

AGENDA

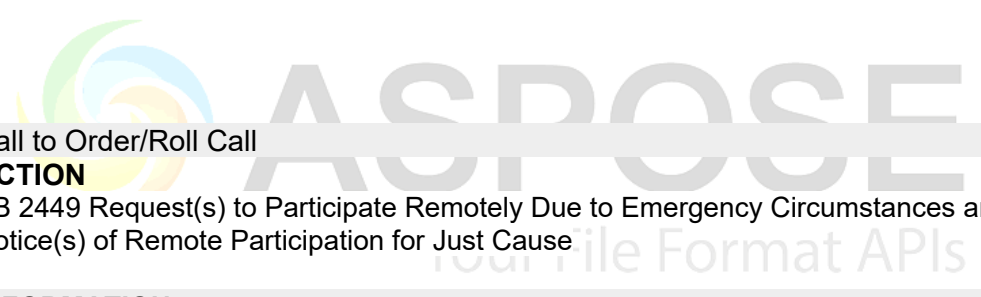
SPECIAL JOINT MEETING OF THE BOARD OF COMMISSIONERS AND PROGRAM & PLANNING COMMITTEE

Chair: Astrid Heger

Thursday, April 27, 2023
1:30 PM – 4:30 PM

Meeting Location:

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

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1. Call to Order/Roll Call
 2. **ACTION**
AB 2449 Request(s) to Participate Remotely Due to Emergency Circumstances and Notice(s) of Remote Participation for Just Cause
 3. **INFORMATION**
Review Program and Planning Committee Transcript and Meeting Notes from February 23, 2023 Meeting
 4. **INFORMATION**
Early Identification and Intervention: Help Me Grow LA Learning and Evolution

Presenters: Tara Ficek, Director, Health Systems; Zully Jauregui, Senior Program Officer, Health Systems; and Steve Baldwin, Director, Community Health Outreach Initiatives, LA County Department of Public Health
 5. Break
 6. **INFORMATION**
Communities Update: Building Regional P-5 Movements and Aligning Network Partners

COMMISSIONERS

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

EX OFFICIO MEMBERS

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

EXECUTIVE DIRECTOR

Karla Pleitez Howell

EXECUTIVE VICE PRESIDENT

John A. Wagner

A PUBLIC ENTITY

Presenters: Lee Werbel, Director, Communities

7.

Learning and Impact Panel Discussion

Facilitator: Alfredo Lee, Senior Program Officer, Communities

- **Brenda Aguilera, Region 1 RNG, Para Los Niños**
- **Michelle Burton, Region 2 RNG, Community Health Councils**
- **Rogelio Tabarez, Region 3 RNG, El Nido Family Service**
- **Christina Hall, Region 4 RNG, The Nonprofit Partnership**
- **Sylvia Scott, Region 5 RNG, Children's Bureau**

8.

Panel Discussion Summary:

- **Joaquin Calderon, Deputy Director, Communities**

9.

10. **INFORMATION**

Authorize First 5 LA to Receive Funds from the First 5 California Commission for the Regional Technical Assistance for Home Visiting Coordination and Integration Project and Approve Resolution # 2023-01 **(Written Only)**

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

12. Adjournment



ASPOSE

Your File Format APIs

SUMMARY MEETING NOTES

FIRST 5 LA
February 23, 2023
Special Board/Program & Planning Committee Meeting (VIRTUAL)
1:30-4:30 pm

COMMITTEE MEMBERS PRESENT

Deborah Allen
Astrid Heger (Committee Chair)
Jacquelyn McCroskey
Deanne Tilton

NON-COMMITTEE MEMBERS PRESENT

Judy Abdo
Robert Byrd (Alternate)
Victor Manalo
Maricela Ramirez
Frank Ramos
Sylvia Swilley

COMMITTEE MEMBERS ABSENT:

Romalis Taylor [Excused]
Yvette Martinez [Excused]
Carol Sigala [Excused]

STAFF PRESENT:

Peter Barth, Chief of Staff
Karla Pleitez Howell, Executive Director
Linda Vo, Board Relations Manager
John Wagner, Executive Vice President

1. Call to Order / Roll Call

Committee Chair Astrid Heger called the meeting to order at 1:32 pm. Quorum was present.

2. Review Program and Planning Committee Transcript from September 22, 2022 Meeting

Notes were received and filed with no deletions/additions or changes.

3. Home Based Child Care: Journey to Date

Some highlights of this presentation included a discussion on First 5 LA's emerging home based childcare strategy and a preview of the next phase of our work in this area and overall strategy development. Other areas discussed were:

- Preliminary findings from the Home-Based Child Care Landscape Analysis
- An introduction to the Provider Advisory Group
- Lessons learned from a case study of New York City

There was no further discussion on this item.

4. Break

5. 2023 Advocacy Priorities and Field Building

A presentation was given by staff from the Office of Government Affairs and Public Policy (OGAPP) about First 5 LA's legislative and administrative advocacy priorities for 2023. Some highlights included a series of bills that have been identified as aligning with First 5 La's Policy Agenda priorities that OGAPP is still conducting an analysis to determine First 5 LA advocacy approaches.

SUMMARY MEETING NOTES

There was no further discussion on this item.

6. Public Comments (for items not on the agenda)

There were no public comments.

ADJOURNMENT:

The meeting adjourned at 3:38pm.

NEXT MEETING:

The next Special Board/Program & Planning Committee meeting will take place on Thursday, April 27, 2023 at 1:30 pm.

HYBRID OF IN-PERSON AND VIRTUAL COMMITTEE 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, February 23, 2023
Los Angeles, California 90012

STENOGRAPHICALLY REPORTED BY:
HEATHERLYNN GONZALEZ
CSR #13646

1 Thursday, February 23, 2023; Los Angeles, California

2 1:31 p.m.

3 -oOo-

4 COMMISSIONER HEGER: Can I call this committee to
5 order and ask Linda to do a roll call.

6 MS. VO: Thank you, Commissioner Heger.

7 Judy Abdo? Robert Byrd?

8 COMMISSIONER BYRD: Here.

9 MS. VO: Astrid Heger?

10 COMMISSIONER HEGER: Here.

11 MS. VO: Victor Manalo? Maricela Ramirez?

12 COMMISSIONER RAMIREZ: Here.

13 MS. VO: Frank Ramos?

14 COMMISSIONER RAMOS: Here.

15 MS. VO: Carol Sigala? Silvia Swilley?

16 COMMISSIONER SWILLEY: Here.

17 MS. VO: Deborah Allen? Jacquelyn McCroskey?

18 COMMISSIONER McCROSKEY: Here.

19 MS. VO: And Deanne Tilton?

20 COMMISSIONER TILTON: Hi there. Hello.

21 MS. VO: Quorum is present.

22 COMMISSIONER ABDO: This is Judy, I'm here too.

23 MS. VO: Thank you, Judy.

24 COMMISSIONER HEGER: Our first item is basically
25 a review of the Program and Planning Committee transcript

1 from September, which seems light-years behind us. But I
2 would have to assume that we would have had to review
3 these transcripts ahead of time; correct?

4 MS VO: Correct. And Commissioner Heger, before
5 we go onto Item 2, I do want to go through our ground
6 rules so I can cover some updates to AB 361 as well as AB
7 2449, if you don't mind?

8 COMMISSIONER HEGER: Go ahead.

9 MS. VO: As most are aware, in October 2022 and
10 then more recently in January 2023, Governor Newsom did
11 confirm his intention to terminate the Covid-19 State of
12 Emergency by the end of February 2023. And assuming that
13 there are no further updates from the governor, upon the
14 termination of the Covid-19 state of emergency, our board
15 and committee meetings will no longer be able to meet
16 remotely under AB 361 and will need to transition fully to
17 in person meetings.

18 And in looking ahead, First 5 LA does plan to be
19 fully in person by the March 9th board meeting, and all
20 meetings will be conducted at First 5 LA in the MPR unless
21 noticed otherwise.

22 Now, once in person, First 5 LA will be operating
23 under AB 2449, which provides updated teleconferencing
24 rules that does allow for a hybrid model of physical and
25 remote attendance for members of our board under certain

1 specified circumstances.

2 Now, as a threshold matter, AB 2449 requires that
3 at least a quorum of members of our board may participate
4 in person from a single, physical public location that is
5 clearly identified on our agenda. And if the physical
6 attendance quorum requirement is met, AB 2449 does permit
7 a board member to join the board meeting virtually without
8 having to notice his or her location under two
9 circumstances.

10 Now, the first circumstance is for just cause and
11 the second is due to emergency. And both just cause and
12 emergency circumstances are defined under this statute.

13 Now, for today's meeting, we are still operating
14 under AB 361, which allows us to continue our public
15 meetings remotely via teleconference during the
16 governor-declared state of emergency.

17 And in the interest of maintaining appropriate
18 social distancing, we can continue to have the public and
19 our board members observe this meeting telephonically or
20 otherwise electronically as posted on our website and the
21 agenda for this meeting.

22 Now, regarding public comments, remote attendees
23 can submit public comments in two ways. The first way is
24 written public comments must be submitted in advance of
25 the meeting via email to my email at LVO@first5LA.org by

1 1:30 p.m. the day of the meeting in order for them to be
2 read aloud during the meeting. And as a reminder, public
3 comments emailed should indicate the item number the
4 comment corresponds with. And any public comments
5 received after 1:30 p.m. will become a part of public
6 records.

7 Now, during the meeting, public members can use
8 the Q and A chat function to express real time interest in
9 speaking to an item. And it is important that these
10 requests to speak be submitted via the Q and A chat box
11 before the item being commented on is presented.

12 And when submitting requests to speak, public
13 members are asked to only provide his or her name and the
14 item number the comment corresponds with. And all public
15 comments received during the meeting via the Q and A chat
16 will be addressed in the order they are received.

17 Now, once public members do hear their names
18 called for public comments, they will be given the ability
19 to speak during the meeting, and they -- their name will
20 be called twice before we move on to the next public
21 comment. And two minutes will be allotted for each
22 comment. Now, public comments will be addressed in the
23 order they are received as well.

24 And finally, before we begin today's meeting, I
25 just want to remind commissioners to minimize background

1 disruptions, all board members and presenters attending
2 this meeting should mute themselves until they're called
3 upon to speak. And if board members would like to speak
4 to an item, please use the chat box function or raise your
5 hand and I will coordinate with our committee chair,
6 Astrid Heger, and your name will be called in the order
7 received.

8 And if technical assistance is required during
9 the meeting, you can contact me at 213-276-9389, or can
10 you send me a chat and I'll connect you with IT.

11 And with that, I'll hand this book to you,
12 Commissioner Heger, our committee chair.

13 COMMISSIONER HEGER: Thank you very much. I'm
14 assuming that -- that some of you have also reviewed the
15 report from the September 22nd meeting and that we can --
16 I think, in my other role. We can adopt the review of our
17 conversations of the 22nd of September.

18 Is that acceptable?

19 MS VO: Yes. You can receive and file.

20 COMMISSIONER HEGER: Then we can move on to Item
21 3.

22 MS VO: For the record, I want to confirm there
23 are no public comments for Item 2.

24 COMMISSIONER HEGER: Good. I'm glad. Thank you
25 for that.

1 MS VO: You're welcome.

2 COMMISSIONER HEGER: So in the information we're
3 looking at home-based childcare, our journey to date,
4 which I find to be very, very interesting in light of some
5 of the things that are happening in the state.

6 The presenters -- I'll call on Becca to start
7 this presentation, and I will mute myself.

8 Thanks, Becca.

9 MS. PATTON: Thank you. Good afternoon,
10 Commissioners, First 5 LA staff, and the public.

11 I'm excited to be back with the commission today
12 and to share our progress to date on the emerging
13 home-based childcare strategy.

14 As the commission will remember, the home-based
15 childcare strategy is the first new work to be launched
16 out of our 2020 strategic plan. And I'm also joined by my
17 two colleagues, Gina Rodriguez, who is leading our
18 home-based childcare work, and the newest member of our
19 ECE team, Stephanie Orozco, who is leading our work with
20 the provider advisory group. She did not know I was going
21 to do this, but I do want to mention that this is also her
22 first presentation to the commission; so I know you will
23 all want to give her a warm welcome.

24 As you will soon see and hear, both of these
25 colleagues demonstrate deep commitment and passion for

1 this work, and I'm very excited they're here presenting
2 today. So for our time together today, we are going to be
3 covering two topics. First, we'll discuss the various
4 input for our emerging strategy and then we'll preview the
5 next phase of our work as we move from our learning phase
6 to strategy development.

7 So as a reminder, home based childcare is
8 inclusive of two types of care. So the first is family
9 childcare or SCCs. And these are small businesses
10 operated out of provider's home.

11 The second is family friend and neighbor care, or
12 FFNs. This is care provided by family or friend; however,
13 in LA County, more often than not it's a family member.
14 And they are providing care for the children in their
15 family and can offer care to the children of one other
16 family. This type of care is legally exempt from
17 licensure.

18 But why home-based childcare? Why the focus
19 here? So a vast majority of infants and toddlers and the
20 subsidized system are served by a home-based setting. And
21 as our new north star states, every child in Los Angeles
22 County will reach their full developmental potential
23 throughout the critical years of prenatal to five.
24 So if we truly want to support a child's full
25 developmental potential, we have to turn our attention to

1 where the infants and toddlers actually are. And in LA
2 County, that is in a home-based setting. Additionally,
3 historically, First 5 LA has focused predominantly on
4 center-based preschool. So this has meant that First 5 LA
5 was missing out on that window of development that happens
6 from zero to three. This also means that the work is new
7 for First 5 LA.

8 So since this work is new and this is a new part
9 of the childcare system for us; so far we've been focused
10 on learning and we have three primary inputs for this
11 learning. One is a landscape analysis that is helping us
12 understand the current state of home-based care; Second is
13 a provider advisory group who's helping us guide our
14 approach and support our understanding grounded in our own
15 lived experience; and the third we have case studies along
16 with the visit to New York City in December to understand
17 their approach to home-based care.

18 So I will now hand it over to Gina who will be
19 providing more information on our landscape analysis.

20 MS. RODRIGUEZ: Thank you, Becca. And good
21 afternoon everyone. We are so delighted to be here to
22 share our progress this far on our home-based childcare
23 strategy, what we call HBCC.

24 As you may recall, we shared our thinking around
25 the strategy with the commission back in September of

1 2021. And one of the initial elements of approach was a
2 landscape analysis of home-based childcare in Los Angeles
3 County to help inform the strategy and development.

4 The goal was to understand the needs of family
5 childcare, FCCs, and family, friends, and neighbors FFNs,
6 their care in Los Angeles County and the families who
7 access them within the subsidy system.

8 The landscape analysis was launched in February
9 of 2022. The report is being finalized as we speak. Now,
10 we are looking forward to disseminating the results this
11 spring. We're hoping that we can get on the board's tight
12 and busy calendar for an in-depth presentation of
13 findings. So what you'll hear today is a little glimpse
14 and some highlights with much more to come.

15 As a reminder, our contracted partners for this
16 work are the Childcare Alliance of Los Angeles and the
17 Childcare Resource Center. The CCRCs Research team
18 conducted the landscape.

19 So we are happy to share the number of
20 respondents that were surveyed. Data were collected from
21 home-based providers throughout Los Angeles County,
22 leveraging the connections and partnerships of agencies
23 across the County to ensure representation from each
24 service planning area -- SPAs. Electronic survey links
25 were distributed by the R and R agencies to all licensed

1 family childcare providers and their referral databases
2 and all subsidized family, friends, and neighbor providers
3 in their databases and nonsubsidized providers engaged in
4 a play-to-learn equality improvement programs.

5 Electronic surveys were also distributed by the R
6 and R agencies to all parents in the subsidy databases for
7 use FCCs and FFNs includes care they subsidize.

8 Outreach also occurred through social media
9 platforms, the community-based organizations, our Best
10 Start communities and County offices. Surveys included an
11 opt-in option to participate in interviews for FFN
12 providers, and our focus groups for FCC providers and core
13 parents.

14 Additionally, Crystal Stairs partnered with a
15 research team to target outreach to the Black and African
16 American community in their service area. They have an
17 active African American provider initiative. Crystal
18 Stairs requested that the group review their research
19 tools prior to translation to additional languages to --
20 to additional languages.

21 Just to note, this slide represents a breakdown
22 of respondent's by SPA. Note of the FCCs in SPA 2, San
23 Fernando Valley, also note respondent's -- 40 percent of
24 parents in the San Fernando Valley, and the number of
25 FFN providers from the Antelope Valley which were 36

1 percent.

2 Once all the data were obtained through surveys,
3 key informative interviews and focus groups, the second
4 phase of data gathering were sense making sessions. The
5 goal of the sense making sessions were to ensure the
6 interpretational result and the development or
7 recommendation were relevant and meaningful to the
8 communities that were going to be impacted the most. 12
9 communities convenings were held with key stake holders
10 across LA County. And convenings were geared towards
11 specific groups including FFNs and FCC providers, parents
12 who use home-based child care, and agencies, County
13 offices, advocates, and funders that work with providers
14 and parents that use home-based care.

15 In terms of parent perspectives and voices,
16 trusted relationships and word of mouth followed by their
17 own experience with providers were key for parents
18 searching for childcare. Survey responses regarding their
19 last childcare search show over half of parents ask
20 friends and family for referrals while 21 percent ask a
21 childcare provider they already knew.

22 Across focus groups, the most commonly cited
23 method of finding childcare was asking friends or family.
24 Several parents from the focus groups also shared their
25 experience in having a provider with whom they already had

1 experience to take care of their child. And as you can
2 see the majority of parents need childcare due to work or
3 changes in the work schedule.

4 As a reminder, 710 parents responded to the
5 parent survey. The focus of the landscape were home-based
6 providers, the children in their care, and the parents to
7 use home-based care. This is what we expected considering
8 the families that were sampled.

9 Parents were asked to provide information on the
10 number of children they have in their care, what the
11 childcare arrangements are, and the age of the youngest
12 child they have in childcare. Over half the parents
13 reported using FCCs as their childcare arrangements for
14 children six years and under -- and younger. 49 percent
15 reported using FFN care and 2 percent reported using
16 Center-based care. 5 percent of parents indicated that
17 they use a combination of care -- FCC, FFN, or Center
18 based care for their children.

19 Here is a preview of recommendations, and we
20 invite you to consider how we could align these
21 recommendations with what is happening at the State and
22 Federal level and consider what will be the role that
23 First 5 LA as we embrace systems change and sustainability
24 mindset. Our team will also be working with our OGAP
25 colleagues to make sure we're aligned with the State and

1 Federal agenda.

2 So the first recommendation is to continue to
3 involve providers in planning and development to ensure
4 equitable and relevant programs and policies.

5 First 5 LA has already begun this process with our
6 provider advisory group in the interpretation of the
7 landscape analysis data. This recommended that this group
8 be expanded to include both FFN and FCC providers. It
9 currently only has FCC providers.

10 The second recommendation consider a family
11 support model for FFN providers and a business model for
12 FCC providers. We've learned that the demographics of
13 FFNs align more closely with the subsidized parents they
14 serve compared with the FCC providers who have higher
15 rates of home ownership, income, and education and have
16 partners or are married.

17 Specifically of the FFN providers, 92 percent
18 were close relatives to the child they care for. There
19 were grandparents, an aunt, an uncle or a cousin. And 75
20 percent were motivated by helping the children's parents.

21 By comparison, half of FCC cited personal calling
22 or career choice as a reason for providing childcare.
23 Different motivations may result in a need to have a
24 different outreach -- to have different outreach and
25 support for the two groups of providers. We also want to

1 note that FFN providers may be better aligned with the
2 family support model such as home visitation, play and
3 learn groups, and other services or resources provided by
4 community-based organizations that serve families.

5 Then Number 3, consider a continuum of holistic
6 supports designed to meet the unique needs of different
7 providers. And this really provides us with an
8 opportunity to establish strategic partnerships with new
9 funders, community organizations, and align with state and
10 federal funding.

11 A continuum approach may be most relevant given
12 the data that certain differences align FFN providers, FCC
13 providers with small licenses, and FCC providers with
14 large licenses. New programs and supports need to account
15 for these group differences and treat home-based providers
16 -- and not treat home-based providers as a single group.

17 However, we've come to understand that they need
18 much more than professional development. They need health
19 insurance, retirement benefits, automatic enrollment in
20 the food program for the children in their care. They
21 need mental health and well-being services, and we need to
22 leverage existing connections and supports to offer this
23 holistic approach.

24 And finally, we all know -- we all know we must
25 compensate providers for the true cost of care, rather

1 than the market-based methods for payment.

2 And now I'll turn it over to my colleague
3 Stephanie Orozco who will share about our wonderful,
4 wonderful provider advisory group.

5 MS. OROZCO: Thank you, Gina. Good afternoon,
6 Commissioners. I will be providing an overview of our
7 provider advisory board group to date. But since this is
8 my first time presenting at the board I would just take a
9 quick moment to introduce myself and share that prior to
10 coming on board at First 5 LA about a year and a half ago,
11 I myself was a childcare provider. So as you can imagine,
12 the provider advisory group holds work that is deeply
13 important and personal to me. Not only because it allows
14 me to apply my lived experience in a very unique way, but
15 also because it does the important work of highlighting
16 the voices of women of color who are the driving force of
17 childcare in LA County.

18 And so with the knowledge that most families in
19 LA County choose home-based childcare as their preferred
20 setting of nonparental care, the ECE Team really set out
21 to better understand and support that system of care. As
22 we determined how we wanted to move forward, we realized
23 it was critical to put resources behind centering those
24 who are living the work each day, home-based childcare
25 providers.

1 So this value lent to the creation of what is now
2 the provider advisory group which was launched in May of
3 2022. You'll hear a little bit more about the groups
4 journey, members, and structure in a moment. But just as
5 a general overview, the provider advisory group is a group
6 of ten home-based childcare providers across the County,
7 who really search and form the ECE Teams emerging
8 County-wide home-based childcare strategy and ensure that
9 it's grounded in the lived experience of those most
10 impacted by the work. They also provide their best
11 thinking around some of the emerging landscape analysis
12 results as well as help to create and maintain the
13 structure of the group itself.

14 So there are a few important elements in building
15 the provider advisory group structure. First,
16 compensating the provider advisory group members for their
17 participation. Home-based childcare providers are a
18 historically under-compensated group of women; so the ECE
19 Team felt it was absolutely critical to compensate
20 participants for their expertise and for their
21 professionalism with which they provide our team. So all
22 of our participants currently receive monthly honorariums
23 that reflect the First 5 LA hourly consultant rate with
24 funds that also cover the expenses for the resources
25 necessary to participate with us such as the cost of

1 utilizing an assistant to help run their childcare center
2 while they are with us and providing us with their
3 expertise.

4 Second, the provider advisory group was launched
5 in a two-based approach. So we initially only brought on
6 four members with the intention of having these four
7 founding members really inform the structure, vision,
8 goals, and policy of the provider -- policies of the
9 provider advisory group. With the support of a consultant
10 and First 5 LA, these four founding women developed a
11 charter for the group that helped lay the foundation for
12 the space in a way that was provider-led prior to bringing
13 the other six members on board.

14 The group currently meets monthly over Zoom with
15 translation and live interpretation services offered in
16 English, Spanish, and Chinese. This language diversity in
17 our group is a result of specific outreach that was
18 conducted in an effort to reflect the preliminary findings
19 of the landscape analysis.

20 And finally, we do utilize a consultant to
21 support for meetings, facilitation, coordination, and
22 assessing the capacity-building needs of the provider
23 advisory group.

24 So as I mentioned, the founding members were able
25 to develop a charter. And part of that charter captures

1 their vision for the home-based childcare system. And the
2 group calls out a few specific things. They envision a
3 system with a wage that allows providers to sustain
4 themselves and their families, not just their businesses.
5 They envision a system that recognizes them as the
6 experienced, professional educators they are, not
7 babysitters. They envision a system that supports them
8 holistically; not only professionally but also recognizes
9 that their capacity to provide high quality care for young
10 children is linked to their ability to thrive emotionally
11 and financially. And lastly, they envision a system that
12 regularly includes them in decision-making spaces and
13 processes, spaces that center childcare providers vast
14 knowledge of childcare development and experience running
15 a childcare business.

16 So when we recruited our members, we wanted to be
17 sure to engage in the very intentional, thoughtful process
18 that would build a provider advisory group with a range of
19 experiences and backgrounds and that also reflected some
20 of the preliminary results of the landscape analysis. So
21 our members were recruited through a few different efforts
22 like connecting directly with resource and referral
23 agencies and seeking a couple of recommendations from the
24 childcare providers we had. These efforts led us to the
25 group we have now -- ten diverse women who own and operate

1 large and small family childcare centers with experience
2 ranging from 7 to 26 years. We were able to recruit
3 participants in four Best Start regions and we have three
4 languages spoken in this case.

5 And an important part of this work was really
6 being intentional about making time for building
7 relationships and trust in a group as well. So since
8 launching in May of last year, our conversations with the
9 provider advisory group have begun to surface some of the
10 most pressing needs and issues facing home-based childcare
11 providers.

12 First, we continue to hear that earning a livable
13 wage is absolutely critical to a provider's capacity to
14 provide high quality care for the children and families
15 that they serve. The home-based childcare providers often
16 find themselves thrust into poverty in order to maintain
17 the infrastructure necessary to provide childcare, and
18 this in turn creates financial, housing, and emotional
19 hardship that is unsustainable for the provider and their
20 families.

21 They are also identifying that the systems that
22 are essential to childcare for providers and families are
23 extremely difficult to navigate. So, for example,
24 receiving payment for services provided or planned -- or
25 receiving payment for planned time off is at times

1 unachievable. Some are not receiving enough referrals to
2 sustain their businesses. And language barriers can also
3 serve as a challenge when accessing these systems.

4 Home-based childcare providers are also concerned
5 with the viability of their businesses with the roll-out
6 of UPK, Universal Preschool, on the horizon. And finally,
7 we're also hearing that all of our members are motivated
8 and inspired by the prospect of the provider advisory
9 group. They were excited to learn of First 5 LA's recent
10 commitment to power sharing through the refined strategic
11 plan, and all members say that they have been waiting for
12 an invitation like this.

13 So while our goal is to eventually bring the
14 provider advisory group to a future board meeting, we
15 thought it would be meaningful at this time to bring the
16 voices of the provider advisory group into the virtual
17 room through a few audio recordings. With our members'
18 consent, we record our monthly meetings, and we selected
19 three key moments to share with the board today as a way
20 to hear some of these concerns directly from providers.

21 So we'll be playing those three quotes straight
22 through, but please bear with us in case we experience any
23 technical difficulties.

24 (Audio played)

25 MS. OROZCO: So before we move on, I'm going to

1 let the words sink in and allow for some processing time.

2 Okay. So as evidenced by their voices, the
3 provider advisory group are motivated to be a part of this
4 effort and are deeply knowledgeable about the obstacles
5 before them. This has made them valuable partners in some
6 of their contributions to date. So in October of 2022,
7 the provider advisory group participated in the
8 sense-making session for the landscape analysis where they
9 were able to provide valuable feedback on some of the
10 emergent data topics. And this conversation in October
11 actually served as an impetus to a relationship and a
12 series of conversations between the provider advisory
13 group and the Childcare Alliance of Los Angeles.

14 As a centralized point of leadership for the
15 resource and referral agencies in LA County, the Childcare
16 Alliance was deeply interested in the some of the feedback
17 the provider advisory group was able to give during that
18 sense-making session, and so they have since returned to
19 meet with the group and expressed their commitment to a
20 partnership with them in collectively identifying
21 obstacles and solutions to some of the most common issues
22 they're facing. So those conversations are ongoing.

23 Our provider advisory group will continue to
24 partner with the ECE Team and other systems partners as we
25 move into developing and implementing the strategies for

1 home-based childcare strategy.

2 We have already begun to identify what needs the
3 group has around comfortably and effectively participating
4 in a larger codesign process and what it would feel like
5 to truly have their voices heard.

6 And last, as part of this emerging strategy, the
7 ECE Team is also considering developing an extension to
8 the provider advisory group that includes family friend
9 and neighbor care.

10 So with that, I'm going to pass it back to my
11 colleague Gina who will introduce some of our team's
12 learnings from a recent visit to New York City.

13 MS. RODRIGUEZ: Thanks again, Stephanie.

14 So we are forever grateful to our colleagues in
15 New York City for their generous spirit and what they do
16 for families -- for the families and children of New York
17 City.

18 Why did we go to New York City? A former First 5
19 LA Commissioner, Duane Dennis, authored a report featuring
20 case studies around the country of promising practices to
21 support home-based care. One of these case studies was
22 New York City; so First 5 LA staff visited the city to
23 connect with early educator slash home-based providers,
24 city policymakers, advocates, and agency staff to better
25 understand how New York built in supports for home-based

1 childcare providers to meet the needs of infants and
2 toddlers as universal childcare options were expanding.
3 Our goal was to connect with individuals with direct
4 experience building and impacting a system.

5 What did we learn? We learned that staff FCC
6 networks, family childcare is housed in New York City
7 departments -- in New York City's Department of Education,
8 operated at the city level. Their staff networks are
9 operated by community-based organizations and selected
10 through a competitive RFP process. All FCCs are in
11 mandatory networks. This is a prerequisite to receive
12 subsidy dollars.

13 Through the networks, they receive support for
14 their businesses. Networks provide a range of services,
15 trainings, coaching, they use a common curriculum, and
16 receive additional resources. Family, friend, and
17 neighbor care is administered by a nonprofit that is and
18 has a centralized system. So all license-exempt FFNs must
19 register through this one CPO for all the five boroughs.

20 CPO staff focuses on relationship building with
21 the provider to better support them. They remind me of
22 the community from (unintelligible) in Los Angeles. Also,
23 family eligibility is the same across all programs, there
24 is one enrollment form -- a single place for families to
25 enroll. Parents don't have to navigate what programs

1 they're eligible for. They have a universal application.
2 They really put effort into making it easy for parents to
3 enroll. This is not the case in LA County.

4 Last, but not least, we met with ECE on the Move,
5 a group of providers passionate about their work caring
6 for children and assisting families and passionate about
7 helping other providers. They are a grass roots advocacy
8 organization for providers run by providers. They started
9 out as providers working for the union to help organize
10 and get membership, but they realized they need more focus
11 on provider needs and issues. So what started off as
12 providers working for the union, and now they split off,
13 now their own organization has 600 providers.

14 They have built their own capacity and have
15 direct access to policymakers. One of their wins is that
16 they developed a grievance process that assists them in
17 resolving provider issues with public agencies; so we are
18 happy to report that leaders from ECE On The Move met with
19 our provider advisory group yesterday, and it was an
20 amazing meeting seeing powerful women come together to
21 share, encourage, and inspire one another.

22 But they can't do this alone. They need
23 advocates and champions at all levels of the ECE systems
24 and other systems. So we learned so much and we see the
25 possibilities here in Los Angeles.

1 With that, I will pass it now over to Becca and
2 she will review what's next.

3 MS. PATTON: Thanks, Gina and Stephanie. Really
4 appreciate it.

5 So what is next as we move from learning to
6 action? So first we're going to be evaluating and
7 understanding these inputs to inform our strategy
8 development. So as you heard, the landscape analysis
9 report is very, very close to being finalized. And the
10 commission, of course, will have that report once
11 finalized. We'll also be disseminating the findings of
12 that report and then we will move to strategy development.

13 We know we can't do this work alone, because
14 while we have great ideas, we have even better ones when
15 we work in partnership with others. And as we are
16 learning some of the challenges elevated by the families
17 and providers do not intersect neatly with our traditional
18 ECE partners or usual suspects. Issues like food
19 insecurity and lack of access to health care demands that
20 we're identifying a broader and more diverse coalition of
21 partners to work with.

22 Second, once we've identified this coalition of
23 partners, we will work alongside them as we determine what
24 issues we want to address and identify strategies to
25 address those issues.

1 Lastly, we also know we cannot do all things for
2 all people; so we will want to narrow our focus for the
3 most impact. So we will also undergo a process to
4 determine which strategies we will take lead on and which
5 strategies we will support.

6 Now we are moving from learning to action. But
7 as we're moving through this learning phase, one issue
8 keeps rising to the top. Should not be a surprise. The
9 economic security and sustainability of childcare
10 providers. So we want providers -- and you heard from the
11 providers themselves -- to be able to offer the highest
12 quality environment and care for their children, but this
13 costs money and capacity on the part of provider.
14 Costs are even higher for infants and toddlers as more
15 adults are needed to appropriately support our youngest
16 learners.

17 Additionally, care work has historically been
18 devalued and underfunded due to systemic bias rooted in
19 racism and misogyny, and the viability of home-based
20 providers has further deteriorated with Covid. And as you
21 heard directly earlier, the roll out and implementation of
22 universal preschool.

23 So because of this urgent issue, there are
24 strategies we're sort of immediately looking at and
25 considering to support our home-based care system. So

1 first we looked to our policy agenda. And appreciate the
2 collaboration of partnership with our OGAP colleagues
3 because the economic viability of the childcare system
4 remain as a priority in our First 5 LA policy agenda.

5 And you will hear more about our policy agenda in
6 the next presentation.

7 Second, we're working with our partners at the LA
8 Partnership for Early Childhood Investment to update the
9 comprehensive fiscal analysis. And we're capitalizing on
10 the work that was recently completed at the State for the
11 rate and quality stakeholder work group.

12 Finally, Home Grown, which is a national
13 collaborative of funders, is planning on launching a
14 direct cash transfer pilot in LA County for home-based
15 providers. They've successfully launched the same pilot
16 for these providers in Colorado and they've decided on LA
17 County as their next locality; so First 5 LA has an
18 opportunity to inform and support this work in alignment
19 with our own home-based childcare strategy.

20 So these are a few strategies we're considering
21 and we'll continue to update the commission as we move
22 through strategy development and prior to implementation.

23 So with all of that, we'd love to hear your
24 thoughts and inputs. So given our new north star and what
25 we're learning about home-based childcare, what strategies

1 and opportunities do you see emerging? And then happy to
2 take any questions you have.

3 COMMISSIONER HEGER: So do we have -- Jacquelyn,
4 do you have something? Go ahead.

5 COMMISSIONER McCROSKEY: Thank you, you guys.
6 Really, really interesting report. I have a couple
7 things, but one of them was just confusion.

8 I thought I heard that we were looking at kind of
9 separate model approaches for family, friends, and
10 neighbors versus family childcare, with the one being a
11 business model and the other being a family support model.
12 And I probably misheard it or misconstrued.

13 Gina, can you explain that to me again? And
14 here's my bias. I think family support is essential to
15 both, particularly with the broad array of resources that
16 are needed. But -- for providers and families, but I
17 probably mistook what you were saying.

18 MS. RODRIGUEZ: Thank you for your question,
19 Commissioner McCroskey.

20 Business support has always been mentioned for
21 FCCs -- family childcare providers. It is never really
22 provided to them in a way that is comprehensive, that's
23 accessible. We don't -- we continue -- we will continue
24 to also support them with a family supports model as well.

25 Yet this -- the -- the business piece is what's

1 been lacking all along in the investment in that kind of
2 support has been lacking. So that's why we're kind of
3 leading with that.

4 But we definitely recognize that it's really
5 important to have family support for each, for FFNs and
6 our family childcare providers.

7 COMMISSIONER McCROSKEY: I thought I probably
8 misunderstood. Thank you for the clarification.

9 So my other question is have we thought about a
10 parent advisory group that could sit alongside of the
11 provider advisory group -- and I sort of heard references
12 to that in Becca's summary, that our partners would
13 include parents. But at least it was certainly my
14 experience on the blue ribbon commission at the State
15 level that the parent group has different recommendations
16 not really in counter -- in opposition to. It's just that
17 they recognize things more about transferring from one
18 program to another, about the impact of family fees,
19 about, you know, sort of where the impact is most felt.
20 And I just wondered if we'd thought about that too. I
21 appreciate the survey results, but active voices might be
22 something we want to promote to.

23 MS. PATTON: Yeah. I think you're exactly right.
24 The ECE had a reflection session yesterday. And we said
25 to each other we did a great job incorporating, you know,

1 the providers, but the families is the place where we need
2 to explore and dig in more.

3 So we have the survey and, you know, we have the
4 focus groups and interviews, but how are we working
5 alongside them on a regular basis? We do have a family
6 survey panel that we tap into, QSLA, but we are thinking
7 through what is the pathway. Is it a family advisory
8 group? Is it partnering with folks that are already
9 working directly with families? So we're definitely
10 exploring that.

11 COMMISSIONER McCROSKEY: And just one other
12 thing. I'm thrilled to hear about the guaranteed basic
13 income pilot, but I'm sure you know that there is a
14 coalition of people leading these various pilots -- City,
15 County coalitions, and other people coalitions, and I'm
16 sure you're connected to them, but it feels like I'm
17 outside of most of it. But I hear enough about it to know
18 that with each one we learn something different. You're
19 just making sure that that was also part of this plan.

20 MS. PATTON: Yeah. Yeah. We're working to
21 connect especially the home-grown folks and the LA County
22 folks that are running both of those pilots.

23 COMMISSIONER McCROSKEY: Great. Thank you.

24 COMMISSIONER HEGER: Judy Abdo?

25 COMMISSIONER ABDO: Hi. I was really interested

1 in the reference to filling out paperwork only one time,
2 and then how that would work for families and -- and --
3 and the, you know, whoever. And I hope that that expands
4 -- that idea expands to families in all kinds of childcare
5 and early childhood programs, because that is a key thing
6 that keeps people from getting the services they need
7 because the paperwork is just outrageous. So I know
8 you've heard that from me before, but I just wanted to say
9 it again. And I loved hearing that there was an example
10 of just one -- one form to fill out or, you know. Thank
11 you.

12 MS. PATTON: Yeah. We had the exact same
13 reaction when New York said they had a centralized and
14 single enrollment system. So we've had subsequent
15 conversations, to the point that we're, like, we would
16 like to talk to the person who built the data system that
17 allows this to happen. So we're digging into that. You
18 know, it's as you can imagine, complicated. But it's a
19 thing that really interests us the most, especially as
20 we're thinking about families having to enter these
21 systems and the navigation of the barriers they
22 experience.

23 COMMISSIONER HEGER: Deanne? You're muted.

24 COMMISSIONER TILTON: I said: Thank you, rock
25 stars. Here's my -- can you hear me now?

1 I have a couple of comments and questions. I do
2 think this presentation really emphasizes again how more
3 -- how much more likely anyone is to go to a friend or
4 family or neighbor than to any organization or institution
5 of any kind. And that sort of begs a question of how we
6 are outreaching with the information within communities.
7 So that was helpful to see your data there.

8 Also, the reality that the younger the child the
9 less you get paid. I mean, it's just a sad reality, if
10 you want to make money you should be a college professor
11 or high school teacher, not someone who takes care of very
12 young children.

13 And, of course, from my perspective, I truly want
14 to come from the perspective of the child, because these
15 young children, they can't advocate for themselves. They
16 never have been able to do that, and they never will be
17 able to.

18 So looking at what it means to be in -- in
19 daycare, home care, I would say that from my experience
20 with -- with problematic care in the home, not only is not
21 being able to access it but, normally, when there's a
22 serious problem it isn't the woman. It's the man in the
23 home. It's the boyfriend, father, stepfather. And I
24 didn't see anything that indicated that we're responding
25 to the -- to the male caregiver. It's all women -- all

1 the providers that we heard from.

2 And I was just wondering if we can't somehow work
3 into our strategy an outreach to male caregivers in the
4 home, because it is just a truth that little boys are not
5 raised to expect to take care of children -- babies,
6 change diapers. Then they're in a home with little kids
7 and they may not be the husband, they may just be a
8 relative of some kind that -- that is in the presence of
9 these very young children. And unfortunately sometimes it
10 has a tragic outcome.

11 So is there some way we can include -- maybe we
12 are, but I didn't see it -- some sort of emphasis on the
13 capabilities and support for male home caregivers?

14 MS. PATTON: Yeah. I think that's really
15 important feedback as we're thinking about strategy
16 development. One of the pieces that we explored when we
17 were in New York is for their family, friend, and neighbor
18 care. If it's subsidized, those families are receiving an
19 annual -- at least annual home visit. And it is with that
20 family support model; so that's something we're exploring
21 too, is how are we supporting holistically that entire
22 family unit but not just maybe the primary caregiver.

23 COMMISSIONER TILTON: Thank you.

24 COMMISSIONER HEGER: Deborah?

25 COMMISSIONER ALLEN: My apologies for having my

1 camera off. I'm eating, and it's never a good spectator
2 support.

3 I wanted to really reinforce the point about the
4 need for a business model for family-centered care, and
5 also sort of link that to the needs of parents which
6 often, you know, Number 1, is always access. I mean,
7 after access, there comes all kinds of other things. But
8 access is a huge problem as the market narrows. And
9 people may know that the bureau I lead at the Department
10 of Public Health is home to the Office for the Advancement
11 of Early Care and Education. And overwhelmingly what's on
12 people's minds is universal preK and its unintended side
13 effects for the marketing care for zero to three. And are
14 really scared, you know, from a parent perspective what
15 that means in terms of access. And from a provider
16 perspective, in terms of basic viability. So, you know,
17 the issue about adequate pay is not simply one of
18 fairness, it is that, of course. But it is also just one
19 of being able to keep your head above water as the
20 resources funnel into the education -- the K through 12
21 education system as the Number 1 provider of preK.

22 So, you know, a very big policy question, system
23 question underlies, I think, some of the things you were
24 hearing from providers and links that to the needs of
25 families.

1 The other thing I wanted to mention is that we're
2 home and working very closely with First 5 on this -- on a
3 guaranteed income program that is focused on pregnant
4 women through -- for 18 months. So presumably if the
5 child is born full term, for nine months into the child's
6 life. And one thing we're trying to propose, and we
7 should think about -- because I believe, if this is a new
8 one, it will be the 11th guaranteed income program in the
9 County.

10 And so one thing we can do -- and, obviously,
11 they're focused on all kinds of different populations.
12 But most of those populations include both pregnant women
13 and people with young families. In fact,
14 disproportionately, young families because,
15 disproportionately, they're poor and eligible for
16 guaranteed income.

17 So I think we ought to think about making sure
18 that's a question in evaluation across all of those
19 programs so that it's not just your one program that's
20 demonstrating impact, but, you know, we get the benefit of
21 all those other programs highlighting what it means in
22 early childhood to have that resource added to what the
23 family has.

24 I should also start by saying I think it's a
25 really interesting study and fascinated to hear the

1 findings and how closely they align with what we're
2 seeing.

3 COMMISSIONER HEGER: Thank you. I just have a
4 couple questions.

5 As always, I can see the emphasis on making sure
6 the families are financially supported, and I understand
7 that and certainly a big proponent of that. I also am
8 very interested in the quality of the care that goes on in
9 each one of those families and how do we assess the safety
10 factor for kids. I join Deanne in that statement since we
11 tend to see a certain number of families that are sent to
12 us because of adverse impact on the kids in their care.
13 So I -- I'm wondering how we assess that.

14 And, also, if there's any efforts being made to
15 compare these various models of childcare in terms of
16 their outcome for kids' impact on their readiness to go to
17 school, etcetera. And in terms of that, one thing I would
18 say about New York that I really liked -- I mean I like
19 New York, and they've done some interesting things in New
20 York around child abuse and how they've organized their
21 reporting structure there. I like the idea that they've
22 centralized accountability. I think that's something that
23 would be very interesting to see if we were capable of
24 doing that in the County where there's a more centralized
25 approach to all of that so we don't have multiple places

1 to go. Something maybe First 5 could think about. But
2 those are some of the issues that came to me.

3 And then, finally, always, I think, as First 5
4 should be is one of our policies is asking these various
5 groups and as well as the parents is how can we best help
6 you. What would you like to see First 5 do?

7 So thanks everybody.

8 Are we up for -- are there any more questions?
9 Linda, is there any public comment? I'm going to throw
10 that in.

11 MS VO: Confirming there are no public comments.

12 COMMISSIONER HEGER: And so we have a mini break
13 at this point. And I think it's -- what time is it right
14 now? 2:29. How about we're back at 2:40? Can we do
15 that?

16 MS VO: That sounds great. Thank you.

17 COMMISSIONER HEGER: Thanks everyone.

18 (A brief break.)

19 COMMISSIONER HEGER: We are at 2:40. For those
20 of you who have muted yourself and made yourself
21 invisible, I'm hoping you're all listening. And we're
22 going to move forward on an information piece again.
23 Looking at 2023 Advocacy Priorities and Field Building
24 Areas that I'm very interested in. And we were just
25 talking a little bit about it.

1 And I'm going to let Charna take the lead on it
2 and give us her report and those of her colleagues.

3 MS. WIDBY: Thank you, Commissioner Heger. Let
4 me share my screen. Did that work well? Perfect. I
5 think so. Hopefully everybody can see that.

6 Good afternoon, Commissioners. We are excited to
7 be back in front of the Program and Planning Committee
8 today for a discussion to review and to shape our
9 priorities as we are stepping into our advocacy work. We
10 are presenting priorities that are still very much in
11 development as we're sorting and prioritizing; so we're
12 excited to get your reflections and strategic insights
13 into our work as we're stepping into this new year.

14 So today we're going to break our item into two
15 portions. First, we'll do a high level context and
16 priority overview at the state and federal opportunities
17 and then pause for a minute for discussion and some
18 reflections, and then dive into an update and our current
19 thinking on our next round of policy and advocacy funds as
20 a real time example of our work reflecting our new north
21 star, our focus on systems most directly impacting child
22 development, and our new long-term system outcome
23 especially in power sharing.

24 So before we dig into that, I want to quickly
25 review our role within First 5 LA and briefly reorienting

1 to the functions of the First 5 LA policy agenda. Of
2 course the policy agenda is informed by the strategic plan
3 and our commitment to ensuring children in Los Angeles
4 County develop optimally in the critical years of prenatal
5 to five.

6 But the agenda acts as our authorizing document
7 for First 5 LA's policy and government affairs work.
8 Everything we do is grounded in this. We require board
9 approval for the annual policy agendas that the
10 organization can take positions, and also to develop our
11 proposals that we advance.

12 So last November, our board of commissioners --
13 you all approved the 2023 policy agenda. And I quickly
14 wanted to ground us and highlight a few of the
15 foundational pieces that dictate how and where we'll be
16 showing up in the policy advocacy spaces.

17 So continuing to try to better and more
18 meaningfully incorporate our value and center our work in
19 equity and -- center equity in all of our work remains to
20 be an ongoing process. We see equity values as
21 foundational to our overall policy agenda, promoting
22 equity and working to close disparities are not separate
23 or individual priorities, but rather are front and center
24 and embedded throughout and across the entirety of our
25 work.

1 So as such, we have three overarching goals in
2 our agenda: To work to close race-based disparities
3 across health, well being, and opportunity; to utilize the
4 best available data and advocate for the availability of
5 full, complete, and disaggregated data; and to promote a
6 holistic system of supports that are linguistically and
7 culturally responsive so the overall orientation is
8 grounded in a commitment to closing disparities and ending
9 inequities that impact many children in Los Angeles
10 County, because we know disparities exist and start even
11 before birth.

12 So the 2023 policy agenda also features four
13 interconnected priority areas. Specifically, the agenda
14 is centered in a whole child and whole family framework
15 with priorities as mutually connected parts of a broader
16 framework and agenda. The whole child and whole family
17 framework is still a very-much evolving approach to First
18 5 LA's work. But broadly recognizing the interconnections
19 of multiple domains of child development and that child
20 well-being cannot be separated from broader family
21 stability and the social determinants of well-being.

22 As such, our agenda uplifts key interdependencies
23 across systems which is important because First 5 LA
24 exists and works at the intersections of these systems.

25 So the four overarching goals are to promote

1 Family Supports, improve systems to promote the optimal
2 development of children, expanding access to affordable
3 quality early and care and education, and ensuring
4 communities have the resources and environment to support
5 optimal development.

6 So with that grounding of what we are authorized
7 to advocate in and how, I wanted to provide a few examples
8 of how we will use the 2023 policy agenda to guide
9 advocacy efforts in 2023. And that starts, of course,
10 with the context that we are facing.

11 We -- so at the State level, we are already
12 facing a \$22.5 billion deficit that was previewed in the
13 governor's January budget proposal. Since then,
14 California tax collections fell another \$2 billion short
15 from projections last month. Which significantly shrinks
16 the State's chances of avoiding the deficit in this fiscal
17 year ahead as Governor Newsom's revised budget proposal
18 comes closer in May, the size of the budget deficit will
19 depend on various factors, including federal funding
20 estimates and revenue revisions, but we are anticipating a
21 more significant deficit by the time we reach May or June.

22 The Legislative Analysts Office and the
23 Department of Finance have both said that the legislature
24 should plan for cuts while stopping just short of
25 predicting a full-blown recession. The LAO -- the

1 Legislative Analysts Office -- forecasts the State will
2 face a shortfall of about \$7 billion larger than what the
3 governor accounted for in his January budget. So we are
4 watching that very closely. That has some connotations to
5 how we will show up in budget advocacy and how we are
6 anticipating entering the conversation again in May once
7 negotiations are kicking up.

8 On the federal context, as the third year of the
9 Covid emergency is drawing to a close, policymakers are
10 starting to more apply its lessons for health policy. And
11 we see a lot of opportunities to try to maintain the
12 flexibilities and support programs that we gained in the
13 public health emergency.

14 An example of this that we are engaged in is at
15 the start of the pandemic, Congress enacted the Families
16 First Corona Virus Response Act, which included a
17 requirement that state Medicaid programs keep people
18 continuously enrolled through the end of the month in
19 which the Covid-19 public health emergency ends. So
20 States needed this to provide continuous eligibility in
21 order to receive enhanced federal funding for their
22 Medicaid programs, anticipating a surge in need during the
23 Covid -- as Covid-19 reached communities, and that will
24 likely be ending in the next month or two. And whether or
25 not that flexibility is maintained at the federal level is

1 top of mind for us.

2 And, of course, at the end of 2022, we saw a
3 midterm election that brought in a number of new members
4 and some significant changes to our congressional
5 leadership. Last year we started to see signs that this
6 kind of -- for lack of a better term, the "caucus of no"
7 was preceding during the MIECHV reauthorization votes.
8 And we saw that play out in the speaker election even
9 more. So as hearings are starting and legislation that
10 Ofelia will be speaking to start to be introduced, we're
11 anticipating the glitchy and difficult context in DC; so
12 not anticipating the big sweeping packages like Build Back
13 Better and really focusing our efforts on administrative
14 advocacy and the prioritization of our delegation.

15 Okay. So now I will hand it to my talented and
16 impressive colleague Ofelia to touch on a few of the key
17 opportunities and how we are already in motion at both
18 levels.

19 MS. MEDINA: Thank you so much, Charna, and good
20 afternoon, Commissioners.

21 So our 2023 state budget legislative and
22 administrative priorities reflected on this slide are
23 items that we have identified so far. I really want to
24 reflect that there's still a lot of uncertainty. And in
25 addition to the changing budget context that Charna

1 already discussed, we're also still sorting through the
2 large number of bills including an unusually high number
3 of bills or what we call spot bills.

4 Just as a point of reference, there are about
5 1,046 bills that don't even have language yet, but are
6 work forward as placeholders. So still a lot to learn and
7 potential for new opportunities and challenges.

8 Our budget priorities include budget investments
9 in January's proposed 2023/2024 budget, Governor Newsom
10 proposed a budget focus on protecting many ongoing
11 investments made in prior years rather than revealing any
12 new signature investments.

13 We might see budget reductions or cuts to
14 programs aligned with First 5 LA's budget or policy agenda
15 as Charna mentioned, but if this is the case, our team
16 will be continue to be nimble in looking for advocacy
17 opportunities and promote, budget items that ensure young
18 children develop optimally.

19 Similar to every year, First 5 LA's budget
20 priorities will also include the ECE's budget coalition
21 ask. For 2023/2024, the ECE Coalition is prioritizing
22 increasing rates for childcare providers and allocating
23 all equity (unintelligible) childcare spaces scheduled to
24 be released in 2023/'24. The ECE Coalition will also
25 continue to elevate the importance of a mixed delivery

1 system.

2 We're also still determining legislative
3 priorities aligned with our policy agenda as we reveal
4 bills introduced as of last Friday, which was the last day
5 for State members to release bills. Once we identify
6 bills, our team will conduct analysis to determine a
7 position or determine best advocacy next steps.

8 A few of the bills that we already identified are
9 AB 851, which is focused on a universal early care system
10 whose intent is to build upon an existing early learning
11 mixed delivery system.

12 AB 85, this bill provides a definition for social
13 determinants of health and requires health care plans to
14 provide access to community health workers to facilitate
15 screenings. It would also provide coverage and
16 reimbursement for a related cost benefit under Medi-Cal to
17 the State Department of Health Care Services.

18 And finally, AB 437, a bill that would establish
19 a definition of equity to guide State entities in
20 activities addressing the need for diverse population, and
21 determining resources and allocation. It would also
22 create a chief equity officer within the government
23 operations agency to improve equity and inclusion
24 throughout state government operations.

25 Again, these are not bills that we are

1 recommending for a support position, at least not yet. But
2 more serve as examples of how we're applying the policy
3 agenda and doing our analysis to determine alignment with
4 prior decisions.

5 One of the biggest headlines in our state policy
6 this year is rate reform. And this is a big priority and
7 a main focus for First 5 LA, as evidenced by our previous
8 presentation by the ECE Team, but also for our partners.
9 Realizing true and meaningful rate reform is the system
10 alignment and system change goal that we need to really
11 prioritize and support so that it works not only for the
12 State office but for LA County and recognizes the
13 diversity and the true need for families and our
14 providers.

15 So while not listed on this slide, we're also
16 prioritizing and have already started analyzing SB 380 and
17 AB 596 by Senator Limon and Assembly Member Gomez-Reyes,
18 which our focused on rate reform and addressing the
19 outdated reimbursement model for childcare.

20 Early learning rate reform is also a top priority
21 on our administrative side of the work, but have
22 identified additional administrative advocacy
23 opportunities.

24 Significant work has been done last year to move
25 California towards a single-rate structure that addresses

1 equity standards for equity and accessibility for all
2 childcare providers. (Unintelligible) recommendations
3 from the Rate Reform and (unintelligible) work group, a
4 joint labor management committee, presented a single
5 reimbursement restructure to the Department of Finance.
6 As that work continues, we will work closely with our
7 state leaders to inform and moved the work towards a
8 system that reflects the true cost of care. Care from
9 community health care workers and doulas are now covered
10 benefits through Medical as is (unintelligible) for
11 families and -- in California, and California's continuing
12 to implement multiple components of a large scale
13 (unintelligible). Both have a ripple effects here in LA
14 County as the implementation is realized.

15 And finally, we will also monitor the UPK mixed
16 delivery quality and accent workgroup, which is actually
17 currently meeting right now. And this is the state level
18 work group convened by the California Department of
19 Education and the Department of Social Services who will
20 be providing recommendations on best practices for
21 increasing access to high quality universal preschool
22 programs offered through a mixed delivery model and
23 updating preschool standard to support equitable access
24 across all studies. The work group is also charged with
25 ensuring that the recommendations are in alignment with

1 the work of a master plan for early learning and care.

2 In addition to all state level priorities, we're
3 also preserving federal -- at the federal level. The
4 federal level represents a major opportunity to inform
5 policy and ensure that members of congress, the
6 administration, and agencies and departments are
7 prioritizing young children and their families. We know
8 that federal policy is key to ensuring children in LA
9 County develop positively. There are multiple areas in
10 which we're monitoring or engaging at the federal level.
11 For example, (unintelligible) are continuing. House
12 republicans have pledged to cut programs funded by an
13 annual appropriation in 2024 back to their original 2022
14 levels as part of the deal to elect Representative Mark
15 (unintelligible) as Speaker.

16 There are no details on how those cuts or how the
17 cuts of 2024 appropriations will be implemented, but we
18 can anticipate that non-defense programs under threat
19 touch a wide array of public services that communities
20 depend on. Those are including childcare and early
21 learning programs.

22 During his State of the Union address, President
23 Biden called for family leave -- or family -- paid family
24 medical leave and affordable childcare saying that it
25 would increase economic growth and building on the

1 Biden/Harris administration announcement and action to
2 support and advance women's economic security.

3 And just before this State of the Union, Senator
4 Murray, Chairman of the Appropriations committee, held a
5 press conference and rally on Capitol Hill highlighting
6 childcare, and several members of Congress invited
7 families and early educators as to guests to the State of
8 the Union. They also wore crayon hands to draw attention
9 to the childcare crisis. And earlier this month, Senator
10 Warren reintroduced her childcare and early learning
11 legislation, Childcare for Every Community Act.

12 Not included in this slide, but we're also seeing
13 bipartisan legislation to address the nationwide shortage
14 of affordable childcare with the Childcare Workforce and
15 Facilities Act that will provide comprehensive grants to
16 states to train providers and build or renovate childcare
17 facilities.

18 The farm bill negotiations are well underway and
19 we care because they also include an opportunity to
20 advocate on a team the supplemental nutrition assistance
21 program benefits and stabilities.

22 Right now, we're focused on the highest -- the
23 highest possible number for childcare and early learning
24 programs in President Biden's fiscal '24 budget, now
25 expected to be released on March 9th. We continue to

1 educate congressional staff on the need for additional
2 investment in childcare and early learning programs,
3 especially as states are running out of the American
4 rescue funds expiring in September of this year.

5 We are also closely tracking the (unintelligible)
6 negotiations and potential cuts on federal childcare and
7 early learning programs. We're also working with the
8 Biden Harris administration on several (unintelligible)
9 same priorities, including leading a work group to help
10 health resources and services administration, draft home
11 visiting guide, and defining promising practices within
12 the program while we work to inform and develop the
13 expansion now that we've been pre-authorized.

14 We participated in the Department of Health and
15 Human Services for a briefing on maternal health
16 priorities with Secretary Becerra and key agency leaders
17 celebrated the recent maternal health wins from the
18 omnibus and additional department activities that advance
19 equity in maternal health outcomes.

20 At the priority that we show with our partners is
21 the (unintelligible) and maintaining flexibilities past
22 the end of the health emergency.

23 Finally, with the state level -- as with the
24 state-level legislation, we will also conduct analysis on
25 federal bills to determine alignment with our policy

1 agenda. Although Congress does not always move as quickly
2 in passing legislation, we're always looking for
3 opportunities to make the connections that educate members
4 on the importance of supporting optimal child development.

5 As legislation and budget proposals are still
6 moving targets, and that was a really high level sense of
7 our priorities and how we expect to show up in Sacramento
8 and DC, we also want to do a quick highlight of our
9 advocacy tactics.

10 On the relationship building strategies, last
11 November was a big election that introduced a lot of new
12 members into our delegation; so last year we focused
13 heavily in our education -- in our tentative education
14 program to introduce First 5, the team, and our
15 priorities.

16 For 2023, we will continue the focus on educating
17 and cultivating relationship with new and existing
18 offices. Our goal is that members and their office not
19 only gain an understanding of why supporting optimal child
20 development is important, but that they also see First 5
21 as a trusted and go-to partner and validator in any early
22 learning childhood proposal and its impact on LA County.
23 This includes working closely with the legislative woman
24 caucus which continues to be strong champions on childcare
25 priorities.

1 Overall, building trust in partnership with key
2 legislators is a significant focus on our government
3 affairs work. And this is also the start of a two-year
4 legislative cycle in California; so have a lot of new
5 members who are still even hiring staff and part of the
6 reason why we've seen so many spot bills that still need
7 to be shaped; so our tracking and development of those
8 bills is a key focus for us. We mentioned this earlier,
9 but I wanted to make sure we reiterate.

10 At the federal level, Congressman
11 (unintelligible) has helped launch a deaf caucus which is
12 an exciting partnership opportunity as it's planned for DC
13 briefings. In the past years, we've been excited to
14 invite commissioners to join us in the First 5 Network
15 Advocacy Day in April which will be hybrid this year; so
16 some of us will be in Sacramento the 19th of April and
17 some of our meetings will be virtual, which I know many
18 commissioners are comfortable with as we've had the
19 pleasure of you all joining us for advocacy days over the
20 past years. And since our delegation is so large, we
21 anticipate several dates of meetings depending on
22 schedules; so we should really call it advocacy week. And
23 more details are to come; so expect a formal invitation
24 soon.

25 We're also joining several advocacy trips to DC

1 this year, including the LA Chamber and (unintelligible)
2 of DC at the end of March, and joining Childcare Aware of
3 America in May. This is also a 25th anniversary of the
4 creation of First 5s, and now that travel and in-person
5 meetings are happening again on the hill, we're working
6 with other First 5s to highlight First 5 systems building
7 work and highlighting the impact of the American Rescue
8 Plan funds had had, and the significant investment use the
9 administration has made in UPK and childcare rate reform
10 that we know our delegation and a sea of partners are
11 interested in learning more about.

12 First 5 LA does not -- First 5 LA does not do
13 this work alone. We know that the work -- we know that
14 the work in partnership with others is really important;
15 so we want to highlight our membership and coalitions that
16 are both tables for policy development but also for shared
17 advocacy. That coalition work includes the ECE budget
18 coalition that has been focused on shared governance and
19 deal building as well as the whole child equity
20 partnership that is dedicated to whole child, whole family
21 policies and the home visiting coalition.

22 In our previous whole commission -- full
23 commission board meeting, we heard that it will be helpful
24 to share examples of our evolving approach to our work as
25 a result of our strategic plan refinements from the office

1 of government affairs public policy, we've had a lobby
2 goal and into field building. And over the last year, we
3 have been working with a brilliant team of community
4 partners to design the next policy and advocacy fund,
5 which reflects our new north star and systems orientation
6 to the long-term system outcomes.

7 As the new phase of our policy and advocacy fund
8 is starting, this is a good time to highlight one of those
9 still building -- one of those still building strategies
10 at work. But before we get into more specific discussions
11 for that topic, I'll turn it over -- back to Charna.

12 MS. WIDBY: Thank you Ofelia.

13 I'll stop the screen share for a minute so that
14 we can pause, because I think we have a tendency to
15 overwhelm with information and would love to hear some
16 reactions before we dive into one of our more tactical
17 pieces in the policy advocacy fund, which has a little bit
18 more meat to it. But given -- giving Ofelia a chance to
19 catch her breath, but would also like to hear reflections
20 and reactions and what resonates with you in our
21 direction, and particularly where you would like to hear
22 more conversation or updates through the year, since there
23 is a lot of challenges, but a significant amount of
24 opportunities this year compared to past years. And
25 curious where that lands as well.

1 COMMISSIONER HEGER: So are there any questions?
2 Comments?

3 MS. WIDBY: We can just continue with the
4 presentation too.

5 COMMISSIONER HEGER: All right.

6 COMMISSIONER RAMOS: Hi, Astrid. This is Frank.
7 It was a really good presentation, and some of the silence
8 might be we're taking it all in, because there's a lot of
9 good information, a lot of opportunity. You finished it
10 with the advocacy opportunities and other opportunities.

11 For me, I'm just sort of taking it all in at the
12 moment, but it's a lot of really good work behind the
13 scenes that you're all doing, and you're also getting
14 ready for preparation of because of the budget scenario
15 down the line. So good presentation. A lot of info.

16 MS. WIDBY: And as we go, please let us know what
17 we can follow up on as well as things come up knowing that
18 there's a wide variety or array of comments.

19 Jacquelyn, please.

20 COMMISSIONER McCROSKEY: As Frank says, I'm still
21 thinking about it. But looking at the array of players
22 here, I just wondered the extent to which we are also
23 strategizing about -- just to pick on Frank's agency right
24 now, any -- any new initiatives that might be focusing at
25 the state level on early childhood as it relates to the

1 child welfare system. Or I'm sure there's lots of
2 potential interchange with Public Health, with other
3 system partners on the commission. I just -- it's -- has
4 that been a piece of this strategy development as well?
5 And do you guys see any opportunities that might make
6 sense for us to think about?

7 I know that's a super -- that's why I prefaced it
8 with I'm still thinking about it. But it just raised a
9 question for me. Do we have shared strategies with some
10 of the County departments who are represented on the
11 board?

12 MS. WIDBY: I will let the board members speak to
13 their County Departments, but I will tee that back to you
14 with we're still getting our arms around it as well. The
15 State has so many opportunities coming down around
16 integration and movement in early childhood that we have
17 really focused at the State level on increasing as many
18 flexibilities for local systems design and implementation
19 as possible, and in the welfare space have been showing up
20 to many tables but haven't articulated that as a primary
21 opportunity and would like to.

22 I think the more -- the more we can learn and
23 share about LA experience and needs, the better off we'll
24 be, but hadn't highlighted this in the presentation and
25 can in the future.

1 MS. MEDINA: I think the only thing that I'll add
2 is that part of the local work is sitting on the policy
3 roundtable and the departments from our commission are
4 also reflected in that space. And even in that, that's
5 been really intentional about aligning at least in the
6 childcare space a lot of our goals and priorities for this
7 year. So we are using some of those tables locally to
8 bring together collectively what our goals will be for the
9 coming year.

10 MR. WAGNER: And if I could just add to your
11 point, Commissioners, I think there's lots of
12 opportunities with the Families First Black grant, the
13 Family First Prevention Services Act, the County's
14 submission of a prevention plan to the State, where we can
15 be connecting with our OGAP colleagues and try -- looking
16 at the administrative ways in which we can make sure we're
17 connecting to and partnering with the State.

18 COMMISSIONER McCROSKEY: Thank you, John. That
19 is really helpful. I was thinking on the focus of young
20 children on our County-wide prevention plan and then in
21 our PSA planning and I don't know exactly what the policy
22 connections are, but I do know we need as much support as
23 we can get from the families with infants and toddlers.
24 So we're thinking about it. Thank you.

25 COMMISSIONER HEGER: You know, John, I think one

1 of the other things that is really interesting to me --
2 and I think the first time I met you we had this
3 conversation -- about looking at a lot of these issues
4 that we address in policy and planning as also a
5 generalized approach to well-being in all of children,
6 both physical and mental, and that we look at additional
7 partnerships in those arenas and holding providers -- you
8 know, like managed care, etcetera -- responsible for
9 implementing a lot of issues that we've talked about as
10 we try to be innovative and creative and think outside the
11 box. And how do we not only develop policy but how that
12 policy is actually implemented.

13 And I'm asking -- for my own personal well-being,
14 I'm asking for some help with that from strategists who
15 look at funding streams as they can be -- how we can tap
16 into some of these streams as we advocate for the health
17 and well-being of children, especially the very young.

18 So I'm going to -- I'm working on that this week
19 and next week to see if I can get some smarter people
20 which I'll make -- how to do that.

21 MS VO: There is a comment from Commissioner
22 Allen?

23 MS. WIDBY: Yeah. Can I address that really
24 quick, if that's okay? And happy to talk more offline and
25 individually over the coming months and share where we're

1 at.

2 One of the learnings we had in our MIECHV
3 advocacy last year around expansion, we were asking for
4 clarity from HRSA of whether or not the expansion dollars
5 could be allocated entirely to policy practices or if they
6 had to follow existing funding streams -- trying to
7 clarify the guidance around that. And one of the great
8 opportunities that came up was HRSA acknowledging that no
9 state has pull down promising practices in their MIECHV
10 dollars and so there wasn't an opportunity to define what
11 promising practices were for HRSA to approve.

12 so First 5 LA is leading the work group with HRSA
13 to development that guidance where with partners and
14 negotiating that and what it may be and trying to think of
15 ways and make sure that lighter-touch models,
16 developing-evidence models and health-center-based models
17 as well that maybe have pulled MIECHV in the past would be
18 eligible and that we can start working on what that
19 implementation would look like knowing that expansions are
20 starting a year from now.

21 That is some really fun, exciting, and very nerdy
22 work that I am loving personally, and happy to share those
23 drafts but also follow-up on that because I know,
24 especially commissioner Allen and McCroskey, that is heart
25 song to you both. So happy to join it offline too.

1 If you have any other comments today, I'm happy
2 to address those as well.

3 COMMISSIONER ALLEN: No, that was a great answer.

4 MS. WIDBY: Great. Commissioner Ramirez?

5 COMMISSIONER RAMIREZ: Thank you. And thank you
6 for the report. I look forward to seeing how everything
7 evolves. Particularly interested in the equity, AB 467,
8 as it relates to resource allocation.

9 MS. MEDINA: That is one of the bills that we are
10 currently analyzing it. And as more language becomes
11 available, we'll make sure to update in other meetings
12 what our strategy -- either a support position or advocacy
13 next step will be about that bill.

14 COMMISSIONER RAMIREZ: Thank you.

15 COMMISSIONER HEGER: Any more comments?

16 I think we can continue with this report; right?

17 MS. WIDBY: Yes, thank you. And happy also, as
18 we go through the year, there are many other
19 opportunities. Just want to make sure we're getting
20 everything out there.

21 So one of the main examples for us in our
22 advocacy work of tactics, not just what we do but how we
23 support partners that are doing intentional field-building
24 work as well, we wanted to give a preview of where we are
25 going with the next round of policy and advocacy fund,

1 development, and grant making. I know we came to you last
2 spring with an information item around design. And now
3 that we're farther along, I'd like to tee it over -- let
4 me start sharing my screen -- to my witty and delightful
5 colleague Andrew Olenick.

6 MS. OLENICK: Great. Thank you. And good
7 afternoon, Commissioners. So yeah we're going to shift
8 now and going to speak a little to our evolving policy and
9 advocacy fund work or PAF, which is the acronym we're
10 going to be using a lot in this presentation.

11 So one of First 5 LA's unique roles and a main
12 focus has been our -- for field building and consensus
13 building. Our PAF work is a case study and an example of
14 our evolving work and real time application and
15 realization of the strategic plan changes that the board
16 approved last fall.

17 So with that being said, I wanted to provide a
18 little bit of background information and context on this
19 work.

20 I think if we could go back to the previous
21 slide, real quick.

22 First 5 LA has a long history of funding policy
23 and advocacy. But the approach has evolved along the
24 organization and strategy as priorities. The Communities
25 Opportunity Fund -- what we've termed here on the slide as

1 PAF 1.0 -- that supported the 2010 to 2015 strategic plan
2 with grants to organizations for capacity building and
3 discrete policy and advocacy projects.

4 With the 2015 to 2020 strategic plan's pivot to a
5 policy and systems change approach, PAF evolved as well
6 into separate funds focused less on specific projects and
7 more on field building and general policy goals aligned
8 with the strategic plans outcome areas and First 5 LA's
9 adopted policy agenda. And this is what we're calling
10 here PAF 2.0.

11 Among the PAF 2.0 funds was ECE PAF, Early Care
12 and Education PAF. This provided grants to grow
13 partnerships, build the ECE field, and allow for rapid
14 response. It helped build awareness of ECE issues and
15 almost 90 percent of grantees cited ECE PAF as a factor in
16 increasing alignment in the ECE advocacy field.

17 An ECE PAF only became more important in the wake
18 of the Covid-19 pandemic to advocate for the need for more
19 resources to keep childcare open and safe and operational.

20 Next in the PAF 2.0 phase, we had the health PAF
21 expansion. In 2019, the board approved launching pilot
22 grants related to funding early childhood development
23 priorities as an expansion to the existing ECE PAF. These
24 pilot grants supported advocacy through policies and
25 practices to better ensure that public systems provided

1 maternal health services and early identification and
2 intervention supports.

3 And then finally within PAF 2.0, we had the Built
4 Environment PAF. This focused on strengthening
5 community-based organizations that advocate for better
6 parks and open space, transportation and mobility, and
7 food security for families and children in the Best Start
8 communities. An example of a direct success through B PAF
9 involves United Parents and Students who work with
10 community members to help advocate for increased access to
11 clean, healthy groceries in Best Start communities. And
12 particularly South LA.

13 So now we're moving into what we're calling PAF
14 3.0, this next iteration of PAF's evolution which is
15 called the Early Childhood Policy and Advocacy Fund. This
16 new fund intends to better support our 2020 to 2028
17 strategic plan, including the board's approved refinements
18 to that plan with a focus on integration, supporting a
19 whole child whole family framework, and promoting optimal
20 child development.

21 So as ECE PAF, BPAF, and the Early Child Health
22 PAF expansion each sunsetted, we took time to reflect on
23 what learnings from this work should inform the design of
24 future policy and advocacy fund. And that analysis led to
25 several important insights and helped us understand the

1 importance of integration going forward.

2 First, we need to maximize our organizational
3 assets. And specifically, we have to align our policy and
4 advocacy funding with our own internal integration goals.
5 Child and family needs don't exist in silos, and we can't
6 achieve our refined goals without policies and systems
7 changes that address children holistically; so we needed
8 to create a holistic fund that isn't siloed by policy area
9 as was the case with those earlier iterations of PAF we
10 were discussing.

11 And ongoing partnership and collaboration across
12 multiple teams within First 5 LA helped develop this new
13 fund. And that's allowed staff to bring forward their own
14 set of expertise, experience, and insights as well as
15 access to different resources, all of which improved
16 design and allowed us to think more holistically about
17 First 5 LA's strategic goals.

18 Another way to support greater organizational
19 effectiveness through an integrated fund involves reducing
20 redundancies internally, especially related to separately
21 managing multiple contracts. Or as I think Supervisor and
22 our Chair Holly Mitchell put it during our last board
23 meeting, ensuring that we're not duplicating work.

24 And integration can also support First 5 LA's
25 strategic and sustainability priorities, keeping in mind

1 our fiscal realities. In the context of EC PAFs
2 specifically, thinking about defining sustainability as
3 achieving lasting policy change, developing the early
4 child advocacy field, and supporting movements that
5 benefit children and families.

6 Another really key lesson was that we need to
7 design a future fund with equity at the forefront. Based
8 on the earlier PAF experiences, we saw that we needed to
9 be more intentional with centering equity in any fund
10 moving forward, and that includes in its design and the
11 criteria we use for selecting grantees, prioritizing the
12 size, budget, and scope of participating organizations,
13 the impact of the policy, outcomes and other issues
14 related to equity.

15 Equity includes incentivizing participation in
16 the fund by a diversity of voices including organizations
17 that haven't traditionally partnered with First 5 LA or
18 didn't receive grants through any of the previous PAFs.
19 So equity in terms of the grant-making process and also
20 equity in terms of outcomes. Thinking about how we can
21 make our grant making more equitable and who can receive
22 funding and reducing power imbalances and dynamics and
23 also focusing our policy and systems change work on
24 ensuring on children far from opportunity receive supports
25 and working to close inequities facing young children in

1 LA County.

2 And then finally we need a fund that promotes
3 whole child advocacy and policy making. As Charna was
4 speaking to, First 5 LA has a really unique role. We're
5 both an advocate and funder of advocates. And with our
6 systems change perspective, we also have an important role
7 in working to create alignment across organizations in
8 early childhood advocates on whole family whole child
9 approaches. This includes changing systems to make them
10 more integrated and also more responsive to diverse
11 families and their needs.

12 First 5 LA works at the intersection of policy
13 change, systems change, and advocacy; so using that
14 perspective to develop shared strategies for achieving the
15 systems-change outcomes that we want to see, but also
16 remembering that policy advocacy funding should play a
17 complementary role to the rest of our advocacy strategies,
18 not stand alone and separate, but rather it can serve as a
19 shared strategy for strengthening alignment with key
20 policymakers. For example, the Newsom administration here
21 in California and its Parents agenda.

22 And then finally, the fund should promote
23 multiple avenues of policy change. That includes
24 administrative advocacy at policy development tables in
25 addition to legislative and budget items.

1 So in the actual design of the integrated PAF, a
2 key focus has been on promoting equity and developing an
3 inclusive design in grant-making strategies and align it
4 with our lessons learned and also our values related to
5 equity. Again, we do this work always in partnership.
6 And a key partner in the design of the integrated PAF has
7 been our contracted and intermediary community partners.
8 An organization that is itself primarily led and staffed
9 by women of color, works in a wide variety of ways with LA
10 County communities and has prior experience with
11 equity-based regranting.

12 Community partners also has important
13 institutional knowledge and experience, as the
14 organization served as the intermediary for ECE PAF as
15 well. So supporting the design of what this integrated
16 PAF will come to look like, community partners led a
17 listening and learning sessions with over 50 early
18 childhood advocates and experts in grant making and
19 individuals with lived experiences including those that
20 have deep and direct experience and expertise with early
21 childhood development and the systems that support --
22 systems of support that help neglect or even harm children
23 and their families.

24 Community partners made particular effort to
25 include parents and home child care providers from

1 marginalized communities, and organizations serving and in
2 many cases led by people with lived experiences of
3 economic and other injustices, racism anti-blackness and
4 xenophobia. This includes ECE providers, parents, members
5 of under-served communities, policy advocates, community
6 organizers, government officials, funders, and leaders of
7 networks in Los Angeles County and statewide.

8 So through this listening session, again, several
9 major themes emerged. And those included the need to
10 increase flexibility in funding in terms of how grantees
11 can apply for, receive, and use money; to create
12 opportunities for a variety of organizations working on
13 systems change, including smaller BIPOC-led organizations
14 that have historically been excluded and for those
15 organizations to be considered for grants; and the need to
16 understand the long history of treatment and policymaking
17 that has affected young children and their families,
18 especially concerning people furthest from opportunities
19 and their communities.

20 So here we have on the screen our two fund grant
21 pools that we've developed that together comprise the
22 Early Childhood Policy Advocacy Fund. And, of course, in
23 light of Proposition 31 and those ongoing conversations
24 and conversations today, we'll make adjustments to a lot
25 of the fiscal realities and priorities as well.

1 So first we have what we're calling the
2 Reimagining Systems Fund. This fund would make larger
3 grants to 501(c)3s and fiscally sponsored nonprofit
4 organizations and coalitions that are working towards
5 changing public systems that are most critical to
6 children's development prenatal to five and their
7 families, and are doing so in a way that are largely led
8 by community members who have lived experience with
9 inequities or that meaningfully involve members of
10 communities that have been historically harmed because of
11 economic inequities, racism, anti-blackness, xenophobia,
12 anti-immigrants injustice, or other forms of injustice.

13 And then second, we have what we're calling the
14 Community Opportunities Flexible Fund. This fund would
15 provide a broad range of grants, stipends, contracts,
16 honoraria and related expenditures in smaller, more
17 flexible amounts to organization and volunteer efforts.
18 Funding could be used to help build community connections
19 with the voices of the people most impacted in order to
20 change systems affecting children prenatal to five and
21 their families. This fund would also seek to create grant
22 opportunities for emerging groups, volunteer efforts,
23 and/or smaller organizations with the priorities for
24 funding going to initiatives led by people historically
25 excluded from or negatively impacted by the systems that

1 they're advocating to change.

2 Grants in this grant pool could support community
3 engagement, relationship building, community-driven
4 research, building or sustaining coalitions and networks,
5 and other activities that help build connections and voice
6 for systems change by the people most impacted.

7 Connectivity should of course be connected to changing
8 systems that affect children prenatal to five and their
9 families.

10 We don't see these as separate individual grant
11 pools, necessarily. We definitely see them as connected
12 larger or established organizations, including grantees
13 that apply for and receive a grant from the Reimagining
14 Systems Fund could also apply for community opportunities
15 flexible funds, for example, first specific smaller
16 projects and initiatives that could be related to
17 collaborating community members or other organizations on
18 efforts concerning policy and systems change related to
19 children prenatal to five and their families.

20 So that -- that is where we're at on designing
21 the new integrated policy and advocacy fund. I'll leave
22 it there for now, and if we have any discussion or
23 questions on this topic or the priorities we discussed
24 earlier.

25 COMMISSIONER HEGER: Do we have any comments? I

1 know I do.

2 So I guess I'm -- I will share this. I'll say
3 something. I love this presentation, Andrew. I also like
4 your first name since I named my first child that.

5 But -- and I also had a family childcare going on
6 at my house when I was a resident; so I appreciated the
7 first half of this afternoon.

8 Let me just make a comment here. I love the idea
9 of doing those two grants that you're looking at at major
10 changes and minor changes within the communities that can
11 then integrate. This was really the purpose of the
12 proposal that was made to the Blue Ribbon Commission
13 almost ten years ago, which is a frightening thought to
14 many of us that it's been ten years. And the idea being
15 -- and Frank can join in on this at any time. But the
16 idea being that in order to provide both prevention and
17 intervention services for communities and for families,
18 that there would be an assessment of all resources that
19 were available to them and that there would be a
20 leadership, you know, presented where why with the
21 integration actually made services accessible to the
22 families. And that the idea was to sustain children in
23 their families, support the families, and to have a
24 community ownership over what they were delivering and
25 then identifying what was missing and that integrated

1 DCFS, integrated DMH, integrated DHS, as well as all of
2 the nonprofits that were major nonprofits as well as the
3 individual efforts.

4 The problem that came about is that was never
5 done -- the assessment was never done; so the families
6 were given things like lists of places to go, they didn't
7 feel like there was a coordination, they didn't feel
8 connected. There was competition rather than -- and then
9 cooperation and collaboration.

10 I think this is a really unbelievably wonderful
11 opportunity, Andrew, what you've outlined to be able to
12 say we want to fund an effort for collaboration in
13 communities that is community driven, that has a community
14 advisory part of it and that is appropriate and brings a
15 real answer to the lack of equity and what needs to
16 happen.

17 My concern is often times what I see in my world
18 is that families are desperately in need of services and
19 we aren't giving them access or a warm hand-off, a
20 follow-up -- how did that work out? Whether we need to
21 build a Yelp system into what people are doing for others,
22 but the idea of building a solid, well led, well
23 coordinated program for families to have access to
24 services, I'm -- I'm -- I'm -- I would love to see that
25 happen. I would love to see us take a leadership role in

1 that as policy.

2 So thank you for that. It was amazing and you
3 did a great job on that.

4 Any other questions?

5 COMMISSIONER RAMOS: I just wanted to underscore
6 what Dr. Heger said. I wear another hat for DCFS. And
7 there, everyone means well. All organizations mean well,
8 but we don't always have, as you stated, that hand off.
9 We don't always have the ability to provide the services
10 that we speak about that people are willing to accept and
11 are ready to accept. So yeah.

12 You know, I was underlining, Andrew, things that
13 you were saying like designed funds with equity at
14 the forefront to reduce power imbalances, etcetera. This
15 is really something that I think we've actually been
16 talking about this for a while now, but it's good to see
17 we're getting close to enacting various arenas inclusive
18 of what you just shared. Some of these -- the vision that
19 we want to see; right? That everybody is going to have an
20 opportunity to get services, especially with this
21 population. Because as we know, children zero to three or
22 zero to five, they don't -- a lot of them are not in
23 school; right? Because of their age or because of
24 circumstances; so they need additions -- parents need
25 additional supports.

1 I see this as something really heading in the
2 right direction. And we do need -- you know, we need to
3 work together so that systems can come together and
4 provide the services that are necessary to help our
5 communities. So yeah. I agree this is a -- definitely a
6 step in the right direction.

7 COMMISSIONER HEGER: I think one of the really
8 important things is that it is community -- has a
9 community component to it and is driven in terms of what
10 their needs are and their ownership of it so that it is a
11 success and not something that's imposed on them, but
12 rather something that they participate in.

13 You know, some years ago, Mark Ridley Thomas
14 asked me to write a program for what was going on at MLK.
15 And the number one thing on the list that I said form a
16 community advisory board and listen to what they say in
17 terms of what they actually need rather than going in and
18 saying here we have the answers for you prior to listening
19 to them. And -- and I'm always in favor of asking a
20 community and saying, as you know, my big mantra, is how
21 can we help you? What do you need? And how do we help
22 you get access to that?

23 And I think true equity -- true equity is access
24 to the best quality, the highest quality that you can
25 deliver to that community. It's not access to something

1 that's not potable. But it's something that actually
2 quenches their thirst for equality. So yeah. I'm -- I
3 think I'm really excited about this. And in any way I
4 that can get involved with staff, please, let me know.

5 COMMISSIONER RAMOS: And I want to add to that
6 one more time if I may, you know, one of the prior
7 presentations cited 710 parents were served. So that -- I
8 wrote that down because that was very exciting to hear
9 that the parents are being engaged in LA. And just to
10 give First 5 LA some more kudos, your very own
11 Roxanna Martinez leads the Antelope Valley Resource
12 Initiative. And up in the AV, it's all about what do the
13 families need from us and how can providers help; so
14 there's a lot of really good work going on, calling out
15 that.

16 COMMISSIONER HEGER: Are there any more comments?
17 If not, I -- if we are at a point -- again, say the thing
18 I always forget. Is there any public comment on this?

19 MS VO: Before we go to public comments,
20 Commissioner McCroskey does have her hand raised.

21 COMMISSIONER HEGER: I'm sorry about that.

22 Jackie?

23 COMMISSIONER McCROSKEY: That's fine. I just
24 want to agree with all of what's been said and suggest
25 that some of this thinking is very much in line with the

1 thinking that's going on around the FFPS Community Plan
2 and particularly Community Pathways, just feels like there
3 could be a meeting of the minds. Again, to make sure that
4 we're not duplicating, we're enhancing and increasing.
5 It's a wonderful feeling, actually, because I feel like
6 I'm in some other meetings right now, which is a really
7 good sign. Because there's a lot of synergy, I think,
8 now, around the community voice, the whole family, the --
9 the potential for -- for pilot work in different parts of
10 the County that everybody can learn from just feels like
11 there's an opportunity -- additional opportunity for
12 partnership here. And thank you guys. Really terrific
13 presentation -- both presentations.

14 COMMISSIONER HEGER: Are there any other comments
15 on all of this? I'm excited about the prospect of -- yes,
16 I agree with you, Jackie, of working with a lot of efforts
17 and bringing their voices to it as well. I'm also a
18 gunner, and like to see things get done. So I'm also
19 anxious to see that we take the leadership role and then
20 all of that that Andrew outlined, and -- and the -- all
21 the presentations today were amazing and stimulating to
22 me. How do we play a role in taking policy and moving it
23 towards implementation?

24 Any other comments? Do we -- wait. Wait. Are
25 there -- can I say are there any public comments, now,

1 Linda?

2 MS VO: Yes, you can. Confirming there are no
3 public comments on this item.

4 COMMISSIONER HEGER: All right. I think -- I
5 think we've accomplished so much today, and I really
6 appreciate it. And I want to tell the staff how proud I
7 am to be part of First 5 and the excellence of your
8 research and what you do is amazing to me. And I want to
9 thank you for all of that. And the staff as a whole are
10 kind and thoughtful. So let's all have -- getting off on
11 this really good start, and let's just look forward to
12 more of the same.

13 So I'm going to go and see if I can get myself
14 ready for a rain storm.

15 MS VO: And before we adjourn today, Commissioner
16 Heger, I do want to confirm there are no general public
17 comments for Item 6.

18 COMMISSIONER HEGER: Is there another item that I
19 missed?

20 MS VO: Just one last item.

21 COMMISSIONER HEGER: Well --

22 MS VO: Now you can go prepare for the rain
23 storm. We're all good.

24 COMMISSIONER HEGER: I'm, like, saying that --
25 you know what happened last time, they didn't clean out

1 the gutters, and we had, you know, sort of a flood over
2 here at VIP.

3 So thanks to everyone, and welcome Karla. Thank
4 you for being here and for being the super star that you
5 are. And don't worry, I was -- I noticed all of that
6 yesterday; so -- but thank you. And thanks Linda and --
7 and John and Jaimie so much. Talk to you later.

8 (At 3:38 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 March 2023.

DocuSigned by:

Heatherlynn Gonzalez

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CERTIFIED SHORTHAND REPORTER

FOR THE STATE OF CALIFORNIA

FIRST 5 LA

SUBJECT:

Grounded in First 5 LA's commitment to Early Identification and Intervention (EII) for children with, and at-risk of, development delays, this will provide an update about Help Me Grow LA (HMG LA) amid a shifting context within early identification and intervention, share early progress and learnings from HMG LA implementation and discuss opportunities to inform First 5 LA's strategic plan reset.

BACKGROUND:

Identifying young children with or at risk for developmental delays is essential to ensuring that all children can reach their optimal physical, cognitive, communicative, adaptive and socio-emotional well-being. In California, only 34.4% of children birth to 3 receive timely developmental screenings, ranking California as 31st in the nation. Furthermore, even when children are screened and identified with delays, their families face challenges accessing timely and appropriate early intervention services due to limited coordination and fragmentation between multiple sectors and agencies.

As affirmed in the First 5 LA 2020-2028 Strategic Plan, First 5 LA has expanded upon its commitment to strengthen early identification and intervention for developmental delays through various efforts including policy change via state legislation advocacy, as well as advancing systems change through the planning and implementation of the Help Me Grow model in Los Angeles in partnership with the Los Angeles County Department of Public Health (LAC DPH).

HMG is a national systems change model that promotes cross-sector coordination and integration at the local level to strengthen developmental screening, assessment and linkage to early intervention supports through the following four core components: Child Health Care Provider Outreach (CHPO); Community & Family Engagement (CFE); Centralized Access Point (CAP); and Data Collection and Analysis (DCA). Through these components, HMG aims to strengthen the EII continuum of care by increasing developmental screenings, strengthening knowledge and awareness about developmental health, addressing stigma and misconceptions, linking children to services more efficiently, and collecting data for quality improvement and illustrating impact.

HMG LA planning began in 2017 with incremental roll-out beginning in 2020 through mid-2022. HMG LA has focused on the health care delivery system given its prominent role in supporting EII. In addition to LACDPH, key partners include L.A. Care Health Plan, Regional Centers, Community Based Organizations and parents.

HMG LA aims to improve the early detection of developmental delays and connect children to appropriate services as early as possible, which is aligned to First 5 LA's refined North Star that every child in LA County will reach their full developmental potential throughout the critical years of prenatal to age 5.

Strategic Partnership With LAC DPH

In July 2018, First 5 LA and LAC DPH launched a five-year partnership to plan and implement key strategies and activities to bring the vision of the 2017 Promoting Young Children's Optimal Development: HMG LA Recommendation Report to life¹. LAC DPH played a key role in convening two HMG LA advisory bodies in partnership with First 5 LA (consisting of EII systems leaders and EII parent and community champions), co-developing core HMG LA and EII communications strategy and materials, and launching the CAP component of HMG LA. Over the past 2 years, heavy emphasis of this partnership has been

¹ On May 20, 2016 First 5 LA, in partnership with L.A. Care Health Plan, LACDPH, and the American Academy of Pediatrics (AAP) - California Chapter 2, launched the HMG planning effort engaging Los County stakeholders. During this period, 124 individuals from over 60 county departments, agencies, organizations and programs across L.A. County participated in a total of 32 planning sessions and convenings with the culmination of the HMG LA Recommendation Report.

placed on establishing and launching the call center and webpage (both within the CAP), collecting data across various efforts to demonstrate impact, and capturing learnings from HMG LA's unique partnerships to aid in sustaining and spreading best practices, as well as further inform system change efforts. In alignment with F5LA and LAC DPH's commitment to Diversity, Equity and Inclusion (DEI) and health equity, the HMG LA team has also committed to centering equity in the implementation of HMG LA through the ongoing development of targeted strategies in partnership and with input from community members with lived experience, key partners, and other stakeholders.

Now, mid-way through the fifth year of the partnership, First 5 LA and LAC DPH are evaluating progress to date and learnings to shape sustainability efforts and directional goals for an additional sixth year (July 1, 2023-June 30, 2024). The future of HMG LA will be shaped based on both learnings to date and the shifting landscape of EII statewide and in LA County. As First 5 LA prepares for a Strategic Plan Reset, the organization is uniquely positioned to assess progress and learnings from our EII efforts against emerging opportunities and a shifting context to inform future efforts.

EII's SHIFTING LANDSCAPE:

Since the launch of HMG LA, major changes have occurred influencing EII, specifically within the health care delivery system. Repercussions of the COVID pandemic included a significant decline in children accessing preventative pediatric care, greatly reducing the rates of developmental screenings and referrals to supportive services for children with or at risk of a delay. In addition, many children and their families experienced delays in accessing critical intervention services and supports, with significant lags reported in accessing mental and behavioral health services in part due to workforce shortages and temporary closures. These impacts have further exasperated known disparities across EII systems and continue to disproportionately harm children of color.

As California has moved through COVID recovery, substantial changes have also surfaced to transform Medi-Cal. Specific examples that showed the greatest influence on EII at the practice/clinic level include a new incentive payment to providers via Prop. 56 for completing developmental screenings. At the health plan level, enhanced accountability is now in place through a required minimum performance level for health plans for developmental screening. Health plans are now required to report performance against this standard, resulting in sanction if not met. Additionally, new Medi-Cal benefits hold important potential to strengthen EII statewide; a good example is Dyadic Care, which aims to increase access to early identification of developmental and behavioral health conditions of children and parents while fostering linkage to preventive care. And finally, historic shifts have recently occurred within California's Department of Developmental Services, including eligibility expansion that increases the number of children served by the State's Regional Centers. This change, coupled with ongoing efforts over the past year to increase the Regional Center workforce and reduce caseloads from 1:62 to 1:40, has helped more families get connected to services they need more efficiently.

HMG LA IMPLEMENTATION: PROGRESS AND LEARNING

In addition to changes in the larger EII landscape, implementation of HMG LA's various components continues to progress and contribute learnings which will inform the trajectory of our work and strategic planning moving forward.

Centralized Access Point (CAP): Since launching the CAP (call line and website) in May 2022, the HMG LA call line has received 417 unique callers, of which 54% were referred to Regional Centers and 46% to other resources and services. Learning includes deeper recognition that ongoing training (e.g., cultural humility) for Resource Liaisons is fundamental for trust building with families who interface with the call center and website. The team has also engaged in continuous quality improvement to collect disaggregated data more consistently, such as race/ethnicity data, to better understand the communities they serve and inform EII strategy development. As we near the HMG CAP component's first full year of implementation, there continues to be many lessons learned about the best way to support parents and providers to navigate EII services. While it is not sustainable for First 5 LA to continue fully funding the CAP, an additional year is needed to focus on adjusting the approach to navigation supports into a more sustainable model and pursue sustainability options.

Notable achievements include establishing a LA County Regional Center and Family Resource Center service locator on the HMG LA website to aid families in quickly and accurately identifying the appropriate center to access services. Additionally, ongoing outreach and promotion of HMG LA has resulted in a growing EII network of community and partners interested in learning about and sharing EII resources, such as seen in the expanding HMG LA listserv membership. Lastly, LAC DPH and L.A. Care have translated EII educational and outreach materials (including the federal Center for Disease Control's *Read the Signs Act Early* resources) into key threshold languages to meet L.A. County's diverse populations.

Community & Family Engagement (CFE): Core HMG LA community and family engagement strategies include the Community and Family Engagement Council (CFEC) and HMG LA Pathways. CFEC is an advisory council of parent and community champions with deep EII experience that serve as strategic planning partners, representing the family perspective. Key learnings from CFEC include the importance of offering meaningful compensation and robust translation and interpretation to support full participation by members. These supports, along with intentional outreach, have also helped to expand and diversify CFEC's membership, ensuring a broader representation of family experiences with EII systems. Another learning has been the importance of bringing family and system leaders together at the same table to promote transparency and shared decision-making. To that end, HMG LA will be transitioning to a combined leadership council in summer 2023.

HMG LA's Pathways investment aims to strengthen referral pathways and partner networks at a regional level through innovative technology, infrastructure, and practice change strategies. Each region is co-led by a collaborative of EII community partners, who help shape and test referral strategies. A key learning is that technological improvements are most impactful when accompanied by sufficient training, workflows, support, and integration with existing systems. Additionally, strong relationships are essential and require substantial time and resources to cultivate. Often, they are further strengthened through formalized agreements (e.g., MOUs) to ensure there is shared understanding of goals and responsibilities.

Child Health Care Provider Outreach (CHPO): As part of a four-year partnership, L.A. Care Health Plan is focused on integrating EII into practice workflows, as well as increasing awareness and education on the importance of developmental screenings and milestones with providers, families and caregivers. To date, L.A. Care is working with 7 practices across 2 cohorts; cohort 1 practices have increased their screening rates from 14% at baseline to 26% as of last month, an 85% improvement. L.A. Care has also successfully leveraged existing provider education/training, community engagement and communication platforms and partnerships to reach families and providers.

Data Collection & Analysis (DCA): The L.A. Care partnership and Pathways have dedicated program evaluations which are underway and to be concluded in FY24-25. To support DCA, this year a Data & Evaluation Workgroup (consisting of First 5 LA and LAC DPH staff and leadership council members) was convened and has been instrumental in prioritizing HMG LA outcomes.

Equity Planning: While equity has been a consideration since early on in HMG LA, a core learning has been the importance of developing an intentional, structured equity planning process which centers the lived experience of communities impacted by historical barriers to accessing EII services. HMG LA has adopted a targeted universalism approach, using data and historical context to identify Black and African American families as an initial priority population for equity planning. We will be embarking on an equity co-planning process with our first priority community beginning in spring 2023, including a series of community listening sessions. As First 5 LA progresses in our strategic plan reset, equity listening sessions will also inform strategy development to achieve our new north star, ensuring that equity considerations and community voice remain at the core.

HMG LA LEARNING TO INFORM STRATEGIC PLAN RESET

The learning from HMG LA elevated throughout this memo and as discussed during our presentation to the Board will help inform the strategic plan reset.



April 27, 2023

Help Me Grow LA Learning and Evolution

Tara Ficek, Director
Health Systems, First 5 LA

Zully Jauregui, Senior Program Officer
Health Systems, First 5 LA

Steve Baldwin, Director
Community Health Outreach Initiatives
LAC Department of Public Health



- Provide a brief history and overview of Help Me Grow LA (HMG LA) including the shifting context within early identification and intervention (EII)
- Share learning from HMG LA
- Explore First 5 LA's learning to inform Strategic Plan Reset



ABOUT HMG LA: EARLY IDENTIFICATION & INTERVENTION STATS

1 IN 6 

children ages 3-17
have one or more developmental delays or disabilities¹

CALIFORNIA RANKS 31st

in screening infants and toddlers for development²



ONLY 34.4%

of California children
birth to 3 receive timely developmental screenings²

Children of color have lower rates of access
to both screening and early intervention services compared to white children³



Children with a developmental concern may
not be connected early enough (or at all) to appropriate services and supports

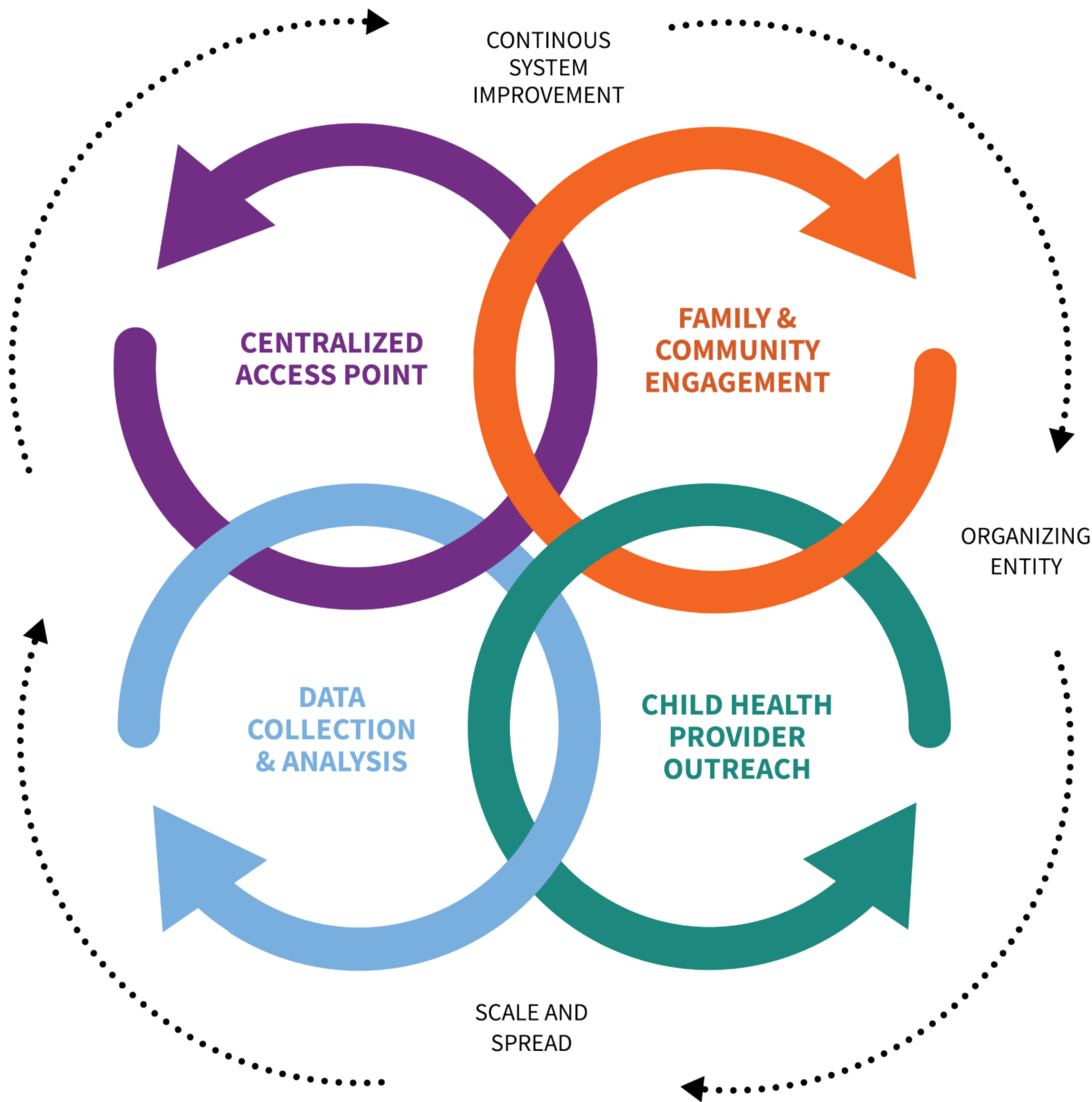
1. Centers for Disease Control and Prevention. (2022). Developmental Disabilities: Causes and Risk Factors. [cdc.gov/ncbddd/developmentaldisabilities/causes-and-risk-factors.html](https://www.cdc.gov/ncbddd/developmentaldisabilities/causes-and-risk-factors.html)
2. Data Resource Center for Child & Adolescent Health. 2020-2021 National Survey of Children's Health Interactive Data Query, Title V Maternal and Child Health Services Block Grant Measures, NPM 6: Developmental screening, ages 9-35 months. <https://www.childhealthdata.org/browse/survey/allstates?q=9597>
3. Lordi, N. & Holtby, S. (2021). Developmental Screening Among Children Ages 1-5 in California. UCLA Center for Health Policy Research. <https://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=2159>
Public Counsel. (2022). Examining Racial and Ethnic Inequities Among Children Served Under California's Developmental Services System: Where Things Currently Stand. https://publiccounsel.org/wp-content/uploads/2022/05/2022-Disparity-Report_California-developmental-services_regional-centers.pdf

HMG LA Goal, Priority System and Key Partners

- **Goal:** Promote local cross-sector collaboration to implement and strengthen early screening and surveillance of developmental and behavioral delays for all young children and connect those with or at risk for delays to the appropriate intervention services and supports
- **History:** Planning process started in 2017
- **Priority System:** Health Care Delivery
- **Key Partners:** LA County Department of Public Health, L.A. Care Health Plan, Regional Centers, CBOs and Parents



ABOUT HMG LA: CORE COMPONENTS

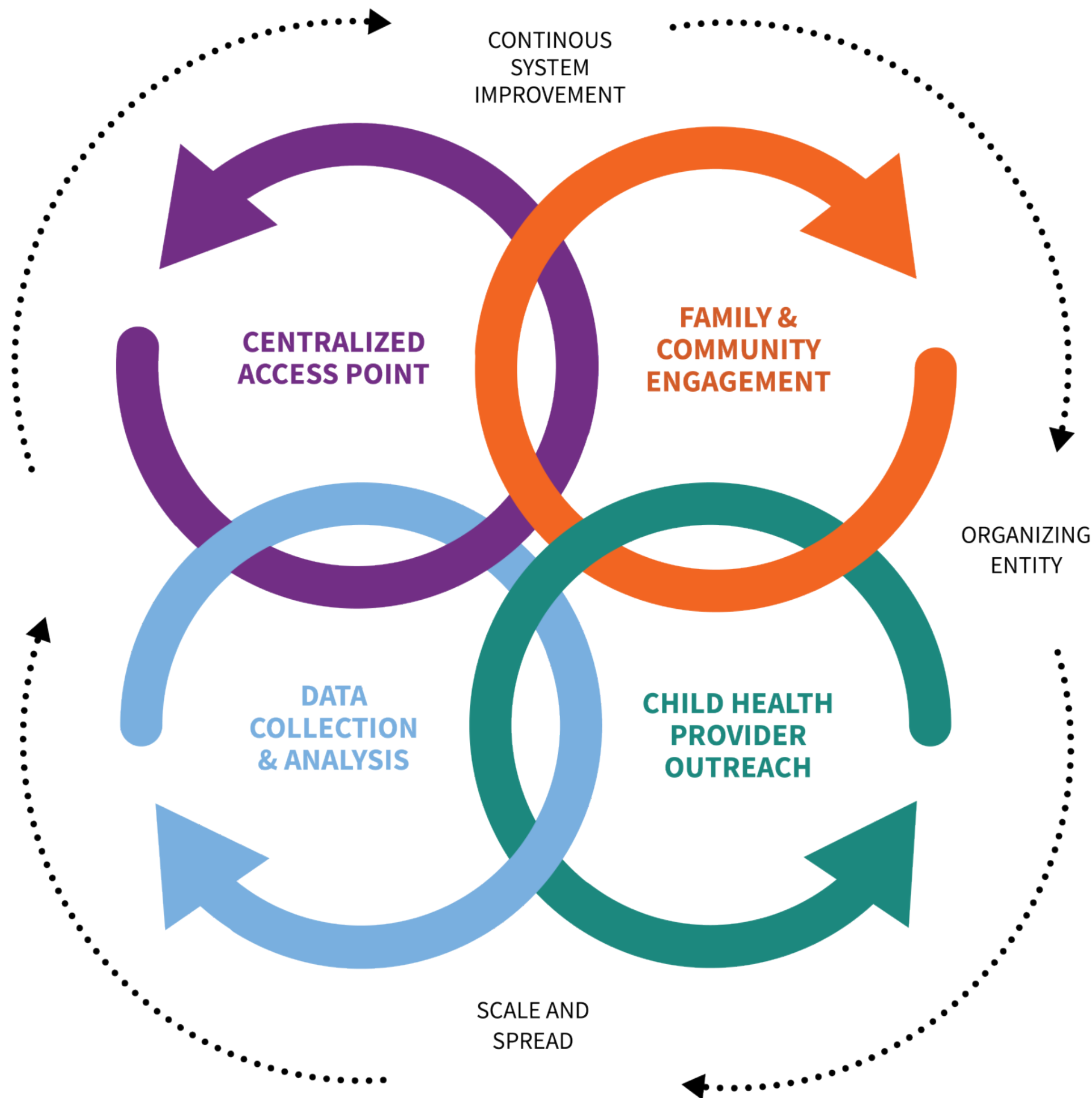


Build a Centralized Access Point to help families and providers access needed resources and services.

Engage with Families and Communities to support their child's development.

Support Child Health Providers to identify developmental concerns and connect families to resources.

Collect and Analyze Data to measure success and improve the coordination of programs and services in local communities.



Build a Centralized Access Point

- Website and Call Line led by LAC DPH

Engage with Families and Communities

- Community and Family Engagement Council and HMG LA Pathways

Support Child Health Providers

- LA Care Partnership

Collect and Analyze Data

- Data collection and evaluation efforts across all HMG LA programs

COVID Pandemic Impact

- Significant decline in children accessing preventive pediatric care (well baby/child which include developmental screenings); catch-up still happening
- Disparities in access persist and are harming children of color
- Mental health services for children continue to lag behind

Major Medi-Cal/Health Care Delivery changes underway

- Prop. 56 payments
- Accountability and performance measures
- CalAIM and new benefits

Historic shifts for Department of Developmental Services/Regional Centers

- Eligibility expansion
- Workforce: reduced caseloads



HMG LA Implementation Learning

Centralized Access Point (CAP)

- A website and phone line that provides resources and linkages to people seeking information on child development in English and Spanish
- www.helpmegrowla.org, (833) 903-3972

Highlights

- Regional Center service locator
- Translating materials into threshold languages

HMG LA Implementation Learning: Centralized Access Point

Learnings:

- Call volume (since May 2022): 417 unique callers
 - Caller type and referrals
- Collection of race/ethnicity data and cultural humility trainings
- Sustainability
- Pivot to regional, peer navigation support in FY23-24



Community Family Engagement Council (CFEC)

- Advisory council of parent/community champions with deep ELL experience
- Serve as strategic planning partners and advocates for HMG LA, representing the family perspective

Learnings & Highlights:

- Compensation for thought partnership, guidance and expertise
- Parent perspective is critical in shaping and informing communication materials
- Expanding and diversifying membership
- Transition to leadership group with community and systems leaders

HMG LA Pathways

- Aims to strengthen regional referral pathways and provider networks through innovative technology, infrastructure, and practice change strategies
- 5 grantees wrap up in Dec 2023; 2 grantees continue onto June 2025

Learnings & Highlights

- **Technology improvements** help make referrals easier on families & staff if accompanied by sufficient training, workflows & support
- **Strong relationships and collaboration** are essential; relationship building requires resource investments and are enhanced with formalized agreements (e.g., MOUs)

HMG LA Implementation Learning: Child Health Provider Outreach

L.A. Care Health Plan

- Aims to integrate early identification and intervention protocols into ten practices' workflow and increase awareness and education of developmental screening and milestones with providers, families and caregivers



L.A. Care
HEALTH PLAN®

Learnings & Highlights

- Practice transformation launched December 2021; preliminary findings show an increase in screening rates from 14% at baseline to 26% (as of March 2023)
- Leveraging existing provider education/training, community engagement and communication platforms and partnerships to expand reach to families and providers

Data Collection & Analysis Activities:

- Data collected across all HMG LA components with dedicated program evaluations (e.g., Pathways and L.A. Care)
- New Data & Evaluation Workgroup (comprised of leadership council members, First 5 LA and DPH staff)

Highlights & Learnings

- Collaborated with HMG LA partners (grantees, leadership council members, First 5 LA, DPH) to prioritize outcomes and develop a refined logic model
- Outcomes include increased timely screening & referrals, improved quality for historically marginalized populations

HMG LA Implementation Learning: Equity Planning

Equity Planning:

- Currently working to develop a comprehensive equity plan for HMG LA, including families/community members in the planning process
- Targeted universalism approach

Highlights & Learnings

- Identifying priority communities, starting with Black/African American families
- Planned for 2023: community-centered equity workgroup, listening sessions





HMG LA Learning to inform Strategic Plan Reset

- Systems change takes time; 5 years to plan, launch and sustain HMG LA was not realistic.
- Developing an intentional, structured equity approach prioritizing historically marginalized communities
- Parent/caregiver perspective is critical in shaping priorities and strategy, we are still learning how to co-lead
- Our learning will inform Strategic Plan Reset



Given learning shared today, what opportunities or challenges should inform the strategic plan reset?

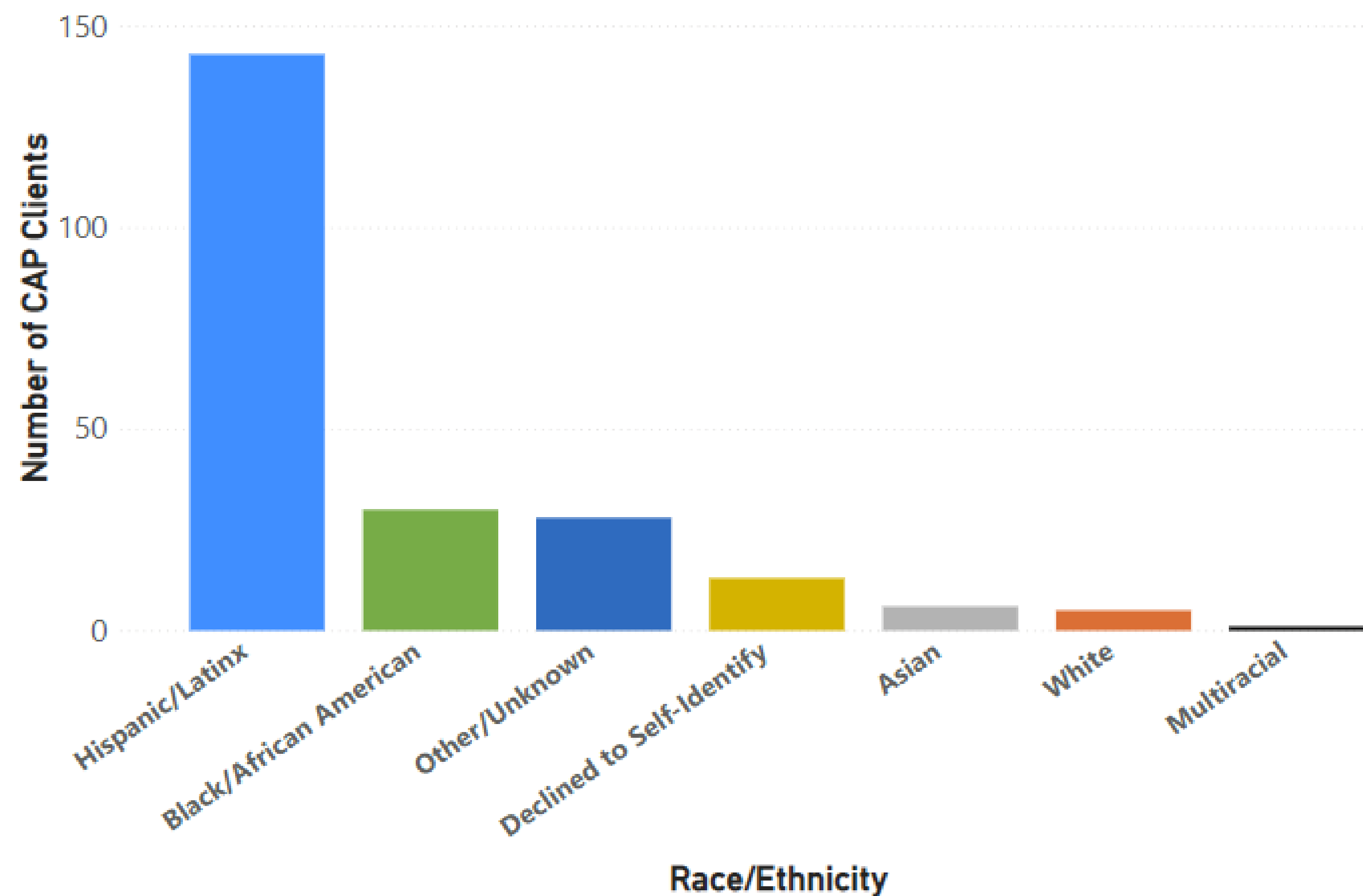




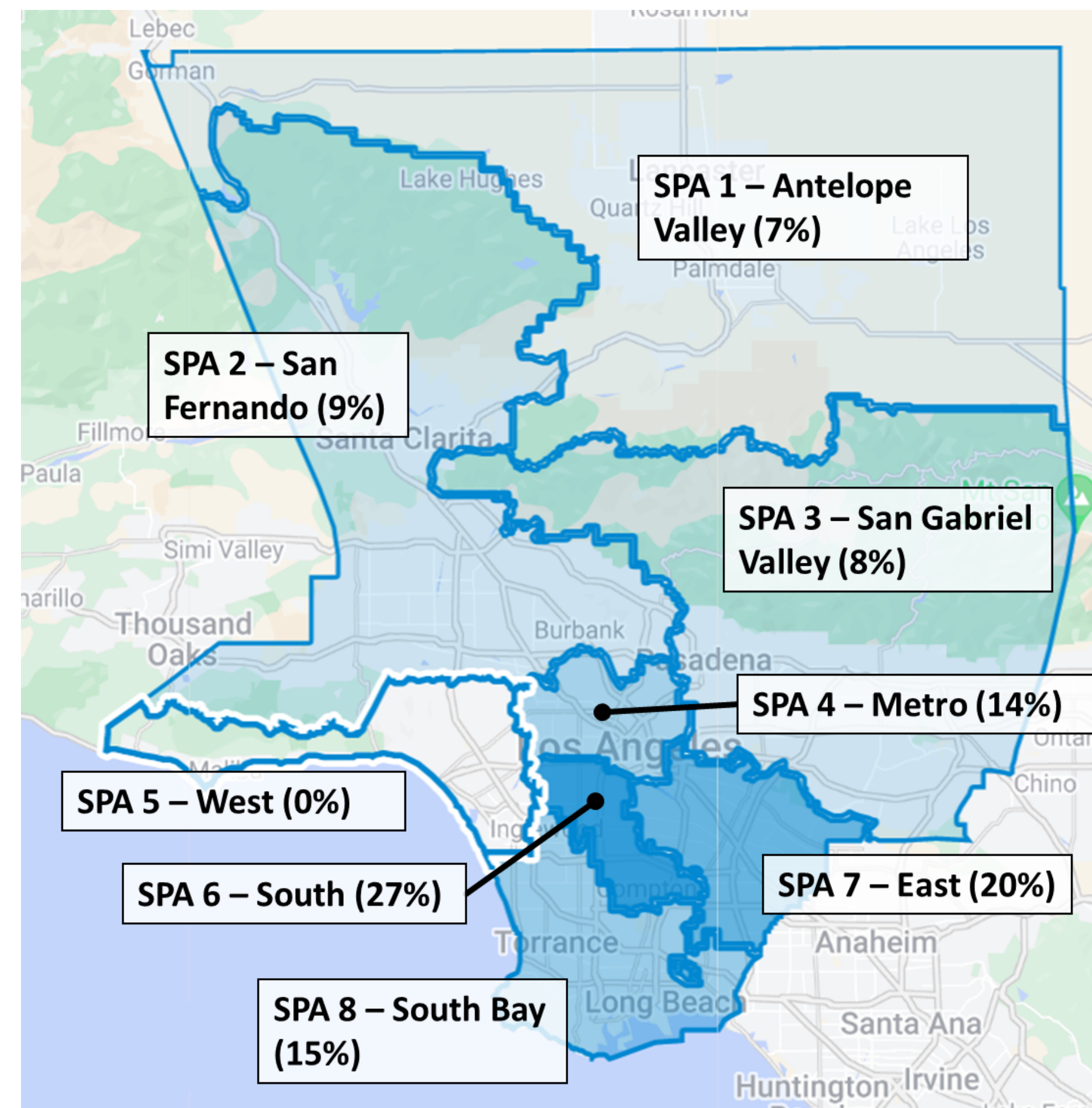
Questions?

Appendix

HMG LA CAP Clients by Self-Identified Race/Ethnicity, n=223*

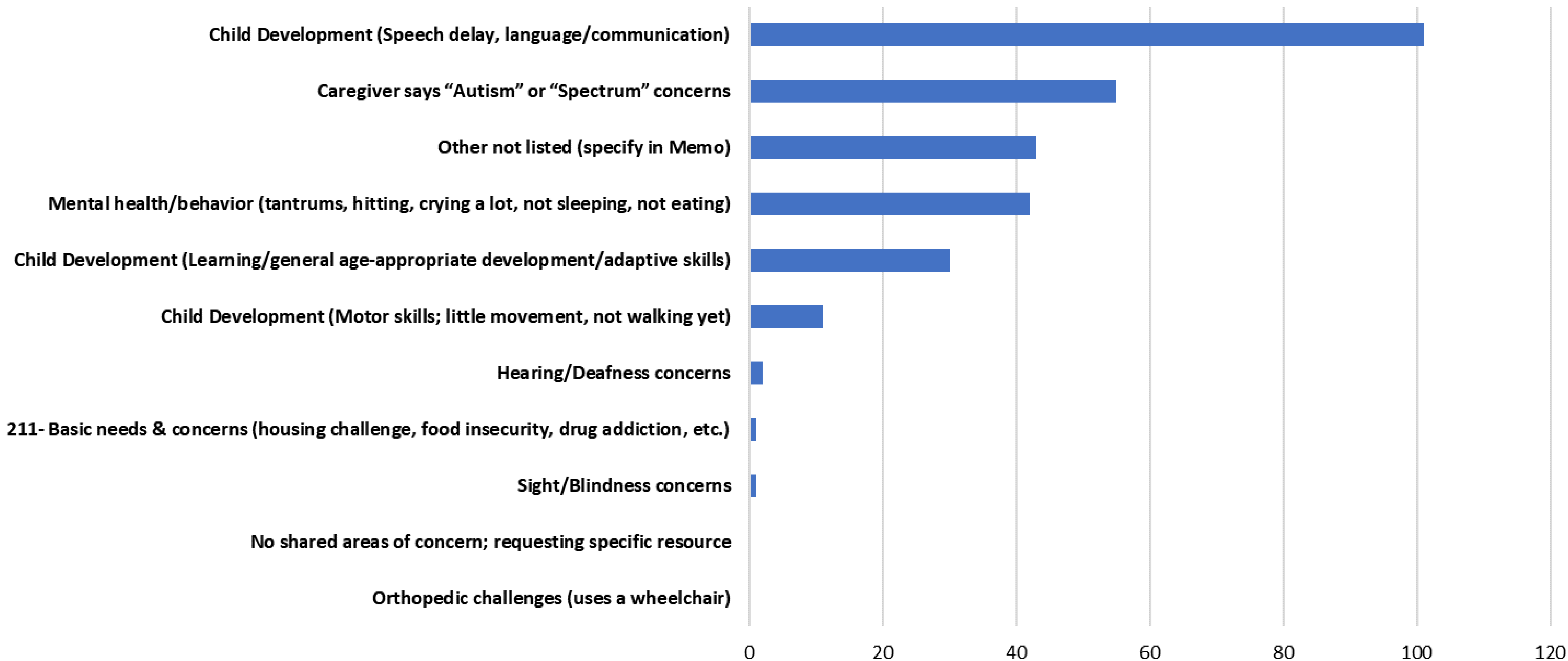


HMG LA CAP Clients by SPA, n=266*



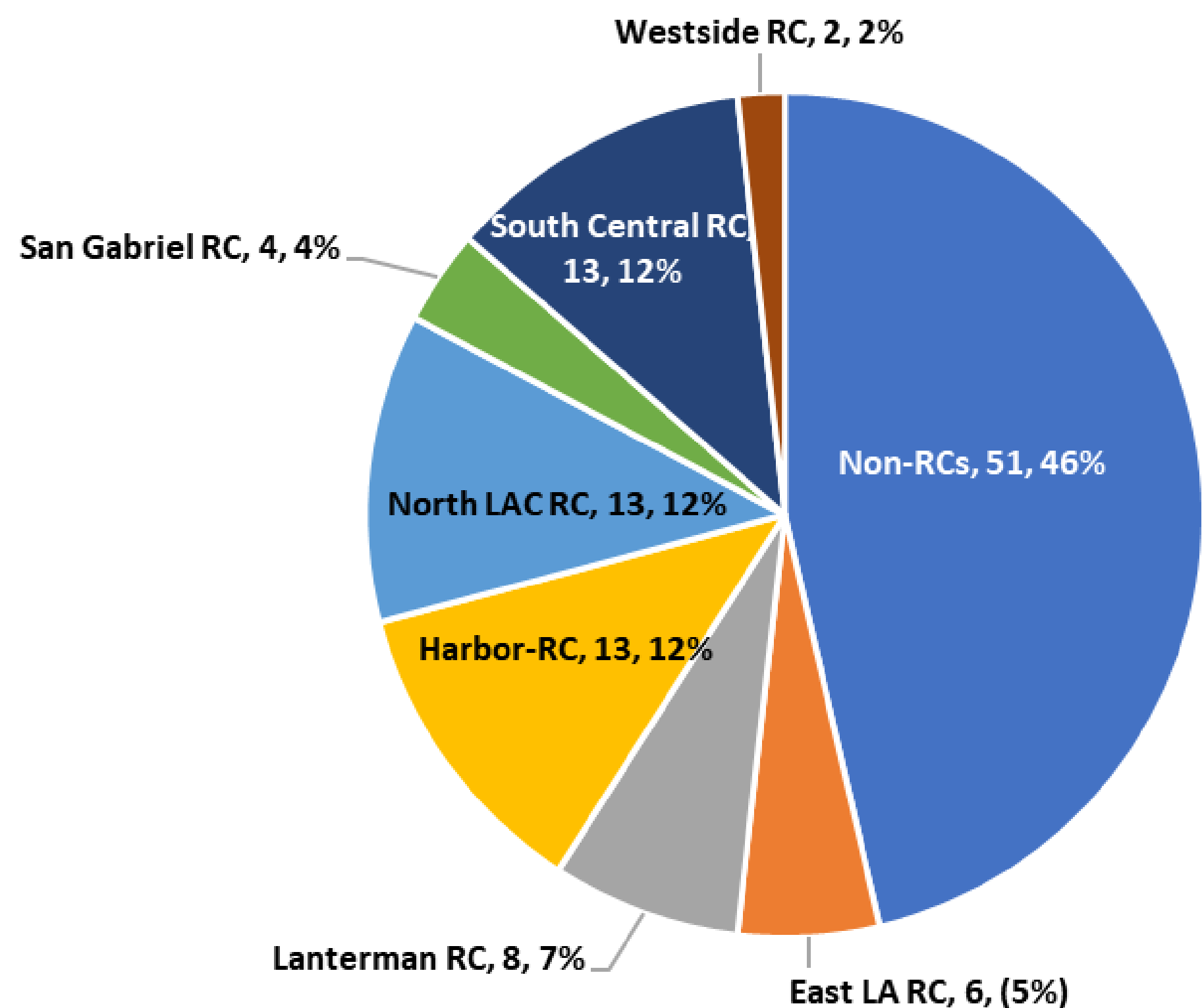
*Data for 5/17/2022 - 3/23/2023, "n" reflects the number of clients for whom each characteristic was available

HMG LA "Concerns for your child" (Select all that apply)

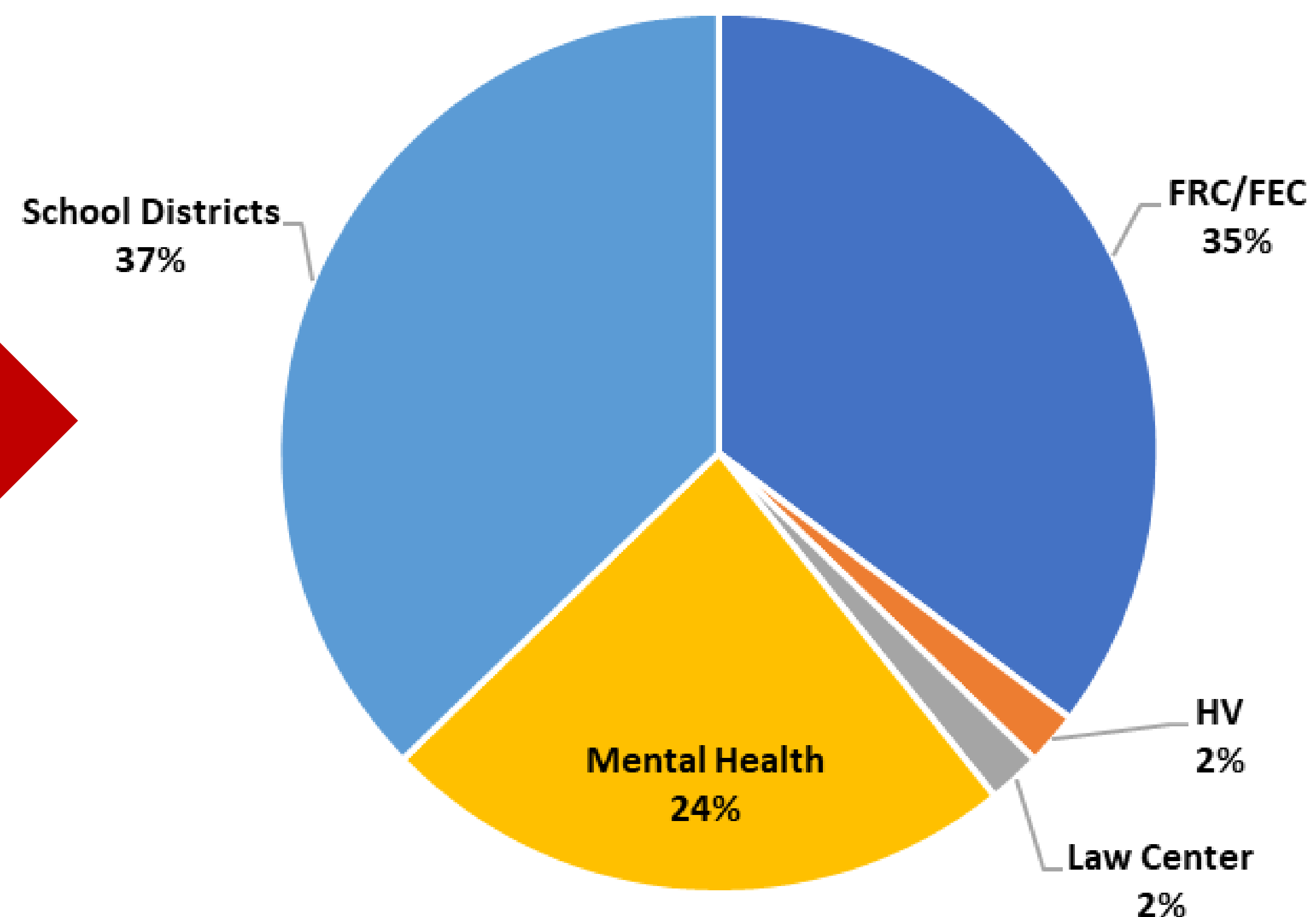


HMG LA Implementation Learning: Centralized Access Point Data Referrals by Type

Regional Center Referrals by Percentage 5/17/23-3/23/23



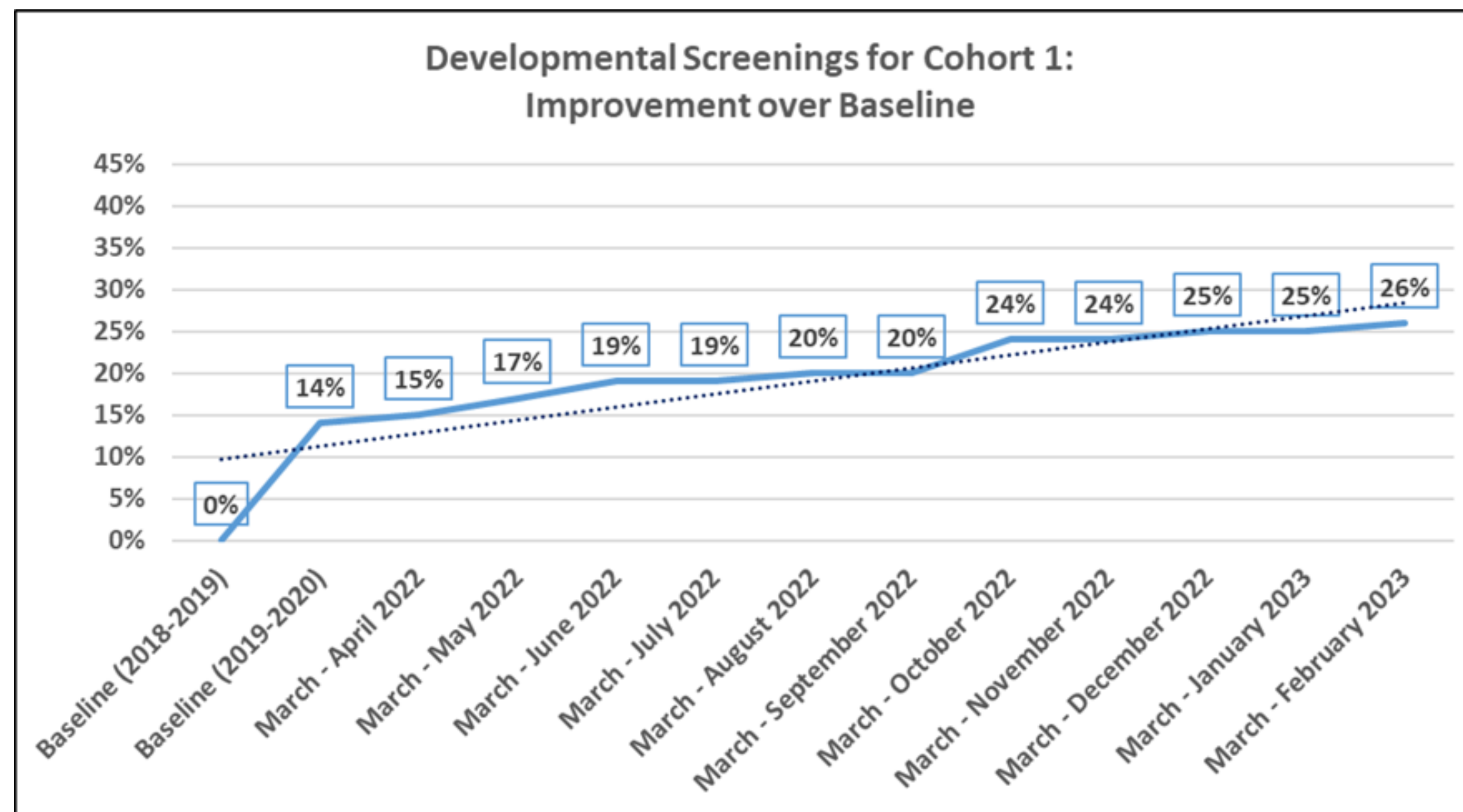
Non-Regional Center referrals by percentage



L.A. Care Partnership

Practice Pilot

- Enrolled 6 pediatric practices



Awareness and Education

- Providers: Held two Children's Health Conferences; and provider communication (print and e-newsletters, website, email blast, education materials)
- Community: 36 Child development classes; educational materials (available in 8 languages); and member communications (print and e-newsletters, social media, website)

FIRST 5 LA

SUBJECT:

Best Start, Impact and Key Learnings

BACKGROUND:

First 5 LA recognizes the importance of children reaching their full development potential throughout the critical years of prenatal to age 5. Our work focuses on the importance of the prenatal to age 5 window for strengthening connections, building resilience, and closing disparities.

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 (organized within five regions) in Los Angeles County through the Best Start investment. This investment was created in 2009/2010 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 approaches generated by communities that improve the lives of children prenatal to age 5, their families and communities.

In 2018, the 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 procurement process that included authentic community decision-making, and which transitioned this capacity building effort 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. This shift to networks recognized the critical role they 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.

DISCUSSION:

For the April 2023 Program and Planning Committee meeting, staff and our RNG partners propose to engage the Board in an in-depth discussion to share learnings of the impact of the Best Start investment with the new regional model. The presentation will highlight how the Communities Team advances First 5 LA's commitment to systems change and is catalyzing movements dedicated to effecting 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 others, 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 2023-2024 work plan, budget, and related contracts which will be considered by the Board later this spring.

Family and community experiences and environments greatly influence the development of a child's brain and ultimately impact children's ability to succeed. Children thrive and families flourish in connected, safe, healthy, and resourced communities. These networks help to strengthen an ecosystem to raise a community of healthy children. It is the conditions of the ecosystem (including food security, cost of living, barriers to quality health care, COVID,

insufficient childcare, inadequate transportation, ending of renter protections, etc.) that determine whether children will reach their full potential that we are speaking to in our refined North Star.

Almost 15 years after the initial pilot in Metro LA that began in 2009, Best Start has evolved through ongoing learning and adaptation from predominantly information sharing spaces into maturing networks of community stakeholders (e.g., parents along with residents, community-based organizations, municipal representatives etc.) with a stronger focus on systems change, alignment of values, and an infrastructure embedded in the community. Every day, networks of parents, residents, other community leaders and organizational partners work tirelessly to shift the conditions that hold problems in place, balancing their daily needs with the critical need to make systems more accessible, more equitable, sufficiently financed and reflecting a sharing of power.

First 5 LA has committed to promoting community-centered systems change¹ as a foundational and long-term solution to the ongoing development of equitable environments, opportunities, and outcomes for children. Through Best Start and in partnership with the Regional Network Grantees (RNGs), First 5 LA's Communities Team has been supporting collaboration and coordinated action towards systems change across the five regional areas. Working in partnership with community and network partners, First 5 LA has learned a great deal about how to do this work successfully to realize impact. Below are some key learnings about the impact in the Best Start regions, which will be further elaborated upon during the presentation and the moderated RNG panel discussion:

Best Start is currently fundamentally about creating a space where people who face historic and systemic discrimination, those who are at the margins, come together to understand the root causes, identify solutions, and implement changes to the conditions and problems in their community. From the start, First 5 LA selected communities that experienced some of the deepest inequities in outcomes for children and families. Today, Best Start Networks are actively engaged in equity work and bringing along a diverse community to this purpose. The key learnings highlighted below are all connected to and part of a broader DEI commitment:

- Community: Parents/caregivers and residents must be at the center of driving systems change.
- Cultivating Networks: Networks will need to balance both direct services and systems change, not one or the other: families need to be able to meet their basic needs in order to understand and drive systems change.
- Power Sharing: The people who are closest to the problem must hold power to shift the conditions that hold the problem in place. Community must be part of making the decisions around funding, policies, design and implementation of programs, and practices. Systems

¹ Community-centered systems change, similar to community-driven systems change, can be defined as an approach to development and social transformation that emphasizes the insight, leadership, and ownership of the people who are living and experiencing issues at the community level, and their central role to create lasting change in the systems and root causes that underlie the critical issues they seek to address.

This is the definition that the Communities Team is using taken from these two sources:

[Taking Time for Community-Driven Systems Change \(johnsoncenter.org\)](https://johnsoncenter.org/taking-time-for-community-driven-systems-change/)
[community driven systems change — Firelight Foundation](https://www.firelightfoundation.org/community-driven-systems-change/)

and the people who are part of them must shift the way they think about community, its role, and its capacity.

- Bridge Building Between Systems and Communities: First 5 LA is strengthening its roles as convener, connector, galvanizer, strategic partner, funder and advocate to build bridges between systems and communities. First 5 LA can use its influence, position, and resources to act on opportunities for collaboration, power sharing, and real change in support of systems change driven by communities.
- Sustainability: Sustainability needs to be different for each region, with each community determining what will be sustained—relationships, policy changes, networks, practice changes, mental model shifts—and how to make environments more equitable for children and families.

Next Steps:

The Communities Team, in partnership with the Regional Network Grantees (RNGs), has dedicated resources to support learning and alignment, including the Best Start Learning Agenda, a process to document and communicate results, describe emergent strategies, generate learning, and uplift promising practices. The Communities Team is already embracing its evolving roles and is positioned to work alongside the Best Start networks, and other efforts, for enduring systemic changes that will help every child reach their full potential within families supported by healthy ecosystems. Building upon critical learnings, expertise, years of experience, trusted relationships, and with communities at the center of the work, the learning from Best Start work/initiative will help inform and shape the Strategic Plan Reset.

BEST START: KEY LEARNINGS AND IMPACT

PPC - Board of Commissioners Meeting

Communities Team

- Lee Werbel, Director
- Joaquin Calderon, Deputy Director
- Alfredo Lee, Senior Program Officer

Regional Representatives

- Brenda Aguilera, Para Los Ninos (1–Central East)
- Michelle Burton, CHC (2-South LA)
- Rogelio Tabarez, El Nido Family Service (3-SF Valley)
- Christina Hall, TNP (4-Port Cities)
- Sylvia Scott, Children's Bureau (5-Antelope Valley)



Objective: To share learnings and the impact of Best Start and how this can inform First 5 LA's future.

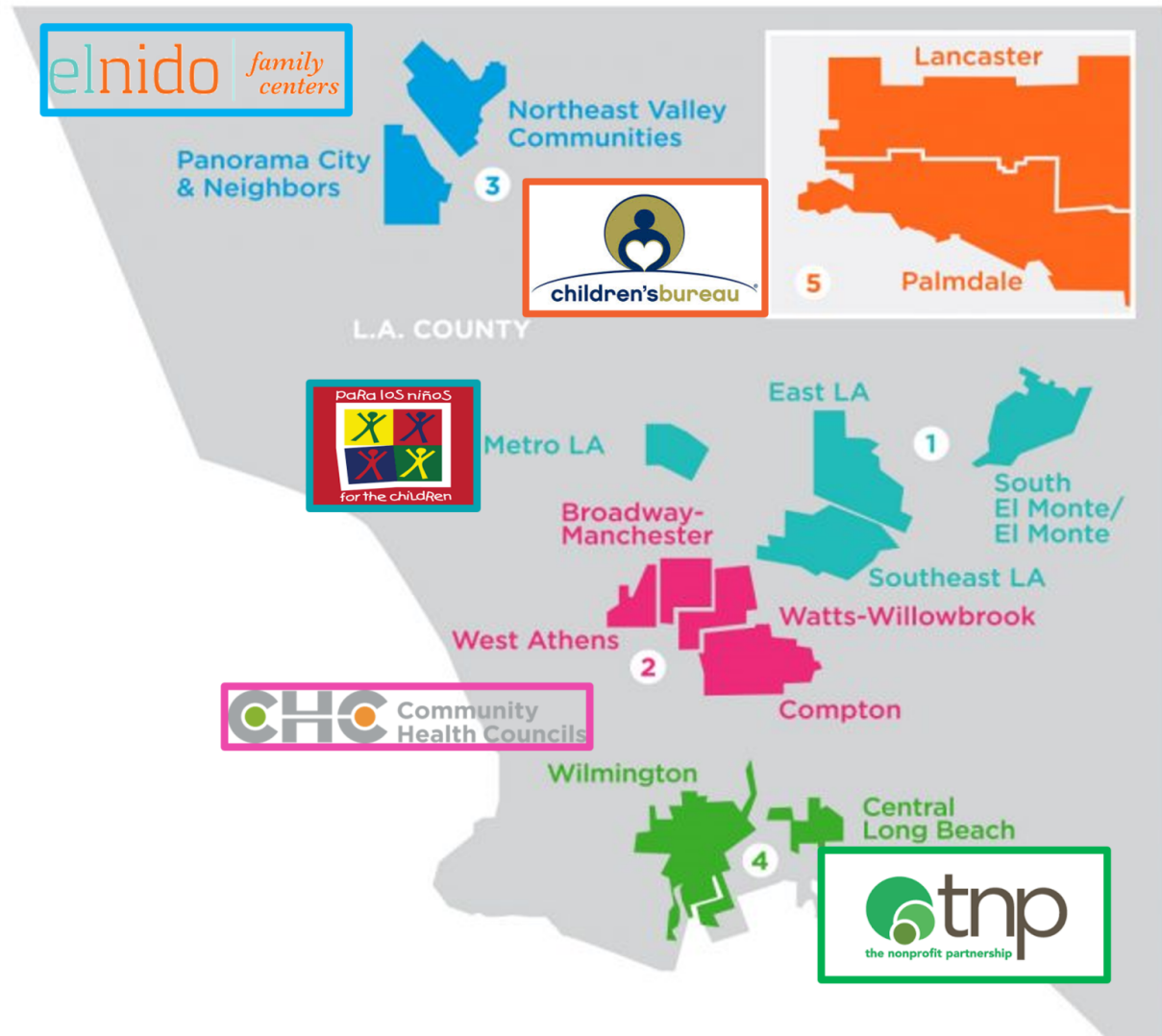
Agenda:

1. The Evolution of Best Start Efforts and Community Voice
2. Key Learnings and Impact
3. Learning from the Field: A Conversation with Regional Network Partners
4. Moving Forward: What's Next for Best Start?

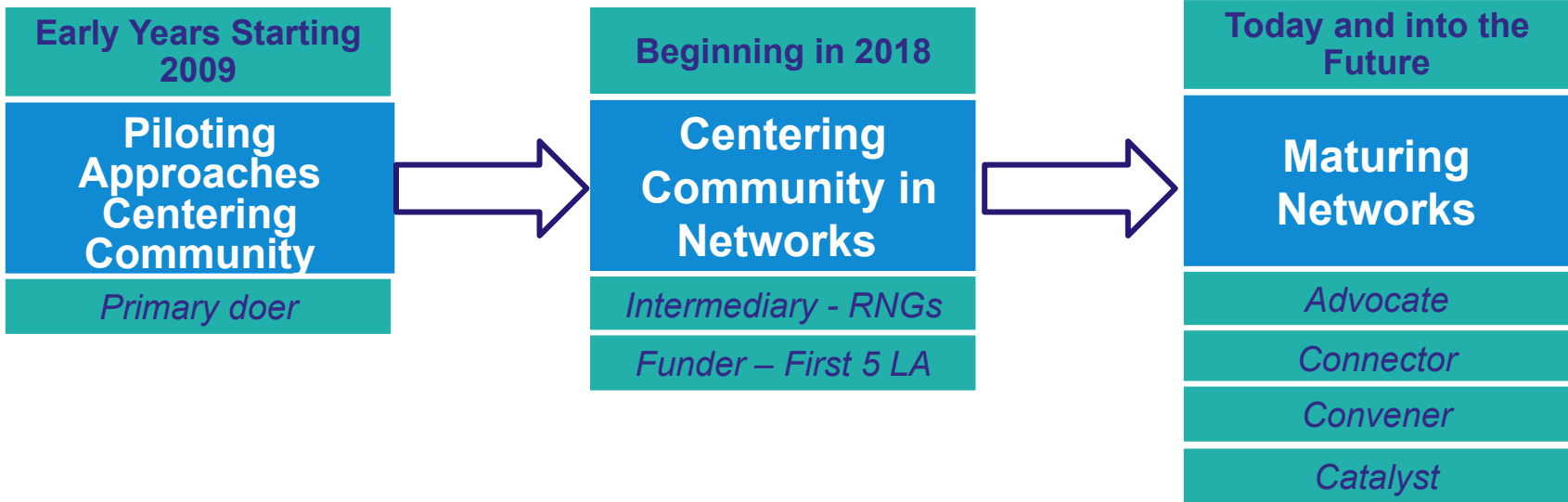




- One **Regional Network Grantee (RNG)** per Best Start Region
- Each community and region has unique needs and circumstances, all working towards **systems change** to improve the lives of children and families



Regional Network Grantee structure (2018)



Power sharing



Bill of Human Rights Aims to Pave a Path to Equity

May 27, 2021 | [Articles](#), [Best Start](#), [News & Resources](#)

Supporting parent-driven movements



Wilmington's Decorative Crosswalk Underscores the Power of Community-Driven Change

Mar 30, 2022 | [Articles](#), [Best Start](#), [News & Resources](#)

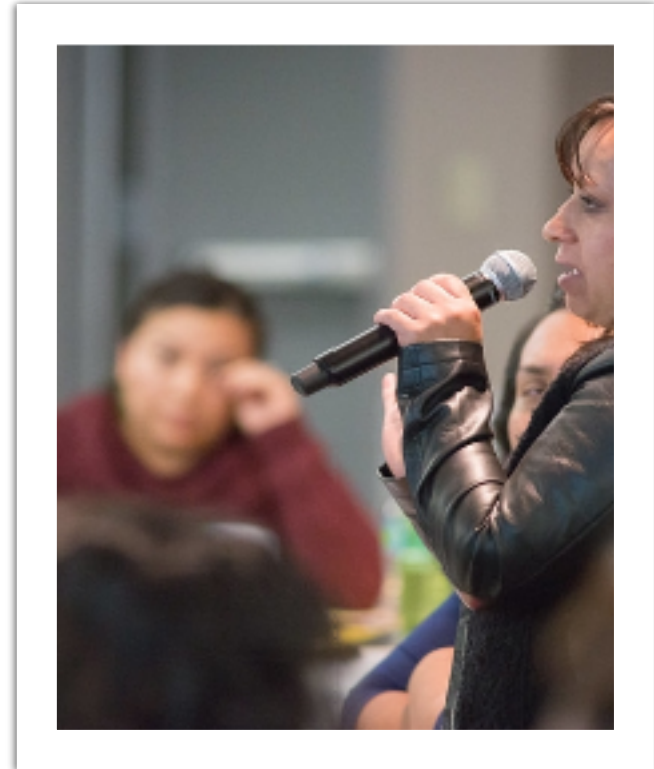
Cultivating Networks



South L.A. Residents Push for Parks to Address Inequities and Promote Community Healing

Jun 29, 2022 | [Articles](#), [Best Start](#), [News & Resources](#)

- **Community**: Parents/caregivers and residents must be at the center of driving systems change.
- **Cultivating Networks**: Networks will need to balance both direct services and systems change, not one or the other.
- **Power Sharing**: Community must be part of making the decisions around funding, policies, and practices.
- **Bridge Building Between Systems and Communities**: First 5 LA can use its influence, position, and resources in support of systems change driven by communities.
- **Sustainability**: Sustainability needs to be different for each region, with each community determining what will be sustained—relationships, policy changes, networks, practice changes, mental model shifts.



Panel Discussion



Region 1 Central East:

Brenda Aguilera, Para Los Niños

Region 2 South LA:

Michelle Burton, Community Health Councils

Region 3 San Fernando Valley:

Rogelio Tabarez, El Nido Family Service

Region 4 Port Cities:

Christina Hall, The Nonprofit Partnership

Region 5 Antelope Valley:

Sylvia Scott, Children's Bureau

- How have networks advanced community-driven change?
- What are essential learnings to build successful networks?
- What are some of the challenges and difficulty with this work?
- What is most exciting for you and what opportunities do you see with this work?

- The Communities Team will build on its successes and continue to lean into our roles as connectors, advocates, conveners, and thought partners.
- First 5 LA and its partners will use learnings from the Best Start Learning Agenda in real time to adapt and maximize impact.
- With community at the center of the work, learnings from Best Start will help inform and shape the goals, objectives, and strategies of Reset.

A photograph of two women and a child sitting on a blue and white patterned blanket on a lawn. The woman on the left is holding a young child. The woman on the right is smiling and gesturing with her hands. In the background, there are palm trees and a building. A large pink circle is overlaid on the left side of the image, containing the text 'QUESTIONS & REFLECTIONS'.

**QUESTIONS
&
REFLECTIONS**

Questions and Reflections

- What resonates for you from the presentation and panel discussion?
- What more would you like to learn about centering parent and resident voices and cultivating networks committed to improving conditions for young children?
- How do you see the Best Start investment helping to inform and shape the goals, objectives, and strategies for the Strategic Plan Reset?
- What other questions do you have?



SOUTH LA DECIDES Voter Guide 2023



What is South LA Decides?

South LA Decides is how Best Start Region 2 will expand grant making decisions to the residents of South LA and Compton. Between April 12th – May 3rd, residents will vote on issues they want to prioritize for 2023. Below are the issues that residents are voting to prioritize for 2023.

Community Priorities on the 2023 Ballot

Equal Access To Affordable, Quality, Healthy Food Options

In July 2022, 24.3% of LA County households reported experiencing food insecurity, a significant increase from 16.6% of households in December 2021 (University of Southern California). Obesity rates and incidence of diabetes continue to increase across racial groups. Compared to other parts of Los Angeles, South Los Angeles has more food retailers that do not sell fresh fruits and vegetables (D. Payan et. Al.)

Example Proposals: increasing access to affordable and healthy food, as well as opportunities to create local food economies.

Equal Access To Affordable & Safe Housing

Housing in LA County is out of reach for many residents, in particular low-income renters who are more likely to spend more than 50% of their income on housing. Increasing rent prices in conjunction with economic challenges, such as job loss because of the COVID-19 pandemic, have caused many families to fall behind on rent or been forced to live in multifamily households. Homeownership is only getting further out of reach for most buyers, with just 17% of L.A. County households earning enough to afford a median-priced home. People of all backgrounds are affected by the lack of affordable housing, unfortunately some populations are disproportionately affected such as Black people, families with children, young adults/LGBTQ youth, and older adults (seniors).

** (Source: 2022 Greater Los Angeles Homeless Count, 2022 LA County Annual Affordable Housing Outcomes Report, 2022 Housing Affordability Report)

Example proposals: Production of new affordable housing units, homelessness prevention programs/services, Right to Counsel for tenants, and pathways to homeownership

Equal Access To Culturally Responsive Mental Health And Prevention Programs

Many people who need mental health services do not receive the resources and treatment that they need due to the lack of access, high costs and insufficient insurance coverage, and stigma. The COVID-19 pandemic increased the need for mental health programs for children, youth, and adults who reported having symptoms of anxiety, depression, or isolation. In California, over 284,000 youth experience major depression and 66% of kids with depression do not receive treatment. There is a need to shift from criminalizing mental health and focusing on providing more mental health and prevention programs.

(Source: Governor Newsom's Master Plan for Kids' Mental Health)

Example proposals: Increase access to culturally competent mental health providers, and connect residents to resources for coping skills, stress management, and ways to improve mental health

Equal Access To Community Education And Youth Development Programs

Parent education programs can enhance parenting practices and behaviors, such as developing and practicing positive discipline techniques, learning age-appropriate child development skills and milestones, promoting positive play and interaction between parents and children, and locating and accessing community services.

School-age children and young people can significantly benefit from additional programs and services outside of school. These types of programs can range from academic to sports related to even workforce preparation. Youth Development Programs can help children who are in volatile homes or from homes with parents who have longer work hours. They can also help provide a space for children who may not have access to quality care due to income status. These programs aid in the development of social and cognitive skills as well as reduce risky behaviors in children.

(Source: Youth.gov)

Example proposals: college fair, after-school programs, sports camp, parenting classes, skill building classes (typing, computer, finance, etc.)

Programs To Support An Aging Population

The aging community plays a vital role in our community, we must not forget about them. 16% of the Los Angeles population are 60 plus years old. The aging population faces many challenges such as 24% of the population are food insecure, 27% rely on home-based care services, and 25% rely on Supplemental Security Income/State Supplementary Payment (SSI/SSP). Senior Centers and other facilities have become widely used throughout the country.

But, for those at home or living on their own there needs to be additional services. One benefit of senior programs is providing the elderly with an outlet to socialize with people who are similar in age. Another benefit is delaying onsets of chronic disease and increase in cognitive behavior.

(Source: National Council on Aging, Area Agency on Aging 2020-24 Area Plan, Master Plan for Aging)

Example proposals: disease prevention and health promotion for older adults, community fair for older adults, workshops/classes for art or technology, accessible and affordable public transportation for older adults, establishing an ordinance for affordable housing for older adults



VOTER REGISTRATION - PLEASE WRITE CLEARLY IN ALL CAPITAL LETTERS

1. What zip code is your home address? _____
2. What year were you born? _____
3. Please provide your first and last name. _____
4. How would you like to receive the election results? Please provide an email, phone number, or address. _____
5. What is your race/ethnicity? _____
6. What is your gender identity? _____

THANK YOU FOR COMPLETING THIS FORM! PLEASE TURN THE PAGE TO VOTE ON THE COMMUNITY PRIORITIES.

BALLOT DROP-OFF LOCATIONS

Visit our Sustainability hubs from **April 12th to May 3rd** during the **days/times** indicated below to drop off your completed paper ballot.

Bethel Missionary Baptist Church
10905 Compton Ave
Los Angeles, CA 90059
Mondays 9am-1pm

Praise Sanctuary Church
10807 Vermont. Ave
Los Angeles, CA 90044
Tuesdays & Thursdays 10am-3pm

Crossroads United Methodist Church
2354 N Wilmington Ave.
Compton, CA 90222
Wednesdays 9am-1pm



Please choose up to 2 priorities that you feel are most important to the South LA Community this year.

EQUAL ACCESS TO AFFORDABLE, QUALITY, HEALTHY FOOD OPTIONS: Many residents of South LA have to travel beyond their communities to access fresh fruits and vegetables, and struggle to maintain a healthy diet for their families, impacting their overall health **Examples:** increasing access to affordable and healthy food, as well as opportunities to create local food economies.

EQUAL ACCESS TO AFFORDABLE & SAFE HOUSING: Housing is essential to the health and wellbeing of families and individuals. Yet, according to the Los Angeles Homeless Service Authority (LAHSA) in 2022 there were about 69,144 people experiencing homelessness on any given night in LA County. Housing in LA County is out of reach for many residents, in particular low-income renters who are more likely to spend more than 50% of their income on housing. **Examples:** Production of new affordable housing units, homelessness prevention programs/services, Right to Counsel for tenants, and pathways to homeownership

EQUAL ACCESS TO CULTURALLY RESPONSIVE MENTAL HEALTH AND PREVENTION PROGRAMS: Many people who need mental health services do not receive the resources and treatment that they need due to the lack of access, high costs and insufficient insurance coverage, and stigma. The COVID-19 pandemic increased the need for mental health programs for children, youth, and adults who reported having symptoms of anxiety, depression, or isolation. **Examples:** Increase access to culturally competent mental health providers, and connect residents to resources for coping skills, stress management, and ways to improve mental health

EQUAL ACCESS TO COMMUNITY EDUCATION AND YOUTH DEVELOPMENT PROGRAMS: Communities can benefit from skills trainings and programs. In addition to individuals being able to learn new skills, they are also able to build stronger ties with other community members. Parenting is an especially new and challenging experience for most people. Parent education programs can enhance parenting practices and behaviors, such as developing and practicing positive discipline techniques, learning age-appropriate child development skills and milestones, promoting positive play and interaction between parents and children, and locating and accessing community services and supports. **Examples:** college fair, after-school programs, sports camp, parenting classes, skill building classes (typing, computer, finance)

PROGRAMS TO SUPPORT AN AGING POPULATION: The aging community plays a vital role in our community, we must not forget about them. 16% of the Los Angeles population are 60 plus years old. One benefit of senior programs is providing the elderly with an outlet to socialize with people who are similar in age. Another benefit is delaying onsets of chronic disease and increase in cognitive behavior. **Examples:** disease prevention and health promotion for older adults, community fair for older adults, workshops/classes for art or technology, accessible and affordable public transportation for older adults, establishing an ordinance for affordable housing for older adults.

THANK YOU!

FIRST 5 LA

SUBJECT:

Authorize First 5 LA to Submit a Grant Application and Receive Funds from First 5 California State Commission for the Home Visiting Regional Technical Assistance for Home Visiting Coordination and Integration Project, Approve Resolution # 2023-01 and Authorize First 5 LA staff to Execute a Grant Award Notice (GAN) and/or an Agreement in the Anticipated Amount of up to \$1,454,689. The funding amount is contingent upon the final award from First 5 California.

RECOMMENDATION:

The following recommendations are being presented as written information for the Board's consideration at the April 27, 2023 Program and Planning Committee meeting. First 5 LA staff recommends that at the May 4, 2023 Commission meeting, the Board approve the following action related to the First 5 California (First 5 CA) Regional Technical Assistance for Home Visiting Coordination and Integration Project:

1. Approve a Budget Resolution # 2023-01 authorizing First 5 LA to submit a Grant Application to First 5 CA for the Home Visiting Regional Technical Assistance for Home Visiting Coordination and Integration Project Request for Application (RFA) and to approve receipt of funds in the amount of up to \$1,454,689 from FY 2023-24 to FY 2024-25 from First 5 California Commission to implement the Home Visiting Coordination and Integration (HVCI) Project.
2. Authorize the Executive Director or Designee to execute a Grant Award Notice (GAN) and/or agreement with First 5 California Commission upon approval from the Board at the May 4, 2023 Commission Meeting to receive funds over a period of two fiscal years; and
3. Authorize the Executive Director or Designee, on behalf of First 5 LA, to accept additional funding from First 5 CA and to execute GANs and/or agreements should additional funding for Regional Technical Assistance for Home Visiting Coordination and Integration Project continue.

BACKGROUND:

In October 2019, the First 5 CA State Commission approved up to \$24 million in funding for five years through fiscal year 2025 to help counties create a sustainable, unified system that supports families with home visiting services they need and maximize available funding to serve more families. This catalytic funding is meant to promote increased coordination and collaboration and is expected to yield significant systems changes. First 5 LA participated in the FY 2020-22 funding cycle, where 50 counties received approximately \$9 million of funding to develop or strengthen a cross-agency, cross-system understanding of the role home visiting plays in supporting family well-being, increase access to culturally and linguistically responsive home visiting, and integrate home visiting into other child- and family-serving systems. First 5 LA utilized funds in the first funding cycle to support consultants to facilitate convenings and meetings to provide integration guidance for key stakeholders and piloted integration efforts to create referral pathways between home visiting and Help Me Grow.

First 5 CA is currently accepting applications for its Home Visiting Regional Technical Assistance for Home Visiting Coordination and Integration Project Request for Application (RFA). The HVCI Project is a continuation of system building efforts and support. First 5 LA anticipates submitting an application to respond to First 5 CA's RFA. As part of the application, the First 5 CA RFA requires First 5 Counties to include a Commissioner approved Resolution providing authority for application submission. First 5 LA anticipates submitting an application to respond to the RFA and is submitting this memo seeking that authority.

Funding from the First 5 CA HVCI Project will continue to advance system building goals and strengthen existing infrastructure. As the fiscal lead for this grant award for Los Angeles County, First 5 LA will support two primary activities: 1) work in partnership with the Los Angeles County Department of Public Health for the creation of a data lake that will facilitate aggregate data sharing across program models and funding

streams to help highlight family needs and resource gaps to more effectively inform county efforts; and 2) provide consultant support to establish a proof of concept for drawing down Medi-Cal funding for home visiting through the recent addition of Community Health Workers (CHWs) as a Medi-Cal provider population, which many home visitors could be certified as, and share the findings from this model to inform home visiting sustainability strategies. This pilot would leverage First 5 LA's \$50,000 investment in a similar CHW pilot at the Department of Health Services' Strong, Healthy, and Resilient Kids (SHARK) clinic, which is testing this concept in a clinical setting. This proposed second pilot would help First 5 LA to understand what is needed to accomplish drawing down Medi-Cal funding for CHWs in non-clinical settings, thereby strengthening the proof of concept.

NEXT STEPS:

Staff will return to the next scheduled Board of Commissioners meeting on May 4, 2023 to request approval of a budget resolution authorizing First 5 LA to submit a Grant Application to First 5 CA for the Home Visiting Regional Technical Assistance for Home Visiting Coordination and Integration Project Request for Application (RFA) and to accept receipt of funds in the amount of up to \$1,454,689 for FY 23-25, from First 5 CA to implement the First 5 CA Regional Technical Assistance for Home Visiting Coordination and Integration Project; and authorize the Executive Director, or Designee, to execute a Grant Award Notice (GAN) and/or agreement.

RESOLUTION NO. 2023-01

**A RESOLUTION OF THE LOS ANGELES COUNTY CHILDREN
AND FAMILIES FIRST PROPOSITION 10 COMMISSION:
APPROVAL OF RECEIPT OF HOME VISITING COORDINATION AND INTEGRATION PROJECT FUNDS**

The Board of Commissioners of Los Angeles County Children and Families First Proposition 10 Commission (“the Commission”) hereby finds and resolves as follows:

Whereas, pursuant to the Fund Balance Policy approved on October 13, 2016, the Commission is required to approve via Resolution the receipt of restricted funds, thus formally acknowledging and reflecting externally imposed constraints placed on the use of these resources; and

Whereas, funds awarded by First 5 California to First 5 LA will be used to implement the Home Visiting Coordination and Integration (HVCI) project to continue to promote system building efforts and strengthen existing infrastructure. As the fiscal lead for this grant award for Los Angeles County, First 5 LA will support two primary activities: 1) creating a data lake to facilitate aggregate data sharing; and 2) establishing a proof of concept for drawing down Medi-Cal funding for home visiting under the umbrella of Community Health Workers (CHWs) and sharing findings from this model to inform home visiting sustainability strategies.

NOW, THEREFORE, BE IT RESOLVED THAT:

1. Authority is granted to First 5 LA to submit a grant application to First 5 CA for the Home Visiting Regional Technical Assistance for Home Visiting Coordination and Integration Project Request for Application (RFA); and
2. Funding received from First 5 CA in the amount of up to \$1,454,689, invoiced quarterly over a period of two fiscal years, will be considered restricted for fund balance purposes; and
3. The Executive Director or Designee, on behalf of First 5 LA, is authorized to accept additional funding from First 5 CA if funding for the same purpose continues; and
4. The executed copy of this Resolution shall be retained on file as evidence of the Commission’s actions herein.

PASSED, APPROVED AND ADOPTED THIS 4th DAY OF MAY 2023, BY THE FOLLOWING VOTE:

AYES: Commissioners _____

NOES: Commissioners _____

ABSTAIN: Commissioners _____

Holly Mitchell
Chair, First 5 LA

Karla Pleitéz Howell
Executive Director