, California
October 8, 2020

Independent Auditor's Report on State Compliance

Board of Commissioners
Los Angeles County Children and Families
First – Proposition 10 Commission
Los Angeles, California

Compliance

We have audited the Los Angeles County Children and Families First – Proposition 10 Commission's (Commission), a component unit of the County of Los Angeles, California, compliance with the requirements specified in the State of California's *Standards and Procedures for Audits of Local Entities Administering the California Children and Families Act*, issued by the State Controller's Office, applicable to the Commission's statutory requirements identified below for the year ended June 30, 2020.

Management's Responsibility

Management is responsible for compliance with the requirements of the laws and regulations applicable to the California Children and Families Act.

Auditor's Responsibility

Our responsibility is to express an opinion on the Commission's compliance with the requirements referred to above based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America, the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, and the State of California's *Standards and Procedures for Audits of Local Entities Administering the California Children and Families Act*, issued by the State Controller's Office. Those standards and the State of California's *Standards and Procedures for Audits of Local Entities Administering the California Children and Families Act* require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the requirements referred to above that could have a direct and material effect on the statutory requirements listed below. An audit includes examining, on a test basis, evidence about the Commission's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance. However, our audit does not provide a legal determination of the Commission's compliance with those requirements. In connection with the audit referred to above, we selected and tested transactions and records to determine the Commission's compliance with the state laws and regulations applicable to the following items:

<u>Description</u>	<u>Audit Guide Procedures</u>	<u>Procedures Performed</u>
Contracting and Procurement	6	Yes
Administrative Costs	3	Yes
Conflict-of-Interest	3	Yes
County Ordinance	4	Yes
Long-range Financial Plans	2	Yes
Financial Condition of the Commission	1	Yes
Program Evaluation	3	Yes
Salaries and Benefit Policies	2	Yes

Opinion

In our opinion, the Commission complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on the California Children and Families Program for the year ended June 30, 2020.

Purpose of Report

The purpose of this report on compliance is solely to describe the scope of our testing over compliance and the results of that testing based on the State of California's *Standards and Procedures for Audits of Local Entities Administering the California Children and Families Act*, issued by the State Controller's Office. Accordingly, this report is not suitable for any other purpose.

Rancho Cucamonga, California
October 8, 2020

FIRST 5 LA

SUBJECT:

2019-2020 First 5 LA Annual Report to First 5 California (State Commission)

RECOMMENDATION:

Approve the First 5 LA Annual Report to First 5 California (State Commission)

BACKGROUND:

Each year staff prepares a report to the State Commission that provides fiscal and programmatic information in response to a State Commission-designated template. This request and preliminary findings were presented as an information item at the Executive Committee Meeting on September 22, 2020 and the Special Meeting of the Board of Commissioners and Program & Planning Committee on September 24, 2020 (per the by-laws). The final report reflects refinements and updates including the addition of expenditure data based on our Annual Audit.

DISCUSSION:

Staff seeks approval of the First 5 LA Annual Report for Fiscal Year 2019-2020 (July 1, 2019 – June 30, 2020, Attachment 1), which is due to First 5 California by October 30, 2020. First 5 LA staff will submit the entire report via the web-based forms provided by the State Commission. Report findings are consistent with First 5 LA's 2020-2028 Strategic Plan and direction anchored in systems change.

As part of the data submission requirement, staff must map First 5 LA programmatic efforts to investment areas defined by First 5 California. It is important to note that the First 5 California investment areas do not align with the strategies outlined in our current strategic plan, and therefore provide an additional perspective than our typical approach to telling First 5 LA's story.

The report sections outlined below reflect the categories and format required by First 5 California. Key findings are summarized for each section.

Section 1: Revenue and Expenditure Summary

This section captures First 5 LA's fiscal data showing the relationship between financial resources and services.

- *Revenue and Expenditures:* First 5 LA revenue for FY 19-20 totaled \$100,633,402 while expenditures totaled \$114,059,364 for a net change in fund balance of negative \$13,425,962. The total ending fund balance for FY 19-20 is \$338,683,806.
- *Population Served:* First 5 LA served a total of 89,180 children, families, and providers in FY 19 – 20.
 - All 34,333 children and 39,838 caregivers were served through Improved Child Health investments such as home visiting, early identification and intervention services, and Black Infant Health Program.
 - The 15,009 providers were primarily served through Improved Child Development investments, such as the Early Childhood Educator Competencies Professional Development Grants and the Los Angeles County Early Care and Education Workforce Registry. A small proportion of providers were also served through Improved Child Health investments and Improved Family Functioning investments.

Section 2: Demographic Worksheet

This section captures demographic information about the populations served by First 5 LA at the county level.

- *Child Demographics:* In terms of age, 89.9% of children served by First 5 LA were under 3 years old while 9.7% were 3 through 5 years old. The majority (70.4%) of children were of Latino/Hispanic background, 8.7% were white, 7.8% were Black/African American, 4.0% were Asian/Pacific Islander, and 2.3% were multi-racial. Of the 34,333 children served, 60.3% spoke primarily English and 34.7% spoke primarily Spanish.

- *Caregiver Demographics:* The majority (54.3%) of caregivers were also of Latino/Hispanic background, 29.0 were of unknown race/ethnicity, 5.1% were white, 6.0% were Black/African American, and 3.1% were Asian/Pacific Islander, and 1.6% were multi-racial. Of the 39,838 caregivers served, 46.8% spoke primarily English, 24.4% spoke primarily Spanish, and 27.7% did not have a primary language identified (unknown).

Section 3: Evaluation Summary/County Highlights

This section provides information about completed evaluations focused on improved family functioning, child development, child health, and systems of care. County highlights describing accomplishments during the fiscal year are also reported in this section.

- *Evaluations:* No evaluations were concluded in FY 19-20; However, First 5 LA had ongoing evaluations, including the QSLA Developmental Evaluation, the First Connections Implementation and Outcomes Evaluation, and the Welcome Baby Impact Study.
- *County Highlights:* First 5 LA had over 100 success stories submitted by grantees and contractors for FY 19 – 20, including First Connections supporting families in navigating the complex early identification and intervention system to successfully link them with needed developmental services Region 2's Regional Support Network Grantee, Community Health Councils (CHC), working with Sustainable Economic Enterprises of LA (SEE-LA) to establish the Farm Box Grab & Go to distribute over 17,000 farm boxes to residents in response to the COVID-19 pandemic.



Annual Report AR-1

Los Angeles Revenue and Expenditure Summary

July 1, 2019 - June 30, 2020

Revenue Detail

Category	Amount
Tobacco Tax Funds	\$89,545,508
First 5 Impact Funds	\$650,251
Small Population County Augmentation Funds	\$0
DLL Pilot Funds	\$0
Other First 5 California Funds	\$0
Other First 5 California Funds Description	
Other Public Funds	\$0
Other Public Funds Description	
Donations	\$0
Revenue From Interest Earned	\$6,938,051
Grants	\$0
Grants Description	
Other Funds	\$3,499,592
Other Funds (Net Increase in Fair Market Value of Investments \$1,354,275; La Petite Rental Income \$110,899; Hubs Program \$282,800; Medi-Cal Administrative Activities 1\$33,955; Other Program Revenue \$591,276; California Department of Education \$ 328,658; Suplus Monetary Investment Fund \$270,775; Los Angeles County Children's Health Outreach Initiatives (CHOI) \$ 226,954; Los Angeles County Office of Education \$200,000)	
Total Revenue	\$100,633,402

Improved Family Functioning

Service	Grantee	Program(s)	Children	Caregivers	Providers	Amount
Intensive Family Support	CBO/Non-Profit	Not Applicable	0	0	37	\$40,353
Total						\$40,353

Improved Child Development

Service	Grantee	Program(s)	Children	Caregivers	Providers	Amount
Quality Early Learning Supports	CBO/Non-Profit	Quality Counts California	0	0	219	\$16,351,975
Quality Early Learning Supports	Resource and Referral Agency (COE or Non-Profit)	Quality Counts California	0	0	13052	\$747,331
Quality Early Learning Supports	Research/Consulting Firm	Not Applicable	0	0	516	\$38,860
Quality Early Learning Supports	CBO/Non-Profit	Not Applicable	0	0	26	\$142,441
Quality Early Learning Supports	Child Care Centers	Not Applicable	0	0	60	\$60,322
Quality Early Learning Supports	CBO/Non-Profit	Not Applicable	0	0	40	\$60,322
Quality Early Learning Supports	County Office of Education/School District	Not Applicable	0	0	52	\$60,322
Quality Early Learning Supports	County Office of Education/School District	Not Applicable	0	0	120	\$60,322
Quality Early Learning Supports	Resource and Referral Agency (COE or Non-Profit)	Not Applicable	0	0	70	\$60,322
Quality Early Learning Supports	CBO/Non-Profit	Not Applicable	0	0	90	\$60,322
Total						\$17,642,539

Improved Child Health

Service	Grantee	Program(s)	Children	Caregivers	Providers	Amount
General Health Education and Promotion	Other Public	• Not Applicable	0	97	0	\$0
General Health Education and Promotion	Other Public	• Not Applicable	13	25	17	\$68,558
Early Intervention	Child Care Centers	• Care Coordination	847	0	36	\$153,031
Early Intervention	CBO/Non-Profit	• Care Coordination	20	36	0	\$134,483
Early Intervention	CBO/Non-Profit	• Care Coordination	1977	411	0	\$147,675
Early Intervention	CBO/Non-Profit	• Care Coordination	2101	0	0	\$156,959
Early Intervention	CBO/Non-Profit	• Care Coordination	3473	3473	31	\$134,748
Early Intervention	CBO/Non-Profit	• Care Coordination	871	887	76	\$145,274
Early Intervention	Hospital/Health Plan	• Not Applicable	0	0	545	\$137,427
Perinatal and Early Childhood Home Visiting	Hospital/Health Plan	• Local Model	631	1104	0	\$1,620,991
Perinatal and Early Childhood Home Visiting	Hospital/Health Plan	• Local Model	2126	3854	0	\$2,055,559
Perinatal and Early Childhood Home Visiting	Hospital/Health Plan	• Local Model	1492	1955	0	\$1,971,943
Perinatal and Early Childhood Home Visiting	Hospital/Health Plan	• Local Model	2105	2455	0	\$2,631,264

169

Total \$41,939,483

Service	Grantee	Program(s)	Children	Caregivers	Providers	Amount
Perinatal and Early Childhood Home Visiting	Hospital/Health Plan	Local Model	1406	3112	0	\$1,682,726
Perinatal and Early Childhood Home Visiting	CBO/Non-Profit	Local Model	2000	3636	0	\$2,065,816
Perinatal and Early Childhood Home Visiting	Hospital/Health Plan	Local Model	1777	1725	0	\$1,409,898
Perinatal and Early Childhood Home Visiting	Hospital/Health Plan	Local Model	3769	4678	0	\$2,541,246
Perinatal and Early Childhood Home Visiting	CBO/Non-Profit	Local Model	1715	2755	0	\$3,344,479
Perinatal and Early Childhood Home Visiting	CBO/Non-Profit	- Healthy Families America - Parents as Teachers	96	167	0	\$546,418
Perinatal and Early Childhood Home Visiting	CBO/Non-Profit	- Healthy Families America - Parents as Teachers	94	171	0	\$622,038
Perinatal and Early Childhood Home Visiting	CBO/Non-Profit	- Healthy Families America - Parents as Teachers	171	300	0	\$1,089,348
Perinatal and Early Childhood Home Visiting	CBO/Non-Profit	- Healthy Families America - Parents as Teachers	36	29	0	\$326,034
Perinatal and Early Childhood Home Visiting	CBO/Non-Profit	- Healthy Families America - Parents as Teachers	177	357	0	\$1,613,391

170

Total **\$41,939,483**

Service	Grantee	Program(s)	Children	Caregivers	Providers	Amount
Perinatal and Early Childhood Home Visiting	CBO/Non-Profit	• Healthy Families America • Parents as Teachers	177	313	0	\$396,403
Perinatal and Early Childhood Home Visiting	CBO/Non-Profit	• Healthy Families America • Parents as Teachers	135	196	0	\$786,994
Perinatal and Early Childhood Home Visiting	CBO/Non-Profit	• Healthy Families America • Parents as Teachers	64	82	0	\$477,697
Perinatal and Early Childhood Home Visiting	CBO/Non-Profit	• Healthy Families America • Parents as Teachers	35	40	0	\$411,314
Perinatal and Early Childhood Home Visiting	CBO/Non-Profit	• Healthy Families America • Parents as Teachers	64	137	0	\$509,382
Perinatal and Early Childhood Home Visiting	CBO/Non-Profit	• Healthy Families America • Parents as Teachers	93	163	0	\$1,090,960
Perinatal and Early Childhood Home Visiting	CBO/Non-Profit	• Healthy Families America • Parents as Teachers	105	113	0	\$776,252
Perinatal and Early Childhood Home Visiting	CBO/Non-Profit	• Healthy Families America • Parents as Teachers	13	13	0	\$283,862

171

Total **\$41,939,483**

Service	Grantee	Program(s)	Children	Caregivers	Providers	Amount
Perinatal and Early Childhood Home Visiting	CBO/Non-Profit	- Healthy Families America - Parents as Teachers	15	27	0	\$273,943
Perinatal and Early Childhood Home Visiting	Resource and Referral Agency (COE or Non-Profit)	- Healthy Families America - Parents as Teachers	348	565	0	\$2,186,865
Perinatal and Early Childhood Home Visiting	CBO/Non-Profit	- Healthy Families America - Parents as Teachers	46	85	0	\$266,866
Perinatal and Early Childhood Home Visiting	CBO/Non-Profit	- Healthy Families America - Parents as Teachers	107	131	0	\$822,110
Perinatal and Early Childhood Home Visiting	CBO/Non-Profit	- Healthy Families America - Parents as Teachers	5	5	0	\$269,841
Perinatal and Early Childhood Home Visiting	CBO/Non-Profit	- Healthy Families America - Parents as Teachers	47	52	0	\$417,821
Perinatal and Early Childhood Home Visiting	Hospital/Health Plan	Local Model	2052	1592	0	\$2,499,086
Perinatal and Early Childhood Home Visiting	Hospital/Health Plan	Local Model	699	906	0	\$1,024,004
Perinatal and Early Childhood Home Visiting	CBO/Non-Profit	Local Model	2412	3144	0	\$3,090,639
Perinatal and Early Childhood Home Visiting	Hospital/Health Plan	Local Model	618	645	0	\$973,433
172						
Total						\$41,939,483

Service	Grantee	Program(s)	Children	Caregivers	Providers	Amount
Prenatal and Infant/Toddler Pediatric Support	Research/Consulting Firm	• DULCE	202	202	2	\$366,353
Prenatal and Infant/Toddler Pediatric Support	CBO/Non-Profit	• DULCE	201	201	0	\$371,337
Prenatal and Infant/Toddler Pediatric Support	CBO/Non-Profit	• DULCE	0	0	20	\$45,015
Total						\$41,939,483

Improved Systems Of Care

Service	Grantee	Program(s)	Amount
Policy and Public Advocacy	Higher Education	• Early Learning	\$61,553
Policy and Public Advocacy	Higher Education	• Early Learning	\$900,094
Policy and Public Advocacy	CBO/Non-Profit	• Resilient Families and Communities	\$18,558
Policy and Public Advocacy	CBO/Non-Profit	• Resilient Families and Communities	\$1,483,142
Policy and Public Advocacy	CBO/Non-Profit	• Child Health • Early Learning	\$21,199
Policy and Public Advocacy	CBO/Non-Profit	• Not Applicable	\$1,624,989
Policy and Public Advocacy	Research/Consulting Firm	• Not Applicable	\$156,673
Policy and Public Advocacy	CBO/Non-Profit	• Early Learning	\$2,366,822
Policy and Public Advocacy	Higher Education	• Not Applicable	\$85,354
Policy and Public Advocacy	Higher Education	• Not Applicable	\$0
Policy and Public Advocacy	Higher Education	• Child Health	\$0
Policy and Public Advocacy	Research/Consulting Firm	• Early Learning	\$248,980
Policy and Public Advocacy	CBO/Non-Profit	• Not Applicable	\$92,329
Policy and Public Advocacy	Research/Consulting Firm	• Not Applicable	\$502,686
Policy and Public Advocacy	CBO/Non-Profit	• Not Applicable	\$6,634,019
Policy and Public Advocacy	CBO/Non-Profit	• Not Applicable	\$4,159,901
Policy and Public Advocacy	CBO/Non-Profit	• Not Applicable	\$3,379,813
Policy and Public Advocacy	CBO/Non-Profit	• Not Applicable	\$1,841,619

174

Total **\$37,870,397**

Service	Grantee	Program(s)	Amount
Policy and Public Advocacy	CBO/Non-Profit	• Not Applicable	\$1,228,377
Policy and Public Advocacy	Other Public	• Early Learning	\$0
Policy and Public Advocacy	Research/Consulting Firm	• Child Health	\$24,621
Policy and Public Advocacy	CBO/Non-Profit	• Resilient Families and Communities	\$0
Policy and Public Advocacy	CBO/Non-Profit	• Resilient Families and Communities	\$799,562
Policy and Public Advocacy	Research/Consulting Firm	• Child Health	\$46,164
Policy and Public Advocacy	Research/Consulting Firm	• Resilient Families and Communities	\$18,466
Programs and Systems Improvement Efforts	Child Care Centers	• Not Applicable	\$358,975
Programs and Systems Improvement Efforts	Higher Education	• Not Applicable	\$557,359
Programs and Systems Improvement Efforts	CBO/Non-Profit	• Not Applicable	\$1,073,275
Programs and Systems Improvement Efforts	Hospital/Health Plan	• Family Strengthening Systems	\$3,567,142
Programs and Systems Improvement Efforts	Research/Consulting Firm	• Not Applicable	\$1,138,723
Programs and Systems Improvement Efforts	Research/Consulting Firm	• Not Applicable	\$527,394
Programs and Systems Improvement Efforts	County Office of Education/School District	• Not Applicable	\$472,934
Programs and Systems Improvement Efforts	County Office of Education/School District	• Not Applicable	\$3,041,497
Programs and Systems Improvement Efforts	County Office of Education/School District	• Not Applicable	\$5,540
Programs and Systems Improvement Efforts	County Office of Education/School District	• Not Applicable	\$32,892
Programs and Systems Improvement Efforts	Resource and Referral Agency (COE or Non-Profit)	• Not Applicable	\$37,012
175			
Total			\$37,870,397

Service	Grantee	Program(s)	Amount
Programs and Systems Improvement Efforts	Other Public	Not Applicable	\$40,009
Programs and Systems Improvement Efforts	County Office of Education/School District	Not Applicable	\$5,707
Programs and Systems Improvement Efforts	County Office of Education/School District	Not Applicable	\$8,430
Programs and Systems Improvement Efforts	Hospital/Health Plan	Family Strengthening Systems	\$191,016
Programs and Systems Improvement Efforts	County Health & Human Services	Early Identification and Intervention	\$824,269
Programs and Systems Improvement Efforts	CBO/Non-Profit	Family Strengthening Systems	\$92,329
Programs and Systems Improvement Efforts	Other Public	Trauma-Informed Care/ACES	\$52,044
Programs and Systems Improvement Efforts	Other Public	Not Applicable	\$10,918
Programs and Systems Improvement Efforts	Research/Consulting Firm	Not Applicable	\$91,847
Programs and Systems Improvement Efforts	Other Public	Not Applicable	\$46,164
Total			\$37,870,397

Expenditure Details

Category	Amount
Program Expenditures	\$97,492,772
Administrative Expenditures	\$13,169,510
Evaluation Expenditures	\$3,397,082
Total Expenditures	\$114,059,364
Excess (Deficiency) Of Revenues Over (Under) Expenses	(\$13,425,962)

Other Financing Details

Category	Amount
Sale(s) of Capital Assets	\$0
Other	\$0
Total Other Financing Sources	\$0

Net Change in Fund Balance

Category	Amount
Fund Balance - Beginning	\$352,109,768
Fund Balance - Ending	\$338,683,806
Net Change In Fund Balance	(\$13,425,962)

Fiscal Year Fund Balance

Category	Amount
Nonspendable	\$2,193,116
Restricted	\$0
Committed	\$138,338,530
Assigned	\$113,226,421
Unassigned	\$84,925,739
Total Fund Balance	\$338,683,806

Expenditure Note

No data entered for this section as of 9/30/2020 9:57:58 AM.

Small Population County Funding Augmentation Expenditure Detail

Category	Amount	Comment
Administration	\$0	
Evidence Based Programs	\$0	
Evidence Informed Programs	\$0	
Funded Programs	\$0	
Professional Development, Training and Technical Assistance	\$0	
Evaluation	\$0	
Other (Please Explain)	\$0	
Total	\$0	
If unspent funds occurred during the FY, please list amount and provide explanation.	\$0	



Annual Report AR-2
Los Angeles Demographic Worksheet
July 1, 2019 - June 30, 2020

Population Served

Category	Number
Primary Caregivers	39,838
Children Less than 3 Years Old	30,871
Children from 3rd to 6th Birthday	3,342
Children – Ages Unknown (birth to 6th Birthday)	120
Providers	15,009
Total Population Served	89,180

Primary Languages Spoken in the Home

Category	Number of Children	Number of Primary Caregivers
English	20,705	18,637
Spanish	11,902	9,702
Cantonese	8	6
Mandarin	26	31
Vietnamese	17	16
Korean	14	15
Other - Specify with text box Hmong	1	1
Other - Specify with text box Tagalog	73	65
Other - Specify with text box Other	390	335
Unknown	1,197	11,030
Totals	34,333	39,838

Race/Ethnicity of Population Served

Category	Number of Children	Number of Primary Caregivers
Alaska Native/American Indian	59	42
Asian	1,265	1,237
Black/African-American	2,666	2,381
Hispanic/Latino	24,168	21,613
Native Hawaiian or Other Pacific Islander	92	80
White	2,970	2,014
Two or more races	800	644
Other – Specify with text box Other	292	262
Unknown	2,021	11,565
Totals	34,333	39,838

Duplication Assessment

Category	Data
Degree of Duplication	15%
Confidence in Data	Somewhat confident
Additional Details (Optional)	



Annual Report AR-3

Los Angeles County Evaluation Summary and Highlights

July 1, 2019 - June 30, 2020

County Evaluation Summary

Evaluation Activities Completed, Findings, and Policy Impact

In line with other First 5 County Commissions, First 5 LA is shifting from funding direct services to directing its resources towards promoting and fostering systems-level efforts and impacts. This fiscal year, First 5 LA did not have any completed evaluations. However, the Quality Start Los Angeles (QSLA) Developmental Evaluation continues to be ongoing. QSLA is a voluntary quality rating and improvement system designed to help parents choose the best early childhood education for their family. The goal of the developmental evaluation is to refine and improve the QSLA model. This evaluation will focus on three key topics: 1) Assessment Technical Assistance, 2) Quality Tier Rating Perceptions and 3) Program and Specialty Coaching. There are four main data collection and analysis activities: 1) administrative data analysis; 2) focus groups and interviews; 3) coaching observations; and 4) program survey. Multiple respondents participated in the focus groups and interviews, including key stakeholders, coaches, assessment TAs, and program staff. The evaluation will continue through February 2021. To ensure the findings and recommendations from the developmental evaluation reach a wide audience, RAND will develop three different products intended for wide public distribution: a final report, research brief and public presentation slide deck. Because this evaluation is ongoing, no current policy impacts have been identified. Additionally, First 5 LA is funding an evaluation of the early identification and intervention (EII) First Connections model to draw out key outcome and practice learnings inform future EII efforts, including Help Me Grow LA. The final evaluation report is delayed to October 2020 due to the COVID-19 pandemic. Finally, First 5 LA completed preparations for the Welcome Baby Impact Study, a longitudinal randomized control trial to establish the Welcome Baby Program as an evidence-based home visiting model, prior to the study needing to be adjusted in response to the COVID-19 pandemic. These efforts are ongoing.

County Highlights

County Highlight

First 5 LA had more than one-hundred service accomplishments during the 2019-20 Fiscal Year. First 5 LA's funding of First Connections at Eisner Health helped a mother and her 2-year old son, who was concerned about a delay in speech and development. The mother had expressed concern at her previous clinic, but when the provider failed to screen, she switched to Eisner Health. During the patient's first encounter at Eisner's Pediatric Department, the patient was given an ASQ and the results confirmed the mother's concerns. Eisner was able to identify the patient's needs and referred him to the TLC Bridge Program with the First 5 LA Grant and to South Central LA Regional Center (SCLARC). The mother reported that the patient would act out and have tantrums because he was unable to express his wants or needs. After treatment, the patient's behavior not only improved with parents, but also with his siblings. Once the patient aged-out of the regional center system, TLC Bridge Program assisted the transition of the patient to the LAUSD System to develop an Individualized Education Program (IEP) to obtain ongoing Speech Therapy Services. Another success story comes from our Regional Support Networks, specifically Region 2. Concerned the COVID-19 pandemic would further exacerbate food insecurity in South LA and Compton, First 5 LA Region 2 Best Start Communities, Community Health Councils (CHC), and Sustainable Economic Enterprises of LA (SEE-LA) entered a partnership to establish the Farm Box Grab & Go to distribute over 17,000 farm boxes to residents. The 10-week program was 100% community-led. Dozens of volunteers and community-based organizations across the region joined to safely distribute thousands of farm boxes, which provided a week's worth of fresh, locally grown produce and eggs for a family of four. This work is an example of how activating a nurtured network can connect families with critical food and other resources to help them thrive in a moment of crisis.

FIRST 5 LA

SUBJECT:

2020 Biennial Update to First 5 LA's Local Conflict of Interest Code

RECOMMENDATION:

Adopt the 2020 Biennial Update to First 5 LA's Local Conflict of Interest Code; Direct staff to file the updated Code with the County of Los Angeles and authorize staff to make any further minor changes requested by the County filing officer.

BACKGROUND:

The Commission has adopted a local conflict of interest code as required by California's Political Reform Act ("PRA") and the statutes that implement Proposition 10. Because the Commission is a local public entity, the PRA requires that the Commission have this local code in place to designate which officials and employees are required to file various categories of annual statements of economic interests. The local code also sets forth the basic rules that prohibit public officials and employees from making, participating in making, or using their official positions to influence decisions of the Commission.

Like most local public entities in California, the Commission has for a number of years kept in place the Model Conflict of Interest Code promulgated by the Fair Political Practices Commission ("FPPC"). Every two years, the Commission is required to conduct a biennial review and update of the Code. This year, the review and update must be completed prior to the end of October. Staff presented this item as information to the Full Board on September 10, 2020. This is coming back to the Board for Action on Consent at today's Commission Meeting on October 8, 2020.

DISCUSSION:

In August 2016, following the approval and implementation of First 5 LA's Strategic Plan 2015-20, First 5 LA confirmed multiple director and Executive team appointments to its newly created Divisions and departments that resulted in several changes to our Conflict of Interest (COI) Code. In accordance to LA County's COI policy, following review and direction from our Board, First 5 LA informed LA County of these changes. For LA County's Biennial update in 2018, First 5 LA reported no changes to its COI Code. For this year's COI Biennial update (2020), First 5 LA is proposing minor changes to our COI code. This update proposes an adjustment to one current applicable title/position of the current code and some minor "clean-up" updates, including changing references to Proposition 10 to First 5 LA. Additionally, this update proposes minor clarifications to the disclosure requirements for consultants and contractors. Over the years, consultants and contractors have played increasingly important roles within the First 5 LA decision-making structure, and those roles could continue to evolve over time. The changes proposed to Category 5 recognize that some consultants or contractors can fill staff roles and actually "make" governmental decisions on behalf of First 5 LA. Others perform staff functions but only inform or help shape First 5 LA's decisions without substantial review by employed staff. In either of those instances, the contractor or consultant would be required to file statements of economic interest comparable to the staff role(s) they perform. These requirements do not apply to consultants or contractors who do not make or participate in making governmental decisions, or who perform a very limited scope of work that is extensively and substantively reviewed by staff. These changes are intended to emphasize that some consultants or contractors play substantive roles in First 5 LA decisions and should disclose their financial interests that might be affected, while many others do not and should not be required to "over-disclose."

The proposed amendment (see Attachment A) contains a note that explains the reason for the change and is solely reflective of organizational changes for First 5 LA. There is no change to the disclosures required by Commissioners, alternate Commissioners and key staff, and no reduction proposed in the level of disclosure for the changed position title.

Upon adoption of the proposed amendment, staff will file the amended code with the County of Los Angeles as required by the PRA. Occasionally, following review by the filing officer, further changes are requested. Staff is also seeking the authority to make further minor revisions, if requested, without additional Commission action.

PROPOSED AMENDMENTS TO COI CODE (changes in underline and ~~strikethrough~~)

2020 Conflict of Interest Code of the

LOS ANGELES COUNTY CHILDREN AND FAMILIES FIRST – PROPOSITION 10 COMMISSION (Aka First 5-LA)

Incorporation of FPPC Regulation 18730 (2 California Code of Regulations, Section 18730) by Reference

The Political Reform Act (Government Code Section 81000, *et seq.*) requires state and local government agencies to adopt and promulgate conflict of interest codes. The Fair Political Practices Commission has adopted a regulation (2 Cal. Code of Regs. 18730), which contains the terms of a standard conflict of interest code. After public notice and hearing, it may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act. Therefore, the terms of 2 California Code of Regulations Section 18730, and any amendments to it duly adopted by the Fair Political Practices Commission, are hereby incorporated into the conflict of interest code of this agency by reference. This regulation and the attached Appendices (or Exhibits) designating officials and employees and establishing economic disclosure categories shall constitute the conflict of interest code of this agency.

Place of Filing of Statements of Economic Interests

All officials, employees and consultants required to submit a statement of economic interests shall file their statements with the agency head; or his or her designee. The agency shall make and retain a copy of all statements filed by its Board of Commissioners, Alternate Commissioners, Ex-Officio Representatives and the Executive Director and forward the originals of such statements to the Executive Office of the Board of Supervisors of Los Angeles County.

The agency shall retain the originals of statements for all other Designated Positions named in the agency's conflict of interest code. All retained statements, original or copied, shall be available for public inspection and reproduction (Gov. Code Section 81008).

PROPOSED AMENDMENTS TO COI CODE

LOS ANGELES COUNTY CHILDREN AND FAMILIES FIRST – PROPOSITION 10 COMMISSION (Aka First 5-LA) EXHIBIT “A”

CATEGORY 1

Persons in this category shall disclose all business positions, investments in, or income (including gifts, loans and travel payments) received from any persons or entities that provide services of the type, which are eligible to receive First 5 LA Proposition 10 funding.

CATEGORY 2

Persons in this category shall disclose all interests in real property within the jurisdiction. Real property shall be deemed to be within the jurisdiction if the property or any part of it is located within or not more than two miles outside the boundaries of the jurisdiction or within two miles of any land owned or used by the agency. The jurisdiction of First 5 LA is Los Angeles County.

Persons are not required to disclose a residence, such as a home or vacation cabin, used exclusively as a personal residence; however, a residence in which a person rents out a room or for which a person claims a business deduction may be reportable.

CATEGORY 3

Persons in this category shall disclose all business positions, investments in, or income (including gifts, loans and travel payments) received from business entities that manufacture, provide or sell services and/or supplies of a type utilized by First 5 LA and associated with the job assignment of the designated position assigned to this disclosure category.

CATEGORY 4

Persons in this category shall disclose all income from any First 5 LA Proposition 10 employee, any represented or association of such employee; any First 5 LA consultant, and business positions or income (including gifts, loans and travel payments) from any entity owned or controlled by such employee, or consultant, or ~~his/her~~ their spouse or other financial dependent.

CATEGORY 5

~~Individual Consultants who act in a staff capacity perform~~ Individual Consultants who act in a staff capacity perform under contract and make governmental decisions for the agency, or who otherwise perform the same or substantially similar duties as would be performed by a staff member in any designated position shall be required to file ¹⁹⁰ Statements of Economic Interests disclosing reportable interests in the categories assigned to that designated position. If a consultant's duties are broader than one position, the consultant shall file in all

PROPOSED AMENDMENTS TO COI CODE

LOS ANGELES COUNTY CHILDREN AND FAMILIES FIRST – PROPOSITION 10 COMMISSION

designated categories.

(Aka First 5-LA)

In addition, consultants ~~individuals~~ who, under contract, serve in a staff capacity and participate in decisions which could materially affect their financial interests by providing information, advice, recommendations or counsel to the agency without significant intervening substantive review by agency staff ~~which could affect financial interests~~ shall be required to file Statements of Economic Interests, in the categories applicable to a comparable staff position, unless their duties fall within the Political Reform Act's exceptions to the definition of consultant. The level of disclosure shall be as determined by the executive officer ~~(or head)~~ of the agency or their designee. ~~(See footnotes in Exhibit "B" for clarification)~~

The Executive Director or their designee may determine in writing that a particular consultant or new position, although working in a "designated position," is hired to perform a range of duties that is limited in scope and thus is not required to fully comply with disclosure requirements in this section. Such written determination shall include a description of the consultant's or new position's duties and, based upon that description, a statement of the extent of disclosure requirements. The Executive Director or his or her designee's determination is a public record and shall be retained for public inspection in the same manner and location as this conflict-of-interest code. (Gov. Code Section 81008.)

PROPOSED AMENDMENTS TO COI CODE

LOS ANGELES COUNTY CHILDREN AND FAMILIES FIRST – PROPOSITION 10 COMMISSION (Aka First 5-LA)

EXHIBIT “B”

<u>Designated Position</u>	<u>Disclosure Categories</u>
Board of Commissioners & Alternates	1, 2, 3, 4
<u>Board Relations Manager</u>	<u>3</u>
Communications Coordinators	1, 3
Consultants/New Positions*	5
Director of Communities	1, 3
Director of Community Relations	1, 3
Director of Contract Administration and Purchasing	1, 3, 4
Director of Early Care Education	1, 3
Director of Finance	1, 2, 3
Director of Communications	1, 3, 4
Director of Family Supports	1, 3
Director of Health Systems	1, 3
Director of Human Resources and Talent Management	1, 3, 4
Director of Information Technology	3
Director of Integration and Learning	1, 3
Director of Measurement, Learning & Evaluation	1, 3
Director of Public Policy and Governmental Affairs	1, 3
Director of Strategic Partnerships	1, 3
Executive Director	1, 2, 3, 4

PROPOSED AMENDMENTS TO COI CODE

LOS ANGELES COUNTY CHILDREN AND FAMILIES FIRST – PROPOSITION 10 COMMISSION

(Aka First 5-LA)

~~Executive Assistant/Secretary to the Board~~ 3

Executive Vice President 1, 2, 3, 4

Ex-Officio Representatives 1, 2, 3, 4

Finance Manager 1, 3

**LOS ANGELES COUNTY CHILDREN AND FAMILIES FIRST –
PROPOSITION 10 COMMISSION
(Aka First 5-LA)**

EXHIBIT “B” (Cont’d)

<u>Designated Position</u>	<u>Disclosure Categories</u>
Human Resources Manager	3, 4
IT Project Manager	3
Legal Counsel	1, 2, 3, 4
Senior Director of Administration	1, 2, 3, 4
Vice President of Integration & Learning	1, 2, 3, 4
Vice President of Policy and Strategy	1, 2, 3, 4
Vice President of Programs	1, 2, 3, 4

* Consultants/New Positions are included in the list of designated positions and shall disclose pursuant to the requirements of Category 5.

FIRST 5 LA

SUBJECT:

Authorize First 5 LA to Receive Funds from the First 5 California Commission for the Home Visiting Coordination Funding Project and Approve Resolution # 2020-09

RECOMMENDATION:

The following recommendations were presented as written information for the Board's consideration at the September 24, 2020 Program and Planning Committee meeting. First 5 LA staff recommends that at the October 8, 2020 Commission meeting, the Board approve the following action related to the Home Visiting Coordination Funding Project:

1. Approve a Budget Resolution # 2020-09 to approve receipt of funds in the amount of \$199,560 from FY 2020-21 to FY 2021-22 from First 5 California Commission to implement the Home Visiting Coordination (HVC) Funding Project.
2. Authorize the Executive Director to complete execution of agreement with First 5 California Commission upon approval from the Board at the October 8, 2020 Commission Meeting to receive funds over for a period two fiscal years.

BACKGROUND:

In October 2019, the First 5 California (F5CA) State Commission approved funding for Fiscal Years 2019 - 20 through 2024 - 2025 to help counties create a sustainable, unified home visiting system that supports families with the services they need and maximize available funding to serve more families. Since the F5CA Commission authorized this funding, the landscape in California has shifted, making home visiting coordination critical. During the COVID-19 public health emergency, home visiting plays a vital role in addressing the needs of pregnant women, young children, and families, whether in-person or virtually. Funding authorized by the F5CA Commission will be dedicated to helping counties focus on family recovery from the COVID-19 crisis by rebuilding and strengthening their home visiting programs and embedding home visiting into other systems of child and family support that are critical to recovery.

Funding from F5 Home Visiting Coordination project will help advance the First 5 LA Strategic Plan system building goals to support the development and expansion of a universal system of voluntary home visiting and strengthen the existing infrastructure. As the fiscal lead for Los Angeles County, F5LA will facilitate activities that improve cross-program service coordination and integration into a system of supports that enables families to be served during their greatest need, with the most appropriate program and services to recover from the effects of the COVID-19 pandemic. Funds will be utilized to support consultants to facilitate convenings and meetings to provide integration guidance for key stakeholders and to assist in development of a Master Consent Form to facilitate sharing of data across multiple funding streams (F5LA, DPH, DPSS, and DMH). Additionally, funding will support efforts for Los Angeles Best Babies Network (LABBN) to achieve designation as a Healthy Families America (HFA) Multi-Site Administrator Role. LABBN currently coordinates cohort trainings of 150 hours required by local funders as well as national program trainings; provides programmatic technical assistance; database oversight; and coordination of regional peer networks. LABBN already conducts a significant portion of responsibilities required of an HFA Multi-Site Administrator role. Acquiring this official role would allow for stronger local oversight, increased efficiency, evaluation efforts at a network level, and standardization of model implementation across diverse funding sources. Finally, this grant request was supported by the Department of Public Health, as the funding will support the collaborative system building efforts towards an inclusive and high-quality home visiting system for LA County. As a result of the demands placed on County departments due to the COVID, DPH also requested for First 5 LA to play a lead interim role in implementing the goal of sustaining the current system and continuing the momentum towards the long-term vision.

NEXT STEPS:

Upon Commission approval, the Executive Director will complete execution of agreement with the First 5 California Commission.

RESOLUTION NO. 2020-09

**A RESOLUTION OF THE LOS ANGELES COUNTY CHILDREN
AND FAMILIES FIRST PROPOSITION 10 COMMISSION:
APPROVAL OF RECEIPT OF HOME VISITING COORDINATION (HVC) FUNDING PROJECT FUNDS**

The Board of Commissioners of Los Angeles County Children and Families First Proposition 10 Commission ("the Commission") hereby finds and resolves as follows:

Whereas, pursuant to the Fund Balance Policy approved on October 13, 2016, the Commission is required to approve via Resolution the receipt of restricted funds, thus formally acknowledging and reflecting externally imposed constraints placed on the use of these resources; and

Whereas, First 5 CA awarded First 5 LA a grant to be used to implement the Home Visiting Coordination (HVC) Funding project to helping counties focus on family recovery from the COVID-19 crisis by rebuilding and strengthening their home visiting programs and embedding home visiting into other systems of child and family support that are critical to recovery. Activities under HVC will include: securing consultant support to facilitate convenings and meetings to provide integration guidance for key stakeholders, assistance in development of a Master Consent Form to facilitate sharing of data across multiple funding streams (F5LA, DPH, DPSS, and DMH), and support efforts for F5LA's Oversight Entity (FSOE) to achieve HFA Multi-Site Administrator Role.

NOW, THEREFORE, BE IT RESOLVED THAT:

1. Funding received from First 5 CA in the amount of \$199,560, invoiced semi-annually over a period of two fiscal years, will be considered restricted for fund balance purposes; and
2. The Executive Director, on behalf of First 5 LA, is authorized to accept additional funding from First 5 CA if funding for the same purpose continues, and
3. The executed copy of this Resolution shall be retained on file as evidence of the Commission's actions herein.

**PASSED, APPROVED AND ADOPTED THIS 8TH DAY OF OCTOBER 2020, BY THE FOLLOWING
VOTE:**

AYES: Commissioners _____

NOES: Commissioners _____

ABSTAIN: Commissioners _____

Sheila Kuehl
Chair, First 5 LA

Kim Belshé
Executive Director

FIRST 5 LA

SUBJECT:

1. **Establish a Strategic Partnership with Los Angeles County Department of Public Health (LACDPH), in the Amount of \$400,000 to evaluate efforts to reduce the gap in infant mortality rates between white and black/African American babies in LA County and advance the county-wide African American Infant and Maternal Mortality Initiative (AAIMM) for the period of 12 months and**
2. **Authorize First 5 LA Staff to Execute an Agreement for an amount not to exceed \$400,000 with an anticipated period from December 1, 2020 to June 30, 2021. (Fund Balance Category: Committed)**

RECOMMENDATION (PROVIDED FOR ACTION):

This memo and an aligned presentation was provided as information for the Board's consideration at the September 24, 2020 Special Meeting of the Board of Commissioners & Program and Planning Committee. At today's October 8, 2020 Commission meeting, First 5 LA staff recommends that the Board approve the establishment of a Strategic Partnership with Los Angeles County Department of Public Health (LACDPH) for an amount not to exceed \$400,000 for the period of 12 months and authorize staff to execute a contract from December 1, 2020 to June 30, 2021. Funds for FY 2020-2021 are included within the current First 5 LA Programmatic Budget under AAIMM Birth Outcomes and Disparities – Policy and Systems Change, which was approved by the Board of Commissioners in July 2020.

BACKGROUND:

Los Angeles County's African American Infant and Maternal Mortality Initiative and the California Perinatal Equity Initiative.

The Center for Health Equity, a Los Angeles County Health Agency Initiative led by LACDPH, has a focus on eliminating the African-American infant mortality disparity. Black/African American babies are two to three times more likely to die before their first birthday than babies of other races and Black/African American women are four times more likely to die as a result of pregnancy complications than women of other races in LA County.

In 2018, First 5 LA joined efforts with the County Department of Public Health and other health agencies to reduce infant mortality disparities and improve perinatal outcomes. First 5 LA supports several countywide strategies to reduce African-American Infant and Maternal Mortality ("AAIMM") rates in collaboration with LACDPH and the AAIMM County-wide Steering Committee, consisting of related experts and community leaders:

1. First 5 LA staff serve on the AAIMM management team alongside LACDPH leadership to guide the implementation of the Center for Health Equity's 5-year action plan to reduce disparities by 30% and inform the activities to be funded by the State of California Perinatal Equity Initiative ("PEI") - State PEI funding expands and complements the scope of interventions provided under the Black Infant Health ("BIH") program to mitigate disparities in African American perinatal outcomes. Funding projections estimate the total funding available to LA County will be \$1.4 million annually from FY 19-20 until FY 21-22. Through a community needs, preferences and feasibility assessment, three interventions were included in the Los Angeles County PEI application: (1) group prenatal care; (2) pregnancy intentionality; and, (3) fatherhood engagement. An additional \$2.2 million from FY 19-20 until FY 21-22 has been contributed by the California Department of Health Care Services (DHCS) Whole Person Care Program to expand doula support access for African American families. Launched in November 2019, the

Doula Project aims to improve birth outcomes for African American women and infants and will include free doula services for eligible families, public awareness and doula trainings.

2. First 5 LA leads the AAIMM Strategic Communications Initiative - In partnership with LACDPH and with \$350,000 in funding support from PEI and DHCS' Whole Person Care, this initiative has the goal of increasing public awareness among community members, medical providers and other stakeholders about disparities and various interventions being created, expanded or improved to address it.
3. First 5 LA is a leading funder of the AAIMM Village Fund, alongside other public and private funders including LACDPH - The AAIMM Village Fund is a pooled fund managed by the LA Partnership for Early Childhood Investment that supports community-led efforts that reinforce the broad goals of the AAIMM Initiative that are not funded through the State Perinatal Equity Initiative. The First 5 LA Board previously approved an investment in the amount of \$300,000 to the fund over three years.
4. First 5 LA works closely with LACDPH to engage stakeholders and provide technical assistance on the expansion and sustainability of access to interventions designed to address disparities in birth outcomes. These efforts include engaging health plans and supporting local and statewide efforts around expanding and sustaining doula care in support of the AAIMM Doula Program implemented by the Department of Public Health.

First 5 LA will continually review and align our policy and systems change contributions to improve practice and service delivery to meet the needs of Los Angeles County's African American families and reduce disparities in birth outcomes. Opportunities to improve services include: (1) connections to maternal early identification and intervention and home visiting efforts; (2) supporting AAIMM efforts to engage hospitals in upstream, systems level interventions to improve African American birth outcomes and experiences; and (3) collaborating with Best Start to increase African American parent leader engagement in AAIMM and across F5LA investments. All aligned AAIMM efforts are being reviewed to determine necessary adjustments to better support the target population and reduce disparate impacts in light of COVID-19.

African American Infant and Maternal Mortality Initiative Evaluation

The AAIMM Initiative designs, supports and implements novel and evidence-based strategies and activities to improve pregnancy, birth and infant outcomes, improve family wellbeing, and decrease health disparities among Black women of reproductive age countywide. A robust evaluation of these initiatives is needed to demonstrate their effectiveness. First 5 LA seeks to partner with LACDPH to leverage private and public funding to support a comprehensive evaluation of the AAIMM Initiative. LACDPH will contract evaluation services to evaluate the AAIMM Initiative, which includes the Perinatal Equity Initiative, the Whole Person Care Doula Project, and various countywide and regional community engagement, professional development and provider training, a public awareness campaign, and multiple clinical and community interventions.

The procured evaluator will provide the following services:

- In close collaboration with LACDPH, develop and refine an analysis and evaluation plan that evaluates the efficacy of the AAIMM processes, interventions, and activities and their impact on Black families, including data sources, statistical methods to be used, outcomes to be studied, and timelines. Portions of the plan that are continually underway will use the Results-Based Accountability (RBA) framework for performance improvement,
- Preparation for and implement the evaluation plan in collaboration with LACDPH.
- Write final report of synthesis results of LACDPH approved multi-level/multi-sector project analysis of the County of Los Angeles African American Infant and Maternal Mortality (AAIMM) Initiative.

The total budget for the AAIMM Evaluation is \$900,000. First 5 LA's total proposed recommended funding is \$400,000, to be disbursed in the amount of \$400,000 for a project length of 12 months. First 5

LA will contribute \$400,000 from the FY 2020-21 budget. LACDPH is providing matching funds in the amount of \$500,000. LACDPH's deliverables under this one year contract will include procuring an evaluator, overseeing the development of an evaluation plan and preparing for implementation.

Pursuant to the Procurement Policy, Strategic Partners of \$75,000 or more in a fiscal year must be presented to the Board for approval. Staff is requesting an establishment of a Strategic Partnership for an amount not to exceed \$400,000 to comply with this policy. Section IV.5 of the Procurement Policy also states that contracts of \$75,000 or more requires Board approval prior to execution. Staff is seeking approval to execute a contract for the period of December 1, 2020 to June 30, 2021 for \$400,000.

GOVERNANCE GUIDELINES #5 AND #6 (SUSTAINABILITY AND LEVERAGING):

Sustainability: First 5 LA's support to AAIMM Evaluation will build evidence for the interventions and strategies of the AAIMM Initiative, serving as a catalyst for additional adoption, scale and sustainability of interventions and strategies, fund development, and public private partnership through the life of the AAIMM Initiative.

Leveraging: The effort leverages other First 5 LA funds in support of AAIMM, including \$350,000 received from LACDPH for the AAIMM Strategic Communications Initiative, which promotes increased utilization of AAIMM Interventions, and \$300,000 of First 5 LA funds contributed to the AAIMM Village Fund, a pooled fund that supports community-driven interventions in support of AAIMM goals. The effort also leverages other public and private funds in support of the AAIMM Initiative.

JUSTIFICATION:

This Strategic Partnership meets the criteria below:

- ☐ The Strategic Partnership can provide specific resources needed by First 5 LA to implement an approved program or initiative in a manner or on a scale that makes the Strategic Partnership more cost effective than resources provided through a competitive solicitation; or
- ☐ The Strategic Partnership can implement an approved program or initiative more expeditiously than resources provided through a competitive solicitation; or
- ☐ The Strategic Partnership can provide a demonstrated level of ability or expertise that is only available in the community through the proposed Strategic Partnership; or
- ☒ The Strategic Partnership provides an opportunity to leverage First 5 LA funds to produce additional funding for the program or initiative or service.

AND

- ☒ The proposed Strategic Partnership is aligned with the adopted Strategic Plan.

The Strategic Partnership provides an opportunity to leverage First 5 LA funds to produce additional funding for the program or initiative or service:

The Strategic Partnership provides an opportunity to leverage LACDPH, DHCS and CDPH funds to support the AAIMM Evaluation. LACDPH's contribution totals approximately \$300,000 over three years and includes \$250,000 in CDPH awarded PEI and \$50,000 in DHCS awarded Whole Person Care funds. LACDPH also anticipates receiving an additional \$200,000 in grant funding that will be applied to the evaluation, for a total of \$500,000 in matching funds. These funds will contribute to multi-year evaluation efforts (2020-2023) beyond First 5 LA's investment time frame.

The proposed Strategic Partnership is aligned with the adopted Strategic Plan:

The proposed funding is aligned with Strategic Priority 1.2 *Advocate for policies and transformative practices to ensure that public systems provide maternal health services as well as child early identification and intervention services*. This proposed Strategic Partnership aligns with First 5 LA's policy and systems change strategy by supporting efforts to bolster African-American families' utilization of and experience with primary, prenatal and postnatal services.

To improve practice and service delivery that meet the needs of LA County's African American families and reduce disparities in birth outcomes, First 5 LA, alongside LACDPH will seek to evaluate and demonstrate the effectiveness of the AAIMM Initiative's strategies and interventions to improve support, utilization, experience and outcomes for the target population using these proposed funds.

First 5 LA's 2020-2028 Strategic Plan exemplifies our intentional efforts to strategically partner with public and private funders to maximize our impact on young children across Los Angeles County aligns with our investment guidelines as follows:

1. **Partnership:** Together with LACDPH, First 5 LA has engaged community, public, and private sector partners throughout planning, development, and execution of the AAIMM initiative. First 5 LA's contribution to the AAIMM Evaluation is a co-investment with public funders who we have been engaging on how to reduce disparities in infant mortality rates between white and Black/African American babies in LA County.

Through this Strategic Partnership First 5 LA and LACDPH will continue to identify opportunities to leverage funding.

2. **Equity:** Black/African American babies in LA County are two to three times more likely to die before their first birthday than babies of other races. AAIMM is prioritizing Black/African American babies and mothers to intervene early and effectively when chronic stress caused by racism has placed a woman at risk. LA County's AAIMM framework is designed to maximize the opportunities for community prevention resulting in positive outcomes for kids 0-5.

NEXT STEPS:

Staff will execute the contract with the contractor upon approval of the Strategic Partnership and contract at the October Board meeting.

Memo

To: Board of Commissioners

From: Kim Belshé, Executive Director

Date: October 8, 2020

Subject: EXECUTIVE DIRECTOR'S REPORT

EXECUTIVE DIRECTOR HIGHLIGHTS

It was terrific to recently reengage with Commissioners at the recent Special Board/Program & Planning Committee (PPC) meeting. To start, it was great to see so many Commissioners attend and participate in the PPC's first gathering since February, a meeting convened via Zoom - our first virtual get together.

In addition, the team was excited to have the opportunity to dig more deeply into two important topics with the Board: an introduction to First 5 LA's inaugural 2020 Impact Framework Indicator Report; and, an update on the progress and forecast of the future work of the African American Infant and Maternal Mortality (AAIMM) initiative.

Most of all, the team appreciated the engagement of Commissioners, who exhibited a great deal of energy, interest and insights about the nature, quality and import of the work presented.

Regarding the Indicator Report, Commissioners shared their expectation that the report will spur critical conversations regarding what's behind the data – the root causes – and what it will take – by First 5 LA, our partners, policy makers – to drive systems-level changes that meet the needs of young children and their families. Across nearly all Commissioners, they spoke of the importance of building public will to prioritize young children – a systems change strategy fundamental to our work at First 5 LA.

With AAIMM, Board members noted their appreciation for how the initiative is grounded in root cause analysis – namely, racism as the fundamental driver of Black infant and maternal mortality disparities. They lauded AAIMM as an exemplar for Black women shaping and leading the initiative and for how systems can be transformed through collaboration and partnership. And, they underscored that while “systems change” can be somewhat opaque, what the team was presenting was fundamentally human-centered – the outcome of joyous and healthy births for Black children and mothers.

COMMISSIONERS

Los Angeles County Supervisor
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Chair

Judy Abdo
Vice Chair

Barbara Ferrer, Ph.D.,
M.P.H., M.Ed.
Astrid Heger, M.D.
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Romalis J. Taylor
Keesha Woods
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Bobby Cagle
Wendy Garen
Karla Pleitez Howell
Deanne Tilton

EXECUTIVE DIRECTOR

Kim Belshé

EXECUTIVE VICE PRESIDENT

John A. Wagner

201

A PUBLIC ENTITY

Building on the PPC meeting, we will engage the full Board on October 8 on two principal topics following Board consideration of the Consent Agenda. First, we will return to the Indicator Report to provide the full Board with an overview and share next steps to support its use across diverse audiences. We'll provide Commissioners with two examples from the report and solicit Board reflections and insights on these findings as well as considerations for engaging stakeholders on the use and meaning of the report's findings.

Second, the team will share with the Board important learning from the first two years of the Best Regional Network approach. It's been quite a while since we've had a chance to talk with the Board about our work alongside parents, residents, family-serving organizations and partners in the five Best Start geographic regions. At today's Board meeting, the team will highlight important and powerful insights emerging from our initial learning work and considerations to further refine and adapt First 5 LA's approach, role and learning agenda to reflect changing priorities and context, consistent with the 2020-28 Strategic Plan.

The 2020 Indicator Report and learning from the first two years of the Best Start regional network approach are timely and important subjects in their own right. More broadly, they represent First 5 LA's evolution as a child- and family-focused systems change leader and funder, whose work with parents, partners and policy-makers is breaking new ground in bold and transformative ways.

We look forward to our time together on October 8.

OPTIMIZING OUR ORGANIZATIONAL EFFECTIVENESS

Since our last Board meeting, First 5 LA continues to make progress on a number of efforts to improve our effectiveness.

I'm pleased to share that for the 12th consecutive year, the Government Finance Officers Association of the United States and Canada (GFOA) awarded the Certificate of Achievement for Excellence in Financial Reporting to First 5 LA for its comprehensive annual financial report (CAFR) for the fiscal year ending June 30, 2019. Awarded by an impartial panel of judges, the Certificate of Achievement is the highest form of recognition in the area of governmental accounting and financial reporting and honors organizations which demonstrate a constructive "spirit of full disclosure" to clearly communicate their financial story. Congratulations to the **Finance** department for continuing to prioritize the production of quality financial reports which transparently communicate the organization's financial standing.

Last month I shared that the **Facilities** team continues to work with our Capital Improvement Plan (CIP) consultants to address the immediate improvements needed to our building to ensure the safe and efficient use of our facility when staff and guests are able to return to on-site operations. In addition to our own building, our Facilities team is working closely with LA Metro to support the development of projects that will improve pedestrian and bicycle access from the main streets around our building to the Union Station campus. As a major organization located at Union Station, First 5 LA endeavors to be a supportive and collaborative partner with LA Metro.

An important component of our organizational effectiveness is our people, and the knowledge First 5 LA staff bring to their work each day. As an organization focused on contributing to systemic change

through practice change, policy change, and will building, staff are increasingly using advocacy tools like education and awareness building to advance our work. As a public agency, it's important that as we increase our focus on advocacy we also live within the rules which govern the use of taxpayer dollars for advocacy, especially lobbying. With support from our Chief Counsel and the advisors at the Kaufman Legal Group, the **Public Policy and Government Affairs** (PPGA) department has hosted a series of training sessions with First 5 LA staff to ensure our work is clearly aligned with our role as a public agency. These initial trainings have yielded important insights into our work, and will support further learning opportunities for staff throughout the year.

In addition to training staff, engaging with and hearing from staff continues to be an important priority as First 5 LA continues to work remotely and make decisions aimed at improving our organizational effectiveness. With support from the **Human Resources and Talent Management** (HRTM) and **Contract Administration and Purchasing** (CAP) departments, staff from across the organization informed the selection of a consultant who will support First 5 LA's journey toward more explicitly living our newest value of diversity, equity, and inclusion (DEI). Over the past month, members of the Executive team have interviewed more than 60 staff to provide input into considerations for organizational structure changes that will help enhance First 5 LA's impact and support our refined strategic plan. And with support from the **Communications** department, I continue to send a daily staff email and host "Coffee with Kim" meetings to connect more directly and personally with staff.

I'm also proud to share that First 5 LA staff and our nascent but important efforts to embrace our DEI value are being acknowledged by our peers. **Communities** Director Antoinette Andrews-Bush, who has co-led First 5 LA's Culture and Capabilities Workgroup, was a featured speaker at last month's Southern California Grantmaker's annual conference, *Meeting the Moment*, which First 5 LA sponsored through the work of our **Strategic Partnerships** department. The session, "What You Can Do to Support Black Communities: Taking Action from Within," brought several leaders together to discuss practices that not only support Black communities, but also the Black, Indigenous, and people of color who are leading racial justice work within their respective organizations. First 5 LA has a lot to learn from others who have deeper organizational experience focused on racial justice, and we also have a lot of talent within our organization with the experience, capacity, and passion to support our progress in living our values.

ADVANCING PROGRESS TOWARD OUR RESULTS FOR CHILDREN AND FAMILIES

As I shared last month, internal teams have been working to identify, refine, and integrate goals related to First 5 LA's new strategic plan to provide a clearer and more focused set of priorities for the organization, a process known as "integrative review." With the recent launch of First 5 LA's first-ever [indicators report](#) – a significant effort championed by our **Monitoring, Learning, and Evaluation** (MLE) department – our continued efforts to refine our strategy implementation plans will be further informed by and connected to our Impact Framework

As we continue to refine and integrate our work internally, we are actively implementing our new strategic plan every day, working with others to address the needs of families with young children in LA County grounded in the results we seek. Here are some of the highlights of our efforts since we last met in September:

Result 1: Families have the resources, opportunities, and relationships to optimize their child's development

Leveraging First 5 LA Funding to Support Families in Best Start Communities

Over the past few months, I've shared how First 5 LA's investment in Best Start regional networks through the **Communities** department is being leveraged to solicit additional funds to directly support families with young children throughout LA County. Since March 2020, El Nido Family Center, the Best Start regional network grantee (RNG) for Region 3 – the San Fernando Valley, has secured more than \$5 million in new funding to address access to food, mental health services, economic supports, and housing for more than 5,000 families. Most recently, El Nido partnered with: the City of Los Angeles to distribute rental assistance funds to families from the city's Emergency Renters Assistant Subsidy program; UpTogether, to provide 300 families each with \$500 in cash assistance; and the Khalsa Foundation and LA Dodger Yasiel Puig's Wild Horse Foundation to provide emergency food assistance.

Engaging Communities to Distribute Grant Funds

In addition to supporting RNGs to securing funds from other organizations, the **Communities** team is deploying new approaches to support the distribution of First 5 LA funds. Throughout 2020, Best Start Central Long Beach has used an innovative public budgeting process called "participatory budgeting" to determine how to meaningfully allocate the \$450,000 in First 5 LA funds approved to support Community Identified Projects. The participatory budgeting process first involved soliciting more than 200 ideas for projects aligned with First 5 LA's mission, and training volunteer parents and community leaders known as "budget delegates" on how to develop concepts into feasible funding proposals. Then, community members from Central Long Beach were invited to vote on project proposals, with more than 100 residents casting electronic ballots. The winning projects to be funded through the Community Identified Projects funds include:

- Child abuse and neglect prevention classes
- Moving Leaders of the Future transportation advocacy trainings
- Fathers First ambassador program
- Long Beach Tenant Union Steering Committee development
- Reading in Families child development workshops
- Healthy Environment, Positive Behavior Cambodian Leadership Development training
- Preventing online child abuse workshops
- Infant care feasibility study
- Child development and child welfare law education classes for Cambodian families

According to staff from the national Participatory Budgeting Project, Best Start Central Long Beach is the only participatory budgeting effort that was able to transition to a virtual format and complete the process so far this year. Thanks to the work of the residents in Central Long Beach, other Best Start communities are launching participatory budgeting processes to allocate funds to community priorities. As of late September, Best Start Panorama City and Northeast Valley are preparing to launch participatory budgeting efforts.

Ensuring a Complete and Accurate 2020 Census Count

While the federal courts will determine whether or not households can continue to complete federal census forms through October, First 5 LA through the **Family Supports, Community Relations, Communications, and Strategic Partnerships** departments partnered with others throughout September to encourage families with young children to participate in the census. First 5 LA distributed more than 7,700 "We Count" census books to community-based organizations throughout the county, including targeted outreach in Pomona, South Los Angeles, Chinatown, Lincoln Heights, Ramona Gardens, Van Nuys, Santa Fe Springs, Norwalk, Venice Beach, and Boyle Heights.

In addition, the Communications team partnered with the **Public Policy and Government Affairs** (Policy) department to support the development and publication of an opinion editorial I co-authored with Giovany Hernandez, California Senior Census Program Manager at the NALEO Educational Fund. The article focused on the undercount of young children, was published in the print and online editions of La Opinion, and [can be found here](#).

Result 2: Children receive early and timely developmental supports and services.

Working to Improve African American Infant and Maternal Mortality Rates in LA County

Last month, Commissioners who participated in the Board's Program and Planning Committee (PPC) meeting heard important updates about First 5 LA's partnership with the County's Department of Public Health (DPH) and leading health equity organizations to improve African American infant and maternal mortality rates.

Among other announcements, First 5 LA and DPH staff highlighted the launch of the Los Angeles County African American Infant and Maternal Mortality (AAIMM) Prevention Initiative Village Fund, a partnership of First 5 LA, DPH, the County Department of Health Services and Center for Strategic Public-Private Partnerships, and the LA Partnership for Early Childhood Investment (PECI). The Village Fund seeks to invest in community-led efforts that support the physical and mental well-being of Black women/birthing persons, fathers, partners, and families before, during, and after birth. The Village Fund, developed through the leadership of Black women and allies, has raised \$1 million in pooled funds to-date, will be managed by PEGI, and will allocate resources with priority consideration for entities that are Black-led.

In addition to the launch of the Village Fund, First 5 LA staff from the **Family Supports** and **Health Systems** departments have collaborated with the Board's alternate Commissioner Dr. Sylvia Swilley, the AAIMM collaborative, the Association of Black Women Physicians, and the March of Dimes to develop a series of medical provider trainings to raise awareness of the medical causes of poor birth outcomes for Black mothers and babies, and the necessary shifts to clinical standards and the culture of care needed to address them. The series, which launched in June of this year, will conclude later this month.

In addition to leadership from our Families and Health teams, the **Communications** department has worked with partners like Dr. Toncé Jackson, co-founder of the breastfeeding support program CinnaMoms and Healthy Equity Manager for the Public Health Foundation Enterprises Women Infants and Children (PHFE WIC) program, and Asaiah Harville, International Board Certified Lactation Consultant at Martin Luther King Jr. Community Hospital, to garner media coverage on the importance of breastfeeding in the Black community through multiple media outlets including [ESSENCE Magazine](#), [KPCC/LAist](#), and Black Voice News.

Result 3: Children are safe from abuse, neglect, and other trauma.

Home visiting services for pregnant and parenting families are a proven prevention and early intervention approach which results in multiple benefits, including the prevention of child abuse, neglect, and other trauma.

First 5 LA, through the leadership of the **Family Supports** department, is a critical partner in developing, funding, and implementing an integrated countywide system of home visiting services through our support for Welcome Baby and select home visiting programs.

Since stay at home orders began in March, First 5 LA and our partners have quickly pivoted to support the provision of home visits virtually, increasing the capacity for families to receive and home visitors to provide virtual services. As of September, more than two-thirds of Welcome Baby sites were completing at least 70% of home visits virtually, as compared to only 8% of sites completing 30% of visits in April.

According to a survey conducted by the Los Angeles Best Babies Network (LABBN), First 5 LA and the County's home visiting coordination partner, one of the largest barriers to supporting virtual home visits is a lack of household access to the technology required to make virtual visits possible, an issue commonly referred to as the digital divide. First 5 LA is working closely with the county's Center for Strategic Partnerships and the W.M. Keck Foundation to host a briefing for regional philanthropic partners on home visiting system building efforts, including digital access concerns, with the goal of increasing awareness of the county's home visiting priorities and leveraging support to address family technology access.

Result 4: Children have high quality early care and education experiences.

The **Early Care and Education** (ECE) department continues to partner with countywide ECE system leaders to both respond to the urgent child care needs of families in the context of COVID-19, and to build an ECE system in L.A. County that provides higher quality, more affordable, and more accessible ECE experiences for young children and their families.

Kindergarten Readiness Assessments in the Context of COVID-19

A critical goal for First 5 LA is supporting the more widespread collection, dissemination, and use of data related to kindergarten readiness. Prior to COVID-19 with approval from the Board, First 5 LA partnered with UCLA and school districts throughout LA County to support kindergarten readiness assessments (KRA).

Given the challenges with remote learning and the significant adjustments school districts have made to support children and families in the context of COVID-19, First 5 LA was concerned that KRA would be less valuable to our partners. Instead, school districts have reaffirmed the importance of continuing to collect KRA data, in particular the importance of having population-level data related to child well-being in their communities to drive future COVID recovery efforts.

The primary challenge, however, is supporting school districts to implement the Early Developmental Instrument (EDI), the tool used to collect KRA data, remotely and with greater flexibility. UCLA, First 5 LA's KRA technical assistance provider, is working with the EDI publishers at McMaster's University to adapt the tool for virtual implementation, and is developing new guidance and training for teachers. School Districts will focus on collecting data in the Spring to allow more time for training and development, and remain committed to using data to drive community engagement. Los Angeles Unified School District (LAUSD), for example, will be leading virtual community engagement summits with their local parent and community engagement coordinators.

Developing City and Business Leader Champions for ECE

Through a partnership of the **Strategic Partnerships, Policy, Communications, ECE, and Community Relations** departments, First 5 LA and our contractor Public Private Strategies hosted a webinar titled, "The New Normal: Effective Business Engagement on Child Care Issues" on September 9. In addition to First 5 LA staff, the webinar featured Linda Smith, Director of the Early Childhood Initiative at the national Bipartisan Policy Center; Jessica Lall, CEO of the Los Angeles Central City Association; California State Senator Lena Gonzalez (D-Long Beach); and our very own Commissioner, Dr. Marlene Zepeda. The webinar highlighted the important role business leaders play in advancing access to child care, and included participants from the LA Area Chamber of Commerce, Hollywood Chamber of Commerce, LA Economic Development Corporation, UNITE-LA, Child Care Resource Center, BizFed, the Mayor's Fund, the National Association of Women Business Owners, ReadyNation, the Center for American Progress, the Women's Business Enterprise Council, and the NextGen Chamber of Commerce.

In addition to work with business leaders, First 5 LA continues to engage city leaders through the **Community Relations** team. Staff participated in a panel focused on engaging LA city leaders on child

care and employment issues hosted by Los Angeles City Councilmember David Ryu and the Commission on the Status of Women. Other panelists included California State Senator Holly Mitchell (D-Los Angeles); Gloria Davis, the Executive Director at The Girls Club LA; and Melany De la Cruz-Viesca, Associate Director of the UCLA Asian American Studies Center and Director of the AAPI Community Development Census Information Center.

CONTRACTS EXECUTED BETWEEN \$25K-\$75K AND EVENT SPONSORSHIPS

Procurement Policy

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

The following contracts were executed between August 11, 2020 and September 11, 2020. Copies of the [executed contracts can be found here](#).

#10232 PARSONS CONSULTING, INC – Contract Amount: \$63,150

Contract Period: 4/27/2020 – 10/31/2020

Contractor will create content for the indicator report through data analysis, writing report narrative and coordination with the graphic designer. The agreement was executed on April 27, 2020 for \$24,450 and amended on August 11, 2020 to include an additional \$38,700 for a new total of \$63,150.

#10233 LIMOR ZIMSKIND – Contract Amount: \$29,550

Contract Period: 4/27/2020 – 10/31/2020

Contractor will use existing data profile information and supplement as necessary to obtain up-to-date, comprehensive data for First 5 LA's indicators and profile and create maps in ArcGIS to be used in the 2020 Indicators Report. The agreement was executed on April 27, 2020 for \$24,450 and amended on August 11, 2020 to include an additional \$5,100 for a new total of \$29,550.

#10221 PUBLIC PRIVATE STRATEGIES, LLC – Contract Amount: \$30,000

Contract Period: 9/11/2020 – 6/30/2021

This Strategic Partnership with PPS not only expands First 5 LA's business engagement strategy to small business owners but does so within the context of COVID-19 economic recovery effects and the systemic and historical inequities central to recent civil protests in our communities. PPS will identify and activate early childhood champions within the diverse and expansive Los Angeles small business community, with specific focus on First 5 LA's 14 Best Start geographies. Specific sensitivity to the severe impact the pandemic has had on local cities' economies, regional diversities, and 501(c) (6) operations will be an important element of this project's success.

#10257 UNITE-LA, INC. – Contract Amount: \$50,000

Contract Period: 9/11/2020 – 6/30/2021

UNITE-LA will develop a "Talent Development Network" of influential cross sector business partners to be engaged and activated in support of early childhood development and key economic recovery priorities from the COVID-19 pandemic, thus directly supporting F5LA priorities to further the business sector strategy and four outcomes for children and families.

Event Sponsorships

Since our last meeting, First 5 LA sponsored the following events:

Title: Exploration Summit: Women, Wealth and Equity – Securing Our Economic Future

Date: September 30 — October 1, 2020

Sponsorship Amount: \$5,000

Description: Community Health Councils hosted a virtual conference focused on creating wealth equity for women. The event showcased the capacity and power-building of place-based initiatives in South LA and release of the preliminary findings from the report: The Price of Motherhood in South LA.

Title: Champions for Equity Award

Date: September 13, 2020

Sponsorship Amount: \$10,000

Description: The Advancement Project hosted a virtual event to bring together key policymakers, activists, and social change leaders to honor champions for educational and health equity. 2020 honorees included Congressmember Karen Bass, and LA County Department of Public Health Director and First 5 LA Commissioner, Dr. Barbara Ferrer. Former U.S. Secretary of Housing & Urban Development and 2020 Presidential Candidate Julián Castro provided event remarks.

Title: Action. Power. Liberation. Virtual Gala 2020

Date: September 30, 2020

Sponsorship Amount: \$5,000

Description: Coalition for Humane Immigrant Rights (CHIRLA) hosted a virtual gala to pay homage to the tireless efforts of immigrants during the COVID-19 pandemic. The event honored Speaker Nancy Pelosi, U.S. House of Representatives, and Daranee Petsod, President of Grantmakers Concerned with Immigrant Rights. Event remarks were provided by labor icon Dolores Huerta, keynote speaker; U.S. Rep Nanette Barragan; California Secretary of State Alex Padilla; and a special presentation from the U.S. Representative Karen Bass.

Title: 2020 Garden Party— The Equity Conversation

Date: October 8, 2020

Sponsorship Amount: \$5,000

Description: The virtual event hosted by Western Center on Law and Poverty will honor several leaders for their ongoing efforts to end poverty and address racial equity in California, including Brenda Shockley, Deputy Mayor— the City of Los Angeles with the Earl Johnson Equal Justice Award; and Anthony Problems of the Youth Justice Coalition. The event will also feature an equity conversation with Los Angeles Times Reporter Steve Lopez & Western Center's new Executive Director, Crystal D. Crawford.

First 5 LA

SUBJECT:

Approve Resolution No. 2020-10 ratifying specified acts taken by the Executive Director during the declared state and local COVID-19 public health emergency.

RECOMMENDATION:

Approve Resolution No. 2020-10 by a roll call vote at the October 8, 2020 Board meeting.

BACKGROUND:

After consulting with First 5 LA's Chair, Vice Chair, and legal counsel, on March 17, 2020 Executive Director Kim Belshé communicated to the Board of Commissioners her need to take emergency actions in order to protect the health and well-being of First 5 LA employees and our external contractor and grantee partners. In this communication, Executive Director Belshé outlined eight areas of actions needed to maintain critical functions, including authority to:

1. Waive the Governance Guidelines related to Board sequencing and approval of items
2. Exercise emergency provisions provided in our existing procurement policy
3. Extend contracts scheduled to expire by 6/30/20 for up to 90 additional days, with expected Board action by 9/30/20 on those contracts recommended for renewal
4. Continue to pay invoices and contracted amounts as they come due, even if work associated with those invoices is different than originally anticipated
5. Purchase necessary goods and services needed in response to COVID-19...including entering into strategic partnerships with partners focused on a COVID-19 response, in some cases in excess of the Board-delegated authority of \$75,000 but no greater than \$150,000
6. Assure conference organizers with whom F5LA has a paid sponsorship agreement that F5LA will not seek return of funds if the event has been or will be cancelled
7. Affirm the mid-year FY19/20 budget adjustment recommendations brought to the March meetings of the Finance Committee and the Board as approved for the remainder of the current budget year and for purposes of the FY20/21 budget development, and
8. Adjust F5LA's employee personnel policies and implementation of these policies, including paid time off, as deemed necessary.

In exercising these authorities, the Executive Director also communicated her intent to disclose these actions to the Board and to seek ratification by the Board at the next regular Board meeting. This action occurred at May Board meeting in compliance with the requirements set forth in that communication. Since that date, this memo, Resolution No. 2020-10, and the accompanying exhibit continue to keep the Board apprised of emergency actions taken since the last meeting of the Board.

Attachments:

- Board Resolution No. 2020-10
- Exhibit A — List of F5LA Actions Related to Management of COVID-19

Exhibit A

List of F5LA Actions Related to Management of Covid-19

Per the 3/17/20 Communication with the Board and earlier communication with the Chair and Vice Chair, the Executive Director was given emergency authority in 8 areas to ensure the protection and safety of our staff and external partners. These 8 areas are:

1. Ability to waive the Governance Guidelines related to Board sequencing and approval of items coming to the Board
2. Exercising emergency provisions and provided in our existing procurement policy
3. Ability to extend contracts scheduled to expire by 6/30/20 for up to 90 additional days, with expected Board action by 9/30/20 on those contracts recommended for renewal
4. Ability to continue to pay invoices and contracted amounts as they come due, even if work associated with those invoices is different than originally anticipated
5. Purchase necessary goods and services needed in response to COVID-19...including entering into strategic partnerships (SPs) with partners focused on a COVID-19 response, in some cases in excess of the Board-delegated authority of \$75,000 but no greater than \$150,000
6. Ability to assure conference organizers with whom F5LA has a paid sponsorship agreement that F5LA will not seek return of funds if the event has been or will be cancelled
7. Affirm the mid-year FY19/20 budget adjustment recommendations brought to the March meetings of the Finance Committee and the Board as approved for the remainder of the current budget year and for purposes of the FY20/21 budget development, and
8. Ability to adjust F5LA's employee personnel policies and implementation of these policies, including paid time off, as deemed necessary

The table below provides an inventory of authorities exercised to date and will be brought forward for ratification by the Board, per the attached resolution 2020-10:

Emergency Authorities (EAs) Executed Typically Requiring Board Action				
Item No.	Dept. Functional Area	Description of EA Executed	Area(s) of EA (from above list)	Description/List of Items
1	Contract Administration and Purchasing	Purchase necessary goods and services needed to respond to the COVID-19 virus pandemic and associated issues affecting young children and families	#5	Amendment to the contract with the Center for Nonprofit Management for an additional \$150,000 for a total contract amount of \$482,705. Under this contract, the Optimizing Organizational Capacity in Best Start Networks Project seeks to strengthen the capacity of nonprofit organizations actively participating within each of the 14 Best Start community

				partnerships to more effectively influence policy and systems level change within the local and regional Best Start networks. This amendment will enable the Center for Nonprofit Management to address the immediate capacity building needs of nonprofits within the Best Start geographies that are being exacerbated by the COVID-19 pandemic.
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RESOLUTION NO. 2020-10

**A RESOLUTION OF THE LOS ANGELES COUNTY CHILDREN
AND FAMILIES FIRST PROPOSITION 10 COMMISSION RATIFYING SPECIFIED ACTS TAKEN BY THE
EXECUTIVE DIRECTOR DURING THE DECLARED STATE AND LOCAL COVID-19 PUBLIC HEALTH
EMERGENCY**

The Board of Commissioners of the Los Angeles County Children and Families First Proposition 10 Commission ("the Commission") hereby finds as follows:

Whereas, on March 4, 2020 the Governor of California declared a state of emergency to enable the State to prepare for the broad spread of the Covid-19 virus in California; and

Whereas, on March 13, 2020 the Los Angeles County Health Officer issued a Public Health Order, updated on April 10, 2020, that requires many residents to stay at home or their place of residence, with certain exceptions, and ordered many "non-essential" businesses to be closed; and

Whereas, on March 13, 2020 First 5 LA Executive Director Kim Belshé, to protect the health and safety of staff and to assist with the efforts of public health officials, directed First 5 LA staff to begin working from home as of March 17, 2020; and

Whereas, on March 17, 2020 Executive Director Belshé notified the Board of Commissioners in writing that, with the concurrence of the Board Chair and Vice Chair, she intended to assert certain emergency authorities for the continuity of operations of First 5 LA subject to disclosure to, and ratification by, the Board of Commissioners; and

Whereas, on March 19, 2020 Los Angeles Mayor Eric Garcetti issued a "Safer at Home" Public Order, also ordering Angelenos to remain at home or at their place of residence in order to slow the spread of the COVID-19 virus, except for essential workers; and

Whereas, the Board of Commissioners has received and reviewed the list of Executive Director actions taken under her emergency authority.

NOW, THEREFORE, BE IT RESOLVED THAT:

1. Each of the Executive Director actions set forth on Exhibit A attached to this Resolution, incorporated herein by this reference, is ratified by the Board of Commissioners.
2. The executed copy of this Resolution shall be retained on file as evidence of the Commission's action herein.

**PASSED, APPROVED AND ADOPTED THIS 8TH DAY OF OCTOBER, 2020 BY THE FOLLOWING
VOTE:**

AYES: Commissioners _____

NOES: Commissioners _____

ABSTAIN: Commissioners _____

Sheila James Kuehl
Chair, First 5 LA

ATTEST

Kim Belshé
Executive Director

FIRST 5 LA

SUBJECT:

Impact Framework: Inaugural Indicator Report

BACKGROUND – WHERE WE’VE BEEN:

First 5 LA has been developing the Impact Framework (IF), which reflects an innovative approach to monitoring our progress towards our North Star. Throughout this period, First 5 LA staff have engaged the Board during various stages of the development process. Staff have:

- Presented the proposed Indicators for Results for Children & Families (June 2019)
- Conducted 1:1 briefings with several Commissioners on the Indicators (Summer/Fall 2019)
- Presented the revised Indicators for Results for Children & Families (September 2019)
- Presented the revised Contextual Indicators (October 2019)
- Presented the approach to using the Impact Framework during Implementation Planning and Implementation (Winter 2020)
- Released *Pathway to Progress: Indicators of Child Well-being in Los Angeles County* report (September 2020)

At the Special Meeting of the Board of Commissioners and Program & Planning Committee on September 24, 2020, First 5 LA released the inaugural Impact Framework Indicator Report, titled *Pathway to Progress: Indicators of Child Well-being in Los Angeles County* (Attachment 1). Staff provided an orientation to the Impact Framework and the report and shared examples of how findings connect to First 5 LA’s efforts. This was followed by a discussion which included Commissioner reactions to the findings and reflections on how such finding can be shared and utilized by those working in family-serving systems.

The report leverages population and subgroup data related to the 10 Result Indicators and 20 Contextual Indicators to document the most recent conditions of L.A. County children and families. The core contents of the report are an overview of the Impact Framework, a summary of key findings, and two-to-six pages of findings for each indicator. When data allows, analysis by race or ethnicity, socioeconomic status and geography is also provided. This disaggregated data can help First 5 LA and its partners to see more clearly where inequities exist to guide efforts to eliminate disparities.

This report was a collaborative effort, gathering and incorporating input from staff from across the organization, First 5 LA Commissioners and external partner organizations.

DISSEMINATION AND REPORT USE – WHERE WE ARE GOING:

Now that the report has been finalized, we are turning our attention to dissemination and using the findings. Dissemination efforts aimed at First 5 LA staff and Commissioners are underway, and we have shared the report with our grantees, contractors and other partners.

Along with dissemination, report use is central to where we are going. Staff have identified the following as key ways the report findings can be used to inform First 5 LA staff, commissioners and key partners in our work on early childhood issues, including County departments, grantees, and contractors: (1) Build First 5 LA staff, commissioners and contractors’ knowledge of the current conditions of children and families in L.A. County, (2) align efforts to improve conditions for children and families with a focus on issues of diversity, equity, and inclusion (DEI), (3) make policy, funding and planning decisions informed by these conditions, (4) develop investment-specific metrics informed by current data, and (5) increase champion and stakeholder awareness of findings and issues based on current status of the Result Indicators. We have also identified the Priority Users for which these Use Goals are

intended. We will soon begin developing and executing strategies to achieve these goals in ways that align and are integrated into other efforts.

A critical step in supporting report use is sensemaking. Sensemaking will involve the convening of stakeholders, including those with diverse perspectives, to discuss findings, share insights, build common understanding, identify implications and generate recommendations. We look forward to engaging Commissioners along this journey.

DISCUSSION:

The purpose of today's discussion at the Board of Commissioners meeting is to share next steps for supporting use of the inaugural Impact Framework report. We are also eager to hear from Commissioners their sensemaking and insights on two Impact Framework findings as well feedback on critical questions we should include in sensemaking.



IMPACT FRAMEWORK: INAUGURAL INDICATOR REPORT

Kimberly Hall, MLE

Agnieszka Rykaczewska, MLE



216

Impact Framework Overview

Orientation to the Inaugural Indicator Report

Report Use Goals and Users

Sensemaking Examples and Discussion

Our Pathway for Systems Change



Our North Star

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

We Want Systems To Be

- Accessible
- Quality
- Aligned
- Sustainable

Results for Children and Families

- Families optimize their child's development.
- Children receive early developmental supports and services.
- Children are safe from abuse, neglect, and other trauma.
- Children have high-quality early care and education experiences.

We Change Systems By

- Policy change
- Practice change
- Will building

Our Strategic Priorities

- Strengthen public & community systems
- Advance & build on community experience
- Expand influence & impact with data
- Optimize our effectiveness

Our Values

-  Collaboration
-  Integrity
-  Learning
-  Diversity, Equity and Inclusion

IMPACT FRAMEWORK INDICATORS



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

**Results for
Children & Families**

Long Term System Outcomes

Short Term Markers of Progress

Context

Our Pathway for Systems Change



Results for Children & Families

Our North Star

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

- Families optimize their child's development.
- Children receive early developmental supports and services.
- Children are safe from abuse, neglect, and other trauma.
- Children have high-quality early care and education experiences.

We Want Systems To Be

- Accessible
- Quality
- Aligned
- Sustainable

Results for Children and Families

Long Term System Outcomes

We Change Systems By

- Policy change
- Practice change
- Will building

Our Strategic Priorities

- Strengthen public & community systems
- Advance & build on community experience
- Expand influence & impact with data
- Optimize our effectiveness

Short Term Markers of Progress

Context

Our Values

- Collaboration
- Integrity
- Learning
- Diversity, Equity and Inclusion

Our Investment Guidelines

Equity • Sustainability • Partnership • Prevention • Systems Change • Evidence and Innovation







Document the conditions of L.A. County children and families prior to the launch of the 2020-2028 Strategic Plan

Share the Impact Framework and how we will measure the progress of our Strategic Plan

Encourage the use of indicator data internally and externally

Provide a resource with population and subgroup data

Report Audiences

8

F5LA Staff

**Board of
Commissioners**

**Grantees and
Contractors**

Data Partners

**County
Partners**

**Advocacy
Partners**

Policymakers

Funders

Business

Media

**Higher
Education**

**Best Start
Networks**

Advancement Project California

Child Care Alliance of Los Angeles

Children's Data Network

Early Edge California

L.A. County Chief Executive Office

L.A. County Office of the Chief Information Officer

L.A. County Department of Children & Family Services

L.A. County Department of Public Health

L.A. County Department of Public Social Services

L.A. County Family Resource Centers Network

L.A. County Office of Education

L.A. County Regional Centers

Los Angeles Best Babies Network

Office for the Advancement of Early Care and Education

Office of Child Protection

Quality Start Los Angeles

Report Use



What are our goals for using the report?

11

Goal 1

Build First 5 LA staff, commissioners and contractors' knowledge of the current conditions of children and families in L.A. County.

Goal 2

Align efforts to improve conditions associated with the Results for Children and Families in L.A. County with a focus on issues of diversity, equity and inclusion (DEI).

Goal 3

Make policy, funding and planning decisions informed by the current conditions of children and families in L.A. County with an emphasis on the current status of the Result Indicators.

Goal 4

Develop investment-specific metrics informed by the current status of the Result Indicators (and other Impact Framework indicators).

Goal 5

Increase champion and stakeholder awareness of findings and issues based on the current status of the Result Indicators.

Who are the Priority Users and Audiences?

12

**Priorit
y
Users**

F5LA Staff

**Board of
Commissioners**

**Grantees and
Contractors**

Data Partners

**County
Partners**

**Advocacy
Partners**

Policymakers

Funders

Business

Media

**Higher
Education**

**Best Start
Networks**

**Priority
Audience
s**

Sensemaking





Highlight two findings from the report



Share examples of how sensemaking can bring shared understanding and insights to improving conditions of children and families

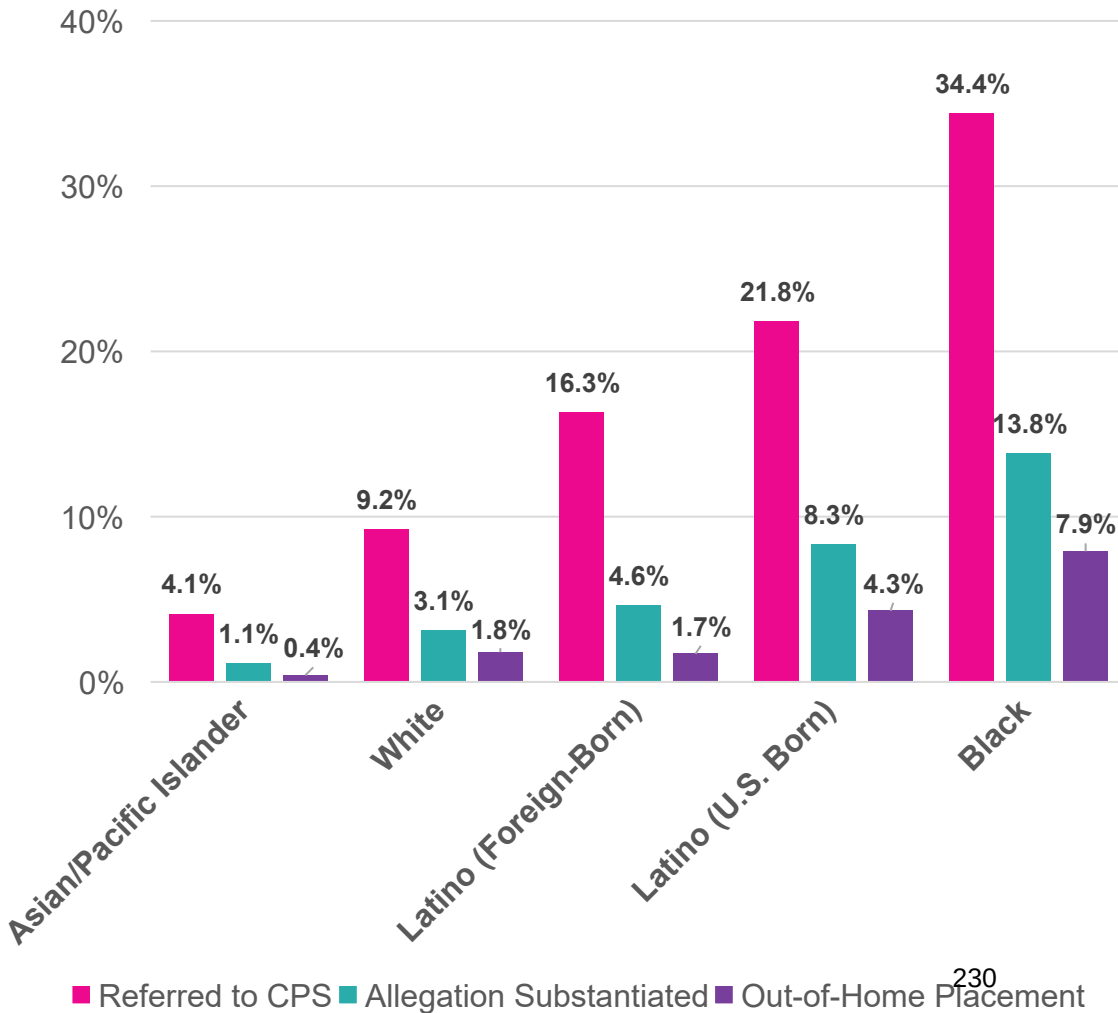


Provide an opportunity to reflect and discuss

RESULT INDICATOR: DISPARITIES IN CPS INVOLVEMENT ARE SUBSTANTIAL AND GROWING

15

Disparities in CPS Involvement



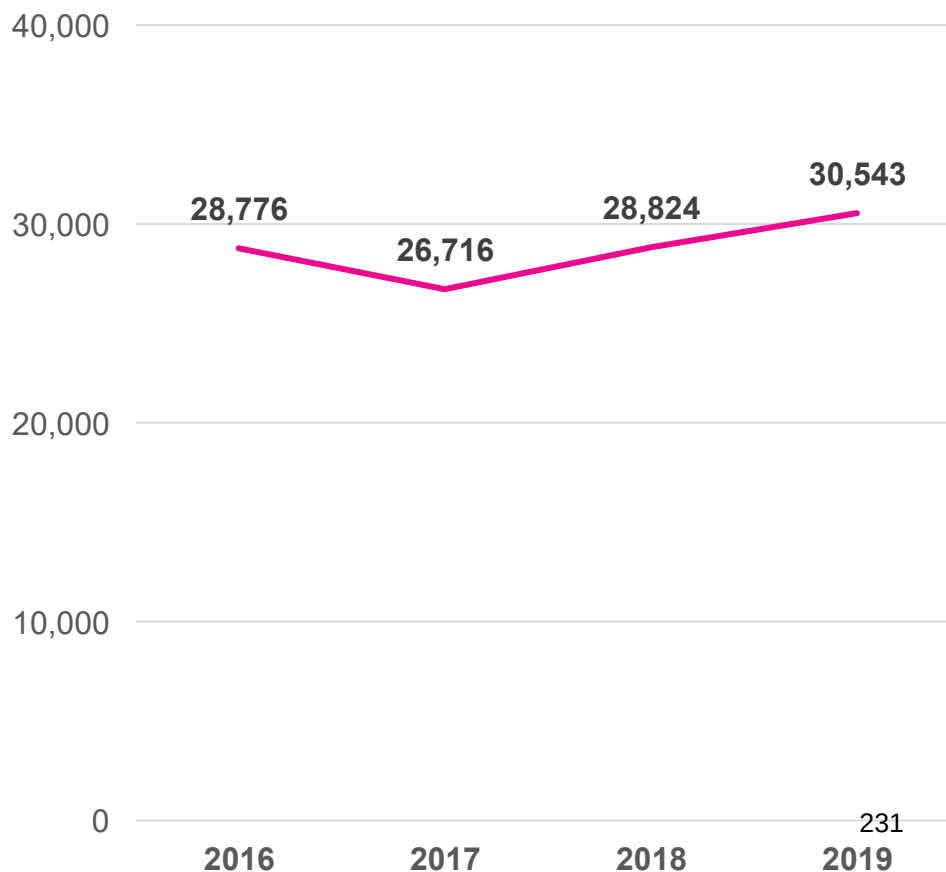
What system changes are needed to eliminate the disparities highlighted in the data?

What is the data **not** telling us? What more do we need to know in order to make progress?

CONTEXTUAL INDICATOR: NUMBER OF YOUNG CHILDREN EXPERIENCING HOMELESSNESS GROWS

16

Six Percent Growth in Young Children Experiencing Homelessness



How might we adjust our strategies to be responsive to the context?

What is the data **not** telling us? What more do we need to know?

What are critical questions we should include in sensemaking discussions?

Thank you!





**Pathway
to Progress:**

Indicators
of Young Child
Well-Being in
Los Angeles
County

LETTER FROM THE EXECUTIVE DIRECTOR

There is a common saying: “If you’re not outraged, you’re not paying attention.” This is true today in many arenas, and not the least of which in the inequities that First 5 LA has documented in this report — our inaugural Impact Framework Indicators Report — where children of color repeatedly face a more challenging path to success in school and life. Born of our Impact Framework, which charts how we will measure progress on our 2020-28 Strategic Plan, this report is the physical manifestation of our “paying attention.” And, for many indicators, “outrage” will be a natural and just reaction.

As a systems change leader and funder, First 5 LA is focused on paying attention — and taking action. The report raises important questions about why certain things are happening — such as disparities in child outcomes — and what we can do to change them. It compels us to dig into the key metrics of child and family well-being, including disaggregated data, to examine the systemic issues that are holding inequitable conditions and outcomes for children in place, and to identify what First 5 LA’s contribution can be to strengthen child- and family-serving systems.

This report also sets a baseline to measure our progress; however, that baseline will be complicated by the global pandemic that we are currently living through. The indicators in this report represent the pre-COVID-19 world, and while inequities remain vast and troubling, hard-fought positive trends are emerging in some of the data. Post-COVID-19, we anticipate markedly different results. Young families are among the most vulnerable to the impacts of the pandemic, with many struggling with job losses, constrained early care opportunities, and limited access to social supports, which all contribute to an unprecedented level of family stress.

To be sure, the pandemic is testing the resiliency of our systems and our families. We have much work to do. We come to this work with deeply-held motivation for a just, safe and equitable future for our children; with confidence that progress is possible when our advocacy is informed by solid data and families’ diverse experiences; and with a commitment to partner with those who share our aspirations for young children.

We invite our partners to join us on this journey to our North Star, where all children in L.A. County will enter kindergarten ready to succeed in school and life.



Kim Belshé
Executive Director

First 5 LA Board of Commissioners

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Commission Chair

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Commission Vice Chair

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Victor Manalo
Terry Ogawa
Carol Sigala
Sylvia S. Swilley
Christopher Thompson
Arturo Valdez



ABOUT FIRST 5 LA

In the first five years of a child's life, a million new neural connections form every second, making every second count.

Armed with this knowledge, First 5 LA — an independent public agency — works to support the safe and healthy development of young children so that by 2028, all children in L.A. County will enter kindergarten ready to succeed in school and life.

We partner with communities, organizations and other county agencies to support parents in achieving this goal. As a systems change agent, we believe we can help family-serving systems work better for children and their families by collaborating with public and community partners.

Defining the Early Childhood System

The early childhood system comprises the organizations, both public and private, that partner with parents and families to provide services and supports for children from birth to kindergarten entry. These services and supports span the sectors of physical and mental health, early learning and development, and family leadership and engagement.



TABLE OF CONTENTS

8 DEMOGRAPHIC SNAPSHOT

10 EXECUTIVE SUMMARY

14 INTRODUCTION

18 IMPACT FRAMEWORK OVERVIEW

24 GUIDE TO INTERPRETING THE MAPS

27 RESULTS INDICATORS

- 28 High-Quality Early Care and Education
- 32 Publicly Funded Early Care and Education
- 34 Early Intervention Services
- 38 Average Age of Children in Special Education
- 40 Child Protective Services Involvement
- 44 Family Engagement With Child
- 48 Home Visiting Participation
- 52 Participation in Safety Net Programs
- 58 Social Support
- 60 Access to Parks

63 CONTEXTUAL INDICATORS

Child Characteristics

- 64 Birth Rate
- 66 Infant Mortality Rate
- 70 Low Birth Weight
- 74 Well-Child Visits
- 76 Preventable Injuries
- 80 Healthy Weight
- 84 Dual Language Learners
- 88 Special Education Enrollment
- 90 Third Grade Literacy

Maternal Characteristics

- 94 Prenatal Care
- 98 Postpartum Care
- 102 Maternal Depression
- 106 Breastfeeding
- 110 Educational Attainment

Family Resources

- 114 Assets at Birth
- 118 Children Living in Poverty
- 122 Food Insecurity
- 126 Children Experiencing Homelessness

Community Characteristics

- 128 California Healthy Places Index
- 130 Access to Transit

132 ACKNOWLEDGMENTS

134 APPENDICES

- 134 Full Indicator Language
- 136 Methods
- 144 Supplemental Tables

DEMOGRAPHIC SNAPSHOT

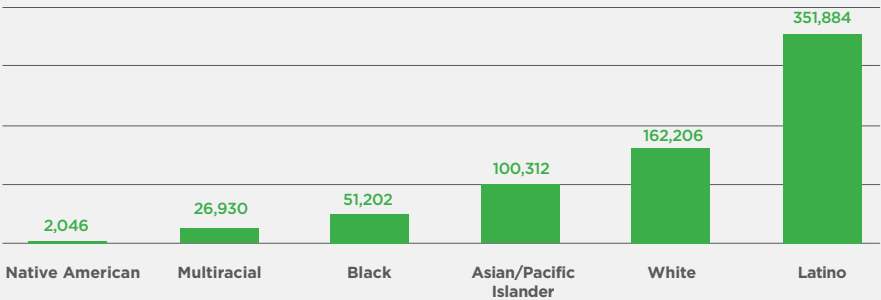
Young Children and Their
Families in Los Angeles County

694,580
CHILDREN
from birth through age 5
LIVE IN L.A. COUNTY

7%
OF ALL L.A. COUNTY
RESIDENTS ARE
children from
birth through age 5

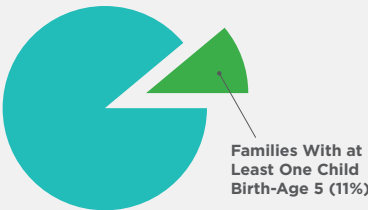
ABOUT HALF OF ALL L.A. COUNTY'S YOUNG CHILDREN ARE LATINO

Count of L.A. County Children from Birth Through Age 5 by Race/Ethnicity



1 IN 9 L.A. COUNTY HOUSEHOLDS ARE FAMILIES WITH YOUNG CHILDREN

Percentage of all L.A. County Households that are Families
with at Least One Child from Birth Through Age Five

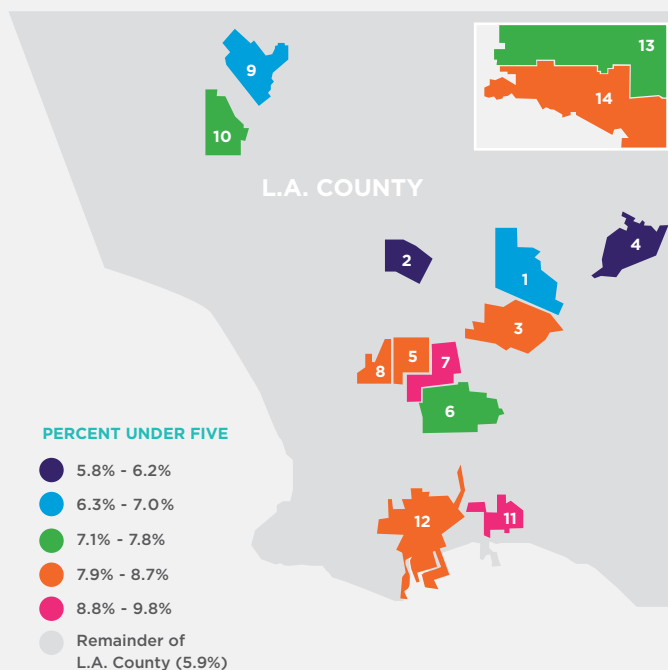


355,029
FAMILIES WITH
AT LEAST
one child from
birth through age 5
RESIDE IN
L.A. COUNTY

DEPENDING ON THE *BEST START* GEOGRAPHY, YOUNG CHILDREN COMPRISE FROM 6 TO 10 PERCENT OF THE TOTAL POPULATION

Number and Percentage of Population That are Children from Birth Through Age 4 by *Best Start* Geography

	Number of Children Birth Through Age 4	Percent of Total Population that are Children Birth Through Age 4
REGION 1		
1 East LA	9,887	7.0%
2 Metro LA	6,691	5.8%
3 Southeast LA	14,202	8.2%
4 South El Monte/El Monte	6,358	6.2%
REGION 2		
5 Broadway-Manchester	7,548	8.7%
6 Compton	10,739	7.7%
7 Watts-Willowbrook	8,399	9.8%
8 West Athens	3,732	8.2%
REGION 3		
9 Northeast Valley Communities	9,225	7.0%
10 Panorama City & Neighbors	12,925	7.8%
REGION 4		
11 Central Long Beach	9,474	9.2%
12 Wilmington	5,456	8.6%
REGION 5		
13 Lancaster	12,491	7.7%
14 Palmdale	14,851	8.2%
L.A. County Overall	631,911	6.3%
Remainder of L.A. County	499,483	5.9%



Data for the *Best Start* geographies are not inclusive of 5-year-old children.

SOURCES, NOTES, AND DATA LIMITATIONS

- See page 24 for a description of First 5 LA investment in *Best Start* geographies.
- Count of children from birth through age 5 (2020), racial/ethnic detail (2020), and projections (2020-2060): California Department of Finance, Demographic Research Unit, Projections, Tables P-1 and P-2 (The ethnic category Latino is of any race; the remaining racial categories are all non-Latino.)
- Count and percent of families with children from birth through age 5 (2018): U.S. Census Bureau, American Community Survey, 2018, 1-Year Estimates, Table S1101
- Count and percent of children from birth through age 4 by *Best Start* geography: U.S. Census Bureau, American Community Survey, 2017, 5-year Estimates, Table S0101; analysis conducted by Advancement Project (Data for the *Best Start* geographies are not inclusive of 5-year-old children.)

EXECUTIVE SUMMARY

First 5 LA is pleased to share the Pathway to Progress report with our community of partners. This report acts as the baseline for assessing progress on the implementation of our 2020-2028 Strategic Plan. As such, the indicators presented in this report are forward-looking, providing critical information to guide our work in the years to come.

As summarized briefly in this Executive Summary and presented in detail in the body of the report, the baseline findings for several indicators show progress in recent years. Yet, the findings also reveal systemic inequities, with most indicators showing that a higher proportion of children and families of color face more challenging circumstances than the countywide averages. Identifying and addressing the structures that perpetuate these inequities is a key driver behind our systems change work. Together with our partners, we will work to build momentum where we see progress and implement real and lasting change where we see gaps.

Complicating this work is the dramatic impact that the global coronavirus pandemic is having on many families with young children. It is important to note that the data in this report reflect “pre-COVID-19” conditions; the “post-COVID-19” context is likely to look markedly different. Going forward, the impact of the pandemic on the data will increase the challenge of measuring the progress made on improving conditions for children and families.

INDICATORS OVERVIEW

The Results Indicators presented in this report are aligned with the Strategic Plan’s Results for Children and Families, which capture First 5 LA’s desired future for children and families (see page 18). The 10 Results Indicators capture population-level changes in conditions for children and families and they will be used to gauge how well systems are working for children and families.

The Contextual Indicators presented in this report capture conditions within L.A. County that impact First 5 LA’s work. They are used to understand the context and to tailor strategies to L.A. County’s young children and their families. The findings of the 20 Contextual Indicators are summarized on the following pages within four categories: Child Characteristics, Maternal Characteristics, Family Resources and Community Characteristics.

As described in the Introduction and Impact Framework Overview, two additional sets of indicators — Long-term System Outcomes and Short-term Markers of Progress — are currently in development and not presented in this report.

RESULTS INDICATORS: FINDINGS AT-A-GLANCE

		Key:			
		Trend	Equity	Access	Overall
		● Definite or emerging positive trend	● Equitable conditions	● Many positively supported (or minimally negatively affected)	● Mostly positive
		● Flat or no discernable trend	● Modest disadvantage or mixed	● Some positively supported (or modestly negatively affected)	● Mixed or modestly good
		● Definite or emerging negative trend	● Substantial disadvantage	● Not many positively supported (or many negatively affected)	● Mostly negative
		● Unknown	● Unknown	● Unknown	● Unknown

Title	Description	Trend	Equity	Access	Overall
1. High-Quality ECE	Increased rate of L.A. County children birth through age 5 enrolled in a high-quality early learning and care program	●	●	●	●
2. Publicly Funded ECE	Increased rate of income-eligible L.A. County children birth through age 5 enrolled in publicly funded early learning and care programs	●	●	●	●
3. Early Intervention Services	Increased rate of L.A. County children birth through age 5 with a developmental delay participating in early intervention services	●	●	●	●
4. Average Age of Students in Special Education	Decreased average age of L.A. County children entering special education services	●	●	●	●
5. CPS Involvement	Decreased rate of L.A. County children with Child Protective Services involvement at any point during the first 5 years of life	●	●	●	●
6. Family Engagement With Child	Increased rate of L.A. County families with children birth through age 5 who read, tell stories, sing, play music, or teach letters, words, or numbers to their child daily	●	●	●	●
7. Home Visiting Participation	Increased rate of L.A. County families who participate in home visiting programs at any point prenatally through age 5	●	●	●	●
8. Safety Net Program Eligibility	Increased rate of eligible L.A. County families with children prenatal through age 5 participating in safety net programs	●●	●	●	●
9. Social Support	Increased rate of L.A. County families with children birth through age 5 who report having one or more people to talk to in times of need	●	●	●	●
10. Access to Parks	Increased rate of L.A. County families with children birth through age 5 that have access to parks and open spaces	●	●	●	●

In the table above, each indicator was assessed according to the following:

TREND:

Are systems or conditions improving, worsening or unchanged for all children in L.A. County?

EQUITY:

Do children or families of color have equitable conditions or are they at a modest or substantial disadvantage? Similarly, what does the data tell us about equity for children from low-income families or from certain communities?

ACCESS:

Are many children connected to a positive intervention or protected from a harmful or negative circumstance? Or is it a modest proportion or only a small proportion?

OVERALL:

Considering the three measures — trend, equity and access — how are children faring or systems performing overall?

Note: This visual summary is the high-level takeaway from the findings for each indicator; the indicator pages provide additional nuance and detail. Overlapping dots of two different colors signify that the indicator presents more than one dataset and those datasets have different results.

CONTEXTUAL INDICATORS: FINDINGS AT-A-GLANCE

CONTEXTUAL INDICATORS NO. 1 - 9

Child Characteristics

Indicators of children's well-being show significant inequities. Compared to their White or Asian/Pacific Islander peers, Black children are consistently more negatively affected. Latino children are also more negatively affected on most metrics. The association between these child indicators and the maternal, family and community indicators is strong, since children's well-being depends in large part of the well-being of their families and communities.

- The **birth rate** is declining in L.A. County for all race and ethnic groups.
- While the proportion of babies born at **low birth weight** remains flat, the **infant mortality** rate has increased. Babies born to **Black** mothers are disproportionately affected by low birth weight and have a higher mortality rate.
- **Preventable injuries** remain a problem, with no lasting improvement in 10 years of tracking. **Black** children were four times more likely to die of a preventable injury than children of other race or ethnic groups. **Drowning** was the most frequent cause of death, while **falls** were the most frequent cause of non-fatal injuries.
- Most children complete the recommended **well-child visits** and this rate has increased over time.
- Approximately 60 percent of young children living in low-income households have a **healthy weight**. Over a 16-year period, the proportion of overweight and obese children has gradually increased. Children of **Latina** mothers had the lowest proportion of healthy weight.
- Compared to six years ago, fewer students were **Dual Language Learners** when they entered kindergarten. The decline has been most significant among **Latino** children.
- Enrollment of young children in **special education** has been increasing, especially among **Latino** young children.
- Almost half of L.A. County's third grade students in public school met **literacy standards**, capping a steady upward five-year trend.

CONTEXTUAL INDICATORS NO. 10 - 14

Maternal Characteristics

While most mothers are doing well — getting prenatal and postpartum care, breastfeeding their infants, and not experiencing postpartum depression — Black and Latina mothers consistently experience poorer results on these measures.

- **Prenatal care** rates have been flat, and **mothers of color** have lower prenatal care rates than White mothers, but several **Best Start** geographies have shown improvement in rates.
- Fully nine out of 10 new mothers have a **postpartum check-up**. **Black** mothers and mothers in the **Antelope Valley** have slightly lower rates of postpartum check-ups.
- A quarter of new mothers experience **postpartum depression**, with **Black** and **Latina** mothers reporting higher rates of both prenatal and postpartum depression.

- While **breastfeeding** rates have increased over time and most mothers breastfeed at least part of the time at three months after the birth of their child, there is a drop off between breastfeeding at one week after birth (89 percent) compared to at three months after birth (71 percent). **Black** and **Latina** mothers report less breastfeeding.
- Half of mothers in L.A. County have **some college or a college degree** and nearly 85 percent have a **high school diploma** or higher.

CONTEXTUAL
INDICATORS
NO. 15 - 18

Family Characteristics

While most families of color do not experience poverty or food insecurity, there is a higher rate of poverty and food insecurity among families of color than other racial or ethnic groups.

- An analysis of the **assets a child has at birth** reveals inequities in resource access, with the children of White or Asian/Pacific Islander mothers more likely to start life with more assets than the children of Black and Latina mothers. All **Best Start** geographies have lower asset scores than the L.A. County average.
- Nearly 1 in 4 L.A. County young children live in **poverty**. Similarly, 1 in 4 lower-income families experience **food insecurity**. **Latino** families report higher rates of food insecurity, which could correlate with the lower rates of **healthy weight** among Latino young children.
- There were 30,543 young children experiencing **homelessness** for at least one month during 2019, representing a 6 percent increase over four years.

CONTEXTUAL
INDICATORS
NO. 19 - 20

Community Characteristics

The social and economic community characteristics that influence health and life expectancy vary widely within L.A. County. **Best Start** geographies are among the L.A. County communities that have a higher risk of poor outcomes.

- L.A. County has **community conditions** that are healthier than half of other California counties (50th percentile). Looking internally, all **Best Start** geographies have less healthy community conditions than the countywide average, with percentile scores ranging from six to 27, meaning that between 94 and 73 percent of other California communities have healthier conditions.
- In a majority of L.A. County zip codes, the **number of transit stops** is evenly matched to the number of families with children under age 6 in that zip code.

INTRODUCTION

First 5 LA is pleased to share the Pathway to Progress report with our community of partners. As the following pages describe, this report is an important tool for our agency. We also hope the content will be useful and inspiring for our partners working to support young children and their families in Los Angeles County.

WHY INDICATORS?

Indicators are **tools people can use to understand conditions in their communities** and to **measure progress** on issues of importance. They reveal whether things are getting better, worse, or staying the same. They also help communities **address inequities** by revealing disparities between different groups of people or neighborhoods in a region.

While indicators allow for high-level tracking of progress and the ability to develop hypotheses for why certain patterns are evident in the data, it is important to note that they do not allow for assessing the impact of particular programs, policies or practices. Despite this limitation, the indicators in this report help us understand the conditions of young children and their families in L.A. County. They also **set a baseline** to assess progress over time on the population-level results that First 5 LA and our partners are working towards within specific communities and across L.A. County.

WHY NOW?

Taking effect on July 1, 2020, the First 5 LA 2020-2028 Strategic Plan outlines how we will achieve our North Star through “**systems change**” – shifting the conditions that hold a problem in place. This includes improving **access** to resources and making sure that the systems that deliver those resources are **high quality, aligned, and sustainable**, and responsive to the needs of parents and children.

To gauge how well systems are working for children and families, and to help us assess how effective our strategies are, we developed the **Impact Framework**. The Impact Framework is a tool that identifies the data (indicators) we will use to measure our progress. The indicators contained in this report reflect an important first phase of this work, presenting the data for two of the four Impact Framework components: Results Indicators and Contextual Indicators. As the following pages describe, the Impact Framework is a work in progress.

WHO IS THIS REPORT FOR?

The Pathway to Progress report is a tool for **First 5 LA leaders and staff** and our **many diverse partners**, including grantees, county agencies, elected officials, and others. We hope that the Impact Framework inspires excitement about the outcomes we wish to achieve in partnership with communities, organizations and countywide organizations.

WHAT CAN I EXPECT TO FIND IN THIS REPORT?

The next pages provide a more **detailed introduction to the Impact Framework** and its connection to the Strategic Plan and the indicators. This is followed by background to explain the different ways that **findings by geography** are shown in the maps. The main body of this report consists of **two-to-six pages of findings for each indicator**. Each indicator spread provides at minimum the latest year of data available and usually several years prior. When data allow, **analysis by race or ethnicity**, age, socio-economic status and geography is also provided. The **methods section** provides background on data collection and analysis when needed. If available, **supplemental tables** at the back of the report provide additional detail that was not included on the main indicator pages.

WHAT MIGHT BE MISSING?

The Result and Contextual indicators presented in this report are **not an exhaustive list** of important measures of early childhood; there are additional indicators that may also measure early childhood systems functioning or the well-being of young children and their families. Or there may be alternative ways to measure the indicators we have included. As noted above, our measurement work is ongoing, and the indicators may evolve over time.

The data shown in this report are **proxies** for what we want to measure. A proxy is a substitute or **alternative way of measuring** a condition when we do not have data that would allow for a direct measure. For example, in absence of direct data

that would tell us that children with developmental delays are getting identified as early as possible, we calculate the average age of children in special education. If the average age declines, we can infer that children are being identified earlier. While more limited than a direct measure, proxy measures are valuable tools for understanding the populations we serve and for tracking progress.

Advancing diversity, equity and inclusion is a core value of First 5 LA. That value is reflected in our commitment to present **information by subgroups**, including race or ethnicity, age, income status or geography. However, due to data limitations, it is not always possible to show these subgroups, nor all the subgroups we would like. When subgroup information is missing or appears incomplete (e.g., findings for only certain race/ethnic groups are presented), it means the **data was not available** at this time or not reliable when broken out by subgroup. For the subgroup data that is available, the intent is to maintain consistency with respect to racial and ethnic categories, age ranges, and other definitions; however, the features of each dataset place limitations on the ability to do so in all cases.

WHAT'S NEXT?

We look forward to **working collaboratively** with parents and our many partners — including community members, grantees, county agencies, elected officials and others — to address inequities and close gaps in family-serving systems so that all children in L.A. County will enter kindergarten ready to succeed in school and life. Implementing our Strategic Plan through systems change involves **policy change, practice change** and **will-building**. Some of these needed changes will be small, but others will require profound shifts in the systems supporting children and families. This is an ambitious agenda that we cannot tackle alone.

An important step in implementing this agenda is to engage in **“sensemaking”** — the convening of partners to discuss findings, share insights, build common understanding, identify implications and generate recommendations. We will use this **collaborative** process to better understand the data contained in this report.

The process of sensemaking will **shine a light** on many areas of progress but also many areas of entrenched inequity that impede children’s optimal development. This awareness emphasizes the importance of posing **questions** about how to ensure systems are equitable, accessible, high quality, aligned and sustainable. To guide this inquiry, we will begin with the following questions, with the understanding that additional questions may arise:

- What is the data telling us about how well young children and their families are supported in L.A. County? Are conditions improving? Are conditions equitable?
- What system improvements are needed to increase equity and reduce the disparities highlighted in the data?
- How can systems become more accessible in a way that would help improve conditions for children and families in L.A. County?
- How can we improve the quality of systems to drive results for children and families in L.A. County?
- What do the findings say about the need for alignment and coordination across family-serving sectors?
- How can we leverage and increase funding for systems to bridge gaps in supports for children and families?
- How should we adjust our strategies to be responsive to the context of L.A. County?
- Finally, what is the data not telling us? What more do we need to know in order to make progress?

The indicators in this report set our baseline for how we will measure progress on our Strategic Plan. The next step is **interpreting and acting** on these findings. To that end, the process of sensemaking with our partners will be a critical component of First 5 LA’s **continuous quality improvement** approach to systems change. It will inform the strategies we adopt to implement the Strategic Plan and to address inequities and gaps in family-serving systems. Our commitment to ongoing measurement will enable us to review the efficacy of those strategies and make adjustments to **improve our impact**. We look forward to engaging in this process of learning, planning and acting with our families and many partners.

A Word About the Impact of the Coronavirus Pandemic

As of publication, the worldwide COVID-19 pandemic is continuing to unfold. Widespread stay-at-home orders are having an impact of profound proportions on many residents. Families with young children, particularly families of color, are among the most vulnerable to the impacts of the pandemic, with many struggling with decreased earnings, constrained early care opportunities, limited access to social supports, and systemic inequities in the health care system, all of which contribute to family stress.

The data in this report are “pre-COVID-19” which means we are likely to see very different results in subsequent editions of the report, particularly in metrics that track with economic conditions, such as increased poverty, food insecurity and homelessness, or intersect with the health care system, such as delayed well-child visits, missed prenatal and postpartum care visits, and increased maternal depression. Critical supports, like early intervention for developmental delays or child protective services, are also likely to show reductions. We are also finding that providers are being challenged as never before to find ways to deliver services such as virtual home visiting or trying to maintain quality early care experiences in a world of face masks and social distancing.

In short, systems and families are being stretched and tested in ways we can’t control or entirely predict. Time will tell what the data measuring these systems and family conditions will reveal, but it is clear that interpreting the data will require flexibility, patience and creativity as we seek to measure our progress.

IMPACT FRAMEWORK OVERVIEW

2020-2028 STRATEGIC PLAN

To understand the Impact Framework, it is first important to be introduced to the First 5 LA 2020-2028 Strategic Plan. Our **Pathway for Systems Change** graphic provides a visual representation of the major Strategic Plan components.

The Plan begins with our aspiration — what we call our **North Star**.



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

The North Star represents the ultimate goal of all of First 5 LA's work. Additionally, we recognize that in order to reach the North Star, there are certain conditions for children and families that are necessary — we refer to these as our four **Results for Children and Families**:



Families have the resources, opportunities and relationships to optimize their child's development.



Children are safe from abuse, neglect and other trauma.



Children receive early and timely developmental supports and services.

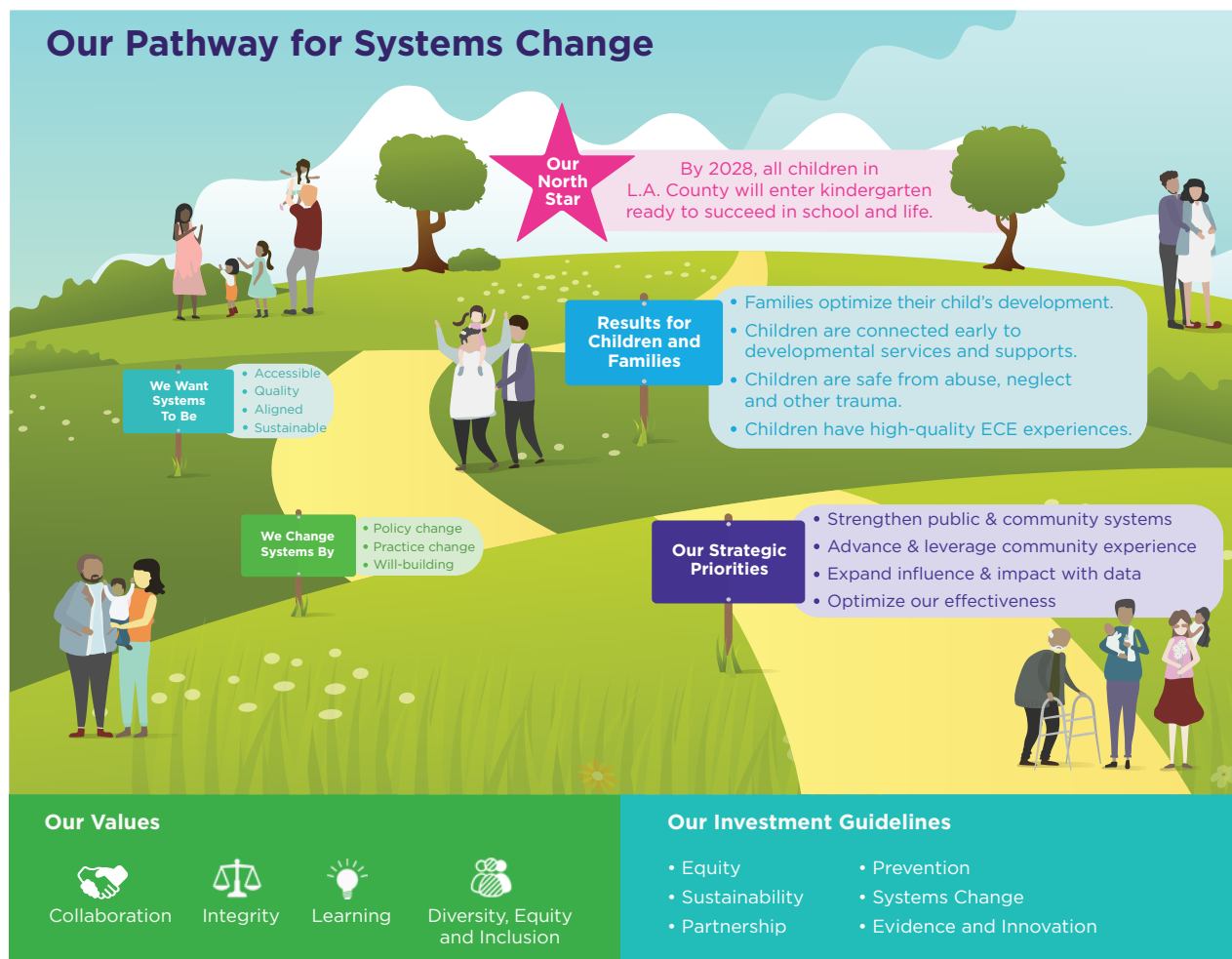


Children have high-quality early care and education experiences.

For these four Results for Children and Families to be met, systems that serve children and families require certain characteristics — they must be **accessible, quality, aligned** and **sustainable**. These are our **Long-term System Outcomes**. First 5 LA contributes to these long-term system outcomes through **policy change, practice change** and **will-building** in alignment with our **Strategic Priorities**:

- Strengthen public and community systems.
- Advance and build on community experiences.
- Expand influence and impact with data.
- Optimize our effectiveness.

All of our activities are supported by our **core values** — collaboration, integrity, learning, and diversity, equity and inclusion – and our **investment guidelines** — equity, sustainability, partnership, prevention, systems change, and evidence and innovation.



IMPACT FRAMEWORK PURPOSE

Given the complexity of systems change work, we needed a way to measure our progress toward our North Star. Our solution was to develop the Impact Framework. This tool identifies data we will monitor to:

- Gauge how well systems are working for children and families.
- Assess the effectiveness of our systems change strategies.
- Guide course corrections.
- Understand our context and inform our strategies.

Additionally, we will use this data to help tell First 5 LA's story and ensure we remain responsive to the needs of children prenatal through age 5 in L.A. County.

IMPACT FRAMEWORK INDICATORS

The Impact Framework contains **four different types of indicators** — or data — that we will monitor over time. Three of the four types of indicators monitor the outcomes we are seeking as a result of our work and the fourth provides contextual information on young children and their families.

Results Indicators

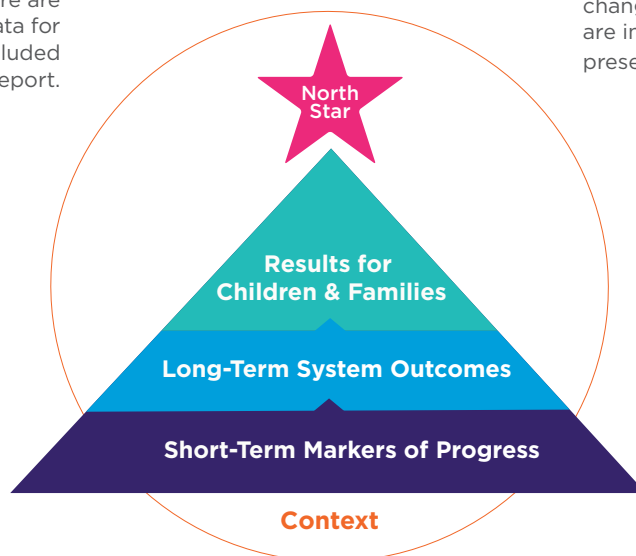
Indicators that are aligned with the Results for Children and Families and capture population-level changes in conditions for children and families.

These indicators will be used to gauge how well systems are working for children and families. There are 10 Results Indicators; data for these indicators are included in this report.

Long-Term System Outcomes

Indicators that capture the changes needed to improve the systems that serve children and families.

These indicators will be used to measure progress on our systems change strategies. These indicators are in development and not presented in this report.



Short-Term Markers of Progress

Indicators that are aligned with our Strategic Priorities and capture early changes in systems and key milestones.

These indicators will be used to gauge the progress we expect from our strategies and guide course-corrections, if needed. These indicators are in development and not presented in this report.

Contextual Indicators

Indicators that capture conditions within L.A. County that impact First 5 LA's work.

These indicators will be used to understand our context and to tailor our strategies to L.A. County's young children and their families. There are 20 Contextual Indicators; data for these indicators are included in this report.

Over time, as the context within which First 5 LA's work evolves, so may the indicators. Further, we anticipate that the ongoing implementation of our Impact Framework, including the development of the Long-Term System Outcomes and the Short-Term Markers of Progress, will lead to shifts among the indicators. For example, some Contextual Indicators may become measures in one of the other three categories of indicators.

Crosswalk to Four Results

The 10 Results Indicators were selected to measure progress on the four Results for Children and Families identified in the Strategic Plan. The relationships between the indicators and Results are not necessarily one-to-one; a single indicator may capture progress for more than one Result for Children and Families. For example, the High-Quality Early Care and Education indicator measures progress related to three different Results: Children have high-quality early care and education experiences; Children receive early and timely developmental supports and services; and Families have the resources, opportunities and relationships to optimize their child's development.

The table below shows how each Result Indicator corresponds with the four Results for Children and Families.

The icons in the matrix are used throughout the Results Indicators section of the report to help users identify for each Result Indicator the associated Results for Children and Families.

 FAMILY RESOURCES Families have the resources, opportunities and relationships to optimize their child's development	   High-Quality Early Care and Education
	  Publicly Funded Early Care and Education
	  Early Intervention Services
	  Average Age of Children in Special Education
 EARLY INTERVENTION Children receive early and timely developmental supports and services	 Child Protective Services Involvement
	 Family Engagement With Child
	  Home Visiting Participation
 CHILD SAFETY Children are safe from abuse, neglect and other trauma	  Participation in Safety Net Programs
	  Social Support
 EARLY LEARNING Children have high-quality early care and education experiences	 Access to Parks

Contextual Indicators Domains

The 20 Contextual Indicators selected capture the conditions of children and families within four topical domains: Child Characteristics, Maternal Characteristics, Family Resources and Community Characteristics. The matrix below shows where each Contextual Indicator falls within the domains. The domain colors displayed below are repeated within the Contextual Indicators section to help users orient within the section.

CHILD CHARACTERISTICS	MATERNAL CHARACTERISTICS	FAMILY RESOURCES	COMMUNITY CHARACTERISTICS
1. Birth Rate 2. Infant Mortality Rate 3. Low Birth Weight 4. Well-Child Visits 5. Preventable Injuries 6. Healthy Weight 7. Dual Language Learners 8. Special Education Enrollment 9. Third Grade Literacy	10. Prenatal Care 11. Postpartum Care 12. Maternal Depression 13. Breastfeeding 14. Educational Attainment	15. Assets at Birth 16. Children Living in Poverty 17. Food Insecurity 18. Children Experiencing Homelessness	19. California Healthy Places Index 20. Access to Transit



GUIDE TO INTERPRETING THE MAPS

GEOGRAPHIC DATA VISUALIZATION METHODS

The maps are sorted using “hot-to-cold” color schemes, where the “hot” colors (such as magenta or orange) are applied to the communities facing the greatest challenge or impact, and the “cold” colors (such as green or blue) are applied to the communities facing less severe challenges or impacts.

The maps use a method of grouping the findings called Jenks (natural breaks). With Jenks, the divisions that separate the data into groups — or cut points — are based on natural groupings inherent in the dataset. The cut points maximize the differences between the groups and minimize wide variation within a group. Because the cut points are optimized for each dataset, the groupings and ranges of values in each grouping will vary from indicator to indicator.

The *Best Start* geographies are not depicted to scale in the majority of the maps. Lancaster and Palmdale appear as insets and smaller relative to the other *Best Start* geographies when, in reality, they are larger. This format enhances readability by allowing the smaller *Best Start* geographies to be enlarged. It also omits areas that do not contain *Best Start* geographies, including some coastal areas and a large area between Region 5 and the remaining regions. To view a scale version of the *Best Start* geographies, see Third Grade Literacy (page 90), where the *Best Start* boundaries overlay school district boundaries.

First 5 LA's *Best Start* Investment

Through *Best Start*, First 5 LA invests in 14 geographic areas that have faced historic disenfranchisement and oppression through political, economic, social and/or environmental factors that aggravate chronic family stressors such as violence and poverty. The goal of the *Best Start* networks is to catalyze, strengthen and elevate innovative approaches that improve the lives of children prenatal through age 5.

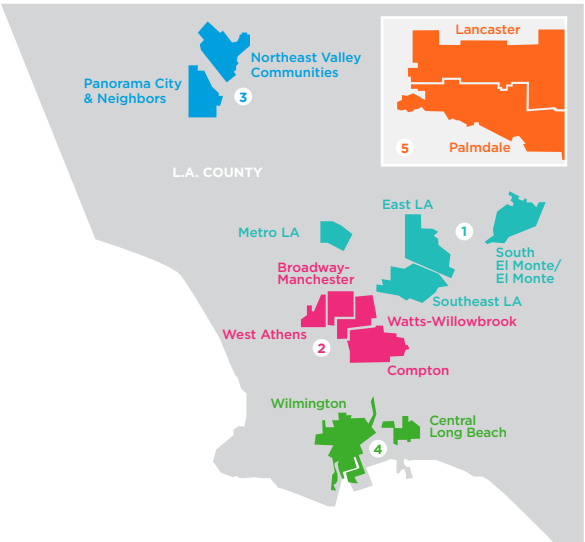
In 2018, First 5 LA grouped these 14 communities into five regions to maximize resources and strengthen systems change efforts. This regional grouping offers several advantages for communities: it provides more opportunities for leveraging and mobilizing resources than might be possible in a single *Best Start* geography, it increases opportunities to build collective power and achieve systems-level outcomes, and it invites cross-community learning and dialogue. Within the regional structure, First 5 LA continues to emphasize the importance of local customization that considers each community's uniqueness and honors the lived experiences of parents, residents and organizations at a local level.

GEOGRAPHIC AREAS

Best Start Geographies

Whenever available, the maps in the report show findings by *Best Start* geography and either the remainder of L.A. County (the areas outside the *Best Start* boundaries) or the overall county average (all areas, including *Best Start* geographies). The map tables are sorted by *Best Start* region and then alphabetically by *Best Start* geography within each region. The First 5 LA *Best Start* regions are as follows:

REGION 1
East LA
Metro LA
Southeast LA
South El Monte/El Monte
REGION 2
Broadway-Manchester
Compton
Watts-Willowbrook
West Athens
REGION 3
Northeast Valley Communities
Panorama City & Neighbors
REGION 4
Central Long Beach
Wilmington
REGION 5
Lancaster
Palmdale



Service Planning Areas

When data by *Best Start* geography is not available, the data is shown by Service Planning Area. A Service Planning Area (SPA) is a region within Los Angeles County that was created by the Los Angeles County Department of Public Health (DPH) to allow the DPH to develop and provide more relevant public health and clinical services targeted to the specific health needs of the residents in these different areas. When data by *Best Start* geography is not available, but data is available by SPA, the map shows the findings by SPA with *Best Start* boundaries overlaid.

REGION 1	REGION 5
Antelope Valley	West
REGION 2	REGION 6
San Fernando Valley	South
REGION 3	REGION 7
San Gabriel Valley	East
REGION 4	REGION 8
Metro	South Bay (including Santa Catalina Island)



Zip Codes

In rare cases, the maps show the data by postal zip codes with *Best Start* boundaries overlaid.



RESULTS INDICATORS

FOUR RESULTS FOR CHILDREN AND FAMILIES



FAMILY RESOURCES

Families have the resources, opportunities and relationships to optimize their child's development



EARLY INTERVENTION

Children receive early and timely developmental supports and services



CHILD SAFETY

Children are safe from abuse, neglect and other trauma



EARLY LEARNING

Children have high-quality early care and education experiences



1. High-Quality Early Care and Education	●	●		●
2. Publicly Funded Early Care and Education	●			●
3. Early Intervention Services		●	●	
4. Average Age of Children in Special Education		●	●	
5. Child Protective Services Involvement			●	
6. Family Engagement With Child	●			
7. Home Visiting Participation	●		●	
8. Participation in Safety Net Programs	●		●	
9. Social Support	●		●	
10. Access to Parks	●			

High-Quality Early Care and Education

RESULT INDICATOR 1

FAMILY RESOURCES



EARLY INTERVENTION



EARLY LEARNING



FOR MOST L.A. COUNTY CHILDREN, EARLY CARE PROGRAM QUALITY IS UNKNOWN

This indicator captures the proportion of Los Angeles County young children (from infants through preschool age) who are enrolled in early care and education (ECE) programs that have been quality-rated by Quality Start Los Angeles (QSLA). Also presented is the proportion of programs that are rated high-quality (Tier 3, 4 or 5) or rising quality (Tier 1 or 2). All quality-rated programs must meet minimum levels of quality as required by

state statutes; Programs rated high-quality engage in practices beyond the minimum requirements.

Why is it Important?

A large body of evidence suggests that having high-quality early care and education (ECE) experiences prior to kindergarten entry contributes to later school success. In addition to improving specific academic skills, such as reading, language development and numeracy skills, high-quality ECE experiences promote socio-emotional development through structured play, physical and motor development, and the building of positive relationships with teachers, caregivers and peers.

Current Context

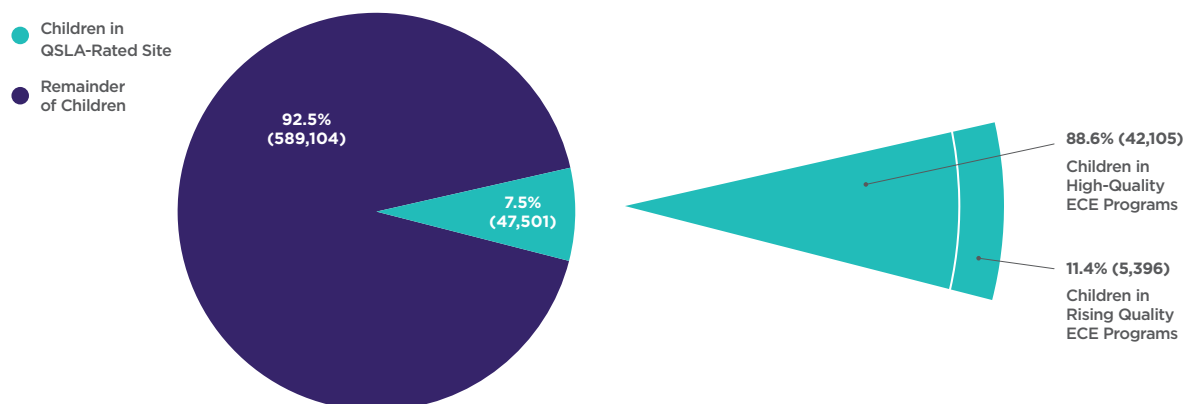
Several contextual considerations can help interpret the data shown in this indicator. First, it is important to note that many children are served in informal settings that are not quality-rated, such as care provided by a family member or babysitter, but they may be considered quality care. Second, cost can be a barrier to becoming a high-quality rated site, particularly for family childcare home settings that may not have the resources to invest in professional development and child development degrees or purchase costly materials. Third, the variation in participation in high-quality ECE by race/ethnicity may reflect the fact that QSLA intentionally seeks to combat entrenched inequity by working with ECE programs that serve families of color that may not have had equal access to high-quality care. Finally, the data shows results prior to the onset of the coronavirus pandemic. Results in subsequent years will likely show fewer quality-rated sites, and therefore fewer children enrolled in high-quality rated ECE, owing to challenges associated with how measurement tools can be successfully implemented in a virus-constrained atmosphere (e.g., mask wearing and physical distancing).

MOST RECENT YEAR

In 2018-19, just 7.5 percent of Los Angeles County young children attended an ECE program that was quality-rated by QSLA. This is equivalent to 47,501 children in quality-rated programs. Of the children in these quality-rated programs, fully 88.6 percent were in high-quality programs and 11.4 percent were in a rising quality program.

PERCENTAGE OF YOUNG CHILDREN IN A QSLA-RATED PROGRAM IS LOW

Percentage of Los Angeles County Young Children Attending a QSLA-rated ECE Program and Percentage that are High-Quality or Rising Quality, 2018-19



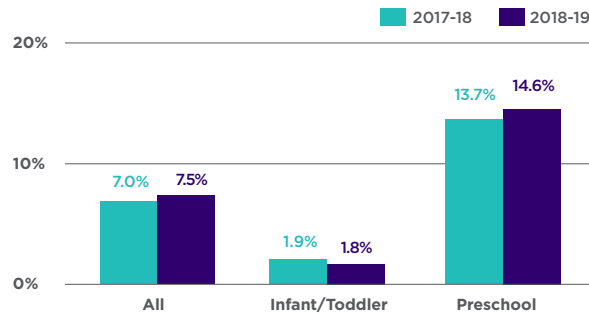
TREND

Overall, the proportion of children in QSLA-rated ECE programs increased slightly between 2017-18 and 2018-19, from 7.0 percent to 7.5 percent. The gain was driven by increases among programs serving preschool-age children. In 2018-19, among L.A. County preschool-age children, 14.6 percent attended a QSLA-rated program compared to 13.7 percent the prior year. Among infants and toddlers, slightly fewer attended QSLA-rated programs in 2018-19 compared to 2017-18.

The proportion of children in a high-quality program (rated Tier 3, 4 or 5) also increased between 2017-18 and 2018-19, from 5.7 percent of children to 6.6 percent. In 2018-19, 13.2 percent of preschool-age children attended a program rated high quality, compared to 11.7 percent in 2017-18. Similarly, more infants and toddlers were in high-quality programs in 2018-19 than in 2017-18.

PRESCHOOL CHILDREN IN QSLA-RATED ECE PROGRAMS INCREASED SLIGHTLY

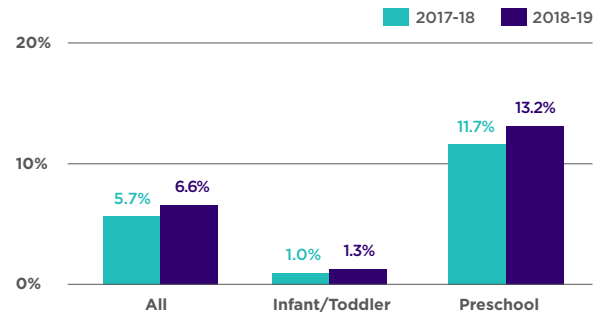
Percentage of Los Angeles County Infants, Toddlers and Preschool-Age Children in a QSLA-rated ECE Program, 2017-18 and 2018-19



Additional detail is provided in the Supplemental Tables.

PERCENTAGE OF CHILDREN IN HIGH-QUALITY ECE PROGRAMS GROWS

Percentage of Los Angeles County Infants, Toddlers and Preschool-Age Children in an ECE Program Rated High Quality (Tier 3, 4, or 5), 2017-18 and 2018-19



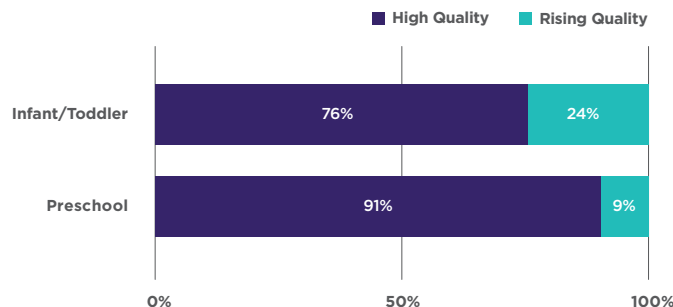
Additional detail is provided in the Supplemental Tables.

AGE DETAIL

Most of the children served by a QSLA-rated ECE program in 2018-19 were of preschool-age (87 percent), while 13 percent were infants or toddlers. Among those QSLA-rated programs, a greater proportion of preschoolers (91 percent) were in a high quality program than infants and toddlers (76 percent).

PRESCHOOLERS SOMEWHAT MORE LIKELY THAN INFANTS AND TODDLERS TO ATTEND AN ECE PROGRAM RATED HIGH-QUALITY

Percentage of Los Angeles County Young Children Participating in QSLA-Rated Programs by Quality Rating (High Quality or Rising Quality) and Age, 2018-19

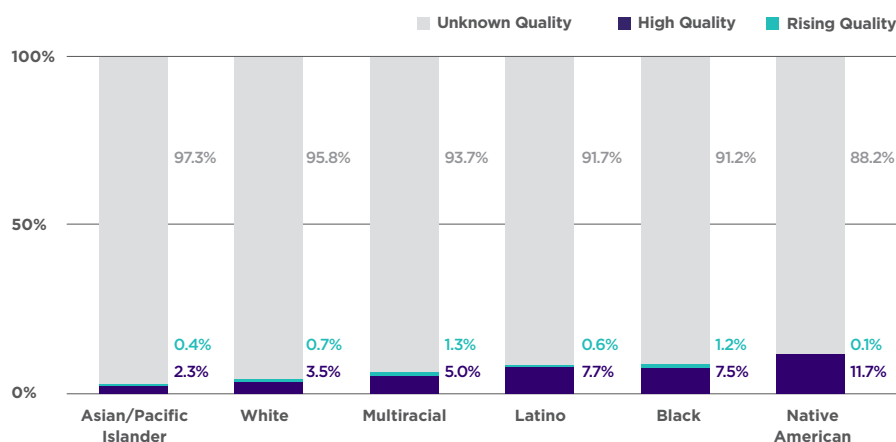


RACE/ETHNICITY DETAIL

While the number of Native American children participating in a QSLA-rated program is relatively small (194 in 2018-19), they have the highest rate of participation in care that has been rated by QSLA as high-quality; 11.7 percent of Native American children in Los Angeles County attend an ECE program that has been rated high-quality. Black children have the next highest rate, with 7.5 percent attending high-quality rated ECE and another 1.2 percent of Black children attending a rising-quality program. The quality of care is least known for Asian/Pacific Islander and White children.

1-IN-8 NATIVE AMERICAN CHILDREN ATTEND QUALITY-RATED ECE

Percentage of Los Angeles County Young Children Attending Programs Rated High Quality, Rising Quality, or Unknown Quality by Race or Ethnicity, 2018-19



Data can be interpreted according to the following example: 7.5 percent of Black young children in Los Angeles County attend ECE that has been rated high-quality. Additional detail by race and ethnicity is provided in the Supplemental Tables, including data for the year 2017-18.

DATA NOTES AND LIMITATIONS

QSLA is a voluntary quality rating and improvement system (QRIS) for early care and education programs in Los Angeles County. QSLA serves a wide range of programs in home-based and, most predominately, school- and center-based settings. Many QSLA programs receive public funding from sources such as Head Start, California State Preschool Program (CSPP) and vouchers. A limitation of this indicator is that the data reflects only quality rating information from QSLA, which is not representative of all high-quality ECE programs serving children. Further, due to data available, the denominator is all L.A. County young children, not just children enrolled in ECE or the children of families seeking ECE. As such, the measure is a conservative assessment of the reach of QSLA within the county since using a more constrained denominator would result in higher penetration rates. The denominator of “young children” includes children birth through age 4 plus one-quarter of 5-year-old children. One-quarter of 5-year-old children are included since children who have already turned 5 years old are not newly enrolled in ECE, but a child may turn 5 while in ECE and remain in the program. Therefore, the denominator approximates this circumstance by accounting for the smaller proportion of 5-year-old children in ECE programs. Infants and toddlers are defined as children from birth through age 2. Preschool-age children are defined as children from age 3 through 4, plus one-quarter of the total population of 5-year-old children. Rising-quality sites meet baseline quality measures as required by the State of California; high-quality sites engage in practices beyond the minimum requirements. The Methods section provides detail on the evaluation elements and scoring thresholds for high quality (Tier 3 and above) and rising quality (Tiers 1 and 2) designations.

Full Indicator Language: Increased rate of L.A. County children birth through age 5 enrolled in a high-quality early care and education program.

Source: Quality Start Los Angeles (QSLA), Quality Counts California (QCC) Common Data File; California Department of Finance, Demographic Research Unit, State and County Projections Dataset, Table P-3



LOW PARTICIPATION RATES POINT TO INSUFFICIENT SUPPLY OF PUBLICLY FUNDED EARLY CARE

This indicator provides an estimate of what proportion of income-eligible Los Angeles County children birth to age 5 are enrolled in publicly funded early care and education (ECE) programs. Income-eligible is defined as less than 85 percent of the State Median Income. The enrollment rate is calculated by dividing the number of children who participate in publicly funded early care and education by the number of children eligible for such services. The data reflect children in federal or state-funded ECE sites (referred to as contracted

sites) and children in an ECE setting supported by a voucher from CalWORKs or the Alternative Payment Voucher Program (referred to as voucher programs).

Why is it Important?

Participation in publicly funded ECE programs offers access to care for families with low income and improves financial stability for families in L.A. County. Research has established strong positive relationships between participation in subsidized ECE and family economic well-being, child school readiness, and later success in life, including future education, employment, and family outcomes, particularly for children from disadvantaged backgrounds.

Current Context

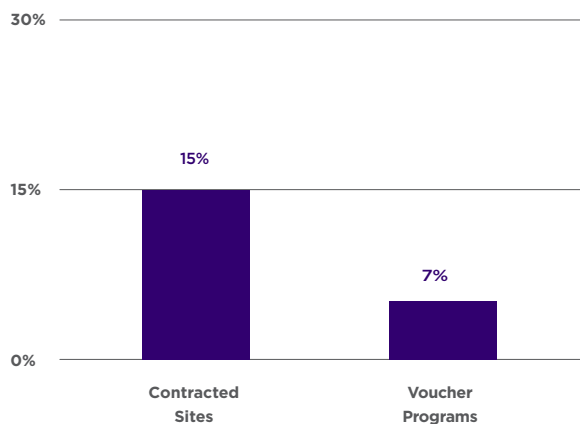
The participation rates shown in this indicator are heavily influenced by the lack of funding for spaces or vouchers, which leads to long waiting lists for a publicly funded space. The location of subsidized care can also be a barrier if it is not near home or work, or not accessible by transit. Many families that may not be eligible for subsidized care because their household income is above the eligibility threshold still struggle with affording care. While some families prefer informal care, such as a friend, family member or neighbor, other families may use these informal and less expensive options due to financial constraints.

MOST RECENT YEAR

In 2019, out of 455,581 children in L.A. County who were income-eligible for publicly funded early care and education programs, approximately one-quarter were enrolled in publicly funded ECE. Among these children, 15 percent were enrolled in contracted ECE sites and 7 percent received a voucher to pay for their ECE space.

ENROLLMENT OF ELIGIBLE CHILDREN IN PUBLICLY FUNDED ECE IS LIMITED

Percentage of Eligible Los Angeles County Children Enrolled in Publicly Funded Early Care and Education Programs by Type, 2019

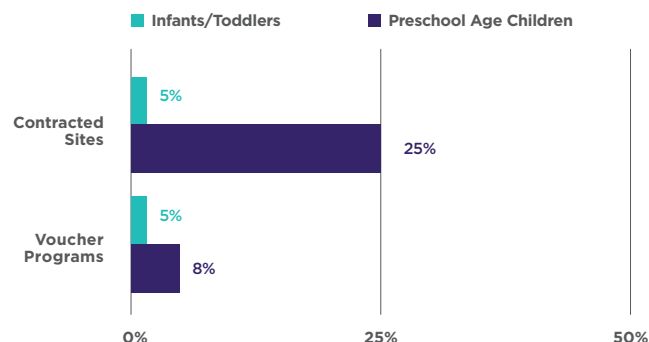


AGE DETAIL

Roughly one-third of all eligible preschool-age children participate in publicly funded ECE, including 25 percent of eligible preschool-age children enrolled in contracted sites and 8 percent enrolled in a voucher program. In contrast, 5 percent of eligible infants and toddlers are enrolled in a contracted site and 5 percent are enrolled in a voucher program.

FEWER INFANTS AND TODDLERS ARE ENROLLED IN PUBLICLY FUNDED ECE THAN PRESCHOOL-AGE CHILDREN

Percentage of Eligible Los Angeles County Children Enrolled in Publicly Funded Early Care and Education Programs by Age, 2019



DATA NOTES AND LIMITATIONS

Program data used in the numerator (the number of children enrolled in publicly funded ECE) is from 2019, while the total number of children eligible to participate in subsidized ECE, used in the denominator, is from 2016 data. A family is considered income-eligible if their household income is less than 85 percent of the State Median Income (SMI). In 2016, SMI was \$77,106 for a 4-person family; to be income-eligible, the family would have to have a household income of less than \$65,540. The enrollment rate is the proportion of all income-eligible children, although all income-eligible families may not seek childcare. It is possible for a child to be enrolled in a contracted site and a voucher program; as a consequence, there may be some duplication in the estimates of enrollment across the types of publicly funded ECE. Detail by race or ethnicity is not available at this time.

Full Indicator Language: Increased rate of income-eligible L.A. County children birth through age 5 enrolled in publicly funded early care and education programs.

Source: Early Learning Needs Assessment Tool from the American Institutes for Research (eligible children) and The Child Care Alliance of Los Angeles and Los Angeles County Office of Education (program enrollment)

Early Intervention Services

RESULT INDICATOR 3

EARLY INTERVENTION



CHILD SAFETY



EARLY INTERVENTION SERVICES DO NOT REACH ALL CHILDREN WITH DEVELOPMENTAL DELAYS

This indicator captures the proportion of California young children that have been identified with a developmental delay and have either an Individualized Family Service Plan (birth through age 2) or have an Individualized Education Plan (ages 3 through 5) through the Individuals with Disabilities Education Act (IDEA) Part C (Early Start) or Part B Section 619. The percentage of young children with an IFSP or IEP is used as a proxy for receipt of intervention

services. Two additional benchmarks are used to assess gaps and trends in children's connections to developmental supports: the estimated national prevalence rate of developmental delays in children and the percentage of first grade students receiving special education services.

Why is it Important?

Evidence demonstrates that the earlier developmental delays are identified and children receive services, the more effective an intervention can be in supporting optimal child development, potentially reducing a child's need for long-term special education services. Despite this, literature on early identification suggests 12 to 16 percent of children in the United States have at least one developmental delay, yet as many as one-half of children will not be identified before they enter kindergarten.¹ Comparing the percentage of young children with an educational plan to this research-based prevalence rate, as well as to the percentage of first grade students receiving special education, sheds light on the gap between those children receiving services and those in need of developmental supports. It also provides important context for pinpointing barriers to identification and receipt of services, including strict eligibility criteria.

Current Context

The State of California codified its support for developmental screening when AB 1004 was signed into law in 2019. AB 1004 — the first piece of legislation sponsored by First 5 LA to become law — requires doctors to screen children enrolled in Medi-Cal for developmental delays using screening tools recommended by the American Academy of Pediatrics and at three specific times — 9 months, 18 months and 30 months. In July 2020, Children Now released a landscape analysis on Medi-Cal managed care performance for children, which reported variation in developmental screening rates across health plans. As AB 1004 is implemented, early identification rates are likely to increase over time.

¹ Mackrides, P. S., & Ryherd, S. J. (2011) Screening for developmental delay. American Academy of Family Physicians, 84 (5), 544–549

MOST RECENT YEAR

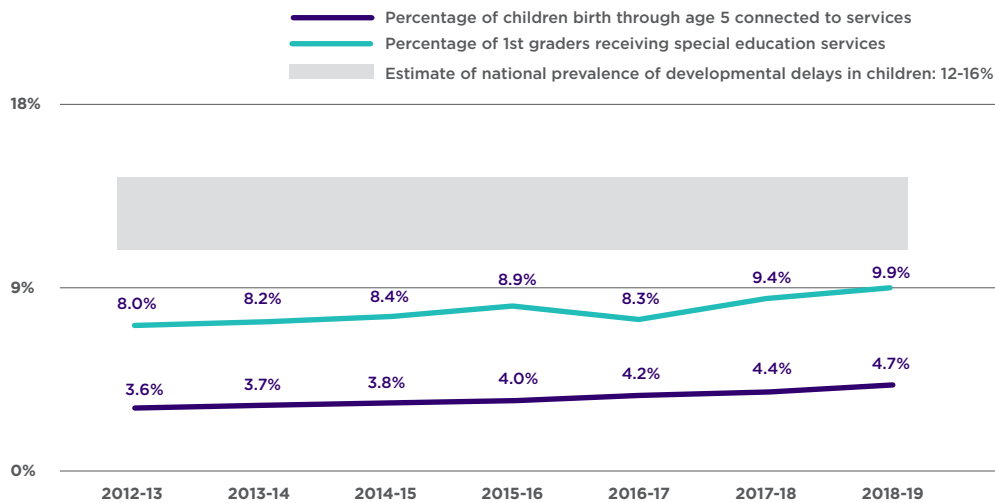
IDEA data from 2018-19 indicate that 136,631 California children from birth through age 5 were receiving early intervention services. This represents 4.7 percent of the 2.9 million young children in California. Two benchmarks suggest that young children may be underserved. First, the estimated United States prevalence rate for developmental delays in children of all ages is between 12 and 16 percent, which suggests an estimated 7 to 11 percent of young children in California are not identified and receiving needed services. Similarly, the rate of first grade children receiving special education services in California in 2018-19 was 9.9 percent, which suggests about 5 percent of young children are not connected to developmental supports until they enter school.

TREND

The rate of California children who receive early intervention services through IDEA has increased steadily over the last 7 years, from 3.6 percent in the 2012-13 school year to 4.7 percent in the 2018-19 school year.

SLOW, STEADY INCREASE IN EARLY IDENTIFICATION RATE OVER 7-YEAR PERIOD

Percentage of California Children Birth Through Age 5 Receiving Early Intervention Services Compared to Percentage of First Grade Students Receiving Special Education and Estimated Prevalence for Developmental Delays in Children, 2012-13 to 2018-19

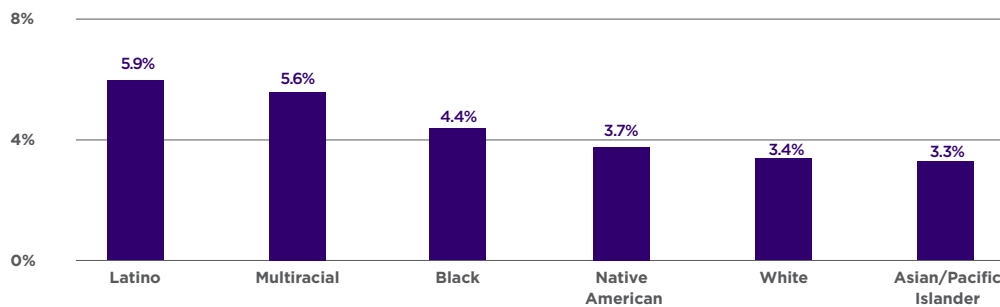


RACE/ETHNICITY DETAIL

Compared to their peers of other races/ethnicities, Latino children had the highest rate of early identification, at 5.9 percent of all Latino children from birth through age 5 in the 2018-19 school year. This is followed by a rate of 5.6 percent among multiracial young children and 4.4 percent among Black young children. White and Asian/Pacific Islander young children had the lowest rates of early identification, at 3.4 and 3.3 percent, respectively. Since 2012-13, the rate of identification for development delays has increased for all race and ethnic groups except White young children. Multiracial and Latino children showed the greatest increases in identification rates over this seven-year period.

A GREATER PROPORTION OF LATINO AND MULTIRACIAL YOUNG CHILDREN ARE IDENTIFIED EARLY

Percentage of California Children Birth Through Age 5 Receiving Early Intervention Services by Race/Ethnicity, 2018-19



Trend data by race/ethnicity are provided in the Supplemental Tables. The data display can be interpreted according to the following example:
Out of all Latino children from birth through age 5, 5.9 percent are receiving intervention services.

DATA NOTES AND LIMITATIONS

Data is currently available only as a statewide indicator and not specific to L.A. County. The data presented reflects children enrolled in the Individuals with Disabilities Education Act (IDEA) Part C Early Intervention Program and Part B Section 619 Preschool Special Education Program. According to IDEA Part C, an Individualized Family Service Plan (IFSP) identifies the unique needs of the infant and toddler and the appropriate services to meet such needs. It must be developed within 45 calendar days of referral for early intervention services. At age 3, children still eligible for services transition to an Individualized Education Plan (IEP) Part B, Section 619. The two benchmarks used to assess gaps in young children's connection to developmental support have limitations. The national prevalence rate is for children of all ages (newborn to age 18), not the national or California prevalence rate for children from birth through age 5. The 9.9 percent of first grade students in special education may not capture all children with a developmental delay because additional children may be identified with developmental delays later in elementary school and many of these delays could have been identified during early childhood.

Full Indicator Language: Increased rate of L.A. County children birth through age 5 with a developmental delay participating in early intervention services.

Source: U.S. Department of Education IDEA Part B and C Annual Performance Reports (program enrollment); California Department of Finance Population Projections, Table P-3 (ages 0-5 denominator data); California Department of Education, DataQuest (1st grade students in special education); Children Now, Children's Medi-Cal Managed Care in California Counties, July 2020, www.childrennow.org (Current Context)

Average Age of Students in Special Education

RESULT INDICATOR 4

EARLY INTERVENTION



CHILD SAFETY



POSITIVE TREND TOWARD EARLIER IDENTIFICATION FOR SPECIAL EDUCATION

This indicator tracks the average age of Los Angeles County students enrolled in special education services for speech or language impairment (SLI). This analysis acts as a proxy for whether students are being identified prior to kindergarten entry. A lower average age over time signals that children may be receiving services earlier. SLI is the focus diagnosis because it typically can be identified before kindergarten entry.

Why is it Important?

Early identification of developmental delays and effective interventions supports a child's optimal development, increases success in school, reduces stress in the home, and increases parents' ability to provide for the intellectual, physical and emotional needs of their child. Conversely, when delays are identified late and children are not connected to services promptly, delays and family stress can compound and intensify.

MOST RECENT YEAR

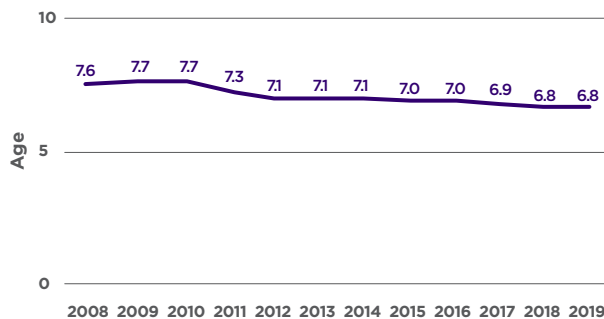
In 2018-19, the average age of L.A. County students enrolled in special education services for speech or language impairment (SLI) was 6.8 years old.

TREND

Since 2007-08, the average age of students enrolled in special education for SLI has fallen from 7.6 to 6.8 years old in 2018-19.

DECLINING AVERAGE AGE OF STUDENTS IDENTIFIED FOR SPECIAL EDUCATION

Average Age of Los Angeles County Students Enrolled in Special Education for Speech or Language Impairment, 2007-08 – 2018-19

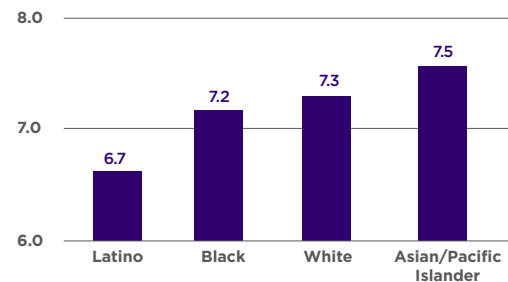


RACE/ETHNICITY DETAIL

Among the four race or ethnic groups compared, Latino students were most likely to be enrolled in special education at an earlier age. The average age of Latino students enrolled in special education for SLI was 6.7 years old in the 2018-19 school year. Black students had the next lowest average age at 7.2, yet this average age was above the countywide average of 6.8 years old. The average age of White students enrolled in special education for SLI was 7.3 years old. Asian/Pacific Islander students were least likely to be enrolled at an earlier age, with an average age of 7.5 years old. In the four years since 2015-16, the average age of Latino students declined from 6.9 to 6.7 and the average age for Asian/Pacific Islander students declined from 7.7 to 7.5. The average ages for White and Black students did not change appreciably.

LATINO STUDENTS HAVE THE LOWEST AVERAGE AGE

Average Age of Los Angeles County Students Enrolled in Special Education for Speech or Language Impairment by Race/Ethnicity, 2018-19



DATA NOTES AND LIMITATIONS

The data is a proxy for measuring earlier identification for special education. Identification for speech or language impairment (SLI) was selected as the proxy indicator because this condition can typically be identified early, prior to kindergarten entry. It is also one of the most common identifications and can be co-occurring with other developmental delays; therefore, tracking this condition reaches a large proportion of children in special education. There are limitations on what the data can say about the age of identification for special education. First, the indicator measures the age of all children identified with SLI, not age at entry. Consequently, the change in average age is affected by the age of entry to special education as well as the age of exit. Second, since the measure only tracks SLI, change in the average age for SLI may not be indicative of change in average age for special education identification overall. Further disaggregation by race/ethnicity is limited due to data suppression criteria employed by the data source.

Full Indicator Language: Decreased average age of L.A. County children entering into special education services.

Source: California Department of Education



DISPARITIES IN CPS INVOLVEMENT ARE SUBSTANTIAL AND GROWING

This indicator measures what proportion of Los Angeles County children were involved with Child Protective Services (CPS) during their first five years of life, including what proportion were referred to the Department of Children and Family Services (DCFS) with allegations of abuse or neglect (maltreatment), had allegations that were substantiated, and were placed in out-of-home care.

Why is it Important?

Strong families and strong communities are critical for preventing abuse, neglect and other trauma. According to research by the Children's Data Network at the University of Southern California, a report of maltreatment, regardless of whether or not an allegation is substantiated, is an important signal of a child's risk of death, developmental difficulties, and other adversities.¹ Monitoring CPS involvement rates can inform our understanding of risks to children's well-being, efforts to prevent maltreatment, and structural factors that contribute to CPS involvement.

¹ Putnam-Hornstein, E. (2011). Report of maltreatment as a risk factor for injury death: A prospective birth cohort study. *Child maltreatment*, 16(3), 163-174.

Current Context

The disparities evident in the data — along race/ethnic lines as well as by socioeconomic status — warrant a deep and intentional look at the effect systemic racism and poverty have on rates of CPS involvement. Understanding these impacts can inform our work to change systems that perpetuate bias and to prevent conditions that contribute to higher rates of CPS involvement. Services that connect families to resources and supports, such as the Prevention and Aftercare Networks, are critical components of prevention efforts that proactively support child and family well-being.

School staff and health care providers are significant sources of child welfare reports because they interact with children frequently and they are legally obligated to report suspected maltreatment. With the closure of schools and the decrease in medical visits as a result of the COVID-19 pandemic, officials report a dramatic reduction in maltreatment calls to law enforcement and child abuse hotlines. While most allegations do not result in a substantiated case of maltreatment, the decline is still a concern for child well-being.

MOST RECENT YEAR

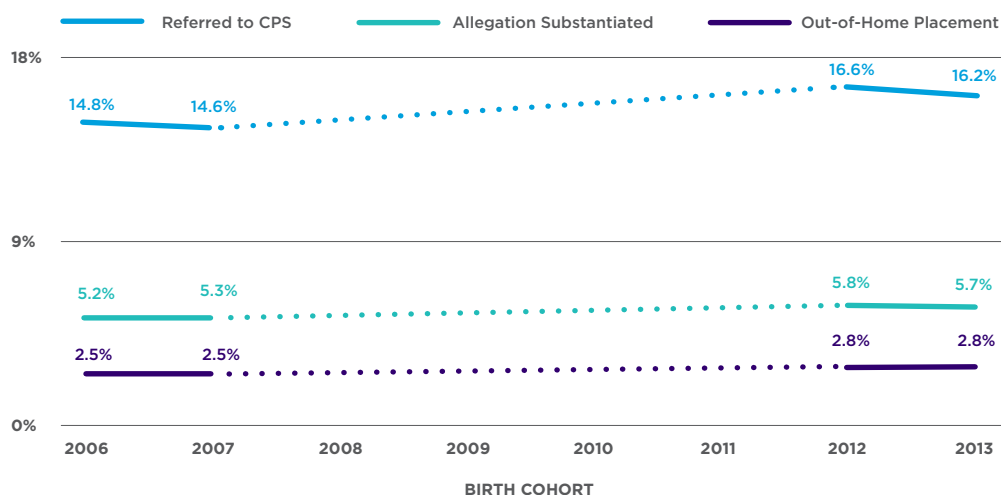
Of Los Angeles County children born in 2013, 16.2 percent were referred to CPS with allegations of maltreatment by the time they turned five in 2018. Within this 2013 birth cohort, 5.7 percent had allegations that were substantiated, and 2.8 percent were placed in out-of-home care at least once during their first five years of life.

TREND

Slightly more children in the 2013 birth cohort were referred with allegations at least once during their first five years of life compared to the 2006 birth cohort (children born in 2006) — 16.2 percent and 14.8 percent, respectively. Similarly, there were slightly higher rates of children with substantiated cases or out-of-home placements among the 2013 birth cohort compared to the 2006 birth cohort.

SLIGHT INCREASE IN OVERALL RATE OF CPS INVOLVEMENT

Percentage of Los Angeles County Children Involved With Child Protective Services in Their First Five Years of Life, Birth Cohorts 2006, 2007, 2012 and 2013



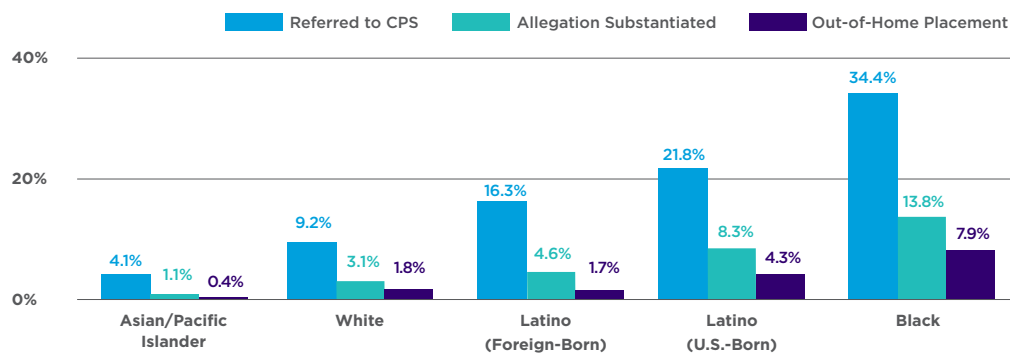
Data has been analyzed for birth cohort years 2006, 2007, 2012 and 2013 only. Intervening years without data are represented by a dotted line in the chart.

RACE/ETHNICITY DETAIL

Analyzing what proportion of children within each race and ethnic group experience CPS involvement reveals vast disparities, with children born to Black and Latina mothers having significantly higher rates of allegations, substantiations and out-of-home placements compared to other racial/ethnic groups. For example, of all children born to Black mothers in 2013, 34.4 percent were referred to CPS by age five, compared to 4.1 percent of children of Asian/Pacific Islander mothers. Since the 2006 birth cohort, rates of Black and Latino children involved in CPS have steadily increased.

SUBSTANTIAL RACIAL AND ETHNIC DISPARITIES IN CPS INVOLVEMENT

Percentage of Los Angeles County Children Born in 2013 Involved With Child Protective Services in Their First Five Years of Life by Race or Ethnicity



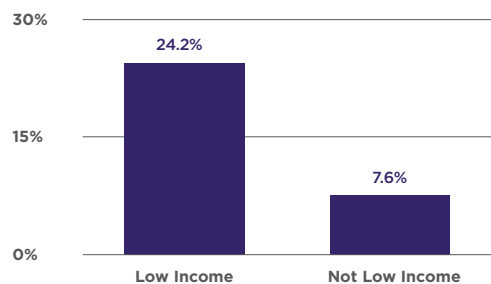
Data can be interpreted according to the following example: 34.4 percent of children born in Los Angeles County in 2013 to Black mothers were referred to CPS for maltreatment by age five. Trend data by race/ethnicity is provided in the Supplemental Tables.

SOCIOECONOMIC STATUS DETAIL

Children born in 2013 to families with low income were referred to CPS at four times the rate as the children who were born into families that were not low income. The children in low-income families had allegations that were substantiated and were placed in out-of-home care at almost five times the rate of children who were not from low-income families.

1 IN 4 LOW-INCOME CHILDREN HAVE CPS INVOLVEMENT BY AGE FIVE

Percentage of Los Angeles County Children Born in 2013 Involved With Child Protective Services in Their First Five Years of Life by Socioeconomic Status



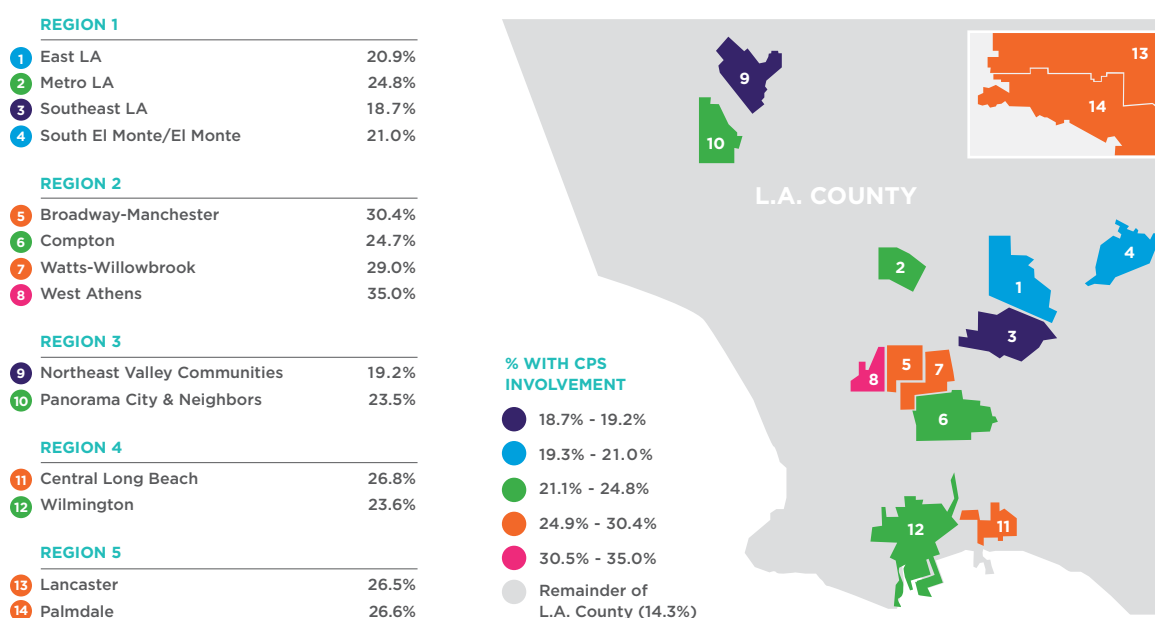
Trend data and data for substantiated allegations and out-of-home care placement by socioeconomic status are provided in the Supplemental Tables.

GEOGRAPHIC DETAIL

All *Best Start* geographies have CPS involvement rates that are higher than the county average of 16.2 percent and higher than the 14.3 percent average for the remainder of L.A. County (areas outside of *Best Start* geographies). West Athens, Broadway-Manchester, Watts-Willowbrook, Central Long Beach, Palmdale and Lancaster all had rates of CPS involvement that were more than 10 percentage points above the county average of 16.2 percent.

CPS INVOLVEMENT IN *BEST START* GEOGRAPHIES HIGHER THAN COUNTY AVERAGE

Percentage of Los Angeles County Children Born in 2013 Involved With Child Protective Services in Their First Five Years of Life by *Best Start* Geography



DATA NOTES AND LIMITATIONS

A birth cohort refers to all Los Angeles County children born in a given calendar year. Out-of-home care, or foster care, refers to the variety of placements a child might encounter when removed from their home for their protection, including relative care, non-relative care, and group home care. The data is sourced from birth records which record the race and ethnicity of the mother; the race and ethnicity of the child is not recorded. Consequently, the race and ethnic data is based on the race and ethnicity of the mother. Data for Latina mothers is disaggregated by foreign-born and U.S.-born due to the notable variation in CPS involvement rates. Socioeconomic status is estimated by the method of payment for the birth, where publicly funded is considered low income and privately funded is considered not low income. Since the measure of socioeconomic status is based on payment at the time of birth, a child's socioeconomic status could change during the first five years of life. The estimates presented in this indicator should not be considered official county or state birth statistics.

Full Indicator Language: Decreased rate of L.A. County children with Child Protective Services involvement at any point during the first 5 years of life.

Source: Children's Data Network at the University of Southern California (analyses of CPS involvement, based on linked administrative records); Los Angeles Times, "Coronavirus Leads to Alarming Drop in Child Abuse Reports," April 21, 2020 (cited in Current Context)

Family Engagement With Child

RESULT INDICATOR 6

FAMILY RESOURCES



MORE FAMILIES SUPPORT EARLY LITERACY THROUGH MUSIC THAN READING

This indicator measures the percentage of parents participating in WIC (the federal food assistance program for low-income pregnant women, breast-feeding women and children under the age of five) who report that someone in the household plays music, sings, reads, tells stories, or teaches letters, words or numbers to their young child on a daily basis.

Why is it Important?

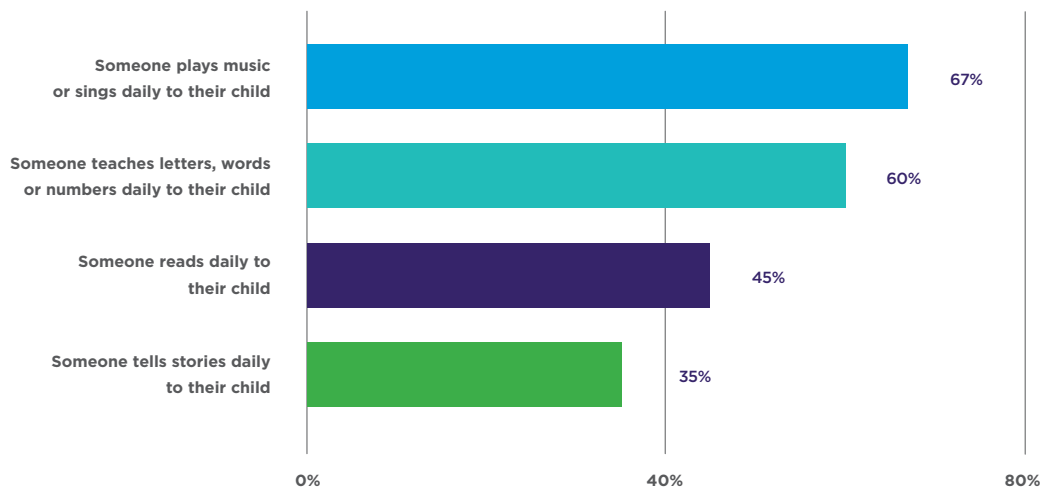
Families play a significant role in supporting a child's early development. Early literacy activities, whether in English or another language, provide cognitive benefits and strengthen children's social, emotional and character development. This indicator captures the various ways that families can support their child's language development and can inform strategies to reduce barriers to active family engagement.

MOST RECENT YEAR

In 2017, roughly two-thirds of surveyed parents participating in WIC reported that someone in the household plays music, sings, or teaches letters, words, or numbers to their child on a daily basis. Less than half reported that someone reads or tells stories to their child daily.

MOST PLAYED MUSIC TO, SANG WITH, OR TAUGHT THEIR CHILD ABOUT LETTERS AND NUMBERS EVERY DAY

Percentage of L.A. County WIC Survey Respondents Reporting Family Early Literacy Engagement With Child by Activity, 2017

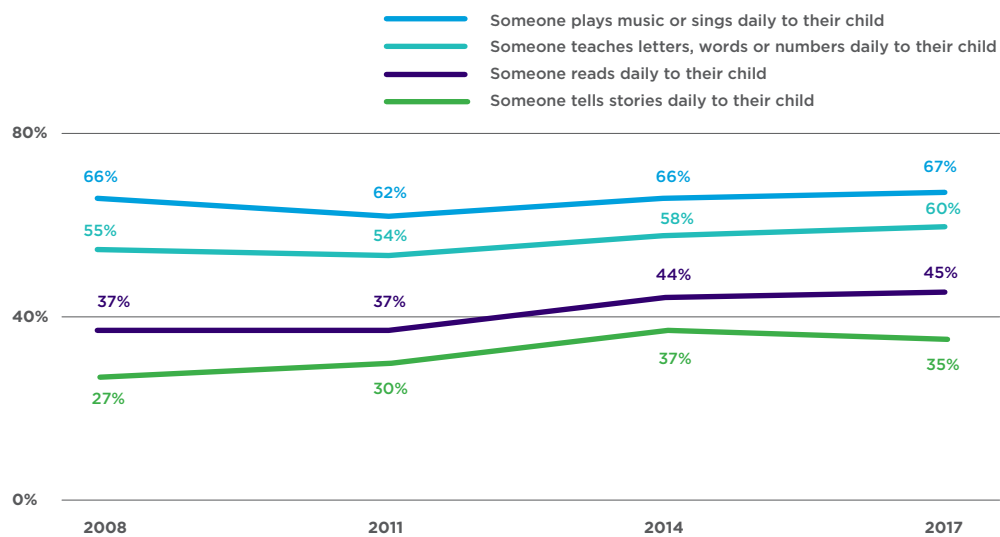


TREND

Since 2008, there have been modest increases across all early literacy measures, including the percentage of parents participating in WIC reporting that someone reads to their child everyday (from 37 percent to 45 percent) and the percentage of parents reporting that someone tells stories to their child every day (from 27 percent to 35 percent).

EARLY LITERACY ENGAGEMENT INCREASING SLIGHTLY OVER TIME

Percent of L.A. County WIC Survey Respondents Reporting Family Early Literacy Engagement by Activity, 2008, 2011, 2014 and 2017

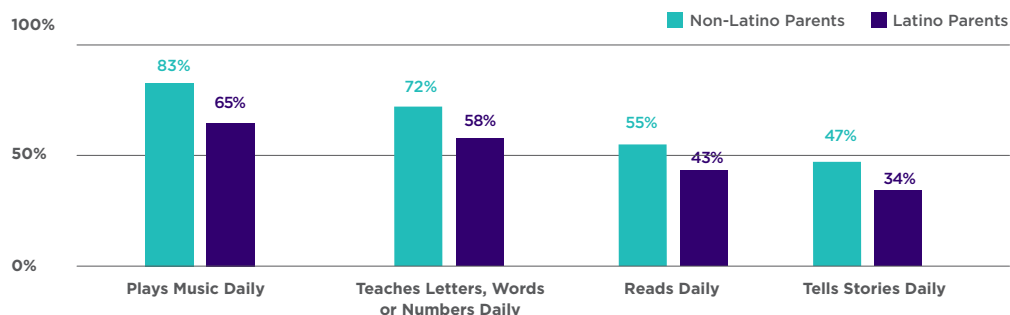


RACE/ETHNICITY DETAIL

Latino parents participating in WIC reported lower rates of engaging in activities that support their child's language development compared to non-Latino parents participating in WIC.

LATINO PARENTS REPORT LOWER RATES OF EARLY LITERACY ENGAGEMENT

Percentage of L.A. County WIC Survey Respondents Reporting Family Early Literacy Engagement by Activity and Ethnicity, 2017

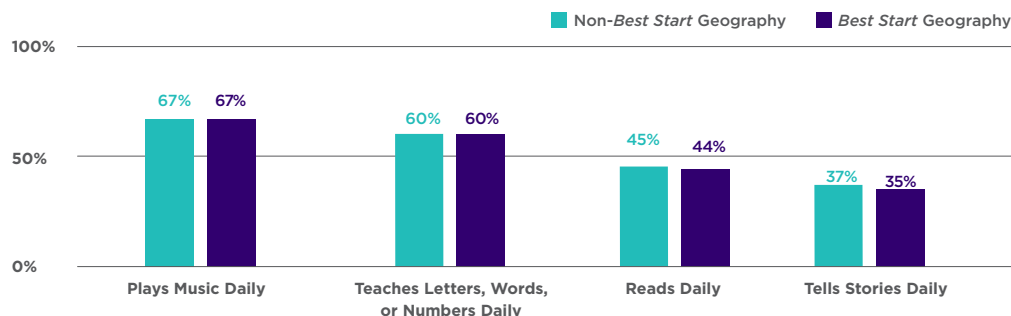


GEOGRAPHIC DETAIL

Parents participating in WIC who reside within a *Best Start* geography reported similar rates of early literacy engagement as parents participating in WIC who reside outside a *Best Start* geography.

SIMILAR LEVELS OF ENGAGEMENT IN *BEST START* AND NON-*BEST START* GEOGRAPHIES

Percentage of L.A. County WIC Survey Respondents Reporting Family Early Literacy Engagement by Activity and Geography, 2017



DATA NOTES AND LIMITATIONS

In 2017, 48 percent of L.A. County families with children under the age of 5 participated in WIC. While the L.A. County WIC Survey is representative of the population of low-income WIC participants, it is not a population-wide measure for L.A. County broadly. Further, it is possible that because of the services and supports that participants received through WIC, mothers participating in WIC may have responded differently to survey questions than mothers that were not WIC participants, if they were surveyed. Due to small sample sizes, race/ethnicity disaggregation is limited to Latino/non-Latino in order to protect respondents' confidentiality.

Full Indicator Language: Increased rate of L.A. County families with children birth through age 5 who read, tell stories, sing, play music or teach letters, words or numbers to their child daily.

Source: Los Angeles County WIC Survey administered by Public Health Foundation Enterprises Special Supplemental Nutrition Program for Women, Infants, and Children (PHFE WIC) Research and Evaluation Department

Home Visiting Participation

RESULT INDICATOR 7

FAMILY RESOURCES



CHILD SAFETY



HOME VISITING ENROLLMENT INCREASES

This indicator estimates percentage of Los Angeles County families with an infant that are participating in a First 5 LA-funded home visiting program. The numerator is the number of families enrolled and the denominator is the number of children in L.A. County under age 1. Home visiting is a prevention strategy that supports pregnant women and new parents to promote infant and child health, development and safety.

Why is it Important?

Evidence has shown that home visiting is an effective service for connecting families with necessary supports and family-strengthening resources. This indicator captures L.A. County's progress towards the vision of a universal, voluntary system of home visiting within a larger system of family supports. This indicator is also a measure of early childhood system performance, serving as a proxy for how well families can access the services and supports that they need to help optimize their child's development.

Current Context

In late 2016, the L.A. County Board of Supervisors passed a motion directing the Department of Public Health as the lead, along with First 5 LA, the Children's Data Network, LA County Perinatal and Early Childhood Home Visitation Consortium, and every child and family serving county agency, to develop a plan to build a universal home visiting system in the county. This work culminated in a report, *Strengthening Home Visiting in Los Angeles: A Plan to Improve Child, Family, and Community Well-Being*. A key goal of the plan is "to identify a framework to maximize resources by leveraging available funding, and where possible, identify new and existing, but not maximized, revenue streams to support home visiting expansion." The increases in home visiting enrollment shown in this indicator document First 5 LA's investments in service to the countywide goal of universal home visiting.

MOST RECENT YEAR

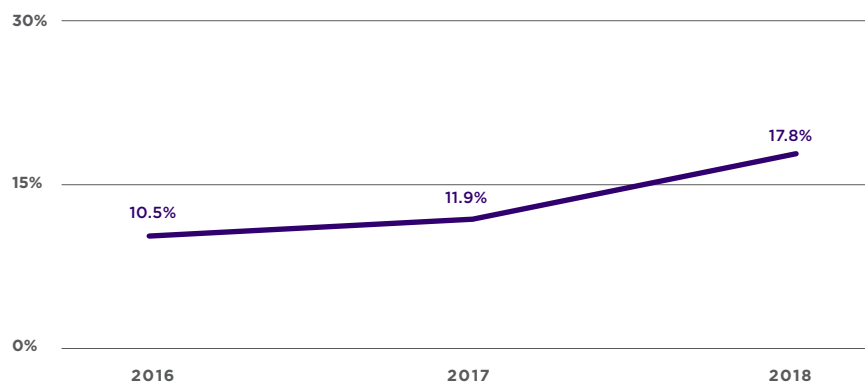
In 2018, 17.8 percent of families with an infant enrolled in a First 5 LA-funded home visiting program.

TREND

Enrollment in home visiting grew more than seven percentage points between 2016 and 2018, from 10.5 percent of L.A. County families with an infant in 2016 to 17.8 percent in 2018.

HOME VISITING RATE INCREASES SUBSTANTIALLY IN THREE YEARS

Percentage of L.A. County Families With an Infant Enrolled in a First 5 LA-Funded Home Visiting Program, 2016-2018

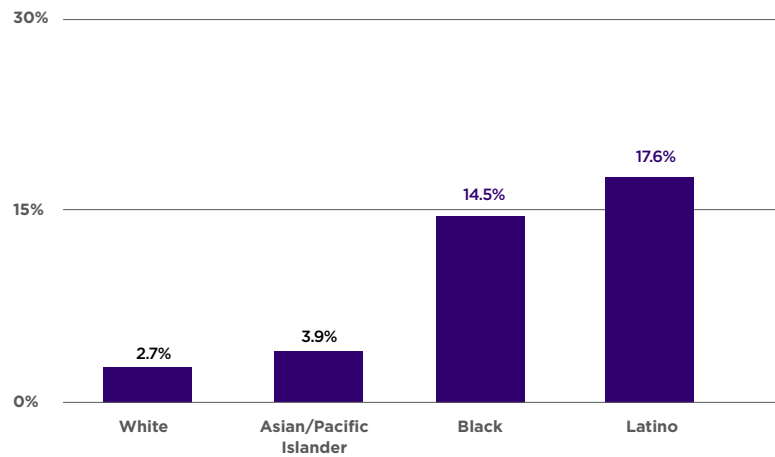


RACE/ETHNICITY DETAIL

Among Latino families with an infant, approximately 17.6 percent were enrolled in 2018 in a First 5 LA-funded home visiting program — the highest rate across the different race/ethnic groups. Black families had the next highest rate, with 14.5 percent of Black families with an infant enrolled. Of all Asian/Pacific Islander families with an infant, only 3.9 percent were enrolled in a First 5 LA home visiting program in 2018. White families had a similarly low rate, with only 2.7 percent enrolled. All race/ethnic groups saw increased rates of home visiting participation between 2016 and 2018.

MORE LATINO AND BLACK FAMILIES WITH AN INFANT PARTICIPATE IN HOME VISITING

Percentage of L.A. County Families With an Infant Enrolled in a First 5 LA-Funded Home Visiting Program by Race/Ethnicity, 2018



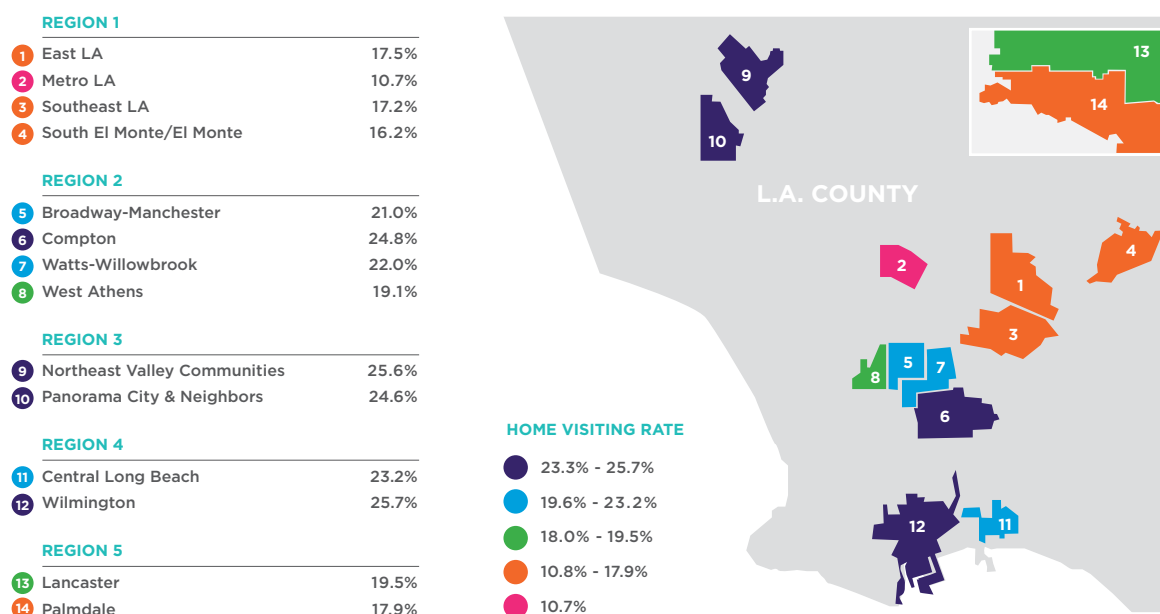
Data by race/ethnicity for 2016 and 2017 is provided in the Supplemental Tables. Race/ethnicity data can be interpreted according to the following example: Among all Latino families with an infant under age one, 17.6 percent participate in a First 5 LA-funded home visiting program.

GEOGRAPHIC DETAIL

Among *Best Start* geographies, families in Regions 2, 3 and 4 were generally more likely to be enrolled in home visiting. Region 1 had the lowest rates of home visiting participation. While the *Best Start* data is not directly comparable to the countywide average due to the need to use a different denominator, *Best Start* geographies tend to have higher rates of home visiting due to First 5 LA investments in *Best Start* geographies.

CONSISTENT WITH FIRST 5 LA INVESTMENTS, HOME VISITING PARTICIPATION IS HIGH IN MANY *BEST START* GEOGRAPHIES

Percentage of L.A. County Families With an Infant Enrolled in a First 5 LA-Funded Home Visiting Program by *Best Start* Geography, 2018



Enrollment data by geography for 2016 and 2017 is provided in the Supplemental Tables.

DATA NOTES AND LIMITATIONS

The data included in this report represents First 5 LA-funded home visiting programs only. First 5 LA is working with its partners to gather a broader countywide perspective of home visiting participation to include in future iterations of this report. The count of home visiting enrollments includes participation in the following First 5 LA-funded programs: Welcome Baby, Healthy Families America and Parents As Teachers. Families are eligible for a First 5 LA home visiting program regardless of risk factors, income or need, but must give birth at a participating Welcome Baby hospital. The home visiting program model and program dosage is based on family risk factors identified at birth through the Bridges for Newborns Screening Tool and whether a family lives in a *Best Start* geography. Enrollment is voluntary. Families can enroll prenatally (through Welcome Baby) as well as postpartum at the hospital. The enrollment counts are based on fiscal years (July-June) and include both prenatally and postnatally enrolled families. Counts of enrolled families by race/ethnicity do not tally to the total count of families enrolled since race/ethnicity data was not available for all participants. This contributes to the lower rates for all race/ethnic groups than the countywide average.

Full Indicator Language: Increased rate of L.A. County families who participated in home visiting programs at any point prenatally through age 5.

Source: LA Best Babies Network (count of families participating); California Department of Finance population projections (denominator for countywide and race/ethnicity calculations); Esri (denominator for geographic calculations)

Participation in Safety Net Programs

RESULT INDICATOR 8

FAMILY RESOURCES



CHILD SAFETY



PRIOR TO COVID-19, PARTICIPATION IN CERTAIN SAFETY NET PROGRAMS WAS ON THE DECLINE

This indicator measures the number of young children enrolled in four public health and social service programs: CalFresh, which provides food assistance for individuals and families; California Work Opportunity and Responsibility for Kids (CalWORKs), which provides cash assistance, early care and education subsidies, and other supports for families; Special Supplemental Nutrition Program for

Women, Infants, and Children (WIC), which provides food assistance for pregnant women, breastfeeding women, and children under the age of five; and California Medical Assistance Program (Medi-Cal), which provides health insurance coverage for individuals and families.

Why is it Important?

Public health and social service benefit programs like CalFresh, CalWORKs, WIC, and Medi-Cal make available critical resources for children and families. In the face of Los Angeles County's high cost of living and wages that may not keep up with the rising cost of food, housing, childcare and health care, these programs can help fill the gap. Participation in these programs can change a family's trajectory, supporting their path to financial stability, which can in turn positively impact young children's development and readiness for school. Eligible families may face barriers to participation, and some families in need of support may not be eligible. Tracking these data can inform discussions of service demand and barriers families may experience accessing these supports.

Current Context

Various factors can impact participation in safety net programs. Efforts to remove barriers to enrollment and increase outreach to enroll more eligible families can increase participation. Conversely, it is not uncommon to see participation in safety net programs decline in a strong economy, as families earn more and may no longer need or qualify for the supports. The COVID-19 pandemic and the stay-at-home orders that it prompted have had an enormous impact on family economic stability, which has in turn increased demand for some safety net programs. For example, as of publication, the Los Angeles County Department of Public Social Services reports that CalFresh enrollment has more than doubled since the first stay-at-home order was issued in the spring of 2020. The higher public benefit program participation figures anticipated for 2020 may partly reflect increased outreach efforts, but financial stress from job losses associated with COVID-19 is likely to be the most significant driver of the increases.

MOST RECENT YEAR

In 2019, there were 406,854 children from birth through age 5 participating in Medi-Cal. For context, there were an estimated 715,000 children from birth through age 5 in L.A. County. While not all children from birth through age 5 are eligible for Medi-Cal, the Medi-Cal participation count of 406,854 reveals that over half of young children in L.A. County were enrolled in Medi-Cal.

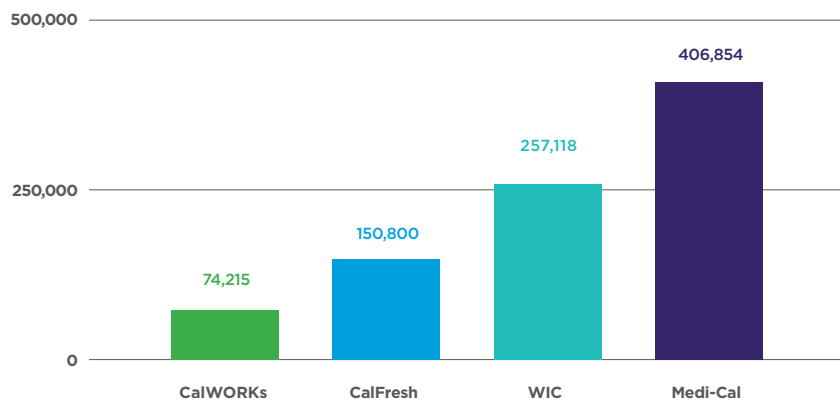
WIC was the next most highly enrolled public service program, with 257,118 L.A. County children from birth through age 4 participating in 2019. Of this number, 194,865 were ages 1 through 4 and 62,253 were under 1 year of age.

CalFresh had 150,800 participants from birth through age 5 as of 2019.

CalWORKs serves the fewest young children of the programs shown in this indicator. In 2019, 74,215 children from birth through age 5 were enrolled in CalWORKs.

HIGH NUMBERS OF YOUNG CHILDREN ARE COVERED BY MEDI-CAL

Number of Young Children Participating in CalWORKs (Ages 0-5), CalFresh (Ages 0-5), WIC (Ages 0-4), and Medi-Cal (Ages 0-5), 2019



TREND

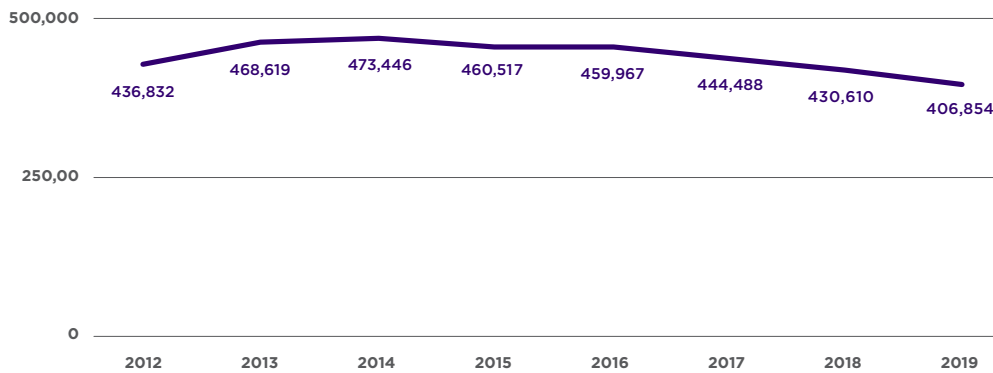
Between 2012 and 2019, Medi-Cal enrollment among children birth through age 5 declined 7 percent, which aligns with the estimated population decline of 8 percent among young children over this same time period. However, from the 8-year high in enrollment in 2014, enrollment has declined 14 percent, outpacing population declines of 7 percent over this period.

Participation in WIC among young children from birth through age 4 has declined substantially, falling 36 percent between 2010 and 2019, from 399,408 children to 257,118. The pace of declining enrollment was roughly the same for infants (under 1) and young children (1-4) at 33 and 36 percent, respectively.

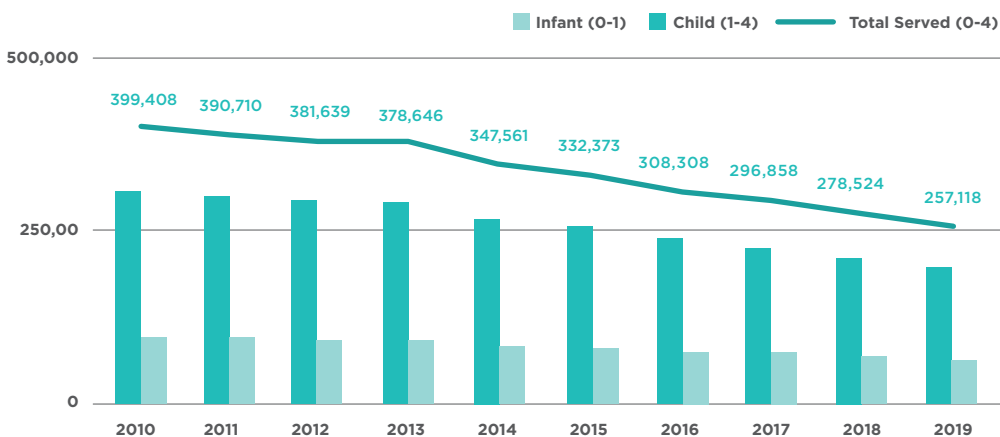
Trend data for CalFresh and CalWORKs are not available at this time.

NUMBER OF YOUNG CHILDREN PARTICIPATING IN MEDI-CAL DECLINING

Number of Young Children Participating in Medi-Cal (Birth Through Age 5), 2012-2019

**NUMBER OF YOUNG CHILDREN PARTICIPATING IN WIC FALLING SHARPLY**

Number of Children Participating in WIC (Under Age 1 and Ages 1 Through 4), 2010-2019

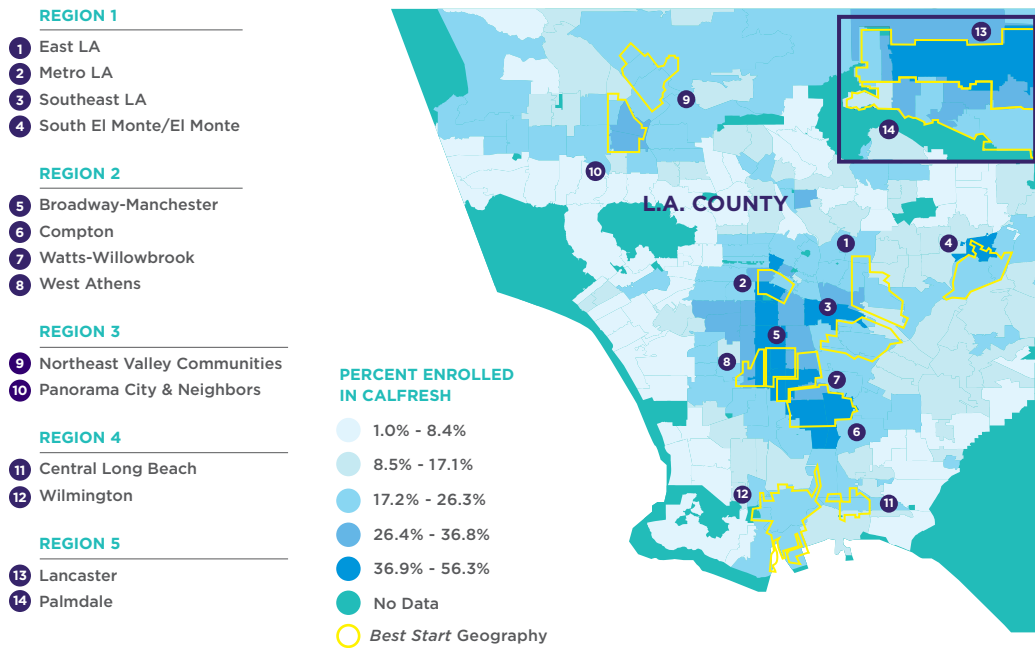


GEOGRAPHIC DETAIL

The following maps show where there are greater concentrations of CalFresh and CalWORKs participation among children from birth through age 5 in L.A. County. These percentages are based on of the total number of children from birth through age 5 residing in each zip code and do not take eligibility for these safety net programs into account. Overlays of *Best Start* geographies show that the highest rates of participation in CalFresh and/or CalWORKs include parts of Lancaster, Compton, Watts-Willowbrook, Broadway-Manchester and Metro LA. Geographic data for Medi-Cal and WIC are not available at this time.

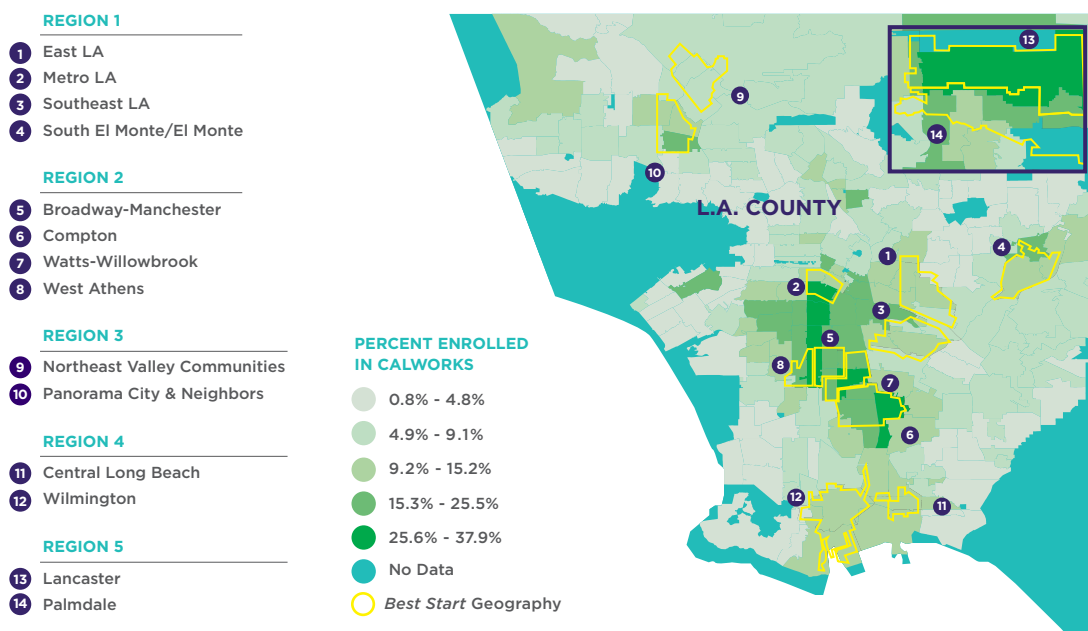
FROM ONE-THIRD TO ONE-HALF OF YOUNG CHILDREN PARTICIPATE IN CALFRESH IN PARTS OF REGION 2

Percentage of Young Child Population Participating in CalFresh (Birth Through Age 5) by Zip Code With *Best Start* Geography Overlay, 2019



CALWORKS PARTICIPATION LOWEST IN NORTHEAST VALLEY COMMUNITIES AND PARTS OF EAST LA, SOUTHEAST LA AND PALMDALE

Percentage of Young Child Population Participating in CalWORKs (Birth Through Age 5)
by Zip Code With *Best Start* Geography Overlay, 2019



DATA NOTES AND LIMITATIONS

The counts of participants in this indicator reflect enrollment in the four programs, but they do not necessarily reflect whether participants are able to easily access and use the services and supports. At time of publication, counts of eligible children for the four programs presented were not available; therefore, rates of participation among eligible children were not possible to calculate. Detail by race/ethnicity was not available for the four programs presented and geography data was not available for WIC and Medi-Cal. The participation rate maps for CalFresh and CalWORKs differ from the preceding analysis; rather than counts, they represent the percentage of all L.A. County children from birth through age 5 who participate in these programs, regardless of eligibility. The population data for the denominator are 2020 estimates.

Full Indicator Language: Increased rate of eligible L.A. County families with children prenatal through age 5 participating in safety net programs.

Source: California Department of Social Services (CalFresh and CalWORKs), California Department of Health and Human Services (Medi-Cal), Public Health Foundation Enterprises (WIC), California Department of Finance Projections (population cited in Findings section), Esri (population for maps)

Social Support

RESULT INDICATOR 9

FAMILY RESOURCES



CHILD SAFETY



MOST PARENTS REPORT HAVING SOMEONE THEY CAN TURN TO IN TIMES OF NEED

This indicator measures the percentage of low-income parents of young children that report they had someone to talk to for comfort in times of need. The data is from a survey of parents participating in Los Angeles County Women, Infants and Children program (WIC) — a federal food assistance program for low-income pregnant women, breastfeeding women and children under the age of five.

Why is it Important?

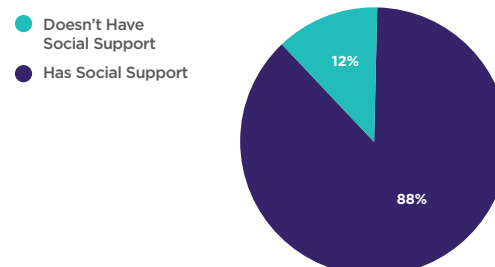
Research suggests that having stable social connections provide critical support for families that helps them to manage economic, social and parental stress. These connections for parents can, in turn, help them support their child's optimal development.

MOST RECENT YEAR

In 2017, 88 percent of surveyed parents participating in WIC reported having someone they could turn to if they needed someone to comfort or listen to them.

MOST PARENTS REPORT HAVING INFORMAL SOCIAL SUPPORT

Percentage of Parents That Have Someone They Can Turn to in Times of Need, 2017

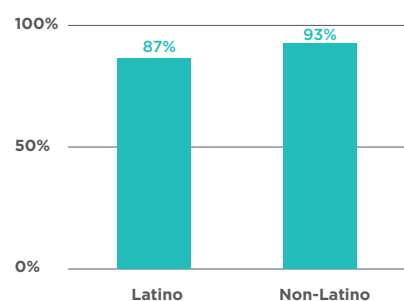


RACE/ETHNICITY DETAIL

A large majority of both Latino and non-Latino parents reported having someone to turn to if they needed support, though the percentage of Latino parents reporting this access was slightly smaller than the percentage of non-Latino parents reporting this support.

SLIGHTLY SMALLER SHARE OF LATINO PARENTS REPORT HAVING SOCIAL SUPPORT

Percentage of Parents That Have Someone They Can Turn to in Times of Need, 2017

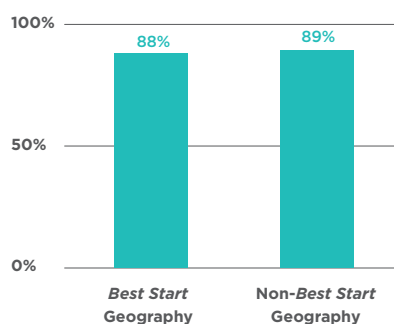


GEOGRAPHIC DETAIL

Parents who reside in *Best Start* geographies reported similar rates of social support compared to those parents who reside outside of *Best Start* geographies.

PARENTS IN BEST START AND NON-BEST START GEOGRAPHIES REPORT INFORMAL SUPPORT

Percentage of Parents That Have Someone They Can Turn to in Times of Need, 2017



DATA NOTES AND LIMITATIONS

In 2017, 48 percent of L.A. County families with children under the age of 5 participated in WIC. While the L.A. County WIC Survey is representative of the population of low-income WIC participants, it is not a population-wide measure for L.A. County broadly. Further, it is possible that because of the services and supports that participants received through WIC, mothers participating in WIC may have responded differently to survey questions than mothers that were not WIC participants, if they were surveyed. Due to small sample sizes, race and ethnic disaggregation is limited to Latino/non-Latino to protect respondents' confidentiality. Similarly, geographic disaggregation is limited to *Best Start*/non-*Best Start* to protect respondents' confidentiality.

Full Indicator Language: Increased rate of L.A. County families with children birth through age 5 who report having one or more people to talk to in times of need.

Source: Source: Los Angeles County WIC Survey administered by Public Health Foundation Enterprises Special Supplemental Nutrition Program for Women, Infants, and Children (PHFE WIC) Research and Evaluation Department



Access to Parks

RESULT INDICATOR 10

HALF OF YOUNG CHILDREN IN L.A. COUNTY LIVE WITHIN WALKING DISTANCE OF A PARK

This indicator measures the percentage of Los Angeles County children from birth through age 5 who reside within walking distance (one half-mile) of a park or other open space. Beaches are not included in the analysis.

Why is it Important?

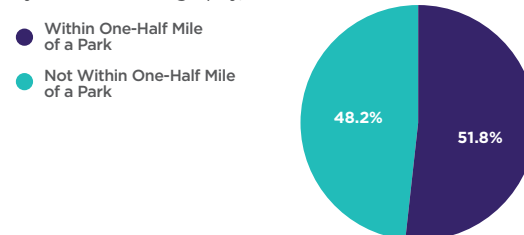
The relationship between park availability and physical activity in children is well documented. Research is also finding that access to green space may support increased prosocial behavior among children. By increasing access to parks and open spaces, particularly in neighborhoods with low access, families may have more opportunities to be active and connect with others.

MOST RECENT YEAR

Among L.A. County children from birth through age five, 51.8 percent live within walking distance of a park or open space.

MORE THAN HALF OF YOUNG CHILDREN LIVE CLOSE TO A PARK

Percentage of Los Angeles County Children from Birth Through Age 5 Who Live Within One-Half Mile of a Park or Open Space by *Best Start* Geography, 2016



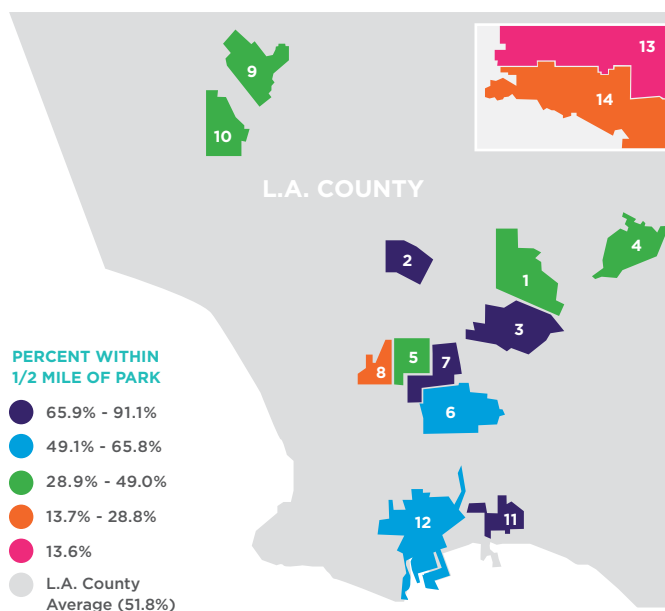
GEOGRAPHIC DETAIL

Among First 5 LA's *Best Start* geographies, there is wide variation in access to parks. In Lancaster, only 13.6 percent of young children live within walking distance of a park, whereas in Central Long Beach, 91.1 percent of children do.

SUBSTANTIAL VARIATION IN PARK ACCESS DEPENDING ON COMMUNITY

Percentage of Los Angeles County Children From Birth Through Age 5 Who Live Within One-Half Mile of a Park or Open Space by *Best Start* Geography, 2016

REGION 1		
1 East LA		43.5%
2 Metro LA		77.4%
3 Southeast LA		76.8%
4 South El Monte/El Monte		42.9%
REGION 2		
5 Broadway-Manchester		46.5%
6 Compton		59.0%
7 Watts-Willowbrook		83.8%
8 West Athens		28.8%
REGION 3		
9 Northeast Valley Communities		49.0%
10 Panorama City & Neighbors		48.4%
REGION 4		
11 Central Long Beach		91.1%
12 Wilmington		65.8%
REGION 5		
13 Lancaster		13.6%
14 Palmdale		23.7%



DATA NOTES AND LIMITATIONS

The geographic data numerator is from 2016; the population data for children from birth through age 5 is from 2020. The distance from each household to the access points of all adjacent parks was calculated along the walkable road/pedestrian network rather than “as the crow flies.” Since pedestrians cannot safely or legally walk on highways or freeways, this method takes these barriers into account. The result is a more accurate assessment of the distance a pedestrian would need to travel to reach a park. The analysis does not take into account perceived safety, criminal activity or other factors that impact access, such as lighting and the quality and age-appropriateness of the play equipment.

Full Indicator Language: Increased rate of L.A. County families with children birth through age 5 that have access to parks and open spaces.

Source: Los Angeles County Department of Parks and Recreation (park data); Esri (population data)



CONTEXTUAL INDICATORS

CHILD CHARACTERISTICS

1. Birth Rate
2. Infant Mortality Rate
3. Low Birth Weight
4. Well-Child Visits
5. Preventable Injuries
6. Healthy Weight
7. Dual Language Learners
8. Special Education Enrollment
9. Third Grade Literacy

MATERNAL CHARACTERISTICS

10. Prenatal Care
11. Postpartum Care
12. Maternal Depression
13. Breastfeeding
14. Educational Attainment

FAMILY RESOURCES

15. Assets at Birth
16. Children Living in Poverty
17. Food Insecurity
18. Children Experiencing Homelessness

COMMUNITY CHARACTERISTICS

19. California Healthy Places Index
20. Access to Transit

Birth Rate

CONTEXTUAL INDICATOR 1

BIRTH RATE DECLINING FOR ALL RACE AND ETHNIC GROUPS

This indicator measures the birth rate, which is the annual number of births per 1,000 population of Los Angeles County overall or by subgroup.

Why is it Important?

Birth rates can help inform our understanding of trends within our target population — children prenatal through age 5. Rising or falling birth rates may impact the demand for services.

MOST RECENT YEAR

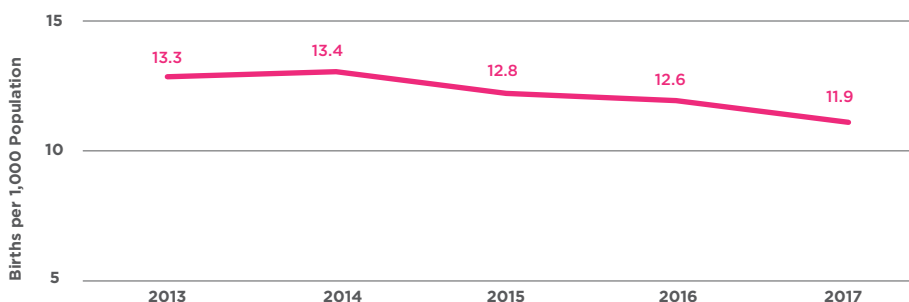
In 2017, the birth rate in Los Angeles County was 11.9 per 1,000 population.

TREND

Between 2013 and 2017, the L.A. County birth rate fell from 13.3 per 1,000 to 11.9 per 1,000. In terms of the number of births, there was a 9 percent decline over this period.

COUNTYWIDE BIRTH RATE STEADILY DECLINING

Birth Rate in Los Angeles County, 2013-2017

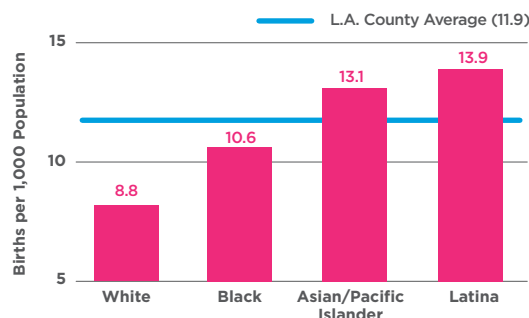


RACE/ETHNICITY DETAIL

In 2017, the birth rate was highest among Latina mothers, followed by Asian/Pacific Islander mothers (13.9 per 1,000 and 13.1 per 1,000, respectively). Birth rates for both Black and White mothers were less than the countywide average of 11.9 per 1,000. Between 2013 and 2017, the birth rate declined for all race and ethnic groups, falling most rapidly among Latina mothers.

BIRTH RATE HIGHEST AMONG LATINA AND ASIAN/PACIFIC ISLANDER MOTHERS

Birth Rate in Los Angeles County by Race or Ethnicity of the Mother, 2017



Trend data by race/ethnicity is available in the Supplemental Tables.

GEOGRAPHIC DETAIL

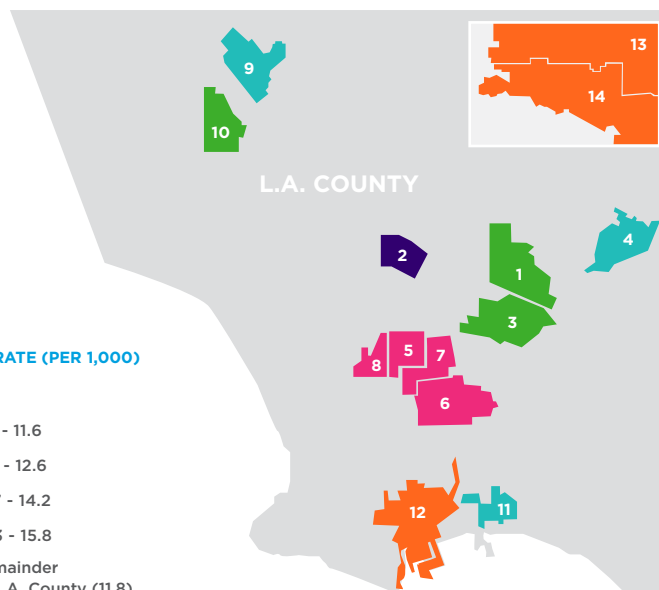
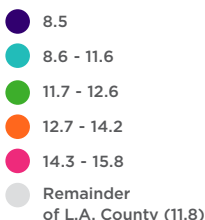
In 2017, among First 5 LA's *Best Start* geographies, Watts-Willowbrook and Broadway-Manchester in Region 2 had the highest birth rates, both with a rate of 15.8 per 1,000 population. Most *Best Start* geographies had birth rates above the countywide average of 11.9 per 1,000 population, but Metro LA was notably below at 8.5 per 1,000 population.

METRO LA HAS SUBSTANTIALLY LOWER BIRTH RATE COMPARED TO THE COUNTYWIDE AVERAGE

Birth Rate by *Best Start* Geography, 2017

REGION 1		
1 East LA		12.5
2 Metro LA		8.5
3 Southeast LA		12.6
4 South El Monte/El Monte		11.6
REGION 2		
5 Broadway-Manchester		15.8
6 Compton		14.6
7 Watts-Willowbrook		15.8
8 West Athens		14.6
REGION 3		
9 Northeast Valley Communities		11.4
10 Panorama City & Neighbors		12.4
REGION 4		
11 Central Long Beach		11.2
12 Wilmington		13.2
REGION 5		
13 Lancaster		14.2
14 Palmdale		13.1

BIRTH RATE (PER 1,000)



Trend data by *Best Start* geography are available in the Supplemental Tables.

DATA NOTES AND LIMITATIONS

Birth rates by socioeconomic status were not calculated due to the lack of an appropriate denominator. Birth rates by age were not calculated due to variable methods for age-based birth rate calculations (please see the Methods section for more detail). The totals produced for this local analysis may differ from other published sources; these should not be considered official county or state birth statistics.

Full Indicator Language: Annual number of live births per 1,000 total population in L.A. County.

Source: Children's Data Network at the University of Southern California (births); Advancement Project analysis of 2017 U.S. Census Bureau American Community Survey, 5-Year Estimates, Table S0101 (population by geography); California Department of Finance, Demographic Research Unit, Population Projections, Table P-3 (all other populations groups)

Infant Mortality

CONTEXTUAL INDICATOR 2

INFANT MORTALITY RATE RISING; BLACK RESIDENTS DISPROPORTIONATELY AFFECTED

This indicator measures the infant mortality rate, which is the annual number of deaths of children under one year of age per 1,000 live births in Los Angeles County. Data for Los Angeles County overall is single-year data; data by subgroup is six-year averages (2011-2016).

Why is it Important?

Infant mortality is a widely-used indicator of the health of a population because it is associated with maternal health, access to quality and timely health care, implicit bias in the health care system, systemic racism and socioeconomic conditions. High rates of infant mortality can emphasize the need for services that address structural bias, such as economic supports, routine health care, prenatal care, postpartum care and home visiting.

Current Context

Black infants are more likely to die in their first year than any other race and their mothers are more likely to die during childbirth and the first postpartum year than their counterparts of any other race. While infant and maternal mortality varies among women within each race/ethnicity group based on income and education, the gaps between Black women and infants and other groups persist despite socioeconomic status, education level and other risk factors, such as smoking. An emerging body of research suggests that racism (not race) drives these inequalities, beginning with adverse social experiences, which lead to psychological stress, which in turn leads to physiological stress that accumulates over time to wear down organ systems in the body. This cumulative health burden, termed “allostatic load,” has been associated with a range of adverse health outcomes including infant and maternal mortality.

MOST RECENT YEAR

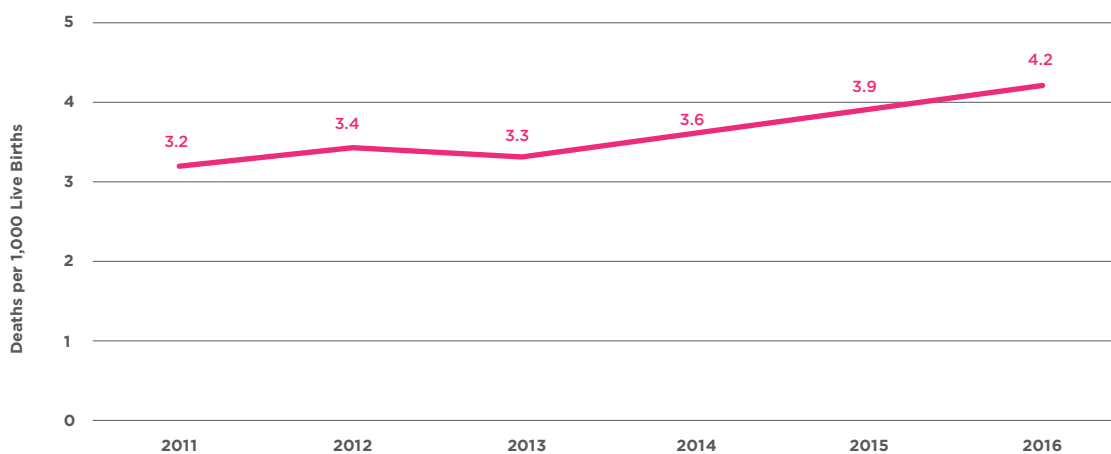
In 2016, the rate of infant mortality in Los Angeles County was 4.2 out of 1,000 live births.

TREND

Since 2011, the infant mortality rate has increased from 3.2 per 1,000 live births to 4.2 per 1,000 live births in 2016.

INFANT MORTALITY RATE IS RISING

Infant Mortality Rate in Los Angeles County, 2011-2016

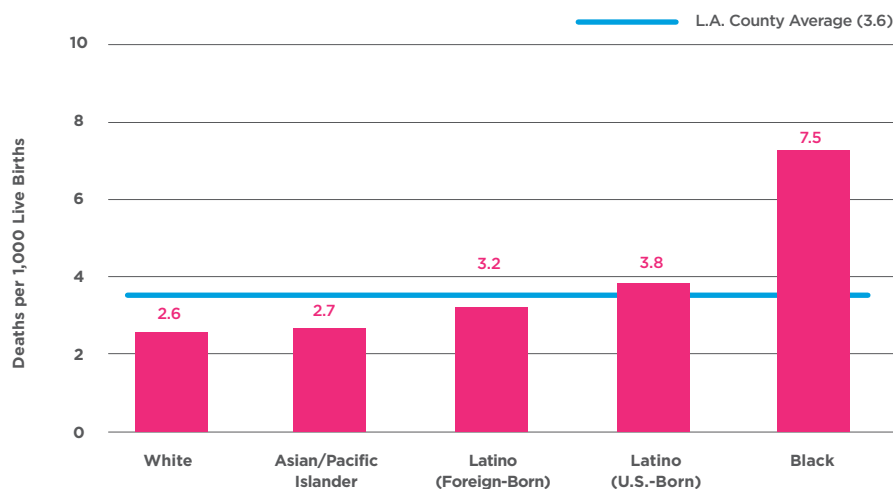


RACE/ETHNICITY DETAIL

The mortality rate of infants born to Black mothers in Los Angeles County is nearly three times the mortality rate of infants born to White mothers — 7.5 per 1,000 compared to 2.6 per 1,000. Mortality rates for infants born to Asian/Pacific Islander mothers and Latina mothers are also low compared to Black mothers and the countywide average of 3.6 per 1,000 (2011-2016 average).

BLACK INFANT MORTALITY RATE SUBSTANTIALLY HIGHER THAN OTHER RACE/ETHNIC GROUPS

Infant Mortality Rate in Los Angeles County by Race or Ethnicity of the Mother, 2011-2016 Results Averaged



SOCIOECONOMIC STATUS DETAIL

The mortality rate is higher among infants born to mothers whose birth was covered by public health insurance than among infants born to mothers with private health insurance coverage — 4.2 per 1,000 compared to 3.0 per 1,000. The birth payment method, whether public (i.e., Medi-Cal or other public insurance) or private (i.e., private insurance, employer-provided, or self-pay) is used as a proxy for income status.

MORTALITY RATE HIGHER AMONG INFANTS BORN TO LOW-INCOME MOTHERS

Infant Mortality Rate in Los Angeles County by Socioeconomic Status, 2011-2016 Results Averaged

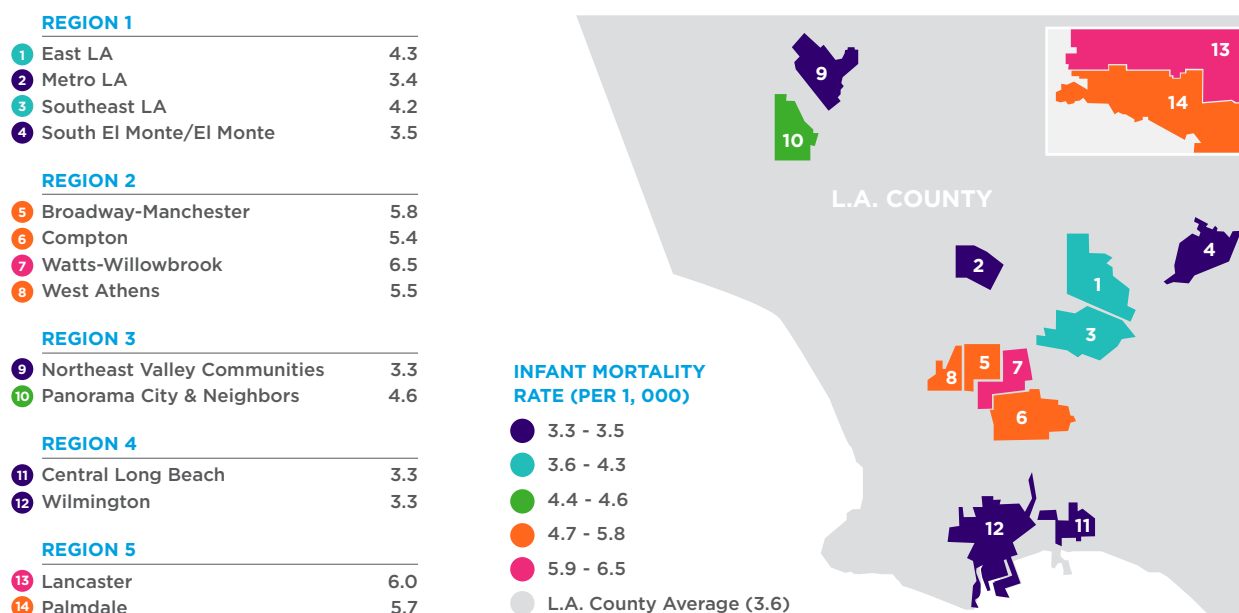


GEOGRAPHIC DETAIL

Among First 5 LA's *Best Start* geographies, Watts-Willowbrook and Lancaster had the highest rates of infant mortality at 6.5 per 1,000 and 6.0 per 1,000, respectively. Several *Best Start* geographies had infant mortality rates lower than the countywide average of 3.6 per 1,000 (2011-2016 average), including South El Monte/El Monte, Metro LA, Central Long Beach, Northeast Valley and Wilmington.

REGIONS 2 AND 5 EXPERIENCE HIGHEST RATES OF INFANT MORTALITY

Infant Mortality Rate (per 1,000 Live Births) by *Best Start* Geography, 2011-2016 Results Averaged



DATA NOTES AND LIMITATIONS

The infant mortality rates presented in this indicator may differ from other published sources and should not be considered official county or state birth statistics.

Full Indicator Language: Annual number of deaths of children under one year old per 1,000 live births in L.A. County.

Source: Children's Data Network at the University of Southern California

Low Birth Weight

CONTEXTUAL INDICATOR 3

BLACK MOTHERS HAVE COMPARATIVELY HIGH RATE OF LOW BIRTH WEIGHT BABIES

This indicator measures the annual percentage of Los Angeles County infants born at low birth weight (less than 2,500 grams) overall and by subgroups.

Why is it Important?

Low birth weight is one of the leading causes of infant death and a risk factor for lifelong disability. While all instances of low birth weight are not preventable, tracking low birth weight can improve our understanding of the issue and inform systems change strategies to reduce risk of low birth weight.

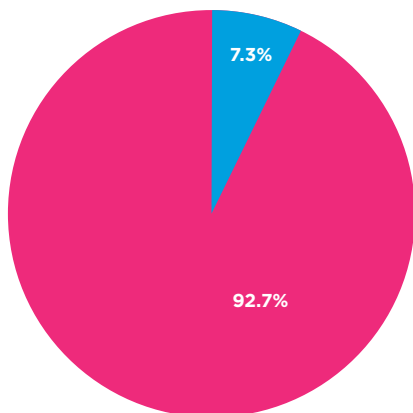
MOST RECENT YEAR

Approximately one in 14 infants born in Los Angeles County in 2017 had a low birth weight (7.3 percent).

1 IN 14 INFANTS HAVE LOW BIRTH WEIGHT

Percentage of Infants Born at Low Birth Weight in Los Angeles County, 2017

- Not Low Birth Weight
- Low Birth Weight

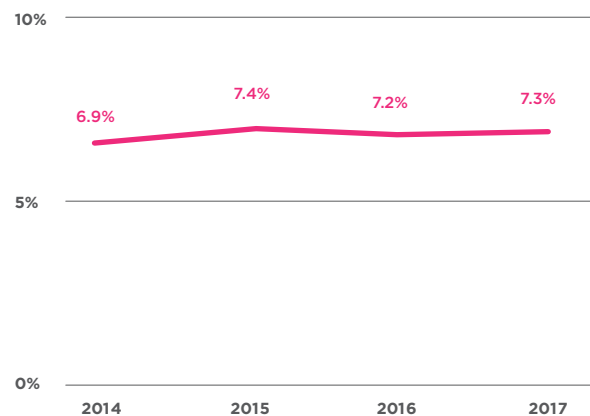


TREND

The percentage of infants born at low birth rate has remained relatively unchanged in the four-year period between 2014 and 2017, ranging from a low of 6.9 percent of births in 2014 to a high of 7.4 percent in 2015.

LITTLE CHANGE IN LOW BIRTH WEIGHT OVER FOUR-YEAR PERIOD

Percentage of Infants Born at Low Birth Weight in Los Angeles County, 2014-2017

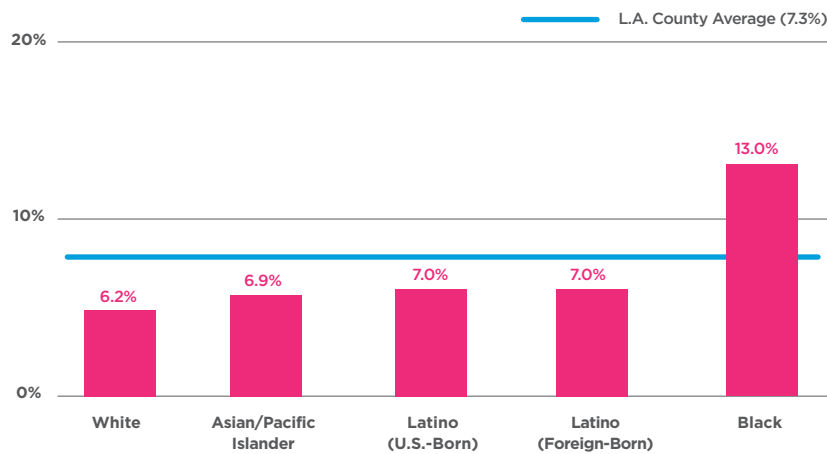


RACE/ETHNICITY DETAIL

In 2017, infants born to Black mothers had nearly twice the rate of low birth weight as infants born to mothers from all other race or ethnic groups. While low birth weight rates fluctuate from year to year, in the four-year period between 2014 and 2017, the trends were generally toward slightly increasing rates of low birth weight for all race and ethnic groups except White mothers.

INFANTS BORN TO BLACK MOTHERS MORE LIKELY TO BE LOW BIRTH WEIGHT THAN OTHER RACE/ETHNIC GROUPS

Percentage of Infants Born at Low Birth Weight in Los Angeles County by Race/Ethnicity, 2017



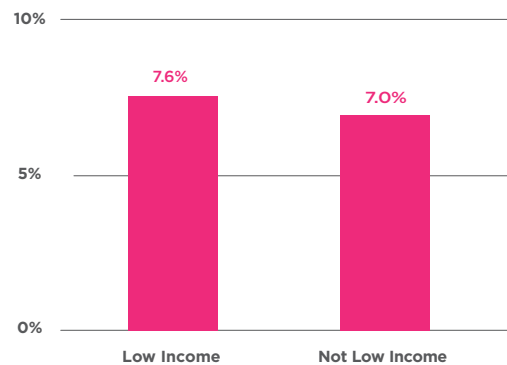
Trend data by race and ethnicity are provided in the Supplemental Tables.

SOCIOECONOMIC STATUS DETAIL

In 2017, slightly more infants born to mothers with low income were low birth weight than infants born to mothers who were not low-income — 7.6 percent compared to 7.0 percent, respectively.

INCOME STATUS NOT A SIGNIFICANT VARIABLE FOR LOW BIRTH WEIGHT

Percentage of Infants Born at Low Birth Weight in Los Angeles County by Socioeconomic Status, 2017



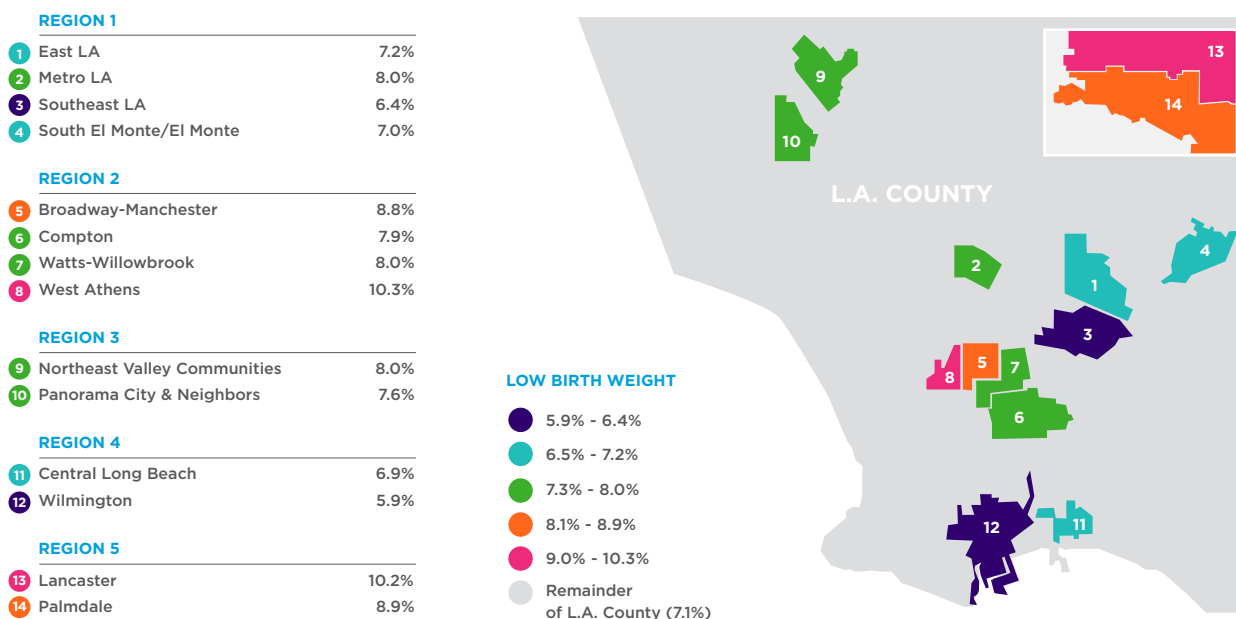
Trend data by income status are provided in the Supplemental Tables.

GEOGRAPHIC DETAIL

Among First 5 LA's *Best Start* geographies, the communities of West Athens and Lancaster had the highest rates of low birth weight infants, at 10.3 percent and 10.2 percent, respectively. Wilmington and Southeast LA had the lowest rates, at 5.9 percent and 6.4 percent, respectively.

MOST *BEST START* GEOGRAPHIES HAVE HIGHER THAN AVERAGE RATES OF LOW BIRTH WEIGHT

Percentage of Infants Born at Low Birth Weight in Los Angeles County by *Best Start* Geography, 2017



Trend data by geography are provided in the Supplemental Tables.

DATA NOTES AND LIMITATIONS

The birth payment method, whether public (i.e., Medi-Cal or other public insurance) or private (i.e., private insurance, employer-provided, or self-pay), is used as a proxy for income status. The totals produced for this local analysis may differ from other published sources; they should not be considered official county or state birth statistics.

Full Indicator Language: Annual percentage of infants born at low birth weight (less than 2,500 grams).

Source: Children's Data Network at the University of Southern California

Well-Child Visits

CONTEXTUAL INDICATOR 4

MOST CHILDREN RECEIVE RECOMMENDED WELL-CHILD VISITS

This indicator presents the percentage of children ages 2 through 5 in Los Angeles County who have received the recommended well-child visit for their current age. According to the American Academy of Pediatrics periodicity schedule, children between the ages of 2 and 6 should have a well-child visit at age 2, 2.5, 3, 4 and 5.

Why is it Important?

Well-child visits track the growth and development of children at various age time-points. These visits are opportunities for physicians to discuss with parents the child's physical development, immunizations, cognitive development and social/emotional development. Well-child visits provide important treatment and preventive services, such as appropriate developmental screenings, that support overall health and development.

Current Context

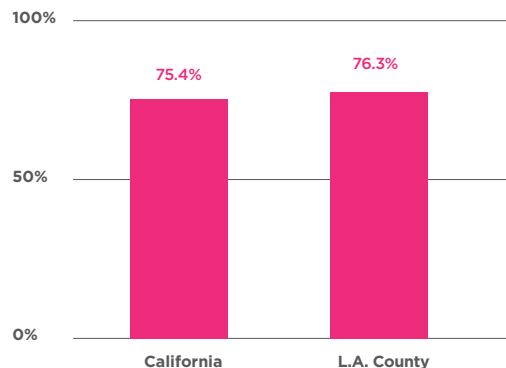
Due to the COVID-19 pandemic, medical experts report a reduction in well-child visits and estimate that statewide vaccination rates as of May 2020 were 40 percent lower than the previous year. Missed well-child visits also impact the rate that children are screened for developmental delays. Fortunately, AB 1004 will increase oversight and improve data collection around developmental screening practices in the state. This will help ensure that, during a well-child visit, a full and complete developmental screen using a validated tool occurs. Prior to this legislation, California did not adequately track whether developmental screens were being completed during well-child visits, and if they were, whether the provider was using a validated tool to conduct the screen versus just their observation alone. AB 1004 was the first piece of legislation sponsored by First 5 LA to become law.

MOST RECENT YEAR

In 2018, 76 percent of children ages 2 through 5 years in L.A. County received the recommended well-child visit. This rate is similar to the rate of 75 percent of children in the state of California.

COUNTY AND STATEWIDE WELL-CHILD VISIT RATES ARE SIMILAR

Well-Child Visit Rates Among Children Ages 2 Through 5 in California and Los Angeles County, 2018

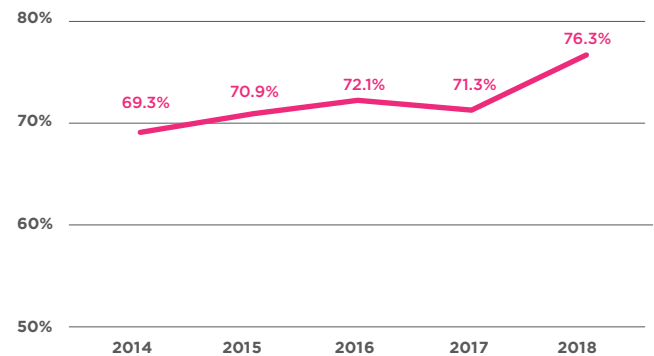


TREND

The rate of children receiving the recommended number of well-child visits in L.A. County has increased over time. The largest increase occurred between 2017 and 2018, when the rate rose from 71 percent to 76 percent.

WELL-CHILD VISIT RATES HAVE INCREASED OVER TIME

Well-Child Visit Rates Among Children Ages 2 Through 5 in Los Angeles County, 2014-2018



DATA NOTES AND LIMITATIONS

The well-child visit rates provided are the number of completed well-child visits out of the total recommended number of visits. The data does not measure whether children are receiving all components of a well-child visit during their visit, including appropriate developmental screening with a validated tool. The data source presents the data as well-child visits in the “third, fourth, fifth, and sixth years of life” which translates to ages 2 through 5. Data disaggregated by race/ethnicity, income status, age or geography is not provided by the data source, nor is the well-child visit rate of children under age 2.

Full Indicator Language: Annual percentage of children birth through age 5 in L.A. County who have received the recommended well-child visits for their current age.

Source: California Department of Health Care Services: Medi-Cal Pediatric Health Dashboard

Preventable Injuries

CONTEXTUAL INDICATOR 5

NO LASTING DECREASE IN PREVENTABLE DEATHS OVER TIME; BLACK CHILDREN DISPROPORTIONATELY AFFECTED

This indicator presents the rate of preventable (unintentional or accidental) injury and death of children from birth through age 5 in Los Angeles County. The data presented reflects the number of deaths per 100,000 children from birth through age 5. Injuries or deaths due to intentional causes, such as assault or homicide, are not tracked in this indicator.

Why is it Important?

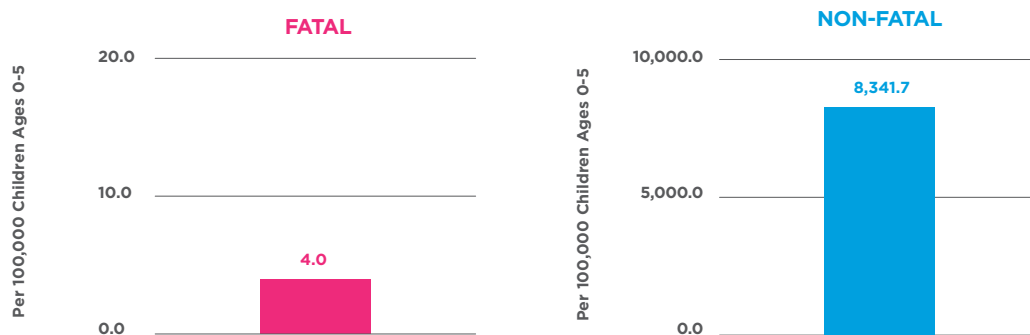
Preventable injuries, particularly those that result in a child's death, are a tragedy for family, friends and the community. Non-fatal preventable injuries that require an emergency department visit or hospitalization also take their toll, contributing to potential long-term disability for the child, health care expenses and lost work time for parents, and increased demand on health systems.

MOST RECENT YEAR

Fatal and Non-Fatal Injuries: In 2017, there were 30 preventable deaths of young children from birth through age 5 in L.A. County. This is equivalent to a rate of 4.0 preventable deaths per 100,000 young children from birth through age 5. In 2015, which is the latest year of data available for preventable non-fatal injuries, there were 1,833 hospitalizations of young children for non-fatal preventable injuries and 62,570 emergency department visits for a total of 64,453 non-fatal preventable injuries. This is equivalent to a rate of 8,341.7 non-fatal hospitalizations or emergency room visits per 100,000 young children in L.A. County.

APPROXIMATELY 1 IN 12 YOUNG CHILDREN VISITED THE EMERGENCY DEPARTMENT OR WERE HOSPITALIZED DUE TO UNINTENTIONAL INJURY

Rate of Preventable Fatal and Non-Fatal Injuries Among Children Birth Through Age 5 in Los Angeles County, 2015 (Non-Fatal Injuries) and 2017 (Fatal Injuries)

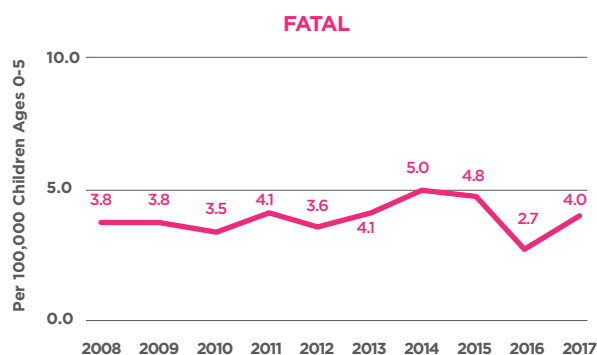


TREND

Fatal Injuries: In the 10-year period between 2008 and 2017, the preventable death rate for young children in L.A. County fluctuated between a low of 2.7 per 100,000 children from birth through age 5 to a high of 5.0 per 100,000 children from birth through age 5. No discernable positive or negative trend has emerged over this period.

YOUNG CHILD PREVENTABLE DEATH RATE SHOWS NO LASTING IMPROVEMENT OVER 10 YEARS

Rate of Preventable Fatal Injuries Among Children Birth Through Age 5 in Los Angeles County, 2008-2017



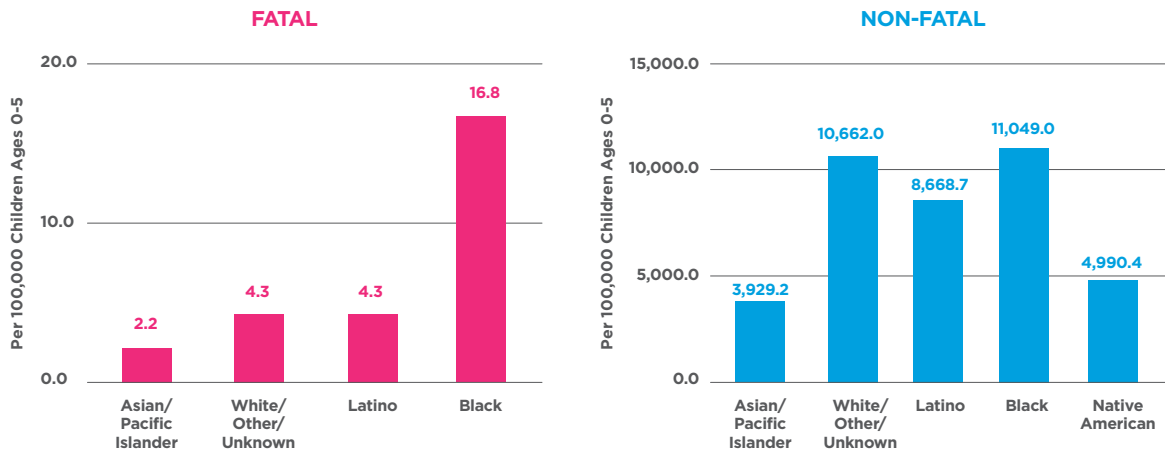
RACE/ETHNICITY DETAIL

Fatal Injuries: In 2015, 16.8 out of 100,000 young Black children from birth through age 5 died of a preventable injury. This rate of preventable death was four times higher than the rate of preventable death for Latino children and children in the White/Other/Unknown category. Asian/Pacific Islander children had the lowest rate of preventable death in L.A. County at 2.2 per 100,000 Asian/Pacific Islander children from birth through age 5. Rates of death fluctuate from year to year; however, between 2010 and 2017, a marked upward trend was emerging in deaths among Black children, with a more modest upward trend among the White/Other/Unknown group. The trend for Latino and Asian/Pacific Islander young children was relatively flat over this period.

Non-Fatal Injuries: Non-fatal injury rates among young children were highest among Black young children at 11,049.0 per 100,000 Black young children, followed by the White/Other/Unknown group at 10,662.0 per 100,000 young children in the White/Other/Unknown group. Injury rates for Latino young children were also high compared to their Native American and Asian/Pacific Islander counterparts.

BLACK YOUNG CHILDREN HAVE FOUR TIMES THE RATE OF PREVENTABLE DEATH AS THEIR WHITE AND LATINO PEERS

Rate of Preventable Fatal and Non-Fatal Injuries Among Children Birth Through Age 5 in Los Angeles County by Race/Ethnicity, 2015



Preventable death trend data by race/ethnicity is available in the Supplemental Tables. Mortality data for Native American children is not available.

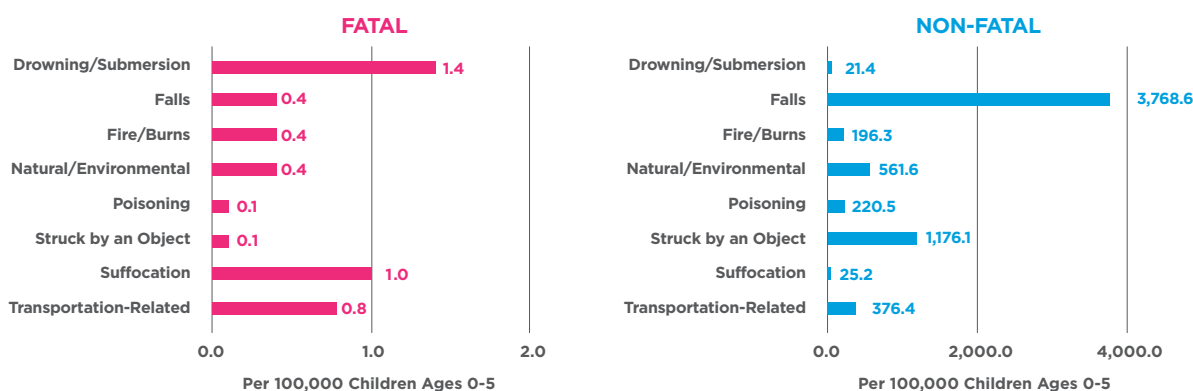
CAUSE OF INJURY DETAIL

Fatal Injuries: In 2015, most preventable deaths of young children in L.A. County were due to drowning or submersion. Non-fatal injuries due to submersion were among the less common causes of non-fatal hospitalizations or emergency department visits, pointing to the deadly nature of water accidents. Suffocation and transportation-related accidents (including motor vehicle, bicycle, pedestrian or other transport) were, respectively, the second and third most common causes of death in 2015. Rates of unintentional death fluctuate from year to year; however, between 2010 and 2017, there was a slight downward trend in transportation-related deaths and deaths due to falls. Suffocation deaths increased in this 10-year period. Other causes of death did not show discernable trends.

Non-Fatal Injuries: In 2015, among the causes of injury shown, falls accounted for the most frequent cause of non-fatal hospitalizations or emergency department use. This was followed by unintentional non-fatal injuries due to being struck by an object and natural or environmental causes, which includes exposure to severe heat, severe cold, lightning, sunstroke, large storms and natural disasters, as well as lack of food or water.

DROWNINGS ARE LEADING CAUSE OF PREVENTABLE DEATH; FALLS ARE LEADING CAUSE OF NON-FATAL INJURIES

Rate of Preventable Fatal and Non-Fatal Injuries Among Children Birth Through Age 5 in Los Angeles County by Cause, 2015



Leading causes of preventable death or injury for young children are shown in the charts. Some cause groups have been pooled or are not shown in the charts. Additional detail is provided in the Supplemental Tables.

DATA NOTES AND LIMITATIONS

The latest data available for non-fatal injuries is 2015 and this data is not comparable to prior years. The latest data available for deaths is 2017 and trend data is available. Race/ethnicity groups are determined by the data source and cannot be further disaggregated, including the grouping of White/Other/Unknown. Non-fatal injury data is comprised of the combination of unintentional injury non-fatal hospitalizations and non-fatal emergency department visits (treat and release, or transfer to another facility). While the coding used in the medical profession to identify causes of injury or death are detailed, they may not be sufficiently detailed to enable researchers to know the precise circumstances contributing to the injury or death. Further, the data may include cases of intentional harm that were not detected by the health care professional diagnosing and coding the injury or death. The estimate that 1 in 12 children experience non-fatal injuries that result in an emergency department visit or hospitalization is an illustration that does not take into account possible duplication (e.g., when a child has more than one non-fatal emergency department visit or hospitalization in a given year.)

Full Indicator Language: Annual rate of preventable injuries among children birth through age 5 in L.A. County.

Source: California Department of Public Health (CDPH) EpiCenter, based on CDPH Vital Statistics Death Master File and California Office of Statewide Health Planning and Development, Inpatient Discharge Data

Healthy Weight

CONTEXTUAL INDICATOR 6

OVER HALF OF YOUNG CHILDREN HAVE A HEALTHY WEIGHT; SLIGHT TREND TOWARD INCREASING WEIGHT

This indicator measures the percentage of Los Angeles County children ages 3 and 4 from families with low income that have a healthy weight. A healthy weight is defined as not being underweight, overweight or obese according to an assessment of Body Mass Index.

Why is it Important?

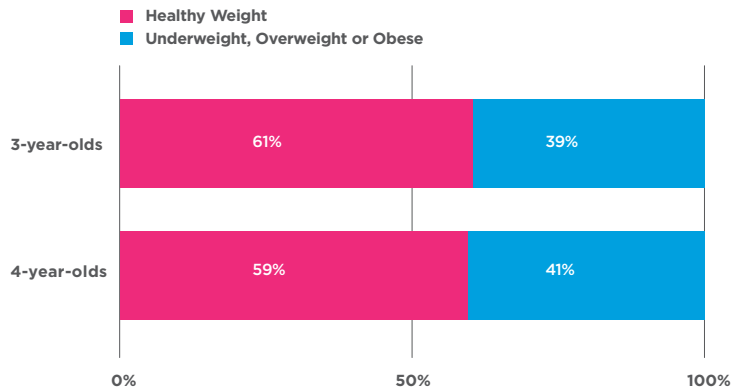
Research points to a combination of genetic, environmental and behavioral factors that contribute to developing obesity. Since childhood obesity puts children at risk for poor health outcomes later in life, tracking healthy weight aligns with a prevention model for long-term health.

MOST RECENT YEAR

More than half of L.A. County young children from low-income families had a healthy weight. In 2018, 61 percent of 3-year-old children had a healthy weight and 59 percent of 4-year-old children had a healthy weight.

6 IN 10 YOUNG CHILDREN HAVE A HEALTHY WEIGHT

Percentage of Los Angeles County Young Children From Low-Income Families Who Have a Healthy Weight by Age, 2018

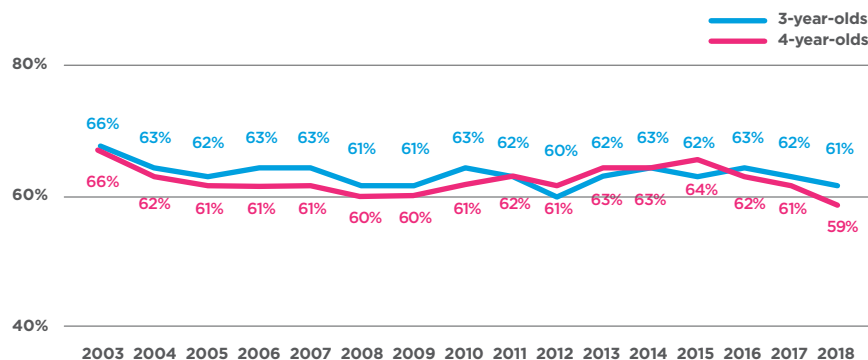


TREND

Between 2003 and 2018, the percentage of young children ages 3 and 4 with a healthy weight fluctuated, but a slight trend toward increasing weight was emerging. Most notably, there was a five-percentage point decline in healthy weight among 4-year-old children since 2015.

TREND EMERGING OVER 16 YEARS: SLIGHTLY FEWER CHILDREN WITH HEALTHY WEIGHT

Percentage of Los Angeles County Young Children From Low-Income Families Who Have a Healthy Weight, 2003-2018

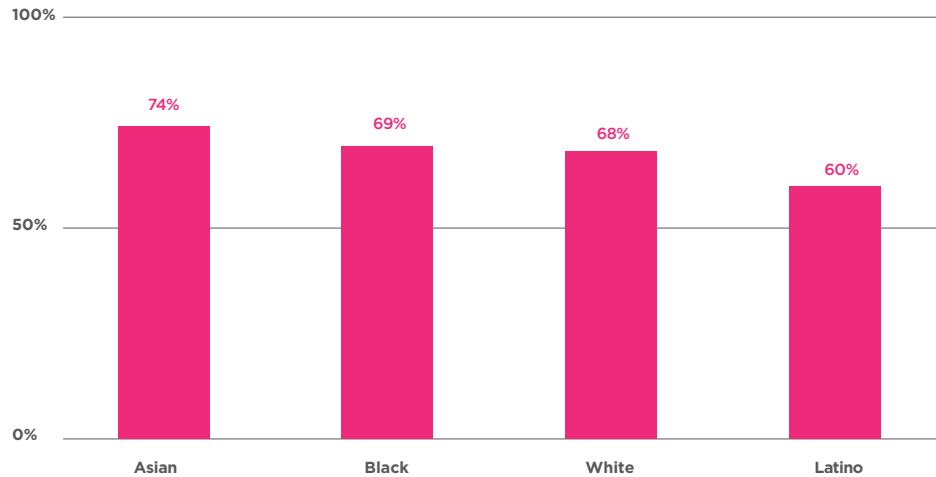


RACE/ETHNICITY DETAIL

Almost three-quarters of 4-year-olds with Asian mothers have a healthy weight (74 percent), compared to 69 percent of 4-year-olds with Black mothers and 68 percent of 4-year-olds with White mothers. Four-year-old children with Latina mothers had the lowest rate of healthy weight at 60 percent. Over the past 16 years, 4-year-old children with Latina mothers consistently had the lowest rate of healthy weight and, while rates fluctuate from year to year, there was a gradual trend toward increasing weight. No discernable trend was evident among children of White and Black mothers, while children of Asian mothers have seen an increasing rate of healthy weight over the past 16 years.

THREE-QUARTERS OF ASIAN 4-YEAR-OLDS HAVE A HEALTHY WEIGHT

Percentage of Los Angeles County 4-Year-Old Children From Low-Income Families Who Have a Healthy Weight by the Race/Ethnicity of the Mother, 2018



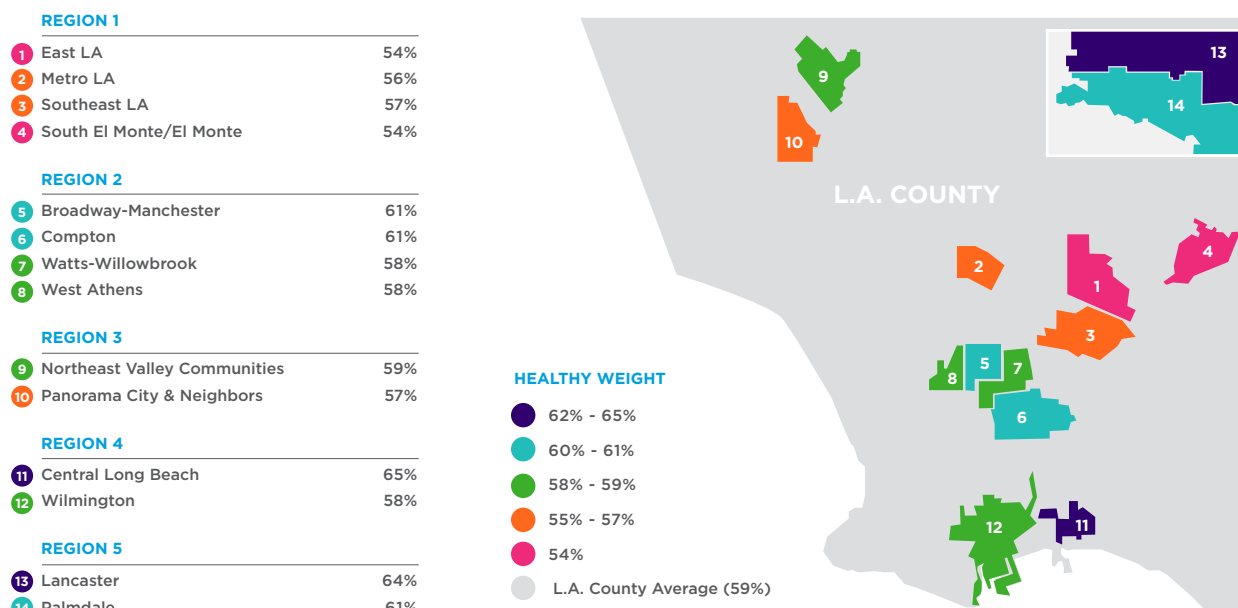
Data by race/ethnicity for 3-year-old children and for years 2003-2018 is available in the Supplemental Tables.

GEOGRAPHIC DETAIL

Of the 14 *Best Start* geographies in L.A. County, most have a somewhat lower proportion of 4-year-olds with a healthy weight than the countywide average of 59 percent. The *Best Start* geographies with the lowest proportion are South El Monte/El Monte and East LA, both at 54 percent. The *Best Start* geographies with the highest proportion of children with healthy weight include Lancaster and Central Long Beach, at 64 percent and 65 percent, respectively. Over the past 16 years, the proportion of 4-year-olds with a healthy weight has declined in all 14 *Best Start* geographies.

MODEST VARIATION ACROSS *BEST START* GEOGRAPHIES IN WEIGHT STATUS AMONG 4-YEAR-OLDS

Percentage of Los Angeles County 4-Year-Old Children From Low-Income Families Who Have a Healthy Weight by *Best Start* Geography, 2018



Data by geography for 3-year-old children and for years 2003-2018 is available in the Supplemental Tables.

DATA NOTES AND LIMITATIONS

Data is based on children participating in WIC, the federal food assistance program for low-income pregnant women, breastfeeding women, and children under the age of five. As such, the results are a proxy for weight status among low-income children. Race/ethnic detail is based on the race/ethnic identity of the mother.

Full Indicator Language: Annual percentage of children ages 2 through 5 in L.A. County with a Body Mass Index (BMI) that falls within a healthy weight range.

Source: Public Health Foundation Enterprises WIC (Special Supplemental Nutrition Program for Women Infants and Children)

Dual Language Learners

CONTEXTUAL INDICATOR 7

FEWER DUAL LANGUAGE LEARNERS COMPARED TO SIX YEARS AGO

This indicator measures the annual percentage of Los Angeles County public school kindergarten students who are Dual Language Learners. Young children exposed to two or more languages simultaneously, or young children who learn a second language while continuing to develop their first, are known as Dual Language Learners (DLLs). For this indicator, kindergarten students designated English Learners or Fluent English Proficient (bilingual) are used as a proxy for estimating the proportion of young children that are Dual Language Learners.

Why is it Important?

DLLs possess the natural advantage of being able to acquire native-level fluency in both English and another language if they are provided with the right support at home and systems are designed to meet their needs, such as an early learning workforce that is trained to support DLLs. Tracking English Learner and Fluent English Proficient designations informs our understanding of our target population and speaks to the need for strategies to support families raising children in bilingual environments and for professional development among the early childhood workforce on skills that effectively support DLLs in early learning settings.

Current Context

According to 2017 research by the UCLA Center for Health Policy Research, approximately 60 percent of households in California with children from birth through age five were Dual Language Learner families, meaning that the household members spoke a language other than, or in addition to, English. This research, when viewed next to the estimates provided in this indicator of 29.3 percent English Learners plus 6.6 percent bilingual students, suggests a possible undercount of Dual Language Learners in the schools. For example, some practitioners in the field reported anecdotally that immigrant families may avoid completing the Home Language Survey for fear of immigration enforcement action or stigma around being designated an English Learner. The decline observed in the proportion of kindergarteners that were English Learners is likely attributable to the perceived stigma, as well as declines in immigration and the birth rate.

MOST RECENT YEAR

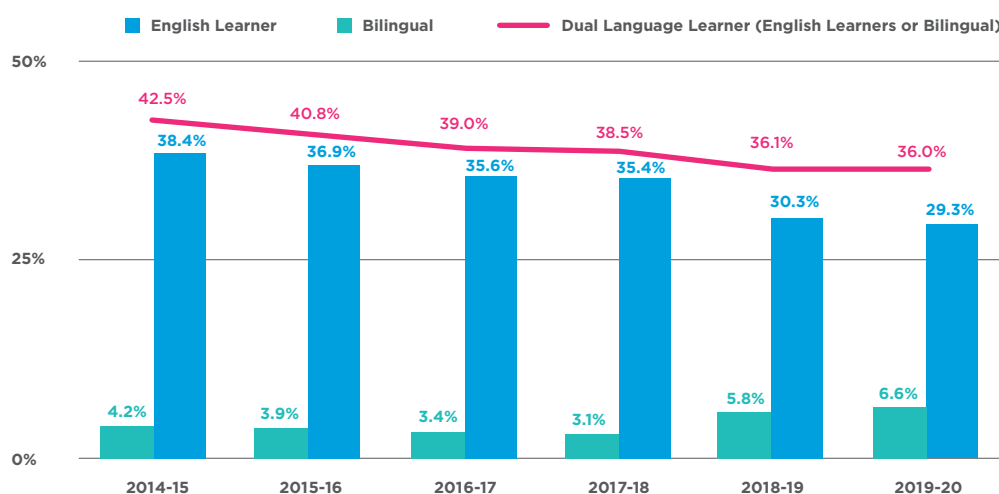
In the 2019-20 school year, 36.0 percent of Los Angeles County public school kindergarten students were Dual Language Learners, where 29.3 percent were designated English Learners and another 6.6 percent were designated bilingual.

TREND

Between 2014-15 and 2019-20, the proportion of the kindergarten cohort comprised of Dual Language Learners fell by approximately seven percentage points, from 42.5 percent to 36.0 percent. The drop was driven by a nine-percentage point decline in the proportion of kindergarteners who were designated English Learners, from 38.4 percent to 29.3 percent. Over the same period, the proportion of kindergarten students that were designated bilingual increased from 4.2 percent to 6.6 percent.

PROPORTION OF KINDERGARTENERS THAT ARE DUAL LANGUAGE LEARNERS IS FALLING

Percentage of Los Angeles County Kindergarteners Who Are Designated English Learners or Bilingual, 2014-15 to 2019-20



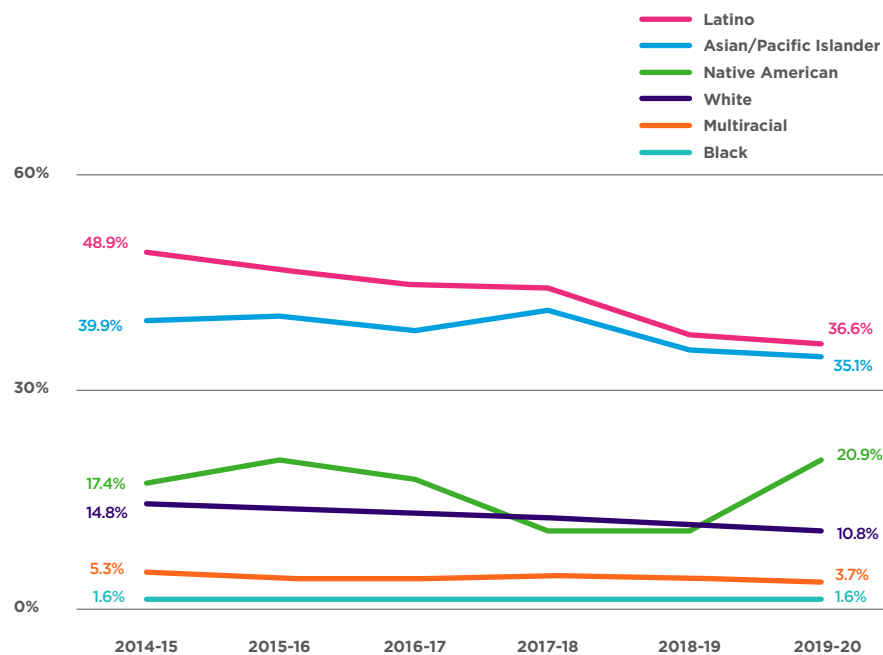
RACE/ETHNICITY DETAIL

Only English Learner data is available by race/ethnicity. Among the most recent cohort of kindergarteners, 36.6 percent of Latino students were designated English Learners in 2019-20. This rate is similar to the proportion of Asian/Pacific Islander kindergarteners who were designated English Learners (35.1 percent). One in five Native American kindergarteners (20.9 percent) were designated English Learners in 2019-20, followed by 10.8 percent of White kindergarten students, 3.7 percent of multiracial students, and 1.6 percent of Black students.

The decline in the countywide percentage of English Learners is driven primarily by substantial declines in the percentage of Latino and Asian/Pacific Islander English Learners. In 2014-15, nearly half (48.9 percent) of Latino kindergarteners were designated English Learners; six years later, just 36.6 percent were. The percentage of Asian/Pacific Islander kindergarteners who were English Learners fell from 39.9 percent to 35.1 percent over the same period. White and multiracial kindergarteners also witnessed a decline in the percentage that were designated English Learners. Rates of Native American English Learners fluctuated over the six years shown, while rates among Black kindergarteners were steady at 1.6 percent.

SUBSTANTIAL DECLINE IN PERCENTAGE OF LATINO KINDERGARTENERS THAT ARE ENGLISH LEARNERS

Percentage of Los Angeles County Kindergarteners Who Are Designated English Learners by Race/Ethnicity, 2014-15 to 2019-20



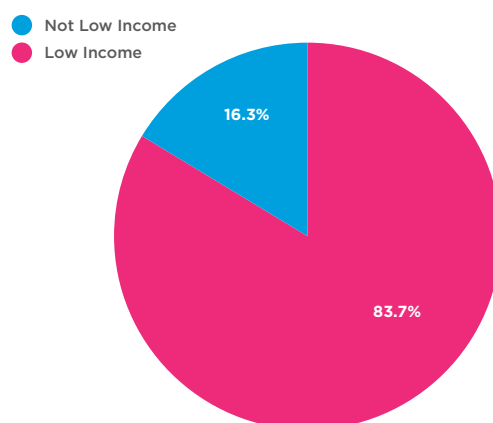
Trend data by race and ethnicity is provided in the Supplemental Tables.

SOCIOECONOMIC STATUS DETAIL

Dual Language Learner kindergarten students are predominantly from families with low income. In 2019-20, fully 83.7 percent were from families with low income and 16.3 percent were from families that were not low-income.

MOST DUAL LANGUAGE LEARNER KINDERGARTENERS ARE FROM FAMILIES WITH LOW INCOME

Percentage of Los Angeles County Kindergarteners Who Are Dual Language Learners by Socioeconomic Status, 2019-20



Trend data by income status is provided in the Supplemental Tables.

DATA NOTES AND LIMITATIONS

According to the California Department of Education, a child is designated an English Learner if their parent or guardian reports on the Home Language Survey that a language other than English is spoken at home and, upon follow-up assessment, the child is determined to lack defined English language skills of listening, speaking, reading and/or writing considered necessary to succeed in the school's regular instructional programs. Students are designated Initial Fluent English Proficient (or bilingual) if a language other than English is spoken at home and, upon initial assessment, the student is determined to be proficient in English. Students may also be designated as Reclassified Fluent English Proficient; the counts of these students are included in the bilingual/Fluent English Proficient counts. The term Dual Language Learner (DLL) encompasses young children who are exposed to two or more languages simultaneously or who are learning a second language while continuing to develop their first. The term English Learner or English Language Learner is generally applied to older, non-native English speakers who have gained proficiency in their native language and are now learning English in addition to mastering academic content. The English Learner and Fluent English Proficient data presented in this indicator is used as a proxy for understanding the DLL population. Data is available from the data source beginning in the 2014-15 academic year. Income status data is based on California Department of Education's determination of Socioeconomically Disadvantaged (SED) status. SED students have one or more of the following: both parents have not received a high school diploma; students are eligible for Free or Reduced-Price Meals; or students are migrant, homeless or foster youth.

Full Indicator Language: Annual percentage of kindergarteners in L.A. County who are Dual Language Learners.

Source: California Department of Education; Early Edge, "Improving Teacher Preparation to Support California's Dual Language Learners," May 2020 (Why Important section); UCLA Center for Health Policy Research, "Families with Young Children in California: Findings from the California Health Interview Survey, 2011-2014," May 2017 (Current Context inset); California Department of Education, Glossary of Terms for English Learner Reports (Data Notes and Limitations); National Conference of State Legislatures (Data Notes and Limitations)

Special Education Enrollment

CONTEXTUAL INDICATOR 8

SPECIAL EDUCATION ENROLLMENT INCREASING

This indicator measures the percentage of Los Angeles County children from birth through age 5 who are enrolled in special education services through their local school district.

Why is it Important?

This indicator helps inform our understanding of the demand for services that will promote learning and developmental growth for children with special needs.

MOST RECENT YEAR

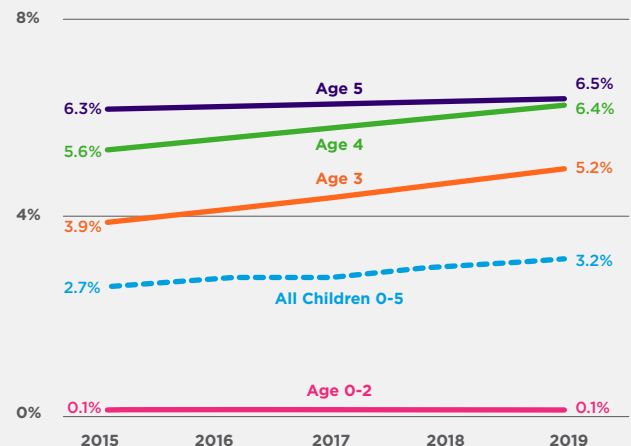
In 2019, 3.2 percent of children from birth through age 5 in L.A. County were enrolled in special education services. The rate was highest among 5-year-old children, with 6.5 percent of 5-year-old children enrolled in special education services, compared to 6.4 percent of 4-year-old children and 5.2 percent of 3-year-old children.

TREND

The proportion of L.A. County children from birth through age 5 enrolled in special education services through their local school district has grown from 2.7 percent to 3.2 percent of the population between 2015 and 2019. The growth over this period was driven primarily by increases among 3-year-old children (rising from 3.9 percent to 5.2 percent of all 3-year-olds) and 4-year-old children (rising from 5.6 percent to 6.4 percent of all 4-year-olds).

PROPORTION OF 3- AND 4-YEAR-OLDS ENROLLED IN SPECIAL EDUCATION IS GROWING

Percentage of Los Angeles County Children Enrolled in School District Special Education Services by Age, 2015-2019



Trend data by age is available in the Supplemental Tables.

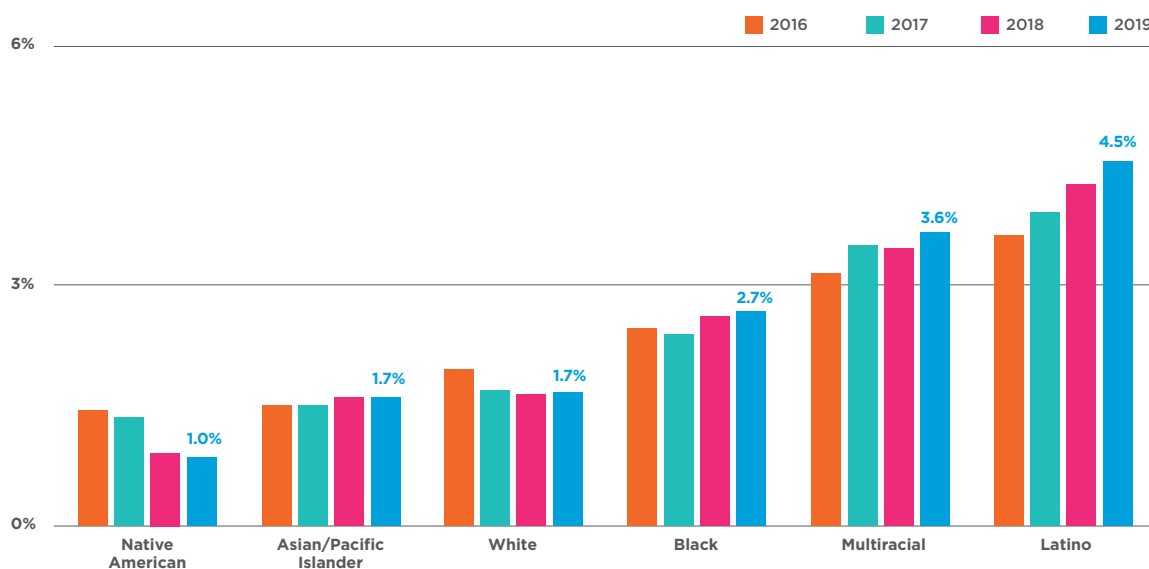
RACE/ETHNICITY DETAIL

Latino young children had the highest rate of enrollment in special education at 4.5 percent of all Latino children from birth through age 5 in 2019. This is followed by 3.6 percent of multiracial young children and 2.7 percent of Black young children. Native American, Asian/Pacific Islander and White young children had the lowest rates of enrollment in special education services.

Since 2016, the proportion of young children receiving special education services through their local school district grew the most among Latino young children (from 3.6 percent in 2016 to 4.5 percent in 2019). Rates of special education enrollment among multiracial and Black students also increased over this period, but less significantly. Asian/Pacific Islander rates of special education enrollment remained flat, while Native American and White rates declined somewhat.

LATINO YOUNG CHILDREN ARE SOMEWHAT MORE LIKELY TO BE IN SPECIAL EDUCATION THAN THEIR PEERS OF OTHER RACES/ETHNICITIES

Percentage of Los Angeles County Children Enrolled in School District Special Education Services by Race/Ethnicity, 2016-2019



Trend data by race and ethnicity is provided in the Supplemental Tables.

DATA NOTES AND LIMITATIONS

This count of special education enrollment for pre-kindergarten-age students is not inclusive of all young children receiving early intervention services or special education services. Please see the Methods section for additional detail on source data.

Full Indicator Language: Annual percentage of children from birth through age 5 in L.A. County who are enrolled in special education.

Source: California Department of Education (number of children in special education); California Department of Finance, Demographic Research Unit, Population Projections, Table P-3 (child population)

Third Grade Literacy

CONTEXTUAL INDICATOR 9

PERCENTAGE OF THIRD GRADERS MEETING LITERACY STANDARDS IS INCREASING

This indicator provides the annual percentage of third grade students in Los Angeles County who meet or exceed the grade-level standard in English Language Arts (ELA). The English Language Arts assessment measures proficiency in reading comprehension, writing, and speaking and listening.

Why is it Important?

Third grade marks the transition in elementary education from “learning to read” to “reading to learn.” A delay in reading proficiency can persist and grow over a child’s education and impact their long-term outcomes. Given the association between kindergarten readiness and later reading proficiency, understanding third grade ELA proficiency can inform early care and education programming, including access and quality, and other practices that promote school readiness.

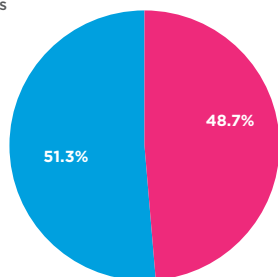
MOST RECENT YEAR

In school year 2018-19, 48.7 percent of third graders in Los Angeles County met or exceeded grade-level standards in English Language Arts.

ALMOST HALF OF L.A. COUNTY THIRD GRADERS MEET LITERACY STANDARDS

Percentage of Third Graders That Met or Exceeded English Language Arts Standards, 2018-19

- Met ELA Standards
- Did Not Meet ELA Standards

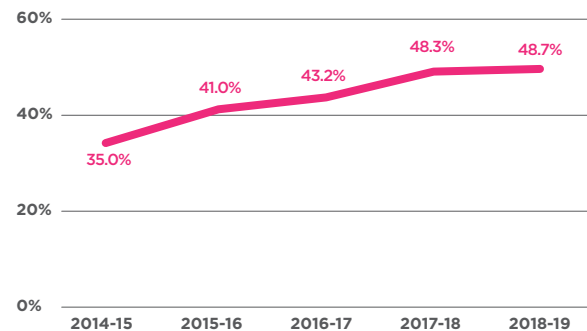


TREND

The percentage of third graders in Los Angeles County that met or exceeded grade-level standards in ELA has increased steadily over time, from 35.0 percent in 2014-15 to 48.7 percent in 2018-19.

PERCENTAGE OF STUDENTS MEETING ELA STANDARDS HAS INCREASED STEADILY OVER TIME

Percentage of Third Graders That Met or Exceeded English Language Arts Standards, 2014-15 to 2018-19

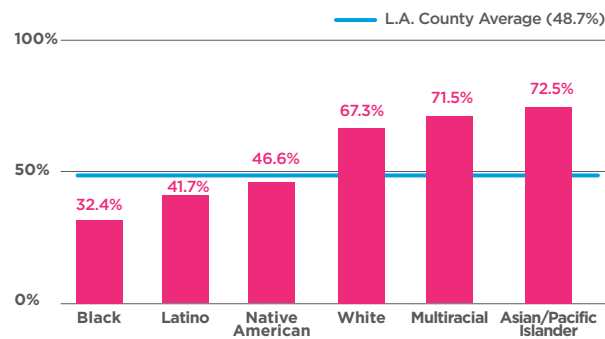


RACE/ETHNICITY DETAIL

In the 2018-19 school year, three-quarters of Asian/Pacific Islander students met or exceeded the ELA standards, while one-third of Black students met or exceeded these benchmarks. Although the percentage of third graders in L.A. County that met or exceeded grade-level standards in English Language Arts has increased across race and ethnic groups from 2014-15 to 2018-19, Black, Latino and Native American students continue to lag behind their Asian/Pacific Islander, White and multiracial peers.

SUBSTANTIAL RACIAL AND ETHNIC DISPARITIES IN LITERACY PROFICIENCY

Percentage of Third Graders That Met or Exceeded English Language Arts Standards by Race/Ethnicity, 2018-2019



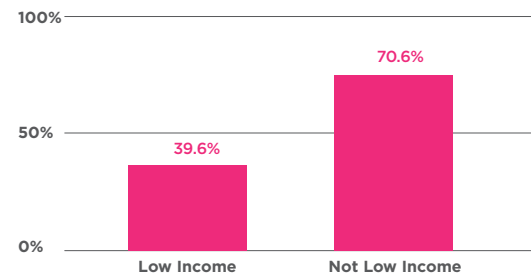
Trend data by race/ethnicity is provided in the Supplemental Tables.

SOCIOECONOMIC STATUS DETAIL

Students from families with low income are less likely to meet ELA standards than their peers who are not from families with low income. In the 2018-19 school year, just over one-third of low-income students met or exceeded ELA standards, compared to almost three-quarters of students who are not low income. This pattern was consistent over time, with higher proportions of students who are not low income meeting or exceeding ELA standards compared to their low-income peers over the past five school years.

LOW-INCOME STUDENTS ARE LESS LIKELY TO MEET LITERACY STANDARDS

Percentage of Third Graders That Met or Exceeded English Language Arts Standards by Socioeconomic Status, 2018-19



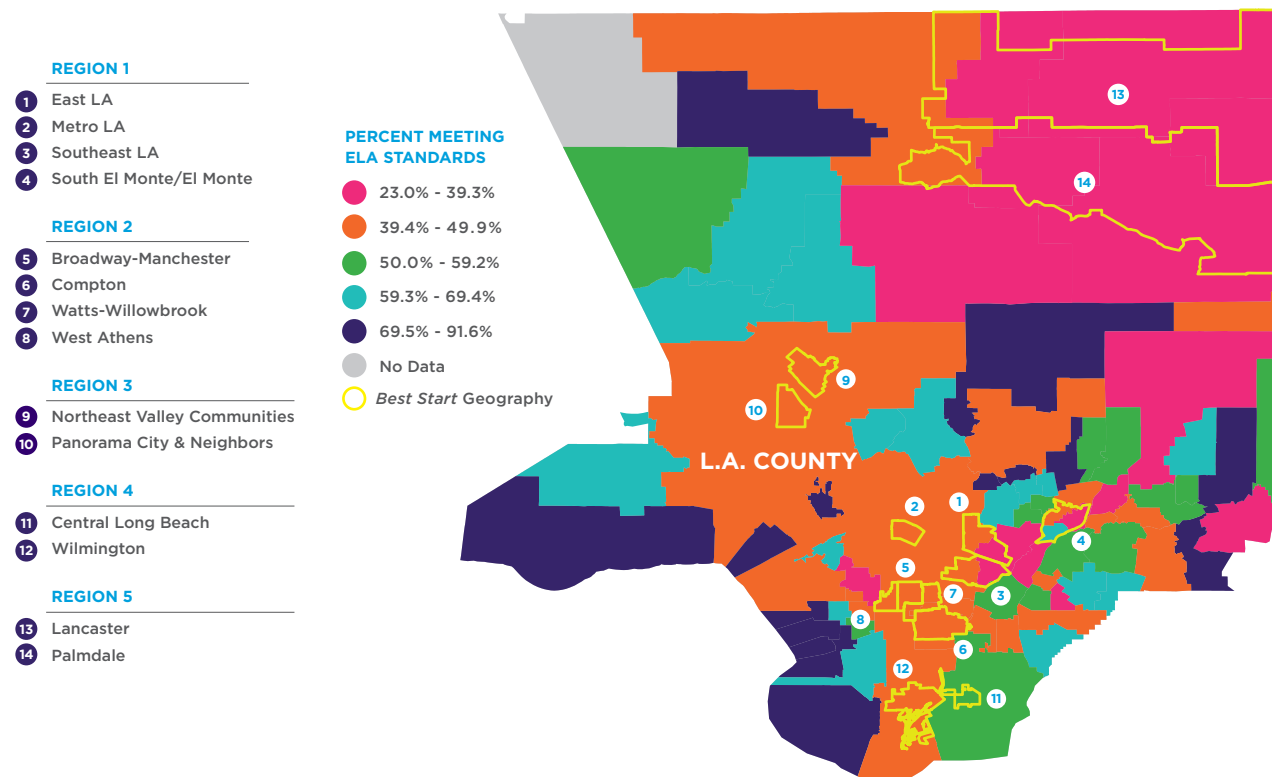
Trend data by socioeconomic status is provided in the Supplemental Tables.

GEOGRAPHIC DETAIL

Geographic data is provided by school district with the boundaries of *Best Start* geographies overlaid. A visual assessment shows that the *Best Start* geographies of Central Long Beach and South El Monte/El Monte are partly served by school districts that had higher than average rates of students who met or exceeded literacy standards. The remaining *Best Start* geographies are served by school districts that were at or below the countywide average. A determination of the percentage meeting or exceeding literacy standards for each *Best Start* geography is not possible with the data available.

CENTRAL LONG BEACH AND PART OF SOUTH EL MONTE/EL MONTE ARE SERVED BY SCHOOL DISTRICTS THAT OUTPERFORM THE L.A. COUNTY AVERAGE

Percentage of Third Graders That Met or Exceeded English Language Arts Standards by *Best Start* Geography, 2018-19



DATA NOTES AND LIMITATIONS

Income status data is based on California Department of Education's determination of Socioeconomically Disadvantaged (SED) status. SED students have one or more of the following: both parents have not received a high school diploma; students are eligible for Free or Reduced-Price Meals; or students are migrant, homeless or foster youth.

Full Indicator Language: Annual percentage of third grade students in L.A. County who meet or exceed the grade-level standard in English Language Arts.

Source: California Assessment of Student Performance and Progress (CASPP) English Language Arts Standards from California Department of Education

Prenatal Care

CONTEXTUAL INDICATOR 10

COUNTYWIDE PRENATAL CARE TREND IS FLAT, BUT SEVERAL *BEST START* GEOGRAPHIES SEE IMPROVEMENT

This indicator measures the annual percentage of mothers in Los Angeles County who gave birth in the last year and received early prenatal care (in the first trimester of their pregnancy).

Why is it Important?

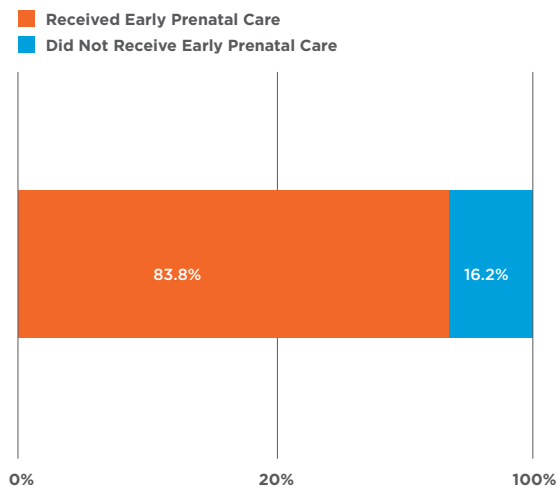
Prenatal care in the first trimester offers an opportunity for providers to diagnose and treat maternal or fetal medical conditions early. It also provides expecting parents with counseling on healthy behaviors that increase the chances of having a healthy pregnancy and baby. Tracking prenatal care rates provides important information on trends and disparities in access to needed services.

MOST RECENT YEAR

In 2017, 83.8 percent of mothers who gave birth received early prenatal care.

8 IN 10 L.A. COUNTY MOTHERS RECEIVE EARLY PRENATAL CARE

Early Prenatal Care Rate in Los Angeles County, 2017

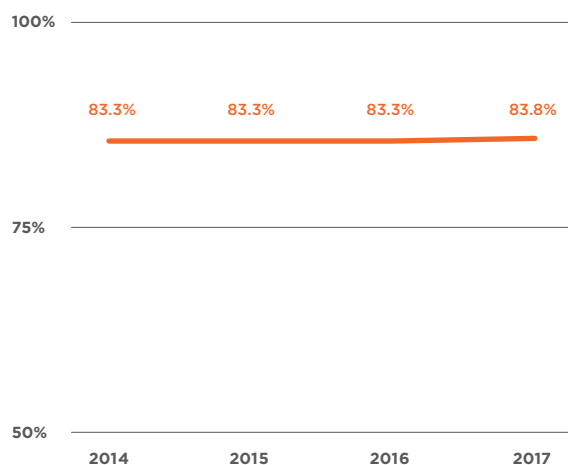


TREND

The percentage of pregnant mothers getting early prenatal care has remained largely unchanged in the four-year period between 2014 and 2017, from a low of 83.3 percent in 2014, 2015 and 2016 to 83.8 percent in 2017.

LITTLE CHANGE IN PRENATAL CARE RATE OVER FOUR YEARS

Early Prenatal Care Rate in Los Angeles County, 2014-2017

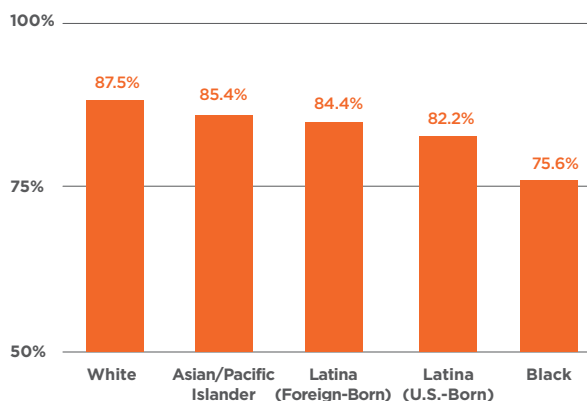


RACE/ETHNICITY DETAIL

In 2017, prenatal care rates among mothers of color — Asian/Pacific Islander, Latina and Black — were somewhat or substantially lower than prenatal care rates of White mothers. Changes in prenatal care rates between 2014 and 2017 were mixed for the race and ethnic groups. Prenatal care rates for Asian/Pacific Islander mothers and White mothers increased slightly, while rates for foreign-born Latina mothers declined slightly. No discernable trends emerged for Black mothers or U.S.-born Latina mothers.

MOTHERS OF COLOR HAVE LOWER PRENATAL CARE RATES THAN WHITE MOTHERS

Early Prenatal Care Rate in Los Angeles County by Race/Ethnicity, 2017



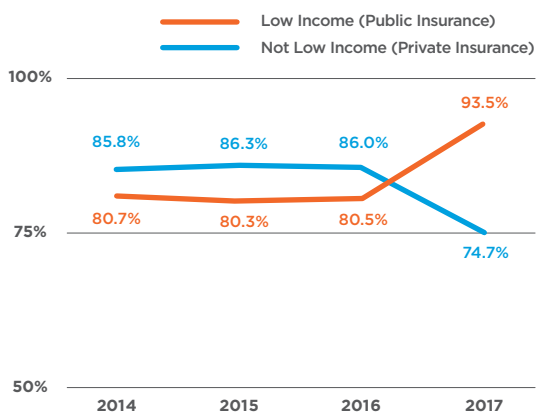
Trend data by race and ethnicity are provided in the Supplemental Tables.

SOCIOECONOMIC STATUS DETAIL

The birth payment method— whether public or private — is used as a proxy for the income status of the mother. Lower-income mothers who used public insurance to pay for the birth had higher prenatal care rates in 2017 than mothers who used private insurance — 93.5 percent and 74.7 percent, respectively. This marked a rather substantial change from previous years. Prenatal care rates among mothers with public insurance rose 16 percent between 2014 and 2017, while prenatal care rates fell 13 percent among mothers with private insurance over the same period.

LOW-INCOME MOTHERS HAVE HIGH RATES OF PRENATAL CARE

Early Prenatal Care Rate in Los Angeles County by Socioeconomic Status, 2014-2017

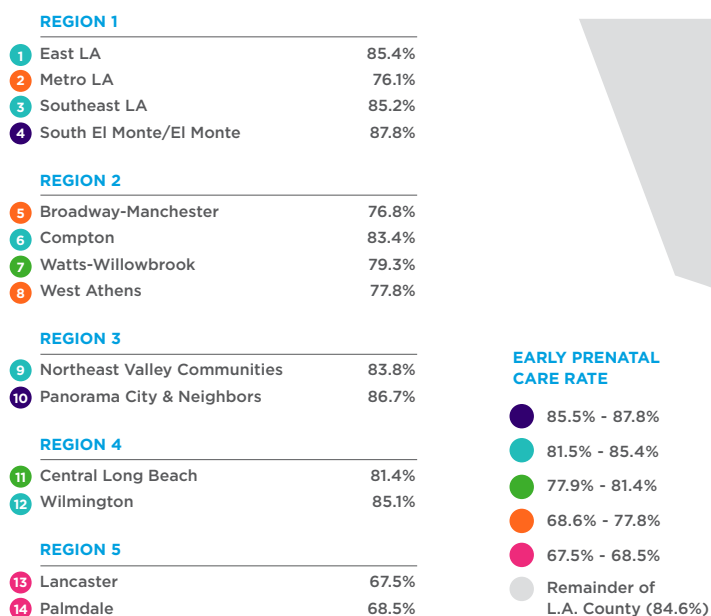


GEOGRAPHIC DETAIL

Prenatal care rates varied by more than 20 percentage points among First 5 LA's *Best Start* geographies, with Lancaster and Palmdale at the low end (67.5 and 68.5 percent, respectively) and South El Monte/El Monte and Panorama City & Neighbors at the high end (87.8 percent and 86.7 percent, respectively). Despite the lower rate in Palmdale, the 2017 rate marked a 6-percentage point increase since 2014. Wilmington and Central Long Beach also saw notable improvement over this period, rising 9 and 6 percentage points, respectively.

LOW EARLY PRENATAL CARE RATES IN BEST START REGION 5

Early Prenatal Care Rate by *Best Start* Geography, 2017



Trend data by geography is provided in the Supplemental Tables.

DATA NOTES AND LIMITATIONS

The totals produced for this local analysis may differ from other published sources; they should not be considered official county or state birth statistics.

Full Indicator Language: Annual percentage of mothers in L.A. County who gave birth in the last year that received prenatal care in the first trimester of their pregnancy.

Source: Children's Data Network at the University of Southern California

Postpartum Care

CONTEXTUAL INDICATOR 11

MOST NEW MOTHERS HAVE A POSTPARTUM CHECKUP

This indicator provides the annual percentage of mothers in Los Angeles County who gave birth in a given year and had at least one postpartum checkup.

Why is it Important?

Postpartum care visits provide important physical and behavioral health care to new mothers. New mothers may be at risk of serious health complications in the days and weeks after giving birth. Additionally, some new mothers experience changes in their mental health status that may require medical attention. Postpartum checkup rates inform our understanding of whether mothers are receiving support to treat immediate health issues and to prevent further health complications.

Current Context

As of publication, the worldwide COVID-19 pandemic is continuing to unfold. Widespread stay-at-home orders, reduced medical capacity to handle non-COVID-19 issues, and fear of visiting medical offices amidst the pandemic have contributed to reduced well-being visits. This may impact postpartum checkup rates.

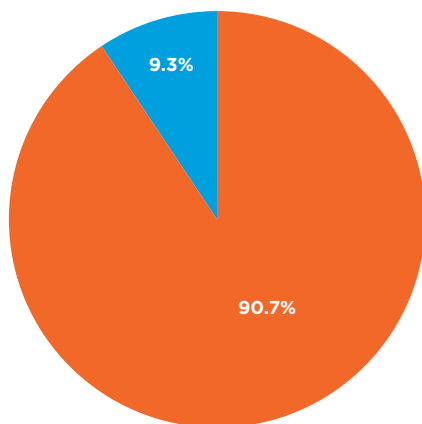
MOST RECENT YEAR

In 2016, an estimated 90.7 percent of mothers in L.A. County who gave birth in the last year had at least one postpartum checkup.

9 OUT OF 10 MOTHERS HAVE AT LEAST ONE POSTPARTUM CHECKUP

Percentage of New Mothers in Los Angeles County Who Had At Least One Postpartum Checkup, 2016

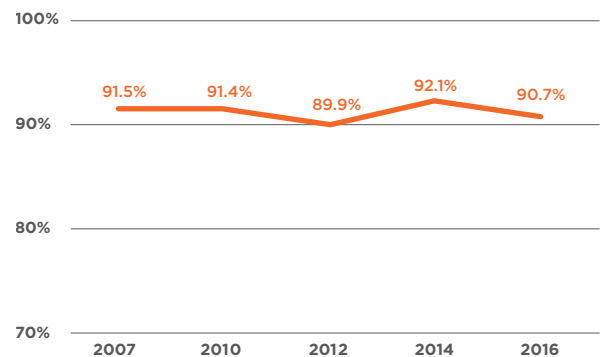
- Had a Postpartum Checkup
- Did Not Have a Postpartum Checkup

**TREND**

The annual percentage of mothers in L.A. County who gave birth and had a postpartum checkup has remained relatively stable from 2007 to 2016, with slight fluctuation over time.

POSTPARTUM CHECKUP RATES HAVE REMAINED RELATIVELY STABLE OVER TIME

Percentage of New Mothers in Los Angeles County Who Had At Least One Postpartum Checkup, 2007-2016

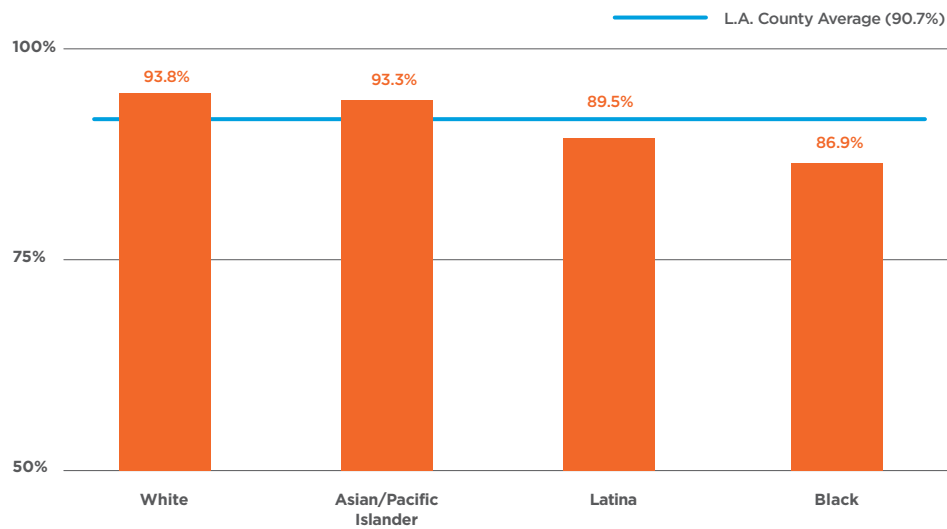


RACE/ETHNICITY DETAIL

Black mothers in L.A. County had lower rates of postpartum visits than mothers in other racial and ethnic groups. In 2016, 86.9 percent of Black new mothers had received a postpartum checkup, compared to 93.8 percent of White mothers, 93.3 percent of Asian/Pacific Islander mothers, and 89.5 percent of Latina mothers. The rate of new mothers receiving postpartum visits has remained relatively stable over time within each race/ethnic group.

BLACK MOTHERS HAVE POSTPARTUM CHECKUPS AT LOWER RATES

Percentage of New Mothers in Los Angeles County That Had At Least One Postpartum Checkup by Race/Ethnicity, 2016



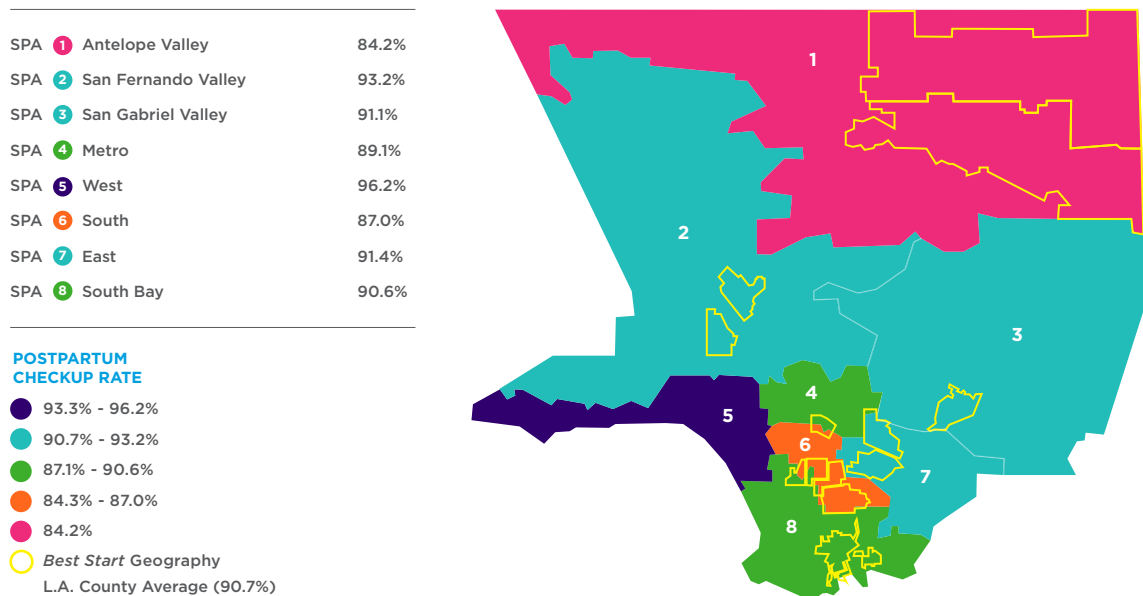
Trend data by race and ethnicity is provided in the Supplemental Tables.

GEOGRAPHIC DETAIL

Rates of mothers in L.A. County that had a postpartum checkup in 2016 ranged from 84.2 percent in SPA 1 (Antelope Valley) to 96.2 percent in SPA 5 (West). Over time, mothers in SPA 1 and SPA 6 (South) have consistently had postpartum checkups at lower rates compared to other SPAs, while mothers in SPA 5 and SPA 2 (San Fernando Valley) have had higher rates of postpartum checkups.

MOTHERS IN ANTELOPE VALLEY HAVE THE LOWEST POSTPARTUM CHECKUP RATES

Percentage of New Mothers in Los Angeles County That Had At Least One Postpartum Checkup by SPA, 2016



Trend data by geography is provided in the Supplemental Tables.

DATA NOTES AND LIMITATIONS

Results from the Los Angeles Mommy and Baby (LAMB) survey are presented in set race/ethnic categories; further disaggregation of additional race/ethnic categories is not possible. Service Planning Areas, or SPAs, are determined by the Los Angeles Department of Public Health.

Full Indicator Language: Annual percentage of mothers in L.A. County who gave birth in the last year that had a postpartum checkup.

Source: Los Angeles Mommy and Baby (LAMB) Survey administered by L.A. County Department of Public Health, Maternal, Child & Adolescent Health Division

Maternal Depression

CONTEXTUAL INDICATOR 12

ONE-QUARTER OF NEW MOTHERS EXPERIENCE POSTPARTUM DEPRESSION

This indicator measures the annual percentage of mothers in Los Angeles County who gave birth in the last year and displayed signs of prenatal (during pregnancy) or postpartum (after birth) depression. Data on prenatal depression is available over time, while data on postpartum depression is available only for 2016.

Why is it Important?

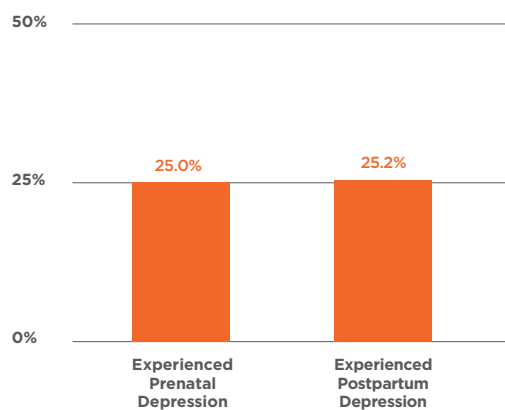
Maternal depression negatively impacts a mother's health and well-being and has further consequences on her child's development. Prenatal depression can lead to inadequate prenatal care, poor nutrition, higher pre-term birth, low birth weight and other negative impacts. Tracking maternal depression can inform our understanding of the demand for interventions including social support, home visiting, family therapy, psychotherapy or medication.

MOST RECENT YEAR

In 2016, one-quarter (25.0 percent) of L.A. County mothers reported prenatal depression and one-quarter (25.2 percent) reported postpartum depression since the birth of their child.

1 IN 4 MOTHERS EXPERIENCE PRENATAL OR POSTPARTUM DEPRESSION

Percentage of Mothers in Los Angeles County Experiencing Prenatal and/or Postpartum Depression, 2016



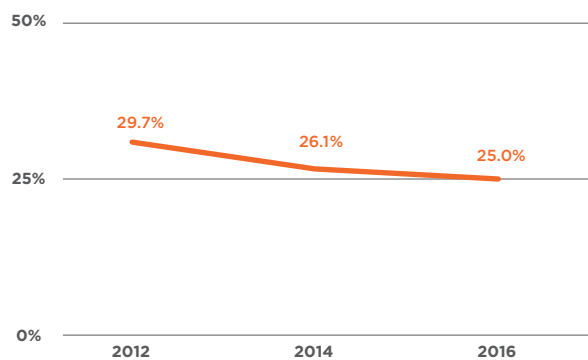
The percentage of mothers experiencing prenatal and postpartum depression are separate questions in the LAMB survey, and therefore, while some overlap may exist, the data does not necessarily reflect the same group of mothers.

TREND

The percentage of mothers experiencing depression during pregnancy has decreased from 29.7 percent in 2012 to 25.0 percent in 2016. The percentage of mothers experiencing depression before pregnancy remained relatively stable over that time, as illustrated in the Supplemental Tables.

PRENATAL DEPRESSION RATE IS DECREASING OVER TIME

Percentage of Mothers in Los Angeles County Experiencing Prenatal Depression, 2012-2016

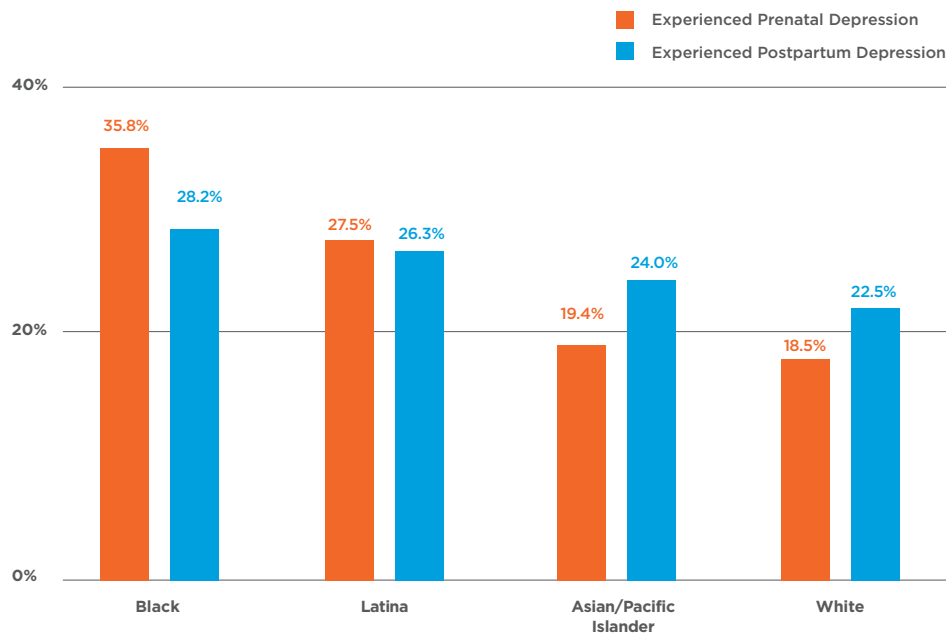


RACE/ETHNICITY DETAIL

In 2016, Black and Latina mothers in L.A. County experienced prenatal and postpartum depression at higher rates compared to Asian/Pacific Islander or White mothers. Rates of prenatal depression among White or Asian/Pacific Islander mothers have remained relatively stable over time and rates have decreased among Latina mothers. The prenatal depression rate among Black mothers decreased from 39.5 percent to 32.5 percent between 2012 and 2014, and increased to 35.8 percent in 2016.

BLACK AND LATINA MOTHERS EXPERIENCE HIGHER RATES OF PRENATAL AND POSTPARTUM DEPRESSION

Percentage of Mothers in Los Angeles County Experiencing Prenatal and/or Postpartum Depression by Race/Ethnicity, 2016



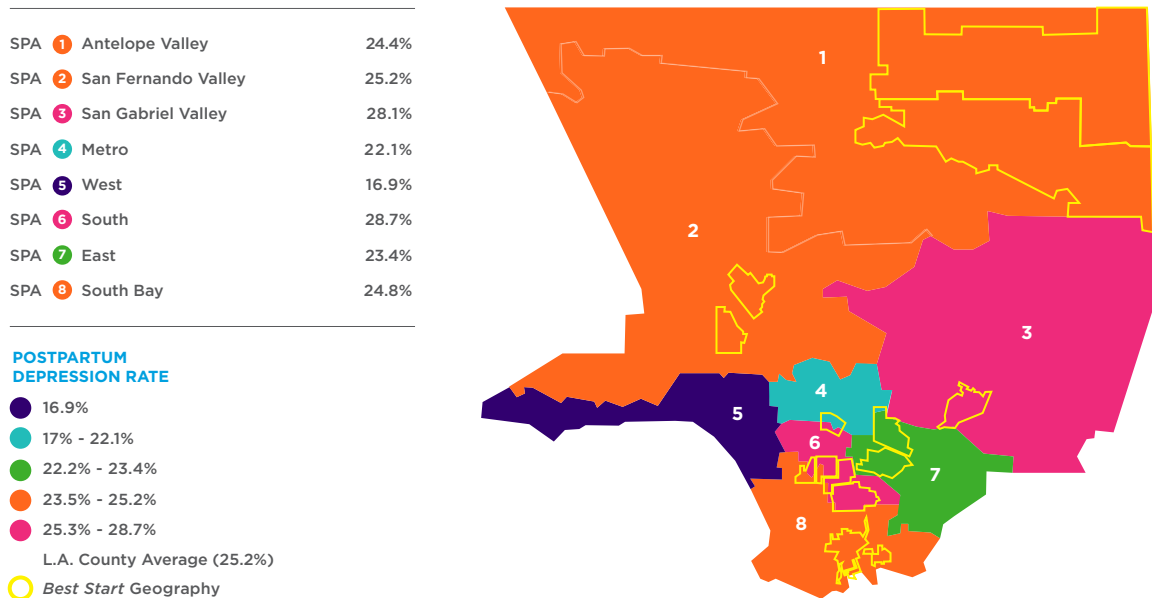
Trend data by race and ethnicity is provided in the Supplemental Tables.

GEOGRAPHIC DETAIL

Among L.A. County SPAs in 2016, mothers in SPA 5 experienced the lowest rates of postpartum depression, at 16.9 percent. Mothers in SPA 6 experienced the highest rates of postpartum depression, at 28.7 percent. The map shows the *Best Start* geography boundaries overlaid onto the SPA regions, allowing for a rough visual assessment of postpartum depression rates in these communities.

POSTPARTUM DEPRESSION RATES WERE HIGHER IN SPA 3 AND SPA 6

Percentage of Mothers in Los Angeles County Experiencing Postpartum Depression by SPA, 2016



Additional data is available in the Supplemental Tables.

DATA NOTES AND LIMITATIONS

The percentage of mothers experiencing prenatal and postpartum depression are separate questions in the LAMB survey, and therefore, while some overlap may exist, the data does not necessarily reflect the same group of mothers. The LAMB survey asked a two-part question to assess prenatal (or postpartum) depression: “For 2 weeks or longer during (or since) your most recent pregnancy did you feel sad, empty or depressed for most of the day?” and “For 2 weeks or longer during (or since) your most recent pregnancy did you lose interest in most things like work, hobbies, and other things you usually enjoyed?” Respondents who answered “Yes” to either response were coded as having “depressed mood.” Data on depressed mood after birth is not available for 2012 or 2014 because the survey question to capture this data changed in 2016 and does not align with postpartum data collected in 2012 and 2014. Data collected on depression before pregnancy is available over time and provided in the Supplemental Tables.

Full Indicator Language: Annual percentages of mothers in L.A. County who gave birth in the last year that displayed signs or symptoms of prenatal or postpartum depression.

Source: Los Angeles Mommy and Baby (LAMB) Survey administered by the L.A. Department of Public Health

Breastfeeding

CONTEXTUAL INDICATOR 13

BREASTFEEDING RATES DECLINE CONSIDERABLY BY THREE MONTHS AFTER BIRTH

This indicator measures the annual percentage of mothers in Los Angeles County who gave birth in the last year and were providing any breastfeeding at one week, one month and three months after childbirth.

Why is it Important?

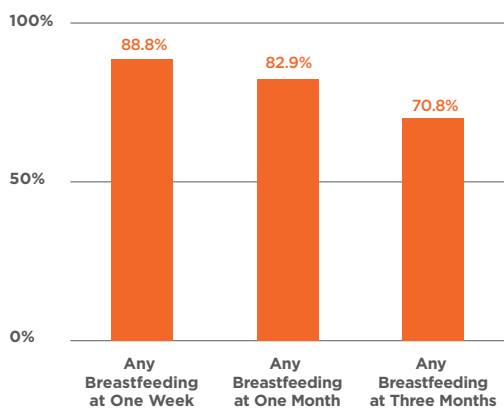
Breastfeeding provides many health benefits for both infants and mothers. It is also less expensive than formula feeding, freeing up household resources for other needs. Tracking breastfeeding can inform our understanding of variation in breastfeeding rates among different groups and the need to reduce barriers to breastfeeding.

MOST RECENT YEAR

Most new mothers in L.A. County reported at least some breastfeeding through three months after birth. In 2016, 88.8 percent of mothers reported any breastfeeding at one week, 82.9 percent reported any breastfeeding at one month, and 70.8 percent reported any breastfeeding at three months after birth.

MOST MOTHERS STILL BREASTFEED AT THREE MONTHS AFTER BIRTH

Percentage of Mothers in Los Angeles County Reporting Any Breastfeeding at One Week, One Month and Three Months After Birth, 2016

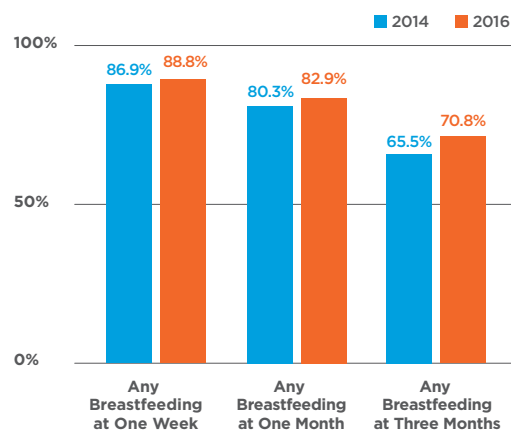


TREND

Between 2014 and 2016 the percentage of mothers breastfeeding at each time interval increased. The percentage of mothers breastfeeding at three months increased the greatest in this time, from 65.5 percent in 2014 to 70.8 percent in 2016. The percentages of mothers breastfeeding at one week and one month have also increased during this time, though these increases were slightly smaller.

BREASTFEEDING RATES HAVE INCREASED

Percentage of Mothers in Los Angeles County Reporting Any Breastfeeding at One Week, One Month and Three Months After Birth, 2014 and 2016

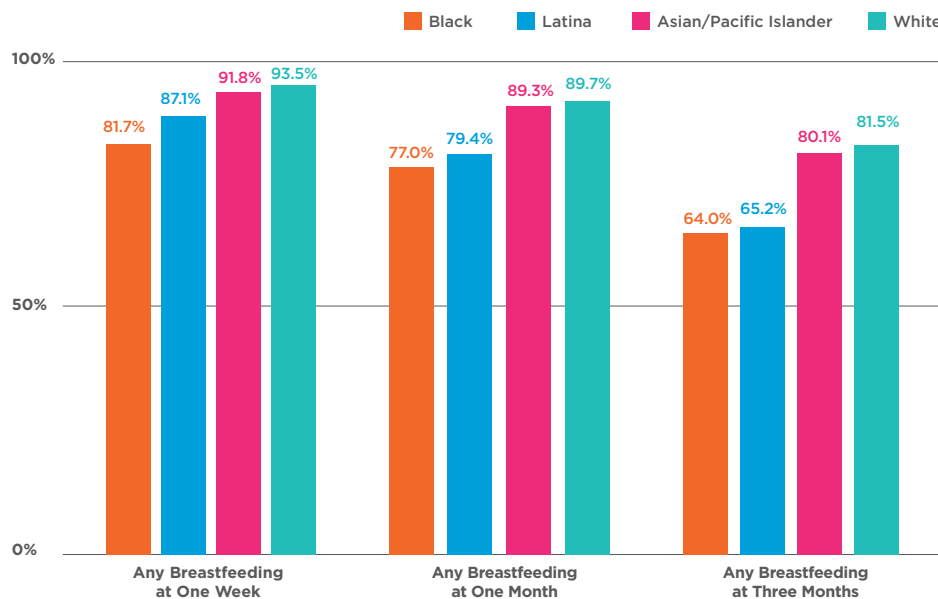


RACE/ETHNICITY DETAIL

In 2016, Black and Latina mothers in L.A. County were less likely to breastfeed at each time interval, with increasing disparity between their White and Asian/Pacific Islander peers over time. At one week after birth, 81.7 percent of Black mothers and 87.1 percent of Latina mothers reported any breastfeeding, compared to 91.8 percent of Asian/Pacific Islander mothers and 93.5 percent of White mothers. By three months after birth, 64 percent of Black mothers and 65.2 percent of Latina mothers reported breastfeeding compared to 80.1 percent of Asian/Pacific Islander mothers and 81.5 percent of White mothers. Despite increases in the percentage of mothers breastfeeding across all race/ethnic groups, this trend is persistent over time, with similar patterns of disparity in breastfeeding rates by race/ethnicity in 2014 and 2016.

BLACK AND LATINA MOTHERS REPORT LESS BREASTFEEDING

Percentage of Mothers in Los Angeles County Reporting Any Breastfeeding at One Week, One Month and Three Months After Birth by Race/Ethnicity, 2016



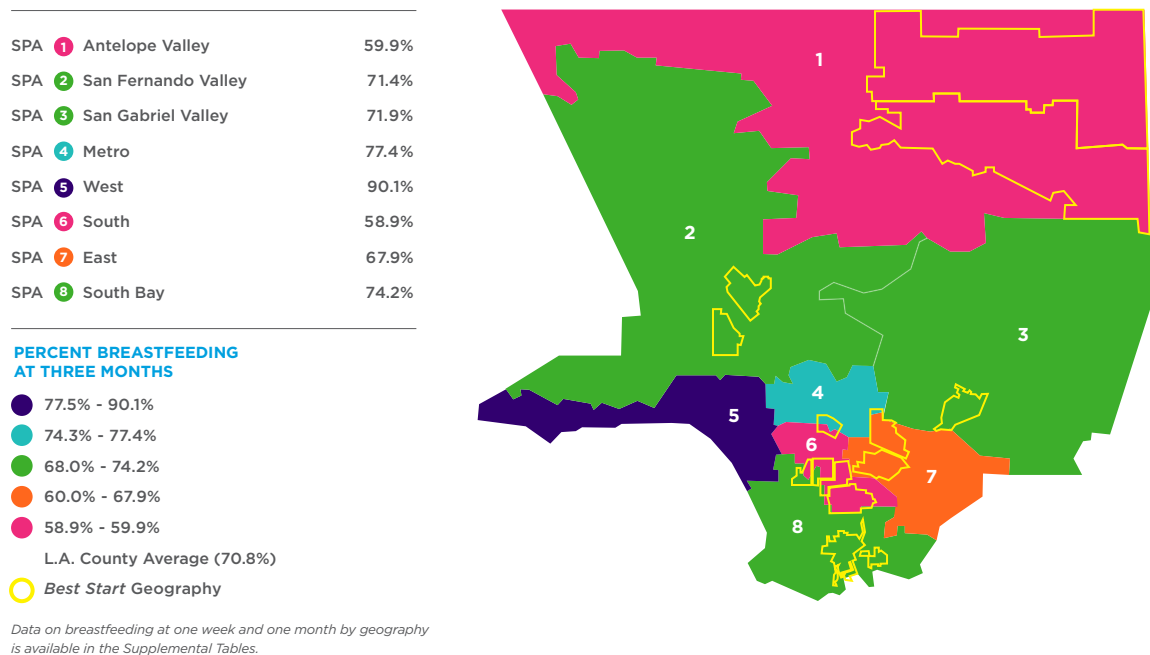
Trend data by race/ethnicity is available in the Supplemental Tables.

GEOGRAPHIC DETAIL

The percentage of mothers who reported any breastfeeding at three months after the birth of their child varied somewhat by geography. Mothers in SPA 6 (South) reported the lowest rates of any breastfeeding at three months (58.9 percent). SPA 5 (West) had the largest share of mothers reporting any breastfeeding at three months (90.1 percent). The boundaries of *Best Start* geographies overlaid on the map enable a visual approximation of breastfeeding rates in *Best Start* geographies.

SOUTH SPA AND ANTELOPE VALLEY SPA HAVE LOWEST BREASTFEEDING RATES AT THREE MONTHS

Percentage of Mothers in Los Angeles County Reporting Any Breastfeeding at Three Months After Birth, 2016



DATA NOTES AND LIMITATIONS

The breastfeeding data provided illustrates whether mothers reported any breastfeeding at each interval, not whether they were exclusively breastfeeding at each point in time.

Full Indicator Language: Annual percentages of mothers in L.A. County who gave birth in the last year that were breastfeeding at one week, one month, and three months after childbirth.

Source: Los Angeles Mommy and Baby (LAMB) Survey administered by the L.A. Department of Public Health

Educational Attainment

CONTEXTUAL INDICATOR 14

ALMOST 85 PERCENT OF MOTHERS IN L.A. COUNTY HAVE A HIGH SCHOOL DIPLOMA OR HIGHER

This indicator measures the annual percentage of mothers of newborns (women who gave birth to an infant in a given year) in Los Angeles County by their highest level of education completed.

Why is it important?

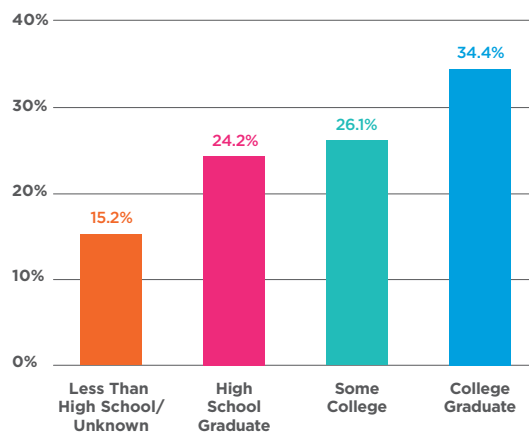
Parental education levels are associated with child outcomes such as birth weight, educational attainment, academic achievement and health. Additionally, parent education levels are linked to family income stability, which supports child development and opportunity.

MOST RECENT YEAR

In 2017, one-third (34.4 percent) of mothers in L.A. County were college graduates and nearly one-quarter (24.2 percent) were high school graduates. One-quarter (26.1 percent) had some college. Taken together, fully 84.7 percent of mothers had a high school degree or higher. Nearly 1 in 7 mothers (15.2 percent) had less than a high school degree or their educational attainment level was unknown.

6 IN 10 MOTHERS IN L.A. COUNTY HAVE SOME COLLEGE OR A COLLEGE DEGREE

Percentage of Mothers of Newborns in Los Angeles County by Highest Level of Education Completed, 2017

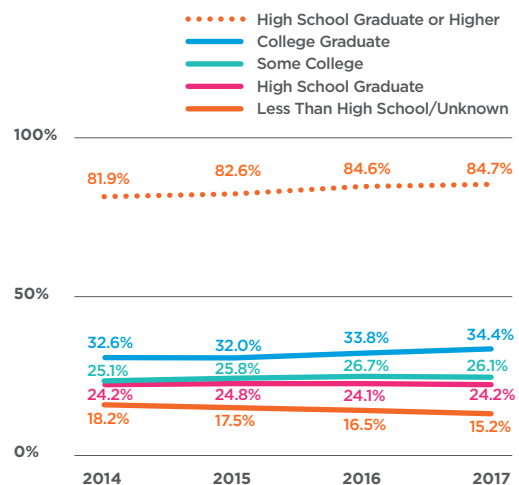


TREND

Between 2014 and 2017, the educational attainment of mothers with children birth through age 5 in L.A. County increased slightly. In 2014, 81.9 percent of mothers had a high school diploma or higher, compared to 84.7 percent in 2017. There was a slight decrease over this time in the percentage of mothers with less than a high school degree or with unknown educational attainment status. The percentage of mothers who graduated from college has increased slightly, from 32.6 percent in 2014 to 34.4 percent in 2017.

EDUCATIONAL ATTAINMENT OF MOTHERS INCREASED SLIGHTLY

Percentage of Mothers of Newborns in Los Angeles County by Highest Level of Education Completed, 2014-2017

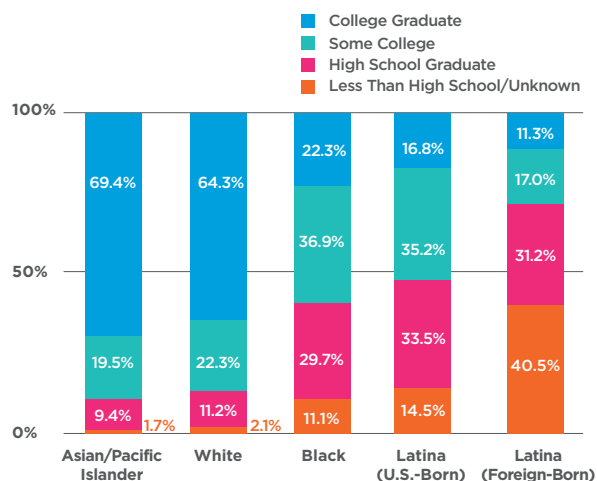


RACE/ETHNICITY DETAIL

In 2017, among Asian/Pacific Islander mothers, nearly all had a high school degree or higher and fully 69.4 percent had a college degree. Similarly, nearly all White mothers had a high school degree or higher and 64.3 percent had a college degree. While most Black and Latina mothers had high school degree or higher (88.9 percent and 85.5 percent, respectively) the proportion with a college degree (22.3 percent and 16.8 percent, respectively) was substantially less than Asian/Pacific Islander and White mothers. Foreign-born Latina mothers had the lowest level of educational attainment, with only 59.5 percent having a high school diploma or higher and 11.3 percent with a college degree. Educational attainment levels have increased over the past four years for all race/ethnic groups except Asian/Pacific Islanders.

SUBSTANTIAL RACE/ETHNIC DISPARITIES IN EDUCATIONAL ATTAINMENT

Percentage of Mothers of Newborns in Los Angeles County by Highest Level of Education Completed and Race/Ethnicity, 2017



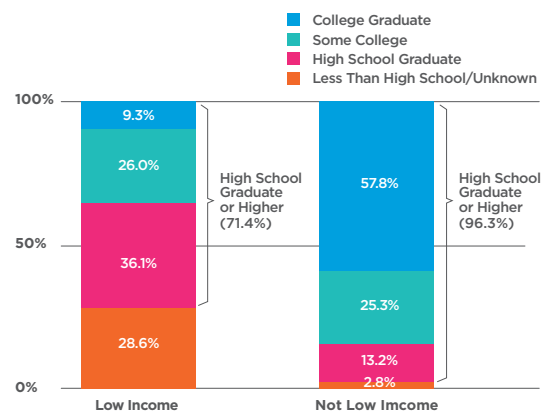
Race/ethnicity trend data is available in the Supplemental Tables.

SOCIOECONOMIC STATUS DETAIL

Among mothers with low income, 71.4 percent had a high school degree or higher, while for mothers without low income, the percentage with a high school degree or higher was 96.3 percent.

EDUCATIONAL ATTAINMENT STRONGLY CORRELATES WITH INCOME STATUS

Percentage of Mothers of Newborns in Los Angeles County by Highest Level of Education Completed and Socioeconomic Status, 2017



Income trend data is available in the Supplemental Tables.

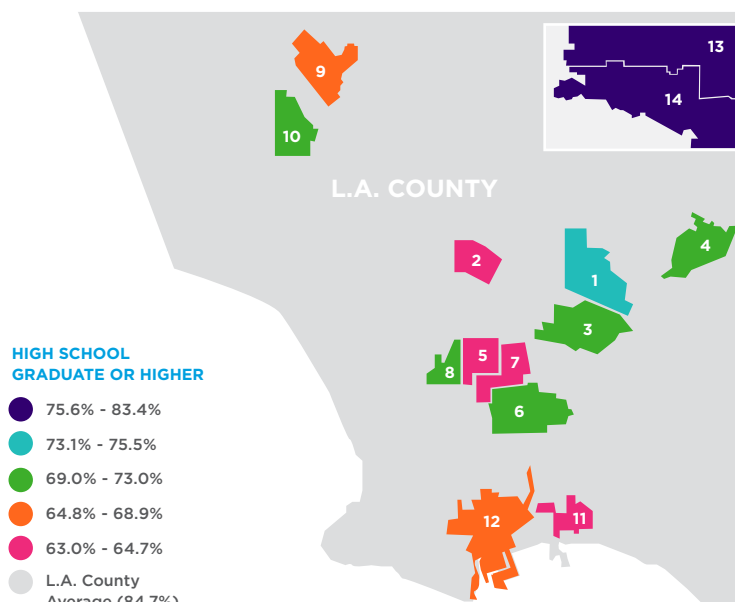
GEOGRAPHIC DETAIL

Mothers in all *Best Start* geographies had lower levels of educational attainment than the county average. In 2017, 84.7 percent of all mothers in L.A. County with children birth through five had attained a high school degree or higher. Mothers in Lancaster and Palmdale had the highest educational attainment within the *Best Start* geographies, with 83.5 percent and 80.0 percent, respectively, having a high school degree or higher. Mothers in Watts-Willowbrook had the lowest percentage of mothers with a high school degree or higher, at 62.9 percent.

ALL *BEST START* GEOGRAPHIES HAVE LOWER THAN AVERAGE MATERNAL EDUCATIONAL ATTAINMENT

Percentage of Mothers of Newborns in Los Angeles County Who Have a High School Degree or Higher by *Best Start* Geography, 2017

REGION 1	
1 East LA	75.6%
2 Metro LA	64.3%
3 Southeast LA	72.9%
4 South El Monte/El Monte	71.4%
REGION 2	
5 Broadway-Manchester	64.6%
6 Compton	71.9%
7 Watts-Willowbrook	62.9%
8 West Athens	70.4%
REGION 3	
9 Northeast Valley Communities	68.9%
10 Panorama City & Neighbors	71.7%
REGION 4	
11 Central Long Beach	64.1%
12 Wilmington	65.9%
REGION 5	
13 Lancaster	83.5%
14 Palmdale	80.0%



Geographic trend data is available in the Supplemental Tables.

DATA NOTES AND LIMITATIONS

These estimates were developed by the Children's Data Network using vital birth records maintained by the California Department of Public Health. Each year presented equates to the educational attainment level of women who gave birth to an infant that year. Estimates by socioeconomic status are a proxy based on the birth payment method, where births paid for by public health insurance were considered low income and births paid for by private insurance or self-pay were considered not low income. Totals produced for this local analysis may differ from other published sources; these should not be considered official county or state birth statistics.

Full Indicator Language: Annual percentages of mothers with children birth through age 5 in L.A. County by their highest level of education completed.

Source: Children's Data Network at the University of Southern California

Assets at Birth

CONTEXTUAL INDICATOR 15

GEOGRAPHIC AND RACE/ETHNIC DISPARITIES IN ACCESS TO ASSETS AT BIRTH

This indicator measures the annual average number of assets a child has at birth in Los Angeles County according to the California Strong Start Index (CASSI). The CASSI measures 12 assets across family, health, service and financial domains.

Why is it Important?

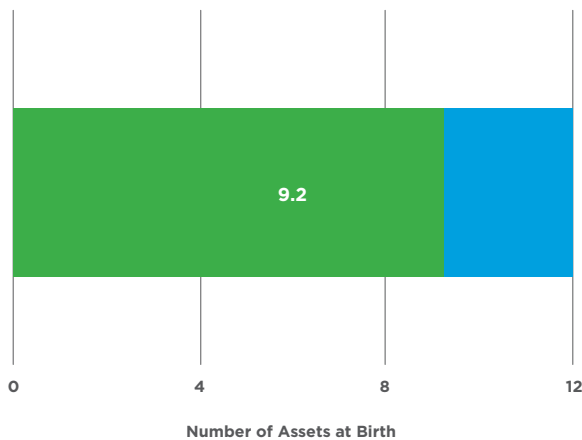
Birth asset scores, which summarize the conditions in which children are born, reveal variation in access to resources by identifying communities in which children have fewer assets at birth. Understanding these variations can inform the allocation of services and supports to address historic underinvestment and promote greater equity. Making these investments early in a child's life can have the greatest impact.

MOST RECENT YEAR

In 2017, Los Angeles County children had an average of 9.2 assets out of 12 at birth.

ON AVERAGE, L.A. COUNTY CHILDREN ARE BORN WITH 9.2 OUT OF 12 POSSIBLE ASSETS

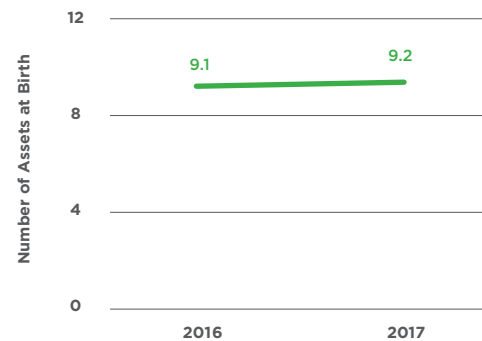
Average Number of Assets of Children at Birth in Los Angeles County, 2017

**TREND**

The CASSI is a new tool that, as of report publication, has only two years of results available: 2016 and 2017. There was little variation in average access to assets between these two vintages of data — 9.1 and 9.2, respectively.

NUMBER OF ASSETS AT BIRTH REMAINS STEADY

Average Number of Assets of Children at Birth in Los Angeles County, 2016 and 2017

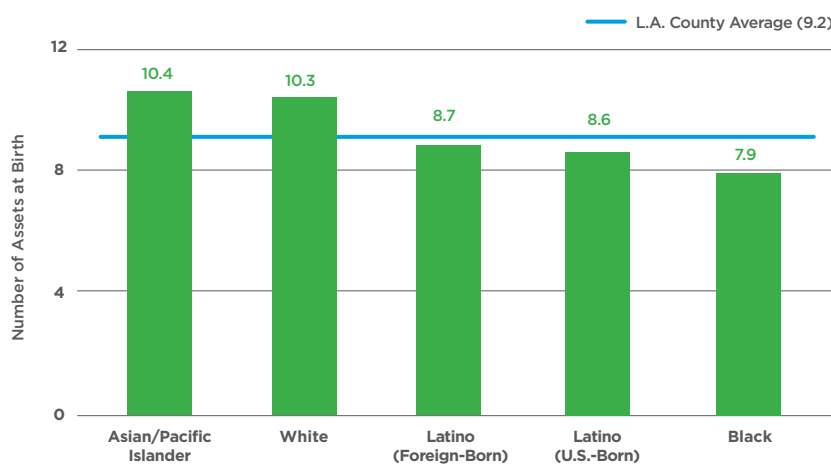


RACE/ETHNICITY DETAIL

Calculations of assets at birth for different racial and ethnic groups reveal inequities in access to resources. Children born to Black mothers had an average of 7.9 assets at birth compared to 8.6 assets for children born to U.S.-born Latina mothers and 8.7 assets for children born to foreign-born Latina mothers. The children of both White and Asian/Pacific Islander mothers had the greatest access to assets — 10.3 and 10.4 assets, respectively.

ASSETS AT BIRTH BY RACE/ETHNICITY REVEAL INEQUITIES IN RESOURCE ACCESS

Average Number of Assets of Children at Birth in Los Angeles County
by Race/Ethnicity of the Mother, 2017



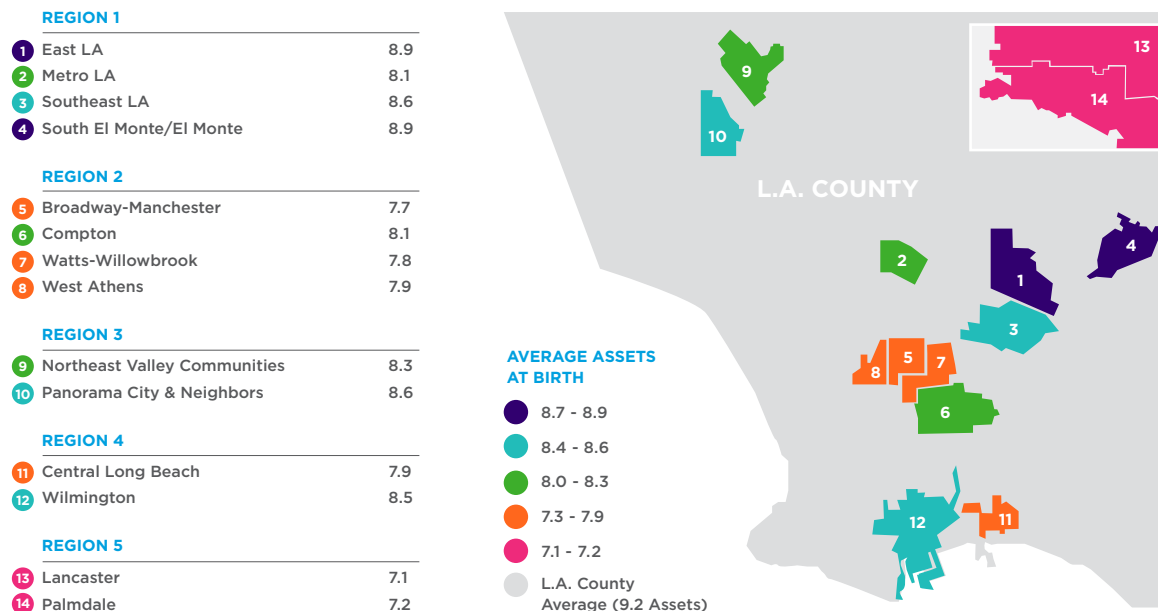
Data for 2016 by race/ethnicity is available in the Supplemental Tables.

GEOGRAPHIC DETAIL

On average, children born in all of First 5 LA's *Best Start* geographies had fewer assets at birth than the countywide average.

ALL BEST START GEOGRAPHIES HAVE LOWER THAN AVERAGE ASSET SCORES

Average Number of Assets of Children at Birth in Los Angeles County by *Best Start* Geography, 2017



California Strong Start Indicators

FAMILY

- Legal parentage established at birth
- Born to non-teen parents
- Born to parents with at least a high school diploma

HEALTH

- Healthy birth weight
- Absence of congenital anomalies, abnormalities or complications at birth
- Absence of transmissible (mother-to-child) infections

SERVICE

- Access to and receipt of timely prenatal care
- Receipt of nutritional services (WIC) if eligible
- Hospital with high percentage of births with timely prenatal care

FINANCIAL

- Ability to afford and access health care
- Born to a parent with a college degree
- Born to parents with employment history

Full indicator language: Annual average number of assets at birth in L.A. county

Source: California Strong Start Index

Children Living in Poverty

CONTEXTUAL INDICATOR 16

NEARLY A QUARTER OF L.A. COUNTY YOUNG CHILDREN LIVE IN POVERTY

This indicator measures the percentage of Los Angeles County children birth through age 5 who live in poverty based on the federal poverty thresholds. The poverty threshold varies depending on the size of the household. For example, the poverty threshold for a 4-person household with two children was \$25,465 in 2018.

Why is it Important?

Living in poverty is associated with an array of risk factors, yet research indicates that even modest increases in earnings for low-income families with young children can have lasting positive outcomes for the children. Tracking poverty is also important for understanding demand for public or subsidized services.

Current Context

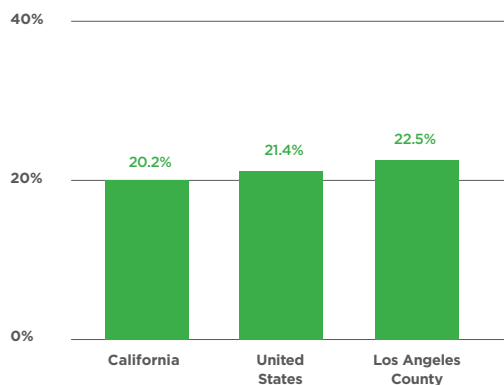
The worldwide COVID-19 pandemic is having massive, and likely long-lasting, economic impacts on family financial stability. Federal aid and the expansion of unemployment benefits kept many legal residents from slipping into poverty, but as of publication, it remains to be seen if these supports will be continued as long as they are needed. If not, young families, who may be near the start of their working lives and earning less, are among the populations particularly vulnerable to the economic stresses wrought by the pandemic. Other vulnerable populations include undocumented workers who did not receive relief, even if they have children that are U.S. citizens.

MOST RECENT YEAR

In 2018, 22.5 percent of L.A. County children from birth through age 5 lived in poverty. This rate was slightly higher than the state (20.2 percent) and nation (21.4 percent).

YOUNG CHILD POVERTY IS SLIGHTLY HIGHER IN L.A. COUNTY THAN THE STATE AND NATION

Percentage of Los Angeles County Children Birth Through Age 5 Living in Poverty Compared to California and the United States, 2018

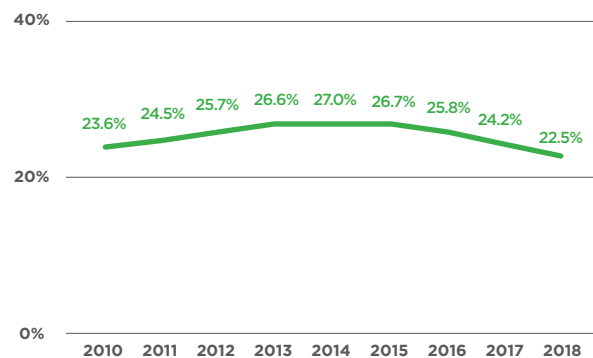


TREND

Since 2010, the poverty rate for L.A. County's young children reached a high of 27.0 percent in 2014, but has been declining ever since, falling to 22.5 percent in 2018. The U.S. and California poverty rates for young children follow similar trends as L.A. County.

POVERTY RATE DECLINED OVER FOUR CONSECUTIVE YEARS

Percentage of Los Angeles County Children Birth Through Age 5 Living in Poverty, 2010-2018

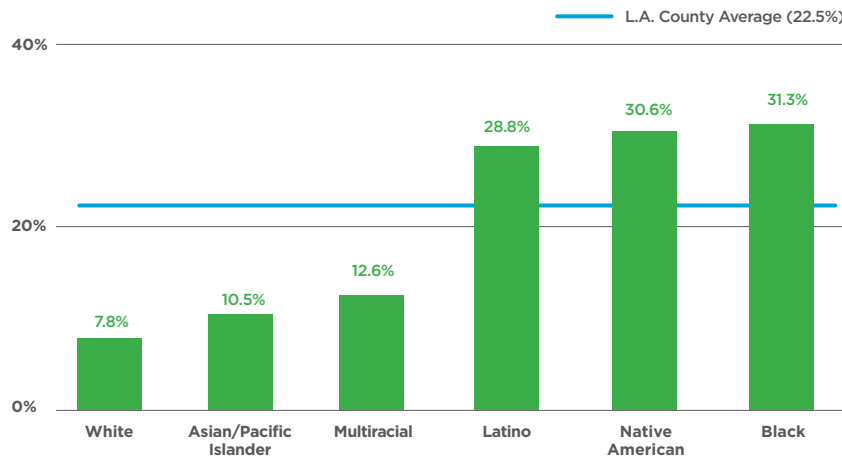


RACE/ETHNICITY DETAIL

Black, Native American and Latino young children were substantially more affected by poverty than their White, Asian/Pacific Islander and multiracial peers. The poverty rate was four times higher among Black young children than White young children.

SUBSTANTIAL RACIAL AND ETHNIC DISPARITIES IN POVERTY RATES

Percentage of Los Angeles County Children Birth Through Age 5 Living in Poverty by Race or Ethnicity, 2018

**California Poverty Measure**

The California Poverty Measure (CPM) estimates the proportion of Los Angeles County children from birth through age 5 living in poverty. Unlike the official Federal Poverty Rate, which is displayed in this indicator, the CPM accounts for California's high cost of living and a range of family needs and resources, including social safety net benefits. It is considered a more accurate estimate of poverty, but the ability to disaggregate data by subgroup is limited due to the smaller sample size.

POVERTY AMONG LOS ANGELES COUNTY CHILDREN FROM BIRTH THROUGH AGE 5 ACCORDING TO THE CALIFORNIA POVERTY MEASURE:

- 23.2%** of all Los Angeles County children (2017)
- 32.8%** of Latino children (2015-17)
- 12.3%** of White children (2015-17)
- 18.1%** of children from all other backgrounds (2015-17)

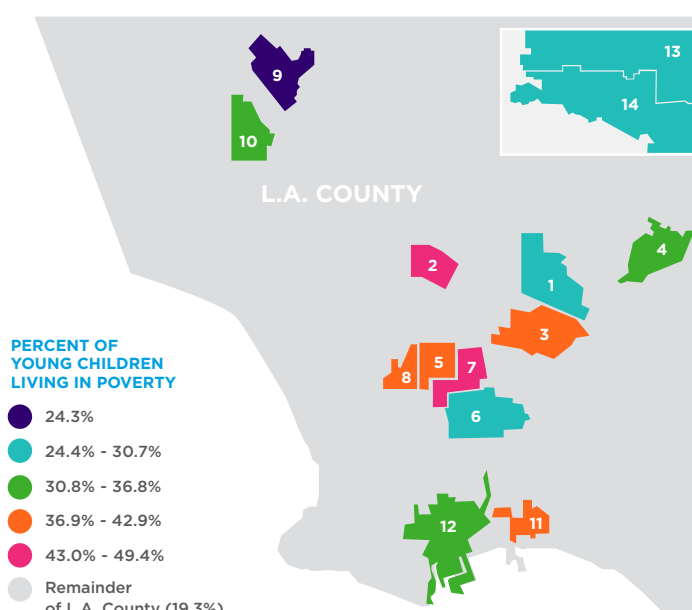
GEOGRAPHIC DETAIL

Nearly half (49.4 percent) of young children living in the Metro LA *Best Start* geography in 2018 were living in poverty, followed by 44.8 percent of young children in Watts-Willowbrook. All *Best Start* geographies have higher rates of young child poverty than the countywide average (22.5 percent) and the average of the remainder of L.A. County (19.3 percent in the area outside of the *Best Start* geographies).

ONE-QUARTER TO ONE-HALF OF YOUNG CHILDREN IN *BEST START* GEOGRAPHIES ARE LIVING IN POVERTY

Percentage of Los Angeles County Children Birth Through Age 5 Living in Poverty by *Best Start* Geography, 2018

REGION 1		
1	East LA	28.1%
2	Metro LA	49.4%
3	Southeast LA	39.6%
4	South El Monte/El Monte	32.8%
REGION 2		
5	Broadway-Manchester	40.1%
6	Compton	29.2%
7	Watts-Willowbrook	44.8%
8	West Athens	42.9%
REGION 3		
9	Northeast Valley Communities	24.3%
10	Panorama City & Neighbors	36.8%
REGION 4		
11	Central Long Beach	41.1%
12	Wilmington	33.0%
REGION 5		
13	Lancaster	30.7%
14	Palmdale	29.4%



DATA NOTES AND LIMITATIONS

The data is sourced to the American Community Survey and represents 5-year estimates, where 2018, for example, is the combination of data from 2014, 2015, 2016, 2017 and 2018 survey years. Survey respondents are asked to identify their race (White, Black, Native American, Asian, Pacific Islander, two or more races, or some other race) and their ethnicity (Latino or non-Latino). For the data displayed, the racial category White is non-Latino; all other racial categories may include Latino or non-Latino. Latino may include any race.

Full Indicator Language: Annual percentage of children birth through age 5 in L.A. County living in poverty.

Source: U.S. Census Bureau, American Community Survey, 2010-2018, 5-Year Estimates, Tables B17001 and B17001A-1

Food Insecurity

CONTEXTUAL INDICATOR 17

1 IN 4 FAMILIES WITH LOWER INCOME EXPERIENCE FOOD INSECURITY

This indicator measures food insecurity among low-to-moderate income families with young children. It is calculated as the annual percentage of Los Angeles County households with children birth through age 5 with incomes less than 300 percent of the federal poverty level (FPL) that experience food insecurity. A household is considered food insecure if it faces barriers at some time during the year to purchasing healthy foods like fruits, vegetables, lean meats and foods high in fiber.

Why is it Important?

Food insecurity is associated with many poor health outcomes, and children in food-insecure households may experience delayed development, diminished academic performance, impaired social skills and early onset of obesity. Tracking food insecurity builds awareness of how many families are struggling to afford food on top of child care, housing and other basic needs. It can also lead to interventions that address historic underinvestment and improve access to fresh, affordable foods in neighborhoods where access is limited.

MOST RECENT YEAR

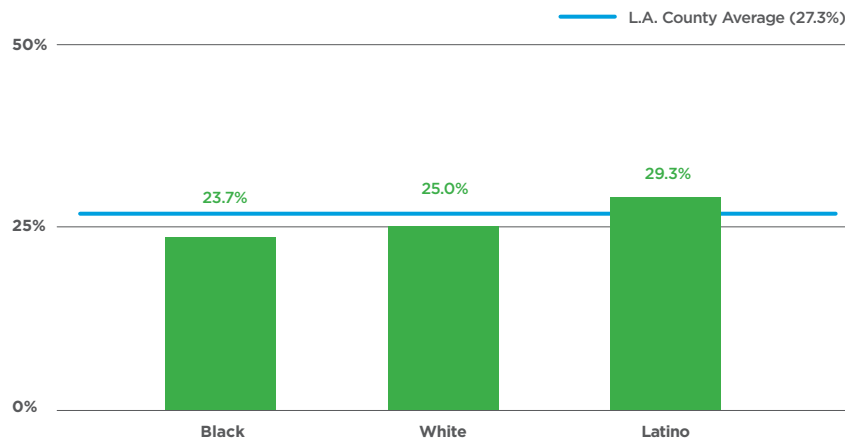
In 2018, just over one-quarter of families (27.3 percent) with low-to-moderate income who had children birth through age 5 experienced food insecurity.

RACE/ETHNICITY DETAIL

In 2018, 29.3 percent of Latino families with low-to-moderate income with young children experienced food insecurity, compared to one-quarter (25.0 percent) of peer White families and 23.7 percent of peer Black families.

LATINO FAMILIES EXPERIENCE HIGHER RATES OF FOOD INSECURITY

Percentage of L.A. County Families With Incomes Less than 300 Percent Federal Poverty Level That Have Children Birth Through Age 5 That Experience Food Insecurity by Race/Ethnicity, 2018



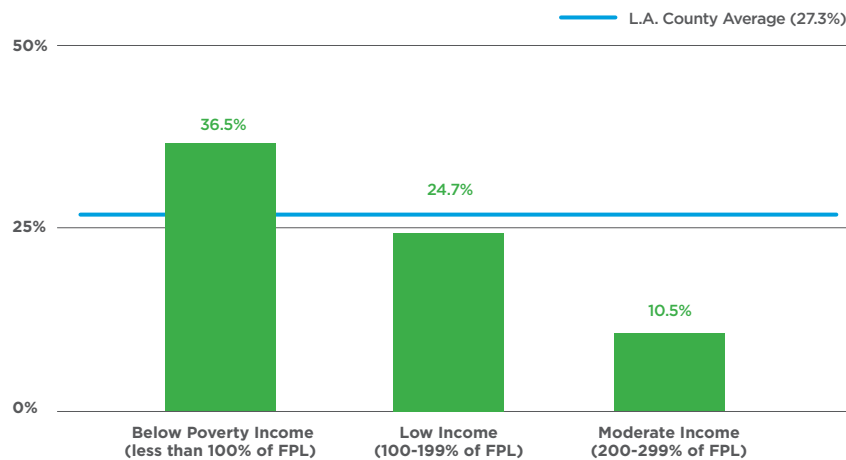
Results for White families are considered unstable.

SOCIOECONOMIC STATUS DETAIL

Families with less income experienced greater food insecurity. More than a third (36.5 percent) of families with incomes below the poverty level experienced food insecurity, compared to one-quarter (24.7 percent) of families with low income and one-tenth (10.5 percent) of families with moderate income.

FAMILIES WITH LESS INCOME EXPERIENCE GREATER FOOD INSECURITY

Percentage of L.A. County Families with Children Birth Through Age 5 That Experience Food Insecurity by Income Level, 2018



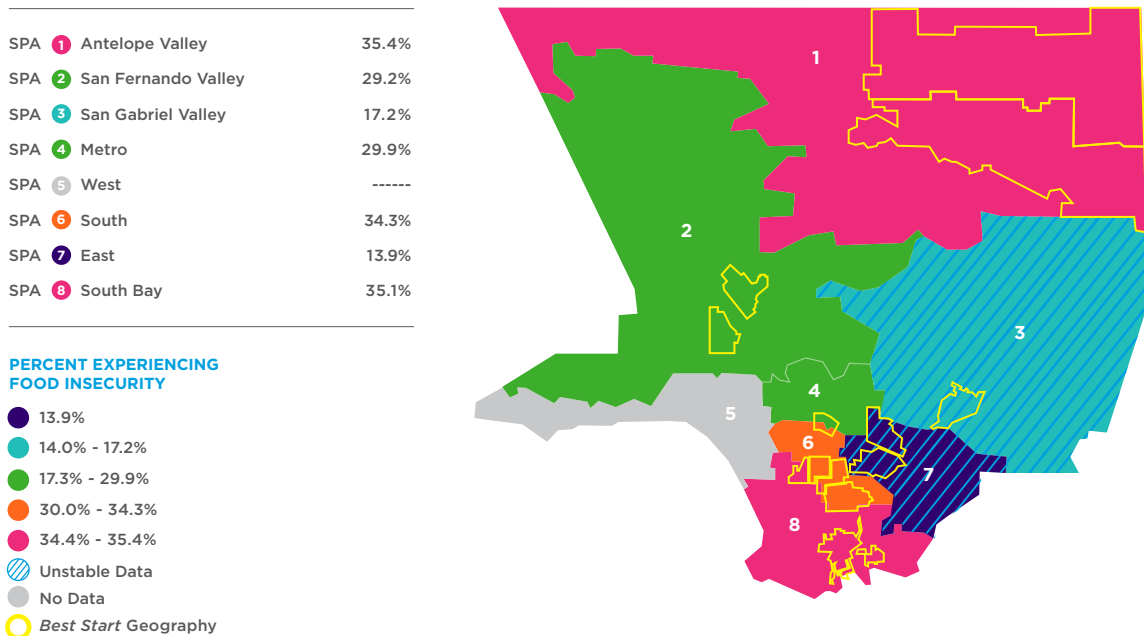
Results for families with incomes between 200 and 299 percent of the federal poverty level (FPL) are considered unstable.

GEOGRAPHIC DETAIL

Countywide, 27.3 percent of families with young children were food insecure and most *Best Start* geographies were in SPAs that had higher than average food insecurity rates. The highest rates were in SPA 1, where 35.4 percent of families below 300 percent FPL with children birth to age 5 experienced food insecurity, and SPA 8, where 35.1 percent of families experienced food insecurity. SPA 3 and SPA 7 experienced the lowest rates of food insecurity, at 17.2 percent and 13.9 percent, respectively; however, the data is unstable for these two areas.

MOST SPA REGIONS HAVE HIGHER THAN AVERAGE FOOD INSECURITY RATES

Percentage of L.A. County Families with Incomes Less than 300 Percent Federal Poverty Level That Have Children Birth Through Age 5 That Experience Food Insecurity by SPA, 2018



Data for Service Planning Area 5 (West) are not available and data for SPA 3 (San Gabriel Valley) and SPA 7 (East) are considered unstable.

DATA NOTES AND LIMITATIONS

Due to changes in data analysis methodology, trend data over time is not available for this measure. The percentage of families that experience food insecurity is statistically unstable for the following data points: White families, families with incomes between 200 and 299 percent of FPL, families in San Gabriel Valley SPA, and families in East SPA; this data may not be appropriate for planning or policy purposes. For a family of four with two children in 2018, less than 300 percent FPL is equivalent to a household income under \$76,395. For the same family size and makeup, less than 200 percent FPL is equivalent to a household income of less than \$50,930, and poverty level is household income less than \$25,465. Thresholds vary depending on the size and makeup of the household.

Full Indicator Language: Annual percentage of households with children birth through age 5 in L.A. County who experience food insecurity.

Source: L.A. County Health Survey

Children Experiencing Homelessness

CONTEXTUAL INDICATOR 18

NUMBER OF YOUNG CHILDREN EXPERIENCING HOMELESSNESS GROWS

This indicator measures the number of children from birth through age 5 who experienced homelessness at least one month of a given year. The data reflects children who have been identified as homeless in records from the Homeless Management Information System, the Los Angeles County Department of Public Social Services, and the Los Angeles County Department of Children and Family Services.

Why is it Important?

Experiencing homelessness in youth is widely acknowledged as a risk factor for behavioral health challenges, inconsistent school attendance, below average academic performance and poorer health. Tracking the number of young children experiencing homelessness can inform our understanding of the magnitude of children at risk for these poor outcomes and the demand for housing and supportive services for families.

MOST RECENT YEAR

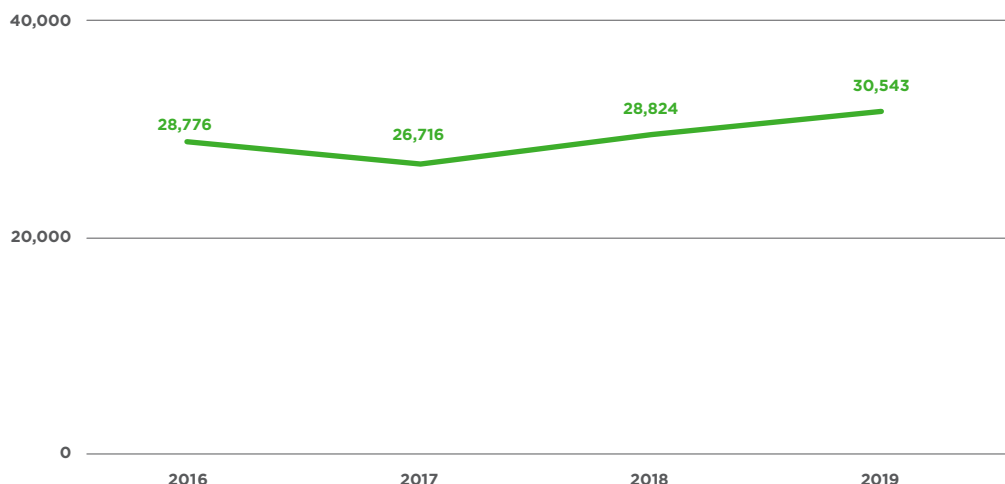
In 2019, there were an estimated 30,543 children from birth through age 5 who experienced homelessness for a least one month during the year.

TREND

Between 2016 and 2019, the number of young children experiencing homelessness grew 6 percent, from 28,776 in 2016 to 30,543 in 2019, which is the highest count in the four years of data available.

SIX PERCENT GROWTH IN YOUNG CHILD HOMELESSNESS OVER FOUR YEARS

Number of Los Angeles County Children from Birth Through Age 5 Experiencing Homelessness, 2016-2019



DATA NOTES AND LIMITATIONS

The three source agencies do not necessarily operate with the same definition or criteria for homelessness. As such, the de-duplicated totals are not standardized or uniform in terms of definitions. LAHSA considers homelessness as an individual or family who lacks a fixed, regular and adequate nighttime residence. DPSS, which administers CalWORKS, and DCFS have broader definitions that include children and families who do not have access to a long-term housing option.

Full Indicator Language: Annual number of children birth through age 5 in L.A. County who experience homelessness.

Source: Los Angeles County Chief Executive Office analysis of records from the Homeless Management Information System administered by the Los Angeles Homeless Services Authority (LAHSA) and the Los Angeles County Departments of Public Social Services (DPSS) and Children and Family Services (DCFS)

Healthy Places Index

CONTEXTUAL INDICATOR 19

WIDE DISPARITIES IN L.A. COUNTY NEIGHBORHOOD CONDITIONS

This indicator measures the annual percentile rank of Los Angeles County compared to other California counties on the California Healthy Places Index (HPI), which assesses community conditions that affect health outcomes. A rank closer to 100 indicates healthier community conditions and a rank closer to zero indicates less healthy community conditions. HPI is a new tool and therefore only one year of data is available to date.

Why is it Important?

Physical health and longevity are not only influenced by healthy behaviors and genetics; they are influenced by access to social and economic opportunities, such as good schools, safe neighborhoods and access to fresh foods. Collectively, these social and economic factors are referred to as the social determinants of health. The HPI provides a way to understand the social determinants of health at the neighborhood level by looking at community conditions that predict life expectancy. For example, tools like the HPI can shed light on long-standing racial and ethnic inequities that impact neighborhood conditions and children's healthy development. This type of examination can inform cross-sector policy and advocacy actions that address systemic racism and improve neighborhood conditions, public health and individual well-being.

MOST RECENT YEAR

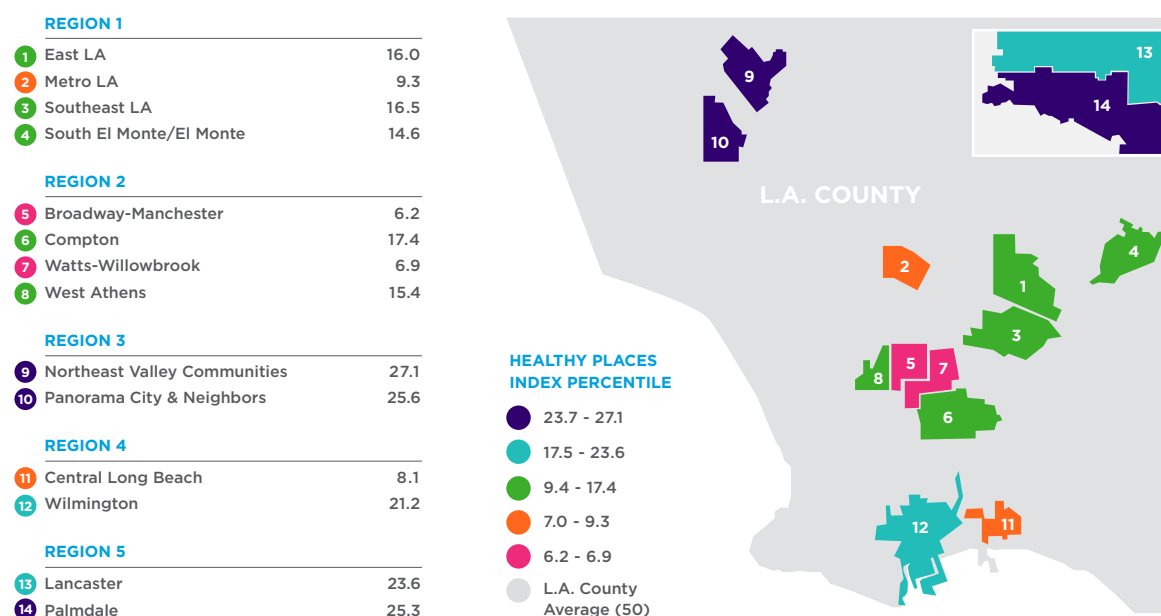
Los Angeles County has an overall HPI percentile score of 50, which indicates that L.A. County has healthier overall community conditions than 50 percent of other California counties.

GEOGRAPHIC DETAIL

Large disparities in community conditions were found across L.A. County. All *Best Start* geographies had HPI index percentiles that were lower than the county average. HPI index scores of *Best Start* geographies ranged from 6.2 in Broadway-Manchester to 27.1 in Northeast Valley Communities. A 6.2 percentile score means that 93.8 percent of other California communities have healthier conditions than Broadway-Manchester. Similarly, a score of 27.1 means that 72.9 percent of California communities have healthier conditions than Northeast Valley Communities.

ALL BEST START GEOGRAPHIES HAVE SCORES THAT ARE LOWER THAN THE COUNTY AVERAGE

Healthy Places Index Percentile Scores by *Best Start* Geography, 2018



DATA NOTES AND LIMITATIONS

The California Healthy Places Index incorporates data from multiple domains into a single community health index score. The HPI score is the sum of its eight weighted Policy Action Areas: Economic, Education, Transportation, Social, Neighborhood, Housing, Clean Environment, and Health Care Access. The final HPI scores are then assigned a percentile rank, with ranks closer to 100 indicating healthier community conditions and ranks closer to 0 indicating less healthy community conditions.

Full Indicator Language: Annual percentile rank of L.A. County compared to other California counties on community conditions which affect health outcomes.

Source: The California Healthy Places Index (HPI) from the Public Health Alliance of California

Access to Transit

CONTEXTUAL INDICATOR 20

NUMBER OF TRANSIT STOPS EVENLY MATCHED TO THE NUMBER OF FAMILIES IN MOST OF L.A. COUNTY

This indicator measures the level of access to transit services that Los Angeles County families with children from birth through age 5 have by comparing the number of transit stops (bus, rail and metro) to the number of families with young children in a given zip code. Each zip code is designated as having a high, medium or low number of stops, and having a high, medium, or low number of families with young children. A match is considered an average or expected level of access (such as, a medium

number of stops and a medium number of families). A mismatch could signal either better access (such as a high number of stops and low number of families) or poorer access (such as a low number of stops and a high number of families).

Why is it Important?

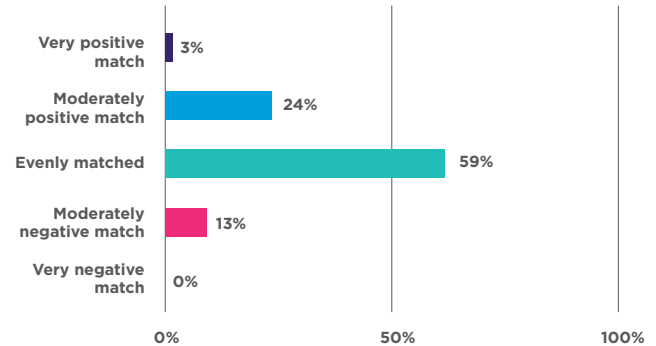
Transit access is important for families that cannot afford to, or choose not to, own a car. Lack of safe, accessible and affordable transportation to work, school, child care or errands contributes to family stress. Transportation barriers are also cited as barriers to accessing health care, including parents seeking care for themselves or well-child and sick visits for their children.

MOST RECENT YEAR

Over half (59 percent) of L.A. County zip codes had an even match between the number of stops and the number of young families. Another 24 percent had a moderately positive match and 3 percent had a very positive match, which is signified by having a high number of stops and a low number of families. Still, 13 percent of zip codes had a moderately negative match between the number of stops and families, but no zip codes had a very negative match.

TRANSIT ACCESS EVENLY MATCHED IN MOST OF COUNTY

Assessment of the Match Between the Number of Transit Stops and the Number of Families With Young Children in Los Angeles County Zip Codes, 2019

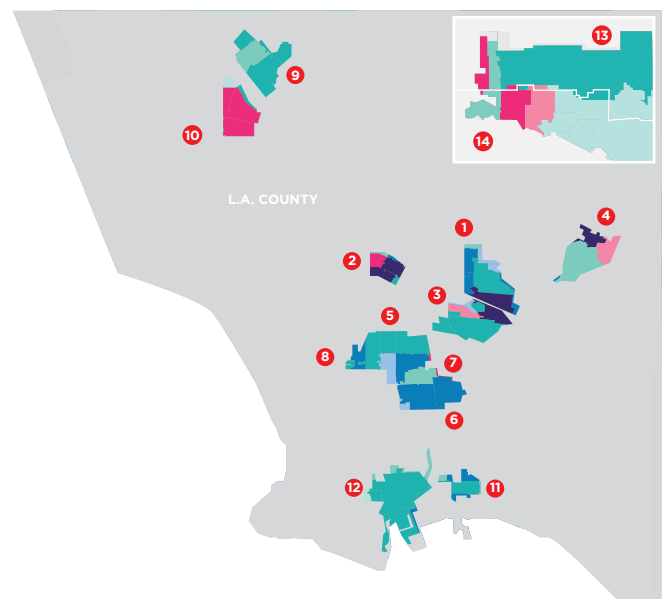
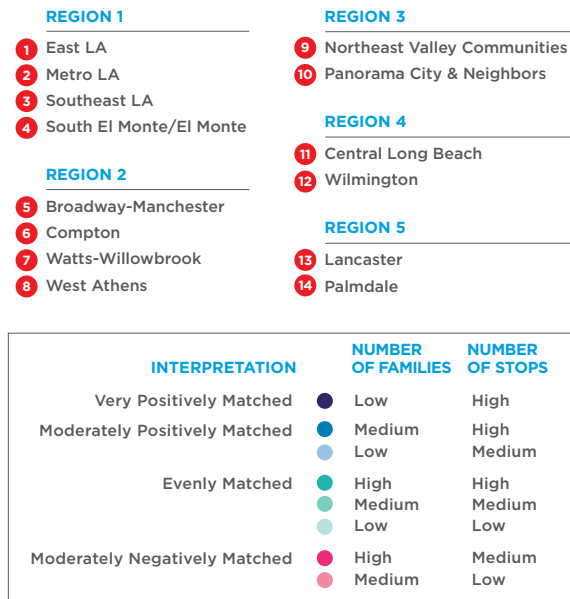


GEOGRAPHIC DETAIL

The map shows the *Best Start* geography boundaries overlaid onto the zip codes. A visual assessment reveals that most *Best Start* geographies had evenly or positively matched numbers of families and numbers of transit stops. Exceptions include parts of Palmdale, Lancaster and nearly all of Panorama City & Neighbors. Small portions of Metro LA, Southeast LA and South El Monte/El Monte also had lower than average access.

MOST BEST START GEOGRAPHIES HAVE EVENLY OR POSITIVELY MATCHED ACCESS TO TRANSIT

Assessment of the Match Between the Number of Transit Stops and the Number of Families With Young Children in Los Angeles County Zip Codes With *Best Start* Geography Overlays, 2019



DATA NOTES AND LIMITATIONS

Transit stop data is from 2019. Counts of families with children under 6 are from 2018. Please see the Methods section for detailed information on the methodology and limitations of this analysis.

Full Indicator Language: Annual percentage of families with children birth through age 5 in L.A. County who use public transit.

Source: Metro (number of stops); U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2018 (families with children under age 6)

First 5 LA would like to extend our gratitude to the representatives of the following agencies who provided their input, expertise and data in support of this effort. This report would not have been possible without their partnership.

Advancement Project California

California Department of Education

California Department of Health Care Services

California Department of Public Health

California Department of Social Services

Child360

Child Care Alliance of Los Angeles:

- Child Care Resource Center
- City of Norwalk
- Connections for Children
- Crystal Stairs, Inc.
- Drew Child Development Corporation
- International Institute of Los Angeles
- Mexican American Opportunity Foundation
- Options for Learning
- Pathways LA
- Pomona Unified School District – Resource & Referral

Children's Data Network, University of Southern California

Children's Home Society of California

Early Edge California

Family Resource Center Network of Los Angeles County:

- Carolyn Kordich Family Resource Center
- Family Focus Resource & Empowerment Center
- Family Resource Library (Eastern Los Angeles)
- Harbor Regional Center
- The Koch-Young Resource Center
- Long Beach Family Resource Center
- San Gabriel/Pomona Parents' Place Family Resource and Empowerment Center
- South Central Los Angeles Regional Center
- Early Start Family Resource Center
- Southeast Family Resource Center
- Southwest Special Education Family Resource Center
- Westside Family Resource and Empowerment Center

Los Angeles Best Babies Network

Los Angeles County Chief Executive Office

Los Angeles County Chief Information Office

Los Angeles County Child Care Planning Committee

Los Angeles County Department of Child and Family Services

Los Angeles County Department of Parks and Recreation

Los Angeles County Department of Public Health:

- Division of Maternal, Child and Adolescent Health
- Office for the Advancement of Early Care and Education
- Office of Health Assessment and Epidemiology

Los Angeles County Department of Public Social Services

Los Angeles County Metropolitan Transportation Authority

Los Angeles County Office of Child Protection

Los Angeles County Office of Education

Los Angeles Homeless Services Authority

Los Angeles Regional Centers for the Developmentally Disabled:

- East Los Angeles Regional Center
- Frank D. Lanterman Regional Center
- Harbor Regional Center
- North Los Angeles County Regional Center
- South Central Los Angeles Regional Center
- San Gabriel/Pomona Regional Center
- Westside Regional Center

Partnerships for Education, Articulation and Coordination through Higher Education

Public Health Alliance of Southern California

Public Health Foundation Enterprises WIC Research and Evaluation Department

Public Policy Institute of California

Quality Start Los Angeles

In addition to these valued partners, First 5 LA executive leadership would like to acknowledge the guidance and expertise that the First 5 LA Board of Commissioners lent to this effort. We also would like to express our appreciation to the First 5 LA Department of Measurement, Learning and Evaluation, which managed the development of the report, and to First 5 LA staff across the agency who contributed many hours to the effort to ensure that the content of this report is meaningful, actionable and accurate. Finally, we would like to thank [Parsons Consulting](#) and [Datalink Partners](#) for their writing, data analysis and mapping development services, and [Bumpercar, Inc](#) for their graphic design services.

FULL INDICATOR LANGUAGE

The indicators presented in this report aim to measure the specific results or conditions listed below. The Results Indicators are worded in an objective format, using “increased” or “decreased” to signal the outcome First 5 LA is seeking for each indicator. The Contextual Indicators do not include objective language since they are meant to present the conditions of young children and their families and are not tied to specific desired results.

In some cases, data was not available to measure the precise result or condition specified, so alternative data was presented for the time being. Because of this, the descriptions below may not match the data presented in the associated indicator.

RESULTS INDICATORS

- RI No. 1** Increased rate of L.A. County children birth through age 5 enrolled in a high-quality early care and education program.
- RI No. 2** Increased rate of income-eligible L.A. County children birth through age 5 enrolled in publicly funded early care and education programs.
- RI No. 3** Increased rate of L.A. County children birth through age 5 with a developmental delay participating in early intervention services.
- RI No. 4** Decreased average age of L.A. County children entering into special education services.
- RI No. 5** Decreased rate of L.A. County children with Child Protective Services involvement at any point during the first 5 years of life.
- RI No. 6** Increased rate of L.A. County families with children birth through age 5 who read, tell stories, sing, play music, or teach letters, words or numbers to their child daily.
- RI No. 7** Increased rate of L.A. County families who participated in home visiting programs at any point prenatally through age 5.
- RI No. 8** Increased rate of eligible L.A. County families with children prenatal through age 5 participating in safety net programs.
- RI No. 9** Increased rate of L.A. County families with children birth through age 5 who report having one or more people to talk to in times of need.
- RI No. 10** Increased rate of L.A. County families with children birth through age 5 that have access to parks and open spaces.

CONTEXTUAL INDICATORS

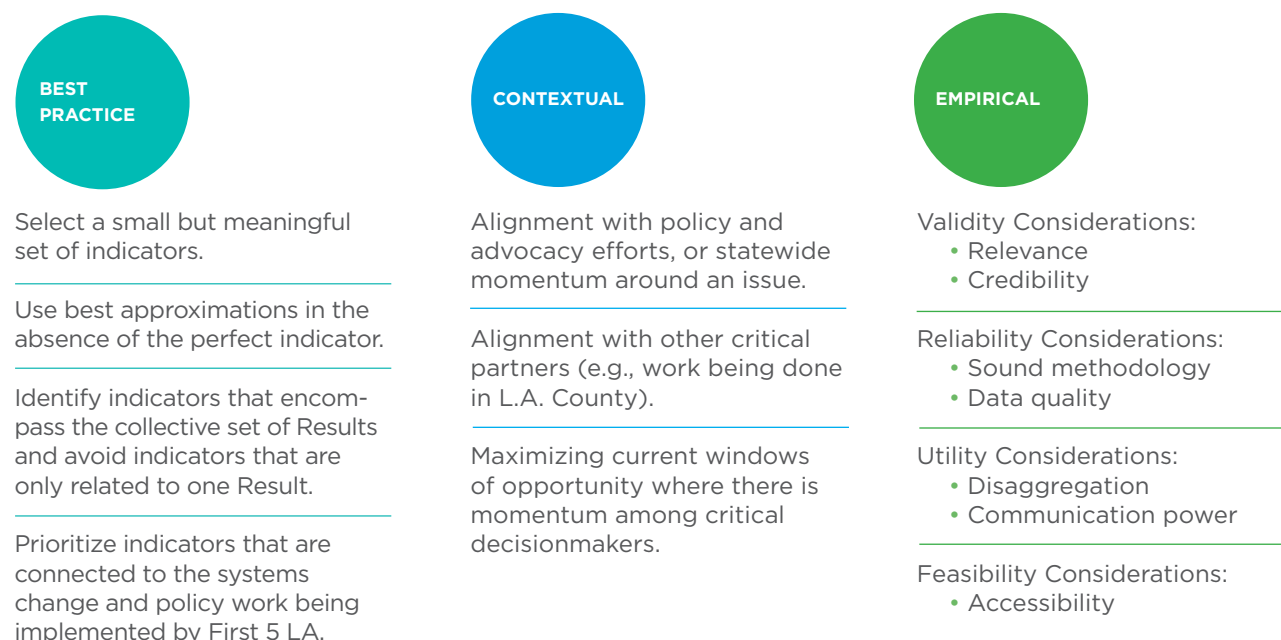
- CI No. 1** Birth Rate: Annual number of live births per 1,000 total population in L.A. County.
- CI No. 2** Infant Mortality Rate: Annual number of deaths of children under one year old per 1,000 live births in L.A. County.
- CI No. 3** Low Birth Weight: Annual percentage of infants born at low birth weight (less than 2,500 grams).
- CI No. 4** Well-Child Visits: Annual percentage of children birth through age 5 in L.A. County who have received the recommended well-child visits for their current age.
- CI No. 5** Preventable Injuries: Annual rate of preventable injuries among children birth through age 5 in L.A. County.
- CI No. 6** Healthy Weight: Annual percentage of children ages 2 through 5 in L.A. County with a Body Mass Index (BMI) that falls within a healthy weight range.
- CI No. 7** Dual Language Learners: Annual percentage of kindergarteners in L.A. County who are Dual Language Learners.
- CI No. 8** Special Education Enrollment: Annual percentage of children birth through age 5 in L.A. County who are enrolled in special education.
- CI No. 9** Third Grade Literacy: Annual percentage of third grade students in L.A. County who meet or exceed the grade-level standard in English Language Arts.
- CI No. 10** Prenatal Care: Annual percentage of mothers in L.A. County who gave birth in the last year that received prenatal care in the first trimester of their pregnancy.
- CI No. 11** Postpartum Care: Annual percentage of mothers in L.A. County who gave birth in the last year that had a postpartum check-up.
- CI No. 12** Maternal Depression: Annual percentage of mothers in L.A. County who gave birth in the last year that displayed signs or symptoms of prenatal or postpartum depression.
- CI No. 13** Breastfeeding: Annual percentage of mothers in L.A. County who gave birth in the last year that were breastfeeding at one week, one month and three months after childbirth.
- CI No. 14** Educational Attainment: Annual percentage of mothers with children birth through age 5 in L.A. County by their highest level of education completed.
- CI No. 15** Assets at Birth: Annual average number of assets at birth in L.A. County.
- CI No. 16** Children Living in Poverty: Annual percentage of children birth through age 5 in L.A. County living in poverty.
- CI No. 17** Food Insecurity: Annual percentage of households with children birth through age 5 in L.A. County who experience food insecurity.
- CI No. 18** Homelessness: Annual number of children birth through age 5 in L.A. County who experience homelessness.
- CI No. 19** California Healthy Places Index: Annual percentile rank of L.A. County compared to other California counties on community conditions which affect health outcomes.
- CI No. 20** Access to Transit: Annual percentage of families with children birth through age 5 in L.A. County who use public transit.

METHODS

Indicator Selection Criteria

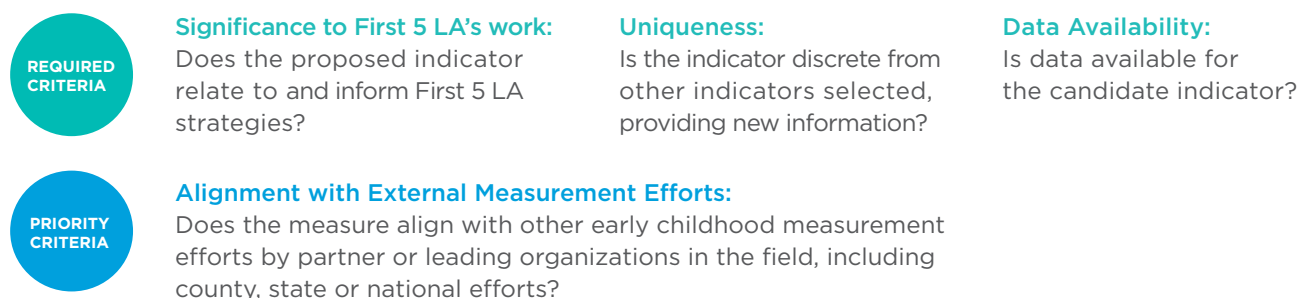
RESULTS INDICATORS

The Results Indicators were selected according to three main criteria: that they reflect best practices in the use of indicators as measurement tools; that they align with and build on the broader context of work supporting young children and their families in the state and region; and that they achieve to the extent possible the empirical goals of validity, reliability, utility and feasibility. Within each of the three main criteria are specific attributes sought for the indicators or guidance to aid selection:



CONTEXTUAL INDICATORS

The selection process for the Contextual Indicators considered the four criteria described below. Candidate indicators had to meet the three required criteria to be selected; candidates that aligned with external measurement efforts were prioritized but this was not a required feature.



Methodological Notes and Limitations for Specific Indicators

Data notes and limitations are provided for each indicator in the body of the report. The content in this section provides additional methodological information as needed. Not all indicators have additional methodological information.

HIGH-QUALITY EARLY CARE AND EDUCATION: RESULT INDICATOR 1

Values provided in the supplemental tables for race/ethnicity or age (infant/toddler or preschool) may not sum to totals since some children are served at alternative settings that do not provide age or race/ethnic breakdowns. Infants and toddlers are defined as children from birth through age 2; preschoolers are defined as children ages 3 and 4 plus one-quarter of the 5-year-old population. ECE considered high quality are programs that received a rating of Tier 3, 4 or 5; programs receiving a rating of Tier 1 or 2 are considered rising quality. Programs are evaluated for child development and school readiness practices (Core I), teachers and teaching (Core II), and program and environment, including administration and leadership (Core III). Within each core, programs are evaluated on elements. Within Core I, there are two elements; programs are evaluated based on the type and frequency of child observation tool used and how developmental and health screenings are used. Within Core II, there are two elements; programs are evaluated based on the qualifications of the teachers and performance on teacher assessments conducted. Within Core III, there are three elements; programs are evaluated for the student-teacher ratio and group size, how the program performs on an environment rating scale tool, and the qualifications of the director. Centers are evaluated by all seven elements for a total possible point value of 35 points, while Family Child Care Homes (FCCH) are evaluated by five elements for a total possible point value of 25 points. To be considered high quality (Tier 3 or above), centers must receive 20 or more points and FCCHs must receive 14 or more. Rising-quality centers (Tier 1 or 2) must receive a minimum of seven points and rising-quality FCCH homes must receive a minimum of five points. For more information, visit <https://qualitystartla.org/>

PUBLICLY FUNDED EARLY CARE AND EDUCATION: RESULT INDICATOR 2

Please see the Supplemental Tables for this indicator for detail on the programs included in the analysis.

EARLY INTERVENTION SERVICES: RESULT INDICATOR 3

Individuals with Disabilities Education Act (IDEA) data is publicly available on the U.S. Department of Education website (<https://www2.ed.gov/programs/osepidea/618-data/state-level-data-files/index.html>). The data files analyzed from this public portal to populate this indicator were Part C Child Count and Settings (birth through age 2) and Part B Child County and Educational Environments (ages 3 through 5). The counts for the two populations were summed and divided by population figures publicly available from the California Department of Finance.

AVERAGE AGE OF STUDENTS IN SPECIAL EDUCATION: RESULT INDICATOR 4

Source data is publicly available for the overall number of students enrolled in special education for speech or language impairment by age at the California Department of Education (CDE) DataQuest website. Detail by race/ethnicity for each age group was obtained by special request from CDE. The special request reduced the level of data suppression, but some data was still suppressed even after combining certain smaller race/ethnic groups. In certain years, data for students in all race/ethnic groups except Latino was suppressed at

the lower and higher ends of the age range (e.g., 2 or 18). Since there are relatively fewer numbers of students enrolled at these ages, the impact on the average age calculation is likely to be negligible. To calculate average age, an average age/grouped frequency formula was used. This can be done by multiplying the age by the frequency of people that age.

CHILD PROTECTIVE SERVICES INVOLVEMENT: RESULT INDICATOR 5

Birth records for which the address of the mother could not be determined were omitted from the analysis. Socioeconomic status is estimated by the method of payment for the birth, where publicly funded is considered low income and privately funded is considered not low income. Publicly funded refers to Medi-Cal and other forms of government-sponsored health insurance. In California, mothers who give birth without health insurance coverage are retroactively enrolled in a public program. These estimates were developed by the Children's Data Network by matching California Department of Public Health vital birth records for all children born in Los Angeles County in 2006, 2007, 2012 and 2013 to California Department of Social Services child protection records. Records were disaggregated by demographic characteristics and geography. Birth records that could not be geocoded were omitted from the analyses. Please note that these estimates were generated using coded research datasets; these should not be considered official county or state birth statistics.

HOME VISITING PARTICIPATION: RESULT INDICATOR 7

Counts of enrollment are sourced to the LA Best Babies Network (LABBN) and are not publicly available. The count of home visiting enrollments includes participation in the following First 5 LA-funded programs: Welcome Baby, Healthy Families America (HFA), and Parents As Teachers (PAT). Welcome Baby enrollment counts include HFA and PAT; therefore, Welcome Baby numbers represent all First 5 LA-funded enrollments. Some families may choose not to participate or be lost to follow-up after hospital enrollment, but many families receive services bedside in the hospital, including breastfeeding support, assistance with follow up appointments, or referrals to specific needed services. The enrollment counts are by fiscal year and include both prenatally and postnatally enrolled families. The denominators used to calculate the rates are counts of children under age 1. The family enrollment count and infant count are combined to act as a proxy for families with an infant who participate in home visiting. The denominator for the calculation of the rates for the county overall and by race/ethnicity is sourced to the Department of Finance population projections and is by calendar year; for example, 2018 data is used as the denominator for 2018/19 numerator data. The geographic calculations use the 2018/19 numerator. The denominator for the geographic calculations is sourced to Esri and is 2020 calendar-year data.

PARTICIPATION IN SAFETY NET PROGRAMS: RESULT INDICATOR 8

Data for Medi-Cal was obtained from publicly available online databases. Data for CalFresh, CalWORKs and WIC were obtained by request. The CalFresh and CalWORKs data are from the California Department of Social Services and are enrollment counts from MEDS June 2019. Medi-Cal enrollment counts were obtained from the California Department of Health and Human Services database and reflect enrollment in July of each year. Rates by zip code for the maps were calculated using 2020 population figures provided by Esri.

SOCIAL SUPPORT: RESULT INDICATOR 9

Approximately 5,600 WIC parents were surveyed through the Los Angeles County WIC Survey in 2017. Of this sample, 88 percent were Latino and 70 percent lived in a *Best Start* geography.

BIRTH RATE: CONTEXTUAL INDICATOR 1

The birth rate estimates were developed by the Children's Data Network using vital birth records maintained by the California Department of Public Health. Records were disaggregated by demographic characteristics and geography; however, a rate was not possible to calculate in all cases. Birth rate by age was not calculated for two reasons. First, birth rates by age typically focus on the rate of teen births. Since the method of calculating teen birth rates differs from the method of calculating overall birth rates, showing data using two different methodologies could cause confusion. Second, the age ranges of the numerator data (under 20 and 20 and over) differ from the age ranges used for typical teen birth calculations. Birth rates by socioeconomic status were not possible due to the lack of a suitable denominator for the supplied numerator data. Counts of births for Latina mothers are available disaggregated by U.S.-born and foreign-born; however, rates for these two populations of Latina mothers were not possible due to the lack of suitable denominator. Consequently, these counts were combined for a single rate for Latina mothers. Birth records that could not be geocoded were omitted from the analyses. Please note that these estimates were generated using coded research datasets; these should not be considered official county or state birth statistics.

INFANT MORTALITY: CONTEXTUAL INDICATOR 2

The estimates of infant mortality per 1,000 for children born between 2011 and 2016 in Los Angeles County were developed by the Children's Data Network by matching California Department of Public Health vital birth records to vital death records for all children under one year old. Infants with death records that could not be matched to birth records were omitted from the analysis. Likewise, infants with birth records that could not be geocoded were excluded. The calculation of these statistics relies on a birth cohort methodology for determining infant mortality rate. This methodology differs from the methodology used by county and state health officials. For this reason, totals produced for this local analysis may differ from other published sources. Please note that these estimates were generated using coded research datasets; these should not be considered official county or state birth statistics.

LOW BIRTH WEIGHT: CONTEXTUAL INDICATOR 3

The indicator measures the percentage of infants born weighing less than 2,500 grams. These estimates were developed by the Children's Data Network using vital birth records maintained by the California Department of Public Health. Records were disaggregated by demographic characteristics and geography. Birth records that could not be geocoded were omitted from the analyses. For this reason, totals produced for this local analysis may differ from other published sources. Please note that these estimates were generated using coded research datasets; these should not be considered official county or state birth statistics.

WELL-CHILD VISITS: CONTEXTUAL INDICATOR 4

The data used to populate this indicator are publicly available on the California Department of Health Care Services website, within Medi-Cal Managed Care Quality Improvement Reports. The well-child visit rates provided in the indicator are the number of completed well-child visits out of the total recommended number of visits. According to the American Academy of Pediatrics periodicity schedule, children between the ages of 2 and 6 should have a well-child visit at age 2, 2.5, 3, 4, and 5. Data disaggregated by race/ethnicity, income status or age is not provided by the data source, nor is the well-child visit rate of children under age 2.

PREVENTABLE INJURIES: CONTEXTUAL INDICATOR 5

This data is based on publicly available vital records from the California Department of Public Health at <http://epicenter.cdph.ca.gov/ReportMenus/CustomTables.aspx>. Search criteria were as follows: death, non-fatal hospitalization and non-fatal emergency department visit (treat and release, or transfer to another facility); raw figures and crude rates; single year (not pooled); Los Angeles County; ages 0 through 5; all races and ethnicities; “unintentional injury” cause group; and output formats of race/ethnicity or cause of injury. At time of publication, the latest data available for deaths was 2017 and this data is comparable to prior years. For non-fatal injuries, the latest data available was 2015 at time of publication and these results are not comparable to prior years. Non-fatal injury data is comprised of the combination of unintentional injury non-fatal hospitalizations and non-fatal emergency department visits (treat and release, or transfer to another facility). Race/ethnicity groups are determined by the data source and cannot be further disaggregated. The cause groups of focus in the indicator align with the cause of preventable death groupings identified by the Countywide Prevention Plan as measured by the Prevention Metrics, as well as causes that result in many non-fatal incidents. A cause needed to have both fatal and non-fatal cases to be included in the charts. More detail is provided in the Supplemental Tables. Understanding the factors that lead to unintentional death or injury are limited by the codes used in the medical profession to categorize causes of death or injury (ICD-10, or International Statistical Classification of Diseases and Related Health Problems, Tenth Revision). For example, deaths due to suffocation are sourced to codes W75 to W84, where W75 is suffocation and strangulation in bed. The data does not enable researchers to know the circumstances leading to the suffocation, such as whether the suffocation was the result of co-sleeping, inappropriate bedding or toys in the crib, or other factors.

HEALTHY WEIGHT: CONTEXTUAL INDICATOR 6

Data is pre-analyzed by the source and not publicly available. Healthy weight is defined as records that have no designation of underweight, overweight or obese risk codes in the WIC Management Information System.

DUAL LANGUAGE LEARNERS: CONTEXTUAL INDICATOR 7

Data is publicly available on the California Department of Education’s DataQuest website: <https://data1.cde.ca.gov/>. Upon enrollment, parents are asked to complete the Home Language Survey which asks which language the child learned when they first began to talk, which language the child uses most frequently at home, which language the parents use more frequently when speaking with the child, and which language is most often spoken by adults in the home. Students are identified as English Learners if there is a report of a language other than English on the Home Language Survey and if they are initially assessed on the English Language Proficiency Assessment for California as lacking the defined English language skills of listening, speaking, reading and/or writing necessary to succeed in the school’s regular instructional programs. The Home Language Survey has some limitations. First, the brevity of the language survey does not allow parents to provide a full picture of a dual language learning environment in the home. Second, families may avoid completing the survey, or not fill it out honestly, for fear of the stigma associated with the English Learner designation or fear of immigration enforcement action.

SPECIAL EDUCATION ENROLLMENT: CONTEXTUAL INDICATOR 8

The special education data is publicly available from the data source at the California Department of Education DataQuest website. The population data is publicly available from the California Department of Finance population projections series. The count of special education enrollment for pre-kindergarten age students is not inclusive of all young children receiving early intervention services or special education services. In California, the Department of Developmental Services (DDS) administers the federal Individuals with

Disabilities Education Act (IDEA), Part C for infants and toddlers from birth to 36 months if they have a developmental delay. DDS shares administrative responsibility for delivery of services with the California Department of Education (CDE), which is the lead agency for IDEA Part B that serves pre-kindergarten children through age 21. The data presented in this indicator is from CDE; local data from DDS was not available. See Result Indicator 3, Early Intervention Services, for Part C data for the state overall. School district data is based on school years and child population data is based on calendar years, where school year 2018-19 is calculated with 2019 population data, for example.

THIRD GRADE LITERACY: CONTEXTUAL INDICATOR 9

Data is pre-analyzed by the data source, California Department of Education, in all cases except for the presentation shown for the Asian/Pacific Islander (API) racial group. The data source provides the denominator (count of students with test scores) and the calculated percentage of students meeting or exceeding the standard, but they do not provide the numerator (count of students meeting or exceeding the standard). To calculate API results in order to maintain consistency with the display of racial and ethnic disaggregations for the majority of indicator, the numerators were derived from the data provided by the source. The numerators for Asian, Native Hawaiian or Pacific Islander and Filipino were summed, the denominators for the same groups were summed, and a rate was calculated. The data provided in the Supplemental Tables is the original data provided by the data source; the calculated rate for Asian/Pacific Islander is not included.

PRENATAL CARE: CONTEXTUAL INDICATOR 10

The indicator measures the annual percentage of pregnant mothers who receive prenatal care in the first trimester. These estimates were developed by the Children's Data Network using vital birth records maintained by the California Department of Public Health. Records were disaggregated by demographic characteristics and geography. Birth records that could not be geocoded were omitted from the analyses. For this reason, totals produced for this local analysis may differ from other published sources. Please note that these estimates were generated using coded research datasets; these should not be considered official county or state birth statistics.

POSTPARTUM CARE: CONTEXTUAL INDICATOR 11

The data used to populate this indicator is pre-analyzed by the data source and publicly available on the Los Angeles Department of Public Health website. Results from the Los Angeles Mommy & Baby (LAMB) survey are presented in set race/ethnic categories. Further disaggregation was not possible.

BREASTFEEDING: CONTEXTUAL INDICATOR 13

The breastfeeding data provided is publicly available by the source and illustrates whether mothers reported any breastfeeding at each interval, not whether they were exclusively breastfeeding at each point in time. Data on whether mothers were breastfeeding exclusively at each time interval is also publicly available.

EDUCATIONAL ATTAINMENT: CONTEXTUAL INDICATOR 14

These estimates were developed by the Children's Data Network using vital birth records maintained by the California Department of Public Health. Records were disaggregated by demographic characteristics and geography. Birth records that could not be geocoded were omitted from the analyses. For this reason, totals produced for this local analysis may differ from other published sources. Please note that these estimates were generated using coded research datasets; these should not be considered official county or state birth statistics.

ASSETS AT BIRTH: CONTEXTUAL INDICATOR 15

The California Strong Start Index is a publicly available data source that leverages birth records to summarize the conditions into which children are born across California communities. It comprises 12 indicators available on the birth record that are shown to be related to good outcomes for children along the life course. Data and detailed methodological information can be found at www.strongstartindex.org.

CHILDREN EXPERIENCING HOMELESSNESS: CONTEXTUAL INDICATOR 18

Data was obtained by request from the Los Angeles County Chief Executive Office based on client records from the L.A. County Departments of Public Social Services (DPSS) and Children and Family Services (DCFS), and the Homeless Management Information System (HMIS). The data have several limitations or characteristics that are important to note:

- The three agencies do not necessarily operate with the same definition or criteria for identifying a person as homeless. As such, the de-duplicated totals are not standardized or definitionally uniform.
- The DPSS counts are based on CalWORKs only. Inclusion of a comparatively small number of children associated with homeless households in receipt of CalFresh benefits but not CalWORKs (CalFresh Only households) would likely raise the bottom-line tallies to a negligible degree.
- The DPSS/CalWORKs tallies include unaided children in aided households.
- The HMIS totals are likely understated to a small but indeterminate degree due to missing elements needed to calculate age for between approximately 14 percent and 20 percent of children with records in the system in each of the four years tabulated.

ACCESS TO TRANSIT: CONTEXTUAL INDICATOR 20

The transportation stop data was supplied by Metro for each L.A. County zip code and for 66 transportation agencies with service in L.A. County, including bus, rail and metro service. Metro serves as the transportation planner and coordinator, designer, builder and operator for Los Angeles County. The stop data is from October 2019 and is not publicly available. The population data for this presentation is sourced to the U.S. Census Bureau American Community Survey (5-Year 2018) and is the number of families with children under 6 years of age. The analysis was as follows:

1. The zip codes were divided into three groups using natural breaks (or jenks) based on the number of stops in each zip code. The third of zip codes with the highest number of stops was designated “high,” the third of zip codes with the lowest number of stops was designated “low,” and the remaining third was designated “medium.”
2. The data of families with children under age six by zip codes was similarly divided.
3. The result for each zip code was one of nine possible combinations. The table below shows how the different combinations were interpreted:

	NUMBER OF STOPS	NUMBER OF FAMILIES	INTERPRETATION
a.	High	High	Evenly matched
b.	High	Medium	Moderately positive match
c.	High	Low	Very positive match
d.	Medium	High	Moderately negative match
e.	Medium	Medium	Evenly matched
f.	Medium	Low	Moderately positive match
g.	Low	High	Very negative match
h.	Low	Medium	Moderately negative match
i.	Low	Low	Evenly matched

The zip codes that had matching levels were considered to have an appropriate or expected level of access. For example, a zip code with a medium number of stops and a medium number of families is considered the appropriate or expected level of access (e.). Whereas, a zip code where there is a high number of stops and a medium number of families would be considered moderately positively mismatched, since there are more stops than would be expected for the number of children (b.). A zip code where there was a high number of stops but a low number of families would be very positively mismatched (c.) — families would have a much higher ratio of stops to families than expected. Conversely, a zip code that has a medium number of stops and a high number of families would be considered moderately negatively mismatched (d.). A zip code with a low number of stops and a high number of families would be very negatively mismatched (g.). There were no zip codes with this combination in the current dataset. The most negative combinations were d. (medium number of stops and a high number of families) and h. (low number of stops and a medium number of families).

There are several data limitations that render the indicator a proxy for transportation access rather than a direct measure. First, this analysis only takes into account the number of stops; it does not take into account issues of access, such as perceived safety, barriers like highways, or infrastructure like crosswalks or lighting. Second, the data does not take into account quality measures, such as how frequently a bus comes to the stop or how often the stop is used. These access and quality factors may increase or decrease the utility of a given stop. Third, the data was divided into groups of high, medium or low without applying any normative determination of what is an optimal or suboptimal ratio of stops to population. For example, an evenly match area with a low number of families and low number of stops may have poor access for the small numbers of families in the area if the stop is far from their home. Finally, the data was only available by zip code. Zip codes are not an ideal geographic base for policy analysis since they were not created to be similar in size (unlike census tracts, which are split, if needed, to keep the population counts at a somewhat consistent level). Consequently, the range in family population for the zip codes in this analysis is from zero to approximately 4,500. Even with these limitations, the data provides a high-level understanding of gaps in transit access and density.

SUPPLEMENTAL TABLES

RESULT INDICATOR 1

Percentage and Count of Los Angeles County Young Children Participating in QSLA-Rated Programs and Programs Rated High Quality by Age, 2017-18 and 2018-19

	2018-19					2017-18				
	QSLA-Rated		Rated High Quality (Tier 3, 4, 5)		Count L.A. County Children	QSLA-Rated		Rated High Quality (Tier 3, 4, 5)		Count L.A. County Children
	Percent	Count	Percent	Count		Percent	Count	Percent	Count	
All (0-4 + 1/4 of 5)	7.5	47,501	6.6	42,105	636,605	7.0	45,824	5.7	37,111	652,141
Infant/Toddler (0-2)	1.8	6,269	1.3	4,759	353,436	1.9	7,088	1.0	3,820	368,771
Preschool (3-4 + 1/4 of 5)	14.6	41,232	13.2	37,346	283,169	13.7	38,736	11.7	33,291	283,370

Percentage and Count of Los Angeles County Young Children Participating in QSLA-Rated Programs and Programs Rated High Quality by Race and Ethnicity, 2017-18 and 2018-19

	2018-19					2017-18				
	QSLA-Rated		Rated High Quality (Tier 3, 4, 5)		Count L.A. County Young Children	QSLA-Rated		Rated High Quality (Tier 3, 4, 5)		Count L.A. County Young Children
	Percent	Count	Percent	Count		Percent	Count	Percent	Count	
Total		47,539		42,502	636,605		38,782		31,746	652,141
Latino	8.3	27,249	8.2	25,287	326,663	6.1	19,591	5.3	16,988	338,353
Native American	11.8	194	11.7	192	1,644	8.2	123	7.4	112	1,586
Asian	2.5	2,303	2.2	1,983	91,421	2.3	2,034	1.5	1,354	92,364
Black	8.8	4,100	7.5	3,517	46,701	7.4	3,373	5.6	2,570	48,203
Pacific Islander	17.1	206	15.3	184	1,202	10.7	127	8.8	104	1,262
White	4.2	6,072	3.5	5,065	144,798	2.0	2,838	1.4	1,902	146,332
Multiracial	6.3	1,523	5.0	1,210	24,176	4.7	1,078	3.1	706	24,041
Unknown		5,892		5,064			9,618		8,010	

RESULT INDICATOR 2

Los Angeles County Children Enrolled in Publicly Funded Early Care and Education Programs by Type and Age, 2019

	Infant/Toddler	Preschool	Total
Totals			
Contracted Sites	10,613	59,903	70,516
Vouchers	11,663	19,019	30,682
Voucher Programs			
CalWORKs Stage 1	2,420	2,424	4,844
CalWORKs Stage 2	4,812	8,081	12,893
CalWORKs Stage 3	1,993	4,784	6,777
California Alternate Payment Program	1,866	3,458	5,324
Emergency Bridges Vouchers	572	272	844
Contract Programs			
Early Head Start	1,985	0	1,985
Head Start	0	13,244	13,244
California State Preschool Program (CSPP)	0	21,622	21,622
Family Child Care Home Education Network (FCCHEN)	572	320	892
General Child Care and Development (CCTR) (0-2 only)	410	0	410
General Child Care and Development (CCTR) (3-4 only)	0	88	88
CCTR & CSPP Combo	3,598	12,793	16,391
Early Head Start and Head Start	616	1,259	1,875
Combo of any state/fed program	3,432	10,577	14,009
Denominator (estimate of eligible children)			
Estimated number of eligible children (2016)	220,273	235,308	455,581

RESULT INDICATOR 3

California Children Birth Through Age 5 Receiving Early Intervention Services (2012-13 - 2018-19) and Population 0 to 5 (2012-2018)

Children Birth Through Age 5			
	Rate	Count Served	Count Total
2018-19	4.7%	136,631	2,922,681
2017-18	4.4%	130,878	2,961,932
2016-17	4.2%	124,763	2,995,972
2015-16	4.0%	118,748	3,005,151
2014-15*	3.8%	113,536	3,004,582
2013-14	3.7%	111,104	3,019,672
2012-13	3.6%	109,022	3,037,801

California First Grade Students in Special Education and Total First Grade Enrollment, 2010-11 to 2018-19

First Grade Enrollment			
	Rate	Special Education Count	Total Count
2018-19	9.9%	44,380	448,028
2017-18	9.4%	43,010	456,175
2016-17	8.3%	37,873	456,002
2015-16	8.9%	39,691	444,573
2014-15	8.4%	39,067	464,323
2013-14	8.2%	38,458	470,812
2012-13	8.0%	39,035	489,504
2011-12	7.8%	38,247	490,042
2010-11	8.0%	38,208	477,277

California Children Birth Through Age 5 Receiving Early Intervention Services (2012-13 to 2018-19) and Population 0 to 5 (2012-2018) by Race/Ethnicity

	Latino			American Indian			Asian			Black			Pacific Islander			White			Multiracial		
	Rate	Count Served	Count Total	Rate	Count Served	Count Total	Rate	Count Served	Count Total	Rate	Count Served	Count Total	Rate	Count Served	Count Total	Rate	Count Served	Count Total	Rate	Count Served	Count Total
2018-19	5.9%	78,125	1,330,663	3.7%	464	12,390	3.3%	12,721	388,673	4.4%	8,842	157,202	3.6%	326	9,143	3.4%	30,306	901,494	5.6%	6,847	123,116
2017-18	5.5%	74,664	1,361,713	4.0%	501	12,609	3.2%	12,409	383,132	4.2%	6,790	160,316	3.4%	320	9,426	3.3%	29,811	913,924	5.3%	6,383	120,812
2016-17	5.1%	70,510	1,392,376	3.7%	467	12,777	3.1%	11,332	370,196	4.0%	6,639	164,249	2.8%	272	9,726	3.2%	29,411	927,351	5.1%	6,132	119,297
2015-16	4.7%	66,491	1,428,432	3.2%	412	12,881	2.9%	10,557	358,494	4.0%	8,575	165,088	2.8%	270	9,798	3.2%	29,071	909,654	4.4%	5,372	120,804
2014-15*	2.8%	41,533	1,465,000	3.3%	414	12,662	3.0%	10,128	343,216	4.1%	8,700	165,320	2.4%	231	9,819	2.2%	19,506	884,821	3.2%	4,001	123,744
2013-14	4.1%	61,821	1,510,182	3.2%	390	12,195	2.9%	9,716	333,365	4.0%	6,610	165,185	3.2%	320	9,969	3.2%	28,001	861,684	3.3%	4,246	126,892
2012-13	3.9%	60,141	1,556,254	3.4%	408	12,031	2.9%	9,477	323,769	3.9%	6,441	164,447	3.4%	347	10,088	3.3%	28,084	839,703	3.1%	4,124	131,509

RESULT INDICATOR 4

Average Age of Los Angeles County Students
Enrolled in Special Education for Speech or Language
Impairment by Race/Ethnicity, 2007-08 to 2018-19

Year	L.A. County Average	Other (Native American and Multiracial)	Latino	Black	White	Asian/Pacific Islander
2018-19	6.8	6.6	6.7	7.2	7.3	7.5
2017-18	6.8	6.3	6.7	7.1	7.3	7.6
2016-17	6.9	6.4	6.8	7.2	7.3	7.6
2015-16	7.0	6.4	6.9	7.1	7.2	7.7
2014-15	7.0					
2013-14	7.1					
2012-13	7.1					
2011-12	7.1					
2010-11	7.3					
2009-10	7.7					
2008-09	7.7					
2007-08	7.6					

Data is not available for all years.

RESULT INDICATOR 5

Los Angeles County Children Born in 2012 or 2013 Involved With Child Protective Services
in Their First Five Years of Life by Race/Ethnicity, Socioeconomic Status and
Best Start Geography

	2012					2013				
	Allegation		Substantiation	Placement	Number of Children in Birth Cohort (Denominator)	Allegation		Substantiation	Placement	Number of Children in Birth Cohort (Denominator)
	Percent	Count	Percent	Percent		Percent	Count	Percent	Percent	
L.A. County	16.6	22,825	5.8	2.8	137,578	16.2	21,737	5.7	2.8	134,201
Maternal Race / Ethnicity										
White	9.7	2,375	3.4	1.8	24,381	9.2	2,294	3.1	1.8	24,856
Black	35.4	3,678	9.5	7.6	10,399	34.4	3,496	13.8	7.9	10,173
Latino, U.S.-born	21	11,291	7.6	3.7	53,791	21.8	9,211	8.3	4.3	42,232
Latino, Foreign-born	15.9	4,341	4.5	1.6	27,299	16.3	5,657	4.6	1.7	34,645
Asian/Pacific Islander	4.6	958	1.2	0.5	21,006	4.1	891	1.1	0.4	21,569
Native American										
Other/Missing	25.9	182			702	25.9	188			726
Birth Payment Method										
Publicly Funded Birth	23.6	17,819	8.8	4.3	75,452	24.2	16,799	9.1	4.7	69,381
Privately Funded Birth	8.1	5,006	2.1	0.9	62,126	7.6	4,938	2	0.9	64,820
Best Start Geography										
Broadway-Manchester	30.2	428	11.8	5.4	1,418	30.4	479	12.7	6.5	1,575
Central Long Beach	27.7	429	12.5	6.5	1,550	26.8	403	10.1	5.1	1,502
Compton	24.3	577	8.7	4	2,375	24.7	573	9	4.7	2,319
East LA	22	473	8	3.7	2,154	20.9	451	8	3.5	2,154
Lancaster	28.9	737	12.1	6.1	2,547	26.5	684	12.2	7	2,586
Metro LA	23.8	240	10.5	5.2	1,008	24.8	267	10.1	4.3	1,079
Northeast Valley Communities	26.3	421	11.4	5.9	1,782	26.6	346	13.2	6.7	1,805
Palmdale	26.3	689	11.4	5.9	2,618	26.6	693	13.2	6.7	2,605
Panorama City & Neighbors	23.9	533	9.4	3.9	2,225	23.5	514	8.4	3.6	2,187
Southeast LA	18.4	442	6.9	2.8	2,407	18.7	484	7.2	3.1	2,586
South El Monte/El Monte	20.8	316	6.1	3.3	1,523	21	321	6.5	3.8	1,530
Watts-Willowbrook	28.5	429	11.2	5.5	1,506	29	443	10.5	6	1,527
West Athens	33.4	200	13	6.5	598	35	237	13.2	6.1	677
Wilmington	22.6	199	6.2	2.8	882	23.6	217	6.4	3.2	918

RESULT INDICATOR 05

Los Angeles County Children Born in 2006 or 2007 Involved With Child Protective Services in Their First Five Years of Life by Race/Ethnicity and Socioeconomic Status

	2006				2007			
	Allegation	Substantiation	Placement	Number of Children in Birth Cohort (Denominator)	Allegation	Substantiation	Placement	Number of Children in Birth Cohort (Denominator)
	Percent	Percent	Percent		Percent	Percent	Percent	
L.A. County	14.8	5.2	2.5	158,631	14.6	5.3	2.5	158,619
Maternal Race / Ethnicity								
White	10	3.9	2	27,791	10	3.7	2	26,997
Black	29.8	12.3	7.1	11,938	30	12.8	7.1	11,810
Latino, U.S.-born	19.8	7.7	4.2	38,124	19.6	7.9	4.1	39,789
Latino, Foreign-born	13.7	3.8	1.3	62,733	13.4	3.9	1.3	60,897
Asian/Pacific Islander	5.2	1.7	0.8	17,489	4.9	1.6	0.6	18,462
Native American	29.9	13.9	8.6	361	33.9	16.8	11.4	387
Other / Missing								
Birth Payment Method								
Publicly Funded Birth	19.5	7.3	3.6	92,093	19.2	7.3	3.5	93,595
Privately Funded Birth	8.4	2.4	1.1	66,538	8	2.4	1	65,024

RESULT INDICATOR 7

Count of Los Angeles County Family Enrollment in First 5 LA-Funded Home Visiting Programs, Count of Infants Under Age 1, and Home Visiting Rates for Los Angeles Overall and by Race/Ethnicity, 2016-2018

	2018			2017			2016		
	Rate	Enrollment (2018-19)	Under Age 1 (2018)	Rate	Enrollment (2017-18)	Under Age 1 (2017)	Rate	Enrollment (2016-17)	Under Age 1 (2016)
L.A. County	17.8%	20,154	113,016	11.9%	14,377	120,714	10.5%	12,777	122,018
Asian/Pacific Islander	3.9%	606	15,513	3.1%	553	17,597	3.0%	496	16,393
Black	14.5%	1,210	8,334	13.5%	1,191	8,790	12.4%	1,081	8,684
White	2.7%	722	26,489	2.5%	678	27,412	2.1%	599	28,354
Latino	17.6%	10,158	57,831	15.2%	9,391	61,911	14.3%	9,122	63,858
Multiracial	6.2%	286	4,601	7.3%	345	4,717	6.5%	291	4,455
Other/Unknown		525			545			457	
Native American			248			287			274

Count of Los Angeles County Family Enrollment in First 5 LA-Funded Home Visiting Programs, Count of Infants Under Age 1, and Home Visiting Rates by *Best Start* Geography, 2016-2018

	2018			2017	2016
	Rate	Enrollment (2018-19)	Under Age 1 (2020)	Enrollment (2017-18)	Enrollment (2016-17)
Broadway-Manchester	21.0%	337	1,603	305	303
Central Long Beach	23.2%	375	1,616	449	524
Compton	24.8%	598	2,413	539	588
East LA	17.5%	419	2,401	437	457
Lancaster	19.5%	520	2,670	773	551
Metro LA	10.7%	134	1,249	118	108
Northeast Valley Communities	25.6%	517	2,018	439	491
Palmdale	17.9%	514	2,874	698	578
Panorama City & Neighbors	24.6%	639	2,593	631	733
Southeast LA	17.2%	495	2,883	519	515
South El Monte/EI Monte	16.2%	249	1,539	262	281
Watts-Willowbrook	22.0%	365	1,657	354	336
West Athens	19.1%	125	655	113	96
Wilmington	25.7%	267	1,037	210	305
Others		-		61	-

Los Angeles County Family Enrollment in First 5 LA-Funded Home Visiting Programs by Income, 2016-2018

	Enrollment (2018-19)	Enrollment (2017-18)	Enrollment (2016-17)
Less than \$10,000	1,297	1,640	1,579
\$10,000- \$14,999	486	786	810
\$15,000- \$19,999	611	720	745
\$20,000- \$24,999	457	549	547
\$25,000- \$29,999	312	411	335
\$30,000- \$39,999	295	470	419
\$40,000- \$49,999	184	237	203
\$50,000- \$74,999	185	259	192
\$75,000- \$99,999	74	97	71
\$100,000 or more	96	130	103
Do not know	6,983	5,578	5,122
Decline to answer	2,526	1,823	1,954

RESULT INDICATOR 8

Young Child Population (Birth Through Age 5) Participating in CalWORKs, CalFresh, WIC, and/or Medi-Cal 2019 or 2010-2019

Year	CalWORKs	CalFresh	WIC			Medi-Cal
	Total (0-5)	Total (0-5)	Total (0-4)	Infant (0-1)	Child (1-4)	Total (0-5)
2019	74,215	150,800	257,118	62,253	194,865	406,854
2018			278,524	68,043	210,481	430,610
2017			296,858	72,885	223,973	444,488
2016			308,308	73,331	234,977	459,967
2015			332,373	78,490	253,883	460,517
2014			347,561	80,998	266,563	473,446
2013			378,646	89,711	288,935	468,619
2012			381,639	90,358	291,281	436,832
2011			390,710	93,689	297,021	
2010			399,408	92,824	306,584	

Data is not available for all years.

RESULT INDICATOR 10

Percentage and Count of Children From Birth Through Age 5 Who Live Within One-Half Mile of a Park or Open Space in Los Angeles County Overall and by *Best Start* Geography

	Rate	Children 0-5 within 1/2 mile (2018)	Count children 0-5 (2020)
L.A. County	51.8%	305,697	590,148
Broadway-Manchester	46.5%	4,472	9,627
Central Long Beach	91.1%	8,639	9,478
Compton	59.0%	8,620	14,604
East LA	43.5%	6,260	14,402
Lancaster	13.6%	2,189	16,046
Metro LA	77.4%	5,425	7,012
Northeast Valley Communities	49.0%	6,067	12,394
Palmdale	23.7%	4,112	17,341
Panorama City & Neighbors	48.4%	7,373	15,219
Southeast LA	76.8%	13,180	17,172
South El Monte/El Monte	42.9%	3,947	9,210
Watts-Willowbrook	83.8%	8,112	9,685
West Athens	28.8%	1,175	4,078
Wilmington	65.8%	4,031	6,130

CONTEXTUAL INDICATOR 1

Birth Rate in Los Angeles County by Race or Ethnicity of the Mother, 2013-2017

	2017			2016			2015			2014			2013		
	Rate per 1,000	Births	Population	Rate per 1,000	Births	Population	Rate per 1,000	Births	Population	Rate per 1,000	Births	Population	Rate per 1,000	Births	Population
White	8.8	23,867	2,702,321	9.1	24,643	2,714,273	9.2	25,141	2,729,005	9.2	25,139	2,737,944	9.1	24,856	2,743,302
Black	10.6	8,939	846,694	11.0	9,310	847,354	10.9	9,199	847,505	11.7	9,919	848,659	12.0	10,173	846,535
Latino, U.S.-born	13.9	41,503	4,877,169	14.9	42,689	4,859,927	15.3	42,819	4,844,124	15.6	42,578	4,821,054	16.0	42,232	4,796,131
Latino, Foreign-born		26,480			29,651			31,352			32,682			34,645	
Asian/Pacific Islander	13.1	20,950	1,601,785	13.9	21,843	1,567,580	13.6	20,976	1,537,510	16.6	24,994	1,503,541	14.7	21,569	1,470,155
Other/Missing	3.2	723	227,764	1.9	431	222,217	3.4	740	217,887	3.4	717	213,008	3.5	726	208,786

Births and Population in Los Angeles County by Age, 2013-2017

	2017		2016		2015		2014		2013	
	Births	Population	Births	Population	Births	Population	Births	Population	Births	Population
Under Age 20	4,921	2,598,017	5,613	2,615,679	6,397	2,638,897	7,373	2,655,255	8,486	2,674,027
Age 20 and Older	117,541	7,657,716	123,306	7,595,672	123,830	7,537,134	128,656	7,468,951	125,715	7,390,882

Births in Los Angeles County by Birth Payment Method (proxy for socioeconomic status), 2013-2017

	2017	2016	2015	2014	2013
Public	59,067	63,489	64,868	66,464	69,381
Private	63,395	65,430	65,359	69,565	64,820

Births in Los Angeles County by *Best Start* Geography, 2013-2017

	2017			2016	2015	2014	2013
	Rate per 1,000	Births	Population	Births	Births	Births	Births
Broadway-Manchester	15.8	1,368	86,857	1,465	1,439	1,490	1,575
Central Long Beach	11.2	1,149	102,574	1,280	1,321	1,423	1,502
Compton	14.6	2,051	140,137	2,240	2,129	2,292	2,319
East LA	12.5	1,764	140,622	1,910	1,982	2,037	2,154
Lancaster	14.2	2,384	167,877	2,576	2,543	2,496	2,586
Metro LA	8.5	974	114,639	1,004	1,020	1,076	1,079
Northeast Valley Communities	11.4	1,495	131,390	1,716	1,696	1,831	1,805
Palmdale	13.1	2,371	180,486	2,494	2,525	2,520	2,605
Panorama City & Neighbors	12.4	2,064	166,285	2,254	2,151	2,331	2,187
Southeast LA	12.6	2,186	173,859	2,228	2,341	2,329	2,586
South El Monte/El Monte	11.6	1,185	102,236	1,273	1,467	1,460	1,530
Watts-Willowbrook	15.8	1,358	85,972	1,468	1,425	1,569	1,527
West Athens	14.6	663	45,355	674	692	774	677
Wilmington	13.2	833	63,337	816	886	915	918
Remainder of L.A.	11.8	100,617	8,554,107				

CONTEXTUAL INDICATOR 3

Low Birth Weight (LBW) in Los Angeles County by Race or Ethnicity, 2014-2017

	2017			2016			2015			2014		
	Percent	Count LBW	Count Births	Percent	Count LBW	Count Births	Percent	Count LBW	Count Births	Percent	Count LBW	Count Births
White	6.2	1,482	23,867	6.5	1,597	24,643	6.8	1,708	25,141	6.4	1,619	25,139
Black	13	1,163	8,939	11.6	1,080	9,310	12.2	1,126	9,199	12.4	1,226	9,919
Latino, U.S.-born	7	2,903	41,503	6.8	2,921	42,689	7.1	3,043	42,819	6.8	2,899	42,578
Latino, Foreign-born	7	1,865	26,480	6.8	2,010	29,651	6.9	2,162	31,352	6.4	2,090	32,682
Asian/Pacific Islander	6.9	1,447	20,950	7.1	1,546	21,843	6.9	1,454	20,976	6.1	1,534	24,994
Other/Missing	7.7	56	723	16.9	73	431	10	74	740	9.1	65	717

Low Birth Weight in Los Angeles County by Socioeconomic Status, 2014-2017

	2017			2016			2015			2014		
	Percent	Count LBW	Count Births	Percent	Count LBW	Count Births	Percent	Count LBW	Count Births	Percent	Count LBW	Count Births
Public (i.e., Medi-Cal or other public insurance coverage)	7.6	4,474	59,067	7.4	4,679	63,489	7.6	4,917	64,868	7.2	4,771	66,464
Private (i.e., Private insurance or self-pay)	7	4,442	63,395	7	4,548	65,430	7.1	4,650	65,359	6.7	4,662	69,565

Low Birth Weight in Los Angeles County by *Best Start* Geography, 2014-2017

	2017			2016			2015			2014		
	Percent	Count LBW	Count Births	Percent	Count LBW	Count Births	Percent	Count LBW	Count Births	Percent	Count LBW	Count Births
Broadway-Manchester	8.8	120	1,368	8.9	130	1,465	8.3	119	1,439	10.3	153	1,490
Central Long Beach	6.9	79	1,149	6.8	87	1,280	8.2	108	1,321	8.1	115	1,423
Compton	7.9	162	2,051	8.2	183	2,240	8.1	173	2,129	7.5	171	2,292
East LA	7.2	127	1,764	7.5	143	1,910	7.7	153	1,982	6.6	134	2,037
Lancaster	10.2	242	2,384	8.8	227	2,576	9.4	240	2,543	8.9	223	2,496
Metro LA	8	78	974	8.2	82	1,004	7.8	80	1,020	5.9	63	1,076
Northeast Valley Communities	8	120	1,495	6.3	108	1,716	7	118	1,696	7.8	143	1,831
Palmdale	8.9	212	2,371	9.2	229	2,494	7.9	200	2,525	9.4	236	2,520
Panorama City & Neighbors	7.6	156	2,064	7.9	177	2,254	7.5	161	2,151	6.9	160	2,331
Southeast LA	6.4	139	2,186	5.6	124	2,228	6.9	162	2,341	6.7	156	2,329
South El Monte/El Monte	7	83	1,185	6.1	78	1,273	6.4	94	1,467	6.2	91	1,460
Watts-Willowbrook	8	109	1,358	7.8	115	1,468	8.5	121	1,425	8.8	138	1,569
West Athens	10.3	68	663	8.8	59	674	11.1	77	692	9.6	74	774
Wilmington	5.9	49	833	7	57	816	6.8	60	886	5.5	50	915

CONTEXTUAL INDICATOR 5

Unintentional Injury Deaths Among Children Birth Through Age 5 in Los Angeles County Overall and by Race/Ethnicity, 2008-2017

	L.A. County Overall			White/Other/Unknown			Black			Latino			Asian/Pacific Islander		
	Rate per 100,000	Numerator	Denominator	Rate per 100,000	Numerator	Denominator	Rate per 100,000	Numerator	Denominator	Rate per 100,000	Numerator	Denominator	Rate per 100,000	Numerator	Denominator
2017	4.0	30	755,880	5.4	8	147,032	11.9	6	50,515	3.2	14	437,249	2.1	2	93,982
2016	2.7	21	765,800	2.1	3	141,123	9.6	5	51,916	2.2	10	451,530	3.2	3	94,307
2015	4.8	37	772,656	4.3	6	139,571	16.8	9	53,679	4.3	20	461,728	2.2	2	90,681
2014	5.0	39	774,011	6.6	9	137,384	12.8	7	54,875	4.5	21	471,166	2.4	2	83,514
2013	4.1	32	777,060	2.2	3	135,299	7.2	4	55,769	4.4	21	480,929	5.1	4	78,056
2012	3.6	28	778,668	3.0	4	133,473	5.3	3	56,403	4.1	20	488,679	1.4	1	73,079
2011	4.1	32	777,302	3.8	5	132,128	7.1	4	56,682	4.3	21	490,988	2.8	2	70,522
2010	3.5	27	772,686	2.3	3	130,375	3.5	2	56,508	4.3	21	488,897	1.4	1	70,222
2009	3.8	30	782,721		1			2			25			2	
2008	3.8	30	794,043		1			7			18			4	

Data is not available for all years.

CONTEXTUAL INDICATOR 5

Unintentional Injury Non-Fatal Hospitalizations and Emergency Department Visits Among Children Birth Through Age 5 in Los Angeles County Overall and by Race/Ethnicity, 2015

		Rate per 100,000	Numerator	Denominator
L.A. County Overall	Non-Fatal Hospitalizations	243.7	1,883	755,880
	Non-Fatal Emergency Department Visits	8,098.0	62,570	
White/Other/Unknown	Non-Fatal Hospitalizations	336.2	472	147,032
	Non-Fatal Emergency Department Visits	10,323.8	14,409	
Black	Non-Fatal Hospitalizations	357.7	192	50,515
	Non-Fatal Emergency Department Visits	10,691.3	5,739	
Latino	Non-Fatal Hospitalizations	237.2	1,095	437,249
	Non-Fatal Emergency Department Visits	8,431.6	38,931	
Native American	Non-Fatal Hospitalizations	96.0	1	93,982
	Non-Fatal Emergency Department Visits	4,894.4	51	
Asian/Pacific Islander	Non-Fatal Hospitalizations	135.6	123	93,982
	Non-Fatal Emergency Department Visits	3,793.5	3,440	

Unintentional Injury Deaths Among Children Birth Through Age 5 in Los Angeles County by Cause, 2008-2017

	Burn		Cut/Pierce		Drowning		Fall		Firearm		Motor Vehicle-Involved Accident		Bicycle, Pedestrian or Other Transport		Denominator
	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	
2017	0.0	0	0.0	0	1.1	8	0.0	0	0.0	0	1.1	8	0.3	2	755,880
2016	0.1	1	0	0	0.8	6	0.1	1	0.0	0	0.9	7	0.4	3	765,800
2015	0.4	3	-	0	1.4	11	0.4	3	-	0	0.6	5	0.1	1	772,656
2014	0.0	0	0	0	1.6	12	0.1	1	0.1	1	1.0	8	0.8	6	774,011
2013	0.0	0	0	0	1.2	9	0.4	3	0.0	0	1.2	9	0.1	1	777,060
2012	0.0	0	0	0	0.9	7	0.0	0	0.0	0	1.4	11	0.4	3	778,668
2011	0.3	2	0	0	0.9	7	0.1	1	0.0	0	0.8	6	0.6	5	777,302
2010	0.0	0	0	0	1.3	10	0.8	6	0.0	0	0.1	1	0.9	7	772,686
2009	0.0	0	0	0	1.3	10	0.3	2	0.0	0	1.9	15	0.3	2	782,721
2008	0.0	0	0	0	0.6	5	0.1	1	0.0	0	1.5	12	0.8	6	794,043

	Natural/Environmental		Overexertion		Poisoning		Struck by Object		Suffocation		Other		Denominator
	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	
2017	0.0	0	0.0	0	0.1	1	0.0	0	1.3	10	0.1	1	755,880
2016	0.0	0	0.0	0	0.0	0	0.0	0	0.4	3	0.0	0	765,800
2015	0.4	3	0.0	0	0.1	1	0.1	1	1.0	8	0.1	1	772,656
2014	0.3	2	0.0	0	0.0	0	0.4	3	0.5	4	0.3	2	774,011
2013	0.0	0	0.0	0	0.0	0	0.1	1	1.2	9	0.0	0	777,060
2012	0.0	0	0.0	0	0.1	1	0.3	2	0.4	3	0.1	1	778,668
2011	0.0	0	0.0	0	0.3	2	0.4	3	0.5	4	0.3	2	777,302
2010	0.0	0	0.0	0	0.0	0	0.0	0	0.4	3	0.0	0	772,686
2009	0.0	0	0.0	0	0.1	1	0.0	0	0.0	0	0.0	0	782,721
2008	0.0	0	0.0	0	0.3	2	0.0	0	0.3	2	0.3	2	794,043

Unintentional Injury Non-Fatal Hospitalizations Among Children Birth Through Age 5 in Los Angeles County by Cause, 2015

	Burn/Fire		Cut/Pierce		Drowning		Fall		Firearm		Motor Vehicle-Involved Accident		Bicycle, Pedestrian or Other Transport		Denominator
	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	
2015	180.4	1394	230.5	1,781	15.5	120	3,656.6	28,253	0.1	1	290.7	2246	72.9	563	772,656

	Natural/Environmental		Overexertion		Poisoning		Struck by Object		Suffocation		Other		Denominator
	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	
2015	549.5	4,246	173.2	1338	198.7	1535	1,168.7	9030	19.3	149	1,542.0	11914	772,656

Unintentional Injury Non-Fatal Emergency Department Visits Among Children Birth Through Age 5 in Los Angeles County by Cause, 2015

	Burn/Fire		Cut/Pierce		Drowning		Fall		Firearm		Motor Vehicle-Involved Accident		Bicycle, Pedestrian or Other Transport		Denominator
	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	
2015	180.4	123	230.5	11	15.5	45	3,656.6	865	0.1	2	290.7	77	72.9	22	772,656

	Natural/Environmental		Overexertion		Poisoning		Struck by Object		Suffocation		Other		Denominator
	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	
2015	549.5	93	173.2	3	198.7	169	1,168.7	57	19.3	46	1,542.0	370	772,656

CONTEXTUAL INDICATOR 6

Percentage of Los Angeles County Children Ages 3 and 4 Who Participate in WIC Who Have a Healthy Weight, 2003-2018

Age in Years	2018 (%)	2017 (%)	2016 (%)	2015 (%)	2014 (%)	2013 (%)	2012 (%)	2011 (%)	2010 (%)	2009 (%)	2008 (%)	2007 (%)	2006 (%)	2005 (%)	2004 (%)	2003 (%)
3	60.9	61.7	62.8	62.3	63.5	62.3	60.3	61.6	63.0	61.2	61.0	63.0	62.7	61.9	63.3	66.2
4	58.7	61.5	62.5	63.7	63.0	62.7	61.4	62.3	61.1	59.7	60.3	61.4	61.3	60.9	62.2	65.7

Percentage of Los Angeles County Children Ages 3 and 4 Who Participate in WIC Who Have a Healthy Weight by Race/Ethnicity, 2003-2018

	Age in Years	2018 (%)	2017 (%)	2016 (%)	2015 (%)	2014 (%)	2013 (%)	2012 (%)	2011 (%)	2010 (%)	2009 (%)	2008 (%)	2007 (%)	2006 (%)	2005 (%)	2004 (%)	2003 (%)
White	3	68.0	67.2	68.4	68.9	71.8	71.1	68.8	68.0	71.2	67.3	66.7	69.6	66.8	66.9	67.6	72.6
	4	67.8	67.5	70.9	71.3	69.8	68.0	70.0	66.4	65.9	65.7	68.7	66.5	66.5	68.2	70.6	70.5
Black	3	70.4	70.5	71.5	69.5	71.7	72.1	68.3	72.5	72.2	69.3	70.2	72.6	72.3	70.2	70.6	75.0
	4	69.4	70.4	71.3	70.0	70.8	70.4	70.9	70.0	68.0	69.3	70.0	70.5	67.6	68.7	72.2	72.2
Latino	3	59.0	59.9	61.0	60.7	61.8	60.5	58.7	59.9	61.6	59.9	59.6	61.6	61.4	60.6	62.1	64.6
	4	59.6	61.0	62.2	61.4	61.2	59.9	60.9	59.8	58.4	58.9	60.1	60.0	59.6	60.9	64.6	65.0
Asian	3	71.4	72.1	73.5	73.6	74.0	73.3	73.2	73.7	72.6	72.0	70.9	71.3	71.0	69.4	67.8	70.3
	4	74.0	72.3	74.6	75.4	73.2	73.2	74.0	71.2	71.4	71.1	71.6	69.9	69.4	68.8	70.5	70.5
Other	3	66.4	67.1	69.2	68.3	70.8	67.8	67.3	69.5	67.2	63.1	65.6	67.4	62.4	58.3	65.7	71.8
	4	67.6	68.8	69.1	69.7	69.0	65.2	68.4	65.1	61.7	64.6	62.1	64.1	66.0	62.2	66.1	66.0

Percentage of Los Angeles County Children Ages 3 and 4 Who Participate in WIC Who Have a Healthy Weight by *Best Start* Geography, 2003-2018

	Age in Years	2018 (%)	2017 (%)	2016 (%)	2015 (%)	2014 (%)	2013 (%)	2012 (%)	2011 (%)	2010 (%)	2009 (%)	2008 (%)	2007 (%)	2006 (%)	2005 (%)	2004 (%)	2003 (%)
Broadway-Manchester	3	62	63	62	58	65	62	63	63	63	60	59	60	62	60	63	69
	4	61	65	63	67	63	63	64	63	61	60	60	59	58	60	63	64
Central Long Beach	3	65	63	67	65	64	61	62	63	60	59	63	63	59	60	63	66
	4	65	67	67	64	67	65	61	63	59	61	58	61	58	60	63	68
Compton	3	61	62	65	62	62	66	62	61	64	63	60	64	65	65	68	69
	4	61	60	64	65	64	68	63	63	66	60	63	63	64	67	66	71
East LA	3	56	58	59	58	60	57	53	59	64	61	60	64	60	58	56	64
	4	54	61	59	61	62	57	59	62	59	60	62	59	59	55	60	62
Lancaster	3	67	67	64	65	65	68	62	64	66	65	66	68	67	65	69	71
	4	64	65	68	65	67	66	65	64	68	61	62	63	67	66	65	71
Metro LA	3	54	57	57	57	57	57	53	55	56	55	57	61	59	60	61	59
	4	56	54	56	59	58	57	52	56	54	56	55	59	58	60	57	62
NE Valley Communities	3	66	65	65	63	64	64	65	61	63	63	63	63	62	58	65	65
	4	59	62	63	66	64	64	60	62	59	57	60	61	59	59	61	64
Palmdale	3	65	66	65	67	65	65	62	64	66	64	64	69	66	66	69	71
	4	61	66	68	68	63	65	59	64	64	60	64	66	63	64	68	68
Panorama City	3	62	59	61	60	63	60	61	62	65	59	56	60	61	62	65	66
	4	57	61	60	59	61	60	61	61	61	56	55	56	57	59	61	65
Southeast LA	3	60	63	62	65	69	67	64	65	66	61	62	62	65	63	65	68
	4	57	62	65	66	66	68	65	68	64	61	60	64	63	62	63	68
S. El Monte/El Monte	3	53	53	57	61	60	57	58	60	61	63	62	62	60	63	66	64
	4	54	53	60	61	58	55	62	60	61	60	60	60	62	64	60	64
Watts-Willowbrook	3	59	62	63	61	65	62	64	63	62	61	60	63	62	64	62	68
	4	58	63	63	63	64	67	63	63	61	61	60	61	63	62	61	66
West Athens	3	59	63	64	61	62	61	58	65	67	62	66	69	63	61	65	68
	4	58	60	62	65	62	65	57	62	59	65	62	62	65	63	66	62
Wilmington	3	61	64	59	59	61	59	57	62	64	59	57	61	56	58	63	65
	4	58	60	60	61	62	61	58	65	62	58	55	57	56	56	59	66

CONTEXTUAL INDICATOR 7

English Learner Kindergarteners in Los Angeles County Public Schools by Race/Ethnicity and Socioeconomic Status, 2014-15 to 2019-20

	2019-2020			2018-2019			2017-2018		
	Rate	Count English Learner Kinders	Count All Kinders	Rate	Count English Learner Kinders	Count All Kinders	Rate	Count English Learner Kinders	Count All Kinders
L.A. County overall	29.3%	36,451	124,219	30.3%	38,740	127,978	35.4%	46,540	131,341
African American	1.6%	126	8,065	1.4%	123	8,935	1.6%	142	8,908
American Indian or Alaska Native	20.9%	53	253	10.7%	24	224	10.8%	23	213
Asian	42.3%	3,880	9,182	42.4%	4,243	10,002	49.2%	4,787	9,738
Filipino	10.7%	254	2,375	12.1%	306	2,523	14.6%	364	2,488
Hispanic or Latino	36.6%	29,775	81,353	37.7%	31,626	83,872	44.3%	38,377	86,718
Pacific Islander	7.7%	22	286	7.1%	23	323	10.4%	36	346
White	10.8%	1,869	17,275	11.1%	2,018	18,176	12.7%	2,287	18,049
Two or More Races	3.7%	148	3,979	4.4%	123	2,809	4.7%	172	3,668
Not Reported	22.3%	324	1,451	22.8%	254	1,114	29.0%	352	1,213
Socioeconomically Disadvantaged	87.0%	31,709	85,531	85.5%	33,104	87,365	85.2%	39,639	90,414
Not Socioeconomically Disadvantaged	13.0%	4,742	38,688	14.5%	5,636	40,613	14.8%	6,901	40,927

	2016-2017			2015-2016			2014-2015		
	Rate	Count English Learner Kinders	Count All Kinders	Rate	Count English Learner Kinders	Count All Kinders	Rate	Count English Learner Kinders	Count All Kinders
L.A. County overall	35.6%	47,603	133,902	36.9%	48,007	130,046	38.4%	47,562	123,895
African American	1.7%	156	9,378	1.5%	140	9,508	1.6%	141	9,058
American Indian or Alaska Native	17.9%	40	223	20.6%	46	223	17.4%	45	258
Asian	45.6%	4,125	9,051	48.2%	4,116	8,542	47.7%	3,891	8,151
Filipino	15.6%	378	2,421	16.5%	389	2,364	16.3%	364	2,237
Hispanic or Latino	44.7%	39,803	88,966	46.6%	40,156	86,183	48.9%	39,903	81,551
Pacific Islander	10.9%	37	340	13.7%	53	388	13.0%	51	392
White	13.7%	2,560	18,717	14.3%	2,635	18,484	14.8%	2,674	18,119
Two or More Races	4.2%	152	3,609	4.3%	147	3,436	5.3%	163	3,098
Not Reported	29.4%	352	1,197	35.3%	325	920	32.0%	330	1,031
Socioeconomically Disadvantaged	80.1%	38,140	87,015	86.7%	41,643	91,532	85.0%	40,496	84,794
Not Socioeconomically Disadvantaged	19.9%	9,463	46,887	13.3%	6,364	38,514	15.0%	7,126	39,101

English Learner (EL) and Initial or Reclassified Fluent English Proficient (IFEP/RFEP) Kindergarteners in Los Angeles County Public Schools, 2014-15 to 2019-20

	EL and IFEP/RFEP		EL		IFEP/RFEP		Total Kindergarteners
	Rate	Count	Rate	Count	Rate	Count	
2019-2020	36.0%	44,703	29.3%	36,451	6.6%	8,252	124,219
2018-2019	36.1%	46,143	30.3%	38,740	5.8%	7,403	127,978
2017-2018	38.5%	50,628	35.4%	46,540	3.1%	4,088	131,341
2016-2017	39.0%	52,161	35.6%	47,603	3.4%	4,558	133,902
2015-2016	40.8%	53,081	36.9%	48,007	3.9%	5,074	130,046
2014-2015	42.5%	52,713	38.4%	47,562	4.2%	5,151	123,895

English Learner (EL) and Initial or Reclassified Fluent English Proficient (IFEP/RFEP) Kindergarteners in Los Angeles County Public Schools by Socioeconomic Status, 2014-15 to 2019-20

	Socioeconomically Disadvantaged				Not Socioeconomically Disadvantaged				Total EL and IFEP/RFEP
	Rate EL and IFEP/RFEP	Count EL and IFEP/RFEP	Count EL	Count IFEP/RFEP	Rate EL and IFEP/RFEP	Count EL and IFEP/RFEP	Count EL	Count IFEP/RFEP	
2019-2020	83.7%	37,431	31,709	5,722	16.3%	7,272	4,742	2,530	44,703
2018-2019	82.6%	38,110	33,104	5,006	17.4%	8,033	5,636	2,397	46,143
2017-2018	83.3%	42,152	39,639	2,513	16.7%	8,476	6,901	1,575	50,628
2016-2017	78.3%	40,819	38,140	2,679	21.7%	11,342	9,463	1,879	52,161
2015-2016	84.7%	44,981	41,643	3,338	15.3%	8,100	6,364	1,736	53,081
2014-2015	82.9%	43,691	40,436	3,255	17.1%	9,022	7,126	1,896	52,713

CONTEXTUAL INDICATOR 8

Percentage of Los Angeles County Young Children Enrolled in School District Special Education Services (according to DataQuest) and Population (according to Department of Finance) by Age, 2015-2019

	2019	2018-2019	2019	2018	2017-2018	2018	2017	2016-2017	2017
	Rate	Count in Special Education	Population	Rate	Count in Special Education	Population	Rate	Count in Special Education	Population
Total Children Age 0-5	3.2%	23,134	714,304	3.1%	22,811	731,064	2.9%	21,928	745,774
Age 0	0.1%	128	112,364	0.1%	124	113,016	0.1%	128	120,714
Age 1	0.2%	248	112,774	0.2%	264	120,438	0.2%	264	121,694
Age 2	0.3%	298	118,388	0.3%	309	119,982	0.2%	297	126,363
Age 3	5.2%	6,225	118,831	4.8%	6,040	125,375	4.4%	5,608	126,125
Age 4	6.4%	8,022	125,655	6.2%	7,865	126,307	6.0%	7,558	126,034
Age 5	6.5%	8,213	126,292	6.5%	8,209	125,946	6.5%	8,073	124,844

	2016	2015-2016	2016	2015	2014-2015	2015
	Rate	Count in Special Education	Population	Rate	Count in Special Education	Population
Total Children Age 0-5	2.9%	21,625	757,778	2.7%	20,858	765,423
Age 0	0.1%	136	122,018	0.1%	147	128,194
Age 1	0.2%	236	127,910	0.2%	250	128,609
Age 2	0.2%	294	126,667	0.2%	293	127,207
Age 3	4.3%	5,351	125,853	3.9%	4,867	124,409
Age 4	5.8%	7,258	124,890	5.6%	7,270	130,383
Age 5	6.4%	8,350	130,440	6.3%	8,031	126,621

Percentage of Los Angeles County Young Children Enrolled in School District Special Education Services (according to special request data from CDE) and Population (according to Department of Finance) by Race/Ethnicity, 2016-2019

	2019	2018-2019	2019	2018	2017-2018	2018
	Rate	Count in Special Education	Population	Rate	Count in Special Education	Population
Native American	1.0%	19	1,980	1.0%	19	1,882
Asian	1.7%	1,720	102,589	1.7%	1,756	104,859
Pacific Islander	2.7%	37	1,362	2.9%	40	1,398
Multiracial	3.6%	992	27,429	3.4%	940	27,482
Latino	4.5%	16,238	363,656	4.2%	15,831	375,902
Black	2.7%	1,437	52,473	2.7%	1,435	53,914
White	1.7%	2,832	162,950	1.7%	2,871	167,694

	2017	2016-2017	2017	2016	2015-2016	2016
	Rate	Count in Special Education	Population	Rate	Count in Special Education	Population
Native American	1.4%	26	1,819	1.5%	27	1,781
Asian	1.6%	1,634	103,765	1.6%	1,560	99,260
Pacific Islander	2.0%	30	1,493	2.6%	41	1,581
Multiracial	3.5%	940	27,030	3.1%	829	26,464
Latino	3.9%	15,057	389,809	3.6%	14,445	404,077
Black	2.5%	1,363	55,350	2.5%	1,437	56,921
White	1.8%	2,931	166,508	2.0%	3,338	165,627

CONTEXTUAL INDICATOR 9

Percentage of Third Graders That Met or Exceeded English Language Arts Standards and Count With Test Scores by Race/Ethnicity, 2014-15 to 2018-19

	2018-19		2017-18		2016-17		2015-16		2014-15	
	Percent Met or Exceeded	Count with Test Scores	Percent Met or Exceeded	Count with Test Scores	Percent Met or Exceeded	Count with Test Scores	Percent Met or Exceeded	Count with Test Scores	Percent Met or Exceeded	Count with Test Scores
LA County	48.7%	103,633	48.3%	102,999	43.2%	109,282	41.0%	110,966	35.0%	114,606
White	67.3%	14,717	67.1%	14,896	65.3%	15,148	66.0%	15,569	61.0%	15,963
Latino	41.7%	67,556	40.7%	67,145	35.1%	71,848	33.0%	73,315	27.0%	75,828
Black	32.4%	7,721	34.7%	7,643	29.0%	8,350	29.0%	8,418	24.0%	8,787
Asian	76.9%	7,643	77.2%	7,528	74.1%	8,404	73.0%	8,155	67.0%	8,220
American Indian or Alaska Native	46.6%	163	47.4%	175	44.7%	197	40.0%	249	36.0%	283
Native Hawaiian or Pacific Islander	42.7%	295	51.0%	312	46.4%	373	44.0%	428	32.0%	417
Filipino	73.5%	1,840	73.1%	1,838	68.0%	1,748	69.0%	1,882	62.0%	2,129
2 or more races	71.5%	3,168	71.0%	3,106	66.5%	2,788	65.0%	2,369	61.0%	2,238

Percentage of Third Graders That Met or Exceeded English Language Arts Standards and Count With Test Scores by Socioeconomic Status, 2014-15 to 2018-19

	2018-19		2017-18		2016-17		2015-16		2014-15	
	Percent Met or Exceeded	Count with Test Scores	Percent Met or Exceeded	Count with Test Scores	Percent Met or Exceeded	Count with Test Scores	Percent Met or Exceeded	Count with Test Scores	Percent Met or Exceeded	Count with Test Scores
Economically Disadvantaged	39.6%	73,108	39.2%	73,565	33.4%	76,646	31.0%	78,942	26.0%	79,155
Not Economically Disadvantaged	70.6%	30,525	71.2%	29,434	66.3%	32,636	67.0%	32,024	58.0%	35,451

Percentage of Third Graders That Met or Exceeded English Language Arts Standards and Count With Test Scores by School District, 2018-19

District Name	Total Tested with Scores	Students Tested	Percentage Standard Met and Above
ABC Unified	10,781	1,471	62.3%
Arcadia Unified	4,781	574	75.4%
Azusa Unified	4,209	604	38.7%
Baldwin Park Unified	6,572	842	37.4%
Bassett Unified	1,855	269	45.0%
Bellflower Unified	6,118	838	49.9%
Beverly Hills Unified	1,993	233	71.7%
Bonita Unified	5,202	698	73.6%
Burbank Unified	7,597	939	65.2%
Castaic Union	1,341	182	53.3%
Charter Oak Unified	2,389	324	51.8%
Claremont Unified	3,560	445	58.6%
Covina-Valley Unified	5,764	736	59.1%
Culver City Unified	3,624	491	67.8%
Downey Unified	11,223	1,434	54.3%
Duarte Unified	1,949	253	52.2%
Eastside Union Elementary	2,141	361	23.0%
East Whittier City Elementary	5,740	925	61.0%
El Monte City	5,214	808	47.8%
El Rancho Unified	4,368	560	38.9%
El Segundo Unified	1,740	210	73.3%
Garvey Elementary	2,920	474	57.6%
Glendale Unified	13,210	1,935	65.2%
Glendora Unified	3,744	463	61.6%
Gorman Joint	51	7	-
Hawthorne	4,893	838	46.7%
Hermosa Beach City Elementary	912	144	76.4%
Hughes-Elizabeth Lakes Union Elementary	102	26	73.1%
Inglewood Unified	4,722	745	25.0%
Keppel Union Elementary	1,741	252	30.8%
La Cañada Unified	2,241	297	86.5%
Lancaster Elementary	9,078	1,588	30.9%
Las Virgenes Unified	5,653	899	69.4%
Lawndale Elementary	3,433	540	51.2%
Lennox	3,119	558	42.8%
Little Lake City Elementary	2,788	466	55.4%
Long Beach Unified	36,864	5,334	55.6%

District Name	Total Tested with Scores	Students Tested	Percentage Standard Met and Above
Los Angeles Unified	248,161	38,771	42.9%
Los Nietos	1,025	152	46.1%
Lowell Joint	2,117	344	61.1%
Lynwood Unified	7,097	1,045	41.5%
Monrovia Unified	2,723	358	59.2%
Montebello Unified	12,735	1,751	36.0%
Mountain View Elementary	4,031	715	37.9%
Newhall	3,783	897	65.6%
Norwalk-La Mirada Unified	9,173	1,323	48.8%
Palmdale Elementary	12,276	2,089	30.8%
Palos Verdes Peninsula Unified	5,663	740	81.9%
Paramount Unified	7,854	1,016	41.1%
Pasadena Unified	8,294	1,294	48.4%
Pomona Unified	11,845	1,783	39.3%
Rosemead Elementary	1,616	248	56.5%
San Marino Unified	1,523	203	91.6%
Santa Monica-Malibu Unified	5,290	705	72.7%
Saugus Union	5,472	1,408	65.2%
South Pasadena Unified	2,556	353	85.0%
South Whittier Elementary	1,807	254	36.2%
Sulphur Springs Union	2,981	712	80.5%
Temple City Unified	3,019	385	69.4%
Torrance Unified	11,823	1,576	66.7%
Valle Lindo Elementary	748	99	60.6%
West Covina Unified	4,381	560	49.6%
Westside Union Elementary	6,400	1,046	46.9%
Whittier City Elementary	3,880	644	50.9%
Wilsona Elementary	801	140	31.4%
Compton Unified	11,334	1,724	41.4%
Hacienda la Puente Unified	9,419	1,370	54.0%
Rowland Unified	6,870	905	46.7%
Wainut Valley Unified	7,333	851	75.9%
San Gabriel Unified	2,512	324	59.9%
Acton-Agua Dulce Unified	581	73	37.0%
Manhattan Beach Unified	3,258	408	82.4%
Redondo Beach Unified	5,230	743	77.0%
Alhambra Unified	7,836	944	61.3%
Wiseburn Unified	1,754	236	68.6%

CONTEXTUAL INDICATOR 10

Mothers in Los Angeles County Who Gave Birth in the Last Year That Received Prenatal Care in the First Trimester of Pregnancy by Race or Ethnicity, 2014-2017

	2017			2016			2015			2014		
	Rate	Count First Trimester Care	Count Total L.A. County	Rate	Count First Trimester Care	Count Total L.A. County	Rate	Count First Trimester Care	Count Total L.A. County	Rate	Count First Trimester Care	Count Total L.A. County
White	87.5	102,562	122,462	85.3	107,365	128,919	86.4	108,465	130,227	86.5	113,269	136,029
Black	75.6	20,883	23,867	74.6	21,009	24,643	74.2	21,720	25,141	75.4	21,749	25,139
Latina, U.S.-born	82.2	6,761	8,939	82.1	6,941	9,310	81.9	6,825	9,199	82.0	7,476	9,919
Latina, Foreign-born	84.4	34,107	41,503	84.6	35,032	42,689	84.9	35,071	42,819	85.5	34,926	42,578
Asian/Pacific Islander	85.4	22,346	26,480	85.5	25,088	29,651	84.3	26,620	31,352	82.5	27,941	32,682
Other/Missing	78.1	17,900	20,950	70.5	18,684	21,843	73.6	17,684	20,976	77.4	20,622	24,994

Mothers in Los Angeles County Who Gave Birth in the Last Year That Received Prenatal Care in the First Trimester of Pregnancy by Socioeconomic Status, 2014-2017

	2017			2016			2015			2014		
	Rate	Count First Trimester Care	Count Total L.A. County	Rate	Count First Trimester Care	Count Total L.A. County	Rate	Count First Trimester Care	Count Total L.A. County	Rate	Count First Trimester Care	Count Total L.A. County
Public (i.e., Medi-Cal or other public insurance coverage)	93.5	565	723	80.5	431	611	80.3	545	740	80.7	555	717
Private (i.e., Private insurance or self-pay)	74.7	55,205	59,067	86.0	51,103	63,489	86.3	52,083	64,868	85.8	53,610	66,464

Mothers in Los Angeles County Who Gave Birth in the Last Year That Received Prenatal Care in the First Trimester of Pregnancy by *Best Start* Geography, 2014-2017

	2017			2016			2015			2014		
	Rate	Count First Trimester Care	Count Total L.A. County	Rate	Count First Trimester Care	Count Total L.A. County	Rate	Count First Trimester Care	Count Total L.A. County	Rate	Count First Trimester Care	Count Total L.A. County
Broadway-Manchester	76.8	47,357	63,395	77.1	56,262	65,430	78.0	56,382	65,359	77.7	59,659	69,565
Central Long Beach	81.4	1,051	1,368	80.4	1,130	1,465	72.8	1,122	1,439	75.3	1,157	1,490
Compton	83.4	935	1,149	82.8	1,029	1,280	81.7	962	1,321	83.1	1,071	1,423
East LA	85.4	1,711	2,051	84.7	1,855	2,240	85.3	1,739	2,129	84.7	1,905	2,292
Lancaster	67.5	1,507	1,764	68.7	1,617	1,910	65.4	1,691	1,982	65.8	1,725	2,037
Metro LA	76.1	1,609	2,384	75.0	1,769	2,576	76.6	1,663	2,543	77.5	1,642	2,496
Northeast Valley	83.8	741	974	82.4	753	1,004	84.7	781	1,020	85.0	834	1,076
Palmdale	68.5	1,253	1,495	67.4	1,414	1,716	64.7	1,437	1,696	62.7	1,557	1,831
Panorama City & Neighbors	86.7	1,625	2,371	86.5	1,681	2,494	86.9	1,633	2,525	87.4	1,580	2,520
Southeast LA	85.2	1,789	2,064	85.1	1,949	2,254	86.6	1,870	2,151	86.4	2,038	2,331
South El Monte/EI Monte	87.8	1,862	2,186	88.7	1,897	2,228	86.4	2,027	2,341	86.7	2,013	2,329
Watts/Willowbrook	79.3	1,041	1,185	81.1	1,129	1,273	82.0	1,268	1,467	83.9	1,266	1,460
West Athens	77.8	1,077	1,358	77.0	1,191	1,468	78.0	1,169	1,425	76.7	1,316	1,569
Wilmington	85.1	516	663	78.1	519	674	75.4	540	692	75.8	594	774
L.A. County (without BSG)	84.6	709	833	637	816	816	668	886	886	0.0	694	915

CONTEXTUAL INDICATOR 11

Percentage of New Mothers That Had at Least One Postpartum Checkup by Race/Ethnicity, 2010, 2012, 2014 and 2016

	2016	2014	2012	2010
White	93.8	94.8	92.7	94.0
Asian/Pacific Islander	93.3	94.0	88.4	93.5
Latina	89.5	91.1	90.0	91.0
Black	86.9	88.1	84.6	85.5

Percentage of New Mothers That Had at Least One Postpartum Checkup by Service Planning Area, 2010, 2012, 2014 and 2016

	2016	2014	2012	2010
SPA 1	84.2	84.8	80.3	85.2
SPA 2	93.2	93.9	92.4	93.8
SPA 3	91.1	92.3	87.9	92.9
SPA 4	89.1	93.5	91.8	90.8
SPA 5	96.2	96.2	95.3	95.7
SPA 6	87.0	88.7	88.5	88.1
SPA 7	91.4	93.9	91.2	88.7
SPA 8	90.6	90.5	88.7	92.7

CONTEXTUAL INDICATOR 12

Percentage of New Mothers Experiencing Before Pregnancy Depression by Race/Ethnicity and Service Planning Area, 2012, 2014 and 2016

	2016 (%)	2014 (%)	2012 (%)
L.A. County	9.6	10.0	11.0
White	9.5	9.0	8.1
Latina	8.8	9.6	11.5
Black	14.7	13.4	14.8
Asian/Pacific Islander	10.0	11.1	10.9
SPA 1: Antelope Valley	15.5	11.0	9.6
SPA 2: San Fernando	6.1	7.8	9.0
SPA 3: San Gabriel	9.0	13.6	12.3
SPA 4: Metro	9.7	8.9	10.0
SPA 5: West	11.3	6.8	7.7
SPA 6: South	11.6	9.6	13.5
SPA 7: East	9.3	10.6	13.3
SPA 8: South Bay	10.9	9.5	9.9

Percentage of New Mothers Experiencing Prenatal Depression by Race/Ethnicity and Service Planning Area, 2012, 2014 and 2016

	2016 (%)	2014 (%)	2012 (%)
L.A. County	25.0	26.1	29.7
White	18.5	18.6	16.7
Latina	27.5	30.3	34.8
Black	35.8	32.5	39.5
Asian/Pacific Islander	19.4	18.7	21.3
SPA 1: Antelope Valley	25.3	30.7	35.6
SPA 2: San Fernando	24.4	26.0	28.4
SPA 3: San Gabriel	24.9	25.1	25.0
SPA 4: Metro	25.6	25.5	27.5
SPA 5: West	18.1	14.4	16.8
SPA 6: South	29.6	32.5	42.0
SPA 7: East	25.6	28.2	34.1
SPA 8: South Bay	23.3	23.4	26.5

Percentage of New Mothers Experiencing Postpartum Depression by Race/Ethnicity and Service Planning Area, 2012, 2014 and 2016

	2016 (%)	2014 (%)	2012 (%)
L.A. County	25.2%	—	—
White	22.5%	44.9%	47.6%
Latina	26.3%	46.5%	49.4%
African American	28.2%	46.6%	46.2%
Asian/Pacific Islander	24.0%	51.4%	40.0%
SPA 1: Antelope Valley	24.4%	45.5%	52.2%
SPA 2: San Fernando	25.2%	49.6%	49.5%
SPA 3: San Gabriel	28.1%	51.5%	38.9%
SPA 4: Metro	22.1%	43.0%	48.7%
SPA 5: West	16.9%	44.2%	52.7%
SPA 6: South	28.7%	42.9%	48.3%
SPA 7: East	23.4%	45.3%	50.7%
SPA 8: South Bay	24.8%	46.9%	46.8%

CONTEXTUAL INDICATOR 13

Percent of Mothers Reporting any Breastfeeding at One Week, One Month and Three Months, 2014 and 2016

	2016 (%)	2014 (%)
One Week	88.8	86.9
One Month	82.9	80.3
Three Months	70.8	65.5

Percent of Mothers Reporting any Breastfeeding at One Week, One Month and Three Months by Race/Ethnicity, 2014 and 2016

		2016 (%)	2014 (%)
White	One Week	93.5	92.2
	One Month	89.7	87.5
	Three Months	81.5	76.7
Latina	One Week	87.1	85.8
	One Month	79.4	77.3
	Three Months	65.2	60.1
Black	One Week	81.7	78.5
	One Month	77	69.4
	Three Months	64	52.8
Asian/Pacific Islander	One Week	91.8	88
	One Month	89.3	86.1
	Three Months	80.1	75.4

CONTEXTUAL INDICATOR 14

Percentage of Mothers in Los Angeles County With Children Birth Through Age 5 by Highest Level of Education Completed, 2014-2017

	2017 (%)	2016 (%)	2015 (%)	2014 (%)
Less than High School/ Unknown	15.2	16.5	17.5	18.2
High School Graduate	24.2	24.1	24.8	24.2
Some College	26.1	26.7	25.8	25.1
College Graduate	34.4	33.8	32	32.6

Percent of Mothers Reporting Any Breastfeeding at One Week, One Month and Three Months by Service Planning Area, 2014-2016

		2016 (%)	2014 (%)
SPA 1: Antelope Valley	One Week	83.9	84.8
	One Month	77.1	72.1
	Three Months	59.9	56.9
SPA 2: San Fernando	One Week	89.3	89.7
	One Month	83.5	85.3
	Three Months	71.4	68.3
SPA 3: San Gabriel	One Week	88.2	85.5
	One Month	83.6	79.2
	Three Months	71.9	67.9
SPA 4: Metro	One Week	93.5	89.9
	One Month	86.7	85.3
	Three Months	77.4	70.8
SPA 5: West	One Week	96.7	95
	One Month	94.5	93.2
	Three Months	90.1	85.3
SPA 6: South	One Week	83.5	82.4
	One Month	74.8	72.2
	Three Months	58.9	56.4
SPA 7: East	One Week	87.5	85.8
	One Month	79.7	78.2
	Three Months	67.9	61.2
SPA 8: South Bay	One Week	90.6	86
	One Month	86.5	78.8
	Three Months	74.2	62.4

Percentage of Mothers in Los Angeles County With Children Birth Through Age 5 by Highest Level of Education Completed by Race/Ethnicity, 2014-2017

		2017 (%)	2016 (%)	2015 (%)	2014 (%)
White	Less than High School/ Unknown	2.1	2.4	2.3	2.5
	High School Graduate	11.2	11.5	12.2	12
	Some College	22.3	23.1	23.6	24.1
	College Graduate	64.3	63	61.9	61.3
Black	Less than High School/ Unknown	11.1	11.8	12.2	13
	High School Graduate	29.7	29.7	30.2	30.7
	Some College	36.9	36.1	36.2	36.2
	College Graduate	22.3	22.4	21.4	20.1
Latinx, US Born	Less than High School/ Unknown	14.5	15.7	16.2	17.5
	High School Graduate	33.5	33.4	33.8	33.9
	Some College	35.2	34	34.3	33.2
	College Graduate	16.8	17	15.7	15.4
Latinx, Foreign-born	Less than High School/ Unknown	40.5	41.5	43.4	45.6
	High School Graduate	31.2	30.4	30.8	30.3
	Some College	17	16.7	15.8	15
	College Graduate	11.3	11.5	10	9.2
Asian/Pacific Islander	Less than High School/ Unknown	1.7	1.9	1.9	1.6
	High School Graduate	9.4	9.5	10.2	9.3
	Some College	19.5	20	21	20.9
	College Graduate	69.4	68.6	67	68.3
Other / Missing	Less than High School/ Unknown	11.8	12.4	12.7	12.6
	High School Graduate	23.2	18.3	20.1	21.8
	Some College	30.2	31.8	31.4	33.2
	College Graduate	34.9	37.6	35.8	32.5

CONTEXTUAL INDICATOR 14

Percentage of Mothers in Los Angeles County With Children Birth Through Age 5 by Highest Level of Education Completed and by Socioeconomic Status, 2014-2017

		2017 (%)	2016 (%)	2015 (%)	2014 (%)
Public (i.e., Medi-Cal or other public insurance coverage)	Less than High School/ Unknown	28.6	30.1	31.7	33.3
	High School Graduate	36.1	35.7	35.8	35.3
	Some College	26	24.6	24.1	23.1
	College Graduate	9.3	9.6	8.4	8.2
Private (i.e., Private insurance or self-pay)	Less than High School/ Unknown	2.8	3.2	3.3	3.6
	High School Graduate	13.2	12.8	13.8	13.5
	Some College	25.3	26.8	27.4	27
	College Graduate	57.8	57.2	55.5	55.8

Percentage of Mothers in Los Angeles County With Children Birth Through Age 5 by Highest Level of Education Completed and by *Best Start* Geography, 2014-2017

		2017 (%)	2016 (%)	2015 (%)	2014 (%)
Broadway-Manchester	Less than High School/ Unknown	35.4	36.5	38.3	39.5
	High School Graduate	35.5	36	36.3	36.6
	Some College	22.9	22.5	20.5	19
	College Graduate	6.3	5.1	4.9	5
Central Long Beach	Less than High School/ Unknown	35.9	33.1	36.5	34.8
	High School Graduate	25.3	29.5	30.3	30.8
	Some College	27.8	27.8	24.2	26.4
	College Graduate	11	9.7	9.1	8.1
Compton	Less than High School/ Unknown	28.1	28.8	32.2	31.3
	High School Graduate	37.9	38.9	37.4	39.7
	Some College	26.1	24.6	23.6	21.9
	College Graduate	7.9	7.7	6.9	7.2
East LA	Less than High School/ Unknown	24.4	28.2	28.6	31.2
	High School Graduate	38.9	37.2	39.5	38.9
	Some College	25.3	25.6	23.4	21.3
	College Graduate	11.3	9	8.6	8.6
Lancaster	Less than High School/ Unknown	16.5	18.8	19.1	20.9
	High School Graduate	28.3	25.9	26.5	25.3
	Some College	41.8	42.2	41.9	41.1
	College Graduate	13.3	13.1	12.5	12.8
Metro LA	Less than High School/ Unknown	35.7	41.1	45.2	49.3
	High School Graduate	27.3	25.6	26.6	22.2
	Some College	22.7	19.1	17.8	18.9
	College Graduate	14.3	14.1	10.4	9.7
Northeast Valley Communities	Less than High School/ Unknown	31.1	26	27.6	23.7
	High School Graduate	32.3	34.1	30.8	35.9
	Some College	24.6	26.8	27.1	29.7
	College Graduate	12	13.1	14.5	10.7
Palmdale	Less than High School/ Unknown	20	21.7	24.8	25.6
	High School Graduate	30.5	31	28.6	27
	Some College	38.3	37	36.1	37.9
	College Graduate	11.2	10.3	10.5	9.5
Panorama City & Neighbors	Less than High School/ Unknown	28.3	31.6	34	37.8
	High School Graduate	31.3	28.3	29.4	26.9
	Some College	24.1	23.1	21.9	21.8
	College Graduate	16.3	17	14.7	13.5
Southeast LA	Less than High School/ Unknown	27.1	28.8	31.5	34
	High School Graduate	38.7	41.4	38.8	39.9
	Some College	25.3	23.6	23.2	19.6
	College Graduate	9	6.2	6.5	6.5
South El Monte/EI Monte	Less than High School/ Unknown	28.6	28	24.9	22.5
	High School Graduate	35.1	34.7	32.1	36
	Some College	22	25	27.5	28.2
	College Graduate	14.3	12.4	15.5	13.3
Watts-Willowbrook	Less than High School/ Unknown	37.1	35.7	34	35.2
	High School Graduate	41	39.7	37.8	38.2
	Some College	17.3	20	21.9	20.8
	College Graduate	4.7	4.6	6.3	5.8
West Athens	Less than High School/ Unknown	29.6	30.4	29.1	25.8
	High School Graduate	37	33.8	34.1	35.4
	Some College	26.1	24.9	25.2	28.5
	College Graduate	7.4	11	11.6	10.3
Wilmington	Less than High School/ Unknown	34.1	31.6	33.3	34
	High School Graduate	28.8	29.3	32.4	32.2
	Some College	27.3	26.1	22.4	23.7
	College Graduate	9.8	13	12	10.1

CONTEXTUAL INDICATOR 15

Average Number of Assets of Children at Birth in Los Angeles County by Race/Ethnicity of the Mother, 2016 and 2017

	2017 (%)	2016 (%)
White	10.3	10.1
Black	7.9	7.9
Latino, U.S.-born	8.6	8.5
Latino, Foreign-born	8.7	8.7
Asian/Pacific Islander	10.4	10.4
Other/Missing	8.8	8.6

Average Number of Assets of Children at Birth in Los Angeles County by *Best Start* Geography, 2016 and 2017

	2017 (%)	2016 (%)
Broadway-Manchester	7.7	7.7
Central Long Beach	7.9	8.0
Compton	8.1	8.2
East LA	8.9	8.8
Lancaster	7.1	7.0
Metro LA	8.1	7.9
Northeast Valley Communities	8.3	8.2
Palmdale	7.2	7.1
Panorama City & Neighbors	8.6	8.6
Southeast LA	8.6	8.6
South El Monte/El Monte	8.9	9.0
Watts-Willowbrook	7.8	7.9
West Athens	7.9	7.7
Wilmington	8.5	8.1

CONTEXTUAL INDICATOR 16

Percentage of Children Birth Through Age 5 Living in Poverty in Los Angeles County, California and the United States, 2010-2018

	2018			2017			2016		
	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator
United States	21.4	4,996,033	23,367,117	22.4	5,250,922	23,444,808	23.5	5,535,200	23,532,756
California	20.2	589,506	2,917,731	21.6	634,326	2,940,017	22.9	677,883	2,953,752
L.A. County	22.5	164,843	731,547	24.2	179,496	742,837	25.8	192,865	747,067

	2015			2014			2013		
	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator
United States	24.3	5,748,795	23,620,492	24.7	5,859,390	23,709,036	24.5	5,831,985	23,785,039
California	23.7	704,354	2,969,136	24.0	716,492	2,982,417	23.7	708,349	2,989,382
L.A. County	26.7	201,599	753,904	27.0	204,971	757,782	26.6	202,606	761,050

	2012			2011			2010		
	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator
United States	23.8	5,677,509	23,846,195	22.9	5,445,386	23,821,023	22.0	5,223,584	23,755,763
California	22.8	685,358	3,001,963	21.5	644,967	2,995,678	20.5	612,940	2,990,290
L.A. County	25.7	196,831	765,539	24.5	189,044	770,289	23.6	183,625	776,667

CONTEXTUAL INDICATOR 16

Percentage of Los Angeles County Children
Birth Through Age 5 Living in Poverty by
Race/Ethnicity, 2018

	%	Numerator	Denominator
White, Non-Latino	7.8	9,783	124,740
Pacific Islander alone	9.5	246	2,581
Asian alone	10.6	8,425	79,730
Multiracial	12.6	7,765	61,459
Latino	28.8	127,354	442,265
Native American	30.6	1,600	5,227
Black	31.3	16,150	51,630
Other race alone	31.3	58,607	187,206

Percentage of Los Angeles County Children
Birth Through Age 5 Living in Poverty by
Best Start Geography, 2018

	%	Numerator	Denominator
Broadway-Manchester	40.1	3,687	9,190
Central Long Beach	41.1	4,193	10,196
Compton	29.2	3,704	12,679
East LA	28.1	3,174	11,311
Lancaster	30.7	4,796	15,627
Metro LA	49.4	3,884	7,869
Northeast Valley Communities	24.3	2,583	10,633
Palmdale	29.4	5,034	17,139
Panorama City & Neighbors	36.8	5,411	14,693
Southeast LA	39.6	6,231	15,731
South El Monte/Ei Monte	32.8	2,573	7,848
Watts-Willowbrook	44.8	4,048	9,026
West Athens	42.9	1,771	4,126
Wilmington	33.0	2,211	6,707
Remainder of L.A. County	19.3	111,543	578,772



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First5LA.org

FIRST 5 LA

SUBJECT:

Learning from the First Two Years of the Best Start Regional Network Approach

BACKGROUND:

The North Star guiding First 5 LA's work is: *By 2028, all children in Los Angeles County will enter kindergarten ready to succeed in school and life.* Progress towards that goal, however, requires more than publicly funded, professionally delivered services. First 5 LA supports the strengthening of public and community systems, advancing and building on community experience, and expanding influence and impact with data in 14 geographic areas in Los Angeles County through an initiative called Best Start. This investment was created in 2010 to cultivate community partnerships, i.e. collaborative spaces where community members would become powerful catalysts to achieve and sustain positive outcomes for children and families in their communities. Through Best Start, our goal is to catalyze, strengthen and elevate empowering and innovative approaches generated by communities that improve the lives of children prenatal to age 5, their families and communities. This is consistent with Strategic Plan Objective 2.1, which focuses on demonstrating impact at a local level as "proof of concept" to inform countywide system improvement efforts.

Following a comprehensive community planning process, this investment has evolved into five regions, consisting of the 14 geographic areas, and supports the emergence of regional and local networks of parents, residents, other community leaders and organizational partners, including but not limited to the Best Start community partnerships. This shift to networks recognizes the critical role networks play in developing, uplifting, and sustaining systems changes. In 2018, First 5 LA Board of Commissioners approved 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). The RNGs manage regional work and the strategic progress of the local networks, along with contracted partners.

Prior to Board approval of the five RNGs, First 5 LA embraced a learning agenda approach for the Best Start regional network approach. A learning agenda is a framework for learning to generate real-time, actionable information to inform decision-making, continuous improvement and evidence-building. Staff identified five questions, with input from community members and the Board, to guide learning efforts. A first version of the learning agenda (referred to as Learning Agenda 1.0) was developed with the understanding that would evolve over time to allow for engagement of more stakeholders, varied data sources, and the emergence of new areas of inquiry.

In February 2019, staff provided a written update on the Best Start Learning Agenda 1.0 to the Program and Planning Committee (PPC), and in April 2019, staff provided initial learning from Year 1 of the regional structure. In June 2020, the First 5 LA Board of Commissioners approved a contract with Appreciative Development for Justice (ADJ) Consulting to support the first iteration of Best Start Learning Agenda. First 5 LA has been working with ADJ Consulting to inform the future direction of the Best Start Learning Agenda, revisit its focus, and support collaboration with contracted partners required for successful learning.

The October 2020 Board presentation will highlight learning generated from the Best Start Learning Agenda 1.0 and considerations for adapting the learning agenda to reflect changing priorities and context consistent with the 2020-2028 Strategic Plan.

DISCUSSION:

The Best Start Learning Agenda 1.0 was guided by five questions, which are listed in the table below. This iteration of the learning agenda was focused exclusively on the Best Start regional network approach.

Area of Inquiry	Learning Agenda 1.0 Questions
Approach & Structure	1. How is the approach to building the capacity of Best Start networks to engage in policy and systems change being implemented? 2. How are community partnerships evolving into networks and connecting with advocates, leaders, and organizations?
Positioning & Systems Change	3. To what extent does the approach position the Best Start networks to drive a change agenda? 4. To what extent do policy, systems, and community changes occur through Best Start networks efforts?
First 5 LA Adapting & Evolving	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?

Over the last two years of implementation, findings from the Learning Agenda 1.0 identify strengths, areas of improvement, and opportunities for adaptation (see Attachments A-C). The accompanying PowerPoint presentation provides learning highlights derived from details included in the attachments.

As noted previously, the Best Start Learning Agenda was developed with the understanding that it would evolve over time. The 2020-2028 Strategic Plan is an opportunity to refine the learning agenda to reflect the evolution of the work. Version 2.0 will include perspectives of communities, grantees and contractors, a diversity of data sources, other First 5 LA efforts within the five Best Start regions across our strategic priority areas, and the appropriate level of external resources to support data collection, analysis and sensemaking. The Best Start Learning Agenda 2.0 will be a more comprehensive framework for describing how First 5 LA's work is unfolding within the five Best Start regions and contributing to the long-term systems outcomes and results for children and families.

NEXT STEPS:

An RFQ will be released in October 2020 to hire a contractor that will support the development of the Best Start Learning Agenda 2.0 as well as to design and conduct research and learning activities guided by the agenda. Additionally, staff acknowledges that the information contained in this memo and presentation to the Board reflect generalized learnings across regions. To address this, staff is planning a series of Board discussions beginning in the Spring 2021 to share region-specific updates and learning.

Learning from the First Two Years of the Best Start Regional Network Approach

Board of Commissioners
Meeting

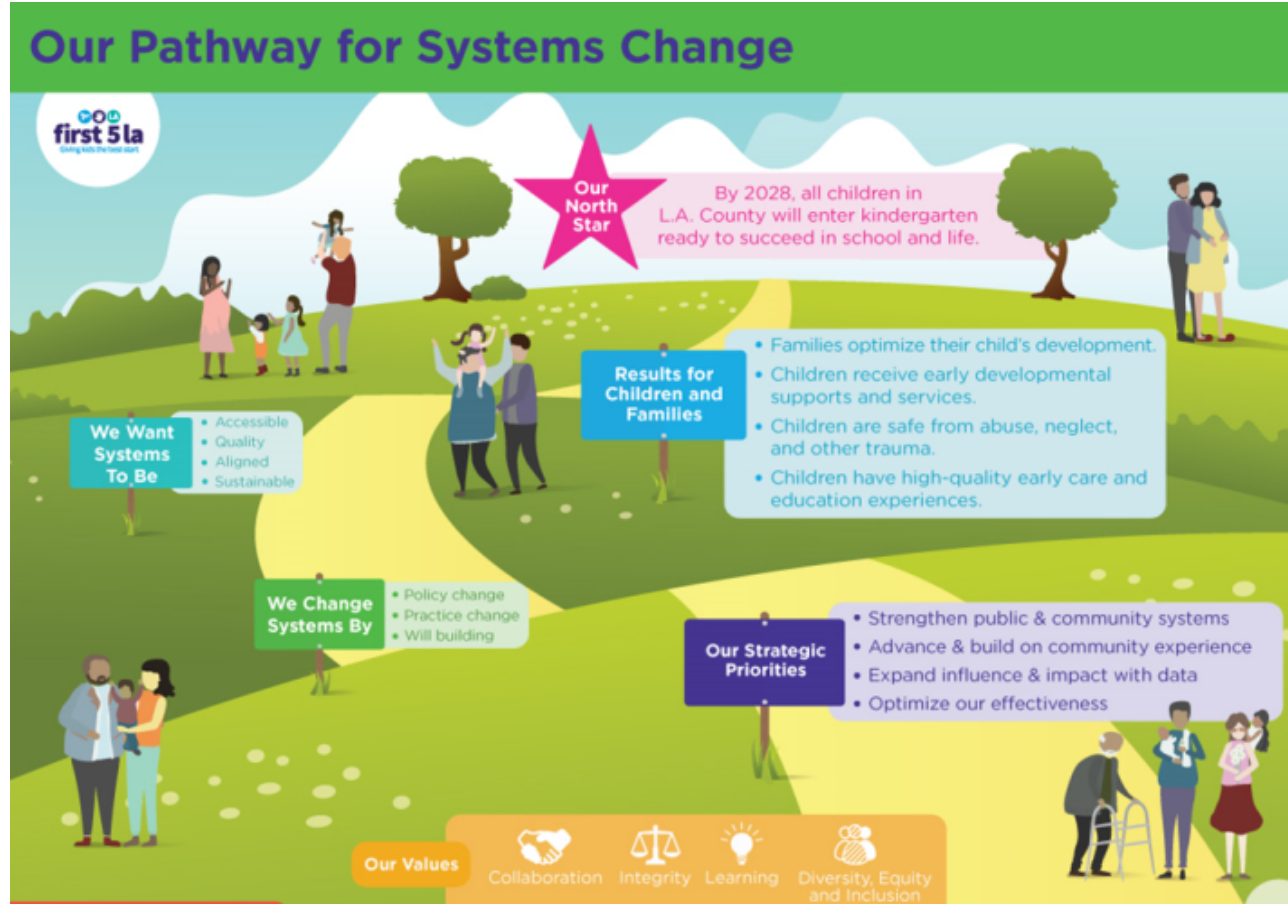
October 8, 2020



Presentation Objectives

- ✓ Share learning highlights from the first two years of implementation
- ✓ Share observations from the place-based field
- ✓ Outline next steps

Best Start Affirmed in 2020-2028 Strategic Plan



Strengthen Public & Community Systems

Obj 1.7 - Partner with Best Start Networks to inform County and State system improvement efforts and advance local priorities.

Advance & Build on Community Experience

Obj 2.1. - Demonstrate impact at a local level as "proof of concept" to inform countywide system improvement efforts.

Expand Influence and Impact with Data

Obj 3.3 – Generate and share learning on family and community engagement.

Optimize our Effectiveness

Obj 4.4 – Embody values and showcase in interactions internally and externally.

A Learning Agenda for Best Start

- ✓ Moved **from judgment and compliance** mindset to a **developmental mindset** focused on **improvement and growth**.
- ✓ **Developed by First 5 LA staff** with feedback from First 5 LA Board and community members **prior to the selection** of the Regional Network grantees and **transition** to the regional approach.
- ✓ Dependent on **grantee reports, interviews, Community of Practice, and reflective sessions** as the primary data sources.
- ✓ Developed with the understanding that it would be **Version 1.0** and **would evolve over time** to allow for engagement of more stakeholders, varied data sources, and the emergence of new areas of inquiry.
- ✓ Managed primarily by First 5 LA staff with **some consultant support**.

Best Start Learning Agenda 1.0 Questions

Approach & Structure

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?

Positioning & Systems Change

3. To what extent does the approach to building capacity **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?

First 5 LA Adapting & Evolving

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?

Early Signs of Progress

- **Expanding the network**, stronger **connectivity**, and **innovative practices** positioned communities to adapt and respond to rapidly changing context (e.g. COVID and racial justice uprisings).
- Taking a **both/and approach to systems change** – efforts to meet the immediate needs of families while implementing systems change strategies.
- Transitioning to the regional network approach enabled First 5 LA to re-envision our role from **doer to partner**.

Overall Reflections

- ✓ Learned a lot about **transitions, timing and expectations** for how various stakeholders would work together.
- ✓ **Reconsidering our policies and practices** (e.g. timelines, scopes of work, multi-year contracts, etc.) to reflect the complexity of the work communicates trust and commitment.
- ✓ Having a comprehensive understanding of **sustainability – i.e. funding, relationships, culture and practice, and structures** – invites First 5 LA's active participation in sustaining Best Start systems change efforts beyond our funding.

Observations from the Field

Audrey D. Jordan, Ph.D., CPC
Founder, ADJ Consulting & Coaching
Appreciative Development for Justice

- ✓ Importance of a learning system to describe and understand complexity
- ✓ Best Start in the context of other place-based initiatives
- ✓ Considerations for moving forward

Why Adapt? Learning Agenda 2.0

- ✓ **More experience** to identify gaps in approach and knowledge generation
- ✓ **Include** parents, caregivers and other community leaders
- ✓ **Integrate** stakeholders involved in other First 5 LA efforts within Best Start geographies across strategic priorities
- ✓ **Diversify** the data sources to build a stronger evidence base
- ✓ **Facilitate** the creation of a learning ecosystem that is inclusive of learning and evaluation efforts of grantees and contractors
- ✓ **Improve** the overall approach including appropriate level of external resources to support data collection, analysis and sensemaking

406

Next Steps

- RFQ for Best Start Learning Agenda 2.0 Research Team – *anticipated release in October 2020*
- Region-specific discussions in the Spring 2021 during Program & Planning Committee meetings

Discussion Prompts

1. What are your overall reflections and questions?
2. As we consider region-specific discussions, what are you most interested in learning about the five Best Start regions?

Appendix A:

Brief History of Best Start



Brief History: 2009 - 2017

2009: Para Los Niños begins providing direct operational support to one community partnership as a pilot

2010: First 5 LA begins providing direct operational support to 13 additional community partnerships

- The structure of support for Best Start did not support community self-governance, ownership, priority-setting and advocacy; *First 5 LA was the driver.*
- First 5 LA staff played too many roles (i.e., funder, convener, planner, coordinator, capacity builder, contract manager, fiscal agent, etc.), which diminished our organizational effectiveness.

Brief History: 2017 - 2018

Based on a comprehensive planning process, the regional approach with local customization offered the greatest opportunity strengthening relationships, leveraging and mobilizing resources, and promoting sustainability.

May 2017: First 5 LA Board approves new structure for Best Start developed through a comprehensive planning and community engagement process

April 2018: First 5 LA Board approves five Regional Network grantees recommended after a review and selection process that involved 19 community members and 19 staff.

July 2018: First 5 LA transitions operations to the five Regional Network grantees

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

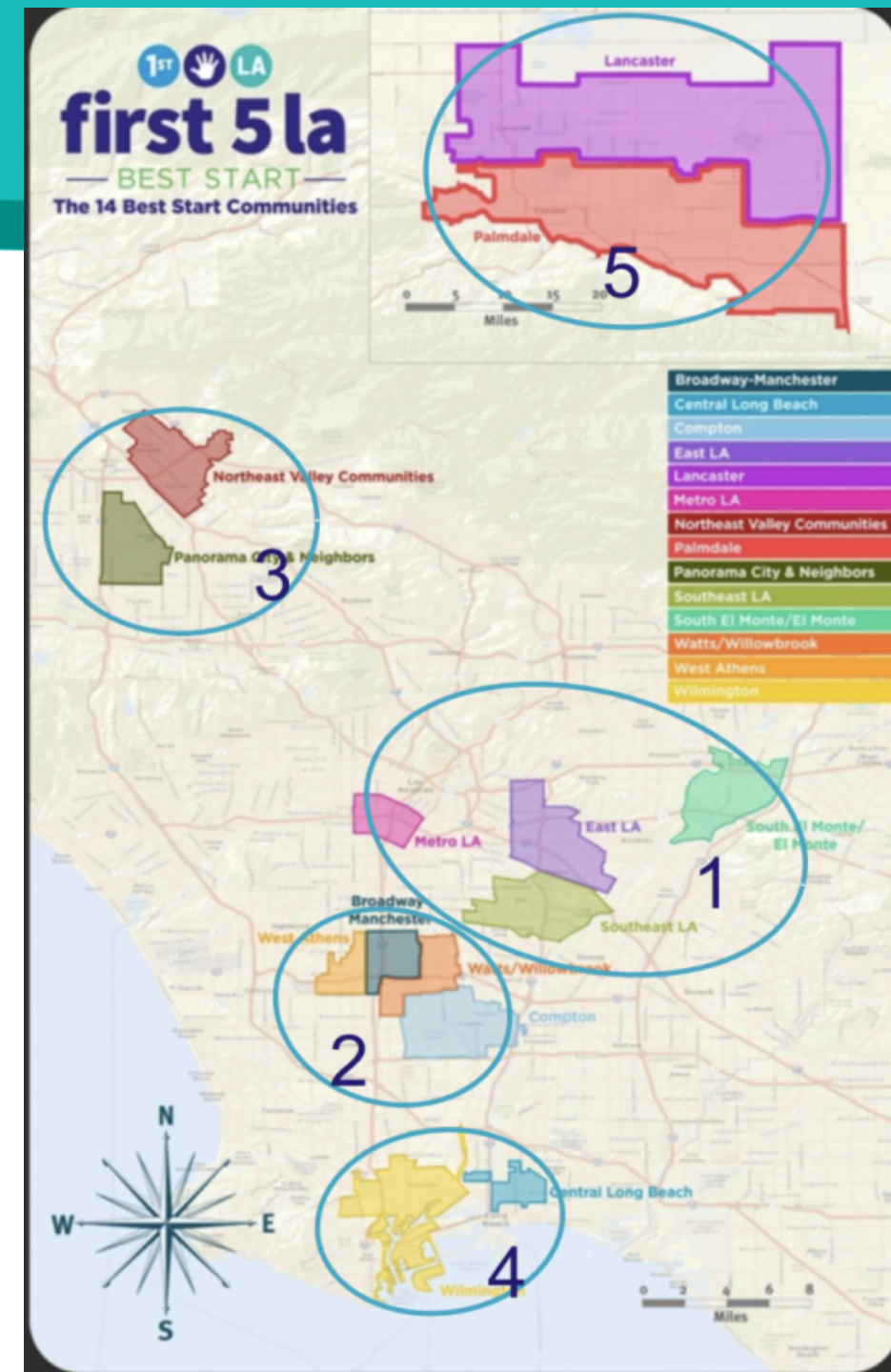
- Grantee: El Nido Family Services

Region 4: Port Cities: Central Long Beach, Wilmington

- Grantee: The Nonprofit Partnership

Region 5: Antelope Valley: Lancaster, Palmdale

- Grantee: Children's Bureau



Appendix B:

Learning Agenda Overview *plus*

Learning Highlights from the First Two Years of Implementation



What is a Learning Agenda?

A framework for learning to generate **real-time, actionable** information to inform **decision-making, continuous improvement** and **evidence-building**.

- ✓ **Flexible:** Adapts to changing priorities and circumstances.
- ✓ **Realistic:** Invites focus in consideration of what can be reasonably accomplished with internal and external resources.
- ✓ **Inclusive:** Invites stakeholder participation to capture various perspectives and uses.

Best Start Learning Agenda 1.0 Questions

Approach & Structure

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?

Positioning & Systems Change

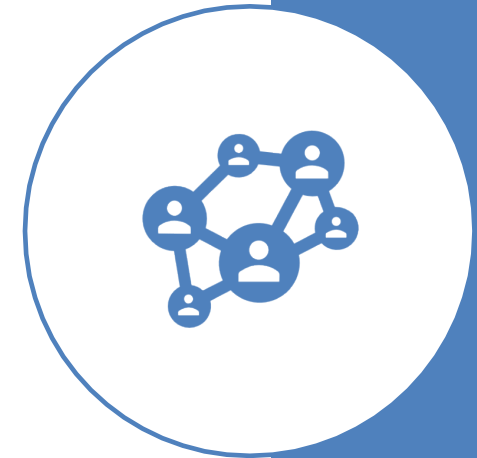
3. To what extent does the approach to building capacity **position** the Best Start networks to **drive** policy and **systems change**?
4. To what extent does policy and **systems change occur** through Best Start networks' efforts? What **factors influence the effectiveness** of their efforts and how?

First 5 LA Adapting & Evolving

3. 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?

Learning Highlights: Approach & Structure

- Early learning suggests that the network approach to Best Start holds promise but what it looks like in practice is adapting and evolving in response to community context within each region.
- We learned a lot about transitions, timing and expectations for how various stakeholders would work together.
- We invested in relationship building with the grantees. Moving forward, we are thinking through ways of strengthening relationships and learning across RNGs, LNCs, community leaders, and F5LA.



Learning Highlights: Positioning & Systems Change

- A systems change approach did not resonate with community leaders because the results are more future-focused.
- Steep learning curve around systems change is, what it means and how communities can drive a systems change agenda to achieve results.
- As communities embrace systems change and build power to address the root causes of inequities, maintaining the First 5 LA brand limits the scope and approach of community advocacy.



Learning Highlights: First 5 LA Adapting & Evolving

- Discerning “right relationship” between F5LA, grantees, contractors and community leaders is an ongoing practice complicated by the interplay between power dynamics and the desire for inclusion and participation.
- Improving our policies and practices (e.g. timelines, scopes of work, multi-year contracts, etc.) to reflect the complexity of the work communicates trust and commitment.
- Having a comprehensive understanding of sustainability – i.e. funding, relationships, culture and practice, and structures – invites First 5 LA’s active participation in sustaining Best Start systems change efforts beyond our funding.



Attachment A: Learning Agenda 1.0 – Approach & Structure

Learning Highlights for Questions 1 and 2

Q#1: How is the approach to building the capacity of Best Start networks to engage in policy and systems change being implemented?

Q#2: How are community partnerships evolving into networks and connecting with advocates, leaders, and organizations?

Strengths
▪ New and existing partners at the table cultivating networks at regional and local levels. ▪ Emerging regional identity while honoring the uniqueness of communities. ▪ Strong resource management including leveraging and mobilizing resources faster. ▪ Community of Practice and other spaces to support relationship-building among RNGs and between RNGs and F5LA.
Areas of Improvement
▪ Historical leadership structures limited broader parent/resident engagement and leadership making it challenging to enable a network approach. ▪ There was an inconsistent vision and expectation between First 5 LA, RNGs, local network subcontractors, and community leaders. ▪ There were unrealistic expectations about the transition, its timing and how various stakeholders would work together across various stakeholders.
Adaptations for Consideration
▪ Allow for leadership structures to emerge that enable collective leadership and ownership of the communities' work as it evolves. ▪ Nurture alignment of intention and learning across RNGs, LNCs, community leaders, and F5LA through Community of Practice and/or other collective spaces.

Attachment B: Learning Agenda 1.0 – Positioning & Systems Change

Learning Highlights for Questions 3 and 4

Q#3: To what extent does the approach position the Best Start networks to drive a change agenda?

Q#4: To what extent do policy, systems, and community changes occur through Best Start networks efforts?

Strengths
▪ First 5 LA's support through the regional approach is better aligned with community priorities. ▪ Networks are being cultivated through the communities' efforts as well as other F5LA investments and partners. ▪ Context changes (e.g. COVID and racial justice uprisings) confirmed an ability to adapt and respond. ▪ Early wins through collective action illustrated the strengths of the regional network approach (e.g. LA Metro/Via expansion, California Family Resource Centers grant, participatory budgeting in Central Long Beach, etc.).
Areas of Improvement
▪ Systems change not resonating for some because it is aimed at results in the future, but families are experiencing challenges now. ▪ Different interests and points of view, as well as AB5 considerations, have made compensation for community leaders difficult to implement. ▪ F5LA branding of Best Start limits community advocacy and sustainability. ▪ Communication within a complex system is challenging.
Adaptations for Consideration
▪ Explore a both/and approach to F5LA's systems change orientation. ▪ Convene county and community partners who are also grappling with community leader compensation to explore considerations, implications and shared approach. ▪ Address branding and attribution as a means of supporting community-led systems change work. ▪ Develop a communications strategy for the various stakeholders within the Best Start ecosystem.

Attachment C: Learning Agenda 1.0 – Approach & Structure

Learning Highlights for Question 4

Q#4: 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?

Strengths
▪ Transitioning to the regional network approach enabled staff to re-envision our role from <i>doer</i> to <i>partner</i>, and we are discovering what that means in the context of power dynamics and sphere of influence. ▪ First 5 LA is better positioned to be flexible and responsive as context shifts. ▪ Having a learning agenda promoted a developmental mindset focused on improvement and growth, which helped strengthen relationships with the Regional Network grantees. ▪ Our learning, relationships, philosophy and practices have positioned First 5 LA as critical partners to public agency partners who are seeking to engage communities more effectively. ▪ As our systems change work has evolved, we are focused on achieving the bold vision of our North Star for <i>every child</i> within the Best Start regions, consistent with DEI value and equity investment guideline. This is different from a historical focus on the operations of the Best Start community partnerships.
Areas of Improvement
▪ Our tight timelines for engaging community leaders and organizations in advocacy and relationship-building opportunities does not enable authentic partnership with communities. ▪ Rigid structure of budget, scope of work and aggressive timelines do not reflect the complexity of the work and the time it takes to do effective community-led systems change work. ▪ Discerning “right relationship” between F5LA, grantees, contractors and community leaders is an ongoing practice complicated by the interplay between power dynamics and the desire for inclusion and participation. ▪ We have been intentional about learning but need a more structured approach to connect learning across F5LA, RNGs, local network subcontractors, community leaders, other strategic investments in the Best Start geographies ▪ We need to more clearly articulate First 5 LA’s role in implementation of the regional network approach, sustainability and direct relationship with community leaders
Adaptations for Consideration
▪ Implement an engagement process grounded in a set of principles (co-designed with communities and other partners across First 5 LA strategic investments). ▪ Improve our policies and practices (e.g. timelines, scopes of work, multi-year contracts, etc.) to reflect the complexity of the work communicates trust and commitment. ▪ Develop and implement Learning Agenda 2.0 that generates data and connections learning across F5LA, RNGs, local network subcontractors, community leaders and other Communities Dept efforts ▪ Have a comprehensive understanding of sustainability – i.e. funding, relationships, culture and practice, and structures – to discern First 5 LA’s role in sustaining Best Start systems change efforts beyond our funding.

Memo

To: First 5 LA Board of Commissioners

From: First 5 LA Public Policy and Government Affairs Department

Date: October 8, 2020

Subject: **2020 LEGISLATIVE SESSION IN REVIEW**

With California's 2020 legislative session now concluded, the following memorandum provides an update on policy developments that occurred over the previous year, as well as a look forward into opportunities for policy and systems change work that we have identified for 2021. First 5 LA entered 2020 with intentions to significantly advance our policy agenda and increase public investments in systems supporting children and families. However, the COVID-19 pandemic quickly shifted ours and everyone else's priorities. As the year progressed into Spring, First 5 LA in partnership with others began to focus on meeting the immediate needs of children and families. You will see this reflected below in the legislative and budgetary wins under the key highlights section.

The COVID-19 pandemic and subsequent economic recession has highlighted and exacerbated race-based disparities and is negatively impacting families of color throughout L.A. County. Further information is below about the disparities facing L.A. County families. This context elevates the importance of our focus on strategic priorities and long-term systems outcomes as we begin to cement and elevate our priorities for the following year.

Brief Overview of California's 2020 Legislative Session

The state legislative session ended on August 31st, and Governor Newsom has now either signed into law or vetoed the bills lawmakers passed. The COVID-19 pandemic dramatically altered this year's legislative session. As the virus spread across California in early March, lawmakers passed emergency legislation to respond to the unfolding crisis, after which the Assembly and Senate immediately adjourned for almost seven weeks. Upon resumption of the session, legislative leaders instructed members to narrow priorities, particularly considering an estimated \$54 billion state budget shortfall resulting from COVID-19 and related economic disruptions. While the legislative session has now closed, the possibility remains that Governor Newsom could call an emergency session sometime in the late fall or winter, but this would likely focus only on COVID-19 and/or wildfire response. Embracing uncertainty and remaining grounded in the strategic plan's mission, goals, and values, First 5 LA worked to and succeeded in advocating for policies that support early childhood development priorities.

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As the state legislative session has now concluded, Governor Newsom took the following action on legislature-passed bills First 5 LA actively supported or was monitoring:

Bills Related to Health and Family Supports

- SB 1383, **California Family Rights Act** (First 5 LA support position): **Signed**. Provides 12 weeks of job-protected family leave to all workers employed by businesses with five or more employees. As a result, SB 1383 will expand the number of Californians who have access to job-protected leave, meaning that an employee cannot be fired or replaced when taking an absence from work to care for a sick family member or bond with a new child. Bonding between parent and child is crucial for optimal child development and maternal health, so this legislation represents a powerful step forward in supporting more of California's families. Signed into law by Governor Newsom on September 17th.
- AB 2164, **Telehealth** (First 5 LA support position): **Vetoed**. The Department of Health Care Services is temporarily, for the duration of the declared public health emergency related to COVID-19, allowing federally qualified health clinics (FQHCs) and Rural Health Clinics (RHCs) to enroll new patients directly through telehealth. Previously, individuals needed to physical visit a clinic at least once to "establish" themselves as a patient. AB 2164 would have extended this flexibility for 180 days following the end of the COVID-19 related state of emergency. In his veto message, the governor said while he supports the use of telehealth to increase access to care, the Department of Health Care Services is currently in the process of determining which temporary flexibilities should continue beyond the pandemic, and that cost components related to the bill would be better considered in the budget process next year.
- AB 2360, **Telehealth: Mental Health** (First 5 LA watch position): **Vetoed**. Would have required health plans to establish telehealth consultation programs that would provide obstetricians, pediatricians and family health practitioners who treat children and pregnant women and postpartum women, with access to a consulting mental health care provider. In his veto message, the governor said this bill featured cost components that would be more appropriately addressed through the annual budget process.

Bills Related to Early Learning

- AB 2883, **Childcare services: alternative payment programs: direct deposits: reserve funds** (First 5 LA support position): **Failed to advance**. Would have allowed Alternative Payment (AP) providers caring for children who receive subsidized services to be reimbursed based on their maximum certified hours; retain up to 15 percent of all their contracts in their reserve accounts; and permit payments via direct deposit. While this specific legislation failed to advance, AB 2883 served as the basis for adopted trailer bill language.
- AB 125 and companion bill SB 174, **Early childhood education: reimbursement rates** (First 5 LA support position): **Failed to advance**. Would have established a single regionalized state reimbursement rate system for childcare, preschool and early learning services.

Bills Related to Community Identified priorities

- AB 2405, **Right to safe, decent, and affordable housing** (First 5 LA watch position): **Vetoed**. Would have declared, as official state policy, that every child and family in California has the right to safe, decent, and affordable housing. This declared policy would require the state to

specifically consider how to prevent children and families from entering homelessness; how to support payment of rent and utility obligations; and how to provide legal services for families facing eviction. The bill would also have required access to supportive services children and families facing homelessness or living in emergency accommodations. In his veto message, the governor said he shared the bill's goals, but cited cost implications and his view that more tangible funding strategies are necessary to combat homelessness.

First 5 LA's advocacy strategy continues to focus on educating policymakers at the state and federal levels on the essential infrastructure of child and family serving systems, in coordination with community identified priorities. This work, done in coalition with national, state, and local partners builds consensus and drives momentum for prioritization of the services, programs and supports that help children and families succeed.

Key Highlights From the 2020 Session:

Children Have High Quality Early Care and Education Experiences Before Kindergarten

- The May Budget Revision included proposed cuts across early learning and care programs, including to the California State Preschool Program and the CalWORKs childcare program, and also a 10 percent reduction to reimbursement rates for childcare providers. Even prior to the pandemic, providers often earned low wages, and many would not have been able to withstand the proposed rate cuts, especially as they began facing increased costs related to cleanliness and COVID-19. First 5 LA devoted significant advocacy efforts to opposing these cuts, and the proposed reimbursement rate reduction was ultimately not included in the **FY 2020-2021 Final State Budget**. However, the budget did withdraw \$363 million of one-time funding allocated in the FY 2019-20 Budget for early learning facilities and workforce development programs and included a \$130 million reduction in funding for the California State Preschool Program.
- **Senate Bill 89**, emergency legislation passed in response to COVID-19, appropriated \$100 million to establish the Emergency Child Care for Essential Workers program. This funding helped ensure that frontline workers had access to stable and affordable childcare by allocating 20,000 additional short-term childcare seats for children of essential workers.
- The California Department of Education **waived family fees for children receiving state-subsidized programs**, between May and August 2020. Senate Bill 820 further waived family fees from through June 20, 2021, if schools or programs must remain closed due to local or state public health orders.
- Through June 2021, childcare providers are held harmless from attendance requirements. As a result, this **hold harmless provision** enables providers to continue being reimbursed based on their maximum authorized hours as opposed to attendance, which will help them sustain funding during the COVID-19 pandemic even if they experience decreased attendance or are forced to close due to public health orders. Sustained funding will also help providers continue to pay their staffs, provide benefits, and ensure that the ECE field writ-large retains adequate staffing.
- The Newsom Administration has delayed release of the **Master Plan for Early Care and Education** beyond the anticipated October 1, 2020 deadline. As the report is released, we

anticipate opportunities to build on the recommendations for the early learning system to also advocate for the integration of the broader array of child and family-serving systems in a manner that recognizes and accounts for the impacts of systemic racism and inequity on children of color; holistically supports family well-being; and emphasizes upstream prevention.

- The **Coronavirus Aid, Relief, and Economic Security (CARES) Act**, signed into law Congress in March, included \$3.5 billion in total childcare emergency funds. **California received \$350 million**, of which \$144 million was appropriated to reimburse the state and providers for COVID-19 childcare expenses, \$62.5 million for AP and CalWORKs stipends, \$62.5 million for provider payments regardless of program attendance, \$73 million for AP vouchers for essential workers, and \$8 million for family fee waiver extensions.

Children Receive Early Developmental Supports and Services, and Are Safe From Abuse, Neglect, and Other Trauma

- The **FY 2020-2021 Final State Budget** appropriated \$20.8 million in Proposition 56 funding for supplemental payments that seek to **increase the rate of developmental screenings** in the state, and \$7.6 million **to support the screening of Adverse Childhood Experiences (ACEs)**. Developmental screens identify emerging developmental delays in children, and as a result are crucial to ensuring families can optimize their child's development. Without prompt identification, for example, delays can go undiagnosed and persist, making them much more difficult for the child to overcome. ACEs screens help identify past adversity and allow care providers to craft more effective treatments for responding to abuse, trauma and neglect.
- The California Department of Health Care Services (DHCS) made **family therapy a covered Medi-Cal benefit** for children and adults. This benefit allows children to receive up to five visits without any diagnosis, removing traditional diagnostic hurdles to receiving care. For adults and children with diagnosed mental health disorders, as well as for children at-risk for such disorders, there is no cap on the total number of visits Medi-Cal will reimburse for. Medi-Cal has never before reimbursed for services provided by family therapists, so this new policy will help expand the access families have to developmental services and evidence-based family therapy models.
- DHCS is temporarily, for the duration of the public health emergency related to COVID-19, allowing some components of **well-child visits to occur virtually**, with the intention that those components that cannot be done virtually, like vaccinations, are eventually completed. This updated guidance has helped keep families connected to vital preventative care services without needing to see their health care provider in-person, where they could potentially risk contracting or spreading COVID-19.

Families Optimize Their Child's Development

- The **FY 2020-2021 Final State Budget** increased funding for the **California's Black Infant Health (BIH)** program by \$4.5 million. Strengthening BIH will help address unacceptably high levels of maternal and infant mortality in California. It also aligns with First 5 LA's advocacy for health equity and supports our African American Infant and Maternal Mortality work.
- The state budget also provided \$42 million to expand the **California Earned Income Tax Credit (Cal EITC)**, which provides a \$1,000 credit to working families with children under than age of 6-years old that earn incomes below \$30,000/yr. This program is a powerful and direct

tool for fighting childhood poverty, and the approved budget even expands Cal EITC eligibility to low-income families who file taxes with Individual Taxpayer Identification Numbers (ITIN). Immigrant families who file with ITINs because they do not have social security numbers would not otherwise be able to utilize Cal EITC.

- Finally, the budget preserved \$60 million in funding over two-years for a **community health navigator program** that assists Medi-Cal beneficiaries in finding adequate and high-quality health care resources.
- The California Advancing and Innovating Medi-Cal plan (Cal AIM) continues to face delayed implementation as a result of COVID-19 and the state's budgetary shortfalls, and DHCS has not yet provided a timeline for the resumption of this effort. The only workgroup that continues to meet is the **Foster Care Model of Care Workgroup**. First 5 LA has submitted feedback calling on DHCS and the California Department of Social Services, the two state agencies charged with convening stakeholders and developing recommendations, to more fully incorporate prevention, early intervention and home visitation into the scope and mission of the Foster Care Model of Care Workgroup.
- Effective August 1 of this year through December 31, 2021, the new **Provisional Postpartum Care Extension program** (PPCE) allows patients diagnosed with postpartum depression or other maternal mental health conditions to extend their postpartum Medi-Cal benefits until 1-year postpartum, so they can continue receiving mental health care and treatment. Medi-Cal includes continuous coverage for 60-days postpartum, so PPCE represents an additional 10-months of coverage for those suffering from a maternal mental health concern. In alignment with First 5 LA's work to close race-based disparities in health and well-being, this new benefit will particularly support Black mothers, who are most likely to suffer from a maternal mental health condition.

Priorities Aligned with First 5 LA's Long-Term Systems Outcomes, LA County Regional Priorities, and Best Start Community Change Agendas

- COVID-19 has caused an alarming increase in the number of children and families facing food insecurities. Furthermore, even prior to the pandemic, additional supports to better allow vulnerable families access to healthy food options reflected Best Start parent and community priorities. Best Start parents in Broadway/Manchester, West Athens, Wilmington, and Panorama City, for example, have all identified food security and access to healthy food options as top priorities. As a result, First 5 LA devoted significant federal advocacy efforts toward educating policymakers on the importance of food security, in alignments with First 5 LA's strategic priority of partnering with the Best Start Networks to advance local priorities. Proper nutrition is crucial for healthy brain development in young children and inadequate access to food at the earliest ages of life can cause permanent adverse consequences. COVID-19 health and economic emergencies have already led to a significant increase in children and families facing food insecurities locally, and this context makes a focus on food security even more salient.
- First 5 LA actively engaged Los Angeles area members of the California Legislative Women's Caucus (LWC) to support a **First 5 Vape Tax proposal** that would preserve the existing voter-approved tax structure. That framework supports safety net services across early childhood (14.8 percent of revenue), public health (26 percent of revenue), and health care systems (59

percent of revenue). As the legislative session closed, First 5 LA, in collaboration with the First 5 Association and several members of the LWC, aggressively push backed against a last-minute Assembly proposal that would have amended the vape tax structure to exclude early childhood supports. First 5 LA moved quickly to lobby all 39 members of the L.A. delegation, calling on members to oppose any vape tax proposal that excluded early childhood. We anticipate discussions with stakeholders and the Newsom Administration regarding a vape tax proposal will continue into next year.

COVID-19's impact on L.A. County communities of color

Beyond the specifics of any First 5 LA policy work, the COVID-19 pandemic has highlighted and exacerbated race-based disparities in family health and well-being, severely impacting families of color throughout L.A. County. Not only is the virus disproportionately infecting and killing people of color, but the pandemic's economic disruptions have also most impacted African American and Latino/a communities, including higher rates of food insecurity, unemployment, and housing insecurity. Furthermore, pregnant women of color, particularly Latina women, appear to face greater risks for infection from COVID-19 than pregnant women of other ethnicities, as well as for adverse outcomes related to their sickness, and Black and Latino/a children have been much more likely than white children to face infection, require hospitalization and even die from the virus. In support of First 5 LA's commitment to diversity, equity and inclusion, our policy and advocacy work broadly will continue to focus on disparities, and specific policies to overcome them.

COVID-19's impact on First 5 LA advocacy

Given the heightened disparities and challenges facing families, and the additional support needed from the federal government specifically, First 5 LA has both broadened and deepened our engagement with federal lawmakers. We have maintained consistent correspondence with L.A. congressional members since the pandemic began, and since July, held a series of virtual meetings with congressional offices. These provided opportunities to strengthen existing connections with policymakers, as well as to build new champions, even as COVID-19 prevented travel and in-person discussions. Meetings will continue as we approach and also move beyond November's election, and focus primarily on Congressional timelines for appropriations bills that will allocate funding for fiscal year 2021. Though we have achieved significant momentum and progress related to organizational priority issues, the policies and measures we advocate for are part of a long-term strategy that will lead us into next year, even as challenges related to COVID-19 continue.

Overall, COVID-19 has created a great deal of uncertainty around policymaking at both the state and federal levels. In response, First 5 LA has utilized adaptable and nimble advocacy to seize new and previously unforeseen opportunities to support the four results for children and families, as well the organization's long-term systems outcomes. Anticipating that the pandemic will continue well into 2021, First 5 LA will work to protect gains made in previous years, build on policy wins achieved during the 2020 session, partner closely with the administration and secure new opportunities going-forward, all in support of Los Angeles County's children and families.

Looking Ahead to November

Anticipating that the pandemic will continue well into 2021, First 5 LA will work to protect gains made in previous years, build on policy wins achieved during the 2020 session, partner closely with the

administration and secure new opportunities going-forward, all in support of Los Angeles County's children and families. At the November Commission meeting, the PPGA team will present an update on the First 5 LA policy agenda, share policy ideas, opportunities and priorities for 2021, and solicit Board insights and feedback. As a preview to that, our overarching strategy for the coming year will emphasize continued close partnership with the Newsom Administration, and a renewed focus on administrative policy and advocacy. Broadly, this will provide more opportunities for a proactive approach, allowing First 5 LA to shape policy development earlier in the process and better partner with policy makers.

Examples of high priorities related for our advocacy as we move toward and into 2021 include:

- First 5 LA staff has been providing support and input to the Administration on the development of the **Master Plan for Early Learning and Care**. Our input has prioritized the Master Plan embracing a whole child and whole family approach, strengthening preventive services, and recognizing impact of systemic racism on healthy child development. We have recommended that the Plan address prevention and early intervention as the core of child and family services to mitigate the impacts of disparities and disadvantage, as well as to improve long-term health and opportunities for success.
- Governor Newsom's January 2020 Proposed Budget included a proposal to consolidate and transfer all early childhood programs under a new Department of Early Childhood Development within the California Health and Human Services Agency. The May Revision and final budget included budget cuts for the department and instead, effective July 1, 2021, all subsidized childcare programs, except for California Preschool Programs, will be moved to the **Department of Social Services**. As stakeholder engagement and transition plan discussions continue, First 5 LA will work with partners, including those in the ECE Budget Coalition, to provide input to shape implementation and ensure a cohesive transition.
- DHCS is currently soliciting input on proposed changes to **Managed Care Plan Contract Procurement**. We expect a draft contract to be released in January 2021 with opportunities for public input and advocacy to further shape the contract language. Given that over 60 percent of children prenatal-5-years old in L.A. County receive their medical care through a Medi-Cal managed care plan, it is critical that the plans prioritize improvements to this population. Approximately 40 percent of Medi-Cal service areas fall below minimum performance standards set by the state for children getting pediatrician-recommended health care. The rebidding of Medi-Cal Managed Care Plan (MCP) contracts presents an opportunity for the state to modernize, update, and improve the process and requirements by which health plans provide services to Medi-Cal beneficiaries.
- In October 2019, the California Health and Human Services Agency released the **California Advancing and Innovating Medi-Cal (CalAIM)** proposal to reform the state's Medi-Cal program, and it has now been extended into 2021. The proposal and stakeholder process included strategies for renewing, reforming, and sustaining critical safety net programs administered under the federal waivers. First 5 LA is advocating that priority be placed on the state's youngest children and to develop innovative models to improve outcomes, similar to the focus on elderly and other high risk/high cost populations.

In addition to the work cited here, we will continue to identify new opportunities as we move toward and into 2021 and look forward to the continued discussion at the November Board of Commissioners meeting.

Policy Item	Author/Budget Amount	Co-Authors	Title & Description	Notes/Sponsor/Status	Policy Agenda Alignment	Community Identified Priority	Position Taken
Early Care & Education							
AB 2883	Quirk-Silva (D-Fullerton)	Aguilar-Curry, Cooley, and Waldron, Leyva	Childcare services: alternative payment programs: direct deposits: reserve funds: 1. Eliminates variable work schedules for subsidized families so that when they secure a child care center or family child care provider, that center or provider will be able to budget accurately in the month the care is provided. Currently, in the subsidized system, child care is provided first with the reimbursement following 21 days after the child care attendance sheet or invoice is received. In current law, families on a variable schedule may not use all of the days and the provider that holds open a "slot" for the child will not be funded for those missed days. In the private pay market, child care is paid before care is used and is reimbursed regardless of usage. 2. Deletes language that child care providers can only change their rates once per year. As business owners, child care providers should be able to adjust their rates as frequently as needed. California has a Regional Market Rate (RMR) reimbursement structure in place that prohibits payment over the RMR ceiling. If the provider's rates are higher than the RMR ceiling, then that is a copayment to the family and that is between the family and the provider to agree. 3. Eliminates the 14-day notice that must be given to a child care provider before payment can be made to another provider chosen by the family. The remedy is to require the community based program to notify the provider at the same time that the family makes the requested change.	Legislation not moving forward but contents were included in trailer bill language.	ECE		Support
Assembly Bill (AB) 125	McCarty (D-Sacramento), Berman, Bonta, Burke, Carrillo, Chiu, Dodd, Friedman, Eduardo Garcia, Gonzalez, Hill, Limón, Reyes, Santiago, Ting, and Wicks		Early childhood education: reimbursement rates: This bill would provide that it is the intent of the Legislature to enact legislation that would establish a single regionalized state reimbursement rate system for childcare, preschool, and early learning services that would achieve specified objectives.	Legislation not moving forward; held in committee.	ECE		Support (2019)
AB 1001	Ting (D-San Francisco), Mullin		Local Planning Councils: AB 1001 would restructure the composition of local planning councils (LPCs) to be more representative of the local communities they serve, and would appropriate no less than \$10,000,000 to LPCs to sufficiently fulfill their primary functions.	Legislation not moving forward; held in committee.	ECE		Support (2019)
SB (Senate Bill) 174	Leyva (D-Ontario)		Reimbursement rates: This bill would provide that it is the intent of the Legislature to enact legislation that would establish a single regionalized state reimbursement rate system for childcare, preschool, and early learning services that would achieve specified objectives.	Legislation not moving forward; held in committee.	ECE		Support (2019)
Federal Policy							
H.R. 7027	DeLauro (D-CT); and 86 Democratic Co-Sponsors		Child Care is Essential Act: This bill would provide \$50 billion to help stabilize the child care sector and allow providers to safely reopen and operate during the COVID-19 pandemic. The funding would flow as grants through the Child Care Development Block Grant (CCDBG) program, and be made available to help programs cover: personnel costs, including maintaining compensation and benefits; sanitization and cleaning costs, as well as the purchase of personal protective equipment and any other supplies necessary to continue or resume program operations in a safe manner; fixed costs such as rent or mortgage payments; and utilities and transportation related expenses.	Passed the House and received in the Senate Appropriations Committee.	ECE	X	Support
H.R. 2	Rep. DeFazio (D-OR); and 129 Democratic Co-Sponsors		Moving Forward Together Act: This bill would provide a \$1.5 trillion investment in infrastructure for essential sectors, including \$10 billion for child care and \$100 billion for K-12 schools, \$30 billion for health care, \$100 billion for affordable housing, \$65 billion for clean water, and over \$300 billion for community development projects. This funding would help to address long-standing disparities in access to essential services such as health care and early learning and would direct additional funding toward under-resourced communities.	Passed the House and received in the Senate.	ECE		Support
Health							
AB 2164	Rivas, Robert (D-Hollister)	Salas (D-Bakersfield)	Telehealth Pilot: The bill would clarify, for purposes of an FQHC or RHC visit, that face-to-face contact between a health care provider and a patient is not required for an FQHC or RHC to bill for telehealth by synchronous real time or asynchronous store and forward if specified requirements are met, including that a billable provider in the Medi-Cal program, and who is employed by the FQHC or RHC, supervises or provides the services for that patient via telehealth by synchronous real time or asynchronous store and forward.	Passed by Legislature; headed to the Governor's desk.	Health		Support
AB 526; SB 1073	Petrie-Norris (R-Irvine); L. Gonzalez (Long Beach)		Medi-Cal: This bill would create an expedited Medi-Cal enrollment pathway for children and pregnant women, by allowing the data individuals provide when applying to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) to also determine eligibility for Medi-Cal. The state would accomplish this by utilizing Medicaid's Express Lane Eligibility (ELE) authority. This allows children to concurrently apply for Medi-Cal, as well as pregnant women into Presumptive Eligibility Medi-Cal status, when applying to certain other federal benefits programs. The bill would also fund infrastructure and systems changes needed to enable information sharing between WIC and Medi-Cal.	Legislation not moving forward; held in committee.	Health		Support (2019)
(SB) 66	Atkins (D-San Diego), McGuire		Medi-Cal: federally qualified health center and rural health clinic services: This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined.	Legislation not moving forward; held in committee.	Health		Support (2019)
Federal Policy							

Policy Item	Author/Budget Amount	Co-Authors	Title & Description	Notes/Sponsor/Status	Policy Agenda Alignment	Community Identified Priority	Position Taken
HR 4107	DeSaulnier (D-Concord); 36 Co-Sponsors and bipartisan		Early Childhood is the Right IDEA Act: HR 4107: The Funding for Early Childhood is the Right IDEA Act, would increase federal funding for two programs within the Individuals with Disabilities Education Act (IDEA). Specifically, it would call on Congress to boost IDEA Part C and Section 619 funding to between approximately \$1,700 and \$1,900 per child.	Referred to the House Committee on Education and Labor.	Health		Support (2019)
S. 3721	Sen. Kamala Harris (D-CA); 20 additional co-sponsors		COVID-19 Racial and Ethnic Disparities Task Force of 2020: To provide for the establishment of a COVID-19 Racial and Ethnic Disparities Task Force to gather data about disproportionately affected communities and provide recommendations to combat the racial and ethnic disparities in the COVID-19 response.	Read twice and referred to the Committee on Health, Education, Labor, and Pensions.	Health	X	Support
S. 3719 / H.R. 1368	Sen. Harris (D-CA) with Sens. Gillibrand (D-NY) and Sanders (I-VT); Rep. Adams (D-NC)		Closing the Meal Gap Act of 2020: would permanently increase supplemental nutritional assistance program (SNAP) benefits by up to 30 percent, depending on family income-level. It would also provide SNAP funding to US territories like Puerto Rico, American Samoa and the Northern Mariana Islands as entitlements rather than block grants, and remove the time limits and work requirements childless adults between the ages of 18- and 49-years old currently face when receiving food supports.	Read twice and referred to the Committee on Agriculture, Nutrition, and Forestry.	Health	X	Support
Federal Regulation - CMS-2019-0169-0011	Centers for Medicaid Services (CMS)		Medicaid Program: Medicaid Fiscal Accountability Regulation: Establishes new reporting requirements for states to provide CMS with certain information on supplemental payments to Medicaid providers, including supplemental payments approved under either Medicaid state plan.	Public Comments submitted to the Federal Register.	Health		Oppose
Families							
SB 1383	Jackson (D-Santa Barbara) and Kalra (San Jose)	Gonzalez, Leyva, Carrillo, Chiu and Limon	Unlawful employment practice: family leave: This bill would expand the current threshold of up to 12 weeks, or 4 months, of job-protected family leave from companies with 50 employees or more to companies with 5 employees or more. SB 1383 would also guarantee leave be granted for new parents to bond with a child or to care for sick children, parents, grandparents, and other direct family members. Situations arising from family members being called into the armed services would also be covered under the bill.	Passed by Legislature; headed to the Governor's desk.	Families		Support
Federal Policy							
HR 3222	Chu (D-Pasadena); 124 Co-Sponsors		Public Charge: H.R. 3222: The No Federal Funds for Public Charge Act prohibits the use of federal funds and other fees to implement the U.S. Department of Homeland Security's (DHS) new regulatory rule to expand the definition of public charge, released on August 12, 2019. Under the legislation, federal funds made available for any fiscal year, may not be used to implement, administer, enforce, or carry out the regulation.	Referred to the Subcommittee on Immigration and Citizenship.	Families	X	Support (2019)
HR 4768	Davis (D-IL); 18 Co-Sponsors		The Home Visiting to Reduce Maternal Mortality and Morbidity Act: H.R. 4768: This bill would double the federal government's investment in evidence-based home visiting programs by 2022, making a proven tool to fight maternal mortality and morbidity available to more communities across the United States. Under current law, federally-funded home visiting services reach only about 150,000 of the 18 million families that could benefit from home visiting.	Its major provisions were passed by the House via H.R. 3	Families	X	Support (2019)
Federal Regulation - USCIS-2010-0012	U.S. Department of Homeland Security (DHS)		Inadmissibility on Public Charge Grounds: Expansion of the public charge definition for immigrants seeking to legally adjust their status.	Public Comments submitted to the Federal Register	Families	X	Oppose (2019)
Federal Regulation - OMB-2019-0002	U.S. Office of Management and Budget (OMB)		Request for Comment: Consumer Inflation Measures Produced by Federal Statistical Agencies: Request for comment regarding differences among various consumer price indexes produced by the Bureau of Labor Statistics (BLS) and the Bureau of Economic Analysis (BEA), and how these differences might influence the estimation of the Official Poverty Measure (OPM).	Public Comments submitted to the Federal Register	Families		Oppose (2019)
Federal Regulation - HUD-2019-0044	U.S. Department of Housing and Urban Development (HUD)		Housing and Community Development Act of 1980: Verification of Eligible Status: Prohibition of mixed-status immigrant families from living in public housing and receiving other housing assistance.	Public Comments submitted to the Federal Register	Families	X	Oppose (2019)
Federal Regulation - FNS-2018-0037	U.S. Department of Agriculture (USDA)		Revision of Categorical Eligibility in the Supplemental Nutrition Assistance Program (SNAP): Make changes to the Supplemental Nutrition Assistance Program (SNAP) regulations to refine categorical eligibility requirements based on receipt of Temporary Assistance for Needy Families (TANF) benefits.	Public Comments submitted to the Federal Register	Families	X	Oppose (2019)
Communities Sustainability							
WATCH LIST							
Policy Item	Author/Budget Amount	Co-Authors	Title & Description	Notes/Sponsor/Status	Policy Agenda Alignment	Community Identified Priority	Position Taken
Early Care & Education							
AB 2986	Gomez Reyes (D-Grand Terrace)		Family Child Care Home Education Networks: Codifies, clarifies and standardizes the duties, responsibilities, and rate of family child care home education network (FCCHEN) contractors and providers. It also creates a pilot project to demonstrate and evaluate a mode of the application of supportive services through existing FCCHEN contracts.	Awaiting hearing in Assembly Human Services and Education Committees - Author not moving.	ECE		Watch
AB 2500	McCarty (D-Sacramento), Reyes (D-Grand Terrace), Ting (D-San Francisco)	Dodd (D-Napa), Gonzalez (D-Long Beach), Rubio (D-Baldwin Park)	Transitional Kindergarten: average daily attendance. This bill would delete the provision that prohibits a pupil admitted to a transitional kindergarten who has their birthday after December 2 from generating average daily attendance or being included in the enrollment or unduplicated pupil count, as provided.	Held in committee.	ECE		Watch
SB 1075	Gonzalez (D-Long Beach)		Transitional Kindergarten: This bill would authorize a school district or charter school to also admit into a transitional kindergarten program in the current school year a child who will have their 5th birthday on any day from July 1 to August 31, inclusive, of the following school year, subject to those same conditions.	Held in committee.	ECE		Watch

Policy Item	Author/Budget Amount	Co-Authors	Title & Description	Notes/Sponsor/Status	Policy Agenda Alignment	Community Identified Priority	Position Taken
AB 2546	Grayson (D-Concord)		Family daycare homes: licensee duties: The California Child Day Care Facilities Act (act) generally requires the State Department of Social Services to license, inspect, and regulate various types of child day care facilities, defined to include, among others, family daycare homes. Existing regulations require a family daycare home licensee to be present in the home, ensure children are supervised at all times, and not be absent from the family daycare home more than 20% of the hours the licensee is providing care per day. Existing regulations also require a family daycare home to be clean with heating and ventilation, as specified, maintain telephone service, and provide safe toys and play equipment and materials. A violation of the act or a willful or repeated violation of any rule or regulation promulgated under the act is a crime and enforceable with a civil penalty. This bill would codify the above-described regulations as part of the act, and instead prohibit a family daycare licensee from being absent from the family daycare home more than 30% of the hours that the licensee is providing care per day.	Held in committee.			Watch
Federal Policy							
NA	Rouda (D-Costa Mesa)		Head Start Modernization Act: To amend the Head Start Act to increase the threshold eligibility for children to participate in Head Start programs.	Not yet introduced	ECE		Watch
HR 7327	Lowey (D-NY)		The Child Care for Economic Recovery Act: This bill provides additional funding in FY2020 for taxpayer services, social services block grants, and infrastructure grants to improve child care safety, including needs assessments.	Passed the House and received in the Senate.	ECE		Watch
Federal COVID-19 Relief Package Proposal	Sens. Warren (D-Mass.) and Smith (D-Minn)		In a letter sent to Senate Majority Leader Mitch McConnell (R-KY) on March, Senators Elizabeth Warren (D-Mass.) and Tina Smith (D-Minn.) proposed a \$50 billion investment in child care to stabilize the field both across the short- and long-term. According to the proposal, funding would be distributed through the Child Care Development Block Grant (CCDBG) to: 1) increase access to child care for essential workers, including providing hazard pay to providers and eliminating family fees for essential workers, 2) offer aid to keep providers in business, all workers on payroll, and to cover operational costs such as mortgage and rent payments, and 3) provide long-term investments in access and the workforce to ensure longevity of the field.	Not a formal bill, but not yet included in a federal relief bill or package.	ECE	X	Watch
Health							
SB 855	Wiener (D-San Francisco), Beall,	Aguiar-Curry and Chiu, Glazer and Hill, Maisenschein and Wicks	Mental Health as a Medical Necessity: Strengthens the California Parity act to require that insurers cover medically necessary treatment for all mental health and substance use disorders (MHI/SUD).	Passed by Legislature; headed to the Governor's desk.	Health		Watch
SB 1073	Lena Gonzalez (D-Long Beach), Petrie-Norris (D-Costa Mesa)		Medi-Cal: This bill would require the State Department of Health Care Services to designate the WIC Program and its local WIC agencies as Express Lane agencies, and to use WIC Program eligibility determinations to meet Medi-Cal program eligibility requirements, including financial eligibility and state residence	Awaiting hearing Senate Health Committee (2-year bill); AB 526 was introduced in Senate as SB 1073 (Gonzalez) - Author not moving	Health		Watch
AB 2007	Salas (D-Bakersfield)		Telehealth: The bill would clarify, for purposes of an FQHC or RHC visit, that face-to-face contact between a health care provider and a patient is not required for an FQHC or RHC to bill for telehealth by synchronous real time or asynchronous store and forward if specified requirements are met, including that a billable provider in the Medi-Cal program, and who is employed by the FQHC or RHC, supervises or provides the services for that patient via telehealth by synchronous real time or asynchronous store and forward.	Not Moving- (original bill language was incorporated in AB 2164).	Health		Watch
AB 2360	Maisenschein (D- Northern San Diego)		Telehealth: mental health: This bill would require the State Department of Health Care Services to contract with a third-party provider to establish and administer a centralized telepsychiatry doctor-to-doctor consultation service to provide primary care physicians with specialized information regarding the mental health issues of children and perinatal women. The bill would require the department to choose 3 to 5 counties to participate in the program on or before July 1, 2021	Passed by Legislature; headed to the Governor's desk.	Health	X	Watch
AB 2393	Petrie-Norris (D-Costa Mesa)		Early Intervention (spot bill): Existing law, the California Early Intervention Services Act, contingent upon the state's participation in Part C of the federal Individuals with Disabilities Education Act for individuals from birth to 2 years of age, inclusive, provides a statewide system of coordinated, comprehensive family-centered, multidisciplinary, interagency programs, responsible for providing appropriate early intervention services and supports to eligible infants and toddlers and their families. This bill would make technical, nonsubstantive changes to those provisions.	Spot bill turned into a natural resource bill; Re-referred to Committee on Natural Resources but held in committee.	Health		Watch
AB 2464	Aguiar-Curry (D-Napa)		Telehealth: This bill would establish a grant program for purposes of establishing and funding a statewide pediatric behavioral telehealth network, subject to a competitive grant process.	In committee: held under submission.	Health		Watch
AB 2581	Reyes (D-Inland Empire)		Early Childhood Development Department: This bill would establish the Department of Early Child Development within the California Health and Human Services Agency, and would require the new department to consolidate leadership on programs and issues relating to the administration of early learning and care and to centralize and build a coherent and whole person early learning and care system to improve service delivery for children, families, and providers by maximizing federal, state, and local resources. The bill would transfer the duties, powers, functions, jurisdiction, and responsibilities of specified programs and entities relating to early childhood care and learning from various departments, including the State Department of Education and the State Department of Social Services, to the Department of Early Child Development.	Held in committee.	Health		Watch
AB 3003	Cervantes (D-Corona)		Maternal Mental Health: This bill would declare the intent of the Legislature to enact legislation to address the shortage of treatment options for women suffering from maternal mental health disorders, including postpartum depression and anxiety disorders.	Held in committee.	Health	X	Watch
AB 3344	Gloria (D-San Diego)		Medi-Cal: Existing law provides that federally qualified health center (FQHC) services and rural health clinic (RHC) services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. This bill would make technical, nonsubstantive changes to those provisions.	Not referred to a committee.	Health		Watch

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AB 2279	Garcia (D-Bell Gardens)		Childhood Lead Poisoning Prevention: The Childhood Lead Poisoning Prevention Act of 1991 establishes the Childhood Lead Poisoning Prevention Program and requires the State Department of Public Health to adopt regulations establishing a standard of care, at least as stringent as the most recent federal Centers for Disease Control and Prevention screening guidelines. Current law provides that the standard of care shall require a child who is determined to be at risk for lead poisoning to be screened. Current law requires the regulations to include the determination of specified risk factors, including a child's time spent in a home, school, or building built before 1978. This bill would add several risk factors to be considered as part of the standard of care specified in regulations, including a child's residency in or visit to a foreign country, or their residency in a high-risk ZIP Code, and would require the department to develop, by January 1, 2021, the regulations on the additional risk factors, in consultation with the specified individuals.	Held in committee.	Health	X	Watch
AB 2277	Salas (D-Bakersfield)		Medi-Cal: Blood lead screening tests: Current law authorizes the State Department of Health Care Services to enter contracts with managed care plans to provide Medi-Cal services. Under existing law, Medi-Cal covers early and periodic screening, diagnosis, and treatment for individuals under 21 years of age, consistent with federal law. This bill would require any contract between the department and a Medi-Cal managed care plan to impose requirements on the Medi-Cal managed care plan to identify every enrollee who does not have a record of completing those tests at 12 and 24 months of age, and to remind the contracting health care provider who is responsible for performing a periodic health assessment of a child of the need to perform those tests. The bill would require the department to develop and implement procedures, and take enforcement action, as prescribed, to ensure that a Medi-Cal managed plan	Held in committee.	Health	X	Watch
Federal Policy							
S 4248	Harris (CA)	15 co-sponsors	A bill to establish a grant program to provide funds for health care entities to establish or improve bias and anti-racism training to help reduce racial and ethnic disparities in COVID-19 testing, treatment, health outcomes, and vaccine access: S. 4248 would establish a grant program to provide funds for health care entities to establish or improve bias and anti-racism training. This effort would seek to reduce racial and ethnic disparities in COVID-19 testing, treatment, health outcomes, and vaccine access. Specifically, S. 4248 would create a \$200 million grant program for hospitals, other health care providers, state, local, Tribal, and territorial public health departments, medical and other health professional training schools, and also nonprofits, to establish or improve bias and anti-racism training programs for health care providers treating COVID-19 patients, as well as for individuals participating in other COVID-19 response efforts including contact tracing. S. 4248 would prioritize funding for entities in communities with high racial and ethnic disparities in rates of COVID-19 infection, hospitalization, Intensive Care Unit (ICU) admission and death. Further, the proposed legislation would require the Secretary of Health and Human Services (HHS) to collaborate with health care professionals, policy experts specializing in addressing bias and racism within the health care system, as well as community-based organizations, all to develop requirements for evidence-based, ongoing bias and anti-racism training.	Senate HELP Committee	Health		Watch
Families							
AB 2258	Reyes (D-Inland Empire), Bonta (D-Oakland), Limon (D-Santa Barbara), McCarty (D-Sacramento)	Bauer-Kahan (D-Tri-Valley)	Doula Care: This bill would require the department to establish, commencing July 1, 2021, a full-spectrum doula care pilot program to operate for 3 years for pregnant and postpartum Medi-Cal beneficiaries residing in 14 counties, including the Counties of Alameda, Sacramento, San Diego, and Solano, that experience the highest burden of birth disparities in the state.	Awaiting hearing in Assembly Health Committee.	Families		Watch
AB 2552	Patterson (D-Fresno)		Child Care and Development Services Priorities for Homeless Children: This bill would require that first priority for child development services also go to children experiencing homelessness. The bill would provide that a child experiencing homelessness enrolled in a childcare and development program pursuant to the act is not required to provide a fixed address or mailing address. The bill would require childcare and development service providers to conduct outreach to families experiencing homelessness, including through collaboration with local educational agency liaisons for homeless children and youth, as provided.	Held in committee.	Families	X	Watch
AB 2692	Cooper (D-Lodi)		Medi-Cal: Lactation Support: Existing law requires the department to streamline and simplify Medi-Cal program procedures to improve access to lactation supports and breast pumps among Medi-Cal beneficiaries. This bill would provide that lactation supports include lactation specialists.	Held in committee.	Families		Watch

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AB 2729	Bauer-Kahan (D-Tri-Valley)		Medi-Cal: Presumptive Eligibility: This bill would expand the presumptive eligibility for pregnant women to all pregnant people, renaming the program 'Presumptive Eligibility for Pregnant People' (PE4PP). The bill would make a presumptively eligible pregnant person eligible for coverage of all medical care, services, prescriptions, and supplies available under the Medi-Cal program, except for inpatient services and institutional long-term care	Held in committee.	Families		Watch
SB 1140	Caballero (D-Salinas)		Child Poverty Tax Credits: This bill, under the Personal Income Tax Law, would additionally allow a refundable child poverty tax credit against the taxes imposed under that law, for each taxable year beginning on or after January 1, 2020, in an amount equal to either (1) \$2,940 multiplied by the earned income tax credit adjustment factor for qualified taxpayers, as defined, residing in a "Region 1" county on the last day of the taxable year, not to exceed \$2,500 per each qualified taxpayer per taxable year, or (2) \$2,353 multiplied by the earned income tax credit adjustment factor for qualified taxpayers, as defined, residing in a "Region 2" county on the last day of the taxable year, not to exceed \$2,000 per each qualified taxpayer per taxable year, as specified. The bill would require amounts of this credit in excess of the qualified taxpayer's tax liability to be paid to the qualified taxpayer from the Tax Relief and Refund Account, thereby making an appropriation. The bill would specify that the credit is only operative for taxable years for which resources are authorized in the annual Budget Act for the Franchise Tax Board to oversee and audit returns associated with the earned income tax credit.	Passed by Legislature; headed to the Governor's desk.	Families		Watch
AB 2413	Ting (D-San Francisco)		CalFresh: CalWORKs: Eligibility and reporting: Would require the State Department of Social Services to establish and require the use of self-attestation by Cal Fresh applicants and beneficiaries to verify required information to the extent permitted by federal law and to apply for any waivers necessary to simplify verification requirements. The bill would require the department to issue guidance that prohibits a county human services agency from requesting additional documents to verify dependent care expenses, except as specified. The bill would require the department to take specified actions by January 1, 2022, in an effort to expand Cal Fresh program outreach and retention and improve dual enrollment between the Cal Fresh and Medi-Cal programs.	Held in committee.	Families	X	Watch
AB 2567	Burke (D-Inglewood)		CalWORKs: Eligibility: Current law requires a recipient of CalWORKs to participate in welfare-to-work activities as a condition of eligibility, and limits the time period in which a participant may engage in certain activities, in satisfaction of welfare-to-work requirements, to 24 cumulative months during a participant's lifetime. This bill would provide that a parent or caretaker relative shall not be eligible for CalWORKs aid when the parent or caretaker has received aid for a cumulative total of 60 months. The bill would also delete the 24-month limitation on certain welfare-to-work activities, and would make other, conforming changes. By increasing county administrative duties relating to the CalWORKs program, the bill would impose a state-mandated local program.	In committee: held under submission.	Families		Watch

Policy Item	Author/Budget Amount	Co-Authors	Title & Description	Notes/Sponsor/Status	Policy Agenda Alignment	Community Identified Priority	Position Taken
SB 943	Chang (R-Diamond Bar)		Paid Family Leave: COVID-19: Current law establishes within the state disability insurance program a family temporary disability insurance program, also known as the Paid Family Leave program, for the provision of wage replacement benefits to workers who take time off work to care for a seriously ill family member or to bond with a minor child within one year of birth or placement, as specified. This bill would, until June 1, 2021, also authorize wage replacement benefits to specified workers who take time off work to care for a minor child whose school has been closed due to the COVID-19 virus outbreak or to care for a special needs child or adult, or both, due to the outbreak.	In committee: held under submission.	Families		Watch
AB 3272	Gomez Reyes (D-Grand Terrace)		Foster Care: Current federal law, the Family First Prevention Services Act of 2018 (federal FFPFA), among other things, provides states with an option to use federal funds under Title IV of the federal Social Security Act to provide mental health and substance abuse treatment services to children in foster care.	Held in committee.	Families		Watch
Gov. State Budget Proposal: Paid Family Leave	N/A		Paid Family Leave: Includes paid family leave (PFL) resources, protections, and extension of pregnancy and birth disability protections for all eligible workers.	Included in the 2020-2021 final budget.	Families		Watch
Communities							
AB 2405	Burke (D-Inglewood), Chiu (D-San Francisco), Gonzalez (D-Chula Vista)	Wiener (D-San Mateo), Aguilar-Curry (D-Napa), Arambula (D-Fresno), Carrillo (D-Los Angeles), Flora (R-San Joaquin Valley), Eduardo Garcia (D-Indio), Gipson (D-Compton), Irwin (D-Oxnard), Jones-Sawyer (D-South Los Angeles), Low, McCarty (D-Sacramento), Quirk-Silva (Orange County), Luz Rivas (D-San Fernando), Santiago (D-East Los Angeles), Lena Gonzalez (D-Long Beach)	Housing: This bill would declare that it is the policy of the state that every child and family has the right to safe, decent, and affordable housing, and would require the policy to consider homelessness prevention, emergency accommodations, and permanent housing, as specified.	Passed by Legislature; headed to the Governor's desk.	Communities	X	Watch
Sustainability							
SB 793	Hill (D-San Mateo)		Flavored Tobacco Products: This bill would prohibit a tobacco retailer, or any of the tobacco retailer's agents or employees, from selling, offering for sale, or possessing with the intent to sell or offer for sale, a flavored tobacco product, as product or a tobacco product flavor enhancer, as those terms are defined. The bill would make a violation of this prohibition an infraction punishable by a fine of \$250 for each violation. The bill would state the intent of the Legislature that these provisions not be construed to preempt or prohibit the adoption and implementation of local ordinances related to the prohibition on the sale of flavored tobacco products. The bill would state that its provisions are severable. By creating a new crime, the bill would impose a state-mandated local program.	Chaptered by Secretary of State. Chapter 34, Statutes of 2020.			Watch