

AGENDA

MEETING OF THE BOARD OF COMMISSIONERS

Chair: Sheila Kuehl

Thursday, January 28, 2021
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. Call to Order/Roll Call
2. Review Special Board/Program and Planning Committee Meeting Transcript and Meeting Summary from October 29, 2020 Meeting 2
3. Impact of the Digital Divide on Early Childhood Systems 68
Presenters: Breanna Hawkins, Program Officer, Communities; Diana Careaga, Director, Family Supports; Kevin Dieterle, Senior Program Officer, Early Care and Education; Alyssa Gutierrez, Program Officer, Communities
4. Break
5. 2021 Policy Priorities and Policy Agenda Refinement 93
Presenters: Charna Widby-Martin, Chief Government Affairs Officer; Ofelia Medina, Senior Policy Strategist
6. Preview Series of Upcoming Discussions on Best Start Regions 116
7. Public Comment (for items not on the agenda)
8. Adjournment

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Judy Abdo		Marlene Zepeda, Ph.D.
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SUMMARY MINUTES

FIRST 5 LA
October 29, 2020
Special Board/Program & Planning Committee Meeting (VIRTUAL)
1:30-3:30 pm

PROGRAM & PLANNING COMMITTEE

MEMBERS PRESENT:

Astrid Heger
Romalis Taylor
Keesha Woods
Marlene Zepeda (Chair)

Ex-Officio Commissioners:

Helen Berberian
Wendy Garen
Deanne Tilton

NON-COMMITTEE MEMBERS PRESENT

Judy Abdo

PROGRAM & PLANNING COMMITTEE

MEMBERS ABSENT:

Bobby Cagle [Excused]
Karla Pleitez Howell [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

1. Call to Order / Roll Call

Committee Chair Zepeda called the meeting to order at 1:30 pm. Quorum was present.

2. Review Program and Planning Committee Transcript from September 24, 2020

The transcript was received and filed with no deletions, additions or changes.

3. Home Visiting System Building Progress

- **Outreach and Engagement**
- **Welcome Baby Impact Study**

Diana and Neszka provided an update on Home Visiting System Building Progress, lifting up for the Board another example of First 5 LA's strategic priority to strengthen public and community systems. The team updated Commissioners on new developments, COVID-19 driven challenges, and new steps underway to support and strengthen families.

In this presentation, staff talked about the momentum toward the vision of a coordinated, universal and family-centered approach to home visiting; continuous quality improvements that reflect promising and challenging virtual visit practices and insights; and opportunities to contribute to and learn from the field at a local and national level. Staff also provided the Board with insights into First 5 LA's evolving role as the lead coordinator of this important County-wide effort. Finally, the team informed the Board of important adaptations made in response to the pandemic, including changes to how First 5 LA will assess outcomes for Welcome Baby virtual home visits.

In response, the Board emphasized what they see and experience from their respective experiences, expertise, and fields and probed the team on issues like virtual service delivery, the digital divide, racial disparities, and demographics. Board members also acknowledged

SUMMARY MINUTES

the challenging context for children and families and that they appreciated how nimble, adaptive and family-centered First 5 LA and its partners have been in undertaking this work.

4. Break

5. **Early Identification and Intervention - Strengthening Linkage to Community Supports**

Tara updated commissioners on system improvement efforts to ensure early detection of developmental and behavioral delays and support connecting children to appropriate supports. The Health Systems team also updated the Board on the challenging context presented by COVID-19 for their work and adjustments that had to be made to meet the moment and needs of children, families and providers. Finally, the team updated the Board on learnings from the recent First Connections evaluation and the application of those learnings to test innovative approaches to strengthen and expand referral needs and pathways.

6. **Establish Strategic Partnerships with LACOE, Child 360, and the Child Care Alliance of Los Angeles for Dual Language Learner Pilot Expansion in the Amount of \$1,887,676 for a Period of 13 months (Written Only)**

This item was presented as written only; there was no presentation from staff.

7. **Establish a Strategic Partnership with the Los Angeles County Office of Education (LACOE) in the Amount of \$6,349,422 to implement QSLA's IMPACT 2020 award from First 5 CA for the period of November 1, 2020 through June 30, 2023 (Written Only)**

This item was presented as written only; there was no presentation from staff.

8. **Establish a Strategic Partnership with California Health Foundation and Trust, Fiscal Sponsor for the Public Health Alliance of Southern California and Communities Lifting Communities in the Amount of \$250,000 for a period of 12 Months for the Cherished Futures for Black Moms and Babies Hospital Quality Improvement Project (Written Only)**

This item was presented as written only; there was no presentation from staff.

9. **Public Comment (for items not on the agenda)**

There were no Public Comments.

ADJOURNMENT:

The Commission adjourned at 3:04 pm.

NEXT MEETING:

The next Special Board/Program & Planning Committee Meeting will take place on Thursday, January 28, 2021 at 1:30 pm.

VIRTUAL BOARD MEETING
Meeting details will be posted per Brown Act Requirements

Meeting minutes were recorded by Linda Vo, Board Relations Manager.

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MEETING OF FIRST 5 LOS ANGELES PROGRAM AND PLANNING
Thursday, October 29, 2020
750 North Alameda Street, First Floor
Los Angeles, California 90012

STENOGRAPHICALLY REPORTED BY:
HEATHERLYNN GONZALEZ
CSR #13646

1 Thursday, October 29, 2020; Los Angeles, California

2 1:30 p.m.

3 -oOo-

4 MS. BELSHE: Linda, I think you do the honors.

5 COMMISSIONER ZEPEDA: Linda, do you want to
6 start?

7 MS. BELSHE: We need to be able to read lips now.
8 She said, I'm having some problems.

9 COMMISSIONER ZEPEDA: Well, she calls roll call.
10 That's the issue.

11 MS. BELSHE: So Jamie or Julie. Julie, are you
12 able to -- I mean, we can call -- it's --

13 MS. KNOWLES: I'm on here, Kim. I'm just not
14 wearing a name today.

15 MS. BELSHE: You are. It's our good friend, F5LA
16 Webinar. Thank you.

17 THE SECRETARY: Hi. I'm back online. Sorry
18 about that. I was having some technical difficulties.

19 And shall I begin with the ground rules for
20 today's PPC or would you like me to go straight into roll
21 call?

22 COMMISSIONER ZEPEDA: Start with the ground
23 rules, Linda. That's usually how you start.

24 THE SECRETARY: Yes. Will do.

25 Thank you and good afternoon. Welcome to the

1 special board program and planning committee meeting for
2 today. Pursuant to Governor Newsom's executive order
3 M-25-20, members of the First 5 LA board of commissioners
4 or staff may participate in this meeting via
5 teleconference. In the interest of maintaining
6 appropriate social distancing, members of the public may
7 observe this meeting telephonically or otherwise
8 electronically as posted on our website and the agenda.

9 To provide public comment, you may submit written
10 public comments by e-mail to LVO@First5LA.Org or call
11 (213) 276-9389. Please do indicate the item number for
12 your comment so that it corresponds with the number that
13 we call it. All public comments corresponding to an
14 agenda item must be received before 1:30 p.m. the day of
15 the meeting. Any received after 1:30 p.m. will become a
16 part of a public record. All public comments received
17 prior to 1:30 p.m. today will be read aloud at the end of
18 each item it coincides with.

19 Before we begin today's meeting, please do note
20 the following: Today's meeting does include video and
21 audio. And to minimize background disruptions, all board
22 members and staff should place their lines on mute until
23 called upon to speak. To minimize multiple people
24 speaking at the same time and to ensure for a coherent
25 dialog, board members will text Marlene Zepeda, who is our

1 current chair for this committee, or use the chat box
2 function to message me, and I will text the chair of this
3 committee.

4 With the exception of adjournment, which will be
5 called for by the chair, a formal roll call will be done
6 for all of these items. A reminder to all board members
7 to take yourself off mute prior to roll call. If
8 technical assistance is required during the meeting,
9 please do contact me at (213) 276-9389 and I will connect
10 you with IT.

11 With that, I will now hand this back to
12 Commissioner Zepeda.

13 COMMISSIONER ZEPEDA: Thank you, Linda. Just a
14 reminding to commissioners, if you do text questions to
15 me, please identify yourselves so that I know who to call
16 upon. Because I got questions last time, but I didn't
17 know who they were associated with. So that would be
18 helpful in some cases.

19 So welcome to the October 29th program and policy
20 committee. And we look forward to a spirited presentation
21 today. So our first item is our roll call. So Linda if
22 you want to do our roll call.

23 THE SECRETARY: Will do, thank you.

24 Judy Abdo.

25 COMMISSIONER ABDO: Here.

1 THE SECRETARY: Linda Aragon.

2 Astrid Heger.

3 COMMISSIONER HEGER: Here.

4 THE SECRETARY: Yvette Martinez.

5 Jonathan Sherin.

6 Romalis Taylor.

7 COMMISSIONER TAYLOR: Here.

8 THE SECRETARY: Keesha Woods.

9 COMMISSIONER WOODS: Here.

10 THE SECRETARY: Marlene Zepeda.

11 COMMISSIONER ZEPEDA: Here.

12 THE SECRETARY: Helen Berberian.

13 Wendy Garen.

14 COMMISSIONER GAREN: Here.

15 THE SECRETARY: Deanne Tilton.

16 COMMISSIONER TILTON: I'm here.

17 THE SECRETARY: Karla Pleitez Howell.

18 Quorum is present.

19 COMMISSIONER ZEPEDA: Thank you, Linda.

20 So moving on to Item Number 2, it's the review of
21 the notes or the transcripts from last time. I -- we had
22 a summary version of those notes associated with the
23 agenda. I hope you had a chance to look at those. We had
24 a really good presentation about the 2020 indicator report
25 as well the infant mortality initiative for African

1 American populations.

2 So are there any questions or comments on the
3 transcripts or modifications from any of the
4 commissioners?

5 Hearing none, we'll go ahead and accept those,
6 Linda, as they are and move on to Item 3.

7 Item 3 is our home visiting building systems.
8 And we have a presentation on that this afternoon and --
9 by Diane Careaga from senior program officer, Agnieszka --
10 Agnieszka, some day I'll learn how to pronounce your last
11 name -- from evaluation and learning manager from our
12 measurement division. So I welcome them to tell us about
13 the home visiting program.

14 MS. CAREAGA: Thank you, Commissioner Zepeda.

15 I will share my screen. I'll start the slide
16 show. It's not responding. Let's see. Here. I don't
17 know why it's not responding to the --

18 MS. BELSHE: It's not in slide show.

19 MS. CAREAGA: Right. That's why I'm trying to
20 do --

21 MS. AGNIESZKA: Diana, would you like me to
22 share?

23 MS. CAREAGA: Sure.

24 MS. AGNIESZKA: We'll see if mine works any
25 better.

1 MS. CAREAGA: And there go.

2 MS. AGNIESZKA: Okay.

3 MS. CAREAGA: So we've formally already started.
4 Good afternoon, commissioners, staff, and guests.
5 We're happy to pull the new update today on our
6 home visiting system building system efforts. Next slide.

7 So our goals for the presentation today are to
8 provide with you some key updates on this efforts as well
9 provide a deeper dive into the home visiting learning
10 approaches and modifications to the Welcome Baby impact
11 study as a result of Covid. We'll have time at the end
12 for questions and discussion. Next slide.

13 So you will see an image you've now seen
14 countless times to help ground us in our pathway for
15 systems change. Home visiting is a key platform that
16 contributes to many of the results for children in the
17 strategic plan as we reach our north star. So our home
18 visiting work is part of our strategic priority of
19 strengthening public will, community systems, and with the
20 priority goal of providing leadership to the support the
21 development and expansion of the universal system of
22 voluntary home visiting that fuels our current
23 infrastructure.

24 So on the next slide you'll see an image that
25 encompasses four key areas of systems change that are

1 needed to achieve an optimal system of important. We're
2 providing updates today for these area with examples for
3 our work with coordination, with county leadership and
4 stakeholders, our focus on the workforce to better engage
5 target populations, our funding and sustainability
6 efforts, and a deeper dive into our data collection
7 efforts. So I will be highlighting examples around
8 coordination, workforce, and funding. Agnieszka will
9 provide an update on the important pivot in data for our
10 Welcome Baby impact study.

11 On the next slide, we're going to start with a
12 focus on coordination. So next slide.

13 To remind you, what we see here is a shared
14 vision for home visiting in LA county. As you know, staff
15 is working collaboratively with the county on home
16 visiting. When our partnership really took off was with
17 Supervisor Kuehl's home visiting motion in 2016, and more
18 recently has continued its momentum in response to
19 Supervisor Solis' home visiting motion from this past
20 October 2019.

21 So on the next slide, you note the board motions
22 directed DPH and key leaders, including First 5 LA,
23 Department of Health Services, Mental Health, DCFS, and
24 others to bring a more focused effort to creating a
25 coordinated and broadened approach to home visiting. So

1 this key leaders group response to Supervisor Kuehl's and
2 Solis' motion highlights the alignment and shared goals
3 between First 5 LA and our county partners. The response
4 submitted to the motion acknowledged the need to have a
5 broad home visiting system with the capacity to serve
6 families whose needs vary in type and intensity and the
7 awareness that diverse cultures and preference in Los
8 Angeles calls for programs with diverse modes of
9 intervention.

10 So the community group is committed to continuing
11 its important system building efforts. We also know,
12 however, that there's extraordinary demands placed on the
13 county as a result of the pandemic. So the current focus
14 of the key leaders group is to sustain the system while
15 continuing momentum toward the long transition and access
16 DPS with First 5 LA take an on interim governance role for
17 the next 12 to 18 months to continue to drive this
18 progress forward, which is a definite sign of our shared
19 leadership and in alignment with our strategic priority of
20 building upon existing infrastructure and providing
21 program and policy leadership.

22 So in the next slide you'll see we're going to
23 transition to an update on our system building efforts
24 within the areas of funding. So on the next slide you'll
25 see an example we wanted to highlight of our approach

1 which has included engagement of health plans. So we have
2 been working with health plans for over a year and making
3 great progress. In our efforts with Promised Health, we
4 established a successful pilot in Antelope Valley where
5 two clinic provide automatic prenatal referrals to home
6 visiting services. And we're also exploring outcome-based
7 agreements that would provide reimbursements for Promised
8 Health members enrolled in home visiting. And we are also
9 in discussion with Anthem to establish an agreement to
10 begin a similar referral process and sharing of
11 information.

12 On the next slide, however, we're going to
13 transition to home visiting workforce and efforts to be
14 responsive to the daily needs of families. Next slide.

15 So one of the learnings over time is that we need
16 to diversify who is enrolling into First 5 LA-funded
17 programs. This table here indicates the ethnicity of
18 enrolled clients into home visiting programs in the last
19 fiscal year. We know demographics only tell one part of
20 the story. For example, our indicator report shows that
21 51 percent of children under five in LA County are Latino,
22 but you can see that Latinos are over represented in our
23 program at 74 percent. Asian Pacific Islanders are 15
24 percent of children under five in the county, but only
25 five of percent of home visiting plans. We know there are

1 also differences in risk and outcomes between target
2 populations. For example, African American infants are at
3 higher risk two to three times of death before their first
4 birthday compared to other races.

5 So the table indicates there's a need to improve
6 how the workforce is reaching and conducting outreach to
7 specific target populations that may have different needs.
8 We outlined some identified challenges, including the need
9 for more diverse backing, increased training on cultural
10 competency, and specific outreach strategies to target
11 populations.

12 On the next slide I want to highlight two
13 different efforts for specific target populations. So the
14 first is a great example of applying a learning approach.
15 So Long Beach has a high Cambodian population which has
16 low enrollment in Welcome Baby. In response, First 5 LA
17 funded Khmer-speaking outreach staff for two years. What
18 we learned, however, was that it wasn't the language
19 itself that was a barrier as most of these families were
20 younger generation, But it was the older generation, their
21 parents and grandparents that needed to be engaged in
22 order to better address the cultural aspects and called
23 also for different outreach strategies.

24 Another example of engagement is African American
25 enrollment and retention. So as we know, First 5 LA,

1 Department of Public Health, Center for Equity, and others
2 are partnered together to reduce infant and maternal
3 disparities, and home visitation is a key strategy in this
4 effort.

5 So it's actually the home visitors themselves
6 that called for and developed a work group last year to
7 explore how home visiting programs can better meet the
8 needs of African American families. The First 5 LA staff
9 member, Brandi Sims, led research efforts that focus on
10 the support families need, who they trust, criteria
11 families use in determining whether they will accept home
12 visiting, and program attributes that better meet the
13 needs of families.

14 In the next slide, you'll see some of the
15 findings and the recommendations that were made in the
16 areas of program modifications, staff hiring, training,
17 outreach, and marketing. So these learnings will help
18 inform players across the system to improve the strategies
19 to retain and enroll African American families in home
20 visiting.

21 I'll also add that African American work group
22 was just approved to becoming a permanent work group of
23 the Los Angeles Perinatal and Early Child Home Visitation
24 Consortium, otherwise known as the consortium, which is a
25 network of approximately 50 organizations composed of home

1 visiting, maternal and child health advocacy programs that
2 work together to support LA County's home visiting
3 programs. This addition will help provide increased and
4 dedicated support to those efforts.

5 So our focus on system improvements is also
6 reflected in our learning approach. As you can imagine,
7 Covid has shifted the landscape of home visiting
8 dramatically from virtual visits rather than being in
9 person and in the homes.

10 Agnieszka will now present part of our learning
11 agenda and results from our Welcome Baby impact study to
12 highlight how our approach is captured in the data area.

13 Agnieszka.

14 MS. AGNIESZKA: Thank you, Diana.

15 First 5 LA has a long history of learning from
16 data to support our home visiting efforts. Today, I'll
17 highlight some of the key learnings strategies -- key
18 strategies and learnings we've had to date and share how
19 we're evolving our learning approach in response to the
20 Covid-19 pandemic.

21 In 2015, First 5 LA created the Welcome Baby
22 learning agenda to guide data and evaluation efforts
23 related to home visiting. The learning agenda is included
24 in as Attachment 1 in your materials and identifies 30
25 priority learning questions, as well as strategies that

1 will answer these questions, such as program monitoring
2 and evaluation studies. The 30 questions fit into two
3 overarching categories: Ones that are programmatic
4 questions and ones related to child and family outcomes.
5 In the next few slides, I'll highlight some of the key
6 learnings to date in these areas.

7 As program monitoring plays a significant role in
8 answering many of the Welcome Baby learning agenda
9 questions, I'll start with highlighting some of the key
10 results from fiscal year 19-20. First 5 LA-funded home
11 visiting programs enrolled over 19,000 families last year.
12 And that's over a thousand families more than the previous
13 fiscal year representing a continued positive trend. As
14 noted by Diana earlier, these programs primarily serve
15 Latina families, which informed our improvement efforts to
16 better engage and serve our African American and Asian
17 families. With a strong focus on prevention, almost all
18 mothers were screened for depression and children screened
19 for developmental delays. This is a key step in linking
20 families to needed services. And, indeed, over 13, 000
21 successful referrals to various services and supports were
22 made in fiscal year 19-20.

23 Finally, we've had almost 7,000 Welcome Baby
24 graduations, which means that the families completed all
25 nine months of the program.

1 In addition, our past evaluation studies have
2 guided programmatic refinements as well. The 2017
3 psychometric study established the modified bridges
4 assessment as a valid and reliable tool and informed
5 program practices around administering the tool. The 2018
6 implementation and outcome study guided several
7 programmatic refinements, including improvements to staff
8 training for home visitors to give them more hands-on
9 experience and role playing and shadowing before going out
10 in to -- to conduct their own home visits.

11 In addition, the implementation and outcome study
12 also documented child and family outcomes of the Welcome
13 Baby program. Compared to a national sample, Welcome Baby
14 parents engaged in more positive parenting practices, such
15 as reading to their child, teaching them new skills, and
16 talking with their child while working around the house.
17 They were also more likely to incorporate breast feeding
18 in some capacity three months after birth, and had higher
19 levels of sleep practices such as putting their baby on
20 their backs to sleep or never co-sleeping with their
21 child. Together, these evaluation studies provided
22 critical learnings to refine the Welcome Baby program and
23 help prepare us for an impact study.

24 The Covid-19 pandemic has only intensified the
25 need for data and learnings to guide how we meet the needs

1 of children and families. Today, I want to share with the
2 board how we are evolving our learning approach to meet
3 these challenges and the opportunities posed by the
4 pandemic. We will focus on two examples: One related to
5 program monitoring and the other to evaluation study.

6 As Diana mentioned, the onset of the pandemic
7 required a rapid shift in how home visiting services were
8 delivered, shifting to in-home services to virtual visits.
9 Recognizing that this was a completely new way to deliver
10 home visiting services and that little guidance was
11 available in promising practices, program monitoring
12 shifted towards an intensive continuous quality
13 improvement approach, or CTY. Our partners at Los Angeles
14 Best Babies Network, or LA BBN, implemented bi-weekly
15 surveys of Welcome Baby hospital leads and monthly CQI
16 meetings, learning about the impacts on families and staff
17 and how each site was navigating challenges. From this
18 information, they were able to quickly spread successful
19 practices to other sites and understand what supports
20 First 5 LA could provide. The results of this real-time
21 learning is that video visits, which allow families to
22 virtually meet face-to-face with their home visitor, are
23 up from 11 percent in April to 76 percent of visits in
24 September. Additionally, surveying of clients shows that
25 they're satisfied with virtual visits that they receive

1 and that these meet all of their needs.

2 Evaluation has also shifted to meet the
3 challenges of the pandemic. Prior to the onset of the
4 pandemic, we had completed preparations to launch the
5 Welcome Baby impact study, a study that would establish an
6 evidence base of the impact of the Welcome Baby program on
7 maternal and child outcomes by comparing Welcome Baby
8 clients with the control group, which is also known as a
9 randomized control trial design. The study questions,
10 explore outcomes, such as breast feeding practices,
11 maternal health, maternal depression, parenting stress,
12 social support, parent/child interactions, child safety,
13 child health, child social and emotional and language
14 development, the home environment, and use of referrals.
15 Additionally, the study explores differences in outcomes
16 based on demographics.

17 However, the pandemic poses challenges for
18 implementing the Welcome Baby impact study. First, the
19 program has shifted to virtual visits. This is
20 challenging because the study was built around capturing
21 the impacts of in-home visits, and impact studies require
22 stable and consistent program practices so that we know
23 which program practices produce the impact. Currently,
24 virtual visits are continually being refined as we
25 identify more and more promising practices and spread this

1 information across sites.

2 We also want to ensure that as many families as
3 possible receive Welcome Baby supports during this time,
4 and having a control group would be at odds with this
5 commitment.

6 Now, leaning into our learning value, we
7 recognize that because our Welcome Baby staff adapted to
8 the challenge of the pandemic so quickly and we were
9 already prepared to conduct a study, we are in a unique
10 position to contribute significant learnings on virtual
11 visits in support of system building. Both nationally and
12 locally, there is very minimal data available on virtual
13 home visits, and we are in a position to answer questions
14 about what are the outcomes of virtual home visiting as
15 well as provide insights into promising practices and
16 challenges of this approach.

17 To this end, we are shifting the focus of the
18 Welcome Baby impact study to an implementation and outcome
19 study of virtual visits. Now, what does that mean in
20 practice? Well, first, we are shifting the design from
21 the randomized control trial to a correlation approach,
22 meaning there will be no more control group and we'll
23 leverage national and regional data as benchmarks for
24 comparison when we look at maternal and child outcomes.

25 We're also expanding the data collection methods

1 so that we'll not only capture outcomes but in depth
2 insights into implementation of virtual visits as well.
3 What's working? Where are there opportunities for
4 improvement? Importantly, we'll be gathering feedback
5 from both parent and staff perspectives.

6 Finally, because we won't have a control group,
7 we're able to reduce the sample size, meaning we'll be
8 able to get results faster. Additionally, we're ensuring
9 that we're over sampling certain subgroups so that we can
10 disaggregate the outcome data to further inform the system
11 building efforts Diana mentioned earlier in the
12 presentation.

13 In closing, our evolved approach will provide us
14 with insights into maternal and child outcomes of virtual
15 visits, into variations in these outcomes by various
16 demographics such as race/ethnicity prenatal enrollment
17 status, and will guide further refinements. We'll also be
18 able to leverage the already existing study infrastructure
19 which will allow us to generate learnings faster.

20 The shift, however, is not without its drawbacks.
21 Because we are no longer using a randomized control trial
22 design, it will be difficult to attribute the outcomes to
23 participation in the Welcome Baby program. Additionally,
24 our comparison data will have limitations and
25 imperfections. Most benchmark data, especially at the

1 national level, was collected prior to Covid-19 and did
2 not capture current conditions. To the extent possible,
3 we will be looking for comparison data from the Covid-19
4 period, and in particular, plan to leverage data from the
5 2020 LA County WIC survey which is currently collecting
6 data from over 6,000 WIC families through First 5 LA's
7 partnership with Public Health Foundation Enterprises.

8 Even then, the comparison won't be perfect since
9 the WIC population is different from home visiting
10 clients. It will still provide important insights into
11 the experiences of families during the pandemic.

12 And with that, I'm going to hand it back to
13 Diana.

14 MS. CAREAGA: Thank you, Agnieszka, for that
15 deeper dive.

16 So I want to bring us back to the four key areas
17 for systems change. So we provided updates and touched on
18 system building efforts across the four areas here. We
19 know that home visiting is a key platform contributing to
20 multiple of our result contextual indicators, and these
21 efforts to engage with health plans as part of our
22 sustainability, to examine outreach efforts so that the
23 workforce can engage more effectively with different
24 populations, and modifications to our evaluation
25 approaches based on real-time family and environmental

1 needs, all support our efforts in partnership with the
2 county leadership and others to continue to build upon
3 this existing infrastructure and to achieve an integrated
4 family-centered, comprehensive system of home visiting
5 services.

6 So this brings us to our questions for you today
7 on our next slide, is what questions do you have the about
8 the system building process. What questions or issues
9 does the revised learning plan raise, or any other
10 feedback that you might have.

11 I think with that, I'll open it up for comments.

12 COMMISSIONER ZEPEDA: Thank you, Diana and
13 Agnieszka, for that presentation.

14 I just want to remind commissioners -- Kim can
15 correct me if I'm wrong -- First 5 LA has the largest
16 investment in home visiting in the United States. And so
17 the -- there's a lot riding on this in terms of what we
18 can accomplish and what we can point to.

19 So with that, I'll leave it open for questions
20 from commissioners. Do any questions commissioners have
21 any questions?

22 Linda, has anybody asked a question to you? No
23 one's asked a question to me.

24 THE SECRETARY: No one on my end either.

25 MS. BELSHE: I'm seeing Keesha's hand up,

1 Marlene. I know commissioners are invited to send or
2 asked to send Marlene a note if you have a question, but I
3 did see a hand flying, Marlene.

4 COMMISSIONER WOODS: Yes. I'm sorry. I didn't
5 get Marlene's number. If I can get that, I'll make sure I
6 send it through text.

7 I just wanted to make a comment to the
8 presentation. I think it was a very good presentation.
9 Thank you, team. I am just overwhelmed and very grateful
10 that our numbers of participation has grown to the degree
11 that it has. This is a time more than ever that our
12 families need us to support them. And just to see that
13 you guys are doing so much outreach and we're getting such
14 great participation is amazing. So thank you.

15 COMMISSIONER ZEPEDA: Thank you, Commissioner
16 Woods.

17 Commissioner Tilton has a question.

18 COMMISSIONER TILTON: Thank you so much for that
19 great presentation.

20 As you know, I believe home visiting is a very
21 large part of the answer to protecting children from harm
22 as well as promoting positive parenting.

23 I'm kind of beginning to understand the basis for
24 a concern I have about what we're finding in terms of harm
25 to children, and that is that the -- the greater -- the

1 higher level of harm to children doesn't come from
2 mothers; it comes from men, males, fathers, stepfathers,
3 boyfriends. And I noted that from the presentation that
4 everything is connected to maternal child: Breast
5 feeding, et cetera, bonding. So I'd like to ask what it
6 is that we can do or what it is we might be looking toward
7 doing that would include the -- the other parent, the
8 father, in the program of both virtual and in-person home
9 visitation.

10 I -- I -- I'm very concerned about this because
11 it is an imbalance. And also looking at the most
12 high-risk families. And, frankly, the Hispanic population
13 isn't the highest risk for very young children.

14 So can you -- can you respond in terms of what we
15 might do or engage others to do to assure that both
16 parents are engaged in positive parenting and healthy care
17 of -- of our children and zero-to-five kids?

18 MS. CAREAGA: I'll start off with the
19 programmatic side. And, Agnieszka, if you have any
20 comments about the outcomes related to the learning
21 agenda.

22 So in the programmatic side, we've actually had
23 trainings embedded in for the past year around father
24 engagement, partner engagement, with the families. So all
25 of the home visiting workforce gets training and support

1 about how to engage partners, how to promote their
2 interaction with children. And, of course, they're always
3 trained as well if there's any challenges or any danger in
4 those relationships or any concern about intimate partner
5 violence, that they provide support to connect those
6 families to those needed resources.

7 You had also mentioned Latinos not being at the
8 highest risk, and I think that speaks to our engagement
9 efforts around, how do we target different target
10 populations more effectively to get the families that need
11 services into the right programs for them. So it's kind
12 of diversifying how families are outreached to and what
13 best resonates for the different populations.

14 COMMISSIONER TILTON: Okay.

15 COMMISSIONER ZEPEDA: Thank you, Diana.

16 Commissioner Taylor has a question.

17 COMMISSIONER TAYLOR: First, let me say, great
18 job. I love what you guys are doing. I love the
19 agileness that you have on learning as you grow and
20 shifting. But I'm not quite clear on what you learned.
21 And I know you learned a lot more than what you presented.

22 So what was the barrier for the African American
23 community and the Asian community that prevented them from
24 engaging in the services? I kind of heard some things but
25 not all of it. And the second part of this is, how are we

1 integrating from what we learned from the black and infant
2 mortality -- black maternal and infant mortality effort
3 we're doing? Are we integrating that knowledge and
4 learning into this process to enhance that so it's for
5 effective for the African American maternal population and
6 babies as well?

7 MS. CAREAGA: Thank you, Commissioner Taylor.

8 You're right. That could be an entire different
9 presentation around what we learned, and we really
10 condensed it in this one.

11 I can highlight that, based on the findings that
12 African American families note the majority that do
13 participate -- or the vast majority say that they
14 benefited from the program. They didn't receive any
15 challenges in participating, but some of the focus groups
16 reveal that they felt that there was some mismatch with,
17 you know, the cultural competency of the staff
18 understanding. So, again, aligning some of those outreach
19 efforts. They had difficulty in finding a place for the
20 visit to occur or concerns about being judged or receiving
21 negative referrals from the visit. So I think that speaks
22 to more information about what is home visiting, what the
23 benefits are, and what the stigma attached to it.

24 So, again, there was much more that was unearthed
25 in all of those research findings that really push you to

1 better strategies to engage African American families.
2 And we're continuing to have the conversations and
3 connections to the AAIMM work to ensure that we're
4 leveraging what each is learning and bringing it to the
5 program to address how to make improvements.

6 COMMISSIONER TAYLOR: Are we making them aware of
7 the doula program and what could help them with that? The
8 system -- the problem is social isolation and trust. They
9 don't trust the system, and they're always dealing with
10 the trauma of the systemic bias that they have to deal
11 with. So the reality is, when you go there and they have
12 to sit there and try to get some help but they're told,
13 no, no, you're okay, and then they go away and they find
14 out the problem is much more difficult because of that
15 bias by the provider or whoever is trying to so-call treat
16 them. So the reality is that knowledge and the training
17 has to go on so that we can advocate effectively for them
18 when these providers are demonstrating this behavior of
19 lack of understanding, lack of need, so that they don't go
20 away and not get the services they need.

21 So I'm hoping that -- that's why I'm hoping we're
22 leveraging what we're learning from the black and infant
23 mortality, you know?

24 MS. CAREAGA: Yeah. And, actually, we are
25 leading a public awareness campaign that elevates the

1 AAImm doula program and home visiting, and that campaign
2 is funded by DPH. There's definitely collaboration and
3 efforts to ensure that there's awareness of these services
4 and connections.

5 COMMISSIONER TAYLOR: When you get a chance, I'd
6 like to hear a lot more about the outcomes for them based
7 on our change in strategy in what we've done. So if we
8 can capture that, maybe we can help everyone understand
9 the different way to do it. But this implicit bias is not
10 said, but it's there. And -- and it's not only from the
11 -- the systems side; it's from their side too, because
12 they're afraid. They're -- they're -- they've been
13 traumatized by the system and they've been traumatized by
14 the environment. So the reality is they don't trust, and
15 so they're not eager to go out and ask for help.

16 And the other side of that is lack of
17 understanding that there is help. So there's not a lot of
18 outreach that says, here's a program that's out there to
19 help you. So communication around that this exists and it
20 can help you, some communication around that would
21 probably help it. And if they can help shape that
22 communication, then I think you will see a lot more
23 engagement.

24 Thank you.

25 MS. AGNIESZKA: Thank you.

1 MS. ALTMAYER: Let me just add two quick comments
2 in regard to Commissioner Taylor's questions. One is,
3 really excited to share that we've been working very
4 closely on an application to the State with the Department
5 of Public Health to integrate home visitor -- to integrate
6 doulas in home visiting. This will be a pilot program
7 that we are hopeful that will be successfully funded under
8 the California Home Visiting Innovations program. So we
9 just submitted -- just supported the Department of Public
10 Health in submitting that grant.

11 And, secondly, agenda Item 8 that is a
12 written-only submission today does speak to this funding
13 proposal for Cherished Futures which is all around working
14 with hospitals and providers to improve its -- it's really
15 a practice transformation for hospitals and providers to
16 increase their awareness in working successfully with
17 African American women and supporting their pregnancy and
18 birth.

19 So really appreciate your comments and just
20 wanted to point those two projects out.

21 COMMISSIONER TAYLOR: I'm excited to hear that.
22 I appreciate that. That helps me understand that you guys
23 are really working beyond what I can possibly imagine.
24 Thank you.

25 COMMISSIONER ZEPEDA: Thank you, Commissioner

1 Taylor.

2 Commissioner Garen has a question, I believe.

3 COMMISSIONER GAREN: Yeah, I'm sad about the
4 study that was set aside and look forward, you know, to,
5 maybe as Dr. Fauci has said, the beginning of 2022 and
6 hope that we revisit that effort because I think that that
7 is fundamental to basic work. And I know it's not
8 practical now, but I just want to express work for
9 executing on it when it becomes possible.

10 The other piece was the slide about the African
11 American outreach. And it -- the earlier had -- had felt
12 more concrete. You mentioned two very specific health
13 plans you were working with. And the slide went by kind
14 of quickly, but it didn't help me understand the specifics
15 of what's being done.

16 MS. CAREAGA: And it did go by quickly. I would
17 add, Commissioner Garen, part of that is the shift of the
18 African American work would be just completed their
19 research and now they've become an official part of the
20 home visiting consortium. So the plan is that they're
21 going to continue to evolve and apply some of those. So,
22 for example, looking at specific information, the things
23 that really speak more to African American communities as
24 part of the outreach, whether it's in the materials or in
25 the pitch, how the program is explained. So those are

1 things that that work will help develop and then spread
2 across the home visiting programs.

3 COMMISSIONER GAREN: Diana, who is the provider
4 in south LA of home visiting? Is it contracted through a
5 variety of nonprofits?

6 MS. CAREAGA: There is a variety. We have
7 Welcome Baby at a few hospitals as well as Healthy
8 Families, Parents as Teachers providers in the south LA
9 community. And so this work group is actually made up of
10 the providers themselves who brought home visitors and
11 program management to really think through what are the
12 challenges or why they're not participating and what would
13 better support those families. So they have been a part
14 of those conversations.

15 COMMISSIONER TAYLOR: I need to jump in here. I
16 think she's totally correct -- my colleague is totally
17 correct. Make sure that we put it back on the agenda for
18 the 2021-2022 to do your study. I appreciate the fact
19 that you're thinking nimbly on your feet for now and
20 opportunity to do what we're doing to track the virtual.
21 That's great thinking. But I think we shouldn't lose that
22 opportunity. So, hopefully, you will do that.

23 Thank you.

24 COMMISSIONER ZEPEDA: Thank you, Commissioner
25 Taylor, Commissioner Garen.

1 Any other commissioners have questions?

2 COMMISSIONER TILTON: I do have a question. Of
3 the total births in LA County -- what is it, about 115,000
4 now? -- what percentage are receiving home visiting? Do
5 we know collectively how many newborns are we reaching?

6 MS. CAREAGA: Off the top of my head, I do not
7 know, Commissioner Tilton, but we can get back and run
8 those numbers.

9 MS. AGNIESZKA: Actually, that data is included
10 within the impact framework reports. I'm actually
11 scrolling very quickly to see it because I do not remember
12 it off the top of my head, but I want to make sure I
13 provide an accurate number. And I'm almost there. It is
14 17.8 percent.

15 And I do want to clarify, that is through First 5
16 LA-funded programs. Unfortunately, by the time of the
17 release of the report, we hadn't received numbers for
18 non-First 5 L-funded, programs but through First 5-funded
19 programs which, again, we are the largest provider of home
20 visiting in LA County, we are reaching 17.8 percent of
21 newborns in 2018.

22 COMMISSIONER TILTON: Is there some way to
23 ascertain what percent of newborns overall by non-First
24 5-funded programs? It would be nice to know how we're
25 really impacting -- how home visiting is really impacting

1 newborns and neonatal care.

2 MS. AGNIESZKA: It is something we are absolutely
3 working on as one of our data development opportunities
4 with the impact framework to connect with our other home
5 visiting partners and aggregate that data together.

6 COMMISSIONER TILTON: Thank you. Good work.
7 Thank you.

8 COMMISSIONER ZEPEDA: If there's no other
9 questions, I have a couple of questions and comments,
10 Diana, and Agnieszka.

11 I think, you know, as an evaluator, one of the
12 concerns I have, especially with all these different home
13 visiting program approaches, is fidelity of
14 implementation. And I know that's kind of old school in
15 terms of, we're not in an RTC situation to be doing that
16 kind of evaluation. That's always a concern, is dosage
17 and the implementation.

18 But I also kind of disagree with some of my other
19 commissioners that are saying we need to go back to an RTC
20 because I think that we are going to have lessons learned
21 in virtual that may go on after Covid, whenever Covid
22 ends, and I think there's going to be a shift. And so I'm
23 not -- we have to think about how we're going to take
24 what's good about the virtual space, even though we're all
25 stressed out about it, and how that will then transfer to

1 the non-- the post-Covid world, so to speak, because it's
2 kind of a big question mark in a lot of different fields,
3 not just home visiting. But I think that that's going to
4 occur. That's my crystal ball on that one.

5 But I'm also concerned about something I've been
6 bringing up repeatedly, and that is with the low incidence
7 of service to Asian populations. I don't know what the
8 latest data is in terms of their population increases in
9 LA County, but they were -- they were the fastest growing
10 population in LA County for a long time. And I know that
11 it's been difficult because they're very heterogeneous
12 populations, but I would just like to plant that seed.
13 Again, you did stuff with the Cambodian populations in
14 Long Beach, but there is also other populations that we
15 need to think about. And some of these populations are
16 not doing that well.

17 So I would I would like to see some more effort
18 put in that direction in terms of our DEI kind of, you
19 know, value that we have.

20 So that's a comment that I have. I don't know if
21 either one of you want to react to any of that.

22 MS. CAREAGA: I would say, as always, thank you
23 for the seeds. We'll definitely get that information
24 back.

25 And I think in terms of fidelity, I totally

1 agree. I think at the national level, we've talked about
2 Pandora's box. What will they go back to now that we've
3 opened up virtual visits? What will it look like? And I
4 think part of the benefit of doing the virtual studies
5 we'll have an opportunity to learn about what's happening,
6 but we also need time to see what happens after post-Covid
7 and what that does to program design and if we allow it to
8 remain somewhat modified, and then we need to let it
9 really settle.

10 So I think all those are considerations we need
11 to continue.

12 COMMISSIONER ZEPEDA: All right. Thank you very
13 much. If there's no other questions we're scheduled for a
14 break. But, Linda, I don't know how much of a break we
15 all need here. We usually get --

16 THE SECRETARY: We get a ten-minute break. If
17 that's what we would like to do at this point.

18 COMMISSIONER ZEPEDA: Okay. So let's go ahead
19 and take a ten-minute break. I have 12:14 -- 2:14. We'll
20 be back at 2:28, right? So I'll see you all back here in
21 ten minutes. Have a nice break.

22 (A brief break.)

23 COMMISSIONER ZEPEDA: Welcome back. Our next
24 item is Item 5 on the agenda, which is the early
25 identification and intervention program, strengthening

1 linkage to community supports. And our presenters are
2 Tara, Cristina, and Steve Baldwin who is our director of
3 children's health outreach initiatives for LA County
4 Department of Public Health.

5 So welcome to you, and we're ready to hear what
6 you have to say.

7 MS. FICEK: All right. Well, thank you. Good
8 afternoon, commissioners. We are very excited to share
9 the status of our work supporting early identification and
10 intervention with a focus on our implementation of Help Me
11 Grow. I believe our last board presentation was about a
12 year ago. So as you can imagine, we have a lot of
13 progress to share. While in the past our updates have
14 been more comprehensive, representing multiple strands of
15 work, today we are going to focus on elevating recent
16 efforts launched that support one specific area:
17 strengthening linkages to community supports.

18 With that in mind, we're going to begin on our
19 latest on our Help Me Grow LA implementation. We're going
20 to follow that by sharing important learnings that have
21 surfaced over this last year through the evaluation of our
22 first connections investment, and, of course, how we are
23 applying that to further strength Help Me Grow. Then
24 we're going to close by opening it up for your feedback
25 and your questions.

1 So our Help Me Grow work primarily aligns with
2 strategic priority one, strengthening public and community
3 systems. However, I think you'll also hear today
4 opportunity exists to build on community experience and
5 expand our influence with data. The work we will
6 highlight also includes both practice change and policy
7 change that ultimately contributes to us achieving our
8 result of children receive early developmental supports
9 and services. Next slide.

10 So as we all know, Covid-19 has contributed to
11 several disruptions in services and supports for young
12 children and their families. Specifically within early
13 identification and intervention, the impacts are centered
14 around a steep decline in well baby and child visits
15 resulting, as you can imagine, reduced vaccinations, a
16 reduction in referrals to regional centers, and other
17 developmental services and supports because, as we know,
18 the well-child visit represents a key time for
19 developmental monitoring and screening, immunizations, and
20 child development information. As these visits are missed
21 due to Covid, delays are not getting identified which, as
22 we know, then opens the path to connecting families to
23 needed care and support.

24 In addition and likely of no surprise, Covid has
25 had a very pronounced effect on our partner in Help Me

1 Grow implementation, LA County Department of Public Health
2 as staffing shifts were necessary across the agency to
3 focus on the Covid response.

4 The mighty team of four LA County Department of
5 Public Health staff supporting Help Me Grow is now at
6 about one and a half; however, that team remains focused
7 and committed, prioritizing key Help Me Grow
8 implementation activities. In response to what's
9 happening due to Covid, there's quite a bit of activity
10 happening at the state level, including expanded
11 telehealth, temporary eligibility adjustments, and
12 enhanced communication efforts and continued funding is
13 underway in an attempt to better serve and support
14 families right now. We will need to track these efforts
15 to see if they contribute to increased preventative care
16 for young kids.

17 Locally though, despite the challenges, First 5
18 and DPH have been able to make important progress on the
19 build out of Help Me Grown, including improving our
20 communications and messaging. Through the support of a
21 communication consultant, we have redesigned and cobranded
22 Help Me Grow LA with a new look and feel. And as we move
23 to the next slide, you'll see a shift in the color
24 palette, the design, and will continue to see that now
25 throughout remainder of the presentation.

1 We've also revisited and revised our messaging,
2 working closely with our key partners and reaching out to
3 families to gather feedback on how to best describe Help
4 Me Grow.

5 So for the next part of the presentation -- go
6 back -- we're going to be providing a deeper dive into our
7 work around Help Me Grow and its linkage to community
8 supports. As you may recall, Help Me Grow LA helps
9 families find services that can support their child's
10 development. Families often have questions about their
11 child's development, but don't know where to go for help.
12 Help Me Grow LA can help families find those resources and
13 get services more quickly by improving the coordination of
14 programs and services in local communities.

15 Now, we're ready to move to the next slide.

16 So hoping this visual looks familiar. Many of
17 you likely remember, in past presentations, the classic
18 Help Me Grow gears visual. This is our reimagining of
19 that visual, a modern take on showcasing the interlocking
20 nature of the four components that make up a Help Me Grow
21 system or network. A comprehensive Help Me Grow has four
22 components. Starting with the purple and moving
23 clockwise, we have our centralized access point, then
24 family/community engagement, child help provider outreach,
25 and then data collection and analysis.

1 As we have moved from planning to early
2 implementation and then have continued to apply the
3 recommendations from the early planning efforts that took
4 place back in 2017, Department of Public Health and First
5 LA, the team has been orienting ourselves now to think
6 about Help Me Grow from a countywide and community frame.
7 You can go to the next slide.

8 So during the early design process of Help Me
9 Grow LA, it became clear that, due to the size and
10 diversity of LA County, select components would need to be
11 implemented at the county level while others would be
12 better serving the unique needs of families and would be
13 implemented at the community level. So it became clear
14 certain pieces of the work needed to be county; other
15 pieces needed to be community. For example, Help Me Grow
16 LA planning members advised us that at the community
17 level, direct services such as screening, care
18 coordination, early intervention should be coordinated and
19 delivered at the local community level. So that guidance
20 -- that early guidance has continued to shape our thinking
21 and planning. This visual has -- we created this visual
22 recently to think about what -- we call it our hub and
23 spoke model. Again, to capture that county/community
24 frame of the Help Me Grow model and represent the
25 connection between countywide features of Help Me Grow LA

1 and the community or local features. As you can see,
2 there is a bidirectional or reciprocal relationship
3 between that. Inside each community, you're going to see
4 a web of partners and also note the communities are
5 interconnected with that outer circle bringing them to one
6 another.

7 Later in the presentation, we're going to provide
8 a deep look at concrete examples that are being
9 implemented at the county level and also at the community
10 and how they interact and reinforce each other.

11 First, I'd like to draw your attention to key
12 areas of learning over this past year. I'm going to pass
13 it to my colleague Cristina Pena to provide that overview.

14 MS. PENA: Thank you Tara, and good afternoon,
15 commissioner.

16 Along our journey to implement Help Me Grow LA,
17 the team has really incorporated key learnings from
18 multiple sources and this includes our First 5 LA
19 investments as well as the Help Me Grow advisory councils
20 that we have in place. Today I'll be highlighting the
21 First Connections evaluation. And in subsequent slides,
22 we will demonstrate how these findings are being applied
23 to both the countywide and community aspects of the model.

24 Back in November 2017, the First 5 LA board of
25 commissioners extended First Connections to provide an

1 opportunity to glean best practices and important
2 learnings to further implement Help Me Grow LA. As part
3 of this extension, Harder & Company community research was
4 selected to implement a quantitative and qualitative
5 evaluation of First Connections. The evaluation included
6 a review of over 50,000 developmental screenings conducted
7 over a five-year period. In addition to examining
8 screenings, demographic, and referral data, the evaluators
9 also conducted focus groups and journey mapping with
10 families and grantees as well as the technical assistance
11 provider.

12 As noted in the slide, some key results include
13 an increase in parents' overall knowledge about child
14 development and an ability to overcome stigma. In
15 addition, there were a number of important learnings
16 specific to linkage to community services. We have
17 highlighted today just a few of these learnings from the
18 report that the team is intentionally applying to the
19 countywide and community aspects of the model. The
20 evaluation report and the final report in full is included
21 in your board packet material if you'd like to take a
22 deeper dive into these specific findings and learnings.
23 And also in attendance today is Sophia Lee from the Harder
24 & Company team joining the board presentation -- or the --
25 joining as an attendee. There we go.

1 Next, I will pass it to Steve Baldwin to speak
2 more about the Help Me Grow LA countywide approach and how
3 these specific learnings are being applied.

4 DR. BALDWIN: Thanks, Cristina. And hello,
5 commissioners. I have to say, I'm really happy about the
6 Dodgers. I had to throw it out there. Got my Dodgers
7 shirt on underneath. It's really nice to see everybody.
8 And thanks for the invitation to present today.

9 This past year we've been able to apply learnings
10 from the First Connections evaluation to our development
11 of Help Me Grow centralized access point, or CAP for
12 short. The CAP will include multiple components,
13 including a website, a call center staffed by resource
14 liaisons who will ensure clients are provided with the
15 resources and linkages they need while accounting for
16 language, culture, and of course geography of our large
17 and beautiful county.

18 Ensuring appropriate and accessible referrals to
19 EII providers was a key finding of the First Connections
20 evaluation. So we've approached this challenge in a
21 couple of different ways. And I'd like to highlight them
22 for you today.

23 One approach we took is to ensure the CAP
24 resource liaisons are trained to provide resources and
25 make linkages based on the needs of the clients we serve.

1 So to help ensure successful linkages with partners, we've
2 initiated structured interviews to help staff understand
3 the types of referrals partners accept and what partners
4 expect clients to have and to know when they arrive. And
5 this, of course, also helps the family being referred
6 since the family can rest assured they will have what they
7 need and will therefore be more competent and competent in
8 accepting and utilizing the referral we provide.

9 The second way we're approaching the issue of
10 appropriate and accessible referrals is through the use of
11 an online information and referral platform. For example,
12 one degree is an online platform that our staff will use
13 to identify resources, make referrals, and confirm the use
14 of the referrals made. As a county program, we have
15 access to the pro version of One Degree and plan to pilot
16 the program in phase one of our launch next summer. We
17 plan to test One Degree's usability and acceptability with
18 Help Me Grow LA clients and users while we remain open to
19 using the other tools and resources that may become
20 available.

21 So I'll pass it back to Cristina to help and
22 share about Help Me Grow LA pathways.

23 MS. PENA: Great. Thank you so much, Steve.

24 Now turning to the community aspect of the model.
25 Like the centralized access point or CAP, the Help Me Grow

1 pathways investment is meant to be a complimentary element
2 to further strengthen lineage and coordination of
3 services. Help Me Grow LA pathways is meant to focus on
4 building out the web or the network of partners who
5 provide early identification and intervention services in
6 the local community setting, as really highlighted in that
7 countywide hub and spoke visual presented earlier by Tara.

8 Help Me Grow pathways aims to strengthen referral
9 pathways and processes to be more coordinated, integrated,
10 and multidirectional within seven distinct community
11 collaboratives across LA County. Each pathway
12 collaborative is tasked over the next three years with
13 planning, testing, and refining sustainable strategies
14 that emphasize technology, infrastructure, and practice
15 change to achieve the five intended outcomes listed here
16 on the slide.

17 During the recent Help Me Grow pathways kickoff
18 meeting that was just held in October, partners expressed
19 both excitement to engage in this work with their
20 collaboratives and acknowledgment of the timeliness of
21 this investment in the time of Covid.

22 Two key learnings from this evaluation report
23 that can further contribute to the Help Me Grow pathways
24 investment include: One, developing formal partnerships
25 or MOUs for referral pathways and data sharing; and, two,

1 engaging with champions and key decision makers, as well
2 as incorporating time to garner buy-in and trust among
3 external partners for the purpose of generating referrals
4 and linking families to services. By design, Help Me Grow
5 pathways is actually meant to foster this collaboration
6 and shared goals to improve linkage across services
7 between diverse partners.

8 As part of the solicitation process, applicants
9 were asked to identify their partners and provide letters
10 of intent or MOUs to showcase the commitment to work
11 together as a collaborative. In addition, the lead
12 agencies responsible for unifying the collaboratives
13 within their respective community, as well as their
14 partners, are also providing significant in-kind in the
15 form of personnel, space, and resources. And furthermore,
16 as a requirement of the request for proposals, each
17 collaborative has identified approaches to directly engage
18 with parents and families who are utilizing early
19 identification and intervention services to inform both
20 the planning and implementation process.

21 So while all four components of the Help Me Grow
22 model are interconnected, today for this slide really
23 wanting to provide a snapshot of where we see opportunity
24 for integration between the countywide CAP, or centralized
25 access point, and the community Help Me Grow pathways.

1 So, for example, there is opportunity to test approaches
2 to strengthen referrals, both independently and
3 collectively between the two. Also, both cap and pathways
4 will contribute toward mapping and tracking local early
5 identification and intervention services and supports.
6 With parents and families as our end user, there is also
7 intentionality within the implementation and testing
8 process to incorporate parent and family experiences and
9 needs. And then, lastly, there's enormous opportunity to
10 really -- excuse me -- inform and highlight features such
11 as one degree that Steve spoke to earlier, as well as data
12 collection and messaging across CAP and the Help Me Grow
13 pathways partners.

14 So in closing, we want to leave you with the same
15 countywide community hub and spoke visual that now has the
16 application of the various investments that Steve and I
17 just shared with you. You'll see on the outside the five
18 Help Me Grow pathways collaborative unifying agencies.
19 Each are part of a unique localized web of partners who
20 will then work together to support a child and family
21 across their journey. Launched this October 1st, 2020,
22 the five unifying agencies, starting with community one in
23 red, include Childcare Resource Center for North LA
24 County, Children's Bureau of Southern California which
25 encompassed the latter mid or mid Wilshire to Pasadena

1 area, Westside Regional Center, which includes the
2 westside region of LA county, Haluna Health Eastern Los
3 Angeles Family Resource Center, which encompasses eastern
4 LA, and the fifth partner is South Central Los Angeles
5 Regional Center encompassing south central Los Angeles.

6 And at the center, we have the countywide
7 element. This includes the centralized access point,
8 data, policy, messaging, all countywide components that we
9 see will interact with each of the communities.

10 And then also, while each community collaborative
11 will be strengthening their web of partners, DPH and First
12 5 LA will be simultaneously be continuing to build out
13 these centralized features.

14 Before turning to the discussion, I just want to
15 take a quick moment to acknowledge and thank the First 5
16 LA health and contracts team, specifically Ann Isabel
17 (phonetic), Tina Jenacard (phonetic), and Daisy Ortiz who
18 are really the backbone in making the Help Me Grow
19 pathways partners come to fruition. I also want to
20 acknowledge that over 50 First 5 LA colleagues across the
21 organization paid played a role in this work, from design
22 and solicitation development to joining the review panel
23 to assess proposals. And then in addition, we have the
24 DPH team as well as community members with lived
25 experience who were part of the review process. So all

1 that to say, I just want to acknowledge the dedication and
2 talented team really behind the curtain that have made
3 Help Me Grow pathways partnerships a reality and
4 contributed to this exciting and foundational next step
5 for Help Me Grow LA.

6 So now moving on, I want to thank you and open it
7 up for discussion and questions across Tara, Steve, and
8 myself.

9 COMMISSIONER ZEPEDA: Thank you very much for
10 that presentation.

11 Questions from commissioners. I haven't received
12 any requests for questions or comments. Do any
13 commissioners have that?

14 Let me go ahead and start then and maybe you can
15 -- if you have any questions or comments, either text me
16 or raise your hand or let's figure out what we can ask.

17 I'm just wondering, Steve and Cristina, how are
18 they going to be dealing with virtual within this Help Me
19 Grow because you had talked about how a lot of people
20 think the regional centers are closed, et cetera, et
21 cetera. What -- what is the plan? There has to be they
22 thinking around that, I think.

23 DR. BALDWIN: Can I take that one, Cristina, if
24 you want me to jump in.

25 MS. PENA: I would let you take the community

1 side.

2 DR. BALDWIN: Sure. In terms of the centralized
3 access point, we have a couple of different ways that
4 families will be able to connect with us. So we're
5 building in multiple forms in the web page itself. So you
6 don't even need to -- if you have Internet access, go the
7 library, use a friend's computer or phone, fill out a form
8 on the web page, and an e-mail will be generated with a
9 confirmation that goes to one of our resource liaisons,
10 and they can set up a convenient time to -- to contact the
11 client on the phone.

12 I think it's -- virtual is a great idea. I think
13 it requires, of course, a set up like we all have who are
14 lucky enough to have access to something like Zoom. And I
15 think it's something we should consider. So thanks for
16 raising it.

17 MS. PENA: And then just to add. I equally agree
18 that virtual is an area of interest for the Help Me Grow
19 pathways partners. Part of the focus was to really
20 streamline the referral process with a focus on technology
21 and examples provided in the RFP, included moving away
22 from paper-based, for example, really wanting to propose
23 ways and methods to elevate technology to streamline and
24 make it much easier for the family to get that referral
25 through. Dual referrals, for example, is another example

1 that came up. So really wanting to harness technology so
2 that in-between stuff that we hear is often very
3 complicated and exhausting for families is removed, and
4 particularly that it's done in a community setting where
5 partners have the expertise to support those families in
6 their local and intimate setting and hopefully have an
7 awareness of the other partners in the local community
8 that can help balance the needs of that family. So that
9 was a lot of the intention.

10 As for virtual services, we have heard from a
11 number of our Help Me Grow partners for the pathways
12 partners where this is an area that they're moving
13 towards, particularly with the regional centers as you
14 called out. Many are testing how to deliver virtual
15 support, whether that's the intake or providing virtual
16 services. I think as we move forward with our
17 partnership, that's going to be an area that we're going
18 to learn from and want to further understand which
19 partners are delivering virtual services and how effective
20 is that, in conjunction with ensuring that we're -- that
21 that collaborative is meeting the goals of linking
22 families, increasing a successful linkage up front, making
23 sure that children are linked sooner in age, making sure
24 that families are satisfied with the process.

25 So I think there's an equal interest in trying to

1 learn from that through this partnership.

2 COMMISSIONER ZEPEDA: I guess the concern I have,
3 and I think Steve referenced that is the digital divide
4 issue that we're seeing with LA Unified and people trying
5 to teach virtually and kids just not showing up to school,
6 frankly, or even showing up on the Internet. That's a
7 foundational problem. And I -- you know, I'm not
8 necessarily saying that you all can do that, but maybe the
9 community partners can kind of figure that out.

10 And what I'm -- you know, what I hear from parent
11 and childcare providers actually is they do everything on
12 their telephone. They don't get on a computer.
13 Everything is on -- on the phone. So that is the way that
14 is more, I think, easily accessible to a lot of people.
15 So I just wanted to throw that out there because I know
16 that in the work I'm doing a tremendous amount of digital
17 divide really just disenfranchises whole sectors of our
18 population.

19 MS. FICEK: The only thing I would add is -- a
20 few things. As Steve pointed to in the timing in the
21 development, we're in the process of developing the
22 centralized access point, the timing is working in our
23 favor, right. We're in the thick of this right now so we
24 can take what we're learning from it to shape what's
25 launched next year, knowing that's several months away.

1 And we've already been looking at opportunities to
2 leverage and maximize texting as, you know, sharing
3 information and connecting with families through texting.
4 And the one degree pilot Steve talked about, that uses
5 texting as well as e-mail. So there's multiple
6 opportunities there.

7 And then I think the digital divide is amplified
8 right now. So it's not something we were necessarily had
9 on our radar or had front and center on our radar a year
10 ago as we were thinking through and planning this out. So
11 I think the timing is benefiting us now.

12 To Christina's point around launching pathways
13 this month, you know, it's already been elevated by our
14 partners that the timing is very beneficial with this
15 emphasis on technology and strengthening and enhancing
16 that, you know, in this moment of Covid.

17 I think the bigger issue which was highlighted on
18 that slide in the impact of Covid is, if kids aren't going
19 to their pediatrician or medical providers, it's not
20 initiating the screen in the early identification part of
21 it. What we're talking about today is mostly connection
22 to services and the intervention component, but if the
23 identification piece isn't happening in the first place,
24 we're missing a lot of kids. So I think the data we
25 shared was from the California Department of Public

1 Health. The data was from May of this year. So I think
2 we want to continue to track that. Is it coming back?
3 Are families getting more comfortable as this continues?
4 Are providers finding unique and innovative better ways to
5 serve families and to do developmental screenings possibly
6 through telehealth or other platforms. So I think we need
7 to continue tracking if families are coming back to their
8 providers and getting seen.

9 MS. ALTMAYER: Tara, do you want to speak to some
10 of the work we're doing with health plans as well as part
11 of that and the awareness that we're trying to promote
12 with them as a pathway?

13 MS. FICEK: So we have partnerships with all of
14 the Medi-Cal managed care plans. And we didn't get into
15 it today, but it is coming up, so maybe for a future
16 discussion and presentation. We're excited to bring back
17 our partnership with LA Care health plan as the largest
18 Medi-Cal managed care health contract plan in the county.
19 So that is an effort that is rolling out over this next
20 year, targeting high-volume pediatric clinics. So I think
21 there will be -- on the side that I mentioned around, you
22 know, are kids even getting to their providers right now.
23 I think there will be enormous opportunity as we launch
24 that work, again, timing well for us to start thinking
25 about how can we best serve families. So that's coming,

1 the healthcare engagement.

2 COMMISSIONER ZEPEDA: Thank you.

3 I believe Commissioner Romalis Taylor has a
4 question.

5 COMMISSIONER TAYLOR: Okay. I think I want to
6 say good job. The idea is that you -- I -- I'm excited to
7 see this really come to fruition and the expansion on the
8 program and the modeling of it.

9 What I do want to get more on is the information
10 about what you learned and what you found out as far as
11 the connection to services, the timely delivery of
12 services, and the true -- not just referral, but actual
13 linkage of services for these families that the child has
14 some developmental issues that they can get help with.
15 Because I think it's going to be very paramount that we
16 capture that data and elevate that information as we go
17 forward to the State to expand this concept because I
18 think you guys are onto something with this good model.
19 But I think you need to elevate the data outcome.

20 So can I ask you to guys to kind of elevate that
21 right now for us and tell them what we found out as far as
22 the outcomes of your initial efforts?

23 MS. PENA: Commissioner Taylor, just to clarify,
24 is this in regards to the First Connection evaluation more
25 specifically?

1 COMMISSIONER TAYLOR: I think it is. It was in
2 your report.

3 MS. PENA: Yes. Okay. Not a problem. Yeah.

4 So the -- absolutely encourage everyone to take a
5 deep dive with a cup of tea or a beverage of choice
6 because there's a lot packed in this report. There were
7 some interesting findings tied to linkage. So the
8 evaluators were able to look at, in addition to
9 developmental screening rates, really dive into which
10 agencies or sectors referrals were made to. So this
11 includes the regional centers, as well as early start
12 programs, as well as school districts, to really gauge --
13 as well as health and behavioral health. So they tried to
14 divvy it up by the five sectors.

15 Overall across the referrals that were made, 34
16 percent were made to the regional centers, 11 percent to
17 school districts, and then two percent to Early Head Start
18 or Head Start, one percent to health and one percent to
19 behavioral health. That's just a single referral made.
20 Overall 51 percent of the referrals made were made to more
21 than one service. So there's -- that's just a glimpse of
22 some of the breakdown that the report offers, the findings
23 offer. It's something for us to understand -- to further
24 understand why was health, like a pediatrician or a health
25 provider, health sector a lower referral; what does that

1 mean versus -- and same with behavioral health; what does
2 that mean? Is it because those services were already
3 provided within the agency referring out? Or is it
4 because that linkage and external partnership was not well
5 established. So I think there's a -- that begs the
6 question to understand more.

7 In addition, the evaluation findings also break
8 down ethnicity by population. So we have
9 over-representation of the LatinX population compared to
10 the LA county population similar to what was seen in home
11 visiting in the earlier presentation. We have under
12 representation in White, African American, Asian Pacific
13 Islander groups with the largest gap comprising of the
14 Asian Pacific Islander group population.

15 So this also begs the question for us, what does
16 that mean? We've had a lot of internal conversations.
17 How do we think about who we partner with? Who are those
18 partners that have trust in the community? How are they
19 doing outreach? Many of the First Connection grantees did
20 intentionally shift their outreach to seek out more
21 diverse populations.

22 So I think there's some interesting learnings for
23 us as we think about who was served with screening as well
24 as linkage. It also -- evaluation findings also goes into
25 depth about screening rates based on race and ethnicity.

1 So that's something to consider when you're reviewing the
2 report as well. It breaks it down into certain sectors
3 that were more likely to be referred to by race and
4 ethnicity just when looking at the data.

5 In addition, something else that was kind of
6 stood out from the findings. There's a lot in here, so
7 I'm trying to be very thoughtful on what I'm picking.

8 Another interesting finding was how hard it was
9 for the First Connection grantees to form relationships
10 with external partners. A lot of time, a lot of effort.
11 It was not the primary focus of First Connections.
12 Screening and identification took the lead as the primary
13 focus. But secondary was really linking to those
14 services. And many of the grantees expressed challenges
15 with doing that, even though there were multiple meetings,
16 even though there was multiple outreach really bridging
17 that relationship and more importantly the practice
18 change. And so as we think about hope Help Me Grow
19 pathways, that was something that resonated well before
20 the evaluation that we had heard from our partners and we
21 had intentionally tried to address with Help Me Grow
22 pathways. We've also heard that from other established
23 Help Me Grows. It's not just referring a family to one
24 service that might meet their needs in the short term, but
25 as the child grows up and evolves, their needs may change

1 over that five-year span. So what are the other supports
2 that those partners need to be aware of to support a child
3 and family more holistically.

4 So it was interesting to see that come across in
5 the evaluation report and some of the recommendations
6 shared are those early findings, learnings earlier in the
7 presentation spoke to that, thinking about the MOUs,
8 making sure that that's established for data sharing so
9 that it's up front, it's not just informal; it's really
10 formalized.

11 Same with referrals: How a referral is made that
12 one hand off. What's shared all the way down to what
13 information is shared, is a shared consent form even
14 established to avoid the family from having to retell
15 their story. All of these details come out from -- in
16 many ways from the evaluation report.

17 So does that -- does that help provide a little
18 bit more context?

19 COMMISSIONER TAYLOR: Can I get to you highlight
20 the impact to the parent who has to engage these multiple
21 systems as to the one without our model versus with our
22 model? You know, a parent has to engage -- try to engage
23 these systems to help their child without this model and
24 then the difference in how it is using this model.

25 MS. PENA: So that may be hard for me to answer

1 just because the evaluation looked at -- looked at the
2 model being used across the six grantees, and it's been
3 incorporated into their intake process into their
4 programming. We did not look at organizations or like
5 entities that didn't have the First Connections practices
6 or model in place. So we did not have that comparison in
7 this evaluation. But there are findings from the parents'
8 experience and the evaluators did to a number of focus
9 groups with parents who had gone through the developmental
10 screening or had been linked to services through that
11 specific agency. And there were -- there was expressed
12 challenge from the families on how difficult it is to
13 navigate all those services even with the help of the
14 agency supporting them.

15 But on the flip end, that support helped them
16 understand why the referral and why that service or
17 intervention was needed. And also they acted as an ally
18 to help support and ready that family or that parent to
19 then take that next step. And that's learnings that the
20 centralized access point that we've been thinking about
21 critically, particularly with the resource liaisons. But
22 it does come across in the evaluation report where it is
23 challenging for families to navigate all those services.
24 And it can be -- and there can be long wait times to get
25 to the services. There can be repeated asks, you know,

1 going back to being referred, getting denied, and then
2 having to go back a second time. So that that came across
3 in a number of focus groups.

4 If we do have time I -- I want to also
5 acknowledge that Sophia Lee, one of the evaluators, is
6 present. I don't know if there's a way to turn her mic on
7 and allow her to fill in anything that I may have miss and
8 had if there's time to do that. She might be able to
9 answer more finite details.

10 COMMISSIONER TAYLOR: Can I put in here and then
11 you can correct me if I'm wrong. But what I read is that
12 the parents got access to services they normally would not
13 have gotten access without the help of Help Me Grow. And
14 that, in those cases, that it worked perfectly it was
15 faster and timely and that the outcome for their child was
16 more positive in a sense of their -- how do you say --
17 ability to move and progress normally as a child which we
18 are always advocating in First 5.

19 And so I want to you, as you capture that data,
20 elevate that because there's always difficulties in new
21 models, but there is success. And that was very important
22 to because one -- these families who are struggling out
23 there that don't have the connection, don't understand the
24 system would never have been able to access that help for
25 their children without your help. And I think that is

1 important and you guys need to be commended for that and I
2 really support this for that reason, that those mothers
3 and fathers that are trying to get their children help, we
4 are showing that this model does help and does cut down
5 some of those barriers that happen as they go through the
6 process.

7 So I just want -- just for the future, elevate
8 this a little more. Please. Thank you.

9 MS. PENA: Thank you. I think you summarized it
10 really nicely. I will just politely say one clarification
11 that First Connections predates Help Me Grow. So we had
12 the advantage of looking back for five years
13 retrospectively at the data, but absolutely see our First
14 Connection partners as contributing in all of these
15 findings contributing to the next phase, which is the Help
16 Me Grow implementation and the Help Me Grow pathways
17 project, as well as those countywide features.

18 Just wanted to clarify that because I don't -- as
19 much as I -- as much as we're so excited, it is a little
20 bit distinctive -- it predates Help Me Grow. Let's just
21 put it that way. And I just want to make sure there isn't
22 any confusion.

23 COMMISSIONER ZEPEDA: Okay. Thank you, Cristina,
24 Commissioner Taylor.

25 Any other questions on this from any of the other

1 commissioners?

2 I would just like to make a comment in general,
3 and this speaks to something, Cristina, you said in the
4 very beginning in terms of how the demographic
5 representation almost mirrored the previous presentation
6 in terms of who's getting service. And so that kind of
7 tells you something about how we're doing business in our
8 county. So it would -- and I think hopefully our
9 self-awareness about this will help with the work that
10 you're doing with your collaborative and how -- how
11 they're thinking about it and how they're doing business,
12 because this -- I know we're in a window of equity right
13 now and I'm hoping that it stays -- the window stays open,
14 but less take advantage of that as best we can.

15 If there are no other questions by commissioners,
16 I just want to bring to your attention that we have Items
17 6, 7, and 8, which are written only and they're going to
18 be presented to the full board at our next full meeting,
19 so unless there's any questions or comments about that, we
20 can move to -- if there's any public comment, Linda.

21 THE SECRETARY: There are no public comments.

22 COMMISSIONER ZEPEDA: Okay. All right. Well, if
23 there's no public comment, we'll go ahead and adjourn. I
24 thank everybody for their participation and for the
25 presentations today to give us a much better grasp of what

1 all we're doing in the Covid world. And we'll see how --
2 you know, I think we're all trying to do the best we can
3 with what we have and trying to help our children and our
4 families out there who are all struggling. And let's just
5 be happy that the Dodgers got on the World Series stage.

6 Okay. Well, thank you, everybody. And I will
7 see you at the next meeting. Take care.

8 (At 3:04 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 13th day of November 2020.

DocuSigned by:



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CERTIFIED SHORTHAND REPORTER

FOR THE STATE OF CALIFORNIA

FIRST 5 LA

SUBJECT:

Impact of the Digital Divide on Early Childhood Systems

BACKGROUND:

The 2020-2028 Strategic Plan articulates First 5 LA's commitment to collaboratively strengthening families, communities, and systems of services and supports so all children in L.A. County enter kindergarten ready to succeed in school and life (First 5 LA's North Star). The 2020-2028 Strategic Plan also outlines our agency's values and investment guidelines which act as guiding principles for how we do our work and serve as criteria for decision-making for all major components of the strategic planning process and implementation.

Over the past year, COVID-19 has lifted the veil of historic inequities facing low-income and children and families of color across Los Angeles County. The differences in access to quality and affordable digital resources for children and families have further complicated our efforts to reach our North Star. In response, First 5 LA staff has developed a framing document (attached) to help staff understand digital equity as a P-5 priority and to incorporate digital equity within our policy and system change work to achieve our four targeted results for children and families.

DISCUSSION:

During the January 28th, Special Board/Program and Planning Committee meeting, staff will provide an overview of the impact of the digital divide on Early Childhood Systems. The objectives for the presentation/discussion are to:

- Understand digital equity as a pathway towards achieving our diversity, equity, and inclusion (DEI) as well as First 5 LA's North Star
- Highlight existing, emerging, and integrated digital equity efforts at F5LA
- Elevate countywide opportunities to leverage F5LA investments and support digital equity advocacy for young children and families.

Staff hope to gain additional insight and perspectives from our Commissioners on the importance of equitable digital access for achieving First 5 LA's North Star. Staff will be available to answer any questions from Commissioners and seek input on the work including:

- 1) What questions or feedback do you have related to the digital divide and our work at F5LA?
- 2) How can F5LA better align with LA County's digital equity efforts?
- 3) What opportunities do you see for F5LA to support more equitable digital access for young children and families?

Impact of the Digital Divide on Early Childhood Systems

*January 28, 2021
Special Board/Program &
Planning Committee Meeting*



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

Presentation Purpose & Outline

1. Understand digital equity as a pathway towards achieving our DEI value and North Star
2. Highlight existing, emerging, and integrated digital equity efforts at F5LA
3. Elevate countywide opportunities to leverage F5LA investments and support digital equity advocacy for young children and families
4. Discussion



Digital Equity & Why It Matters

1. Understand digital equity as a pathway towards achieving our DEI value & North Star



What is Digital Equity & Inclusion?

DIGITAL EQUITY: when all individuals and communities have the **information technology capacity** to fully participate in our **society, democracy, and economy**.

DIGITAL INCLUSION: the activities necessary to achieve digital equity, including:

- Affordable, robust **broadband internet service**
- Access to **hardware, software, and digital content**
- Access to **digital capacity** training & services

Source: National Digital Inclusion Alliance



COVID 19 Impacts on Digital Divide

The COVID-19 Crisis has Exposed and Exacerbated Disparities Impacting LA County Children

- Digital inequity has been a social justice priority prior to COVID
- **COVID-19 has heightened the level of urgency** to ensure all people have access to digital technology.



Examples From the Field

2. Highlight existing, emerging, and integrated efforts at First 5 LA



First 5 LA Grantee Shifts

Access to Services

- Move to **digital platforms & investments** in tech infrastructure
- Making **information accessible** online and through alternative means for those that lack internet access (flyers, texts, etc...)
- Leveraging resources to make information available in **multiple languages**
- Leveraging technology to support **innovative partnerships** that address multiple issues catalyzed by crisis

Policy & Systems Change

- Serving as **capacity builders and connectors** to strengthen digital capacity.
- Leveraging technology platforms to **connect public agencies to communities** and offer them an avenue to provide feedback
 - Including translation & interpretation
- Moving **meetings, forums, and community mobilization efforts to digital platforms** with simultaneous translation.

Examples from the Field: Family Supports

Home Visitation Learnings & Successes

- **Programmatic Shifts** – transition to virtual home visiting required development of new consent processes, data, and operational protocols
- **Survey** of home visiting programs county-wide to identify technology obstacles - minimum of 500 families unable to participate virtually
- Partnered with Southern California Grantmakers to host event to engage philanthropy to **invest in digital equity**
- Coordination with Department of Public Health's receipt of **\$100K** in funding to provide laptops and hotspots to home visiting clients



Examples from the Field: Early Learning & Education

Cornerstones of the Digital Divide in ELC / ECE

Lack of Resources/Material Support

- May not have a device in and of itself
- May not have home internet service
- Access to web occurs on smartphone
- Internet connection has insufficient bandwidth (i.e., their children may also be at home using the web for school)
- Technology available to them may be used by others in household

Lack of Capacity

- Offerings may not be optimized for mobile and/or tablet use
- Offerings may not be offered in a language other than English
- Offerings may not be available during non-standard business hours
- Offerings may not allow for intermittent participation
- Offerings may not be available free of charge
- FCC/FFN providers less likely to have basic technological skills relative to those working in center-based settings

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Asymmetrical Needs/Offerings

- Screen time dilemma
- Field is not invested in
- Field has relied on in-person *everything*
- Lack of innovation
- Lack of integrated data
- Aging workforce, young parents

Examples from the Field: Communities

Regional Spotlight: Long Beach Digital Inclusion Initiative

- Best Start parents and grantees serving on **Stakeholder Engagement Committee**
- **Developing common agenda for systems change solutions**– including free Wifi citywide
- COVID-19 Response WG- **\$1 million CARES Act**
- First 5 LA working with LB Digital Inclusion Initiative to support **peer learning** with City of LA
- CA Senator Lena Gonzalez is a **Digital Inclusion Champion**



Advancing Digital Equity as a P-5 Priority Countywide

3. Elevate opportunities to leverage F5LA investments and support digital equity advocacy countywide



Participating in Efforts across Philanthropy, Government & Business

- **Ensuring the 0-5 populations is prioritized** when expanding access to devices, digital literacy, and broadband
- **Elevating the needs of the 0-5 population** and ensure a digital equity lens includes a systems level approach that intersects with the public sector and other social safety nets
- **Educating and activating stakeholders** on policy opportunities that advance digital equity
- **Informing regional infrastructure solutions** that include the needs of young children and their families and advance our priorities and outcome areas



Leveraging Learnings from Grantee Partners to Build Field

- **TECH INFRASTRUCTURE:** Allow dollars to be used to access technology hardware (smartphones, tablets, computers with webcams, headphones for privacy, etc.) and quality broadband; policy and systems change for more equitable infrastructure
- **FLEXIBILITY & TAILORING:** Digital services need to be flexible and need to consider the other competing priorities that are likely to be present in the household.
- **ACCESSIBILITY:** Strengthen family, community, and public system capacity to engage on digital platforms with language accessible resources



Advancing Digital Equity Across F5LA Efforts

First 5 LA can progress towards our North Star by infusing digital equity into our systems change approaches:

Strengthen Public & Community Systems

- To prioritize digital access in historically impacted communities

Advance and Build on Community Experience

- To tailor digital communications and engagement efforts to unique needs of community

Expand Influence and Impact with Data

- Using F5LA's Impact Framework and other resources to ensure young children, families, and the agencies that serve them are prioritized in digital equity efforts

Optimize our Effectiveness

- By strengthening staff capacity to incorporate digital inclusion in our work

Discussion



The image contains two logos. On the left is the 'first 5 la' logo, which features the text '1st LA' in small circles above 'first 5 la' in a large, bold, blue font, with the tagline 'Giving kids the best start' below it. On the right is the 'FIRST 5 CALIFORNIA 20 YEARS' logo, which features a stylized map of California with the number '20' and the text 'FIRST 5 CALIFORNIA' and '20 YEARS'.

Thank You!



1st LA
first 5 la
Giving kids the best start



Digital Inclusion for Young Children and Families

The COVID-19 epidemic has drastically impacted the health, education access, economic security, and civic engagement of young children and their families in LA County. While COVID-19 has caused many public agencies striving to address the aforementioned issues to transition their services to digital platforms, 0-5 families with limited access to internet and computers are being left further behind.

The digital divide, or the gulf between those who have access to computers and internet and those that do not¹, is a decades-long equity issue that has only been exacerbated by the COVID-19 crisis. The divide falls along lines of income, race, and age—with low-income households, people of color, and both seniors (65+) and children (under 18) being least likely to have adequate internet access². Fourteen out of 15 of First 5 LA's Best Start geographies have lower rates of homes with internet access than the LA County rate of 82.4%³. According to a recent study conducted by the University of Southern California (USC), South Los Angeles and Long Beach—both Best Start geographies—have the highest rates of disconnection than any other communities in LA County. The USC report also finds that Black, Latinx and Indigenous children in Los Angeles County are over three times more likely to lack internet access at home than their white counterparts⁴.

Digital equity is achieved when all individuals and communities have the **information technology capacity to fully participate in our society, democracy, and economy**⁵. To resolve digital inequities, proposed solutions must target root causes of inequities in digital access, including but not limited to historic divestment in communities of color, poverty, and language barriers. Digital equity must be a vehicle for advancing equity and inclusion in all our work as digital access intersects with early care and education, family supports, parent and community engagement, built environment, and healthcare. As digital equity elevates as a priority for communities, public agencies, and funders now and into the foreseeable future due to COVID-19, First 5 LA has a unique opportunity to highlight how this issue uniquely impacts access to services for the 0-5 population and to ensure that those families' needs are addressed in proposed strategy solutions. .

This memo aims to frame digital equity as a critical factor in achieving our Strategic Plan 2020-2028's North Star of ensuring all children in LA County enter kindergarten ready to succeed in school and life.

¹ Hilbert, Martin (2011). "The end justifies the definition: The manifold outlooks on the digital divide and their practical usefulness for policy-making". *Telecommunications Policy*. 35 (8): 715–736. doi:10.1016/j.telpol.2011.06.012

² U.S. Census Bureau (2011). *Computer and Internet use, 2007-2011 American Community Survey 5-year estimates*.

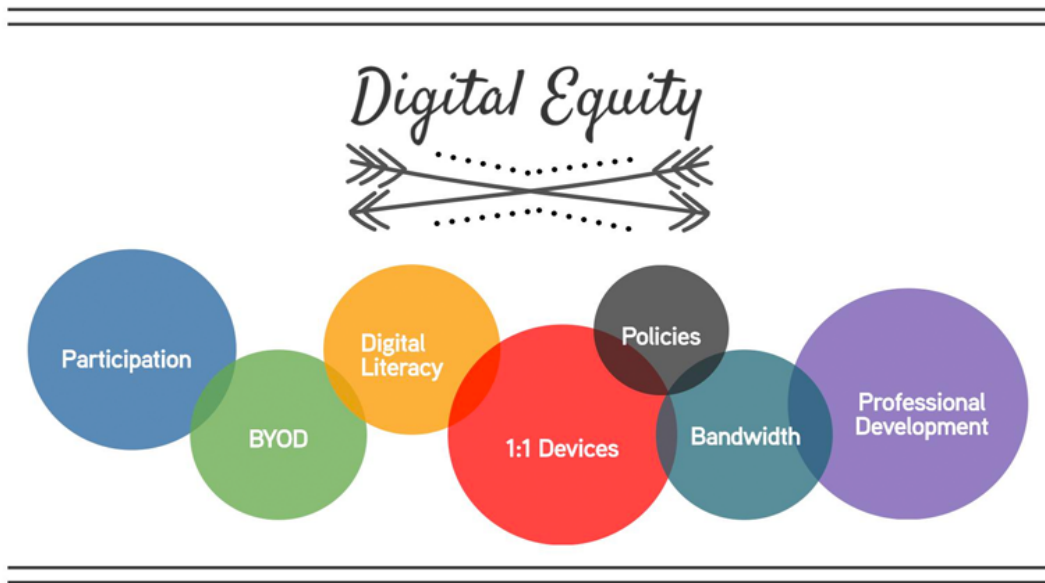
³ Advancement Project CA Best Start Data Narrative (2018); 2014 – 2018 American Community Survey 5-year estimates.

⁴ University of Southern California (2020). "COVID-19 and the crisis: vulnerability in Los Angeles." https://www.weingartfnd.org/files/Greater-LA_presentation_USC.pdf

⁵ National Digital Inclusion Alliance (2017). *Definitions*. <https://www.digitalinclusion.org/definitions/>

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The above image represents the many leverage points and outcomes associated with advancing digital equity. Digital equity means greater participation in programs, improved digital literacy, policy changes towards increased access to quality digital bandwidth and devices, and professional development for greater economic inclusion.

BACKGROUND

The COVID-19 crisis has exposed and exacerbated disparities impacting low-income and children and families of color in the areas of health, financial stability, education, and civic engagement. While digital inequity was a pertinent social justice priority prior to COVID, current conditions have heightened the level of urgency to ensure that all people have access to digital technology, training, and supports. Digital equity is a P-5 issue that is about more than ensuring everyone has a computer and broadband internet access. Digital equity advances fair access to digital skills and resources to support more academic, economic, and social inclusion that uplifts the entire family.

Virtual Access to Family Supports and Community Services

Public services critical to family health and wellness (e.g., public transportation, food/nutrition programs, telehealth visits, virtual therapy and support groups, and distance-based learning) are increasingly relying on the use of virtual platforms as a cornerstone of service delivery. Expanding access to digital technologies for families impacted by poverty can support greater participation in these vital programs and community supports, particularly during times of crisis. Access to essential information on valuable community resources, community engagement opportunities, and financial supports are also shared primarily online. With rapidly fluctuating information—paper-based guides to resources and services have been nearly rendered obsolete, deepening disparities.

Many nonprofit organizations serving low-income families have also struggled to shift towards remote formats and digitally based community engagement amidst the crisis. Small and mid-sized nonprofits have difficulty securing and sustaining resources that can bolster their technological infrastructure with philanthropy stretched to address urgent and more visible needs and demands. As such, the future viability of many small community-based organizations is threatened as much of their essential programming and services have halted due to lack of adequate technological infrastructure.

Online Learning: Ready to Succeed in School and Life

As many schools and childcare programs pivot to remote formats, more resources for early learning and care are solely accessible online. Families with digital access and competency can continue to advance their young child's learning, while young children in families without digital access and digital literacy are left behind.

The [Journal of the American Academy of Pediatrics](#) recommends withholding digital media exposure for children younger than 18 months to support healthy language, cognitive and socio-emotional skills. The Journal recommends that children between 2 - 5 receive no more than one hour of digital media access a day, with active parental involvement and guidance, to ensure quality digital engagement and ample time for other activities essential to physical and cognitive development.

EXAMPLES FROM THE FIELD

CalFresh families can now purchase groceries online from retailers such as Amazon and Walmart, with expanded retailers planned for the near future. This online benefit increases access to nutritious foods for families with limited mobility, living in food desert communities, and/or most vulnerable to COVID 19 health impacts.

However, nearly 40% of very low-income families and 1 in 6 low-income families do not have internet access (U.S. Census, American Community Survey 2017). As such, many of our most vulnerable families continue to be excluded from efforts to increase access to needed resources.

However, Journal of the American Academy of Pediatrics' screen time recommendation becomes increasingly unattainable for many families for a variety of reasons, including stay-at-home orders resulting from the COVID-19 pandemic. The Academy of Pediatrics recommendations also do not address the appropriateness of screen time use (e.g., is it developmentally appropriate, does it support learning, etc.) These contextual pieces are critical considerations for understanding the digital access needs of young children and realities that many families face in supporting their young child's development.

A recent [RAND report](#) recognizes that while technology exposure should be limited for young children, some exposure in early education can be critical for bridging the digital divide for low-income children and families. Young children can build foundational skills in early education, and monitored, early exposure to information and communication technologies (ICT) can help build motor, socioemotional, cognitive and digital literacy skills. ICT includes digital media as well as other screen-less technologies including robotic and programmable toys, digital magnifiers, kid-friendly digital cameras, and toy keyboards.

Successful early exposure to ICT for young children hinges on caregiver oversight and involvement. Intergenerational disparities in digital literacy and access, particularly among older adults, can impede digital literacy for young children whose grandparents or older relatives serve as kinder care providers or caregivers. Furthermore, real-time updates on young children's academic progress, strengths and needs are being offered by many Early Care and Education (ECE) centers using digital tools. Parents and caregivers without digital access or literacy, may be less equipped with valuable information to maximize their child's academic and developmental progress.

Access to digital technology can also impact school-age children's academic achievement, as this [PEW](#) study identifies a persistent "homework gap" among children who do not have computer access at home compared to those who do. Many of the gains afforded to young children through access to early education could be undermined in their future academic endeavors due to inequitable technology access.

Evidence shows that digital literacy is also critical for economic inclusion later in life. Today, those who use technology in the workplace earn 14 – 27 percent more than those who do not. Projections show that the economic impacts of the digital divide will only grow in the future as job growth continues to concentrate in jobs that require ICT.

EXAMPLES FROM THE FIELD

Many early childhood education centers have continued operations during stay-at-home orders but are increasingly considering distance learning formats given more restrictive class sizes. With economic pressures mounting, Head Start providers expect rent to triple, potentially forcing them to provide care virtually. County efforts are underway by the Office of Advancement of Early Care and Education and the Center for Strategic Partnerships to track and strategize around these emerging digital access needs for children ages 3-5.

Family and Community Engagement through Virtual Platforms

Numerous civic and community engagement efforts have also moved to digital formats. Most modern movement building efforts rely on digital communications to create “spaces of flows”, where network building and organizing can transcend physical limitations to expand reach and maintain flows of information and social connections. Digital tools such as social media have been leveraged to catalyze movements contributing towards cultural shifts and significant policy and systems change. Civic engagement activities, such as voting and census counts and public meetings have also moved to digital formats to make engagement more convenient and accessible for participants with access to technology. These digital platform transitions were expedited during the COVID crisis as in-person engagement was limited due to social distancing requirements. Investing in digital access for all families can help to cultivate more intergenerational engagement, increased civic engagement, strengthen community connections, and sustained movement building.

Policy & Systems Change

Supporting the technological capacity of low-income families and the organizations that serve them is essential for addressing disparities in health, wellness, and quality of life. Without these critical investments, crisis will only exacerbate inequities and move vulnerable families further on the margins.

As previously noted, strategies to address digital inequities must extend beyond granting computers to increasing digital literacy among children and families and move towards increasing digital inclusion among public and community systems. Systems change towards digital equity can help advance First 5 LA’s Long-Term System Outcomes of increased alignment, quality, access, and sustainability of public system resources and supports.

The following strategies summarize emerging opportunities with immediate, mid-range, and long-term leverage points that First 5 LA is engaged in to address urgent digital access needs and sustain changes beyond the current crisis:

Immediate: Resource Movement

A growing number of non-traditional digital access funders—such as banks, health foundations, and hospitals—have expressed interest in deploying resources towards advancing digital equity during the COVID-19 crisis. Community-based organizations in Los Angeles County have mobilized to gather resources from traditional and non-traditional philanthropic and individual donors to support increased digital access for low-income students in Los Angeles Unified School District (LAUSD). First 5 LA Regional Network Grantees are exploring ways to mobilize resources, including engaging public agencies and funders, to support increased digital access for families with young children as well.

EXAMPLES FROM THE FIELD

El Nido Family Centers, F5LA Regional Network Grantee in the San Fernando Valley, began offering virtual family engagement programming and social media campaign trainings after the COVID-19 pandemic began. The virtual formats led to increased participation from younger parents and more diverse stakeholders. El Nido lent digital devices to families without internet. These devices were critical for reducing social isolation and activating civic engagement, particularly for families that were less engaged pre-COVID.

First 5 LA has played a pivotal role in:

- 1) engaging with a diverse cross-section of funders at the intersection of digital equity and F5LA priority areas such as early education and health;
- 2) elevating young children and families' digital access in critical conversations among funders, and;
- 3) supporting a more coordinated strategy for digital access investments that prioritizes historically impacted communities like our Best Start geographies.

First 5 LA is working to apply a digital equity lens to all our investments, recognizing that digital technologies are foundational to our "new normal" going forward. F5LA Programs such as Welcome Baby and Home Visiting have already transitioned to digital platforms to deliver critical services. In 2020, First 5 LA's Home Visiting program received \$100,000 from the Los Angeles Department of Public Health to allocate towards computer devices for families lacking digital access. These devices were used to connect new families with home visitation services and other public services contributing towards the health and vitality of their young child. First 5 LA can work to continue leveraging resources that increase digital access for both our grantees and the many families we serve.

Mid-Range: Policy Change

Municipalities, county, and state agencies can also play a role in contributing to digital equity. Strategies such as free internet broadband or local digital literacy trainings and programs supported through Work-source centers and other publicly funded resources can be instrumental in bridging the divide. Moreover, many states are establishing efforts to appropriate a portion of CARES Act funding to advance digital equity and literacy. California is currently considering a broadband expansion budget item to address some digital access inequities.

Advancement Project recently released a [report](#) detailing the educational impacts of digital inequity. AP's policy brief includes a series of recommendations for the CA Department of Education and local school districts that includes: conduct a needs assessment, allocate more resources, create a commission, engage parents, and prioritize low-income students and students of color.

First 5 LA is participating in and providing input to local and regional collaboratives to increase digital access and literacy for low-income communities and families with young children. In Long Beach, Best Start parents and grantees are serving on the Long Beach Digital Inclusion Initiative's Stakeholder Engagement Committee which is informing how \$1 million in CARES act funding can advance digital equity for children and families in the area.

Long Term: Practice Change

While rapid response solutions are important, if long-term inequities in information technology access are not addressed, injustices will only persist and grow during the next emergency/crisis. Efforts must continue to encourage the agencies overseeing digitally accessible public programs to invest in building out their infrastructure for sustaining these advancements into the future. Public programs such as SNAP, WIC, and other essential safety net programs have quickly expanded to digital formats in response to COVID. This expansion has increased the accessibility of public programs, overcoming numerous barriers to participation, such as stigma and limited proximity.

First 5 LA and grantees are informing long-term strategies for strengthening digital infrastructure among public systems to sustain increased accessibility of public programs and services.

Conclusions

First 5 LA is applying a digital equity frame to all our work to ensure all young children and their families have access to the resources they need to succeed in school and life in this digital age. Digital equity is a vehicle for advancing First 5 LA values of diversity, equity, and inclusion and can contribute towards achieving transformative, long-term systems change.

FIRST 5 LA

SUBJECT:

2021 Policy Priorities and Policy Agenda Refinement

BACKGROUND:

The 2020-2028 Strategic Plan articulates First 5 LA's commitment to collaboratively strengthening families, communities, and systems of services and supports so children in L.A. County enter kindergarten ready to succeed in school and life (First 5 LA's North Star). The Strategic Plan outlines agency values and investment guidelines that together act as guiding principles for how we conduct our work, and also serves as criteria for decision-making on all major components of the strategic planning process and implementation. First 5 LA's Office on Government Affairs and Public Policy (GAPP) contributes to the achievement of our organizational North Star by developing and executing strategies, in partnership with our advocates in Sacramento and Washington, D.C., statewide network of First 5s, grantees, community leaders through Best Start and other allies, to advance policy and system changes priorities that support the needs of children and families in Los Angeles County.

The COVID-19 pandemic and subsequent economic recession have severely impacted L.A. County, and in particular highlighted and exacerbated race-based disparities that negatively impact families of color. In light of the policy context and landscape under which First 5 LA now operates, to better reflect the organization's commitment to diversity, equity and inclusion (DEI), and to support the Strategic Plan's overall results for children and families, GAPP has undertaken a process to revise our existing Policy Agenda. This effort will help set high-level policy goals that ensure our advocacy represents First 5 LA's Strategic Plan priorities, aligns with current investments and demonstrated impact, prioritizes children prenatal to 5-years old as a special population, and supports the Whole Child and Whole Family. GAPP will bring the Policy Agenda as an informational item at the upcoming Program and Planning Commission meeting, and as an action item at the February Board of Commissioners Meeting. GAPP will also be providing an update on important budgetary, legislative and administrative policy priorities for 2021, as well as related advocacy efforts.

DISCUSSION:

During the January 28th, Special Board/Program and Planning Committee meeting, staff will provide an overview of First 5 LA's 2021 federal and state policy and advocacy priorities; and the Policy Agenda refinement efforts. The objectives for the presentation/discussion are to:

- Highlight relevant state and federal legislative, budgetary and administrative policy priorities
- Understand the Policy Agenda refinement process and updated priorities

Staff hope to gain additional insight and perspectives from the Commissioners on how our policy and advocacy work can most effectively support the achievement of First 5 LA's North Star. Staff will be available to answers any questions from Commissioners and seek input on the work including:

- 1) Given the proposed budget and legislative bills introduced so far, is there alignment, or gaps, with the goals of F5LA's Strategic Plan?
- 2) What questions or feedback do you have related to the identified public policy priorities for 2021, as well as efforts to refine the organization's Policy Agenda?
- 3) How can F5LA better align and support policies across the local, state and federal levels?
- 4) What opportunities do you see for F5LA to support more equitable public policies that promote the well-being of young children and families?

2021 Policy Priorities and Policy Agenda Refinement

Charna Widby, Chief Government
Affairs Officer

Ofelia Medina, Senior Policy Strategist

January 28, 2021



Discussion Overview

- Provide an overview of Policy Agenda refinement and approach
- Review Governor's January budget proposal
- Highlight state and federal advocacy opportunities, including state administrative advocacy and policy planning activities

Policy Agenda

Goal: Articulate a set of high level policy goals (a policy agenda) representing First 5 LA's strategic plan priorities

Application:

- Develop common language and framing for First 5 LA's work to advance policy and systems change
- Use the agenda to inform priority administrative, budget, and legislative activities

Policy Agenda Development Process

- Reviewed existing and updated First 5 LA guiding materials
- Engaged Center for Child & Family Impact teams in agenda development learning sessions
- Co-developed policy goals with Center for Child & Family Impact teams leadership and staff
- Integrative review with Offices and Center leadership
- Board review and reflections of priorities alignment and opportunities

Policy Agenda Updates

The Policy Agenda will support the whole child and whole family by:

- Working to close race-based disparities in health, well-being and opportunity;
- Utilizing full and complete data to understand which communities face the most significant barriers to resources, and so have the greatest opportunity to benefit from First 5 LA policy and systems change efforts; and
- Promoting a holistic system of supports that is language- and culturally-appropriate.

2021 Refined Policy Agenda

- Promote a system of family supports that strategically layers effective evidence based, innovated and community responsive resources to achieve strong outcomes for the whole child and whole family.
- Expand access to affordable, quality early care and education for children in LA County prioritizing families that would benefit most.
- Improve systems to support the optimal development through the earliest screenings, interventions, and linkages to appropriate supports that are family responsive.
- Promote parents and communities as critical voices so that families have the resources, opportunities, relationships and environment to optimize their child's development.

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2021-2022 Governor's Budget Proposal

- \$227 billion spending plan that features:
 - \$34 billion increased budgetary reserves and discretionary surpluses
 - \$15.6 billion for the Rainy-Day Fund
 - \$450 million in Safety Net Reserve
- Focuses on both on near-term, immediate needs related to the COVID-19 pandemic, and also long-term structural investments, including in First 5 LA priorities such as early learning, early intervention, and health equity.
- Recognizes the need to support families and promote equity throughout the range of family and child serving systems and supports

2021-2022 Governor's Budget Proposal

- \$94.8 million to **expand and make permanent certain telehealth flexibilities**
- Restoring and expanding funding for preventative health care services, with a specific focus on **screening for adverse childhood experiences (ACEs)**.
- Delay the suspension of Proposition 56 programs by 12-months.
- \$5.3 million for family resource centers to **implement a health navigator model statewide.**
- \$27.1 million to delay the suspension of **Medi-Cal post-partum extended eligibility**
- \$61.1 million to begin implementation of the federal **Family First Prevention Services Act**

2021-2022 Governor's Budget Proposal

- Several items directly related to promoting **health equity**.
 - \$4.1 million to further reorient the administration of its programs using data and the development of an **equity dashboard**;
 - \$1.7 million to conduct **an analysis of the intersection of COVID-19, health disparities, and health equity**;
 - A commitment to focusing on health disparities through **Medi-Cal re-procurement**; and
 - A proposal to establish a priority set of standard quality measures for full service and behavioral health plans, including quality and **health equity benchmark standards**.

2021-2022 Governor's Budget Proposal

- A strong focus on **expanding transition kindergarten (TK)**
 - \$ 250 million and available over years) in incentive funds for school districts to **expand transitional kindergarten programs**
 - \$200million infrastructure investments for **TK and kindergarten program facilities.**
 - \$50million to fund **professional development for TK and kindergarten teachers.**
- **Guidance on federal relief funds:**
 - Up to \$100 million for child care vouchers to essential workers, at-risk children and eligible children;
 - Up to \$90 million in child care provider stipends;
 - Up to \$35 million to increase the number of paid non-operational days for providers that close due to health and safety reasons;
 - Up to \$30 million to increase capacity for up to two-years for child care and preschool; and
 - Up to \$15 million to assist child care with re-opening costs.

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2021-2022 Governor's Budget Proposal

- \$55 million supporting the **needs of families and providers impacted by the pandemic.**
- \$21.5 million (Proposition 64 in 2020-21) and \$44 million (ongoing) to fund 4,700 **new child care spaces.**
- \$300 million Special Education Early Intervention Grants to increase availability of **evidence-based services for infants, toddlers, and preschoolers**

2021-22 Legislative Session

- AB 22 Universal Transitional Kindergarten
- AB 92 Preschool and Child Care Development Services: Family Fees
- SB 50 Early Learning & Care Program
- SB 70 Elementary education: Kindergarten
- SB 61 Lifting Families Out of Poverty Supportive Services Program
- AB 32 Telehealth
- SB 17 Public Health Crisis: Racism

First 5 LA State Policy Priorities in 2021

Advancing New Priorities:

- Stabilizing and safeguarding funding for early childhood programs and increasing equity across systems

Influencing Administrative Policy Priorities, Development, and Implementation:

- Advancing the Master Plan for Early Learning and Care and align implementation to progress whole child and whole family priorities
- Monitoring and informing the transition of child care programs to the Department of Social Services
- Elevating early childhood development in the Medi-Cal Managed Care Plan contract procurement

Advancing priorities on First 5 LA's 2020 Advocacy Agenda:

- Coordination of CalWORKs and public health home visiting
- Developmental and ACEs screening incentive payments
- ACEs Aware training, and outreach
- Job Protected Family Leave
- Prioritize child care family fees and a harmless provision for child care providers
- Address racial equity in Quality Rating Improvement System (QRIS)

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First 5 LA Federal Policy Priorities in 2021

Advancing New Priorities:

- Champion legislation to remediate harms of COVID-19
- Fully fund the Individuals with Disabilities Education Act (IDEA)
- Modernize Head Start eligibility to reflect progressive minimum wage laws

Influencing Administrative Policy Priorities, Development, and Implementation:

- Engage transition teams and domestic policy advisors

Advancing priorities on First 5 LA's 2020 Advocacy Agenda:

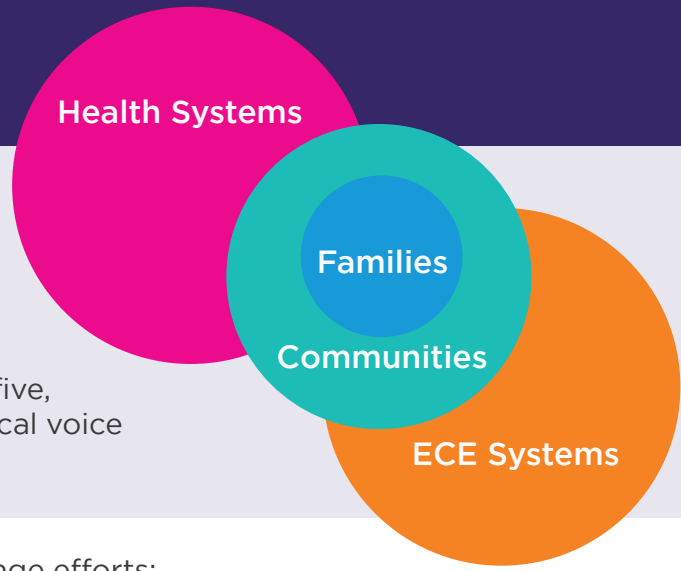
- Emphasize targeted universalism in the Child Care for Working Families Act
- Address food insecurity by increasing baseline SNAP benefits in Closing the Meal Gap Act of 2020
- Establish a COVID-19 Racial and Ethnic Disparities Task Force to provide recommendations

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Questions?

First 5 LA Policy Agenda

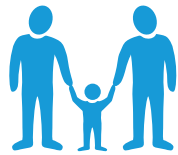


First 5 LA, in partnership with others, strengthens families, communities, and systems of services and supports so all children in Los Angeles County enter kindergarten ready to succeed in school and life. To achieve this mission, First 5 LA advances community-informed policies that coordinate and strengthen systems supporting families with children birth to five, and promotes the strength and stability of First 5 LA as a critical voice for Los Angeles County's youngest residents.

The following goals guide First 5 LA's policy and systems change efforts:

Strengthen systems and services that promote the well-being of families.

- Expand access to high-quality family strengthening services, prioritizing voluntary home visiting, which optimize child development and connect families with appropriate supports.
- Promote and protect family services and supports intended to ensure families with young children are self-sufficient and can meet their needs.
- Improve systems that enable service delivery to be coordinated and family responsive.



Expand access to affordable, quality early care and education for all children in LA County.

- Increase public investment in quality early care and education for children birth to five.
- Embed quality standards and support ongoing quality improvement in all publicly funded early care and education settings.
- Strengthen the early care and education workforce through increased compensation, competencies, and professional development.



Promote parents and communities as critical voices in policy and systems change.

- Strengthen community leadership to effectively drive and contribute to improvements in the policies, practices, relationships and norms that directly impact families and neighborhoods.
- Increase opportunities for parents and residents to be meaningfully involved in decision-making on issues related to young children and their families.
- Ensure community systems and policies are accountable for the inclusion of family voice in policymaking.



Improve systems to support the optimal development of all children through the earliest screenings, interventions, and connections to family-centered services.

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



Memo

To: First 5 LA Leadership Team

From: Office of Government Affairs and Public Policy

Date: January 11, 2021

Subject: **2021-2022 GOVERNOR'S PROPOSED BUDGET OVERVIEW**

On January 8, 2021, Governor Newsom unveiled his initial budget proposal for the 2021-2022 fiscal year, proposing a \$227 billion spending plan that features \$34 billion in increased budgetary reserves and discretionary surpluses, including \$15.6 billion for the Rainy-Day Fund and \$450 million in the Safety Net Reserve. The governor's proposal focuses both on near-term, immediate needs related to the COVID-19 pandemic, and also long-term structural investments, including in First 5 LA strategic priorities such as early learning, early intervention, and health equity. Overall, the budget proposal recognizes the need to support at-risk families and promote equity throughout the range of services and support that children and families interact with, particularly as the pandemic disproportionately impacts communities of color in Los Angeles County and throughout California. Such components will help support the needs of the whole child and whole family.

California's financial condition is much stronger than was anticipated at the start of the fiscal year, primarily due to the stock market's strength, greater than expected tax revenue from the state's highest income residents, and lower than expected enrollment in state programs, particularly Medi-Cal. The governor's proposal is actually \$5 billion greater than his 2020 January framework, and after closing a \$54 billion budget gap resulting from the COVID-19 pandemic and recession, the governor was left with one-time "windfall" revenue of \$15 billion to spend. However, Governor Newsom cautioned that California's financial situation remains in flux and could erode if the COVID-19 caused recession reaches the state's wealthiest taxpayers or stock market gains slow.

In his proposal, the governor directs significant funding to COVID response and relief. To help tame the pandemic itself and better protect the state's most vulnerable workers and families, the budget proposes to spend \$300 million on vaccine distribution, as well as a public awareness campaign to increase vaccine adoption. In the nearer term, the budget would spend \$820 million General Fund on additional personal protective equipment, testing, contact tracing and hospital surge preparation. With an eye to the pandemic's economic disruptions and immediate relief, Governor Newsom has also called for a total of \$3 billion in funding to support small businesses and low-income residents most impacted by the pandemic. This includes \$2.4 billion in total funding for a new "Gold State Stimulus" program that would provide \$600 in direct cash assistance, though tax refunds, to workers who received the California earned income tax credit (Cal EITC) in 2020 or 2021, including those filing with Individual Taxpayer Identification Numbers (ITINs); and \$550 million for one-time small business and non-profit grants.

Governor Newsom has not included “trigger cuts” that go into effect if the state does not receive direct financial support from the federal government, a mechanism state leaders utilized in the 2020 budget. Despite this, the Newsom Administration is likely to continue its federal advocacy for both state and local funding and increased flexibility in how California can spend federal COVID stimulus funding, particularly as the administration predicts structural deficits of \$7.6 billion in 2022-2023 and \$11 billion by 2024-2025. President-elect Biden and members of Congress have said state and local funding must be a high priority for any future COVID relief legislation, and with Democrats now controlling the federal government, the probability of additional stimulus has increased. Absent further federal action, state budget deficits could threaten First 5 LA priorities in future years. As such, First 5 LA’s federal advocacy strategy will continue to focus on educating policymakers on the need to prioritize both short- and long-term improvements in essential child serving infrastructures and systems, to meet the needs of families during the pandemic and beyond.

Key highlights of the Governor’s 2021-2022 January Budget Proposal related to First 5 LA’s priorities include:

Children have high quality early care and education experiences before kindergarten

The governor’s budget proposal includes:

- A strong focus on **expanding transition kindergarten (TK)** based on recommendations made in the Master Plan for Early Learning and Care. Proposed investments are a first step in achieving universal preschool for all four-years old and all income eligible three-year-olds which would directly impact children in communities First 5 LA serves.
 - \$250 million (one-time Proposition 98 General Fund and available over years) in incentive funds for school districts to **expand transitional kindergarten programs**. The funding to school districts to develop strategies for increasing TK opportunities to students as they simultaneously weather the pandemic and continue to conduct distance learning.
 - \$200 million (one-time General Fund) in infrastructure investments for the **development or retrofitting of TK and kindergarten program facilities**. This also continues to build on the governor’s commitment to increase all-day kindergarten programs.
 - \$50 million (one-time Proposition 98 General Fund) to fund **professional development for TK and kindergarten teachers**. With the increase in TK facilities, this funding would help teachers with training on how to best meet the needs of young children by focusing on issues such as dual language learners, inclusive classrooms, and trauma-informed practices.
- **Guidance on federal relief funds:** California is set to receive \$1 billion appropriated through the latest federal COVID-19 relief stimulus bill, the Coronavirus Response and Relief Supplemental Appropriation Act. The governor’s proposed budget features language from the 2020 Budget Act to help prioritize how the federal funds will be spent, and align the ECE Coalition’s current policy/budget priorities and are reflective of the needs First 5 LA continues to hear from local providers and families. Specifically, the budget proposes:
 - Up to \$100 million for child care vouchers to essential workers, at-risk children and eligible children;

- Up to \$90 million in child care provider stipends;
- Up to \$35 million to increase the number of paid non-operational days for providers that close due to health and safety reasons;
- Up to \$30 million to increase capacity for up to two-years for child care and preschool; and
- Up to \$15 mil to assist child care with re-opening costs.
- \$55 million (one-time General Fund) to continue supporting the **needs families and providers impacted by the pandemic**. Child care providers and families have experienced first-hand major challenges resulting from COVID-19. Providers have closed, either temporarily or permanently due to the added challenges of providing a safe environment for children, even as families have relied on child care to continue or return to work, and while specific details on how this funding will be spend has yet to be decided, they continue to be greatly needed.
- \$21.5 million (Proposition 64 in 2020-21) and \$44 million (ongoing) to fund 4,700 **new child care spaces**. The \$21 million reflects updated cannabis tax revenues which, along with the ongoing funds, will slightly increase subsidized child care at a time when families continue to experience significant child care needs.

Children receive early developmental supports and services, and are safe from abuse, neglect, and other trauma

The governor’s budget proposal includes:

- \$94.8 million (\$34 million General Fund) ongoing to **expand and make permanent certain telehealth flexibilities** for Medi-Cal providers authorized during COVID-19, and to add remote patient monitoring as a new covered benefit, effective July 1, 2021. The Department of Health Care Services says it will release a full telehealth proposal by February 1st that features additional detail on prioritized flexibilities. Telehealth can relieve patients from needing to secure transportation or take entire days off from work to visit a health care facility, significantly easing time and financial burdens low-income families face to receiving care and increasing access to vital developmental and preventative care for children.
- Restoring and expanding funding for preventative health care services, with a specific focus on **screening for adverse childhood experiences (ACEs)**. With this proposal in mind, First 5 LA will continue to advocate for specific strategies that ensure children of color receive preventative care through Medi-Cal, to close race-based disparities in the utilization of preventative health services. Children of color not receiving preventative services is a long-standing concern that negatively impacts health and development. but prioritizing care for adversity and ACEs, has only become more important as families of color disproportionately face traumas resulting from the COVID-19 pandemic like the unexpected loss of loved ones, missed educational opportunities for children and greater economic instabilities.
- A total of \$3.2 billion (\$275.3 million General Fund, \$717.8 million Proposition 56 Fund, and \$2.2 billion federal funds) in 2021-22 for **Proposition 56 programs**, as well as to delay the suspension of Proposition 56 programs by 12-months. The final 2020 state budget called for most Proposition56 programs to sunset effective July 1, 2021, but the governor is now proposing to delay this until July 1, 2022. Proposition 56 funding, for example, supports incentive payments for conducting development screens and screenings for ACEs.

- \$5.3 million (\$3.2 million General Fund) for the Department of Developmental Services (DDS) to contract with family resource centers to **implement a health navigator model statewide, including Promotoras**. The navigator model would utilize parents of individuals in the regional center system to provide education on resources, advocacy, and mentorship to other parents of individuals being served by the regional center system. The purpose of navigators would be to increase service authorization and utilization in diverse communities, furthering health equity within the developmental services system. Promotoras, who offer language- and culturally appropriate care, are particularly effective at connecting diverse communities to vital health and supportive service and as such can help close race-based disparities in health.
- \$27.1 million General Fund in 2021-22 to delay the suspension of **Medi-Cal postpartum extended eligibility** by 12-months, to December 31, 2022. Expanded postpartum mental health services within Medi-Cal, first funded in the 2019 state budget and designed to increase access to care for individuals diagnosed with a maternal mental health condition, was otherwise expire at the end of this year. This extension is important for overcoming disparities in health, as African American mothers face much higher risks of developing maternal mental health disorders than do their white counterparts.
- \$61.1 million (\$42.7 million General Fund) to begin implementation of Part IV of the federal **Family First Prevention Services Act** (FFPSA). FFPSA prioritizes resources toward preventing the unnecessary removal of children from their families, and sets out new criteria for non-foster home placement settings eligible for federal Title IV-E Foster Care maintenance payments, limiting funding for foster youth congregate care placements, such as group homes.

Families optimize their child's development

The governor's January proposal includes:

- Several items directly related to promoting **health equity**. Structural racism harms child health and well-being, as well as broader family stability, and children of color face higher rates of development delays but are also less likely to receive developmental screenings and early interventions services. The effects of structural racism and discrimination, particularly chronic exposure to racism, can be powerfully detrimental to the mental health of children as well. Supporting the whole child and whole family first necessitates a recognition of racism's impacts on child development and physical and mental health, and efforts to promote health equity and close race-based disparities in care are central to First 5 LA's advocacy and systems change efforts. Specifically, the governor's budget proposal features:
 - \$4.1 million (\$3.7 million General Fund) in 2021-22 and \$2.1 million (\$1.6 million General Fund) ongoing for the Health and Human Services Agency (CHHS) to further reorient the administration of its programs using data and the development of an **equity dashboard**;
 - \$1.7 million General Fund in 2021-22 and \$154,000 General Fund in 2022-23 and ongoing for CHHS to conduct **an analysis of the intersection of COVID-19, health disparities, and health equity** to help inform any future response;
 - A commitment to focusing on health disparities and cultural and language competencies in health plan contractual language through **Medi-Cal re-procurement**; and

- A proposal to establish, through the Department of Managed Health Care in collaboration with other entities, a priority set of standard quality measures for full service and behavioral health plans, including quality and **health equity benchmark standards**, and to take enforcement actions against non-compliant health plans.
- \$300 million ongoing Proposition 98 General Fund for the Special Education Early Intervention Grant to **increase the availability of evidence-based services for infants, toddlers, and preschoolers**. An understanding that children ages prenatal to 3-years old represent a special population even within the cohort of children more broadly, due to the rapid pace of brain development during this period, is a key underpinning to whole child and whole family policymaking and advocacy. As such, this proposed funding for early intervention would help promote optimal child health and development because the earliest possible Identification of and intervention for a development delay is crucial if a child is to overcome that delay.
- \$1.1 billion (\$531.9 million General Fund) in 2021-22, and \$1.5 billion (\$755.5 million General Fund) in 2023-24 to implement the **California Advancing and Innovating Medi-Cal (CalAIM)** reform effort. Due to budgetary constraints resulting from the COVID-19 pandemic, the administration last year delayed further implementation of CalAIM, which intends to more fully wraparound services for Medi-Cal beneficiaries and reduce disparities in health. First 5 LA has regularly provided feedback to the Departments of Health Care Services and Social Services, that CalAIM must more significantly focus on the needs of young children and their families, and will continue to do so as implementation restarts .
- A 1.5-percent increase to the maximum level of **CalWORKs cash grants** effective October 1, 2021, which is estimated to cost \$50.1 million in 2021-22. This higher level of aid would support family economic security, crucial for a family's ability to thrive, especially as COVID-19 has disproportionately impacted those already at-risk. Economic stability and empowerment are important components toward supporting the whole child and whole family as well.
- \$11.2 million in 2021-22, \$24.5 million in 2022-23, and \$27.3 million in 2023-24 and ongoing from the Health Data and Planning Fund to establish the **Office of Health Care Affordability**. This new office would be charged with increasing transparency on cost and quality, strengthening health care workforce stability and training needs, reporting quality performance and equity metrics on the entire health care system, advancing payment models that reward high-quality, cost-efficient care, and promoting investments in primary care and behavioral health. As such, this proposal aligns with First 5 LA's objectives around improving the quality and affordability of systems.

Priorities aligned with First 5 LA's long-term systems outcomes, LA County regional priorities, and Best Start Community Change agendas

The governor's January proposal includes:

- \$5 million in one-time funding to continue a **Rapid Response Program** at CDDS that supports community-based and non-profit organizations addressing emergent needs of California immigrants when federal funds are not available. The budget also proposes \$75 million the CDSS can disburse to non-profits that support unaccompanied undocumented minors. First 5 LA opposed now-adopted federal public charge rule

changes, which have negatively impacted how immigrant families access needed supports at the local, state, and federal levels of government.

- \$60 million in increased funding for **school nutrition**, \$10 million to provide **training for school food service workers** to promote healthier and more nutritious meals, and \$10 million to continue the **Farm to School Program** that helps expand healthy food access in schools. While these funds are not specifically targeted toward early childhood settings, school districts are one of the largest providers of early childhood development programs and provide critical food access to families throughout LA County. Local school districts have also served as critical food distribution centers for students and families experiencing food insecurity, disproportionately families of color, as result of the COVID-19 pandemic.
- \$30 million in one-time funding for existing **Emergency Food Assistance Program** providers to support increased food purchases to address the potential impacts of proposed federal rule changes to CalFresh, the state's Supplemental Nutrition Assistance Program (SNAP). First 5 LA continues to oppose the proposed federal rule changes to SNAP--which would serve to reduce food security for families in LA County and require additional state resources to protect food access--and continues advocating for increasing the eligibility threshold so that more families who need it can qualify for the program
- \$1.75 billion to address a broader portfolio of housing support that intend to help end homelessness in California, including \$750 million in funding toward continuing **Project Homekey**, a statewide effort to acquire hotels, motels, residential care facilities, and other housing that can be converted and rehabilitated to provide permanent housing for persons experiencing homelessness. An additional \$2.6 billion in federal funds is proposed to support **rental and utility assistance**. Homelessness and housing affordability continue to be a critical priority for local communities First 5 LA partners with, and greater state and federal resources will help ensure that county and city leaders have the resources necessary to promote housing stability, especially for homeless or housing insecure families.
- \$16.2 million to continue **residential environmental cleanup** in response to the Exide Battery factory contamination. The state has provided \$250 million for cleanup since 2015, and addressing environmental hazards is a priority of several Best Start Communities.

Governor Newsom's January budget proposal is the first step in California's budgetary development process, laying the groundwork for negotiations between the administration and lawmakers. Now, members of the Assembly and Senate Budget Committees, in consultation with stakeholders, will have the opportunity to hold hearings, share priorities and provide feedback on what Governor. Newsom has outlined, culminating in a revised budget proposal in May. The May Revise will also reflect any updated revenue and/or policy forecasts as California continues to navigate the COVID-19 pandemic. The Legislature will submit its ultimate budget proposal in June, and following negotiations with the administration, the governor must sign the state's finalized 2021-2022 budget by June 15th. Both California and First 5 LA's new fiscal year begin on July 1st.

First 5 LA's Office of Government Affairs and Public Policy, in partnership with our state advocates in Sacramento, California Strategies, statewide network of First 5s, grantees, community leaders through Best Start and other advocacy partners, will work to influence the budget throughout the development process, advocating for organizational priorities and the needs of children and families in Los Angeles County.

FIRST 5 LA

SUBJECT:

Preview Series of Upcoming Discussions on Best Start Regions and Related Projects

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.* 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, elevate and scale 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 FY 2020-2028 Strategic Plan Objective 2.1, which focuses on demonstrating impact at a local level as "proof of concept" to inform countywide system improvement efforts.

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). This was the result of a comprehensive community planning process, transitioning the work into five regions, consisting of the 14 geographic areas, and supporting 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. The RNGs manage regional work and the strategic progress of the local networks, along with contracted partners.

As an example, community members in the *Best Start* regions listed above have elevated concerns that the lack of investment in the built environment – the human-made elements where we live, work, and play – affects early childhood development, learning, and family well-being, especially their physical and mental health and social connection, and particularly for families that are socially isolated. Based on growing momentum at the county level and within communities, First 5 LA has prioritized parks and open space, transportation and mobility, and food security as the focus of its built environment work in the Best Start Regions. We have been working to deepen our understanding of place-based issues and the impacts on children and families by investing in community engagement and data collection projects, building relationships with public/private built environment funders, and using what we are learning to discern the appropriate roles for an early childhood advocate and a grant-maker such as First 5 LA.

DISCUSSION:

Beginning in February, staff proposes to engage the Board in a series of in-depth discussions this winter and spring to share learnings and results from the initial roll-out through today under the

new regional model. The February 2021 Board presentation will highlight how the Communities Team embodies First 5 LA's commitment to systems change and is catalyzing movements dedicated to effecting population results in the Best Start geographies for young children and their families. Through partnership and collaboration among families, caregivers, residents, community-based organizations, built environment advocates, and other partners, First 5 LA is committed to improving results within the Best Start geographies. This will be an opportunity to share our learning and solicit the Board's feedback to inform development of the Communities Team's FY 21-22 work plan, budget, and related contracts which will be considered by the Board this spring.

The approach will engage the Program and Planning Committee over the next three meetings on the following topics:

February 2021 PPC

- Fresh Ideas for CalFresh Discussion of Findings and Next Steps – Lee Werbel, Christine Tran (Executive Director, LA Food Policy Council)
- Highlights from Best Start Region 1 (Metro LA, East LA, Southeast LA, South El Monte/El Monte) – Debbie Sheen, Brenda Aguilera, Director of Community Transformation, Para los Ninos

March 2021 PPC

- Highlights from Best Start Region 3 (Northeast Valley, Panorama City & Neighbors) – Breanna Hawkins, Margie Chovan, Regional Director, San Fernando Valley, El Nido Family Services
- Highlights from Best Start Region 5 including an Update on the Antelope Valley Resource Infusion Project (Lancaster, Palmdale) – Roxana Martinez, Jose Ramirez, Director of Primary Prevention, Children's Bureau of Southern California, Kate Anderson, Center Director, Center for Strategic Partnerships

April 2020 PPC

- Highlights from Best Start Region 2 (Broadway-Manchester, Compton-East Compton, Watts-Willowbrook, West Athens) – Alex Wade, Albert Ramirez, Director of Strategic Initiatives, Community Health Councils
- Highlights from Best Start Region 4 (Central Long Beach, Wilmington) – Alyssa Gutierrez, Carolina Quezada, Community Engagement Manager, The Nonprofit Partnership

NEXT STEPS:

First 5 LA staff and representatives from various partners will present updates as indicated above at the February, March, and April 2021 Program and Planning Committee Meeting. A brief update will be provided at the January PPC meeting.