

AGENDA

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

Budget & Finance Committee Chair: Robert Byrd

**Thursday, September 24, 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
 - **Duane Dennis, Committee Chair**

2. **INFORMATION** Review Special Meeting of the Board of Commissioners and Program & Planning Committee Transcription - July 18, 2015 **3**
 - **Duane Dennis, Committee Chair**

3. **INFORMATION** **138**
 Recommendation to Renew Strategic Partnership with (WRITTEN ONLY) Public Health Enterprises Woman, Infant and Children (PHFE WIC)
 - **Melinda Leidy, Research Analyst, Research and Evaluation**

4. **INFORMATION** **140**
 Review Draft of the Comprehensive Annual Financial Report (WRITTEN ONLY) (CAFR), Including the Independent Auditor's Report for the Fiscal Year Ending June 30, 2015
 - **Raoul Ortega, Finance Director**

5. **INFORMATION** **215**
 First 5 LA Annual Report to First 5 CA

COMMISSIONERS

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A PUBLIC ENTITY

- Holly Campbell, Information Analytics Manager

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MEETING OF FIRST 5 LOS ANGELES PROGRAM AND PLANNING
Thursday, June 18, 2015
750 North Alameda Street, First Floor
Los Angeles, California 90012

REPORTED BY:
HEATHERLYNN GONZALEZ
CSR #13646

1 Thursday, June 18, 2015; Los Angeles, California

2 1:33 p.m.

3 -oOo-

4 COMMISSIONER DENNIS: Okay. Folks, let's get
5 started. It's a little after 1:30.

6 So the first in order is folks to go around and
7 introduce yourselves.

8 I'm Duane Dennis and I humbly am delighted to be
9 your chair. If you all didn't know, I was on sabbatical,
10 and now I'm back in the mix.

11 MS. BELSHE: What?

12 COMMISSIONER DENNIS: Sandra.

13 COMMISSIONER FIGUEROA VILLA:
14 Sandra Figueroa-Villa, first district commissioner.

15 COMMISSIONER AU: Nancy Au. Do I have to say
16 district?

17 COMMISSIONER DENNIS: You can say what you want
18 to say, Nancy.

19 COMMISSIONER AU: It's a gorgeous, warm day.

20 MS. PIPPARD: Jennifer Pippard.

21 MR. BLACKMAN: Parker Blackman with the Los
22 Angeles Partnership for Early Childhood Investment.

23 MR. SANCHEZ: Gabriel Sanchez.

24 MS. HALL: Kimberly Hall.

25 MR. LAFRANCE: Steven LaFrance, Learning For

1 Action.

2 MS. NUNO: Teresa Nuno, First 5 LA.

3 MR. WAGNER: John Wagner, First 5 LA.

4 COMMISSIONER PLEITEZ HOWELL:

5 Karla Pleitez-Howell, commissioner.

6 COMMISSIONER HARDING: Cynthia Harding,
7 commissioner and representing Department of Public Health.

8 MS. BELSHE: Kim Belshe, First 5 LA.

9 COMMISSIONER BOSTWICK: Suzanne Bostwick,
10 Department of Public Health.

11 MS. ROMERO: (Inaudible) Romero, First 5 LA.

12 MR. ORTEGA: Raoul Ortega, First 5 LA.

13 MR. GONZALES: Raphael Gonzales, First 5 LA.

14 MS. COBB: Amelia Cobb, First 5 LA.

15 SPEAKER: (Inaudible), First 5 LA.

16 MR. JIMENEZ: Armando Jimenez, First 5 LA.

17 MR. BARTH: Peter Barth, First 5 LA.

18 MS. PATTERSON: Wendy Patterson. I am not with
19 First 5 LA. I will break the cycle here. LA Partnership
20 for Early Childhood Investment.

21 MS. LEE: Stacy Lee, First 5 LA.

22 MS. LABELLA: I'm Terry LaBella, the alternate
23 for the third district.

24 MS. CARLOS: Teresa Carlos, First 5 LA.

25 MS. GONZALEZ: Heatherlynn Gonzalez,

1 stenographer.

2 COMMISSIONER DENNIS: All right. I think we
3 should vote on a raise of salary for everybody in the
4 First 5 LA.

5 SECRETARY: I'm recording those minutes.

6 COMMISSIONER AU: Commissioner Dennis has had a
7 wonderful sabbatical.

8 COMMISSIONER DENNIS: Michelle, you want to
9 introduce yourself?

10 SPEAKER: Sure. I'm Michelle (inaudible) with
11 the LA County Office of Childcare.

12 MS. SHRINER: And Kathy Shriner, (inaudible) the
13 City of Naples.

14 COMMISSIONER DENNIS: Okay. The minutes from the
15 last meeting, are there any corrections? additions?
16 deletions? If not, we shall accept and file.

17 And then we're going on to strategy planning, I
18 believe.

19 Steven.

20 MS. BELSHE: Actually, I think Jennifer P is
21 going to kick this first session off, and then we will
22 turn to Kim Hall and Steve LaFrance for the next agenda.

23 JP?

24 COMMISSIONER DENNIS: My apologies, Jennifer.

25 MS. PIPPARD: No problem.

1 COMMISSIONER DENNIS: I was out for a while.
2 Forgot.

3 MS. PIPPARD: I got your back.

4 So today I have the pleasure of introducing
5 Parker Blackman and, really, the LA Partnership for Early
6 Childhood Investment. It was founded in 2003. It
7 includes some of LA's most prominent philanthropic
8 partners and the public sector as well. Many people in
9 the room actually have participated in that.

10 It started, really, as a place where we could
11 come together and learn from the zero-to-three population.
12 We then extended it to the zero-to-five population. And
13 it was really to bring all of us along to how we could
14 impact this population, including those private
15 foundations who traditionally have not funded in this area
16 and public entities who are wanting to learn right along
17 with us.

18 In March of 2011, First 5 LA made a strategic
19 partnership with the LA Partnership and we invested 1.5
20 million over a four-year period; 500,000 of that was for
21 core support, and a million was to start the Baby Future's
22 fund which we'll hear more about today. The million
23 dollars for the Baby Future's fund is important because
24 it's only as good as the other funders coming to the
25 table. So as other funders came to the table, we would

1 draw down that money and then have many conversations to
2 co-invest in something.

3 So, really, the purpose of the LA Partnership is
4 to bring together foundations, public and private, which
5 there are not many of around in the country. And as I
6 said, we've been a member since the inception. Teresa
7 will remember this. We continue to be very actively
8 involved in the LA Partnership. Kim's involved. Many of
9 us are very involved at different levels.

10 And today we'll hear from Parker Blackman who
11 just two years ago in 2013 became our executive director
12 although in the very, very earlier years, he was also very
13 foundational in helping us get started and think through
14 our vision and communications and how we wanted to start.

15 So with that, I'll pass it on.

16 MR. BLACKMAN: Thank you, Jennifer.

17 Good afternoon, and thank you all for the
18 opportunity to briefly give you an update on what's
19 happening with the partnership. And then I'm happy to
20 answer any questions that folks have.

21 So I won't spend too much time on these first few
22 slides because I think it's -- Jennifer did a nice job of
23 laying out some of the background, and it's background
24 that many of you already know. But really the mission of
25 the partnership is to -- as Jennifer says, to just be that

1 place where we can bring public and private sectors
2 together to look for ways where we can leverage private
3 dollars to impact the most vulnerable children zero to
4 five in LA county. And I mean that in the broadest sense
5 of countywide because we have a lot of foundations that
6 are already making great investments in certain programs,
7 supporting children and families in LA county. But how do
8 we do it in a collective way that kind of collective
9 impact? And that's what the partnership is all about.

10 Our members are family foundations, some of the
11 largest private foundations, institutional foundations
12 here in southern California. We also have foundations
13 outside of southern California who are investing in the
14 partnerships, from the Dave and Lucille Packard Foundation
15 to the Casey Family Programs. Obviously First 5 LA is a
16 foundational core partner. The LA Area Chamber and some
17 of the key public agencies from the Department of Public
18 Health, the Children and Family Services being members of
19 the partnership.

20 The fund, again, Jennifer just laid this out very
21 well. So I'm going to just skip quickly to the history
22 here not only from 2011, but to just give you an update on
23 where we are. So what I wanted to do is just give you
24 this quick timeline here. So not only was it launched in
25 2011, but with that million dollars for matching dollars,

1 we were able to meet that match. We had four years to do
2 it. We were able to meet it ahead of schedule. So last
3 August we finally -- we met that match even though we had
4 until this June. So we met that match. And we've been
5 able to capitalize on that already because, as the dollars
6 have come in from other funders, the matching dollars
7 become available from First 5 LA. So as you see there,
8 the grant making has accelerated year over year. So we're
9 able to take your generous match along with the additional
10 dollars that have come in and continue to invest at a
11 greater level while we also look for ways to replenish the
12 fund so we don't go and use all of your generous support
13 and then have it drawn down and end up at zero six months
14 from now and say, well, that was really great but we don't
15 have any money.

16 Obviously, we're very keen on strategies to avoid
17 that. And I'm really pleased to say that people are
18 contributing. We also have folks contributing in aligned
19 ways, which I think is also really critical. We'll talk
20 more about that in a minute. But a little over \$420,000
21 from other funders aligned to that Baby Futures Fund for
22 investment opportunities that we've identified. So that's
23 been great.

24 But you know, it's -- it's family foundations
25 like the Atlas Family Foundation and the Deutsche Family

1 Foundation, along with some of the biggest funders here in
2 southern California, contributing to the Baby Futures
3 Fund: the Packer -- excuse me. The Davis Packer
4 Foundation, California Endowment, Annenberg, all have made
5 or are making contributions now to the Baby Futures Fund.

6 So we're really, really pleased with the progress
7 we've been able to make and what we've been able to build
8 on from your core support initially. So thank you, thank
9 you, thank you.

10 So I want to just say, where are we going now?
11 And we did spend a lot of last year coming up with a new
12 strategic plan because, as we knew we were going to meet
13 the match for the Baby Futures Fund, we had a little bit
14 of a, "what now" moment because we've been very focused on
15 meeting that match. So here's what we really came up
16 with, which is, we stepped back and thought, you know, the
17 primary role of the partnership is thinking about what can
18 we do together public and private, all these foundations,
19 the agencies, First 5, the LA Area Chamber, that we
20 couldn't do on our own, the individual foundations
21 couldn't invest in or wouldn't invest in. So what's the
22 kind of superpower, having all these folks together. And
23 we really came up with three organizational strategies to
24 capitalize on the one thing we thought we could do well
25 together, which is be a catalyst for systems-level change.

1 How do we impact the systems for those hundreds of
2 thousands of kids zero to five living in or at the poverty
3 level here in LA county so that we can not just invest in
4 great programs but do things that are going to create --
5 be a catalyst for collective impact at a broader scale.

6 COMMISSIONER DENNIS: Sounds familiar.

7 MR. BLACKMAN: Yes. And, by the way, I know
8 that's tongue in cheek but, Duane, I'm glad you say that
9 because we spent a lot of time talking with Kim and Teresa
10 and also with Steven who was really helpful in helping us
11 think about, how can we, knowing that First 5 LA is going
12 through a strategic planning process, just be cognizant of
13 where we can continue to align in powerful ways with what
14 you all are doing. And it was a very, very, very helpful
15 thing to be able to do. So I want to thank Kim and Teresa
16 and the community investment team and Steven for taking
17 time to really help us think that through.

18 And we came up with these three things: One is
19 education/networking. That's sort of core to the DNA of
20 the partnership. It's always been about being a place
21 where foundations and others could come together to just
22 learn about what is the most opportunities, most
23 cutting-edge developments, innovations, research, et
24 cetera, not just in LA but from across the country that's
25 happening in the early childhood, health, education,

1 development space.

2 The second thing is about community investments
3 and grant making. So we step back from the Baby Futures
4 Fund to think about, what is that fund part of in terms of
5 the core strategy. And I'll talk about that in a moment.

6 Then the third is leadership. And that was
7 something we feel like we're still really just scratching
8 the surface of. If you think about all the partners, 25
9 foundations, public agencies, First 5, the LA Chamber,
10 we're one degree of separation from any leader in
11 philanthropy, business, civic, and elected official space.
12 How do we capitalize in appropriate ways on the collective
13 leadership of this organization.

14 So to break those down -- you know, and it is
15 about how you direct all three of those in an aligned way
16 around catalytic impact.

17 So to break them down briefly one at a time. So
18 really it's about how do we provide the space to bring
19 together philanthropy, business, and the public sector to
20 look at ways of sort of rationalizing the early childhood
21 space. There's -- as you know better than I do, there's
22 so much going on at any moment in time, not only here in
23 LA county but at the state level, at the federal level
24 that relates to LA and what happens here, how can we be an
25 entity that helps bring folks together to rationalize what

1 the most important opportunities are for us to have that
2 kind of collective impact.

3 So that's really what the -- the networking is
4 about.

5 The second is the grant making. And we really
6 stepped back thought, okay, the Baby Futures Fund is
7 important but let's think about the Baby Futures Fund as
8 part of an overall strategy around grantmaking and
9 community investment. And we had some I think really
10 tough conversations that were ultimately very fruitful to
11 help us realize what is the role of the fund. Because we
12 thought, well, okay, \$2 million should we try to make it
13 five or ten or 20 million. And ultimately where we landed
14 was, we ought to maintain the Baby Futures Fund in that \$2
15 million range as much as we can because whether we're at
16 two or five or ten or 20 actually isn't going to make that
17 much impact because there are literally hundreds of
18 millions of dollars, as you know, in the public and
19 private sector available. So how can we be one of the
20 funders at the table and be focusing more on leveraging
21 and aligning dollars by having some skin in the game but
22 not getting so focused on being just about raising money
23 to put in this fund and then granting it because then we
24 become potentially just another funder. And that's not
25 really the power of the partnership.

1 So we thought, let's make sure that the fund is
2 about leveraging the dollars that we have and then about
3 how do we do great aligning with other philanthropic
4 dollars and with public dollars.

5 So we felt like that, along with then thinking
6 about the same way the Annenberg Foundation thinks about
7 LA n Sync as their way to align larger pots of public
8 dollars from the states and the feds, how can we be
9 thinking about it that way from the early childhood
10 perspective and being an entity that's helping to
11 galvanize and align leadership in the philanthropic space
12 in LA around early childhood and then making sure that we
13 are able to put our best foot forward when opportunities
14 come up at the state and/or the federal level to bring in
15 much, much larger pots of money.

16 The -- the third piece here is around -- well, I
17 just want to do a quick update on some of the grantmaking
18 investments that we've made. So I'll just touch on a
19 couple of them here. So we've been working closely with
20 First 5 LA on the creation and then moving forward with
21 the home visiting consortium, bringing together the key
22 players in LA county delivering home visiting services
23 here in LA to think about how can we create a more unified
24 and coordinated home visiting system here in the county
25 around data sharing, so we have better data to share and

1 not analyze, as well as a set of best practices that
2 everyone can agree is going to elevate the quality of
3 services that we provide to those children and families
4 most in need.

5 So we're really glad to partner with First 5 LA
6 in providing a facilitator that's helping to really take
7 that -- to herd those cats and move that process forward
8 swiftly.

9 The other one I'll mention is KPCC. As folks
10 know through the Baby Futures Fund, an aligned funding
11 with a handful of funders, we've -- we've fund the
12 full-time position for the early childhood development
13 reporter at KPCC, Deepa Fernandez. We met last month with
14 KPCC and our group of funders and agreed in principle to
15 not only renew for another three years but to expand the
16 support so that Deepa and her team there that she works
17 with will be able to do more digital coverage, more video
18 footage, expand her reach to go nationally and find some
19 the most interesting, compelling stories to bring back to
20 LA, as well as their capacity at KPCC to push their
21 stories -- Deepa's stories out to a broader cross-section
22 of -- to reach a broader audience in southern California.

23 We're talking about -- and by the way, two quick
24 things on that. One, other funders have now come to the
25 table as well, which I think is really exciting. So other

1 family foundations and others came to that KPCC meeting,
2 including this gentleman here to my left, Gabriel, to
3 learn more about it. Think about how can we, if we're
4 going to increase the level of support and expand their
5 reach, who else is interested in that. And folks raised
6 their hand. So we have at least two other partners who
7 are going to join that increased investment in KPCC which
8 I'm really thrilled about.

9 What we've also been talking about is how do we
10 create a more integrated approach around communications
11 because, as you all know, KPCC is great in reaching some
12 large percentage of the population but it's not
13 necessarily reaching other key audiences we know we need
14 to reach. For example, English language learner parents
15 who we really want to connect with directly may not be
16 listening to KPCC. They may be listening to Spanish
17 language radio or reading their locally weekly Korean
18 language newspaper, whatever it is. So we're looking at a
19 more integrated communications approach to reach the most
20 important audiences we know we need to reach. So we're
21 looking at other investments we can make in mass media
22 communications and things like New American Media, Ed
23 Source to reach policymakers.

24 MS. BELSHE: And just say a word about New
25 American Media, that may be an organization familiar to

1 all the --

2 MR. BLACKMAN: Certainly. National organization
3 that specializes working in communities of color and in
4 other language media outlets and they have partnerships
5 all across the country with those local media outlets, and
6 they also work with a whole network of freelance reporters
7 who work in those communities as well. So we're talking
8 to them about doing a series of investments on particular
9 early childhood issues around -- whether it's home
10 visiting or the need to provide parents with the resources
11 and tools they deserve to be their child's best first
12 teacher, health care provider, those kinds of things. So
13 that's what we're talking to New American Media about and
14 doing that here in communities in LA county.

15 Is there anything you wanted to add just about
16 that communications -- sort of integrated communications
17 approach?

18 MR. SANCHEZ: Yes. What I wanted to add, too, is
19 the power of doing this is credibility and trust. Now, my
20 role here at First 5 LA is to develop other types of
21 media, videos, press releases, other types of
22 communication which has its own credibility. But there's
23 more credibility that comes from when we're able to place
24 stories and in some cases in the whole issue area itself
25 of early childhood education as well as other issues where

1 it's more believable, it's more trustworthy where it
2 elevates the conversation. And by making these types of
3 investments, we're able to do just that.

4 If you think about this past budget cycle with
5 the State of California, that was something that was
6 talked about quite often, was early childhood education.
7 So it's always -- in previous roles, it's always been a
8 struggle to try to pitch reporters to cover something.
9 You always knew you're competing with so many different
10 things, you know, whether it's a car chase or it's
11 something, you know -- a myriad of different types of
12 stories.

13 Here there's this specific investment made to
14 cover an issue area. And that helps. And I'll say this
15 as an anecdote. I have a former colleague who's a partner
16 in a PR firm up in Sacramento who's working with one of
17 the other coalitions on early childhood education. And we
18 had a conversation about my role coming in here and asking
19 -- you know, I was kind of picking his brain over who to
20 talk to and things like that. And, of course, he
21 mentioned, oh, you got to talk to Deepa Fernandez because
22 they're really covering all this stuff that's great. You
23 know, I can -- and I had to chuckle a little bit and I
24 explained our investment. But it goes to show how by
25 doing that it benefits not just us but it benefits the

1 larger goal and objective of raising the conversation
2 about early childhood education.

3 MR. BLACKMAN: Thank you very much.

4 Last couple of slides. Leadership is really the
5 third organizational strategy. And I feel like we're
6 still just scratching the surface on this. I mentioned we
7 have so many leaders who are members of the partnership.
8 How do we take advantage of individual relationships but
9 also the collective power. So we're looking at, how do we
10 galvanize philanthropy, work cross-sector, and then
11 capitalize on bringing those folks together and creating a
12 unified voice to help impress upon whether it's
13 policymakers, business leaders, others in philanthropy,
14 the power of investing in the First 5 year.

15 So just a couple of examples of where we're
16 starting to exhibit some leadership: So folks who are
17 familiar with Buffet Early Childhood Funds Investment in
18 edu-care creating a place-based example of the very best
19 quality zero-to-five health and education to demonstrate
20 that even children in the lowest income communities can
21 start in kindergarten on par, ready to learn with their
22 middle and upper income peers. There are now more than 20
23 edu-care sites around the country but there is not one
24 here in southern California.

25 So I'm proud to say that, working with the LA

1 Area Chamber, the Advancement Project, and the district
2 leadership in Long Beach and the mayor's office in Long
3 Beach, we are poised in the next couple of years to bring
4 edu-care to LA county in Long Beach school district. And
5 so we helped a couple of weeks ago to bring together a set
6 of funders and others to learn more about edu-care and how
7 we could add more of the resources required to get us
8 across the finish line and the funding to break ground and
9 have edu-care launched in LA county as early as 2017,
10 which is very exciting.

11 And then the other is that the Packard Foundation
12 came to us last summer and said, we are ready to make an
13 ten-year investment in early childhood in LA county and we
14 want to focus specifically on parent and family engagement
15 strategies but we don't know the landscape well enough at
16 this point; would the partnership be willing to facilitate
17 a process of bringing together some of the leaders
18 throughout LA county who work in different ways on parent
19 and family engagement in early childhood space.

20 So over the course of the last nine months, we
21 have facilitated and led that process bringing together
22 more than 20 leaders from around the county to really help
23 think through what are the gaps and what are the
24 opportunities and how to kind of rationalize and organize
25 the parent engagement space not only so Packard can make

1 smart investments that leverage off good work that's
2 already happening here but then to also create a document
3 that could be shared more broadly with funders as well as
4 other leaders here in the county to understand not only
5 what Packard's thinking of but how that whole landscape
6 looks and where folks could continue to work to
7 collaborate more effectively.

8 Oh, that's it.

9 MS. BELSHE: Who's that?

10 MR. BLACKMAN: That's my daughter. She just
11 turned one. Her name's Holland, and she -- if you'll
12 indulge me. She was born three months early. She was two
13 pounds one ounce and spent 88 days in the neonatal
14 intensive care unit last summer. And I'm -- you know,
15 we're really blessed that she's happy. She's healthy.
16 She's walking around like a mad woman. And she just this
17 week started to say, hi, Dada. So yeah. She reminds me
18 every day of why all this work is so important and I got
19 to see firsthand the power of having really high-quality
20 health care professionals who cared for our daughter every
21 day in a very intense setting and -- yeah, it's -- it's
22 pretty remarkable.

23 So thank you for all of your support and for the
24 time and I'm happy to answer any questions.

25 COMMISSIONER DENNIS: Commissioners, any

1 questions?

2 Cindy.

3 COMMISSIONER HARDING: So, Parker, I just want to
4 say, first of all, thank you. It's always great to hear
5 about the partnership. As one of the founding members of
6 the partnership, I'm just so blown away by the way the
7 partnership has grown, the addition of new members, the
8 leveraging of really important work. And it's really
9 exciting to hear what's happened with the Baby Futures
10 Fund that you've been able to match it and that there's
11 incredible work that's coming out of that.

12 Since you've done such a -- and you've
13 demonstrated there's a phenomenal way to leverage and
14 align this work really well, what do you see as the future
15 role for First 5 LA in coordination and combination with
16 the partnership?

17 MR. BLACKMAN: I think -- that's a great
18 question. And thank you for your leadership there from
19 the very beginning, Cindy, because you and -- were
20 challenged and probably or two others who I'm going to
21 forget, and I apologize for them. But you really were
22 there to help be the ones to get this off the ground right
23 from the outset. Teresa, you were probably one of them as
24 well.

25 MS. NUNO: That's right. We're all there.

1 MR. BLACKMAN: I think it is -- the first thing
2 that comes to mind is continuing to identify opportunities
3 for -- at a sort of broader systems level to -- to have
4 impact in the kind of resources that are available for the
5 most vulnerable children and families. And I think that's
6 where there is really alignment around the new strategic
7 plan of First 5 LA along with the way that we're
8 approaching the work partnership. And I think that can be
9 aligned funding but I don't think we should -- I really
10 don't want to limit our thinking to it just being about
11 dollars. I think the strategies -- so Stacy and I were
12 talking about it before we started -- around home visiting
13 and the consortium and the work that's happening that
14 would also -- the fact that at the state legislature
15 there's home visiting policy moving in ways that folks
16 really didn't anticipate. So how can we continue to think
17 about educating not only policymakers but agency staff,
18 philanthropy, business leaders about the power of
19 investing in high-quality, evidence-based programs like
20 home visiting for the long-term health and economic
21 outcomes in our communities here.

22 So we can be thinking about funding piece of it
23 but then also the strategy and coordinating on, okay, this
24 is a priority for you. We know it's a priority for us as
25 well. How do we put our heads together to think about how

1 we move those kinds of issues forward.

2 So I think -- I'm trying to get at that broader
3 level where funding can be a piece of it but I think --
4 thinking that one step back around the strategy and
5 identifying those opportunities is a better way for us to
6 be collaborating where the funding might be a natural
7 outgrowth of it from time to time.

8 COMMISSIONER HARDING: Thank you.

9 COMMISSIONER DENNIS: Any other questions,
10 commissioners?

11 Nancy.

12 COMMISSIONER AU: It's not -- I guess it's really
13 a conversation that I guess I'm -- in my head that I'm
14 having because along the lines of Cindy's question, is how
15 -- how do the work of First 5 LA and the work of the
16 partnership, how do we do it together so we sort of
17 optimize what it is our strengths are.

18 And I know that with First 5 LA, as we move into
19 our new strategic direction, it's really about having a
20 relationship with parents and families themselves in their
21 neighborhoods, in their communities, and sort of capturing
22 what you say opportunities but also in terms of the --
23 having a hand on the pulse of families that are struggling
24 day to day and wanting to have healthy and thriving
25 children themselves given whatever there is that's

1 challenging them. So -- and then I see the work of
2 partnership also committed to the same outcomes for these
3 families but operating more from a -- from another --
4 another important segment of that community work and --
5 and trying to sort of connect the two.

6 MR. BLACKMAN: Right.

7 COMMISSIONER AU: And I guess there is an arena
8 for that if First 5 LA continues to be part of this
9 partnership. And I'm hoping that it does happen but I'm
10 not quite clear yet because the challenges can be a myriad
11 of things and we've already experienced it. We were all
12 over the place and -- and finding ourselves so encumbered
13 by so many projects that how do we then have a
14 conversation in terms of focus and -- and -- and
15 collaborative strategy that will get us to where we want
16 to go.

17 I guess that's -- that's what's in the back of my
18 head, trying to get my arms around how do we get focus,
19 how do we get discipline, how do we get clear, I guess.

20 MR. BLACKMAN: So it's a very good question, and
21 I'll take a stab at one answer to it but then I would also
22 that if Kim, Teresa, and others would like to chime in
23 with your perspective but you've -- not only from First 5
24 perspective but knowing the partnership, I'd appreciate
25 your thoughts on this as well.

1 One way to answer that is to give an example. So
2 I feel like, as you mentioned, like it's a priority for
3 First 5 LA to really deeply engage with the parents and
4 families in community. So we understand the importance
5 and power of that in two ways. One is just to be there to
6 support in an asset based way, you know, for things like
7 the way that you all approached the Best Start
8 communities, right. The assets that exist there, how do
9 we support and be there to help lift up those families and
10 communities.

11 And then the second piece is, how do we then
12 connect families if we can to systems so that those
13 families and those systems are better aligned to be able
14 to work together. So the school systems, the health care
15 systems, so it's not just all on the parents to have to do
16 that. So one thing that we're talking about bringing to
17 LA as a -- in an asset-based approach model is a brain
18 building tool that's been developed by the Bezos Family
19 Foundation called Vroom, put together by some of the best
20 neuroscientists around the country. It's a model for how
21 to support parents in that way, to be their child's first
22 and best teacher right from the beginning.

23 But it's really kind of a technical assistance
24 model and they need partners on the ground in communities.
25 So we've been talking, okay, if there's interest in doing

1 this in LA, the Best Start communities, based on what
2 you're already doing and how you're engaging those
3 families in communities, seem like a very natural way for
4 us to partner in the partnership bringing from a kind of
5 technical assistance perspective and the resources to
6 bring Vroom to LA county and then working with First 5 LA
7 to think about, well, if we were going to pilot Vroom in a
8 handful of communities, maybe we should talk about, you
9 know, are there a handful of Best Start communities that
10 make the most sense to test it for a year. And if it
11 works, then scale it to all the Best Start communities and
12 think about then, how do you take something like that and
13 connect it to the larger systems like the school systems
14 so that this becomes something that becomes ingrained from
15 the systems perspective as well in how we support parents.

16 So that's just one concrete example of what we're
17 thinking about. Packard, for example, is a very exciting
18 about being a partner with us in bringing it to LA as
19 we're exploring that. So I think it's a good example of
20 how we can do those things together.

21 MS. NUNO: I was just going to expand that. I
22 think one of the exciting opportunities here, Nancy, is
23 that our strategic planning effort was also just happened
24 to be running parallel to the partnerships and so it just
25 provided a really great moment for us to -- as you said,

1 one of the great lessons that we applied with this plan is
2 to become clearer, more focused. And that was also the --
3 a center point for the partnership in different kinds of
4 lessons. It's also part of their growth. And within that
5 spectrum, parents just on our end are also very much at
6 the center.

7 And I would only also add that at this time, as
8 Parker mentioned, the Packard Foundation is very
9 interested in -- in working here in LA county on -- around
10 parent engagement, parent education, parent involvement in
11 the early childhood space. And many of our staff that are
12 -- have been part of the strategic planning development
13 and refinement have been very engaged, as well as myself
14 and others in the organization, around that effort. And
15 so alignment focused very concretely in that way has also
16 been able to take place.

17 Antoinette Andrews has participated. Renee on
18 the health systems improvement, and to some extent I saw
19 Barb's name in there sometimes. So that's just another
20 way to reinforce the point you're saying.

21 MS. BELSHE: I think it's very exciting to see --
22 in my experience is relatively limited. So when I
23 started, the partnership had part-time support. And it
24 was, like, gosh, there's just something there, you know.
25 And I really was so admiring of the folks who had the

1 vision to create -- set a table so to speak of both public
2 and -- private funders and public funding in the case of
3 us as well as public agencies to come together to see
4 where are there those points of alignment to advance
5 shared interest.

6 And doing collaboration and philanthropy is
7 really hard. My old boss when I was at the Irvine
8 Foundation would say, you know, they don't call it the
9 independent sector for nothing. And it's very true. So
10 collaboration is a word we all throw around and use a lot
11 and we all might think a little bit differently about what
12 it means. Same with partnership. We've talked about
13 that. The board was very clear, our board, about
14 incorporating both partnership and collaboration in our
15 organizational values as well as our mission statement
16 itself.

17 So when I think about our work going forward with
18 the partnership, I think it's terrific alignment
19 opportunity. Under Parker's leadership and -- the
20 organization has grown and shares exactly what we're
21 hearing about the imperative to be an agent for catalytic
22 system exchange and to utilize tools that involve direct
23 services, involve policy, and involve public will
24 building. We care about all of that. The question for us
25 is, can we align on what the priorities are so that some

1 funders -- I mean, and that -- this is so much harder to
2 do but it's what we've been talking with Parker about and
3 are beginning to do in the context of some work we're
4 supporting through the campaign for third grade level
5 reading and saying, can we agree on three or four things
6 that we absolutely need to make progress on to support
7 early learning and better outcomes for kids.

8 And then it's not just First 5 LA. You know,
9 it's -- it's multiple funders and organizations public
10 will building in terms of, as we develop into the new
11 strategic plan a comprehensive early care and education
12 policy and advocacy campaign, communications has to be a
13 part of that, you know -- and that's about engaging the
14 public, building increasing awareness such as the
15 important but frankly very modest investment in Deepa
16 Fernandez. We can't do that alone. And so the work that
17 Parker's been leading with the partnership I think is
18 another example where we can join with others who share
19 our recognition that to move a policy agenda forward, it's
20 not enough, important as it may be, to be engaged with
21 advocacy with school districts around the local control
22 funding formula, being in Sacramento and advocating
23 vigorously around the budget. It also means engaging the
24 public and bringing the voice of parents, whether it be in
25 the context of Best Start communities or elsewhere.

1 But that means some significant investments in
2 communications capacity building, and we can't do that
3 alone but our dollars can be leveraged with those of
4 others.

5 So we'll be coming back with more. But I think
6 we see a lot of potential alignment going forward and
7 we're very excited about it.

8 COMMISSIONER DENNIS: Judy.

9 COMMISSIONER ABDO: You talked to leadership
10 development. And First 5 is doing leadership development
11 in the Best Start communities. How will that align with
12 the leadership development that you're doing?

13 MR. BLACKMAN: I think of our leadership -- I
14 think our leadership development is slightly differently.
15 For us at least as a strategy, it's more about how do we
16 think about taking advantage of the leaders who are around
17 the table in the partnership, the heads of different
18 foundations, leadership in various public agencies as well
19 as the LA Area Chamber to expand the circle of supporters
20 within philanthropy, the business leader, the civic sector
21 for -- like the understanding of the importance of
22 investing the first five years and then opportunities for
23 those folks to actually engage, whether it's philanthropy
24 giving more dollars or identifying a set of priorities and
25 being able to demonstrate to state government, federal

1 government, an aligned cross-sector leadership sort of
2 front saying, this is important to all of us, not just
3 those of us who are working directly in the early
4 childhood space but it's important to all of us in LA that
5 we make this investment in the future of our community.

6 So we're kind of thinking of our role is up here
7 in outreach to the leadership and how do we do that
8 effectively, whereas there are other entities like First 5
9 and others who are working directly deeply in community to
10 support and empower parents and other community leaders to
11 have -- you know, to help support their voice as part of
12 that sort of chorus saying, investing in us, in our
13 communities, in our children and our families is a smart
14 worthwhile investment.

15 Does that answer your question?

16 COMMISSIONER ABDO: It does. And I would like to
17 see us explore a little bit more how the leaders that
18 you're working with can share their knowledge of
19 leadership with people who are trying to learn to be
20 leaders and who are identified as potential future leaders
21 in our communities who need mentors and connections.

22 MR. BLACKMAN: That's a really interesting point
23 which I hadn't really thought of. But I know that,
24 particularly in philanthropy, for example, there are
25 certain foundations that they do prioritize funding

1 leadership development capacity building in communities.
2 So that's another area where we could align is, okay,
3 you're in 14 communities doing a whole set of work to
4 support leadership development there, where are areas
5 where if there were additional dollars available or not
6 just dollars but other ways that that could be supported
7 for that kind of growth you're describing. So I think
8 that's a really interesting thing for us to explore.
9 Thank you.

10 MS. PIPPARD: I think LA Partnership is a partner
11 but they're a resource as well and there has always been
12 interest from the funders at the table about what is
13 happening in the communities because, remember, they have
14 grantees in those same communities. So they have their
15 own perspective of what's happening in the community.

16 So the opportunity going forward is, as more Best
17 Start leaders are emerging and coming up and having a
18 voice, the LA Partnership is always an opportunity and a
19 platform and a resource for us to share that voice and
20 what we're learning.

21 I think most philanthropists get into the field
22 in of philanthropy because something happened to them and
23 they're very interested in giving back. But what they
24 want to do is have a relationship with CBO, a small CBO in
25 a community and really know what's happening on the

1 ground. So it's sort of like, we have an opportunity to
2 feed information up from Best Start and as Parker's
3 saying, to continue to mentor those leaderships up here.
4 Because, basically, when you have leaders in the
5 community, then go to the philanthropists or go to the
6 county -- you want somebody there to open the door and
7 welcome them and participate and be their partner.

8 COMMISSIONER ABDO: And I think that's what I'm
9 talking about. I worked for ten years at a foundation.
10 So I -- I did kind of that, and that was after I was
11 community organizer. So I could see that there was a real
12 place for -- for learning back and forth that is -- that
13 has to be intentional. It doesn't happen accidentally
14 because they're really separate.

15 MR. BLACKMAN: Thank you.

16 MS. NUNO: I think that would be an interesting
17 element around the parent engagement. I would inject that
18 question of leadership in that parent engagement
19 specifically at the community level.

20 MR. BLACKMAN: That's exactly what I was
21 thinking. And we have a -- again, back to Nancy's point
22 on alignment. So for this parent engagement landscape
23 analysis we're doing with and for the Packard Foundation,
24 we are hopefully having a meeting with Teresa and Barbara
25 and --

1 MS. NUNO: The work leads.

2 MR. BLACKMAN: The work leads to share the
3 findings of this and to get input, and this is a good
4 example, kind of alignment and sharing of knowledge. That
5 would be one place where you really would be able to
6 identify opportunities for this kind of support for
7 leadership development at the community level. So --

8 COMMISSIONER DENNIS: Deanne.

9 COMMISSIONER TILTON: Thank you very much.
10 Excellent presentation. Very exciting. Very exciting,
11 the growth.

12 I didn't realize that you totally funded Deepa
13 Fernandez a hundred percent -- a hundred percent of her is
14 funded by the partnership. I'm really impressed because
15 she is very universal and very effective.

16 MS. NUNO: It's a leopard.

17 COMMISSIONER TILTON: She's -- yeah. I have a
18 specific question that just caught my eye. You're talking
19 about your activity to advance the system or screening and
20 treating adverse childhood experiences, something very,
21 very familiar to me. Vince Faleny (phonetic spelling)
22 worked with us from the beginning of that study. And I'm
23 curious. Can you tell us a little bit about how you can
24 do something like that?

25 MR. BLACKMAN: Certainly. So the investment that

1 we made through the Baby Futures Fund is with the Center
2 For Youth Wellness. And what they asked for support for
3 was communications support, primarily to help begin to --
4 but their ultimate goal is to establish a system in
5 California where it's universally screened children and
6 their parents are screened for adverse childhood
7 experiences or childhood trauma and that then they can --
8 if they get a certain score of four or more, can be
9 immediately connected to the appropriate support services.
10 That's the goal.

11 What we said we would help them do is, because
12 the issue of childhood trauma shows itself in many
13 different sectors, whether it's criminal justice or -- the
14 obvious ones are the child welfare and medical and public
15 health systems, but also in education and criminal
16 justice, is to support their ability to communicate
17 effectively to leaders in all of those sectors and to
18 development leaders in those sectors who would then in a
19 peer-to-peer way be the ones calling for -- from a
20 criminal justice perspective or from an education
21 perspective or from a medical perspective, the need for
22 creating this system.

23 So that's the support that we've provided over
24 the course of this year. The funds go through the early
25 part of 2016 for them to do that kind of communication and

1 building a network of leaders cross-sector in California
2 to then be able to begin to -- as laying the ground -- one
3 of the ways of laying the ground work for creating that
4 system long term.

5 COMMISSIONER TILTON: I'm very interested in that
6 and very interested in supporting that since I represent
7 all of the agencies in LA county that are focused on child
8 safety and well-being. So good. You know, I would like
9 to hear more about that.

10 MR. BLACKMAN: I'll give you my card. Maybe we
11 can find a way to connect you to that. That would be
12 wonderful. Thank you.

13 COMMISSIONER DENNIS: Anybody else?

14 I have a couple of things, the first of which is,
15 when you look at partnership members, Parker, and the
16 county agencies, is the Office of Child Care included as a
17 part of the partners agencies in -- in the partnership?

18 MR. BLACKMAN: I don't think we have them listed
19 officially on there but folks from the office have come to
20 partnership meetings.

21 COMMISSIONER DENNIS: And I only say that because
22 I think the Office of Child Care represents the only
23 county organization in which early childhood is a part of
24 the agenda and it's inclusive of the policy around table
25 the child care and the child care planning committee

1 because they -- it's more of a grassroots approach as to
2 what's going on in the field. And the perspective from
3 that office would be a little different than, say, for
4 instance, of First 5.

5 So I mean, if they're not, they really -- we
6 really should consider making sure that the Office of
7 Child Care becomes a member in representing, you know, the
8 county around some of these very issues.

9 MR. BLACKMAN: Great point. And just to
10 reinforce it, we had a meeting this morning. We just had
11 our -- for the first time in a while we added a new staff
12 person, Casey Patterson, who's here formerly of Families
13 and Schools. And we're very excited to have her be a
14 senior director for the partnership. But the reason I
15 raise it is, just it's really been an issue of capacity.
16 It's on our list of priorities along with several other
17 things to just -- we know we're nowhere near -- we're just
18 kind of scratching the surface on public sector partners
19 who we need to have at the table with the partnership.
20 And Office of Child Care is a perfect example of -- for
21 the reasons you articulated. That's the kind of outreach
22 we need to do. We need them at the table.

23 MS. NUNO: And I'm just adding to that and Cindy
24 can speak a lot more to that through her tenure there,
25 quite a long time and contributions. We've had a

1 representatives from the Department of Public Health, of
2 course, and that continues with Suzanne today. But also
3 from the Department of Children and Family Services,
4 Department of Mental Health. Sam is a constant leader.
5 And the Office of Child Care has come to different
6 educational sessions but the point is still well taken.

7 COMMISSIONER DENNIS: Yes. We probably -- and
8 the other thing, you know, Deepa, right? It's Deepa.
9 Okay. You know, there's a certain market segment that
10 listens to 90.7, and I'm one of those who do listen. But
11 the vast majority of the folk probably don't listen to 90.
12 7. And those people who we are trying to influence don't
13 listen to 90.7. So to Gabriel's point, I think this whole
14 communication bridging becomes extremely important because
15 the people who listen to 98.7, we got them. Those are the
16 people who support our cause. So I'm more interested in
17 how we get to the people who listen to NPR or the people,
18 you know, listen to Fox, or the people who -- you know,
19 because those are the people we need to get to. And so
20 I'm really interested in how we bridge some of the
21 communication around, you know, outreach and who we're
22 trying to target.

23 MR. BLACKMAN: Totally agree. And it's
24 interesting, the investment with Deepa created a sort of
25 teachable moment because the funders who funded them, once

1 they saw the power and just the quality of Deepa's
2 reporting, at one point about nine months ago said, you
3 know, this is great but what about those people who don't
4 listen to KPCC, how can we reach them. I said, that's a
5 great question. What if we created a more integrated
6 approach where we funded this plus some other things. So
7 we were very clear about who we wanted to reach and then
8 there are specific ways to reach them through other media
9 partnerships that we can create plus other communications
10 vehicles, tools that are online, what have you.

11 So that -- that exact point that you raised,
12 Duane, is one that took a little while to get to but I
13 think we needed folks to come to that conclusion and now
14 they're hungry for what else can we do.

15 COMMISSIONER DENNIS: That's greet. And I would
16 be interested, not only from the partnership but from our
17 own communications department how we develop that because
18 I think it's extremely important, you know, in -- in
19 getting people to support not our program agenda but our
20 policy agenda if you want to call it that.

21 MR. BLACKMAN: We're meeting on June 29th with
22 New American Media and Edsource and we're bringing funders
23 to hear from them to educate them about how they could be
24 two great partners. And then at our July 29th partnership
25 meeting, we'll have an update not just on those two but on

1 this broader approach and how things like New American
2 Media and Edsource could fit in to this integrated
3 communications.

4 COMMISSIONER DENNIS: Thank you. Any other
5 questions, commissioners? Thank you.

6 COMMISSIONER TILTON: I just -- I'm sorry. The
7 communications goal, the message is what? Because are we
8 trying to reach families? Are we trying to reach
9 supporters? When we did our safe sleep campaign, we went
10 on Power 106 and it killed me because I had to listen to
11 it all the time.

12 COMMISSIONER DENNIS: You weren't getting into
13 that?

14 COMMISSIONER TILTON: Oh, my God.

15 COMMISSIONER DENNIS: Common now, Deanne.

16 COMMISSIONER TILTON: The demographic for that
17 station is young parents, and so that's what I'm asking.
18 Are we trying to --

19 MS. BELSHE: That's your point. That's the
20 point, right? You made it very clear about what are the
21 goals, what are the channels of communication, who is the
22 target audience. I think these are the kind of things
23 we'll be further developing as we collectively, First 5
24 LA, partnership and partnership members, think through
25 what could communications look like and to what end

1 because it may well be that KPCC is exactly the right
2 avenue. Depending upon if we're trying to reach
3 influentials and having galvanize and up their level of
4 interest and awareness.

5 But that's what Parker's speaking to, is we need
6 to make sure -- the royal we here need to make sure that
7 we're aligning communications channel, strategy, and
8 messages with the proper target audience and ultimate
9 goal. Very different if we're looking to elevate public
10 awareness and engagement broadly versus trying to focus on
11 influentials and already fairly knowledgeable people who
12 can be activated. So that's -- that's the question.

13 COMMISSIONER AU: So we may be seeing news items
14 or commentating on sports channel such as the Dodgers?

15 MS. BELSHE: We've actually done some with the
16 Dodgers from a partnership perspective because of the
17 demographics of who goes to the games and especially who
18 listens to them on the radio. So that's exactly -- that's
19 a good example. But that's for a very broad parent
20 awareness, father engagement set of messages, very
21 different than if we're trying to like build public will
22 and mobilize action on behalf of a particular policy
23 issue.

24 COMMISSIONER DENNIS: Okay. Thank you all.
25 Thank you very much.

1 Okay. Who's next now?

2 MS. BELSHE: So, Mr. Chair, I want to say one
3 thing. We're seeing one Steven LaFrance and this -- you
4 know, now Steven and LFA's contract is coming to an end
5 this year -- or this month, I should say -- this fiscal
6 year.

7 MR. LAFRANCE: I just signed the extension today.
8 This is my last commission meeting.

9 MS. BELSHE: So in terms of just kind of wrapping
10 up this portion of Steven and LFA's work, I just want to
11 acknowledge not only what a terrific partner they were in
12 the course of our strategic planning work last year but in
13 a much more focused way this year on helping us think
14 through the framing and design and initial moments of
15 monitoring, evaluation, and learning framework which we're
16 going to be talking about today but really exciting
17 different way of First 5 thinking about learning
18 information and the impact we seek and I want to thank
19 Steven for all of his -- and his team's just terrific
20 work. It's not done yet. We still have a couple of more
21 weeks. But we appreciate your introducing rigorous
22 thinking and analytic skills and encouraging us to focus
23 as well as introducing all sorts of new terms, which is
24 good and ungood. But MEL is one of those new terms so why
25 don't we turn it over to Kim and Steven for our MEL

1 discussion.

2 MR. LAFRANCE: Thank you very much, Kim. And
3 thanks for the acknowledgment. It certainly has been an
4 honor and privilege to work with the commission and staff
5 and community on our strategy work together. I'm very
6 excited to see what you guys already have done and what
7 you'll continue to do to impact young children and their
8 families in LA county.

9 I'm going to pass this over in very sort order to
10 Kim, but I wanted to open this presentation on the
11 monitoring, evaluation, and learning framework by saying
12 that this is so exciting for a number of reasons. One is
13 that it's the -- it's a very concrete manifestation of
14 First 5 LA living according to its values that it
15 articulated in the strategic planning process of being a
16 learning organization of working in partnership with
17 others and innovating. You are innovating in the approach
18 that you're taking to monitoring, evaluation, and
19 learning.

20 Kim, I chuckled at your comment about the
21 independent sector not being called what it is for a
22 reason but -- and I know you've -- it's your experience,
23 maybe others in the room, it certainly is mine in the work
24 that we do nationally with strategic grantmaking
25 organizations, that philanthropy is recognizing more and

1 more the degree to which it is the marketplace of ideas
2 and knowledge and relationships and that it is only
3 through the, you know, smart collecting and sharing of
4 information in relationship with each other, working
5 towards shared goals that we actually can make a dent in
6 some of the issues and problems we're trying to address.

7 And so alongside with strategic grantmaking
8 organizations that are considered on the forefront of this
9 work like Packard Foundation, new philanthropies that are
10 emerging that are taking fresh looks at what they can and
11 should be doing around collecting and using data for smart
12 decisions as they implement their strategies. First 5 LA
13 is going from, you know, a very impressive traditional
14 approach to evaluation in the past -- to date where, you
15 know, you looked at your investments and evaluated the
16 extent to which they did what you thought they would and
17 that helped you know how you were using your money to what
18 I like to say -- in that case, it's where you have --
19 there's an investment, you have a theory of change about
20 what it's going to do and then you evaluate that theory of
21 change.

22 I like to think of what you're moving towards is
23 sort of moving that evaluation and data work inside the
24 theory of change and saying, you know, part of how we're
25 actually going to create change more effectively is to be

1 thinking about how -- what we're doing, how we're doing it
2 in what context and how is that all of shifting in real
3 time because nothing stays the same for six months, a
4 year, two years, three years. We have to be learning on
5 an ongoing basis.

6 So it is very exciting to see how first -- how
7 quickly First 5 LA has embraced this new approach which
8 Kim is going to share where you're really going to be on
9 the cutting edge of collecting some intel, turning it into
10 insights, making better decisions as you go along to know
11 how to deploy your resources, implement your strategy, and
12 achieve impact.

13 So with that, I'll hand it over to Kim and I --
14 my role will be at the end to facilitate conversation.
15 You can see just in the last two meetings how much our
16 roles have shifted here. Staff alone. Now at ninety, ten
17 allocation, staff doing all the hard work at this point.

18 So, Kim, take it away.

19 MS. HALL: Great. Thank you, Steven. Good
20 afternoon, commissioners. Thank you for the opportunity
21 to provide an overview of the MEL framework and to engage
22 you in discussions that we can hear your thoughts,
23 reactions, and interests as it relates to this new
24 approach.

25 Within our time this afternoon we'll cover five

1 items. We just got a brief introduction from Steven. This
2 is going to be followed by a brief overview of the MEL
3 framework. Next, we'll share some of the things that have
4 emerged through conversations with staff with about the
5 framework. And then we'll conclude the presentation by
6 walking through the planning and implementation timeline
7 for MEL. And then following the short presentation, we'll
8 respond to any questions or concerns that you have and
9 then engage you in a discussion so that we can hear your
10 feedback about the direction we're moving in.

11 So MEL may sound like an old friend, perhaps you
12 remember Mel's Diner from the 1970's sitcom, Alice. But
13 really who is MEL.

14 COMMISSIONER AU: My grandmother.

15 COMMISSIONER TILTON: You have a grandmother
16 named Mel?

17 COMMISSIONER AU: Melanie.

18 MS. HALL: When we think about MEL as monitoring,
19 evaluation, and learning as both a framework and an
20 approach. So as framework, MEL really provides a
21 structure for determining the approaches that we'll take
22 to studying and learning about the execution of our
23 2015-2020 strategy.

24 So here when we use the term studying, we're
25 referring to formal mechanisms for learning, things like

1 research, evaluation, monitoring. And we think of those
2 as sort of menus or possible options for how we can really
3 learn about what we're doing and the effectiveness of our
4 work.

5 So as an approach, MEL really emphasizes
6 comprehensive and systematic learning which is kind of a
7 shift for our organization. As Steven was just referring
8 to, a lot of the work we've been doing was focused on
9 accountability. So while we'll continue to think and look
10 at accountability, really we want to place a greater
11 emphasis on learning, how we can learn about what we're
12 doing and what's happening in our environment.

13 So not only is the goal learning a goal in and of
14 itself but it's also considered an essential input to
15 planning and to refining our strategic efforts on an
16 ongoing basis.

17 So finally, I wanted to note or maybe to echo
18 what Steven was saying, which is that MEL is a best
19 practice used by other strategic grantmaking
20 organizations. This gives us the advantage of having the
21 opportunity to learn from what others have done, those who
22 are farther along in the process of becoming learning
23 organizations. We can look at practices that others have
24 use and had determine what is appropriate for our current
25 -- local context.

1 So this transition to becoming a systematic and
2 intentional data-driven learning organization, we've
3 developed a definition for learning and articulated three
4 learning priorities. So we've defined learning as a
5 process of forming and applying knowledge, insights, and
6 information for decision making and action. You'll note
7 that the definition includes applying knowledge. And this
8 -- we want to kind of draw attention to this because it's
9 not just about the formation of knowledge. I think using
10 what we learn is really inherent and essential to truly
11 being a learning organization.

12 So the learning priorities will focus our MEL
13 efforts in three areas. The priorities are listed here.
14 The first area is really learning about our investments.
15 We want to learn about how our investments are being
16 implemented. We want to learn about the results and
17 outcomes of our investments but we don't want to stop
18 there.

19 The second learning priority is about looking at
20 our internal functioning and thinking about how our
21 internal processes, our performance in terms of developing
22 strategy and supporting our grantees, how that really
23 affects the implementation of our strategic plan.

24 And then the third priority is really about
25 learning in terms of our external environment. So we want

1 to look at external factors that influence our work,
2 external factors that may help us to understand the effect
3 that we're having in our environment. And as Nancy
4 mentioned earlier, it's really about keeping our finger on
5 the pulse so that we know what's happening and we can
6 adapt and shift our strategy as needed based on what's
7 happening in the environment.

8 So the hope is really that a comprehensive focus
9 and emphasis on realtime learning will support our ability
10 to make mid-course corrections and that we can maximize
11 our efficiency and our effectiveness at achieving the
12 outcomes we seek for young children and families in LA
13 county.

14 So this is the MEL house. And the house is
15 intended to provide -- not Mel's diner but this is the MEL
16 house. You know, it's intended to provide a very simple,
17 visual depiction of how all the components of MEL fit
18 together in a way that supports learning.

19 So monitoring, research, and evaluation are the
20 major building blocks of the house. They are supported by
21 data integration and data development. So the framework
22 document and PowerPoint that were shared with you in
23 advance of the meeting kind of go into a lot more detail
24 in terms of defining what these various components are and
25 the different types of monitoring, evaluation and research

1 we may engage in. So I won't go into detail about them
2 now but you can definitely refer to those resources for
3 more information. What I really wanted to note here is
4 that all of these components are intended to support the
5 roof of the house, which is learning.

6 The other thing I wanted to call attention to is
7 that monitoring and learning are green unlike the rest of
8 the house. This signifies that they're really a part of
9 the overall -- while they're a part of the overall MEL
10 framework, they're not only the work of the research and
11 evaluation department. So if MEL is to truly be a strong
12 structure for our organization, both monitoring and
13 learning are things that need to be done by staff
14 throughout the organization.

15 So given the variety of formal efforts that we
16 can conduct as a part of MEL And really to support
17 learning and the number of strategic plan priorities,
18 there's a vast number of possible projects that we can
19 conduct.

20 In order to strategically deploy our resources to
21 support learning, we've developed a set of project
22 selection criteria. These project selection criteria can
23 be found on page 11 of the framework for those of you who
24 may have it. There's also a table summarizing the
25 criteria on page 14.

1 The criteria have really been established to help
2 us to refine or narrow the list of potential projects. So
3 we talked a couple of months ago with the commission about
4 the guiding principles for MEL. And one of the guiding
5 principles was to really monitor comprehensively but
6 evaluate selectively. And so these criteria in part will
7 help us to think really carefully about those efforts and
8 initiatives that are really important to devote evaluation
9 resources to versus things that we may want to monitor and
10 routinely collect data and information so we have an
11 awareness of what's going on but maybe we really
12 prioritize how we use our resources for evaluation.

13 So there are two types of criteria: The first
14 are inclusion -- inclusion or exclusion criteria. And
15 these are criteria that must be met if a MEL effort is to
16 be pursued by First 5 LA. If a proposed effort doesn't
17 meet the inclusion criteria, it's something that wouldn't
18 be included on the MEL agenda or is a project that we
19 wouldn't pursue. So it's really important that we have
20 very clear criteria and criteria that people sort of
21 understand and are supportive of.

22 The second set of criteria are about looking at
23 priorities. So when we apply the inclusion criteria
24 thinking of all the possible things that we could conduct
25 in terms of research, evaluation, and monitoring projects,

1 we still are going to have what I would imagine is a large
2 number of projects. So the second set of criteria are
3 really intended to help us prioritize from among those
4 projects which are most important in how we want to
5 utilize our resources.

6 So here we outline the six major phases -- phases
7 of MEL developed, planning, and implementation. During
8 the first phase, the guiding principle for MEL were
9 developed. They've since been shared with the commission
10 and also with First 5 LA staff.

11 The second phase has involved the development of
12 the monitoring, evaluation, and learning framework. So
13 the framework really defines MEL and establishes a
14 criteria that will use to determine what efforts to
15 pursue. So the framework is currently going through a
16 vetting process. We've met with all of the departments
17 within the organization to introduce the framework and to
18 hear initial thoughts and reactions. And then today is
19 our discussion with the commission to really hear your
20 reactions and thoughts about the framework.

21 So our plan is over the coming weeks to
22 incorporate all of the feedback that we've heard so that
23 we have a final framework and a final set of criteria as
24 we enter into the next phase of our work.

25 The next phase is the development of the MEL

1 agenda. Essentially, the MEL agenda will outline the
2 projects, activities, and efforts that First 5 LA will
3 undertake during the 2015-2020 strategy cycle and the
4 learning practices we'll engage in to insure timely
5 reflection and application of what we learned.

6 So we're now entering this phase and the work on
7 the MEL agenda is expected to continue through the fall.
8 Once we've developed the MEL agenda, we will turn to the
9 next phase, which is developing an implementation plan.
10 So once we've determined a set of projects and work we'll
11 do to support our learning, we'll develop an
12 implementation plan which is where we'll really get into
13 details in terms resources, costs, who needs to be
14 involved and kind of get into the nitty-gritty in terms of
15 how we're going to carry out the projects that are in the
16 agenda. So working the implementation plan is expected to
17 begin in the fall of this year and continue into early
18 2016.

19 Once we have a plan we will be coming back to the
20 commission and we anticipate doing that, as I said, early
21 next year and then we'll move into the implementation
22 phase. And that's really -- implementation phase will not
23 only include carrying out those projects but really
24 developing the internal systems and building the capacity
25 that we'll need to do the work that's outlined in the

1 agenda.

2 So the final phase is not as much of a phase as
3 it is a recognition that on at least an annual basis we'll
4 need to revisit our agenda. So as a learning
5 organization, what we know now about the projects that are
6 going to be important to do and what our learning
7 priorities are, things will change. We're going to be
8 working in complex systems and environments. So we'll
9 want to revisit to see are there -- what new things have
10 emerged, what have we learned from the efforts that are
11 underway, and might suggest a shift or new projects that
12 we want to engage in.

13 So the next three slides are really intended to
14 set us up for the conversation that we're going to have in
15 just a few minutes. So as context, you should know that
16 the R and E staff who have really lead the work around the
17 developing the MEL framework have met with each department
18 in the organization. As I mentioned before, we wanted to
19 really introduce the framework, we wanted to answer
20 questions that staff had, and then we really wanted to
21 start a conversation around the implications of MEL and
22 this type of approach to, you know, organizational
23 learning and continuous, you know, feedback and
24 improvement and course corrections. We really wanted to
25 start to think through, what are the implications and what

1 are the needs and things that we're going to need to
2 really have a place to support our effectiveness.

3 So we -- we've had these conversations. And what
4 I'm going to share right now are some of the implications
5 or themes that came out of those conversations. We've
6 organized them into four areas. And so the first set of
7 implications are really related to First 5 LA staff. So
8 one of the major themes that I wanted to highlight that's
9 come up in these conversations was a recognition that, in
10 order to really successfully implement the MEL framework,
11 there's going to be a need for training and capacity
12 building even among our staff. In addition to training
13 and capacity building to support staff's ability to know
14 what's important to monitor, where do we get the right
15 information so that we have an understanding of what's
16 happening in terms of policy, programs, communities.
17 There's also the need to set clear expectations that
18 learning is a priority and to provide dedicated time for
19 learning.

20 Another set of implications weren't really
21 specific to First 5 LA staff but are really about
22 imperatives for First 5 LA as an agency. So the first
23 theme highlights the recognition that, as a learning
24 organization, collaboration among our departments, for
25 example, research and evaluation and our program

1 development department really need to begin at the outset
2 of initiative development and planning rather than at the
3 end. And further, that through this collaboration, the
4 focus on learning really needs to be central and
5 continuous. So we don't want to wait until an initiative
6 is planned and ready to begin to start thinking about what
7 are the important things that we need to learn or what
8 research do we need to do to better understand the best
9 practices or the context in which we want to implement a
10 particular initiative or plan.

11 The second thing was less of an implication and
12 more of a question from staff. And it came up in several
13 discussions. And the question was really around how we're
14 going to support our legacy investments when it comes to
15 MEL. So you may recall that one of the first inclusion
16 criteria is alignment with the 2015-2020 strategic plan.
17 And as I mentioned, the inclusion criteria determines what
18 we do and what we don't do. So there is a lot of
19 questions and concerns that, if we have criteria that's
20 something that's part of our new plan, doesn't get
21 included in MEL, how do we really learn about those legacy
22 investments that are going to be continuing into this new
23 strategy -- the current strategy cycle.

24 So we really need to look at a way -- I don't
25 have the answer. So I'll just say that. But what I will

1 say is that we want to determine a way that we can really
2 reconcile this concern. So we have a desire to really
3 prioritize our resources and our efforts on learning about
4 the new work that we'll be engaging in, but there's also a
5 recognition that not only do we need to learn about and be
6 accountable for and monitor what's happening with our
7 legacy investments but there are lessons we can learn from
8 that work that can apply to the work that's a part of our
9 new strategic plan. So it's really something that we need
10 to wrestle with and we certainly welcome thoughts from the
11 commission about this.

12 So in addition to themes related to First 5 LA
13 staff and the agency as a whole, implications for the
14 commission as well as grantees and partners were also
15 identified in our conversations. So in terms of the
16 commission, discussions with staff highlighted the need to
17 engage the commission during the development of the MEL
18 agenda. Doing so was considered especially important
19 given that the MEL agenda will communicate where First 5
20 LA will focus its resources in terms of studying and
21 learning about our strategy but also where we will not
22 focus or will focus to a lesser extent.

23 So many staff communicated the importance of
24 insuring that the learning priorities of the commission
25 were actively sought out and reflected in the MEL agenda.

1 Another theme that emerged was a need to provide
2 timely communication and engagement around findings to
3 support data-driven decision making by the commission. We
4 really need to think that this is going to enable us to
5 actualize the application component of our learning
6 definition.

7 In terms of implication for grantees and
8 partners, staff highlighted the need to rethink how we
9 define and monitor compliance, particularly in light of
10 our shift in focus from primarily funding direct services
11 to an increased emphasis on system and policy changes
12 where the nature of the work is going to be evolving and
13 things are going to change over time. So we're going to
14 need to be able to respond to those changes as will our
15 grantees. So really thinking about what is set in stone
16 and what we are going to recognize and be open to having
17 change over time.

18 So in addition to staff's need -- or recognition
19 for the need to build our own internal capacity around
20 learning, there's also a recognition that we need to build
21 the capacity of our grantees and contractors and our
22 partners around data collection, around evaluation, and
23 around learning more generally.

24 In addition to really supporting capacity
25 building to learn, there was also a theme that came around

1 highlighting the need to build trust and capacity for
2 learning together. So we need to learn ourselves, we want
3 our grantees to learn, and we need to think about how we
4 can learn from each other and how we can process what
5 we're learning together and think about the implications
6 that it has for the work and the goals that we share.

7 So part --

8 COMMISSIONER DENNIS: Before you go on. Is --
9 those two -- that slide is different than the one that
10 came out on the tablet. And the one in the tablet is
11 saying something totally different and --

12 MS. BELSHE: Where is that?

13 COMMISSIONER DENNIS: Right here.

14 MS. BELSHE: I know the language is different but
15 I -- Kim said rethink compliance given shift in approach
16 related to focus on systems and policy change.

17 COMMISSIONER DENNIS: Again, and --

18 MS. BELSHE: So is it the second bullet you read
19 something different?

20 COMMISSIONER DENNIS: Well, the first bullet
21 says, learning with and capacity building among partners,
22 grantees, and communities.

23 MS. HALL: I'm sorry. I did reverse the order of
24 them so --

25 COMMISSIONER DENNIS: Oh, okay. All right.

1 MS. BELSHE: The language is a little different
2 and the order has changed.

3 MS. HALL: I apologize. I tried to eliminate
4 some of the text, those last-minute changes.

5 COMMISSIONER DENNIS: That's okay.

6 MS. HALL: But the themes are consistent but good
7 catch on that. I apologize.

8 COMMISSIONER DENNIS: Now you can continue.

9 MS. BELSHE: All right. Let's --

10 MS. HALL: Okay. So there's three final thoughts
11 before we move on to the discussion. One of the things I
12 wanted to emphasis is that the development of the systems
13 and processes that are needed to support the MEL framework
14 are going to take time. So systematic learning about our
15 new strategic plan isn't something that's going to happen
16 overnight. As we indicated a few slides ago, you know,
17 there's an expectation that we'll have an implementation
18 plan in early winter And that the work will grow from
19 there. So we will be coming back to the commission with
20 updates and to get your input as this work moves forward,
21 but just wanted to emphasize that it will take time.

22 Secondly, as was suggested again a couple of
23 slides ago, a documents approach is really going to
24 require a shift in organizational systems and cultures at
25 all levels, for staff, for the leadership, as well as for

1 the commission.

2 And finally, I wanted to reiterate that the MEL
3 approach and the desire to continuously and systematically
4 learn and improve is all in service of enhancing our
5 efforts towards achieving the greatest possible outcomes
6 for children and families in LA county. So this is why we
7 want to do this work and why we think this approach is so
8 important.

9 At this point, I'd like to turn it over to Steven
10 LaFrance for discussion.

11 MR. LAFRANCE: Thanks, Kim. Thank you for an
12 excellent presentation.

13 So we'd love to just engage in some discussion
14 with you. We have our questions here. We want to start
15 at beginning with whether there are any questions of
16 clarification about the MEL framework either what Kim
17 presented right now or what you may have read in
18 preparation for the meeting today. Anything that we can
19 clear up? Yes.

20 COMMISSIONER DENNIS: Cindy then Karla.

21 COMMISSIONER HARDING: Thank you. Great
22 presentation. And it seems like a really exciting
23 framework. I really love the focus on learning. I think
24 I get it but I'm not quire sure I do. It would really
25 help me -- maybe I'm just dense. But it would really help

1 me if you could give me some examples of traditionally
2 we'd evaluate or monitor like this, but with MEL this is
3 how we're going to approach it. That would help me to get
4 sort of a better context for what's being -- because I get
5 what you're saying and I like it. I love the culture
6 change part about it, too, because there's no way that I
7 think we can evaluate every single initiative. It would
8 take so many resources and it's not necessarily the best
9 use of our resources. And learning is really exciting but
10 how are you going to use that so midway you're learning
11 and you're going to make corrections, how would that
12 translate into the way things are funded.

13 You know, I don't think I fully grasp it. So if
14 you can help me with that.

15 MS. HALL: Sure. So I will share an example of a
16 change that happened earlier this year. It did happen
17 prior to the development of the MEL framework but I do
18 think it kind of exemplified the type of changes that
19 we'll be making.

20 So the example involves the ECE workforce
21 consortium and a research and evaluation staff were
22 developing an RPF to do an evaluation. We wanted to look
23 at all of the work that had been done by the consortium or
24 through the consortium program particularly as it relates
25 to the professional development system. And we were going

1 to evaluate the changes that had happened as a result of
2 the consortium efforts. So we're in the midst of doing
3 that work and then when it was time to -- when we got
4 close to the final product, we were also working on the
5 implementation plan around our new strategy in supporting
6 the professional development system. And it became
7 apparent that -- or the question emerged, does it make
8 sense to do sort of a retrospective evaluation of an
9 initiative that is going to be winding down or going to be
10 ending in the next year, or is there a way to think about
11 what we can learn through the work that's been done by the
12 consortium that can inform our new strategy going forward
13 which is less about direct service and more about changing
14 the system and working within higher ed and working with
15 the R and Rs around professional development. And so
16 there's a question around whether we could shift sort of
17 the frame or focus of that study.

18 We did in fact decide to do that. And so we
19 moved away from the plan to do an evaluation to doing more
20 of what we're thinking about as a landscape. So kind of
21 looking at the professional development landscape in the
22 county with an eye towards the work that's already
23 happened, the work that's been done by the consortium
24 within higher ed and within -- you know, with the R and Rs
25 and with LACOE. We're really thinking about how can this

1 inform our strategy going forward.

2 So part of our strategy for those who are not
3 intimately familiar, we're going to be working with -- one
4 of the things that we're going to be doing is working with
5 institutes of higher ed to incorporate the ECE competency
6 so that there's more competency-based courses in higher
7 ed. Well that's work that's already been started and this
8 underway through -- through the peach component of the
9 consortium. And so really rather than saying, what have
10 they accomplished, it's kind of like, what's been
11 happening, what's the status of the work that's been done
12 to date, and how can we build on that work going forward
13 as a part of our new plan. So what can we learn from
14 what's already happened that can help us as we refine our
15 efforts, what can we learn from the peach partners about
16 what are the issues and the context of higher ed that can
17 help us to really be strategic and mindful of some of the
18 barriers that we might encounter or some of the things
19 that we can build on if there are, you know, players or
20 champions that can really support the work.

21 So I think that's kind of an example of a shift
22 from, we need to do an evaluation, to how can we learn
23 most, how can we maximize our learning in a way that
24 acknowledges that the work that's already been done
25 through our investment but also puts us in a position to

1 really be most strategic going forward.

2 MS. BELSHE: But we definitely take your point,
3 Cindy, and going forward, we'll bring more concreteness to
4 kind of how does the M, the E, and the L look today versus
5 what it would look like under initial and full
6 implementation of the framework.

7 COMMISSIONER DENNIS: Karla.

8 COMMISSIONER PLEITEZ HOWELL: My clarifying
9 question is around who we're collecting data for the
10 evaluation. So in our strategic plan, we had different
11 roles: We're the convener, we're the catalyst, we're the
12 partner. And that requires collecting data from really
13 different groups, including communities. So I'm wondering
14 if that's been thought about already. And I'm
15 specifically curious about how we collection information
16 from community given what Commissioner Judy said during
17 our last commission. We speak to community very
18 differently than community is used to hearing information
19 or hearing -- yeah, hearing information from -- so I'm
20 wondering what that looks like in our evaluation process
21 or if it's been thought about. I didn't hear that part.

22 MS. HALL: You're right. I didn't talk about
23 that part yet. I think where we are now in terms of the
24 process for MEL as I mentioned earlier is really defining
25 the framework which is more of a conceptual framework. As

1 I mentioned, we're moving into the phase of developing the
2 MEL agenda and that's where we really get into defining
3 specific projects and questions and thinking about how we
4 not only collect data from various communities,
5 stakeholders, and partners but also how we communicate
6 what we're learning with them.

7 So we are not there. But as I mentioned earlier,
8 we do intend to engage the commissioners and partners in
9 the development of that agenda. So there will certainly
10 be an opportunity to make sure that we're thoughtful about
11 that approach And that we also are thinking about
12 different audiences and how best to communicate and what
13 realistic expectations are.

14 COMMISSIONER DENNIS: Nancy.

15 COMMISSIONER AU: I'm really excited about this
16 because it -- it really -- one of the things I've learned
17 by being a part of this commission is that connecting the
18 work that is in front of us and my experience over my
19 career -- and at one point in time I worked at a
20 university environment and I used to lament the disconnect
21 oftentimes with what the professors were engaged in in
22 terms of their research and their studies because it was
23 done in a very high-level sort of theoretical,
24 intellectual level with hardly any connection to what
25 really can happen or is happening on the ground level.

1 That's one aspect.

2 So I moved into the community and I did my work
3 in community and -- and was really frustrated because
4 there wasn't -- probably it's a reflection of my
5 particular discipline, is that there wasn't anyone really
6 truly articulating what can happen if we were able to meld
7 the attitude of the academics with the work that's
8 actually happening on the ground level. And I see First 5
9 LA really moving very intentionally in coming up with a
10 framework that would allow us to do this. Because, when
11 I'm grappling with cultural competency issues and we look
12 at the data -- Robin and I are challenged right now with
13 the intensive home visitation project and the number of
14 APIs that are actually connected to that project. I said
15 -- I looked at it as an opportunity given -- and this fits
16 so well, is that this is an opportunity for us to truly
17 learn in a way that's going to be helpful for
18 organizations and agencies and entities that are
19 constantly traditionally challenged with making this kind
20 of impact within the new immigrant Asian communities,
21 having them utilize the supports that's available to them.

22 And that's why I'm saying am I really excited
23 because the monitoring piece, the ability to then evaluate
24 and the ability to then learn from what we are seeing and
25 experiencing in a way that we can articulate clearly that

1 this is how we as an organization can learn to truly be
2 effective in connecting to the folks that can usually --
3 can truly use the support and services. So this is a kind
4 of long-winded way of my saying that I'm excited by this
5 framework.

6 The only concern I have is that we don't lose
7 sight of the next piece of it, which is the monitoring,
8 the evaluation piece, and the learning piece must be
9 connected to an action piece. And this is where the
10 academics come into play because in academia, they
11 publish. I think we need to grapple with that piece too,
12 for First 5 LA because it's not enough for us to learn
13 internally for ourselves. It's not enough for us to learn
14 in terms of our partnerships. We have to be able to put
15 it in paper and then to -- then disseminate this learning
16 and this experience in a way that makes sense that people
17 can then utilize.

18 So anyway, that's what --

19 MR. LAFRANCE: I appreciate your comments very
20 much because I think they begin to get at some of the
21 other questions that we have for discussion here around,
22 you know, what do you see as implications for the
23 commission for First 5 LA thinking, you know, more
24 consistently and strategically about how you communicate
25 out what you're learning and sharing. And then the last

1 question is that kind of what are you excited about, what
2 are you looking forward to learning.

3 So I would, just to keep the conversation going
4 along, introduce those two questions as well and invite
5 other comments that commissioners may have on them.

6 COMMISSIONER DENNIS: I think part of -- I mean,
7 part of my piece is in concert with what Cindy was saying.
8 We're talking in the abstract. And in talking in the
9 abstract, because we don't have the agenda, it's really
10 hard. It's really difficult. So to Kim and Cindy's point
11 I think there will be more questions when we have the
12 actual agenda.

13 And then my second question I guess for both Kim
14 and Steven. How do you discern as to whether or not
15 you're on the wrong course of action versus you're going
16 through growing pains? And as we know in community work
17 and organizational development, sometimes things get worse
18 before they get better and they have to go through that
19 getting worse before they're getting better.

20 So how do you discern that in this type of
21 construct?

22 MR. LAFRANCE: I mean, I would just offer an
23 initial thought, which is that the approach coming at this
24 work from the starting point of it's all about learning,
25 necessarily requires a highly contextualize approach to

1 any kind of study that you're doing and one at that is
2 very much -- very much involves partnership, you know,
3 sort of doing with rather than doing to these kinds of
4 evaluative studies. And so it's to say that there's the
5 expectation that you would be bringing in that context,
6 having the kinds of conversations with others who have the
7 perspective who would help you with that discernment.

8 I mean, it's a tough question that you're asking
9 and --

10 COMMISSIONER DENNIS: I know because I don't have
11 an answer when I thought of it. So I knew it was going to
12 be tough.

13 MR. LAFRANCE: There's never -- there's not one
14 answer and there's not an easy answer. And in fact, this
15 is a downside or pitfall that we see organizations
16 potentially hit when they get engaged with this kind of
17 comprehensive MEL approaches which is to like analysis
18 paralysis to think that somehow that answers are always
19 going to be in the data somewhere and forget that there
20 are also times when we, you know, gather has much as we
21 can and make our best sense of it and there are times when
22 we're going to be wrong.

23 And so embracing that fact as well is kind of
24 part of this whole culture change aspect of what we're
25 getting to. And, frankly, I think the commission is --

1 has possibly the most influential role in leading that
2 change at First 5 LA to be comfortable with and okay with
3 the fact that sometimes, you know, you may have asked the
4 wrong question, you may have expected one answer and
5 gotten another but to have it all be part of a larger
6 conversation about what does it mean about what we do from
7 here without creating the kinds of, you know, reactions
8 that inflict trauma on the organization, yeah, and make
9 people become less risk tolerant than as much as you want.

10 So I'm kind of riffing on this a little bit to
11 offer some other ideas, but it's --

12 COMMISSIONER DENNIS: And I'll only suggest,
13 Steven, that that needs to be part of the framing in the
14 presentation.

15 COMMISSIONER FIGUEROA VILLA: Yeah.

16 MR. LAFRANCE: Yes. Yeah.

17 COMMISSIONER DENNIS: You know, I mean, that came
18 to mind as soon, you know, as you all started. So I think
19 that has to be part of how you frame the discussion,
20 letting the commission and community know that, to some
21 degree, this is a risky proposition And that we're going
22 with our best thought and our best gut and our best
23 passion at any given time -- at any given point in time.
24 So I would just suggest that be a part.

25 Judy.

1 COMMISSIONER ABDO: I guess I have the same
2 questions that others are asking and I -- I even more so I
3 think.

4 I'm wondering how -- how this changes anybody's
5 life outside of our organization internally? Where --
6 what I see as our goal is to help parents be better
7 parents and help kids learn more. And I'm trusting that
8 that's the point of all of this but I'm not seeing where
9 that change happens.

10 And -- and kind of as a corollary to that, in
11 doing the kind of monitoring you're talking about, how are
12 you going to do it without imposing a huge new task on
13 people who are doing work in agencies or institutions not
14 here? So -- are we layering a new set of gathering of
15 information on top of what they're already having to do?

16 MR. LAFRANCE: That's a great set of questions.
17 Just to respond -- and you're absolutely right. It does
18 very much connect to Commissioner Harding's question.

19 Kim's example was great in how specific it was
20 about what -- you know, how you would have made a decision
21 and how you made it differently.

22 There's another dimension to how this does in
23 fact make a difference for anyone outside of these walls,
24 which is when Kim spoke about criteria for choosing
25 projects to focus on, number one is, does it move the ball

1 down the court in terms of our strategic outcomes. That's
2 a very different criterion than, does it tell us whether
3 or not we got what we thought we would for our money.

4 So the decisions to prioritize investments in
5 Welcome Baby, the heavy evaluation investment in Welcome
6 Baby and in some of the other models that are either
7 evidence-based or emerging to create the evidence that you
8 then go speak to policymakers and others who have
9 influence over a larger scale than you could reach
10 otherwise, that is -- that's why and how this in the end
11 actually will make a bigger difference for children and
12 families in LA county. It's because you're using this
13 approach to look at wherever you've incubated, you know,
14 bodies of work and then you've put parameters around where
15 you've done that because you have to focus in your
16 resource limitations, et cetera. But to the extent that
17 you bring in this learning approach as well, you are also
18 then making it so that you can have the kinds of system
19 and policy change that will just go beyond the family and
20 the community where -- where the initial effort happened.

21 So I think that's another really important piece
22 about how this is fundamentally different and it's -- I
23 know my language can be very inaccessible because I walk
24 in this evaluation world as much as I do. But that's my
25 point about you're moving this work inside the theory of

1 change. You're making another strategic lever for
2 increasing your impact and enhancing the sustainability of
3 your impact by taking this approach to monitoring,
4 evaluation, and learning.

5 And then I want to say on your comment about --
6 or question rather regarding are we creating a new
7 requirement that's going to take time away from the
8 important work that's happening in communities. I mean,
9 we'll see how it plays out. But there are already
10 relatively significant time requirements of your grantees
11 today to report on, you know, what they've done with their
12 grants. I actually think it is entirely possible there
13 would be a net reduction in the burden on grantees as a
14 result of this approach because, instead of a like
15 blanketing across everything approach, it's much more of a
16 focused approach. And so I would be saying to you, what
17 are the two or three things that not only I need to know
18 but you need to know in doing your work. So all of that's
19 going to take time to play out. But if I were to place my
20 bets, there's going to be a net reduction in the burden,
21 not a net increase.

22 COMMISSIONER DENNIS: Anything else --

23 MS. BELSHE: It's such a good question, Judy.
24 And one of my observations as we as an organization
25 historically have done a lot of really good kind formal

1 research that is, as was said, often a kind of
2 retrospective looking back. And it's really important and
3 it's valuable to the field but it doesn't help us very
4 much relative to near-term modifications, calibrations,
5 adjustments. And it's so much harder to do that than to
6 say it. So we all say, yeah, we're going to make
7 midcourse corrections and we're going to do X, Y, and Z
8 but we often don't have the data because the approach
9 we've taken historically has been for a different purpose.

10 So one of the things I think is so exciting about
11 the MEL framework is, as Armando said at the initial
12 meeting with the board and Kim repeat, you know, the
13 theory here is monitor extensively, evaluate very
14 selectively. And evaluate selectively where we're placing
15 some very big bets and we need some big evaluations to
16 help drive -- inform and drive the policy agenda.

17 But the monitoring piece, the learning piece,
18 it's going to happen very differently and we will be able
19 to use that learning to incorporate into the work we are
20 doing in community and -- and -- all anchored in advancing
21 our outcomes.

22 So I think it's gives us a nimbleness. It's not
23 saying, well, we need the gold standard research in order
24 to make a change. It's having -- and correct me if I'm
25 wrong, Kim. It's having different tools in our tool kit

1 to allow us to be more nimble in service of the goals we
2 seek. So it really is anchored in impact. And I see
3 Armando raising his hand. He's going to tell me where I'm
4 wrong.

5 MR. JIMENEZ: I just wanted to say, I think more
6 recently the commission has had an experience around
7 Welcome Baby but I think it's something that we would like
8 to see that as being the practice on everything, and
9 that's really the interaction between some of the
10 monitoring of the data we collect and also gathering
11 information from the experiences of the people actually
12 doing the work and the families that are actually
13 participating in it. And we found -- and I think this is
14 something Barb -- I know we -- is we talked with staff
15 about actual, you know, in terms of that additional visit.
16 And I think that was something that came back to the
17 commission. We found through monitoring, collecting data
18 and found, you know, this may be an issue that may
19 actually prevent enrollment in and then participation in
20 the whole program, so we need to think about possibly
21 making a change.

22 So we have the data to support it. We brought it
23 back and we talked about how we can make a change because
24 we knew that, by participating in this program at its full
25 extent, the outcomes are good. So we wouldn't want to

1 have to wait three, four, five years to be able to make
2 that determination and look back retrospectively and said,
3 oh, if we would only have an additional visit, we would
4 have had higher participation. We needed to do that at
5 that point. We brought it back to the commission. We had
6 a discussion and we made the change. We made the action.

7 That's the kind of thing that I think we as an
8 organization want to have at every level.

9 COMMISSIONER AU: And just to add to it. You
10 know, I sort of referenced my conversation with Barbara
11 regarding the intensive home visitation phase and the
12 expectation that we will have more APIs participating but
13 the data is showing that they're not. So because we have
14 this already the attitude of staff within First 5 LA is in
15 the MEL mode, that we're already into this notion of,
16 let's -- let's take a breath, let's take a look at what's
17 happening, let's assess and evaluate, let's talk to some
18 key people in the community and let's learn what is --
19 what it is that's happening that's making this very
20 difficult -- wonderful program not being utilized by the
21 target population.

22 So we're already in that mode and I think it's
23 really exciting. And I told Barbara earlier, said,
24 please, document, document, document because this learning
25 -- and if we utilize this framework correctly, it's really

1 going to be quite helpful to a lot of agencies within LA
2 county because this has been historically a very difficult
3 community to be able to make inroads. So anyway, I'm
4 excited.

5 COMMISSIONER DENNIS: Deanne and Karla and then I
6 think we've got to stop, folks.

7 COMMISSIONER TILTON: I raised my hand but -- if
8 you want.

9 COMMISSIONER DENNIS: No. You raised your hand
10 but it was about ten minutes ago.

11 COMMISSIONER TILTON: I can't remember that far
12 back. I -- I actually did want to comment a little bit on
13 the second point that you made, Armando, the data and then
14 there's the actual behavior and evidence of progress or we
15 have to whatever.

16 The data is so -- data is so emphasized. This is
17 all so data driven, I'm trying to see how there might be
18 programs where data would be a little harder to grab hold
19 of but the need would be there.

20 And I know Judy, you know, in fields such as
21 domestic violence, there is no data. There isn't any for
22 a reason that we understand. It's -- but you can make a
23 difference in terms of safety for young children if you
24 have the experience and the participation of those people
25 who are enmeshed and involved in that field.

1 I don't know if I'm making any sense at all. But
2 there won't be any data to start with. So how do you have
3 the -- where is the data coming from?

4 MR. LAFRANCE: Well, two thoughts come to mind.
5 One is that it comes back I think a little bit to the
6 point that I was making that you -- this can't become a
7 situation like analysis paralysis, like that if we don't
8 have a data, you know, or what we think of calling data
9 what we consider typically as data, we don't have that
10 kind of data. But if we expand our definition of data to
11 include more insights and experience from folks doing the
12 work who see what's happening on the ground and -- and to
13 be comfortable with making reasoned judgments based on
14 what we can know today, I think that's a big part of
15 getting out your question.

16 And the other is, there are aspects of -- I think
17 it was of the left -- the left beam of the house was data
18 development. And just to say that part of what First 5 LA
19 is also thinking about is where are there areas where by
20 investing in having some data available were there aren't
21 data today, how can we also significantly advance our
22 strategic goals and objectives. And so I think that's --
23 again, you can't do everything. You're not going to fill
24 all data gaps that exist out there. But the kindergarten
25 readiness assessment, just to use one example that I do

1 know is where you've placed a priority, that's -- that's a
2 case of where by having some data available just different
3 decisions can be made that will significantly benefit
4 children's transition to kindergarten and learn more
5 effectively.

6 I mean, there's a couple of different angles on
7 your question, and they're excellent questions you're
8 asking me because they surface the issue of how -- how is
9 anything going to be different moving forward than how it
10 has been.

11 COMMISSIONER DENNIS: Karla.

12 COMMISSIONER PLEITEZ HOWELL: So giving all this
13 information, I think we have a clear understanding of the
14 foundation and the framework for the MEL house. And it's
15 really helpful. And I think, as we start thinking about
16 the walls that we'll be putting up, one -- we heard
17 different programs described. Here's Welcome Baby, here's
18 Best Start. I think internally thinking about how we're
19 aligning those programs and how we'll be collecting that
20 data will be helpful to hear back here because we talked
21 about internal alignment.

22 And then the second part, in the K-to-12 setting,
23 California is looking for a new assessment system. And
24 there's been a lot of work done on continuous learning at
25 least in the K-to-12 setting. And one of the

1 conversations that I think is helpful here is having a
2 really clear tool from the outset that we're using the
3 same tool today that we will be using five years from now
4 and understanding what indicators we will be using in the
5 tool. And as we think about that tool, thinking about it
6 as a narrative as opposed to, here's just numbers. And in
7 the K-to-12 setting with things that have come out, one is
8 the key indicators; two is information of how we're
9 actually doing; and three addresses what Commissioner
10 Dennis just asked, is we've been stuck in the same level
11 for three times in a row that we've put out this report
12 card. We've said, we're stuck. So then that's how we
13 start assessing afterwards but actually thinking about a
14 narrative that we're telling them that helps us actually
15 communicate with community and other partners but we're
16 using the same tool throughout the process.

17 So it might be worth considering as we think
18 about the walls that we're building.

19 COMMISSIONER DENNIS: Thank you. Thank you, all
20 commissioners, for your indulgence. Thank you, Steven and
21 Kim.

22 We're -- we'll take a ten-minute break and resume
23 at 3:30, folks.

24 (A brief break.)

25 COMMISSIONER DENNIS: Okay. We're on --

1 MS. BELSHE: Item 6.

2 COMMISSIONER DENNIS: Item. We're continuing
3 Item 6 and --

4 MS. BELSHE: Barb is going to kick us off.

5 COMMISSIONER DENNIS: Oh, Barb is kicking us off.
6 Okay, Barbie, kick us off.

7 MS. DUBRANSKY: Yes. Several special planning
8 committee meetings ago, some commissioners expressed some
9 interest in learning more about some of the work we have
10 going on in the families work group. Particularly, we
11 have two new program models that we're going to be
12 engaging with in this coming strategic plan.

13 So to give you a little context about how these
14 programs fit within our strategic plan, you recall our
15 priority focus for the families outcome area is to
16 increase protective factors. So in order to do that, we
17 really want to look at who's measuring the progress of
18 their work against protective factors, who has experience
19 doing that. That would be the two people to my right.
20 Sandra Gutierrez is here to represent and talk about
21 Abriendo Puertas, a program that she in partnership with
22 parents and people who work with families and communities
23 designed. And Dr. Bob Sege who in Boston has piloted the
24 Project Dulce program in clinics. So they're going to
25 tell you about those programs in just a moment.

1 But before that, Judy Langford, who I guess many
2 of us think of as the mother of the protective factors --

3 MS. LANGFORD: The grandmother.

4 MS. DUBRANSKY: -- is going to lay down that
5 framework so that we understand what we're talking about
6 when we talk about increasing protective factors.

7 So the families workgroup have worked with these
8 experts as we've been doing the work in our workgroup. So
9 I want the workgroup members who are in the room to stand
10 up. Rafael, Josalyn, Violet, Linda, and Alison are all
11 here. Maria is not here. Maria is representing us right
12 now at the White House Commission on Educational Excellent
13 for Hispanics. They're having an early childhood
14 symposium. So what she's doing is very relevant to the
15 work that we're talking about today.

16 So with that, I will ask Judy to start to talk to
17 us a little bit about the protective factors.

18 MS. LANGFORD: And I'm assuming that everybody
19 can hear me all right. Do I need this one closer so other
20 people can hear me too?

21 Well, first of all, I'm really happy to be here
22 again at First 5. We've been coming back and forth for
23 quite a while and it's very -- it's always interesting to
24 me to see what's next and how people have taken and used
25 these great ideas to do something else. So I'm going to

1 talk just a little bit as an introduction about how all
2 those parts fit together with the protective factors.

3 I started out by actually getting -- this is the
4 mission that's actually in the strategic plan about what's
5 going to happen next and what First 5 is trying to do.
6 And I highlighted the families part because I think that's
7 the part that we want to talk a little bit about today.
8 And I -- I guess all of you've seen this many times so I
9 don't need to read it but I just wanted to acknowledge
10 that, including families has been a really very important
11 part about what's happening. I think everybody has seen
12 it all starts with what we know about the brain science.
13 Everybody's seen these slides many times, about how
14 quickly those capacities develop and the trajectory of
15 that little time frame of the First 5 years is so
16 critically important if you're going to have very much
17 influence on what happens with young children, which is
18 all of First 5's whole mission.

19 This picture is the picture of the overwhelming
20 most important people in the development of any child, the
21 primary source of learning and development for young
22 children during those First 5 years no matter how many
23 services and supports we provide. It is really these
24 families that provide that environment that overwhelmingly
25 shapes the experiences and therefore the development of

1 young children.

2 The most profound finding of brain science -- and
3 we continue to have new findings that come out all the
4 time -- is that almost all of learning and development
5 happens in the context of relationships; not individually
6 all by yourself but from the very beginning the other
7 people around you who create that environment where
8 learning takes place, which only underscores the
9 importance of reaching families early on and supporting
10 them in their work.

11 Now, all of these things are connected. Families
12 are very, very important but they're also heavily
13 influenced and connected to the other parts of their
14 environment. And you'll see this is also -- I just put
15 what's in the strategic plan in a little diagram. But you
16 see the children are the final result that we're trying to
17 make. The families are the closest to them in terms of
18 the influence that they have. The communities that
19 surround those families play a big role in supporting or
20 not being so supportive of families' efforts to be able to
21 -- to create that optimal environment for their children.
22 And then beyond that are those systems. First 5 has --
23 has a hand in all of those pieces of that bigger picture.
24 But I think it's important to remember how it's all
25 connected as you start to look at different parts of that

1 system that First 5 might have an interest and a means to
2 have some influence.

3 It all looks really nice and easy and connected.
4 And it's a little more like this when we start to actually
5 implement this and -- because there's so many different
6 pieces and so many different people and sometimes they're
7 speaking the same language and sometimes really they're
8 not and babies are just perplexed.

9 So one way that we found and that we've seen
10 nationally to start to align the conversation a little
11 more effectively is to create a common framework so that
12 everybody -- everybody's not doing the same thing but at
13 least they're talking the same language and they
14 understand that they're all in there together to try to
15 create the same results.

16 And this is -- this protective factors way of
17 thinking about it is something that's emerging across the
18 country. And one of the newest versions of this is the
19 CDC's new essentials for childhood. So we're all in the
20 boat of working that angle of the protective factors that
21 we want to develop for families so that they can have the
22 impact on children that we want them to have.

23 The protective factors approach starts with the
24 strengths of families. Those are those characteristics
25 that have been shown through research through multiple

1 reach studies to reduce risk and promote healthy
2 development. That doesn't mean we ignore the risk, the
3 trauma, the other negative adverse experiences that
4 children have, but it also means that the protective
5 factors approach helps us figure out what to do about
6 those risks, traumas, and adverse childhood experiences
7 that -- and those things that we want to do, building
8 protective factors through the research, will show us that
9 they both reduce risk and mitigate some of those adverse
10 experiences and promote healthy development at the same
11 time.

12 Now, this is a new paradigm for service providers
13 and for people who are planning like this commission to
14 provide some host of services and supports for families
15 and their children but it's getting a little more out
16 there in terms of the way that people have put these
17 things together.

18 This is another little diagram that emerged from
19 some of our state work with strengthening families. And
20 what you can see on the edges are a whole -- all the
21 different service systems that we do need to provide
22 high-quality services. All of those systems also have an
23 impact on building those family protective factors, those
24 family strengths through the work that they do. They
25 begin, if they're all on the same page about what they're

1 trying to accomplish, to be able to communicate better to
2 align their work and through -- they don't stop doing what
3 they're doing but they align their work in ways that
4 collectively create more of an impact on families. It's
5 working across disciplines but with the same results in
6 the min.

7 You see the same little figure up there that
8 gives another perspective on how important and how small a
9 role in many ways that those service systems play in the
10 everyday lives of families. The community's capacity, the
11 community's support, the communities surround is what
12 really shapes both the lives of families and therefore the
13 lives of young children. And the community's capacity to
14 help support healthy development is really critical to the
15 family's success which is one of the reasons that efforts
16 like the Best Start are looking at, how do you both
17 support that service system and create better capacity in
18 the community to support families.

19 So I think the bottom line is that families are
20 the most important influence on children. But the
21 challenge for communities and service providers is to
22 develop and sustain authentic partnerships with families
23 so that's both the service system and the communities
24 themselves. Those partnerships acknowledge and support
25 the work that families do for their children. They have

1 to support the families' own wishes and beliefs. They
2 shape the community the parents -- again, it's that
3 partnership that shapes the capacity of the community to
4 do what they need to do. And I believe that those
5 partnerships, if they're done really authentically, can
6 begin to shape a new future for young children in
7 Los Angeles.

8 So I want to acknowledge that today we'll have
9 some information about both Project DULCE and Abriendo
10 Puertas who are evidence-based programs building
11 protective factors with families and creating those
12 partnerships that are so essential both to service systems
13 doing their work more effectively together and to helping
14 communities benefit from the leadership that families
15 develop through these programs and through the work that
16 they do together.

17 So we're going to -- next we're going to hear
18 from Bob, I think.

19 MR. SEGE: There you go. Any questions?

20 So I'm going to talk to you about a very sweet
21 project that we just completed in Boston and the results
22 of -- some of the results are published in Pediatrics, in
23 the current issue available online and in print next week
24 I guess. But what I want to talk about DULCE is
25 Developmental Understanding and Legal Collaboration for

1 Everyone. And the way it works is very simple. You have
2 family specialists at each health center. And the
3 intervention doesn't go from zero to five; it goes from
4 zero to six months. So what we're trying to do is use the
5 health center as a platform to support families when they
6 have infants because we know that's a very critical
7 portion and we also don't want to recreate a whole new
8 system of supports when there already are early childhood
9 systems of care. And Judy talked about that a little bit.
10 And the intervention occurs in -- during the routine
11 visits and also in the community.

12 So this is a key element of parent engagement
13 because parents come to the doctor's office, to the
14 clinic, to the neighborhood health center and it's a
15 social good. They're doing a good thing by coming there.
16 And we waste most of their time because they spend about
17 15 minutes with their health care provider, doctor, nurse
18 practitioner, but they actually spend an hour there.

19 So we have this incredible resource. And during
20 the six months of life, parents see their -- their health
21 care provider about five times because infants, when
22 they're discharged from the nursery, they go see them and
23 then on and on.

24 And what we think we can do by doing this, by
25 having it at the health center, also offering home visits,

1 also offering telephone consult, also offering physically
2 walking people to different community supports that we can
3 link these young, emerging, stressed families to the
4 community resources.

5 So health centers are an awesome platform. I'm
6 just going to skip over this quickly. Nearly universal
7 access, well over 92 percent of kids increase -- in
8 particular infants. It's seen as social good. There's
9 not only no stigma but is actually good. Parents trust
10 their other health care provider, doctor or nurse
11 practitioner. There's an ongoing relationship so the
12 patients in a medical home last for kids in theory from
13 birth to age 18 or 21. So when you make the transition
14 from being born, going to Early Head Start, Head Start,
15 school, middle school, high school, whatever, it's the
16 same set of relationships. So it's very easy for families
17 to do that, particularly families have more than one
18 child. So they may be there fairly frequently.

19 And as I mentioned, we have -- there are about
20 five recommended visits in the first six months of life.
21 Often families have more visits because the child does
22 some behavior like vomiting or cough or something. So we
23 have a lot of contact during this time.

24 And when you look at it -- and I hope this works
25 here -- what we're doing -- and Judy's talked about this.

1 When you look at risk-based factors -- it's not going to
2 work. Okay.

3 When you look at risk-based factors, there's a
4 curve of how well families are doing. A standard approach
5 would be to say that families that are doing poorly; that
6 is, you'd have a screen an AISS screen, a developmental
7 scene, a social screen. And then those families that
8 failed the screen, that fall below a certain line, you
9 provide intensive services for them, so to engage them and
10 have those services. So in our field, for example,
11 mothers under the age of 19 or 20 are -- there's a screen.
12 But you know that there are people on the other side who
13 also need services and that there are difficulties with
14 doing that.

15 What this approach does is say that the risk for
16 having child abuse or other troubles with your child is
17 having a child. It's very sensitive. Not very specific.
18 And then through this process we allow parents, by
19 reaching everyone who walks in the door, they can
20 self-identify what they need. So the strengthening
21 families protective factors were the basis of Project
22 DULCE. We focus specifically on the concrete support in
23 the times of need and knowledge of parenting and child
24 development, although we also try to touch on as many of
25 the other family strengths as we could.

1 So starting with birth, the most important thing
2 a child learns is attachment. And that can be interfered
3 with through problems with parents, their own mental
4 health, concrete supports, all of those things. But we
5 know how important that infant attachment is. During the
6 first six months of life, it's a wonderful time but it's
7 economic stress for families. There's no question, you
8 need more space, you need more food, you got to buy
9 diapers. It's tiring. Not every baby sleeps through the
10 night from the moment of hospital discharge. And it can
11 create family stress. And I don't need to go through
12 that. Obviously, it's a difficult time for families.

13 So what this means is that families are hungry
14 for information and support. So we're not only doing
15 something that we think is good because we're the really
16 wise public health people. We give them something that
17 they really want. And it's also -- the first six months
18 are also the highest rates of physical abuse.

19 So thinking about the doctor's visit, back in the
20 early 20th century, Norman Rockwell painted this. You'll
21 see there's a doctor who has of plenty of time, he's
22 examining the doll, he's got this really cool interaction,
23 they love each other. Then in the 20th century, they
24 invented a clock. I don't know if anyone's heard of this.
25 And so doctor's visits became short. So maybe doctors

1 didn't have time to examine the doll.

2 But now we're in a different era. We have
3 patients in the medical homes and we're beginning to look
4 at the health center, not from the doctor's eyes -- I'm a
5 pediatrician. I have 15, 18 minutes with you but you're
6 spending an hour here; how could we provide value to you
7 for that entire hour. That's what the family specialist
8 starts to deliver.

9 Intervention content is based on healthy steps
10 which provides information about child development and
11 parenting strategies. The medical/legal partnership
12 provided an enormous amount of support for us in
13 developing concrete supports for families. We merge these
14 two programs. They fell in love and resulted in Project
15 DULCE: developmental understanding from health steps and
16 legal collaboration from the medical/legal partnership and
17 for everyone because we don't screen. The only screen is,
18 do you have a baby.

19 So our results, I told you what the family
20 specialist does. But in addition to the routine health
21 care visits, home visits. About half our families took
22 home visits. Over 90 percent had telephone visits. We
23 also have e-mail, text messaging, in-person consultations
24 at the health centers and elsewhere in the community.

25 It's really important to understand that when

1 families are poor they actually face significant
2 hardships. So in a country where you believe in equal
3 opportunity, 71 percent of the children in our health
4 center in Boston were born into families that have one or
5 more hardship, including 60 percent who have food
6 insecurity. Many had housing insecurity, phone,
7 utilities. So there are real problems in the moment of
8 birth. And that's something we need to address because,
9 if you think about Maslow's hierarchy of needs, if you're
10 cold, if you're hungry, all the rest of the stuff isn't
11 going to matter. Have got to deal with those things
12 first.

13 So our findings from our randomized trial, first
14 of all, families accepted DULCE intervention as opposed to
15 most trials. Dropout rate was higher in the control group
16 of the intervention. Families came to Boston Medical
17 Center because they wanted to be in this. And families
18 dropped out of clinic overall at a lower rate in the
19 intervention group than in the control group.

20 Second finding, we improved concrete supports.
21 So what we were able to show is the number of supports
22 that families had increased in the DULCE group compared
23 with the control group, and this increase lasted through
24 12 months. There was no increase in awareness. There was
25 no increase in the trying. There was just increase in the

1 success. And we think that's where the medical/legal
2 partnerships really helped done.

3 There is improved health care performance. If
4 you're trying to introduce something to a system, it has
5 to work for that system. So we were able to show that our
6 kids got immunized on time more frequently, they got
7 immunized within a month of being late more frequently,
8 They had fewer emergency department visits, more routine
9 healthcare visits, all of which are quality metrics which
10 are increasingly tied to how health centers are
11 reimbursed. So now, we've helped the families and we've
12 helped the host institution. So we're not doing something
13 that's counter to our purposes; we're doing something that
14 helps them achieve their own objectives.

15 In this slide, we know don't have a lot of time.
16 it shows the X axis is how -- how many contacts there were
17 with family specialist, and the Y axis is how many
18 minutes. All I want you to look at that is to see,
19 there's a huge spread. Some families didn't engage very
20 much. But some families engaged a lot. Families
21 self-identify. So the number of per protocol visits is
22 less than -- than the median number that our families
23 actually had.

24 So we found that some of the families on the
25 right, for example, have maternal depression or intimate

1 partner violence or homelessness or whatever other reason,
2 but through this relationship they found the services they
3 need. And the families' median age was 29. More than
4 half of them had education beyond high school. 43 percent
5 live with baby's father. So they wouldn't have screened
6 in as a high-risk group. But then once they had this
7 relationship, they found it useful to engage in these
8 services and our family specialist spent the time with
9 them to do what they needed. So they drove the
10 intervention.

11 So what we learned from DULCE is that we can
12 strengthen families, it's cost efficient, that parents
13 engage with this approach, that parent engagement can be
14 used to drive the actual intervention. It also increases
15 the system performance of the health care system, which is
16 the host of this platform.

17 And we think we're ready to work in Los Angeles.
18 And a couple of things we want to do in Los Angeles is to
19 -- working with you to identify pilot sites. At each
20 site, there needs to be a health care champion, a mental
21 health person, a family specialist, administrative
22 contact, and a relationship with medial/legal partnership,
23 all of which easily exist here. And one of the things
24 that we're going to do differently is have the program
25 adapt to local circumstances by having a monthly quality

1 improvement meeting that includes parents so that -- so
2 that each site -- and there will be some here and some
3 elsewhere in the country -- will take the core that we
4 discussed and adapt it to what they need and monitor it
5 and include parents in that process. So every step of the
6 way parents are going to drive the bus.

7 So in Los Angeles, we'll have family specialists
8 who deliver services per protocol. They'll form
9 relationships in the health care center. There will be a
10 weekly case discussion. And this is important for safety
11 because the family specialists are not doctors or nurses.
12 So we want to make sure they're not in over their head and
13 they get the support. And by doing it for an hour a week,
14 we can very efficiently get them the support they need and
15 monthly quality improvement meetings. And that's sort of
16 how we'd like to do it in Los Angeles in broad terms in
17 working with you -- with you guys in the back especially.
18 We'll figure out how to make this actually happen, to
19 adapt what worked okay and is now evidence based because
20 it's been published at one site and figure out how to make
21 it work elsewhere.

22 So basically what we want to do is support
23 parents and caregivers and their child and we think we can
24 deliver these services using the health care center as a
25 platform because it's accepted by parents, because it

1 improves their concrete supports, because it brings the
2 health care sector into the early childhood system of
3 care. And right now in many places, there's health care
4 sector over here, everybody else over here, and that
5 families -- and go everywhere. So they don't like have
6 one health care family and one community family. They are
7 have one family.

8 I just want to close by giving a parent
9 perspective from DULCE. And I didn't pay her to say this,
10 honestly. It's amazing the services you can get just by
11 coming to your daughter's physician. First, he referred
12 me to you as family specialist. Then you connected my
13 family to several services we need and they're also
14 connecting me with other services but everything started
15 just by going to an appointment with my daughter's
16 physician. That's what we want. We want the families to
17 do what families do, to get the services offered they
18 need, to engage with the ones they want and find useful,
19 and to do that in a way that integrates them with
20 everything else in the community.

21 Thank you.

22 MS. GUTIERREZ: Good afternoon. My name is
23 Sandra Gutierrez here representing Abriendo Puertas.
24 Thank you for the opportunity to be part of this panel to
25 finally meet Judy Langford and Bob and hear all about the

1 great work.

2 I'm very mindful of the time. So I want to ask,
3 does everybody have a copy of the PowerPoint? Great. So
4 rather than reading it all to you, I'll just highlight a
5 few points on each page and move quickly, I hope.

6 I'd like to start -- I know it's Friday. It's
7 4:00. You've gone through a lot of work already but it's
8 always important to start with what parents aspire for
9 their kids, begin to remember what you hear from parents
10 about, they want their kids to have -- the ability to do
11 that with better opportunities, a better future. And,
12 essentially, that their life success is greater than that
13 of their parents. And the truth is, is that's getting
14 harder and harder to do in this country. One generation
15 may not do as well as the next in several important areas.
16 So it's important that parents are supportive and engaged
17 so that they can have those deeply-held goals and
18 aspirations become real plans and real time -- in face of
19 real time and real life challenges that they do face on a
20 daily basis.

21 One of the core beliefs of our program is that
22 parents are leaders innately. They're leaders of their
23 family and are powerful agents of change. That's one of
24 our core beliefs.

25 The program was developed with a lot of input

1 before and by parents. We spent 18 months listening,
2 documenting, recording the joys, the challenges, the
3 concerns, areas where parents wanted more information.
4 And we found that there was a lot of commitment to do
5 whatever it took so that their kids would have a better
6 future. But there was a lot of misinformation as well.
7 The information about the brain was new. There was a
8 strong belief that learning began when the kids entered
9 school. And there was also a strong belief by 70 percent
10 of the folks that we listened to that they were primarily
11 Spanish-speaking Latino moms, young moms, 20 to 32 years
12 old, was that the child's cognitive ability was set at
13 birth, so there was nothing they could do in terms of
14 interactions that would make a difference. So that is
15 something that we know now through the vast ocean of
16 science and research that we have doesn't -- is not
17 showing. It's quite the opposite; the power is in the
18 fact that there's a lot of things you can do each and
19 every day that make a difference.

20 We have a ten-session program and we weave four
21 important elements throughout. We weave or braid --
22 again, outed my weave -- is that we weave child
23 development, the information you need for -- to be a
24 parent, connection to services and resources that you need
25 to navigate successfully for you and your family, parent

1 leadership. What does it mean to be a parent leadership.
2 And advocacy. We don't think it's enough to be walk -- to
3 talk, sing and read without the advocacy piece because the
4 systems that are here are not always welcoming and they're
5 not always well serving of families or of folks who don't
6 speak English as you well know. So we have those four
7 tenants of -- braided throughout the curriculum.

8 And one of the guarantees that we give parents --
9 and we're very proud that we can keep true to this
10 guarantee -- is that, if they give us two hours of their
11 time, they're going to leave with resources and
12 information that they can use from that day on that are
13 proven. We know this works -- that are proven to improve
14 the optimum development of their children. So that is our
15 guarantee to them. We have very high participation rates
16 as a result. The program also not being a lecture; it's a
17 very engaging and fun program.

18 Building a better future through parent
19 leadership. System improvements that you spoke about and
20 social change will not happen without parents being
21 engaged. They are an important constituency and should be
22 viewed as a constituency. There is a lot of potential
23 civic engagement and partnership opportunities to improve
24 systems by listening to what parents think works. And
25 that's what we did. We're very proud to finally meet

1 Dr. Langford and to proudly say that our program addresses
2 all of the five protective factors, and that's proven in
3 our evaluation.

4 A key one for us was the confidence. We saw a
5 transformative growth from the parents, particularly
6 immigrant parents who felt somewhat invisible and silent
7 and a bit isolated to that experience where they are using
8 their voice and they understand what their rights are and
9 how to navigate these systems and have confidence in what
10 they can do each and everyday.

11 We work through partnerships and are very proud
12 to have a company leader today. Ruth Yun (phonetic
13 spelling) from LAUSD who is our primary partner in
14 Los Angeles. We're in 140 schools in LAUSD. We serve
15 families in 140 schools. We serve families in two-thirds
16 of the Head Starts and Early Head Starts in LA county.

17 Let's just take a moment to have a little reality
18 check about what those families are and what they look
19 like and what they need. I won't go through all of the
20 data that I'm sure you have already engraved in your minds
21 but it's always important to remember that 37 percent --
22 37 percent of the kids in elementary school in LAUSD are
23 English learners or I prefer dual language learners
24 because, someone doesn't speak English, that just means,
25 hey, they speak another language. So that's an important

1 consideration.

2 And we've talked here about making the systems
3 work for families. There are a lot of families that are
4 not in the system. An estimate is that close to 50
5 percent of the kids that enter kindergarten at LAUSD --
6 half, 50 percent, come on -- have not had a formal
7 preschool experience or have not had any early education
8 experience before entering kindergarten. So that is an
9 area that we want to delve into, that we want to
10 strategize about, that we want to work on. That and also
11 the vast use of informal or family friend and neighbor
12 care and try to work with that community as well and bring
13 this service to them as well.

14 We are part of a group at Aspen Institute that
15 believes, as you were saying, in two generations, one
16 future. Children, especially kids that under five, are
17 connected to a family. They live in the context of the
18 family and not viewing it that way and only focusing on
19 the child is sort of giving the child a balloon and giving
20 the parent a big, heavy bolder to carry. You know, it
21 just makes more sense to work across systems and across
22 silos to get the max -- to maximize the impact on the
23 family.

24 There are several examples of that. One of them
25 is the early ed community making a great effort to have

1 parents know about earned income tax credit. That's a
2 huge benefit for parents. And there's a lot more we could
3 do to do two-generation work here in Los Angeles.

4 I won't go through all of the examples but I
5 would like to highlight on that slide that the key word
6 for me on that slide is home. Parents leave with
7 activities that they can use at home each and every day
8 and local resources that are part of each session. We do
9 connect folks to a variety of services. As you can see,
10 there's a list there. I won't bother to list it again.
11 But one of the challenges of doing that -- I don't want to
12 just gloss over this because I think it's important,
13 especially in LA, is because of the families that are
14 often have mixed immigration status. You have to keep
15 really current about who qualifies for what and where and
16 when. So we have the commitment to doing that. We
17 provide a lot of technical assistance. We have a network
18 nationally and work locally to make sure that the
19 information that we're providing is current.

20 There were a few -- the next slide is about an
21 event we recently had. And I share it to thank First 5
22 and the other partners for their sponsorship, but more
23 importantly, I share it because of two -- there were a lot
24 of takeaways at that event. But for me there were two
25 really key things that I think are -- the commission

1 should have at the forefront -- does this really
2 thoughtful and intentional work that I heard a bit of
3 before -- before this panel started. One is -- you
4 noticed that brilliant Dr. Manuel Pastor who gave just a
5 really great breakdown of the demographics of our city and
6 county. And although immigration has slowed down, its --
7 it's real large effect on the families and the impact is
8 undeniable. I share that with you because two-generation
9 strategies have been found to be the most effective
10 strategies with immigrant families because it greets them
11 as families, it helps them integrate into society, it
12 informs them of rights and responsibilities that may be
13 new to them or different from the practices and customs in
14 the country of birth. It's also been proven to -- two-gen
15 has also been proven to be very effective with deep
16 poverty where poverty is passed is on from one generation
17 to the other. So providing people employment, with skills
18 and school readiness and work readiness has been a very,
19 very powerful tool.

20 The other point that I'd like to highlight from
21 this event -- and there were many -- but -- was the
22 brilliant Dr. Ross who reminded us, in spite of all of the
23 challenges that we have some once in a generation, his
24 words, opportunities before us; that we have to maximum
25 those opportunities that are before us.

1 Just yesterday we heard about expansion in health
2 care for kids that are undocumented. So we are going to
3 be working on expanding that and making sure that families
4 understand what that means.

5 Also, along some more good news, there was a very
6 formal, very official coming down from the feds, a joint
7 statement from the Department of Justice and the
8 Department of Education highlighting how important English
9 language -- the rights of English-language speaking -- how
10 English learners families and the kids, their right to an
11 equal education, their right to having things in their
12 language. So it was a very ground breaking and important
13 milestone in the work in immigrant rights. And we're
14 making sure that families are aware of those rights so
15 that we can maximize the many opportunities that are in
16 front of us.

17 Okay. The -- Dr. Pastor's report as well as the
18 presentation from Aspen is available on our website if
19 you're interested.

20 I would like to a little bit more focus on this
21 next slide which is the random control trial which is what
22 we've suffered through to get here. And -- and I think
23 what's important here is that it wasn't -- we weren't
24 looking for, do you know anything different, are your
25 attitudes changed. We were looking for practices - what

1 are you doing differently; not what do you know, what are
2 you doing differently. And it was complicated because, as
3 you can see, Abriendo Puertas, Opening Doors covers a lot
4 of topics, goal setting, connection to resources, early
5 childhood development, literacy, math, health,
6 social-emotional wellness, leadership and advocacy. So it
7 was a challenge to do the RCT and I am very proud of the
8 results, and we're using the findings to improve the
9 program.

10 Just quickly, a hundred percent of the parents
11 felt that the program respected their culture. Okay.
12 That might seem to you like, yeah, okay, so what. That's
13 really one of the things we're proudest of because we
14 challenged some of the beliefs that are in the culture or
15 we challenged some of the practices that are passed on to
16 us from generation to generation because we know new
17 things now. We have the brain research now. We know more
18 so -- Maya Angelou used to say, when you know better --
19 you do better when you know new things that you implement
20 them. So that finding that we were respectful and mindful
21 and honoring of the culture but yet provided new
22 information was a very key finding.

23 96 percent -- again, the confident. 96 percent
24 developed greater self confidence and 92 percent declared
25 that they had learned important new skills that they will

1 begin to use by their -- begin to use every day.

2 Another -- just please stop and consider this a
3 moment. I know it's Friday and it's been a long day, but
4 parent is personal. It's very personal. It's -- so it's
5 cultural as well. And that has to be honor and had
6 respected throughout.

7 We have had -- we're no stranger to evaluations.
8 We've been evaluated since we were a pilot here in LA in
9 2007. And these are the findings from a national
10 evaluation that I won't read but you can see are very,
11 very significant in all aspects. I would want to
12 highlight two things for your attention if you don't mind.
13 The last two are areas that we struggled with,
14 social-emotional development. 92 percent had improved
15 their skills from 47 to 92. And school readiness from 12
16 to seven. And that is especially mindful -- important to
17 us because we were mindful of this word school readiness.
18 People don't -- parents don't talk in those language.
19 They don't know what that meant. We did interview parents
20 who thought haircut, new pair of shoes, lunch pail, school
21 readiness. And that does make sense. But that's
22 completely correct. But so we -- we talk about, is the
23 school -- is the kid ready, does the parent know about
24 school readiness. So this was something that we had to
25 unpack, demystify, and make relevant to their daily lives

1 and make sure that we respected and honored what they
2 could do every day to promote school readiness. So we've
3 learned a lot from both evaluations.

4 And another part of school readiness that I just
5 can't stop saying is the focus on whether the kid is
6 ready. These little kids, right, sometimes 18-months old,
7 you're telling them that they're delayed.

8 Are the schools ready? You have to advocate.
9 Are the schools ready? How do you advocate when your kids
10 is at schools. We know that schools don't have the same
11 resources, so that's an important thing.

12 It's all about brain building ultimately, about
13 better outcomes. And we part -- we're using a mix of
14 empathy, a mix of real life, and a mix science to get to
15 where we want to go. And I'll move on because of the time
16 here.

17 We only work through partnerships. So when you
18 have a lot of national partnerships in addition to those
19 we contribute resources to National Head Start, Campaign
20 for Grade Level Reading, Sesame Street, First Books,
21 Choose Not To Fail, the Aspen Institute, Harvard Family
22 Research, and Common Sense Media. So we have a lot of
23 partnerships that really matter when we bring them home to
24 the family.

25 The last slide is the most important and I will

1 be quick. Where are we going? Okay. We've done all this
2 work. We're tired. We know -- we're a small but very
3 hard working team that works hard to be a good and a very
4 trusted partner. We keep the partnerships that we've had
5 for the last seven years and continue to grow. Where are
6 we going in the future? About the future, we're opening
7 new doors. First and foremost is making sure that all we
8 went through for the RCT is of great value so we can
9 improve our program. We're in the process of doing that.
10 Very quickly, we're entering into -- based on parent and
11 partner feedback, we're going to do a video from a parent
12 perspective on transition to kindergarten. We've
13 interviewed 160 parents of first graders to say what they
14 wish they had known before their kid entered kindergarten.
15 We're also focusing on those parents whose kids aren't in
16 a preschool program.

17 We've got a new math resource that will be ready
18 in a few months. It's called Cuenta Conmigo. It's been
19 evidence-based. It's been researched by 400 parents as
20 well, very quickly.

21 And finally, two more things. Because I can't --
22 this really does deserve some -- some consideration.
23 There was mention of American Pacific Islanders and other
24 communities that are important to reach, and some programs
25 reach them and some programs don't. There was a study

1 done by Dr. Sandy Baba up north where she compared all
2 variety of types of parent programs and found that the
3 parent program that was considered to be the most
4 welcoming of families because it allowed for three
5 generations not just two and it did go into cultural
6 beliefs and work through that was Abriendo Puertas
7 program. And that's a study that will soon be published
8 wherein the beginning of conversations with First 5 San
9 Francisco about developing the curriculum or working with
10 them to do it in a creative for low-income Chinese folks
11 and families in their communities. It's in the very
12 initial stages of that.

13 And whether we like it or not, just as it's
14 constant that parents will always strive and want the best
15 for their kids, it's also true and can't go back that
16 technology is here and we have to be a part of it. We
17 have to be a part of it. If we don't, we will stay
18 behind. If we don't look forward, we will stay behind.
19 So we are in a very careful, very slow, very thoughtful
20 process of developing an app based on what parents have
21 told us they want in an app, not on what we think should
22 be in an app but what they think they want.

23 The last thing is, the program works in a variety
24 of communities. In LA, we work primarily with Latinos and
25 primarily with Spanish-speaking communities. That's

1 what's here. That's what LAUSD serves. The learning
2 objective are good from Boise to Bull Heights. They're
3 the common learning objectives that we all know -- what we
4 all know is. It's based on evidence. We work in
5 multicultural settings throughout the country.

6 I -- the app process, as I said, everything is
7 done in consultation with what parents want. Listen.
8 Bear with me one minute. What do you think was the number
9 one answer in the 400 parents survey about what they
10 wanted in an app? Come on, somebody, tell me.

11 SPEAKER: Fun.

12 MS. GUTIERREZ: Fun was the second one. They
13 wanted it to be engaging and Las Vegas like with a lot of
14 bells and whistles. They did. The one thing they wanted
15 addressed -- the first thing -- not the one thing. The
16 top rated thing out of these 400 parents was stress, how
17 to alleviate stress so that does fall in line with all the
18 work that you're discussing here.

19 I'll end -- and this is truly the -- my
20 conclusion. I know I've claimed to conclude three or four
21 times before this -- is that the principle -- the one
22 thing to remember in this work is that we are all -- all
23 of us here, regardless of who you are, we're all learners
24 and we're all teachers. Just like I've learned today to
25 not use old school PowerPoints from one of my friends

1 here. We learn a lot from the parents. We have a strong
2 belief in parent power. And our program is designed to
3 support and build parent power. We hold dear like parents
4 hold dear those aspirations they have for their kids and
5 believe that the potential in these kids is everywhere.
6 We want to make sure that the opportunities are everywhere
7 as well.

8 I thank you for your attention and a I thank the
9 team for allowing us to present here. Thank you very
10 much.

11 MS. DUBRANSKY: I could not ask for a belter
12 segue, when you mention that we're all learners and all
13 teachers, because from staff's perspective, our next steps
14 are really about formalizing our ability to learn from
15 these experts and apply what they know to our
16 implementation here in LA county. Because, as you know,
17 learning isn't something you do right before you start the
18 program and stop; it's something that's going on through
19 the life of the program, and we need that support from the
20 people who have seen this work all the way through from
21 beginning to end.

22 So as exciting as that is, I'm going to tell you
23 our slightly less exciting next steps. So we're talking
24 first -- returning back to Project DULCE. We're wanting
25 to look at a strategic partnership that supports this

1 local design and replication. And as you know, we need to
2 take the principles of the program and see how they play
3 out in the LA environment. And so we want to develop that
4 relationship to do that, to identify our target
5 populations, partner clinics and communities.

6 So where is the best place for Project DULCE for
7 us to learn about it in this county, clinics that are
8 ready, communities that are ready to engage medical/legal
9 partnerships. This is a big area of learning for the
10 team. We've had a lot of questions about this and we're
11 going to continue to have more questions. It's a new area
12 for First 5 LA and hoping to learn a lot about how to do
13 this and do it well.

14 And then establishing and evaluation approach.
15 We want to contribute to the evaluation base that has
16 already been started by these programs. So we want to
17 know, what's the next step, how can we contribute to that
18 field.

19 And in terms of Abriendo Puertas, again, a
20 strategic partnership to support parent-driven program
21 design. Sandra talked a lot about what that means. It's
22 a lot of work to engage families in a meaningful way in
23 designing the program. As we all know, programs don't
24 work unless the families are engaged in that process.

25 Again, also identifying target populations,

1 particularly school districts, other -- asking other
2 school districts who like want to learn from what LAUSD
3 has done and expand this to other populations.

4 And then immigrating both programs with the IR
5 and R function. As you all know, this is a piece of our
6 work in the communities outcome area but it's like
7 everything in our strategic plan. We talk about it as
8 being in one goal area, but it crosses the goal areas. So
9 this is an area where -- and this is something we've
10 learned in unique ways from each program. So to give an
11 example, in Abriendo Puertas', you have families there and
12 they're going through this learning process, but they're
13 also bringing their life into that. So, hey, they may
14 show up and say, I just found out that I'm going to be
15 evicted. That program has the strength of, okay, if
16 that's what you're coming with today, we have a way to
17 connect you with some support for that. And again,
18 establishing an evaluation approach where we're
19 contributing to the field, both in areas that Abriendo
20 Puertas has acknowledged they want to continue to grow in
21 as well as how successful are we adapting this type of
22 program to other populations.

23 So I want to ask if you have some questions. But
24 before I do that, I'm going to move forward to -- we
25 didn't -- we don't want to miss talking about our babies,

1 right? This is why people at First 5 LA are interested in
2 doing the presentations. Then they can get their kid on
3 to the screen.

4 So Josalyn, stand up. This is on the left
5 Josalyn's daughter Mia. And then at top, we have Rafael's
6 children, Maximo, Luciano, and Calisto. Does it surprise
7 you that Rafael's kids are super heros? It does not
8 surprise me. And then we have on the right here, we have
9 Judith, who is Teresa's administrative assistant. That's
10 her daughter, Natalie moving on to high school now. And
11 then my son, Jessie at the bottom.

12 So I'll go back to -- we'll -- can't get enough
13 of them. So we want to ask if you have any clarify
14 questions about these programs. What about this excited
15 you in terms of what you heard. And what areas do you
16 want to learn more about.

17 COMMISSIONER DENNIS: Commissioners? Cindy.

18 COMMISSIONER HARDING: Do you want to take
19 somebody else first?

20 COMMISSIONER DENNIS: No. You put your hand up
21 first. You get to speak first. I had -- I had a great
22 K-through-12 experience.

23 COMMISSIONER HARDING: So let me just say thank
24 you to both of you, actually all three of you. Great
25 presentations. I think it's so great to see you again,

1 see all of you actually. This is really exciting work
2 that First 5's going to roll out.

3 I have a bunch of questions, so I'm going to ask
4 a few and then you shut me up and move on. But I'm less
5 familiar with Project DULCE. We've heard about it at
6 several of your executive updates. So I was really glad
7 to hear the presentation. This is exciting work.

8 In the next steps it talks to about identifying
9 target populations, partner clinics and communities.
10 Clinics that are ready, what does that mean? What is a
11 clinic that's ready?

12 MR. SEGE: I think the clinic that's ready is one
13 that has the capacity to take on a new program. We
14 originally were going to start DULCE as an example in a
15 particular health center in Boston and then they got a big
16 federal grant to remodel. So they -- they couldn't deal
17 with anything because they were building a new building.
18 And so -- that's the hard thing. And then the other thing
19 is, our clinics that are important for First 5 LA because
20 of the population they serve or their links. And the
21 final one is, there has to be interest in that practice.
22 A practice can't be a exercise in "who wants to drive it".
23 So that's a clinic that's ready.

24 COMMISSIONER HARDING: Then tell us what is the
25 medical/legal partnerships? What is that?

1 MR. SEGE: So there are currently I think 250
2 medical/legal partnerships around the country. They're
3 based on the issue that the social determinants of health
4 are extremely important. So in pediatrics, one of the
5 things the medical/legal partnership has done around the
6 country is look at housing conditions of kids who are
7 hospitalized for asthma. So mold, cockroaches are two
8 extremely prevalent environmental hazards that lead to
9 hospitalization which no amount of medicine can fix. And
10 so they -- they work in different ways at different
11 partnerships. One thing that we did with the one in
12 Boston is, rather than rely on the lawyers and the
13 paralegals to directly deliver services, they trained our
14 family specialists and they were available by phone in
15 these case conferences. So we were able to reach about
16 200 families in the intervention group with about an hour
17 a week of lawyer time, which is very different than -- so
18 it's a new model for them. And the way that Samantha
19 Morton, who's my partner in that, describes it as their
20 legal prevention, not a legal emergency department.

21 So it's very exciting to look at that.

22 COMMISSIONER HARDING: And then last on Project
23 DULCE, talk a little bit more about the role of the family
24 specialist. And as you roll this out in the pilot
25 clinics, is that something that Project -- or First 5 or

1 Project DULCE funds or is that something that the clinic
2 puts up? How does that work?

3 MR. SEGE: So currently, the clinics don't fund
4 it. I think that they will eventually. That's why we're
5 looking at these healthcare benchmarks so require outside
6 funding because clinics that take care of poor people are
7 generally poor as far as they don't do a lot of plastic
8 surgery here, things like that. But the family specialist
9 is someone who has some knowledge of child development or
10 child psychology so she brings -- all of ours happen to be
11 shes -- but she brings a special expertise to the whole
12 situation and then is trained, and we have a protocol that
13 they follow for each visit. So there's a protocol that
14 they follow all the time. But the first part of the
15 protocol, essentially, is figuring out what the family
16 needs. And so then they tailor to that. So they're
17 trained and supervised, but they -- they reach out to the
18 families and they're just kind of there as a -- as a
19 helper.

20 COMMISSIONER HARDING: Last question and then you
21 can move on. Barbara, tell us how these projects,
22 Abriendo Puertas, Project Dulce, how is that going to work
23 with our Best Start communities, with our Welcome Baby?
24 In some cases I see some of this may overlap with what
25 Welcome Baby does. How do those puzzle pieces fit

1 together?

2 MS. DUBRANSKY: Absolutely. There is an aspect
3 of continuum among them. So when we first heard about
4 Project DULCE, we thought, oh, this is a perfect compliment
5 because we're trying to change practice in the hospitals
6 so that hospitals work with families in a certain way.
7 And then working with clinics, particularly in the OB/GYN
8 aspect of clinics. We're not working on the pediatric
9 side right now. And as we know, we want families to hear
10 the same messages about their child's development more
11 than once so that they continue to -- to have those
12 messages embedded so that the behavior change come. So we
13 see them as complimentary practices.

14 But as an organization that looks at that picture
15 back there all the time, we do recognize what that turns
16 out if we were to implement it in that way. We are
17 talking about raising the amount you invest in a given
18 child. And that isn't necessarily sustainable for us.
19 But what we can do is we can pilot this program in areas
20 that are complimentary to the areas where we are doing
21 Welcome Baby. So we still are trying to achieve the same
22 thing overall. We're increasing protective factors in
23 families with different approaches. And there's a great
24 value of to us in looking at the end of this or towards
25 the end when we have information about, what did we get

1 from these.

2 There are unique objectives and outcomes in
3 Welcome Baby versus Project DULCE. Obviously, you've
4 heard about the legal -- the medical/legal partnership,
5 very unique. You've got Welcome Baby areas like breast
6 feeding. So there are a few overlapping but a lot of
7 unique objectives. But what we will be able to do at the
8 end is say, what -- it's a lower cost -- Project DULCE is
9 a lower cost program from Welcome Baby. So we'll be able
10 to look at, here's the outcomes we get, here's how much --
11 sort of the cost of an outcome, right? Here's the cost of
12 these outcomes, here's the cost of these outcomes. What
13 matters to us and what's sustainable. So as Dr. Sege
14 said, Project DULCE looks very much like something that
15 clinics over time should be able to pick up. It's a
16 practice change.

17 Welcome Baby, we know that our sustainability
18 plan needs to be broader and include other investors than
19 just the hospital because other people are benefitting
20 from it. So it's complementary in its nature but we also
21 -- we're considering that it needs to be implemented
22 complementary geographically so that we learn unique
23 lessons about it and can separate the variable we know --
24 so that we can know. Yes.

25 Thank you.

1 COMMISSIONER DENNIS: Did you have anymore?

2 Okay.

3 Anybody else? Nancy.

4 COMMISSIONER AU: Along the lines -- because I
5 think you asked the critical question and I asked about
6 the how do we all -- how does it all fit in and how do
7 they compliment the existing efforts that we have in place
8 with Best Start. And I -- I guess we not only have
9 community clinics, which I think of Cindy's agency is --
10 is the one that contracts with them. So I can see
11 potentially some way of -- of coordinating your
12 implementation even in terms of the piloting, to work
13 really closely with public health and her community clinic
14 infrastructure. But there's also other infrastructures
15 that I'm not sure you're considering. When you talk about
16 our partnership within WICs where we actually have a
17 pretty far reaching contact point with many of the
18 low-income mothers. I guess it's up to the 89 percentile
19 -- percentage of women giving birth the WICs have an
20 interface with, and perhaps that needs to be taken into
21 account. And -- and then we also have the parent
22 engagement piece that occurs by virtue of other efforts,
23 not just with your -- with Head Starts but I believe
24 there's some community-based agencies that also have, you
25 know, created some kind of mechanism for parent

1 engagement. So -- our own strategic partnership with SBCC
2 as well.

3 So I'm trying to see, you know -- I'm really
4 curious actually to see how this all falls into place and
5 seeing really as an opportunity to sort of expand the
6 efforts of in this. So I'm interested. I'm going to be
7 on top of it, asking a lot of questions as you go along
8 but it's exciting.

9 MS. DUBRANSKY: Yeah. I mean, thank you. I
10 should add a few points. One is, in linking the families
11 work to our other outcome areas -- you know, one obvious
12 one is, we have within our health workgroup area, the I R
13 and R function, the Help Me Grow function that we're
14 looking at. Obviously, this program will play a key role
15 in that piece of making that connection. And then
16 Abriendo Puertas, if you recall, we've talked about QRS,
17 the quality system. A program like Abriendo Puertas is an
18 essential piece of a quality system in childcare and early
19 learning settings. So this is, you know, a point of
20 integration in our work between ECE and the families
21 workgroup. So you're absolutely right.

22 COMMISSIONER AU: Those are just two examples.

23 MR. SEGE: One of the things about this is that,
24 because First 5 is so active in doing so many things,
25 there's an opportunity to really take a public health

1 approach, like what's universal, what's available. So
2 DULCE is only the first six months of life. It's only
3 five hours of contact and it's limited. But if it's
4 successful, everybody gets a little help and some families
5 get integrated into other things that they need.

6 And as Sandra mentioned, early childhood
7 education only hits 50 percent of the low-income families.
8 So you can do something with them but then there's more
9 intensity available. So how do you weave all of these
10 together so that poor people don't need to get an MSW to
11 be able to navigate the system. And I think that both of
12 us are -- both of these projects are really taking that
13 part of it. How do you figure out -- work with the
14 families, engage them, and connect them to things that are
15 already there and not necessarily trying to create a whole
16 new universe of services but try to look through the
17 family's eyes, make it easy for them to get stuff that's
18 out there.

19 And, you know, things just sort of grow up
20 haphazardly. I think that all of these programs together
21 with the overall strategic plan of First 5 is to make it
22 so that a family can just find these things without really
23 having to work at it.

24 COMMISSIONER AU: And just sort of finish up the
25 point. When we talk about public policy work, you know,

1 oftentimes what tends to occur is many of the requirements
2 to make a family eligible for those benefits, you know,
3 talking about Medi-Cal, Medicare, already dictates what it
4 is that can be done for the family versus what they really
5 truly need. So it's -- it's going to be an interesting
6 frontier that we're going to be entering into when you
7 talk about making all of this programs so that they're
8 truly available and effective.

9 COMMISSIONER DENNIS: Karla.

10 COMMISSIONER PLEITEZ HOWELL: A quick question
11 around about Abriendo Puertas. So as we're thinking about
12 our strategic alignment at the Best Start communities,
13 we've talked about bringing leadership skills to families
14 in those areas. And Abriendo Puertas has done that in --
15 looks like there's create alignment on that.

16 I'm wondering if you have any examples of
17 participation in advocacy like local control funding
18 formula or advocacy for early care and education programs
19 so that there is alignment with our policy work and Best
20 Start work and what you all --

21 MS. GUTIERREZ: I think that's -- that's great.
22 There's less work than there is potential to do more work
23 in that area. We definitely have tried to engage parents
24 on efforts around early education, LCFF, and also
25 immigrant rights. And it's something that we need to work

1 on more. We haven't had high numbers of participation.
2 We also had a campaign to -- for voter registration and
3 many of our parents were not eligible.

4 But the potential is there. This is something
5 that has to be integrated and built into -- into that and
6 think, after the sessions, what we do here is people
7 hunger for more and to get engaged. Their eyes are open
8 about what's going on in the schools, what's going on in
9 the community, and they want more. So this path to parent
10 engagement -- I mean to sort of a advocacy and model
11 policy supporting them I think is something that we could
12 add or strength in the curriculum. Not currently one of
13 our strengths.

14 COMMISSIONER DENNIS: Anybody else?

15 I have a couple of things. Sandra, I mean, has
16 there been a lot of successes in early childhood settings
17 themselves? Are you -- you know, you talk about LAUSD but
18 just the early, you know, private early childhood system
19 which I'm really concerned about in the degree to which we
20 penetrate in -- in some of those, you know, private, you
21 know, small child care centers and family child care homes
22 and how do we do that.

23 MS. GUTIERREZ: The program is really accessible.
24 It's easy to follow. And we have a variety of partners
25 from family child care to small CPO groups. So, yes, it's

1 just a matter of doing that outreach. There's a waiting
2 list of organizations around wanting that training but
3 it's something that fits. It's evidence based. It fits
4 within the framework and with the preschool standards. So
5 it's good for all -- all of the early ed centers. And the
6 staff development piece of it has been rated really
7 highly.

8 Again, I just want to remember the folks that
9 aren't in the system as well, and that's something we want
10 to strategize about and figure out how to reach them as
11 well.

12 COMMISSIONER DENNIS: The question I have for
13 you, Emily, I remember when we had dinner two years ago
14 now?

15 MS. BELSHE: November 2013.

16 COMMISSIONER DENNIS: Close, close. And I
17 remember --

18 MS. BELSHE: Year and a half.

19 COMMISSIONER DENNIS: And I remember at the time
20 I was asking you with regards to eligible families. And
21 at that time in Boston, you all weren't dealing with
22 children who had been in the foster care system and that
23 sort of thing.

24 And I guess for staff, are we thinking about a
25 model to be inclusive of especially babies and young

1 children who are in the foster care system who may not for
2 the -- you know, numerous different reasons not associated
3 with a parent but may be the ward of the State or, you
4 know, on a temporary basis because that is obviously an
5 issue here. And I know at the time, you know, a couple of
6 years ago, you all wanted intact families in DULCE in
7 Boston.

8 MR. SEGE: We wanted intact mother and baby. So
9 kind of a subatomic. And I have to say that part of that
10 was because that's what our funder told us.

11 COMMISSIONER DENNIS: So we're the funder so we
12 can figure it out.

13 MR. SEGE: If you're -- we're just the fiddler
14 and you call the tunes.

15 But I think I have to say that I'm also a child
16 abuse pediatrician. And there has been interest from the
17 child abuse pediatricians in Los Angeles for using this in
18 their hubs, their primary care hubs. So I would be very
19 interested. And just from the e-mails and phone calls and
20 sidewalk conversations we have, I think there's a great
21 interest there and I think that you've identified a clear
22 need because these infants -- the only thing about the
23 infants that's hard that we have to figure out is that
24 infants in foster care are most often then reunited with
25 their families. So we have to be -- so they need -- they

1 need that stuff immediately with their foster families,
2 many of whom at this age are also relative so that there's
3 -- so to think about that. I think if we think it
4 through, we would love to do that.

5 COMMISSIONER DENNIS: Yeah, because another theme
6 we have in our strategic plan is the trauma-informed care.
7 So this would fall right in line. So I would hope that,
8 as staff is thinking about how to move this forward, we
9 include that population because they probably are the most
10 needy of these type of services and at the earliest point
11 for not only the child but for the -- you know, the parent
12 as well.

13 MS. LANGFORD: As the funder for the project, we
14 -- CSSP had the grant from the federal government to
15 provide the money for the research project. And its
16 overall goal was to prevent child abuse and neglect and
17 you couldn't enroll any family who already had a
18 substantiated case. So that was there.

19 COMMISSIONER DENNIS: Yes, I mean -- crazy.

20 MR. SEGE: This can be another a longer
21 conversation.

22 MS. LANGFORD: We completely agree with you.
23 That was the source -- this is again the eligible issue.

24 COMMISSIONER DENNIS: Those are the kids that
25 need it.

1 MR. SEGE: I just want to add that we developed a
2 program at Boston Medical Center for families where the
3 mother was in treatment for opiate dependence. We based
4 it on the results of DULCE. It's an ongoing trial right
5 now. So we have a lot of expertise. And those families,
6 of course, need more intensity. We worked very closely
7 with the drug treatment programs, worked very closely with
8 the Department of Children and Families because all those
9 families are DCF involved. So we've gone down that path.
10 It's complicated. We're really excited. We'd be happy to
11 work to think about who the populations are here.

12 COMMISSIONER DENNIS: I just hope -- I hope staff
13 will think, you know, comprehensively about the target
14 population and not think that will, you know, benefit what
15 we're trying to do strategically if we, you know, look at
16 whole foster care system and especially those babies in
17 care. I mean -- and the engagement around their mothers
18 and -- and working with the department.

19 MS. DUBRANSKY: I think the key principle at play
20 is that, as we've heard, Project DULCE is really strong at
21 increasing the resources in a family. So in principle
22 what we want to do is increase the resources of whoever is
23 with and is going to remain with that child. You know, so
24 that would be the key. If that is a foster parent, if
25 that's kin -- a kinship provider, whoever it is that's

1 going to stay in that child's life and is going to benefit
2 from the fact that they now have stable housing, you know,
3 stable -- stable income, that's who we want to work with.

4 COMMISSIONER DENNIS: And, Barbara, I understand
5 that you may not know that within a child's two or three
6 months. So I would hope we would be willing to take those
7 risks because we don't know in two or three months when a
8 child comes in foster care where that child is going to be
9 six months down the road. That's just the reality. I
10 mean, reunification is what we desire but it doesn't
11 always happen and, you know -- so I would hope that we can
12 work in the national -- natural parent as well as the
13 foster care parent realizing that that situation could
14 change.

15 COMMISSIONER TILTON: Can you envision that,
16 working with the foster parent and the natural parent in
17 the six-month period of time?

18 MR. SEGE: It's a complicated issue because the
19 -- typically, when a child is put in foster care that
20 young, the parent, usually the mother in this case, is in
21 crisis. So their issues are a little bit different than
22 what we deal with in DULCE. So the program I mentioned
23 respect -- plus those families are under Department of
24 Children and Family supervision but the children are with
25 their moms. So they may be getting treatment and the --

1 now with differentiated response, the families where the
2 child is taken into foster care so early, there's any work
3 but it's sort of an ongoing thing. If this is based in
4 the pediatric center, then it may be we work with foster
5 parents at that point and that that eventually when
6 reunification happens, there are other issues. But I
7 think that because this is so tightly focused on zero to
8 six months, that there are things that fall from that that
9 make it so that we -- DULCE wouldn't work with parents who
10 weren't with their children at the time.

11 COMMISSIONER TILTON: That was my question.

12 COMMISSIONER DENNIS: And my last question is,
13 did you have, you know, a subset of children who had
14 special needs and the degree to which you were equipped to
15 deal with that from your social work perspective as well
16 as from the pediatrics.

17 MR. SEGE: And that's the advantage of being at a
18 patient's medical home. So we didn't have kids who were
19 preidentified as special needs, but as time went on, the
20 kids did -- some of them developed symptoms of autism or
21 whatever. But because it was part of the pediatric
22 patient-centered medical home and we were able to show
23 that we tied the families into the medical home better,
24 all those other resources are kind of naturally available
25 there. So we didn't want to recreate that system. We

1 wanted to tie the families as closely as possible to the
2 medical home so that, if that situation arose, they would
3 be there for it.

4 COMMISSIONER DENNIS: Okay. That's it for my few
5 things.

6 Any other questions, Commissioners?

7 All right. Thank you very much. Thank you all.

8 (At 4:43 p.m., the meeting was adjourned.)
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C E R T I F I C A T E

I, Heatherlynn Gonzalez, a Certified Shorthand Reporter for the State of California, License Number 13646, do hereby attest that:

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

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

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

Attested to on this _____ day of _____, 2015.

CERTIFIED SHORTHAND REPORTER
FOR THE STATE OF CALIFORNIA

FIRST 5 LA

SUBJECT:

Request to Extend a Strategic Partnership with Public Health Foundation Enterprises WIC Program (PHFE-WIC) for five years and Authorize First 5 LA Staff to Execute a Contract from October 1, 2015 through September 30, 2016 in the Amount of \$320,000

RECOMMENDATION (PROVIDED AS INFORMATION):

This memo is provided as information for the Board's consideration at the September 24, 2015 Program and Planning Committee Meeting. First 5 LA staff recommends that at the October 8, 2015 Commission meeting, the Board approve the extension of a Strategic Partnership with PHFE-WIC for the Data Mining Project for five years, coinciding with the 2015-2020 Strategic Plan. First 5 LA staff also recommends that the Commission authorize staff to execute a contract from November 1, 2015 to September 30, 2016 for an amount not to exceed \$320,000. The funds have been included in the First 5 LA 2015-2016 Programmatic Budget under the Data Development Initiative. All subsequent contracts for the remainder of the Strategic Plan will be brought to the board for approval on consent prior to execution. This approval does not obligate First 5 LA to contract with PHFE-WIC for the duration of the Strategic Plan if it is determined not to be in the best interest of the Commission.

BACKGROUND:

In the effort to collect critical data about low-income families with children aged 0–5 in Los Angeles County (LAC), in 2002 First 5 LA partnered with PHFE-WIC (formerly known as Public Health Foundation Enterprises WIC Program), the largest provider of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in LA County, to create the Data Mining Project. WIC regularly collects extensive information about WIC families in its administrative database, named the Integrated Statewide Information System (ISIS), which includes socio-demographic and health information. Through collaborations with all seven local WIC agencies and the California state WIC Branch, a system was created to electronically aggregate ISIS data across the County. This partnership also funded the Los Angeles County WIC Survey (2005, 2008, 2011, and 2014) to collect information to better understand health outcomes and factors associated with the well-being of WIC families. These two ventures provide comprehensive information to health planners, policy makers and community leaders about local families in need— a crucial first step to better serving this vulnerable population.

Pursuant to the Procurement Policy, Strategic Partners of \$75,000 or more in a fiscal year must be presented to the Board for approval. Staff is requesting a five year extension of a strategic partnership to comply with this policy. Section IV.5 of the Procurement Policy also states that contracts of \$75,000 or more requires Board approval prior to execution. Staff is seeking approval to execute a contract for the period of November 1, 2015 to September 30, 2016 for \$320,000.

JUSTIFICATION:

This Strategic Partnership meets the criteria below:

- The Strategic Partnership can provide specific resources needed by First 5 LA to implement an approved program or initiative in a manner or on a scale that makes the Strategic Partnership more cost effective than resources provided through a competitive solicitation; or
- The Strategic Partnership can implement an approved program or initiative more expeditiously than resources provided though a competitive solicitation; or

- The Strategic Partnership can provide a demonstrated level of ability or expertise that is only available in the community through the proposed Strategic Partnership; or
- The Strategic Partnership provides an opportunity to leverage First 5 LA funds to produce additional funding for the program or initiative or service.

AND

- The proposed Strategic Partnership is aligned with the adopted Strategic Plan.
1. The proposed strategic partner will provide First 5 LA with access to PHFE-WIC's rich administrative data. In addition the partner will provide access to data acquired through previous survey data collection, this allows for continuation of data to make comparisons across years. Any other contractor would have to duplicate this work and/or acquire data from previous years which would be prohibitively expensive or unobtainable.
 2. The proposed strategic partner has been conducting the WIC survey, in partnership with First 5 LA, since 2005. They have the infrastructure and knowledge base to manage and implement the survey. Any other contractor would be required to reproduce their work, which would be a significant delay and prevent the project from moving forward expeditiously.
 3. Because the proposed strategic partner has been conducting the WIC Survey for several years, they bring an understanding of the project that any other contractor would be required to duplicate. In addition to their expertise in conducting the survey, they bring a unique understanding of the data collected to date.
 4. Due to federal regulations regarding privacy for WIC participants, no other contractor would be able to gain access to this population to conduct the WIC survey. External contractors also cannot gain access to WIC administrative data.
 5. The data gained through the Data Mining Project has been used to leverage funding for other projects, including Little By Little, two grants from USDA (one to study the impact of a Gestational Weight Gain intervention and the other to examine the impact of WIC nutrition education on healthy behavior change), and a large 5-year NIH grant examining neighborhood influences on childhood obesity.
 6. The current strategic partnership coincides with the 2015-2020 Strategic Plan due to the emphasis placed on the use of data to advance strategies that change policies and systems for the benefit of children from prenatal to age 5 and their families. This strategic partnership provides data that can be used to help assess community and county level needs. Furthermore, data can be collected through WIC to assess family protective factors and community resources, as well as population level monitoring for our Monitoring, Evaluation, and Learning (MEL) Framework.

Los Angeles County Children and Families First – Proposition 10 Commission Comprehensive Annual Financial Report For the Year Ended June 30, 2015

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

September 24, 2015



First5LA.org

Presentation Overview

- Independent Auditor's Report
- Achievements
- Changes to the presentation of the Financial Statements
- FY 2014-15 Highlights
- 3 Year comparisons
- Next Steps

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CAFR Overview

- CAFR = Comprehensive Annual Financial Report
 - Detailed view of the Commission's financial position at a moment in time
 - Activities and results of operations for the fiscal year
 - Presentation of the Commission's overall financial condition

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Process Overview

- Audit process:
 - Fieldwork (3 weeks)
 - Reporting (2 weeks)
- Board of Commissioners' approval

Independent Auditor's Report

- The CPA firm of Vavrinek, Trine, Day & Co. noted that the financial statements are presented fairly, which represents a clean audit
 - No adjusting entries required
 - No findings or observations

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Achievements

- August 2015 – First 5 LA earns Certificate of Achievement for Excellence in Financial Reporting for FY 2013-14 from the Government Finance Officers Association

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Changes to Presentation of Financial Report

- Pass-through expenditures (e.g. Child Signature Program and PFF – Jan-June 2015) presented separately from Provider Grants and Allocations
- Fair Market Value adjustment presented separately from investment income
- Presentation of Assigned fund balance

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FY 2014-15 Highlights

- June 2014: Commission approves FY 2014-15 total budget of \$240.56 million:
 - Program Budget = \$221.20 million
 - Operating Budget = \$19.36 million
- The Board approved a revised budget in March 2015 of \$225.47 million:
 - Program Budget = \$206.11 million
 - Operating Budget = \$19.36 million

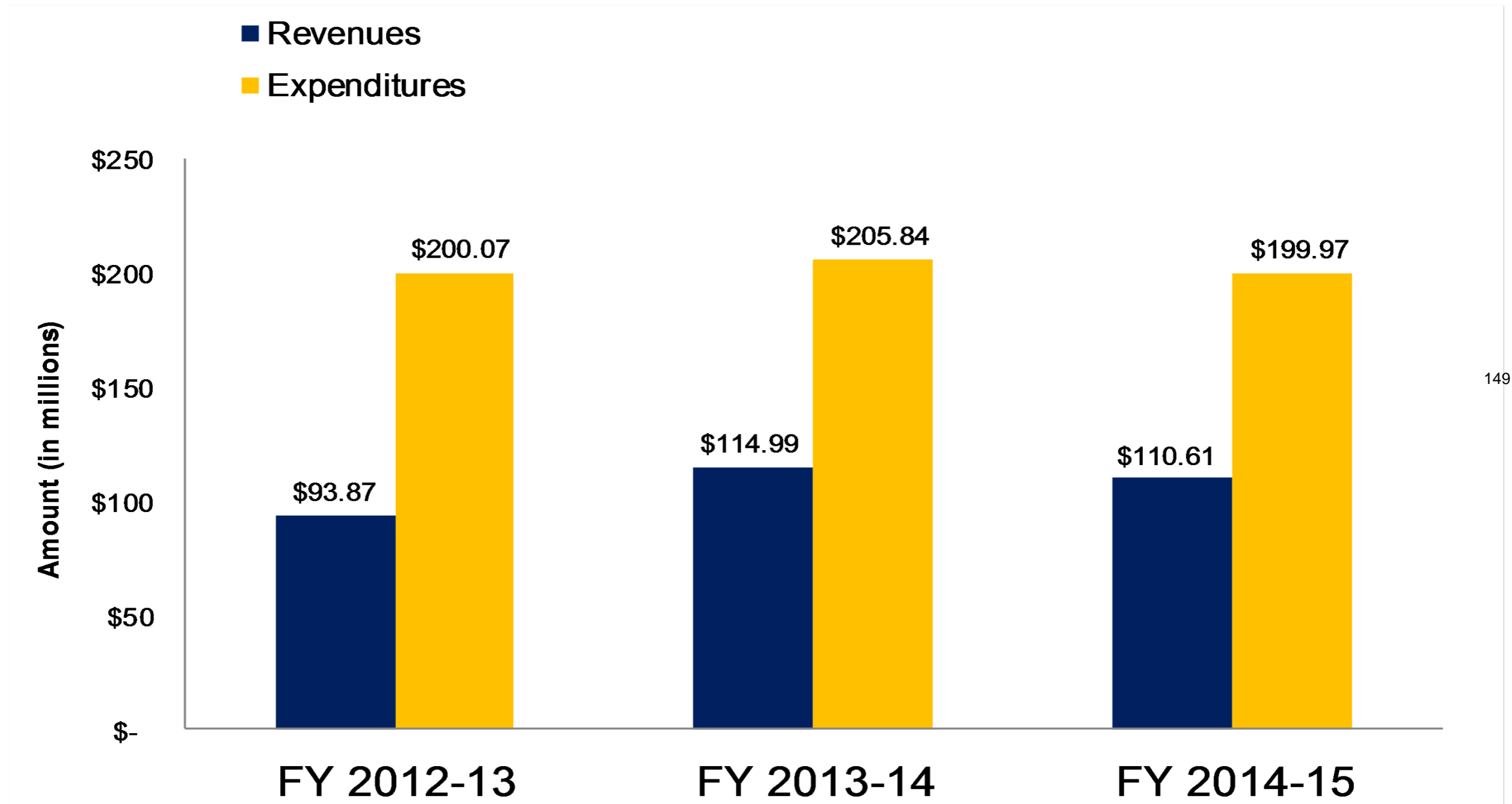
147

FY 2014-15 Highlights Cont'd

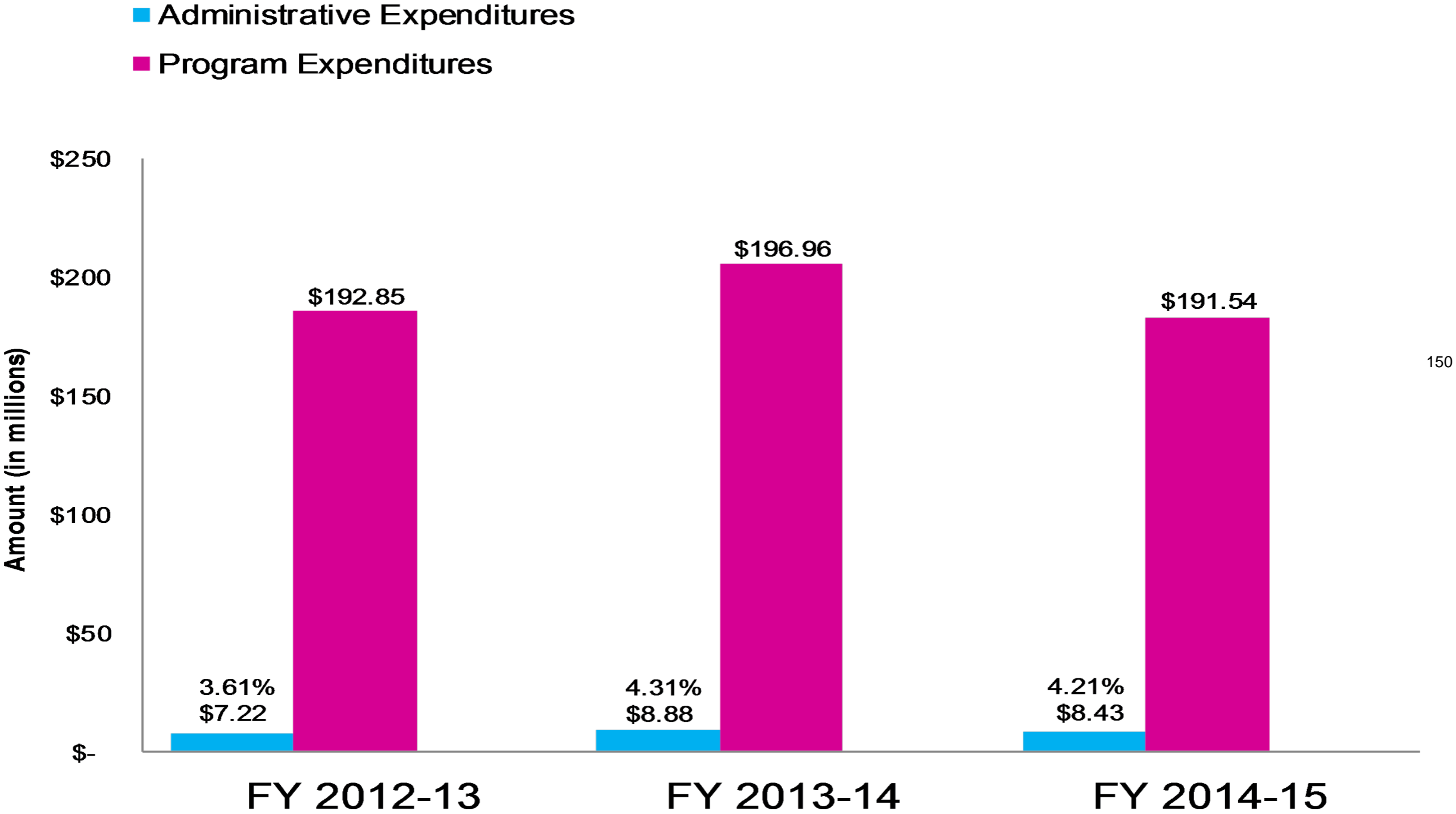
- Total revenue of \$110.61 million, of which \$89.48 million is for tobacco tax
- Total expenditures of \$199.97 million:
 - Program expenditures = \$182.99 million
 - Operating expenditures = \$16.98 million
- Fund Balance as of June 30, 2015 = \$536.63 million
 - Decrease of \$89.30 million from prior year

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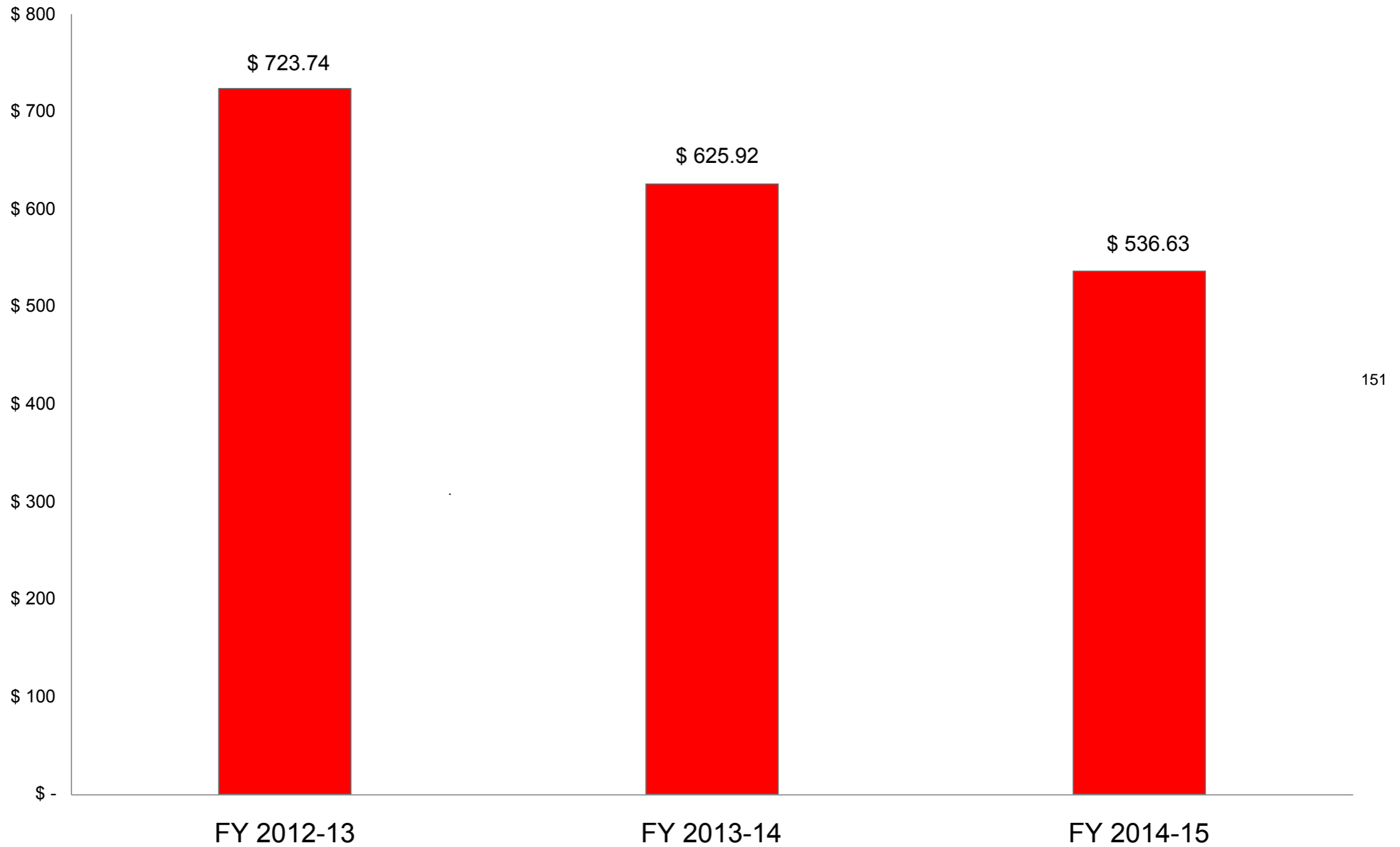
3 Year Comparison: Revenues vs. Expenditures



3 Year Comparison: Program and Administrative Expenditures



3-Year Comparison: Fund Balance



Fund Balance Categories

As defined by the Fund Balance Policy:

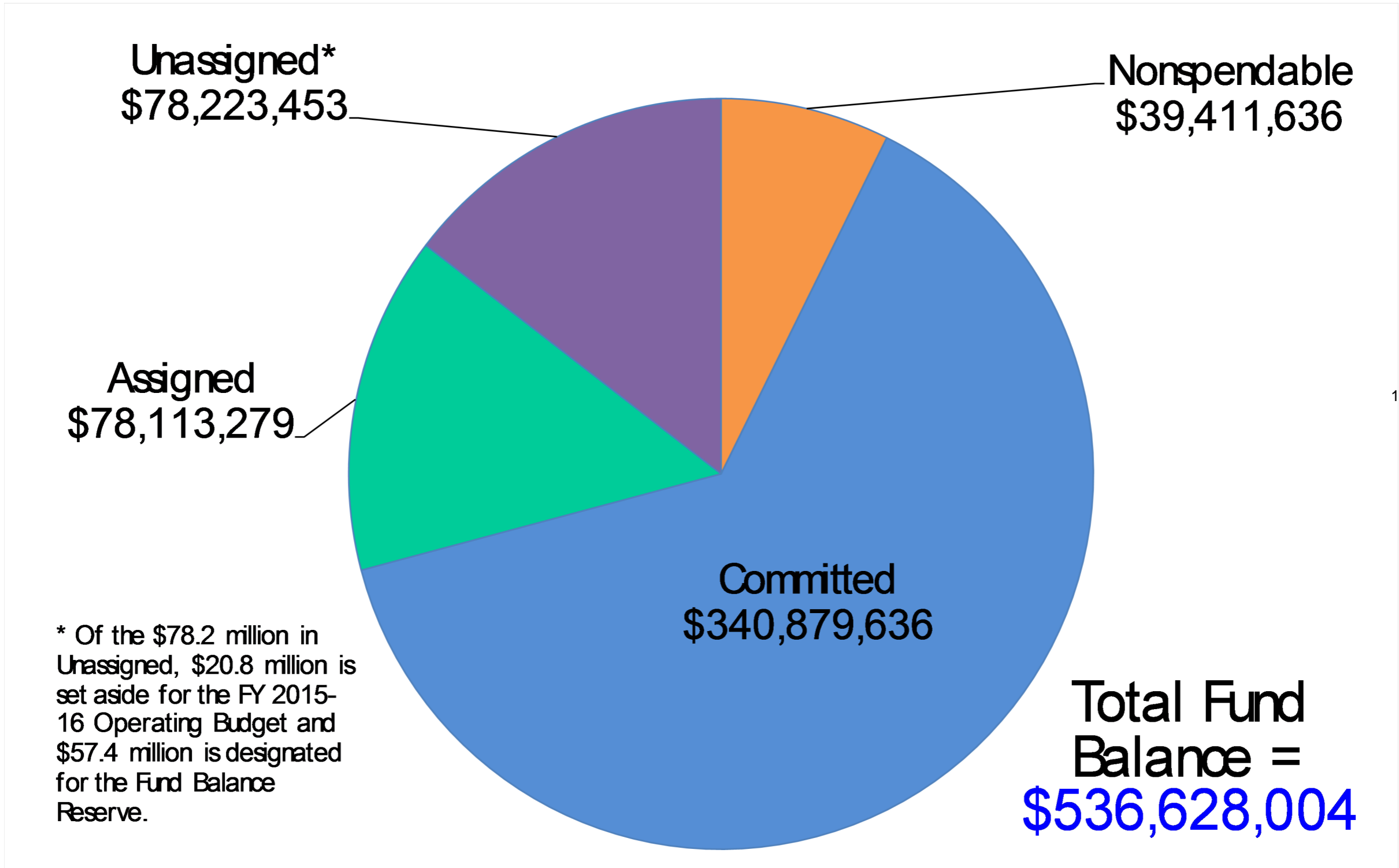
Nonspendable: Funds that have been advanced to a contractor or grantee for services to be provided in the future and are considered to be an asset of the Commission.

Committed: Funds allocated for a specified purpose and directed by the Commission via Resolution. The Commission must adopt another Resolution to reappropriate these funds for other purposes.¹⁵²

Assigned: Funds are reserved for Commission use consistent with the 2015-2020 Strategic Plan.

Unassigned: Funds designated for the Operating Budget and Reserve.

Fund Balance as of June 30, 2015



Next Steps

- Presentation of the CAFR:
 - Program & Planning Committee
(written/informational)
 - Board of Commissioners October meeting
- Update the Long Term Financial Projection (LTFP)
- Continue to monitor FY 2015-16 budget and revise as needed during mid-year

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Questions?



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**LOS ANGELES COUNTY
CHILDREN AND FAMILIES
FIRST – PROPOSITION 10 COMMISSION**
(a Component Unit of the
County of Los Angeles, California)

COMPREHENSIVE ANNUAL FINANCIAL REPORT

For the Year Ended June 30, 2015



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**LOS ANGELES COUNTY
CHILDREN AND FAMILIES
FIRST – PROPOSITION 10 COMMISSION**
(a Component Unit of the
County of Los Angeles, California)

COMPREHENSIVE ANNUAL FINANCIAL REPORT

For the Year Ended June 30, 2015

Raoul Ortega

Finance Director

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST – PROPOSITION 10 COMMISSION
FOR THE YEAR ENDED JUNE 30, 2015**

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October 10, 2015

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

Dear Commissioners:

The Comprehensive Annual Financial Report (CAFR) of the Los Angeles County Children and Families First – Proposition 10 Commission (First 5 LA) for the year ending June 30, 2015, is hereby submitted, as mandated by applicable statutes. These statutes require First 5 LA to annually issue a report of its financial position and activity.

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

Vavrinek, Trine, Day & Co., LLP, Certified Public Accountants, have issued an unmodified ("clean") opinion on First 5 LA's financial statements for the year ending June 30, 2015. The independent auditors' report is located at the beginning of the financial section of this report. Management also provides a narrative introduction, overview and analysis of the basic financial statements in the form of the Management's Discussion and Analysis (MD&A).

PROFILE OF THE COMMISSION

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

Over the last fifteen years, First 5 LA has made a lasting positive impact in Los Angeles County through its allocations of more than \$1.5 billion toward grants, programs and operations that improve the well-being of young children and families.

LOCAL ECONOMY

Despite the recent economic downturn, the Los Angeles County economy has seen significant growth over the past decade. The overall population reached its peak of 10.5 million in 2009, followed by a 6.0% decline in 2010. In recent years, the population has gradually begun to increase, with the total population climbing to 10.1 million in 2014. The most recent data for the County shows that per capita personal income increased to its highest level of \$46,506 in 2013, 1.5% above the 2012 level.

The County unemployment level rose significantly from a low of 4.8% in 2006 to a high of 12.6% in 2010, declining to 8.3% in 2014. The trade, transportation and utilities sector remains the dominant industry in the County with the highest number of employees and the largest percentage of total countywide employment. The educational and health services sector is currently the second largest employer, rising from fourth in 2013. The professional/business services and government sectors dropped to third and fourth, respectively, with the leisure and hospitality sector currently ranking as the fifth largest industry in the County.

MAJOR ACCOMPLISHMENTS

First 5 LA is in its first year of implementing the 2015-2020 Strategic Plan: “Focusing for the Future”. The 2015-2020 Strategic Plan was approved by the Commission in November 2014, and is intended to sharpen our focus, improve the impact we seek, live within our means, and strengthen internal capacity to deliver on our mission.

This Strategic Plan lays out a clear path for First 5 LA to maximize its impact to strengthen families and improve outcomes for the greatest number of children prenatal to age 5 in Los Angeles County. Consistent with the Commission’s strategic direction, First 5 LA will place greater emphasis on efforts to contribute to sustainable public financing, public policy and systems-level change, and less emphasis on funding direct services.

To ensure that all children in LA County enter kindergarten ready to succeed in school and life, the Strategic Plan directs that the Commission’s work focus on the following four priority outcome areas, as defined below:

Families: Increased family Protective Factors

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

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

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

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

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

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

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

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

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

These guidelines continue to ensure that decisions made by the Commission are guided by the principles of financial responsibility, accountability, and adherence to the Commission's Strategic Plan.

Finally, First 5 LA is proud to have received the Certificate of Achievement for Excellence in Financial Reporting from the Government Finance Officers Association for the seventh consecutive year for the Commission's CAFR.

LOOKING AHEAD

First 5 LA enters into the first year of the 2015-2020 Strategic Plan mindful of the fiscal reality of declining resources, as well as the need to continue both refining the strategies and activities outlined in the 2015-2020 Strategic Plan, and assessing the alignment of current work to the new outcomes. We will continue working to advance Commission priorities with a renewed focus on sustainability and leveraging, and with consideration paid to the fiscal outlook presented in the most recent Long Term Financial Projection.

The next fiscal year represents a transitional year, as spending continues for roughly two dozen ongoing initiatives that will soon either end or ramp down, while simultaneously accounting for recent commitments made by the Commission to continue to prioritize investments in Welcome Baby and Select Home Visiting, the Best Start Communities, and policy efforts, as well as providing resources for more developmental activity to advance the 2015-2020 Strategic Plan.

OTHER FINANCIAL INFORMATION

Internal Control

Management assumes full responsibility for the completeness and reliability of the information contained in this report, based upon a comprehensive framework of internal controls that has been established for this purpose. The internal control structure is designed to protect the Commission's assets from loss, theft or misuse and to ensure that adequate accounting data is compiled for the preparation of the financial statements in conformity with Generally Accepted Accounting Principles. Because the cost of internal control should not exceed anticipated benefits, the objective is to provide reasonable rather than absolute assurance that the financial statements are free of any material misstatements.

Budgetary and Accounting System

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

Long Term Financial Planning

Each year, First 5 LA updates its Long Term Financial Projection (LTFP), a five-year forecast that includes revenue, fund balance, program commitments, expenditure projections and operating expenses. The goal of the LTFP is to aid in the Commission's financial stewardship role by showing the long-term implications of funding decisions. Changes to the LTFP may be driven by updates to actual financial data or action taken by the Commission. The most recent LTFP approved by the Commission in February 2015 demonstrates that while resources are adequate

to cover existing obligations in the short-term, the current rate of spending is unsustainable in the long-term.

ACKNOWLEDGEMENTS

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

Sincerely,

Kim Belshé
Executive Director

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FIRST 5 LA

Commissioners

Michael D. Antonovich, Los Angeles County Supervisor, Chair
Philip L. Browning, Vice Chair
Judy Abdo
Nancy Haruye Au
Jane Boeckmann
Duane Dennis
Sandra Figueroa-Villa
Marvin J. Southard, D.S.W.
Joseph Ybarra Jr., Ph.D.

Ex-Officio Commissioners

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

Alternate Commissioners

Suzanne Bostwick
Dayton Gilleland
Terry Ogawa
Rhelda Randal Shabazz
Sylvia Swilley, M.D.
Christopher Thompson, M.D.

Executive Director

Kim Belshé

Chief Operating Officer

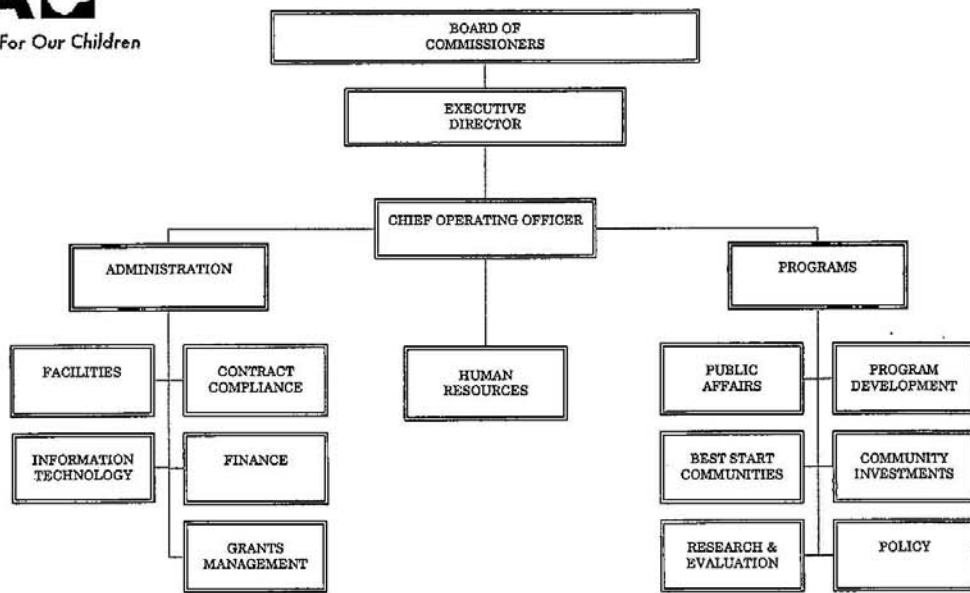
John A. Wagner

Department Chief

Teresa Nuno, Chief of Programs and Planning

Department Heads

Peter Barth, Policy and Intergovernmental Affairs
Gala Collins, Human Resources
Barbara Dubransky, Program Development
Jennifer L. Eckhart, Contract Compliance
Tara Ficek, Grants Management
Rafael González, Best Start Communities
Roosbeh Hamouni, Information Technology
Armando Jimenez, Research and Evaluation
Jessica Kaczmarek, Office of Strategic Planning and Integration
Raoul Ortega, Finance
Jennifer L. Pippard, Community Investments
Gabriel Sanchez, Communications and Marketing





Government Finance Officers Association

Certificate of
Achievement
for Excellence
in Financial
Reporting

Presented to

**First 5 LA
California**

For its Comprehensive Annual
Financial Report
for the Fiscal Year Ended

June 30, 2014

Executive Director/CEO

INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities and the general fund of the Los Angeles County Children and Families First – Proposition 10 Commission (Commission), a component unit of the County of Los Angeles, California, as of and for the year ended June 30, 2015, and the related notes to the financial statements, which collectively comprise the Commission's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and the general fund of the Commission, as of June 30, 2015, and the respective changes in financial position thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis and budgetary comparison information on pages 4 through 12 and 29 through 30 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Information

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

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

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

Other Reporting Required by *Government Auditing Standards*

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

Rancho Cucamonga, California
_____, 2015

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

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This section of the Los Angeles County Children and Families First – Proposition 10 Commission (the “Commission”) comprehensive annual financial report presents management’s discussion and analysis of the Commission’s financial performance during the year ending June 30, 2015. This discussion and analysis is intended to be read in conjunction with the Commission’s basic financial statements and accompanying notes.

Financial Highlights

- The Commission received a total of \$99.8 million in revenues from First 5 California (the State), reflecting a 7.88% decrease of \$8.5 million from \$108.3 million in FY 2013-14. Total program revenues for FY 2014-15 in the amount of \$104.5 includes tobacco taxes, as well as pass-through funds for programs such as the Child Signature Program, Medi-Cal Administrative Activities and the LA County Partnership for Families program funded through the Department of Children and Family Services.
- Commission expenses totaled \$200.0 million in FY 2014-15, representing a 2.85% decrease of \$5.9 million from \$205.8 million in FY 2013-14.
- The Commission’s liabilities increased from \$39.3 million in FY 2013-14 to \$41.2 million in FY 2014-15, reflecting a total increase of approximately \$1.9 million, or 4.89%.
- The Commission’s total net position decreased from \$644.8 million in FY 2013-14 to \$555.4 million in FY 2014-15, a decline of approximately \$89.4 million, or 13.86%.

Overview of the Financial Statements

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

Government-wide Financial Statements

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

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

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

Fund Financial Statements

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

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

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

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

Government-wide Financial Statements Analysis

The following is a summary of the Commission’s assets, liabilities and net position comparing FY 2014-15 with FY 2013-14:

	<u>FY 2014-15</u>	<u>FY 2013-14</u>	<u>Percent Increase (Decrease)</u>
Assets:			
Current and other assets	\$ 584,759,224	\$ 671,992,828	-12.98%
Capital assets	11,885,041	12,082,438	-1.63%
Total assets	\$ 596,644,265	\$ 684,076,266	-12.78%
Liabilities:			
Long-term liabilities	\$ 577,909	\$ 568,434	1.67%
Other liabilities	40,659,573	38,745,228	4.94%
Total liabilities	41,237,482	39,313,662	4.89%
Net Position:			
Unrestricted	543,521,742	632,680,166	-14.09%
Net investment in capital assets	11,885,041	12,082,438	-1.63%
Total net position	555,406,783	644,762,604	-13.86%
Total liabilities and net position	\$ 596,644,265	\$ 684,076,266	-12.78%

The Commission’s total assets of \$596.6 million represent a decrease of \$87.4 million, or a 12.78% decline, compared with the prior year. Of this total, the decrease in current and other assets is approximately \$87.2 million. The key factor contributing to this reduction in total assets is that total expenses, including program expenses (such as pass-through grants and other allocation), were greater than the total revenue by \$89.4 million.

The \$197,397 decrease in capital assets resulted from continued depreciation of the Commission’s capital assets. The depreciation expense for FY 2014-15 was \$322,346. Additional information on capital assets can be found in Note 3 of this report.

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

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Other liabilities in FY 2014-15 increased by 4.94% over the prior year and are primarily due to greater activities related to Account Payable in the current year compared to the prior year in the amount of \$1.82 million.

The following is a summary of the Commission’s revenues, expenses and change in net position comparing FY 2014-15 with FY 2013-14:

	<u>FY 2014-15</u>	<u>FY 2013-14</u>	<u>Percent Increase (Decrease)</u>
Revenues:			
Program revenues			
Tobacco taxes	\$ 89,475,135	\$ 90,280,307	-0.89%
Other State Commission program funds	10,283,414	18,009,907	-42.90%
Medi-Cal Administrative Activities	80,799	232,407	-65.23%
Partnership for Families funds	4,615,313	-	100%
Total program revenues	104,454,661	108,522,621	-3.75%
General revenues			
Investment income	3,903,275	6,368,593	-38.71%
Net increase in FMV of investments	2,152,879	-	N/A
Other income	104,072	100,320	3.74%
Total general revenues	6,160,226	6,468,913	-4.77%
Total revenues	110,614,887	114,991,534	-3.81%
Expenses:			
Provider grants and other allocations	168,766,806	189,910,283	-11.13%
Pass-through grants	14,225,131	N/A	N/A
Salaries and benefits	13,423,832	12,682,373	5.85%
Operating services	1,346,532	1,207,258	11.54%
Consultant services	1,216,609	956,488	27.20%
Professional services	404,560	543,038	-25.50%
Other expenses	264,892	183,974	43.98%
Depreciation	322,346	353,258	-8.75%
Total expenses	199,970,708	205,836,672	-2.85%
Change in net position:	(89,355,821)	(90,845,138)	-1.64%
Net position – beginning	644,762,604	735,607,742	-12.35%
Net position – ending	\$ 555,406,783	\$ 644,762,604	-13.86%

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

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Revenues

The Commission received a total of \$110.6 million in revenues for FY 2014-15, reflecting a decrease of \$4.4 million, or 3.81% compared with the prior year’s total revenues of \$115.0 million. The overall changes in revenue are due to the following.

Tobacco Tax

Tobacco tax revenue decreased from \$90.3 million in FY 2013-14 to \$89.5 million in FY 2014-15, a reduction of \$805,172, or 0.89%. This decrease is primarily due to declining sales of tobacco products and increased administrative fees assessed by the State Board of Equalization for the collection of tobacco taxes.

Other State Commission Program Funds

Other State Commission program funds decreased from \$18.0 million in FY 2013-14 to \$10.3 million in FY 2014-15, a reduction of \$7.7 million, or 42.90%. \$9.9 million was recorded in FY 2014-15 for the Child Signature Program. In addition, \$27,872 from the First 5 California Surplus Money Investment Fund (SMIF) was also recorded for FY 2014-15. The decrease from FY 2013-14 is primarily related to the timing of when First 5 LA received roughly \$7.2 million in reimbursement for the FY 2012-13 First 5 California Child Signature Program and \$293,725 for the FY 2012-13 First 5 California CARES Plus program, amounts that were recorded in FY 2013-14.

Medi-Cal Administrative Activities

The Medi-Cal Administrative Activities (MAA) program decreased from \$232,408 in FY 2013-14 to \$80,799 in FY 2014-15. The program, contracted through the County of Los Angeles, assists in the administration of the Medi-Cal program by improving the availability and accessibility of Medi-Cal services to eligible participants. While this decrease is a result of less activity reported this year than in the prior year, it is important to note that MAA reimbursements are based on activities that are reimbursed from 18 months prior to billing.

Investment Income

The Commission earned \$3.9 million of investment income in FY 2014-15, which was an increase of roughly \$300,000, or approximately 8.3%, compared with the \$3.6 million earned in the prior year. In previous years, First 5 LA included the Fair Market Value adjustment under investment income within the Statement of Activities. For FY 2014-15, in order to promote greater transparency and to more accurately reflect true interest earned, First 5 LA separated these amounts within the Statement of Activities. For FY 2014-15, the Fair Market Value adjustment is \$2.2 million, compared to \$2.8 million in FY 2013-14.

Partnership for Families Fund

The Commission recorded \$4.6 million in revenue under a new contract agreement with the Department of Children and Family Services (DCFS) to fund the Partnership for Families (PFF) program. While First 5 LA funding for PFF ended in December 2014, the program continued through funding from DCFS. First 5 LA agreed under contract to manage the program structure in order to allow DCFS additional time to continue with their formal procurement process and the eventual management of the program.

Other Revenues

The Commission generated other revenue primarily through a lease agreement it has with La Petite Academy. This revenue increased by \$3,752, from \$100,320 in FY 2013-14 to \$104,072 in FY 2014-15.

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

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Expenses

The Commission expended approximately \$200.0 million in FY 2014-15 compared with \$205.8 million in FY 2013-14, a decrease of \$5.87 million, or 2.85%. The \$5.87 million net decrease in overall expenses encompasses the following from FY 2013-14.

Provider Grants and Other Allocations

In previous years, the Commission included expenditures related to “pass-through grants” within the line item “Provider grants and other allocations”. For FY 2014-15, these pass-through funds were reflected separately in order to promote greater transparency and to more accurately reflect true “Provider grants and other allocations” expenditures. Because of this change, the table above reflects a larger variance compared to the prior year of 11.13%. When adjusted for prior year pass-through funds, the Commission experienced a decrease of \$2.91 million, or 1.70%, expending approximately \$168.8 million in FY 2014-15 compared to \$171.7 million in FY 2013-14 for “Provider grants and other allocations”. The net decrease is a result of many initiatives ramping down or ending, even while some initiatives began to experience a ramp up of activities during FY 2014-15. The following details activity based on the Commission’s investment categories during the fiscal year:

- **Place-Based Investments:** Spending for Place-Based investments increased by over \$9.2 million from the prior year primarily due to a continued ramp up of the Welcome Baby and Select Home Visitation programs, as well as activities ramping up within the 14 Best Start Communities with further implementation of the Building Stronger Families Framework.
- **Countywide Strategies:** An overall decrease within this investment category is due to the end of funding for the Matching Grant program and the Early Head Start Matching Grant program, as well as lower expenditures for Health Access (Healthy Kids) due to a decline in enrollment during FY 2014-15 and two program enhancements that were accounted for in FY 2013-14.
- **Countywide Initiatives:** Significant increases over prior year expenditures were noted in Children’s Dental Care (\$1.1 million, or 22.33%), Little by Little/One Step Ahead (\$0.9 million, or 56.62%), Reducing Childhood Obesity (\$5.0 million, or 67.72%), and Universal Assessment of Newborns (\$3.4 million or 156.59%). These were offset by initiatives with decreases from the prior year, including Substance Abuse Treatment Services (\$1.5 million, or 29.69%), Tot Parks and Trails (\$3.2 million, or 74.15%), and a decrease in Permanent Supportive Housing in the amount of \$10.0 million, which was recognized in FY 2013-14 with no further expenditures in FY 2014-15.
- **Prior Strategic Plan Investments:** As anticipated for initiatives originating from the prior strategic plans, many of these investments ended or were winding down in FY 2014-15, including Baby Friendly Hospitals, Community Opportunities Fund, Family Place Libraries, and Oral Health & Nutrition. A number of initiatives also ended in FY 2013-14, with no expenditures in FY 2014-15, including Family Friends and Neighbors, School Readiness Initiative, Healthy Births, and Family Literacy.

Pass-through Grants

In previous years, the Commission included expenditures related to “pass through grants” within the line item “Provider grants and other allocations”. For FY 2014-15, these expenditures were separated in order to promote transparency and to more accurately reflect true “Provider grants and other allocations” expenditures against the approved fiscal year budget. \$14.2 million was recorded in FY 2014-15 as “pass through grants” compared to \$18.2 million in FY 2013-14. Of the \$14.2 million, \$9.8 million was for the First 5 California Child Signature Program (CSP), \$4.4 million was for the Los Angeles County Department of Children and Family Services Partnership for Families (LAC-PFF) program, and \$33,456 was for Medi-Cal Administrative Activities.

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

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Salaries and Benefits

Salaries and Benefits increased from FY 2013-14 by \$741,459 or 5.85%. The increase is due to fewer vacant positions than in FY 2013-14, as well as the implementation of Phase 1 of the recently adopted compensation philosophy by the Commission in November 2014. The adopted compensation philosophy included changes to the organization’s salary structure, a modification to the existing 403(b) match to lower the maximum contribution from six to three percent, and the introduction of a new non-elective employer contribution component to the plan. The increase in FY 2014-15 related to the new non-elective component is roughly \$225,646.

Operating Services

Compared to the prior year, there was an 11.54% increase in costs related to general operating services. The Commission experienced significant increases in costs related to corporate insurance, workers compensation, printing, human resources costs, hardware and software maintenance and contingency funding. These increases were offset by decreases in office supplies, subscriptions and publications, capital outlay (equipment), Los Angeles County overhead, facilities and utilities expenses.

Consultant Services

Consultant services increased from FY 2013-14 by \$260,121 or 27.21%. The increase is primarily due to continued organizational development efforts, ongoing strategic planning processes and the compensation study.

Professional Services

Professional services decreased from FY 2013-14 by \$138,478 or 25.50%. The decrease is primarily due to fewer costs related to legal fees, membership dues, and staff recruitment, as well as to the fact that First 5 LA prepaid dues for the FY 2014-15 First 5 Association annual memberships in FY 2013-14. The decrease was offset by increases in auditing fees and costs for Commission stipends.

Budgetary Highlights

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

Final Revenue Budget vs. Actual Revenue

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

Tobacco Taxes

Actual tobacco tax revenue of \$89.5 million was approximately 1.89% higher than the anticipated amount of \$87.8 million. The original estimate was based on data from the State Board of Equalization dated June 4, 2014. On June 2, 2015, updated State projections estimated \$84.7 million in revenue for FY 2014-15, roughly \$4.8 million below actual.

State Commission Program Funds

State Commission Program Funds in the amount of \$11.1 million were recorded in FY 2014-15 for the First 5 California Child Signature Program, the CARES Plus program and SMIF.

Investment Income

Investment income of \$3.9 million was earned in FY 2014-15. The monthly average return of 0.72% is lower than the 0.75% anticipated and included in the Long Term Financial Projection approved by the Commission in February 2015.

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

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Original Expenditure Budget vs. Final Expenditure Budget

The following provides a brief summary of the primary factors that contributed to the increase in the final budgeted expenditures compared with the original budgeted expenditures.

Provider Grants and Other Allocations

The overall Program Budget (Provider Grants and Other Allocations) was adjusted downward during the year by \$15.1 million, or 6.82%. In March 2015 the Commission approved a mid-year budget revision reducing the Best Start - Family Strengthening investment by \$4.1 million, the Countywide Strategies by \$2.0 million, the Countywide Initiatives by \$7.2 million, and the Research & Evaluation projects by roughly \$2.0 million. The overall reduction is driven by slower than anticipated ramp up, actual contracts coming in lower than the original budget estimates and underutilization within some of the direct service programs.

General Operating Expenditures

Funds were adjusted downward by \$114,150 at mid-year. This decrease, which includes a number of transfers both in and out, is primarily due to a transfer of \$85,000 in Contingency funding from the Executive and Best Start Communities Departments to cover needs within Consultant Services.

Professional Services

Funds were adjusted downward by \$4,600 at mid-year to reflect a revised projection based on expenditures through January 2015.

Consultant Services

Funds were adjusted upward at mid-year, resulting in a net increase of \$471,000. This is driven primarily by additional needs identified to support the continued organizational development efforts and ongoing strategic planning implementation, as well as a small amount to support analysis and convening of stakeholders interested in informing the development of a future funding model for First 5 LA.

Travel and Meeting

Funds were adjusted upward at mid-year by \$129,282 to reflect revised projections based on expenditures through January 2015. Specifically, the primary driver was \$100,000 estimated for local meetings to convene external stakeholders around First 5 LA’s 2015-2020 Strategic Plan to create greater awareness and understanding about the Strategic Plan as well as provide an opportunity for parents, community leaders, nonprofit, and public representatives to share their insights and best thinking about implementation activities.

Final Expenditure Budget vs. Actual Expenditure Amounts

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

Provider Grants and Other Allocations

The total Provider Grants and Other Allocations variance for FY 2014-15 is \$37.3 million, excluding pass-through costs. Of that variance, the Countywide Initiatives represent \$13.6 million, or 36.50%, Prior Strategic Plan Initiatives represent \$12.0 million, or 32.12%, and Place-Based Initiatives represent \$6.9 million, or 18.41%. Underutilization is primarily due to slower ramp up than originally anticipated, and in the case of Black Infant Health, other sources like Title V, State General and Title XIX funds that were identified, preserving allocated First 5 LA funds for use in later years.

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

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Pass-through Grants

The Commission’s annual fiscal year budget is developed to include planned expenditures of Commission funds only, programs that are funded via pass-through grants in which the Commission acts as an intermediary are not included in the annual budget. Because pass-through grants were included with Provider Grants and Other Allocations in previous years, expenditures related to pass-through grants were reflected separately beginning in FY 2014-15 to more accurately represent expenditures of Commission funded provider grants and other allocation and to promote transparency.

Salaries and Benefits

Salary and benefit costs were lower than budgeted, with a variance of \$1.3 million. This is due to a combination of regular employee turnover and vacant positions, as well as a conservative budgeting approach. Specifically, for FY 2014-15 vacant positions were budgeted at the mid-range of the salary guidelines and were also budgeted for a full 12 months.

Workers Compensation Insurance

Costs related to Workers Compensation Insurance were higher than budgeted, with a variance of \$43,520, or 35%. This is due to a deposit made during FY 2014-15 for FY 2015-16 premiums.

Corporate Insurance

Corporate Insurance costs were higher than budgeted, with a variance of \$30,812, or 42%. This is due to payment for FY 2015-16 premiums that was paid in FY 2014-15.

Telephone & Modems

Expenditures exceeded the budget by \$27,644, or 37%. The overage is primarily due to a significant increase in long-distance telephone charges related to conference calls.

Equipment Repairs and Maintenance

Equipment Repairs and Maintenance costs were lower than budgeted, with a variance of \$56,081, or 95%. This is due to fewer repairs and maintenance than originally anticipated for FY 2014-15.

Miscellaneous Service Charges

Miscellaneous Service Charges, representing Los Angeles County Overhead costs, were lower than budgeted, with a variance of \$51,415, or 90%. This underspending is primarily due to lower claims processed by Los Angeles County on behalf of First 5 LA under the Medi-Cal Administrative Activities program due to a lower participation rate.

Professional Development

Professional Development costs were lower than budgeted, with a variance of \$209,906, or 85%. This is primarily due to the cost-effective approach of utilizing coaching consultants to support organization-wide development efforts through the course of the Strategic Planning and Implementation process. Further, due to the organization’s efforts to establish a comprehensive professional development approach, some intended expenses were temporarily placed on hold.

External Reviewers

Costs for External Reviewers were lower than budgeted, with a variance of \$2,560, or 64%. This is due to the need being less than originally projected.

Program Events

Costs for Program Events were lower than budgeted, with a variance of \$12,916, or 86%. This is because anticipated policy and advocacy events in Sacramento and Washington D.C. did not take place as originally expected.

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

The final budget for Operations remained the same at \$19.4 million for FY 2014-15, while the Program Budget was decreased by \$15.1 million due to reductions driven by slower than anticipated ramp up, actual contracts coming in lower than the original budget estimates and underutilization within some of the direct service programs.

Other Potentially Significant Matters

The State projects a continuing decrease of State Tax Allocations revenue. The projected annual revenue decrease is estimated to be 9.60% through FY 2015-16 based on the Department of Finance May revised published June 2, 2015.

Contacting the Commission’s Financial Management

This financial report is designed to provide the public with an overview of the Commission’s financial operations and condition. If you have questions about this report or need additional information, please contact the Commission’s Director of Finance at (213) 482-5902 or 750 N. Alameda Street Suite 300, Los Angeles, California 90012.

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST - PROPOSITION 10 COMMISSION
STATEMENT OF NET POSITION AND GOVERNMENTAL FUND BALANCE SHEET
JUNE 30, 2015**

Draft Copy 06/15/15

	General Fund	Adjustments (Note 1)	Statement of Net Position
Assets			
Cash	\$ 1,411,326	\$ -	\$ 1,411,326
Investments	519,357,312	-	519,357,312
State receivable	24,052,149	-	24,052,149
Investment income receivable	526,801	-	526,801
Advances to grantees	39,411,636	-	39,411,636
Capital assets:			
Not depreciated	-	2,039,000	2,039,000
Depreciable capital assets (net)	-	9,846,041	9,846,041
Total assets	\$ 584,759,224	\$ 11,885,041	\$ 596,644,265
Liabilities			
Accounts payable and accrued liabilities	\$ 40,643,093	\$ -	\$ 40,643,093
Other liabilities	-	16,480	16,480
Compensated absences:			
Due within one year	-	75,544	75,544
Due in more than one year	-	502,365	502,365
Total liabilities	40,643,093	594,389	41,237,482
Deferred Inflows of Resources			
Unavailable revenue - State Commission Program Funds	6,574,807	(6,574,807)	-
Unavailable revenue - Partnership for Families Funds	913,320	(913,320)	-
Total deferred inflows of resources	7,488,127	(7,488,127)	-
Fund balance/net position			
Fund balance:			
Nonspendable	39,411,636	(39,411,636)	-
Committed	340,879,636	(340,879,636)	-
Assigned	78,113,279	(78,113,279)	-
Unassigned	78,223,453	(78,223,453)	-
Total fund balance	536,628,004	(536,628,004)	-
Net position:			
Net investment in capital assets	-	11,885,041	11,885,041
Unrestricted	-	543,521,742	543,521,742
Total net position	-	555,406,783	555,406,783
Total liabilities, deferred inflows of resources and fund balances/net position	\$ 584,759,224	\$ 11,885,041	\$ 596,644,265

See accompanying notes to the basic financial statements.

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST - PROPOSITION 10 COMMISSION
STATEMENT OF ACTIVITIES AND GOVERNMENTAL FUND REVENUES,
EXPENDITURES AND CHANGES IN FUND BALANCE
FOR THE YEAR ENDED JUNE 30, 2015**

Draft Copy 09/15/15

	General Fund	Adjustments (Note 1)	Statement of Activities
Revenues			
Program revenues			
Operating grants and contributions:			
Tobacco taxes	\$ 89,475,135	\$ -	\$ 89,475,135
State Commission Program Funds	11,050,327	(766,913)	10,283,414
Medi-Cal Administrative Activities	80,799	-	80,799
Partnership for Families Funds	3,701,993	913,320	4,615,313
Total program revenues	104,308,254	146,407	104,454,661
General revenues			
Investment income	3,903,275	-	3,903,275
Net increase in FMV of investments	2,152,879	-	2,152,879
Other revenues	104,072	-	104,072
Total general revenues	6,160,226	-	6,160,226
Total revenues	110,468,480	146,407	110,614,887
Expenditures/expenses			
Provider grants and other allocations	168,766,806	-	168,766,806
Pass-through grants	14,225,131	-	14,225,131
Salaries and benefits	13,414,357	9,475	13,423,832
Operating services	1,346,532	-	1,346,532
Consultant services	1,216,609	-	1,216,609
Professional services	404,560	-	404,560
Other expenses	264,892	-	264,892
Capital outlay	124,949	(124,949)	-
Depreciation	-	322,346	322,346
Total expenditures/expenses	199,763,836	206,872	199,970,708
Excess/(deficiency) of revenues over/(under) expenditures	(89,295,356)	-	-
Change in Fund Balance	(89,295,356)	89,295,356	-
Change in Net Position	-	(89,355,821)	(89,355,821)
Fund balance/net position			
Beginning of year	625,923,360	18,839,244	644,762,604
End of year	\$ 536,628,004	\$ 18,778,779	\$ 555,406,783

See accompanying notes to the basic financial statements.

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST – PROPOSITION 10 COMMISSION
NOTES TO BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015**

Draft Copy 09/15/15

NOTE 1 – ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Reporting Entity

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

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

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

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

Basis of Accounting and Measurement Focus

Government-wide Financial Statements

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

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST - PROPOSITION 10 COMMISSION
NOTES TO BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015**

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NOTE 1 – ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Government-wide Financial Statements (Continued)

The government-wide financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. With this measurement focus, all assets and liabilities associated with operation of the Commission's fund are included on the statement of net position. The statement of activities presents a comparison of the direct expenses and program revenues for the Commission's governmental activities. Program revenues include grants and contributions restricted for the operational requirements of a particular program. Grants and similar items are recognized as revenue as soon as all eligibility requirements have been met. Program revenues include tobacco taxes, and state school matching funds. General revenues are all revenues that do not qualify as program revenues and include investment income and other income. Net position represent the resources that the Commission has available for use in providing services. Net position is composed of net investment in capital assets and unrestricted funds. At June 30, 2015, the Commission reported unrestricted net position of \$543,521,742.

Fund Financial Statements

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

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

Adjustments Between Fund Financial Statements and Government-Wide Financial Statements

Capital Assets

Capital assets are not considered to be financial resources and therefore, are not reported as an asset in the fund financial statements. Capital assets in the amount of \$11,885,041 are capitalized and reported at cost, net of accumulated depreciation, in the government-wide financial statements. Capital assets purchased during the year in the amount of \$124,949 are reported as expenditures on the fund financial statements and capitalized on the government-wide financial statements. Depreciation expense for the year ended June 30, 2015 amounted to \$322,346 and is included in the government-wide financial statements.

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST - PROPOSITION 10 COMMISSION
NOTES TO BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015**

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NOTE 1 – ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Adjustments Between Fund Financial Statements and Government-Wide Financial Statements (Continued)

Long-Term Liabilities

As of June 30, 2015, the Commission estimated its liability for vested compensated absences to be \$577,909. Compensated absence obligations are considered long-term in nature and are reported in the fund financial statements as expenditures in the period paid or when due and payable at year-end under the modified accrual basis of accounting. The compensated absences have been accrued in the government-wide financial statements and are included in long-term liabilities. The change in compensated absences during the year of \$9,475 is reported in the statement of activities and does not require the use of current financial resources.

For the year ended June 30, 2015, the Commission maintained a security deposit in the amount of \$16,840 related to a facility use agreement with La Petite Academy for use of the first floor of the Commission’s building for the period of July 1, 2012 through June 30, 2020.

Unavailable Revenue

Under the modified accrual basis of accounting, revenue is recognized in the fund financial statements if it has been collected after year-end within the Commission’s established availability period of 60 days. All other accrued revenues due to the Commission are recognized as unavailable revenue at year-end in the fund financial statements. Governmental funds recognized unavailable revenue where receivables are not available to liquidate liabilities of the current period. As of June 30, 2015, the Commission has unavailable revenue of \$7,488,127. The change in unavailable revenue during the year of \$146,407 is reported in the statement of activities as this revenue was recognized in the prior year statement of activities.

Net Position

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

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

Fund Balance

GASB Statement No. 54, *Fund Balance Reporting and Governmental Fund Type Definitions* established fund balance classifications that comprise a hierarchy based primarily on the extent to which a government is bound to observe constraints imposed upon the use of the resources reported in governmental funds. With the implementation of GASB 54, the Commission established the following classifications and definitions of fund balance for the year ended June 30, 2015:

- a. Nonspendable
Portion of net resources that cannot be spent because they are not in an expendable form (e.g. Prepaid Expense) or the portion of net resources that cannot be spent because they must be maintained intact (e.g. revolving fund or the principal of an endowment).

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST - PROPOSITION 10 COMMISSION
NOTES TO BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015**

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NOTE 1 – ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Adjustments Between Fund Financial Statements and Government-Wide Financial Statements (Continued)

Fund Balance (Continued)

- b. Restricted (externally enforceable limitations on use)
Amounts constrained to specific purposes by their providers (such as creditors, grantors, contributors, or laws and regulations of other governments (e.g. funds advanced by First 5 CA under specific agreements for services such as matching funds for specific initiatives). Amounts constrained by limitations imposed by law through constitutional provisions or enabling legislation (e.g. funds legally restricted by County, state, or federal legislature, or a government’s charter or constitution; or amounts collected from non-spendable items such as long term portion of loan outstanding if those amounts are subject to legal constraint).

- c. Committed (self-imposed limitations in place prior to end of the period)
Amounts constrained by limitations imposed at the highest level of decision making authority that requires the same formal action at the same level to remove or modify. The formal action required by the Board of Commissioners for funds to be committed is action by way of resolution allocating funding for a specific program or initiative.

- d. Assigned (limitation resulting from intended use)
Amounts or limitations that are constrained by the Commission’s intent to be used for a specific purpose (the purpose of the assignment must be narrower than the general fund itself) and are not either restricted or committed. Adoption of a Strategic Plan or Long Term Financial Plan with general spending parameters would be examples of the Commission’s intent and would constitute an assignment. Accordingly, modification to the Commission’s intent would not require formal action. Further, the Commission may designate a body/committee or an official who can specify such purposes. However as of June 30, 2015, the Commission had not made such a designation.

- e. Unassigned (residual net resources)
Resources in the fund balance that cannot be reported in any other classification including a minimum fund balance reserve based on 25% of the operating and programmatic budget.

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

Effect of New Governmental Accounting Standards Board (GASB) Pronouncements

Effective This Fiscal Year

GASB Statement No. 68 – In June 2012, GASB issued Statement No. 68, *Accounting and Financial Reporting for Pensions – an amendment of GASB Statement No. 27*. This Statement replaces the requirements of Statements No. 27 and No. 50 related to pension plans that are administered through trusts or equivalent arrangements. The requirements of Statements No. 27 and No. 50 remain applicable for pensions that are not administered as trusts or equivalent arrangements. The requirements of this Statement are effective for financial statements for fiscal years beginning after June 15, 2014. The Commission has determined that this statement does not have a material impact on the financial statements.

LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST - PROPOSITION 10 COMMISSION
NOTES TO BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015

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NOTE 1 – ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Effective This Fiscal Year (Continued)

GASB Statement No. 69 – In January 2013, GASB issued Statement No. 69, *Government Combinations and Disposals of Government Operations*. This Statement establishes accounting and financial reporting standards related to government combinations and disposals of government operations. This Statement is effective for periods beginning after December 31, 2013. The Commission has determined that this statement does not have a material impact on the financial statements.

GASB Statement No. 71 – In November 2013, GASB issued Statement No. 71, *Pension Transition for Contributions Made Subsequent to the Measurement Date—an amendment of GASB Statement No. 68*. This Statement addresses an issue regarding application of the transition provisions of Statement No. 68, *Accounting and Financial Reporting for Pensions*. The issue relates to amounts associated with contributions, if any, made by a state or local government employer or nonemployer contributing entity to a defined benefit pension plan after the measurement date of the government’s beginning net pension liability. The requirements of this Statement are effective for financial statements for fiscal years beginning after June 15, 2014. The Commission has determined that this statement does not have a material impact on the financial statements.

Effective in Future Fiscal Years

GASB Statement No. 72 – In February 2015, GASB issued Statement 72, *Fair Value Measurement and Application*. This Statement addresses accounting and financial reporting issues related to fair value measurements. The definition of fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. This Statement provides guidance for determining a fair value measurement for financial reporting purposes. This Statement also provides guidance for applying fair value to certain investments and disclosures related to all fair value measurements. This statement is effective for periods beginning after June 15, 2015. The Commission has not determined the effect on the financial statements.

GASB Statement No. 73 – In June 2015, GASB issued Statement 73, *Accounting and Financial Reporting for Pensions and Related Assets That Are Not within the Scope of GASB Statement 68, and Amendments to Certain Provisions of GASB Statements 67 and 68*. The objective of this Statement is to improve the usefulness of information about pensions included in the general purpose external financial reports of state and local governments for making decisions and assessing accountability. This Statement establishes requirements for defined benefit pensions that are not within the scope of Statement No. 68, *Accounting and Financial Reporting for Pensions*, as well as for the assets accumulated for purposes of providing those pensions. In addition, it establishes requirements for defined contribution pensions that are not within the scope of Statement 68. It also amends certain provisions of Statement No. 67, *Financial Reporting for Pension Plans*, and Statement 68 for pension plans and pensions that are within their respective scopes. This statement is effective for periods beginning after June 15, 2015. The Commission has not determined the effect on the financial statements.

GASB Statement No. 74 – In June 2015, GASB issued Statement 74, *Financial Reporting for Postemployment Benefit Plans Other Than Pension Plans*. The objective of this Statement is to improve the usefulness of information about postemployment benefits other than pensions (other postemployment benefits or OPEB) included in the general purpose external financial reports of state and local governmental OPEB plans for making decisions and assessing accountability. This statement is effective for periods beginning after June 15, 2016. The Commission has not determined the effect on the financial statements.

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST - PROPOSITION 10 COMMISSION
NOTES TO BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015**

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NOTE 1 – ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Effect of New Governmental Accounting Standards Board (GASB) Pronouncements (Continued)

Effective in Future Fiscal Years (Continued)

GASB Statement No. 75 – In June 2015, GASB issued Statement 75, *Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions*. The primary objective of this Statement is to improve accounting and financial reporting by state and local governments for postemployment benefits other than pensions (other postemployment benefits or OPEB). It also improves information provided by state and local governmental employers about financial support for OPEB that is provided by other entities. This statement is effective for periods beginning after June 15, 2017. The Commission has not determined the effect on the financial statements.

GASB Statement No. 76 – In June 2015, GASB issued Statement 76, *The Hierarchy of Generally Accepted Accounting Principles for State and Local Governments*. The objective of this Statement is to identify—in the context of the current governmental financial reporting environment—the hierarchy of generally accepted accounting principles (GAAP). This statement is effective for periods beginning after June 15, 2015. The Commission has not determined the effect on the financial statements.

GASB Statement No. 77 – In August 2015, GASB issued Statement 77, *Tax Abatement Disclosures*. This Statement requires governments that enter into tax abatement agreements to disclose certain information about the agreements. The requirements of this Statement are effective for reporting periods beginning after December 15, 2015. The Commission has not determined the effect on the financial statements.

Investments

The Commission participates in the common investment pool of Los Angeles County. Investments are recorded at fair value at June 30, 2015.

Advances to Grantees

The Commission may provide advances to grantees/contractors that are repayable by the end of the fiscal year unless otherwise stipulated by contract or agreement. The Commission provided three advances to grantees for the fiscal year ended June 30, 2015. The largest of the advances is provided to Los Angeles Universal Preschool which provides quality preschool education and early childhood programs regardless of their families' income.

Capital Assets

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

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST - PROPOSITION 10 COMMISSION
NOTES TO BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015**

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NOTE 1 – ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Deferred Inflows of Resources

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

Use of Estimates

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

NOTE 2 – CASH AND INVESTMENTS

Total cash and investments at fair value, as of June 30, 2015 are as follows:

Cash:	
Cash on hand	\$ 150
Cash in bank	1,411,176
Total Cash	1,411,326
Investments with County Treasurer:	
Pooled cash and investments	519,357,312
Total investments with County Treasurer	519,357,312
Total Cash and Investments	\$ 520,768,638

Cash in Bank

The *California Government Code* requires California banks and savings and loan associations to secure the Commission's deposits by pledging government securities as collateral. The market value of pledged securities must equal 110 percent of an agency's deposits. California law also allows financial institutions to secure an agency's deposits by pledging first trust deed mortgage notes having a value of 150 percent of an agency's total deposits and collateral is considered to be held in the name of the Commission. At June 30, 2015, cash held by financial institutions of \$3,376,402 was entirely insured and collateralized as described above. The book balance at June 30, 2015 was \$1,411,176.

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST - PROPOSITION 10 COMMISSION
NOTES TO BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015**

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NOTE 2 – CASH AND INVESTMENTS (Continued)

Pooled Cash and Investments

Investments with the Los Angeles County Treasurer at June 30, 2015 are stated at fair value. The fair value of pooled investments is determined annually and is based on current market prices. The fair value of each participant’s position in the pool is the same as the value of the pool shares. The method used to determine the value of participants’ equity withdrawn is based on the book value of the participants’ percentage participation at the date of such withdrawals. The Los Angeles County Treasury is sponsored and administered by the County of Los Angeles and oversight is conducted by the County Treasury Oversight Committee. At June 30, 2015, the weighted average maturity for the County pool approximated 595 days and the County pool is not rated. For further information regarding the Los Angeles County Investment Pool, refer to the County of Los Angeles Comprehensive Annual Financial Report.

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

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

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

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST - PROPOSITION 10 COMMISSION
NOTES TO BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015**

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NOTE 3 – CAPITAL ASSETS

	Balance July 1, 2014	Increases	Decreases	Balance June 30, 2015
Capital assets not depreciated:				
Land	\$ 2,039,000	\$ -	\$ -	\$ 2,039,000
Capital assets, depreciable:				
Building and improvements	12,076,512	-	-	12,076,512
Computer software and accessories	1,630,221	124,949	-	1,755,170
Office equipment	331,035	-	-	331,035
Furniture and fixtures	627,670	-	-	627,670
Total Depreciable Capital Assets	<u>14,665,439</u>	<u>124,949</u>	<u>-</u>	<u>14,790,387</u>
Less accumulated depreciation:				
Building and improvements	(2,192,536)	(242,680)	-	(2,435,216)
Computer software and accessories	(1,597,141)	(17,635)	-	(1,614,776)
Office equipment	(235,980)	(30,705)	-	(266,685)
Furniture and fixtures	(596,343)	(31,326)	-	(627,669)
Total Accumulated Depreciation	<u>(4,622,000)</u>	<u>(322,346)</u>	<u>-</u>	<u>(4,944,346)</u>
Total Capital Assets, Depreciable (Net)	<u>10,043,438</u>	<u>-</u>	<u>-</u>	<u>9,846,041</u>
Capital Assets, Net	<u>\$ 12,082,439</u>	<u>\$ (197,397)</u>	<u>\$ -</u>	<u>\$ 11,885,041</u>

NOTE 4 – CHANGES IN COMPENSATED ABSENCES

Compensated absences liability activities for the year ended June 30, 2015 is as follows:

	Balance July 1, 2014	Increases	Decreases	Balance June 30, 2015	Due Within One Year
Compensated absences	<u>\$ 568,434</u>	<u>\$ 575,883</u>	<u>\$ (566,408)</u>	<u>\$ 577,909</u>	<u>\$ 75,544</u>

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST - PROPOSITION 10 COMMISSION
NOTES TO BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015**

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NOTE 5 – FUND BALANCE

Fund balance is classified using a hierarchy based primarily on the extent to which a government is bound to observe constraints imposed upon the use of the resources reported in governmental funds. Fund balance at June 30, 2015 consists of the following:

INITIATIVE/PROGRAM ALLOCATION	NONSPENDABLE
Advances:	
LA Care Health Plan	\$ 8,930,459
LAUP	26,213,336
UCLA Dental Home Project	4,267,841
TOTAL	\$ 39,411,636
	COMMITTED
At-Risk Fathers Investment	\$ 598,500
Baby Friendly Hospitals/Family Place Libraries	24,688,576
Black Infant Health	7,078,043
Children's Dental Care	28,400,965
Children's Vision Care	2,915,722
Communications & Marketing	4,672,000
Communications - Conference Funding	200,000
Communities: Place-Based - Community Capacity Building	17,029,000
Data Development & Integration	2,527,000
Data Partnership with Funders	3,242,605
Early Identification & Intervention - Autism & Other Developmental Delays	1,529,514
ECE Environmental Scan	80,000
Families: Place-Based - Welcome Baby/Select Home Visiting	36,603,000
Healthy Food Access	3,365,802
Healthy Kids	2,087,201
Information Resource and Referral	1,360,000
LAUP	61,040,779
Little by Little/One Step Ahead	24,592,135
Parent-Child Interaction Therapy	14,375,845
Partnerships for Families	150,000
Peer Support Groups for Parents	1,311,148
Reducing Childhood Obesity	20,240,665

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST - PROPOSITION 10 COMMISSION
NOTES TO BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015**

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NOTE 5 – FUND BALANCE (Continued)

Policy Advocacy Fund	\$ 2,194,000
Policy Agenda/Advocacy	2,797,000
Program Evaluation	4,131,000
Research and Evaluation - Early Learning (LAUP)	2,792,529
Resource Mobilization - ECE	1,225,000
Resource Mobilization - Funder Partnerships	60,000
Resource Mobilization - Health	1,540,000
Resource Mobilization - Organizational Capacity Building	550,000
Strategic Plan Implementation Fund: Families	636,000
Strategic Plan Implementation Fund: Communities	1,093,750
Strategic Plan Implementation Fund: Early Care & Education (ECE) Systems	370,000
Strategic Plan Implementation Fund: Health, Mental Health & Substance Abuse Systems	546,250
Strategic Plan Implementation Fund: Other/Cross-Cutting Activities	490,000
Substance Abuse Treatment Services	1,599
Tot Parks and Trails	831,010
Universal Assessment of Newborns	46,041,038
Workforce Development	2,522,000
Workforce Development - ECE Career Development Policy Project (LACOE)	30,917
Workforce Development - ECE Workforce Consortium	14,939,046
TOTAL	\$ 340,879,636
	ASSIGNED
Strategic Plan	78,113,279
TOTAL	\$ 78,113,279
	UNASSIGNED
Unassigned	\$ 78,223,453
TOTAL	\$ 78,223,453
Total Fund Balance	\$ 536,628,004

The minimum fund balance reserve is included as part of unassigned fund balance.

NOTE 6 – PROGRAM EVALUATION

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

The Commission spent \$10,177,880 on program evaluation during the year ended June 30, 2015.

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST - PROPOSITION 10 COMMISSION
NOTES TO BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015**

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NOTE 7 – DEFERRED COMPENSATION PLANS

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

For the period of July through December 2014, employees hired before March 15, 2007, the Commission’s contribution is equal to 100% of the employee’s contribution, not to exceed 6% of the employee’s annual compensation. For employees hired on or after March 15, 2007, the Commission’s contribution is equal to 100% of the employee’s contribution up to 1% of the employee’s annual compensation after the employee’s one year employment anniversary, increasing by 1% each year to 6% after the employee’s sixth year employment anniversary.

Effective January 1, 2015, changes to the Commission’s 403(b) Savings and Investment Plan were made such that all regular and limited-term employees are eligible to receive both an elective and a non-elective contribution based on years of completed service with the organization. The elective contribution requires employee participation in order to receive the employer match, and is between 1% and 3% depending on the employee’s contribution and the years of service the employee has completed with the organization: 1% for less than one year, 2% after one year and 3% after two years or more of completed service. The Commission also makes a separate, non-elective contribution into the retirement plan regardless of employee participation. This non-elective employer contribution is between 3% and 7.5% based on years of completed service with the organization: 3% for less than 5 years, 4.5% for 5 to 9 years, 6% for 10 to 14 years, and 7.5% after 15 years or more of completed service. Employer contributions are not 100% vested until an employee has completed three years of service with the organization, with a graded vesting schedule for employees who complete at least one year of service. The Commission contributed a total of \$508,470 which comprised of \$314,755 in elective contribution and \$193,715 in non-elective contribution for the fiscal year ended June 30, 2015.

NOTE 8 – UNAVAILABLE REVENUE

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

Unavailable Revenue:	
Child Signature Program	\$ 6,243,274
CARES Plus Program	331,533
Partnership for Families Program	913,320
Total Unavailable Revenue	<u>\$ 7,488,127</u>

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST - PROPOSITION 10 COMMISSION
NOTES TO BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015**

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NOTE 9 – RISK MANAGEMENT

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

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

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

NOTE 10 – COMMITMENTS AND CONTINGENCIES

Operating Lease

The Commission leases equipment from a third party which expires in July 2019 and is non-cancelable. The future minimum rental payments due under the lease are as follows:

For Year Ending June 30,	Annual
2016	\$ 61,957
2017	58,338
2018	18,522
2019	18,522
2020	1,544
Total	<u>\$ 158,882</u>

The Commission recognized \$61,957 in lease expense for the year ended June 30, 2015.

Future Funding

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

NOTE 11 – RELATED PARTY TRANSACTIONS

The Commission incurred expenses totaling \$52,574 for County of Los Angeles services provided during the year ended June 30, 2015.

The Commission paid \$148,211,092 of provider grants, operating services, consultant services, and professional services to organizations which are represented by 18 members of the Board of Commissioners.

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST - PROPOSITION 10 COMMISSION
NOTES TO BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015**

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NOTE 12 – FIRST 5 CALIFORNIA CARES PLUS PROGRAM

CARES Plus is designed to improve the quality of early learning programs by focusing on increasing the quality, effectiveness, and retention of early educators. As a statewide professional development program, its main objectives are to improve both the quality of early learning programs, and ultimately, learning and developmental outcomes for young children. The Commission claimed \$399,855 in CARES Plus Phase II reimbursable expenses for the period ended June 30, 2015. Phase II funds have a four-to-one Commission match to each dollar of First 5 funding.

NOTE 13 – CHILD SIGNATURE PROGRAM

The Child Signature Program is designed to prepare at-risk children for kindergarten by increasing opportunities for children to advance into elementary school with a focus on language, literacy, early math skills, and social and emotional development. As a statewide program, the Child Signature Program works to invest in high quality preschool programs that enhance the quality of care and education that children receive. The Commission claimed \$9,855,687 in Child Signature Program reimbursable expenses for the period ended June 30, 2015.

**REQUIRED SUPPLEMENTARY INFORMATION
LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST - PROPOSITION 10 COMMISSION
SCHEDULE OF REVENUES, EXPENDITURES, AND
CHANGES IN FUND BALANCE – BUDGET AND ACTUAL – GENERAL FUND
FOR THE YEAR ENDED JUNE 30, 2015**

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	Original Budget	Final Budget	Actual	Variance Positive (Negative)
Revenues				
Tobacco taxes	\$ 87,816,752	\$ 87,816,752	\$ 89,475,135	\$ 1,658,383
State Commission Program Funds	-	-	11,050,327	11,050,327
Medi-Cal Administrative Activities	-	-	80,799	80,799
Partnership for Families Funds	-	-	3,701,993	3,701,993
Investment income	6,395,464	6,395,464	3,903,275	(2,492,189)
Net increase (decrease) in FMV of investments	-	-	2,152,879	2,152,879
Other revenues	99,000	99,000	104,072	5,072
Total revenues	<u>94,311,216</u>	<u>94,311,216</u>	<u>110,468,480</u>	<u>16,157,264</u>
Expenditures				
Program Costs				
Provider grants and other allocations	221,203,000	206,113,000	168,766,806	37,346,194
Pass-through grants	-	-	14,225,131	(14,225,131)
Total Program Costs	<u>221,203,000</u>	<u>206,113,000</u>	<u>182,991,937</u>	<u>23,121,063</u>
Operations & Administration				
Personnel related expenditures				
Salaries and wages	11,741,943	11,347,496	10,520,471	827,025
Fringe Benefits	3,496,729	3,409,644	2,893,886	515,758
Total Personnel Related Expenditures	<u>15,238,672</u>	<u>14,757,140</u>	<u>13,414,357</u>	<u>1,342,783</u>
General Operating Expenditures				
ADP Payroll Charges	31,000	30,000	35,374	(5,374)
Workers' Compensation Insurance	125,000	123,500	167,020	(43,520)
Utilities	160,000	160,000	124,817	35,183
Corporate Insurance	75,000	73,500	104,312	(30,812)
Mileage and Parking	74,250	63,150	47,303	15,847
Telephones and Modems	77,700	75,650	103,293	(27,643)
Cell Phones and Mobile Devices	74,150	70,620	42,429	28,191
Outside Printing	24,500	24,500	21,226	3,274
Other Supplies	12,150	12,150	8,415	3,735
Postage and Delivery	12,850	13,300	12,965	335
Educational Supplies	5,600	5,600	6,666	(1,066)
Office Supplies	73,700	67,980	59,286	8,694
Subscriptions and Publications	9,850	6,850	5,803	1,047
Equipment Rental	120,000	120,000	110,603	9,397
Building Repairs and Maintenance	195,000	195,000	133,559	61,441
Equipment Repairs and Maintenance	60,500	59,200	3,119	56,081
Offsite Storage	20,500	20,600	15,390	5,210
Hardware and Software Maintenance	166,500	166,500	243,832	(77,332)
Miscellaneous Service Charges	56,000	57,000	5,585	51,415
Miscellaneous/Contingency	135,000	50,000	55,823	(5,823)
Capital Outlay	160,000	160,000	4,501	155,499
Human Resources Related Costs	40,000	40,000	35,211	4,789
Total General Operating Expenditures	<u>1,709,250</u>	<u>1,595,100</u>	<u>1,346,532</u>	<u>248,568</u>
Professional Services				
Audit	72,556	70,056	65,506	4,550
Legal	175,000	175,000	162,389	12,611
Professional Dues	81,040	78,140	47,340	30,800
Professional Dues - First 5 Association	50,000	50,000	50,000	-
Professional Development	248,750	246,550	36,634	209,916
Staff Recruitment	24,500	24,500	14,014	10,486
Commission Stipends	31,000	34,000	28,677	5,323
Total Professional Services	<u>682,846</u>	<u>678,246</u>	<u>404,560</u>	<u>273,686</u>
Consultant Services				
Consultant Fees	1,155,400	1,622,400	1,008,525	613,875
Other Professional Fees	239,500	239,500	206,644	32,856
External Reviewers	-	4,000	1,440	2,560
Total Consultant Services	<u>1,394,900</u>	<u>1,865,900</u>	<u>1,216,609</u>	<u>649,291</u>
Travel and Meetings				
Airfare	79,042	79,292	52,221	27,071
Program Events	15,000	15,000	2,084	12,916
Lodging	68,896	83,222	56,774	26,448
Conference Registration	73,885	82,495	58,436	24,059
Local Meetings	55,700	159,700	69,118	90,582
Per Diem	36,988	39,084	26,259	12,825
Total Travel and Meetings	<u>329,511</u>	<u>458,793</u>	<u>264,892</u>	<u>193,901</u>
Capital Improvements	-	-	124,949	(124,949)
Total Operating Expenditures	<u>19,355,179</u>	<u>19,355,179</u>	<u>16,771,899</u>	<u>2,583,280</u>
Total Program Costs and Operating Expenditures	<u>240,558,179</u>	<u>225,468,179</u>	<u>199,763,836</u>	<u>25,704,343</u>
Excess (deficiency) of revenues over (under) expenditures	<u>\$ (146,246,963)</u>	<u>\$ (131,156,963)</u>	<u>\$ (89,295,356)</u>	<u>\$ 41,861,607</u>
Fund balance - Beginning of year			625,923,360	
Fund balance - End of year			<u>\$ 536,628,004</u>	

See accompanying note to required supplementary information.

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST - PROPOSITION 10 COMMISSION
NOTE FOR THE REQUIRED SUPPLEMENTARY INFORMATION
FOR THE YEAR ENDED JUNE 30, 2015**

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NOTE 1 – BUDGET ADOPTION

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

The accompanying Schedule of Revenues, Expenditures, and Changes in Fund Balance – Budget and Actual – General Fund includes the budgeted expenditures for the year, along with management’s estimate of revenues for the year. The legal level of budgetary control is at the total fund level. The total budget for FY 2014-15 was \$225.5 million, which included \$206.1 million for Program costs and \$19.4 million for Operating and Administrative costs.

In previous years, the Commission included expenditures related to “pass-through grants” within the line item “Provider grants and other allocations”. For FY 2014-15, in order to promote greater transparency and to more accurately reflect true “Provider grants and other allocations” expenditures against the approved fiscal year budget, the Commission separated these amounts within the Schedule of Revenues, Expenditures, And Changes in Fund Balance – Budget and Actual – General Fund. In FY 2014-15, \$14.2 million was recorded as “pass through grants”, which includes \$9.8 million for the First 5 California Child Signature Program (CSP), \$4.4 million for the Los Angeles County Department of Children and Family Services Partnership for Families (LAC-PFF) program, and \$33,456 for Medi-Cal Administrative Activities. The Commission does not establish a budget for pass-through grants.

OTHER SUPPLEMENTARY INFORMATION

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST - PROPOSITION 10 COMMISSION
SCHEDULE OF CARES PLUS FUNDING
FOR THE YEAR ENDED JUNE 30, 2015**

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<u>Program</u>	<u>Source</u>	<u>Revenue Funds</u>	<u>Expenditures</u>
CARES Plus	First 5 LA Program Funds	\$ 399,855	\$ 399,855
	County, Local Funds	1,599,420	1,599,420

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST – PROPOSITION 10 COMMISSION
STATISTICAL SECTION
(UNAUDITED)**

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

	<u>Pages</u>
<u>Financial Trends</u>	
These schedules contain trend information to help the reader understand how the Commission's financial performance and well-being have changed over time.	33-36
<u>Revenue Capacity</u>	
These schedules contain trend information to help the reader assess the Commission's most significant revenue base.	37-39
<u>Demographic Information</u>	
These schedules offer economic and demographic indicators to help the reader understand how the information in the Commission's financial report relates to the services the Commission provides and the activities it performs.	40-41
<u>Operating Information</u>	
This schedule contains infrastructure data to help the reader understand how the information in the Commission's financial report relates to the services the Commission performs.	42-44

Sources:

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

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST – PROPOSITION 10 COMMISSION
NET POSITION BY COMPONENT
LAST TEN FISCAL YEARS**

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	Fiscal Year									
	2015	2014	2013	2012	2011	2010*	2009	2008	2007	2006
Restricted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 881,019,859	\$ 885,944,312	\$ 846,935,336	\$ 801,601,230
Unrestricted	543,521,742	632,680,166	723,252,516	829,030,048	434,206,491	859,235,104	-	-	-	-
Net investment in capital assets	11,885,041	12,082,438	12,355,226	12,777,760	13,114,194	13,405,843	13,873,311	13,847,697	13,551,567	13,794,860
Total net position	<u>\$ 555,406,783</u>	<u>\$ 644,762,604</u>	<u>\$ 735,607,742</u>	<u>\$ 841,807,808</u>	<u>\$ 447,320,685</u>	<u>\$ 872,640,947</u>	<u>\$ 894,893,170</u>	<u>\$ 899,792,009</u>	<u>\$ 860,486,903</u>	<u>\$ 815,395,890</u>

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

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST – PROPOSITION 10 COMMISSION
CHANGES IN NET POSITION
LAST TEN FISCAL YEARS**

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	Fiscal Year									
	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006
Revenues										
Tobacco taxes	\$ 89,475,135	\$ 90,280,307	\$ 94,112,590	\$ 100,187,619	\$ 100,269,182	\$ 102,504,928	\$ 114,925,729	\$ 122,655,958	\$ 125,602,050	\$ 132,637,446
State School Readiness	-	-	-	-	28,465,232	19,011,847	15,445,577	15,098,348	11,563,470	15,343,112
State Commission Program Funds	10,283,414	18,009,907	2,749,082	8,098,412	7,933,188	7,162,800	6,438,881	5,673,958	2,300,312	1,490,053
Medi-Cal Administrative Activities	80,799	232,408	316,369	483,325	507,869	740,794	925,511	-	-	-
Partnership for Families Fund*	4,615,313	-	-	-	-	-	-	-	-	-
Investment income	3,903,275	6,368,593	(3,402,141)	915,935	12,004,422	16,094,660	28,102,852	34,996,079	42,823,178	30,799,531
Net increase (decrease) in FMV of investments	2,152,879	-	-	-	-	-	-	-	-	-
Other revenues	104,072	100,320	98,880	9,048	290,093	465,061	453,762	467,302	290,768	314,658
Total revenues:	\$ 110,614,887	\$ 114,991,535	\$ 93,874,779	\$ 109,694,339	\$ 149,469,986	\$ 145,980,090	\$ 166,292,312	\$ 178,891,645	\$ 182,579,778	\$ 180,581,100
Expenses										
Provider grants and other allocations	\$ 168,766,806	\$ 189,910,283	\$ 185,753,622	\$ 124,709,026	\$ 133,261,213	\$ 157,019,407	\$ 160,239,867	\$ 130,894,482	\$ 129,614,460	\$ 119,067,100
Pass-through grants**	14,225,131	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
AB 99	N/A	N/A	N/A	(424,388,705)	424,388,705	N/A	N/A	N/A	N/A	N/A
First 5 California (SRI)	N/A	N/A	N/A	1,137,220	2,506,120	N/A	N/A	N/A	N/A	N/A
Salaries and benefits	13,423,832	12,682,373	11,583,915	11,153,057	10,685,423	8,818,136	8,161,291	6,638,952	5,841,908	5,822,732
Operating services	1,346,532	1,207,259	1,159,609	1,138,850	1,324,708	832,164	1,090,947	693,968	855,192	860,634
Consultant services	1,216,609	956,488	549,676	331,046	1,523,221	677,379	653,301	415,736	415,822	531,042
Professional services	404,560	543,038	426,726	540,606	398,819	208,008	400,036	276,610	204,353	232,044
Other expenses	264,892	183,974	149,116	114,384	116,223	80,355	69,045	90,880	85,332	191
Depreciation	322,346	353,258	452,182	471,732	585,814	596,868	576,664	575,911	471,698	465,298
Total expenses:	\$ 199,970,708	\$ 205,836,673	\$ 200,074,846	\$ (284,792,784)	\$ 574,790,246	\$ 168,232,317	\$ 171,191,151	\$ 139,586,539	\$ 137,488,765	\$ 126,979,041
Change in net position	\$ (89,355,821)	\$ (90,845,138)	\$ (106,200,066)	\$ 394,487,123	\$ (425,320,260)	\$ (22,252,227)	\$ (4,898,839)	\$ 39,305,106	\$ 45,091,013	\$ 53,602,059

* Beginning January 2015, the Partnership for Families initiative is being funded by the LA County Department of Children and Family Services (DCFS), with First 5 LA acting as a pass-through entity and receiving reimbursement from DCFS.

**Beginning FY 2015, pass-through grants were separately identified on the financial statements. In the prior years, it was included as part of the provider grants and other allocations line item.

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST – PROPOSITION 10 COMMISSION
FUND BALANCES – GENERAL FUND
LAST TEN FISCAL YEARS***

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	Fiscal Year									
	2015*	2014*	2013*	2012*	2011*	2010	2009	2008	2007	2006
Fund Balance										
Nonspendable	\$ 39,411,636	\$ 37,578,099	\$ 27,022,268	\$ 19,960,620	\$ -					
Committed	340,879,636	451,133,640	561,003,855	631,710,435	632,471,832					
Assigned	78,113,279	57,716,899	64,902,466	153,086,390	-					
Unassigned	78,223,453	79,494,722	70,816,380	16,691,138	(205,716,806)					
Total Fund Balance	<u>\$ 536,628,004</u>	<u>\$ 625,923,360</u>	<u>\$ 723,744,969</u>	<u>\$ 821,448,583</u>	<u>\$ 426,755,026</u>					
Reserved										
Reserved for encumbrances						\$ 129,094,692	\$ 341,203,752	\$ 504,505,166	\$ 639,223,219	\$ 679,128,690
Reserved for obligations						189,699,943	45,820,595	52,670,634	13,125,130	39,107,652
Reserved for First 5 California						19,004,928	30,050,843	52,161,039	31,794,550	60,712,820
Total Reserved						<u>\$ 337,799,563</u>	<u>\$ 417,075,190</u>	<u>\$ 609,336,839</u>	<u>\$ 684,142,899</u>	<u>\$ 778,949,162</u>
Unreserved										
Designated						\$ 249,875,172	\$ 284,028,356	\$ 272,696,682	\$ 162,356,525	\$ 1,298,235
Unreserved						271,842,909	174,167,089	-	-	18,384,748
Total Fund Balance						<u>\$ 859,517,644</u>	<u>\$ 875,270,635</u>	<u>\$ 882,033,521</u>	<u>\$ 846,499,424</u>	<u>\$ 798,632,145</u>

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

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST – PROPOSITION 10 COMMISSION
CHANGES IN FUND BALANCES – GENERAL FUND
LAST TEN FISCAL YEARS**

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	Fiscal Year									
	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006
Revenues										
Tobacco taxes	\$ 89,475,135	\$ 90,280,307	\$ 94,112,590	\$ 100,187,619	\$ 100,269,182	\$ 102,504,928	\$ 114,925,729	\$ 122,655,958	\$ 127,012,312	\$ 131,223,184
State School Readiness	-	-	-	-	39,242,565	19,011,847	15,445,577	15,098,348	13,534,763	17,640,797
State Commission Program Funds	11,050,327	10,668,187	10,741,413	7,960,036	95,713	2,441,868	4,633,722	2,198,287	1,480,228	2,217,327
Medi-Cal Administrative Activities	80,799	232,408	316,369	483,325	507,869	740,794	925,511	-	-	-
Partnership for Families Funds*	3,701,993	-	-	-	-	-	-	-	-	-
Investment income	3,903,275	6,368,593	(3,402,141)	915,935	12,004,422	16,094,660	28,102,852	34,996,079	42,823,178	30,799,531
Net increase (decrease) in FMV of investments	2,152,879	-	-	-	-	-	-	-	-	-
Other income	104,072	100,320	98,880	9,048	290,093	427,960	415,048	428,588	252,054	506,613
Total revenues:	\$ 110,468,480	\$ 107,649,815	\$ 101,867,110	\$ 109,555,963	\$ 152,409,844	\$ 141,222,057	\$ 164,448,439	\$ 175,377,260	\$ 185,102,535	\$ 182,387,362
Expenditures:										
Provider grants and other allocations	\$ 168,766,806	\$ 189,910,283	\$ 185,753,622	\$ 124,709,026	\$ 133,261,213	\$ 157,019,407	\$ 160,239,867	\$ 130,894,482	\$ 129,614,460	\$ 119,067,100
Pass-through grants**	\$ 14,225,131	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
AB 99	-	-	-	(424,388,705)	424,388,705	N/A	N/A	N/A	N/A	N/A
First 5 California (SRI)	-	-	-	1,137,220	2,506,120	N/A	N/A	N/A	N/A	N/A
Salaries and benefits	13,414,357	12,589,911	11,502,328	11,144,681	10,619,053	8,774,370	8,155,851	6,599,446	5,831,492	5,802,008
Operating services	1,346,532	1,207,258	1,159,609	1,138,850	1,324,708	832,164	1,090,947	693,968	855,192	860,634
Consultant services	1,216,609	956,488	549,676	331,046	1,523,221	677,379	653,301	415,736	415,822	531,042
Professional services	404,560	543,038	426,726	540,606	398,819	208,008	400,036	276,610	204,353	232,044
Other expenses	264,892	183,974	149,116	114,384	116,223	80,355	69,045	90,880	85,332	191
Capital outlay	124,949	80,471	29,648	135,298	294,166	123,599	602,278	872,041	228,605	892,796
Total expenditures:	\$ 199,763,836	\$ 205,471,423	\$ 199,570,724	\$ (285,137,594)	\$ 574,432,228	\$ 167,715,282	\$ 171,211,325	\$ 139,843,163	\$ 137,235,256	\$ 127,385,815
Excess (deficiency) of revenues over expenditures	\$ (89,295,356)	\$ (97,821,608)	\$ (97,703,614)	\$ 394,693,557	\$ (422,022,384)	\$ (26,493,225)	\$ (6,762,886)	\$ 35,534,097	\$ 47,867,279	\$ 55,001,547

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**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST – PROPOSITION 10 COMMISSION
FIRST 5 CALIFORNIA COUNTY TAX REVENUE PROJECTIONS FOR
FY 2014/2015 - FY 2018/2019**

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2012 Actual Births	2012 Actual Birthrate	2014-2015 Tax Revenue Projection	2013 Projected Births	2013 Projected Birthrate	2015-2016 Tax Revenue Projection	2014 Projected Births	2014 Projected Birthrate	2016-2017 Tax Revenue Projection	2015 Projected Births	2015 Projected Birthrate	2017-2018 Tax Revenue Projection	2016 Projected Births	2016 Projected Birthrate	2018-2019 Tax Revenue Projection
131,697	26.141%	\$ 84,682,508	127,194	25.727%	\$ 80,883,996	128,067	25.575%	\$ 77,358,240	128,210	25.423%	\$ 73,974,768	128,355	25.271%	\$ 70,727,987

Source:

"First 5 California County Tax Revenue Projections for FY 2014-15 through 2018-19"

(Updated 6/2/15 Utilizing DOF May Revise 2015 Tobacco Tax Projections and DOF Birth Projections for California State and Counties 1970-2023)

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST – PROPOSITION 10 COMMISSION
FIRST 5 CALIFORNIA COUNTY TAX REVENUE PROJECTIONS FOR
FY 2014/2015 - FY 2018/2019**

Draft Copy 09/15/15

2012 Actual Births	131,697
2012 Actual Birthrate	26.141%
FY 2014-15 Tax Revenue Projection	\$ 84,682,508
2013 Projected Births	127,194
2013 Projected Birthrate	25.727%
FY 2015-16 Tax Revenue Projection	\$ 80,883,996
2014 Projected Births	128,067
2014 Projected Birthrate	25.575%
FY 2016-17 Tax Revenue Projection	\$ 77,358,240
2015 Projected Births	128,210
2015 Projected Birthrate	25.423%
FY 2017-18 Tax Revenue Projection	\$ 73,974,768
2016 Projected Births	\$ 128,355
2016 Projected Birthrate	25.271%
FY 2018-19 Tax Revenue Projection	\$ 70,727,987

Source:

"First 5 California County Tax Revenue Projections for FY 2014-15 through 2018-19"

(Updated 6/2/15 Utilizing DOF May Revise 2015 Tobacco Tax Projections and DOF Birth Projections for California State and Counties 1970-2023)

**LOS ANGELES COUNTY CHILDREN AND FAMILIES FIRST – PROPOSITION 10 COMMISSION
CIGARETTE TAXES AND OTHER TOBACCO PRODUCTS SURTAX REVENUE, 1959-60 TO 2012-13
(In thousands of dollars)**

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Fiscal year	Cigarette tax			Refunds	Other tobacco products surtax	
	Revenue a/	Distributors' discounts b/	Gross value of tax indicia c/		Revenue	Rate
2013-14	\$751,513,000	\$6,443,000	\$757,956,000	\$600,000	\$86,424,000	29.82%
2012-13	782,115,000	6,705,000	788,820,000	498,000	82,548,000	30.68%
2011-12	820,322,000	7,032,000	827,355,000	1,017,000	80,424,000	31.73%
2010-11	828,831,000	7,105,000	835,937,000	1,308,000	77,016,000	33.02%
2009-10	838,709,000	7,187,000	845,896,000	1,583,000	84,617,000	41.11%
2008-09	912,724,000	7,819,000	920,543,000	626,000	85,506,000	45.13%
2007-08	955,030,000	8,185,000	963,215,000	727,000	85,929,000	45.13%
2006-07	998,723,000	8,558,000	1,007,281,000	1,330,000	79,946,000	46.76%
2005-06	1,026,497,000	8,795,000	1,035,293,000	1,707,000	67,348,000	46.76%
2004-05	1,024,272,000	8,778,000	1,033,051,000	1,653,000	58,441,000	46.76%
2003-04	1,021,366,000	8,755,000	1,030,121,000	4,721,000	44,166,000	46.76%
2002-03	1,031,772,000	8,845,000	1,040,617,000	13,248,000	40,996,000	48.89%
2001-02	1,067,004,000	9,146,000	1,076,150,000	10,774,000	50,037,000	52.65% d/
2000-01	1,110,692,000	9,503,000	1,120,195,000	8,741,000	52,834,000	54.89%
1999-00	1,166,880,000	9,980,000	1,176,859,000	9,413,000	66,884,000	66.50%
1998-99	841,911,000 e/	7,206,000	849,117,000	6,808,000	42,137,000 f/	61.53% f/
1997-98	612,066,000	5,244,000	617,309,000	5,448,000	39,617,000	29.37%
1996-97	629,579,000	5,394,000	634,973,000	5,060,000	41,590,000	30.38%
1995-96	639,030,000	5,469,000	644,499,000	6,193,000	32,788,000	31.20%
1994-95	656,923,000	5,628,000	662,551,000	11,159,000	28,460,000	31.20%
1993-94	647,993,000 g/	5,553,000	653,546,000	8,353,000	19,773,000	23.03%
1992-93	667,479,000	5,715,000	673,195,000	9,138,000	21,480,000	26.82%
1991-92	711,275,000	6,086,000	717,362,000	7,791,000	22,016,000	29.35%
1990-91	729,612,000	6,242,000	735,854,000	7,904,000	24,064,000	34.17%
1989-90	770,042,000 h/	6,581,000	776,623,000	11,615,000	24,956,000 h/	37.47%
1988-89	499,712,000 h/	4,273,000	503,984,000	4,968,000	9,994,000 h/	41.67%
1987-88	254,869,000	2,180,000	257,049,000	2,970,000		
1986-87	257,337,000	2,202,000	259,539,000	2,661,000		
1985-86	260,960,000	2,231,000	263,190,000	2,834,000		
1984-85	265,070,000	2,267,000	267,337,000	2,390,000		
1983-84	265,265,000	2,267,000	267,532,000	2,756,000		
1982-83	273,748,000	2,336,000	276,084,000	2,060,000		
1981-82	278,667,000	2,383,000	281,050,000	1,843,000		
1980-81	280,087,000	2,395,000	282,482,000	1,567,000		
1979-80	272,119,000	2,327,000	274,446,000	1,645,000		
1978-79	270,658,000	2,315,000	272,973,000	1,408,000		
1977-78	275,042,000	2,352,000	277,394,000	1,239,000		
1976-77	270,502,000	2,315,000	272,817,000	832,000		
1975-76	269,852,000	2,309,000	272,161,000	927,000		
1974-75	264,182,000	2,262,000	266,444,000	745,000		
1973-74	259,738,000	2,222,000	261,960,000	632,000		
1972-73	253,089,000	2,167,000	255,256,000	626,000		
1971-72	248,398,000	2,127,000	250,525,000	677,000		
1970-71	240,372,000	2,058,000	242,430,000	552,000		
1969-70	237,220,000	2,032,000	239,253,000	455,000		
1968-69	238,836,000	2,046,000	240,882,000	492,000		
1967-68	208,125,000 i/	1,862,000	209,987,000	328,000		
1966-67	75,659,000	1,543,000	77,202,000	129,000		
1965-66	74,880,000	1,528,000	76,407,000	88,000		
1964-65	74,487,000	1,520,000	76,007,000	61,000		
1963-64	71,530,000	1,459,000	72,989,000	71,000		
1962-63	70,829,000	1,445,000	72,274,000	79,000		
1961-62	68,203,000	1,390,000	69,593,000	47,000		
1960-61	66,051,000 j/	1,675,000 k/	67,726,000	76,000		
1959-60	61,791,000 l/	767,000 l/	62,558,000	67,000		

Net of refunds for tax indicia on cigarettes that become unfit for use (See Refunds).

A discount of .85 percent of gross value of tax indicia is granted to distributors for affixing the stamps. From July 1, 1960, until August 1, 1967, the discount rate was 2 percent.

Includes sales of indicia purchased on credit. Effective July 16, 1961, distributors have been able to purchase tax indicia on credit.

From July 1, 2001, through September 9, 2001, the surtax rate on smokeless tobacco ranged from 131 percent for moist snuff to 490 percent for chewing tobacco.

Effective September 10, 2001, the surtax rate on smokeless tobacco was lowered to 52.65 percent.

Effective January 1, 1999, the overall tax rate on cigarettes was increased from 37 cents to 87 cents per pack under voter-approved Proposition 10. The additional 50-cent-per-pack tax was imposed to raise funds for early childhood development programs. Excludes \$87,978,766 in 1998-99 from the floor stocks taxes for both cigarettes and other tobacco products levied on January 1, 1999.

From July 1, 1998, through December 31, 1998, the surtax rate was 26.17 percent for other tobacco products. Effective January 1, 1999, the new surtax imposed under Proposition 10 raised the combined surtax rate to 61.53 percent for other tobacco products. The new surtax is equivalent (in terms of the wholesale costs of other tobacco products) to a 50-cent-per-pack tax on cigarettes.

Effective January 1, 1994, the overall tax rate on cigarettes was increased from 35 cents to 37 cents per pack. The additional 2-cent-per-pack tax was imposed to raise funds for breast cancer research and education.

Effective January 1, 1989, an additional 25-cent-per-pack surtax was imposed on cigarettes and a new 41.67 percent surtax was imposed on other tobacco products.

Excludes \$57,927,856 in 1988-89 and \$595,000 in 1989-90 from the floor stocks tax levied on January 1, 1989.

Effective August 1, 1967, the tax rate was increased from 3 cents to 7 cents per pack. On October 1, 1967, the rate was further increased to 10 cents per pack, with the stipulation that 30 percent of the tax be allocated to cities and counties. Includes \$6,515,209 from the 4-cent-per-pack floor stocks tax levied on August 1, 1967, and \$4,889,485 from the 3-cent-per-pack floor stocks tax imposed October 1, 1967.

Refunds made for distributors' discounts in the 1960-61 fiscal year on purchases made in the 1959-60 fiscal year have been deducted. These refunds amounted to \$324,000.

Effective July 1, 1960, a discount was allowed at the time tax indicia were purchased.

Includes \$2,673,048 from the 3-cent-per-pack floor stocks tax imposed July 1, 1959; and also includes the amount of distributors' discounts which were refunded after purchase of indicia.

During July and August of 1959, the tax was collected by invoice and no discount was allowed on these collections of \$2,673,048, nor on the \$2,673,048 tax on floor stocks.

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST – PROPOSITION 10 COMMISSION
DEMOGRAPHIC DATA AND ECONOMIC STATISTICS
2005-2014**

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Demographic Data

	2005**	2006**	2007**	2008**	2009***	2010 (1)	2011 (1)	2012 (1)	2013 (1)	2014 (1)
Total Population	10,185,761	10,216,702	10,252,245	10,341,412	10,449,155	9,824,194	9,862,211	9,945,864	10,010,961	10,082,664
White	2,952,183	2,903,508	2,856,544	2,822,775	2,938,369	2,743,456	2,719,057	2,721,500	2,709,464	2,693,506
Black	890,227	876,209	862,622	853,032	882,167	826,260	828,970	830,607	831,808	833,267
American Indian	26,072	25,584	25,056	24,588	30,808	19,509	19,619	19,652	19,629	19,658
Asian	1,334,812	1,360,995	1,387,824	1,423,826	1,378,338	1,327,692	1,332,691	1,342,581	1,357,306	1,373,175
Native Hawaiian & Other Pacific Islander	27,266	27,544	27,773	28,137	29,001	23,191	23,103	23,277	23,433	23,579
Hispanic or Latino	4,751,677	4,807,354	4,864,925	4,944,987	5,008,069	4,702,784	4,753,038	4,818,170	4,874,755	4,940,756
Other	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Multi-race	203,524	215,509	227,501	244,067	182,403	181,302	185,733	190,077	194,566	198,723
Female	5,097,968	5,123,747	5,151,888	5,195,931	5,266,592	4,980,734	4,998,722	5,039,635	5,071,249	5,105,963
Male	5,087,793	5,092,955	5,100,357	5,145,481	5,182,563	4,843,460	4,863,489	4,906,229	4,939,712	4,976,701
Under 5 years	765,652	742,159	728,334	731,216	716,228	644,882	645,529	645,026	644,356	658,930
5-9 years	796,592	760,560	732,624	735,376	744,818	631,973	625,415	632,530	637,383	638,471
10-14 years	935,203	902,600	852,918	802,998	769,538	674,968	658,984	648,192	638,396	631,525
15-19 years	749,867	820,767	885,245	926,946	870,100	749,322	732,741	716,854	700,066	683,907
20-24 years	604,700	647,886	690,477	712,834	725,816	751,717	755,888	758,178	759,628	757,233
25-29 years	546,918	580,169	621,590	647,647	677,682	758,633	762,396	756,706	754,773	755,997
30-39 years	1,488,217	1,417,302	1,352,485	1,307,857	1,420,833	1,429,814	1,429,718	1,441,415	1,454,389	1,466,136
40-49 years	1,619,676	1,604,965	1,582,764	1,578,500	1,592,529	1,421,700	1,418,870	1,423,408	1,416,725	1,408,130
50-59 years	1,199,203	1,234,103	1,259,906	1,295,706	1,315,677	1,229,799	1,253,379	1,281,390	1,303,781	1,321,414
60-69 years	700,827	722,021	754,663	794,316	827,207	784,117	817,011	856,522	891,983	930,186
70-79 years	461,665	459,992	459,524	465,714	466,110	439,892	447,281	462,564	479,911	497,179
80+ years	317,241	324,179	331,715	342,302	322,617	307,377	314,999	323,079	329,570	333,556

Source:

** State of California, Department of Finance, E-3 Race / Ethnic Population Estimates with Age and Sex Detail, 2000–2008. Sacramento, CA, June 2010.

*** State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2050. Sacramento, CA, July 2007. (data are projections calculated between census surveys)

(1) State of California, Department of Finance, Population Projections for California and Its Counties 2010-2060. Sacramento, CA, January 2013. (These data supersede the previously used data source.)

Economic Data

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
LA County Personal Income	357,594,039	384,722,373	398,281,877	410,482,294	395,372,354	404,473,004	425,673,042	455,788,782	466,098,988	N/A
LA County Per Capita Personal Income	36,540	39,508	41,058	42,165	40,396	41,163	43,062	45,800	46,506	N/A
California Personal Income	1,395,992,214	1,499,308,841	1,564,289,335	1,596,229,973	1,537,094,676	1,578,553,439	1,685,635,498	1,805,193,769	1,856,614,186	1,944,369,223
California Per Capita Personal Income	38,964	41,623	43,152	43,608	41,587	42,282	44,749	47,505	48,434	50,109
United States Personal Income	10,605,595,000	11,376,405,000	11,990,104,000	12,429,234,000	12,080,223,000	12,417,659,000	13,189,935,000	13,873,161,000	14,151,427,000	14,708,582,165
United States Per Capita Personal Income	35,888	38,127	39,804	40,873	39,379	40,144	42,332	44,200	44,765	46,129

Source:

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

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

2014 economic data is not yet available for Los Angeles County

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST – PROPOSITION 10 COMMISSION
UNEMPLOYMENT RATE
2005 – 2014**

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Area	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
United States	6.2%	7.4%	8.1%	8.9%	9.6%	9.3%	5.8%	4.6%	4.6%	5.1%
California	7.5%	8.9%	10.4%	11.8%	12.4%	11.3%	7.2%	5.4%	4.9%	5.4%
Los Angeles County	8.3%	9.9%	10.9%	12.3%	12.6%	11.6%	7.5%	5.1%	4.8%	5.4%

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

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST – PROPOSITION 10 COMMISSION
TEN LARGEST INDUSTRIES (1)
2014 AND 2005**

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Industry	June 30, 2014			June 30, 2005		
	Number of Employees	Rank	Percentage of Total	Number of Employees	Rank	Percentage of Total
Trade, Transportation & Utilities	789,200	1	17.29%	786,100	1	17.53%
Educational & Health Services	734,000	2	16.08%	562,500	4	12.55%
Professional & Business Services	613,400	3	13.44%	573,800	3	12.80%
Government	559,800	4	12.26%	591,800	2	13.20%
Leisure & Hospitality	454,100	5	9.95%	382,900	6	8.54%
Manufacturing	353,300	6	7.74%	475,300	5	10.60%
Financial Activities	213,100	7	4.67%	241,900	7	5.40%
Information	205,600	8	4.50%	203,900	8	4.55%
Other Services	149,300	9	3.27%	146,400	10	3.27%
Construction	126,600	10	2.77%	149,700	9	3.34%
Sub-total Ten Largest Industries	4,198,400		91.97%	4,114,300		91.77%
All Other Industries	366,600		8.03%	369,200		8.23%
Total Industries	4,565,000		100.00%	4,483,500		100.00%

Note:

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

Source:

County of Los Angeles Comprehensive Annual Financial Report for the year ended June 30, 2014:

<http://ceo.lacounty.gov/pdf/portal/CAFR%202014%20.pdf>

**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST – PROPOSITION 10 COMMISSION
CAPITAL ASSETS STATISTICS**

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

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**LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST – PROPOSITION 10 COMMISSION
AUTHORIZED POSITIONS BY FUNCTION**

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Functional Area	2015 (4)	2014 (3)	Fiscal Year 2013 (2)	2012 (1)	2011 (1)
Executive	4.5	5.5	3	2	2
Administration	34.5	34	35	33	29
Programs	101.5	91.5	92	91	96
Total	140.5	131	130	126	127

Note:

(1) Data are budgeted authorized positions approved as part of the fiscal year budget. Prior to FY 2010-11, positions were reported by department only, and not according to functional area.

Source:

- (1) First 5 LA Approved FY 2011-12 Operating Budget (FY 2010-11 data were included for comparison purposes)
- (2) First 5 LA Approved FY 2012-13 Operating Budget
- (3) First 5 LA Approved FY 2013-14 Operating Budget
- (4) First 5 LA Approved FY 2014-15 Operating Budget

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

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

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities and the general fund of the Los Angeles County Children and Families First – Proposition 10 Commission (Commission), a component unit of the County of Los Angeles, California, as of and for the year ended June 30, 2015, and the related notes to the financial statements, which collectively comprise the Commission's basic financial statements, and have issued our report thereon dated _____, 2015.

Internal Control Over Financial Reporting

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

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

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

Compliance and Other Matters

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

Purpose of this Report

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

Rancho Cucamonga, California
_____, 2015

INDEPENDENT AUDITORS' REPORT ON STATE COMPLIANCE

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

Compliance

We have audited the Los Angeles County Children and Families First – Proposition 10 Commission's (Commission), a component unit of the County of Los Angeles, California, compliance with the requirements specified in the *State of California's Standards and Procedures for Audits of Local Entities Administering the California Children and Families Act*, issued by the State Controller's Office, applicable to the Commission's statutory requirements identified below for the year ended June 30, 2015.

Management's Responsibility

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the Commission complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on the California Children and Families Program for the year ended June 30, 2015.

Purpose of Report

This report is intended solely for the information of the County Board of Supervisors, the County Commission, the State Commission, and the State Controller's Office and is not intended to be and should not be used by anyone other than these specified parties. However, this report is a matter of public record and its distribution is not limited.

Rancho Cucamonga, California
_____, 2015

FIRST 5 LA

SUBJECT:

Recommend Approval of the 2014-2015 Annual Report to First 5 California (State Commission)

BACKGROUND:

Each year staff prepares a report to the State Commission that provides fiscal and programmatic information in response to a State Commission-designated template. This request was presented as an information item at the September 23, 2015 Executive Committee meeting (per the by-laws) and will be on the consent calendar at the October 8, 2015 meeting of the Board of Commissioners.

DISCUSSION:

Staff seeks approval of the First 5 LA Annual Report for Fiscal Year 2014-2015 (July 1, 2014 – June 30, 2015), which is due to First 5 California by October 31, 2015. First 5 LA staff will submit the entire report via the web-based forms provided by the State Commission.

The report consists of the following sections:

- Section 1: Revenue and Expenditure Summary
- Section 2: Demographic Worksheet
- Section 3: Evaluation Summary

RECOMMENDATION:

This memo is provided as information for the Board's consideration at the September 24, 2015 Program and Planning Committee/Special Commission meeting. First 5 LA recommends that at the next Commission Meeting, the Board approve the Annual Report for submission to the State Commission.



**Annual Report Form 1 (AR-1)
County Revenue and Expenditure Summary
For Fiscal Year July 1, 2014 - June 30, 2015**

County: Los Angeles

Tuesday, September 22, 2015

Revenue Detail	
Tobacco Tax Funds	\$89,475,135
CARES Plus Program Funds, Round 2	\$11,050,327
CSP, RFA 1	\$0
CSP, RFA 2	\$0
CSP, RFA 3	\$0
Small County Augmentation Funds	\$0
Other Funds	\$3,886,864
Grants	\$0
Donations	\$0
Revenue From Interest Earned	\$6,056,154
Total Revenue	\$110,468,480

Improved Family Functioning	
Community Resource and Referral	\$1,248,287
Distribution of Kit For New Parents	\$0
Adult and Family Literacy Programs	\$2,716,006
Targeted Intesive Family Support Services	\$12,837,112
General Parenting Education and Family Support Programs	\$835,257
Quality Family Functioning Systems Improvement	\$735,722
Total	\$18,372,384



**Annual Report Form 1 (AR-1)
County Revenue and Expenditure Summary
For Fiscal Year July 1, 2014 - June 30, 2015**

Improved Child Development	
Preschool Programs for 3- and 4- Year Olds	\$52,623,056
Infants, Toddlers, and All-Age Early Learning Programs	\$0
Early Education Provider Programs	\$11,750,691
Kindergarten Transition Services	\$0
Quality ECE Investments	\$4,135,273
Total	\$68,509,020

Improved Child Health	
Nutrition and Fitness	\$15,095,898
Health Access	\$8,942,770
Maternal and Child Health Care	\$7,100,404
Oral Health	\$9,025,052
Primary and Specialty Medical Services	\$1,333,450
Comprehensive Screening and Assessments	\$765,772
Targeted Intensive Intervention for Identified Special Needs	\$0
Safety Education and Injury Prevention	\$0
Tobacco Education and Outreach	\$0
Quality Health Systems Improvement	\$1,172,579
Total	\$43,435,925

Improved Systems of Care	
Policy and Broad Systems-Change Efforts	\$6,411,923
Organizational Support	\$41,541,602
Public Education and Information	\$2,428,419
Total	\$50,381,944



**Annual Report Form 1 (AR-1)
County Revenue and Expenditure Summary
For Fiscal Year July 1, 2014 - June 30, 2015**

Expenditure Detail	
Program Expenditures	\$180,699,273
Administrative Expenditures	\$8,427,500
Evaluation Expenditures	\$10,637,063
Total Expenditures	\$199,763,836
Excess (Deficiency) of Revenues Over (Under) Expenses	(\$89,295,356)

Other Financing Sources	
Sale(s) of Capital Assets	\$0
Other: Specify Source Below	\$0
Total Other Financing Sources	\$0

Net Change in Fund Balance	
Fund Balance - Beginning July 1	\$625,923,360
Fund Balance - Ending June 30	\$536,628,004
Net Change In Fund Balance	(\$89,295,356)

FY Fund Balance	
Nonspendable	\$39,411,636
Restricted	\$0
Committed	\$340,879,636
Assigned	\$78,113,279
Unassigned	\$78,223,453
Total Fund Balance	\$536,628,004



**Annual Report Form 1 (AR-1)
County Revenue and Expenditure Summary
For Fiscal Year July 1, 2014 - June 30, 2015**

Expenditure Notes



**AR1/AR2 Summary Report
For Fiscal Year July 1, 2014 - June 30, 2015**

County: Los Angeles

Tuesday, September 22,2015

Result Area	Service	Status	Total Dollars Spent	Total Number of Children Served	Total Number of Parents/Other Family Members/Providers Served
Improved Family Functioning	Community Resource and Referral	In Progress	\$1,248,287	0	119302
Improved Family Functioning	Adult and Family Literacy Programs	In Progress	\$2,716,006	91745	96988
Improved Family Functioning	Targeted Intensive Family Support Services	In Progress	\$12,837,112	2872	4515
Improved Family Functioning	General Parenting Education and Family Support Programs	In Progress	\$835,257	0	1472
Improved Family Functioning	Quality Family Functioning Systems Improvement	In Progress	\$735,722	0	223
Improved Child Development	Preschool Programs for 3 and 4 Year Olds	In Progress	\$52,623,056	10683	0
Improved Child Development	Early Education Provider Programs	In Progress	\$11,750,691	0	2203910
Improved Child Health	Nutrition and Fitness	In Progress	\$15,095,898	16017	28281
Improved Child Health	Health Access	In Progress	\$8,942,770	8448	3056
Improved Child Health	Maternal and Child Healthcare	In Progress	\$7,100,404	5651	9482
Improved Child Health	Oral Health	In Progress	\$9,025,052	32881	26468
Improved Child Health	Primary and Specialty Medical Services	In Progress	\$1,333,450	31503	0
Improved Child Health	Comprehensive Screening and Assessments	In Progress	\$765,772	10257	0
Improved Child Health	Safety Education and Injury Prevention	In Progress	\$0	66235	78939
Improved Child Health	Tobacco Education and Outreach	In Progress	\$0	0	1508
Improved Child Health	Quality Health Systems Improvement	In Progress	\$1,172,579	0	2431
Improved Systems of Care	Policy and Broad Systems-Change Efforts	In Progress	\$6,411,923	0	0
Improved Systems of Care	Organizational Support	In Progress	\$41,541,602	0	0



AR1/AR2 Summary Report
For Fiscal Year July 1, 2014 - June 30, 2015

Improved Systems of Care	Public Education and Information	In Progress	\$2,428,419	0	0
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**Annual Report Form 3 (AR-3)
County Evaluation Summary
For Fiscal Year July 1, 2014 - June 30, 2015**

County: Los Angeles

Monday, September 14, 2015

Provide a description of the evaluation activities completed during the fiscal year

First 5 Los Angeles conducted a number of evaluations in FY 2014-2015:

1. A developmental evaluation of the Best Start Initiative to gain a deeper understanding of what it takes to build community capacity and how that learning could be used to improve results.
2. Three studies of the Welcome Baby Initiative, which provides L.A. County pregnant women and new moms with information, support and a parent coach to help during the prenatal period and up to nine months postpartum:
 - A. A 24 month follow-up of families who participated in the program to see how they are doing on developmental, parenting and health measures.
 - B. A 36 month follow-up of families.
 - C. A Cost Study to estimate the cost per participant.
 - D. An Early Implementation Study to assess Welcome Baby's expansion.
3. A survey of families in the Best Start Communities to establish benchmark measures of child well-being in each of the 14 Best Start communities.
4. Two studies on the impact of Los Angeles Universal Preschool (LAUP), which provides preschool services to L.A. County 4-year-olds through direct funding of preschool spaces in new and previously empty classrooms, as well as through quality enhancement for many existing preschool sites:
 - A. The Universal Preschool Child Outcomes Study (UPCOS), which assessed language, literacy, and mathematics skills; social-emotional development; and body mass index among LAUP students from fall 2013 to spring 2014.
 - B. A longitudinal study of LAUP attendees in five school districts to see how they fared in 2nd and 3rd grade.
5. An assessment of First 5 LA's oral health portfolio to determine what has been done and to formulate a framework and strategies for future initiatives. 2006-2014 First 5 LA spent approximately \$70 million for the support of 30 oral health projects under seven strategic categories: partnerships, community development, policy, capital improvement, dental health innovations, dental home and children's dental care program.

6. An evaluation of the three Los Angeles area Black Infant Health (BIH) jurisdictions (Long Beach Department of Health and Human Services, Los Angeles County Department of Public Health and Pasadena Public Health Department) to understand the overall work and effectiveness of the BIH program in addressing its primary goals, as well as to gather lessons learned that will inform related First 5 LA efforts, particularly its family strengthening strategies. The BIH program provides education, intensive case management and group support to pregnant and postpartum African-American women.
7. A formative evaluation of the Permanent Supportive Housing (PSH) for Homeless Families Initiative in order to describe the implementation of the PSH program; generate information to inform policy and programmatic decisions related to servicing homeless families; and provide lessons learned for ongoing program improvement and inform the broader field. Through PSH, First 5 LA provided permanent supportive housing, temporary rental assistance and related services, for families with children aged prenatal to five that are homeless or at-risk of homelessness.
8. A descriptive study of the 211 Developmental Screening and Care Coordination Project, which offers development screening and service systems linkage to L.A. County residents.
9. A report on the Early Development Instrument (EDI)'s use and results in L.A. County. The EDI assesses kindergarteners on five domains of early development: physical health and well-being, social competence, emotional maturity, language and cognitive skills, and communication and general knowledge.

Describe the evaluation findings reported during the fiscal year

1. The developmental evaluation of Best Start found funder and community-level learning themes around how planning and collaboration could be improved.
2. The Welcome Baby Studies:
 - A. The 24 month follow-up study showed positive impacts on a number of important domains, particularly with regard to positive parenting and child development, but no measurable effects on domains such as health coverage and maternal mental health.
 - B. The 36 month follow-up study indicates that effects related to parenting quality and child development continue to be maintained more than two years after the home visiting services were delivered.
 - C. The cost study estimated the average cost per woman in Welcome Baby to be \$1,486.
 - D. The early implementation study found a number of recommendations for program improvement.
3. The First 5 LA Family Survey conducted 4,232 interviews with adults about children under six years of age in 2,977 households. It provided measures of parental resilience, child bonding, access to early childhood education and adequate physical activity and health insurance coverage. The final report also compared these findings with similar scales on WIC, County, state and national surveys.
4. LAUP Studies:
 - A. Children in LAUP ended the year performing at or above the national average in expressive Spanish-bilingual vocabulary skills and literacy. In math, they ended the year performing just below the national average (when assessed in English). They also ended the year performing

below the national average for English expressive vocabulary skills. Their progress in all of these areas exceeded progress in national samples of peers.

- B. Compared to school district peers who did not participate, LAUP students:
- Were less likely to be classified as English as a second language or special need students.
 - Attended more school days and had fewer suspensions.
 - Had English language arts (ELA) and math scores at or above the proficient level in 2nd grade.
 - In third grade, most students scored at or above the proficient level in math; less than half did so in ELA.
 - Test score patterns for English language learner students differed from other matched groups, with math differences favoring participants in 2nd grade but in turn favoring nonparticipants in 3rd grade.

5. The Oral Health Portfolio Review summarized the major considerations for oral health investments for young children as follows:

- Integrate dental care with overall health for young children and their families.
- Ongoing needs assessment, monitoring and evaluation are needed to track progresses in children's oral health.
- Parent and caretaker education regarding the importance of dental health needs to be enhanced.
- Interventions at individual, family, provider, and policy levels are needed to increase access to dental care.

6. The Black Infant Health evaluation showed that BIH has a positive impact on client knowledge, practices and behavior, including increased breastfeeding duration for participants.

7. The Permanent Supportive Housing initiative helped families attain stable housing and taught them self-advocacy and self-sufficiency skills.

8. The descriptive study of the 211 Developmental Screening and Care Coordination project found that it provides access to effective, evidence-based developmental screening tools and care coordination, delivered by parent-friendly staff and coordinated through effective partnerships with a range of relevant referral agencies.

9. The Early Development Instrument report described how the EDI was implemented at 66 schools in 12 communities over three years. For each community the percent of children not on track developmentally was calculated by domain.

Describe the policy impact of the evaluation results

All of First 5 LA's evaluations become part of the general body of knowledge that informs current and future work, but three studies had particular impact.

The Best Start developmental evaluation (DE) sought to elevate salient, timely, and useful information in ways that support learning and adaptation. Thus, results were not circulated once, but were disseminated in regular organizational rapid feedback memos and briefs, community-specific briefs, and reports to Best Start leadership and staff, contractors and community partnerships. This allowed stakeholders to immediately react to observations and recommendations so that mid-course corrections could be made.

A major finding of the DE was the degree to which community partnerships members wanted to take greater ownership of the funded strategies being identified and implemented in their community and meeting facilitation. As a result, First 5 LA is working to build the partnership members' capacity in a variety of domains including governance, using data for decision making, and leadership. DE also guided First 5 LA to refine how it supports community partnerships to encourage more ownership amongst partnership members. For the community partnerships, the DE revealed the need for broader community involvement, which the partnerships are pursuing through increased community outreach.

Another opportunity for program improvement came from the Welcome Baby Early Implementation Study. This study revealed that providers observed a drop-off in client enrollment between the 3-4 month visit and the 9 month visit and believed an added 6 month visit would help. Based on this, further research was done that revealed a higher attrition from the 2 week visit to the 2 month phone call that wasn't observed among clients who received a 2 month home visit. With the Commission's approval, the 2 month call was turned into a 2 month visit for all clients. Additionally, the study found that the lack of an RN visit inhibited some clients from participating in home visiting programs that may be more suitable for them, so the Commission approved expanding the RN visit to all participants in First 5 LA's home visiting programs.

Based on the findings from the Early Development Instrument report, the 2015-2020 strategic plan includes a project to work on ways a kindergarten readiness assessment can be used to advocate for funding and policy changes.

Memo

To: Board of Commissioners

From: Kim Belshé, Executive Director

Date: September 24, 2015

Subject: **PAY FOR SUCCESS FEASIBILITY STUDY: FINAL KEY FINDINGS**

First 5 LA jointly applied to take part in the James Irvine Foundation California Pay for Success (PFS) Initiative with the Children and Families Commission of Orange County (CFCOC) in early 2014. The commissions were selected as awardees in the inaugural cohort of the Initiative, allowing us to engage Third Sector Capital Partners, Inc. to assess the feasibility of launching a PFS project for each organization’s maternal and child home visiting program or network. PFS is an innovative financing mechanism that has emerged to measurably improve outcomes for those in need by changing the way that government allocates and invests its resources.

First 5 LA’s home visiting programs (Welcome Baby and Select Home Visitation) are two of the Commission’s most significant annual funding commitments anchoring our 2015-2020 Strategic Plan and the subject of this feasibility study. In September 2014, Third Sector began their work with First 5 LA and, in January 2015, presented preliminary findings in a Mid-Point Report for the Commission. In September 2015, Third Sector submitted the Final Key Findings Report, which provides Third Sector’s findings, the status of stakeholder engagement, and a summary of the potential path forward for First 5 LA as it continues exploring Pay for Success for its home visiting programs.

Today’s presentation will review the definition of and process for launching a Pay for Success project, the final key findings of Third Sector’s study of the feasibility of launching a PFS project for First 5 LA’s Welcome Baby program and the recommendations for First 5 LA to prepare for a PFS project.

COMMISSIONERS

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Michael D. Antonovich	Nancy Haruye Au	Marvin J. Southard, D.S.W.
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EXECUTIVE DIRECTOR

Kim Belshé

CHIEF OPERATING OFFICER

John A. Wagner

A PUBLIC ENTITY

**PAY FOR SUCCESS FEASIBILITY STUDY: FINAL
KEY FINDINGS
FIRST 5 LOS ANGELES**

September 2015

Pay for Success Feasibility Study

Los Angeles County’s Children and Families Commission (“First 5 LA”) jointly applied to the California Pay for Success Initiative with the Children and Families Commission of Orange County. The commissions were chosen as awardees in the inaugural cohort of the initiative, allowing them to engage Third Sector Capital Partners, Inc. (“Third Sector”) to assess the feasibility of launching a Pay for Success project for each organization’s maternal and child home visiting program or network.

First 5 LA’s home visiting programs (Welcome Baby and Select Home Visitation) are two of the Commission’s largest annual funding commitments and the subject of this feasibility study. In September 2014, Third Sector began their work with First 5 LA and, in January 2015, reported preliminary findings in a Mid-Point Report for the Commission. In September 2015, Third Sector submitted this Final Key Findings report which provides Third Sector’s findings, the status of stakeholder engagement, and a summary of the potential path forward for First 5 LA as it continues exploring Pay for Success for its home visiting programs.

First 5 LA Pay for Success Context

Pay for Success (PFS) and **Social Impact Financing** have emerged as mechanisms to measurably improve outcomes for those in need by changing the way that government allocates and invests its resources. **PFS contracting** is a new form of performance-based contracting through which public or private entities (**end payers**) reimburse effective social service providers for achieving agreed-upon outcomes. These social service providers may receive initial project capital through **Social Impact Financing (SIF)**, which is a funding tool that bridges the payment timing delays inherent to PFS contracting while introducing a rigorous due diligence process.

First 5 LA’s revenue, which is funded through statewide tobacco taxes, has declined precipitously over the past decade, resulting in budget cuts to services for the County’s youngest children and their families. As such, First 5 LA is aggressively pursuing sustainability strategies for programs with proven outcomes for young children and Pay for Success has emerged as a promising opportunity.

In a PFS project, First 5 LA would serve as an up-front **funder** of services. This role is a good fit for First 5 LA, given the organization is already funding early intervention programs, has experience implementing multi-year contingent contracts and has long-standing partnerships with academic and independent research institutions involved in evaluation. Other organizations which benefit from the outcomes achieved by First 5-funded programs would serve as **end payers**. The Commission would contract with these payers and work with early intervention programs and an evaluator to develop an impact assessment of selected outcomes. If outcomes are positively impacted, success payments would be made to First 5 LA by end payers. These success payments could be used to fund programs in future years and evaluation results would serve as the basis for future PFS (or other performance-driven) contracts. If outcomes are not achieved, First 5 LA will have important information about program performance to make data-driven funding decisions.

First 5 LA’s Maternal and Child Home Visiting Programs

Welcome Baby

First 5 LA has supported investments in home visiting services for mothers and their children since the organization was created. As part of its focus on place-based strategies through its Best Start initiative, First 5 LA created a new home visiting program in 2009, Welcome Baby, providing parent education, developmental screening, and referral services through parent coaches, hospital liaisons and registered nurses. The program’s design drew on best practices from high-quality, light touch home visiting programs, as well as input from community leaders and experts in the field. Welcome Baby piloted at the California Health and Medical Center and has since expanded to 13 other hospitals. In 2013, these hospitals had 44,164 births (35% of all births in L.A. County)¹. The total cost of Welcome Baby in Fiscal Year (FY) 2015-16 is expected to be \$24.7 million.

Select Home Visitation

Recognizing that Welcome Baby, a program offering a limited number of engagements for mothers, is best suited for low to moderate risk families, First 5 LA approved Select Home Visitation (SHV) as part of its 2010-2015 Strategic Plan. Select Home Visitation launched in 2013, the program enrolls high-risk mothers in one of three evidence-based, more intensive home visiting programs (Healthy Families America, Parents as Teachers, or Triple P). The main focus of the feasibility study was on Welcome Baby because SHV is new and has little performance data. The following chart shows how risk score and geography impact what services are available to each family, as well as First 5 LA’s estimates for mothers served².

Chart 1: Mothers Served Projections

	FY15-16		FY19-20	
	High Risk	Low to Mod. Risk	High Risk	Low to Mod. Risk
Best Start (30% of births)	Select Home Visitation: 1,350 served	Welcome Baby: 3,151 served	Select Home Visitation: 2,933 served	Welcome Baby: 6,843 served
Non Best Start (70% of births)	Welcome Baby Light: 2,904 served	Hospital Visit (incl. Bridges Screen): 6,775 served	Welcome Baby Light: 6,305 served	Hospital Visit (incl. Bridges Screen): 14,711 served

Findings from the Mid-Point Feasibility Report

After several months of conversations with First 5 LA staff and experts, along with a review of available data, Third Sector consolidated findings and recommendations into a mid-point report. Third Sector presented three options for the path forward to the PFS team at First 5 LA³:

Option 1: Pursue a Pay for Success Project

Option 2: Pursue Rigorous Impact Evaluation and Develop Nonbinding Partnerships

Option 3: Maintain the Status Quo

¹ Figures do not include the latest Welcome Baby hospital, Martin Luther King, Jr. Community, which will add more births

² Family Strengthening Cost Projection Model (assumes 70% offer rate and 50% acceptance rate in FY 15-16 and 95% offer rate and 80% acceptance rate by FY 19-20)

Given First 5 LA's role as an up-front **funder** in a PFS project, Third Sector's recommendation was to follow Option 2: pursue rigorous impact evaluation and develop nonbinding partnerships. Third Sector analysis and discussion with First 5 LA confirmed Welcome Baby was not ready for a PFS project in the short term, due to challenges with identifying a promising end payer and an emerging evidence base. However, the program had a strong opportunity to better prepare for a PFS project in the future.

Four key findings for First 5 LA's consideration included:

1. No one or two local payers represent a clear choice for participating in a PFS project – the payers most likely to benefit from positive Welcome Baby outcomes either do not have data showing they cover enough of the Welcome Baby population (e.g. Medi-Cal managed care plans), would require complex and lengthy negotiations to agree to a PFS contract (e.g. state/federal Medicaid), or accrue benefits over long periods of time (e.g. child welfare services). See Attachment A for additional details on the end payer assessment.
2. Payers may not want to commit to the Welcome Baby or Select Home Visitation programs exclusively. For example, health plans might want to partner with public health nursing programs like Nurse Family Partnership in addition to or in lieu of First 5 LA's programs.
3. Welcome Baby and Select Home Visitation programs are still in early ramp-up phases. Not enough data has been collected on the programs to assess the likelihood that a PFS project would result in positive outcomes (and trigger payments).
4. Numerous Welcome Baby data and evaluation efforts are still underway which could impact the structure of a PFS project.

The Commission PFS team agreed with this strategy and had Third Sector present these findings and recommendations to the Board of Commissioners at their January 8, 2015 meeting. The Board was enthusiastic about PFS and receptive to this strategy of pursuing a rigorous impact evaluation and developing nonbinding partnerships. Since February, Third Sector has worked with First 5 LA to develop this strategy and implement it. This work has included stakeholder engagement, impact evaluation design and developing a path forward.

Progress since Mid-Point Report

Nonbinding Partnerships

A key recommendation of Third Sector for First 5 LA was to reach out to stakeholders with potential interest in seeing Welcome Baby continue and begin educating them about the program. In particular, potential end payers should be included in the process, as outcomes that are of interest to them should inform impact evaluation design or the design of analyses that build off the impact evaluation.

Los Angeles has a two-plan model for MediCaid managed care, with one local, public plan (LA Care) and one national, commercial plan (Health Net). In April, First 5 LA had an initial meeting with LA Care. The meeting focused on educating the LA Care team on Welcome Baby and its upcoming impact evaluation. The PFS team gauged LA Care's interest in outcomes it is planning to test and in staying informed with progress of the impact evaluation and Welcome Baby's implementation. LA Care was responsive to understanding Welcome Baby's impact

on HEDIS measures⁴ (described in more detail in the “Impact Evaluation” section). Third Sector recommends First 5 LA hold a similar meeting with Health Net.

Health plans are not the only organizations that may be benefitting from the services provided by Welcome Baby. Another group that Third Sector has discussed with First 5 LA are Los Angeles County departments related to the health and well-being of children. The Department of Public Health (DPH), the Department of Children and Family Services (DCFS) and the Office of Child Protection (OCP) are all interested in preventative services and have relationships with First 5 LA. Additionally, the Office of the County Chief Executive Officer (CEO) has a current PFS project, which began with the creation of a blueprint for PFS projects in LA. While the current project is focused on recidivism to jail, not home visiting, the Office of the CEO may be looking to launch new projects in the future, using their “Blueprint” process. First 5 LA should monitor future requests for proposals from the County. Only County departments are able to submit proposals, therefore First 5 LA would need to find a department to sponsor a proposal for Welcome Baby (e.g. DPH, DCFS, OCP). If the impact evaluation shows strong results, Welcome Baby, could be a strong candidate.

It is not only important to keep stakeholders that may benefit from Welcome Baby educated about the program’s value proposition and impact evaluation, Welcome Baby hospitals and staff are key to the success of the impact evaluation and should be involved in early conversations about the objectives of the study and its design.

Welcome Baby Impact Evaluation

First 5 LA had been planning an impact evaluation of Welcome Baby prior to the start of this PFS feasibility study with the objective of establishing an evidence base for the program. Third Sector has worked with the Research and Evaluation (“R&E”) team developing this evaluation to understand the process for how it is being designed. Third Sector and R&E have engaged in several discussions about the importance of capturing data that can inform First 5 LA funding decisions about Welcome Baby in the future, as well as data that could strengthen stakeholder interest in contributing to Welcome Baby. The next section details Third Sector’s recommendations related to the design of this impact evaluation.

Third Sector Recommendations

There are two main initiatives being undertaken by First 5 LA to secure more sustainable funding for Welcome Baby: an impact evaluation and educational conversations with potential end payers. This section summarizes Third Sector’s recommendations related to these activities, details an illustrative timeline for the next five years and depicts a potential PFS project structure.

Impact evaluation recommendations:

1. Ensure the evaluator selected understands all objectives of the impact evaluation, including using the results to drive financial sustainability.
2. Explore the plausibility of methods for examining the impact of Select Home Visitation.

⁴ HEDIS measures are the Healthcare Effectiveness Data Information Set, a data set used to measure the performance of health plans by the National Committee for Quality Assurance. LA Care

3. Ensure participants' insurance provider can be tracked and provide reports to LA Care and Health Net on Welcome Baby's impact on their clients' healthcare utilization outcomes soon after 12 months post-partum and 24 months post-partum results are calculated.
4. Document outcomes of interest and data collection feedback from interested potential end payers.
5. Continue exploring ways to leverage administrative data, through the Children's Data Network (CDN) and other sources.
6. Ensure results of the impact evaluation can be used for internal First 5 LA decision-making around Welcome Baby (and if possible Select Home Visitation) funding in the future.

Educational conversations with potential end payer recommendations:

1. Schedule initial meetings with Health Net, DPH, DCFS, OCP and the Office of the CEO to educate them on Welcome Baby and the impact evaluation, solicit feedback on outcomes that are of interest to them and generate a feedback loop for those outcomes when impact evaluation results are available.
2. Schedule a follow-up meeting with LA Care to present specifics of the impact evaluation (and related analyses) as information is available and receive feedback (i.e. data collection suggestions). Invite them to contribute data to the CDN to give them better clarity on the home visiting services accessed by their clients and the impact of those services.
3. Monitor the Office of the CEO activity in PFS, including new project proposals in the future.

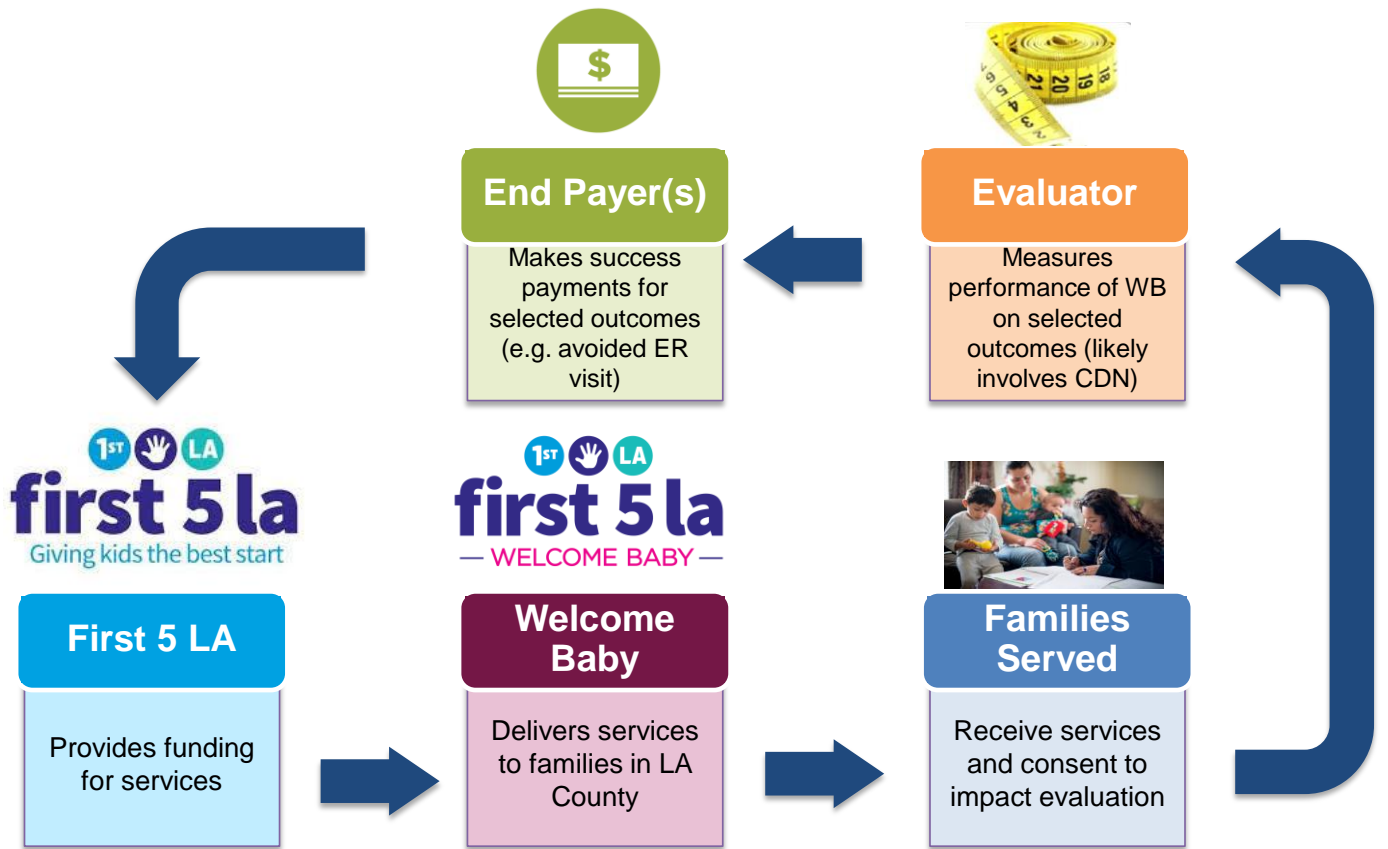
Chart 2: Illustrative Timeline of Key Dates for the Next Five Years

Date	WB Impact Evaluation Stage*	Key First 5 LA Events
Fall 2016	<ul style="list-style-type: none"> Evaluator retained Impact evaluation designed (considering recommendations above) and timeline refined 	<ul style="list-style-type: none"> Continue stakeholder engagement around Welcome Baby (WB) and its impact evaluation Continue work with CDN to create more linkages with WB and SHV data
Fall 2017	<ul style="list-style-type: none"> Participants recruited and treatment/control groups constructed for High Risk and Low/Med Risk Demographic make-up of participants known (and insurance provider, if possible) 	<ul style="list-style-type: none"> Share initial report of the demographic characteristics of evaluation participants with stakeholders, along with any other analyses happening with CDN data
Fall 2018	<ul style="list-style-type: none"> Initial findings report, all participants will be at least 12 months post-partum Reporting on certain HEDIS measures may be possible 	<ul style="list-style-type: none"> Funding for Welcome Baby from F5LA is planned to decrease (and may be replaced with hospital funding) Discuss evaluation report and financial situation with stakeholders
Fall 2019	<ul style="list-style-type: none"> Additional findings report, all participants will be at least 24 months post-partum Potential additional results using CDN data 	<ul style="list-style-type: none"> If there is a stakeholder interested in moving to PFS project construction (i.e. contract negotiation), begin that process
Summer 2020	<ul style="list-style-type: none"> Potential additional results using CDN data or other administrative data 	<ul style="list-style-type: none"> F5LA New Strategic Plan will launch with decisions on program funding for the next 5 years
Winter 2020		<ul style="list-style-type: none"> Potential PFS project could launch

*Note: Impact Evaluation timeline subject to change

While the sections above detail the path to a potential PFS project. The flow chart below lays out the logistics of a potential PFS project after it launches.

Figure 1: Potential PFS Project Flow



Attachment A: End Payer Assessment (Mid-point Report)

Evidence-based home visiting programs like those used to inform the design of Welcome Baby and funded through Select Home Visitation have been proven to achieve impacts in multiple areas from healthcare and child welfare to education and criminal justice. Home visiting programs have short and long-term benefits, and yield significant savings at multiple levels of government.

Assessing the potential benefits of home visiting services, Third Sector developed a list of potential end payers to determine which organizations would most likely be interested in paying for Welcome Baby and Select Home Visitation outcomes, yielding the following matrix:

County/Local		Federal/State	
Pays For:	Considerations	Pays For:	Considerations
Public Schools	-80 school districts in LA County -Educational outcomes take many years to accrue	Public Schools	-Highly unlikely to negotiate complex, innovative programs in short term -Strong potential for advocacy (First 5 California efforts)
Child and Family Services	-IV-E waiver creates flexibility -Foster care and abuse and neglect outcomes take many years to accrue	Child Welfare/Other Social Services	
County Jails	-Criminal justice outcomes take many years to accrue	Prisons	
Local Health Programs		Disability Services	
Public Hospitals		Healthcare	
Health Plans		Private Hospitals	
Pays For:	Considerations	Pays For:	Considerations
ER Visits	-Mechanics of success payments (funding from plans typically comes in the form of reimbursement) -Strong alignment of savings with Top Outcomes -Interested in HEDIS measures	ER Visits (for the uninsured)	-Reimbursed for services provided to the uninsured (potential disincentive)
Hospital Births		Hospital Births (for the uninsured)	
Doctor Visits		Community Benefits (non-profit hospitals)	
Immunizations			
Enrollment and Billing Costs			

As the matrix shows, savings accrue to multiple potential payers: federal, state, and local governments; multiple agencies from school districts to health departments; independent provider systems like hospitals; and health plans, particularly managed care organizations (“MCO”).

Ideally, a PFS project would be able to capture the full scope of these benefits in a multi-payer arrangement. Unfortunately, Pay for Success agreements are complex and difficult to negotiate, and are typically too costly to develop when a large number of payers are involved from different sectors and at different levels of government.

In some cases, program impact may be too small, and yield too low a commitment from potential payers, to cover the administration and evaluation costs associated with PFS. For example, if Welcome Baby, measurably increases kindergarten readiness and school attendance rates, and reduces developmental delays leading to special education placements, school districts would likely be interested in paying for these outcomes. In Los Angeles County, however, there are more than 80 individual school districts. Negotiating success payments with even a subset of these districts and tracking children from 0 through 6 absent pre-existing data sharing agreements would be extraordinarily time consuming and expensive.

In other cases, the timing gap between service delivery and outcomes may be too wide for payers to commit to paying for success. For example, some home visiting programs have reduced a child's engagement with the child welfare system, reducing days in foster and congregate care and decreasing the number of substantiated reports of child abuse. Counties like Los Angeles with IV-E Waivers might be interested in paying for these outcomes, but research so far has shown that child welfare outcomes are not realized with significant magnitude until more than 10 years after home visiting services are provided.

The most significant short-term benefits of home visiting programs are related to healthcare. Women served prenatally are more likely to have safe pregnancies and deliver healthy babies; women served after birth are more likely to provide safe homes and use healthcare services appropriately, leading to reduced emergency room visits and hospitalizations. Since the majority of mothers served by Welcome Baby are eligible for public insurance, the primary potential beneficiary of these outcomes is Medi-Cal (Medicaid). Medi-Cal, however, is a state-federal share of cost program; in order for Medi-Cal to be a payer of success, the California Department of Health Care Services would need to negotiate a PFS contract with First 5 LA and its providers. Third Sector's assessment is that this would not be feasible in the short-term.

Medi-Cal MCO's, however, are inherently local organizations with the financial incentive to pay for programs which reduce treatment costs. For this reason, MCO's are being considered for PFS projects across California, including an asthma reduction project in Alameda County and the CFCOC project. In Los Angeles, LA Care appeared to be well-positioned to be a lead payer of success; when Third Sector began this project, the health plan was preparing to pay for a new Welcome Baby site at Antelope Valley hospital. As of November 2014, however, the landscape had shifted. LA Care elected not to pay for the Welcome Baby expansion, saying that "it preferred to pursue a more county-wide solution." Second, more data is needed to understand LA Care's coverage of Welcome Baby mothers and children (i.e. is there a large number of families receiving any Welcome Baby/Select Home Visitation services that are L.A. Care clients?).

Pay For Success Feasibility Study: Final Key Findings

**Board of Commissioner's Meeting
Program and Planning Committee
September 24, 2015**

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Purpose

- Review the definition of and process for launching a Pay For Success project
- Share the final findings of the Pay for Success Feasibility Study
- Recommend key next steps for First 5 LA

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Definitions

Pay for Success



Performance-based contracting within the social sector where government pays only if results are achieved.

Social Innovation Finance

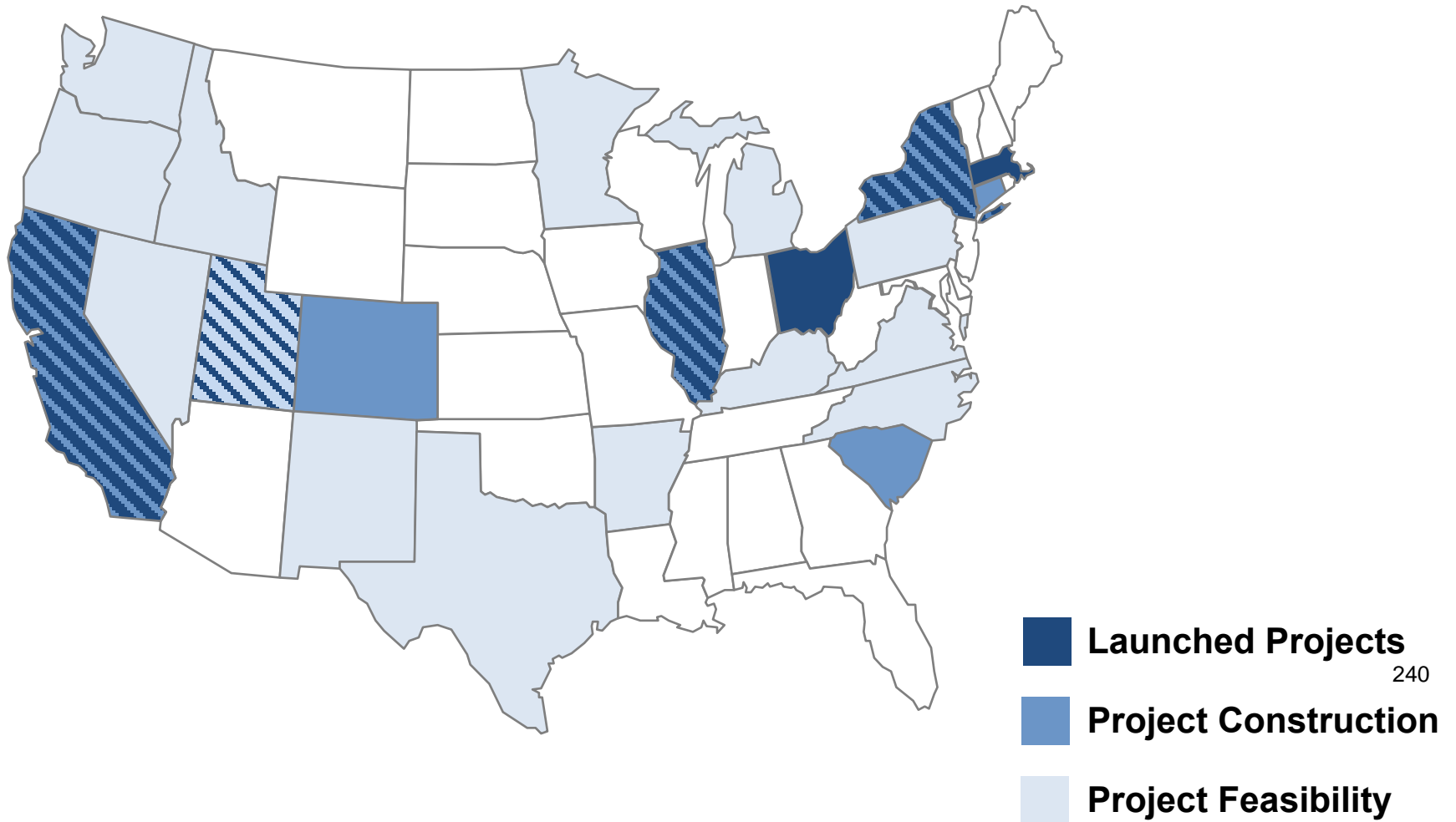


Financing that bridges timing gap between government payments and upfront funding needed to run PFS programs.

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***Social Impact Bonds (SIBs) are a type of SIF**

PFS Momentum Across the Country



Background on First 5 LA's Pay for Success (PFS) Exploration

F5LA Initial PFS Exploration

- December 2013 – May 2014
- Questions Answered:
 - Is PFS a strategy the commission should think about?
 - Which programs are most prepared for PFS?

CA PFS Initiative PFS Feasibility Study

- Sept. 2014 – Sept. 2015
 - Deeper dive into the operations, data collection and evaluation plans for the Family Strengthening programs
- Questions Answered:
- Is a PFS contract possible (in the short term)?
 - Are there payers interested in engaging with First 5 LA about the impact Welcome Baby is having?
 - What are the next steps First 5 LA should pursue with respect to PFS?

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Key Players in a PFS Project

Funder(s)

- Provides upfront funding to launch a project
- Can be re-paid with success payments

Service Provider(s)

- Delivers services
- Receives complete cost coverage

Evaluator

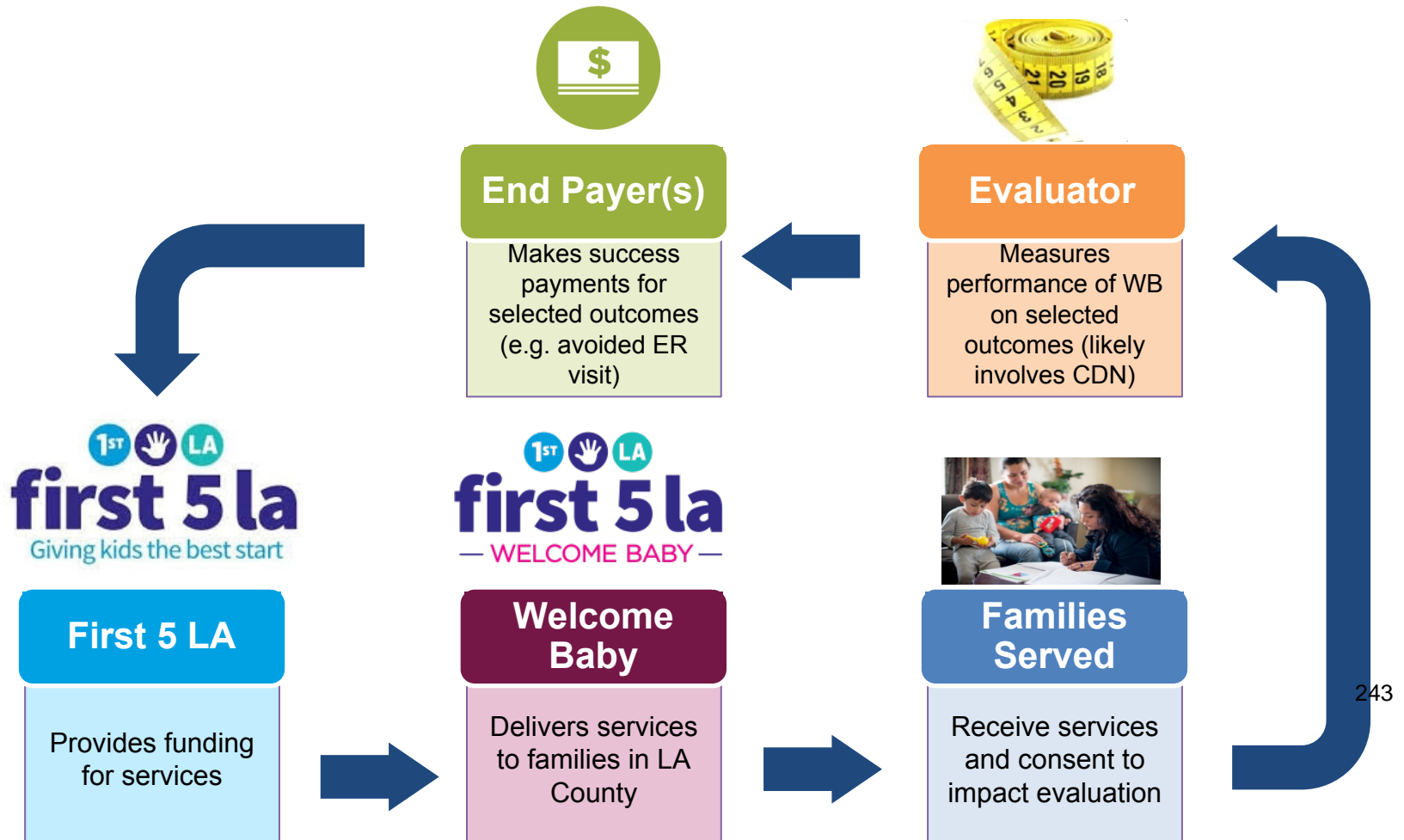
- Supports rigorous evaluation design; measures progress towards outcomes based on contract requirements

End Payer(s)

- Pays for successful outcomes

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Key Players in a Potential Welcome Baby PFS Project



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Key Criteria for PFS

Target Population	Outcomes	End Payers	Evaluation
<ul style="list-style-type: none">• Defined population with baseline outcomes that need to be improved• Sizeable number of people that could benefit from the intervention but are not currently receiving it (or will not in the future)	<ul style="list-style-type: none">• Clear, limited set of outcomes to be measured• Mutually agreed upon by project stakeholders	<ul style="list-style-type: none">• Agree to pay for outcomes achieved through the project• Typically one end payer• Sets price per successful outcome	<ul style="list-style-type: none">• Intervention with a strong track record of success for the target population (previous evaluations)• Rigorous evaluation during PFS project to determine success levels²⁴⁴

Focusing on Family Strengthening



*The feasibility study focused on **Welcome Baby (WB)** and **Select Home Visitation (SHV)**:*

- Large First 5 LA financial investment in direct services
- Priority programs are anchors in the 2015-2020 Strategic Plan
- Evidence-informed programming
- Existing commitment to rigorous evaluation
- Maternal and child home visiting explored for PFS across the country

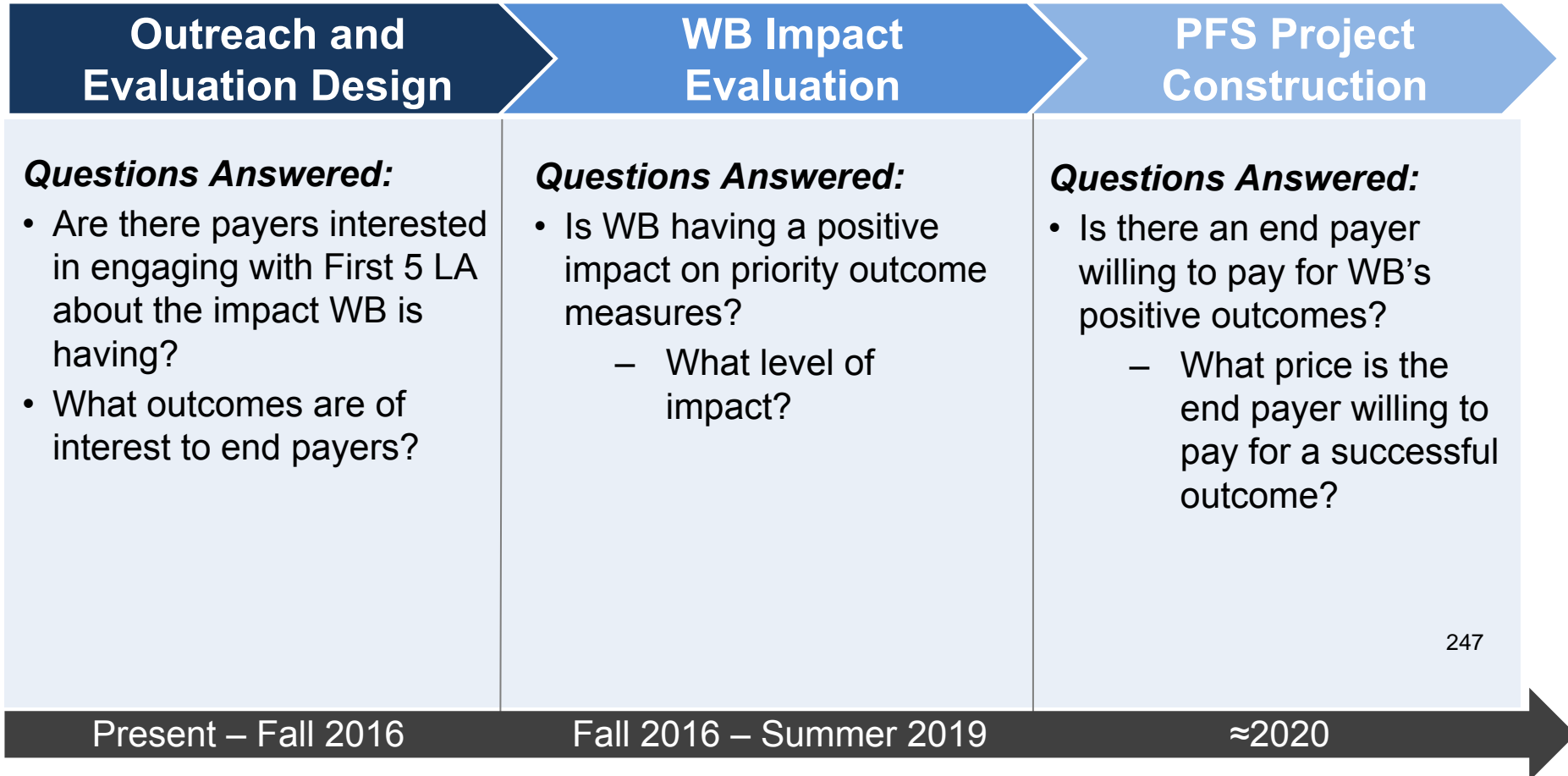
245

PFS Findings

Target Population	Outcomes	End Payers	Evaluation
<ul style="list-style-type: none"> Population varies greatly between hospitals No clear picture of the insurance status of the mothers and children that will be served by the program 	<p>Created a list of 91 potential outcomes.</p> <p><i>Top PFS Outcomes:</i></p> <ul style="list-style-type: none"> ER visits Well child doctor visits Immunizations Access to primary care Continuity of care 	<ul style="list-style-type: none"> Healthcare payer, primarily Medi-Cal managed care plans, are most accessible payers in the short term Government (local, state, federal) payers may exist in the long term 	<ul style="list-style-type: none"> Evaluations to-date not rigorous or conclusive Rigorous impact evaluation currently planned for WB Evaluations must assess priority outcomes for end payers <p style="text-align: right;">246</p>

*Outcomes were selected based on the expected level of interest from an end payer. These are different than the outcomes the program was designed to impact

Current Evaluation Timeline



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Illustrative Timeline of Key Dates for the Next 5 Years

Date	WB Impact Evaluation Stage*	Key First 5 LA Events
Fall 2016	<ul style="list-style-type: none"> • Evaluator retained • Impact evaluation designed (considering recommendations above) and timeline refined 	<ul style="list-style-type: none"> • Continue stakeholder engagement around Welcome Baby (WB) and its impact evaluation • Continue work with Children’s Data Network (CDN) to create more linkages with WB and SHV data
Fall 2017	<ul style="list-style-type: none"> • Participants recruited and treatment/control groups constructed for High Risk and Low/Med Risk • Demographic make-up of participants known (and insurance provider, if possible) 	<ul style="list-style-type: none"> • Share initial report of the demographic characteristics of evaluation participants with stakeholders, along with any other analyses happening with CDN data
Fall 2018	<ul style="list-style-type: none"> • Initial findings report, all participants will be at least 12 months post-partum • Reporting on certain HEDIS measures may be possible 	<ul style="list-style-type: none"> • Funding for Welcome Baby from F5LA is planned to decrease (and may be replaced with hospital funding) • Discuss evaluation report and financial situation with stakeholders
Fall 2019	<ul style="list-style-type: none"> • Additional findings report, all participants will be at least 24 months post-partum • Potential additional results using CDN data 	<ul style="list-style-type: none"> • If there is a stakeholder interested in moving to PFS project construction, begin that process (i.e. contract negotiation, outcomes pricing) ²⁴⁸
Summer 2020	<ul style="list-style-type: none"> • Potential additional results using CDN data or other administrative data 	<ul style="list-style-type: none"> • F5LA New Strategic Plan will launch with decisions on program funding for the next 5 years
Winter 2020		<ul style="list-style-type: none"> • Potential PFS project could launch

Key Takeaways

- The existing evaluations of the Family Strengthening programs do not provide the level of evidence of the program's success that is required for a PFS project:
 - It would be very difficult to find end payers willing to negotiate an outcomes-based contract using the current body of evidence
 - Opportunity to design the WB impact evaluation to drive financial sustainability and a potential PFS project in the future
 - Opportunity to conduct follow-on analyses to the WB impact evaluation that measure the impact of SHV
- First 5 LA should **engage key stakeholders** in discussions about WB and its impact evaluation and **incorporate their feedback** when designing the evaluation to ensure it develops a **value proposition for WB**. Key stakeholders include:
 - Medicaid Managed Care plans (LA Care, Health Net)
 - County Departments (DCFS, DPH, OCP, Office of CEO)
 - WB hospitals and staff

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Discussion Questions

- Are there any clarifying questions about Pay For Success?
- What are your thoughts on First 5 LA's next step to keep partners engaged throughout the Impact Study?
- What do you look forward to learning from the potential partners as we engage them on Welcome Baby?

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Questions?



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Appendix

- Launched PFS Project Overviews*
 - Commonwealth of Massachusetts: Juvenile Justice
 - Cuyahoga County, OH: Family Re-unification
 - Santa Clara County, CA: Chronic Homelessness

*Note: There are 8 launched projects in the US, Third Sector has worked on the 3 projects listed above

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Commonwealth of Massachusetts

Project Overview



Provides **job training, support groups, and educational counseling**

delivered to...

929 at-risk young men age 17-23 in Chelsea, Springfield, and Boston



in order to...

- ↓ Decrease **days of incarceration** by 40%
- ↑ Increase **job readiness**
- ↑ Increase **employment**

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Evaluation by the **Urban Institute**, using a **randomized controlled trial**

Cuyahoga County

Project Overview



Provides **Critical Time Intervention (CTI)**, **trauma-focused therapies**, and **links families to housing resources**

delivered to...

90 caregivers age 18-54 associated with **180 children** in Cuyahoga County, Ohio



in order to...

↓ Decrease **days children spend in foster care placement**



Evaluation by **Case Western Reserve University**, using a **randomized controlled trial**

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Santa Clara County

Project Partners



Program

Abode provides **permanent supportive housing** to **150-200 of the costliest chronically homeless population** in Santa Clara County, California using 112 units/year



Impact

- ↑ Increase months of stable tenancy in permanent supportive housing
- ↑ Improve health and wellbeing of acutely mentally ill individuals

Evaluation
Lease and administrative data with Randomized Controlled Trial ²⁵⁵

Highlights

- 1st CA PFS project
- Replicable success metric with parallel randomized control trial
- Funding mechanism which leverages Medi-Cal

Memo

To: Board of Commissioners

From: Kim Belshé, Executive Director

Date: September 24, 2015

Subject: **IMPLEMENTATION OF THE SUSTAINABILITY AND LEVERAGING COMPONENTS OF THE GOVERNANCE GUIDELINES**

On March 13, 2014, the First 5 LA Governance Guidelines were approved by the Board. These guidelines were adopted to promote transparency, consistency, and focus in its strategic planning, budget and program decision-making.

As stated in the Focusing for the Future First 5 LA Strategic Plan 2015-2010, “These guidelines establish the Commission’s expectations for future grantmaking. Such expectations include that contractors and grantees do not expect First 5 LA to be a permanent source of funding for programs and services, and successful applicants for First 5 LA grant support will be able to sustain project efforts beyond the contract period and First 5 LA funds.”

Guideline #5: Sustainability and Guideline #6: Leveraging are both related to implementation of the Strategic Plan and serve as internal policies for future grantmaking.

Today’s presentation will review the internal policies and processes that have been developed to implement these two components of the Governance Guidelines during the current Fiscal Year 2015-2016.

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Governance Guidelines: Sustainability & Leveraging Components

Jessica Monge Coria
September 24, 2015



Purpose

Review internal policies and processes that have been developed to implement the Sustainability and Leveraging components of the First 5 LA Governance Guidelines.

Background

- Governance Guidelines approved by the Board at March 2014 meeting
- Guideline #5: Sustainability and Guideline #6: Leveraging are related to implementation of the Strategic Plan
- Both guidelines serve as internal policies for future grantmaking

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Guideline #5: Sustainability

All solicitations and Strategic Partnerships distributing grant funds and released as part of the Strategic Plan 2015-2020 will include a section detailing the outcomes and objectives that are expected as a result of First 5 LA funding.

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Guideline #6: Leveraging

All solicitations and Strategic Partnerships distributing grant funds and released as part of the Strategic Plan 2015-2020 will include a section detailing the existing funding landscape and leveraging range that could be expected throughout the funding period.

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Exceptions

Any exceptions to Guideline #5 Sustainability and Guideline #6: Leveraging must be approved by the Executive Director and presented to the Commission prior to release of the solicitation or as part of the Strategic Partnership Board approval process.

Implementation: Sustainability

Required- Narrative sustainability section to include:

- Description by First 5 LA of the outcomes and objectives expected as a result of awarded grant funds.
- Description by applicants of which outcomes and objectives they expect can be sustained beyond the funding period.
- Milestones or deliverables that will serve as clear markers to show progress and specific actions that will take place each year
- Capacity building, technical assistance or other training that would be useful to support the organization to sustain the selected outcomes and objectives beyond First 5 LA's funding

Implementation: Leveraging

Required- details of all secured, pending and potential leveraged resources

- What existing funder relationships or public funding sources can be leveraged to support this project?
- Is the applicant investing some of its existing resources into the project?
- What type of capacity building, technical assistance or other training would be useful to support the organization's capacity to leverage additional resources beyond First 5 LA's funding?
- All applicants delivering services eligible for public sources of reimbursement funding will be required to draw down these funds to the extent possible and be offered technical assistance if necessary to ensure maximum payment.

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Next Steps

- Develop staff's skills in assessing nonprofit financial health and supporting nonprofit sustainability and impact (September-October 2015)
- Incorporate into contract development and oversight and the Monitoring, Evaluation and Learning (MEL) framework
- Determine how to include ongoing anchor investments (i.e., Welcome Baby and Best Start) continuing through Strategic Plan 2015-2020
- Nonprofit Overhead Project to assist grantees in determining full cost of delivering outcomes (2015-2016)

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Implementation Timeline

Fall 2015: Begin implementation of policies with all new projects over \$75,000 threshold

June 2016: Document lessons learned over FY 2015-2016 to determine if any changes need to be made to either internal policy or to Governance Guideline language

July 2016: Provide Board an update on implementation of the Sustainability and Leveraging Components

Discussion Questions

- What excites you about this shift in our grantmaking approach?
- Do you see anything missing from the described internal policy and processes?



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The goal of sustainability is to create possibilities not limit options.



QRIS 101

*Presentation to the First 5 LA
Board of Commissioners*

*Program and Planning Committee
September 2015*

Katie Fallin
Kevin Dieterle



Today's Meeting Goals

- Develop a shared understanding of QRIS, the local and national landscape, and our county's assets and challenges
- Provide an overview of First 5 CA's IMPACT²⁷⁰ initiative and an introduction to our proposed approach

QRIS in Context of F5LA Strategic Plan

2015 – 2020 Strategic Plan

- Systems and policy change
- Broad impact
- Engage partners at the earliest possible stage
- Support implementation of a uniform QRIS within LA County

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What is QRIS?

- **Q**uality **R**ating and **I**mprovement **S**ystem
- A systematic way to assess, improve, and communicate the quality of ECE programs so that:
 - parents can make informed choices for their children,
 - programs are encouraged and supported to continually improve quality, and
 - legislators, investors, and taxpayers feel confident in investing in quality.

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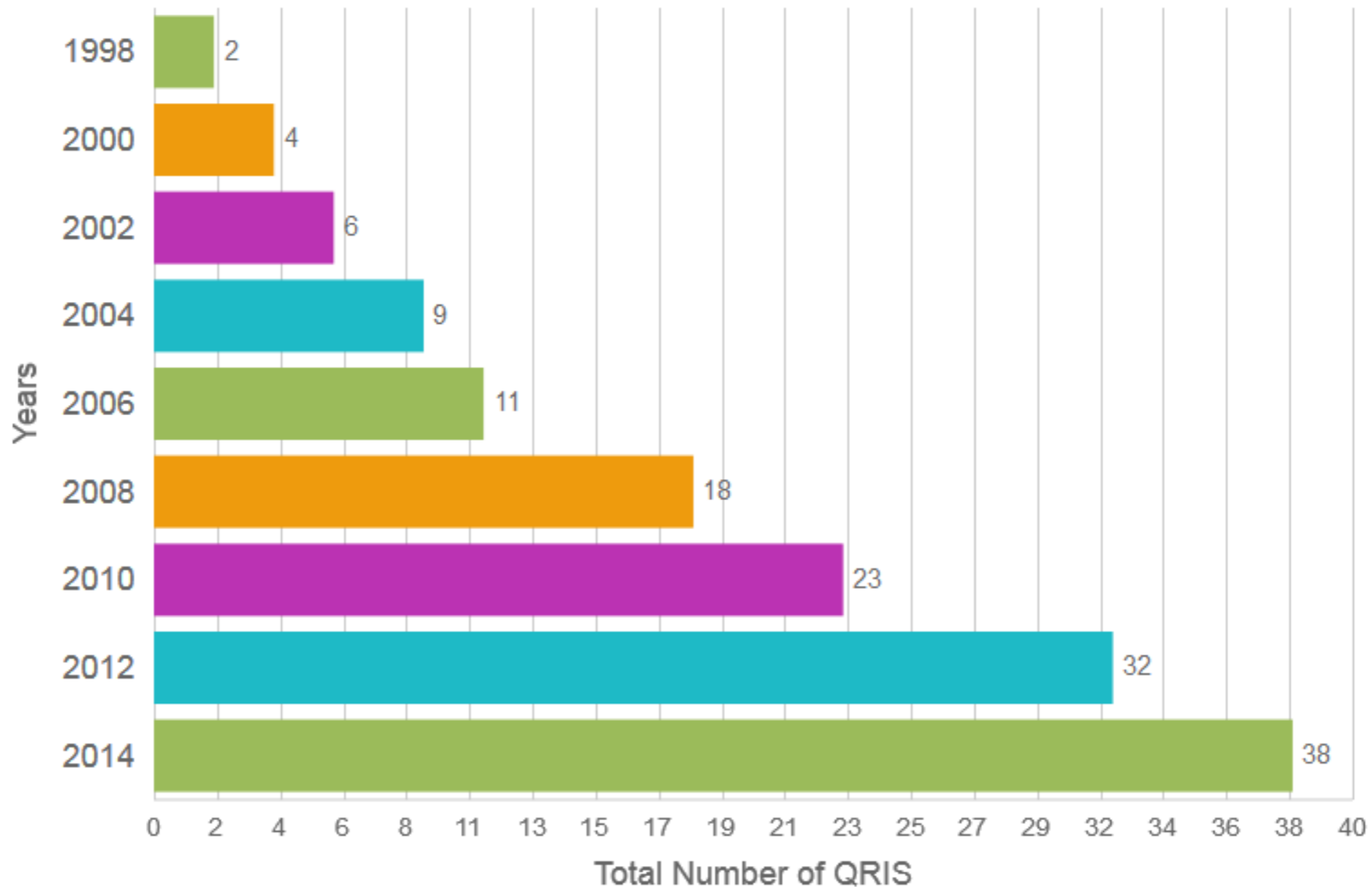
California QRIS Framework

CA-QRIS Framework (15 total elements)	
Elements in the Rating Matrix (7 elements)	Elements in the CQI Pathways (8 elements)
CORE I: Child Development and School Readiness	
1. Child Observational Assessments 2. Developmental and Health Screenings	1. School Readiness 2. Social-Emotional Development 3. Health, Nutrition, and Physical Activity
CORE II: Teachers and Teaching	
3. Qualifications for Lead Teacher/FCCH Owner (Education and Professional Development) 4. Classroom Assessment Scoring System [®] (CLASS [®])	4. Effective Teacher-Child Interactions 5. Professional Development
CORE III: Program and Environment	
5. Ratios and Group Size (Centers only) 6. Environment Rating Scales (ERS) 7. Director Qualifications (Centers only)	6. Environment 7. Program Administration 8. Family Engagement

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Growth of QRIS Nationally

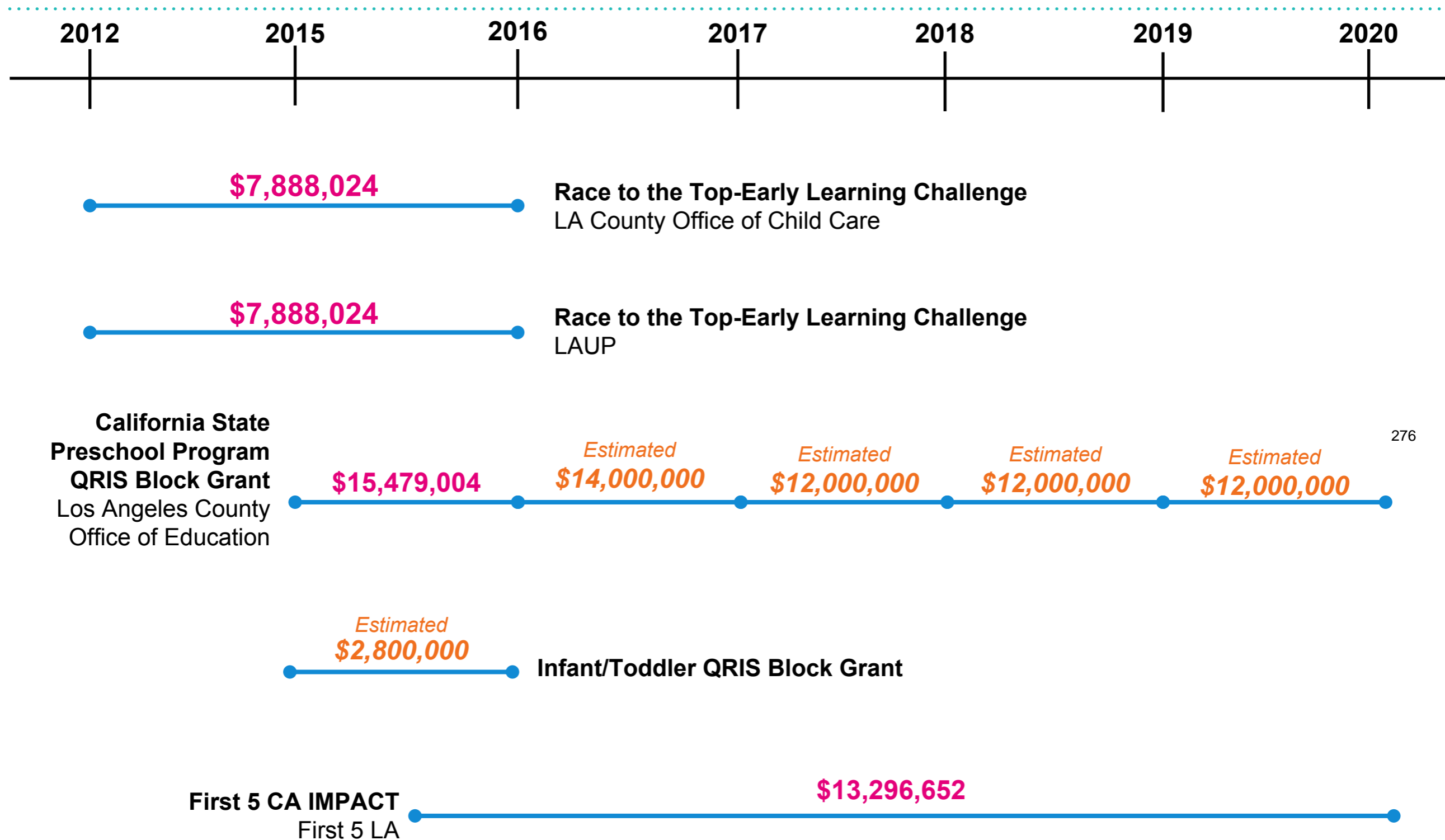
What is the pace of QRIS growth over the past 15 years?



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The first QRIS began operating in 1997. Relatively few QRIS became operational each year following that until a spike of three QRIS in 2004 and then another five QRIS in 2007. No QRIS became operational in 2000 or 2003. After 2007, the number of QRIS that became operational plateaued at four each year with an additional two starting up in 2014. There are currently 38 fully operational QRIS in the United States.

QRIS Funding Streams



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QRIS in Los Angeles County

Assets

- Significant state legislative and budget support for QRIS
- Child Care Development and Block Grant (CCDBG) Reauthorization will bring improvements to CA core infrastructure
- LA County has several years of experience operationalizing QRIS and related efforts
- 20% of eligible CDE-subsidized providers are being reached by QRIS in LA County
- First 5 LA investments (TBD)

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QRIS in Los Angeles County

Challenges

- QRIS to date has been implemented by lead entities in response to individual funding streams – including F5LA
- While significant funding is coming to LA County for QRIS, it is likely that not all of it will be able to be spent due to infrastructure challenges ²⁷⁸
- Quick turnaround times for QRIS funding streams have left little time to do long-term, countywide planning

First 5 CA IMPACT Initiative

Improve and **Maximize Programs** so **All Children Thrive (IMPACT)**

Purpose: to support a network of local quality improvement system to better coordinate, assess, and improve the quality of early learning settings

Estimated Award over 5 years: \$13,296,652

QRIS: Building a Strong Foundation

Application Structure

1. Convene partners to guide IMPACT planning with neutral facilitation and content expertise
2. Build F5LA staff internal capacity on QRIS
3. Anchor IMPACT in long-term systems goals

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Application is due on December 11, 2015

Next Steps in LA

- First 5 LA assuming role of convener
- Group includes Los Angeles County Office of Education, Office of Child Care, Child Care Alliance of Los Angeles, and LAUP
- Conversations with partners are facilitated with outside partner, VIVA Strategy + Communications
- Goal of these meetings is to leverage current resources and to have a system in LA county that is unified in its goals and approach toward QRIS

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Discussion Questions

- Are there any aspects of QRIS that we did not cover that you would like to know?
- What are your reactions to our proposed approach to IMPACT? Do you have any concerns or questions that we can address?

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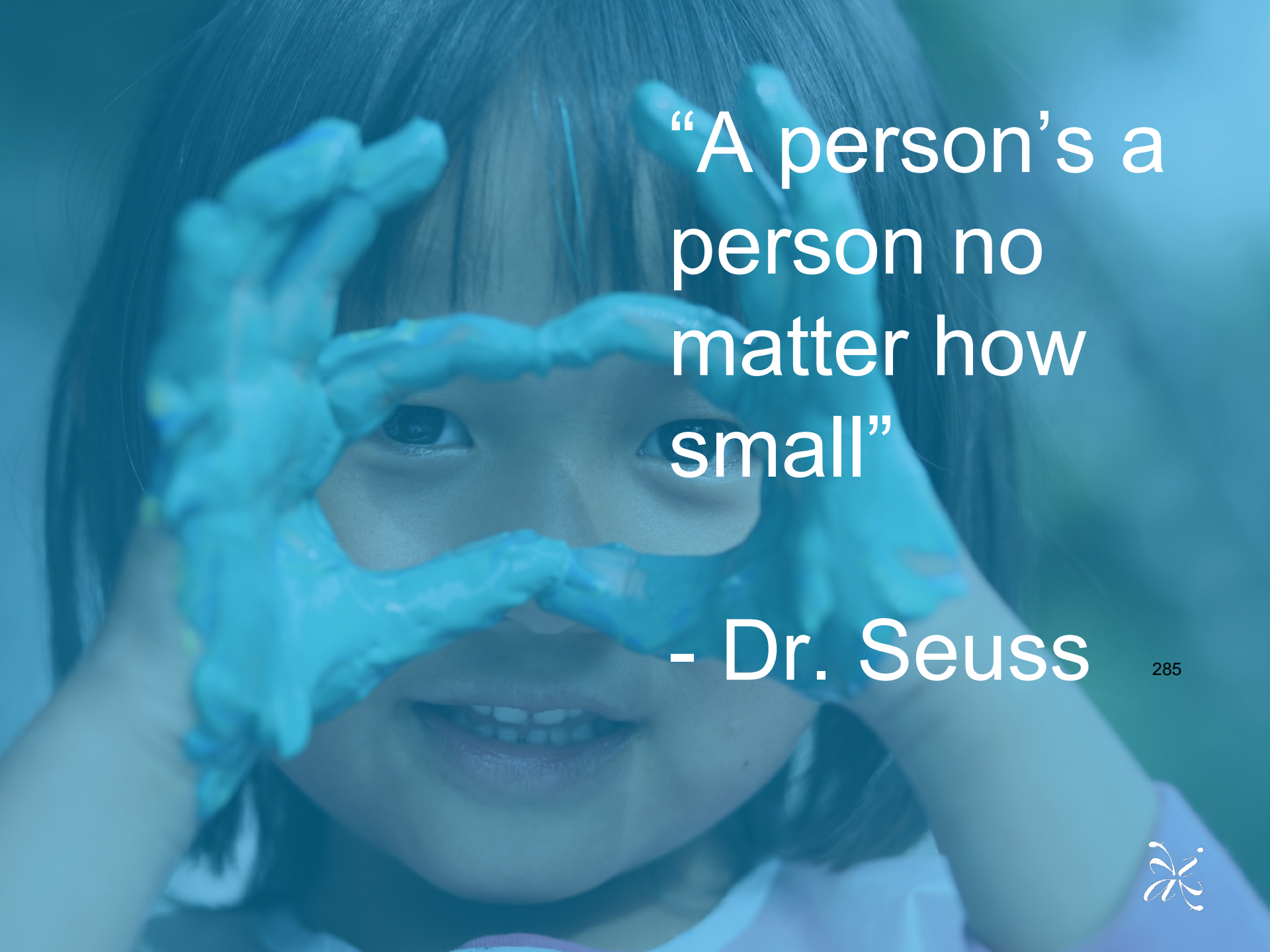


F5LA IMPACT PLANNING

September 28, 2015

Christina Bath Collosi

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“A person’s a
person no
matter how
small”

- Dr. Seuss



IMPACT PLANNING PARTNERS

LAUP

Dawn Kurtz & Alex Himmel

LACOE

Keesha Woods & Liz Guerra

OFFICE OF CHILD CARE

Cheri Thomas & Renita Bowlin

CHILD CARE ALLIANCE

Cristina Alvarado & Fiona Stewart



1

August 13, 2015

We Listened

2

August 28, 2015

We Tested

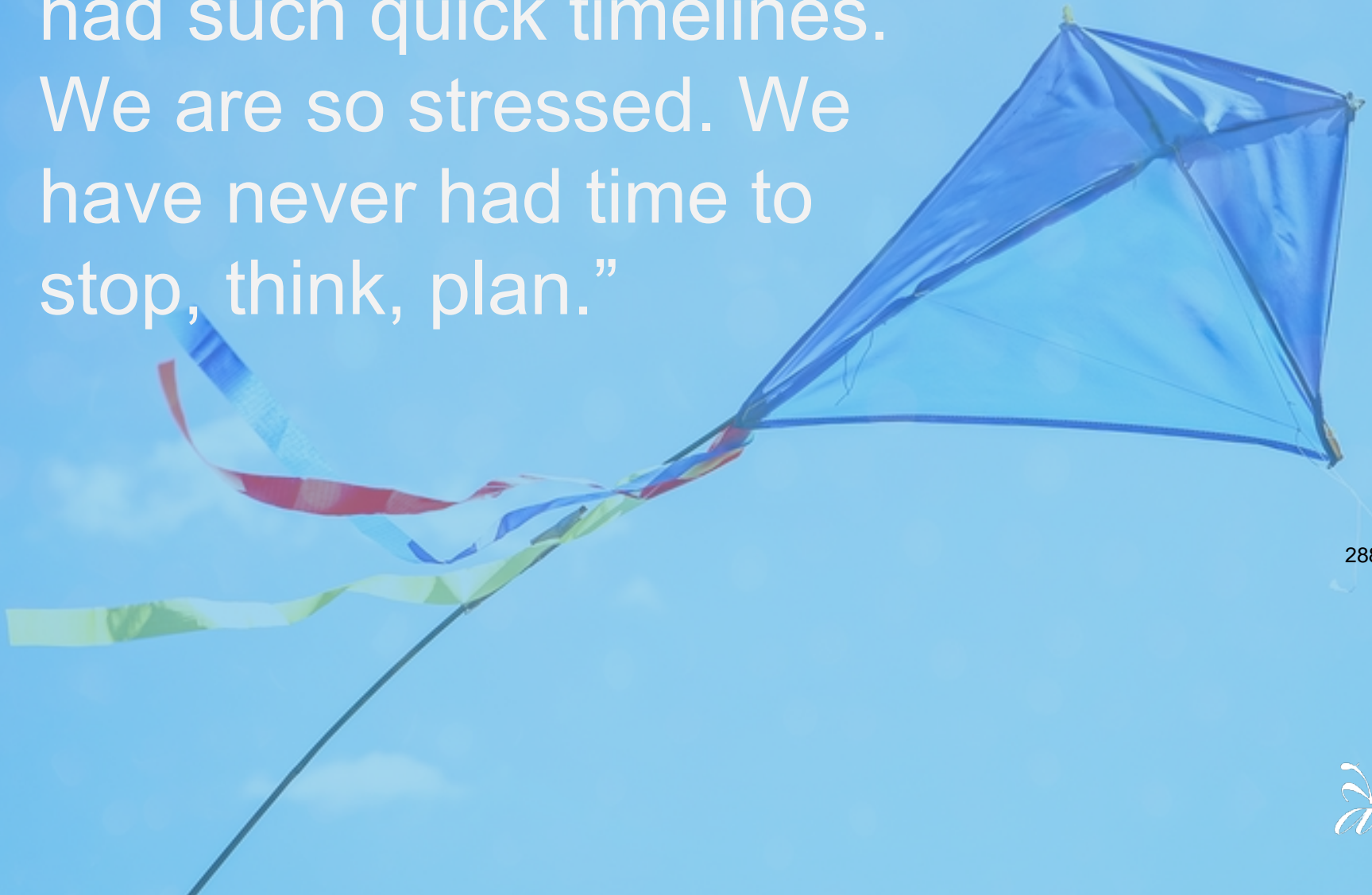
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September 15, 2015

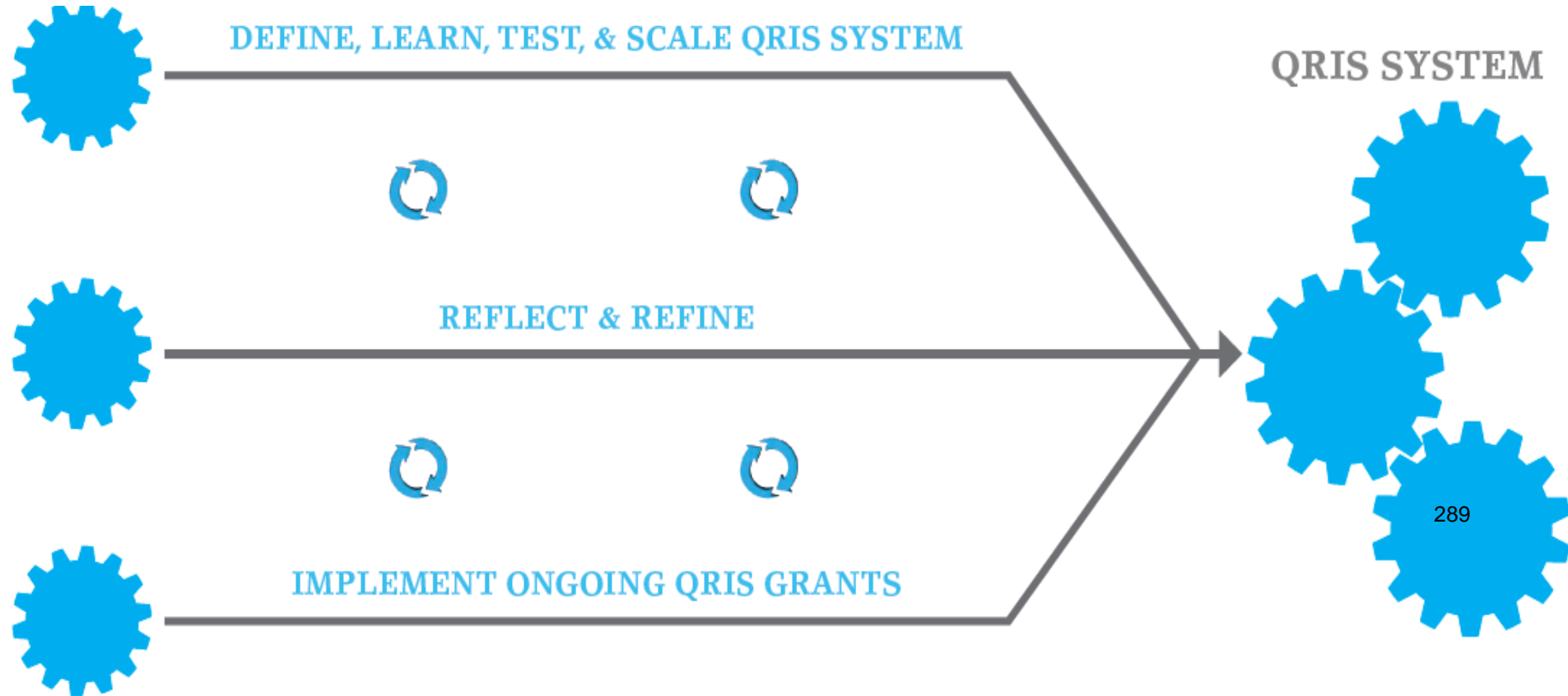
We Refined



“All of these grants have had such quick timelines. We are so stressed. We have never had time to stop, think, plan.”



DRAFT IMPACT APPROACH



IMPACT – SOME DETAILS

Must serve 468 sites in a mixed delivery system

51% of sites must be fully rated with ratings published

Requires 1:1 match

There is a recognized need for shared vision, leadership structure, and a countywide plan for QRIS

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October

Approach details, site requirements, local match – round 1

5

November

Approach details, site requirements, local match – round 2

6

December

Submit application



2020 – QRIS IN LA COUNTY

HEART

Children are cared for in nurturing and enriching environments


BODY

Countywide vision and approach to QRIS regardless of funding stream

MIND

QRIS is positively associated with child outcomes and is an effective advocacy tool





“IF WE WERE
REALLY ABLE TO
PULL THIS OFF, IT
WOULD BE
AMAZING.”





QUESTIONS?



FIRST 5 LA

SUBJECT:

Best Start – Community Capacity Building Projects

BACKGROUND:

The 2015-2020 Strategic Plan includes two anchor investments in *Best Start*: Welcome Baby (Families Outcome area) and Community Capacity Building (Communities Outcome area). Both of these investments seek to strengthen Protective Factors within families and are guided by the philosophy of the Building Stronger Families Framework (BSFF); that is, if families are strong and communities support families to succeed, then children will have better outcomes.

The Community Capacity Building investment has reached a critical milestone with the launch of community-identified projects and mounting evidence of increasing capacity within the *Best Start* Community Partnerships. This memo and attached presentation outlines progress in the following areas: 1) funding community-identified projects; 2) capacity building in *Best Start* Community Partnerships; and 3) alignment between community-identified projects and the new work outlined in the Communities Outcome area of the 2015-2020 Strategic Plan.

DISCUSSION:

Funding Community-Identified Projects

Staff is utilizing a Request for Proposals (RFP) process to select organizations to work in collaboration with the *Best Start* Community Partnerships to implement community-identified projects and achieve desired results. To date, the Board has approved contracts for Central Long Beach, Metro LA and Panorama City. Ten (10) RFPs have been released with anticipated Board approval for each community in November 2015.

Capacity Building within Community Partnerships

In May 2015, staff presented lessons learned in BSFF implementation across the 14 *Best Start* communities. The presentation highlighted a shift to a capacity building approach that emphasizes a coaching model that promotes parent/resident leadership. The Center for the Study of Social Policy (CSSP) provides capacity building coaching support to the Community Partnerships. Since July 2015, 13 Community Partnerships have embraced the coaching model and have demonstrated tremendous growth in leadership capacity as they prepare for the launch of their projects and move the overall work of the Partnerships forward.

For example, in Compton, Partnership members exhibit contagious energy and enthusiasm as they lead Partnership meetings. They are engaging new participants including teen mothers of children prenatal to age 5. In West Athens, the Partnership identified the need to strengthen their bylaws in support of creating a stronger foundation for Partnership internal operations and have authorized an ad-hoc committee to propose recommendations that will specifically clearly define members' rights, responsibilities and operational procedures. In Southeast LA, Partnership members have taken the initiative to plan and host workshops with service providers for their neighbors. For example, the Department of Mental Health (DMH) conducted a presentation on positive parenting to the Community Partnership and Partnership members are working with DMH to conduct additional presentations and workshops in the community so that other parents/residents have access to the information. These are examples of the leadership roles Community Partnership members are taking with coaching support from CSSP.

To date, the Northeast Valley Community Partnership has not accepted the capacity building support provided by CSSP. First 5 LA staff and CSSP are working to resolve ongoing issues with this community.

Anchor Investment Alignment with New Work in First 5 LA Strategic Plan Communities Outcome Area

Community-identified projects not only support the ongoing and evolving work of *Best Start*; they also validate and lay an important foundation for the new work moving forward in the Communities Outcome area of the 2015-2020 Strategic Plan. For example, communities have identified activities to raise awareness about and connect families to existing resources. They have also identified activities to promote greater coordination between organizations and improve the quality of services and supports for families. These types of activities are designed to provide opportunities for organizations to engage with families and each other to collectively address service quality and coordination. Through this process, organizations will likely identify challenges and opportunities that can inform First 5 LA's approach to strengthening community-level information, resource, and referral (IR&R) networks, which is a central component of Priority Focus Area #2 in the Communities Outcome Area: *Communities have Early Care and Education (ECE) and health-related services and supports that meet family needs.*

NEXT STEPS:

Staff is working diligently to complete the procurement process to select organizations to work with Community Partnerships to implement community-identified strategies and activities. The goal is to obtain Board approval for all communities in November 2015, with contract start date of December 1, 2015. Additionally, staff is preparing a Board presentation in November 2015 on outcomes achieved through the 2013-2015 BSFF Implementation Plan.

**Best Start Update:
Community Capacity
Building Projects**

September 24, 2015

**Special Meeting of the
Board of Commissioners /
Program and Planning
Committee Meeting**



Presentation Objective

- Discuss progress in the following areas:
 - Funding Community-Identified Projects
 - Alignment between Community-Identified Projects and First 5 LA's 2015-2020 Strategic Plan
 - Capacity Building in Best Start Community Partnerships

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Community-Identified Projects

Community-level Core Results

1. Shared Vision/Collective Action
2. Coordinated Services and Supports
3. Places and spaces to encourage social interaction

Family-level Core Results

1. Family Capacities
2. Social Connections
3. Concrete Supports

**Children, prenatal to age 5,
have better outcomes.**

Community-Identified Projects

BSFF Family-Level Core Results

Family Capacities – knowledgeable, resilient, nurturing parents

- Broadway-Manchester, Central Long Beach, East LA, Lancaster, Northeast Valley, Southeast LA, South El Monte/ El Monte

Social Connections – parents participating in positive social networks

- Compton-East Compton, Metro LA, Panorama City, Watts-Willowbrook, Wilmington

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Concrete Supports – access to services and supports in times of need

- Palmdale, West Athens

Community-Identified Projects

“*Parents*” includes biological parents, foster parents, grandparents, and other primary caregivers who are responsible for the health and well-being of the child.

Prioritized Populations*

- Young parents (under 25 years old)
- Fathers
- Parents with children with special needs
- Low-income families
- Parents with children 0-3

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*Some Community Partnerships identified these populations for targeted outreach and engagement but will not exclude anyone who wishes to participate.

Community-Identified Projects

Priorities identified across the 14 *Best Start* Communities

- Strengthening parent/resident leadership
- Connecting parents to community resources
- Strengthening social connections (e.g. parent circles, parent cafes)
- Improving the quality of interactions between organizations and parents
- Improving information-sharing and coordination between organizations
- Promoting advocacy to address systems change

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Request for Proposals (RFP) process to select organizations to work in collaboration with the *Best Start* Community Partnerships to implement projects that address community priorities.

Status of Funding Process

Community	Status	Board Approval
Central Long Beach	Org Selected: Long Beach Health Dept	February 2015
Metro LA	Org Selected: Korean Youth Community Ctr	July 2015
Panorama City	Org Selected: Friends of the Family	September 2015
Southeast LA	Selection underway	November 2015
Palmdale	RFP posted, applications due 9/21	November 2015
Watts-Willowbrook	RFP posted, applications due 9/28	November 2015
Lancaster	RFP posted, applications due 10/13	November 2015 ³⁰³
West Athens	RFP posted, applications due 10/13	November 2015
Broadway-Manchester	RFP posted, applications due 10/13	November 2015
Compton-East Compton	RFP posted, applications due 10/13	November 2015
Wilmington	RFP posted, applications due 10/13	November 2015
East LA	RFP posted, applications due 10/13	November 2015
South El Monte/El Monte	RFP posted, applications due 10/13	November 2015
Northeast Valley	RFP pending	January 2016

Alignment with 2015-2020 Strategic Plan

- Example: Communities Outcome Area, Priority Focus Area #2: *Communities have ECE and health-related services and supports that meet family needs.*
 - Emphasis on existing community-level information, resource and referral networks to improve access to services and supports.
 - Focus on the value-added by First 5 LA as communities implement projects to improve information-sharing and coordination between ³⁰⁴ organizations.
 - Year 1 (FY2015-16) focus on learning about existing efforts, challenges and opportunities to inform the approach.
- Implementation of community-identified projects is an important foundation for the 2015-2020 Strategic Plan.

Community Partnership Capacities

- A shift to a capacity building approach that emphasizes a coaching model that promotes parent/resident leadership.
- Community Partnerships increasing leadership capacity, particularly in three core areas, to move forward with community-identified projects.
 - Governance
 - Effective Collaboration
 - Building Neighborhood Capacities
- Current capacity building support from the Center for the Study of Social Policy (CSSP)

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Next Steps

- Complete RFP process with a goal of Board approval in November 2015
- Conduct Board presentation in November 2015 on outcomes achieved through the 2013-2015 BSFF Implementation Plan



Discussion Questions

1. What excites you about the information you have heard today?
2. What additional information would you like to know regarding the progress of Best Start?

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