

AGENDA

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

Budget & Finance Committee Chair: Robert Byrd

**Thursday, September 10, 2015
1:30 PM**

Meeting Location:

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



ASPOSE

Your File Format APIs

1. **ACTION**
Call to Order / Roll Call
- **Michael D. Antonovich, Chair**

2. **ACTION**
Consent
- **John Wagner, Chief Operating Officer**
 - A. Approve Commission Meeting Summary Action Minutes and Transcript - Thursday, July 9, 2015 3
 - B. Approve the Monthly Financial Statements Month Ending July 31, 2015 92
 - C. Contract: Approve Two New Agreements and Three Renewals and Authorize Staff to Complete Final Contract Execution upon Approval from the Board 98

3. **INFORMATION**
Remarks by the Commission Chair of the Board
- **Michael D. Antonovich, Commission Chair**

4. **INFORMATION** 102
Executive Director's Report
- **Kim Belshé, Executive Director**

COMMISSIONERS

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

EX OFFICIO MEMBERS

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

EXECUTIVE DIRECTOR

Karla Pleitéz Howell

EXECUTIVE VICE PRESIDENT

John A. Wagner

A PUBLIC ENTITY

- | | | |
|-----|---|------------|
| 5. | ACTION
Approve Extension of LA Care Healthy Kids Insurance Program
- Livier Cabezas, Program Officer, Grants Management | 123 |
| 6. | INFORMATION
Welcome Baby Pilot Evaluation Findings: How are Children Doing at Age 3?
- Melinda Leidy, Research Analyst, Research & Evaluation
- Diana Careaga, Senior Program Officer, Program Development | 134 |
| 7. | Break | |
| 8. | INFORMATION
Strategic Plan Implementation: Trauma Informed Care
- Pegah Faed, Research Analyst, Research & Evaluation
- Cecilia Chen, Esq., Interim Director of Policy, Center for Youth and Wellness
- Lisa Kohn, Attorney- Advisor and Project Lead, California Defending Childhood State Policy Initiative, Office of the Attorney General
- Mary Lou Fulton, Senior Program Manager, The California Endowment | 167 |
| 9. | INFORMATION
State Legislative Update
- Peter Barth, Director, Policy and Intergovernmental Affairs | 241 |
| 10. | INFORMATION
Public Comment | |
| 11. | ACTION
Adjournment | |

SUMMARY ACTION MINUTES

**FIRST 5 LA
Board of Commissioners Meeting
July 9, 2015
1:30-4:30 pm**

COMMISSIONERS PRESENT:

Commissioners:

Judy Abdo
Michael D. Antonovich (Chair)
Jane Boeckmann
Philip Browning (Vice Chair)
Duane Dennis
Joseph Ybarra

Ex-Officio Commissioners:

Patricia Curry
Cynthia Harding
Karla Pleitez Howell
Deanne Tilton

COMMISSIONERS ABSENT:

Nancy Au [Excused]
Sandra Figueroa-Villa [Excused]
Marvin Southard [Excused]

STAFF PRESENT:

Kim Belshé, Executive Director
Raoul Ortega, Finance Director
Teresa Nuno, Chief of Programs and Planning
Linda Vo, Commission Secretary
John Wagner, Chief Operating Officer

LEGAL COUNSEL:

Craig Steele, Attorney-at-Law

CALL TO ORDER / ROLL CALL / CONSENT: (Items 1-2)

1. Commission Vice Chair Browning called the meeting to order at 1:40 pm. Quorum was present.
2. Consent
 - A. Approve Commission Meeting Summary Action Minutes and Transcript- Thursday, June 11, 2015
 - B. Approve the Monthly Financial Statements Month Ending May 31, 2015
 - C. Contract: Approve 3 New Agreements and Authorize Staff to Complete Final Contract Execution Upon Approval from the Board
 - D. Approve Policies:
 - Conference and Event Funding
 - Travel for Commissioners
 - Development and Approval of Research and Evaluation Projects
 - Outcomes-Driven Planning and Evaluation

Note: Action is taken on all items except the Best Start contract with Koreatown Youth and Community Center, Inc. on the consent calendar. This item has been pulled to be voted on separately.

AYES:

1. Judy Abdo
2. Jane Boeckmann
3. Philip Browning
4. Duane Dennis
5. Joseph Ybarra

NOES:

None

THE ITEMS WERE UNANIMOUSLY APPROVED

SUMMARY ACTION MINUTES

The following item is now discussed and action taken separately:

Koreatown Youth and Community Center Contract

Recusal: Duane Dennis

AYES:

1. **Judy Abdo**
2. **Jane Boeckmann**
3. **Philip Browning**
4. **Joseph Ybarra**

NOES:

None

THE ITEM WAS APPROVED

Note: Mayor Antonovich arrives and joins the meeting.

COMMISSION: (Items 3 – 13)

3. Remarks by the Commission Chair of the Board
4. Executive Director's Report
5. LAUP Longitudinal Outcomes Study

A presentation on LAUP Longitudinal Outcomes Study is given by the following individuals: Kim Hall, Emily Moiduddin and Mariel Kyger.

6. Break
7. LA Care Health Plan Project Update
 - Healthy Kids Insurance Program Extension
 - Strategic Plan Implementation Update: Pilot Project

Ms. Ficek and Mr. Barth give an update on the Healthy Kids Insurance Program Extension as well as the new Pilot Project that is underway with LA Care.

8. Budget and Legislative Update

Mr. Barth gives an update on the State Budget and briefly explains how this impacts First 5 LA.

9. Public Comment

ADJOURNMENT:

The Commission adjourned at 3:44 pm.

NEXT MEETING:

The next Commission meeting will take place on Thursday, September 10, 2015 at 1:30 pm.

First 5 LA
Multi-Purpose Room, First Floor
750 N. Alameda Street
Los Angeles, CA 90012

Meeting minutes were recorded by Linda Vo, Secretary, Board of Commissioners.

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MEETING OF First 5 BOARD OF COMMISSIONERS
Thursday, July 9, 2015
750 North Alameda Street, First Floor
Los Angeles, California 90012

REPORTED BY:
HEATHERLYNN GONZALEZ
CSR #13646

1 Thursday, July 9, 2015; Los Angeles, California

2 1:39 p.m.

3 -oOo-

4 COMMISSIONER BROWNING: Okay. Why don't we go
5 ahead and get started.

6 Linda, is this working? Can you hear me over
7 there?

8 Okay. Well, in the interest of time, I think the
9 Mayor's been delayed a little bit. He'll probably be here
10 in about -- just a moment or two. But in the interest of
11 time, why don't we go ahead and get started?

12 So I'll call the July meeting of the commission
13 of First 5 commission to order. I think the first action
14 is roll call.

15 SECRETARY: Secretary Abdo.

16 COMMISSIONER ABDO: Here.

17 SECRETARY: Nancy Au.

18 Jane Boeckmann.

19 COMMISSIONER BOECKMANN: Here.

20 SECRETARY: Philip Browning.

21 COMMISSIONER BROWNING: Here.

22 SECRETARY: Joseph Ybarra.

23 COMMISSIONER YBARRA: Here.

24 SECRETARY: Duane Dennis.

25 COMMISSIONER DENNIS: Here.

1 SECRETARY: Marvin Southard.

2 Sandra Figueroa-Villa.

3 Patricia Curry.

4 COMMISSIONER CURRY: Here.

5 SECRETARY: Cynthia Harding.

6 COMMISSIONER HARDING: Here.

7 SECRETARY: Karla Pleitez-Howell.

8 COMMISSIONER HOWELL: Here.

9 SECRETARY: Deanne Tilton.

10 COMMISSIONER TILTON: Here.

11 SECRETARY: Michael Antonovich.

12 Quorum is present.

13 COMMISSIONER BROWNING: Thank you, Linda.

14 Appreciate that.

15 I think the first item on the actual agenda here
16 is an information one, which is a consent item. I think
17 we're going to turn this over to Mr. Wagner here for some
18 comments. I think there maybe one issue that we'll need
19 to address. So if you'll you help us out with that.

20 MR. WAGNER: Sure. Good afternoon, members of
21 the board.

22 Couple things to draw to your attention in Item
23 2, the consent item, is that we have a number of contracts
24 that are coming for your consideration. Two of these
25 contracts are related to Welcome Baby. The first is for

1 1.1 million, and it's to contact with Martin Luther King
2 Community Hospital to serve the Best Start Watts, Willow
3 Brook, West Athens, and Compton communities. This is
4 consistent with the board's action taken back in November
5 of 2013.

6 The second contract related to Welcome Baby is
7 for the Rand Corporation. It is a contract of just under
8 \$250,000, 170,000 of which will come from this year's
9 budget. And it is to evaluate the new born screening tool
10 used in Welcome Baby hospitals, examining the tool's
11 reliability and validity to screen for risk.

12 The final contract is a Best Start contract that
13 I would like to pull from your consideration on consent
14 and have as a separate item given. It appears there's
15 some community comment on that contract.

16 The other items on consent that I'd like to draw
17 your attention to are the policies. These are board --
18 four board-approved policies that we have worked through
19 the executive committee and then -- executive committee
20 May 21 meeting. We brought to the full board for your
21 information in a presentation at the last board meeting.
22 And these are coming forward to you at this board meeting
23 on consent for approval.

24 And that is all I have on consent.

25 COMMISSIONER BROWNING: Are there comments from

1 the Commission on any of those specific items other than
2 the one that we're going to pull? Any comments or
3 questions?

4 So I wondering if it's appropriate for us to take
5 an action on those other than what we've already pulled.
6 Do we need a roll call vote on that, Mr. Steel?

7 MR. STEELE: Yes, please.

8 COMMISSIONER BROWNING: So Linda. This is a vote
9 on everything but what has been pulled from the agenda,
10 and that was Best Start contract --

11 MR. WAGNER: One contract with Korea Town Youth
12 that I will talk about separately.

13 COMMISSIONER BROWNING: Okay.

14 SECRETARY: Judy Abdo.

15 COMMISSIONER ABDO: Yes.

16 SECRETARY: Jane Boeckmann.

17 COMMISSIONER BOECKMANN: Yes.

18 SECRETARY: Philip Browning.

19 COMMISSIONER BROWNING: Aye.

20 SECRETARY: Joseph Ybarra.

21 COMMISSIONER YBARRA: Yes.

22 SECRETARY: Duane Dennis.

23 COMMISSIONER DENNIS: Yes.

24 SECRETARY: Motion passed.

25 COMMISSIONER BROWNING: Okay. Thank you.

1 Appreciate that.

2 Mr. Wagner, are you going to give us some more
3 updates on this?

4 MR. WAGNER: Sure. The third contract that --
5 and the one we pulled from the -- for consent for your
6 consideration is with Korea Town Youth and Community
7 Center. It is for \$688,000. This has to do with the
8 board's moving forward, the Building Stronger Families
9 Framework and rolling out the learning by doing contracts
10 which are contracts to help support the community
11 partnerships. You'll recall that in the past the board
12 has approved a contract for Long Beach. This is the
13 second contract. It is for Metro -- the metro LA Best
14 Start community, and it is with Korea Town Youth and
15 Community Center.

16 Building -- the learning by doing helps to build
17 leadership and capacity with our community partners in the
18 14 Best Start communities, and this one is focused on
19 metro LA.

20 COMMISSIONER BROWNING: What about comments from
21 the commission? Are there comments or questions on this
22 specific one before we open it up to public comment?

23 Are there any other commissioners that need to
24 recuse themselves from this discussion? Okay. For the
25 record, I think Mr. Dennis excused himself.

1 I'm going to go ahead and call up the public who
2 -- I think we have a number of different individuals who
3 have signed up for public comment. In the interest of
4 time, I'd appreciate if you could limit your comments to a
5 one-minute discussion. So the first person I have is
6 William Omer. And I'll call out a few names here so those
7 individuals could be ready. Cynthia Rivera could be
8 second, Odelia Jarra third.

9 So could William Omer -- come ahead, sir, and you
10 can step to the microphone and give us your comments.

11 SPEAKER: This is great. Thank you all for
12 allowing me to come here. My name is Bill.

13 Hello. Can you hear me. Is this on?

14 COMMISSIONER BROWNING: We can hear you up here.

15 SPEAKER: Can you hear me now? They can't hear
16 me in the audience. Can you hear me now?

17 All right. My name's Bill. I'm Bill Omer. I'm
18 from the office of Assembly member Patty Lopez. Assembly
19 member asked me to come and speak today. I was going to
20 speak on Item 2, but I noticed there's a couple of things
21 that I thought were on Item 2 that are not there. I'm
22 specifically here to talk about the contract for the
23 northeast valley coaches and facilitators. Of course,
24 which you know some of those folks are here.

25 Our office was approached by some of the members

1 that are here with me today. Our Assembly member asked me
2 to come and indicate that because best -- this is taking
3 place in our district, we have an interest in what best
4 first start is doing. And we think the work is absolutely
5 fantastic that's going on in our district. We'd like ot
6 see it go on. We're here just to take make a quick
7 statement to say that we're in support of that contract
8 that -- you know, that the -- that has to do with the
9 facilitators and the new coaches for the northeast valley.

10 Pretty much that's it. I'm going to keep it
11 under a minute because that's what you asked me to do.

12 COMMISSIONER BROWNING: Thank you, sir.

13 Those in the audience who have a cell phone, if
14 you'd put that on mute, I think the rest of us would
15 appreciate this -- that.

16 Cynthia Rivera.

17 SPEAKER: Hello. My name is Cynthia Rivera, and
18 I represent the northeast valley Best Start guidance body.
19 And I'm here with my other -- the other members of the
20 guidance body and other community members just to say a
21 variety of things, but my message is basically to ask
22 First 5 and the Best Start -- Best Start members to
23 basically -- aside from capacity building but to assist in
24 building relationships and so to -- to basically have
25 transparency in terms of the decision making and include

1 us in the decision making and ask for our input in regards
2 to our community. And as the rest of the community comes
3 forth, I'm sure that you'll be -- be able to clearly
4 understand the message that we're trying to give to you
5 all.

6 Thank you.

7 COMMISSIONER BROWNING: Thank you, Ms. Rivera.
8 Odelia Jarra.

9 SPEAKER: That's me.

10 COMMISSIONER BROWNING: Come forward please.

11 SPEAKER: Good afternoon. My name is Odelia
12 Jarra. And I'm not speaking English very well like you.
13 And then I tried to do -- I tried to speak a little bit
14 with -- and my question is why you don't have people in
15 the English -- Spanish to English. We have a lot of
16 people in Spanish that don't speak in here because don't
17 speak in English. I try to do speak English because I
18 like to speak English.

19 But I represent Pacoima for a long time and I
20 work for a long time to volunteer for Best Start. And
21 then I'm sad because, when we start this program, it's a
22 lot of vision and now we don't have nothing. So I'm sad.
23 Okay? So we need -- I need only to say, try to fix this
24 because the community's dead.

25 Thank you.

1 COMMISSIONER BROWNING: Thank you very much.
2 Appreciate that.

3 Keith Harper.

4 SPEAKER: And my appreciation for the commission.
5 My name is Keith Harper, born and raised in Pacoima,
6 California. And I want to stress that everybody that's
7 deciding what to do in the Best Start program, they used
8 the talent that we have living in the area. It's a very
9 prosperous area. I'm a product of LA Unified School
10 District all the way throughout. And I recommend that you
11 don't make outsiders make all the decisions for what's
12 going on in our community. I want to stress that you use
13 the talented people that are familiar with the needs and
14 the wants of our community and that we be able to be
15 allowed to speak on that so we can make sure that you're
16 focus is on our community, which is a lot different than
17 the other 13, but look at the personnel in the area and
18 work with them. I encourage you to do that.

19 Thank you very much.

20 COMMISSIONER BROWNING: Thank you, Mr. Harper.
21 Appreciate that.

22 Maria Arroyo.

23 SPEAKER: Good morning. My name's Maria Arroyo,
24 and I'm representing the neighborhood of Pacoima. And my
25 concern is, I'm a member of the neighborhood council of

1 Pacoima, but I volunteer for 16 years for helping
2 children, you know, and to prevent from drugs and all
3 that. And I wonder and I don't know why all the time, you
4 know, sometimes I ask for help and nobody help me, you
5 know, and I'm doing this for my ward. And sometimes, you
6 know, they send me to (inaudible) to send us for help.
7 But only they promise to help me with something, materials
8 or whatever I need. But they don't do. And I hope, you
9 know, that -- the audience, what they receive money, you
10 know, to help support all this helps. They can help
11 really, the community, because all the childrens they need
12 all this kind of help, especially, you know, prevent the
13 drugs and (inaudible), you know, marijuana now because
14 kids from 12 years old, it's already, you know, and other
15 people it's affects their lives.

16 Thank you.

17 COMMISSIONER BROWNING: Thank you very much. I
18 appreciate that.

19 Maria Jimenez.

20 SPEAKER: Hello. Good afternoon to all of you.

21 First of all, I would like to thank you guys for
22 giving us this opportunity. And I'm going to speak
23 briefly on a letter that hopefully we brought and
24 hopefully you have it. We gave it to you guys so they
25 could make copies.

1 We are reaching out to you to express our
2 concerns with recent changes that were announced on May
3 15. So due to the time, I will have to attempt to express
4 all of them. However, we're asking that the following
5 recommendations be implemented and considered and they're
6 listed as well in this letter. But most importantly,
7 moving forward, we really ask and advocate that you guys
8 give us an opportunity to collaborate truly in
9 transparency with us. The community has been working very
10 passionately and very motivated for the goals because we
11 truly believe in Best Start. However, in order to move
12 forward, we truly believe that we need to strengthen our
13 relationship and include us in the decision making
14 process.

15 Thank you so much for your time.

16 COMMISSIONER BROWNING: Thank you. Appreciate
17 that.

18 Reverend Dennis Ware.

19 SPEAKER: Thank you for having us out today and
20 being able to speak to you. My name is Reverend Dennis H.
21 Ware, Sr. I sit on the guidance body in Pacoima. And
22 there's been a lot of discrepancies with regard to our
23 communications between First 5 and our community, so much
24 so that we oftentimes feel deceived. It's not just a,
25 well, we thought we heard something but it ended up being

1 something else. We've been told a lot of things and it
2 ends up being something else. And so we don't feel like
3 the commissioners know what is actually going on. So
4 we're asking that you hear us out, communicated with us,
5 so that we can let you know what is actually going on out
6 there.

7 We're supposed to be a community-driven entity
8 but we find that it's not the case. We make proposals and
9 we make suggestions, we send them down and what comes back
10 is a decision that's been made by someone else. I
11 personally feel like -- because of the discrepancies, I
12 personally feel that we need to lean toward an audit
13 because I just don't know what to trust and what -- what I
14 should trust and not trust.

15 Thank you for your time.

16 COMMISSIONER BROWNING: Thank you, Reverend.
17 Appreciate that.

18 Rosa Barelza.

19 SPEAKER: Good afternoon and thank you for your
20 time.

21 My name is Rosa (inaudible). I'm one of the
22 guidance body members. I'm a parent volunteer of the
23 community of Pacoima, Lake View Terrace, Sylmar. I'm
24 involved with the community very -- what I want to say is,
25 that you want to us partner with you, you want us to be

1 involved, you want us to be everything in the community,
2 but we don't see partnership. We see us giving but you're
3 not listening or that's what it seems to be. So we want
4 more -- what we think that we want more is communication
5 because I think there's a bridge where we are talking but
6 I think you guys are not listening. So I don't know.
7 That's how I feel. So I don't know. I think there's a
8 bridge between us and you guys over here.

9 So thank you for your time.

10 COMMISSIONER BROWNING: Thank you. Appreciate
11 that.

12 Maria Rial.

13 SPEAKER: (Speaking Spanish)

14 INTERPRETER: Good afternoon. Thank you for your
15 time.

16 All of us, we're here present. We're not
17 agreeing with the changes that have been making for our
18 community of northeast valley to keep out up the rhythm
19 and the pulse of our community and the work that has come
20 in -- in course. I think you should consider us a part of
21 the community. It's been five years that I've been here
22 participating. I think it's -- I think that you should
23 consider us. All of us here are volunteers. We're here
24 volunteers and we deserve that you consider us because --
25 went out of my mind -- consider us when making decisions.

1 Consider us when making decisions as we are part of the
2 community.

3 COMMISSIONER BROWNING: Thank you very much. I
4 think we are listening today.

5 Alisa Ventor.

6 SPEAKER: Good morning and thank you for your
7 time.

8 I've been with the First 5 body guidance for five
9 years. And when you guys first came to Pacoima, I was
10 very excited because I told my whole community it's going
11 to be a change, First 5's going to come, they're here,
12 they're going to help us out, enrich our community. And
13 for five years we do plans and then it's a bad track or we
14 start doing something and, no, you guys can't do it. And
15 it just -- I would really appreciate from the bottom of my
16 heart if, when you guys make decisions regarding my
17 community, if you guys could allow one of us to just join
18 you guys in the conversation to let you know what we
19 actually need in our community because a lot of you guys
20 probably don't know where Pacoima's at or what we need.
21 And just hear us out and please just consider us, consider
22 what we need to hear and what we need in our community.

23 Thank you for your time.

24 COMMISSIONER BROWNING: Thank you very much. I
25 appreciate that.

1 Ramona Lopiz. Ramona L-o-p-i-z.

2 SPEAKER: She doesn't want to speak.

3 COMMISSIONER BROWNING: All right. Gwendolyn
4 Posey-Murray.

5 SPEAKER: Thank you for your time. I am a
6 guidance body member in northeast valley. To basically
7 bottom line it, we're asking that you would not approve
8 any contracts until you come to our community and you hear
9 our voices. We have been requesting to speak with you as
10 the commission board and have been denied that. We have
11 been told that your information is private and that they
12 would hand you a letter if we ask. We asked for that.
13 That did not happen until recently, like within the last
14 maybe couple of days if not today.

15 The way that things have transpired is not the
16 way we can continue to work. We are a partnership. We
17 want to feel like a partnership. We do not. We feel like
18 First 5 makes decisions. We have no choice but to accept
19 them. We want to decide who our community works with. We
20 want you all to take that into consideration. We want to
21 hear from you. We want to know that you hear our voices.
22 We want to know that we have a say in who comes into our
23 community to do work with us. We don't feel we have that.

24 Thank you.

25 COMMISSIONER BROWNING: Thank you very much. I

1 appreciate that.

2 Carol Ware.

3 SPEAKER: Go on.

4 COMMISSIONER BROWNING: Okay. Seal Boreman.

5 SPEAKER: My name is Seal Boreman, and I live in
6 Lakeview Terrace but I work -- do a lot of work in
7 Pacoima. And Pacoima is a very interesting community.
8 It's a very lively, active community. And we've been
9 working for over five years with First 5 and Best Start.
10 And in a lot of instances, we feel as if we're being not
11 misled but we work hard and we think we're doing a good
12 work but then we find out that there are other people
13 really making decisions for us without really coming into
14 our community. We do not want any contractors coming into
15 our community from some far-off place that doesn't know
16 anything about Pacoima, our needs, our wants, our
17 demographics. And be sure that we are going to rebel not
18 because we don't appreciate what you guys are offering us
19 but we want you to know what we want. And that's all
20 we're asking, is that we have a place at the table when
21 decisions are being made for our community.

22 Thank you.

23 COMMISSIONER BROWNING: Thank you, Ms. Boreman.

24 Renato Lira.

25 SPEAKER: Hello. My name is Renato Lira,

1 president and CEO of San Fernando Valley LGBT Community
2 Center.

3 Today before you guys make your decisions, listen
4 to us and do not make a deal on the contracts. Come out
5 to our valley and to listen to us what do we need, what is
6 going to be best for Pacoima and our community because you
7 guys don't know what's going on. You know, we want you
8 guys to see before you guys make a decision today because
9 we didn't know the contracts were cancelled, they were
10 going to make a decision today. You know, we didn't know
11 that. You guys didn't ask us, what do you guys need, what
12 is the best of for your community, what is going to bring
13 -- you guys are bringing someone from Washington DC who
14 doesn't know what's going on in our district. Get someone
15 local. We have a voice for our residents. It's time for
16 you guys to come out and be with us and get a trip what's
17 going on in our community. That's what I'm asking. Do
18 not make a decision today. Let's sit down together and
19 let's work as a team because united we can make a
20 difference for your community.

21 Thank you.

22 COMMISSIONER BROWNING: Thank you. I appreciate
23 that.

24 Elvie Perez.

25 SPEAKER: My name is Elvie Perez from El Monte

1 Best Start community. I started since the beginning over
2 there. And I know that the First 5 LA goals were amazing.
3 We really appreciated that you want the best for our
4 communities but I think, if we work together, you can see
5 we're different communities with different needs. And
6 that's why we need to participate with you because, in our
7 communities, we have a lot of people with different skills
8 and advocating for other things in our communities. I
9 think we have the capacity to -- to work with you in
10 respectful manner and then you have your goals, I have --
11 as community we have our goals. And maybe we can combine
12 and develop everything that First 5 is doing for our
13 communities. And also we want to develop a trust with
14 you. Please let us have a voice and more participation
15 with you.

16 Thank you very much.

17 COMMISSIONER BROWNING: Thank you. Appreciate
18 that.

19 Maria Roma-Luna.

20 SPEAKER: Hi and good afternoon. My name is
21 Maria Roma, and I come from the South El Monte/El Monte.
22 And I'm a parent and also one of the member of the
23 advisory committee. And, well, we are -- we are here
24 today to -- like my partners say, for transparency, for to
25 count us in your decision and also count like we have --

1 we don't have our facilitators anymore, and you just tell
2 us when they already was their time to go and you didn't
3 prepare us. You -- I -- we ask for our training before
4 you take our facilitators and we didn't have it yet. And
5 now we're going to start to work with our community and we
6 didn't have our training yet. And I think it's very
7 important and -- well, since I don't have time, I just
8 want to say thank you for coming to your community and
9 please let's make change together.

10 Thank you.

11 COMMISSIONER BROWNING: Thank you, appreciate
12 that.

13 David Hernandez.

14 SPEAKER: Good morning, commissioners. David
15 Hernandez from North Hollywood, chairman of Churches For
16 Action in San Fernando Valley. I want to thank you for
17 this opportunity to come here and get this input from
18 individuals from community of northeast San Fernando
19 Valley. And it was really good to walk in here and see
20 individuals that I've seen involved in the community in so
21 many different issues as volunteers and finding out about
22 this issue And interacting with some of them recently,
23 some of them who have been involved in for over five years
24 in this program. I think that is a very vast, important,
25 vital component to this transition going forward; that the

1 expertise that they bring from being in the field on a
2 day-after-day, year-after-year basis is a great asset to
3 whatever direction that you go forward. I would just
4 request that you avail yourself of the expertise that
5 these individuals have demonstrated over the years in this
6 program and continue to demonstrate in many programs in
7 the northeast San Fernando valley.

8 So thank you for the opportunity to come and
9 acknowledge their work as well as your work. Thank you.

10 COMMISSIONER BROWNING: Thank you appreciate
11 that.

12 I'm wondering if there's some clarification
13 needed about the contracts that we're taking action on
14 today. So are the contracts that are being offered up for
15 consideration ones that impact the individuals who just
16 spoke to us, Mr. Wagner?

17 MR. WAGNER: Thanks for that question. The only
18 contract that is before you for consideration has to do
19 with Korea Town Youth and Community Center for the metro
20 LA. It is not a contract for Pacoima or the northeast
21 valley. It's metro LA.

22 MS. BELSHE: And if I may building upon what John
23 said, this contract before the commission is -- relates to
24 resources to support implementation of the priorities and
25 strategies identified by the Metro LA Best Start Community

1 Partnership consistent with the learning by doing process
2 that all 14 partnerships have been undertaking. The
3 issues -- and maybe I can say a word about the issues,
4 commissioners.

5 So that's -- that's the -- the one contract
6 associated -- before the board associated with the Best
7 Start Metro LA Community Partnership, and their
8 priorities, strategies and activities that emerge from the
9 community's learning, the community's priorities, the
10 community's decisions associated with their learning by
11 doing process.

12 The issues and concerns that we've heard from
13 many of our -- our community partners this afternoon --
14 and I want to, on behalf of the commission, thank you all
15 for coming, thank you for sharing both in word, written
16 and verbal word, your concerns. And these are issues that
17 are absolutely on our radar screen. We are working and
18 have for a number of years, been working diligently with
19 the community partnerships to insure that partnerships
20 have the kind of support necessary to do the good work and
21 continue the good work that is underway. I think what
22 we've been hearing from a number of our community partners
23 relates to the Best Start facilitators who have really
24 played an enormously important role over the course of the
25 Best Start initiative for a number of years. We wouldn't

1 be where we are today, frankly, if it weren't for the good
2 work of so many facilitators throughout our many Best
3 Start communities.

4 We recognize that time has contributed to the
5 building of relationships and trust, which is very
6 important to this work. We recognize that the
7 facilitators have come to -- or the partnership members
8 have come to develop strong partnerships relationships
9 with those facilitators. But those contracts did come to
10 an end at the end of this past fiscal year consistent with
11 our contract terms.

12 I do want to acknowledge though that this
13 information was shared with partnership in varying ways in
14 the spring. We've had public conversations with
15 commissioners, including the May 15 meeting that was
16 referenced but I also want to recognize that, for some
17 partnerships, this probably felt a little abrupt and felt
18 like we perhaps hadn't been as clear and consistent in our
19 communication about the end of those contracts and the
20 evolving approach that we are taking in terms of how to
21 best and most effectively support the partnerships
22 informed by our work with the 14 communities.

23 But we do have some work to do. And one of the
24 things that we do want to facilitate with northeast valley
25 is one example, is a direct conversation between community

1 leadership and CSSP, which we are looking to play a role
2 in support of the communities over the course of the next
3 year which is a transition period. So this is something
4 we're committed to doing and that really needs to be a
5 conversation between the community and CSSP, and we're
6 eager to help support that from occurring.

7 Finally, couple of points in terms of what we
8 heard is, you know, this issue about decision making is a
9 really important one. And I think one of the things we
10 can and need to do better is being more explicit about
11 where decisions are ones that we as a funder ultimately
12 have to make a decision versus decisions where the
13 community can and really should have more input.

14 And we're hearing from you clearly that this is
15 an example of an area where the community wishes that it
16 had a better understanding of the decisions to be made and
17 to have had more voice in being a part of those decisions.
18 But also, we do need to recognize there are instances
19 where First 5 LA is going to make decisions or need to
20 make decisions on its own.

21 Finally, we do hear loud and clear that there are
22 some community partnerships that are grumpy with us, are
23 displeased with the action taken, but I also want to
24 acknowledge that -- and commend our partnerships that good
25 work continues. So we're going to work on these

1 communication issues. We're going to work on bringing
2 more clarity to decision making and input processes. We
3 will take immediate steps to connect northeast valley,
4 again, as one example, with CSSP, in dialogue about
5 capacity building and necessary supports for the
6 partnership going forward. And really do appreciate you
7 all taking the time and sharing with commissioners your
8 thoughts, concerns, and considerations. I know this won't
9 be the last time we have this opportunity to hear from you
10 and continue to work with you.

11 COMMISSIONER BROWNING: Thank you.

12 Are there any other comments from the
13 commissioners? If not, I think we need to vote on Korea
14 Town. Linda.

15 SECRETARY: Judy Abdo.

16 COMMISSIONER ABDO: Yes.

17 SECRETARY: Jane Boeckmann.

18 COMMISSIONER BOECKMANN: Yes.

19 SECRETARY: Philip Browning.

20 COMMISSIONER BROWNING: Aye.

21 SECRETARY: Joseph Ybarra.

22 COMMISSIONER YBARRA: Yes.

23 SECRETARY: Duane Dennis.

24 COMMISSIONER DENNIS: I have to recuse myself
25 from the vote.

1 SECRETARY: Michael Antonovich.

2 COMMISSIONER ANTONOVICH: Aye.

3 SECRETARY: Motion has passed.

4 COMMISSIONER BROWNING: Thank you. And I think
5 the mayor has joined us.

6 MS. BELSHE: You are right. So, Mr. Chair, if
7 you would like to take over the mike or your able vice
8 chair colleague has his hand on it.

9 But next on the agenda would be the chair's
10 comments. And absent that, then -- okay. And then I, in
11 terms of my comments, given where we are on the agenda, I
12 am going to commend my executive director's report to the
13 commissioners' attention and leave it at that since we are
14 running behind schedule. So what I would do is ask Kim
15 Hall to step up and kick us off for Item 5 on the agenda
16 related to LA Universal Preschool's longitudinal Outcome.
17 Study.

18 MS. HALL: Good afternoon, commissioners. My
19 co-presenters and I are pleased to present to you,
20 Examining the Longitudinal Outcome of LAUP Students.

21 Before we get started, I like to walk you through
22 the agenda for this presentation. I will begin by
23 providing some background and context for the two studies
24 that will be discussed today. This will be followed by a
25 presentation of findings from the First 5 LA commission

1 study by Emily Moiduddin, the senior researcher for
2 Mathematica Policy Research. Emily will be followed by
3 Mariel Kyger, research analyst from Los Angeles Universal
4 Preschool, who will provide a brief presentation of LAUP's
5 outcome study which was commissioned and conducted by LAUP
6 staff. I will wrap up the presentation by outlining next
7 steps related to these two important studies.

8 So to get started, in 2012, First 5 LA
9 commissioners requesting a study of long-term outcomes for
10 children who attended LAUP preschools. The request was
11 made in response to commissioners' desire to better
12 understand the children who had attended LAUP -- or to
13 better understand how children who attended LAUP
14 preschools performed in elementary school. At the time
15 the study was requested, we knew a fair amount about how
16 children develop during their preschool year. Child
17 progress had been assessed across developmental domains
18 through the Universal Preschool Child Outcome Study for
19 many years.

20 So in response to the request from the
21 commissioners, First 5 LA convened the Research Advisory
22 Committee to obtain technical guidance on how to conduct
23 such a study. And based on the recommendations from our
24 RAC, a longitudinal study of LAUP children's outcomes was
25 begun as part of the seven phase of the UPCOS study.

1 This study involved identifying children who had
2 attended LAUP as preschoolers and examining their academic
3 performance in elementary school. At the same time the
4 study commissioned by First 5 LA was underway, LAUP
5 conducted a complementary study in support of its own
6 sustainability efforts. The LAUP study was similar in
7 that it aimed to compare the academic performance of
8 former LAUP students to non-LAUP students.

9 So at this time, I'm going to turn it over to
10 Emily Moiduddin who will provide an overview of the
11 findings obtained through the study commissioned by First
12 5 LA.

13 MS. MOIDUDDIN: Good afternoon. My name is Emily
14 Moiduddin. Before I begin, I want to recognize the work
15 of my colleagues at Mathematica on this study: Nicky
16 Akins who assisted on the slides and other colleagues as
17 well. We really appreciate the opportunity to share these
18 findings with you today, and I look forward to the
19 discussion that's going to follow.

20 So as Kim mentioned, the studies analyses were
21 intended to answer specific research questions related to
22 the academic performance of LAUP students once they were
23 in elementary school. Our focus for today's presentation
24 is on three of the studies' research questions. The first
25 two focus on a comparison of LAUP students and students

1 who did not attend LAUP when they were in preschool. So
2 first what are the demographic characteristics and school
3 experience of LAUP students and non-LAUP students; do they
4 differ. This question is important for setting the stage
5 for our second research question: How does the academic
6 performance of LAUP students compare to non-LAUP students
7 who are in the same schools with similar background
8 characteristics.

9 The third question I'm going to focus on today
10 takes a truly longitudinal perspective and focuses on the
11 role of preschool factors in elementary school outcomes.
12 So specifically, how do outcomes at the end of preschool
13 and experiences in the home when of preschool age relate
14 to academic performance in preschool. This last question
15 is focused just on LAUP students, and specifically those
16 students who participated in UPCOS IN earlier phases so we
17 have information about their outcomes at the end of
18 Preschool.

19 Together, the findings from the research
20 questions not only meet the goal of telling the story of
21 what happens to LAUP children as they begin elementary
22 school but we hope that it will inform First 5 LA's work
23 going forward under the new strategic plan.

24 So here's a brief overview of what I plan to
25 address in the rest of my time with you. First, I want to

1 describe the approach we took to selecting the sample of
2 districts to invite to participate in the study. This is
3 to give you a sense of who we're actually talking about,
4 who we're representing when we go through the findings.
5 Then we'll focus on the study findings. First, for the
6 two research questions focused on both LAUP and non-LAUP
7 students and then findings related to the role of
8 preschool factors in elementary school performance.

9 I just want to draw your attention on the agenda
10 to the fact that we're focusing on early LAUP cohorts in
11 these analyses: 2008, 2009, 2009 2010, and for the
12 analysis for the preschool factors 2007, 2008 as well.
13 And this all has to do with the fact that we needed to
14 wait until -- the children needed to have elementary
15 school outcomes in order to be able to conduct such
16 analyses. And, of course, LAUP has continued to evolve
17 over its history.

18 All right. So let's jump into talking about the
19 district sampling approach. So when selecting districts,
20 we sought to identify a large number of LAUP children
21 coming from a broad set of district context. Our
22 preference was for districts serving a high-needs
23 population and with a fair number of children who attended
24 LAUP who lived in the boundaries of that district when
25 they were in preschool. So the former preference is a

1 preference for serving -- for selecting school districts
2 serving a high-needs population. This is aligned with
3 First 5 LA's strategic plan focus to improve access to
4 early childhood services for high-risk populations. The
5 size is simply because we needed enough children for the
6 analysis.

7 We also aim for variety in terms of different
8 size and the level of non-LAUP subsidized early childhood
9 services available: So, for example, Head Start and state
10 preschool. So with this approach, we identified five
11 districts that we wanted to invite to participate in the
12 study. One district that was the district most LAUP
13 children would ultimately attend and then four other
14 districts that represent small and large districts with a
15 high or low level of non-LAUP resources available.

16 All right. Now let's turn to the findings for
17 the comparative analysis, those first two research
18 questions that I showed you. And I'm going to begin with
19 a couple of cautions. So these are things that I think
20 are important to keep in mind when interpreting the
21 results of those analyses. So first, we'd like to
22 emphasize that the reported comparisons should not be
23 consider causal in nature. We cannot attribute
24 differences in children's academic performance in second
25 and third grade to LAUP participation. This was not an

1 experimental study; it's a descriptive study that makes
2 the best use of the data available.

3 Second, I want to point out that we also do not
4 know the preschool experiences of children who were not
5 part of LAUP. It is possible that they attended a
6 preschool program other than LAUP. It's highly likely
7 that many of them did. Many of them may not have attended
8 preschool. For those that did attend preschool, their
9 experiences like very varied in quality.

10 So even with these cautions, the findings provide
11 important information about how LAUP children perform
12 relative to other children in the same school districts,
13 and I think particularly when considered in the context of
14 what we know about children's growth more broadly in the
15 literature.

16 So on this slide, we begin to answer that first
17 research question about the background characteristics of
18 LAUP students and non-LAUP students. So there are a
19 number of differences between these two groups. And all
20 of the categories of characteristics shown on this slide
21 are different in the sense that the differences are
22 statistically significant. But I do want to emphasize
23 that the differences are not all that large. They exist
24 but they're not all that large; however, they're important
25 to consider when setting up the analyses so that we have

1 in mind who it is we're actually comparing. So in both
2 the LAUP and non-LAUP group, the majority of students are
3 Hispanic/Latino, they have a parent with an education
4 level of high school or below, and they participate in the
5 national school lunch program. Also in both groups, about
6 half of students have ever been defined as English
7 language learners shown on the slide is what -- as an ELL.
8 So even those these differences are not large, they're
9 important to keep in mind when moving forward in the
10 analyses.

11 So for that reason, we focused on summarizing
12 test scores for LAUP and non-LAUP students in subgroups,
13 specifically for students who are ELLs and for students in
14 the national school lunch program, rather than looking
15 across all LAUP and non-LAUP students. But we, of course,
16 cannot rule out that these or other unmeasured demographic
17 factors are important.

18 Before looking at test scores, just one other
19 piece of information about LAUP and non-LAUP students. So
20 LAUP students had a slightly higher what we call dose of
21 school in second and third grade compared to non-LAUP
22 students. So that means that they were enrolled about one
23 or two more days each year than non-LAUP students and they
24 attended about one more day each year than non-LAUP
25 students.

1 So with this background information in mind that
2 answers the first research question, I'll jump into
3 describing the answer to the second research question,
4 which is comparing outcomes in second and third grade for
5 LAUP and non-LAUP students. So our outcome across all the
6 analyses is performance on the California Standard Test
7 scores, the CSTs, in second or third grade in English
8 Language Art or in Math. On this slide and in the
9 following result slide, we focus on the scale scores and
10 include on each graph markers denoting scores at the basic
11 and above level and the proficient and above level. You
12 can see that on the right-hand side of the slide. So
13 scale scores of at least 300 meet the criteria for
14 demonstrating basic competence. And scores of at least
15 350 indicate proficiency in the area based on the
16 definition of those who designed the tests.

17 So here on this slide we present the analysis
18 focused on the ELL group, the two bars on the left, and
19 those who participate in the national school lunch
20 program, the two bars on the right. We present
21 information for LAUP participants. Those are the red
22 bars. And those who did not participate in LAUP as
23 preschoolers. Those are the black bars. So in this
24 slide, the outcome is ELA scores in second grade. So when
25 looking first at ELLs, we see that across groups, average

1 performance in second grade English Language Art does not
2 quite meet the proficient marker. In addition, LAUP
3 participants and nonparticipants performed similarly.
4 I would point out that in second grade, about half of
5 students in both groups are ELLs. So this is about half
6 of the sample of LAUP children that we have.

7 When we look at the national school lunch
8 subgroups, students in both the LAUP and non-LAUP group
9 have an average score that reaches the proficient level,
10 just about reaches it for the non-LAUP group. And as
11 reported on the slide, LAUP students do have slightly
12 higher schools than non-LAUP students.

13 So on this slide, we show that English Language
14 Art scores, the ELA scores for the ELL and national school
15 lunch program subgroups in third grade. The structure of
16 this slide is the same as in the previous slide. So first
17 we see no differences by LAUP participation in students'
18 English Language Arts performance among ELLs or students
19 in the national lunch program. However, note across
20 groups that average scores are below the proficient level.

21 I also want to draw your attention to one other
22 thing about this slide. For both group scores fell
23 relative to second grade relative to that proficient level
24 but especially for the ELL subgroup. And so this is
25 consistent with data for LA county as a whole. But I want

1 to point out that, for the ELL group, it's important to
2 keep in mind that this is a smaller group than in the
3 second grade slides. In other words, some of the second
4 graders we saw in the previous slide were no longer
5 considered ELLs by third grade. They'd be redefined as
6 English proficient. And I also think it's important to
7 keep in mind that in many districts, CST ELA scores are
8 part of how it's determined whether or not a student is in
9 ELL. Just something to keep in mind. Certainly, it's a
10 concern that ELLs are scoring so low but there's a couple
11 of reasons why we see that drop relative to second grade.

12 Now let's turn to math. So in second grade math,
13 we see differences by LAUP participation among ELLs and
14 students in the national school lunch program such that
15 those who participated in LAUP as preschoolers performed
16 better than those who did not. Across groups, students
17 have scores at or above the proficient level on average in
18 these data.

19 And then finally, third grade math. There are no
20 differences by LAUP participation among the low-income
21 group, the students in the national school lunch program
22 group, but we see a flipped pattern among the ELLs like we
23 saw in previous analysis. ELLs who participated in LAUP
24 as preschoolers have actually have slightly weaker math
25 score in third grade. But again, keep in mind, that these

1 students classified as ELLs in third grade are a subset of
2 those classified as ELLs in second grade. And it's
3 important to think about what students might have moved
4 out of that group and who remains behind.

5 All right. Now I'm going to shift to answering
6 the question about the role of preschool factors in
7 elementary school outcomes. So in answering the study's
8 final research question, we took a closer look at outcomes
9 for a group of LAUP students who had also participated in
10 UPCOS and examined what are their characteristics or
11 characteristics of or experiences with their families or
12 outcomes at end of preschool were important to their
13 second or third grade performance.

14 This slide shows all of the factors that we
15 considered: Child demographics, family risk factors,
16 family protective factors, and outcomes when children
17 finish their LAUP preschool experience.

18 So on the next two slides, I'm going to show you
19 which of the preschool factors relate to first ELA
20 performance and then, second, math performance in second
21 or third grade. I just want to note that our sample sizes
22 for these analyses are quite small, around 250 or fewer
23 students in each analysis. And that does sometimes have
24 implications for the pattern of findings that you can see
25 and whether you're going to detect statistically

1 significant impacts -- associations.

2 So this slide shows which preschool factors are
3 related to second and/or third grade ELA scores.
4 Statistically significant associations are shown in red.
5 And I want to draw your attention to a few things. So
6 across all analysis, gender predicts second or third grade
7 scores; in other words, girls consistently scored higher
8 than boys in ELA. In most analyses but not all, we see
9 some differences by race, ethnicity. None of the family
10 risk factors were consistently related to school
11 performance. And then moving to protective factors, home
12 learning activities during preschool were positively
13 associated with students' reading scores in second grade
14 and third grade -- excuse me -- ELA scores in second or
15 third grade. However, this finding was not present in
16 every single analysis that we ran.

17 Finally, each of the preschool outcomes was
18 positively and significantly associated with second and
19 third grade ELA scores. In other words, students' skills
20 at the end of preschool mattered, were a strong predictor
21 of how they were doing at second or third grade.

22 I just would point out, I think it's notable that
23 none of the family risks factors are associated with
24 second and third grade outcomes. I think there are a
25 couple possible reasons for this. First, as I did say

1 before, our sample size is pretty small, given everything
2 we're considering in the models, and that does have an
3 influence in our ability to detect statistically
4 significant associations. But also say that all of these
5 analyses include those end-of-preschool scores in addition
6 to the home family learning activities. So those both may
7 be the mechanism by which other family factors are acting
8 on second grade performance. So for example, those with a
9 lower maternal education or who live in a household
10 experiencing poverty may have lower scores at the end of
11 preschool and in turn have lower scores at the end of
12 elementary school. So it's not to say that family risk
13 factors don't matter; it's just that they may matter con
14 currently for what's going on in preschool, and we see
15 that influence as they progress into elementary school.

16 So finally this slide shows what preschool
17 factors are related to second and/or third grade math
18 scores. So again in most analyses but not all, we see
19 some difference by race/ethnicity. Patterns are similar
20 for ELA in general. We see white students performing
21 slightly better than Hispanic students. And then we have
22 a broad group sort of other race ethnic group that
23 includes a lot of different kids but they often perform
24 better than Hispanic students as well.

25 In risk factors, we see that having a mother who

1 is not employed during preschool actually has a positive
2 relationship with third grade math scores but not in all
3 analyses. And I think this finding, which is somewhat
4 really relates to the fact that we're controlling for a
5 lot of different kind of family risk factors, and so this
6 is actually those -- this is a very unique group. It's
7 essentially mothers at home who are not facing poverty and
8 are not facing some of the other risks that we talked
9 about.

10 Moving to protective factors. Home learning
11 activities during preschool were positively associated
12 with students' math scores in only third grade, although
13 it wasn't present in all models. And, finally, positively
14 each of the preschool outcomes was, again, positively and
15 significantly associated with second and third grade math
16 scores.

17 So I've run through a lot of data very quickly.
18 I'm going to just quickly summarize to bring some of the
19 key points to the for. So in second grade, differences
20 between LAUP and non-LAUP participants on state test
21 scores slightly favor LAUP students. These differences
22 are not present in third grade. It's possible that
23 demographics and school experiences may help explain
24 patterns. LAUP students are less likely to have parents
25 with a high school education or lower and less likely to

1 be classified as ELL or having a special need. And,
2 again, LAUP students are enrolled in school and attend
3 school for a slightly more days than students who were not
4 in LAUP.

5 I also want to point out something that we said
6 earlier that we do not know the preschool experience of
7 children who were in that non-LAUP group. And I think
8 that's important to keep in mind.

9 We did see that preschool skills and home
10 learning activities are important for academic performance
11 in elementary school. And then finally, I just want to
12 say that I think the findings here highlight the
13 importance of evidence from forming policy and program
14 planning. And we look forward to discussion to think
15 about how they could be useful in the context of First 5
16 LA's strategic plan.

17 I'm going to go ahead and turn it over to Mariel
18 now to talk about the LAUP program.

19 MR. KYGER: Thank you. Good afternoon. My name
20 is Mariel Kyger, and I'm a research analyst at LAUP. So
21 I'm going to talk a little bit about a study that LAUP
22 conducted concurrently with the Mathematica study.

23 So LAUP needed information about the longitudinal
24 outcomes of our children as early in our strategic
25 planning process as possible. Having results about our

1 students as early as possible is critical for our ongoing
2 sustainability efforts. First 5 study was going to take
3 longer to complete than what was necessary and, therefore,
4 we conducted a study with a quicker turn around than First
5 5 was able to provide, but it also was not as large in
6 scope as First 5 LA's study.

7 So we approached almost all school districts that
8 had LAUP preschools. And over half of these ended up
9 signing a data sharing agreement with LAUP. Seven
10 districts ultimately provided to us student level data.
11 And these school districts are ones that have been engaged
12 with LAUP consistently. So some of them have participated
13 in prior studies. For example, the skip study. While
14 others have participated in programmatic efforts such as
15 articulation of standards from pre-kindergarten through
16 third grade. So we leveraged our relationships with these
17 districts to engage them in this latest research effort.
18 And districts were very interested in receiving the
19 profiles that we created and making use of the findings.
20 So our approach was to view this as a small pilot study
21 which would continue and be built upon over subsequent
22 years.

23 Not surprisingly, our findings were similar to
24 those produced by First 5 LA. They were very well
25 aligned. We found that LAUP students did tend to be more

1 disadvantaged than their non-LAUP peers based on their
2 eligibility for the free or reduced price lunch program.
3 We also found that LAUP students outperformed their peers
4 in second grade reading and second grade math. By third
5 grade, as we saw before, the differences between the two
6 groups had diminished but LAUP students were still
7 outperforming their peers in reading.

8 And so this might seem to suggest that we're
9 seeing a fade-out of results; however, as you may know,
10 long-term preschool studies do tend to show that, even
11 when affects may appear to fade out in the short term, we
12 usually see them come back in later grades, especially in
13 social and behavioral measures.

14 So to foster our ongoing relationships with these
15 districts, we created individual profiles of student
16 demographics and student achievement for each district.
17 Then we e-mailed these to the superintendents, along with
18 a letter from our CEO, Dr. Celia Ayala. And our senior
19 vice president of programs also presented to our LAUP
20 board and to potential partners. And the feedback has
21 been generally very positive. We've received some
22 suggestions on how to contextualize the findings to make
23 them more meaningful. For example, we may end up putting
24 findings in terms of return on investment or things like
25 that.

1 And these results have really helped our
2 sustainability efforts. They've supported our development
3 of a pay for success preschool project. And the outcomes
4 demonstrate our quality evidence-based mode and have
5 highlighted to our potential investors that LAUP programs
6 are very strong candidates for social impact financing.
7 And we're now beginning a feasibility study which will
8 explore scaling our program in one or more school
9 districts. And so the results of this longitudinal study
10 have been very important to LAUP in showing the impact of
11 our programs and their merit for long-term investments.

12 Sharing top-level results from the longitudinal
13 study also increased our credibility when we met with the
14 state and federal legislatures to ask for the early
15 childhood education reforms. And these also strengthened
16 our case when we asked these legislators to increase
17 preschool funding in order to prevent the loss of quality
18 LAUP slots.

19 And, ultimately, these efforts, as well as those
20 of many others, paid off. The fiscal year 15-16 state
21 budget does include over \$300 million for ECE, which
22 includes funding for 7,000-plus new state preschool slots.
23 So all in all, our pilot site has been very effective.
24 It's really helped us with our sustainability efforts.
25 And we've also been able to provide some support and

1 agreement with the findings of First 5 LA.

2 Back to Kim Hall. Thank you.

3 MS. HALL: Okay. What's next. So before I open
4 it up to commissioners for questions and reactions, I just
5 wanted to take a little bit of time to talk about what's
6 next with this work. Before I do so, I wanted to thank
7 Emily and Mariel for sharing their findings with us.

8 So just in terms of next steps. You may be
9 wondering why you've only seen a PowerPoint presentation
10 and don't yet have the report. We are working to finalize
11 the report from Mathematica's study. That will be done
12 towards the end of this month, so it will be available for
13 public release in early August.

14 Once we have finalized the report, we'll be
15 working with our communications and marketing staff to
16 determine if there are other dissemination products that
17 might be more appropriate for target audiences and we will
18 develop those products accordingly. We also plan to work
19 with our policy staff to determine if there are -- if
20 there's information generated through the study that can
21 be used to support policy efforts going forward. And then
22 finally, we intend to think about what we can learn from
23 this work that can inform our ECE strategy going forward
24 as well as future studies that are conducted as we
25 transition to the MEL framework.

1 So at this point, I'd like to open it up for any
2 questions or reactions from the commissioners.

3 COMMISSIONER BROWNING: What about question from
4 the commission?

5 Cynthia.

6 COMMISSIONER HARDING: I actually -- I could go
7 later because this is not my big area of expertise, but I
8 did have a couple of questions. So I'll just throw them
9 out there.

10 COMMISSIONER BROWNING: You raised your hand, so
11 go ahead.

12 COMMISSIONER HARDING: So did Duane. He got it
13 up quicker. Thank you. I'll go ahead.

14 First of all, I just want to say thank you. I
15 really appreciate getting these evaluation reports. I
16 mean, LAUP was a huge investment by this commission for a
17 number of years, and it's really -- I really appreciate
18 both the researchers coming back with their results and --
19 and I think what's really going to be key for us is how we
20 use this learning and move forward.

21 This does not happen to be my area of expertise
22 so just -- just bear with me a second. But in hearing the
23 initial results, my -- kind of my initial reaction is,
24 does LAUP make a difference. And maybe that's the wrong
25 question, but I'm -- I'm concerned because it seems like

1 the differences are so small and, when we get to third
2 grade, we've lost some of the advances. So what does that
3 mean in terms of how we interpret what we see here and how
4 we use that information moving forward, or am I totally
5 misinterpreting this?

6 COMMISSIONER BROWNING: Cynthia, that was my
7 question also. I'm sure we're going to get an answer from
8 Mathematica.

9 MS. MOIDUDDIN: So I think that -- the way I
10 approach any research study work on is, how do we take the
11 results in the end and where do they lead us. For me, I
12 see -- well, first I would say, we don't know the
13 preschool experiences of the other children. And that's
14 really important to keep in mind because, when LAUP began,
15 I think the goal was to really invest in underserved areas
16 and it's really -- maybe what you really wanted to know
17 was how LAUP children are doing relative to those who
18 didn't have a preschool experience, for example, which we
19 can't know. Right? That's -- that's an entirely
20 different study and something I do think that's important
21 to keep in mind.

22 Another thing I think about is sort of this
23 incremental change. Every little bit counts. But I also
24 think about it in context with the longitudinal analyses
25 that we did and what I know from having examined outcomes

1 of LAUP children for many years and looking at their
2 progress across the school year. And over time in a
3 number of areas, we see that during their time in LAUP
4 children make gains in skills. So we have always used a
5 set of measures that have what are called standard scores.
6 We can't -- we've never had a comparison group in the
7 preschool studies we've done in UPCOS over time. But we
8 have a set of scores that we can look at that say, how are
9 these kids doing relative to how we think kids nationally
10 might be doing. And sometimes they make more growth than
11 we would expect based on this type of score. So I think
12 that sort of thinking about the role of preschool in
13 general, I think you're setting up for better success.

14 The other thing that one might want to dig deeper
15 into is, who are the kids that are no longer ELLs, for
16 example.

17 MS. BELSHE: No longer what?

18 MS. MOIDUDDIN: I'm sorry. English language
19 learners, for example. Who -- you might want to think
20 about -- part of the problem with averages is that it
21 hides what's going on in the extremes. What is happening
22 at the extremes? So some other things to dig into.

23 For me also, because I think there's a signal
24 about -- again, this is -- I emphasized at the start, this
25 is a descriptive study. We can't say anything causal but

1 that there's a signal about the role of preschool,
2 particularly when you think about it in the context of
3 other literature. I think it really emphasizes looking
4 forward about what is it we need to continue monitoring;
5 what can we do a better job of tracking so that we get a
6 better sense of how to improve services over time or a
7 better sense of what children need as they enter
8 elementary school.

9 COMMISSIONER BROWNING: Okay. Duane, do you have
10 a comment or a question?

11 COMMISSIONER DENNIS: A couple questions, the
12 first of which -- that's not the question. We're talking
13 about four-year olds -- when we say preschool, we're
14 defining it as four-year olds. So all the children in the
15 study were four-year olds; we didn't have any three-year
16 olds?

17 MS. MOIDUDDIN: That's right.

18 COMMISSIONER DENNIS: Then the second question,
19 the population only came from LAUSD in this study?

20 MS. MOIDUDDIN: No. So we have not named any of
21 the districts in the report in order to protect their
22 confidentiality. If after they read the report and say,
23 hey, we want our name on this, we'd happily add their
24 names to it. But we have five different districts in the
25 analysis. We picked the district that most LAUP children

1 -- that was going to take the most LAUP children once they
2 entered elementary school. And we figured this out based
3 on address at the time of LAUP enrollment, and four other
4 districts looking at a couple of different factors, trying
5 to represent different levels of need in the community of
6 the school.

7 COMMISSIONER DENNIS: And my point gets to that
8 only using school districts, there's a level of quality
9 that is apparent in school districts that wouldn't be in,
10 say, community-based care. And so we -- we -- to some
11 degree, you made bias results because you're using school
12 district children as opposed to children who would be in
13 other LAUP sites. And I'm not sure if it's positive or
14 negative, but not to have integration -- I mean, it would
15 have been helpful if we had kids who were in LAUP sites
16 who were community based or family child care or other
17 types of environments.

18 MS. MOIDUDDIN: I think that's a really good
19 point you're making about the -- so in the analysis, we
20 tried to include any LAUP child we could find in school
21 district data. So it may be that we did a better job
22 finding kids who attended the program at the district but
23 we aimed to include the FCCs, the community-based centers,
24 everybody. But I think you're pointing at a really
25 important point about how such -- that to the extent it's

1 possible -- and it's not necessarily possible in this
2 analysis -- thinking about that context because we do know
3 that some experiences are higher quality. Then if you
4 think about -- if you're able to differentiate the type of
5 programs children have, thinking about the resources that
6 are behind those programs and that may be perhaps doing a
7 better job supporting children as they're preparing for
8 school, I think there's a very important point. Sort of --
9 actually, it leads me to another.

10 We specifically focused on districts serving
11 high-needs children. So there's a variety of districts in
12 LA county, but we specifically focused on those where
13 there's basically a high level of low-income children,
14 kids on the national school lunch program.

15 COMMISSIONER DENNIS: And then the last question
16 is for LAUP. The study shows -- the study that you did
17 internally showed that LAUP children at third grade were
18 at a higher reading level than their counterparts. Were
19 they at third grade reading level?

20 MR. KYGER: That's a good question. I can't
21 remember off the top of my head.

22 COMMISSIONER DENNIS: That's an important
23 question.

24 MR. KYGER: Yes.

25 MS. BELSHE: We need someone to come to the

1 microphone.

2 MR. KYGER: SPEAKER: We didn't look at the
3 percentage of kids that had met the proficiency cutoff.
4 We looked at the comparison between LAUP and non-LAUP.

5 COMMISSIONER DENNIS: So there is significances
6 higher but the more important factor is that they're at
7 third grade reading level because that is a major indices
8 with regards to future performance in many different
9 areas. So that would be really significant if we knew
10 that.

11 MR. KYGER: I think Mathematica has that
12 information. And as I said, we overlapped quite a bit in
13 the districts and the analyses that we studied.

14 MS. MOIDUDDIN: So you're interested in third
15 grade?

16 COMMISSIONER DENNIS: Yeah.

17 MS. MOIDUDDIN: So, again, for that English
18 language learner subgroup, I wouldn't say -- because the
19 CST score is taken into account into whether someone is an
20 English language learner, it's actually a very small
21 percentage of kids that have hit that proficient level.
22 But for the national school lunch program, it's somewhat
23 higher. So for ELA, among children in the national school
24 lunch program, 23 percent, approximately, or about a
25 quarter are at the proficient level and another ten to

1 twelve percent are at the advanced level. So it's less
2 than half that have -- and this is across LAUP and
3 non-LAUP. And we looked at data for the county as a whole
4 when we were doing this sort of a consistent story about
5 the percentage of kids meeting that level. And I think
6 the point is well taken about what -- sort of what needs
7 to be looked for.

8 COMMISSIONER BROWNING: So, Emily, is there a
9 further report coming out?

10 MS. MOIDUDDIN: There is a report. It's going
11 through final revision through First 5 LA's 2A process and
12 then that will become public once that is complete.

13 COMMISSIONER BROWNING: And that will have more
14 detail?

15 MS. MOIDUDDIN: It has a lot of detail.

16 COMMISSIONER BROWNING: So just wait, Duane.

17 Okay, Judy.

18 COMMISSIONER ABDO: So did you look at whether
19 children had IEPs?

20 MS. MOIDUDDIN: We looked at whether children
21 were categorized as having special needs, and I believe
22 that for LAUP compared -- so there was a lower percentage
23 of LAUP children in that category. I believe it was about
24 -- just about a one percentage point difference. But when
25 you're considering that it's a small percentage overall

1 that are in that category, like four percent -- it might
2 be on one of the slides. It's -- I can tell you exactly.
3 It's sort of like, if you think of it as a 25 percent
4 reduction, I think that's -- that's a really sort of key
5 findings to keep an eye on. I can tell you exactly.
6 Sorry. I have a lot of slides.

7 So it was four percent in LAUP and six percent in
8 non-LAUP.

9 COMMISSIONER ABDO: I ask that question because
10 in Head Start, there is a requirement to have ten percent
11 of the kids that are supposed to be a classroom, but it
12 isn't always true that it's only in the classroom. But
13 the idea there is that they are targeting children with
14 IEPs or special needs early. And, of course, that's
15 starting at three years, not four years. So I think there
16 is this supposition that, having children in preschool --
17 quality preschool, will reduce the number of children who
18 remain in -- with IEPs or special needs later on during
19 their school lives. And I -- it looks like this is not
20 going to answer that for us.

21 MS. MOIDUDDIN: Unfortunately we cannot answer
22 that because for most of the districts, we -- for most of
23 the districts, we really only know if they're classified
24 as special needs at second or third grade. We don't know
25 how it is as they enter and whether or not there's a

1 reduction even going from IFSP to IEP. So that pathway we
2 can't follow.

3 COMMISSIONER ABDO: Okay. And then also, did
4 anybody look at all LAUPs as opposed to just picking out
5 specific school districts?

6 MS. MOIDUDDIN: So that I actually think is a
7 direction LAUP is interested in taking some of the work by
8 working with -- we did not have that capacity simply
9 because LAUP children are crossed by 80 different school
10 districts potentially, and it was just impossible to work
11 with that many. But by focusing on some of the I think
12 state level, district level data efforts, I think you guys
13 are --

14 MR. KYGER: Yes. So as I mentioned earlier,
15 we're treating this initial study as sort of a pilot and
16 ramp up to what we hope to do later on. One of the
17 problems with getting data directly from districts is that
18 you might get different variables from different
19 districts. It's kind of a burden on the administrators to
20 gather all that data. So we ended up with, you know,
21 incompetent data or different data from different
22 districts.

23 So what we're hoping to do is be able to really
24 ramp up in the future by getting complete data from many
25 different districts. And at that point, we would really

1 be able to do a much deeper look at how LAUP students are
2 fairing across these districts as opposed to just within
3 the individual districts. We did see really similar
4 patterns across all the district, but the direction of
5 doing sort of an average across all the districts would be
6 for the next one.

7 COMMISSIONER ABDO: I would also be interested in
8 the difference between children who had one year or two
9 years of preschool and -- because LAUP obviously just took
10 one year. There are many, many children who were in other
11 preschool situations who then went into LAUP for that
12 year.

13 MR. KYGER: Yeah. That's one of the things that
14 we would love to know as well is, you know, where have
15 these kids been; have they been in other preschools; what
16 other experience do they have for our control group; are
17 they getting Montessori preschool; are they getting no
18 preschool; are they at an FCC? So that's something that
19 we just couldn't know this time around and we would love
20 to take that angle in the future.

21 COMMISSIONER BROWNING: Okay. Deanne.

22 COMMISSIONER TILTON: I don't know if you looked
23 at the research on Head Start outcomes, but -- good. I
24 seem to recall that the Head Start research showed that
25 the kids had a big jump and advantage pretty much across

1 the board up until the third grade at which point it
2 leveled out and there was no discernible difference.

3 MS. MOIDUDDIN: So the Head Start Impact Study,
4 this similar pattern. I mean, I think this has been seen
5 across a lot of analyses. I think there are a couple of
6 things to say about that. In a lot of different ways,
7 this has been talked about in research. One, that's the
8 point at which it starts to become really important. I
9 mean, it's important all the way through, but really
10 important to think about the school context and going from
11 an enriched experience to a school context where maybe
12 there are some challenges introduced. And that's going to
13 differ across children.

14 The other thing that people have been doing with
15 Head Start Impact Study data is re-analyzing it and
16 looking at different subgroups, thinking about different
17 patterns. And sometimes when that happens, a somewhat
18 different pattern of findings comes out. So I think that
19 this is -- this issue I think really is on everybody's
20 mind because people want to see the impact stick around.

21 The other thing is that, in a number of different
22 studies, sometimes as children get older, noncognitive
23 affects emerge, so behavioral factors. You start to see
24 some improvements there. So that -- those are I think all
25 -- I think you're right, are very important things to

1 think about.

2 COMMISSIONER BROWNING: Other comments or
3 questions before we take a break? Okay. Seeing none, why
4 don't we take a ten-minute break. Thank you very much.
5 Appreciate it, folks.

6 (A brief break.)

7 COMMISSIONER BROWNING: Okay, group. Why don't
8 we go ahead and reconvene here? Can you hear me in the
9 back? Okay. I'm not sure who's in control of this
10 microphone, but obviously I need some help. I need some
11 help with this.

12 MS. BELSHE: Mr. Chair, if I could, for the
13 benefit of those who were observing the shenanigans during
14 the break, it is John Wagner's birthday today. So we've
15 been having a lot of fun at his expense. And he shared
16 this morning that there was no place he would rather be
17 his natal day than spending it with the commission.

18 MR. WAGNER: I did say that.

19 COMMISSIONER ABDO: And we believe that.

20 COMMISSIONER DENNIS: And now he's going to his
21 psychiatrist right after.

22 COMMISSIONER BROWNING: I think the next item we
23 have up is an informational one on LA Care Health Plan.
24 Is that correct?

25 MS. FICEK: Hello. Good afternoon,

1 commissioners.

2 As you may recall, earlier this year at both the
3 March and April commission meetings within the expiring
4 initiative assessment presentation, staff shared
5 information on our Healthy Kids program, specifically our
6 contract with LA Care Health Plan. And today we are going
7 to be providing an update based on some new information
8 and further conversations that have occurred since then
9 between First 5 LA and LA Care.

10 So our presentation today is going to have two
11 parts. I'm going to start it off and present a quick
12 update on the status of the Healthy Kids Insurance
13 Program. And then part two is going to be brought to you
14 by my colleague, Peter Barth, our director of policy and
15 intergovernmental affairs. And it will include the latest
16 information on potential future partnership opportunities
17 with LA Care that are focused on improving access for all
18 of LA Care's beneficiaries ages zero to five.

19 So first as a reminder, the Healthy Kids
20 Insurance Program was created by First 5 LA in partnership
21 with LA Care back in 2003 to provide health insurance
22 coverage for low-income children who are not eligible for
23 Medi-Cal. In April of this year, the board approved a
24 limited extension of the program's current contract to
25 take it through December of 2015. This was to allow staff

1 to work with LA Care and the county Department of Health
2 Services to connect families served by Healthy Kids over
3 to the county's My Health LA program or another health
4 care alternative.

5 First 5 LA staff has been working hard towards
6 this goal but then something very big happened in
7 Sacramento. During the budget development process, an
8 additional insurance coverage opportunity became available
9 for the vast majority of Healthy Kids enrollees. And as
10 many of you already know, the recently enacted state
11 budget signed by Governor Brown does include an expansion
12 of Medi-Cal coverage for all low-income children under age
13 19 regardless of their emigration status. Preliminary
14 analysis completed by staff suggest that at least 95
15 percent of current Healthy Kids enrollees will benefit
16 from this Medi-Cal expansion.

17 This expansion does not take affect immediately.
18 The budget does stipulate the provision will not be
19 implemented any sooner than May 1st of next year, 2016.
20 So with this in mind, staff has been working with LA Care
21 to review opportunities to further extend the Healthy Kids
22 beyond its current end date of this December, 2015, to
23 next year, June of 2016, in an effort to maintain the
24 program until Medi-Cal expansion is in place.

25 This approach would then no longer require the

1 assistance of the DHS, the My Health LA program to extend
2 its eligibility. And this revised plan would also reduce
3 confusion among families and ensure continuity of care as
4 it would minimize the number of times a child would be
5 need to be transferred between programs. So staff will be
6 bringing this recommendation back to the commission for
7 action at our September meeting.

8 And then one additional important point that --
9 regarding Healthy Kids that we also wanted to touch on
10 today is, of course, there is a fund balance. Since the
11 creation of Healthy Kids, a number of factors have reduced
12 the need for this program, in particular expanded health
13 insurance opportunities through the implementation of the
14 Affordable Care Act, of course, has contributed to the
15 declining enrollment.

16 So as the slide shows, when the current contract
17 with LA Care was developed back in 2011, staff assumed
18 that Health Kids would serve approximately 3,000 children
19 per month. At this point in time, our funding was also
20 advanced to LA Care Health Plan. Enrollment then declined
21 for over the years for reasons already noted, and then
22 Healthy Kids currently stands at 374. So First 5 LA --
23 this then resulted in an estimated fund balance of about
24 nine million. First 5 LA and LA Care staff have been
25 working together closely on identifying opportunities to

1 repurpose and direct these unspent funds in a way that can
2 have a much broader reach, moving away from a
3 participant-level program such as Healthy Kids to a
4 systems change effort that is focused on improving access
5 and utilization of preventative services.

6 And now to dive into that and share more about
7 these opportunities and to update you on the latest
8 conversations between LA Care and First 5 LA is Peter
9 Barth.

10 MR. BARTH: Thank you, Tara.

11 So we are obviously really pleased that the
12 Governor has decided to expand Medi-Cal coverage to all
13 low-income children and that the majority of those
14 currently served by the Health Kids Insurance Program will
15 be eligible for this expansion. As we all know, however,
16 LA Care is more than just Healthy Kids; it is the nation's
17 largest publicly-operated health plan. It provides health
18 coverage to low-income LA county residents and insures
19 approximately 242,000 children ages zero to five, or about
20 38 percent of the county's entire zero-to-five population.

21 So as we can, see LA Care provides an important
22 access point to reach a significant number of the county's
23 youngest residents. And though we are phasing out support
24 for the direct services provided through the Healthy Kids
25 Insurance Program thanks to the State's policy change, we

1 look forward to continuing a partnership with LA Care to
2 meet the critical needs of their youngest health plan
3 members.

4 So as Tara noted, in the March board meeting,
5 First 5 LA staff --- and just now actually -- First 5 LA
6 staff have been exploring opportunities with LA Care to
7 repurpose the remaining Health Kids funds to develop
8 strategies which can improve access to and utilization of
9 preventive services throughout the entire plan. In
10 particular, our focus is on services which the Affordable
11 Care Account requires health plans like LA Care to cover,
12 like developmental screening and oral health, but where
13 data suggests barriers to exist to service access and
14 utilization.

15 Since that last presentation in March, First 5 LA
16 staff worked with our expert consultants at Health
17 Management Associates to develop a memo outlining the
18 opportunities for future partnership. And this memo was
19 shared with LA Care's new CEO, John Baackes, and his team
20 and is included in your board packet for your information.
21 I want to provide a special thanks to Livy Kabasis
22 (phonetic spelling) from Tara's grant management team and
23 Raul (inaudible) from the policy team for their work on
24 this memo.

25 In addition, our executive director met with

1 Mr. Baackes in June. And just this week, teams from LA
2 Care and First 5 LA met and agreed to develop working
3 groups moving forward focused on two priority issue areas
4 for both of our organizations: Developmental screening
5 and oral health.

6 In just a moment I'll share some of our initial
7 findings regarding opportunities in these areas but want
8 to underscore the important shift these meetings represent
9 not only for our partnership with LA Care but First 5 LA's
10 approach to partnership moving forward in the context of
11 this strategic plan.

12 First, with the passage of the Affordable Care
13 Act and recent state budget, the safety net once funded by
14 First 5 LA is now being funded by the state and federal
15 agencies responsible for providing health access to
16 low-income families and children. This focus on policy
17 change represents how First 5 will endeavor to work with
18 those agents of scale and sustainability which can and
19 should support direct services like Healthy Kids.

20 Second, by redirecting the Healthy Kids fund
21 balance to initiatives which will impact all children
22 covered by LA Care, First 5 LA will be taking a systems
23 change approach to supporting the health and well-being of
24 nearly 40 percent of LA county's children ages zero to
25 five.

1 If we can work with LA Care to address some of
2 the systemic barriers and issues which are preventing
3 children from receiving the important prevention services
4 they need and are entitled to receive under the Affordable
5 Care Act, we can significantly impact the well-being of
6 many of the county's most vulnerable children. We point
7 with pride to the fact that First 5 LA's resources were
8 able to provide health insurance coverage to thousands of
9 children but also want to be clear that, as our strategic
10 plan recognizes, there are opportunities to increase the
11 scope, scale, and sustainability of our impact and we can
12 help change the policies and improve the systems which
13 influence children's lives.

14 Now as it's probably very clear, I'm passionate
15 about public policy and I studied it in school and I
16 distinctly remember my first day of Policy 101 down the
17 street at USC. It was also a real class called Policy
18 101. And the first lesson and one that I've always
19 carried with me throughout my career has been, before you
20 can come up with a solution, you have to really first
21 define the problem. And so what First 5 LA staff started
22 to do was to work with HMA and others to identify the
23 problems or barriers within the health system preventing
24 children from receiving the preventative care they need.
25 I'm sure many of these barriers are not surprising to you,

1 but some of the most prominent issues that we uncovered
2 are listed here regardless of the issue area. It's not
3 just a specific developmental screening or oral health or
4 vision. Fundamentally, health care systems are complex,
5 both for the parents who have to deal with navigating what
6 services are covered, by whom, and where they can access
7 them, but also to providers who are part of diverse
8 networks and who may not fully understand how to navigate
9 the payment systems and coordinate care with other
10 providers. And so when we look into the specific issue
11 areas that we outlined in the memo, you know, they --
12 these issues in particular are very important in the
13 developmental screening arena. For families, some parents
14 are unaware of the importance of developmental screening,
15 some are unable to find providers who conduct the
16 screenings. In some cases, providers are not even
17 performing the proper screening when a family identifies
18 that they think their child needs one.

19 And for providers, it can be very difficult to
20 keep up to date with the latest practices, especially if
21 you've completed medical school many years ago, or to
22 properly allocate time given the multiple competing
23 interests you have when you're visiting with a child or a
24 family. And in some cases, providers are just unclear how
25 the referral system works or if it works or how to help

1 families navigate treatment options after a diagnosis
2 happens.

3 So in addition to developmental screenings, as I
4 mentioned, the memo we shared with LA Care outlined two
5 addition areas of opportunity for collaboration: Oral
6 health and vision. And like with developmental screening,
7 coordination awareness are two barriers for access to both
8 of these service areas. But in addition to these issues
9 for oral health, low Denti-Cal reimbursement rates are
10 frequently noted as a reason why there aren't enough
11 providers willing to treat patients. And I'll note that,
12 along with developmental screening, oral health is a
13 priority area for the state-wide First 5 community and is
14 a policy priority for our state First 5 association. And
15 so we believe there are very strong opportunities for
16 state level advocacy regarding oral health. And for the
17 first time, the state appointed a dental director to work
18 with the state health director who will provide leadership
19 on issues related to dental services for Medi-Cal
20 recipients. In addition to these issues for vision, the
21 complexity of how providers are reimbursed and
22 understanding what services are covered are additional
23 challenges.

24 Now in each of these areas, the information
25 outlined in the memo is preliminary and based on First 5

1 LA's best understanding of the latest research and
2 information in LA county broadly. But for areas where
3 there is mutual interest between LA Care and First 5 LA,
4 we look forward to collaborating and sharing information
5 so we can identify the issues as clearly as possible
6 within the LA Care system specifically and then also the
7 specific opportunities for action.

8 Early in our discussions with LA Care,
9 developmental screening was identified as a top priority
10 for both organizations. So with that in mind, LA Care
11 used a portion of their funding to conduct a gap analysis
12 in developmental within their membership. Though we are
13 still working with LA Care on gathering and interpreting
14 some of the findings, preliminary results do confirm First
15 5 LA's initial assessments, most importantly that
16 screening rates overall are very low, and that's uncommon
17 barriers include issues around coordination and referral.

18 And though we have not yet thoroughly discussed
19 project opportunities with LA Care, First 5 LA staff did
20 share some potential focus areas for exploration. First,
21 as some of you know, California's Medicaid program
22 recently submitted what's known as an 1115 waiver request
23 to the federal Centers for Medicare and Medicaid Services,
24 or CMS.

25 When approved by the federal government, 1115

1 waivers provide states the flexibility to test new models
2 with a goal of improving service delivery. California's
3 current waiver expires this year, so the state submitted a
4 new proposed waiver currently under review by CMS. In
5 particular, the waiver envisions an expanded use of
6 community health workers to help connect families to
7 services. If approved, this provision could encourage
8 health plans to use community health workers to improve
9 care coordination.

10 Second, as was shared with the commission earlier
11 this year, First 5 LA is exploring ways to adopt the Help
12 Me Grow model in California. Help Me Grow, as you have
13 heard before, is an evidence-based referral and service
14 coordination system focused on developmental screening and
15 service connection. As we learn more about the specific
16 needs within the LA Care system, we look forward to
17 exploring ways Help Me Grow could serve as a useful
18 platform to coordinate care and support families and
19 providers.

20 Third, we are interested in understanding if two
21 existing efforts in California can be leveraged by LA
22 Care, one is the virtual dental home model which employs
23 telehealth technology for diagnostic services and
24 referrals. And another is the medical/dental coordination
25 project being led by Children Now, which connects data

1 systems to identified children most at need for dental
2 care services.

3 And finally, staff believes it's important to
4 leverage learning from the vision pilot program which
5 allows reimbursement for pediatric vision services
6 provided in nontraditional settings. So we'll be paying
7 attention to these issues even though it seems as though
8 where LA Care is most interested and where we have a lot
9 of interest in developmental screening and oral health.

10 First 5 LA is excited about this. The progress
11 has been good to date toward a new partnership, but we're
12 just looking forward to the summer, rolling up our sleeves
13 a little bit more, working to figure out where the
14 opportunities for alignment are. And we will return with
15 additional information and eventually action items for you
16 all to consider both to ensure that the Healthy Kids
17 program is phased out responsibly, as Tara noted, but also
18 to launch hopefully a new partnership with LA Care. Our
19 goal is to repurpose the fund balance and launch the
20 projects as early as the end of this year, if possible,
21 but we will keep you updated as we go along.

22 And before we get to questions, this is my
23 four-year old nephew, Jensby. He's an LA county resident.
24 And in particular I selected to highlight him because,
25 when he was a kid, his pediatrician conducted a

1 developmental screening and saw that he could be benefited
2 from some therapeutic services. Now he's a healthy,
3 active kid. And because of that, I think it's really
4 important that we really focus on the developmental
5 screening.

6 Any questions?

7 COMMISSIONER BROWNING: Okay. Thank you, Peter.
8 Cynthia.

9 COMMISSIONER HARDING: Hi.

10 MR. BARTH: Hi.

11 COMMISSIONER HARDING: And thanks for an
12 excellent presentation. And, Tara, thank you for also
13 your work in this area.

14 I really want to commend the staff, first of all,
15 for thinking through with the new decision by the Governor
16 to make sure that all children zero to 19 have health care
17 to make it easier for families rather than hard by getting
18 rid of two transitions rather than going from My Health LA
19 and then to Medi-Cal just say, let's extend the contract
20 to make sure we have a smooth transition for families.
21 Thank you. I think that's really, really important. I
22 think it's great work of the staff thinking about that.

23 I also think these three pilot projects that you
24 selected for LA Care are right on the money. Those are
25 the exact -- I mean, developmental screening is so

1 underutilized in this county in particular and the nation
2 as a whole, but in this county in particular. We heard
3 about the Help Me Grow project and what Orange County was
4 able to achieve with that. So this would be a great
5 opportunity to expand that. And I think that it's really
6 primarily from all the work that we've done in the past on
7 this, it's really sits with providers feeling comfortable
8 with understanding how to do the screening and then being
9 able to know where to refer those kids and have the
10 resources.

11 I want to make sure though that, as you expand
12 these partnerships with LA Care, that they're the right
13 people to do the things you're asking them to do. So
14 working with providers, absolutely. The dental work,
15 absolutely. Vision, absolutely. LA Care. Is -- what a
16 phenomenal partnership because you'll be reaching so many
17 families through those providers.

18 When you're talking about helping parents
19 navigate benefits and things like that, I don't
20 immediately think of LA Care as an expert in that. And
21 there might be other partners that might be better to help
22 with that sort of work.

23 And then just thinking through some of our
24 current partners and the work that we've already learned
25 from. 211 did an extensive project on developmental

1 screening. So let's not reinvent the wheel. Let's pull
2 them in to work with LA Care on what they've learned about
3 this and share their learning so that, as we build out the
4 Help Me Grow model, just as Orange County used 211, we can
5 continue to perhaps think about their role as we move
6 forward.

7 So again thank you. I think this is excellent
8 work.

9 COMMISSIONER BROWNING: Duane.

10 COMMISSIONER DENNIS: I don't have a question,
11 but, you know, just an observation that, you know, I
12 appreciate what you all have done and staff with regards
13 to looking at some of the systems changes as a result of
14 this relationship with LA Care. I mean, this is the type
15 of thinking that we illustrate in our strategic plan and
16 is good to see that there is some really forward, you
17 know, systems integrations and, you know, that type of
18 thinking. So much appreciation.

19 COMMISSIONER BROWNING: Peter, I guess I have a
20 question. The 374 current clients that are still with LA
21 Care, do we have an expected end date for that group?

22 MS. FICEK: The recommendation that's going to
23 come back to the board would extend the current Healthy
24 Kids contract beyond the end date of December of this
25 year. So we want to extend it through next June to carry

1 the program until the Medi-Cal expansion is ready to take
2 on these kids. So depending on -- I mean, among those
3 374, they're all different ages represented. So some may
4 age out, if that's getting more to your question.

5 COMMISSIONER BROWNING: So those individuals
6 aren't eligible for the new program until next year?

7 MS. FICEK: Right. Medi-Cal expansion won't be
8 ready until --

9 COMMISSIONER BROWNING: Is the money that
10 fungible so you can spend it on things that weren't
11 targeted as direct services in the current contract?

12 MS. FICEK: Say that again.

13 COMMISSIONER BROWNING: The current contract is
14 for direct services. Is that right?

15 MS. FICEK: Yes.

16 COMMISSIONER BROWNING: So is there an idea or a
17 plan to propose spending that money for something
18 different?

19 MS. FICEK: Yes. So that was the part Peter
20 spoke to, the funds balance that's available after Healthy
21 Kids will wrap up, we're looking to then shift to more
22 systems change policy efforts still in partnership with LA
23 Care though.

24 COMMISSIONER BROWNING: And has there been an
25 analysis that that's the best use of our money?

1 MS. FICEK: Well --

2 COMMISSIONER BROWNING: I know we've been dealing
3 with LA Care for a long time and I'm not saying we
4 shouldn't, but I don't also think we should just
5 automatically assume that they're the best use of the
6 funds. So I'd like for there to be some consideration
7 that we look at what is the best use for that nine
8 million.

9 MS. FICEK: Uh-huh. I think we started from a
10 place of wanting to have a much broader reach, right? And
11 we looked at the number of kids LA Care enrolled in their
12 -- across all of their programs in the zero to five
13 population. And as mentioned, we're looking at 38 percent
14 of the kids across the county. So we started from that
15 place knowing we wanted to move beyond a program of direct
16 services focusing more on systems and looking at having
17 that potential to access a large program.

18 COMMISSIONER BROWNING: So how would you answer
19 the question about the other 62 percent? If someone came
20 up and said, you're targeting 38 percent because of LA
21 Care, what would the response be to the rest of the county
22 zero to five children?

23 MS. BELSHE: I think one of the things that we'll
24 be talking in more detail with the -- first the program
25 and planning committee in September and then the full

1 board, is some of the criteria we've been developing to
2 inform which projects would make the most sense. And an
3 example of a criteria would be support for a project that
4 has the potential to not only be scaled within the LA Care
5 platform but to be scalable with other health plans.

6 So, again, consistent with the board's direction and
7 the new strategic plan, our touchstone really has been
8 looking at platforms like an LA Care that have the
9 potential to reach a lot of kids and do it in a way that
10 can have broader impacts countywide.

11 COMMISSIONER BROWNING: Okay. What about other
12 questions or comments?

13 Okay. Thank you. Appreciate that. And I guess
14 you're still up there, Peter, because you're going to do
15 the budget.

16 MR. BARTH: I know. I just -- I'm so thrilled to
17 see so many members of the public are enamored with the
18 message that I'm going to share.

19 But today we did want to end just to provide an
20 update where we left off at the last board meeting about
21 what's happening in Sacramento, in particular with the
22 budget and legislation. So as you probably all know by
23 now, the Governor and state legislature reached a budget
24 agreement last month which was signed into law on June
25 24th.

1 The spending increases in the roughly \$167
2 billion budget largely centered on case load adjustments
3 and restoration of certain cuts to reimbursement rates
4 and, of course, there's a significant infusion of
5 Proposition 98 guarantee funds into the K-12 school
6 system.

7 Spending on new initiatives was limited as
8 expected, but significant for a number of First 5 LA
9 priorities. So we were just discussing the expansion of
10 Medi-Cal to serve all low-income children which benefits
11 the children covered by our expiring Healthy Kids
12 Insurance Program. And as expected, the budget includes a
13 new earned income tax credit for low-income working
14 families.

15 But as shared in the last board meeting, First 5
16 LA focused the bulk of its advocacy efforts supporting and
17 coordinating a statewide coalition of early care and
18 education or ECE advocacy organizations to push for new
19 investments in childcare and preschool access and quality.

20 At our last meeting, I shared that, despite the
21 legislature's strong endorsement of our ECE priorities,
22 the Governor was not supportive of the legislator's
23 request. So we weren't quite sure what was going to
24 happen. Ultimately, we were actually somewhat pleased
25 that legislative leaders maintained their support for ECE

1 priorities and we are grateful that the budget agreement
2 directs \$265 million in new spending on early care and
3 education in 2015-16, an investment which will increase to
4 \$283 million in future fiscal years. We all acknowledge
5 it is not sufficient to meet the significant needs
6 throughout the state and especially here in Los Angeles.

7 Even with these new investments, inflation
8 adjusted spending on childcare and preschool is lower than
9 it was in the 2007-2008 budget. But we are glad that the
10 budget funds more than 16,000 additional childcare and
11 preschool slots broken up as follows: About 7,000
12 full-day preschool slots, 2,500 part-day preschool slots
13 for children with exceptional needs, and 6800 alternative
14 payment or voucher slots.

15 It does raise reimbursement rates for all
16 childcare and preschool providers by up to five percent
17 depending on the provider's contract and license status.
18 And it provides \$24 million in one-time funding for infant
19 and toddler quality rating and improvement systems, or
20 QRIS, support.

21 In addition to the straight numbers in the
22 budget, there are two important issues the budget
23 addresses. First, the budget moves all of the wrap-around
24 preschool services. So the extensions that make -- take
25 preschool from part-day to full-day into the Proposition

1 98 guarantee.

2 To Commissioner Au's question last month though,
3 this is not the same as returning all preschool to Prop
4 98, but it's an important step in the right direction.

5 Second, when announcing the new spending in the
6 budget, the Governor acknowledge that's childcare and
7 early education are part of a broader anti-poverty agenda.

8 At the last commission meeting, we heard some
9 great comments about how First 5 needs to focus our
10 efforts on combating poverty. And as our executive
11 director mentioned in her report, we completely agree.
12 And we believe and our advocate partners believe that, if
13 we are going to address the systemic issues of poverty in
14 our community, we must insure that our policy makers
15 support children and their families through programs like
16 childcare and preschool.

17 Even though the budget is passed, there are still
18 many items the policy team is tracking in Sacramento. And
19 I'll share just a few priority areas. First, the
20 legislature is in a special session as you may be aware,
21 focused on revenue solutions to support longer-term
22 infrastructure and healthcare needs. And while these
23 issues on the face don't necessarily directly relate to
24 First 5 LA, we want to remain diligent in understanding
25 the priorities of the Governor and the legislature moving

1 forward and what solutions are put on the table. So just
2 an awareness that they're in the special session at this
3 time.

4 Second, even though the budget includes funding
5 for new preschool and childcare slots, we want to make
6 sure that LA county is eligible to receive a fair share of
7 funding. As I raised at the last commission meeting, last
8 year the formula that the State Department of Education
9 used disadvantaged LA County. And so working with our
10 excellent partners at the Advancement Project and with
11 Assembly member, Jimmy Gomez, language has been introduced
12 to clarify that the formula used last year, which was just
13 looking at total percentage of need in a county, should
14 also be balanced by subcounty data so that we can look at
15 the different populations of need, especially within LA
16 county -- a large county like LA county and also total
17 need, total numbers of need in a county. And this isn't a
18 guarantee that LA county's going to get its fair share but
19 it's at least a starting point and we're going to continue
20 to remain diligent and coming back to you with estimates
21 of what we think LA county may be able to receive as we
22 move forward.

23 One also additional note on this issue. So
24 initially when the State put out the numbers last year,
25 they said we think LA county's going to get no slots. But

1 that didn't stop a lot of our great partners, including
2 LAUP, from saying, providers, go ahead and apply anyway.
3 And it turns out that, because of the strength of our
4 provider community, we were able to receive more than 30
5 percent of the slots funded in last year's budget. So
6 that's -- we don't want to have to go through that again
7 this year. We don't want to have to say, apply even
8 though you may not get any. But at least we, through the
9 diligence of our partners, we were able to make sure that
10 LA county received some increases.

11 The third priority item that the policy team is
12 tracking is First 5's legislative agenda. And which, as
13 you'll recall, the board approved in April. And if you
14 want to be reminded what bills First 5 LA is actively
15 tracking or supporting, you can find the agenda in your
16 board packet. Right now, policy committee is in the
17 Senate and Assembly are reviewing bills and deciding
18 whether or not to refer them to an additional committee or
19 to floor vote. Floor vote is when the legislature
20 actually takes final action on whether to approve or deny
21 a piece of legislation and send it to the Governor for
22 signature.

23 And while bills do not need to be sent to the
24 Governor for signature until September, the legislature is
25 in summer recess from mid-July to mid-August. So most

1 legislators hope to move their bills very quickly this
2 week or next. And though I won't review every bill with
3 you today, I just want to highlight a few changes that
4 have been made to the agenda since April and a few changes
5 in the bill status since your board packets were
6 published.

7 Since April, we have added four bills to our
8 agenda. First at the recommendation of the board, we
9 added Senate Bill 277, sponsored by Senator Pan requiring
10 child immunizations. This bill, as you might have heard,
11 was signed by the Governor into law last week.

12 Second, we added Assembly Bill 50 by Assembly
13 Member Mullin, which is the home visiting plan for the
14 state. It's encouraging that the Department of Health
15 Care Service create a plan over the next couple of years
16 to find ways to integrate more home visiting and provide
17 services throughout the state.

18 Third, we added Assembly Bill 47 sponsored by
19 Assembly member McCarty, which would insure that all
20 children eligible for the state preschool program have
21 access to the program by 2017. So as you might recall,
22 the budget last year put a promise without any parameters
23 or dollars that all children eligible for state preschool
24 should get it. And this is an attempt by a -- an effort
25 by the legislature to make that happen.

1 And fourth is Assembly concurrent resolution 77
2 introduced by Assemblyman Stone, which states the intent
3 of the legislature to insure all children receive
4 appropriate developmental screenings and support services.

5 And, finally, I know you've heard a lot from me
6 to today, so I will end shortly. Since this is the first
7 commission meeting of the new strategic plan, I want to
8 emphasize how important it has been for First 5 LA to be
9 involved in the legislative and budget discussions in
10 Sacramento. Not only do the decisions made in Sacramento
11 directly impact the children of LA county as we see with
12 the expansion of Medi-Cal and increased funding for
13 preschool slots and childcare, but we support other
14 organizations who share our policy aspirations so they can
15 do the significant and important work of making sure our
16 government leaders understand the impacts of their
17 decisions and the needs of their communities. And it's
18 been very gratifying to hear from these partners that they
19 believe our partnership and support make a difference.

20 So as I noted also in our last meeting, we can
21 always do more to develop strong alliances with partners
22 from multiple sectors in diverse policy interests and
23 multiple levels of government from our Best Start
24 communities to Washington DC. This is something the
25 policy team at First 5 will endeavor to accomplish with

1 all of our colleagues across the organization.

2 But if there's one thing I've heard -- and,
3 obviously, I cannot take any credit for this good work;
4 it's the policy team here and our excellent partners --
5 the coalition of early care and education advocacy
6 organizations this year I've heard was just extremely
7 strong. And we've heard from a lot of folks that they
8 were really impressed and very pleased with the unified
9 voice, the strong voice, the active voice, and that it
10 made a difference. So we really look forward to making --
11 to working with others so that it gets stronger so we can
12 bring more voices to the movement.

13 So thank you for the time. And if you have any
14 other questions, happy to answer them.

15 COMMISSIONER BROWNING: Thank you Peter.

16 Duane.

17 COMMISSIONER DENNIS: Peter, SB94, I don't know
18 if you're familiar with it, but I think it's worthy of
19 some exploration for commissioners. This is a bill that
20 was really initiated, you know, through LA county by the
21 third district looking at prioritizing childcare for
22 foster care children. And so I would -- I would ask that
23 the policy group look into that and then -- and explore --
24 look at ramifications and, you know, come back in
25 September with some thought and analysis because it will

1 have impact in this -- in this county.

2 MS. BELSHE: And I think, Duane, if I may, I
3 think it was also subject to some of the pending trailer
4 bill language. So it may be a nearer term issue in the
5 context of the budget agreement.

6 COMMISSIONER DENNIS: Great.

7 MR. BARTH: It is. We had our partners were part
8 of the discussion and there was a lot of strong support
9 for that, so it will probably be happening sooner rather
10 than later and we'll keep track of that.

11 COMMISSIONER DENNIS: Great.

12 COMMISSIONER BROWNING: Other questions or
13 comments?

14 Okay. Thank you, Peter. I appreciate the
15 comprehensive overview analysis.

16 I think we have one public comment, Kathy
17 Schrimmer.

18 SPEAKER: Hi. I'm Kathy Schrimmer, and I'm with
19 Best Start Panorama City and neighbors. And I just want
20 to tell you about a wonderful event we're having on
21 Saturday. So First 5 LA has funded a complete redo of the
22 top park in public recreation center that's in Panorama
23 City. And chance inspiration was the lead and people from
24 our community had input. And I know this is too small to
25 see, but they basically came up with a -- play structures

1 in the shape of a train, And in green and yellow and
2 orange. It's just gorgeous. And it's been closed for a
3 long time and the community is very excited that it's
4 going to be open.

5 And then we as a Best Start community have been
6 wanting to have activities where we could get parents and
7 kids to do activities together, the children zero row to
8 five in particular that, you know, brain development and
9 all that sort of things. So we have 23 partners that are
10 helping us out with either activities or information at
11 the event.

12 So this is this Saturday from 10:00 to 1:00 and
13 the grand opening ceremony is it at 10:30. So invite any
14 of you that might be out near Panorama City to come along.

15 MS. BELSHE: That's exciting, Kathy. Thank you
16 for sharing that with all us. I remember early in my
17 tenure being a part of the -- what do you call it, the
18 ground breaking. So very exciting, important investment
19 in the community.

20 COMMISSIONER BROWNING: Any other points that the
21 commissioners want to make? If not, the meeting
22 adjourned. Thank you very much. Stop: 3:44 PM

23 C E R T I F I C A T E

24
25 I, Heatherlynn Gonzalez, a Certified Shorthand

1 Reporter for the State of California, License
2 Number 13646, do hereby attest that:

3 The preceding is a true and accurate
4 transcription of the meeting of the organization named
5 herein;

6 The meeting was taken down in shorthand and
7 transcribed into English under my supervision and
8 authority;

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

12 Attested to on this _____ day of _____,
13 2015.

14
15 -----

16 CERTIFIED SHORTHAND REPORTER
17 FOR THE STATE OF CALIFORNIA
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FIRST 5 LA

SUBJECT:
Monthly Financial Reports

RECOMMENDATION:
Approval of the monthly financial statements for the month ending July 31, 2015.

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

DISCUSSION:

This report includes detailed financial information for the month ending July 31, 2015. The financial statements are unaudited and reported as a "soft close." We are currently in the process of closing the books and audited financial statements will be presented to the Commission in October 2015. For FY 2014-15 year-end closing purposes, we converted from a cash basis to modified accrual basis and accounted for all assets and liabilities as of June 30, 2015. Beginning July 1, 2015, these statements revert to a cash basis and account for reversals of any accruals for either revenues or expenditures.

First 5 LA began the month with an unaudited cash balance of \$546.2 million. During the month, we received \$553,117 in revenues. We recorded \$15.0 million Tobacco Tax Revenue for May and June 2015 which was booked as a receivable in FY 2014-15. We had \$976,828 in operating expenditures and \$62,476 in program expenditures. As a result, First 5 LA ended the month with a cash balance of \$545.7 million.

All materials in this packet and check registers are available online. Statements in this report include the following:

- Revenue and Expense Statement: Summarizes financial statements to highlight the starting cash balance, revenues received, program and operating expenses, and the ending cash balance for the month.
- Balance Sheet: Provides a "snapshot" view of the Commission's assets, liabilities and fund balance as of July 31, 2015.
- Detailed operating and program expenditures: Shows expenses against the FY 2015-16 Budget approved on June 11, 2015, concluding with a report of expenditures related to programs functioning as pass-through agreements.

**Los Angeles County Children and Family First -
Proposition 10 Commission (aka) First 5 LA
Revenue and Expense Statement
July 31, 2015, Unaudited**

	REVENUES AND EXPENDITURES
Cash Balance as of June 30, 2015	\$ 546,152,286
Revenue	
Monthly State Allotments	\$ -
State Commission Matching Grant - Cares Program	-
Medi-Cal Administrative Activities (MAA)	-
State Commission - Other Program Funds	-
Interest Income - Unreserved	-
Investment Income - Other	544,615
Rental Revenue - La Petite	8,502
Partnerships for Families (PFF) - LA county Dept. of Children and Family Services (DCFS)	-
Total Revenue	\$ 553,117
Expenses	
Program Budget (Attachment A)	
2015-2020 Strategic Plan: Focusing For The Future	\$ 45,798
Legacy Investments	-
Research and Evaluation	16,678
Internal Operations	-
Total Initiative/Program Expenses	\$ 62,476
Pass-Through (Attachment B)	
Medi-Cal Administrative Activities (MAA)	\$ -
Child Signature Program (CSP)	-
Partnerships for Families (PFF) - LA county Dept. of Children and Family Services (DCFS)	-
Total Pass-Through Expenses	\$ -
Operation and Administration (Attachment C)	
Personnel	\$ 818,469
General Operating	115,039
Professional Services	-
Consultant Services	41,250
Travel & Meetings	2,069
Capital Improvements	-
Total Operation and Administration	\$ 976,828
Total Expenses	\$ 1,039,304
Variance (Revenues - Expenses)	\$ (486,187)
Cash Balance as of July 31, 2015	\$ 545,666,099

NOTE:

1) Cash Balance excludes fixed assets and Liabilities.

**LOS ANGELES COUNTY CHILDREN AND FAMILY FIRST - PROPOSITION 10 COMMISSION (AKA FIRST 5 LA)
PROGRAM EXPENDITURES BY FY 2015-16 BUDGET
JULY 31, 2015, UNAUDITED**

INITIATIVE/PROGRAM	FY 2015-16 BUDGET*	JULY EXPENDITURES	FISCAL YTD EXPENDITURES
2015-2020 STRATEGIC PLAN: FOCUSING FOR THE FUTURE			
Investments and Approaches Reaffirmed by the Board and Aligned with SP			
Families: Placed-Based - Welcome Baby/Select Home Visiting	36,603,000	-	-
Communities: Place-Based - Community Capacity Building	17,029,000	45,538	45,538
Policy Agenda/Advocacy	2,797,000	-	-
Communications & Marketing	4,672,000	260	260
Communications - Conference Funding	200,000	-	-
Existing Investments Potentially Aligned with SP			
Healthy Kids	2,250,000	-	-
Information Resource and Referral	1,360,000	-	-
New Investments Under Development (Strategic Plan Implementation Fund)			
Families	636,000	-	-
Communities	1,093,750	-	-
Early Care & Education (ECE) Systems	370,000	-	-
Health, Mental Health & Substance Abuse Systems	546,250	-	-
Other/Cross - Cutting Activities	490,000	-	-
LEGACY INVESTMENTS			
At-Risk Fathers Investment	150,000	-	-
Baby Friendly Hospitals	1,245,000	-	-
Black Infant Health	1,955,000	-	-
Children's Dental Care	10,656,000	-	-
Children's Vision Care	1,341,000	-	-
Early Identification and Intervention - Autism and other Developmental Delays	818,000	-	-
ECE Environmental Scan	80,000	-	-
Healthy Food Access	2,064,000	-	-
Little by Little/One Step Ahead	3,515,000	-	-
Los Angeles Universal Preschool (LAUP)	55,423,000	-	-
Oral Health & Nutrition - Dental Home	3,904,000	-	-
Parent Child Interaction Therapy	4,642,000	-	-
Partnerships for Families (PFF)	150,000	-	-
Peer Support Groups for Parents	1,469,000	-	-
Policy Advocacy Fund	2,194,000	-	-
Reducing Childhood Obesity	15,462,000	-	-
Resource Mobilization - ECE	1,225,000	-	-
Resource Mobilization - Funder Partnership	60,000	-	-
Resource Mobilization - Health	1,540,000	-	-
Resource Mobilization - Organizational Capacity Building	550,000	-	-
Tot Parks and Trails	660,000	-	-
Universal Assessment of Newborns	8,785,000	-	-
Workforce Development	2,522,000	-	-
Workforce Development - ECE Workforce Consortium	12,798,000	-	-

LOS ANGELES COUNTY CHILDREN AND FAMILY FIRST - PROPOSITION 10 COMMISSION (AKA FIRST 5 LA)
 EXPENDITURES - PASS-THROUGH
 JULY 31, 2015, UNAUDITED

Attachment B

INITIATIVE/PROGRAM - PASS-THROUGH	JULY EXPENDITURES	YEAR TO DATE EXPENDITURES
Medi-Cal Administrative Activities (MAA) - LA County Charges	-	-
Medi-Cal Administrative Activities (MAA) - Participation Payment	-	-
Child Signature Program (CSP)	-	-
Partnerships For Families - LA County Department of Children and Family Services (DCFS)	-	-
TOTAL	-	-

**Los Angeles County Children and Family First -
Proposition 10 Commission (aka) First 5 LA
Operating & Administrative Budget Update
July 31, 2015, Unaudited**

OPERATION AND ADMINISTRATION EXPENSE	JULY ACTUAL	FISCAL YTD ACTUAL	FY 2015-16 BUDGET	FISCAL YTD VARIANCE
Personnel Related Expenses				
Salaries & Wages	561,627	561,627	12,387,038	11,825,411
Fringe Benefits	256,842	256,842	3,980,943	3,724,101
	818,469	818,469	16,367,981	15,549,512
General Operating Expenses				
ADP Payroll Charges	1,739	1,739	31,000	29,262
Workers Compensation Insurance	-	-	100,000	100,000
Corporate Insurance	-	-	76,000	76,000
Mileage Expense	416	416	61,850	61,434
Telephones & Modems	4,831	4,831	65,000	60,169
Printing	538	538	19,200	18,662
Postage & Delivery	2,200	2,200	13,300	11,100
Office Supplies	5,269	5,269	83,980	78,711
Subscriptions & Publication	-	-	10,060	10,060
Equipment Rental	7,948	7,948	118,200	110,252
Repair & Maintenance - Furniture & Fixtures	52,907	52,907	180,000	127,093
Repair & Maintenance - Equipment	125	125	32,000	31,875
Rents & Lease - Offsite Storage	5,406	5,406	23,700	18,294
Los Angeles County Overhead	-	-	27,000	27,000
Contingency	-	-	75,000	75,000
Facilities & Other Supplies	-	-	12,150	12,150
Utilities	31,486	31,486	155,000	123,514
Educational Supplies	-	-	5,300	5,300
Cell Phones	2,175	2,175	52,250	50,075
Hardware & Software Maintenance	-	-	258,000	258,000
	115,039	115,039	1,398,990	1,283,951
Professional Services				
Audit and Accounting Fees	-	-	70,000	70,000
Legal Fees	-	-	175,000	175,000
Membership Dues	-	-	82,100	82,100
Professional Development	-	-	210,800	210,800
Professional Dues First 5 Association	-	-	50,000	50,000
Staff Recruitment	-	-	25,000	25,000
Commission Stipends	-	-	34,000	34,000
Human Resources Related Costs	-	-	68,000	68,000
	-	-	714,900	714,900
Consultant Services				
Consultant Fees	-	-	1,491,000	1,491,000
Other Professional Fees	41,250	41,250	237,500	196,250
External Reviewers	-	-	5,000	5,000
	41,250	41,250	1,733,500	1,692,250
Travel & Meetings				
State Prop 10 Commission Activities	-	-	40,000	40,000

**Los Angeles County Children and Families First -
Proposition 10 Commission
Statement of Net Assets
JULY 31, 2015, Unaudited**

Assets	
Current Assets:	
Cash	\$ 1,110,558
Cash- Morlin Mgmt Corp Investment:	26,950
Operating and Allocated funds	509,866,599
Operating Fund - SRI	-
Advance - LA Care Health Plan	8,930,459
Advance - LAUP	26,213,336
Advance - UCLA Dental Home Project	4,267,841
Interest Receivable	-
Other Receivables	23,231,349
Total Current Assets	<u>\$ 573,647,092</u>
Fixed Assets:	
Land	\$ 2,039,000
Building & Improvements	12,076,512
Furniture & Fixtures	627,671
Computer, Software & Accessories	1,755,170
Office Equipment	331,033
Accumulated Depreciation	(4,944,345)
Total Fixed Assets	<u>\$ 11,885,041</u>
Total Assets	<u><u>\$ 585,532,133</u></u>
Liabilities and Net Assets	
Current liabilities:	
Other Liabilities	\$ 30,285,192
Total Current Liabilities	<u>\$ 30,285,192</u>
Net Assets:	
Investment in capital assets	\$ 11,885,041
Restricted	543,361,900
Total Net Assets	<u>\$ 555,246,941</u>
Total Liabilities and Net Assets	<u><u>\$ 585,532,133</u></u>

NOTES:

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

FIRST 5 LA

SUBJECT:
Contracts for approval

RECOMMENDATION:
Approve two new agreements and three renewals and authorize staff to complete final execution of the agreements.

BACKGROUND:
First 5 LA's approved programmatic budget for FY 2015-16 totals \$208,922,000 and the approved operating budget totals \$20,794,362. The initiatives and programs for these agreements were included in the budget presented to the Board on May 14 and approved on June 11. For contracts that span across fiscal years, the estimated spending amount for each fiscal year will be included in First 5 LA's annual budgets for approval. Pursuant to the contract, if the Commission does not appropriate funds for the contract in future fiscal years, First 5 LA may terminate the contract. Upon approval of the agreements presented below, staff will complete final execution.

There are **two new agreements**. One with Diversified Printers, Inc. to print First 5 LA's Family Guides, booklets, posters, and other materials for distribution, and one with Friends of the Family to implement the strategies and activities selected by the Best Start Panorama City and Neighbors Community (BSPCN) Partnership. The activities will focus on building positive social networks to support parents of children prenatal to age five which includes activities like training parents to become resource liaisons to help isolated parents access local resources and serve as a bridge to family services agencies. The parent resource training will be an intensive three month training in which trainees will receive a \$600 stipend for completion of the training for up to 30 parents totaling \$18,000.

There are **three renewals**. One with the Children's Institute Inc. for the Peer Support Groups for Parents Initiative which aims to foster social connections, reduce isolation, and encourage sharing knowledge and skills among parents within each of the Supervisorial Districts. One with the Children's Institute, Inc. to serve as the training and technical assistance provider for the Peer Support Groups for Parents program. In this role, the contractor trains parents to facilitate the support groups, conducts training for trainers, and evaluate the project's outcomes. One with Public Health Foundation Enterprises, Inc. for the Little by Little program at 10 WIC locations to provide early literacy counseling and share handouts and information about safety to WIC participants.

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

**Attachment A
September 2015**

NEW AGREEMENTS										
DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	*CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE
Communications & Marketing	Communications & Marketing / Communications & Marketing	DIVERSIFIED PRINTERS, INC. The Contractor will print family guide, booklets and posters. The family guides are quarterly publications that highlight a variety of themes and subjects, all focusing on the five protective factors outlined in the 2015-2020 Strategic Plan, and are distributed across Los Angeles County during countywide and Best Start efforts.	6/11/2015	Solicitation to the Pool	2 years, 9 months	\$298,500	\$298,500 Estimated FY 15-16 Spending \$99,500 Impact to FY 16-17 Budget \$99,500 The remaining balance will be spent in future fiscal years	10/19/2015	6/30/2018	6/30/2018
Best Start Communities	Communities: Place-Based - Community Capacity Building / Results-Focused Actions	FRIENDS OF THE FAMILY The Contractor was selected to implement the strategy and activities selected by the Best Start Panorama City and Neighbors Community (BSPCN) Partnership through the Learning by Doing (LBD) process. The five activities will focus on building positive social networks to support parents of children prenatal to age five within the BSPCN boundaries. These activities include hosting Parent Cafés, training community residents to become Parent Support Liaisons, engaging partner agencies to provide supportive and coordinated services through a community engagement collaborative, outreach support and community event support. Up to 30 parents participating in the parent resource training will receive a \$600 stipend upon completion of an intensive three month training. These parent resource liaisons will use that training to help isolated parents connect to family service agencies and other resources in the community.	6/11/2015	RFP	1 year, 5 months	\$491,604	\$491,604 Estimated FY 15-16 Spending \$260,261 Impact to FY 16-17 Budget \$231,343	10/1/2015	2/28/2017	2/28/2017

*Final negotiated amount on the budget

Attachment A
September 2015

RENEWALS											
DEPARTMENT	INITIATIVE AND PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
Program Development	Peer Support Groups for Parents \ Peer Support Groups Lead Agency	CHILDREN'S INSTITUTE, INC. (#08456) FY 15-16 is the final year of the Peer Support Groups for Parents program which aims to foster social connections, reduce isolation, and encourage sharing knowledge and skills among parents of children prenatal to age five by establishing peer support groups for parents within each of the Supervisorial Districts. The Contractor serves as the Lead Agency for the program. During the FY 14-15 contract, the Contractor and its five subcontractors completed a total of 53 parent support groups and served more than 400 parents. The Contractor will continue to provide administrative and program oversight to the five subcontractors who will implement 35 support groups consisting of a minimum 5 per group for a total of 175 parents. In addition, the project will continue the referral system with hospitals and other healthcare agencies and finalize agreements with a minimum of two organizations to refer parents to the groups.	11/18/2010	RFP	2 years, 9 months	\$2,458,503	\$622,980	10/1/2015	6/30/2016	6/30/2016	Yes 100
Program Development	Peer Support Groups for Parents \ Peer Support Groups Training and Technical Assistance Provider Program Evaluation \ Peer Support Groups for Parents Implementation Evaluation	CHILDREN'S INSTITUTE, INC. (#08547) The Peer Support Groups for Parents program aims to foster social connections, reduce isolation, and encourage sharing knowledge and skills among parents of children prenatal to age five through establishing peer support groups for parents within each of the five Supervisorial Districts. The Contractor serves as a Training and Technical Assistance Provider for the program. In FY 14-15, the TTA Contractor trained 32 parents to facilitate the support groups and conducted a train the trainers training. In the final year of the program, the Contractor will continue to provide technical assistance to conduct the remaining support groups, train a minimum of five additional facilitators, conduct an additional training for trainers to ensure core competencies of	9/8/2011	RFQ	2 years, 9 months	\$477,648	\$157,155 (\$98,090 for TA + \$59,065 for Evaluation)	10/1/2015	6/30/2016	6/30/2016	Yes

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

Attachment A

September 2015

		facilitators and staff and support sustainability of the groups. The Contractor will also be responsible for completing the process and outcome evaluation of the project.									
Program Development	Little by Little/One Step Ahead \ Little by Little/One Step Ahead Program	<p><u>PUBLIC HEALTH FOUNDATION ENTERPRISES, INC (#08551)</u></p> <p>The Grantee will continue to coordinate, oversee and implement the Little by Little (LBL) program at 10 selected WIC site locations. The Grantee, in partnership with WIC agencies, provides early literacy counseling, safety message, handouts and safety and literacy items to WIC participants. Major accomplishments in this past contract period include: delivered LBL services to 10 WIC sites, maintained and upgraded LBL database, developed partnerships and maintained connections with at least one community literacy organization and built a learning community of LBL sites. The primary goals during the new contract period include: continue to deliver LBL services to 10 WIC sites, convene quarterly LBL advisory committee meetings and maintain the relationship with the learning community literacy organization.</p>	5/16/2013	Strategic Partnership	6 years	\$27,399,547	\$2,445,942	10/1/2015	6/30/2016	9/30/2019	Yes
											101

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

Memo

To: Board of Commissioners

From: Kim Belshé, Executive Director

Date: September 10, 2015

Subject: **EXECUTIVE DIRECTOR'S REPORT**

EXECUTIVE DIRECTOR'S HIGHLIGHTS

Hello, Commissioners. We look forward to our September meeting and discussion across an array of timely topics. Since the Commission's last meeting, there are a number of important items to update the Commission on.

First, it's with very mixed emotions that we said goodbye to Jessica Kaczmarek, Director of the Office of Strategic Planning and Integration (OSPI), who will be assuming a new senior role at the James Irvine Foundation. Irvine is fortunate to have Jessica's smarts, critical thinking, integrity, and planning skills dedicated to work that is important to our state and to Jessica – improving opportunities in the San Bernardino/Riverside and Central Valley regions. We thank Jessica for her 8+ years of service to First 5 LA and her many contributions to advancing our organization's mission, particularly in her OSPI leadership role over the past 18 months.

At the same time, we are delighted to share that Stacy Lee will be assuming leadership of the OSPI team. Stacy brings a terrific set of skills, experiences, and abilities to this role. Working with her talented OSPI colleagues, Stacy will be able to ensure OSPI continues to play its important organization-wide leadership role to support First 5 LA's effective execution of the new Strategic Plan.

Second, we have a number of Commissioner items to call out. Marv Southard announced that he will be retiring as Director of the Department of Mental Health in November. Marv is a founding member of the First 5 LA Commission Board, and has served in numerous leadership roles throughout his tenure. We will have an opportunity this fall to properly acknowledge Marv's many contributions to the work of First 5 LA.

In other Commissioner news, First 5 LA was pleased to see that Philip Browning was recently honored with the Chauncey Alexander Lifetime Achievement Award. This award was established in 1989, and is given to social work leaders whose innovation and action have contributed to lasting and positive social change. Congratulations, Commissioner Browning.

COMMISSIONERS

Los Angeles County Mayor	Judy Abdo	Sandra Figueroa-Villa
Michael D. Antonovich	Nancy Haruye Au	Marvin J. Southard, D.S.W.
<i>Chair</i>	Jane Boeckmann	Joseph Ybarra Jr., Ph.D.
Philip L. Browning	Duane Dennis	
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EX OFFICIO MEMBERS

Patricia Curry
 Cynthia A. Harding, M.P.H.
 Karla Pleitéz Howell
 Deanne Tilton

EXECUTIVE DIRECTOR

Kim Belshé

CHIEF OPERATING OFFICER

John A. Wagner

A PUBLIC ENTITY

Finally, a dozen First 5'ers were delighted to join a July event to celebrate Duane Dennis' 17 years of success as Executive Director of Pathways LA. It was a fun and lively event full of heartfelt thanks for Duane's leadership at Pathways and a few fun photos of Duane throughout the years. See a more contemporary photo from the celebration at the end of my E.D. report.

On the program front, there is good work underway across all aspects of First 5 LA's portfolio. This comprehensive portfolio includes new projects associated with the Strategic Plan, 2015-20, ongoing "anchor" investments, such as Welcome Baby and Best Start, and legacy investments that began under previous strategic plans. Regarding new work, we are beginning initial implementation of a number of new projects related to the Strategic Plan, such as the goals and approach for an Early Care and Education policy and advocacy initiative and partnership development for Help Me Grow, a systems approach to strengthen developmental screening and enhance the early detection of children at risk for adverse developmental and behavioral outcomes.

Another example of new work relates to the early care and education Quality Rating and Improvement System (QRIS). First 5 LA, with the support of VIVA consulting, has convened a group, informally known as the "QRIS Architects", comprised of Los Angeles County Office of Education (LACOE), LAUP, LA County Office of Child Care, and the Child Care Alliance of Los Angeles. First 5 LA has convened this group for a number of reasons, including First 5 CA's latest funding initiative, IMPACT, which is intended to "support a network of local quality improvement systems". This group is working together to align and build upon existing QRIS efforts in LA County. VIVA Strategy+Communications -- a firm with extensive experience working on QRIS in California and with First 5 commissions around the state -- is facilitating the conversations among the QRIS Architects to develop an approach to the IMPACT application that builds upon the strengths of existing QRIS efforts in LA County and supports the development of a unified QRIS in Los Angeles.

Over the course of the next Commission and Program and Planning Committee meetings, First 5 LA staff will be bringing updates and discussion items to the Commission on new work under development related to the Strategic Plan for 2015-20.

Relatedly, we continue to advance work across multiple work streams associated with effective execution of the new Strategic Plan. Beyond new project development, we have work underway related to talent/staff development, business process improvements, and organization alignment. Across all domains, staff is working together in new ways that will enhance First 5 LA's effectiveness and maximize our impact. Transformation Management Office (TMO) members continue to help identify the interdependencies of our work and collaboratively develop and advance solutions and sequence projects key to execution of the new Strategic Plan. The Senior Management Team (SMT) is working proactively and collaboratively to address organization-wide priorities, such as supporting near term learning opportunities to build staff capacity related to initial implementation of the new Strategic Plan. And new project teams represent an interdisciplinary approach in their composition and to their work, including the inclusion of our administrative colleagues in the design and implementation of projects.

Finally, this has been a busy legislative session, with good progress being made on a number of fronts. Our Policy Director, Peter Barth, will provide the Board with a legislative update at the September 10 meeting, which falls just before the end of the regular session on September 11.

As Commissioners will recall, Governor Brown called two special sessions of the Legislature focused on financing for health care and infrastructure. Among the various proposals introduced during the sessions are seven bills related to tobacco taxation and regulation, supported by the Save Our Lives Coalition, which includes: the California Medical Association; Service Employees International Union California; and the California chapters of the American Heart, Stroke, Lung, and Cancer Associations; Blue Shield of California; Health Access; Planned Parenthood; the Campaign for

Tobacco-Free Kids; the California Dental Association; and the American Academy of Pediatrics. These bills propose a number of measures including raising the legal age to purchase tobacco to 21, allowing local jurisdictions to levy tobacco taxes with a 2/3 public vote, adding e-cigarettes to the definition of tobacco products, raising the tax on tobacco products by \$2, and levying a \$2 tax on e-cigarettes. The revenues generated by the additional taxes would, as proposed, primarily support Medicaid and cancer research.

Though First 5s are not currently represented in the Coalition, the First 5 Association and First 5 California have engaged with legislative and Coalition leaders to ensure new revenues do not negatively impact Proposition 10 funding and to ensure the Board of Equalization (BOE) does not use programmatic funds from Proposition 10 and Proposition 99 to cover the cost of regulating tobacco products. Based on these conversations, we are confident First 5 revenues will be protected through backfill provisions in legislation. In addition, Assemblymember Adrin Nazarian (Van Nuys) introduced legislation which would raise BOE licensing fees to fully cover the costs of tobacco licensing and regulation, a bill First 5 LA is now actively supporting. Relatedly, the Association and State Commission, with support from First 5 LA, will continue to engage with legislative leaders and the Coalition to demonstrate the historic commitment of First 5s to controlling tobacco use and improving California's public health.

We look forward to providing a fuller legislative update on September 10.



ORGANIZATION-WIDE ACTIVITY HIGHLIGHTS

I. PERINATAL SUPPORT

No highlights to report this month.

II. PARENTING SUPPORT AND CHILD SAFETY

At-Risk Fathers Update

In April, the LA County Board of Supervisors accepted President Obama's My Brother's Keeper (MBK) Challenge and charged the CEO Office to convene a Local Action Summit of key stakeholders to address opportunity gaps facing boys and young men of color. In June, the CEO Service Integration Branch invited First 5 LA to provide input on MBK goals – addressing children being ready for school and reading at grade level by third grade. Staff from the Grants Management and Community Investments Departments provided input on recommendations for pertinent MBK goals and potential stakeholders for the summit scheduled in September. First 5 LA shared early care and education resources and information on the Children's Data Network to support this effort. Opportunities to leverage this with the First 5 LA At-Risk Fathers Investment and emerging ECE work are being explored.

On July 14th, First 5 LA staff from the Grants Management and Policy & Intergovernmental Affairs Departments attended the Southern California Regional Meeting for the California Executives' Alliance to Expand Opportunities for Boys and Men of Color (CEA). CEA is a collaboration of CEOs from 20 California foundations dedicated to aligning their efforts, resources and influence to improve the lives of boys and men of color in California. First 5 LA staff attended the meeting to explore possible linkages to current work being developed as part of the First 5 LA At-Risk Fathers Investment.

Staff Contact: Tina Chinakarn (tchinakarn@first5la.org)

6/15 – Children's Institute, Inc., 8th Annual Fatherhood Solutions Conference - Father's Day: It Happens 365 Days a Year. This conference shared best practices in research and interventions in the field of fatherhood. It raised awareness of fatherhood issues in Los Angeles and highlighted unique fatherhood issues for special populations such as fathers of infants, toddlers and preschoolers. As part of the Conference/Event Funding grant, an award in the amount of \$12,500 was made. First 5 LA hosted a resource table providing 150 attendees with Family Guides, Father Resource Guides and brochures.

6/22 – Families & Criminal Justice - Working with Infants & Young Children of Mothers Involved in the Criminal Justice System

This workshop provided information and resources for approximately 100 practitioners that work with justice-involved mothers and their infants/young children. As part of the Conference/Event Funding grant, an award in the amount of \$12,500 was made.

Staff Contact: Violet Gonzalez (vgonzalez@first5la.org)

III. PHYSICAL AND MENTAL HEALTH

Marketing Matters: A White Paper on Strategies to Reduce Unhealthy Food and Beverage Marketing to Young Children

As part of the First 5 LA-funded Early Childhood Obesity Prevention Initiative (ECOPI), the Los Angeles County Department of Public Health (DPH) in partnership with Change Lab Solutions has

released *Marketing Matters: A White Paper on Strategies to Reduce Unhealthy Food and Beverage Marketing to Young Children*. The white paper discusses the critical need for such strategies to address unhealthy marketing of foods and beverages to children. Food marketing has a significant impact on the diet and health of children as companies are spending \$1.79 billion annually to specifically market food to children. The overwhelming majority of these foods are of poor nutritional quality, which leads to overconsumption of unhealthy foods and an under consumption of fruits and vegetables.

In LA County, nearly one in four children (24%) ages five years and under drinks one or more sodas or sugar sweetened beverages each day. Additionally, 42% of children five years and under consume fast food at least once a week. Poor dietary habits, which can be a result of unhealthy food marketing, can contribute to childhood obesity and other chronic diseases. The obesity rate among 3- and 4- year old children receiving WIC nutrition services in LA County was 19% in 2014, almost as high as the obesity rate among adults in LA County at 24%.

Marketing Matters provides a summary of the issue, legal background for local strategies, and a list of policy recommendations categorized by legal feasibility. Additionally, an accompanying toolkit includes tailored handouts targeting policymakers, parents, and community groups with calls to action on how they can reduce the marketing of unhealthy foods and beverages. The ECOPI's Choose Health LA Kids Program is working with 20 community agencies, many of which serve First 5 LA's Best Start communities, to support and partner with parent coalitions to reduce the marketing of unhealthy foods and beverages in their communities.

ECOPI is a "Legacy Investment" that is managed and implemented by the County of Los Angeles Department of Public Health (DPH). The five-year, \$41,197,400 project aims to reduce obesity among young children ages 0-5 countywide, and addresses First 5 LA's previous FY 2009-2015 Strategic Plan goal of **Children Maintain a Healthy Weight**.

Link to the white paper: <http://changelabsolutions.org/publications/marketing-matters>

Staff Contact: Bill Gould (bgould@first5la.org)

IV. SCHOOL READINESS

PEACH and the Child Development Permit Matrix Advisory Committee

The Partnership for Education, Articulation and Coordination through Higher Education (PEACH), an Early Childhood Education (ECE) Workforce Consortium project, works with faculty from over 20 colleges and universities to strengthen career pathways in the early care and education (ECE) field. Over the past few years, the coalition has: (1) supported ECE BA and PhD programs; (2) strengthened the system for students with ECE majors to articulate from community colleges to 4 year universities; (3) advocated for the creation of a 0-8 teaching credential; and (4) encouraged revisions to the Child Development Permit Matrix. Recently, the California Commission on Teacher Credentialing (CTC) established the Child Development Permit Advisory Panel (CDP AP) to revise the Child Development Permit Matrix, a six-tiered licensure ladder for ECE professionals. The Advisory Panel includes 20 experts from across the state, including 2 active PEACH members, Nancy Hurlbut (Associate Dean at Cal Poly Pomona) and Kisha Williamson (Faculty at Mount San Antonio College). The work of the panel is aligned with First 5 LA's focus on enhancing quality in the ECE field and will be guided by the following three questions:

- What is the scope of knowledge and skill needed to work in ECE positions that require a Child Development Permit?
- How should the current permit structure be modified to ensure that ECE teachers and administrators are adequately prepared to work in this sector?

- How can the state best monitor and ensure quality in preparation of the ECE workforce?

The Advisory Panel launched in August 2015 and must be completed on or before July 1, 2016. PEACH has developed specific recommendations for the panel and they will continue their advocacy efforts in this arena over the next year. In addition, First 5 LA's 2015-2020 strategic plan builds on PEACH's advocacy work through its ECE quality strand by continuing to strengthen the preparation and professional development system for ECE providers. As an example, First 5 LA's new strategic plan includes activities to support the development, modification and adoption of the ECE permit matrix and ECE teaching credential.

Staff Contact: Debra Colman (dcolman@first5la.org)

Funders Briefing with State Superintendent Tom Torlakson

Community Investments Department staff attended a Funders Briefing on July 24, 2015, hosted by Southern California Grantmakers and the Education Funders Group, with State Superintendent Tom Torlakson to learn about next steps in his vision and direction for our education system, as outlined in his second term plan, A Blueprint for Great Schools 2.0 (<http://www.cde.ca.gov/eo/in/bp/documents/yr15bp0720.pdf>). The Blueprint includes several references to early education, including goals for improved professional development learning opportunities for early childhood educators; supporting pathways to a preschool teaching credential; elevating public opinion about the education profession (including early childhood education); and collaboration and coherence at the state level, across districts and LEAs, within schools, and between early childhood, pre K–12, and higher education, as well with the diverse state and private agencies and departments serving children and families, to meet the state's educational needs.

Superintendent Torlakson highlighted the state's shift in providing more funding for schools, more local control over spending decisions, upgrading academic standards, and development of a new accountability system that focuses on support for continuous improvement. Chief Deputy Superintendent Glen Price also addressed the critical need for authentic family and community engagement to achieve student success. First 5 LA staff will consider alignment with the Blueprint priorities and opportunities for leverage as we further develop and implement the FY 15-20 Strategic Plan's ECE Strategies.

Staff contact: Jennifer Cowan (jcowan@first5la.org)

LAUSD Expanded TK Program

The Los Angeles Unified School District began its Expanded Transitional Kindergarten (ETK) program on August 18, the same day as the start of the new school year. ETK is a full day, full year preschool program that will, over two years, replace the District's 35 year old School Readiness Language Development Program (SRLDP). The new program serves low income 4 year olds too young for the traditional TK program. First 5 LA has contributed to efforts to get the word out on the program so that parents know to enroll their 4-year olds. See our Monday Morning Report article, attached (Attachment A).

New Early Education Director and Board Members at LAUSD

First 5 LA joined partner agencies in welcoming the new Early Education Director at LAUSD, Dean Tagawa, who oversees the District's efforts on early learning, including Transitional Kindergarten and Expanded TK, California State Preschool, Head Start, and school based LAUP sites. See Attachment B for our welcome letter. In August, First 5 LA joined Advancement Project and other education partners in a meet and greet with newly elected school board member Scott Schmerelson to discuss early learning policy goals.

Staff Contact: Tessa Charnofsky (tcharnofsky@first5la.org)

6/20 – PBS Summer Learning Day Celebration

Summer Learning Day was aimed at raising awareness on the importance of summer learning programs and their effectiveness in preventing students from having “summer learning loss.” The program engages students in meaningful educational enrichment activities during the summer months. Over 100 families visited the First 5 LA resource table and were able to obtain Family Guides, Father Resource Guides and books.

Staff Contact: Violet Gonzalez (vgonzalez@first5la.org)

V. BEST START

Region 1: East LA, South El Monte/El Monte, Central Long Beach

The Advisory Committee members for the Best Start East LA Community Partnership have taken the role of facilitating and leading Community Partnership meetings and designing a work plan for the Partnership until the end of the year. They are now focused on preparing themselves to work with the *Learning by Doing* (LBD) contractor that will implement their proposed strategies and activities and diving deeper into increasing family capacities at the Partnership. The Outreach and Engagement Committee comprised of community residents started the year with a goal to increase community attendance at Partnership meetings and have now reached their goal by doubling attendance from 30 participants to 60.

South El Monte/El Monte's Advisory Committee members assumed an increased role in facilitation, agenda development, and strategic planning for the Partnership meetings. At the July Partnership meeting parents, residents, and community partners reviewed data results from the developmental evaluation team about Partnership members' experience with *Best Start*. They also participated in a brainstorming session and divided in small groups, to develop actions to take in the next year. The Communications Workgroup members focused on refining their networking skills for a Chamber of Commerce mixer held in August.

The Central Long Beach Partnership has been working closely with the Health Department to implement their LBD strategies. One parent-leadership training (which was part of the LBD activities) has been completed and showed substantial increase in knowledge for participants around civic engagement and child advocacy. The Long Beach Child Abuse and Neglect (LBCANN) and Home Visitation Collaborative (HVC) both held a retreat in July to help both collaborative bodies increase their focus for the next year. Additionally, LBCANN has created a Police Convening Steering Committee which includes representatives from the Long Beach Police Department, Department of Children and Family Services (DCFS), *Best Start* Long Beach Community Partnership, Welcome Baby, and other community leaders. The Steering Committee will help shape three police convenings, the first to be held in the fall. The HVC completed an assessment tool including First 5 LA investments as well as other home visiting programs in Long Beach, and will implement trainings and learning communities to help improve the quality of services provided by home visitors in Central Long Beach, and the broader Long Beach community.

Region 2: Southeast Los Angeles, Wilmington, Metro LA

During July, the Southeast Los Angeles (SELA) *Best Start* Partnership hosted a community resource fair to connect families to community services and resources. The Partnership also continues to collaborate with other efforts in the community, including the Advancement Project and the Los Angeles County Department of Mental Health, to create positive changes for children and their families in SELA.

The Wilmington Partnership LBD worksheet was submitted to First 5 LA in July and approved by the review team. Partnership members are developing criteria to select community representatives to participate on an interview panel with First 5 LA staff to select the LBD contractor. Partnership

members also began planning a second Family Fun Day in collaboration with their Resident Outreach Coordinator. Family Fun Days are sponsored by South Bay Center for Community Development (SBCC) through its contract with First 5 LA to provide resident engagement activities for the *Best Start* communities.

In July, *Best Start* Metro LA Partnership members attended a Los Angeles City Council meeting to share concerns about a proposal for the development of restaurants and a nightclub nearby five schools. After hearing the community members' testimonials, the City Council officials agreed to place the proposal on hold for a 30-day investigation in order to review safety concerns of the project. Following the meeting, Partnership members were interviewed by reporters from Channels 4 and 34.

Region 3: Panorama City & Neighbors, Northeast Valley Community, Lancaster, Palmdale

Best Start Panorama City & Neighbors has selected Friends of the Family to serve as the implementation contractor for their LBD activities. Friends of the Family has been an active Partnership member for several years. Following the announcement of the contract award, the agency met with community members to finalize the timeline and milestones for implementing LBD activities.

At the July Partnership meeting, *Best Start* Northeast Valley Guidance Body members provided the Partnership with an update on all of the communication that has been exchanged with First 5 LA and others in response to the transition that was announced in May of this year. First 5 LA staff attended the meeting and were available to clarify information and address questions about the information shared. Partnership members had the opportunity to share their thoughts on the updates provided.

The Northeast Valley Partnership also sponsored the 5th Annual San Fernando Valley Lesbian, Gay, Bisexual & Transgender (LGBT) Center's community event, "Helping Kids, One Backpack at a Time." The event hosted close to 400 families with young children who received information about community resources and backpacks with school supplies. *Best Start* hosted a booth and conducted outreach at the event. As the Board may recall, members of the NEV Community Partnership attended the July Commission meeting to voice concerns about First 5 LA's decision-making policies and practices as it relates to the sun-setting of the Facilitator contracts. Since then, First 5 LA staff has facilitated a conversation between the NEV Community Partnership and the Center for the Study of Social Policy (CSSP) to inform the selection of a capacity builder for the NEV. CSSP provides capacity building assistance to *Best Start* Community Partnerships. Currently, CSSP is finalizing its search for a capacity builder that has experience in the NEV and an understanding the results-focused framework that undergirds the Building Stronger Families Framework.

Best Start Lancaster held a Guidance Body retreat to discuss their governance structure in order to support the Partnership in the new direction and work. The LBD Request for Proposal has also been sent to contracts for review.

As a culmination of workshops and coaching efforts, the *Best Start* Palmdale Guidance Body members participated in a daylong retreat to discuss leadership capacities and plans to take on more responsibilities. The core issues the community wants to advocate for have also been identified, and include increasing child abuse prevention activities and bringing more childcare spaces to the community.

Region 4: Broadway-Manchester, West Athens, Watts/Willowbrook, Compton/East Compton

Best Start Watts/Willowbrook participated in a number of community events to promote the work of *Best Start* including: the Watts Healthcare Men's and Family Health Fair; the Watts Healthy Farmer's Market 8th Anniversary; the People for Community Improvement Center's Walk for Life and Community Festival; the Children's Institute Back-to-School Event; and, the East Side Riders' Kids Bike Festival. Partnership members will be participating in an elementary school back-to-school

event in September, and Outreach Workgroup members are continuing to develop community-specific communications materials that will promote the work of the Partnership.

The Compton/East Compton Communications Workgroup participated in a Back-to-School event sponsored by South LA Health Projects WIC, Immunize LA Families, and Choose Health LA Kids. The Partnership also sponsored a graduation event for the teen parent clients of El Nido Family Center and provided *Best Start* materials and information to their families.

West Athens held a leadership retreat to develop its capacity building plan which identifies prioritized communications efforts. The Communications Workgroup met to further determine training needs, which includes public speaking, messaging and outreach. The workgroup also continued developing their communications materials, which includes tailoring pieces for both the general community and for young parents.

The *Best Start* Broadway-Manchester Community Partnership sponsored and participated in the National Night Out event hosted by the Los Angeles Police Department's (LAPD) Southeast Division. Partnership members also participated in the Morningside High School Clinic Health Fair and supported the organization's baby shower event. The Outreach Workgroup met to refine outreach event plans, which will now include developing a partnership with a school located in the community to talk about *Best Start* at a back-to-school night.

Staff Contact: Katie Kurutz (kkurutz@first5la.org)

VI. WORKFORCE DEVELOPMENT

No highlights to report this month.

VII. COUNTYWIDE SYSTEMS IMPROVEMENT

FreshWorks Fund

In February 2014, First 5 LA executed a contract with Capital Impact Partners in partnership with Emerging Markets to leverage \$2,000,000 in First 5 LA funds with a match of \$1,000,000 through the statewide FreshWorks Fund. The program entitled the California FreshWorks Food Enterprise Microlending Intermediary (FEMI) LA Fund has to date deployed nearly \$2 million in patient loan capital as well as companion grants and technical assistance resources to support microlending to healthy food enterprises that reach families with small children throughout Los Angeles County.

The awarded microlending intermediaries are: AmPAC Community Development Corporation, Leadership for Urban Renewal Network, Opportunity Fund, Pacific Asian Consortium in Employment, Valley Economic Development Corporation, Vermont Slauson Community Development Corporation and West Angeles Community Development Corporation.

This is the first time a simultaneous impact investment has been made into a cohort of microlenders at the Countywide level to collectively address the issue of food deserts via microentrepreneurship. In addition to low-cost debt investments the program resources includes technical assistance to help entrepreneurs sell healthier food and reach families with young children.

On August 5, 2015, all seven microlending intermediaries along with the accepted technical assistance providers came together for a kick-off event hosted at First 5 LA. As part of the investment cohort, each microlending intermediary will set their own guidelines and products for financing. Generally, loan amounts would range from \$500 to \$250,000 and could be used for a number of needs such as: Renovation, Equipment, Inventory and Working Capital, as well as start-up expenses.

Funds will target small markets or food businesses selling healthy foods that reach underserved populations in Los Angeles County.

Local economic development firm Emerging Markets, Inc. will assist with program outreach, applicant referrals, and managing technical assistance resources for food entrepreneurs. Emerging Markets has assisted the CA FreshWorks Fund since its launch in 2011 to deploy over \$50 million in healthy food financing transactions statewide. The Fund continues to lend to larger enterprises, such as grocery stores opening or renovating in California food deserts. For more information about FreshWorks, please contact Emerging Markets, Inc. or visit www.cafreshworks.com.

First 5 LA staff will continue working with Capital Impact Partners, Emerging Markets and the awarded intermediaries to ensure continued coordination with First 5 LA existing investments and alignment of this investment with other countywide efforts to improve places and spaces that serve families with young children. Best Start communities will be prioritized in both outreach and funding.

Staff Contact: Jessica Monge (jmonge@first5la.org)

LA Partnership for Early Childhood Investment (Partnership)

The Partnership held its quarterly membership meeting on July 29, 2015 during which they reported on the progress of the Baby Futures Fund (Fund) a pooled fund designed to advance policies and systems reforms which benefit young children and families in L.A. County. Since the Fund launched in 2011 with a \$1 million challenge grant from First 5 LA, the Partnership has successfully leveraged an additional \$1 million from public and private funders, and awarded about 50% of the total funds raised (more than \$1 million) in grants. Currently funded projects include efforts around home visiting, Local Control Funding Formula (LCFF), trauma informed care, the L.A. Campaign for Grade Level Reading, as well as an early childhood reporter at KPCC Southern California Public Radio.

Following the member meeting, Community Investments, Policy, Public Affairs, Program Development, Best Start, and Executive Department staff attended a learning session, "Strengthening Family Engagement where it Matters: A Core Strategy for Early Childhood Success," co-hosted by the Partnership and Southern California Grantmakers to share findings from an analysis of family engagement in L.A. County. Presenters included Meera Mani, Director, Children, Families and Communities, The David and Lucile Packard Foundation (Packard); Bernadette Sangalang, Program Officer, Packard; Catherine Atkin, Executive Director, Early Learning Lab; Parker Blackman, Executive Director, Partnership; and Sonia Taddy-Sandino, Vice President, Harder & Company Community Research (Harder).

In 2014, Packard partnered with the Partnership to convene early childhood thought leaders and stakeholders in L.A. County to explore opportunities to strengthen parent/caregiver engagement in multiple settings, with the ultimate goal of ensuring children are on track for success in school and in life. The Partnership contracted with Harder and consultant Deborah Roderick Stark to facilitate the convenings; document assets and gaps; and identify opportunities to leverage existing efforts, promising strategies, and evidence-based models. First 5 LA staff from Program Development and Best Start participated in the advisory groups, which informed the final report. Key insights and recommendations that emerged through these stakeholder discussions include opportunities for L.A. County to:

- Create opportunities for parents and informal care providers in community settings to increase their capacity and connections to resources and support.
- Strengthen parent engagement practices within formal organizations and institutions
- Build a robust parent engagement system across settings

Following the panel presentation, First 5 LA Director of Program Development, Barbara DuBransky highlighted strategies from First 5 LA's Strategic Plan aligned with the report findings, including efforts

to increase family Protective Factors through parent participation in home visiting and in parent/caregiver-engagement models in ECE and health-related settings (e.g., Abriendo Puertas, Project Dulce), and the Best Start Building Stronger Families Framework. First 5 LA staff is in ongoing conversations with Packard and the Partnership to explore how we can partner to leverage and align our mutual desire to strengthen and support family engagement in L.A. County.

Staff contact: Jennifer Cowan (jcowan@first5la.org)

Conference/Events Grants

8/1- 8/7 – Smart Beginnings/Easy Preventions "Breastfeeding Health and Awareness"

As part of the Conference Funding Grant, First 5 LA sponsored the Smart Beginnings/ Easy Preventions' Breastfeeding Health and Awareness Conference. The goal of this event was to engage with 250 target groups including IBCLC's, childbirth educators, nurses, physicians, expectant mothers, and staff to protect and support the breastfeeding rights of women in the workplace. This organization was awarded a \$5,000 grant.

Staff Contact: Violet Gonzalez (vgonzalez@first5la.org)

Countywide Public Education Activities Supporting First 5 LA Investments

6/20 – Salazar Park Grand Opening

This park opening was part of the Tot Park initiative to create sustainable changes to increase physical activity and promote healthy lifestyles. The grand opening of the park provides local families with children a space to increase physical activities. During the grand opening program First 5 LA hosted a resource table providing information on the importance of physical activity to over 100 families. Family Guides, Father Resource Guides, First 5 LA and Best Start Brochures were distributed.

6/25 – Parks After Dark

Parks After Dark will take place at six LA County parks. By offering extended park hours and special activities, this summer program aims to provide families with safe and fun experiences in their communities. With a focus on youth and families, activities offered throughout the summer include organized sports, classes, free concerts, movies and a resource fair. The program has assisted in strengthening community cohesion by increasing the use of the parks for social and community building. First 5 LA hosted a resource table providing Family Guides, children books, brochures, an interactive activity. In collaboration with a radio station partner, the Child ID kit was available to over 200 families.

6/25 – Levitt Pavilion Pasadena/Los Angeles

The Levitt Pavilion Summer Concert Series offers over 50 FREE family friendly concerts by Grammy-winning artists and up-and-coming performers. Nightly features include a food court, vendors including community based organizations and kid-friendly activities. The series includes Latin, Jazz, Americana, World and Children's night as well as dance shows. As a sponsor of the children's concerts First 5 LA provided over 100 families with Family Guides, balls, children books and brochures.

6/28 – Los Angeles River Ride

The Kids Safety Ride is a component to the Los Angeles River Ride and is perfect for families with kids 3-8 years old who are still developing their biking skills. The ride introduced young children to important bike safety lessons through fun, interactive activities. They practiced their riding techniques on a bike loop, through a series of obstacles and street signs. As a sponsor of the Kids Zone, First 5 LA was imparting the importance of exercise and safety. Over 100 families received the

First 5 LA Family Guides, bike bells, bottled water and safety brochure, and the Family Bicycle Safety Guide. Children that completed the ride received a t-shirts and a certificate of completion.

7/11 – Sepulveda Park Grand Opening

As part of the Tots Park initiative to create sustainable changes and to increase physical activity and promote healthy lifestyles, First 5 LA was part of the grand opening of the park and provided local families with children a space to increase their physical activities. In conjunction with the park grand opening, Best Start Panorama City and Neighbors hosted a community resource fair with over 20 local community organizations, arts and craft booths and activities.

7/16, 7/23, 7/30, 8/6 – Parks After Dark

Parks After Dark will take place at six LA County parks. By offering extended park hours and special activities, this summer program aims to provide families with safe and fun experiences in their communities. With a focus on youth and families, activities offered throughout the summer include organized sports, classes, free concerts, movies and a resource fair. The program has assisted in strengthening community cohesion by increasing the use of the parks for social and community building. First 5 LA hosted a resource table providing Family Guides, children books, brochures, an interactive activity. In collaboration with a radio station partner, the Child ID kit was available to over 200 families.

7/12, 7/16, 7/23, 7/26, 8/9 – Levitt Pavilion Pasadena/Los Angeles

The Levitt Pavilion Summer Concert Series offers over 50 FREE family friendly concerts by Grammy-winning artists and up-and-coming performers. Nightly features include a food court, vendors including community based organizations and kid-friendly activities. The series includes Latin, Jazz, Americana, World and Children's night as well as dance shows. As a sponsor of the children's concerts First 5 LA provided over 100 families with Family Guides, balls, children books and brochures.

7/18 – Assemblymember Holly Mitchell – Christmas in July

The 5th Annual Christmas in July was a fun-filled day attended by over 500 families. Children from underserved communities who have shown scholastic improvement over the year are treated to vision and dental screenings, games, and activities. They also receive school supplies, lessons on healthy cooking and protecting the environment, and books at no cost to their families. First 5 LA hosted a resource table providing free back packs, Family Guides, Father Resource Guides, crayons and penmanship books.

7/23 – Senator Ricardo Lara Health Festival

The health festival provided the local community with helpful information and community resources. An estimated 100 families received information on local resources such as health care, immigration and educational resources. First 5 LA hosted a resource table providing families Family Guides, Father Resource Guides, balls and books.

7/25 – Assemblymember Richard Bloomfield Resource Fair

The first annual Assembly member Bloom's Hollywood Resource Fair & Family Movie in the Park provided the local community with helpful information and community resources to prepare families for school. The fun event provided 500 families a variety of activities, community resources and health screening for kids and their families. First 5 LA had a resource table onsite providing Family Guides, Father Resource Guides and balls.

Staff Contact: Violet Gonzalez (vgonzalez@first5la.org)

VIII. INTERNAL INITIATIVES

No highlights to report this month.

IX. FEDERAL AND STATE PUBLIC POLICY AND GOVERNMENT RELATIONS

Child Care Development Block Grant (CCDBG)

Congress reauthorized the Child Care Development Block Grant in 2014, creating new health, safety, and quality standards for child care facilities that utilize CCDBG dollars for the first time since 1996. Though the reauthorization continues essential funding for child care services, it did not include additional resources to help states comply with the new regulations. First 5 LA has worked with a coalition of child care partners including the LA County Office of Child Care, California Department of Education, Children Now, Early Edge, The Raben Group (our federal advocates), and others to urge Congress to increase appropriations to CCDBG so that states like California can better afford to meet the new requirements. See Attachment C for a copy of a joint letter delivered to the entire California Congressional Delegation and DC-based advocacy groups. First 5 LA is also planning a briefing with our child care coalition partners for staff of House Majority Leader, Kevin McCarthy, to reinforce the message that Congress should appropriate more money for CCDBG.

Valley Reps Visit to Dental Clinic

On August 19, First 5 LA organized a lunch and oral health policy discussion at the San Fernando Valley Health Center for staff of elected officials representing the San Fernando Valley. The visit was co-sponsored by the office of Senator Robert Hertzberg and it included a tour of the facility and a discussion with staff from Children Now and UCLA that highlighted children's oral health policy challenges and priorities. Valley Reps attendees at the meeting included staff from the offices of the LAUSD School Board, state Assembly and Senate, Congress and the L.A. City Council.

Staff Contact: Tessa Charnofsky (tcharnofsky@first5la.org)

Policy Advocacy Fund Grantee Meeting

On Wednesday, July 15, 2015, the Policy Department held the fourth quarterly meeting for Policy Advocacy Fund (PAF) grantees at First 5 LA. The meeting focused on *Obamacare at 18 months: What's Happening and What's Next?* The meeting hosted a group of panelists from local and state advocacy organizations currently working on healthcare access, the Affordable Care Act (ACA) and Covered California. Guest panelists included Lucy Quacinella, Esq. (Multiforum Advocacy), Joseph Villela (Coalition for Humane Immigrant Rights of Los Angeles), Doreena Wong (Asian Americans Advancing Justice) and Deena Margolis, Focali Consulting (formerly: LA County Chief Administrative Office). Grantees learned about the success and challenges of ACA and Covered California—specifically what to watch out for as grantees advocate within the current landscape of the healthcare system. Following the conclusion of the panel, grantees participated in a networking lunch with peers to discuss existing local ACA Navigator Programs and resources for healthcare advocates.

Staff Contact: Amelia Cobb (acobb@first5la.org)

State Legislative Update

California lawmakers have until September 11 to take action on several hundred pieces of legislation, including several that advance health and early learning priorities for California's youngest children. As of August 18th, five bills supported by First 5 LA await consideration in the Senate Appropriations Committee. These include AB 47 (McCarty, D-Sacramento), which would provide access to the State Preschool Program for children who do not have access to transitional kindergarten or Head Start; AB 50 (Mullins, D-San Mateo), which would require California to develop a plan to ensure that evidence-based home visiting programs are offered to Medi-Cal eligible

pregnant and parenting women; and AB 648 (Low, D-San Francisco), which would establish a Virtual Dental Home grant program.

In addition to the regular legislative session, state legislators are working through two special sessions dealing with funding for road infrastructure and Medi-Cal. The primary purpose for the latter session is a pressing need to replace a critical Managed Care Organization (MCO) tax, expiring next year, which provides an estimated \$1.1 billion to the state budget. During this special session, lawmakers are also working to develop new funding to support the ongoing cost of In-Home Supportive Services (IHSS), as well as a new means of increasing payment rates for Medi-Cal services and services provided to Californians with developmental disabilities.

In addition to several pieces of legislation directly related these goals, lawmakers have introduced other special session bills focused on health and human services. One such bill, ABx2 11 (Nazarian, D-Van Nuys), would update the Cigarette and Tobacco Products Licensing Act to increase the current licensing fee for tobacco retailers, as well as increase the wholesaler and distributor fee. By establishing a recurring fee at the retail level, ABX2 11 would implement the Legislative Analyst Office's (LAO) recommendation that licensing fees alone pay for the costs of tobacco licensing programs, as opposed to redirecting Proposition 10 (First 5) revenues. The bill was recently added to First 5 LA's Legislative Agenda and is supported by the First 5 Association. First 5 LA delivered a thank you letter to Assemblyman Nazarian for introducing this bill, which, if passed, would reduce the amount First 5 County Commissions pay to the Board of Equalization and enable Commissions to retain more funds for programs supporting children and families. See Attachment D for a copy of the letter.

For First 5 LA's updated Legislative Agenda, please see Attachment E.

Staff Contact: Ruel Nolloedo (RNolloedo@first5la.org).

X. CONTRACTS EXECUTED BETWEEN \$25K - \$75K

Procurement Update

Pursuant to the Procurement Policy adopted on February 13, 2014, "The Executive Director (or designee) may approve any contract less than \$75,000 in the aggregate in a fiscal year, and will establish appropriate internal policies and controls for those awards. Copies of contracts executed in the amount of \$25,000 or more and up to \$75,000 within a fiscal year will be provided to the Commission during the course of its normal business and be provided as informational items."

The following contracts were executed between June 19, 2015 and August 21, 2015. Copies of the executed contracts can be found here:
http://www.first5la.org/postfiles/files/September2015_Contracts.pdf

#00784 PUBLIC COUNSEL – Contract Amount: \$70,000

Contract Period: 7/1/2015 – 6/30/2016

The project is to conduct research, develop recommendations and disseminate those recommendations to policymakers in the Southeast Los Angeles County cities on zoning and land use policies that promote access to childcare and child-friendly green space.

#00785 SPECIAL NEEDS NETWORK – Contract Amount: \$49,604

Contract Period: 7/1/2015 – 2/29/2016

The project is to advocate for childcare providers to receive trainings related to the identification, referral and intervention for children in childcare centers who have, or are risk of having, developmental and/or learning disabilities as prerequisite to licensing for those childcare providers.

The project will increase the focus on addressing the disproportionately low rate of early identification for children of color.

#00789 WESTERN CENTER ON LAW AND POVERTY – Contract Amount: \$66,669

Contract Period: 7/1/2015 – 2/29/2016

The project is to work on simplifying regulations to 1) increase access to CalFresh for 0-5 year olds and 2) make it easier for families with young children to enroll in public health insurance plans and utilize the new health care exchange.

#06740 JAMES DE ALBA DBA HEALTHREACH – Contract Amount: \$48,900

Contract Period: 7/1/2015 – 6/30/2016

The Contractor provides First 5 LA with assistance in implementation of the Medi-Cal Administrative Activities & Targeted Case Management program.

#08397 VISION Y COMPROMISO – Contract Amount: \$69,529

Contract Period: 7/1/2015 – 6/30/2016

The project is to advocate for policies that improve health insurance retention rates for children ages 0-5 and their families, with a particular focus on reducing barriers for immigrant and low-income Latino families.

#08974 LOS ANGELES AREA CHAMBER OF COMMERCE FOUNDATION – Contract Amount: \$74,549

Contract Period: 8/1/2015 – 4/30/2016

This is a Strategic Partnership to advance the adoption and implementation of a uniform kindergarten readiness assessment (KRA) in Los Angeles County. The Contractor will leverage its relationships through the LA Compact and UNITE-LA to educate civic and business leaders on the value of a uniform KRA to inform policy and investment decisions in ECE; and to identify, engage and cultivate cross-sector champions who will advocate on behalf of KRAs and the use of KRA data.

#08983 FOCALI CONSULTING, LLC – Contract Amount: \$60,970

Contract Period: 8/1/2015 – 6/30/2016

The Contractor will conduct a scan of developmental screening and early identification efforts currently occurring across Los Angeles County, including efforts supported by First 5 LA, to inform related strategies in the 2015-2020 Strategic Plan. The consultant will conduct a brief review of current literature, policies and best practices, conduct an environmental scan via interviews and focus groups with agencies currently conducting developmental screening in Los Angeles County, and present findings via a final report and presentation to First 5 LA Commissioners and staff members.

#08985 VIVA STRATEGY AND COMMUNICATIONS, LLC – Contract Amount: \$74,825

Contract Period: 7/29/2015 – 12/31/2015

The project is to support the advancement of the Strategic Plan by facilitating meetings of existing Quality Rating and Improvement System (QRIS) stakeholders, assisting in the preparation of First 5 LA's application for IMPACT funding from First 5 CA, and providing other consulting services as needed to advance First 5 LA's strategies around improving the quality of early care and education.

E-TK

Children who turn 5 after December 2, 2015, may now be eligible for a preschool program at the Los Angeles Unified School District, called Expanded Transitional Kindergarten.

This past June, State lawmakers approved a clarification in the law that allows Transitional Kindergarten (TK) programs, designed for youngsters who turn 5 between September 2 and December 2, to now allow younger children to enroll in the program, as long as districts cover the cost of care. Once the child turns 5, he/she will draw down state Average Daily Attendance funds.

LAUSD is ending its 35-year old School Readiness Language Development (SRLDP) program and replacing it with this expanded TK program, which will target low-income children in 117 classrooms this year and 173 the next, and will retain much of SRLDP attributes, including use of a preschool curriculum and parent education. Expanded TK program will begin on the same day as the start of the new school year, August 18th.

“We are pleased that LAUSD is continuing to champion its youngest learners with the implementation of the expanded TK program.” said Tessa Charnofsky, Government Affairs Manager at First 5 LA. “A high quality preschool program will prepare children to do well in school, will introduce parents to their local schools and will reinforce parents’ critical role in supporting their children’s education.”

Click [here](#) to see list of schools that will be offering the program in the 2015-16 school year. For more information about the Expanded TK program, click here.



CHILDREN NOW

LOS ANGELES AREA
CHAMBER OF COMMERCEADVANCEMENT
PROJECT

August 10, 2015

Dean Tagawa
Executive Director
Los Angeles Unified School District Early Childhood Education
333 S. Beaudry Ave. 11th Floor
Los Angeles, CA 90017

Dear Mr. Tagawa,

On behalf of all of our organizations, we would like to congratulate you on your new position as Executive Director of the Early Childhood Education division for the Los Angeles Unified School District. Given the dramatic and life-changing impact that high-quality early learning has on children, your role is an extremely important one in LAUSD. But it has perhaps never been a more critical one as LAUSD works to expand its Transitional Kindergarten program. This is true not just for the young students who will be entering an LAUSD classroom for the first time this month, but for students across California who will be attending districts that hopefully will follow LAUSD's lead on building a better, stronger early education program.

We are confident that with your background and your knowledge of the district and the needs of its students, you will successfully lead this expansion and help establish a model program that fully addresses the unique needs of young learners.

You may already be familiar with many of our organizations, but perhaps you are less familiar with our collective work on behalf of young children across Los Angeles County and the state. Our broad focus is helping support policy proposals that strengthen early learning programs and provide additional, critically needed funding, both public and private. More narrowly, we have been working to support and encourage school districts in the county to increase their investments in early learning programs, including by leveraging dollars coming to them via the Local Control Funding Formula. LAUSD's planned expansion of Transitional Kindergarten is a terrific, innovative model of how districts can do this. We believe that our values and vision for the future of education in LAUSD and beyond are aligned and would like to offer our support.

We know you are busy both settling into your new job and getting the district prepared for the expansion of Transitional Kindergarten. When time permits, we respectfully request a meeting with you to discuss how we can most effectively collaborate with and your staff to ensure that LAUSD's youngest learners have access to the highest quality early learning supports and services.

In the meantime, if you have any questions or see a way we can be of any assistance, please do not hesitate to contact us. We look forward to the opportunity to connect and collaborate with you.

Please feel free to reach out to Tessa Charnofsky, Government Affairs Manager, at TCharnofsky@First5LA.org, or by phone at (213) 482-7551.

Sincerely,

Tessa Charnofsky
Government Affairs Manager
First 5 LA

Sharyn Church
Los Angeles Director
Children Now

Celia Ayala
Chief Executive Officer
Los Angeles Universal Preschool

Araceli Sandoval-Gonzalez
Statewide Field Director
Early Edge CA

Sonia Campos-Rivera's
Director of Education Policy and Public Affairs
Los Angeles Area Chamber of Commerce

Jamila Loud
Senior Policy Analyst, Educational Equity
Advancement Project

Sandy Mendoza
Advocacy Manager
Families in Schools



CHILDREN NOW



Month/ date, 2015

The Honorable XXXX
House member
Address 1
Address 2

Dear Representative:

We are writing on behalf of a broad range of statewide and regional early childhood advocates in California to request your support for a substantial increase in the Fiscal Year (FY) 2016 appropriation for the Child Care and Development Block Grant (CCDBG) program. Unfortunately, the FY 2016 Labor-HHS-Education Appropriations bill freezes funding for the program, which will greatly undermine recently secured provisions to strengthen CCDBG. Without additional funding, states will struggle to meet the new goals of CCDBG legislation.

In an overwhelming bipartisan vote last year, Congress passed the Child Care and Development Block Grant Act of 2014 (P.L. 113-186) that reauthorized CCDBG for the first time in 18 years. This new law contains important and much-needed improvements to the program, including increased access to child care assistance for more families; the establishment of new health and safety requirements for child care providers; and expanded requirements to improve the quality of child care.

As a result of new provisions of the Act, States are now required to:

- Establish health and safety requirements in 10 different topic areas, and ensure child care providers receive pre-service and ongoing training on such topics
- Establish additional professional development and training requirements, including ongoing annual training to improve knowledge and skills of CCDBG providers
- Conduct criminal background checks for all child care staff members
- Conduct pre-licensure and annual unannounced inspections of licensed CCDBG providers and annual inspections of license-exempt CCDBG providers
- Provide for a graduated phase-out of assistance for families whose income has increased, but remains below the federal threshold
- Increase investments in quality improvement activities (up to 9 percent of the total allocation by 2017) on at least 1 of 10 specified quality activities, including tiered quality rating systems and statewide resource and referral services.

While these new requirements offer a promising opportunity for States to better ensure the health and safety of children in child care settings, improve the quality of care, and facilitate the child care process for families, States need significant additional funding for implementation. Without additional resources, States will have to do more with less, prompting hard choices such as cutting the number of children and families receiving reliable, affordable child care assistance or reducing payment rates to already low-paid child care providers.

This is particularly true in California. While our state's improving economy has allowed for some restoration of child care and preschool slots, we are still not meeting the tremendous need. Similar to national trends, approximately 64,500 children in California lost child care assistance from 2006 to 2013. This is a dire loss, considering only 6 percent of our income-eligible infants and toddlers are currently being served.

The implications of meeting the new CCDBG requirements-- while maintaining both the number of children served and the quality of the services provided-- are daunting. California will need to take significant fiscal, legislative and administrative actions to meet several CCDBG provisions:

- The law’s new training requirements are far more substantial than those required under current California licensing law. The training and monitoring requirements for license-exempt child care providers will have a particularly significant impact on California’s subsidized child care system, because many low-income parents depend on license-exempt care.
- The new law allows for a graduated phase-out of care for parents who have exceeded state income eligibility at the time of redetermination. Many states already offer phasing out of subsidies, in the form of tiered income eligibility, but California does not.
- California does not conduct annual unannounced inspections for licensed and license exempt providers. California law requires licensed child care facilities to be inspected only once every 5 years in most cases.
- The law now also requires States to reserve an increasing percentage of CCDBG funds for quality programming. California currently spends only 4 percent on quality initiatives, but will be required to increase that allocation to 9 percent by 2020. Without additional federal investment, any increase in quality expenditures may come at expense of direct services.

While our legislative leaders have expressed strong support for strengthening the state’s early care and education system, obtaining state funds to cover such exorbitant costs will be challenging, if not impossible.

It is critical that Congress adequately support States in their efforts to meet the new law and fund the bipartisan CCDBG reforms enacted last year. The President’s budget requested an increase of \$370 million, a down payment to assist states in moving toward compliance. We urge you to actively support as the highest priority within the Labor-HHS-Education Appropriations bill this much-needed increase to at least the President’s level and to consider and begin planning for the on-going resources that States will need to ensure they meet the intention of CCDBG to provide quality, affordable child care to working families.

We look forward to your support. Please let us know if you have any questions or require additional information.

Sincerely,

Kim Belshé
Executive Director
First 5 LA

Ted Lempert
President
Children Now

Stuart Waldman
President
Valley Industry and Commerce Association

Moira Kenney
Chief Executive Officer
First 5 Association of California

Deborah Kong
President & CEO
Early Edge California

David Rattray
Senior Vice President, Education Workforce Development
Los Angeles Area Chamber of Commerce

Kim Pattillo-Brownson
Director of Educational Equity
Advancement Project

Cristina Alvarado
Executive Director
Child Care Alliance Los Angeles

Tahra M. Goraya
Director
ZERO TO THREE

Sharoni Little
Chair
Policy Roundtable for Child Care and Development

Kim Kruckel
Executive Director
Child Care Law Center

Celia Ayala
Chief Executive Officer
Los Angeles Universal Preschool

August 13, 2015

The Honorable Adrin Nazarian
State Capitol, Room 4146
Sacramento, CA 95814

RE: Support for ABX 211

Dear Assemblymember Nazarian,

First 5 LA joins the First 5 Association of California and others to thank you for authoring ABX 211. This measure will update the Cigarette and Tobacco Products Licensing Act to increase the current licensing fee for tobacco retailers from the current one-time, \$100 fee to an annual fee of \$265 per retail location and increase the wholesaler and distributor fee from \$1000 to \$1200 annually.

Your leadership on this issue ensures that funds intended to support children and families in L.A. County and statewide are preserved for what voters intended--to bolster the health, safety and school readiness of young children.

First 5 LA is a child advocacy and grantmaking organization created by California voters to invest tobacco tax revenues in health care, early education and child development programs for L.A. County children from the prenatal state to age 5 and their families. In partnership with others, First 5 LA strengthens families, communities and systems of services and supports to that all children enter kindergarten ready to succeed in school and life.

By establishing a recurring fee at the retail level, ABX 211 implements the recommendation included in the Legislative Analyst Office's (LAO) April 2015 brief that licensing fees alone (not excise tax revenues) pay for the costs of licensing programs. As the LAO's brief correctly concluded, the use of excise tax revenues for licensing costs is expressly forbidden by the California Children and Families Act, passed by the voters of California in 1998.

Thank you again for your attention to this important issue affecting resources for our youngest children. We look forward to working with your office and providing support as needed on this and similar family friendly measures.

Sincerely,



Kim Belshé
Executive Director

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**First 5 LA
2015 Legislative Agenda
(updated August 17, 2015)**

Bill #	Author	Description	Status
AB 47	McCarty	Requires all eligible children, who do not have access to transitional kindergarten or the federal Head Start Program, to have access to the State Preschool Program the year before they enter kindergarten, if their parents wish to enroll them, contingent upon the appropriation of sufficient funding in the annual Budget Act for that purpose (as amended 7/2/15)	8/17: In Senate Committee on Appropriations: To Suspend File.
AB 50	Mullins	Requires the State Department of Health Care Services to develop and implement a plan to ensure that evidence-based home visiting program are offered and provided to Medi-Cal eligible pregnant and parenting women. Bill would also require the DHCS, in developing the plan, to prioritize the identification of funding sources, other than General Fund moneys, to fund evidence-based home visiting program services (as amended 5/21/15)	8/17: In Senate Committee on Appropriations: To Suspend File
AB 74	Calderon	Makes a number of facilities, including child day care center, and family day care homes, subject to an annual unannounced visit by the State Department of Social Services on and after July 1, 2018. The bill also requires the department to conduct annual unannounced visits to no less than 30% of facilities on or before July 1, 2016, and no less than 40% of those facilities on or before July 1, 2017 (as amended 6/25/15).	7/13: In Senate Committee on Appropriations: To Suspend File
AB 648	Low	Establishes the Virtual Dental Home (VDH) program to expand the virtual dental home model of community-based delivery of dental care to the residents of this state who are in greatest need. Authorizes the program administrator to encourage development and expansion of the delivery of dental health services in community clinics and school programs.	7/13: In Senate Committee on 122 Appropriations: To Suspend File
AB 1321	Ting	Establishes the Nutrition Incentive Matching Grant Program in the Office of Farm to Fork. Creates the Nutrition Incentive Matching Grant Account to collect matching funds received from federal grant programs and funds from other public and private sources to provide grants under the Nutrition Incentive Matching Grant Program and to administer the Nutrition Incentive Matching Grant Program.	8/17: In Senate Committee on Appropriations: To Suspend File
SB 277	Pan	Removes the personal belief exemption from school immunization law and requires the governing board of a school district to notify parents or guardians of school immunization rates.	Signed by Governor on 6/30
ACR 77	Stone	Urges the Legislature to leverage existing efforts and statutes to ensure an accountable, results-oriented, and coordinated network of resources to provide multidisciplinary early identification and intervention services and supports to infants and toddlers. Also urges Legislature to support and promote community-driven efforts to coordinate referrals and linkages between, and guide families through the complexities of, the early identification and intervention systems, through programs and models such as Help Me Grow California.	7/17: Ordered to third reading
ABx2 11	Nazarian	Increases the licensing fee for tobacco retailers, as well as increases the wholesaler and distributor fee. By establishing a recurring fee at the retail level, the bill implements the Legislative Analyst Office's proposal that licensing fees alone pay for the costs of licensing programs, as opposed to using excise tax revenues.	7/16: Introduced

FIRST 5 LA

SUBJECT:

Request to extend the Strategic Partnership with LA Care Health Plan for the Healthy Kids Insurance Program for 9 months and provide the Board an update on the LA Care Pilot Project.

RECOMMENDATION (FOR ACTION):

1. Waive Governance Guideline #7: Expiration of Contracts/Grants

Approve an extension of the LA Care Health Plan strategic partnership and contract through September 30, 2016 for up to \$500,000 for the Healthy Kids Insurance Program (Healthy Kids). Additionally, authorize the Executive Director to extend the partnership for an additional 3 months should there be a delay in expanding Medi-Cal. The additional funds will be included in the First 5 LA FY 2015-16 Budget under the Healthy Kids Initiative during the mid-year revision and in the First 5 LA FY 2016-17 programmatic budget.

BACKGROUND:

Healthy Kids is designed to provide access to low- or no-cost health insurance for children ages 0-5 in LA County who are not eligible for Medi-Cal or other health insurance programs. The vision for Healthy Kids is: 1) to achieve health insurance coverage for all children ages 0-5 living at or below 400% of the Federal Poverty Level (FPL); 2) to optimize children's health and development by increasing access to coordinated and quality health care; and 3) to support the health care safety net by increasing the pool of insured children. As of August 2015, there are 418 children enrolled in the program.

Healthy Kids has been funded by First 5 LA since 2003. The current contract was approved in 2011 at \$12.9 million with funding advanced to the contractor in 2012. As of June 30, 2015, the balance remaining on the advance is approximately \$8.9 million.

The program was slated to end on June 30, 2015, however, to ensure that children are not left without access to health care, First 5 LA staff began working with Los Angeles County's Department of Health Services (DHS) to expand the County's MyHealthLA (MHLA) program to children ages 0 to 5. MHLA is the county's medically indigent program currently serving children aged 6 to 18 who do not qualify for Medi-Cal or other forms of insurance coverage. F5LA, LA Care and DHS explored opportunities to offer children currently enrolled in Healthy Kids the opportunity to enroll into DHS' MHLA program. For those not eligible for MHLA, staff was reviewing options to connect these children to the county's safety-net system, including community clinics or to Kaiser's Child Health Plan. Through review and confirmation from both LA Care and DHS, staff determined a 6-month contract extension would provide the appropriate amount of time to complete this process. Therefore, in April 2015, the Board approved extending the current contract an additional 6 months (July 1, 2015 – December 31, 2015) to allow the county time to update their eligibility criteria and transition Healthy Kids members over to MHLA.

Since the April 2015 Board meeting, the California state budget was enacted and included an expansion of Medi-Cal to low-income, undocumented youth ages 19 and younger, which will be implemented by the California Department of Healthcare Services (DHCS) no sooner than May 1, 2016. The vast majority (at least 95%) of children currently covered by Healthy Kids will soon be able to enroll in Medi-Cal. Staff have been working closely with LA Care to review opportunities to further extend Healthy Kids beyond its current end date of December 2015 to September 2016 to maintain their Healthy Kids coverage until the Medi-Cal expansion is in place. This would reduce confusion among families while also ensuring continuity of care as it would minimize the number of times a child would need to transfer between programs. This new plan will no longer need the assistance of DHS to extend eligibility for these children for the MHLA program. Staff is now bringing a recommendation to extend Healthy Kids to the Commission for action at this September 10th meeting.

DISCUSSION:

First 5 LA staff is seeking the Board to waive Governance Guideline #7 and approve the 9-month (January 1 – September 30, 2016) Strategic Partnership and contract extension for up to \$500,00 for the Healthy Kids Insurance Program that is administered by LA Care.

As presented in the July Board meeting, staff began conversations with LA Care to identify opportunities to improve access to, and utilization of, critical preventive services throughout the plan. As such, F5LA and LA Care staff are continuing to explore these options. LA Care is the nation's largest publicly operated health plan providing coverage to more than 1.6 million low-income LA County residents which includes just over 242,000 children ages 0 to 5 (38% of total 0 to 5 LA County population). This data highlights the important role LA Care plays in providing access to services for children. In addition, it demonstrates their ability to serve as a qualified platform to reach a substantial number of children and thus achieve much broader impact. On August 12, 2015, First 5 LA staff held an in-person meeting with LA Care staff, where it was agreed for this partnership to focus on access and utilization issues for developmental screening and oral health. Staff will work with LA Care to identify strategies to improve service to coordination and integration to reduce barriers to developmental screenings and/or oral health services.

LA Care Health Plan Update

Board of Commissioners
Meeting

September 10, 2015

1ST  LA
first 5 la
Giving kids the best start

Goal of Today's Presentation

- Waive Governance Guideline #7: Expiration of Contracts/Grants
- Approve extension of LA Care Contract and Strategic Partnership for the Healthy Kids Insurance Program
 - 9 months (Jan. 1 – Sept. 30, 2016)
 - Authorize Executive Director to extend an additional 3 months, in case of DCHS Medi-Cal expansion delay (Oct. 1 – Dec. 31, 2016)
 - Up to an additional \$500,000
- Brief update on the LA Care Health Plan Partnership

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Healthy Kids Insurance Program

- Provides health insurance for children that do not qualify for Medi-Cal
 - Current enrollment: 442 (Sept. 2015)
- Current end date: December 2015
 - Board approved 6-month contract extension in April 2015 as part of expiring initiatives assessment process
 - State update and proposed extension presented as an info item in the July 2015 Board meeting

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Medi-Cal & Healthy Kids

- FY15-16 State Budget included Medi-Cal expansion to undocumented low-income youth to be implemented no sooner than May 1, 2016
 - 95% of Healthy Kids members are eligible
- Recommend Board to approve extension
 - 9 months (Jan. 1 – Sept. 30, 2016)
 - Authorize Executive Director to extend an additional 3 months, in case of DCHS Medi-Cal expansion delay (Oct. 1 – Dec. 31, 2016)
 - Up to an additional \$500,000

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Action Required

1. Waive Governance Guideline #7
2. Approve Extension of the LA Care Contract and Strategic Partnership of the Healthy Kids Insurance Program
 - 9 months (Jan. 1 – Sept. 30, 2016)
 - Authorize Executive Director to extend an additional 3 months, in case of DCHS Medi-Cal expansion delay (Oct. 1 – Dec. 31, 2016)
 - Up to an additional \$500,000

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Update: LA Care Health Plan

Partnership

- Provides health coverage to low-income Los Angeles County residents
- Nation's largest publicly operated health plan
- Insures 38% of 0 to 5 population in LA County (approximately 242,000)
- Qualified platform to reach substantial number of children

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Update: LA Care Health Plan

Partnership

- Goal: Support strategies that can improve access to, and utilization of, priority preventive services
- New way of working with partners in the context of our new strategic plan
 - Moving away from direct services and towards systems change
- Focus on high need areas: developmental screening and oral health
 - Help Me Grow = Priority Focus

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Next Steps

- Upcoming Board presentations:
 - September – Program and Planning Committee meeting
 - October – Board of Commissioners meeting (Info Item)
 - November - Board of Commissioners meeting (Potential Action Item)
- Anticipated start date: June 2016

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Questions?



Memo

To: Board of Commissioners

From: Kim Belshé, Executive Director

Date: September 10, 2015

Subject: **WELCOME BABY 36 MONTH CHILD AND FAMILY SURVEY FINDINGS**

First 5 LA’s 2015-2020 strategic plan continues to invest in First 5 LA’s Welcome Baby Program as a way of strengthening families and promoting child development. Welcome Baby is a free and voluntary home visiting program recently established at fourteen hospitals in communities throughout Los Angeles County. Welcome Baby provides education and support for pregnant women and mothers of newborns, who are recruited either prenatally or in the hospital after giving birth. Since 2009, Welcome Baby has been piloted in the Metro LA area of Los Angeles, offering services to women who give birth at California Hospital Medical Center (CHMC) and whom live within a five-mile radius of the hospital. Services in Metro LA are administered by Maternal and Child Health Access (MCH Access) through an agreement with CHMC.

The Urban Institute, along with its partner—the University of California, Los Angeles —was hired by First 5 LA to conduct a mixed methods evaluation of the implementation and outcomes of Welcome Baby in the pilot community of Metro LA from 2010 to 2015. To test for associations between Welcome Baby participation and child and family outcomes over time, an in-home survey (known as the Child and Family Survey) was administered at 12, 24, and 36 months postpartum (see Attachment A for the Executive Summary). The Child and Family Survey is the primary data source used to examine whether Welcome Baby in Metro LA improves the health, development, and well-being of very young children and their families. Today’s presentation will highlight findings from the 36 month findings from the Child and Family Survey. Specifically, children who received Welcome Baby were compared to children from a comparison group at 36 months and differences in child development and parenting outcomes will be discussed.

For the full report, see the “Welcome Baby 36-month Outcome Report (June 2015)” at: <http://www.first5la.org/index.php?r=site/article&id=3215>

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A PUBLIC ENTITY

Welcome Baby Home Visiting

Findings from the 36-Month Child & Family Survey and 3-Year Longitudinal Results

Prepared for:



Deliverable 8.B.2.a

Prepared by:

Heather Sandstrom, Sarah Benatar, Erica Greenberg, Ian Hill,
Embry Howell, Timothy Triplett, and Margaret Wilkinson

Urban Institute



Todd Franke, Christina Christie, Maria Lourdes Brown, and Jennifer Ho

University of California, Los Angeles



**The University of
California at Los Angeles**

June 2015

EXECUTIVE SUMMARY

Welcome Baby is a free and voluntary home visiting program recently established at fourteen hospitals in communities throughout Los Angeles County. This locally designed program—funded by First 5 LA—provides education and support for pregnant women and mothers of newborns, who are recruited either prenatally or in the hospital after giving birth. The model has been piloted in one downtown Los Angeles community—designated as Metro LA—since 2009, offering services to women who give birth at California Hospital Medical Center (CHMC) and live within a five-mile radius of the hospital. Services in Metro LA are administered by Maternal and Child Health Access (MCH Access) through an agreement with CHMC.

The Welcome Baby protocol, as implemented by MCH Access, includes up to nine contacts (or “engagement points”) for women who enter prenatally, and up to six engagement points for women who enter postpartum, including:

1. A prenatal home visit at any point up to 27 weeks gestation;
2. A prenatal phone call between 20 and 28 weeks gestation;
3. A prenatal home visit between 28 and 38 weeks gestation;
4. A hospital visit, following delivery, administered by the CHMC hospital liaison;
5. A nurse home visit within 72 hours of discharge from the hospital;
6. A home visit between two and four weeks postpartum;
7. A phone call at two months postpartum;
8. A home visit between three and four months postpartum; and
9. A final home visit at nine months postpartum.

Mothers are assigned a parent coach for the duration of their participation, up to nine months postpartum. Besides the hospital and nurse visits, all engagement points are conducted by parent coaches with different levels of experience ranging from paraprofessionals to Master’s level supervisors. All parent coaches are certified lactation educators, with breastfeeding education and support being a critical component of the home visiting model.

The content of each visit is designed to focus on topics relevant to a client’s prenatal or postpartum needs. For instance, prenatal Welcome Baby visits focus on strategies for a healthy pregnancy (including prenatal care, nutrition, health education, preparation for child birth, labor and delivery, and warning signs of pre-term labor). At the hospital, breastfeeding instruction and support continues, as well as teaching the importance of mother/infant bonding. The 72-hour nurse visit focuses primarily on the health of the mother and infant, post-delivery. Postpartum visits then continue to provide education, guidance, and support on a broad range of issues, such as health and dental care, breastfeeding, parent-child attachment, child health and development, home safety, baby sleeping positions and maternal depression.

An important component throughout is that parent coaches make referrals to community resources when appropriate and available, to link families with services for which they may be eligible.

Overview of the Evaluation of Welcome Baby in Metro LA

The Urban Institute, along with its partner—the University of California, Los Angeles (UCLA)—was hired by First 5 LA to conduct a mixed methods evaluation of the implementation and impacts of Welcome Baby in pilot community of Metro LA from 2010 to 2015. The impact study component of the evaluation employs a quasi-experimental design to examine outcomes for women who received Welcome Baby home visiting compared to women who lived in Metro LA but were not offered the service.

To test for associations between program participation and child and family outcomes over time, the research team developed and administered a set of in-home survey instruments at 12, 24, and 36 months postpartum. This longitudinal Child and Family Survey is the primary data source used to examine whether and how Welcome Baby in Metro LA improves the health, development, and well-being of very young children and their families.

The surveys are composed of four parts:

1. A 90-minute parent interview that draws upon several validated scales designed to measure key aspects of parental well-being, the home environment, and children’s health and development;
2. A 10-minute observational assessment of a semi-structured, parent-child play session designed to measure the quality of parent-child interactions;
3. A home observation checklist that assesses the quality of the home environment and immediate neighborhood; and
4. A direct assessment of child height and weight, at 24 and 36 months only.

Together the measures examine seven key outcome domains: quality of the home environment; parenting and the parent-child relationship; child development; child nutrition; maternal and child health care and coverage; maternal mental health; and family well-being.

This report presents the findings from the 36-Month Child and Family Survey conducted between January 2013 and August 2014, as well as the results of longitudinal analyses utilizing data across multiple survey waves.

Key Findings

Previous analyses of survey data collected at 12 and 24 months postpartum reveal some small yet statistically significant associations between participation in the Welcome Baby home visiting program and targeted child and family outcomes. These results tell a compelling story about Welcome Baby home visiting, and improved parenting quality and child development (Benatar et al. 2013; Benatar et al. 2014). Subsequent analyses of survey data collected at 36 months postpartum indicate that effects related to parenting quality and child development continue to be maintained more than two years after the home visiting services were delivered. In particular, Welcome Baby participants are observed to be significantly more responsive and encouraging in their interactions with their three-year-old children than mothers in the comparison group, and their children have greater social competence and communication skills.

In addition to these sustained effects on repeated measures, a few significant positive findings emerge for the first time at 36 months. When playing with their mothers, children who participated in Welcome Baby exhibit significantly more positive behaviors, such as a high level of engagement and sustained attention, than do comparison group children. They also demonstrate greater personal-social skills (as reported by their mothers), lower body mass index (BMI), and higher rates of dental insurance. Meanwhile, mothers who participated in Welcome Baby display stronger teaching skills and affection towards their children, and lower parenting stress. Although more than two years had passed since mothers participated in Welcome Baby home visiting, these outcomes appear significantly associated with program participation. Table 1 summarizes all significant findings at 36 months.

Table 1. Significant Outcomes at 36 Months Associated with Welcome Baby

Parent Outcomes	Child Outcomes
Stronger maternal responsiveness	Greater communication skills
Stronger maternal encouragement	Greater social competence
Stronger maternal affection	Greater engagement and attention
Stronger maternal teaching	Greater personal-social skills
Lower parenting stress	Lower body mass index
	Higher rates of dental insurance

Welcome Baby participation is associated with having higher quality home environments at both 12 and 24 months, but by 36 months, this effect fades. Additionally, children were more likely to have a doctor or professional recommend monitoring of their speech and language development at 24 months, suggesting a higher rate of early identification; these effects do not appear significant at 36 months.

In sum, while some findings fade over time, and still others appear significant for the first time at 36 months, the parenting quality and child development findings are strong and persistent across all three waves of the survey. Table 2 provides detail on the progression of the findings that have achieved significance more than once over the three waves of data collection.¹

Table 2. Significant Outcomes Associated with Welcome Baby at Various Survey Waves

	Significant at 12 Months	Significant at 24 Months	Significant at 36 Months
Greater child social competence [‡]	●	●	●
Greater child communication skills [‡]	●	●	●
Higher quality home environments [‡]	●	●	
More frequent engagement in home learning activities [‡]	●	●	
Stronger maternal responsiveness [*]	n/a	●	●
Stronger maternal encouragement [*]	n/a	●	●

[‡] Outcome was measured at 12, 24, and 36 months.

^{*} Outcome was measured at only 24 and 36 months.

As a final step, with all three rounds of data collected, longitudinal analyses were conducted using data merged from all three survey waves to test the effect of Welcome Baby on repeated measures. A set of survey weights was also constructed and used to adjust for sample attrition over time. Only a limited number of effects are upheld in the longitudinal analyses, but those that are provide additional evidence of the effect of Welcome Baby on key parenting and child outcomes. Specifically, longitudinal analyses demonstrate significant effects on engagement in home learning activities, maternal responsiveness, and maternal teaching, as well as marginally significant effects on maternal encouragement. Additionally, children’s communication skills emerge as significant, and child social competence and monitoring of speech and language delays are marginally significant in the longitudinal analyses.

Completing the entire Welcome Baby curriculum through the nine-month visit, as opposed to dropping out earlier, is also associated with several positive outcomes, including greater observed maternal responsiveness, encouragement, and affection; more positive observed child behavior when engaging in play; and a greater likelihood of child dental coverage at 36 months.

Further sensitivity analyses designed to test the robustness of the cross-sectional and longitudinal results show significant variation in effects by maternal education level, partnership status, and whether a woman was a first-time mother. Specifically, mothers with

¹ Twenty-three outcome measures were repeated across all three waves. Ten measures were repeated at 24 and 36 months.

less than a high school degree or GED demonstrate greater increases in engagement in home learning activities and observed interactions with children compared with more educated mothers. Similarly, their children demonstrate significantly higher quality behavior during parent-child play than children of more educated mothers. Mothers who do not have a spouse or partner also benefit more from the intervention in overall stress reduction.

Overall, these findings support First 5 LA's investment in Welcome Baby, and suggest that program participation leads to many important outcomes that the program was designed to target—with strong and consistent effects on parenting quality and child-development measures.

Study Limitations

There are some limitations to these analyses that should be considered. First, this work is based on a quasi-experimental design, which is not as rigorous as other evaluation methods, including random assignment. In addition, baseline data to evaluate changes pre- and post-intervention were not available. As a result, this study can only report associations between program participation up to nine months postpartum and subsequent child and family outcomes assessed at 12, 24, and 36 months postpartum. Importantly, this intent-to-treat study included women who did not receive the full program, and therefore provides a potentially conservative estimation of the effects that could be realized by families who complete all home visits and for teenage mothers who might be expected to derive additional benefit from the support provided by parent coaches.² Lastly, while this evaluation does consider how effects may vary by Welcome Baby timing and dosage, there is no comparison group available for those analyses—which are purely descriptive.

Implications for the Welcome Baby Program

In light of the recent scale-up of Welcome Baby in 13 additional Los Angeles County communities, findings from this evaluation of the pilot program in Metro LA suggest prenatal engagement and completion of the full program would be beneficial to participants and merits additional examination in future studies. Furthermore, findings from the 36-month survey indicate that the program is having sustained effects on parenting practices, child social competence, child communication skills, and may have implications for certain measures of child health, specifically as it relates to breastfeeding, overweight and obesity. These results should be useful to consider in the context of ongoing discussions of program sustainability, protocol refinement, and program intensity.

² Women eligible for the study had to have completed at least the 72-hour visit (or another postpartum home visit) and be at least 18 years old.

Welcome Baby Pilot Evaluation Findings: How are Children Doing at Age 3?

Diana Careaga & Melinda Leidy

September 10, 2015

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First5LA.org

Acknowledgements

- Urban Institute and their subcontractor, UCLA, for their work on this evaluation
- Welcome Baby staff and providers, including LA Best Babies Network (LABBN) and Maternal and Child Health Access (MCHA)
- First 5 LA staff who contributed to the program and evaluation

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Welcome Baby Program Philosophy

- Voluntary, universal home visiting program
- Recognizes early learning and development begins prenatally, at birth and at home with parents
- Client-centered, strength-based approach
- Welcome Baby Protocols:
 - Guide educational content and activities per engagement point



Welcome Baby Overview

- Best Start Metro LA Pilot: 2009
- Welcome Baby Expansion: 2012
- As of August 2015: 14 Participating Sites
- Recent Commission Decisions (March 2015):
 - Two Program Model Changes
 - Provide RN Visit to High Risk Best Start families before enrollment in Select Home Visiting Program
 - Modify 2-Month Call to Home Visit

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Welcome Baby Overview

Estimated Program Enrollment

	June 2015 - June 2016 at 60% Acceptance Rate		Ongoing Annual Estimate at 80% Acceptance Rate	
	#	%	#	%
Best Start	9,889	38% ¹	13,000	25% ¹
Non Best Start	17,443	16% ²	21,300	29% ²
Countywide	27,332	21% ³	34,300	21% ³

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*Best Start clients have been prioritized during ramp-up phase in order to give providers the greatest opportunity to build experience with the full Welcome Baby Curriculum

¹ Percent of all Best Start births in Los Angeles County

² Percent of all non-Best Start births in Los Angeles County

³ Percent of all births countywide in Los Angeles County

Welcome Baby Overview

- Program Engagement Points:
 - Prenatal Enrollment (up to 3 engagements)
 - Hospital Visit: Triage and Identify Level of Risk
 - Low-Risk: Up to 5 Welcome Baby Postpartum Engagements
 - High-Risk: Referred to Home Visiting Program and case closed in Welcome Baby

Welcome Baby Timeline of Program Visits

-  **FIRST OR SECOND TRIMESTER OF PREGNANCY**
Visit in the home
-  **PHONE CALL CHECK-IN**
-  **THIRD TRIMESTER OF PREGNANCY**
Visit in the home
-  **BABY IS BORN**
Postpartum hospital visit
-  **NURSE HOME VISIT WITHIN ONE WEEK OF MOM AND BABY COMING HOME**
-  **BABY'S 2-4 WEEKS**
Visit in the home
-  **BABY'S 2 MONTHS**
Visit in the home
-  **BABY'S 3-4 MONTHS**
Visit in the home
-  **BABY'S 9 MONTHS**
Final visit in the home

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All appointments are held with a personal parent coach or nurse who offers women support and education every step of the way.

Child & Family Survey Purpose

- To examine a lighter touch home visiting model and how it contributes to child and family outcomes
- To assess the outcomes associated with Welcome Baby with an initial set of clients in the Metro LA pilot community
- To help inform program model improvements; additional evaluation approaches; and policy and advocacy efforts

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Quasi-Experimental Evaluation Design

Intervention Group

- Participated in WB in Metro LA and lived within 5 miles of California Hospital Medical Center (CHMC)
- Gave birth June 2010 - September 2011 at CHMC
- Received at least one postpartum visit (72-hour nurse visit or another postpartum home visit)

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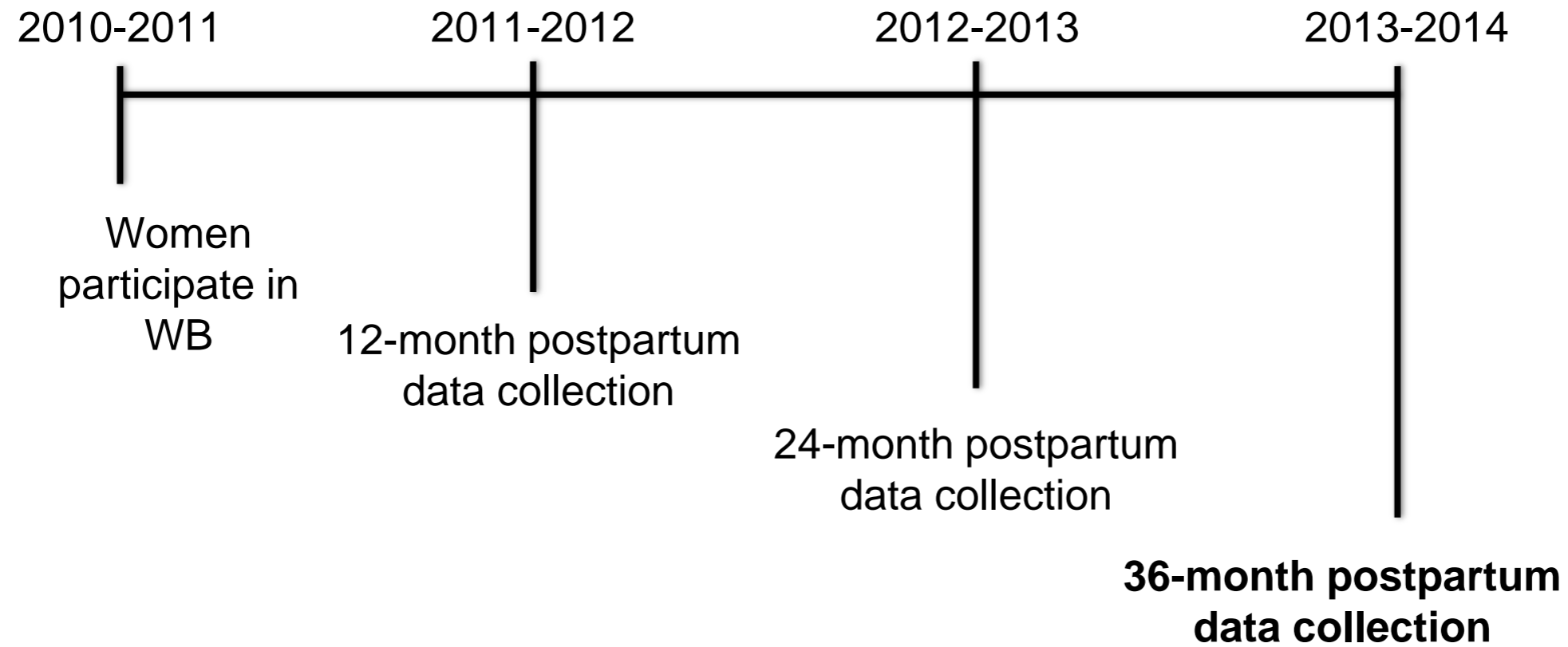
Comparison Group

- Lived in Metro LA
- Recruited from CHMC birth records and WIC enrollment lists
 - Gave birth at CHMC December 2009-June 2010 **OR**
 - Received WIC; delivered in another LA hospital March 2010-Dec 2010

Study Limitations

- Quasi-experimental design
- Baseline data is not available
- Includes women who did not receive the full program ¹⁴⁹
- No comparison group for analyses looking at timing and dosage
- No teens included

Study Design



Guiding Research Questions

- What is the impact of Welcome Baby on child and family outcomes?
- How does the timing of enrollment and dosage of services affect child and family outcomes for Welcome Baby families?

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Outcome Categories

- Parenting
- Child development
- Maternal health and mental health
- Child health

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Programmatic Content and Outcomes



Welcome Baby: Parenting

- Program Strategy Highlights:
 - Prenatal:
 - Promotion of parent-child attachment
 - “Early Moments Matter” DVD from the PBS series
 - Information on early attachment
 - How to respond to baby’s non-verbal cues
 - Ways to learn and play with child
 - Postpartum:
 - Ongoing observation and reinforcement of parent-infant interaction
 - 7 Secrets of Baby Behavior
 - Provision of Boppy Pillow
 - Provision of developmental toy and book

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Results: Parenting Outcomes

Outcome	12 Months	24 Months	36 Months
Greater maternal responsiveness	n/a	★	★
Greater maternal encouragement	n/a	★	★
Greater maternal affection	n/a	n/s	★
Greater maternal teaching	n/s	n/s	★
Higher quality home environment	★	★	n/s
Greater engagement in home learning activities	★	★	n/s

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★ = significant finding

n/s = non-significant finding

n/a = not assessed or not used in analyses due to psychometric properties

Welcome Baby: Child Development

- Program Strategy Highlights:
 - Consistent reinforcement across all engagement points on parent-child interactions
 - Emphasis on talking, singing, narrating, and reading
 - Ages and Stages Questionnaire
 - A parent-completed developmental screen (3-4 and 9 month engagement points)
 - Results discussed with parents with suggestions and follow-up resources

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Results: Child Development

Outcomes	12 Months	24 Months	36 Months
Greater communication skills	★	★	★
Greater personal-social skills	n/s	n/s	★
Greater problem solving skills	★	n/s	n/s
Greater social competence	n/a	★	★
Greater problem behaviors	n/a	n/s	n/s
Doctor recommended monitoring speech and language development	n/a	★	n/s

★ = significant finding

n/s = non-significant finding

n/a = not assessed or not used in analyses due to psychometric properties

Welcome Baby: Maternal & Mental Health

- Program Strategy Highlights:
 - Focus on parental self-care
 - Patient Health Questionnaire (PHQ) Depression screen conducted at every engagement point
 - Assess and promote social support
 - Positive reinforcement and validation
 - Anticipatory guidance
 - Understanding child development milestones
 - Connection to resources



Results: Maternal Health & Mental Health Outcomes

Outcome	12 Months	24 Months	36 Months
Lower parenting stress	n/a	n/s	★
Perceived social support	★	n/s	n/s
Maternal depression	n/s	n/s	n/s

★ = significant finding
 n/s = non-significant finding
 n/a = not assessed or not used in analyses due to psychometric properties

Welcome Baby: Child Health

- Program Strategy Highlights:
 - Information on use of medical care
 - Education and follow up on:
 - Child-well visits
 - Immunizations

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Results: Child Health Outcomes

Outcome	12 Months	24 Months	36 Months
Number of ER visits	n/s	n/s	n/s
Scheduled or attended well-child visit	n/s	n/s	n/s
On-time child immunization rates	n/s	n/s	n/s

★ = significant finding

n/s = non-significant finding

n/a = not assessed or not used in analyses due to psychometric properties

Results: Timing and Dosage

- **Enrolling prenatally associated with:**
 - Lower parenting stress

- **Completing 9-month visit associated with:**
 - Greater maternal responsiveness, encouragement, and affection
 - During observed play, children displayed more positive behavior

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Summary

- Promising results in multiple outcome categories.
- Results are not conclusive, but warrant further investigation

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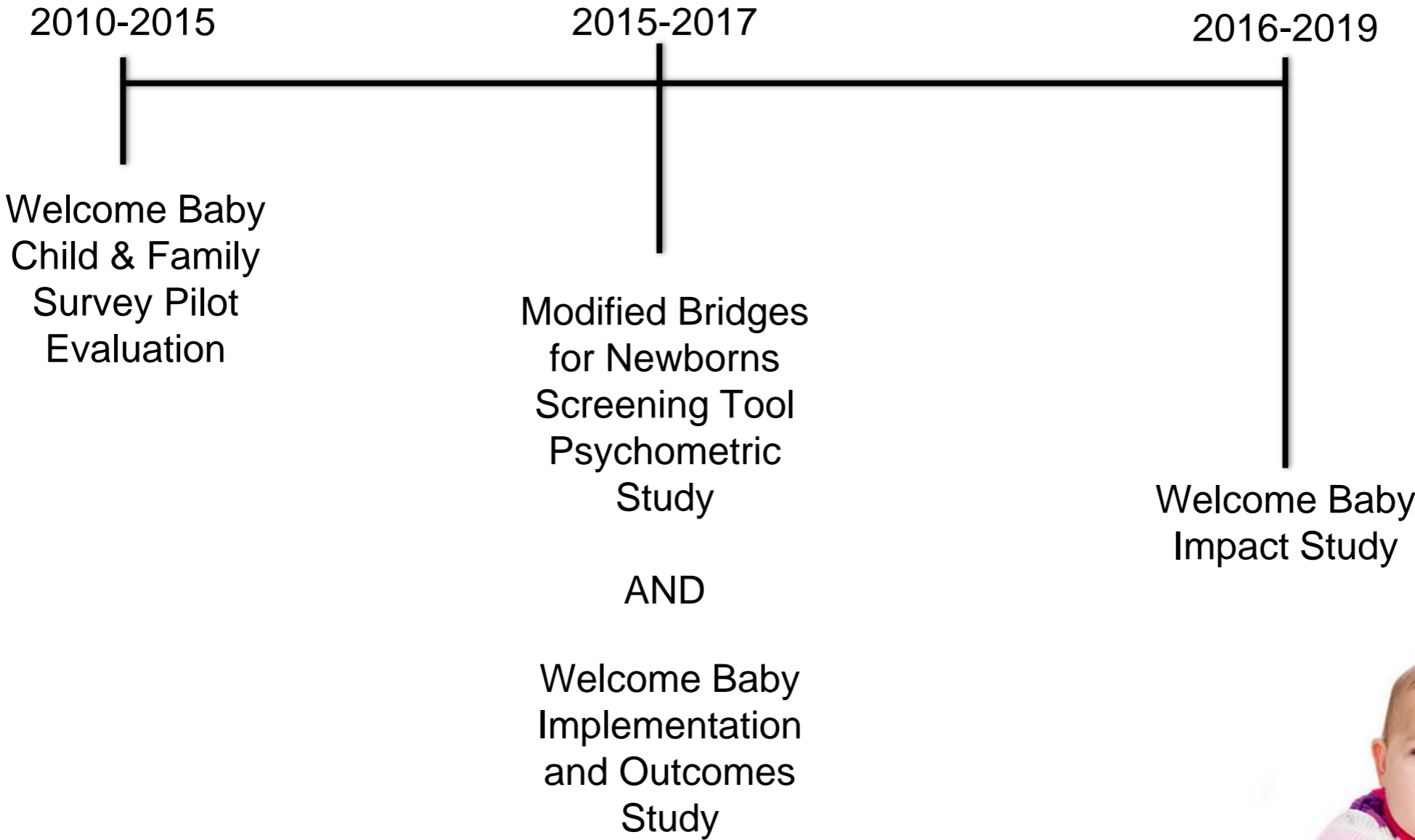
Next Steps

- Finalizing implementation of approved program model changes
- Psychometric Study is underway
- Implementation and Outcomes Study is underway
- Impact Study anticipated to begin FY 16-17

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Evaluation Timeline



Thank you!



FIRST 5 LA

SUBJECT:

FIRST 5 LA's STRATEGIC PLAN FY2015-2020: TRAUMA-INFORMED CARE: STATEWIDE POLICY AND SYSTEMS-LEVEL APPROACHES

BACKGROUND:

The physical and socio-emotional well-being and development of children prenatal to age 5 is affected by the parent/caregiver-provider relationship and interaction with the health, mental health and substance abuse services systems. However, navigating these systems is complex and difficult for many families. For example, one of the most pervasive and damaging factors in a child's development is the effect of trauma and chronic stress. While the impact of trauma can be profound and can have long term negative implications, research on stress and resilience demonstrates that a positive and secure attachment with at least one caring adult can serve a protective function for children and can actually buffer the negative impact of toxic stress on the child's developing brain. This nurturing relationship can be strengthened through the promotion of the protective factors in the systems with which families interact. However, navigating these systems is difficult and complex for many families due to the lack of trauma-informed and coordinated services. Breaking down the barriers is critical in helping to identify factors that affect socio-emotional and health outcomes for children.

First 5 LA's 2015-2020 Strategic Plan brings greater focus and clarity to the organization's role and impact on the lives of LA County's children 0-5 and their families. Two of the guidelines most central to our work moving forward include a strong focus on systems/policy change and partnership-building. In the Health, Mental Health, and Substance Abuse Services systems (Health-related systems) outcome area, the Commission emphasizes a significant shift from funding direct services to those efforts that improve how health-related systems coordinate and deliver care of young children and their families in LA County. By doing so, First 5 LA can deepen its impact, thereby extending the reach and impact of its resources. Another important guideline is related to the important role of partnerships, and the emphasis we place on engaging partners at the earliest possible stage of activity and/or investment.

These guidelines related to policy/systems change and partnership-building have been instrumental in shaping the early work of the health-related systems outcome area, for which the Commission has outlined two specific areas of priority focus, which include (1) developmental/behavioral screening, assessment and early intervention and, 2) trauma-informed care (TI-Care). The focus of today's presentation will be on state-level policy and systems-level approaches related to trauma-informed care. As implementation begins, staff is engaging with a number of experts, foundations, and policy advocates in the field who can speak to what is currently known about systems change efforts as it relates to TI-Care, and the impact of these efforts on children, families, and the communities in which they live.

DISCUSSION:

The purpose of today's presentation is to take a closer look at various examples of systems-change efforts happening at the state and local level around trauma-informed care. The panelists today include Lisa Kohn, Cecilia Chen and Mary Lou Fulton. Cecilia Chen, Associate Director of Policy at the Center for Youth Wellness, will discuss the efforts of the Statewide Adverse Childhood Experiences (ACEs) Policy Working Group, of which First 5 LA is a participant. The purpose of this working group has been to develop a statewide public-private partnership aimed at developing an action plan for California's children and families. This working group was convened in early 2015 and

has been meeting monthly to develop a common policy agenda, including problems, goals, objectives, strategies, principles and working agreements.

Lisa Kohn, Attorney-Advisor and Project Lead at the Office of the Attorney General, will discuss California's Defending Childhood State Policy Initiative, of which First 5 LA will participate in as a thought partner. The goal of the Defending Childhood Initiative (DCI) is to help California state government agencies develop and implement a strategic plan for identifying, assessing and treating children who suffer from trauma. Additionally, states are expected to identify federal, state, and local funding streams to heal and support these children and their families. The DCI launched in mid-2015 and anticipates the development of a plan by June 2016 ready for implementation.

Mary Lou Fulton, Senior Program Manager at The California Endowment, will present the local context around trauma-informed care, with examples of work from various counties throughout the state of California. Additionally, she will provide examples of collaborative efforts The California Endowment is involved in with regards to trauma-informed care at the local, state and national level.

All presenters will provide background/history on these state and federal level policy/systems change efforts related to trauma-informed care. Speakers will also discuss the approaches utilized to build and implement these efforts with cross-sector partners, as it can guide the work First 5 LA is embarking on in our strategic plan, as well as approaches we plan to utilize (i.e., starting with partnerships, identifying co-funders and working cross-sector).

Staff will also share some of the current thinking and work related to the TI-Care strategy within the strategic plan. In FY15-16, First 5 LA will partner with foundations and health-related system partners, and key experts in the field on activities that contribute to addressing the gaps and opportunities to improve the capacity of service delivery systems to provide trauma-informed care to families and young children, rather than scaling up or directly funding programs solely with First 5 LA funding. As part of our efforts in this strategy during year 1, First 5 LA plans to convene a county-wide exploratory session with a group of key partners, which include County system representatives, potential co-funders, and other experts in the field of TI-C. The purpose of this exploratory session will be to come together and create a safe space for the various partners to discuss and develop a common understanding of the following:

- What is trauma-informed care?
- What efforts are being implemented in the county and state around trauma-informed care?
- Who is interested in trauma-informed care and in what capacity/sector?
- What next steps can be taken as a group or body to move forward a common agenda on TI-Care in LA County?

We anticipate this exploratory session will help to identify existing efforts in the county and to inform a county-wide trauma-informed care workgroup that will be convened moving forward. First 5 LA is interested in identifying co-conveners for this event with the understanding that to contribute to the systems level impact we seek, we must have multiple partners at the table. First 5 LA recognizes that there may be interest in various sectors, populations, and approaches. The exploratory session is meant to bring all those parties together to help identify the points of alignment and future joint efforts.

The panelist bios accompany this cover memo, along with examples of a number of articles and supporting documents that provide some background on each of the systems-change efforts being presented.

Lisa Kohn**Attorney-Advisory and Project Lead, California Defending Childhood State Policy Initiative
Office of the Attorney General, State of California**

Lisa Kohn joined the office of Attorney General Kamala D. Harris earlier this year to direct the Defending Childhood State Policy Initiative, after serving as the Legislative Director and Judiciary Committee Counsel to U.S. Rep. Suzan DelBene (WA-01) in Washington, DC. Before Capitol Hill, Lisa also served in the Obama administration in the White House Domestic Policy Council where she covered justice and regulatory policy issues. In her current role, created through a partnership between the California Department of Justice and Futures Without Violence, Lisa leads a cross-sector team of California state agency partners dedicated to crafting a common agenda to prevent and address children's exposure to violence and trauma. Lisa is a graduate of Washington University School of Law and Washington University in St. Louis.

Cecilia Chen, Esq.**Interim Director of Policy
Center for Youth Wellness**

Cecilia Chen, Esq., is currently the Associate Director of Policy at the Center for Youth Wellness, a nationally recognized children's health organization working to improve the health and wellbeing of children exposed to Adverse Childhood Experiences (ACEs). She oversees the strategy and development of the organization's Policy Department, including legislative advocacy, policy publications, and statewide convenings. Prior to joining the CYW, Cecilia was the 2011-13 Thurgood Marshall Civil Rights Fellow at the Lawyers' Committee for Civil Rights of the San Francisco Bay Area where she led the Educational Equity project. Previously, Cecilia was a staff attorney with the Educational Equity Project at the Asian American Legal Defense and Education Fund in New York City. While at AALDEF, she was the lead attorney in the nationally publicized South Philadelphia High School anti-harassment case. Her career focus has been in justice, civil rights, educational equity and youth rights. Cecilia is a graduate of Tufts University and Boston College Law School.

Mary Lou Fulton, MPA**Senior Program Manager
The California Endowment**

Mary Lou Fulton is a Senior Program Manager at The California Endowment, where she leads strategic communications for the foundation's Health Happens in Schools and Neighborhoods campaigns centered on how community environments shape our prospects for living healthy and successful lives. Her work includes funding journalism, communications research, youth media, polling, media outreach and other approaches to help expand public understanding of health and prevention. Fulton also is one of The Endowment's lead grant-makers focused on how childhood adversity and trauma affects health, as well as strategies for healing and resilience-building in schools and communities. Prior to joining The Endowment, Fulton worked for 20 years in the media and communications industry, including positions at The Los Angeles Times, The Washington Post, The Associated Press, America Online and GeoCities.com. A native of Yuma, Arizona, and a second-generation Mexican-American, she holds a Master of Public Administration degree from Harvard University's Kennedy School of Government and a bachelor's degree in journalism from Arizona State University.

Executive Summary, Report of the Attorney General's National Taskforce on Children Exposed to Violence: www.justice.gov/sites/default/files/defendingchildhood/legacy/2012/12/12/cev-executive-sum.pdf



CENTER FOR
**YOUTH
WELLNESS**

health begins with hope

POLICY REPORT

**CHILDREN
CAN THRIVE**

A Vision for California's Response
to Adverse Childhood Experiences



The Center for Youth Wellness (CYW) is a health organization imbedded with a primary care pediatric home serving children and families in the Bayview Hunters Point neighborhood in San Francisco. We were created to respond to a new medical understanding of how early adversity harms the developing brains and bodies of children. We prevent poor health outcomes for and among children by raising national awareness about unaddressed exposure to Adverse Childhood Experiences as a public health crisis among those who have the power to make a difference – from parents to pediatricians to policymakers. We screen every young person we see for Adverse Childhood Experiences that we know can result in toxic stress and lead to poor health outcomes in life. We heal children’s brain and bodies by piloting the best treatments for toxic stress and sharing our findings nationally.

For more information, please visit our website at www.centerforyouthwellness.org.

EXECUTIVE SUMMARY

The Center for Youth Wellness hosted Children Can Thrive, the first summit on Adverse Childhood Experiences (ACEs) in California, in November 2014. Bringing together over 200 leaders from across diverse sectors, the Children Can Thrive summit raised awareness about unaddressed exposure to ACEs as a public health crisis and seeded the beginning of a statewide response to the negative and far-reaching effects of ACEs on children, families, and communities across California. The summit generated commitments among its diverse participants to develop a public policy strategy to prevent and address negative consequences of ACEs. Based on the ideas shared at the Children Can Thrive summit by participants, this report sets forth the beginnings of a multi-sector, multi-strategy approach to respond effectively to the impacts of ACEs in California.

Comprehensively addressing ACEs in California has the potential to improve the health, wellbeing, and futures of children and families across the state from improved health outcomes to higher success in education to decreased contact with the criminal justice system. Achieving this vision requires investments in innovative new approaches such as integrated physical and behavioral healthcare, a two-generation approach to support children and their caregivers, trauma-informed practices, and early screening and interventions for ACEs for all children in California. A critical starting point is raising public awareness about ACEs and their long-term harmful impacts on children and families.

Progress in addressing ACEs will require the comprehensive engagement of diverse stakeholders, including state government, philanthropy, advocates, youth, and families, who are a critical to advancing statewide efforts. Additionally, given the far-reaching impacts of ACEs across multiple sectors, cross-sector strategies that result in high performing collaborations and partnerships that bridge the public and private sectors are necessary to change the outcomes for

California's children and families burdened with toxic stress.

The success of the Children Can Thrive summit and the richness of the ideas explored within the report illustrate that there is a unique opportunity to champion innovative, upstream strategies and solutions to promote the health, wellbeing, and success of California's children and families. The knowledge that there are better practices for screening and treating exposure to ACEs, combined with the awareness of the financial costs and human suffering that can be obviated, has created an urgency to act.

THE FOLLOWING RECOMMENDATIONS ARE A FEW COLLECTIVE FIRST STEPS TO BUILD A STATEWIDE MOVEMENT TO RESPOND TO ACEs:

- Raise awareness about unaddressed exposure to Adverse Childhood Experiences and build a movement in your community
- Organize partnerships across diverse sectors to address systematic barriers to the prevention and treatment of toxic stress
- Identify, research and advance best practices that establish the evidentiary basis for clinical and community interventions
- Support and expand efforts to foster trauma-informed practices across health care, education, child welfare, and juvenile justice systems



INTRODUCTION

Public health leaders across the nation – from Dr. Robert Ross at The California Endowment to Dr. Robert Block with the American Academy of Pediatrics – have declared that unaddressed exposure to Adverse Childhood Experiences (ACEs) is a public health crisis with far-reaching consequences on the health and well-being of Californians. Here, in California, a movement is underway in communities across the state, including individuals, groups, and multi-sector partners, to address the far-reaching impacts of chronic adversity in childhood. From San Diego to Yolo, Alameda to Los Angeles, individuals across diverse experiences and

backgrounds are coming together to identify solutions and systems to build stronger, healthier communities.

Based on ideas shared by a diverse group of participants at Children Can Thrive, the state’s first summit on Adverse Childhood Experiences, this paper is intended to spark conversation about a vision for California’s future and the road to get there. It is, by no means, a comprehensive examination of the strategies, partnerships, and opportunities necessary to revolutionize California’s response to Adverse Childhood Experiences.

OVERVIEW OF CHILDREN CAN THRIVE, CALIFORNIA'S FIRST ADVERSE CHILDHOOD EXPERIENCES SUMMIT

Although some statistics paint a stark picture for children and families across California, health and healing begins with hope. In November 2014, the Center for Youth Wellness brought together over 200 leaders from across California for Children Can Thrive, the state's first summit on Adverse Childhood Experiences. The Children Can Thrive summit raised awareness about unaddressed exposure to ACEs as a public health crisis and seeded the beginning of a statewide response to the harmful effects of ACEs. Leaders from diverse sectors including state and local government, non-profit, communities, parent and youth advocates, private business, and philanthropy began the collaborative process of exploring how California can address ACEs as a public health crisis with clear impacts across numerous systems including health, early childhood, education, juvenile justice, and child welfare.



“FOLLOW A CHILD” STORIES

In order to deepen Children Can Thrive summit participants' understanding of how ACEs negatively affect the daily lives of children and their families, the Center for Youth Wellness launched an innovative interactive activity called Follow a Child at the summit. In this activity, each Children Can Thrive summit participant was assigned to follow the experiences of one of five fictional children (Casey, Evan, Vince, Nina, and Michelle) grappling with the effects of ACEs as he or she interacts with various systems, including health, education, juvenile justice, or child welfare. Through the use of case studies, the goal of Follow a Child was to illustrate how the negative effects of ACEs on children manifest in the day-to-day lives of families across California and to provide a common ground for solution-based discussions. The Follow a Child stories are included throughout this report. **Please be aware that these stories contain content that may be distressing for some readers.**

A NOTE ABOUT THIS REPORT

The following vision for California was developed from the ideas shared by Children Can Thrive summit participants at the Follow a Child Discussion Groups on the second day of the summit. The ideas set forth in this report represent the best thinking of the leading and brightest minds working to address the harmful effects of ACEs on children and families living in communities across California. Where appropriate, we have expanded on participants' ideas to provide a more in-depth and robust vision.

ADVERSE CHILDHOOD EXPERIENCES AND THEIR IMPACT ON CALIFORNIA

At the beginning of the Children Can Thrive summit, participants were introduced to the Adverse Childhood Experience Study¹ and the growing body of science examining the effects of Adverse Childhood Experiences, or ACEs, on a child’s developing brain and body. ACEs are experiences that can have a profound impact on a child’s developing brain and body with lasting impacts on health and future success throughout the course of a lifetime. There are ten recognized ACEs, which fall into three types – abuse, neglect, and household dysfunction.

The three types of ACEs include

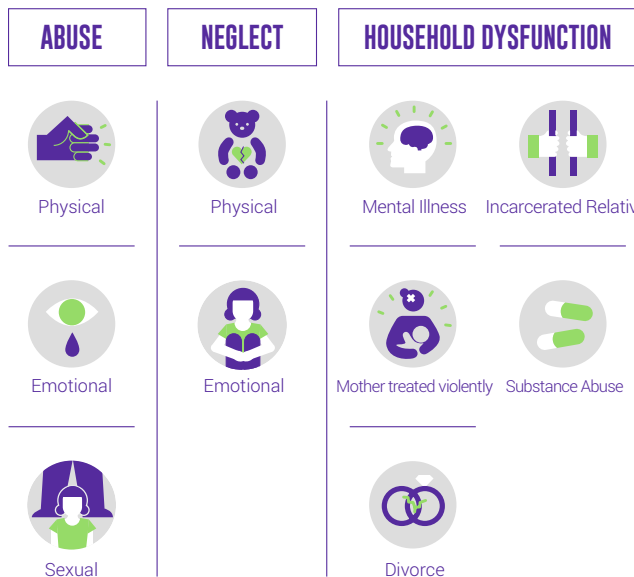


Figure 1: Types of Adverse Childhood Experiences
Image courtesy of the Robert Wood Johnson Foundation

Numerous studies have shown a strong dose-response relationship between ACEs and poor physical and mental health outcomes in adulthood.² High numbers of ACEs are statistically associated with increased risk for serious health conditions and negative health behaviors.³ Even when controlling for other risk factors, research has shown a strong relationship between ACEs and chronic disease, suggesting that there is a probable causal link between ACEs and the development of disease.⁴

A person with 4 or more ACEs is:

- 2.2 times as likely to have ischemic heart disease
- 2.4 times as likely to have a stroke
- 1.9 times as likely to have cancer
- 1.6 times as likely to have diabetes
- 12.2 times as likely to attempt suicide
- 10.3 times as likely to use injection drugs
- 7.4 times as likely to be an alcoholic

Early exposure to adversity is an unfortunate reality for the majority of Californians. 61.7% of California adults have experienced at least one ACE, and one in six, or 16.7% of adults, have experienced four or more ACEs.⁵ Moreover, as seen in scientific studies, high numbers of ACEs correlate with worse health outcomes in California adults. Adults with four or more ACEs are more likely to experience worse physical and mental health and more likely to engage in risky health behaviors as compared to adults with no ACEs.⁶ In addition, a person with four or more ACEs is 50% more likely to lack access to health insurance, almost 13 times as likely to have been removed from the home as a child, and almost 12 times as likely to report being forced to have sex after the age of 18 as compared with a person with no ACEs.⁷

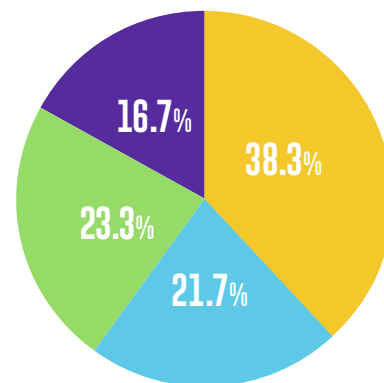


Figure 2: Prevalence of number of ACEs among California adults

THE EMERGING SCIENCE OF TOXIC STRESS

Existing research raises significant questions about the impact of early life experiences on lifelong health. Over the years, we have deepened our understanding of how severe, sustained, or prolonged exposure to adversity can affect the physiological response to stress in children, with alterations of their developing brains and bodies. These adversities can lead to the “extreme, frequent, or extended activation of the body’s stress response,” also known as “toxic stress”.⁸

Toxic stress is particularly harmful for children because of the critical physiological and neurological developments occurring in early childhood. Left unaddressed, toxic stress can cause fundamental changes to a child’s basic brain architecture as well as his/her developing immune and hormonal systems.⁹ These changes can dramatically alter a child’s ability to learn and interact with others and can fundamentally affect physical and mental health.¹⁰

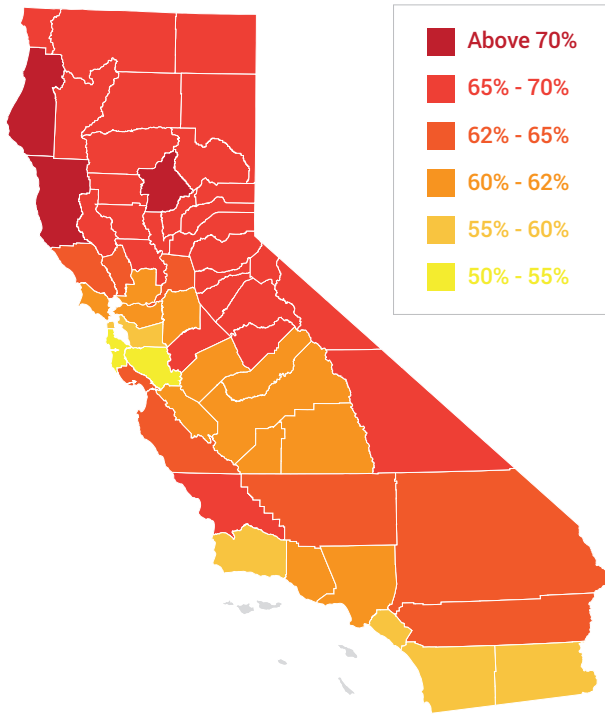


Figure 3: Percentage of residents with at least one ACE across California counties



Figure 4: Spectrum of stress



CASEY'S STORY

Casey is 6 years old and lives with his parents in the Central Valley. His father is an enlisted serviceman with the U.S. Army and is frequently deployed overseas. Since Casey was born, his father has been sent to Iraq three times and once to Afghanistan. When Casey's father is home, he often has nightmares. Once fun-loving and affectionate, his father is now detached and remote with his family and many of his friends. He has given up many of his hobbies and often just sits at home, drinking beer and staring at the television. At night, after he has too many drinks, Casey's father sometimes becomes abusive – yelling and threatening Casey's mother.

Casey's mother used to be employed as a teacher's assistant at the local public school. With budget cuts in education, Casey's mother was laid off along with several other school staff. She has not been able to find another full-time job and is now only working two days a week at a local preschool. Casey's mother is often stressed and anxious – she finds herself easily frustrated with Casey when he does not follow directions.

Casey just started the first grade at his local school. Although it is only a few months into the school year, Casey's teachers have already called his parents about Casey's behavior. The teachers have noticed that sometimes Casey is too aggressive when he plays – often causing the other child to cry or run away. During class, Casey is often distracted – getting up and moving about the classroom without permission. A few days ago, Casey's mother had to leave her job to pick Casey up early from school because Casey had hit another girl in his class when she refused to share her colored pencils with him. Casey's teacher is frustrated with having to constantly reprimand Casey. She feels like he is taking away from the other children's learning experiences. She wants the school principal to suspend Casey for three days for hitting the girl.

Casey's mother takes Casey in for his annual well child check. She tells the doctor that Casey has been having frequent nightmares and is still wetting his bed at night. She is frustrated by the bed wetting because she feels like Casey is too old for those kinds of problems. The doctor notes that Casey is overweight for his age and height. His mother admits that he eats a lot of junk food and soda but also says that he is constantly hungry, often having three helpings at dinner. The doctor advises Casey's mother to monitor his diet so that he does not gain more weight and tells her to limit his water intake before bedtime to deal with the bed wetting. The doctor also tells Casey's mother to monitor how often Casey goes to the bathroom and to check back in a month. The doctor does not address the nightmares, saying that it is probably because of something scary that Casey saw on TV.



NINA'S STORY

Nina is 11 years old. She was born in El Salvador and lived there with her parents and older brother until she was eight. Two years ago, Nina was violently raped when her older brother refused to join the local gang. When he continued to refuse to join the gang, her brother was killed as a warning to others. Nina and her family fled to the United States and now live in Los Angeles. Although they have heard that other families have received asylum after fleeing El Salvador, they are worried that if their application is not granted, they will be deported.

Nina and her family often have very little money. Much of her family's money is sent back to El Salvador to help provide for Nina's aunts and cousins. Her father works at a restaurant and her mother works as a house cleaner. Six months ago, Nina's father was stopped at a DUI checkpoint. When the authorities discovered that he was undocumented, he was turned over to the immigration authorities and is now in detention awaiting his removal hearing. Nina has not seen her father because he is being held in a detention center 200 miles away. Since her father's detention, Nina's mother has struggled to provide enough food for the family.

Nina's mother took her to a local clinic for a check-up so she can enroll in school. The doctor conducts a routine physical. She notices that Nina is overweight. The doctor asks Nina what she eats during the week. Nina says that she likes to eat ice cream because it makes her feel better. Her mother adds that, even though she is only 11, Nina can eat an entire pint of ice cream by herself. Nina's mother also tells the doctor that Nina often gets headaches and has trouble concentrating on tasks at home. She is frustrated that Nina is not more helpful around the house.

Nina lives in fear of being sent back to El Salvador, particularly after her father was detained by immigration authorities. At school, she is extremely shy and withdrawn. Her quietness initially made her the target of bullying by some of the other girls at the school. Although she is usually very quiet, Nina feels a lot of rage bottling up inside of her. A few days ago, after a particularly hard day of bullying, Nina snapped and started punching and kicking one of the girls teasing her. It took three adults to subdue Nina and the other girl had to be sent to the emergency room. The school principal suspended Nina and is considering expelling her because of the violence of the assault.

THE VISION FOR CALIFORNIA

In recognizing and responding to ACEs as a public health crisis, California can lay the foundation to support the health and well being of millions of children and families across the state. From health to early childhood development to education to public safety to child welfare, a statewide response to ACEs has the potential to radically improve the futures of generations to come. The vision, set forth below and expressed by Children Can Thrive summit participants, illustrates the far-reaching effects we can have on California's children by addressing exposure to ACEs.

First, California would see vast improvements in health across all age groups potentially saving millions of dollars in health care costs. We would see lower numbers of infant death and babies born with low birth weight. In children, we would see lower levels of childhood obesity and asthma. In adults, we would see improved health across the life course, including lower rates of chronic disease such as diabetes, asthma, arthritis, chronic obstructive pulmonary disease (COPD), kidney disease, and cardiovascular disease. This opportunity for disease prevention would translate to longer, healthier lives and lower health costs. We would also see lower rates of mental illness, such as depression, and lower rates of negative health behaviors, including smoking, binge drinking, injection drug use, risky sexual practices, suicidality, violence and being a victim of violence.

Addressing ACEs would improve children's chances for being neuro-developmentally and emotionally ready to learn and, as a result, better positioned to succeed. We would see an increase in school readiness, attendance, and high school graduation rates. We would also see a decrease in the number of students referred to special education and a reduction in school suspension rates. Moreover, we would see healthier school environments where students and teachers can thrive, no longer burdened by the consequences of chaotic learning environments caused by toxic stress.

Across other sectors, we would see improvements in overall child wellbeing. We would see a decrease in juvenile detention rates. A statewide response

to ACEs could result in a decrease in the number of children exposed to abuse and maltreatment, leading to a decrease in the frequency of ACEs in subsequent generations.

THE ROAD TO A HEALTHY CALIFORNIA

With this powerful vision for California in mind, the question then becomes: How do we get there?

The most resounding theme that emerged at the summit was - Prevention. How do we prevent the long-term harm of ACEs whether it is poor health in adulthood or worse educational outcomes? And how do we prevent already traumatized children and their families from experiencing additional trauma when interacting within systems like juvenile justice and child welfare?

A critical starting point for prevention is **raising public awareness**. Raising awareness about ACEs and their long-term harmful impacts on children and families was a resounding theme throughout the Children Can Thrive summit. We must do more to educate communities about ACEs and the effects on early childhood development while connecting this information to the long-term health and life impacts of ACEs. Additionally, education must be equally coupled with efforts to emphasize that, as Dr. Andrew Garner said, "ACEs are not destiny" and that there are pathways to healing and wellness. Raising public awareness of ACEs will also build broader public support to advance policies aimed at systematizing responses to the impacts of early adversity.

Some of the ideas to raise awareness about ACEs included:

- Launch a "What Happened to You?" campaign to generate awareness and recognition of the impact of ACEs
- Integrate pop culture, such as celebrity champions, as part of ongoing public education efforts

There is also an urgent need to raise awareness among parents and professionals who regularly interact with children and families, such as physicians, educators, nurses, social workers, and people who work in the juvenile justice system. Increasing the number and regularity with which professional programs educate and train participants on the harm of unaddressed exposure to ACEs and trauma-informed care will be vital to establishing a work force equipped to understand and meet the needs of children exposed to ACEs.

To prevent the long-term consequences of ACEs, **early screening and interventions**, particularly in the healthcare setting, are also critical. The pediatric primary care home offers a unique opportunity for early and routine screening for ACEs beginning in infancy. By building routine screenings into the well-child check, we have the opportunity to offer interventions early during a time when we can have a radical impact in preventing and reversing the harmful effects of toxic stress on child development. School-based health centers are another important space in which to explore the development of early screening protocols for ACEs. Any screening protocol, whether in health or education, must always be accompanied by a thoughtful consideration and response to address potential unintended consequences, including robust trainings on the harmful effects of ACEs for those administering the screen to ensure a responsible and fair approach to assessing the child's situation and needs focusing on opportunities to prevent and treat children without stigmatizing them.

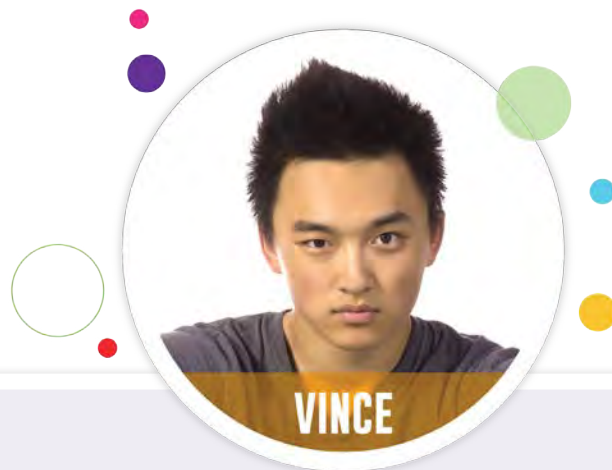
The need for systems and communities to be more **trauma-informed** is universal. Trauma-informed practices tailored to the needs and services of each sector – whether it is health, early childhood, education, child welfare, or juvenile justice – are critical. We must also begin to identify the levers and incentives within each system to help shift priorities towards trauma-informed approaches. These trauma-informed and resilience-building approaches must be integrated with a cross-sector approach at the community level – in our towns, cities, and counties – where basic human interactions take place millions of times each day in our state. Additionally, the ability to innovate and experiment will be crucial in developing the most effective practices across sectors.

The philanthropic community can be a champion in this effort by contributing flexible, long-term investments to encourage and create the environment for innovation and measurement. Finally, as systems become more trauma-informed and trauma-responsive, statewide or county plans setting forth resources and responses to ACEs will be an important step in institutionalizing these advances.

Additionally, greater investments in and broader movement towards **integrated physical and behavioral healthcare** is critical. Mental health professionals have long known of and raised concerns about the impacts of chronic adversity on individuals' wellbeing. As efforts increase in the medical field to respond to the long-term health consequences of ACEs, there is an ever-increasing need for behavioral and physical health professionals to work in close collaboration. Interventions to address toxic stress must focus on healing the whole child – body and mind – requiring a deep partnership and fundamental integration of physical and behavioral healthcare practices.

Finally, families must remain at the heart of efforts to build a healthier California. Thus, efforts should embrace a **two-generation approach**¹¹, committed to supporting the health, wellbeing, and success of both children and their parents or caregivers. Parents and caregivers play an integral role in a child's development and, particularly for children exposed to ACEs, act as a powerful buffer to mitigate the effects of chronic adversity on a child's developing brain and body.





VINCE'S STORY

Vince is 16 years old and lives in the Bay Area. His father came to the United States when he was 10 years old as a refugee from Vietnam in 1973. Although his parents have run a series of successful restaurants, his father's gambling addiction has often resulted in significant losses to the family's finances and economic security. A few years ago, Vince's father lost ownership of the family restaurant after a weekend-long gambling session. Vince's father used to yell and hit his wife and children whenever he lost in gambling. As the children got older, Vince's father stopped hitting them but still continues to yell.

Vince has a 22-year-old brother whom he has always idolized. However, his brother joined a gang when he was in high school. A few years ago, his brother was arrested and convicted for selling drugs. He is now in state prison and, because his parents are ashamed, the family never visits him.

Growing up, Vince always looked up to his older brother and sought to emulate him. When he was younger, he would hang out with his brother and his friends, who were also members of the same gang. When Vince turned 14, he joined his brother's gang. Even though he knew that his brother went to prison because of his involvement in the gang, in many ways, Vince felt that the gang members were more like his family. Because of rivalries with other gangs in the area, Vince does not feel safe at school. At school, he is jumpy and on edge. Sudden noises startle him. He has been suspended for fighting twice already. Once he fought with a rival gang member and the other time he thought that another student had looked at him "the wrong way." The principal is worried about the safety of the teachers and other students when Vince is around.

Because Vince has become further involved in his gang, he no longer feels safe on his way to school. A month ago, Vince was walking home from school, and he was jumped by four rival gang members who were retaliating for the fight earlier this year. After being jumped, Vince started bringing a knife to school for protection. A school resource officer recently found the knife while searching Vince's bag. The District Attorney has decided to press charges against Vince for bringing a knife to school. Under his plea agreement, he is now on juvenile probation.



EVAN'S STORY

Evan is 13 years old. He lives in public housing with his grandmother in San Francisco. Growing up, Evan did not really know his father because he was often in and out of prison, usually for violating his probation. Then, Evan's father was killed in a drive-by shooting when he was 8 years old. This summer, Evan saw his summer school counselor killed in a drive-by shooting while he was playing basketball at the local park.

Evan's mother struggled with a meth addiction for many years. Sometimes, she would leave Evan at home alone for days. Three years ago, Evan's mother dropped him off at his grandmother's house. She told him that she would pick him up in a few hours but she never came back. He has lived with his grandmother ever since. He knows that his grandmother loves him very much, but she often becomes very lethargic and will say that she does not want to "be here" anymore.

When Evan was 10 years old, his mother left him alone for a week. A neighbor called CPS after Evan knocked on her door asking for some food. CPS opened an investigation and, soon after his mother returned, she left Evan with his grandmother. A CPS social worker continues to visit Evan and his grandmother. Although she is usually very caring, Evan's grandmother forgets to feed him when she lapses into depression. Evan never tells his social worker because he is afraid that he will have to live with a foster family and he loves his grandmother.

Evan's teacher thinks that Evan has ADHD and wants his grandmother to take him to a doctor for a formal diagnosis. The teacher told Evan's grandmother that Evan has a difficult time focusing and concentrating on the class activities and that he often gets up repeatedly throughout the class without permission. In taking his history, the doctor finds that Evan has trouble falling asleep and he's not doing well in school. Evan tells the doctor that he sometimes smokes weed with his friends after school.

IT TAKES ALL OF US

While advancing trauma-informed care across systems and developing practices for early screening and interventions are critical, equally important are the diverse stakeholders necessary to advance this movement. As we know, unaddressed exposure to ACEs is a public health crisis, and as such they require a public health response. No single entity or sector can solve this problem alone. Therefore, not only do diverse sectors, including health, early childhood, education, juvenile justice, and child welfare, have an important role to play in advancing the field, but these historically siloed sectors must identify **cross-sector strategies for collaboration**. More importantly, sectors must have a shared vision for the future to ensure that there is alignment in advancing towards a common goal. In order to facilitate deep collaboration, we must develop strategies to improve information sharing between sectors. Furthermore, developing a set of **shared metrics** that can be used across sectors offers an important tool for crafting a collective definition of success.

In addition to strong cross-sector collaborations, **public-private partnerships** between government, not-for-profit organizations, and philanthropy are critical to address the harmful effects of ACEs. Each will have an important role to play in advancing the field. In **state government**, the legislature can play a pivotal role in advancing policies to institutionalize trauma-informed care and ACE screening and intervention practices with supportive health reimbursement mechanisms. To raise awareness about ACEs among legislators, for example, Children Can Thrive summit participants suggested organizing an ACEs advocacy day and hosting a screening of James Redford's powerful film Paper Tigers in Sacramento.

In addition to legislators, public agencies can be influential conveners and play an important role in accountability. Some local public agencies can also exemplify institutional change by becoming trauma-informed organizations themselves and thus modeling this imperative.

Not-for-profit organizations will play a crucial role on the ground working directly with children and families impacted by ACEs and by developing effective and scalable programs and strategies to address ACEs.

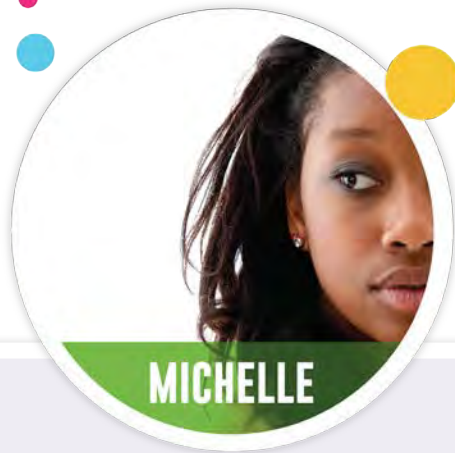
The direct, day-to-day learnings of advocacy and service organizations, if properly measured, are vital to ensure that the policy ideas brought to the legislature reflect the best thinking and innovation of the field.

In addition, the support of **philanthropy**, which often acts as the bridge between ideas, concept development, implementation and measurement, is critical to advancing efforts to address the impact of ACEs. Philanthropy is central to supporting innovation, particularly the exploration of ideas and solutions necessary to address a previously unrecognized public health crisis, such as ACEs. Thus, philanthropy has and will continue to play a central role in fostering the development of programs and practices that effectively respond to the impacts of ACEs and promote the health and wellbeing of children and families across California.

Youth must also be a part of this conversation and leaders in this movement. As the students of Leadership High School, a San Francisco high school partnering with the Center for Youth Wellness to examine the effects of toxic stress on local teenagers, so eloquently demonstrated at the Children Can Thrive summit, our young people are not only powerful communicators but also critical agents of change. As we think about California's future, who better to help lead and shape our efforts to build a healthy California than the next generation of leaders?

In building a healthy California, we must also think about whom we are including as part of the solution, including parents, caregivers, educators, doctors, nurses, clergy, and other child-serving professionals. We must also consider groups that are often overlooked including law enforcement and the military and their families.

Lastly, **families** are essential for ensuring that we move towards a healthy and thriving California. Families, in particular, can play a truly transformative role for a child who has experienced ACEs. As a result, we must be investing more in families, particularly parents and caregivers, and engaging in efforts to remove the stigma of parenting support so that more parents will take advantage of available tools and resources to build healthy families.



MICHELLE'S STORY

Michelle is a 14-year-old girl living in an affluent community in Southern California. Her parents divorced four years ago and she now lives with her mother and 10-year-old brother. Although closer to her father, she only gets to see him a couple times a year because he moved to New York after the divorce.

Michelle's mother is a lawyer and often works long hours. When her mother is at work, Michelle and her brother are looked after by her mother's boyfriend and are often alone with him. When Michelle turned 13, her mother's boyfriend began to sexually molest her. Michelle tried to tell her mother that she feels uncomfortable with the boyfriend, but her mother ignored Michelle and accused her of trying to ruin her relationship. The boyfriend continues to molest Michelle on a regular basis. After work, Michelle's mother usually has several drinks to help her "unwind." Her mother does not think that she has a drinking problem but, after drinking, she yells at Michelle and her brother, blaming them for "ruining her life."

A few weeks ago, her mother's boyfriend attempted to rape Michelle. She fought back and, in the struggle, he broke her wrist. Her mother's boyfriend waited until her mother came home to take Michelle to the hospital. While they were waiting for her mother, the boyfriend threatened Michelle that if she told anyone what he did he would hurt her worse next time. Michelle told the hospital nurses that she had been clumsy and tripped on her brother's toy on her way to the bathroom. The hospital staff became suspicious because her wrist injury was not consistent with a typical fall and made a report with Child Protective Services. CPS has opened an investigation but is having trouble gathering information because Michelle's mother refuses to cooperate.

At school, Michelle is at the top of her class academically. However, she has started hanging out with an older group of kids and started experimenting with different drugs and drinking on the weekends. She recently started dating a 19 year old, whom she met through her friend's brother and is sexually active with him. Although her friends tell her that he is too old for her, she disagrees and says that he loves her. Last weekend, after a night of partying and drinking, her boyfriend took a neighbor's car for a joyride. He lost control of the car and crashed into a parked car a few blocks away. Luckily Michelle and her boyfriend were not injured, but they were taken into custody by local police. Because she is a minor, Michelle's case was referred to juvenile court.

A COLLECTIVE FIRST STEP TOWARD RESPONDING TO ADVERSE CHILDHOOD EXPERIENCES

While California's response to ACEs will not happen overnight, there are a few collective first steps that we can take to build a statewide movement:

- **Help raise public awareness about unaddressed exposure to Adverse Childhood Experiences**
 - Develop your elevator pitch – How will you communicate the urgency of this crisis along with the hope that comes with solutions?
 - Become a champion in your sector – We all have a sphere of influence whether it is with our family, our community, or our work. As a result, everyone can be champion and help to raise awareness about ACEs and what we need to do to build a healthier California.
- **Build a movement in your community**
 - Join ACEs Connection (www.acesconnection.com) - ACEs Connection provides an online community of allies, advocates, and experts to help support your efforts to respond to ACEs. You can join your community's ACEs Connection group or start one in your county.
 - Advocate for local data collection on ACEs – We now have data on the prevalence of ACEs in California. However, additional data at the local level can provide more in-depth information on the far-reaching impacts of ACEs in your community.
- **Organize partnerships across diverse sectors to address systemic barriers to prevention and treatment of toxic stress**
 - Build advocacy coalitions to address the impacts of ACEs in your community– For example, CYW is convening a statewide cross-sector working group, comprised of public and private stakeholders, to respond to ACEs in California.
- **Identify, research and advance best practices that establish the evidentiary basis for clinical and community interventions**
 - Identify opportunities to promulgate evidence-based interventions that address the harmful effects of ACEs.
 - Support efforts to increase funding for innovative and promising practices aimed at reducing the impacts of ACEs on children and families.
- **Support and expand efforts to foster trauma-informed practices across health care, education, child welfare, and juvenile justice systems**
 - Advocate for your organization, institution, or system to integrate trauma-informed practices – Efforts are already underway across multiple sectors to build practices and systems that respond to the needs of children and families in a trauma-informed matter. For example, the San Francisco Department of Public Health is working to become the nation's first trauma-informed public health department, beginning by training its 9000-person staff on trauma-informed care.





CONCLUSION

The vision for California's future described above is one centered on wellness, health, and opportunities for success for children, families, and communities across the state. As noted above, no one individual, organization, agency or sector alone can address the impacts of Adverse Childhood Experiences. From policymakers to parents, from philanthropy to private organizations, we each have a role to play in advancing a movement that makes health and hope a priority for all children.

We would like to acknowledge and thank all of the Children Can Thrive summit participants for their ideas and contributions to this vision for California. This report is a reflection of your ideas for crafting a statewide response to Adverse Childhood Experiences. Thank you for your commitment to ensuring that children and families throughout California are healthy and thriving.

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¹⁰ Id.

¹¹For more information on the importance of a two-generation approach, please see the following resources: Ascend at the Aspen Institute, Two Generations, One Future: Moving Parents and Children Beyond Poverty Together (2012), available at: http://b3cdn.net/ascend/f52f62b126afc10fd6_2rnm60p51.pdf; and Annie E. Casey Foundation, Creating Opportunities for Families: A Two-Generation Approach (2014), available at: <http://www.aecf.org/resources/creating-opportunity-for-families/>.

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CYW would also like to thank the following sponsors for their generous support for the summit:

- The California Endowment
- DuPont
- Google.org
- Los Angeles Partnership for Early Childhood Investment
- San Francisco 49ers Foundation
- The Sarlo Foundation
- The California Wellness Foundation
- Sierra Health Foundation
- The San Francisco Foundation
- Rosenberg Foundation
- CPMC/ Sutter Health
- Clif Bar Family Foundation

Finally, CYW would like to thank our partners, in particular **Marta Induni** from the Public Health Institute, **Wendie Skala** from Kaiser Permanente, and **Jane Stevens** from ACEs Too High/ACEs Connection, for their valuable input in crafting this report.



www.centerforyouthwellness.org

3450 3rd Street, Bldg 2, Suite 201,
San Francisco, CA 94124



DEFENDING CHILDHOOD STATE POLICY INITIATIVE

The *Defending Childhood State Policy Initiative* is designed to help states develop a plan to:

- Ensure that all at-risk children and youth are screened and assessed at multiple points of contact
- Provide evidence-based, trauma-informed treatment services to children and youth exposed to violence
- Identify mechanisms to blend and braid funding sources to support identification, assessment, and treatment services
- Improve outcomes for children and youth exposed to violence

Each year in the United States, millions of children are exposed to violence in their homes, schools, and communities. A recent national survey estimates exposure rates at about two out of every three children (Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009). Without intervention, children exposed to violence are more likely to fail in school, suffer from mental health problems, become involved in the justice system, and suffer from repeated violent victimization (*Report of the Attorney General’s National Task Force On Children Exposed to Violence*, 2012). Trauma caused by exposure to violence also has long-term medical implications, including increased likelihood for stroke, diabetes, heart disease, cancer, and premature death (Edwards et al., 2005; Felitti et al., 1998).

While the human consequences of children’s exposure to violence left unaddressed are significant, the economic ramifications are almost equally staggering. The *Report of the Attorney General’s National Task Force On Children Exposed to Violence* (2012) states that the “predicted incremental cost of violence and abuse on the healthcare system alone ranges from \$333 billion to \$750 billion annually, or up to 37.5 cents of every dollar spent on healthcare.” The financial burden extends to other public systems as well, and are similarly astronomical.

To address these issues, Attorney General Eric Holder’s Task Force generated a list of recommendations that tribal, state, and federal entities could implement to begin reducing the impact of violence on children. The *Defending Childhood State Policy Initiative* was born from these recommendations.

Three initial states were competitively selected to participate in this effort:

- California
- Massachusetts
- Michigan

The goal of the *Defending Childhood State Policy Initiative* is to help selected states develop and implement a strategic plan for identifying, assessing, and treating children who suffer from trauma caused by witnessing or experiencing violence in their homes, schools, or communities. Additionally, states are expected to identify federal, state, and local funding streams to heal and support these children and their families. These efforts should result in more effective policies and programs, better outcomes for children and youth, and significant reduction in cost to the child welfare system, the juvenile and criminal justice systems, the healthcare system, and the overall economy.

For more information, please contact the NCMHJJ at 862-962-6455 or ncmhjj@prainc.com

Trauma-Informed Care: Statewide Policy & Systems-Level Approaches

September 10th, 2015



Overview of Presentation

- **Introduction**
- **Statewide ACEs Policy Working Group** – *Cecilia Chen, Associate Director of Policy at the Center for Youth Wellness*
- **California’s Defending Childhood Initiative** – *Lisa Kohn, Attorney Advisor and Project Coordinator at the Department of Justice*
- **Examples of County-wide TIC Efforts** – *Mary Lou Fulton, Senior Program Manager at The California Endowment*
- **Q&A**



Our mission

First 5 LA, in partnership with others, strengthens families, communities, and systems of services and supports ***so all children in L.A. County enter kindergarten ready to succeed in school and life.***

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But not on our own ...

“We are not the agent of scale or sustainability.” –Kim Belshé

First 5 LA's Strategic Plan

- **Health Outcome Area:** Improved capacity of health, mental health and substance abuse services systems to meet the needs of children prenatal to age 5 and their families
- **Strategies:**
 - 1) Help Me Grow
 - 2) Trauma-Informed Care

Why TI-Care?

- **Impact of trauma = long term negative implications**
- **Physical and socio-emotional well-being and brain development of children is affected by the parent/caregiver-provider relationship and the interaction with the child serving systems.**
- **Navigating systems is complex.**
- **Integration across all strategic plan outcome areas**

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Today's Presentation

- **Purpose:** Share examples of policy and systems-change efforts happening at the state & local level around trauma-informed care.
- Questions to consider:
 - What excites you about what you heard?
 - What are some opportunities for First 5 LA and LA County to contribute to this work?
 - What would you like to learn more about?

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TI-C Activities

- Lessons Learned:
 - Importance of partnership building
 - Broader than health
 - Learning approach
- Year 1 of Implementation Key Activities:
 - Partnership Building
 - Exploratory Session/Learning Community
 - Environmental Scan

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Questions to Consider

- What excites you about what you heard?
- What are some opportunities for First 5 LA and LA County to contribute to this work?
- What would you like to learn more about?

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CENTER FOR

YOUTH  WELLNESS

 health begins with hope

About the CYW

OUR MISSION IS THREEFOLD:



Prevent



Screen



Heal

...THE IMPACTS OF ACES AND TOXIC STRESS!

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The Problem:
ACEs are a Public Health Crisis²⁰¹

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce



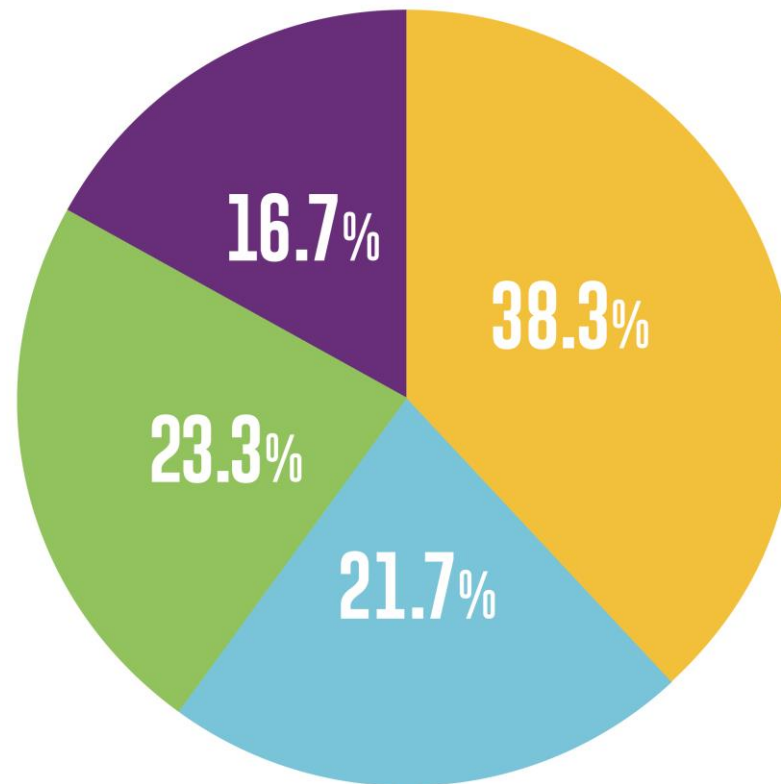
Leading Causes of Death in U.S. and ACE ≥ 4

1	Ischemic Heart Disease	220%
2	Cancer	190%
3	COPD	260%
4	Accidents	
5	Stroke	240%
6	Alzheimer's	420%
7	Diabetes	160%
8	Influenza and Pneumonia	
9	Kidney Disease	
10	Suicidality	1,220%

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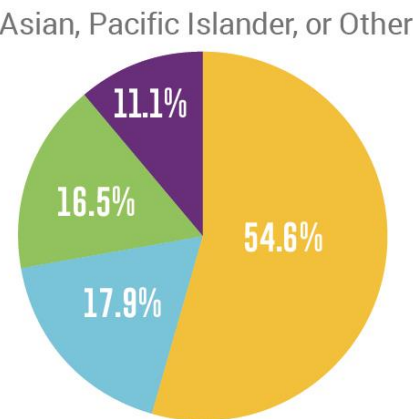
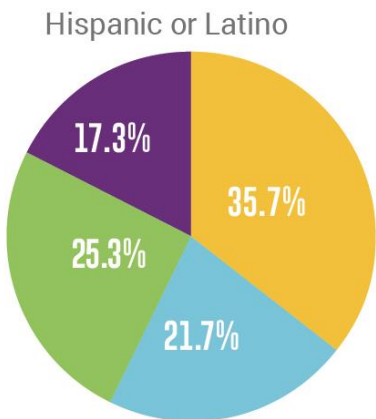
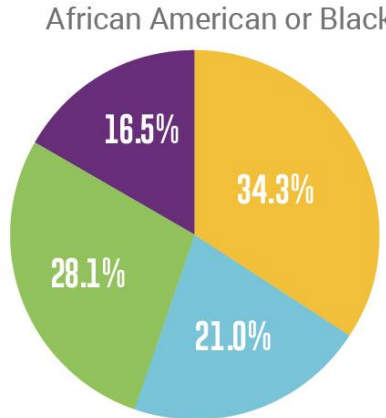
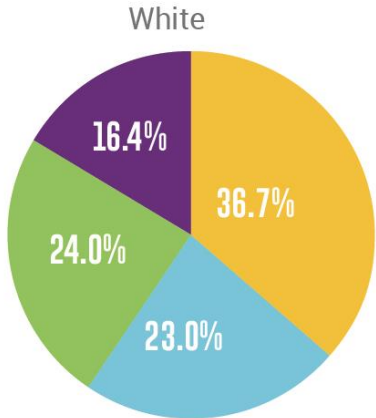
Overall Prevalence of ACEs in CA



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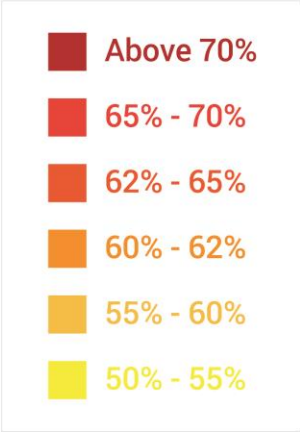
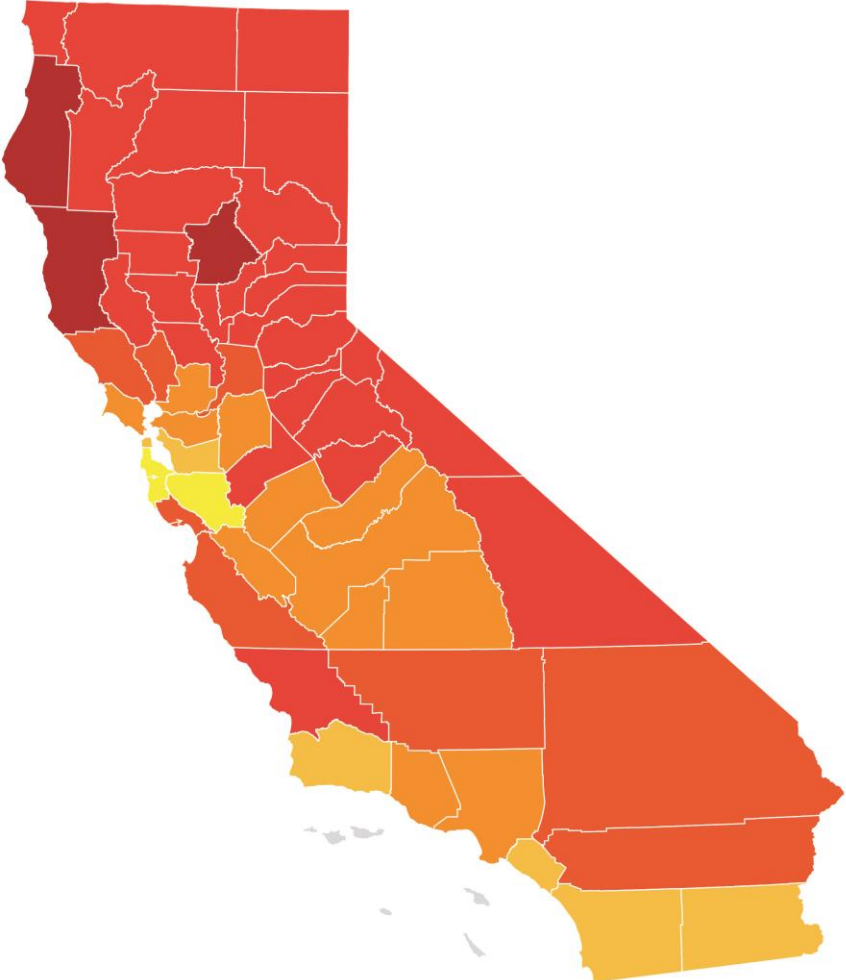
ACEs Across Race & Ethnicity



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ACEs Across California Counties



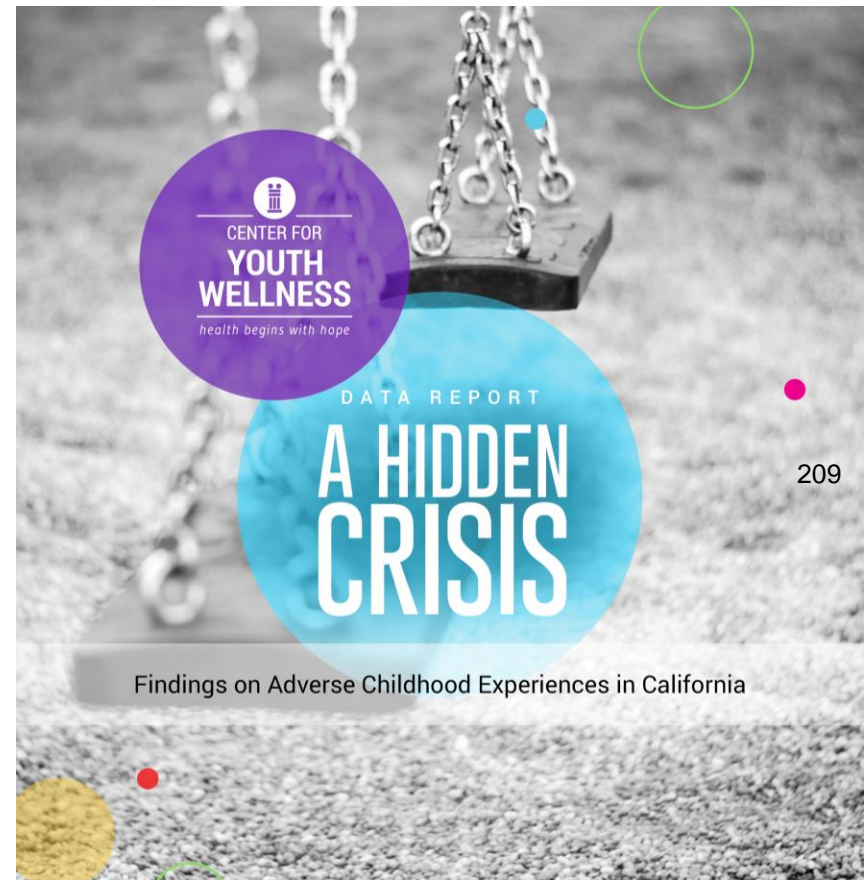
Toxic Stress



The Response: A Public Health Approach

Step 1: Raise Awareness

- White paper on ACEs and toxic stress
- Assembly Concurrent Resolution 155
- Data report on ACE prevalence in California
- Thought leadership by CYW Founder & CEO Dr. Nadine Burke Harris



Step 2: Generate Momentum for Action



- 1st summit on ACEs in California
- 200 leaders from across California
- Shared learnings across sectors
- Visioning California's response to ACEs

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Step 3: Build a Cross-Sector Coalition



In 2015:

- CA ACEs Policy Working Group
 - Collective impact approach
 - 5 sectors
 - Common policy agenda ²¹¹
- Communications Advisory Group
 - Statewide thought leader outreach and public education campaign



CA ACEs Policy Working Group

- ACE Overcomers
- ACEs Connection
- Advancement Project
- CA Department of Justice
- CA Department of Public Health
- CA Health and Human Services Agency
- CA Office of Health Equity
- Californians for Safety and Justice
- Center for Youth Wellness
- Chadwick Center for Children and Families
- Cherokee Point Elementary School, San Diego
- Children Now
- The Children's Clinic
- Children's Defense Fund – California
- First 5 Los Angeles
- Futures Without Violence
- Kaiser Permanente
- The Opportunity Institute
- PolicyLink
- Public Health Institute
- UCSF HEARTs Program
- W. Haywood Burns Institute
- Zero to Three, Western Office

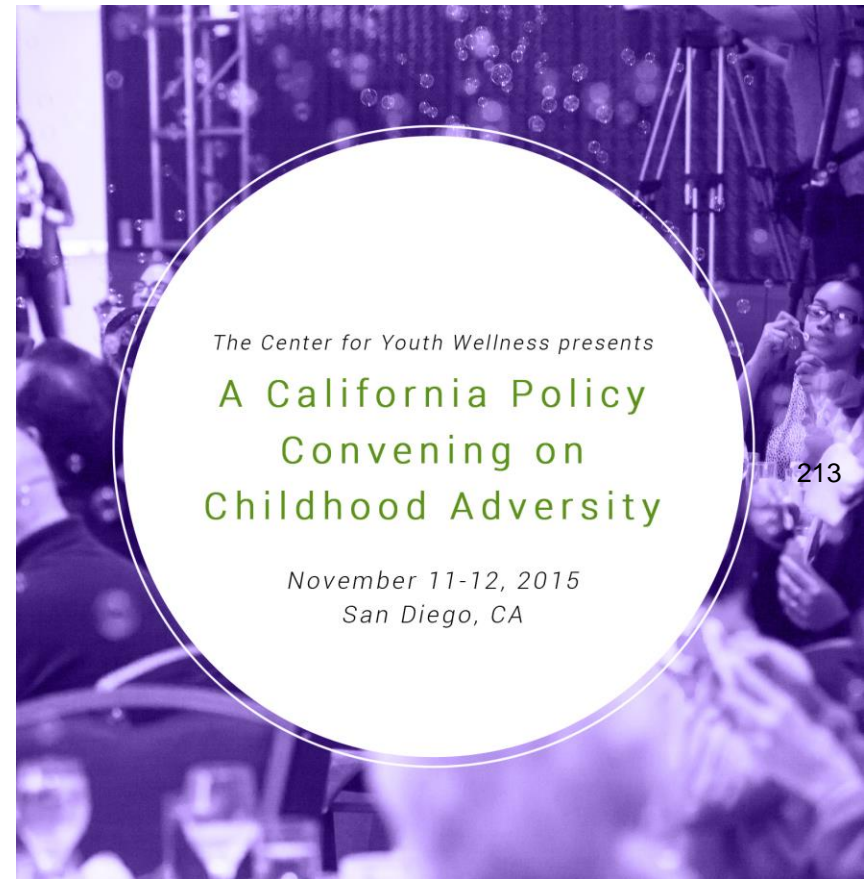
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Step 4: Launch the Campaign

In 2016-18:

- Leadership Committee
- 5 sector policy groups
- Implement statewide communications campaign to highlight trauma-informed practices



Lessons Learned (so far)

- It takes everyone
- Adaptive leadership to undergird success
- Seize opportunities to collaborate
- Leverage diverse backgrounds to enhance shared knowledge
- Be committed to vision but flexible to adaptation





Thank you!



BCJ
Bureau of Children's Justice

Overview of the Defending Childhood State Policy Initiative

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*Office of Attorney General Kamala D. Harris
California Department of Justice*

U.S. Attorney General's Task Force on Children Exposed to Violence (2012)



State Policy Initiatives (2015)

- **Establish cross-sector team** of state agency leaders dedicated to crafting a common agenda to prevent and address children's exposure to violence
- **Increase access to services and supports** for children and families exposed to violence;
- **Improve outcomes for children and families exposed to violence** by implementing new policies across multiple sectors – including early childhood, education, healthcare, child welfare, and juvenile justice – aimed at moving child-serving systems to a trauma-informed model.
- **3 States Selected:** CA, MI, and MA.

CA Defending Childhood Team

Led by CA Department of Justice, with participation from:

- **CA Health & Human Services Agency**
- **CA Department of Social Services**
- **CA Department of Health Care Services**
- **CA Department of Public Health**
- **CA Department of Education**
- **CA Department of Finance**
- **CA Department of Corrections & Rehabilitation**
- **CA Mental Health Services Authority**
- **First 5 CA**
- *Additional Key Private and Public Sector Partners, including Futures Without Violence, CA Endowment, Blue Shield of CA Foundation, First 5 Association, and CA State Association of Counties*

CA Defending Childhood Priorities

- Identify Potential New Funding Opportunities for Childhood Trauma Work and More Effectively Leverage Existing Resources;
- Use existing data to evaluate gaps in current funding and services, and improve and promote data sharing and coordination within and between state agencies;
- Improve Workforce Capacity to Address/Treat Trauma;
- Improve Early Identification and Screening of Children and Youth at High Risk of Exposure to Violence/Trauma; and
- Ensure Accountability and Transparency to Community Stakeholders

Next Steps

September 22nd Defending Childhood Policy Convening

- Focus on examining gaps & opportunities for early intervention in early childhood, including focus on home visitation programs.

Defending Childhood State Policy Agenda

- CA Defending Childhood team to complete draft state policy agenda by early 2016.

Key Opportunities

What are the potential opportunities for First 5 LA to help advance the Defending Childhood Initiative (DCI) priorities?

- Partner with DCI to undertake further data and research analysis to examine scope of problem and identify gaps LA County for identifying young children exposed to violence and trauma and reducing their exposure to it.
- Establish a regional demonstration program in LA County to focus on developing community-based strategies that can serve as models for future statewide implementation. (E.g., develop action plan to increase access to trauma-informed care to children from prenatal to age 5 in LA County)



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Mary Lou Fulton
Senior Program Manager



Building Healthy Communities

- Seeing health disparities through the lens of social justice
- Building power and leadership in underserved communities to drive policy/systems change

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Trauma Emerged as Key Theme...

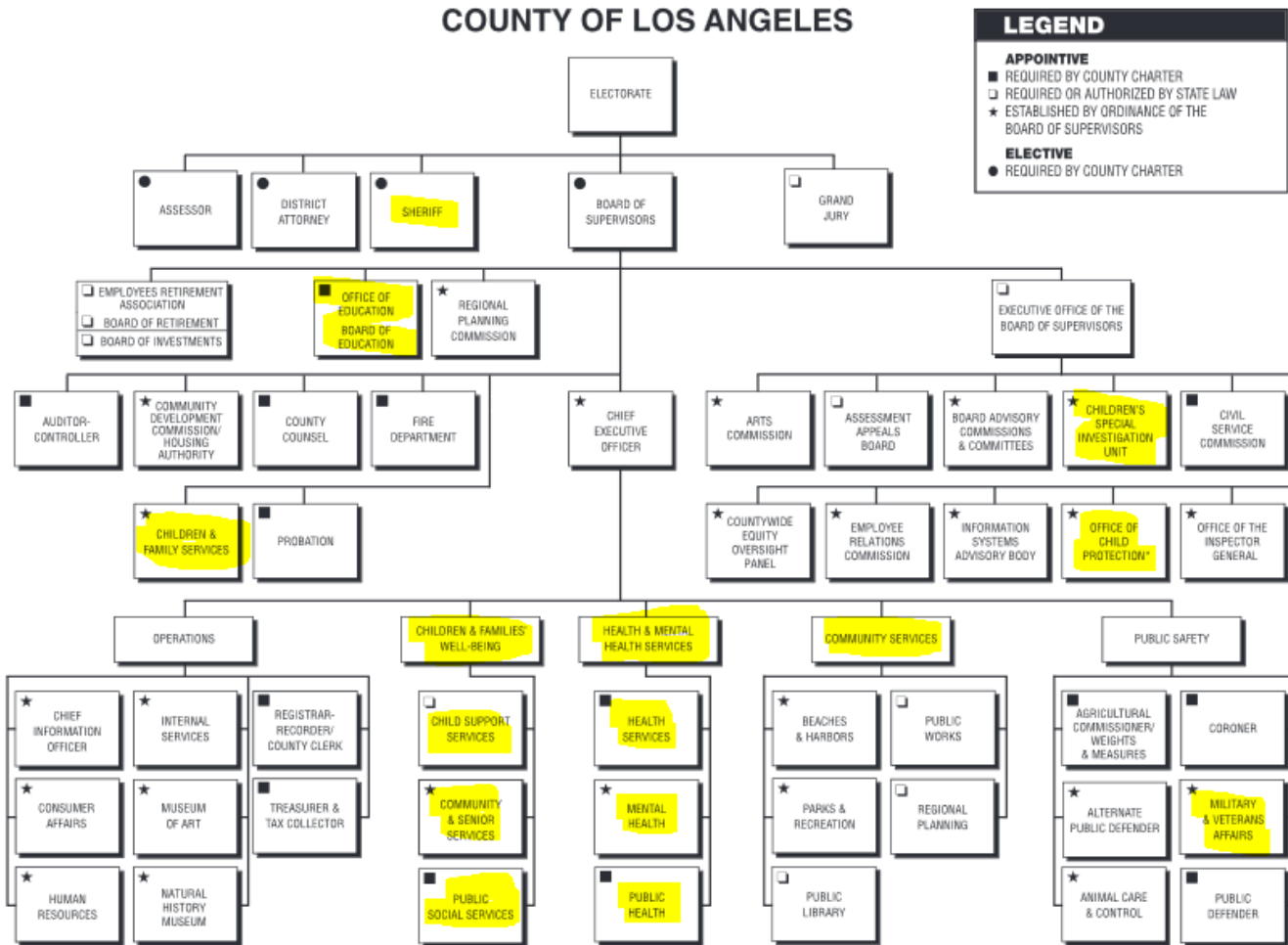


Counties Are Hub of the Wheel



- Health and social services
- Child welfare
- County offices of education
- Justice system (juvenile ²²⁷ justice, law enforcement, courts, immigration)
- Community services
- Veterans services

But Large and Complicated



Ideas for starting



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- New awareness, change in orientation
- Champion departments and organizations
- Specific issues provide point of entry

San Diego County: Integrating Systems



- Home of the original adverse childhood experiences survey
- Key issues: violence prevention, child sexual abuse
- Leadership infrastructure:
 - Dept of Health and Human Services²³⁰
 - Chadwick Children's Hospital
 - San Diego County of Education and San Diego Unified
 - Community-led San Diego Trauma-Informed Guide Team

San Diego County: Integrating Systems

- Training for all 6,000 health and human services agency employees
- County supervisors adopt “Live Well San Diego” initiative
- San Diego Unified becomes “restorative” district (first in the state)
- San Diego is first “trauma-informed” county in California



²³¹
LIVE WELL
SAN DIEGO

San Diego County: Integrating Systems

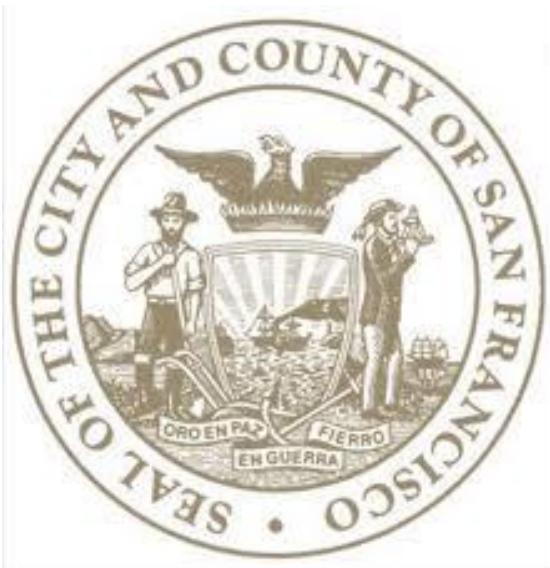


“Being trauma-informed is a way to more effectively engage all the people we serve... this will improve how we respond to the needs of those whose lives have been impacted by trauma, and ensure stronger coordination of care to promote wellness.”

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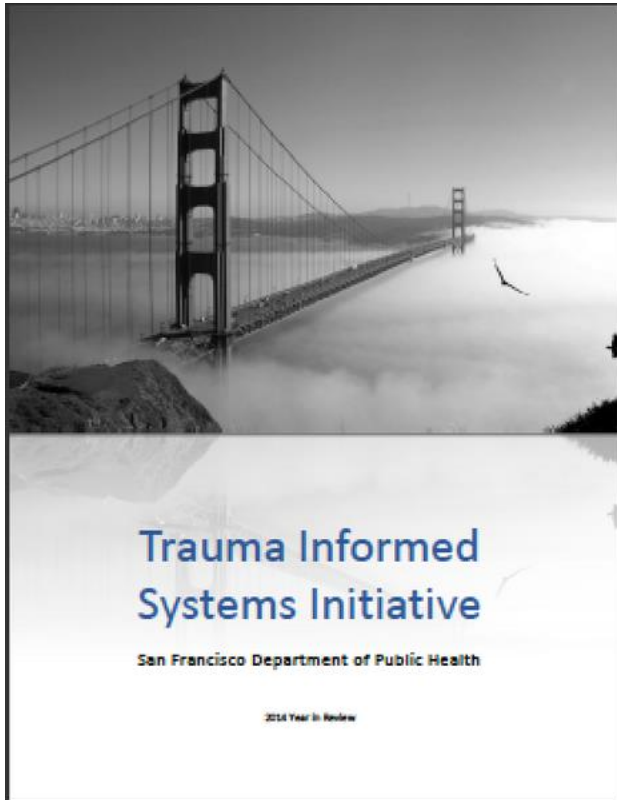
-- Paul Macchione, director of HHS agency

San Francisco City/County: Healing the System



- Department of Public Health has been lead agency
- Focus on healing trauma (primary and secondary) of employees as strategy for delivery of TI-care ²⁵³
- Training for 9,000 employees toward common framework and language

San Francisco City/County: Healing the System



“Trauma Informed Systems principles and practices support reflection in place of reaction, curiosity in lieu of numbing, self-care instead of self-sacrifice and collective impact rather than ²³⁴ siloed structures.”

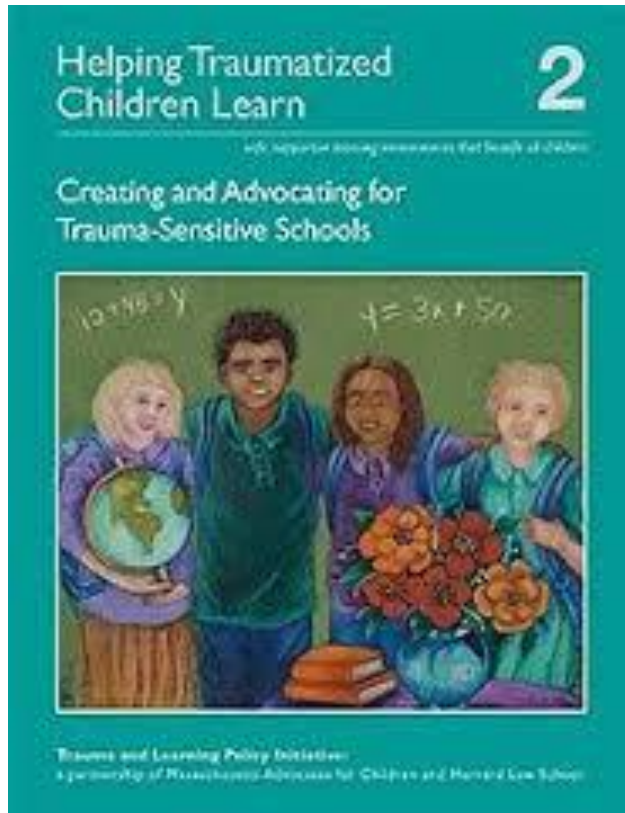
- Ken Epstein, Director of Children, Youth & Families

Sonoma County: First 5 Leadership

- Active participant in local ACES Connection group
- Key issue: child abuse and parent education through Triple P (Positive Parenting Program)
- Convener, trainer and partner
- Sonoma will be part of national Mobilizing Action for Resilient Communities



Trauma-Informed Schools



- School discipline reform has offered key opening for trauma-informed approaches
- Key elements are:
 - Training/professional development
 - Parent education
 - Positive discipline
 - Teaching students self-regulation
 - Health services at schools
 - Creating a school-wide culture of compassion

Trauma-Informed Schools: LA Unified

- Leadership in LA Unified
 - Restorative practices in place of harsh discipline
 - Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
 - Forthcoming training for all psychiatric social workers
 - Pilot model underway at Sally Ride Elementary led by Echo Parenting & Education



Video: A San Diego Principal Takes on Trauma

<https://www.youtube.com/watch?t=312&v=dcvQb9e-VLI>

Food for Thought

- Parent education
- Trauma-informed early education (Head Start, Trauma Smart)
- Consider San Francisco approach for First 5 L.A. staff
- Convener, trainer, thought leader
- Leverage place-based work
- Engage families and children in advocacy



health
happens
here



with Resilience

Legislative Update

Board of Commissioners Meeting

September 10, 2015



Framing Our Legislative Activities

- Setting core policy goals aligned with the Strategic Plan
- Using criteria to focus legislative efforts
- Align activities with core advocacy partners and the statewide First 5 community

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First 5 Association Policy Goals

- **Family Strengthening**
 - Protective Factors, Home Visiting
- **Early Identification and Intervention**
 - Developmental Screening
- **Quality Early Learning**
 - Quality Rating and Improvement Systems, Public Financing
- **Oral Health**
 - Access and coordination
- **System Sustainability and Reach**
 - Alternative funding for children's services

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Priority Legislation

- **Family Strengthening**
 - Assembly Bill 50 (Mullin) – Home Visiting
- **Early Identification and Intervention**
 - Assembly Concurrent Resolution 77 – Developmental Screening
- **Quality Early Learning**
 - Assembly Bill 47 (McCarthy) – Preschool Access
- **Oral Health**
 - Joint Legislative Audit of Denti-Cal
- **System Sustainability and Reach**
 - Tobacco and E-Cigarette Tax Proposals

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Questions?



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