

# AGENDA

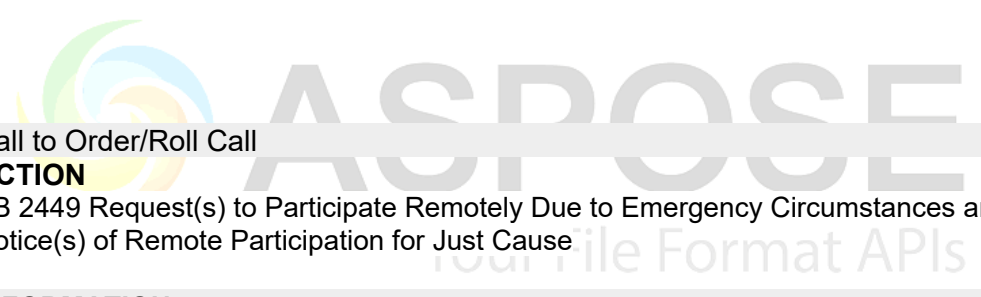
## SPECIAL JOINT MEETING OF THE BOARD OF COMMISSIONERS AND PROGRAM & PLANNING COMMITTEE

Chair: Astrid Heger

Thursday, June 29, 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 April 27, 2023 Meeting
  4. Strategic Plan Reset: Conditions of Young Children and Their Families
  5. Break
  6. 2023 Legislative and Budget Priorities Update
- Presenters: Charna Widby, Chief Government Affairs Officer; Ofelia Medina, Senior Policy Strategist; Anais Duran, Government Affairs Strategist; Andrew Olenick, Senior Policy Analyst & Strategist**
7. Public Comment (for items not on the agenda)
  8. Adjournment

**COMMISSIONERS**

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



## SUMMARY MEETING NOTES

FIRST 5 LA  
April 27, 2023

Special Meeting of the Board of Commissioners and Program & Planning Committee  
1:30-4:30 pm

### COMMITTEE MEMBERS PRESENT

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

### NON-COMMITTEE MEMBERS PRESENT

Robert Byrd (Alternate) (On ZOOM)  
Summer McBride

### COMMITTEE MEMBERS ABSENT:

Carol Sigala [Excused]

### STAFF PRESENT:

Peter Barth, Chief of Staff  
Karla Pleitéz 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 1:31 pm. Quorum was present.

#### 2. **AB 2449 Request(s) to Participate Remotely Due to Emergency Circumstances and Notice(s) of Remote Participation for Just Cause**

One Commissioner joined the meeting under AB 2449 due to just cause – Robert Byrd. His reason for joining under AB 2449 was because he tested positive for COVID.

#### 3. **Review Program and Planning Committee Transcript from February 23, 2023 Meeting**

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

#### 4. **Early Identification and Intervention: Help Me Grow LA Learning and Evolution**

Staff provided background and learnings on Help me Grow LA, including the shifting context within early identification and intervention and the role this investment plays in First 5 LA's strategic plan reset.

HMG began in 2017 and as affirmed in First 5 LA's 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)

In 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 life. 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)

## SUMMARY NOTES

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

April 27, 2023

1:30-4:30 pm

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## SUMMARY MEETING NOTES

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.

Various components of HMG discussed at this meeting include the following:

1. **Centralized Access Point (CAP):** 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.
2. **Community & Family Engagement (CFE):** Key learnings from CFE include the importance of offering meaningful compensation and robust translation and interpretation to support full participation by members.
3. **Child Health Care Provider Outreach (CHPO):** 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.
4. **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
5. **Equity Planning:** 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.

Staff informed the Board that learnings from these components of HMG will help inform the strategic plan reset.

There is no further discussion on this item.

5. **Break**
6. **Communities Update: Building Regional P-5 Movements and Aligning Network Partners**

Various RNG partners from the community were included in this panel presentation. Presenters included:

- **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**

RNG partners engaged with 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 highlighted 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. They explained how through partnership and collaboration among families, caregivers, residents, community-based organizations, built environment advocates, and others, First 5 LA remains committed to improving results within the Best Start geographies.

## SUMMARY MEETING NOTES

Next steps include ongoing work with the RNGs to support systems change in order to help every child reach their full potential. Staff will continue to build upon critical learnings from the work done with RNG that will help inform and shape the Strategic Plan Reset

There is no further discussion on this item.

### 7. Public Comments (for items not on the agenda)

There were no public comments.

### **ADJOURNMENT:**

The meeting adjourned at 4:27 pm.

### **NEXT MEETING:**

The next Special Board/Program & Planning Committee meeting will take place on Thursday, June 29, 2023 at 1:30 pm.

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, April 27, 2023

750 North Alameda Street, First Floor

Los Angeles, California 90012

STENOGRAPHICALLY REPORTED BY:  
HEATHERLYNN GONZALEZ  
CSR #13646

1 Thursday, April 27, 2023; Los Angeles, California

2 1:31 p.m.

3 -oOo-

4 COMMISSIONER HEGER: Welcome, everyone. We're  
5 going to call the meeting to order. I'm Astrid Heger, one  
6 of the commissioners and the chair of this committee.

7 We would like to have a roll call. And I think  
8 -- if I think I'm correct, we'd like to do the virtual  
9 first? Or second?

10 MS. VO: We'll do the roll call for everyone and  
11 then I'll get into the --

12 COMMISSIONER HEGER: Okay. So can we -- of  
13 course we're going to have the roll call, but do we want  
14 to do the ground rules for the meeting after the roll  
15 call?

16 MS. VO: Yes. Thank you.

17 Robert Byrd. Summer McBride?

18 COMMISSIONER McBRIDE: Present.

19 MS. VO: Maricela Ramirez?

20 COMMISSIONER RAMIREZ: Here.

21 MS. VO: Carol Sigala? Deborah Allen?

22 COMMISSIONER ALLEN: Here.

23 MS. VO: Jacquelyn McCroskey?

24 COMMISSIONER McCROSKEY: Here.

25 MS. VO: Deanne Tilton?

1 COMMISSIONER TILTON: Here.

2 MS. VO: And Astrid Heger?

3 COMMISSIONER HEGER: Here.

4 MS. VO: Quorum is present.

5 And before we do begin today's meeting, I do want  
6 to cover the ground rules for the meeting. And just as a  
7 threshold matter, under AB 2449 we are able to conduct  
8 this meeting virtually as well that allow board members to  
9 participate in person from a physical, single location  
10 without identifying their location.

11 Now, if the physical attendance quorum is met,  
12 then AB 2449, as I mentioned, does permit the board member  
13 to join virtually without notice of their location under  
14 two circumstances. The first is for just cause and the  
15 second is due to emergency circumstances. Both just cause  
16 and emergency circumstances are defined under the statute.

17 Regarding public comments, remote attendees can  
18 submit public comments in two ways. The first way is  
19 written public comments must be submitted in advance of  
20 the meeting. They can be emailed to myself at  
21 LVO@First5LA.Org by 1:30 p.m. the day of the meeting in  
22 order for them to be read aloud during the meeting.

23 And as a reminder, public comments emails should  
24 indicate the item number the comment corresponds with.  
25 Any public comments received after 1:30 p.m. will become a

1 part of public records.

2 Now, during the meeting, public members can also  
3 use the Q and A chat function to express an interest in  
4 speaking to an item. It is important that these requests  
5 to speak be submitted via the Q and A chat box before the  
6 item is presented. And when submitting requests to speak,  
7 public members are asked to only provide his or her name  
8 and the item number the comment corresponds with.

9 All public comments received during the meeting  
10 via the Q and A chat will be addressed in the order they  
11 are received. When you do hear your name being called to  
12 provide public comments, you will be given the ability to  
13 speak during the meeting. And we will call your name  
14 twice before moving on to the next public comment.

15 Just a reminder that two minutes are allotted for  
16 each public comments, and once the two minutes have  
17 passed, we will move on to the next public comment.

18 Now, for all in person public comments. All  
19 speakers are asked to complete a public comment form in  
20 front of the lobby in order for them to be addressed and  
21 for them to be submitted prior to when the item is  
22 presented. You too will also be given two minutes for  
23 your comment, and once the timer does go off, we do  
24 respectfully ask that you step down from the podium. All  
25 public comments in person will be done at this podium on

1 the left-hand side right here.

2 If there are any questions during the meeting,  
3 please feel free to come to me and I'll provide the  
4 support we can or direct you to the person who can provide  
5 the support.

6 And with that, I'll hand this back to our  
7 committee chair, Astrid Heger.

8 COMMISSIONER HEGER: Moving on to the next item,  
9 are there any commissioners who are requesting the  
10 committees approval to remotely participate in today's  
11 special meeting due to a physical or family medical  
12 emergency that prevents them from attending in person?

13 MS. VO: Yes, there is. Dr. Robert Byrd is  
14 joining this meeting virtually under AB 2449.

15 COMMISSIONER HEGER: Is there -- there's a  
16 question of whether Commissioner Byrd participated  
17 remotely in the commission's meetings under AB 2449 for  
18 either just cause or because emergency circumstances at  
19 least twice this calendar year?

20 MS. VO: Confirming that he has not attended more  
21 than twice in this calendar year under AB 2449.

22 COMMISSIONER HEGER: Commissioner Byrd, can you  
23 proceed with a brief description of your justified reason  
24 under AB 2449

25 COMMISSIONER BYRD: I'm recovering from Covid. I

1 was exposed to Covid and tested positive for Covid.

2 COMMISSIONER HEGER: And then there's two thank  
3 yous here. Thank you for not exposing us all to Covid and  
4 thank you for that description, Commissioner Byrd,  
5 regarding your need to participate remotely during today's  
6 special meeting under AB 2449. I think everybody is  
7 grateful to your considering our well-being.

8 So there's the next item, Item 3. And it is the  
9 review the Program and Planning Committee transcript from  
10 February 23, 2023 meeting. I think we all have that as  
11 part of our handout, don't we?

12 MS. VO: Yes, and if there aren't any additions  
13 or changes to the transcript, then we can receive and file  
14 these notes.

15 COMMISSIONER HEGER: Item 4 is an informational  
16 discussion that's going to be provided to us from some of  
17 the stellar members of the First 5 staff that we just met  
18 with that was awesome, by the way, on the Early  
19 Identification and Intervention on Help Me Grow LA  
20 Learning and Evolution.

21 I appreciate hearing from the three of you and I  
22 -- I think that the new meeting was amazing that we got to  
23 know each other a little bit better. I appreciated that  
24 very much. I look forward to this.

25 MS. VO: And if I may, before the Health Systems

1 begins, I wanted to confirm for the record that there are  
2 no public comments for Item 3.

3 MS. FICEK: All right. I think we can get  
4 started.

5 Well, appreciate the use of the word stellar,  
6 Commissioner Heger.

7 So good afternoon, commissioners, First 5 LA  
8 staff, members of the public, my name is Tara Ficek. I'm  
9 with the Health Systems Team. I'm joined today by my  
10 colleagues Zully Jauregui and Steve Baldwin who's working  
11 with the LA County Department of Public Health.

12 We are thrilled to be here in person,  
13 nonetheless, to spotlight all the learning that has  
14 surfaced through our Help Me Grow LA efforts, also to talk  
15 about how that work is evolving informed by changes in the  
16 broader landscape. And I want to share that the three of  
17 us -- just so you know -- have been working together on  
18 Help Me Grow since 2019. For me specifically, I've been  
19 part of the work since 2017, Steve since 2018, Zully since  
20 -- what did we say? 2019. In summary you have a very  
21 seasoned panel here today.

22 So with that in mind, let's get started.

23 So we have -- next slide. We have three primary  
24 objectives we are hoping to achieve over the next hour.

25 Should I wait for the slide? Oh, it's me.

1           First, we're going to offer a brief history and  
2 overview of Help Me Grow LA, including how the context has  
3 shifted in the last several years within the broader build  
4 of early education and intervention. Next, we're going to  
5 take a deep dive into the learning that has surfaced  
6 through Help Me Grow LA. And finally, we're going to  
7 explore how this learning ends per the presentation. We  
8 want to hear from you -- that latter part, we want to hear  
9 directly from you, how can this learning inform our  
10 strategic plan reset.

11           All right. So the next several slides, as I  
12 mentioned, are going to provide that overview of Help Me  
13 Grow LA including its history, our partners, our key  
14 strategies so we're all holding a shared foundation of  
15 this work. This slide is an important starting point as  
16 it defines the problem within early identification and  
17 intervention presented through quantitative data, but a  
18 problem that Help Me Grow LA is working to solve. It  
19 articulates our why.

20           And as you can see, this includes the presence of  
21 delays in children at one to six on the left as well as  
22 how we're doing in California. We also callout the  
23 disparities within EII tied to access for children of  
24 color in comparison to their white counterparts. And we  
25 essentially conclude with our problem statement, children

1 with a developmental concern may not be connected early  
2 enough or at all to appropriate services and supports.

3 I want to callout a fun fact within the slide.  
4 In 2018, right around the time when we launched Help Me  
5 Grow, California was ranked 43rd with 21 percent of  
6 children receiving a timely developmental screening; so we  
7 have made progress as a State. We can perhaps talk and  
8 how and why and what was contributed to that, but we went  
9 from 43 to 31 in five years.

10 All right. Moving on. Next, holding that  
11 problem statement (unintelligible) in data was initiated  
12 with its primary goal to promote collaborations across  
13 sectors or systems to strengthen for all young children  
14 and ensure connection to appropriate services and  
15 supports. A County-wide planning process was launched in  
16 2017 with many, many stake holders to figure out how do we  
17 apply the national Help Me Grow model to LA County.

18 La County Department of Public Health joined us  
19 as our co-lead in 2018, multiple partnerships were  
20 initiated soon after with various strategies launching at  
21 various points. Our advisory counsels and our parent  
22 counsel launching in 2019 and then 2020, our  
23 community-based work also known as Pathways began in 2020  
24 as well. Our LA Care partnership in '21. And then our  
25 centralized access point in '22. We're all going to get

1 into that in -- a little bit later in the presentation.  
2 And while we didn't launch with a direct intentional focus  
3 on health care delivery system, that did receive greater  
4 emphasis over these last several years, as there was a  
5 growing understanding of health care delivery holding and  
6 early prominent role in addressing children's early  
7 identification and intervention needs.

8 And when we think about health care delivery, we  
9 think about that broadly. So we think about systems that  
10 directly deliver early identification intervention  
11 including health plans, clinics, and providers,  
12 developmental disability services, mental and behavioral  
13 health, and then school districts.

14 Help Me Grow LA is anchored in collaboration, its  
15 success is dependent in our partnership with many of the  
16 key organizations and systems you'll see here at the  
17 bottom of the slide.

18 Next slide.

19 Moving on, we have the Help Me Grow model. It's  
20 organized through four core components. You can see on  
21 the left with the purple, a centralized access point, the  
22 family and community engagement, child health provider  
23 outreach, and then data collection and analysis. The  
24 primary purpose of each component is described in detail  
25 on the right side of the slide. Important to note is

1 these three, four core components are interconnected and  
2 reinforcing so that activity happening in one area is  
3 influencing and informing another. For example, engaging  
4 with families to gather important insight and experience  
5 then informs how child health care providers can better  
6 serve and support family directly and connecting them to  
7 resources.

8 All right. Help Me Grow LA specifically, so then  
9 what -- you took that model and what does it look like  
10 here in LA County? The specific strategies and  
11 activities that make up each core component are here.  
12 Beginning with our CAP or Centralized Access Point. It  
13 includes a regional call center, a website, and resource  
14 liaison support led by LA County Department of Public  
15 Health. Our Community and Family Engagement Council and  
16 Pathways is part of our Community and Family Engagement  
17 components. Our partnership with LA Care Health Plan  
18 fulfills our child health plan engagement efforts. And,  
19 finally, data collection and analysis including evaluation  
20 occurs within all components to have progress learning and  
21 informed continuous quality improvement.

22 We now have a refresher. You are now experts in  
23 all things Help Me Grow LA. But you now have the why, our  
24 problem statement, the what, the model, and how, the  
25 strategies at a high level of what Help Me Grow LA looks

1 like. And while we're going to go even deeper within  
2 those four areas and share important progress, learning,  
3 and (unintelligible), we wanted to first walk you through  
4 a lot has changed in the context of early identification  
5 and intervention since we've launched Help Me Grow back in  
6 2017.

7           So for the last several years, we have  
8 experienced enormous change. I don't think I need to say  
9 that out loud, but I just did. We captured the most  
10 significant here, acknowledging some of these shifts and  
11 their implications for early identification and  
12 intervention are still unknown, but hold a lot of  
13 potential, beginning with the Covid pandemic elevating the  
14 disastrous impact it had on children's access to  
15 preventive pediatric care. As we know, Well Baby child  
16 appointments dramatically decreased, which offer important  
17 engagement between families and providers and where the  
18 screenings, surveillance, and developmental conversations  
19 take place. While these services are coming back, a lot  
20 of catch-up needs to happen. And while you can catch up  
21 on immunizations, it's much more complicated to catch up  
22 on developmental screening and monitoring and linkage to  
23 services.

24           These services are coming back, and we're  
25 tracking and seeing the differences there with

1 utilization. But additionally, we know the pandemic had a  
2 disproportionate impact on children and their families,  
3 with children of color experiencing greater barriers to  
4 access timely pediatric services and supports.

5 Pandemic also brought increased need for mental  
6 health supports, yet services for children are lagging as  
7 the system struggles to support young children given their  
8 emphasis on school-age children and lack of training,  
9 expertise in serving young children and their caregivers.

10 Within Medi-Cal, major transformation is underway  
11 beginning several years back with Prop 56 incentive  
12 payments put into place. This did not exist before the  
13 launch of Help Me Grow and was a major game changer.  
14 Finally, we have a unique incentive payment just for the  
15 developmental screen that provides can now access.  
16 Providers and clinics can bill for an additional payment  
17 for completing the developmental screening.

18 In addition, there's increased accountability and  
19 performance measures are now coming through for Medi-Cal  
20 Managed Care plans. Previously, developmental screenings  
21 was not a measure that had a performance target. That  
22 changed at the end of last year. With this year, 2023,  
23 serving as the first year health plans will be tracking  
24 and measuring if developmental screenings are taking place  
25 in provider and clinic settings.

1           And, finally, through CalAIM, which is a  
2 statewide effort to transform Medi-Cal and new benefits  
3 such as dyadic care and support for an expanded work force  
4 for community health workers, all of these hold promise  
5 for greater focus and the resources that can be directed  
6 to support promotion of early developmental health,  
7 including screening and linkage to services.

8           While all of these changes were happening in  
9 Medi-Cal, historic shifts were also underway for the  
10 Department of Developmental Services. Some highlights we  
11 included here are eligibility expansion for Early Start,  
12 also FASD was added as a risk factor for which an infant  
13 and toddler may require early intervention. And we also  
14 acknowledge that allowing this -- this will allow more  
15 children under age three with delays to access this  
16 critical support.

17           There also was increased workforce benefiting  
18 young children with a reduced coordinator to consumer  
19 caseload and specialists being knowledgeable about early  
20 intervention requirements. This offered important  
21 background and context for understanding how things are  
22 shifting within EII.

23           The next section, we're going to take a deeper  
24 dive into what we're learning from Help Me Grow LA's  
25 implementation and when possible connect it back to this

1 context.

2 And I'm going to pass it to Steve with the  
3 Department of Public Health who's going to start us with  
4 the Centralized Access Point.

5 MR. BALDWIN: Thank you, Tara, for that. Good  
6 afternoon, everyone. It feels kind of old school being in  
7 the same room with you all. But it's refreshing to see  
8 live faces instead of on screen. So good to be here and  
9 happy to share about this Centralized Access Point.

10 Well, first off, from the outside looking in, the  
11 Centralized Access Point we refer to it as our CAP.  
12 CAP, Centralized Access Point is a website and call center  
13 that provides resources and linkages to people, mostly  
14 families and sometimes child health providers on child  
15 development. However, the CAP is really like sort of an  
16 iceberg. What you see on the surface -- the website and  
17 the phone number -- is really representative of a tiny  
18 percentage of overall work that goes into the CAP effort.

19 What you don't see as easily lies beneath the  
20 surface and really is the most important part of the CAP,  
21 and that is the team of dedicated staff whose job it is to  
22 outreach, to assist families that have questions or  
23 concerns about their child's development, who have  
24 invested literally hundreds of hours on training, on  
25 practice, on resource duration and development, on

1 developing work flows with partners, on developing call  
2 guides and scripts, on outreaching to partners doing  
3 presentations promotion, and just thinking about how to  
4 improve this platform and these tools that we've developed  
5 to work with families.

6           Hopefully, everyone in the room has been to our  
7 website. If you haven't yet, I encourage you to go to  
8 HelpMeGrowLA.Org it's in your slide and on the screen and  
9 you have our phone number as well. 833-903-3972. You can  
10 call and talk to a live person and get help on child  
11 community connections.

12           There's a couple of -- in addition to helping  
13 families, there's a couple of more practical highlights  
14 that we wanted to share today. Number 1 is the regional  
15 center service locator tool that we built as part of our  
16 website. It's a simple online tool that allows the user  
17 to enter any LA County physical address, it's linked to  
18 the back-end library of all of the physical addresses in  
19 the County. And when you do that, the results will show  
20 the linked regional center and family resource center to  
21 that address.

22           It's seems like a simple task, but it actually  
23 requires multiple back end databases cross referencing  
24 with County databases, and our tool does it automatically,  
25 hyperaccurately, and really fast. It's really a great

1 tool. And so, again, you can go there on our website.  
2 Click the resources tab and find the service locators.  
3 Super easy.

4 The other highlight I wanted to mention is our  
5 translation efforts for our materials. In partnership  
6 with First 5 LA and Help Me Grow LA Partner and LA Care,  
7 we were able to translate the "Learn the signs, act early  
8 milestone trackers," of which there are many, into all 13  
9 threshold languages in LA County. And about half of those  
10 are on our website now. And the other half will be  
11 available very soon, they're in process of translation.  
12 So really proud of that. And they're a great tool for  
13 anyone that's working in child development with families.

14 Thank you Tara.

15 There are four learnings as well that I'd like to  
16 share today. So the first one is regarding our call  
17 volume and our client base that we worked with. So  
18 between the day we launched, which is almost a year ago  
19 today on May 17th, 2022, and our last date of pull, which  
20 is about a month ago on March 23rd. There were 417 unique  
21 client records created in our database for the County.  
22 And this represents all the caregivers, parents, kids,  
23 providers, simple calls we handled -- I mean, just a quick  
24 question. And on list callers -- clients that fill out a  
25 form online that then we callback. Any client we worked

1 with, all non-test records, there are 417.

2 We had a wide range of calls, some very quick  
3 that we call a simple call, others that are more in depth  
4 that we call a navigation call, includes a full intake,  
5 where we provide resources and referrals for the family.  
6 And then callers from providers of all types including  
7 those from medical providers, ECE providers, and childcare  
8 providers, etcetera.

9 There are several slides at the end of the slide  
10 deck in the appendix that delve deeper into our client  
11 demographics and referrals and I'm happy to discuss those  
12 at the end of the presentation. Or if you'd like to call  
13 me sometime and have an in depth conversation about them  
14 I'm happy to do that. In terms of referrals provided,  
15 happy to report that 91 percent of the referrals of the  
16 families receiving a referral were for a child age zero to  
17 five.

18 So really happy that we're hitting our  
19 demographic with the families that have young children.

20 Of the referrals made, a little over half of them  
21 went to regional centers. About 54 percent are going to  
22 regional centers, the other half, about 46 percent, going  
23 to nonregional center partners including family resource  
24 centers, family empowerment centers, home visiting, law  
25 centers, mental health, and school districts for either

1 general needs or special education. We also follow  
2 families two to three weeks after the initial contact.  
3 And of those families we contact, 52 percent of those  
4 families reported either having received services already  
5 or having had an appointment to receive services soon. So  
6 we feel that's a pretty good measure of quality in terms  
7 of strength of the referrals we're making as well.

8           The second overall learning that I wanted to  
9 share is about the collection of race and ethnicity data  
10 and of building a culture of cultural humility for our  
11 team.

12           And from the beginning, we built the CAP with  
13 data collection in mind, understanding that having data  
14 would help drive improvements of the program and the  
15 services that we provide. And through conversations with  
16 internal and external partners, we focused our continuous  
17 quality improvement efforts on improving the collection of  
18 our clients self-reported race and ethnicity, since, of  
19 course, it's crucial to our health equity work. We  
20 focused on working with trusted partners to cultivate an  
21 approach to cultural humility and created a plan to engage  
22 partners to better help us understand how to tailor  
23 communications efforts that support engaged families,  
24 particularly those who reside in Black and brown  
25 communities that have been historically marginalized.

1           The third learning I wanted to discuss or mention  
2 was sustainability. And sustainability and identifying  
3 long-term funding for the CAP has been a challenge. We've  
4 looked at utilizing match funds within the department.  
5 We've spoken with many local systems across the State and  
6 California and several State-wide systems nationally. In  
7 California, the match for Help Me Grow systems and in  
8 every County that we spoke with, is provided by that  
9 County's local First 5 affiliate. So as we continue to  
10 investigate long term sustainability, we have to face that  
11 the fiscal reality of sustainability with grant funding.

12           So that said, there is an upside to this, and  
13 that has to do with the last bullet. And that is our  
14 pivot to regional peer navigation support. So I want to  
15 start by saying that DPH remains committed to EII and  
16 providing resources and supports for families and  
17 assisting families with tools for tracking their child's  
18 development while linking families to community  
19 connections. Our goal for the next year is to deepen our  
20 work with children and families with special needs. And  
21 as we look to do that, it's critical that we self reflect  
22 and we -- we do so with a continuous quality improvement  
23 lens. And we think about how to make our system work  
24 better than it is even today for families.

25           Looking back at the numbers that I shared, that

1 number, that 417 client served in the last year, that's  
2 about one-third of what we initially anticipated to serve  
3 in year one. And so we need to improve that. And in the  
4 coming year to do that, we're looking to adjust the  
5 current structure of the CAP and shift towards a peer-led  
6 model where parents and caregivers with lived experience  
7 are housed regionally around the County in places that are  
8 convenient for clients to access.

9 And a similar model has been implemented in our  
10 County in SPA 7 in support of a project called Early Needs  
11 Response for Infant and Child project -- the acronym is  
12 ENRICH. You've heard of ENRICH -- with great success and  
13 it also mirrors a peer model called Family Ties in  
14 Massachusetts that we think we can utilize to build on the  
15 success of Help Me Grow LA.

16 Our team has done really an outstanding job with  
17 outreach and engagement and training partners. And yet,  
18 we haven't yet tapped into a deep vein of need that we  
19 know still exists in the County. And we think our  
20 peer-led approach, regional approach can serve as a  
21 connecting point for children with disabilities moving  
22 forward. We don't want to miss the opportunity we have  
23 before us to connect with the families that need help.  
24 And so our hope is to build on the structural assets that  
25 have been created for Help Me Grow and for the CAP in

1 particular -- the website and the call line -- while  
2 building a network of peer-led, regionally-based supports  
3 for families and children with special needs. We feel  
4 this model will help support sustainability. We have full  
5 support of the department leadership from the top down and  
6 we believe it will be of great interest to potential  
7 funders in the coming year.

8 So with that, I will pass it on to Zully.

9 MS. JAUREGUI: Thank you, Steve.

10 In the next two slides I'll be reviewing  
11 highlights associated with our community family engagement  
12 component, starting with the community family engagement  
13 council, CFEC for short, which is at the core of this  
14 approach.

15 As one of two advisory councils for Help Me Grow,  
16 CFEC was launched in 2020. It's comprised of 12 parent  
17 and community champions for early identification and  
18 intervention to ensure that family perspective is at the  
19 center of everything that we do. They bring a variety of  
20 backgrounds and expertise but each has a deep connection  
21 to EII through their work and advocacy with families and  
22 in most cases through personal experience as a caregiver  
23 for a child with developmental delays or disabilities.  
24 They serve as strategic planning partners and advocates  
25 for Help Me Grow LA and advise on many aspects of

1 limitation.

2 One key learning for us is what it truly means to  
3 compensate both adequately for their thought partnership  
4 their guidance and expertise. Relying on learnings of  
5 other efforts across First 5 LA and input from CFEC  
6 members themselves, we moved towards an opt in honorarium  
7 system that reflects appropriate compensation needed for  
8 the true time and effort that it takes to participate in  
9 such a group. Something else we like to highlight is how  
10 closely CFEC partners with us to develop and vet  
11 communication and outreach materials. For example, CFEC  
12 was instrumental in reviewing the call line that Steve  
13 just described. Additionally, CFEC member Lisa Shoyer  
14 (phonetic) co-presented with Help Me Grow LA staff at the  
15 American Association of Pediatrics Town Hall and at our  
16 recent LA Care conference to many providers on best  
17 practices for engaging family. This has resulted in a  
18 development and resource handout that has garnered  
19 interest from training institutions.

20 Is the audio cutting out? Okay. Good.

21 Another area that we're continuing to expand our  
22 learning is with recruitment. We acknowledge that the  
23 first recruitment efforts did not reflect the ethnic and  
24 racial geographic diversity of LA County. Founding  
25 members were fully aware of this and played a crucial role

1 in identifying (unintelligible) through a very thoughtful  
2 and (unintelligible) outreach improvement and onboarding.  
3 Despite our current expansion, we're still working to  
4 strengthen inclusion of parents that currently have  
5 children accessing EII systems.

6 Lastly, we want to spotlight the groups leaning  
7 into best practices for family engagement and lifting up  
8 family voice in our move to combine our two advisory  
9 groups into a newly formed leadership council comprised of  
10 both system leaders and community leaders at the same  
11 table which is happening right now.

12 Next slide, please.

13 Another major investment under Community Family  
14 Engagement component is the Help Me Grow Pathways, which  
15 seeks to strengthen regional referral pathways and  
16 networks of global trusted providers through innovative  
17 technology, infrastructure, and practice change  
18 strategies. Work is still underway with the initial five  
19 grantees, well into the implementation of the first year  
20 which will be ending this December. And two newer  
21 grantees that they're wrapping up the initial  
22 (unintelligible) right now and they are expected to go  
23 into June 2025.

24 Learning so far includes the importance of  
25 recognizing the ecosystem in which technologies are

1 introduced and implemented in order for referrals to be  
2 easier for both families and staff, they need to be  
3 accompanied by training, workflow adjustment, and support.  
4 This requires getting input from external partners and  
5 working really closely with staff. What we're doing is  
6 actually supporting them and not adding an extra burden.

7 An example of successfully implementing this new  
8 technology was via an online referral portal launched by  
9 West Side Regional Center last year. This investment  
10 reduced reliance on paper referrals and now the majority  
11 of referrals are received online, streamlining the process  
12 and adding transparency for parents. In a parent survey  
13 to date, 95 percent of 908 respondents have found the new  
14 online system is easy to navigate, and more than 300  
15 parents have logged back in to review their application  
16 status. This innovation has caught the attention of other  
17 Help Me Grows and their respective regional centers across  
18 California who are looking to implement similar changes.

19 Additionally, we know that strong partnerships  
20 and relationships are essential for fostering smooth  
21 referral pathways, and this relationship building requires  
22 investing time and resources that are often  
23 (unintelligible) such as MOUs to help ensure collaboration  
24 continues to move forward with a shared understanding of  
25 definitions and goals.

1 A sustainable outcome of Pathways projects are  
2 formal agreements and communications established between  
3 partners, many of which will outlast our current Pathways  
4 (unintelligible) as they continue to form partnerships  
5 throughout the region.

6 This investment was built with sustainability in  
7 mind. And we're learning more about the extent of this  
8 impact and sustainability success. Core aspects of the  
9 work such as MOUs and in technology improvements like the  
10 example I mentioned earlier can be sustained with a  
11 one-time enhancement and investments. Other aspects of  
12 the work require ongoing funding which is underway this  
13 year, and in addition to data collection and program  
14 evaluation.

15 Next slide. And this next Help Me Grow component  
16 is Child Health Partner Outreach, of which LA Care  
17 partnership is our main investment. This four-year  
18 partnership with LA Care began in January 2021 with the  
19 objectives to integrate early education and intervention  
20 protocols into ten practices' work loads, and secondly to  
21 increase awareness and education of developmental  
22 screenings and milestones with providers, care teams,  
23 families, and caregivers. Practice has been begun with  
24 seven out of the ten planned pediatric clinics since  
25 December 2021. The remaining cohort of three clinics will

1 be recruited later this year.

2 We have preliminary findings from the  
3 (unintelligible) cohort and they have shown an increase of  
4 developmental screening rates from 14 percent baseline to  
5 26 percent as of last month. And that is an 85 percent  
6 improvement. Additionally, with this pilot, LA Care has  
7 been successful in leveraging resources such as their  
8 community centers and extensive training and communication  
9 platforms to expand the reach to providers and families  
10 with a more direct focus on early childhood help and  
11 development.

12 This includes holding children health conferences  
13 where providers can attend continuing medical education  
14 events. LA Care also leverages their community resource  
15 centers which serves local families, not just their  
16 members, to provide resources to the community such as  
17 child development classes. And lastly, this partnership  
18 makes use of LA Care's expansive reach to providers and  
19 families to various communication platforms to have more  
20 direct focus on EII supports and information. This  
21 includes a robust social media campaign promoting child  
22 development milestones and resources at LA Care.

23 We are also taking steps in the data collection  
24 and analysis components. Both LA Care and Pathways have  
25 their own dedicated evaluation -- program evaluations

1 which are currently underway, and we have convened a data  
2 and evaluation work groups in which First 5 LA, Department  
3 of Public Health, staff -- we partner with our leadership  
4 council members to prioritize outcomes, develop a logic  
5 model, and to help make sense of the data arising from our  
6 investments, for in the future to inform recommendations  
7 and possible sustainability strategies.

8 Now, spanning across all components of Help Me  
9 Grow LA has been a deliberate focus on equity, which has  
10 gained momentum this past year.

11 Families often experience EII services  
12 differently based on characteristics of just race,  
13 ethnicity, geography, language due to structural racism  
14 and marginalization. Without intentional effort EII  
15 systems can continue to reinforce inequity. And as you  
16 heard, since the pandemic these disparities are deepening.  
17 While equity has been a consideration since early on in  
18 Help Me Grow planning, an essential learning has been the  
19 importance of developing a structured equity planning  
20 process which centers on the lives -- on lived experience  
21 of communities impacted by historical barriers to  
22 accessing EII services.

23 This plan uses a (unintelligible) universal  
24 approach, which includes overarching or universal goals  
25 around EII targeted strategies to achieve more equitable

1 outcomes in communities that have historically faced  
2 greater disparities.

3 Over the next year, we will be focusing on equity  
4 planning with our initial priority population -- Black and  
5 African American families, which were identified on data  
6 and historical context.

7 Work is underway through the formation of an  
8 equity work group comprised of staff members and members  
9 of the community who will help guide community listening  
10 sessions, planning and strategy recommendations over time.  
11 As First 5 LA progresses into our strategic plan reset,  
12 our hope is that these learnings from equity listening  
13 sessions will inform our strategy development in the  
14 future, ensuring that equity considerations and community  
15 voice remain at the core.

16 And now I will pass it on to Tara who will review  
17 our overarching themes of what we've learned so far from  
18 Help Me Grow LA implementation leading us to the strategic  
19 plan reset.

20 MS. FICEK: All right. You just heard lessons  
21 learned at the activity or project level. Now we want to  
22 level it up to think about what are the key themes that  
23 can inform our strategic plan reset and our priorities  
24 going forward.

25 So starting with the time it takes to do this

1 work, planning, launching, figuring out sustainability for  
2 a County-wide systems change effort was extremely  
3 ambitious, and to do this in five years. Developing the  
4 necessary partnerships focused on the shared understanding  
5 of the problem and solution take time. Contracting with  
6 complex systems like managed care plans was a big lift,  
7 new territory for First 5 LA. The time it takes to do  
8 this work is important for First 5 LA to consider as we  
9 remain committed to systems change, yet know we want to  
10 more clearly define our targets and be held accountable to  
11 them.

12           Second item, when Help Me Grow launched a little  
13 over five years ago, our focus was on all children. And  
14 while we emphasized cultural competency within the EII  
15 spaces and supports, we were not equity driven. Focused  
16 on under -- focused on understanding the disparities as we  
17 moved -- as First 5 LA started moving through its equity  
18 journey put a stake in the ground around prioritizing  
19 health equity. We started taking a closer look at root  
20 cause, unpacking how structural racism shows up in EII,  
21 and how that manifests in greater barriers to access,  
22 differing quality and experience, lack of culturally  
23 congruent workforce, and much more for children of color  
24 and their families.

25           This last year we committed to prioritizing, as

1 you just heard Zully say, historically marginalized  
2 communities with a focus on Black African American  
3 children and their families and also we're in the process  
4 of figuring this out.

5 We're building an equity plan. We are launching  
6 listening series to hear directly from Black African  
7 American families on their experience and EII, and lastly  
8 as we center parents and their expertise and perspective  
9 in our work, how do we move from parents as advisors to  
10 serving as our coleads.

11 We've had conversations about decision rights and  
12 who makes the final call. I cannot say we've resolved  
13 that, but we're having conversations about it. We largely  
14 stayed in the parents provide us feedback space, but  
15 there's an emerging understanding that if we are to be  
16 successful, we have to figure out how to share power with  
17 parents and how to do this work very differently. And  
18 we're still very much working on that and figuring this  
19 out. And as Zully mentioned early in her presentation,  
20 we're bringing together our advisory counsels and moving  
21 that to a leadership body and (unintelligible) systems  
22 leaders with parents at one table.

23 All of these higher level themes offer important  
24 learning to inform our strategic plan reset. We imagine  
25 you have some thoughts surfacing now as you process all of

1 this information and we would love to hear from you. So  
2 imagining you have some clarifying questions, bring those  
3 up as well. But given all of the learning that we shared  
4 here today, where do you see opportunities or challenges  
5 that should inform the strategic plan reset?

6 COMMISSIONER McCROSKEY: So I just have a  
7 somewhat simple -- maybe not so simple question to begin  
8 with. Will the evaluation cover beyond screening to  
9 access, availability of resources, parent follow through  
10 in terms of, you know -- so sort of -- I don't even want  
11 to say competing chair plans, but how parents feel about  
12 the resources and be more responsive in these communities?  
13 Will we be able to get that and sort of flavor of what it  
14 means?

15 MS. FICEK: So right now we have evaluations  
16 within various components. So LA Care has -- our LA Care  
17 partnership has an evaluation, the Pathways initiative,  
18 which is at community-based collaborative projects. And  
19 there's an evaluation for that. DPH does a lot of, you  
20 know, data review analysis for the Centralized Access  
21 Point. We haven't yet done a comprehensive Help Me Grow  
22 evaluation as we were holding and pausing for all of these  
23 grants to get up and going and also understanding, as you  
24 heard, what shifts were underway as the work was evolving.  
25 But that is planned for '22, '23. And so from within some

1 of the components and in particular coordinating and  
2 collaborating and connected local agencies to strengthen  
3 referral pathways, there are components of, yes, linkage  
4 to services and supports, not just the screening.

5 COMMISSIONER McCROSKEY: I think when we get that  
6 information -- I know it's always harder to get in. And  
7 it sort of comes in in stages, but that would really help  
8 me with the reset and --

9 MS. FICEK: Yes, we wish we have it now. We'll  
10 have it next year.

11 COMMISSIONER McCROSKEY: We can rebuild the  
12 existing capacity --

13 MS. FICEK: I know the timing is challenging, but  
14 yes. There will be a lot of evaluating happening and  
15 we're going through a reset now as we all know. So to the  
16 degree that, yes -- that's why the conversation is coming  
17 in, let's highlight the learning to date. And, you know,  
18 figure out or as we're learning from this evaluations how  
19 can they continue to inform our work.

20 MS. JAUREGUI: And there's an individuality of  
21 getting feedback on what the parent experience has been,  
22 and so we -- we have some initial times. Already I shared  
23 with you data points about West Side Regional Center.  
24 That's very much built in to their evaluation.

25 COMMISSIONER McCROSKEY: That's good.

1           COMMISSIONER HEGER: Can I ask a question, Tara?  
2 Speaking medically, I -- I understand the requirement and  
3 the request that every child gets a developmental  
4 screening. And it's been my experience that -- that has  
5 rarely happened -- that every child gets a developmental  
6 screening. The, you know, there are boxes that are  
7 checked off, and it's just been my experience that that  
8 thing doesn't happen; so some of the kids that need the  
9 screening are not getting it because it's easier to not do  
10 it and say you did.

11           And so that would be a point in terms of checking  
12 up on those kids in terms of somewhere the access point  
13 should be not just through their private pediatrician --  
14 their pediatric provider, because they're not always doing  
15 the job they should have.

16           The other thing about access, which I always say  
17 is access is great, but you have to have access to quality  
18 care. And that's something we haven't really done a good  
19 assessment of in terms of quality. And one of the  
20 guidelines, are they actually doing developmentals and are  
21 the families getting the services they need. I think we  
22 talked a little earlier about the idea of screening kids  
23 for ACES but not actually providing services that would  
24 perhaps deal with those adverse child experiences because  
25 either we're being paid do a screening but not to do the

1 treatment -- so maybe that might be an important aspect of  
2 -- of looking at this.

3           And I think that part of the huge gaps in all of  
4 this is having access across the board to mental health  
5 services that are easy to get to and of high quality. And  
6 looking at -- I think although I'm good friends with all  
7 the leaders at LA Care, they've not always been great  
8 trend-setters in delivering mental health services to the  
9 population of children that they have signed up. And I  
10 think that's something we can hold them accountable for  
11 and probably should do.

12           And I agree with Commissioner McCroskey that we  
13 need to have data on how many kids actually access the  
14 services. I think it's great to have an access point.  
15 And I think last time we met in small groups, we talked  
16 about what divisions of services in the County would be a  
17 really good place to hang access. And I think one of the  
18 things that was discussed was the idea of putting it into  
19 local schools in terms of improving physical access to  
20 services, because a lot of people that were taking care of  
21 that are underserved, don't have the means or a vehicle to  
22 access the data points, etcetera. So having them be able  
23 to walk to access might help improve outcomes.

24           So I don't want to cast aspersion on my fellow  
25 pediatricians, but there are days when you have to do

1 that.

2 COMMISSIONER ALLEN: If I can add onto the last  
3 two comments, I want to make a comment and ask a question.  
4 But I'll ask the question because it's most directly  
5 related. And that is what have we done about the 48  
6 percent of callers for whom there isn't a positive  
7 referral? Because even short of a formal evaluation, that  
8 would be a good source of information about what's --  
9 either what's missing in the system or what we could be  
10 doing better. So I want to know the answer to that and  
11 make -- like, give you a chance to answer and then I'll  
12 make my comment.

13 MR. BALDWIN: Yeah, so we have -- you're  
14 referencing we had 52 percent of clients that said they  
15 had a -- or sorry. Received services or had an  
16 appointment to receive. So then there's 48 percent that  
17 hadn't yet.

18 So I would have to do more data digging on that.  
19 But that could be that some percentage of those don't have  
20 an appointment. They're still waiting. We continue to  
21 follow up after that initial connection. Our resource  
22 liaisons don't just give up on the client at all. They  
23 continue to follow up and help and support. If the first  
24 round of referrals are less helpful or don't follow up  
25 with the client, we will intervene and call on their

1 behalf or find a different service provider. But I can do  
2 some more data minings to see what those barriers are.

3 COMMISSIONER ALLEN: I think that would be great.  
4 And I don't think we need a formal evaluation, but please  
5 take advantage of the information that's at hand.

6 The thing I wanted to mention in response to the  
7 point being made about services, and we need to do a  
8 hundred percent of kids, but if the 34 percent getting  
9 screened aren't getting anything after they're screened,  
10 that screening is not much use.

11 And so I think on the one hand we need to be  
12 assured that all kids are, but I think part of the reasons  
13 not all pediatricians do it, they don't know where to  
14 refer kids if they have a positive screening. That's not  
15 a big incentive to keep asking people tough questions.  
16 And one of the things, having seen the two examples that  
17 Steve gave, of a model that's peer led, both here and in  
18 Massachusetts, is that I think having peers give an  
19 adequate support and training, they can serve as a first  
20 run -- rung -- I mean, they can do more than just make a  
21 referral and pass the family on. They can engage with the  
22 family in other ways through coaching, training, ongoing  
23 support, and connecting them to other families. So I  
24 think there's a lot of opportunity to build a richer  
25 system with a kind of first level of preventive, if you

1 will, support services.

2 Because, I mean, if every kid who got mental  
3 health services -- if every kid who needed mental health  
4 services were referred, the system would be overwhelmed.  
5 There just isn't enough -- there aren't enough resources  
6 out there. So we have to figure out some interim ways to  
7 develop a new cadre of mental health providers to be  
8 responding to the need. We can't just say forget it.

9 COMMISSIONER McBRIDE: I have a question. Thank  
10 you for this presentation.

11 I'm looking at the appendix and the data that's  
12 provided there. About the self-identified race and  
13 ethnicity that's being served, the SPAS and the concerns  
14 that are presented.

15 Is there data related to -- and this may be a  
16 little bit harder to gather together, because you're  
17 getting the data from the people who have actually reached  
18 out to access the services. (Unintelligible) who may not  
19 want to access the services for fear that their child will  
20 receive a label or be diagnosed with a developmental  
21 delay. And the trajectory that may put them on if they're  
22 not able to access the services at that point or even the  
23 ones that are entering public school and they know that  
24 there are limited funds for students with special needs or  
25 developmental delays, and also the disproportionate

1 numbers of Black families who are identified as having  
2 developmental delays and what that does for their  
3 childhood, but what that may expose the family to who may  
4 see that as something that they caused because there is a  
5 level of guilt with families who feel like what did I do  
6 wrong and will this easy expose me or open me to some risk  
7 with my family now being interrogated.

8 MS. FICEK: I guess I think about your question  
9 in connection with Dr. Allen's question and comment; so  
10 yeah. Why are the -- what's going on with the 48 percent  
11 that haven't followed through? Is there potentially  
12 something contributing? Is stigma a part of that? You  
13 know, what's going on with the family. We have -- we  
14 talked a lot about stigma, addressing stigma. Minimizing,  
15 normalizing early childhood milestones and development as  
16 we were launching and designing Help Me Grow. And a lot  
17 of that has been done through promotion and educational  
18 opportunities and going that direction. I mean, I don't  
19 know. Maybe you guys have examples of where we're  
20 collecting to get a sense of where there's stigma or  
21 concerns or that reaction at the individual family. But  
22 we've also tried to move away from thinking about stigma  
23 and associating with it, putting the blame on parents;  
24 right? Or putting the over emphasis on what's going on,  
25 and moving away from that kind of frame of stigma. So

1 that's been a lot of conversation, the educational  
2 materials and the resources and how do we best work with  
3 and support parents.

4 MS. JAUREGUI: I think there's also a real  
5 opportunity in our listening sessions to get a better  
6 understanding of those really complex dimensions behind  
7 stigma. As Tara mentioned, really being careful about not  
8 placing the blame on the parent or further perpetuating  
9 that. So there -- we could get some really helpful  
10 insights to tailor our messaging and media campaign for  
11 example of communications efforts based on information.

12 COMMISSIONER RAMIREZ: Thank you for your report.  
13 I had a question about just your emerging learning. You  
14 mentioned that you are learning about parents and  
15 caregivers and their perspectives, and you've had some  
16 conversations around (inaudible) properly do all of that.

17 Can you speak a little bit more to that and  
18 elaborate what you've learned in that area?

19 MS. FICEK: Sure. You want --

20 MS. JAUREGUI: I didn't catch that.

21 MS. FICEK: -- what we're learning around parent  
22 engagement and that work and how we're pivoting and  
23 shifting and figure out how to colead with parents.

24 MS. JAUREGUI: As Tara mentioned, a lot of our  
25 work with our community family engagement council has been

1 more of a -- we develop materials first, for example, and  
2 then they look over it. It's really helpful, insightful  
3 feedback, but we wanted to shift away from that, and  
4 having more of a proactive role in which they can share in  
5 decision making with us, with other community and systems  
6 leaders at the same table.

7 So this is very much a learning. We haven't  
8 figured out how to do that. We're actually very much in  
9 that process. And I think that's what's really exciting  
10 in terms of what's to come.

11 MS. FICEK: We haven't -- we're having our first  
12 combined meeting in July. We had a meeting last week with  
13 both groups coming together, but more of a -- like, a  
14 highlight of what we're presenting today and sharing the  
15 latest learning and getting that information out. But our  
16 first official -- like, our combined leadership group will  
17 happen in July.

18 So we're right on the edge of starting that. And  
19 I mentioned in the talking points, like, we have had a  
20 conversations around what does this mean about decision  
21 rights and who makes the final call. You know,  
22 historically, it's largely been First 5 LA. Right? We've  
23 been leading and holding and moving this investment. And  
24 then we've had, you know, some exciting, challenging  
25 conversations with DPH. When does First 5 LA make the

1 call? When does DPH make the call? When do we have a  
2 joint consensus and agreement on decisions? And now we're  
3 figuring that out with our leadership council, with  
4 parents and system leaders together.

5 So we're right at the front of it and we'll love  
6 to share how that goes, what we figure out along the way.  
7 But yes, it's happening. And that was a really big ah-ha  
8 moment last year as we were looking at the advisory  
9 councils and really realizing, you know, we were talking a  
10 lot about sharing power with parents, but we weren't  
11 necessarily doing it in our work yet.

12 So it's an understanding why are these groups  
13 separate. We need to bring them together. What would  
14 that look like with both conversations.

15 COMMISSIONER HEGER: Commissioner Tilton, did you  
16 want to say something?

17 COMMISSIONER TILTON: Thank you. Excellent  
18 information and presentations. Thank you so much.

19 You mentioned that 91 percent of the families  
20 calling in are zero to five. Can you kind of break that  
21 down? How many zeros are there compared to  
22 five-year-olds?

23 MR. BALDWIN: Great questions. Sorry. Yeah.  
24 Thanks for the question. I don't have that breakdown, but  
25 I can provide it to you. I can do (unintelligible) data

1 to further break that down. You know, I know we've had 91  
2 percent of those that receive a referral were doing so for  
3 a child at birth. It's that range. But I can provide  
4 that.

5 COMMISSIONER TILTON: I'm just very interested in  
6 how soon we're able to reach these families. Again, five  
7 years old is very different from a newborn. And that, of  
8 course, pulls us into the health system more than the  
9 school system or the preschool system. But how soon are  
10 we identifying them?

11 And then again, very much related to Commissioner  
12 McCroskey's comments, what really does happen once we have  
13 that? I mean, we identify at-risk newborns for child  
14 abuse based on substance, positive tox, or domestic  
15 violence or whatever, and then they're referred. We  
16 identify them. We don't know what happens after that. We  
17 don't know where the connect is. And just a huge range of  
18 issues that's cross overall with what you're talking  
19 about.

20 So -- so anyway, again, if you can, you know,  
21 answer my question about the variance, the newborns, and  
22 how fast and what we might want to do to increase that  
23 connection sooner, that would be great. All good work.

24 MS. FICEK: I mean, I will say we put a lot of  
25 focus on zero to three when we launched Help Me Grow to

1 get -- intentionally, and partnered with regional centers  
2 and who served, through the Early Start program, under  
3 three. So it was very much a -- the earlier is where we  
4 need to go. Children need to receive the developmental  
5 screening at the right age intervals under three. Like,  
6 we lose a critical -- we lose out on a critical moment in  
7 time. Where is my colleague Charna? I'm leaving this for  
8 you.

9 But I believe it truly. There's a window and  
10 critical moment of time under three. And we lose that if  
11 we're not doing the early screening then. And so the  
12 reality is kids are often identified in kindergarten or  
13 later; right? We've lost out on that opportunity for  
14 early intervention.

15 So that was always at the front of our thinking  
16 when we launched work. Who are the partners and systems  
17 that are serving children in that age group? We early on  
18 also talked about how do we go prenatal? How do we go  
19 even earlier between maternal depression and risk for  
20 developmental delays and what not.

21 And I can't say we -- we could probably do more.  
22 We haven't built enough relationships in the prenatal  
23 space, but our home visiting do a ton of developmental  
24 screenings. And we don't often highlight home visiting as  
25 our EI -- Early Identification intervention work, because

1 it's in its own separate effort. But it does a ton around  
2 screening and linking children early, prenatally, and not  
3 within those early zero to three years to service and  
4 support.

5 So it's very much focused on zero to three. It's  
6 been heavily focused on health care as I mentioned, with  
7 an understanding that (unintelligible) developmental  
8 screening and linkage should occur in the pediatrician or  
9 medical care setting with an understanding, yes,  
10 Commissioner Heger, that it isn't happening. Look at the  
11 stats. We're making progress, yes, but we're still only  
12 at 34 percent. You can talk to all the parents in the  
13 room and they'll likely say they never got a developmental  
14 screening for my child.

15 Nonetheless, that's where the policy change is  
16 happening. That's where the reimbursements are available,  
17 like I said, through Prop 56. Now there's measurement  
18 requirements. You have to meet developmental screening in  
19 the first three years of life. They now have a minimum  
20 performance level. They have to reach -- there's  
21 sanctions and performance plans. So that's where the  
22 attention and the policy shifts are happening. So it  
23 aligned with, like, this is where we go, where we really  
24 need to push for that early screening and the linkage to  
25 take place, versus other systems that serve children

1 later. And so that's where our primary focus was.

2 COMMISSIONER HEGER: I had one other question  
3 that you made me think about. Is, you know, I think peer  
4 support is really critically important. I think that also  
5 is one of the primary ways to deal with the stigma  
6 attached to anything. I think all of us who are parents  
7 appreciate, oh, heck, I did that too. And that kind of  
8 helps alleviate some of that. I think a certain amount of  
9 stigma with some of this is a good thing. You'll have to  
10 forgive me for saying that, but I think their support  
11 really alleviates (unintelligible) in terms of fighting  
12 child abuse. We know that parents that aren't isolated  
13 are less likely to abuse; so it's isolation that  
14 contributes to that.

15 And as I think we talked about last time, they  
16 idea of using targeted visitation for parents that are not  
17 able to comply or haven't complied with the fact that  
18 their child has been assessed as developmentally  
19 challenged, if the idea that they would also use home  
20 visitation by using targeted home visitation by  
21 identifying the families that needed the most might be an  
22 interesting way to -- you know, to try to change the  
23 system so that we have a better level, you know, of -- of  
24 compliance.

25 Are there any other comments?

1           COMMISSIONER McBRIDE: I did have one more  
2 question. Given the adjustment for universal preschool  
3 which lowers the age that a child can enroll in TK so  
4 younger and younger; so three-and-a-half-year-old will  
5 eventually be part of TK. How has the conversation  
6 shifted for this transition, a lot of the services were  
7 provided to the provider or regional center, how are we  
8 supporting (unintelligible) and educating them and  
9 informing them? You're going to have these children that  
10 may not have been identified yet entering our preschool  
11 classes, which are now TK classes and providing support  
12 there. So the conversation is different because early  
13 childhood education is not being provided in the TK  
14 classroom. I see it firsthand. And so behavioral  
15 challenges that are related to developmental delays may be  
16 responded to with punitive measures which is even more  
17 harmful for students.

18           MS. FICEK: Yeah. It's a really good question.  
19 We have not had a ton of engagement with selfas  
20 (phonetic). Maybe very early on in some initial planning,  
21 but it's mostly been really on focused in like the health  
22 care delivery space and regional centers given their focus  
23 on Early Start and up to three. But it's a good point  
24 that now that school are serving kids younger and younger  
25 and here we are dealing and seeing behaviors that are

1 challenging to address or the workforce isn't prepared and  
2 ready to best address it.

3 It's a really good reminder and something we can  
4 think about as we are continuing to think through our  
5 partnerships and where policy is shifting to better serve  
6 families, but also how we can better address EII needs.

7 MS. JAUREGUI: I'm glad that this is also another  
8 area where systemic racism also shows up; right? In which  
9 preschool expulsion rates are proportionately higher for  
10 children of color, particularly (inaudible) area that  
11 calls our attention as we enter equity planning work as  
12 well.

13 COMMISSIONER HEGER: So I know that we ask public  
14 comments; so we probably should move in that direction in  
15 the interest of time. So I think we have some virtual  
16 public comments.

17 MS. VO: That is correct. Confirming we do have  
18 virtual and in-person, and we will begin with virtual  
19 first because that is the first request that we received.  
20 And Felicia, you do have the floor.

21 SPEAKER: Good afternoon. Thank you, everyone.  
22 And thank you for First 5 LA board and Help Me Grow LA,  
23 Steve.

24 My name is Felicia Ford, and I'm a parent who is  
25 on the CFEC committee for Help Me Grow LA. And I'd like

1 to say thank you, first off, to First 5 LA because my  
2 daughter Faith is now 21 years old. We were part of  
3 Westside Children's Center a demonstration and PAF grant,  
4 and it was the first time I really cut my teeth on my  
5 parent public service, as I would call it.

6 The work that CFEC is doing, it's just amazing.  
7 It's the most inclusive space that I've felt as a Black  
8 mom of a Black child and a Latino child in Los Angeles  
9 County. We're both regional center clients. And it's a  
10 very challenging lifestyle, but it's also been very  
11 rewarding for me. And I just think without long-term  
12 funding for opportunities like this, if we have to expand  
13 five years to seven or ten, it's just a really good goal  
14 to have because this work is so worthwhile. I will stop  
15 in the middle of my day to respond to emails, and I'm a  
16 very busy mom. But I'll stop in the middle of my day to  
17 respond because the work is consistent and it's the most  
18 productive work that I've ever done. The team is amazing.  
19 They make sure we understand things that were heard and,  
20 you know, the work is going on.

21 I wish that we had an opportunity like this when  
22 my daughter Faith was younger, because my regional center  
23 is Westside and they were awesome. However, they cannot  
24 do it alone. And projects like this that coordinate  
25 efforts and services and take all these blind spots and

1 hidden spaces into account are just worth their weight in  
2 gold. And I can talk for five hours about this but I'll  
3 stop because I have exactly 17 seconds.

4 So thank you all for your work and your help in  
5 making this a more clear and equitable space for families  
6 in Los Angeles County. Thank you.

7 COMMISSIONER HEGER: Thank you.

8 MS. VO: Thank you, Ms. Ford.

9 And Areda Galva (phonetic), you are next. The  
10 floor is yours.

11 Areda Galva? You are up next for public  
12 comments.

13 SPEAKER: Can you hear me?

14 MS. VO: Yes, we can.

15 SPEAKER: Hello, everyone. Thank you for  
16 allowing me to speak. I'm Areda Galva. (Unintelligible)  
17 29-year-old young man diagnosed with (unintelligible)  
18 palsy and chronic medical illnesses. I also work at the  
19 Westside Family Resource and Empowerment Center that is  
20 part of the Westside Regional Center. And I'm also a  
21 member of the CFEC council. Many years ago, my son was a  
22 part of Early Start intervention services and I cannot  
23 express the support and difference that that brought into  
24 our lives, helping us become better parents and allowing  
25 us to give our son a better quality of life throughout his

1 life. We were lucky that he was referred at five months  
2 old, but the reality is not everyone is that lucky and  
3 that is why I am passionate about this and asked to speak  
4 to you today.

5 We still have lots of work to do. But together  
6 we're on a good path. The work that Help Me Grow,  
7 Pathways, and First 5 in partnership with other community  
8 programs have done are huge. Participating in CFEC  
9 Council along with many other professionals has been  
10 enlightening and a great opportunity to make a difference.  
11 We have been allowed to speak on behalf of families like  
12 our own and help give insight and our own professional and  
13 lived experience, which is crucial.

14 The efforts and tools that have been launched  
15 were done taking into consideration all of the  
16 input we provided like accessibility, language barriers,  
17 outreach, cultural sensitivity, being parent centered --  
18 that, for me personally, as a parent has been very  
19 helpful. The regional center intake portals, and  
20 centralized access point center that have come out of this  
21 work have made a huge impact and honestly is something I  
22 always envisioned. It is our responsibility to continue  
23 committing time and efforts to work into these valuable  
24 tools. (Unintelligible) Grant (unintelligible) WRC is the  
25 positive change we've made since launching it. And I just

1 want to give thanks to CFEC and the help they've given us  
2 directly and guiding us. And thank you for allowing us to  
3 speak today.

4 COMMISSIONER HEGER: Thank you very much. I  
5 think you underscored the importance that you have access  
6 and that people take advantage of the -- the service for  
7 sure.

8 MS. VO: Thank you Ms. Galvez.

9 And Fran Goldfarb, you're up next, and the floor  
10 is yours.

11 SPEAKER: Thank you. Good afternoon, and thank  
12 you for this opportunity to provide input. I'm Fran  
13 Goldfarb. I'm an inaugural member of the CFEC. I was  
14 also the CDC learn and sign (unintelligible) early  
15 ambassador to California from 2014 to 2022. But most  
16 importantly, I'm the parent of a now-adult child who  
17 started receiving regional center services at age four.

18 It is through these lenses or juggling these hats  
19 that I applaud the progress and the value of Help Me Grow  
20 LA. From it's beginning, I had high hopes that Help Me  
21 Grow LA would not only be a valuable resource for family,  
22 but that it would incorporate parents' voice and  
23 priorities into its very foundation. The Help Me Grow  
24 team, including both First 5 LA and LA County Department  
25 of Public Health, have consistently demonstrated a high

1 commitment to the inclusion of families.

2 Authentic partnership isn't easy to do, but  
3 consistently the Help Me Grow staff and volunteers have  
4 done the right thing rather than the easy or expedient  
5 thing. This has led to the development of a quality  
6 program.

7 As I look to the future, I hope that First 5 LA  
8 continues its partnership in this valuable program. As  
9 Help Me Grow LA becomes a more well-known and respected  
10 resource, the need will only get greater. Understanding  
11 child development and knowledge of community resources are  
12 critical protective factors that not only support children  
13 in their families, but support families in their  
14 communities. Help Me Grow LA has a primary role in that  
15 support. Thank you very much.

16 COMMISSIONER HEGER: Thank you. I think we have  
17 one in-person public comment.

18 Kathy, are you ready to go?

19 SPEAKER: Yes, thank you. I'm Kathy Schreiner.  
20 Some of you know me, and mostly you know me from Best  
21 Start. But here I am now with Help Me Grow because I'm  
22 part of CFEC. So (unintelligible) and got that  
23 appointment because my connection with Best Start Region 3  
24 and (unintelligible) city and neighbors. It was an  
25 important thing for our parents to learn much more about

1 early development and early intervention and we have a  
2 number of programs oriented to that. And, you know, that  
3 -- I've heard so much frustration from the parents not  
4 being able to get the services they needed and not be  
5 knowing how to do that, and so when I heard about this  
6 program, I'd attended commission meetings for quite a  
7 while. So I immediately went up to Tara and I said: Tara  
8 can Best Start be a part of this and can we be part of the  
9 pilot? Turns out it's much more complex than that. But  
10 you really do appreciate this program because not only, as  
11 people here said, it's not just the screening, it's  
12 getting people matched up with the services and then the  
13 services are delivered in a culturally sensitive way.

14 And it's just -- you know, it's such a huge  
15 problem nationwide, but certainly here in California. And  
16 so the Pathways is intended to try to create those  
17 regional networks. We haven't heard too much back about  
18 that. So I'm going to remain hopeful that that's a  
19 missing link that you asked about.

20 So then we -- I was part of the group that helped  
21 to expand membership of CFEC, and really proud of that  
22 because we have much better representation now culturally,  
23 geographically, and we're up to 15 -- and one includes my  
24 colleague Katya Morales from Best Start Panorama City and  
25 neighbors and who is the first Spanish-speaking member

1 added to our group.

2 So very proud that's happening but, you know, the  
3 challenge for us is that we have just -- oh, my goodness  
4 -- that we have just reached the beginning of our work.  
5 And here it is five years, and if we can get more time to  
6 do the kind of work that we've been asked to do and  
7 represent the parent voice and to give feedback to the  
8 system in different ways, then it will -- we will feel  
9 extremely frustrated and I think we'll miss the benefit of  
10 the things that we could offer. So I hope you'll consider  
11 that.

12 COMMISSIONER HEGER: Thank you, Kathy.

13 We're going to have a break at this time. I  
14 understand ten minutes; so we should reconvene here. Is  
15 that correct?

16 MS. VO: That is correct, we'll break for ten  
17 minutes. And for those public members who haven't already  
18 signed in at the front, please do sign in so we have your  
19 name for our records for the meeting. That will be  
20 greatly appreciated. Thank you so much.

21 (A brief break.)

22 COMMISSIONER HEGER: Thank you very much. And  
23 thank you, Robert, for reappearing on screen up there. I  
24 appreciate that. We're looking at a wonderful panel  
25 discussion at this time and looking at an update in

1 building regional three to five movements and aligning  
2 with our partners and something we're talking about  
3 amongst ourselves here. And I'll leave it up to you to  
4 take it off. I'm sure you've all agreed to it.

5 And, Lee, you'll take the lead?

6 MS. WERBEL: I'll start. The leaders are right  
7 here.

8 Yes. Hi. Thank you, Commissioner Heger and good  
9 afternoon commissioners and staff and guests. So we're  
10 really happy to be here. I'm Lee Werbel, Director with  
11 the Communities Team. And actually, the last time we were  
12 here with you was two years ago when we did a series of  
13 region by region deep dives. And we're happy to be back  
14 today with a different approach, different format. And  
15 this time with all sorts of news that we're experiencing,  
16 and new ways that we want to engage with the board.

17 We have a panel discussion that we are going to  
18 provide with representatives from our regional network  
19 grantees today; so it's going to be a full-on  
20 conversation. You'll hear examples from each of the  
21 regions, but you'll hear similarities and you'll hear  
22 themes across regions; so we're pretty excited about that.  
23 And I just wanted to say, I've been -- as I mentioned  
24 earlier, I've been with First 5 LA for 16 years. And it  
25 was a happy accident that got me here. I started in the

1 grants management department which was the department that  
2 monitored our contracts, projects, and grants, and quite  
3 quickly started working specifically on capacity building  
4 -- community capacity building and all that work that  
5 eventually evolved into what is Best Start.

6 I've spent more than half of my time at First 5  
7 LA with Best Start. And while I did not grow up in any of  
8 our Best Start communities, I am a very proud native of  
9 Los Angeles. And I come from a family of organizers,  
10 especially my mother. And there are lots of great stories  
11 there, but we'll have that for another time.

12 I do have organizing experience and that's  
13 primarily in the arts, AIDS, and LGBT communities. But  
14 that work and the heart of that work is what keeps me with  
15 Best Start and feeds me and -- and feeds all of us. It's  
16 about centering community voice and really centering  
17 community action and activism and systems change and  
18 building community power. So we're really excited about  
19 this conversation.

20 And first, just want to introduce our speakers,  
21 starting with Joaquin Calderon, Deputy Director. And he's  
22 going to talk about the work -- the evolution of Best  
23 Start and moving forward. And then down at the other end  
24 of our table is Freddy Lee, who's a senior program officer  
25 with Communities. And he's going to moderate our panel.

1 And the panel includes Brenda Aguilera from Para Los  
2 Niños, Region 1. Next to her is Dr. Michelle Burton from  
3 Community Health Councils, Region Two. And then  
4 Mr. Rogelio Tabarez from El Nido Family Service -- I  
5 always get caught up on one -- Region 3. And then  
6 Christina Hall of The Nonprofit Partnership, Region 4.  
7 And then Silvia Scott, Children's Bureau, Region 5.

8 So we go to the next slide. And really, let me  
9 take a breath because I'm so excited, you all know me, a  
10 lot of nervous energy. We're looking at -- we're looking  
11 at centering, really, this important and critical voice of  
12 community insight, experience, and connections. We're  
13 working with these 14 Best Start regions or geographies,  
14 along with the five regions. And all that we're doing is  
15 alongside these networks of individuals and organizations,  
16 community members, and public systems all to try and  
17 effect this policy and systems change at the local level.  
18 And really about improving outcomes for our youngest  
19 children who are the furthest away from equitable  
20 opportunities. That's what the work is about.

21 So what we want to do today, again, is to share  
22 some learnings across the regions and individual regions  
23 and impact that we are experiencing.

24 I just want to take a moment before we start to  
25 just lift up a couple of theme areas that I think you'll

1 hear about and that we find important to the work. And  
2 that is that about how these various networks and  
3 communities are identifying community priorities and  
4 transforming them into systems change. And it's really  
5 not about -- it's really not about those --  
6 community-identified priorities and basic systems versus  
7 systems change, it's both.

8           We also understand that those identified  
9 priorities don't always a hundred percent align with First  
10 5 LA's priorities, and that we find that is really -- we  
11 need to understand that and we also need to understand how  
12 really those identified priorities are critical to  
13 community. And when you look at areas like all that we're  
14 -- we've experienced with the Covid pandemic and other  
15 areas like housing and parks and public space -- open  
16 spaces, excuse me, and transportation, other areas of  
17 quality-of-life issues that families are facing every day,  
18 it's really important that we lift that up and be able to  
19 share that experience and understand how that might impact  
20 how we look at and how this work can help shape and inform  
21 our strategic plan reset moving forward.

22           So and then one last piece that I just wanted to  
23 say is in terms of our evolving role, we continue to grow  
24 and grow more as convener, connector, catalyst, and  
25 advocate and also thought partner. And we keep that in

1 mind because our role as First 5 LA -- I thought my time  
2 was up. No? It's okay? It's okay.

3           Anyway let me just turn the mike over to Joaquin  
4 to get us going. Thank you.

5           MR. CALDERON: Thank you. Good afternoon,  
6 commissioners. I'm now going to talk about the evolution  
7 of Best Start efforts. And we're going to start here with  
8 this photo of one of several events that First 5 LA hosted  
9 to recognize leaders in the Best Start communities. This  
10 photo was actually taken in 2014. And for me, it really  
11 sheds light on the level of commitment and pride of  
12 parents and residents across what we called, then, the 14  
13 Best Start communities to advance the three to five agenda  
14 in our community and for their families.

15           During this time, I was a program officer for the  
16 Broadway/Manchester Community, located in South LA. And  
17 my job as a program officer at that time for the  
18 Broadway/Manchester community was to manage a team of  
19 consultants to recruit and train a group of community  
20 members with a special emphasis on parents and caregivers  
21 to focus their collective efforts to call attention to  
22 First 5 LA's four goals at the time for families and  
23 communities in LA County. We referred to these groups as  
24 partnerships. These are the groups that were being built  
25 in the 14 Best Start communities, and many of them

1 developed a formal structure with leadership teams that  
2 helped to lead the partnership meetings.

3 In this picture, I actually recognize two people,  
4 a mother and a daughter. They're somewhere in the center,  
5 there, from the Broadway/Manchester partnership. And that  
6 was, again, the partnership I was working for and -- as a  
7 First 5 LA program Officer.

8 And how they learned about the partnership really  
9 was they received a flyer at a pocket park that First 5 LA  
10 helped to fund and open back in 2012. And through that  
11 flyer, they learned about the partnership meeting and  
12 became very much involved in the leadership structure.  
13 And here they are, they're being honored.

14 And you've heard about -- you know, and I think I  
15 recognize some others in there that are from other  
16 communities that are still very much involved today.  
17 I was at an event last week and I saw somebody from the  
18 community that's in this picture. And it was just amazing  
19 to see how they're -- many are still very active today and  
20 very much deepening their networks across the reach.

21 And I just heard Kathy in the public comment a  
22 second ago talking about the connection she's making with  
23 Help Me Grow. Last week, I met somebody who's on the  
24 leadership team, but also president of their neighborhood  
25 council. Another young man who came into Best Start

1 because his dad was a leadership crew member, now he's on  
2 staff for one of our regional network grantees. So you  
3 see just the generations of getting involved and the  
4 commitment there. And I imagine, you know, a lot of the  
5 other people in this picture were recruited or found in  
6 similar ways across the 14 communities through efforts by  
7 First 5 LA to bring together parents with other community  
8 stakeholders to come together to share experiences, build  
9 upon strengths, and achieve the dreams in their community.

10 The next slide really shows what we referred  
11 today -- when we talk about the 14 Best Start communities,  
12 we refer today as the Best Start regional networks, First  
13 5 LA funds one regional network grantee or RNG, which is  
14 our acronym there, per Best Start region. And that covers  
15 the 14 communities in LA County.

16 And so five organizations, we refer to as our  
17 regional network grantees. They provide implementation  
18 and leadership support in each region. In Region 1, as  
19 Lee mentioned and introduced everybody, we have Para Los  
20 Niños. We call that the Central East region.

21 Region 2 is our South LA region, and that's  
22 Community Health Councils, that's the RNG.

23 In Region 3, that's the San Fernando Valley,  
24 that's El Nido Family Centers as the RNG there.

25 In 4, which is our port cities, that's The

1 Nonprofit Partnership as our RNG.

2 And then 5, the Antelope Valley, that's  
3 Children's Bureau.

4 Next slide, please.

5 And I started to share the Best Start evolution a  
6 little earlier when I shared what I did as a program  
7 officer in the early years of Best Start to build a  
8 partnership structure in Broadway/Manchester. Working in  
9 14 communities with different staff really allowed us to  
10 explore different approaches to centering community in the  
11 partnership development work.

12 As partnerships strengthen, leadership looked for  
13 new ways to grow their base, gain more visibility and  
14 influence in the community, we began as a staff to  
15 understand our role needed to change.

16 So in 2018, the First 5 LA Board of Commissioners  
17 approved five Regional Network Grantees. This was a  
18 result of a comprehensive procurement process that  
19 included authentic decision-making and which transitioned  
20 this capacity-building effort into five regions consisting  
21 of the 14 geographic areas and supporting the emergence of  
22 regional and local networks of parents, residents, and  
23 other community leaders and organizational partners.

24 This shift to networks recognized the critical  
25 role they play in developing, uplifting, and sustaining

1 systems change. The RNGs manage regional work and the  
2 strategic progress of the local networks along with  
3 contracted partners. In these first two years in 2018, we  
4 learned a lot about the time and attention needed to  
5 ensure a successful transition. A lot of healing needed  
6 to happen. Here we had been doing a lot of the work as  
7 the doer. We had the relationships. And then with the  
8 RNG structure, we needed to have time to really solidify  
9 that relationship and a lot of time was needed for that.  
10 And the regional approach was starting to ask the  
11 partnerships to rethink their structure, to incorporate a  
12 vision now for building regional power. And here they had  
13 thought of themselves as an individual community. Now  
14 we're talking regionally. How do we build more power and  
15 grow networks to raise a community of healthy children?

16 When Covid hit, this made it more difficult for  
17 families and communities to ensure their children would  
18 reach their full potential. The RNG structure allowed  
19 community partners to pivot quickly to the immediate needs  
20 and utilize the base of leaders in place to strengthen  
21 networks through efforts to distribute food, diapers,  
22 computers, and other important resources to community  
23 members, including a space -- right? -- through their  
24 regular community meetings -- because oftentimes these are  
25 monthly if not biweekly meetings. They continued now with

1 a virtual platform in a lot of cases. But for a lot of  
2 families, this kept their connections going in a time  
3 during intense isolation.

4 And so today, into the future, we're focusing on  
5 the role as staff, as Lee said, in terms of what we can do  
6 as an advocate, as a connector, convener, and catalyst to  
7 help strengthen the networks that have been built and  
8 continue to expand.

9 As a community (unintelligible) staff, we look  
10 for opportunities now to activate new and strengthen  
11 existing networks in the regions to compliment the work of  
12 the RNGs. We are regularly involved in work to inform  
13 partners and systems leaders about what we are learning  
14 from community-centered, systems change work.

15 I'm now going to shift to talking a little bit  
16 about our learnings -- our key learnings with our impact.  
17 And this picture -- we are showing it with this picture of  
18 some of the many articles on the First 5 LA website. And  
19 there are many articles about the Best Start regions, but  
20 in this one we wanted to highlight, really, the text in  
21 the boxes above each picture which uplifts key impacts --  
22 key impact areas of our work.

23 The first picture about power sharing, you know,  
24 we understand that community must be a part of making  
25 decisions around funding, policies, and practices. This

1 article offers an example of the democratic and  
2 participatory spaces that exist through Best Start to  
3 develop community priorities. And there are many examples  
4 of how these spaces had to transform to respond to the  
5 Covid 19 pandemic. And that's what this article talks  
6 more about.

7 So I encourage you to go on the site and read  
8 about it, but you also have some great panelists here who  
9 are going to talk about the work they've done around  
10 creating these kinds of spaces.

11 In supporting parent-driven movements, we are  
12 learning about the role parents and caregivers and  
13 residents play when at the center of driving systems  
14 change. In this story, like many we see, at -- coming out  
15 of the regions is how community-led advocacy boosted by  
16 training and guidance from First 5 LA and its partners,  
17 pushed through the red tape and the slow moving wheels of  
18 government bureaucracy. And this is a great example, I  
19 think, in this article of how community health workers --  
20 because we're always trying to make those communities;  
21 right? Community health workers, promotoras, they were  
22 very influential in this work to implement a plan to  
23 address this particular community priority.

24 And the third example highlights cultivating  
25 networks and why it's important to balance both direct

1 services and systems change. Here we're offered a great  
2 example of the support First 5 LA provided to bolster the  
3 quality of life for families and children through  
4 community-led projects that increase parks and open space,  
5 food security, and transportation access.

6 Next slide, please.

7 These are just a few of the examples of many that  
8 are helping us understand the learning of our impact  
9 around systems change and the power building that's  
10 important to this work. Essential are parents and  
11 caregivers and residents to driving systems change.  
12 Continuing to center parents and caregivers and residents  
13 allows us to respond to community needs. We saw the  
14 importance of this relationship during the Covid  
15 lockdowns, and how quickly RNGs were able to pivot based  
16 on community feedback.

17 Systems change is holding the current reality  
18 that families are facing as well as the vision for the  
19 future. In cultivating networks, we have to embrace both  
20 roles of addressing long-term systems outcomes and the  
21 needs of families.

22 The pandemic showed us how important it was to  
23 have strong networks in place, both to understand the  
24 changing needs and to respond to them. During the  
25 pandemic, when Best Start regional networks distributed

1 food, many used it as an opportunity to engage in  
2 recruiting families into the Best Start network.

3 In power sharing, I shared a little bit about the  
4 participatory and democratic process these community  
5 members went through to develop a set of priorities to  
6 focus on. This is the case of all of our regions where  
7 spaces are being created for community to make decisions  
8 around funding, policies, and practices. As the work with  
9 the RNG's continue, we are hearing from them about the  
10 bridges First 5 LA can build between systems and  
11 communities.

12 We are committed to building networks across  
13 multiple sectors, and with new partners, we're also  
14 focused on where there is alignment across regions to  
15 support the building of a County-wide movement focused on  
16 three to five issues. As networks grow, so will the  
17 opportunities to help and support families. And as we  
18 think about sustainability, we understand how this needs  
19 to be different for each region with each community  
20 determining what will be sustained. As we think about the  
21 bridge building I just talked about, our RNG partners have  
22 different asks of First 5 LA about what bridges can be  
23 built by First 5 LA to support systems change driven by  
24 communities. Our current structure allows us the  
25 flexibility to understand and support different needs.

1 And I think this is an important relationship as we think  
2 about our strategic plan and reset process.

3 Alignment takes a lot of time. And we've been  
4 doing this for a while trying to create alignment at the  
5 community level. And I think you'll hear from our  
6 panelists that there's been a lot of success in that area.  
7 So how do we think about those spaces where community  
8 members are coming together having structures that are  
9 very much aligned to help support us in terms of our  
10 reset.

11 I want to now turn it over to my colleague Freddy  
12 Lee to guide us in a conversation with our RNG partners,  
13 to add their insights and learning about our impact and  
14 some examples from their regions.

15 MR. LEE: Thank you, Joaquin. Good afternoon,  
16 commissioners. My name is Alfredo, you can call me  
17 Freddy. It's a pleasure to be here with you this  
18 afternoon and with our colleagues here.

19 So in preparing for this panel, I was like, wow,  
20 I've got a lot of feelings. I've been with this work for  
21 12 years. I've been in a lot of roles, seen a lot of  
22 meetings -- thousands and thousand and thousands of hours.  
23 What I wanted to share is just the -- the big moment this  
24 is for me to be able to share this work and share the  
25 space with these folks who are not just representatives,

1 but who are system change practitioners in this new way  
2 that they all (unintelligible). So I'm excited to open  
3 that conversation up with you all.

4 My unique task is to give you 35 minutes worth of  
5 a lot; so I'm going to just give you a taste. And  
6 hopefully you'll get a sense of the great work that's  
7 happening and it will spark more curiosity for further  
8 conversation. But without further ado, we're going to  
9 just open up the conversation. Folks will introduce  
10 themselves as they speak, but we're going to use these  
11 four questions as the frame for the conversation. And so  
12 we'll be exploring it together to help you get a sense of  
13 nuance and textures of what's happening. And then we'll  
14 have a chance for Q and A as well.

15 So let's get started. Can you all help me  
16 understand what the network looks like? How do  
17 (unintelligible).

18 MS. SCOTT: I'll go. You know, in the Antelope  
19 Valley, we -- obviously, we're seeing, you know,  
20 categorized as a rural community. And so one of the  
21 things that -- that we see, you know, we could talk about  
22 a lot of disparities and a lot of, like, the things that  
23 are not getting to the Antelope Valley because by the time  
24 it gets out there, it's been disbursed everywhere else.

25 But one thing about the Antelope Valley is that

1 it is a valley -- a community of very resilient people.  
2 We -- we saw that in the pandemic, that there was a lot of  
3 -- of the high numbers -- right? -- that were effecting  
4 our communities and our communities of color.

5 And so one of those things that we said -- we  
6 were having a conversation earlier about that. We're  
7 talking about how the pandemic really affected our  
8 community and what came out of that. And what we saw in  
9 the Antelope Valley, we saw not only resiliency from the  
10 community, we saw networks of growing where there was  
11 partnerships that had never been there before. There was  
12 people that were providing work but it was in silos. And  
13 we're trying to do the same kind of work but separate.

14 We were also looking at Best Start and said what  
15 is missing? What is happening? How are we going to make  
16 something good out of this? And so one of the things that  
17 we saw was that even our leadership at that point was a  
18 little bit stagnant. So what we said is let's effuse new  
19 life into this. We don't come out to empower people  
20 because our community already has a lot of power; so we  
21 need to invigorate our community. So we said we're not  
22 just going to sit here and we're not just going to allow  
23 the pandemic to squash us. So what we did is we found new  
24 leaders, people that our -- assets in our community that  
25 hadn't really had their voice heard. And we decided that

1 we were going to start doing things a little bit  
2 different. We were going to start really bringing on more  
3 voices, really bringing in the thought of rural community  
4 engagement, and what did that look like. The communities  
5 getting together, not just providing, like Joaquin said,  
6 supplies or things that were needed, but really how were  
7 we going to -- as a community and as a network, how we  
8 were going to support each other to keep moving. And so  
9 we saw a lot of work coming together. We did see a lot of  
10 assistance in utilities, assistance with food. We saw --  
11 just -- it -- like, growth in terms of community members  
12 saying that's okay. I'm going to cook 200 burritos. Or  
13 we're going to, you know, go around and help the homeless  
14 families because we saw more of that happening too. We  
15 had a lot of homeless families living in some of these  
16 hotels that were just not the best of conditions.

17 So what did we need to do? We needed to come  
18 together as a network and really make some changes. So  
19 these were just a few of the things how -- that show some  
20 of the work and some of the community driven work that  
21 changed. Because I think the Antelope Valley looks at  
22 systems change as we're going to come and we're going to  
23 disrupt systems. We're not going to come knocking at the  
24 door. We are disrupting to make some changes and to  
25 change some of the disparities and some of the oppression

1 there's there.

2 And it affects all of our regions, not just the  
3 Antelope Valley. So that's kind of a little bit of what  
4 (unintelligible).

5 MR. LEE: That's really exciting. I love how you  
6 highlighted different levels of work, community systems.

7 I was wondering if folks are sitting with  
8 something you wanted to share around as we explore this  
9 concept of networks and community change and any  
10 learnings.

11 MS. HALL: We had a learning. One of the things  
12 we learned is we have these really powerful and strong  
13 community leaders that are doing so much work and  
14 advocating for so much. We found that some of our network  
15 organizations were a little uncomfortable or weren't  
16 really sure how to -- how to partner in that way. You  
17 know, as organizations, we -- we have our own strategic  
18 plans, we have our missions. How are we incorporating  
19 community, community members, community voice in a truly  
20 impactful and meaningful way. And so we put together a  
21 learning community with our network organizations and  
22 through, you know, doing all the things that we had to do  
23 in Covid, we also had this learning community where our  
24 network organizations wanted to be a part of it and saw  
25 value with the Best Start community partnerships. They

1 saw value in having community members, but how could they  
2 strengthen their internal capacity to better work with  
3 community members?

4 And I think that was really powerful, because  
5 that, in and of itself, is shifting systems in how they're  
6 interacting with the community as well.

7 MR. LEE: This is interesting. Just to stay on  
8 this point for others, how has that matured over time, the  
9 relationship between (unintelligible) and how they do  
10 their work in partnership with residents.

11 MS. BURTON: I can speak to that. I have a  
12 feeling we're getting ready to change the topic on us.

13 So that really centered for me what one of our  
14 biggest learnings has been, which is focusing on building  
15 resident/community agency. And in that transition, when  
16 we came on as an RNG in 2018, a lot of the leadership as  
17 Joaquin has mentioned was really centered around building  
18 these relationships with organizations who were then  
19 building relationships with residents or training them on,  
20 you know, how to actively participate in, you know, system  
21 change or just community activities, at that point, and  
22 having a voice around their children and their families.

23 We tried that for a little while. And what we  
24 found was as is usual, from a systems change perspective  
25 on that sort of microlevel, was that these agencies were

1 having a very difficult time kind of releasing their  
2 autonomy as it related to how we were working with  
3 community members and residents.

4 And so it wasn't an easy process, but over time  
5 we really, you know, shifted their roles. So really we  
6 have a resident elected regional taskforce. And they make  
7 all the decisions. We were very intentional in not having  
8 any seats on that task force that belonged to  
9 organizations. So all of that participatory grant making  
10 that was going around community change agendas and the  
11 program we have in South LA -- and I'm just going to pass  
12 these out so that folks can take a look at this and have  
13 an example of, I think, all of the work that both folks  
14 are doing across the regions.

15 This is just one example of how we're engaging  
16 communities. And because we are talking about children's  
17 zero to five, I brought stickers. You can fight over them  
18 because there's only a few. And I am wearing -- I have an  
19 "I voted" sticker, but this is how this culminated.  
20 Right? So now we do a community-wide vote. We started  
21 this in 2021. In the middle of Covid, we were able to get  
22 555 votes. For those of you commission members who were  
23 around when we first reported on this campaign, we're now  
24 in the second round of South LA Decides. It ends on May  
25 3rd. And we're already at approximately a thousand votes.

1 We're very excited about that.

2 But the key difference here is I have more  
3 residents than staff who are out there collecting these  
4 votes this year. So we had to start, set the example,  
5 work with people -- we also didn't want to put residents  
6 at risk by saying: Hey, we really need you to do this.

7 So as staff, we shouldered much of that load in  
8 2021. So this year, we're just trying to stay out of  
9 their way. They're calling us, they're giving us our  
10 orders. And, actually, the young man that Joaquin  
11 referenced earlier who's now a staff member with us, he  
12 reported the other day that his mom and dad -- his dad is  
13 on the regional task force for the last couple of years  
14 and has now transition his leadership and is mentoring the  
15 resident that took his seat. His wife went out and  
16 collected 142 votes in one day, and were very proud of  
17 that.

18 So that's just an example of how we have, I  
19 think, successfully shifted, you know, what was largely an  
20 organizational, sort of, led effort in South LA to a very  
21 much resident-led, resident-driven role. Now  
22 organizations still have a role as grantees, but they are  
23 very accountable to our residents.

24 And that is still in the works. I find  
25 organizations are a little bit contentious about being

1 accountable to residents. And so we're working to, you  
2 know, build those bridges so that they see, you know, the  
3 residents and the regional task force members as their  
4 partners. And that they respect, you know, their voices  
5 and their opinions, you know, in -- in how they are  
6 conducting their programs and in the development of their  
7 evaluation plans, their budgets, as well as their goals  
8 and objectives around any community change drivers that  
9 they're using.

10 MR. LEE: This is very interesting but I'm going  
11 to step into this conversation about accountability for  
12 the organizations and residents. I was going to ask you  
13 maybe -- but feel free to step in.

14 MS. AGUILERA: Hello everyone. Brenda Aguilera  
15 for Para Los Niños. So we have a pretty -- we started as  
16 a organization in the back in 2009 with Best Start Metro  
17 which was First 5 LA's pilot community. And since then,  
18 we have been really lucky to be able to develop what we're  
19 calling our community transformation model. And that  
20 really helped us to develop clear policies and practices  
21 on how to ensure that the residents that we're working  
22 with and are most affected by systemic barriers are at the  
23 helm.

24 So that articulated everything from values --  
25 guiding principles and values in operations; so when we

1 talked about how to really center all of the efforts  
2 around the lives of those who are most impacted by  
3 barriers that we've clearly articulated, what that would  
4 have looked like on the ground.

5 It was really important to also ensure that the  
6 organization that's are serving these communities were at  
7 the table as well, because they are -- it's really  
8 important to create authentic partnerships and make sure  
9 that they were communicating with one another to have a  
10 real understanding of what the -- the experience was on  
11 the ground.

12 So but at the moment at that time, if we're able  
13 to bring in about three residents and, you know, it wasn't  
14 until we hired full-time people that within a year we were  
15 able to see the shift from three residents to a hundred,  
16 and then a hundred more each year.

17 MR. LEE: Can we have a time line on this?

18 MS. AGUILERA: So between 2011 and 2012, that's  
19 when we started to see the huge increase. Then we ran  
20 into a resource issue because residents were meeting on a  
21 weekly basis. We developed what we call the early  
22 leadership groups. One of the things that we wanted to  
23 ensure is, you know, at times we have these governance  
24 bodies that could seem very abstract. So it was really  
25 important to center governance and decision making at a

1 local level. So that was one of the requirements from the  
2 residents that we wanted to make sure that we brought  
3 those spaces into the communities that they were in to  
4 make it accessible. But we were very strategic in  
5 ensuring there was alignment in the groups. And -- along  
6 with the organizations that they were partnering with.

7 So the bylaws include everything from, like,  
8 ensuring that none of the decisions -- all decisions have  
9 to be approved by 50 percent plus one resident. Like,  
10 that's one method to ensure that there was -- that we are  
11 in alignment in connection with those agreements.

12 But what's been really interesting in the way  
13 we've been able to ensure that everything was informed by  
14 the residents is that all the conversations and anything  
15 that were strategizing around, it always starts at the  
16 level with the residents in the beginning. They have  
17 their individual space in the neighborhood level. They  
18 have a parent task force where they all come together to  
19 share what they're learning, because between eight  
20 neighborhood leadership groups, you have 500 residents,  
21 you have a lot of different perspectives, but they have a  
22 process where they come to agreements. They may disagree  
23 on something. They may have other priorities. But they  
24 come to agreements on how they're going to prioritize and  
25 the organizations are paying attention and they're

1 listening to these stories and they understand that maybe  
2 the decisions they would have leaned on, it shifts because  
3 they're learning what it's really like on the ground. And  
4 at that point, they vote in agreement, typically, with  
5 what the majority of the residents want.

6 MR. LEE: I want to come back because I want to  
7 go to Mr. Tabarez.

8 Just this theme of accountability in the words  
9 (unintelligible). In the valley, there's a very -- I  
10 wouldn't call it a unique approach, but it's a beautiful  
11 approach around this dealing with things. Maybe connect  
12 that for us a little bit?

13 MR. TABAREZ: Yes, I think it resonates with what  
14 Michelle suggested a shift in paradigm. We found that we  
15 look at models and we have a system that is -- has been  
16 established for quite a while. We look at ancestral  
17 traditions. Rather than use the term model, I would  
18 prefer to use the concept of traditions. We have custom  
19 traditions beliefs. And it's based on, I think, the idea  
20 of the community being too heavy for one individual, for  
21 one church, for one agency, for one hospital, for one  
22 school. And, in fact, before we started our discussion, I  
23 think it was Commissioner Heger that suggested the notion  
24 of collaboration -- the need for collaboration.

25 The experts tell us that this work in the

1 community requires an interdisciplinary approach. The  
2 elders tell us that if you have a collective wound facing  
3 adversity and it's causing a collective wound, you heal  
4 collectively. You come together. Not individual work.

5 And so our ancestors were experts in observation.  
6 They observed, they measured, they predicted with the  
7 purpose of thriving. And they realized that in nature,  
8 all living organisms are programmed to grow, to learn, and  
9 to thrive. So that's been the basis -- our program is  
10 value driven, and we're borrowing from the Lakota  
11 tradition of shared well being.

12 And what that means is essentially we're looking  
13 at a process that focuses on interconnection,  
14 interdependence, reciprocity, and proper relations. And  
15 then shared well-being clearly indicates that resources  
16 are shared. Knowledge is shared. Wealth in materials of  
17 skills is shared. And power is shared.

18 So this is the approach that we've taken in the  
19 valley. And it's really resonated because it's completely  
20 driven by community. Because it's their belief system.  
21 It's there tradition. We're not imposing a mold from  
22 outside. We're asking them questions, what do you need in  
23 order to heal. What do you need in order to recover?  
24 Because we realize with Covid that the State does not have  
25 a recovery plan. LAUSD did not have a recovery plan.

1 They had a plan that necessitated reacting. It was a  
2 reaction plan. And it had to do with safety issues, but  
3 it didn't have the element of -- of really recovering.  
4 And by recovering, referring to a wound that is a soul  
5 wound. It's not a cognitive issue. It's not a physical  
6 issue. It has to do with the soul wound. And that's what  
7 we're focusing on is trying to help the relief of that.

8 MR. LEE: I would love to stay on that all day,  
9 and I'm sure many of you would also. But I want to -- we  
10 touched on Covid a little bit and look under the hood a  
11 little bit. I want to talk more concretely about what  
12 some of the learnings there have been during Covid. And  
13 we started a little bit on that with Silvia.

14 And I just wanted to come back to that a little  
15 bit. Add a few more examples of how this -- because of  
16 this cultivation that's been happening, this alignment or  
17 attention, or sense of, like, broader commitment that's  
18 been emerging, how have we been able to respond talking  
19 about alignment.

20 Anyway, can anybody speak on that a little bit in  
21 terms of Covid?

22 MS. BURTON: I would say really briefly on the  
23 flyers I passed around, you'll see there's the address of  
24 three churches across South LA. And so what we have done  
25 is formed relationships with these churches across our

1 communities, and we are calling them our sustainability  
2 hubs. That is in response to, you know, the Covid  
3 pandemic ongoing crisis, whether it's going to be climate  
4 change or food shortages, you know, take your pick. So  
5 through the sustainability hubs, we are leveraging other  
6 resources, which is also a part of our sustainability plan  
7 in general to, you know, involve City, County, and other  
8 foundations in the conversation around how to better  
9 outfit these hubs all the way from renovations and new  
10 construction. We've been looking at real estate -- real  
11 estate plans and footprints of each of these churches to  
12 see what their capacity is.

13 We've been meeting with the families that own  
14 these parcels and seeing how we can better invest in them.  
15 And the resources they have, especially in the midst of  
16 rapid displacement because of hypergentrification of our  
17 communities.

18 And so that is -- you know, definitely things  
19 that we thought about that Covid accelerates those plans  
20 for us and how we were working and, you know, really, it's  
21 about coming back to models, of community; right? And I'm  
22 -- I can here Rogelio now, I'm, like, traditions. And I  
23 often use Black Panther and Brown Berets to set an  
24 example; right? It's not about asking people to come to a  
25 meeting, but meeting people where they're at. Clearly

1 they need food, they need diapers, they need utilities  
2 paid, they need to know they're not going to lose their  
3 home soon.

4 So once we're able to address all those issues as  
5 much as we can through our community navigators who are  
6 working out of these locations then we can get to the part  
7 about, hey, would you like to become the South LA  
8 delegate. We have community organizing in, you know,  
9 civic engagement programs that you can participate in.  
10 And you can get a an accredited college certificate,  
11 hundred dollar grocery card. And we're going to forever  
12 be a part of your network and grow together. So it really  
13 is about meeting people in community and recognizing as a  
14 16-year-old of the LA Riots, nobody's coming to save us.  
15 Right? And so when things are on fire and problems  
16 occurring, the reality is nobody's coming to save us.  
17 There's a reaction plan but no recovery plan.

18 So what we're trying to focus on is how do we  
19 build these hubs in communities so that people can take  
20 care of each other.

21 ME. LEE: And just to bring back to make it  
22 explicit for folks here, the organizings around child  
23 development, all of this happens inside of this core. I  
24 think you can all maybe speak more on that. Like, we're  
25 organizing folks about lived traditions. And then at the

1 same time, there's a lot of development. And something I  
2 will say to everybody, I think all of LA County, every  
3 socioeconomic neighborhood needs to learn more about child  
4 development so that isn't an issue that you heard here.  
5 People don't know it's about your child receiving  
6 resources, and so I just wanted to tie that in. Sometimes  
7 we don't do that neatly, but children are essential, but  
8 when we're engaging family, these are the -- you go ahead.

9 MS. SCOTT: As we talk about Covid, we also saw  
10 that there was so much issues happening; right? We have  
11 the -- we had some of the racial disturbances that were  
12 happening. And one of the things that we found is that we  
13 weren't -- as a Best Start community in the Antelope  
14 Valley, we missed an opportunity for our conversation.  
15 But this missed opportunity brought so much more other  
16 amazing projects and work to the community.

17 So we knew in talking to the community, that it  
18 was said we need the -- you know, the diversity, equity,  
19 and inclusion-type courses for capacity building. So we  
20 brought that in.

21 Within the first six months of doing this, we had  
22 over 600 community members attend six classes. And they  
23 were monthly classes, but we saw that there was a need and  
24 what we were doing is that we even, not just as a Best  
25 Start staff or team, we as a community were looking for

1 tools for our tool kit. Why? Because we needed to have  
2 tools to have better conversations. We needed to have  
3 tools to be able to coexist in the same community. We  
4 also needed tools to address trauma, because all of these  
5 issues that were happening including the pandemic was  
6 causing so much trauma; so we brought in and we -- we  
7 started a trauma-informed master class which really led  
8 from learning about ACEs all the way to how it affects the  
9 workplace, how it affects the adult and everything we know  
10 that childhood, experiences really affect our -- who we  
11 become as assaults.

12 So we knew we needed to have this so we started  
13 this master class. And that in itself, we've already  
14 finished the third cohort. And we're starting -- there's  
15 still a demand in the community to do this both for the  
16 DEI courses and the trauma informed master class.

17 And what the bigger picture is is that we needed  
18 to go have those basic tool share, information sharing; so  
19 that knew we can be at different places and where we can  
20 go, we can have some of these conversations. Thee  
21 conversations aren't easy these conversations. They shed  
22 a lot of light on a lot of stuff that is wrong or that  
23 we're seeing, you know, that's -- that's the oppression,  
24 the racism. But now our community is having a little --  
25 they're being able to make better informed decisions on

1 where Best Start wants to do some of the work and how we  
2 want to interact with the rest of our community.

3 So I think that's just one of our biggest learned  
4 new experiences, I think, through Covid and all of that.

5 MR. LEE: I'm getting the sense of process as  
6 part of healing, and how it's -- this slowness that we  
7 talked about during lunch that is necessary.

8 Do you want to add --

9 MS. SCOTT: Well, first, I can build on that. In  
10 that what we saw in 2020, we had this enormous need that  
11 developed around all the things that have already been  
12 shared here. Like food and diapers and formula and all  
13 these things that became unavailable to all of us in the  
14 community. But in our Best Start neighborhood and Best  
15 Start communities, it was even rougher and tougher. There  
16 was so much price gouging going on and our leaders, our  
17 community members that are experiencing this stepped up.  
18 First 5 LA gave us some flexibility in how to be able to  
19 respond with our community change funds, and they utilized  
20 community change funds to help with those direct needs.  
21 We have community members walk into other community  
22 members houses who were home bound, like, couldn't leave  
23 because of what we didn't know about Covid at this time.  
24 We had other community members that were advocating to LA  
25 Council at this because there was no Covid testing or

1 Covid vaccine when that happened in Wilmington. And  
2 because of that advocacy and having a partnership with our  
3 local network contractor in Wilmington, we were able to --  
4 they were able to bring that in to the community. At the  
5 same time, they didn't stop working on systems change  
6 issues. We had -- in 2020 we had a participatory  
7 budgeting process. Our leaders insisted on continuing it.  
8 And, in fact, they led the only participatory budgeting  
9 process that happened in north America on 2020. And they  
10 moved it online and they funded projects that they needed  
11 in the community to address their priority areas -- the  
12 community change priorities so that their children could  
13 thrive.

14 And at the same time, you saw one of the pictures  
15 that Joaquin shared. Our community members in Wilmington,  
16 your Promotoras -- they got a decorative crosswalk put in  
17 to change pedestrian safety in the community. And so at  
18 the same time, they were -- they were solving direct  
19 service needs that no one else was solving and systems  
20 change needs and just kept going. Even though they  
21 themselves were being so hugely impacted by the pandemic.  
22 And I just -- you know, I thank First 5 LA forgiving us  
23 that flexibility. And but the leaders -- I mean, we  
24 couldn't -- they didn't -- they are the ones that did t.

25 MR. LEE: And i want to stay on this kind of Zoom

1 out a bit around this systems change.

2 What are we seeing? What was working? What are  
3 we getting excited about that we want to keep nourishing,  
4 keep growing. No both (unintelligible) dichotomy.  
5 There's something that we're finding here.

6 MS. AGUILERA: I'll share about how our work is  
7 expanding through a partnership with children's hospital  
8 Los Angeles. Right before the pandemic, we were meeting  
9 with their Department of Social Services. They had seen  
10 the work on the ground, especially with the neighborhood  
11 issue groups, and they were already doing an assessment to  
12 understand why families in the spas that they serve were  
13 having difficulty accessing the hospital. A lot of the  
14 families that they were working with have children that  
15 have chronic health issues. It's a large population of  
16 immigrant communities. There's literacy challenges. Just  
17 access in general to basic needs is -- is real. So they  
18 were really interested in learning more about the  
19 promotora model, because they had seen how the promotoras  
20 are building the capacity of efforts serving as coaches in  
21 the systems change efforts.

22 So we developed a partnership so that they could  
23 hire four residents from the Best Start partnership  
24 because they had already begun going through the community  
25 transformation leadership training for a number of years

1 and also they obviously understood that the residents were  
2 -- had the cultural competence and fluency to be able to  
3 navigate the gaps in these systems to; so they brought  
4 them on board. And part of the work was to work directly  
5 with social workers to see -- to understand why the  
6 families weren't accessing those resources. I think the  
7 time the data showed is anywhere from 10 to 20 percent of  
8 the families that they were trying to connect, what about  
9 families that couldn't make doctor's appointments, the  
10 previous presentation reminded me of that.

11           There were families that couldn't meet -- attend  
12 their doctor's appointments because they didn't have  
13 transportation. They had to work, they weren't given time  
14 off to make appointments. They'd lose their jobs if they  
15 missed for appointments. They had to prioritize resources  
16 even just to think about food and safety and other --  
17 other basic needs. So the social work team was  
18 responsible for helping to connect them with those basic  
19 needs. And, again, there were only about 10 to 20 percent  
20 of those families were connecting to those resources.

21           The moment the promotoras came in, within six  
22 months, we saw a large increase. And I think the number  
23 went up at six months to about 60 percent of families --  
24 they were connecting to these concrete supports. And two  
25 or three years now, they're at 88 percent.

1           We understand -- I've seen the assessments that  
2 we've -- that we've disseminated right now with the work  
3 that Best Start is doing. We understand that helping is a  
4 priority and it's impossible to find housing. It's  
5 impossible to find those resources. The (inaudible)  
6 families are also experiencing those same challenges. So  
7 it's one of the highest needs that they have. They're  
8 being displaced. They're at risk being of being  
9 displaced. A lot of the supports for renters have been  
10 eliminated. We're not sure what the impact will -- we're  
11 going to start to see the impact of that in the coming  
12 months. At least 80 percent of the population that we're  
13 working with are -- are renters; so we're going to  
14 experience a bigger crisis at this moment.

15           So we know that the numbers -- the referral  
16 numbers could increase, but the reality is there aren't  
17 any opportunities for housing.

18           So I think this is an area that Best Start Region  
19 1, which also includes East Los Angeles, Metro  
20 Los Angeles, South El Monte, and Southeast LA is focused  
21 on this at the moment. So they decided two years ago to  
22 primarily focus on policy and systems change around this  
23 effort.

24           MR. LEE: Very excited to hear more. Again, my  
25 task is to give you a glimpse; so I'm going to close out

1 the panel. Let me start with Silvia. Just a sentence,  
2 what's exciting you the most around opportunities in this  
3 work.

4 MS. SCOTT: Renewed hope in community.

5 MR. LEE: In the community. Awesome.

6 MS. HALL: I think our communities are going back  
7 in person for meetings, and just has -- it's reinvigorated  
8 everyone. I think that group reinvigoration.

9 MR. TABAREZ: I think I consider the outcomes of  
10 systems -- the successes that we've experienced that are  
11 very tangible. We saw in our community that there was an  
12 attempt to bring in a detention facility in Arleta for  
13 detained immigrant children. And I think that violates  
14 all of our moral principles here in this room. And I was  
15 appalled at -- in my own discipline, the American  
16 Psychological Association took no position on this.  
17 Children were put into cages. The American Psychiatric  
18 Association took no position. And that shows -- National  
19 Association of Social Workers did not take a position.  
20 The Department of Children and Family Services did not  
21 take a position.

22 The community did take a position. There was a  
23 -- there was a protest. Our representatives were  
24 solicited and the detention center was built somewhere  
25 else. That was a success.

1           In terms of the farm workers, that's an ongoing  
2 struggle. We kind of pressured -- the community pressured  
3 the governor to sign into law protection for the farm  
4 workers insurance and work rights. That was another  
5 accomplishment.

6           And what I'm really excited about, Freddy, what  
7 gets me up in the morning and motivates me to go into the  
8 office to work, we were granted -- by the City, we were  
9 awarded the opportunity to create two healing centers in  
10 the San Fernando Valley.

11           So this is offering alternative curative options  
12 for the community in lieu of a five to six month waiting  
13 period for the Department of Mental Health to be seen for  
14 services. And then we know for a fact, it's well  
15 documented that families of color, the communities of  
16 color that do access the system and are able to get an  
17 appointment, they terminate prematurely after three to  
18 four sessions.

19           So we're making an impact and that's -- that's  
20 tremendously motivating to me.

21           MS. BURTON: Yes, I think in sound bites, we're  
22 most excited about our guaranteed basic income initiative.  
23 We are one of the few organizations that's not a  
24 municipality that's implementing a guaranteed basic income  
25 initiative. And looking forward to submitting to the

1 independent review board; so that will be the IRB study  
2 and we will be publishing on that mostly to evidence that  
3 it's going to take more than money to fix, you know, what  
4 has been broken through, you know, just hundreds of years  
5 of harm that's been done.

6 And so a guaranteed basic initiative is not just  
7 about, you know, sort of the approach that other  
8 initiatives have taken, which is traditional science where  
9 you just sort of throw, you know, money at folks and then  
10 you stand back and you observe them and see what they do  
11 with it.

12 Rather, there's lots of data out there now. And  
13 so we're taking the approach with our partners and  
14 researchers at USC to really focus on the wrap-around  
15 supports that we want to provide and how those wrap-around  
16 supports are just as critical to improving outcomes for  
17 families as is the, you know, cash resources that are  
18 going to be provided to them.

19 So we're extremely excited about that and  
20 continuing to provide and build the infrastructure for a,  
21 you know, 99 if not 100 percent volunteer-led South LA  
22 Decides initiative that will supplant, sort of, the Best  
23 Start. As we look year over year at the decreases in  
24 funding, we know that we're trying to build a network and  
25 infrastructure that can live beyond us and not be reliant

1 on outside funding, and that's going to take continued  
2 innovation and creativity from ourselves and our community  
3 members.

4 MS. AGUILERA: I think what excites us right now  
5 is the ability -- we've been able to -- we've been growing  
6 as a team thanks to the work; so right now, we have about  
7 -- we're growing to a team of 25. And 16 of those  
8 positions are held by former Best Start residents. And  
9 that's everything from the promotora positions,  
10 administrators, coordinators, and managers. So we're  
11 really proud to see how we've evolved thanks to this  
12 investment. Our organization has also evolved. We have  
13 promotora in other key positions across the organizations.  
14 And now with the partnership with folks like Children's  
15 Hospital Los Angeles, Cedars Sinai actually invested, they  
16 gave us a grant to expand that work and also to support  
17 other public health institutions in adopting the model.  
18 So it's a pivotal time, I think, for all of the residents,  
19 honestly. It's thanks to their commitment, their drive,  
20 their will, their trust in us to work alongside us for all  
21 of these years and to really shape the direction of this  
22 work and all of us.

23 So we're really thankful to them and to the  
24 people to see where it takes us in the coming years.

25 MR. LEE: Thank you, panel. Thank you for

1 trusting me. Thank you for that work. I'm going to hand  
2 it over to Joaquin for a summary and then we'll have a  
3 chance for more discussion.

4 MR. CALDERON: I know people want to jump right  
5 in. We do want to have time for you all to ask questions.  
6 Just wanted to end with this: So what's next? Where do  
7 we go from here? And often when we talk about systems  
8 change and changing the (unintelligible) systems, agencies  
9 serving LA County, we ask where do system changes actually  
10 start? And I hope today, you know, it's clear that it  
11 starts locally with community. Building community power  
12 is ongoing and dynamic and we are learning to effectively  
13 adapt our roles to address the changing needs we, First 5  
14 LA staff, come in contact with. And it's causing us to  
15 become more engaged and connecting, aligning, and sitting  
16 in various network spaces to support an expansive  
17 understanding of the region and to support the Best Start  
18 network to effect systems change to help improve outcomes  
19 for children and families.

20 So today was about making these connections and  
21 weaving our story through our learning and examples of  
22 impact.

23 I'd like to open it up for questions and  
24 reflections with the committee.

25 MS. WERBEL: And we have a set of suggested

1 questions to think about. We really want to hear from you  
2 all in terms of what resonated and what else you would  
3 like more to learn about centering parent and resident  
4 voices and cultivating networks, and then also especially  
5 how you see this Best Start investment really helping to  
6 inform and shape the goals, objectives, strategies for the  
7 strategic plan reset. And any other questions you may  
8 have.

9 And it's sort of free wheeling. If there's any  
10 specific questions or --

11 COMMISSIONER HEGER: Commissioner McBride would  
12 like to ask you a question.

13 COMMISSIONER McBRIDE: Yes. Thank you for this  
14 presentation. I'm learning a lot about Best Start, but I  
15 am familiar with some of the organizations having worked  
16 in the community. And even though, I guess, one of the  
17 tenants of Best Start is to focus on the community,  
18 because you're in different geographical locations and  
19 your demographics and your communities are different, some  
20 of the challenges have an overlap. Is there sort of a  
21 landing pad of best practices, like some of the things you  
22 shared today, learning networks, resident-elected task  
23 forces, the sustainability hubs -- is there a landing pad  
24 where you all share these best practices that you found  
25 worked in your communities that may work in other

1 communities?

2 MS. WERBEL: I think that goes right to Freddy.

3 MR. LEE: We do our best to try to connect folks  
4 regularly in learning spaces. There's a lot of different  
5 (unintelligible) but we have a community of practice and  
6 then our, sort of, formal -- it's not an evaluation but  
7 it's sort of in that room is the Best Start and it's also  
8 all about tracking, where we did explore some of these  
9 things. And the idea -- part of our strategy is what we  
10 call field building; so how are we helping build the  
11 field. Examples of how we do it and what is working.

12 But we -- you know, we need help; right?  
13 Amplifying that voice.

14 MS. WERBEL: And some of the areas that are  
15 coming through or looking at or things that are  
16 cultivating networks, building community power and  
17 sustainability -- I'm not remembering the third one. But  
18 I'm putting it as sustainability. Are areas that are all  
19 being touched across and are all touching across all the  
20 regions. So those are the conversations that are  
21 happening with the Best Start learning agenda and in the  
22 community of practice, to really -- the communities of  
23 practice is really about building the practice of doing  
24 this work and strategizing together; so --

25 MR. CALDERON: And I'll just add, you know, I

1 think how we started the presentation around our role as  
2 the doer, we're really involved in the community  
3 partnership, because I think we've been able to take a  
4 step back. And as you'll see as we submit our budget for  
5 the next fiscal year, we're really thinking about how we  
6 put resources in the hands of staff to really go out and  
7 share these best practices out in the community with other  
8 funders, with other partners. So we're planning to take  
9 our show on the road and that's really going to be a prime  
10 focus about our work in the future.

11 COMMISSIONER McBRIDE: Thank you.

12 COMMISSIONER HEGER: One of the other things I  
13 think is important, we were talking about it before, is  
14 knowledge about what is there and what we can have access  
15 to. I mean, sometimes I find out about major funding  
16 sources for the community just accidentally. Well,  
17 there's a knowledge, like, I can call Silvia up and say I  
18 know somebody who wants to do X in Antelope Valley as an  
19 important connection to make. And I think that's  
20 critically important. Oftentimes, the bureaucracy gets in  
21 the way of individuals in the community. And I'm -- I'm  
22 really excited to hear about the community being involved  
23 in driving it, because I think the community is much more  
24 effective.

25 I personally would always like to be a resource.

1 I think that's one of the things that First 5 would do.  
2 And I'm a commissioner; so I'm sitting here as First 5.  
3 But I'm also Astrid Heger, pediatrician, and I would also  
4 like to know that -- that I would share with you what  
5 options come down that I hear about.

6 So looking at creating a clearing house of  
7 knowledge of -- of where resources are, where government  
8 funding is coming from, where other community funding  
9 opportunities are coming from -- because one of the things  
10 I think happened with Covid was there was this tsunami of  
11 ennui, of boredom, why get involved. I'm surviving and  
12 that's -- the disinterest by many and those that need  
13 their interest the most.

14 And I think we need to help each other regain  
15 that momentum. And one way of doing that is sharing  
16 information rather than holding on to it. So if you --  
17 speaking not as First 5, but if you talk to me afterwards  
18 and let me know what -- you know, I mean, like, I have too  
19 much stuff sometimes, and it would be great to share it  
20 with the community who doesn't have.

21 And, you know, I'm a doctor. And I live in a  
22 research institution that's focusing on things that the  
23 people you take care of now that I'm interested in are not  
24 worried about. They're worried about eating, they're  
25 worried about changing their kids diapers, and they're

1 worried about where they're going to sleep. They're not  
2 worried about stem cell research. It's a fact. And so  
3 then how do we connect those dots?

4 And so I've spent a lot of time in high desert  
5 over the years and -- and watched it get weighed down by  
6 bureaucracy and now reemerging because the community is  
7 involved. And I want to validate that, Sylvia, I think  
8 that's really important.

9 So maybe at First 5 we can look at where  
10 resources are and creating a resource access, That  
11 vehicle. So -- we're not in direct services here right  
12 now, we're really more into policy, etcetera. But maybe  
13 one of our policies is we know where the resources are.  
14 That's one of the things.

15 COMMISSIONER RAMIREZ: Thank you so much for the  
16 panel. It's very inspirational. The work that you do is  
17 wonderful with the community.

18 My question is how do you -- once you have  
19 community input, how do you then share what you've learned  
20 with other agencies, partners, school districts? How does  
21 that get communicated?

22 MS. SCOTT: We -- one of the things that we saw  
23 that there was a little bit of a disconnect between the  
24 actual residents and then some of our partners, community  
25 leaders. And so what we really strive to do is then

1 create a forum, and area where they could -- we'd all come  
2 together and bring this kind of information. So we do  
3 what we call our quarterly stakeholder convenings. And  
4 really the whole mission of these convening is, one, to  
5 bring and present the work that the community's doing, but  
6 we're also emphasizing policy and data.

7           The Antelope Valley is very thirsty for data.  
8 And so since we began doing that, our numbers for both  
9 residents and of other stakeholders -- and wanting to be  
10 part of some of this. So that's one of the forums that we  
11 provided. And then another project that we did, and  
12 thanks to Christina gave us this information, the other  
13 region had done a State of the Child Report with who's now  
14 Catalyst California. And so we just partnered with them  
15 as well.

16           And -- and the beauty of this project was that it  
17 was all the research and areas that the research was going  
18 to be done on was really going to be driven by the  
19 community. And so we're almost done. We're almost at the  
20 ending point of that. June, we'll be able to have our  
21 full State of the Child in Antelope Valley Report ready.  
22 But these are some of the opportunities that we want to  
23 have where everyone can come around to share some of that  
24 information, the data, or policy that's affecting our  
25 community.

1 MS. HALL: We have another way that -- on top of  
2 all that, I think we all have similar processes. But I  
3 think, you know, I spoke of our learning community which  
4 helps us work with community organizations. Our community  
5 organizations meet with community members, have community  
6 partnerships; so there's that joint sharing there as well.  
7 But in our region, we also have what's called a funders  
8 dialogue. And so we're able to share these learnings with  
9 other funders in the region so that there can be the  
10 creation of an alignment around the community priorities.

11 And by sharing those community priorities with  
12 other funders, you know, it's that sharing of knowledge,  
13 but is there a way to go connect them and build  
14 connections and build alignment around funding models in  
15 our region to help strengthen the work that's being done  
16 by the community.

17 MS. BURTON: Just briefly, so as an example, with  
18 our guaranteed basic income initiative, back in 2020 we  
19 did the research and then had a Women, Wealth, and Equity  
20 summit where we shared our price of motherhood study. And  
21 that study was done with a hundred moms in South LA asking  
22 them, you know, what -- what does your financial life look  
23 like. You know, the impacts. But one of the biggest  
24 takeaways from that data was that they were on average  
25 short \$443 a month to make ends meet. And so that data

1 point informed our guaranteed basic income initiative that  
2 we landed on \$500 a month will be the distribution for our  
3 moms on a bimonthly basis, because getting cash infusions  
4 more frequently, data also told us that that there was a  
5 higher likelihood of it being more useful to them as  
6 opposed to once a month.

7           And in correlation with that, we're in the middle  
8 of our ACES study with 100 Black mothers in particular,  
9 given that they are disproportionately impacted by, you  
10 know, infant and maternal health disparities. And so that  
11 particular study, we actually are up to 125 mothers.  
12 We've closed it. Now we're analyzing the data and doing  
13 some follow-up with the providers and the mothers who  
14 participated. But that data on average childhood  
15 experiences is also going to inform how we approach some  
16 of the work we do with all mothers, in particular our  
17 Black mothers during the GBI initiative; right? And  
18 looking at those impacts and where the intersectionality  
19 is. Right?

20           So I think just always making sure that we are  
21 not taking any reductionist approaches into how we're  
22 looking at these problems and disparities, but continuing  
23 to look at, you know, the research that we're collecting  
24 empirically along with any other secondary sources that  
25 have relevance to our communities.

1           COMMISSIONER ALLEN: I wanted to pick up on the  
2 first question that what resonates with you. One thing --  
3 I work with the Department of Public Health, and we fund  
4 many, many community organizations. And I -- we  
5 definitely experience that tension of organizations  
6 feeling like fund us, we are the community. And feeling  
7 like, on the one hand, they are a terrific bridge to  
8 community residents, but they can also be a barrier when  
9 the money stops there, and how you overcame that. I mean,  
10 did you ultimately get by them for the idea that, no, it  
11 has to go this next step to really reach residents? And,  
12 you know, have you sort of been able to get the  
13 organizations that, you know, feel very passionately that  
14 they grew out of the community, they can speak for the  
15 community, they represent the community, how was that --  
16 that sort of barrier leaped, if you will -- leapt, if you  
17 will, or is it still a challenge?

18           MS. WERBEL: I think it started with a design for  
19 Best Start and putting residents at the center. And at  
20 this time, now, as we brought on board the Regional  
21 Network Grantees and other partners bringing organizations  
22 back into that full table -- originally when Best Start  
23 started, it was about everybody at the table. And what we  
24 realize is we needed to build or center residents and  
25 community members to really -- what's the word you used?

1 Invigorate that power and voice. And then realized, well,  
2 actually, there's more to -- there's more to a community  
3 than the residents. There's more to support that and  
4 bringing the organizations into that fold as opposed to  
5 starting with the organizations.

6 So I think each of the panelists might have  
7 something to say about that on an ongoing basis, but it  
8 was built in.

9 MR. TABAREZ: I'd like to address that. One of  
10 the issues we had is the illusion that there's a  
11 separation, there's a disconnect with agencies and staff  
12 and then residents or community. And I think that's one  
13 of the challenges that we've had initially, was making it  
14 clear that we're part of the community. The staff and the  
15 agency both were involved. We live in the community. We  
16 work in the community. We have our homes in the  
17 community; so we are part of the community.

18 And we gather, I think, also -- to address  
19 Commissioner Ramirez's question as well -- we have  
20 meetings on a monthly basis that bring community leaders,  
21 parent leaders together with agency representatives. And  
22 what is the focus? Healing. Because the providers are  
23 frontline people. But who heals the healers? So we come  
24 together and we collectively support one another so that  
25 when we have opportunities for funding, we have now what

1 also was referenced, I think, before, the participatory  
2 budget process, where the families, the residents come  
3 together and they work now collaboratively, cocreating  
4 with agencies services that are needed.

5 They're not models that the agencies want to  
6 replicate or want to continue, but they have to come  
7 together and cocreate based on the needs, identified  
8 priorities of the community. That's one.

9 The other example is the promotora model which is  
10 a very effective model. It really focuses on the medicine  
11 that's available in the community, which is knowledge and  
12 expertise of the leaders in the community. They're  
13 already respected and they know all the connections.

14 So what we want to do is we want to elevate that  
15 information and give them dignity of living wage, and --  
16 and certainly benefits, because they're given a title.  
17 They're essential workers. But they're not treated as  
18 such. They're disposable workers, essentially. When you  
19 need them, you bring them on board. And when you no  
20 longer have a need for them, you get rid of them.

21 So I think we're trying to elevate that position  
22 by providing them training to be marketable, to have  
23 skills, and to have dignity in terms of working.

24 MS. SCOTT: We also have what's known as the  
25 Antelope Valley Resource Infusion, and it's a

1 collaborative group of a lot of different partners within  
2 the Antelope Valley.

3 But what the -- what they did is they looked at  
4 the whole Antelope Valley. They did a landscape  
5 assessment and found that there was three massive areas  
6 that had highest need of even all of the rest of the  
7 Antelope Valley. And so what they decided to create was  
8 this resource group, collaborative group. And they based  
9 a lot of it on collective impact and bringing people  
10 together where they're organizing providers work groups,  
11 they're organizing resident work groups, all for those  
12 three different areas -- Palmdale, Lancaster, and Lake LA.

13 And part of the big work here is that, as we  
14 talked earlier, that's when people just do some silo work  
15 and they're all doing the same work, and -- but no one is  
16 talking to each other. And so a lot of what the agency  
17 resource infusion wants to do is bring all these different  
18 resources and be able to -- be able to provide them, but  
19 also in between organizations, as we know, that funding  
20 comes and goes, we start leveraging what -- some of our  
21 resources and we start leveraging with some of the other  
22 groups or other strategies that are happening. So that's  
23 -- that's one way how, you know, we try to, like, keep the  
24 conversation happening in terms of sustainability.

25 COMMISSIONER HEGER: I think we're almost out of

1 time. I may be -- correct me if I'm wrong.

2 MS. VO: That is correct. We have a few minutes  
3 left for this item.

4 COMMISSIONER HEGER: Are there any other comments  
5 from the panel or do we have any public comments?

6 MS. AGUILERA: If I can add, I think, with our  
7 experience, it depends on -- it's a great question because  
8 it has varied, when you're talking about subcontractors  
9 that maybe we partner with or organizations that join the  
10 partnership, it varies. I think in their approach --  
11 again, it goes back to, like, the values. Like the -- and  
12 how they operate those values. They see a value in  
13 partnering with residents. It depends on how open they  
14 are to explore, how they have to shift their practices.  
15 So there's an openness to that.

16 One of the things that we -- our team talks about  
17 is we're going to do, like, an onboarding about, like, the  
18 theory, but I need you to come in and see it in practice,  
19 experience it, because I think it's a whole different  
20 approach to the way that you typically do this work.

21 I think there's also assumptions that things have  
22 to slow down for residents or that maybe what we're doing  
23 is too much. And it's interesting to see, like, who  
24 challenges these notions. It's not the residents.  
25 They're comfortable with the complexity being brought in.

1 I think it's -- it's often the folks that have to  
2 challenge the way that they -- they probably have to  
3 reflect on their own practices, that that's when it  
4 becomes difficult. But I think it is really important to  
5 partner on those pieces. But it is about, like,  
6 transforming as individuals in this work as well.

7 COMMISSIONER HEGER: Thank you very much. And  
8 this is -- it was -- I don't know about anybody else in  
9 the audience, but it was terribly inspiring to me to see  
10 the communities begin to rise up and take charge of their  
11 own community. It's always worried me that we dictated to  
12 communities what they should do. And we were usually  
13 wrong. And so it's wonderful to have you here and thank  
14 you very much for coming.

15 And Linda, were there any public comments?

16 MS. VO: Confirming there are no public comments  
17 for this item.

18 And before we move on to the next item, I do want  
19 to make a note for the record that all materials that were  
20 distributed by Dr. Burton will be made available online on  
21 our website under our meeting materials. So they're  
22 accessible to all public members.

23 COMMISSIONER HEGER: Thank you for that. I think  
24 we have one item left, which is on Item 7, which is the  
25 authorization of First 5 LA to receive funds from First 5

1 California. I think we're always willing to accept funds  
2 from California. I don't speak for anybody else here, but  
3 so I believe that Diana was to speak to that?

4 MR. WAGNER: This is a written-only item. There  
5 are some materials just to draw your attention to in the  
6 board packet. There's a memo explaining the availability  
7 of these dollars from First 5 California as well as what  
8 we would use them for, which is in partnership with our  
9 County partner, Department of Public Health in order to  
10 build out the -- what's called the data link; so an  
11 ability to pull data across the different home visiting  
12 models so we can better report on County-wide data. And  
13 also to test out ways in which we could draw down a  
14 community health worker benefit out of Medi-Cal, which is  
15 a new way in which we can bill Medi-Cal for services  
16 provided by community health workers. And we feel there's  
17 great alignment to the home visiting staff that form a lot  
18 of these functions; so it's testing that out so we're in a  
19 better position to pull out those Medi-Cal dollars.

20 If there's any questions Diana is in the audience  
21 in the back to answer.

22 COMMISSIONER HEGER: Back there. Okay.

23 Thank you very much. When it comes to money, we  
24 open -- the door is always open. And I want to again  
25 thank the panel for coming today. And I always appreciate

1 that. And I want to welcome Summer McBride sitting at the  
2 table, I think, for the first time.

3 COMMISSIONER McBRIDE: Yes.

4 COMMISSIONER HEGER: As our new commissioner from  
5 Supervisorial District 2.

6 Is it 2?

7 COMMISSIONER McBRIDE: Yes. 2.

8 COMMISSIONER HEGER: And I think with that, are  
9 there any other general comments about anything in the  
10 world apparently?

11 MS. VO: Before we proceed to general comments,  
12 confirming that there are no public comments on Item 7.

13 COMMISSIONER HEGER: Oh. All right. So back  
14 here for items not on the agenda. Whoa. That leaves the  
15 door wide open.

16 Are there any public comments for items not on  
17 the agenda?

18 MS. VO: Confirming there are no public comments  
19 for items that are not on the agenda.

20 COMMISSIONER HEGER: Well, then I guess we can  
21 move for adjournment and go home for the day or back to  
22 our high desert. Right? Kind of a drive.

23 And thank you so much for coming. I appreciate  
24 it. And feel free to reach out to me after this meeting.  
25 I love this First 5. I love the commission. I love the

1 fact that we're actually trying to do something rather  
2 than just talking about it; so thank you very, very much.

3 (At 4:27 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 19th day of May 2023.

DocuSigned by:  
*Heatherlynn Gonzalez*  
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CERTIFIED SHORTHAND REPORTER  
FOR THE STATE OF CALIFORNIA

**FIRST 5 LA**

**SUBJECT:**

Strategic Plan Reset: Conditions of Children and Families in L.A. County

**BACKGROUND:**

During the June 2023 Board of Commissioners meeting, staff provided highlights of a landscape analysis of First 5 LA's internal and external context, including sharing data on the conditions of L.A. County young children and their families in terms of demographics, health and safety, and basic needs. During the June Programs and Planning Committee meeting, staff will continue to share insights from the landscape, including a deep dive into the data on Family Supports, and invite Commissioner reflections on the findings and insights into the implications for First 5 LA moving forward.

**DISCUSSION:**

During the June Programs and Planning Commission meeting, staff will build upon the insights shared at the June Board of Commissioners meeting by providing additional data related to demographics, health and safety, and basic needs. Staff also gathered data related to the supports that families access and will be sharing data and key findings related to:

- enrollment in safety net programs, including Medi-Cal, WIC, CalFresh, and CalWORKs,
- enrollment in Home Visiting programs
- enrollment in Subsidized Early Care and Education, and
- informal social supports available to families.

In addition to sharing countywide insights, the data highlights disparities in access to family supports by race and ethnicity and age.

**NEXT STEPS:**

The findings on the conditions of young children and their families, along with other components of the landscape analysis, are inputs into subsequent discussions on First 5 LA's strengths, weaknesses, opportunities, and threats (SWOT). Staff anticipates engaging the Board in reflections on the SWOT in July 2023. Both the landscape and SWOT will be used to inform goals, objectives, and strategies developed as part of the Strategic Plan Reset over the Summer/Fall 2023.

# Conditions of Young Children and Their Families in L.A. County

June 29, 2023

Programs & Planning Committee Meeting

Presented by:

Kimberly Hall, Office of Data for Action



# Today's Objective

Provide a deeper understanding of the conditions of children and families in L.A. County to inform the Strategic Plan Reset

# Where we've been:

## Demographics

- Population Size
- Race/Ethnicity
- Language
- Poverty

## Health & Safety

- Prenatal Care
- Infant Mortality Rate
- Low Birth Weight
- Risk for Negative Outcomes
- Child Protective Services Involvement

## Basic Needs

- Food Insecurity
- Rent Burden
- Difficulty Paying For Housing
- Difficulty Finding Housing

# Where we're going today:

## Recap & Deeper Dive

- Demographics
- Health & Safety
- Basic Needs

## New Data: Family Supports

- Safety Net Program Enrollment
- Home Visiting Participation
- Subsidized ECE Enrollment
- Social Support

# Demographics

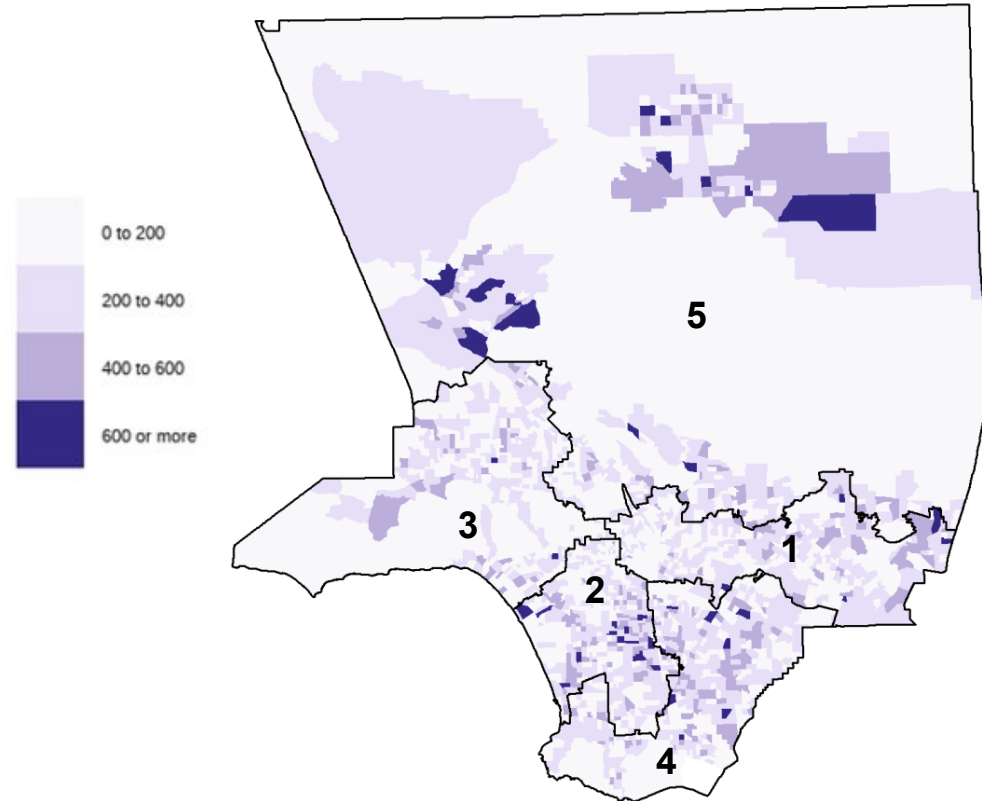
- Population Size
- Race/Ethnicity
- Language
- Poverty



# Recap June Board: Demographic Findings

- There are just over **half a million** children under 5 in L.A. County
- **3 out of 4 children** under 5 are children of color
- Nearly **3 out of 4 households** with children under 5 speak a primary language other than English
- Poverty rates in Black, Latino and Native Hawaiian/Pacific Islander households with children under 5 are **three times** the rates of White and Asian households.

Number of L.A. County children birth through age 5 by Census Tract & County Supervisor Districts



Source: American Community Survey (ACS) 5-yr estimates table B01001 by census tract and supervisorial district as analyzed by Catalyst California

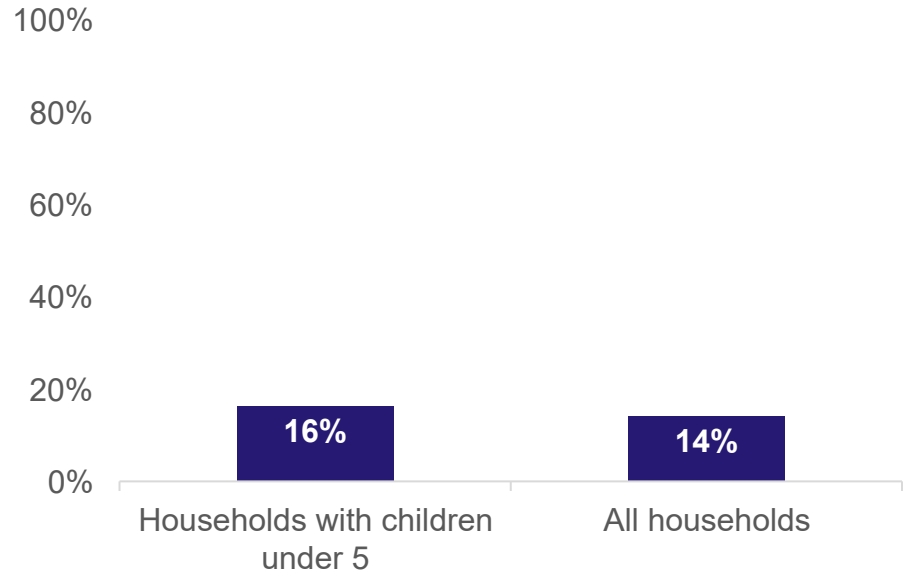
# 1 in 6 L.A. County households with children under 5 have income at or below the federal poverty level

There are

**56,918**

households in L.A. County with children under 5 in poverty

Percentage of L.A. County households with income at or below the federal poverty level



Source: ACS 2021 1-yr Public Use Microdata Sample (PUMS) estimates as analyzed by Catalyst California.

Note: Poverty is defined as having income at or below 100% of the federal poverty level.

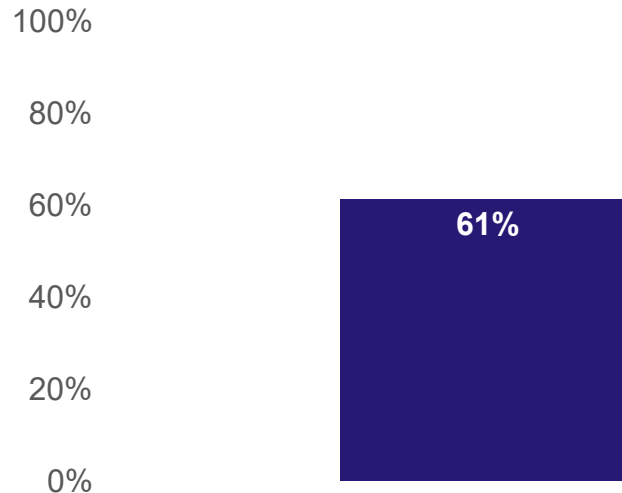
# More than half of L.A. County households with children under 5 lack sufficient income to meet basic needs

In 2019 there were

**243,644**

L.A. County households with children under 6 whose income was insufficient to meet basic needs

Percentage of L.A. County households with children under 5 whose income are not sufficient to meet basic needs



Source: The Real Cost Measure in California 2021, United Ways of California. Estimates based on ACS 2019 estimates as analyzed by Catalyst California.

Note: The Real Cost Measure (RCM) accounts for costs of living such as housing, food, child care, health care, transportation, and taxes. The L.A. County RCM for a household with 2 adults, 1 preschooler, and 1 school-aged child is \$95,112.

# Health and Safety

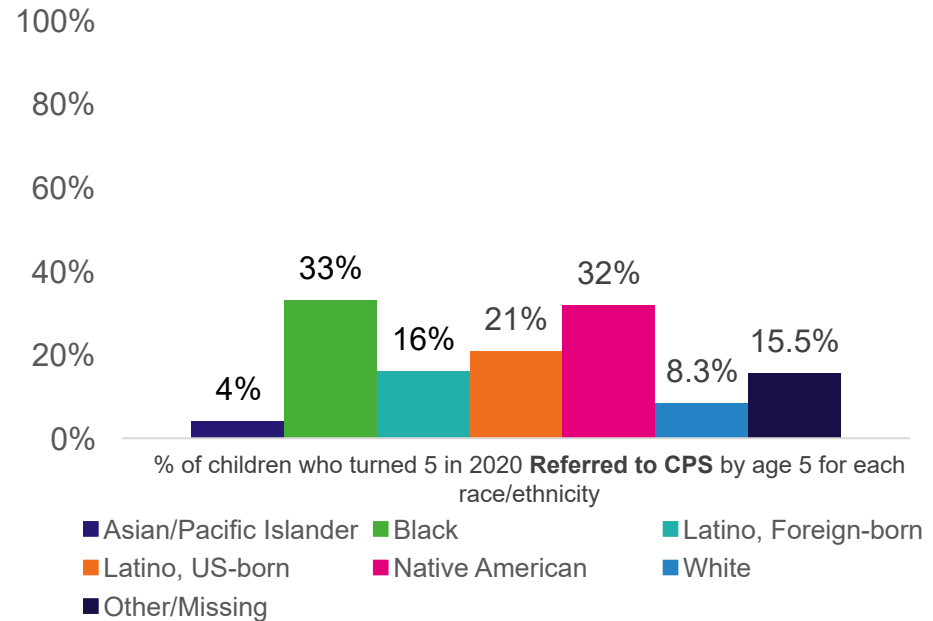
- Prenatal Care
- Infant Mortality Rate
- Low Birth Weight
- Risk for Negative Outcomes
- Child Protective Services Involvement



# Recap June Board: Health & Safety Findings

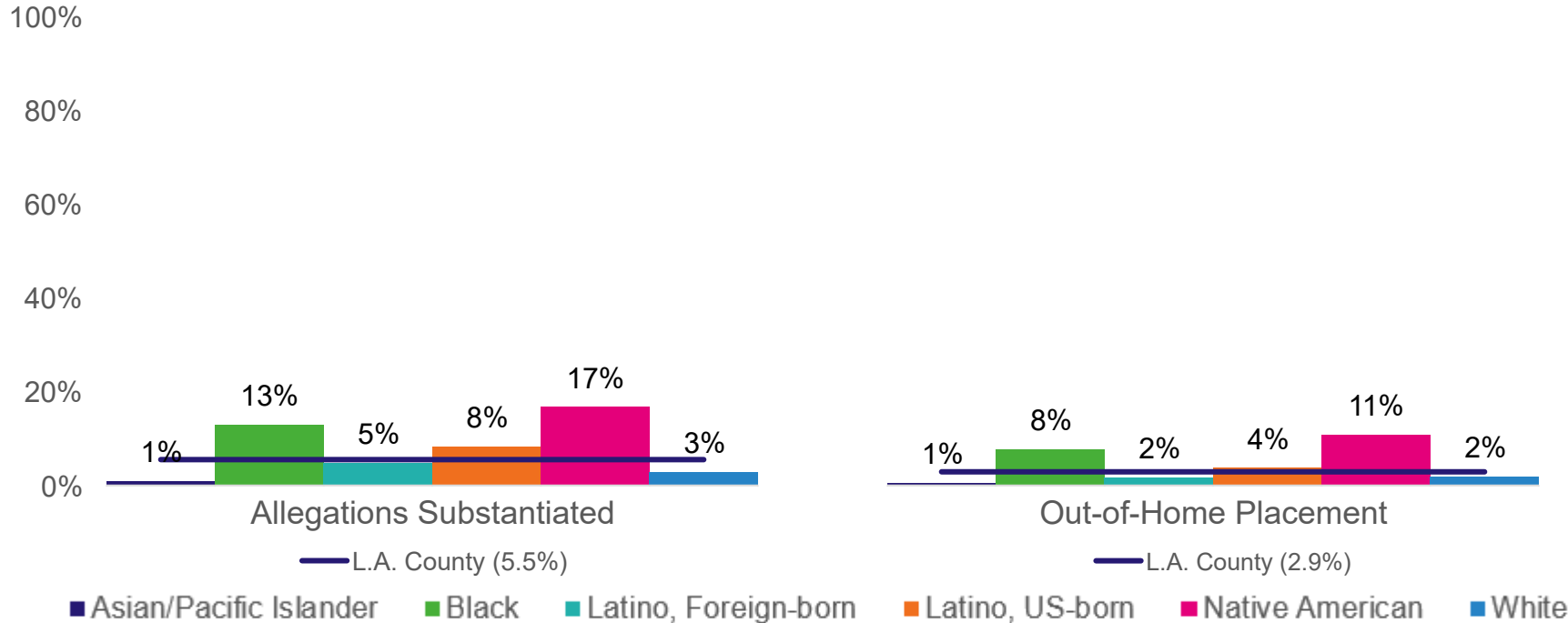
- Low-birth weight, risk for negative outcomes, and involvement with CPS have been **relatively consistent** in recent years.
- There have been **modest improvements** in prenatal care and infant mortality rate.
- Black children and families experienced the **greatest disparities** in health and safety conditions.

1 out of 3 Black and Native American children who turned 5 in 2020 in L.A. County were Referred to CPS at least once during their first 5 years of life



Source: Linked Administrative Records, Children's Data Network

# About 1 out of 10 Native American children in L.A. County who turned 5 in 2020 were in an out-of-home placement at least once during their first 5 years of life



% of children who turned 5 in 2020 with CPS Involvement by age 5 for each race/ethnicity



# Basic Needs

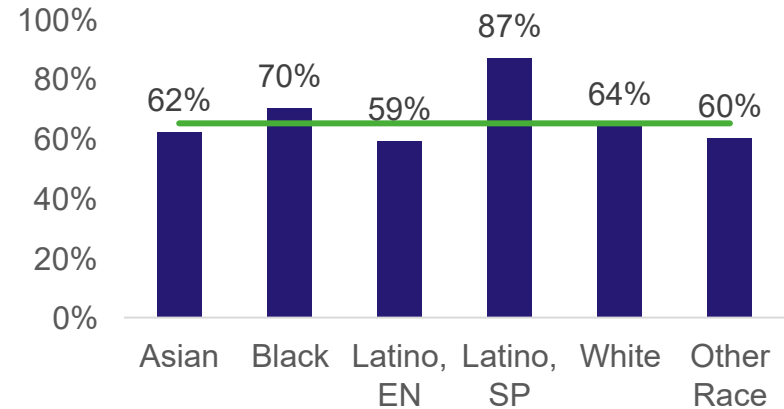
- Food Insecurity
- Rent Burden
- Difficulty Paying For Housing
- Difficulty Finding Housing



# Recap June Board: Basic Needs Findings

- Nearly **1 out of 3** L.A. County families with children under 5 experienced food insecurity in 2020, which was a modest increase from 2017.
- Nearly **2 out of 3** L.A. County families with children under 5 struggled to pay for and find housing in 2020.
- There were **disparities in access** to resources to meet basic needs for Spanish-speaking Latino families.

Spanish-speaking Latino families participating in WIC in L.A. County are substantially more likely to have difficulty finding housing

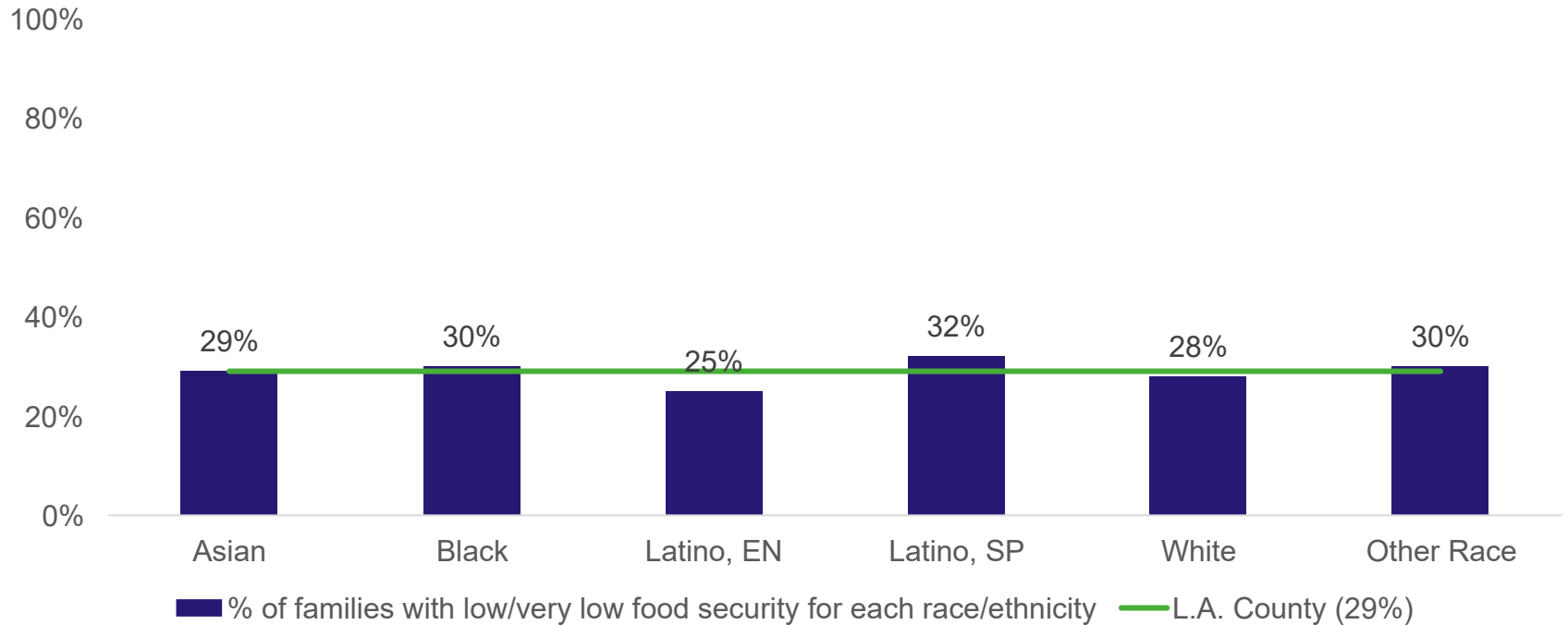


■ % of families participating in WIC who had difficulty finding housing by race/ethnicity

— L.A. County (65%)

Source: L.A. County WIC Survey (2020),  
WIC Data Mining Partnership

# English-speaking Latino families participating in WIC experienced the lowest levels of food insecurity while those who were Spanish-speaking experienced the highest levels



# Family Supports

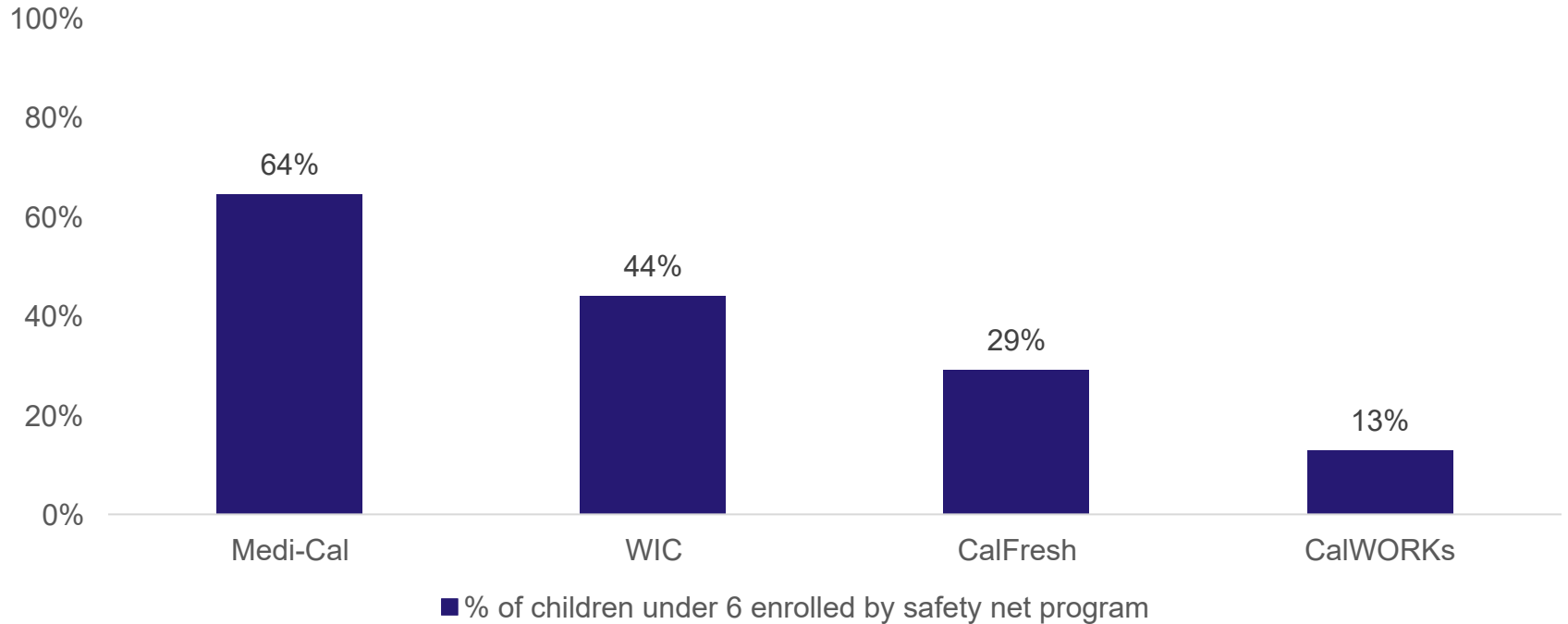
- Safety Net Program Enrollment
- Home Visiting Enrollment
- Subsidized ECE Enrollment
- Social Support



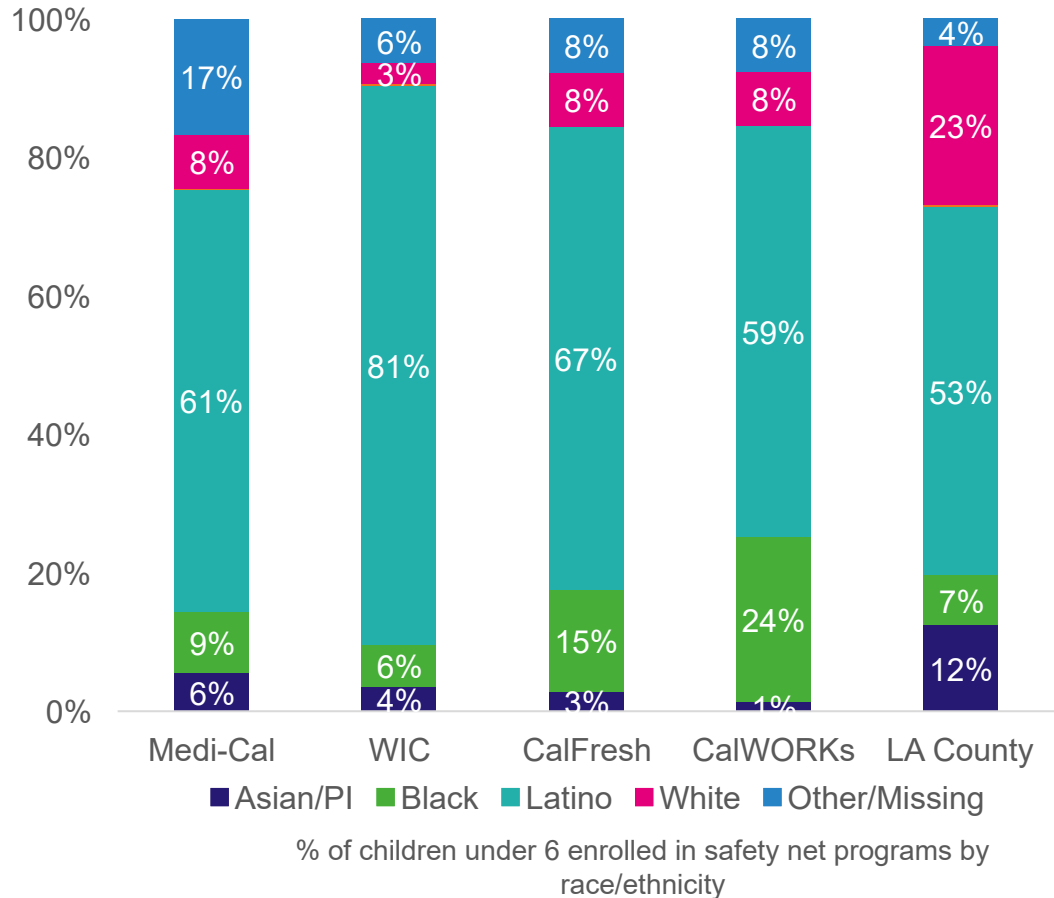
# Key Findings: Family Supports

- There is a great deal of variation in the level of participation among L.A. County families with children under 6 across safety net programs; eligibility criteria such as income and immigration status may be playing a big role.
- Participation among Latino families was higher than expected across all safety net programs and home visiting, while Asian/Pacific Islander and White families was lower than expected.
- Black families participate in Home Visiting, Medi-Cal and WIC at rates that are generally consistent with their representation in the population, but lower than expected given the high rates of poverty, food insecurity, and poor health and safety outcomes.
- Enrollment in home visiting in L.A. County was increasing each year since 2016; however, there is reduced enrollment post-pandemic.
- Enrollment in subsidized ECE is low for income-eligible children in L.A. County, and especially pronounced for infants and toddlers.

## 2 out of 3 L.A. County children under 6 were enrolled in Medi-Cal, while just over 1 out of 10 were CalWORKs recipients

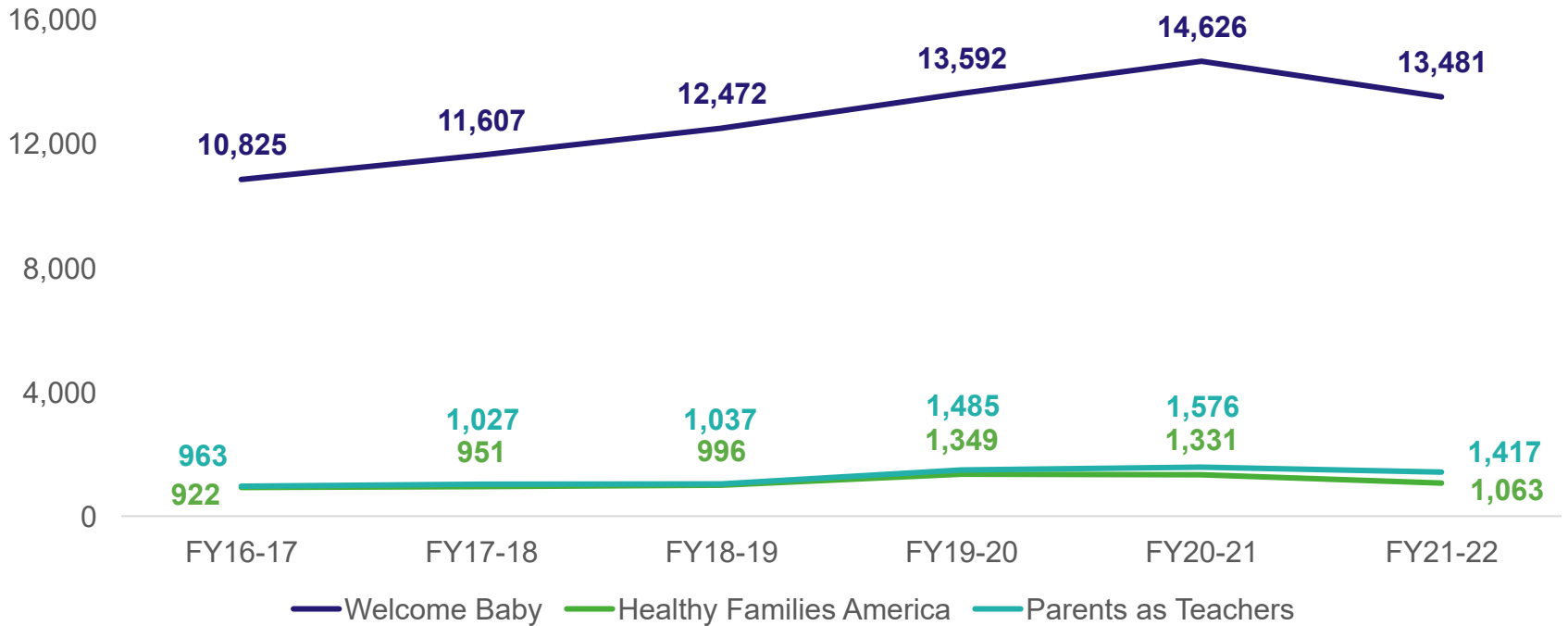


- *Participation among Asian/Pacific Islander and White families in L.A. County was lower than expected across all safety net programs.*
- *Latino families' participation was higher than expected across all safety net programs.*
- *Black families' participation in CalWORKs and CalFresh was higher than expected.*



Source: Linked Administrative Records, Children's Data Network; 2022 Projections, California Department of Finance

# Enrollment in home visiting in L.A. County was increasing each year since 2016; however, there is reduced enrollment post-pandemic



Source: Administrative Data, Los Angeles Best Babies Network

Note: Counts include both First 5 LA and DPH-funded programs.

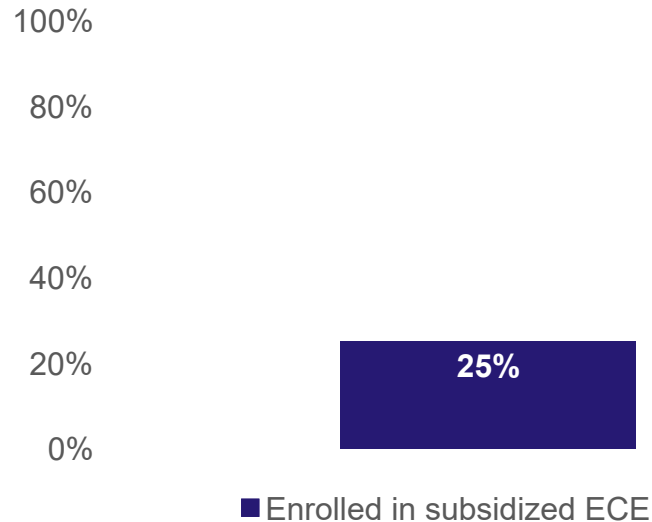
# 1 out of 4 income-eligible children is enrolled in subsidized ECE

There are

**93,660**

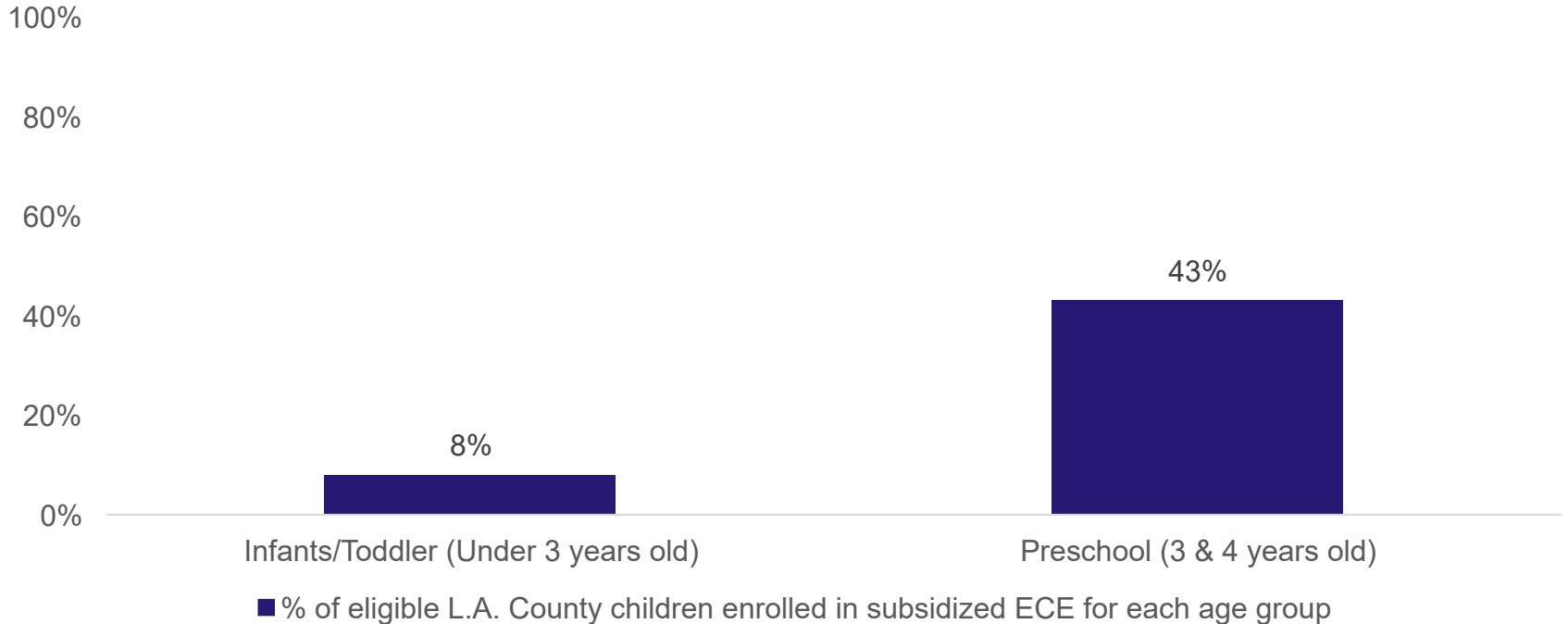
income eligible L.A. County children  
birth through age 5 enrolled in  
subsidized ECE

Rate of income eligible L.A. County  
children birth through age 5 enrolled in  
publicly funded ECE



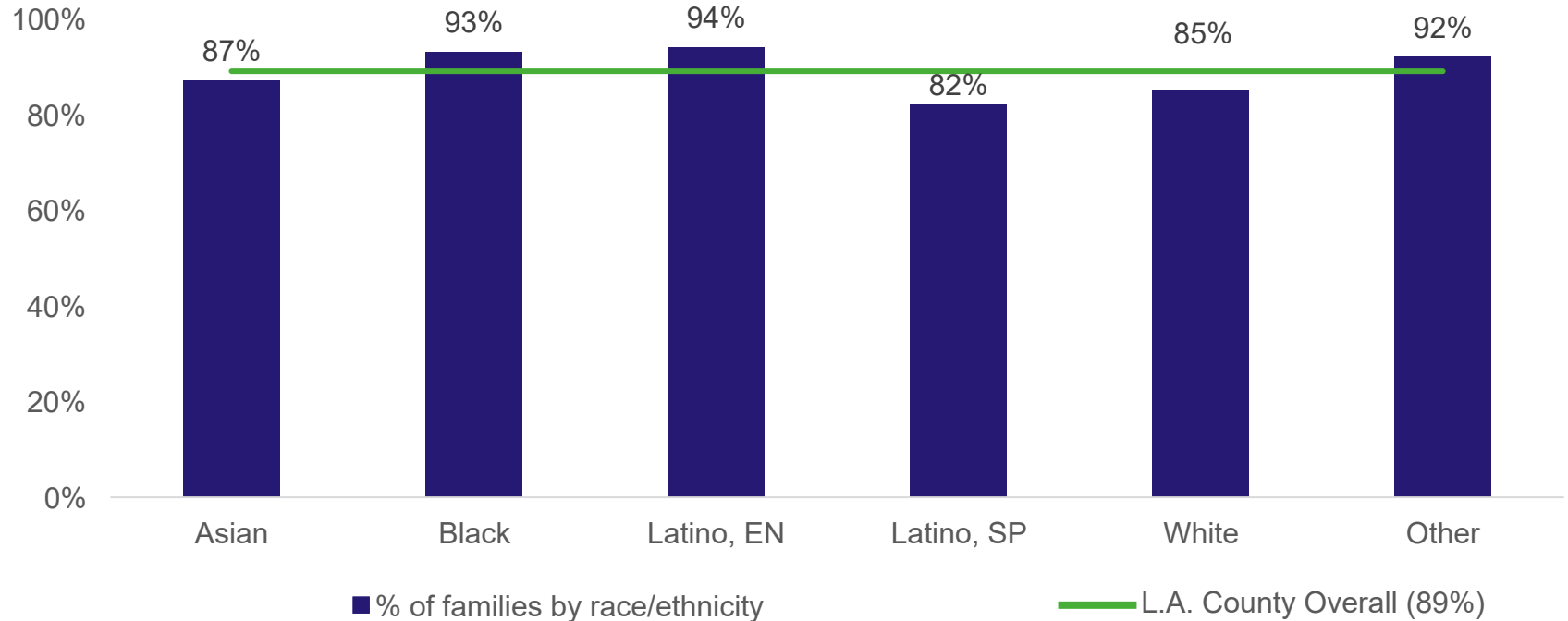
Source: American Institutes for Research Early Learning Needs Assessment Tool (ELNAT) 2020; Local Provider Survey Data 2020-2021 as compiled by Office for the Advancement of Early Care and Education (OAECE)

# Less than 1 out of 12 income-eligible infant/toddlers are enrolled in subsidized ECE



Source: American Institutes for Research Early Learning Needs Assessment Tool (ELNAT) 2020; Local Provider Survey Data 2020-2021 as compiled by Office for the Advancement of Early Care and Education (OAECE); Note: Does not include CalWORKs Stage 1 enrollments

# White and Spanish-speaking Latino families participating in WIC in L.A. County reported the least amount of social support available to them in 2020



# Overarching Themes Across Domains

- Most children under 5 in L.A. County are children of color.
- Disparities by race and ethnicity, language, and perhaps immigration status exist across conditions related to health and safety, basic needs, and access to family supports.
- Black children and families experienced poor health and safety outcomes along with high rates of poverty and food insecurity, combined with significant disparities in their access to safety net programs and other family supports.
- While this data presented in this landscape sheds light on the conditions of young children and families in L.A. County there is so much we don't know due to data limitations.
  - There is limited data available on children under 5
  - There is limited data available on the post-pandemic period
  - There is limited data by racial/ethnic subgroups
  - There is limited data on root causes underlying these findings

# Discussion

1. What themes are emerging for you from this data?
2. What do you think may be contributing to the conditions of children and families in L.A. County highlighted in this data?
3. How can systems change contribute towards eliminating the disparities highlighted in the data?

**First 5 LA**

**SUBJECT:**

**Information regarding an update of legislative and budget advocacy priorities for 2023.**

**RECOMMENDATION (FOR INFORMATION):**

This memo is provided as information for the Board's consideration at the June 29, 2023 program and planning committee meeting.

**BACKGROUND:**

In partnership with others, First 5 LA's Office of Government Affairs and Public Policy (OGAPP) executes policy and advocacy strategies to advance policies that strengthen systems of support at the local, state, and federal levels of government on behalf of Los Angeles County's youngest children and their families. To support this work, the First 5 LA Board of Commissioners has approved contracts with various organizations to maximize First 5 LA's advocacy capacity and approved annual Policy Agendas to allow First 5 LA staff to take positions on specific proposed policy proposals (administrative, legislative, budget) aligned with our strategic plan.

**DISCUSSION:**

***Current 2023 Policy and Advocacy Context***

As the legislative calendar year continues, OGAPP has shaped and sequenced 2023 policy priorities guided by the 2023 Policy Agenda. These advocacy efforts are currently impacted by two concurrent shifts that are taking place for the first time since the pandemic. These include, the end of the state and national COVID-19 public health emergency, and a shift from economic surplus at the state level that allowed for innovative and unprecedented investments in child care, family supports and health systems.

- The Governor's May Revise projected a deficit larger than initially expected, \$22.5 billion in January and now at \$31.5 billion, which has resulted in approaching spending in a cautious manner that will likely have an impact in the adoption of legislative and budgetary proposals.
- Despite the uncertain landscape, the state legislature, particularly Assembly and Senate leaders, have declared child care is a priority.
- However, changes in legislative leadership such as a new Assembly speaker expected on June 30, 2023, and legislative make-up will also shift the policy and advocacy context. Last year, the legislature saw the largest new class of legislators since 2010 and by 2024, about half of the legislators will have turned over.
- With the end of the public health emergency, many benefits and flexibilities that emerged as a response to the pandemic are sunseting or are at risk of regressing, creating a fiscal cliff for programs and the families that have depended on them to survive. Policy makers will have to work to protect or backfill those investments.
- On the federal level, the new 118<sup>th</sup> Congress, with Republican leadership in the House of Representatives and Senate, has shaped and impacted crucial fiscal decisions and legislation that has become law this year. However, a new congress also represents a new opportunity to re-introduce and introduce legislation for the next two years.

## **State Budget**

While a state budget deficit of over \$31.5 billion is expected, throughout this year's budget process and negotiations, a central theme elevated by Governor Newsom was protecting previous investments, such as Medi-Cal expansion and upholding advances in the child care field. However, during the May Revise, the governor's tone shifted to heavily emphasize the need for fiscal prudence, stating that policies with a large price tag must be prioritized in the budget as a vehicle for policy change, and bills that require significant appropriations most likely will be vetoed. In addition, the October 16, 2023 tax filing deadline extension for California residents has added uncertainty around final revenues that will be received by income tax. The administration and policymakers will have to navigate this and make strategic choices to finalize the budget. Despite the fiscal unknowns and challenges, the Legislature has released its version of the 2023-24 State Budget, which includes \$1 billion for child care and a \$10.3 increase billion for Medi-Cal benefits among other investments and policy proposals. The governor also proposed the renewal of the Managed Care Organization Tax, which is expected to generate \$19.4 billion over 8 to 10 years and will be used to offset Medi-Cal program costs.

## **Policy and Systems Overview**

### Legislative

First 5 LA is supporting several state bills, monitoring the progress of others, and looking for opportunities to further shape and refine the proposed legislation.

- SB 282 (Eggman and McGuire): Medi-Cal Reimbursement for Federally Qualified Health Clinics & Rural Health Clinics (DHCS). This bill would authorize Medi-Cal to reimburse for a maximum of two visits that take place on the same day at a single site, at a federally qualified health center or rural health clinic, or through a telehealth-based encounter.
  - Current Status: Referred to Assembly Health Committee.
- AB 596 (Rivas) & SB 380 (Reyes): Mirror bills that would direct California Departments of Education and Social Services to move the state's current child care rate reimbursement systems to one, aligned system using an alternative model that reflects the true cost of care.
  - Current Status: Referred to the committees on Human Services and Education.
- AB 1015 (Calderon): Creates a Statewide Diaper and Wipe Distribution Program for Low-Income Families (CDSS). This bill is cross-cutting, promoting the optimal development of children by supporting families in accessing vital resources to meet their basic needs and may impact their interactions with other systems, namely health.
  - Current Status: Referred to Senate Committee on Human Services.

### Budget

- Continuous Medi-Cal eligibility for children under age 5, starting in 2025.
  - Ensuring that children have uninterrupted access to health insurance and health care, including preventive services and screenings has been a top priority for First 5 Los Angeles. Although the 2022-2023 enacted budget committed to prioritizing \$20 million in on-going funding to provide continuous Medi-Cal eligibility for children under the age of 5 years old starting in 2025, maintaining this funding was contingent on the overall fiscal outlook. First 5 LA advocated for policymakers to uphold this commitment and to utilize California's resources to permanently provide children prenatal to 5 years old with continuous Medi-Cal eligibility. The

governor's proposed Managed Care Organization (MCO) tax revenue has been earmarked to prevent this expansion from being cut or delayed. This would impact the Department of Health Care Services.

- Raise CalWORKs Maximum Aid Payment levels to half of the federal poverty level (FPL).
  - Increasing the CalWORKs cash grant levels is a key component in preventing deep poverty for families, including many with young children. One of First 5 LA's budgetary priorities for this fiscal year was increasing the CalWORKs Maximum Aid Payment levels to half of the FPL, as the trauma and stress of deep poverty is profoundly detrimental to young children's development and long-term health outcomes. First 5 LA shared this priority with policymakers and monitored discussions on CalWORKs for additional opportunities to provide commentary. The governor's January budget proposed a 2.9 percent increase to CalWORKs grants, further increased to 3.6 percent in the May Revise. The 2.9 percent increase would have raised grants for all Assistance Unit (AU) sizes in high-cost counties, including L.A. County, to between 44 and 49 percent of the federal poverty level (FPL) for a family one person larger than the AU size. The 3.6 percent increase brings the aid payment levels still closer to the 50 percent FPL threshold. This would impact the Department of Social Services.
- Child care provider rate reform.
  - Early learning rate reform has been a top priority for the team and other partners, including the ECE Coalition, across the state throughout this legislative and budget cycle. Specifically, we have advocated for the state to move to a single rate reimbursement system that uses an alternative methodology based on cost. First 5 LA maintained a consistent presence and pressure in Sacramento to ensure that policymakers include comprehensive reform of child care rate reimbursement in the state budget. These efforts have been successful with the legislature, as they have adopted \$1 billion for immediate and temporary rate increases as part of their budget proposal. This action would impact both the departments of Education and Social Services.
- Waiving family fees for state subsidized early learning services.
  - Waiving family fees for child care services was another priority of First 5 LA as part of the ECE Coalition. Through persistent advocacy with state legislators, it has been included in the Assembly and Senate's joint proposed budget, which would continue to waive fees through September 30, 2023 and suggests permanent family fee reform to keep costs for families under 75 percent of the state median income. The governor's May Revise also included the extension of fee waivers to October 2023, but did not indicate long-term reform of the fee schedule. This would impact both the departments of Education and Social Services.

### Administrative

Through administrative advocacy, OGAPP has shared First 5 LA policy and government affairs priorities with state departments and agencies, advocating directly for the implementation of rules, regulations, and policies that support the needs of young children and families. Currently, OGAPP is monitoring several activities where administrative advocacy may be effective:

- Doula Implementation Workgroup.

- The California Department of Health Care Services (DHCS) has convened a Doula Implementation Workgroup, in accordance with SB 65. With the implementation of the Medi-Cal doula services benefit beginning in January 2023, this workgroup serves as a space to elevate and discuss lessons learned and barriers in the process of implementing the benefit, and includes a variety of stakeholders, including doulas, managed care plan representatives, and health service providers. First 5 LA has monitored the first of the quarterly meetings and has leveraged this information to discuss possible ways to support local managed care plans in the context of monthly meetings.
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Rebrand.
  - In February 2023, DHCS announced a rebranding for the existing EPSDT benefit. “Medi-Cal for Kids and Teens” is the new terminology adopted by DHCS for enhanced clarity around EPSDT services. The rebranding process included the creation and distribution of a toolkit for enrollees and providers that provides an overview of required services and explains recourse for those not getting the help they need. This is viewed as a mechanism to improve equity by promoting increased awareness and access to essential Medi-Cal services. MCPs will also be required to deliver trainings to network providers beginning in January 2023, and every two years going forward. First 5 LA will be monitoring the implementation of this process as part of the broader efforts to support local managed care plans in improving access to screenings and interventions for children below the age of 5 and increasing accountability to adhere with DHCS benchmarks.
- Early Learning Rate Reform.
  - Following the work of the Rate and Quality Stakeholder Workgroup in 2021-22, the California Department of Social Services is now convening a Rate & Quality Advisory Panel to address early learning rate reform. First 5 LA’s added value has been to urge state leaders to move California towards a system that uses an alternative methodology that reflects the true cost of care, and elevate the Black, indigenous, immigrant, and women of color who primarily make up the workforce and have systemically and systematically been marginalized within the field.
- UPK Mixed Delivery Quality and Access Workgroup.
  - The California Department of Education, in consultation with the Department of Social Services and State Board of Education, has convened a state-level workgroup dedicated to providing recommendations regarding the state’s early learning mixed delivery system. Recommendations developed will include best practices for increasing access to high-quality universal preschool programs for three- and four-year-old’s, updating preschool standards to support equitable access across all settings, and alignment with the Master Plan for Early Learning and Care. OGAPP will continue to monitor and maximize opportunities to elevate the critical role of community and home-based providers within mixed delivery as recommendations are developed.
- CalFresh Benefits.
  - Administered by the California Department of Social Services (CDSS), the Supplemental Nutrition Assistance Program (SNAP), known as CalFresh in California, was significantly reduced (to pre-pandemic levels) in March of this year. The sunseting of CalFresh emergency allotments caused approximately 5 million Californians to see a dramatic drop in their food benefits, on average, losing \$82 per month. As CalFresh helps families stabilize their income and lifts Californians

out of poverty, First 5 LA has monitored these policy changes, and will look for opportunities to continue to support families by increasing food security, such as reducing work requirements for accessing these resources.

### ***Advocacy Roadmap & Board Engagement***

- The Governor's proposed budget was released on January 10, 2023.
- 2023 state policy priorities were introduced in early spring, notable in March, as legislative and budgetary policies were proposed and analyzed, and OGAPP tracked relevant legislative committee hearings that addressed policies of interest, leading up to our Advocacy Day which took place on April 19, 2023.
- On May 12, the May Revision of Governor Newsom's January budget was released. As foreshadowed in January, the deficit had grown and this led to seeking other ways to backfill the budget, or delay certain funding plans, to uphold prior commitments rather than outright eliminate. This was aligned with the Legislature's finalized budget sent to the Governor on June 15, 2023.
- Additionally, the Assembly Speakership change will take place on June 30, 2023.
- Looking forward to later this year, September 14, 2023 is the last day of the current legislative session, and a month later, on October 14, 2023 is the last day for Governor Newsom to veto or sign bills. OGAPP will continue to work with partners to advocate for approved state legislation aligned with the Policy Agenda.

### ***Federal Advocacy***

#### Legislation

With the start of a new Congress, and pressing matters like the national debt ceiling resolved, legislators are now shifting focus to introducing and re-introducing legislation from passed sessions. Below is a list of bills pertaining to First 5 LA Policy Agenda priorities that OGAPP is analyzing for support positions, tracking and watching closely.

- The American Family Act (has not bill assigned a bill number): Makes the monthly Child Tax Credit permanent while building on improvements included under the American Rescue Plan Act (ARPA).
- S. 388 / H.R. 953 – Child Care for Every Community Act: Ensures that every family in every community has access to high-quality, affordable child care and early learning opportunities by establishing a network of federally-supported, locally-administered child care options.
- S.1354 / H.R. 2976 – Child Care for Working Families Act: Leverages federal and state funding to cap child care costs for working families, invest in child care quality and supply, expand preschool programs for low-and-moderate-income families and fund higher wages for child care workers.
- S.1606 / H.R. 3305 – Black Maternal Health Omnibus Act: A package of 13 bills that addresses the black maternal mortality crisis through historic investments that comprehensively address every driver of maternal mortality, morbidity, and disparities in the United States.
- Family and Medical Insurance Leave (FAMILY) Act (has not been assigned a bill number): Creates a comprehensive national program that helps meet the needs of new parents and people with serious personal or family health issues through a shared fund that makes paid leave affordable for employers of all sizes and for workers and their families.

- S.68 / H.R. 513– Farm Act: This farm bill is an omnibus, multiyear law that governs an array of agricultural and domestic food assistance programs.

### Budget

The debt limit agreement that was negotiated and signed into law caps the total amount of money the government is allowed to borrow for the next two years at \$31.4 trillion dollars. It cuts funding for non-defense programs, mandates work requirements on families under the Supplemental Nutrition Assistance Program (SNAP or CalFresh in California) and Temporary Assistance for Needy Families (TANF). Drastic changes that align with First 5 LA priorities were fortunately avoided, including preserving the historic gains in FY23 Child Care & Development Block Grant (CCDBG) funding.

Congress is now also turning its attention to the annual appropriations process which must be enacted prior to the beginning of the federal fiscal year on October 1, 2023, or provide interim funding through a “continuing resolution.” Aside from advocating for potential First 5 LA support bills, OGAPP will be advocating for investments in child care, early learning, family supports and other federal programs and services aligned with First 5 LA priorities. Earlier last month, First 5 LA asked California Senators, Alex Padilla and Diane Feinstein, to sign-on to a senate appropriations letter that requested increased funding for early childhood care and education.

### Administrative

- The Health Resources and Services Administration (HSRA) is continuing to draft guidance to clarify Promising Practices in the Maternal Infant and Early Childhood Home Visiting Program (MIECHV) and working with partners to implement the expansion of the newly reauthorized program.
- Under the Biden-Harris Administration, the Centers for Medicare and Medicaid Services (CMS) has published a notice of proposed rulemaking that sets new standards to help ensure access to quality health care in Medicaid and the Children’s Health Insurance Program (CHIP).

# 2023 Legislative and Budget Priorities

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Ofelia Medina, Senior Policy Strategist

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June 29, 2023



# Discussion Overview

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- 2023 Policy and Advocacy Context
- Budget Update
- Legislative Update
- Federal Advocacy Priorities

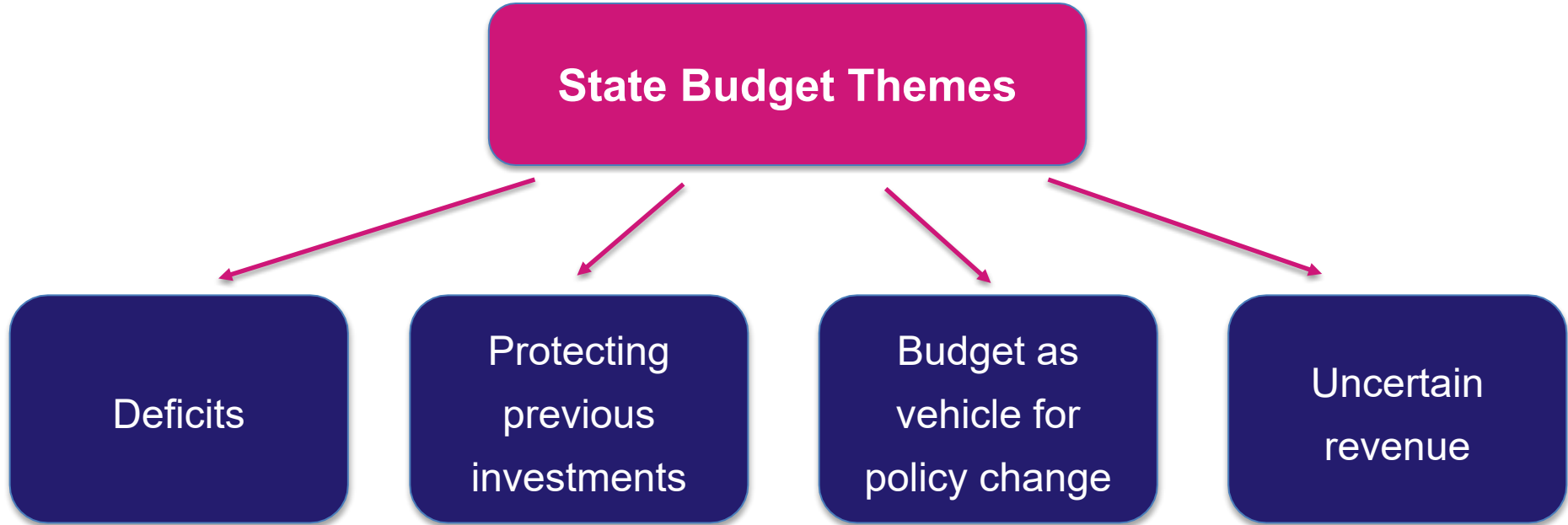
# 2023 Policy Context and Lessons Going Forward

## External Policymaking Context:

State-level	Federal-level
<ul style="list-style-type: none"><li>• Projected budget deficits.</li><li>• Child care as a priority of the Legislature.</li><li>• Changing political landscape.</li><li>• End of state of emergency.</li></ul>	<ul style="list-style-type: none"><li>• New 118th Congress &amp; leadership.</li><li>• Shifting focus to administrative change and policy implementation.</li><li>• End of Public Health Emergency (PHE).</li></ul>

# State Budget Update

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# 2023 Policy and Systems Overview

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**Examples of  
prioritized  
Departments and  
Agencies**

**State**

- Department of Health Care Services (DHCS)
- Department of Social Services (CDSS)
- Department of Education (CDE)

**Federal**

- Centers for Medicare and Medicaid Services (CMS)
- Health Resources and Services Administration (HRSA)
- Department of Agriculture (USDA)

# Priority System: Health Care

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## Legislation

- SB 282 (Eggman & McGuire): Medi-Cal Reimbursement for Federally Qualified Health Clinics & Rural Health Clinics (DHCS).

## Budget

- Continuous Medi-Cal eligibility for children under the age of 5 years old, starting in 2025 (DHCS & CMS).
- Proposed Managed Care Organization (MCO) Tax (DHCS & CMS).

## Administrative

- Doula Implementation Workgroup (DHCS)
- Medi-Cal for Kids & Teens (DHCS)
- California Advancing and Innovating Medi-Cal (CalAIM) (DHCS)

# Priority System: Basic Needs

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## Legislative

- AB 1015 (Calderon): Statewide Diaper and Wipe Distribution Program for Low-Income Families (CDSS).

## Budget

- Raise CalWORKs Maximum Aid Payment levels to half of the federal poverty level (FPL).

## Administrative

- CalFresh (Supplemental Nutrition Assistance Program, SNAP) return to pre-pandemic levels (CDSS).

# Priority System: Early Care and Education

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## Legislation

- AB 596 (Reyes) and SB 380 (Limón): Early learning and care rate reform (CDE & CDSS).

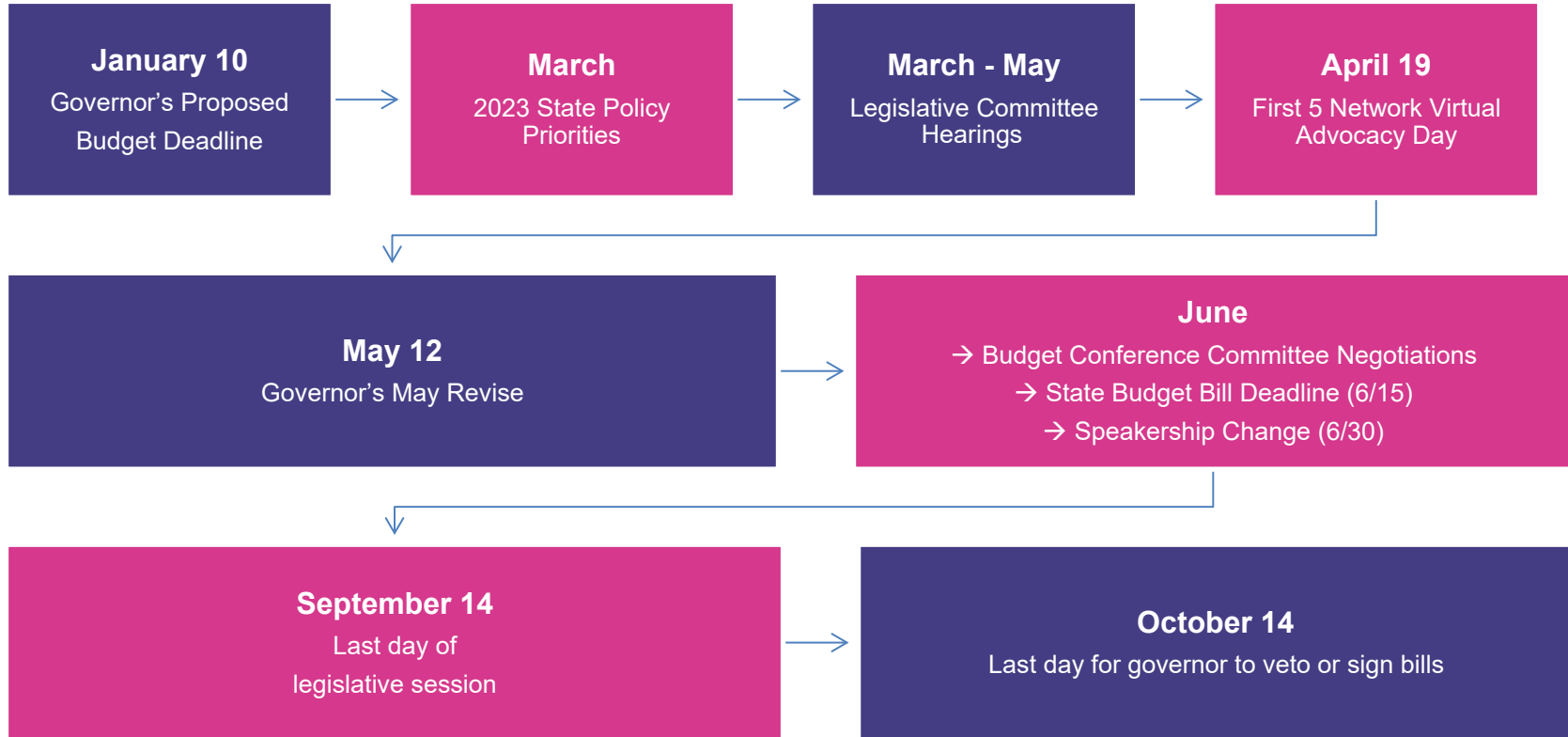
## Budget

- Provider rate reform (CDE & CDSS).
- Waiving family fees (CDE & CDSS).

## Administrative

- Early Learning Rate Reform - Rate and Quality Advisory Panel (CDSS).
- Universal PreKindergarten (UPK) Mixed Delivery Quality and Access Workgroup (CDE).
- Implementation of Universal Transitional Kindergarten (TK) implementation (CDE & CDSS).

# 2023 Advocacy Roadmap and Board Engagement



# Federal Update

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## Legislation

- The American Family Act
- S. 388 / H.R. 953 – Child Care for Every Community Act
- S.1354 / H.R. 2976 – Child Care for Working Families Act
- S.1606 / H.R. 3305 – Black Maternal Health Momnibus Act
- Family and Medical Insurance Leave (FAMILY) Act
- S.68 / H.R. 513 – Farm Act

## Budget

- Debt Limit Agreement
- Investments in child care, early learning, family supports and other F5LA priorities

## Administrative

- Home Visiting expansion and technical assistance (HRSA)
- Notice of proposed rulemaking - Managed Care Access, Finance, and Quality (CMS)



Questions?