AGENDA

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

Budget & Finance Committee Chair: Robert Byrd

Thursday, July 13, 2017
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
   - Sheila Kuehl, Commission Chair

2. **ACTION**
   Consent
   - John Wagner, Executive Vice President
   A. Approve Commission Meeting Transcript - June 8, 2017 3
   B. Approve the Monthly Financial Statements Month Ending May 31, 2017 115
   C. Contract: Approve One New Agreement and One Renewal and Authorize Staff to Complete Final Contract Execution Upon Approval from the Board 121
   D. Approve Strategic Partnership with UCLA for Implementation of the Early Development Instrument (KRA Tool) 124

3. **INFORMATION**
   Remarks by the Commission Chair of the Board
   - Sheila Kuehl, Commission Chair

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

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

EXECUTIVE DIRECTOR
Karla Pleitéz Howell

EXECUTIVE VICE PRESIDENT
John A. Wagner

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4. **INFORMATION** **130**
   Executive Director's Report
   - Kim Belshé, Executive Director
5. **INFORMATION** **189**
   2015-20 Strategic Plan Year 1 Update
   - Christina Altmayer, VP of Programs
   - Daniela Pineda, VP of Integration & Learning

   Overview Session (MPR) - 30 minutes

   Transition Time/Break - 10 minutes

   Breakout Session #1 - 40 minutes
   Group One – Trauma Informed Care (ECE Conference Room)
   Group Two – Built Environment (Communities Conference Room)

   Transition to Second Breakout Session - 5 minutes

   Breakout Session #2 - 40 minutes
   Group One – Built Environment (Communities Conference Room)
   Group Two – Trauma Informed Care (ECE Conference Room)

   Transition Time/Break - 15 minutes

   Reconvene in MPR and Closing Comments - 15 minutes

6. **INFORMATION**
   Public Comment (for items not on the agenda)
7. **ACTION**
   Adjournment

ASPOSE
Your File Format APIs

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SUMMARY ACTION MINUTES

FIRST 5 LA
Board of Commissioners Meeting
June 8, 2017
1:30-4:30 pm

COMMISSIONERS PRESENT:

Commissioners:
Judy Abdo (Vice Chair)
Jane Boeckmann
Genie Chough
Barbara Ferrer
Sheila Kuehl (Chair)
Yvette Martinez
Jon Sherin
Romalis Taylor
Marlene Zepeda

Ex-Officio Commissioners:
Dayton Gilleland
Wendy Smith
Karla Pleitéz Howell
Deanne Tilton

STAFF PRESENT:
Kim Belshé, Executive Director
Carl Gayden, Senior Director of Administration
Linda Vo, Commission Secretary
John Wagner, Executive Vice President

LEGAL COUNSEL:
Craig Steele, Attorney-at-Law

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

1. Commission Chair Kuehl called the meeting to order at 1:32 pm. Quorum was present.
2. Consent

   A. Approve Commission Meeting Summary Action Minutes and Transcript - Thursday, May 11, 2017
   B. Approve the Monthly Financial Statements Month Ending April 30, 2017
   C. Contracts: Approve One New Agreement and 66 Contract Renewals and Authorize Staff to Complete Final Contract Execution Upon Approval from the Board
   D. Approve Strategic Partnership with LA County Office of Education (LACOE) for Countywide QRIS Data System

Abstentions: Judy Abdo from 2C and 2D
Dayton Gilleland from 2D
Jon Sherin from 2C

M/S (Marlene Zepeda/ Jane Boeckmann)
THE ITEM WAS APPROVED

COMMISSION: (Items 3 – 9)

3. Remarks by the Commission Chair of the Board

4. Executive Director's Report

5. Approve Final Proposed FY 2017-18 Budget

A presentation was given by the Finance Team (Mr. Gayden and Ms. Lopez) on the proposed budget for FY 17-18.

M/S (Romalis Taylor/ Yvette Martinez)
THE ITEM WAS APPROVED

6. PUBLIC HEARING
Strategic Plan Review

Christina Altmayer conducted a public hearing to review the current Strategic Plan for First 5 LA.

7. Break

8. County Agency Partnership: Office of Child Protection Prevention Update

Judge Mike Nash and Ms. Kate Anderson briefly talked about the Office of Child Protection's current work underway. A draft of the Protection plan was shared with the Commission and public.

9. Public Comment (For items not on the agenda)

ADJOURNMENT:

The Commission adjourned at 4:14 pm.

NEXT MEETING:

The next Commission meeting will take place on July 13, 2017 at 1:30 pm.

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

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

MEETING OF FIRST 5 BOARD OF COMMISSIONERS

THURSDAY, JUNE 8, 2017

750 NORTH ALAMEDA STREET, FIRST FLOOR

LOS ANGELES, CALIFORNIA 90012

REPORTED BY:
HEATHERLYNN GONZALEZ
CSR #13646

THURSDAY, JUNE 8, 2017; LOS ANGELES, CALIFORNIA

1:32 P.M.

-OOO-

SUPERVISOR KUEHL: ALL RIGHT. THAT WAS QUICK. THIS MEETING IS CALLED TO ORDER. PLEASE CALL THE ROLL.

SECRETARY: JUDY ABDO.

COMMISSIONER ABDO: HERE.

SECRETARY: JANE BOECKMANN.

COMMISSIONER BOECKMANN: HERE.

SECRETARY: GENIE CHOUGH.

BARBARA FERRER.

YVETTE MARTINEZ.

COMMISSIONER MARTINEZ: HERE.

SECRETARY: JONATHAN SHERIN.

COMMISSIONER SHERIN: HERE.

SECRETARY: ROMALIS TAYLOR.

COMMISSIONER TAYLOR: HERE.

SECRETARY: MARLENE ZEPEDA.

COMMISSIONER ZEPEDA: HERE.

SECRETARY: DAYTON GILLELAND.

COMMISSIONER GILLELAND: HERE.

SECRETARY: CARLA PLEITEZ HOWELL.

COMMISSIONER PLEITEZ HOWELL: HERE.

SECRETARY: WENDY SMITH.

COMMISSIONER SMITH: HERE.

SECRETARY: DEANNE TILTON.

COMMISSIONER TILTON: HERE.

SECRETARY: SHEILA KUEHL.

SUPERVISOR KUEHL: HERE.

SECRETARY: QUORUM IS PRESENT.

SUPERVISOR KUEHL: THANK YOU. THE FIRST AND VERY PLEASANT TASK I HAVE IS TO INTRODUCE AGAIN, THOUGH WE INTRODUCED HIM BEFORE HE TOOK A SEAT AT THIS AUGUST HORSE SHOE, OUR NEWEST COMMISSIONER, ROMALIS TAYLOR, WHO WAS APPOINTED BY THE MOST HONORABLE SUPERVISOR MARK RIDLEY THOMAS OF THE SECOND SUPERVISORIAL DISTRICT. TOOK ME A WHOLE YEAR TO LEARN EVEN HOW TO SAY THAT.

SINCE 2005, MR. TAYLOR HAS BEEN AN ADVOCATE FOR THE COMMUNITY, INVOLVED IN PROCESSES TO STRENGTHEN AND SUPPORT FAMILIES. HE'S CURRENTLY THE CHAIR OF THE AFRICAN-AMERICAN UNDERSERVED CULTURAL COMMUNITIES GROUP OF THE DEPARTMENT OF MENTAL HEALTH QUALITY IMPROVEMENT DIVISION. AND, UNFORTUNATELY, DOESN'T HAVE A BUSINESS CARD TO SAY THAT BECAUSE IT WOULDN'T FIT. AND THE REPRESENTATIVE FOR THE UNDERREPRESENTED ETHNIC POPULATIONS GROUPS ON THE DEPARTMENT OF MENTAL HEALTH SYSTEM LEADERSHIP TEAM.

SO WE'D LIKE TO WELCOME HIM AND GIVE HIM A MINUTE TO SAY HOW INCREDIBLY DELIGHTED HE IS TO JOIN US.

WELCOME.

COMMISSIONER TAYLOR: THANK YOU, SUPERVISOR. I REALLY APPRECIATE BEING HERE AMONG ALL THESE AUGUST MEMBERS AND HOPE TO LEARN AND SHARE AND HELP MOVE AND ELEVATE THIS PROGRAM ACROSS THE COUNTY AND THE STATE AND FEDERAL LEVEL. SO THANK YOU. AND I'M LOOKING FORWARD TO SHARING MY TALENTS AND TIES WITH THIS COMMUNITY AND WITH THIS GROUP. THANK YOU.

SUPERVISOR KUEHL: WE'RE VERY HAPPY TO HAVE YOU JOIN US AND HOPE YOU ENJOY YOUR TIME ON THE BOARD. MAY IT BE A LONG ONE. SO THAT WAS ITEM NUMBER 1.

LET US MOVE THEN TO FILE ITEM NUMBER 2. MR. WAGNER.

MR. WAGNER: THANK YOU, MADAM CHAIR, AND GOOD AFTERNOON, COMMISSIONERS.

SUPERVISOR KUEHL: COULD WE ALSO REFLECT THAT GENIE CHOUGH AND DR. FERRER ARE INDEED PRESENT.

SECRETARY: YES.

SUPERVISOR KUEHL: THANK YOU.

MR. WAGNER: AS I'VE MENTIONED PREVIOUSLY, THE MAJORITY OF OUR CONTRACTS THAT COME TO THE BOARD ARE ON AN ANNUAL RENEWAL CYCLE. SO FOR NEW BOARD MEMBERS, THIS IS TYPICALLY THE TIME OF THE FISCAL YEAR WHERE WE BRING ALL OF OUR CONTRACTS BACK TO THE BOARD FOR CONSIDERATION. AND THIS MONTH IS RIGHT IN LINE WITH THAT IN THE SENSE THAT WE HAVE 66 CONTRACT RENEWALS FOR YOUR CONSIDERATION TODAY.

REST ASSURED, I WILL NOT GO INTO EACH AND EVERY ONE OF THEM BUT I --

SUPERVISOR KUEHL: AW.

MR. WAGNER: ESPECIALLY GIVEN THESE ARE RENEWALS. SO THEY HAVE BEEN SEEN BY THE BOARD. BUT I DO WANT TO MAKE SURE THAT I'M CALLING OUT HIGHLIGHTS FROM NOT ONLY THESE RENEWALS BUT A COUPLE OF OTHER ITEMS THAT ARE ON CONSENT FOR YOUR CONSIDERATION.

FIRST IS EXPLAINED IN THE MEMO IN THE BOARD MATERIALS. ALL OF THE FUNDS FOR THESE CONTRACTS HAVE BEEN INCLUDED IN THE FISCAL YEAR 17-18 BUDGET. SO YOU'LL BE LOOKING AT AND CONSIDERING THE FISCAL YEAR BUDGET LATER ON IN THIS AGENDA, AND THAT BUDGET REFLECTS THESE CONTRACTS.

SECOND, YOU'LL SEE THAT THE BREAKOUT FOR THE INDIVIDUAL CONTRACTS, THERE'S SOMETHING WE CALL THE MATRIX. IT'S THE SPREADSHEET IN YOUR BOARD MATERIALS THAT IS BASICALLY A CHART. YOU'LL SEE ON THAT MATRIX THE LENGTH OF THE CONTRACT, THE DOLLARS INCLUDED, AS WELL AS THE -- THERE'S A COLUMN TO THE FAR RIGHT THAT INDICATES WHETHER OR NOT THE CONTRACTOR IS MEETING ALL CURRENT CONTRACTING REQUIREMENTS. IT'S SATISFACTORILY MEETING REQUIREMENTS. YOU'LL SEE THAT THE VAST MAJORITY, OR 63 OF THE 66 CONTRACT RENEWALS THAT WE'RE RECOMMENDING BE APPROVED, ARE FULLY MEETING THE CONTRACT REQUIREMENTS. FOR THE REMAINING THREE, WHERE THE CONTRACTOR IS NOT

MEETING EXISTING CONTRACT REQUIREMENTS, STAFF IS STILL RECOMMENDING APPROVAL OF THESE CONTRACTS BECAUSE IN ALL CASES THE CONTRACTOR IS COOPERATING WITH FIRST 5 LA STAFF AND ENGAGED IN A CORRECTIVE ACTION PLAN. FOR CONTEXT, CAPS, OR CORRECTIVE ACTION PLANS, ARE THE RESULT OF OUR REGULARLY MONTHLY AND QUARTERLY CONTRACT MONITORING PROCESS THAT WE HAVE ACROSS ALL OF OUR CONTRACTORS, GRANTEES, AND VENDORS THAT THE PROGRAM OFFICER MANAGES WITH THEIR CONTRACTORS.

THE TERM OF THESE CAPS WOULD BE INCLUDED AND REFLECTED IN THE LANGUAGE OF THE 17-18 CONTRACT SHOULD THE BOARD APPROVE THESE RENEWALS.

AND, FINALLY, I'D LIKE TO CALL ATTENTION TO ONE NEW CONTRACT. SO THE 66 WERE RENEWALS. THERE IS ONE NEW CONTRACT FOR YOUR CONSIDERATION WITH AN ENTITY CALLED BLUE GARNET ASSOCIATES. THIS IS FOR $82,000 OVER THE COURSE OF EIGHT MONTHS AND THE WORK WILL BE TO ASSIST WITH THE ONGOING IMPLEMENTATION OF THE NEW BEST START MODEL. YOU'LL RECALL THE BOARD HAS APPROVED THE MOVEMENT MORE TOWARDS A REGIONAL AND LOCAL MODEL OF SUPPORT THROUGHOUT OUR BEST START COMMUNITIES. AND THIS CONTRACT WILL HELP STAFF IMPLEMENT THAT.

THE FINAL ITEM ON CONSENT IS SUBITEM 2D I'D LIKE TO DRAW YOUR ATTENTION TO IS A REQUEST FOR US TO ENTER INTO A STRATEGIC PARTNERSHIP WITH THE LA COUNTY OFFICE OF

EDUCATION, OR LACOE. FOR OUR NEW BOARD MEMBERS, STRATEGIC PARTNERSHIPS EXIST IN CERTAIN UNIQUE SITUATIONS IN WHICH IT IS NOT IN OUR BEST INTEREST TO UNDERTAKE AN OPEN COMPETITIVE SOLICITATION. THIS STRATEGIC PARTNERSHIP WAS THE TOPIC OF A PRESENTATION TWO WEEKS AGO AT OUR PROGRAM AND PLANNING COMMITTEE. YOUR ACTION ON THIS ITEM WOULD ALLOW US TO ESTABLISH THIS PARTNERSHIP WITH LACOE. THIS PARTNERSHIP WOULD BE FOR UP TO THREE YEARS AND WOULD BE FOR A TOTAL AMOUNT OF UP TO $2.5 MILLION. IT WOULD ALSO ALLOW US TO EXECUTE AN ANNUAL CONTRACT. SO THE PARTNERSHIP WOULD LAST THREE YEARS. WE WOULD BE AUTHORIZED TO EXECUTE ANNUAL CONTRACTS. AND THE FIRST YEAR'S CONTRACT WOULD BE FOR $900,000. SO THAT'S OUT OF THE 2.5 MILLION TOTAL FOR THE THREE YEARS.

THIS WORK IS TO WORK -- WORK WITH LACOE AND IT REFLECTS A RECOMMENDATION OF THE QRIS, OR QUALITY RATING IMPROVEMENT SYSTEM, ARCHITECTS GROUP AND IT ADVANCES THE ESTABLISHMENT OF A COMMON DATA SYSTEM FOR LOS ANGELES COUNTY.

BEFORE I TURN IT OVER -- BACK OVER THE CHAIR FOR A VOTE, I KNOW OUR COUNSEL NEEDS TO IDENTIFY SEVERAL ABSTENTIONS.

MR. STEELE: THANK YOU, CHAIRMAN, MEMBERS OF THE COMMISSION.

THERE ARE A FEW ABSTENTIONS FROM THIS ITEM --

CONSENT ITEM THAT NEED TO BE IDENTIFIED FOR THE RECORD. WITH REGARDS TO ITEM 2C IN REFERENCING THE CONTRACTS THAT ARE UP FOR RENEWAL ON ATTACHMENT A, THE CONTRACT NUMBER 14 WITH SHIELDS FOR FAMILIES, COMMISSIONER TAYLOR HAS A POTENTIAL CONFLICT OF INTEREST, AND THE RECORD SHOULD REFLECT THAT HE IS NOT PARTICIPATING IN THE MAKING OF THIS CONTRACT. HE'S A MEMBER OF THE BOARD OF THAT ORGANIZATION. CONTRACT NUMBER 48 IS A CONTRACT WITH UNIVERSITY OF SOUTHERN CALIFORNIA. AND THOUGH COMMISSIONER SMITH IS NOT A VOTING MEMBER, SHE IS NOT PARTICIPATING IN THE MAKING OF THAT CONTRACT AS THAT IS HER EMPLOYER. AND CONTRACT 56 WITH THE DEPARTMENT OF MENTAL HEALTH, COMMISSIONER SHERIN IS ABSTAINING FROM PARTICIPATION IN THAT ITEM AS THE DIRECTOR OF THE DEPARTMENT. AND, FINALLY, WITH REGARD TO ITEM 2D, THE STRATEGIC PARTNERSHIP WITH LACOE, THE RECORD SHOULD REFLECT THAT VICE CHAIR ABDO AS A BOARD MEMBER OF LACOE AND COMMISSIONER GILLELAND AS AN EMPLOYEE OF LACOE ARE NOT PARTICIPATING IN THE MAKING OF THAT CONTRACT.

THANK YOU.

SUPERVISOR KUEHL: THANK YOU, COUNSEL. THAT SHOULD STILL, SHOULD WE APPROVE IT, LEAVE SUFFICIENT VOTES TO ADOPT.

LET ME TAKE THE FOUR SECTIONS OF CONSENT IN ORDER FOR QUESTIONS. ARE THERE ANY QUESTIONS ABOUT THE MINUTES?

SEEING NONE.

ARE THERE ANY QUESTIONS ABOUT THE FINANCIAL STATEMENT? SEEING NONE.

ARE THERE ANY QUESTIONS ABOUT THE ONE NEW CONTRACT AND THE 66 CONTRACTS FOR RENEWAL, ANY OF THEM?

I WOULD ONLY ASK -- I THINK I'M AWARE THAT THERE'S A QUARTERLY REVIEW, BUT FOR THE THREE THAT WE'RE KIND TRACKING IN TERMS OF A CORRECTIVE ACTION PLAN, I WONDER IF IT MIGHT BE POSSIBLE FOR THE BOARD TO GET AN UPDATE IN A QUARTER JUST ABOUT HOW THEY'RE DOING IN TERMS OF THE CORRECTIVE ACTION PLAN.

OKAY. NO QUESTION ON THAT?

YES, DAYTON.

COMMISSIONER GILLELAND: THANK YOU, SUPERVISOR. JUST A FOLLOW-UP QUESTION TO YOUR QUESTION, IN FACT. RECOGNIZING THAT THOSE THREE THAT ARE BASICALLY ON A ASSISTANCE PLAN, WOULD THIS BOARD BE ABLE TO TAKE ACTION SOMETIME PRIOR TO THE CONCLUSION OF THAT CONTRACT YEAR? WOULD THERE BE FURTHER CONSIDERATION IF IN FACT ONE OF THE GROUPS OR MORE OF THE GROUPS DECIDE NOT TO COOPERATE AS THEY HAVE THUS FAR?

MR. WAGNER: SO LET ME ANSWER THAT WITH THE PROCESS JUST TO CONNECT TO THIS. FIRST OF ALL, BECAUSE THESE CONTRACTS ARE ON A -- AN ANNUAL CYCLE, WE NEED AUTHORITY TO CONTINUE TO FUND AND WORK WITH THESE THREE

PROVIDERS. WE CAN CERTAINLY -- THREE CONTRACTORS. WE CAN CERTAINLY PROVIDE UPDATES AS TO THE STATUS OF HOW THE WORK AND THEIR CORRECTIVE ACTION PLAN ENSUES GOING FORWARD. AS I MENTIONED IN MY REMARKS, THEY'RE ALL WORKING WITH STAFF, THEY'RE ALL COOPERATING WITH THE CORRECTIVE ACTION PLAN. AND ONCE THIS CONTRACT IS APPROVED, IT WOULD BE REFLECTED IN -- IN THEIR CONTRACTS SO THE PROGRAM OFFICER WOULD CONTINUE TO MONITOR THEM, NOT ONLY THE CORRECTIVE ACTION PLAN BUT THEIR QUARTERLY REPORTS AND THEIR INVOICES. AND AT ANY POINT THAT THEY ARE OUT OF COMPLIANCE WITH THE CORRECTIVE ACTION PLAN, WE HAVE AN INTERNAL PROCESS TO POTENTIALLY PUT THEM INTO NONCOMPLIANCE WHICH INCLUDES WITHHOLDING PAYMENT OR TERMINATING THE CONTRACT. WE DO HAVE THAT AUTHORITY. SO IF THE QUESTION IS KEEPING YOU UPDATED, WE CAN CERTAINLY BRING INFORMATION BACK. BUT IF WE DO NOT APPROVE THESE CONTRACTS AT END OF THE FISCAL YEAR, RESOURCES WOULD NO LONGER BE AVAILABLE TO THESE CONTRACTORS.

COMMISSIONER GILLELAND: UNDERSTOOD. THANK YOU.

SUPERVISOR KUEHL: ANY OTHER QUESTIONS ON THE CONTRACT ITEMS?

ANY QUESTION ON THE LACOE ITEM? ALL RIGHT. SEEING NONE. IF WE SIMPLY DO ONE MOTION FOR THE WHOLE CONSENT CALENDAR --

MR. STEELE: YES.

SUPERVISOR KUEHL: -- THOSE WHO CANNOT VOTE ON THE VARIOUS ITEMS WOULD BE REFLECTED THAT WAY.

MR. STEELE: THAT'S CORRECT.

SUPERVISOR KUEHL: THANK YOU, COUNSEL.

DO I HAVE A MOTION TO ADOPT AND APPROVE THE CONSENT CALENDAR?

COMMISSIONER CHOUGH: MOVED.

SUPERVISOR KUEHL: SECOND?

ALL RIGHT. IT'S BEEN MOVED AND SECONDED. IS THERE ANY OBJECTION TO A UNANIMOUS VOTE WITH THE EXCEPTIONS CITED BY COUNSEL?

SEEING NONE, THE CONSENT CALENDAR IS APPROVED.

FILE ITEM 3 IS MY COMMENTS. SO I WANT TO SAY SOME NICE THINGS ABOUT TWO PEOPLE. FIRST OF ALL, WE HAVE A -- ANOTHER APPOINTMENT I WANT TO ANNOUNCE WHO IS THE ALTERNATE FOR THE FOURTH DISTRICT, THE MOST HONORABLE AND WONDERFUL SUPERVISOR JANICE HAAN HAS APPOINTED HIM, DR. VICTOR MANALO. DR. MANALO, I THINK YOU'RE IN THE AUDIENCE. THERE HE IS.

HE WAS FIRST ELECTED TO THE ARTESIA CITY COUNCIL IN A SPECIAL ELECTION IN 2007, RE-ELECTED IN 2009 AND '13, SERVED THE CITY TWICE AS MAYOR IN 2010 AND 2016. HIS PRIORITIES INCLUDE ENGAGING WITH ARTESIA RESIDENTS -- FOR WHICH I'M SURE THEY'RE QUITE GRATEFUL FROM THEIR MAYOR AND CITY COUNCIL MEMBER -- PROMOTING VOLUNTEERISM, DIVERSITY,

AND INCLUSIVITY, REVITALIZING THE DOWNTOWN SHOPPING CORRIDOR, AND STABILIZING THE CITY'S REVENUE.

DURING HIS TENURE ON THE ARTESIA CITY COUNCIL, THE CITY HAS BUILT UP ITS CONTINGENCY RESERVES FROM ZERO TO A HUNDRED PERCENT OF EXPENDITURES IN THREE YEARS AND MANY OTHER GOOD THINGS. I WON'T READ THE ENTIRE THING, BUT WE WANT TO WELCOME YOU AND VERY HAPPY TO HAVE YOU JOINING US AS JANICE'S ALTERNATE.

AND SADLY WE NEED TO SAY BYE-BYE TODAY AT LEAST AT THIS BOARD MEETING, THOUGH I THINK HE'LL PROBABLY BE AT THE PROGRAM AND PLANNING COMMITTEE MEETING, TO DAVID GILLELAND NOT FOR ANY BAD REASON, BUT BECAUSE HE'S JUST -- I DON'T KNOW HOW PEOPLE DO THIS, BUT HE'S RETIRING. MANY OF MY FRIENDS WILL RATIFY THE FACT THAT I DON'T KNOW HOW PEOPLE DO THIS.

HE IS THE CHIEF ACADEMIC OFFICER AT LACOE AND HAS A EXTENSIVE EDUCATIONAL BACKGROUND. WE LEARNED A LOT ABOUT HIM WHEN HE JOINED THE BOARD: A SPECIAL ED TEACHER, HIGH SCHOOL COUNSELOR, ASSISTANT PRINCIPAL, A LOT OF HIGHER OFFICES. BUT MOSTLY WE WANT TO THANK HIM -- I WANT TO THANK YOU, DAYTON, FOR WHAT YOU'VE BROUGHT TO THIS BOARD, WHAT YOUR -- YOUR KNOWLEDGE, THE KIND OF, WHAT SHALL I SAY, SORT OF SERENE AND CALM APPROACH THAT YOU BRING TO EVERY CONSIDERATION THAT WE HAVE AND REPRESENTING LACOE WHICH IS A VERY SPECIALLY SEAT ON THIS BOARD. SO

WONDER ALTHOUGH YOU ARE GOING TO PROGRAM AND PLANNING IF YOU MIGHT LIKE TO SAY A FEW OVERLY SENTIMENTAL WORDS TO THE BOARD, PLEASE.

COMMISSIONER GILLELAND: THANK YOU, SUPERVISOR. I CAN BE SERENE AND I CAN GUSH AT THAT, JUST BECAUSE, AS I SHARED IN CLOSED SESSION A LITTLE BIT AGO, HOW SPECIAL THIS EXPERIENCE HAS BEEN FOR ME. I FEEL THAT I'VE LEARNED A GREAT DEAL BY BEING WITH YOU. I APPLAUD THE WORK AND THE FACT THAT THIS IS TRUE A COLLABORATIVE EFFORT. WE HAVE REPRESENTATION OF MULTIPLE AGENCIES THAT SHARE A COMMON PURPOSE AND FOCUS ON THE IMPORTANCE OF EARLY CHILDHOOD. AND I THINK YOU HAVE THE RIGHT PEOPLE IN THE ROOM AT THE TABLE. I WANT TO COMMEND STAFF FOR THEIR WORK. IT'S JUST REMARKABLE WHAT I'VE SEEN IN A SHORT TIME HERE, TWO YEARS WITH FIRST 5 LA. AND IT'S BEEN REMARKABLE, VERY EYE OPENING FOR ME JUST TO KIND OF GET CAUGHT UP ON THE DYNAMICS OF THIS ORGANIZATION AS YOU WERE GOING THROUGH A REMARKABLE TRANSFORMATION. AND AS I THINK I SHARED AT THE LAST MEETING, THAT THE TRANSFORMATION WAS JUST REMARKABLY QUICK AND I THINK GRACE ALSO. I APPLAUD YOU FOR THAT AND I COMMEND YOU FOR YOUR WORK AND WISH YOU THE BEST.

I'M GOING TO TRY RETIREMENT. I'M NOT FULLY VESTED IN THIS WHOLE IDEA. I KNOW THAT THE FUTURE WILL HOLD NEW THINGS FOR ME, NEW OPPORTUNITIES AND CHALLENGES,

OF COURSE, BUT I'M GOING TO DABBLE IN IT. I'M GOING TO DABBLE IN THE WATERS OF RETIREMENT FOR AT LEAST A WEEK OR TWO WITHOUT THE ALARM CLOCK. BEST OF LUCK. THANK YOU.

(APPLAUSE.)

SUPERVISOR KUEHL: LINDA, I BET THE STAFF HAS SOMETHING TO SAY TOO.

SECRETARY: YES. SO COMMISSIONER, THERE IS A SAYING. IT SAYS, LEADERSHIP IS NOT LOUD AND BOASTFUL. IT IS QUIET AND IMPACTFUL. AND, DR. GILLELAND, YOU HAVE BEEN THAT TYPE OF BOARD MEMBER FOR THE LAST TWO YEARS. YOU ARE A MAN OF FEW WORDS, BUT WHEN YOU DO SPEAK, IT IS VERY THOUGHTFUL, IT'S VERY ENGAGING, AND IT IS VERY POWERFUL. AND YOU TRULY HAVE BEEN AN ASSET TO THIS ORGANIZATION. AND ON BEHALF OF FIRST 5 LA, WE WOULD LIKE TO THANK YOU FOR ALL YOUR CONTRIBUTIONS TO FIRST 5 LA AND ALL THE WORK THAT WE'RE DOING AND LA COUNTY'S YOUNGEST.

AND ON BEHALF OF US, WE WANTED TO GIVE YOU THIS WORD CLOUD. AND JUST AS THE WORDS THAT I SPOKEN, THE WORDS THAT RESONATE WITH STAFF MOSTLY ARE SUPPORTIVE, THOUGHTFUL, COMMITTED, ENGAGED, CARING, KIND, HUMBLE, CONSISTENT. SO THESE ARE ALL THE THINGS THAT STAFF THINK OF WHEN THEY THINK OF YOU, COMMISSIONER GILLELAND. SO WE TRULY ARE GOING TO MISS YOU.

(APPLAUSE.)

COMMISSIONER GILLELAND: WOW. NOW I FEEL GUILTY

THAT I DIDN'T DO MORE. THANK YOU SO MUCH.

MS. BELSHE: DAYTON, LINDA DIDN'T CALL OUT MY PARTICULAR CONTRIBUTION, BUT -- WHICH IS FINE BECAUSE I'M SURE THE WORD CLOUD IS THE WORDS THAT MOST PEOPLE RAISED. AND THE TERM I USED WAS E.F. HUTTON, WHICH IS SHOWING MY AGE. WHEN E.F. HUTTON SPEAKS, PEOPLE LISTEN. AND I REALLY FEEL THAT DAYTON EXEMPLIFIES THAT OLD BRAND. AS LINDA SAID, GENERALLY, A MAN OF FEW WORDS, BUT WHEN YOU SPOKE, DAYTON, YOU ALWAYS HAD SOMETHING TO SAY, IT ADDED VALUE AND GAVE US GOOD INSIGHT AND COUNSEL. SO THANK YOU FOR BEING A MAN OF WELL CHOSEN AND SUBSTANTIVE WORDS TO HELP INFORM OUR WORK. THANK YOU.

COMMISSIONER GILLELAND: THANKS.

SUPERVISOR KUEHL: THANK YOU. WELL, HANG IN THERE. WE'RE STILL GOING THROUGH THE WHOLE MEETING WITH YOU HERE.

AND FOR MY REMARKS TODAY, I JUST WANT TO SAY SORT OF VERY BRIEFLY, HERE WE ARE SUDDENLY AT THE HALF POINT IN THE YEAR. I DON'T KNOW WHERE IT WENT. I MEAN, SOMETIMES THE DAYS SEEM LONG, THE WEEKENDS SEEM SHORT. DOES THAT, YOU KNOW KIND OF COVER IT? BUT I THINK THAT IT'S INTERESTING WE'VE GONE THROUGH A REAL TIME EXPERIENCE OF -- OF A BIG PIVOT. AND IT HASN'T JUST BEEN THIS YEAR. BUT WE'VE KIND OF WENT IN MY OPINION FROM BEING MORE ASPIRATIONAL AND THEORETICAL TO BEING MORE EMBRACING OF

THE CHANGE AND IMPLEMENTING SOME REALLY IMPORTANT EFFORTS, A LOT OF COLLABORATION, LEVERAGING, A LOT OF INTEGRATION AMONG A WIDENING GROUP OF PARTNERS. AND I THINK IT'S REALLY EXCITING.

I ALSO LIKE THE -- THE INNOVATION THAT IS BEING CONSISTENTLY ADDED AND REALLY SORT OF EMBEDDED IN EVERYTHING THAT WE'RE ADOPTING TO DO. AND FOLLOWING YOUR LEAD, KIM, AND ALSO ADDING OUR OWN THOUGHTS ABOUT, YOU KNOW, FROM OUR OWN LEADERSHIP IN OUR OWN AREAS. BUT IN THE BUDGET, FOR INSTANCE, TO SET ASIDE MONEY FOR FLEXIBLE FUNDING. IT'S REALLY IMPORTANT BECAUSE JUST AS WE WERE TALKING ABOUT, YOU KNOW, THE WONKY-WONK AREA DATA STORAGE AND HOW THINGS CHANGE EVERY TWO MINUTES, WE REALLY NEED TO BE FLEXIBLE. IT'S KIND OF LIKE A TENNIS GAME WHERE YOU DON'T KNOW WHAT'S COMING ACROSS THE NET. SO YOU'RE READY WITH THE BACKHAND, YOU'RE READY WITH THE FOREHAND, YOU'RE READY TO RUN UP OR FALL BACK OR WHATEVER. AND THAT IS THE SIGN I THINK OF A REALLY HEALTHY ORGANIZATION.

THE POLICY-DRIVEN WORK THAT WE'RE DOING MORE AND MORE, BUT STILL RETAINING FIDELITY TO THE LEGACY PROGRAMS, THAT'S BEEN AN INTERESTING BALANCE AND I THINK ONE THAT'S BEEN ACHIEVED QUITE WELL.

AND ALSO AS WE SAW WITH THE BEST START -- A VERY THOUGHTFUL PROGRAM I THINK WAS UNDERTAKEN. THOSE WITH MORE EXPERTISE CAN TELL ME IF I'M WRONG. BUT THE

STAKEHOLDERS COULD SHARE THEIR VIEWS, COULD PARTICIPATE. IT WAS AN UNUSUAL EXPERIENCE FOR SOME OF THE STAKEHOLDERS, WHO -- MANY OF WHOM HAD NEVER BEEN ASKED BEFORE, WHAT IS GOOD FOR YOUR NEIGHBORHOOD, WHAT IS GOOD FOR YOUR COMMUNITY, AND WHAT IS GOOD FOR YOUR FAMILIES. AND I THINK IT INDICATES A LOT OF INTEGRITY IN THIS ORGANIZATION.

I THINK ANOTHER PROGRESSIVE BUDGET AREA THAT'S IMPRESSIVE SIMILARLY IN TERMS OF OTHER FLEXIBLE AREAS IS THE EMERGING OPPORTUNITIES WHERE WE SET ASIDE FUNDS FOR THINGS THAT WE'RE ALREADY THINKING ABOUT BUT WE'RE NOT QUITE SURE EXACTLY HOW FULLY. THE HOME VISITATION ASPECT, IMMIGRATION SUPPORT, EVEN ADDITIONAL FUNDING TO OCP, WHICH WE'RE GOING TO HEAR ABOUT -- TO THE OFFICE OF CHILD PROTECTION, WHICH WE'RE GOING TO HEAR ABOUT IN A VERY SHORT TIME.

AND SPEAKING OF THEM, THAT IS ONE OF THE AREAS OF COLLABORATION THAT I THINK WE BOTH HAVE BEEN VERY HAPPY ABOUT -- OR I'VE BEEN HAPPY WITH BOTH MY HATS HERE AND IN THE COUNTY. BECAUSE, AS YOU'LL HEAR FROM JUDGE NASH, WHO'S HEADING UP OCP AND KATE ANDERSON, WHO'S THE DIRECTOR OF THE CENTER FOR STRATEGIC PUBLIC/PRIVATE PARTNERSHIPS, IT'S A REALLY INTERESTING AND GROWING AND EVOLVING KIND OF WORK. AND I THINK IT'S GOING TO BE A VERY INTERESTING AND GOOD REPORT AND A FULL DISCUSSION.

SO I WANT TO THANK YOU FOR A GREAT SIX MONTHS SO FAR THIS YEAR. AND VERY HAPPY TO HAVE NEW FOLKS ON THE BOARD, FOLKS WHO'VE ALREADY BEEN HERE STAYING WITH THE BOARD. I THINK THE COMBINATION IS VERY HEALTHY, VERY RICH. AND LOOKING FORWARD TO THE NEXT SIX MONTHS. I HOPE IT DOESN'T GO AS FAST AS THE FIRST SIX MONTHS.

SO OVER TO YOU, DIRECTOR BELSHE.

MS. BELSHE: THANK YOU, MADAM CHAIR. I UNDERSTAND THE FIRST ORDER OF BUSINESS I HAVE IN MY CHAIR'S REMARKS IS TO CUE THE CAKE.

SUPERVISOR KUEHL: CAKE.

MS. BELSHE: CAKE. A DOOR IS OPENING. HERE COMES THE CAKE. WE UNDERSTAND THAT DAYTON LIKES CHOCOLATE.

SUPERVISOR KUEHL: GOOD FOR HIM. WOW.

COMMISSIONER GILLELAND: I USED TO. THAT'S BEAUTIFUL.

SUPERVISOR KUEHL: SO, ROMALIS, AS YOU CAN SEE, WE'RE ALL BUSINESS HERE.

COMMISSIONER TAYLOR: ALL --

SUPERVISOR KUEHL: ALL BUSINESS ALL THE TIME.

COMMISSIONER TAYLOR: ALL THE TIME, SUPERVISOR.

COMMISSIONER GILLELAND: IF I MAY BEFORE THE CAKE IS CUT, IT READS, FOR ALL THE CHILDREN. TRULY ALL.

MS. BELSHE: HERE, HERE. AND THANK YOU, BRIAN,

FOR HELPING WITH OTHERS GET THAT SLICED AND DICED, NOT ONLY FOR COMMISSIONERS BUT FOR OUR STAFF AND GUESTS MORE BROADLY. BOY, THAT LOOKS DECADENT.

COMMISSIONER TILTON: WHERE'S HE TAKING IT?

SUPERVISOR KUEHL: AND THAT CONCLUDES THE CEO'S REPORT.

MS. BELSHE: OKAY. THANK YOU, MADAM CHAIR AND COMMISSIONERS. THERE ARE A COUPLE OF THINGS I WANT TO TOUCH ON IN MY COMMENTS. FIRST, HOW CAN I NOT SAY A WORD ABOUT THE BUDGET AS IT COMES TO THE END OF THE BUDGET JOURNEY. AND I REALLY WANT TO EXPRESS MY APPRECIATION TO BOARD AND STAFF ALIKE FOR THE ENGAGEMENT, THE CONTRIBUTIONS TO WHAT IS I THINK A REALLY SOLID DOCUMENT THAT IS GOING TO DRIVE OUR WORK IN SOME REALLY IMPORTANT WAYS AS THE CHAIR JUST NOTED. SO TO BEGIN, I KNOW WE JOKE ABOUT THE BUDGET JOURNEY, BUT I'M VERY SERIOUS WHEN I THANK COMMISSIONERS FOR THEIR PATIENCE AND ENDURANCE AND KIND OF HANGING IN THERE WITH US. I THANK YOU FOR THE GOOD QUESTIONS AND COMMENTS THAT HAVE HELPED SHAPE AND INFORM A BETTER PRODUCT. AND, FINALLY, PURE RECOGNITION THAT THE BUDGET REALLY DOES MATTER AND IT SPEAKS TO OUR VALUES AND OUR PRIORITIES AND OUR VISION FOR YOUNG CHILDREN AND THEIR FAMILIES IN LA COUNTY.

I LIKE TO SAY THE BUDGET JOURNEY IS NOT FOR THE FAINT OF HEART, BUT IT -- AND I WANT TO APPRECIATE MARLENE

IN HER COMMENTS BEFORE THE PPC MEETING LAST WEEK WHERE IT WAS A LONG, DEEP, SUBSTANTIVE, AND REALLY RICH CONVERSATION ABOUT THE BUDGET. I WAS REALLY PROUD OF BOTH STAFF AND BOARD ALIKE. BUT I APPRECIATE YOUR COMMENT ABOUT THE VALUE OF REDUNDANT COMMUNICATIONS. THIS IS $144 MILLION THAT THE BOARD IS APPROVING. YOU TAKE IT SERIOUSLY AND WE TAKE IT SERIOUSLY. AND THANK YOU FOR MAKING IT A BETTER, STRONGER PRODUCT ON BEHALF OF FAMILIES AS I SAID.

TO STAFF, THIS IS THE FIRST TIME WE'VE PUT TOGETHER A BUDGET THAT REFLECTS OUR NEW STRUCTURE IN STAFFING AND REALLY EMBODIES OUR EVOLUTION AND STRATEGIC DIRECTION AND APPROACH AND PURPOSE. I'M APPRECIATIVE OF THE TERRIFIC DIVISION-SPECIFIC AND ORGANIZATION-WIDE LEADERSHIP THAT OUR EXECUTIVE TEAM DIRECTORS, LED BY OUR FINANCE DEPARTMENT IN THE ADMIN DIVISION, HAVE LED. IT HAS REALLY EXEMPLIFIED THE KIND OF COLLABORATIVE APPROACH TO OUR WORK INTERNALLY AS WELL AS WITH EXTERNAL PARTNERS THAT WE ARE INCREASING MODELING. IT HAS EMBODIED OUR VALUES IN SO MANY WAYS IN TERMS OF SHARED LEADERSHIP, COLLABORATION, ACCOUNTABILITY, AND RESPECT.

AND, FINALLY, HUMILITY. I'M GRATEFUL TO THE DIRECTORS AND OUR EXECUTIVE TEAM FOR ACKNOWLEDGING THAT WHILE THEY MAY BE THE PUBLIC FACE OF THE BUDGET, THERE IS A LOT OF STAFF WORK THAT REALLY IS SHAPING THAT WORK IN

VERY MEANINGFUL AND IMPORTANT WAYS. AND APPRECIATE THEIR RECOGNITION OF THAT.

OUR FINANCE DIRECTOR, RAOUL, IS NOT HERE DUE TO SOME VERY SAD FAMILY EVENTS. AND I DO WANT TO ACKNOWLEDGE HIS LEADERSHIP AS THE DIRECTOR IN HIS ABSENCE. WE'LL BE HEAR FROM CARL AND DAISY WHO HAVE DONE AMAZING WORK IN A LOT OF DIFFERENT WAYS. I WANT TO PARTICULARLY ACKNOWLEDGE THEM.

THE CHAIR'S BEEN VERY CLEAR ABOUT HOW BUDGETS ARE A STATEMENT OF OUR VISION, OUR VALUES, OUR FUTURE. AND THIS BUDGET ABSOLUTELY TELLS THAT STORY. BUT BUDGETS ARE ALSO A STATEMENT OF ORGANIZATIONS THAT DEVELOP THEM. AND IN THAT RESPECT, I'M REALLY, REALLY PROUD OF HOW THIS BUDGET SPEAKS TO THE KIND OF TRANSFORMATION THAT THE CHAIR JUST SPOKE TO SO ELOQUENTLY.

SECOND, THE BULK OF OUR TIME TODAY IS WITH OFFICE OF CHILD PROTECTION. LOOKING FORWARD TO JUDGE NASH AND KATE ANDERSON JOINING US. ONE OF THE THEMES YOU'LL HEAR AS THEY SPEAK ABOUT THE DRAFT PREVENTION PLAN FOR LA COUNTY IS THAT PREVENTION IS A SHARED RESPONSIBILITY. WE ALL BENEFIT. WE ALL HAVE A ROLE TO PLAY. AND THAT INCLUDES FIRST 5 LA. JOHN HAS BEEN OUR POINT LEADING, OUR COUNTY AGENCY PARTNERSHIP WORK IN HIS NEW ROLE AS EXECUTIVE VICE PRESIDENT. I GUESS IT'S NOT THAT NEW ANYMORE. SO WE'LL STOP SAYING NEW. BUT HE'LL SPEAK TO

SOME OF THE WAYS THAT HE AND THE ORGANIZATION BROADLY INCLUDING SOMETIME OF THE RESOURCES THAT THE BOARD HOPEFULLY WILL SOON BE APPROVING ARE INTENDED TO REALLY STRENGTHEN THE WORK OF OCP AND OUR COUNTY AGENCY PARTNERS IN SOME REALLY POWERFUL WAYS IN TERMS OF STRENGTHENING FAMILIES IMPROVING CHILD OUTCOMES.

FINALLY, I WANT TO DRAW COMMISSIONERS' ATTENTION TO THE FOUR-YEAR INFORMATION FOLDER THAT YOU HAVE AT YOUR CHAIRS. PLEASE TAKE A LOOK. INCLUDED IS A STATEMENT, A JOINT FOUNDATION STATEMENT ON IMMIGRATION. THIS IS A STATEMENT THAT HAS BEEN SIGNED BY HUNDREDS OF PHILANTHROPIC LEADERS ACROSS THE COUNTRY; NOT JUST CALIFORNIA, BUT ACROSS THE COUNTRY. IT SPEAKS VERY POWERFULLY TO THE IMPORTANCE OF AMERICA AS A LAND OF OPPORTUNITY FOR IMMIGRANTS, FOR REFUGEES WHO ARE SEEKING A BETTER LIFE FOR THEMSELVES AND THEIR FAMILIES.

AS I'VE SAID TO THE BOARD BEFORE, WE ARE NOT IMMIGRATION EXPERTS AT FIRST 5 LA, BUT WE ARE EXPERTS ON KIDS AND KIDS ARE AT THE CENTER OF WHAT'S GOING ON AROUND IMMIGRATION POLICY AND POTENTIAL IMMIGRATION POLICY. SO WE KEEP KIDS AT THE CENTER OF WHO WE ARE, WHAT WE DO. AND WITH THAT IN MIND, WE HAVE BEEN DOING SOME WORK LED BY OUR POLICY AND STRATEGY DIVISION TO REALLY BETTER UNDERSTAND WHAT DO THESE ACTIONS AND POTENTIAL ACTIONS, WHAT DOES THIS CLIMATE OF FEAR MEAN FOR THE POPULATIONS WE CARE

ABOUT, THE PROVIDERS WHO WORK WITH FAMILIES WITH YOUNG CHILDREN, AND HOW CAN WE ADD VALUE.

WE'RE GOING TO BE COMING BACK TO THE PPC LATER THIS MONTH WITH OUR LEARNING FROM THIS EXPLORATION, SOME SHORT-TERM AND LONGER-TERM STEPS. BUT THIS STATEMENT IS JUST ONE EXAMPLE OF THINGS WE CAN DO BEYOND FUNDING, BEYOND CONVENING. THIS IS AN IMPORTANT STATEMENT OF WHO WE ARE, WHAT OUR VALUES ARE FOR FAMILIES. AND I THINK IT'S AN IMPORTANT STATEMENT FOR US TO BE MAKING ON BEHALF OF THE CHILDREN AND FAMILIES -- IMMIGRANT FAMILIES IN OUR COMMUNITIES.

I WILL LEAVE IT THERE AND LOOK FORWARD TO A DEEPER DISCUSSION WITH THE BOARD AT THE PPC MEETING ON IMMIGRATION. THANK YOU.

SUPERVISOR KUEHL: THANK YOU, KIM.

ANY QUESTIONS TO KIM ABOUT HER PRESENTATION?

ALL RIGHT. THEN LET US MOVE TO FILE ITEM 5 ABOUT WHICH WE KNOW NOTHING AT ALL BECAUSE WE'VE NEVER BEEN TOLD ANYTHING ABOUT THE BUDGET. REDUNDANCY IS RIGHT.

SO WE HAVE HEARD ABOUT THE BUDGET AND WE HEARD ABOUT THE BUDGET AND WE STUDIED THE BUDGET AND WE'VE READ THE BUDGET, THEN WE GOT A REPORT ON THE BUDGET, THEN WE GOT THE NEXT REPORT ON THE BUDGET. TALK ABOUT SIX MONTHS.

MS. BELSHE: HEY, DAISY.

MR. GAYDEN: THANK YOU, MADAM CHAIR. AND GOOD

AFTERNOON, COMMISSIONERS.

WE ARE SO EXCITED TO BE PRESENTING THE LAST STEP ON OUR BUDGET JOURNEY PROCESS, THE FINAL PRESENTATION OF THE FISCAL YEAR 17-18 BUDGET PRESENTATION.

THIS BUDGET REFLECTS THE FINANCIAL RESOURCES NEEDED TO SUPPORT AND IMPLEMENT THE THIRD YEAR OF THE 2015-2020 STRATEGIC PLAN AND OPERATING EXPENSES THAT ARE NEEDED TO MOVE THE WORK FORWARD. ENTERING THIS THIRD YEAR, WE HAVE MORE PROGRAM EXPERIENCE AND THE EXPERTISE THAT IS STILL EMERGING IN OUR BUDGETING TO ALIGN US CLOSER TO THE ACTUALS OF OUR -- ND OUR ORGANIZATIONAL STRUCTURE.

THIS BUDGET REFLECTS THE EXCITING AND INNOVATIVE WORK THAT IS EMERGING THAT WILL HELP US ACHIEVE OUR GOALS AND TO ADVANCE OUR EFFORTS.

THIS IS ALSO THE FIRST BUDGET THAT REFLECTS OUR NEW ORGANIZATIONAL STRUCTURE. THE NEW STRUCTURE IS ALLOWING US TO WORK IN NEW WAYS TO BE STRATEGIC, EFFICIENT, AND EFFECTIVE. MOST IMPORTANTLY, THIS BUDGE REFLECTS AN ORGANIZATIONAL-WIDE COLLABORATION, NOT ONLY THE WAY WE WORK INTERNALLY AS A RESULT OF OUR NEW ORGANIZATION, DIVISION, AND DEPARTMENTS, BUT ALSO THROUGH THE COLLABORATION AND PARTNERSHIP WITH YOU, OUR COMMISSIONERS, THROUGH THE DIFFERENT COMMITTEES, MEETINGS, AND TOUCH POINTS.

AND I JUST WANT TO PAUSE AND SAY, THANK YOU.

THANK YOU FOR THE TIME COMMITMENT, YOUR PATIENCE THROUGH THIS LONG JOURNEY, YOUR HONEST FEEDBACK, AND YOUR PASSION TO PRODUCE IMPACT OF LA COUNTY'S YOUNGEST CHILDREN AND THEIR FAMILIES.

I WANT TO ACKNOWLEDGE ALL OF THE COMMITTEE CHAIRS AND COMMITTEE MEMBERS FROM THE BUDGET AND FINANCE COMMITTEE, THE PROGRAM AND PLANNING, AND THE EXECUTIVE COMMITTEE FOR ALL YOUR ASSISTANCE REACHING OUR BUDGET MILESTONE.

I WOULD ALSO LIKE TO TAKE MOMENT TO ACKNOWLEDGE OUR EXECUTIVE TEAM, INCLUDING OUR NEW VPS, THE ORGANIZATIONAL-WIDE LEADERSHIP TEAM, AND ALL THE STAFF WHO ASSISTED IN THE BUDGET PROCESS. WE ALL WORKED IN A VERY COLLABORATIVE WAY, AND BECAUSE OF ALL THIS OF THIS HARD WORK AND COMMITMENT, WE HAVE A WONDERFUL PRODUCT IN FRONT OF YOU, COMMISSIONERS, FOR APPROVAL.

I KNOW OUR DIRECTOR OF FINANCE, RAOUL ORTEGA, WOULD GENERALLY BE PROVIDING THESE OPENING REMARKS. BUT I WOULD LIKE TO TAKE THE OPPORTUNITY TO ACKNOWLEDGE HIS DEVOTION, DEDICATION, AND HIS LEADERSHIP LEADING SUCH A DYNAMIC AND LEAN FINANCE TEAM, INCLUDING -- I'M GOING TO NAME THEM, TINO, SHARARA, DAISY, TINO -- I SAID TINO -- MARIE, MARCY, MARSHA, TONY, AND JESSICA, WHO ALL STEPPED UP WHEN WE WERE DOWN A KEY MEMBER TO HELP PUT IN THE HARD WORK DURING THIS JOURNEY WHICH INCLUDES ALL THE LATE

NIGHTS, THE DEMANDS, THE MANY UPDATES AND REVISIONS, THE DATA ANALYSIS, SETTING UP NUMEROUS MEETINGS AND POWERPOINT PRESENTATIONS TO GET THIS BUDGET IN FRONT OF THE BOARD TODAY.

I ALSO WANT TO TAKE THIS OPPORTUNITY TO ACKNOWLEDGE OUR BUDGET MANAGER AND SENIOR FINANCIAL ANALYST FOR FP&A, DAISY, FOR HER LEADERSHIP AND HARD WORK. A LOT OF YOU MIGHT NOT KNOW, BUT DAISY, JUST LIKE ME, STARTED JUST A YEAR AGO. AND THIS IS TECHNICALLY BOTH OF OUR FIRST COMPLETE BUDGET JOURNEYS. I MUST SAY DAISY TRULY STEPPED UP TO LEAD THIS ENTIRE PROCESS. THIS HAS BEEN HARD WORK AND A LOT OF DEDICATED TIME, BUT WE TRULY APPRECIATE ALL YOUR DEDICATION AND EFFORTS TO GET THIS DONE. SO THANK YOU, DAISY.

SO BEFORE I PASS IT OVER TO DAISY, I WANT TO REMIND YOU ALL AT THE END OF THE PRESENTATION, THERE WILL BE ACTION VIA A RECORDED VOTE ON THE BUDGET. AND IMMEDIATELY AFTER YOU APPROVE THE BUDGET AND WE TAKE A LITTLE TIME TO CELEBRATE THE MILESTONE, GUESS WHAT? THE JOURNEY STARTS ALL OVER AGAIN AS WE START OUR NEXT FISCAL LIFE CYCLE PREPARING FOR THE AUDIT THAT WILL INFORM OUR NEXT YEAR'S LTFP MIDYEAR AND BUDGET PROCESS.

SO WITH ALL OF THAT, I JUST WANT TO PASS IT OVER TO DAISY TO BRING US HOME.

MS. LOPEZ: THANK YOU, CARL. GOOD AFTERNOON,

EVERYONE.

LET'S DIVE RIGHT IN. TODAY WE WILL BE PROVIDING SOME HIGH-LEVEL HIGHLIGHTS AND A BUDGET SUMMARY FOR THE PROPOSED 17-18 BUDGET BEFORE DELVING INTO A DEEPER DISCUSSION OF THE ADJUSTMENTS MADE TO THE 17-18 DRAFT BUDGET THAT WAS PRESENTED TO COMMISSION IN MAY, DISCUSSING THE IMPACT OF THE BUDGET CHANGES TO THE ADMINISTRATIVE COST LIMIT, FOLLOWED BY A DISCUSSION OF OUR ESTIMATED YEAR-END FUND BALANCE BEFORE CONCLUDING WITH THE REQUEST FOR APPROVAL OF BUDGET RESOLUTION AND ITS VARIOUS COMPONENTS WHICH WE WILL ADDRESS IN GREATER DETAIL LATER IN THIS PRESENTATION.

I WOULD LIKE TO BEGIN BY HIGHLIGHTING SOME OF THE NOTABLE, OVERALL CHANGES IN THE FINAL 17-18 BUDGET, THE BUDGET BEING PRESENTED TODAY FOR APPROVAL, AS COMPARED WITH THE REVISED 16-17 BUDGET. THIS INCLUDES A NET DECREASE OF APPROXIMATELY 2.1 MILLION IN ANTICIPATED SPENDING FOR FISCAL YEAR 17-18, COMPRISED ROUGHLY OF A 2.5 MILLION OR TWO PERCENT REDUCTION IN PROGRAM EXPENSES, AND APPROXIMATELY 379,000 OR 1.8 PERCENT INCREASE IN OPERATING EXPENSES.

AS YOU MAY HAVE HEARD US MENTION BEFORE, THE 17-18 BUDGET MARKS THE THIRD YEAR OF THE FIVE-YEAR STRATEGIC PLAN. THE ORGANIZATION'S CONTINUED COMMITMENT TO THE STRATEGIC PLAN IS MADE EVIDENT BY THE 5.2 MILLION

INCREASE IN RESOURCES IN THE FOUR PRIORITY OUTCOME AREAS AND STRATEGIC PLAN RELATED INVESTMENT AREAS AND SUPPORT COSTS AS COMPARED TO 16-17. CONVERSELY, WE SEE A DECREASE OF 7.7 MILLION IN RESOURCES PER LEGACY INVESTMENTS AND IN THE NUMBER OF LEGACY INVESTMENTS THEMSELVES REDUCING FROM 29 IN 16-17 DOWN TO 12 IN 17-18. THIS FURTHER DEMONSTRATES THE ORGANIZATION SHIFT AWAY FROM DIRECT SERVICE FUNDING TOWARDS A STRATEGIC FOCUS ON POLICY AND SYSTEMS CHANGE TO MAXIMIZE RESOURCES IN LIGHT OF DECLINING REVENUE.

CONSISTENT WITH THE APPROACH IN PRIOR YEARS, WE HAVE REVISED A BUDGET TO REFLECT THE LATEST INFORMATION AVAILABLE AS WELL AS INPUT FROM COMMISSIONERS DURING THE VARIOUS PRESENTATION ALONG THIS BUDGET JOURNEY. THIS ALL RESULTS IN A NET INCREASE OF NEARLY 580,000 OR .4 PERCENT TO THE FINAL FISCAL YEAR 17-18 PROPOSED BUDGET AS COMPARED TO THE DRAFT PRESENTED AT THE COMMISSION IN MAY.

HERE YOU CAN SEE A HIGH-LEVEL SUMMARY OF BOTH THE DRAFT BUDGET PROPOSED IN MAY AS WELL AS THE FINAL PROPOSED 17-18 BUDGET THAT WE ARE BRINGING TO YOU FOR APPROVAL TODAY. YOU CAN SEE THAT WE MADE SLIGHT ADJUSTMENTS TO THE BUDGET ESTIMATES FOR ALL CATEGORIES, INCLUDING INTERNAL OPERATIONS. THE INCREASE OF 580,000 RESULTS IN A REVISED PROPOSED TOTAL OF 144.9 MILLION FOR THE UPCOMING FISCAL YEAR.

THE $580,000 OF CHANGES -- DOLLARS OF CHANGES FROM THE DRAFT VERSION OF THE BUDGET FALL INTO TWO PRIMARY CATEGORIES. MOST OF THE $580,000 ADJUSTMENT IS BASED ON ADDITIONAL DATA THAT BECAME AVAILABLE TO INFORM THE BUDGET ESTIMATES PRIMARILY DUE TO ADDITIONAL PROGRAM ANALYSIS AND ASSESSMENTS AND COMMISSIONER FEEDBACK, WHICH HAS HELPED TO INFORM THE ANTICIPATED BUDGET NEEDS FOR FISCAL YEAR 17-18. IN ADDITION, TWO OF THE CHANGES ARE DUE TO DELAYS IN CURRENT YEAR ACTIVITY RESULTING IN A SHIFT OF COST TO 17-18 TO CONTINUE THE IMPLEMENTATION OF WORK. THESE TWO PROGRAMS ARE PROFESSIONAL DEVELOPMENT PROGRAM EVALUATION AND BABY FRIENDLY HOSPITAL CYCLE THREE.

THIS TABLE PROVIDES A CLOSER LOOK AT THE PROGRAM BUDGET MODIFICATIONS THAT RESULTED IN $580,000 NET INCREASE TO THE 17-18 BUDGET FROM THE DRAFT PRESENTED AT THE MAY COMMISSION MEETING. THE REASON FOR EACH CHANGE IS SHOWN IN THE LAST COLUMN, WHICH INDICATES WHETHER THE CHANGE WAS DUE TO NEW DATA THAT BECAME AVAILABLE TO INFORM THE BUDGET AND PROVIDE US WITH STRONGER ESTIMATES, OR IF THE CHANGE WAS DUE TO DELAYS IN CURRENT YEAR ACTIVITY. A MORE COMPREHENSIVE TABLE WITH EXPLANATIONS FOR EACH THE PRESENTED ADJUSTMENTS IS INCLUDED IN TODAY'S MATERIALS.

FURTHER PROGRAM ASSESSMENT AND ANALYSIS DETERMINE THE NEED FOR ADDITIONAL RESOURCES FOR MOST OF OUR ADJUSTMENTS, INCLUDING COMMUNITY PARTNERSHIPS, CAPACITY

BUILDING AND LEARNING, AND THE WELCOME BABY IMPACT STUDY TO NAME A FEW.

WE HAVE BEEN RECEPTIVE TO THE FEEDBACK AND QUESTIONS PROVIDED BY COMMISSIONERS THROUGHOUT THIS PROCESS, PARTICULARLY AS IT RELATED TO EMERGING OPPORTUNITIES AS A MADAM CHAIR NOTED. AS SUCH, WE HAVE INCLUDED 75,000 IN AVAILABLE EMERGING OPPORTUNITY RESOURCES INTENDED FOR ACTIVITIES THAT FALL WITHIN THE PURVIEW OF THE POLICY DIVISION AND 50,000 IN EMERGING OPPORTUNITY RESOURCES TO SUPPORT OUR INTEGRATION AND LEARNING ACTIVITIES IN FISCAL YEAR 17-18. THESE RESOURCES WILL ALLOW TO US RESPOND TO UNANTICIPATED OPPORTUNITIES AS WELL AS PROSPECTIVE THREATS THAT ALIGN AND HELP US ADVANCE OUR ORGANIZATIONAL DIRECTION AND STRATEGIC PLAN.

I WOULD LIKE TO NOTE THAT THE EMERGING OPPORTUNITIES ARE AT VARIOUS STAGES OF DEVELOPMENT AND THAT THIS IS REFLECTIVE IN THE LEVEL OF FUNDING THAT HAS BEEN IDENTIFIED FOR USE IN THESE ACTIVITIES. AS SUCH, THE LEVEL OF RESOURCES VARY; HOWEVER, WE DO FEEL THAT THEY ARE REASONABLE ESTIMATES THAT WILL HELP US POSITION OURSELVES TO BE FLEXIBLE IN RESPONDING TO EMERGING NEEDS IN THE COMING YEAR.

ADDITIONALLY, WE HAVE INCLUDED MODEST ADJUSTMENTS TO THE OPERATING BUDGET TO PRIMARILY ADDRESS NEAR-TERM STAFFING ISSUES BASED ON RECENT DEVELOPMENTS. THESE

ADDITIONAL RESOURCES WILL HELP US MINIMIZE DELAYS IN THE CONTINUITY OF WORK AND SERVICE WITH TEMPORARY SUPPORT AS THE PERSONNEL VACANCIES ARE BEING FILLED.

FINALLY, AS I PREVIOUSLY MENTIONED, TWO OF THESE PROGRAMS, PROFESSIONAL PROGRAM DEVELOPMENT EVALUATION AND BABY FRIENDLY HOSPITAL CYCLE THREE, ARE BEING IMPACTED BY DELAY IN ACTIVITY EARMARKED FOR THE CURRENT YEAR, FISCAL YEAR 16-17, WHICH HAS CAUSED WORK TO SHIFT FROM 16-17 TO 17-18. CONSEQUENTLY, THE 580,000 INCREASE TO THE FISCAL YEAR 17-18 BUDGET HAS INFLUENCED THE ADMINISTRATIVE COST LIMIT RESULTING IN A SLIGHT DECREASE FROM 9.01 PERCENT TO 8.99 PERCENT. THE TOTAL ADMINISTRATIVE COST OF 13 MILLION REMAINS THE SAME AS THE BUDGET CHANGES TO THE OPERATING BUDGE WERE FAIRLY MINOR IN TERMS OF AMOUNT AND WITH RESPECT TO THE OVERALL BUDGET.

JUST TO REITERATE, AS WE HAVE BEEN COMMUNICATING OVER THE PAST FEW MEETINGS, FIRST 5 LA'S POLICY DOES NOT SPECIFY A MAXIMUM PERCENTAGE UNLIKE OTHER COUNTY COMMISSIONS. OUR BROADER AND MORE INCLUSIVE APPROACH TO THE ADMINISTRATIVE COST METHODOLOGY IS CONSISTENT WITH PREVIOUS YEARS, AND FIRST 5 LA CONTINUES TO HAVE AMONG THE LOWEST ADMINISTRATIVE COST RATE, CALCULATED AT 8.99 PERCENT FOR FISCAL YEAR 17-18.

NOW WE WILL SHIFT OUR ATTENTION TO A DISCUSSION OF OUR ESTIMATED YEAR-END FUND BALANCE. TO PROVIDE SOME

CONTEXT, FIRST I WANT TO GIVE YOU A LITTLE BACKGROUND ON THE GOVERNMENTAL ACCOUNTING STANDARDS BOARD STATEMENT, GASB 54, WHICH OUTLINE A HIERARCHY OF FUND BALANCE CATEGORIES BASED ON THE STRENGTH OF COMMITMENT OF RESOURCES. IT HAS BEEN OUR PRACTICE TO REVIEW FUND BALANCE LEVELS WITH THE COMMISSION EVERY YEAR IN ORDER TO REAFFIRM COMMITMENT, A PROCESS THAT WE FEEL REFLECTS GOOD FISCAL STEWARDSHIP OF PUBLIC RESOURCES. OVER THE PAST FEW YEARS, HAVE UTILIZED THE ANNUAL BUDGET PROCESS AS THE OPPORTUNITY TO REVIEW THESE REMAINING COMMITMENTS WITH THE COMMISSION.

BEFORE GETTING INTO THE NUMBERS, I WANT TO BRIEFLY REVIEW THE FUND BALANCE CATEGORIES TO REMIND EVERYONE OF HOW THEY APPLY TO THE FIRST 5 LA RESOURCES. THE CATEGORIES ARE LISTED HERE BASED ON THE STRENGTH OF COMMITMENT FROM HIGHEST TO LOWEST LEVEL OF CONSTRAINT. THESE DEFINITIONS ARE OUTLINED IN OUR BOARD APPROVED FUND BALANCE POLICY AND ARE AN ADAPTATION OF THE GUIDELINES PROVIDED THROUGH GASB 54 AS IS APPLICABLE TO FIRST 5 LA.

FOR OUR PURPOSE THE FIRST CATEGORY OF NONSPENDABLE REFLECTS FUNDS THAT HAVE BEEN ADVANCED TO A CONTRACTOR OR A GRANTEE. WHILE THE FUNDS ARE NO LONGER IN OUR BANK ACCOUNT, THESE FUNDS ARE CONSIDERED TO BE AN ASSET OF FIRST 5 LA AND ARE EXPENSED AS THE GRANTEE OR CONTRACTOR SPENDS THEM DOWN. COMMITTED FUNDS HAVE BEEN

DIRECTED BY THE COMMISSION BY A RESOLUTION FOR A SPECIFIC PURPOSE, INCLUDING MULTIYEAR ALLOCATIONS. ASSIGNED FUNDS ARE BROADLY RESERVED FOR COMMISSION USE CONSISTENT WITH THE CURRENT STRATEGIC PLAN. AND, FINALLY, UNASSIGNED FUNDS INCLUDE AMOUNTS DESIGNATED FOR BOTH THE OPERATING BUDGET AND THE RESERVE WHICH IS CALCULATED AT 25 PERCENT OF THE TOTAL BUDGET.

TO PROVIDE A VISUAL ON THE LEFT YOU SEE THE ENDING FUND BALANCE CATEGORY LEVELS AT JUNE 30TH, 2016. THIS WAS TAKEN FROM OUR YEAR-END COMPREHENSIVE ANNUAL FINANCIAL REPORT, CAFR, COMPARED TO THE PROJECTED ENDING CATEGORY LEVELS AT JUNE 30TH, 2017, IN THE RIGHT-HAND COLUMN. THESE PROJECTIONS ARE BASED ON THE BEST INFORMATION CURRENTLY AVAILABLE. THE FINAL YEAR-END BALANCES WILL BE AVAILABLE AT THE END OF OUR ANNUAL YEAR-END AUDIT.

AS HAVE YOU HEARD THROUGH OUR LONG-TERM FINANCIAL PROJECTION, WE ARE CURRENTLY SPENDING MORE ON AN ANNUAL BASIS THAN WHAT WE RECEIVE IN REVENUE LEADING TO AN OVERALL NET DECREASE IN FUND BALANCE WHICH YOU CAN SEE HERE REFLECTED IN THE LOWER PROJECTED FUND BALANCE AT JUNE 30TH, 2017. THESE PROJECTIONS DETAILS ARE INCLUDED IN ATTACHMENT H OF THE BUDGET MATERIALS INCLUDED IN TODAY'S BOARD BOOK. I WOULD LIKE TO TAKE A MOMENT TO CALL OUT THE CATEGORIES AT A VERY HIGH LEVEL.

THE COMMITTED CATEGORY IN BLUE IS COMPRISED OF TWO PIECES: FIRST IS A REMAINING BALANCE OF OUR MULTIYEAR ALLOCATIONS AND SECOND IS THE APPROPRIATION FOR INVESTMENTS THAT DO NOT HAVE A MULTIYEAR ALLOCATION WHICH WILL BE CONSIDERED COMMITTED WHEN THE BUDGET IS APPROVED.

WE ARE PROJECTING TO CONTINUE TO SPEND DOWN OUR MULTIYEAR ALLOCATIONS, REDUCING THE PROJECTED ALLOCATION BALANCE THAT IS CAPTURED WITHIN THE COMMITTED CATEGORY REFLECTED HERE IN BLUE. WE ARE PROJECTING TO SPEND DOWN PART OF OUR ADVANCES TO VARIOUS CONTRACTORS, REFLECTED IN THE ORANGE NONSPENDABLE CATEGORY. THESE INCLUDE THE ADVANCE TO LA CARE FOR THE HEALTHY KIDS INSURANCE PROGRAM, THE ADVANCE TO LAUP, AND THE ADVANCE TO UCLA FOR THE DENTAL HOME PROJECT. THE UNASSIGNED CATEGORY IN PURPLE INCLUDES BOTH THE OPERATING COSTS AS WELL AS THE RESERVE, WHICH AS I MENTIONED, REPRESENTS 25 PERCENT OF THE TOTAL FISCAL YEAR 17-18 BUDGET.

FINALLY, THE ASSIGNED CATEGORY IN GREEN REPRESENTS THE REMAINDER OF OUR FUND BALANCE WHICH IS CONSIDERED RESERVED FOR USE BASED ON THE PARAMETERS OUTLINED THE CURRENT STRATEGIC PLAN.

WE HAVE PROVIDE A CONSIDERABLE AMOUNT OF INFORMATION OVER THE COURSE OF THIS BUDGET JOURNEY, AND I DO WANT TO BE CLEAR ABOUT WHAT PRECISELY WE ARE REQUESTING FOR APPROVAL ON FROM THE COMMISSION TODAY WITH THE

ADOPTION OF RESOLUTION NUMBER 2017-14, WHICH AS I PREVIOUSLY --

MS. BELSHE: '04?

MS. LOPEZ. '04, YES. WHICH, AS I PREVIOUSLY NOTED, IS INCLUDED IN TODAY'S BOARD MATERIALS.

FIRST, WE WILL BE REQUESTING APPROVAL OF THE 17-18 BUDGET OF 144.873 MILLION, APPROXIMATELY 144.9 MILLION, WHICH IS PROVIDED IN ATTACHMENT B OF YOUR BUDGET MATERIALS.

SECOND, IS THE ENDORSEMENT OF THE GASB 54 COMMITMENTS FOR ONGOING MULTIYEAR ALLOCATIONS. THIS MEANS THAT WE'RE REQUESTING REAFFIRMATION OF WHERE OUR FUNDS ARE COMMITTED AND FOR WHAT PURPOSE; IN OTHER WORDS, FOR WHAT STRATEGY OR INITIATIVE. THIS IS DONE EVERY YEAR IN ORDER TO REAFFIRM THE BOARD'S COMMITMENTS.

THIRD, WE ALSO IDENTIFIED APPROXIMATELY 1.5 MILLION OF ESTIMATES REMAINING COMMITMENTS FOR INITIATIVES THAT ENDED IN A PREVIOUS FISCAL YEAR OR ARE ENDING IN 16-17 WITH A PROJECTED REMAINING BALANCE. BECAUSE FORMAL APPROVAL VIA RESOLUTION IS REQUIRED TO REMOVE THE CONSTRAINTS FROM THESE RESOURCES, WE WILL BE REQUESTING THAT THE COMMISSION RELEASE THESE FUNDS WHICH WILL BE SHIFTED BACK INTO OUR ASSIGNED FUND BALANCE FOR USE TO ADVANCE THE STRATEGIC PLAN GOALS.

WE WILL ALSO BE ASKING FOR APPROVAL OF THE FUND

BALANCE RESERVE FOR 17-18 WHICH, ACCORDING TO THE CURRENT BOARD-APPROVED POLICY, IS CALCULATED AT 25 PERCENT OF THE TOTAL FISCAL YEAR 17-18 BUDGET, OR 36.2 MILLION.

IN ADDITION, WE WILL BE REQUESTING APPROVAL OF THE ADMINISTRATIVE LIMIT OF 13 MILLION OR 8.99 PERCENT WHICH IS DETAILED FURTHER IN ATTACHMENT B OF YOUR MATERIALS.

AND FINALLY, WE WILL BE REQUESTING APPROVAL TO BOTH ESTABLISH A CAPITAL PROJECTS FUND ASSOCIATED WITH MAINTAINING OUR FACILITY AND APPROVAL TO SHIFT THE STRATEGIC UNDER SPENDING DURING THE ORGANIZATIONAL TRANSFORMATIONAL YEARS INTO THIS FUND, APPROXIMATELY APPROXIMATE 3.7 MILLION FROM 15-16 AND APPROXIMATE 3.3 MILLION PROJECTED FOR 16-17.

TO REITERATE, THIS DOES NOT REPRESENT A REQUEST FOR NEW RESOURCES AND THIS WILL NOT REDUCE OR AFFECT THE FISCAL SUPPORT TO ANY OF THE OTHER ACTIVITIES. YOUR ACTION ALLOWS US TO ESTABLISH THE NEW FUND AND MOVE THESE ONE-TIME SAVINGS OF APPROXIMATELY SEVEN MILLION FROM UNDER SPENDING IN OUR OPERATING BUDGET INTO THIS FUND. WE WILL RETURN TO THE BOARD WITH A DETAILED CAPITAL EXPENDITURE PLAN WHEN MORE INFORMATION REGARDING THE EXPENDITURES IS KNOWN.

WE WOULD LIKE TO REMIND THE COMMISSIONERS OF THE NUMEROUS POINTS OF ENGAGEMENT WITH THE BOARD THROUGHOUT

THIS BUDGET DEVELOPMENT PROGRESS. AS KIM NOTED, TODAY MARKS THE FINAL STEP IN OUR BUDGET JOURNEY. HUZZAH. WE ARE REQUESTING FOR APPROVAL OF THE ITEMS WE HAVE JUST DISCUSSED. ONCE APPROVED, THE 17-18 BUDGET WILL BE USED AS THE FOUNDATION FOR OUR LONG-TERM FINANCIAL PROJECTION ANALYSIS WHICH WE WILL BEGIN UPDATING THIS FALL. THE ITEM WILL REQUIRE A RECORDED VOTE BY THE BOARD.

BUT BEFORE I TURN IT BACK OVER TO THE CHAIR FOR ANY QUESTIONS OR COMMENTS THAT THE BOARD MAY HAVE, I WOULD LIKE TO TAKE A QUICK MOMENT, AGAIN, TO EXTEND MY DEEP APPRECIATION TO ALL STAFF THAT HAVE PARTICIPATED IN THIS PROCESS AT VARYING DEGREES. THIS WAS A COLLABORATIVE EFFORT AND WE COULD NOT HAVE DONE THIS WITHOUT THEIR COOPERATION AND EXPERTISE. I WOULD ALSO ESPECIALLY LIKE TO THANK THE FINANCE DEPARTMENT STAFF WHO HAVE BEEN REMARKABLY SUPPORTIVE DURING THIS TIME.

AND WITH THAT BEING SAID, I WILL NOW TURN IT BACK OVER TO THE CHAIR. THANK YOU.

SUPERVISOR KUEHL: ALL RIGHT. THANK YOU. BEFORE I ASK THE BOARD FOR THEIR COMMENTS AND QUESTIONS, WE HAVE ONE REQUEST FOR PUBLIC COMMITMENT. SO WOULD YOU PLEASE COME FORWARD, SAM FIGUEROA. OH, I'M SORRY. SAUL FIGUEROA. I DIDN'T PUT MY GLASSES ON. MR. FIGUEROA. HOW'S THAT?

SPEAKER: THANK YOU, COMMISSIONERS. THANK YOU,

CHAIR.

FIRST OF ALL, I WANT TO AGAIN ACKNOWLEDGE ROMALIS TAYLOR. I JUST LEFT A COMPTON BEST START LEADERSHIP MEETING TO BE HERE, AND THEY REALLY WERE EMPHATIC ABOUT ME BEING HERE AND TO SHOW SUPPORT AND LET HIM KNOW THAT WE'RE HERE SUPPORTING HIM AND ALL THE COMMISSIONERS, BUT THAT WE REALLY WANTED TO LET HIM KNOW THAT WE'VE GOT YOUR BACK.

AND I WANTED TO AGAIN THANK FIRST 5 LA STAFF FOR THE DILIGENT WORK THEY'VE DONE ON THE BUDGET AND THE NEVER-ENDING PROCESS OF DEVELOPING BUDGETS. AND ONCE THIS IS APPROVED, YOU'LL START THE PROCESS OVER AGAIN.

I DON'T KNOW IF MANY OF YOU MAY HAVE SEEN THE NEWS LAST NIGHT. THERE WAS A SHOOT-OUT IN EAST COMPTON AND THE END RESULT WAS THAT THERE'S A FOUR-YEAR OLD CHILD THAT WAS SHOT. AND IT WAS FIVE MEN ARGUING AT A LIQUOR STORE AND ONE OF THEM PULL A GUN AND STARTED SHOOTING. END RESULT, A STRAY BULLET HIT A FOUR-YEAR OLD.

I SAY THAT TO SAY THIS. THE WORK THAT WE HAVE EMBARKED ON FOR THE LAST DECADE OR SO WHEN PROP 10 WAS PASSED THAT WE WANTED TO MAKE LIFE BETTER FOR CHILDREN AND THAT THEY ARE READY FOR SCHOOL AND SUCCEED IN LIFE, WELL, THAT FOUR-YEAR OLD'S LIFE HAS BEEN IMPACTED IRREVOCABLY. NOT ONLY THAT, BUT THE TRAUMA THAT HAPPENS BECAUSE OF THAT INCIDENT AFFECTED A WHOLE SET OF OTHER PEOPLE AND THE VICACIOUS [SIC] TRAUMA THAT AFFECTS THE WHOLE COMMUNITY

THAT WE ALL TALKED ABOUT AS WE'RE GOING INTO THIS WORK IN THE COMMUNITIES OF PLACE-BASED. AND MANY OF YOU HAVE TALKED ABOUT THAT BUILT ENVIRONMENT MATTERS BECAUSE NO MATTER WHAT WE'VE DONE AS A PARENT -- AND I COME TO YOU AS A PARENT OF A TWO-YEAR OLD AND EIGHT-YEAR OLD AND A 11-YEAR OLD.

SO THE WORK THAT WE'RE DOING CANNOT -- WE CANNOT BE DISSUADED FROM IT BECAUSE THE WORK THAT'S AHEAD OF US AND THE AMOUNT OF TRAUMA IN OUR COMMUNITY, WE'RE CRYING OUT THAT WE'VE GOT TO CONTINUE THIS PROCESS. WE'VE GOT TO KEEP FORWARD BECAUSE, ALTHOUGH THAT HAS HAPPENED, I THINK THAT THERE HAS BEEN MANY, MANY OTHER CHILDREN ZERO TO FIVE THAT ARE NOT IN THE HOSPITAL THAT ARE BEING READY AND PREPARED FOR SCHOOL BECAUSE OF THE WORK WE'RE DOING HERE IN THIS ROOM BUT IN THE COMMUNITIES.

THANK YOU FOR THE THOUGHTFUL PROCESS AND INVESTMENT IN OUR COMMUNITIES. THANK YOU.

SUPERVISOR KUEHL: THANK YOU VERY MUCH.

ANY COMMENTS OR QUESTIONS FROM THE BOARD ON THE BUDGET?

COMMISSIONER ZEPEDA: I HAVE A QUESTION ABOUT BUDGET.

SUPERVISOR KUEHL: MARLENE. TO DAISY OR --

COMMISSIONER ZEPEDA: TO DAISY PROBABLY. MAYBE I DIDN'T PICK UP ON THIS BECAUSE I'VE SEEN THIS BUDGET

NUMEROUS TIMES, AS YOU KNOW.

I HAD A QUESTION ABOUT THE DISTINCTION BETWEEN UNSPENT AND -- WAS IT UNSPENT AND ASSIGNED OR -- NONSPENDABLE AND COMMITTED. IF MONEY IS FORWARDED TO A CONTRACTOR AND THEY DON'T COMPLETE THE WORK -- AND YOU GAVE SOME EXAMPLES OF WHO'S GETTING THAT MONEY -- DOES THAT COME BACK TO FIRST 5? IT'S NOT REAL CLEAR TO ME WHAT THE DIFFERENCE IS BETWEEN NONSPENDABLE AND COMMITTED. THIS MAY BE A NAIVE QUESTION, BUT I'M GOING TO ASK IT.

MS. LOPEZ: THANK YOU. IT DEPENDS ON WHETHER OR NOT IT HAS BEEN PROVIDED THROUGH ALLOCATION OR IF IT'S A PROGRAM THAT WE CURRENTLY HAVE. SO ALL OF OUR -- ALL OF OUR LEGACY INVESTMENTS AND ALL OF OUR PROGRAMS ARE COMMITTED RESOURCES. IN TERMS OF NONSPENDABLE, WE DO HAVE THREE CURRENT CONTRACTS THAT ARE CONSIDERED NONSPENDABLE WHERE WE'VE ADVANCED THE FUNDS. AND THOSE ARE THE THREE THAT I MENTIONED: UCLA, LA CARE, LAUP. SO THOSE HAVE BEEN DESIGNATED TO THOSE ORGANIZATIONS FOR A SPECIFIC SERVICE.

AND I THINK JOHN CAN PROBABLY PROVIDE A LITTLE MORE INFORMATION.

MR. WAGNER: SO I THINK THE KEY DISTINCTION, AS DAISY IS SAYING, IS NONSPENDABLE MEANS MONEY WENT OUT THE DOOR TO THOSE CONTRACTORS. AND COMMITTED IS JUST THAT THE BOARD HAS TAKEN A RESOLUTION AND COMMITTED THOSE -- THOSE

FUNDS BUT THEY HAVEN'T NECESSARILY GONE OUT THE DOOR YET. SO THAT'S ONE DISTINCTION BETWEEN THOSE DEFINITIONS.

THE SECOND QUESTION I THINK THAT'S EMBEDDED IN YOUR COMMENT ABOUT WHAT HAPPENS IF WE ADVANCE THOSE DOLLARS AND THEY'RE NOT FULLY SPENT. I THINK WHAT WE DO THROUGH THE COURSE OF MONITORING THAT CONTRACTOR IS WE BRING IT BACK TO THE BOARD. SO LA CARE IS AN EXAMPLE WHERE WE BROUGHT THAT BACK TO THE BOARD, IDENTIFIED UNDER SPENDING AND GIVEN OUR BEST THINKING ON HOW WE MIGHT CONTINUE TO USE THOSE FUNDS GOING FORWARD. BUT IT'S WITH BOARD ENGAGEMENT.

COMMISSIONER ZEPEDA: OKAY. SO BOTH THE NONSPENDABLE AND THE COMMITTED COME BEFORE THE BOARD FOR APPROVAL, RIGHT?

MR. STEELE: RIGHT. AND ALL OF THE NONSPENDABLE CONTRACTS HAVE A PROVISION THAT ALLOWS US TO RECOVER FUNDS THAT THE ADVANCED GRANTEE DIDN'T SPEND. IN -- IN THE TWO CASES WHERE THIS HAS COME UP SO FAR, THE BOARD HAS APPROVED OR BEEN ASKED TO APPROVE ADDITIONAL PROGRAMMING RATHER THAN TAKING THE MONEY BACK. BUT WE DO HAVE THE CONTRACTUAL RIGHT TO TAKE THE MONEY BACK. AND IF IT CAME BACK, IT WOULD COME BACK IN THE COMMITTED CATEGORY BECAUSE IT WOULD BE IN OUR ACCOUNT RATHER THAN THE GRANTEE'S ACCOUNT.

COMMISSIONER ZEPEDA: SOUNDS LIKE IT MIGHT BE

JUST BOOKKEEPING ISSUE.

MR. STEELE: THEY ARE ACCOUNTING TERMS.

COMMISSIONER ZEPEDA: THAT'S WHY IT WAS A NAIVE QUESTION.

SUPERVISOR KUEHL: COMMISSIONER ABDO ASKED FOR A PIE CHART WITH THESE SAME KIND OF FOUR AREAS ON IT WITH THE DESCRIPTIONS A LITTLE BIT MORE IN ENGLISH. AND I THINK IT WOULD BE USEFUL, WHENEVER THAT IS PRESENTED, CERTAINLY USEFUL TO THE BOARD, AND NOT ONLY THE SORT OF TRUNCATED VERSION THAT'S ON THE PIE CHART. BUT I THINK EACH TIME THIS IS PRESENTED, WE NEED A PARENTHETICAL DESCRIPTION OF WHAT EACH CATEGORY MEANS BECAUSE I THINK THESE ARE MORE OR LESS ACCOUNTING TERMS THAT FIRST 5 FEELS IT WE MUST USE AND IS REQUIRED TO USE BUT DOESN'T MAKE ANY SENSE TO THE BOARD, I JUST HAVE TO SAY, OR ANYONE ELSE LOOKING AT IT. SO IF WE COULD HAVE EITHER A FOOTNOTE WITH A DESCRIPTION OF EACH OF THE FOUR SECTIONS EVERY TIME YOU PRESENT IT, THAT I THINK WOULD BE VERY HELPFUL FOR ANYONE TRYING TO ACCESS THE INFORMATION AND UNDERSTAND. DOESN'T HAVE TO SAY EVERY PROGRAM THAT'S IN IT, BUT A DESCRIPTION OF WHAT THAT CATEGORY INCLUDES I THINK WOULD BE VERY HELPFUL.

MS. LOPEZ: WE CAN PROVIDE THAT.

SUPERVISOR KUEHL: OTHER QUESTIONS OR COMMENTS?

CAN YOU GO BACK TO THE SLIDE THAT TELLS US THE

NUMBER OF THE RESOLUTION SO THAT WE CAN SAY IT?

I'M SORRY.

COMMISSIONER TAYLOR: MY STATEMENT HAS TO DO WITH WHEN THEY PRESENT THESE CONTRACTS TO THE BOARD OF THE COMMISSION, THAT -- AND I MADE IT TO THE FINANCE STAFF AS WELL. THEY NEED TO TIE THE EXPENDITURE TO ONE OF THESE ACCOUNTS TO SAY WHAT ACCOUNT OF REVENUE THEY'RE ACTUALLY TAPING TO PAY FOR THESE EXPENDITURES BECAUSE THERE IS A DISCONNECT BETWEEN WHAT THEY'RE SAYING FROM EXPENDITURES AND -- AND -- AND THE TERM WE'RE USING FOR CLARIFICATION SO EVERYBODY UNDERSTANDS THE SAME THING AS TO WE'RE TAKING THIS ACCOUNT AND WE'RE USING THE REVENUE THAT WE'RE HOLDING TO PAY FOR THAT. SO THAT WE'RE KNOWING THAT WE'RE NOT OVER EXPENDING OR OVER TAPPING OUR REVENUE MORE THAN WE'VE ALREADY PLANNED. AND THEY'RE ALREADY DOING THIS IN THEIR INTERNAL SYSTEMS, BUT WE DON'T SEE IT OVER HERE. SO I'VE ASKED THEM TO JUST TAG IT SO THAT WE'RE CLEAR THAT THEY'RE TAPPING THIS REVENUE SOURCE OF THESE FOUR CATEGORIES TO PAY FOR THAT ACTION.

SUPERVISOR KUEHL: SO YOU'RE JUST TALKING ABOUT THE FOUR CATEGORIES THAT WE WERE JUST TALKING ABOUT?

COMMISSIONER TAYLOR: YEAH. YEAH.

SUPERVISOR KUEHL: WHERE WE IDENTIFY EXPENDITURES, IS IT -- WHICH OF THEM IS THE SOURCE.

COMMISSIONER TAYLOR: YEAH. WHICH REVENUE SOURCE

IS PAYING FOR THIS SERVICE OR THIS ACTIVITY. THAT'S ALL. THAT TIES -- THAT CREATES THE CONNECTION BETWEEN EXPENDITURES AND REVENUE COMING IN.

SUPERVISOR KUEHL: I -- I APPRECIATE THE QUESTION. I THINK IT WOULD BE REALLY GOOD IF YOU MIGHT TAKE IT TO THE BUDGET AND FINANCE COMMITTEE AND GET KIND OF A CLARIFICATION FOR THE STAFF BECAUSE OFTEN WE HAVE GOOD IDEAS HERE ON THE BOARD, BUT RATHER THAN JUST ADOPT EACH ONE, YOU KNOW, THAT'S BROUGHT UP, I LIKE TO HAVE -- IF THAT'S OKAY TO HAVE THE COMMITTEE LOOK AT IT, CLARIFY IT FOR THE STAFF SO THAT THE EXPECTATION CAN BE CLEAR TO THEM.

COMMISSIONER TAYLOR: OKAY.

SUPERVISOR KUEHL: OKAY. SO BUDGET AND FINANCE CHAIR HAS IT. MS.

CHOUGH. NO. GENIE, YOU FIRST.

COMMISSIONER CHOUGH: I JUST WANTED TO SHOUT OUT DAISY. I THINK THIS IS HER FIRST YEAR AND A HALF AND YOUR FIRST FULL BUDGET ON YOUR OWN. YOUR PREDECESSOR WENT TO THE BOARD OF SUPERVISORS TO BE THE BUDGET DEPUTY FOR SUPERVISOR BARGER. IT'S A HUGE JOB TO DO SUCH A -- I KNOW YOU HAVE A GREAT TEAM BEHIND YOU, BUT CONGRATULATIONS ON YOUR FIRST TOUR DEFORCE. AS PART OF THE BUDGET AND FINANCE COMMITTEE, Y'ALL PROVIDED A VERY CLEAR PRESENTATION ABOUT THE CHANGES FROM THE FIRST VERSION WE

SAW ON THE SECOND TOUR OF THIS TOUR AND TO NOW. AND I REALLY APPRECIATE THAT CLARITY AND KEEPING US IN THE LOOP. SO CONGRATULATIONS.

MS. LOPEZ: THANK YOU VERY MUCH.

SUPERVISOR KUEHL: DEANNE.

COMMISSIONER TILTON: JUST A CLARIFICATION. HAVE WE EVER RECLAIMED UNSPENT FUNDS IN THE CATEGORY OF NONSPENDABLE? HAVE WE EVER ASKED FOR FUNDING TO BE RETURNED TO OUR GENERAL ALLOCATION FUND FROM A PROGRAM THAT DIDN'T SPEND MONEY WITHIN THE TIME LIMIT?

MS. LOPEZ: I WILL DEFER THIS QUESTION TO JOHN. I HAVE NOT BEEN HERE LONG ENOUGH TO SEE THAT.

MR. WAGNER: YEAH. WE CAN -- WE CAN GET BACK TO YOU WITH EXACT EXAMPLES. I THINK, IN GENERAL, WHAT WE WE'VE RESPONDED EARLIER IS TYPICALLY WE BRING BACK TO THE BOARD BEST THINKING ON HOW THOSE DOLLARS CAN BE CONTINUED TO BE USED TO ADVANCE OUR WORK WITH THAT CONTRACTOR. THAT HAS BEEN THE GENERAL PRACTICE. BUT LET ME MAKE SURE THAT I'M WORKING WITH FINANCE TO ANSWER YOUR QUESTION MORE DIRECTLY AND GET BACK TO YOU.

COMMISSIONER TILTON: THANK YOU.

SUPERVISOR KUEHL: JANE.

COMMISSIONER BOECKMANN: NO. THANK YOU. MY QUESTION IS ANSWERED.

SUPERVISOR KUEHL: BARBARA, DID YOU HAVE ONE?

COMMISSIONER FERRER: YEAH. I HAVE A QUESTION ON THE CAPITAL PROJECT FUND. I DON'T KNOW IF WE'RE GOING TO TALK MORE ABOUT THAT OR WOULD THIS BE THE TIME TO ASK A QUESTION.

SUPERVISOR KUEHL: I THINK WE DID LAST MONTH. BUT YOU CAN ASK A QUESTION -- DO YOU HAVE A SPECIFIC QUESTION ABOUT IT?

COMMISSIONER FERRER: I THINK LAST MONTH WHEN I HAD REVIEWED THIS, I HAD SUGGESTED THAT WE SEE SOME INFORMATION ABOUT THE KINDS OF CAPITAL PROJECTS THAT WERE BEING PROPOSED SO THAT WE COULD PUT THIS IN THE CONTEXT OF THAT. AND I'M JUST WONDERING IF THAT IS COMING OR IF THAT'S SOMETHING THAT'S GOING TO GET DISCUSSED LATER ON.

MS. BELSHE: JOHN, DO YOU WANT TO TALK ABOUT THE DETAILED CAPITAL EXPENDITURE MAP?

MR. WAGNER: YEAH. YES AND THANK YOU FOR THAT QUESTION.

THE RESOLUTION THAT YOU ARE -- WILL BE CONSIDERING ACTUALLY REQUIRES US TO COME BACK WITH AN EXPENDITURE PLAN BEFORE DOLLARS CAN BE WITHDRAWN FROM THIS FUND ONCE IT'S SET UP IF YOU APPROVE SETTING IT UP. I THINK WE ARE UNABLE, GIVEN THE TIME FRAME OF OUR BUDGETING PROCESS, TO REALLY HAVE A WELL THOUGHT-OUT EXPENDITURE PLAN, AND THAT'S BEEN OUR KIND OF CRUNCH IN RESOURCES. SO WE'RE NOT PREPARED TO GIVE YOU THAT AT THIS BOARD MEETING

BUT THE REQUIREMENT IS THAT WE WOULD HAVE TO COME BACK WITH THAT WHEN IT IS KNOWN.

SUPERVISOR KUEHL: OKAY. SO THE REQUESTED MOTIONED AS YOU CAN SEE ON YOUR SCREENS IS FOR APPROVAL TO ADOPT RESOLUTION NUMBER 2017-04, WHICH INCLUDES THE ACTIONS THAT WERE DESCRIBED. DO I HAVE A MOTION TO DEPOSIT THAT RESOLUTION?

COMMISSIONER TAYLOR: I MOVE.

SUPERVISOR KUEHL: IS THERE A SECOND?

COMMISSIONER MARTINEZ: SECOND.

SUPERVISOR KUEHL: MOVED AND SECONDED. IS THERE ANY OBJECTION TO A UNANIMOUS VOTE IN FAVOR?

SEEING NONE, THE RESOLUTION IS ADOPTED.

THANK YOU VERY MUCH AND THANK YOU FOR THE WORK.

(APPLAUSE.)

SUPERVISOR KUEHL: THAT TAKES US TO FILE ITEM 6, WHICH IS THE REQUIRED PUBLIC HEARING, PUBLIC HEARING REQUIRED BY THE LANGUAGE OF PROP 10. WE HAVE TO PRESENT A REPORT ANNUALLY. EACH COMMISSION DOES. AND SO I THINK WE'LL JUST GO TO CHRISTINA.

MS. ALTMAYER: YES. GOOD AFTERNOON. THANK YOU, CHAIR.

AS YOU MENTIONED, A REQUIREMENT OF PROPOSITION 10 WHEN IT WAS PASSED IN 1998 WAS A REQUIREMENT THAT EACH LOCAL COMMISSION ANNUALLY REVIEW ITS STRATEGIC PLAN IN A

PUBLIC MEETING TO PROVIDE BOTH TRANSPARENCY TO THE PUBLIC AS WELL AS ACCOUNTABILITY ON THE PLAN IMPLEMENTATION.

SO TODAY'S PRESENTATION MEETS THOSE ANNUAL HEARING REQUIREMENTS. IT PROVIDES A HIGH-LEVEL SUMMARY OF OUR STRATEGIC PLAN IMPLEMENTATION PROGRESS THROUGH THE THIRD QUARTER. AND I ALSO WANT TO TAKE THIS OPPORTUNITY TO GIVE A QUICK REVIEW, HOPEFULLY ONE THAT WILL EXCITE AND ENTICE YOU TO COME BACK FOR THE JULY BOARD MEETING ABOUT OUR PLANS FOR THE JULY BOARD WORKSHOP.

SO AS WE -- AS I JUST MENTIONED, 1998 WHEN THE PROPOSITION WAS PASSED, THERE WAS THIS ANNUAL HEARING THAT IS REQUIRED ON THE STRATEGIC PLAN, ON THE STRATEGIC PLAN IMPLEMENTATION. IT REALLY PROVIDES AN OPPORTUNITY FOR DISCUSSION ON THIS STRATEGIC PLAN PROGRESS. THERE'S NO FORMAL ACTION THAT'S REQUIRED BY THE BOARD, BUT IT'S AN OPPORTUNITY FOR CONSIDERATION ON WHERE WE ARE IN THE PLAN IMPLEMENTATION AS WELL AS PUBLIC COMMENT.

YOU HAVE IN THE AGENDA ITEM AN ATTACHMENT WHICH DOES PROVIDE A SIGNIFICANT AMOUNT OF PROCESS DETAIL ABOUT OUR PLAN IMPLEMENTATION THROUGH MARCH 31ST WHICH HIGHLIGHTS BOTH OUR FIVE-YEAR OBJECTIVES, OUR ANNUAL OBJECTIVES OF SPECIFIC EFFORTS THAT WE WANT TO MOVE FORWARD IN THE CURRENT FISCAL YEAR, AND WHERE WE ARE ON OUR PROGRESS. THAT IS REALLY A COMPLEMENTARY DOCUMENT TO MUCH MORE OF THE IN-DEPTH DISCUSSIONS THAT WE'VE HAD ON

THIS BOARD -- AT THE BOARD AND AT THE PPC ON PROGRESS WHEN WE CAME TO YOU SEVERAL MONTHS AGO AND TALKED ABOUT OUR HOME VISITATION AND OUR WELCOME BABY PROGRESS, LAST MONTH WHEN WE TALKED ABOUT -- EXCUSE ME. AT THE QRI -- AT THE PPC MEETING WHEN WE TALKED ABOUT QRIS. SO THAT DOCUMENT IS INTENDED TO GIVE SOME HIGH-LEVEL MILESTONES THAT WE RECOGNIZE COMPLEMENT THE MORE IN-DEPTH DISCUSSIONS THAT WE'RE HAVING.

AS YOU KNOW, THIS IS OUR STRATEGIC PLAN FRAMEWORK. FAMILIES ARE AT THE CENTER OF OUR WORK AND OUR WORK ON FAMILIES IS RECOGNIZING THAT FAMILIES LIVE IN COMMUNITIES. AND OUR COMMUNITY OUTCOME AREA IS FOCUSED ON STRENGTHENING THOSE COMMUNITIES TO SUPPORT FAMILIES, TO SUPPORT THEIR CHILDREN'S HEALTHY DEVELOPMENT.

OUR STRATEGIC PLAN FRAMEWORK ALSO RECOGNIZES THAT THERE'S TWO SYSTEMS THAT CHILDREN AND FAMILIES, DURING THEIR CHILD'S FIRST FIVE YEARS, PRIMARILY INTERACT WITH AND ARE FOCUSED TO MAKE THESE SYSTEMS ACCESSIBLE AND SUPPORTIVE TO FAMILIES, BOTH ECE AND HEALTH.

AS YOU'VE HEARD THROUGHOUT THE YEAR, WE'VE HAD PRESENTATIONS ON OUR FOUR OUTCOME AREAS. AND THESE ARE THE KEY STRATEGIES THAT WE ARE WORKING TO PROMOTE WITHIN OUR FOUR OUTCOME AREAS. AND THROUGHOUT THE YEAR, WE HOPEFULLY HAVE BROUGHT YOU EFFECTIVE PRESENTATIONS WHERE YOU CAN SEE THE PROGRESS THAT WE'RE MAKING. AND WE WILL

CONTINUE TO PROVIDE REGULAR UPDATES ON OUR STRATEGIC PLAN.

I KNOW OUR -- BOTH OUR CHAIR AND OUR EXECUTIVE DIRECTOR HAS REALLY TALKED QUITE A BIT ABOUT OUR DISCIPLINED IMPLEMENTATION THAT, AS WE LOOK AT OUR STRATEGIC PLAN, WE WANT TO BE DISCIPLINED IN ITS IMPLEMENTATION SO THAT WE MAINTAIN OUR FOCUS ON ACHIEVING IMPROVEMENTS IN THOSE FOUR OUTCOME AREAS.

TO FACILITATE THAT DISCIPLINED IMPLEMENTATION, THERE'S SEVERAL MECHANISMS THAT WE HAVE IN PLACE. FIRST, OUR GOVERNANCE GUIDELINES WHICH ARE REALLY THESE INTENTIONAL PRACTICES AROUND BOARD DECISION MAKING AND AROUND BOARD CONSIDERATION OF ACTIONS THAT WERE ADOPTED IN PARALLEL WITH THE STRATEGIC PLAN IMPLEMENTATION THAT ADDRESS ITEMS LIKE TRANSPARENCY, FISCAL RESPONSIBILITY AND ACCOUNTABILITY, AND ONGOING ADHERENCE TO THE PLAN. OUR EXPIRING INITIATIVES THAT WAS REFERENCED EARLIER TODAY IS ANOTHER MECHANISM THAT WE EMPLOYED TO ENSURE OUR ADHERENCE TO OUR STRATEGIC PLAN. THAT IS A PROCESS -- A DISCIPLINED STRUCTURED PROCESS THAT, AS INITIATIVES FROM OUR PRIOR STRATEGIC PLAN COME CLOSE TO THEIR SUNSET DATE, WE HAVE AN OPPORTUNITY TO DO A DEEP DIVE INTO LOOKING AT THAT INITIATIVE AND EVALUATE ITS ALIGNMENT WITH OUR FUTURE STRATEGIC PLAN.

AS WE MENTIONED WITH THE BUDGET, THIS IS OUR FIRST YEAR'S BUDGET THAT HAS BEEN DESIGNED CONSISTENT WITH

OUR NEW DIVISIONAL ORGANIZATIONAL STRUCTURE. AND THAT ORGANIZATIONAL REDESIGN WAS DONE INTENTIONALLY TO ALIGN AND BETTER ACHIEVE THE OUTCOMES OF THIS STRATEGIC PLAN.

AND THEN, FINALLY, I WOULD POINT TO OUR INVESTMENT GUIDELINES. SO THE STRATEGIC PLAN INCLUDED SIX INVESTMENT GUIDELINES THAT DIRECT HOW WE WILL IMPLEMENT OUR STRATEGIC PLAN AND THE TYPES OF INVESTMENTS THAT WE WILL MAKE IN ORDER TO KEEP AND MAINTAIN OUR FOCUS ON POLICY AND SYSTEMS CHANGE. SO OUR BUDGET THAT YOU JUST ADOPTED REALLY IS REFLECTIVE AND THESE PREVENTION GUIDELINES WERE FUNDAMENTAL IN DEVELOPING THE BUDGET. THE FIRST IS OUR FOCUS ON PREVENTION. AS YOU'LL HEAR RIGHT AFTER THE BREAK IN THE PRESENTATION FROM JUDGE NASH AND THE COLLABORATIVE PARTNERSHIP THAT WE'VE HAD WITH THE OFFICE OF CHILD PROTECTION, FIRST 5 LA IS FUNDAMENTALLY FOCUSED ON PREVENTION FOR THE YOUNGEST CHILDREN.

SECONDLY, WE TALK QUITE A BIT ABOUT OUR FOCUS ON SYSTEMS AND POLICY CHANGE. AS WE LOOK BACK AT THE STRATEGIC PLAN, IT SPEAKS TO OUR FOCUS ON HAVING THE IMPACT ON MOST CHILDREN AND ON MAXIMIZING OUR IMPACT I SHOULD SAY ON CHILDREN IN LA COUNTY. AND THAT, AS IN PRIOR STRATEGIC PLANS WHERE WE'RE HEAVILY FOCUSED ON DIRECT SERVICES TO MAXIMIZE OUR IMPACT, WE'RE FOCUSING ON POLICY AND SYSTEMS CHANGE. AND WE'LL HAVE SOME OPPORTUNITY TO DIG INTO THIS FURTHER AT THE JULY BOARD

WORKSHOP.

WE SEEK TO HAVE A BROAD IMPACT, AGAIN, AS I MENTIONED, AFFECTING LARGE NUMBERS OF PEOPLE THAT OUR FOCUS IS TO REALLY IMPROVE THOSE SYSTEMS FOR FALL CHILDREN IN LA COUNTY.

PRIORITIZE INVESTMENTS. THAT'S STRENGTHENING FAMILIES. AS I MENTIONED EARLIER, OUR STRATEGIC PLAN REALLY LOOKS AT FAMILIES AS THE FUNDAMENTAL CORE FOCUS OF ALL OF OUR WORK. AND WE WANT TO LOOK FOR THOSE OPPORTUNITIES TO STRENGTHEN FAMILIES, RECOGNIZING THAT THEY LIVE IN COMMUNITIES AND COMMUNITIES HAVE AN IMPORTANT IMPACT ON FAMILIES' ABILITY TO SUPPORT THEIR CHILDREN'S DEVELOPMENT.

PRIORITIZING THE IDENTIFICATION OF SCALING UP OF EVIDENCE-BASED PRACTICES. OUR WORK THIS YEAR AND CONTINUING INTO NEXT YEAR -- A GOOD EXAMPLE OF THIS IS REALLY OUR WORK ON HOME VISITING AND OUR ACTIVE PARTICIPATION IN THE COUNTY'S RESPONSE TO THE BOARD MOTION ON HOME VISITING. WE ARE LOOKING FOR OPPORTUNITIES TO REALLY LEARN FROM THOSE EVIDENCE-BASED AND EVIDENCE-INFORMED PRACTICES TO SUPPORT CHILDREN.

FINALLY, THIS IS I THINK PROBABLY THE MOST EXCITING ASPECT OF OUR WORK. CERTAINLY FOR ME PERSONALLY ONE OF THE MOST EXCITING ASPECTS OF OUR WORK IS REALLY ENGAGING PARTNERS AT THE EARLIEST STAGE POSSIBLE AS WE

LOOK TO PLAN INVESTMENTS. YOU HEARD AT OUR MAY MEETING FROM DR. PAUL DWORKIN ABOUT OUR WORK TO ADVANCE EARLY IDENTIFICATION AND INTERVENTION FOR CHILDREN. AND THAT WORK REALLY EXEMPLIFIES OUR WORK TO BE INTENTIONAL ABOUT DEVELOPING PARTNERSHIPS TO EXECUTE. AND THERE'S A DIVERSE GROUP OF PARTNERS THAT ARE REALLY WORKING WITH US FROM BOTH COUNTY DEPARTMENTS, COMMUNITY AGENCIES, PARENTS, HEALTH CARE PROVIDERS, MENTAL HEALTH PROVIDERS TO REALLY THINK ABOUT HOW WE CAN BUILD THE SYSTEM AND ADOPT THE NATIONAL HELP ME GROW MODEL.

SO BRIEFLY WANTED TO PREVIEW. WE ARE EXCITED TO LOOK FORWARD TO OUR DISCUSSION AT OUR JULY MEETING, BUILDING OFF OF THE SESSION THAT WE HELD LAST YEAR. AND FOR NEW COMMISSIONERS, WE INITIATED AN EFFORT LAST YEAR WHERE WE DEDICATE OUR JULY MEETING TO HAVE A DEEP DIVE DISCUSSION ABOUT THE STRATEGIC PLAN IMPLEMENTATION. WE USE IT AS AN OPPORTUNITY TO HOPEFULLY CREATE A FORUM FOR DISCUSSION AMONG COMMISSIONERS AND AN OPPORTUNITY FOR REALLY STAFF TO LISTEN TO THE QUESTIONS AND THE ISSUES THAT YOU WANT TO RAISE ABOUT OUR STRATEGIC PLAN IMPLEMENTATION. THIS IS ALSO IN RESPONSE TO I THINK FEEDBACK THAT WE RECEIVED LAST YEAR AFTER LAST YEAR'S SESSION AS WELL AS THE MOST RECENT BOARD SURVEY THAT MANY OF YOU RESPONDED TO. WE LOOKED CAREFULLY AT THAT FEEDBACK AND WANT TO BE RESPONSIVE TO THE ISSUES THAT YOU

IDENTIFIED.

SO WE'RE GOING TO USE THE JULY MEETING FOR THREE PRIMARY DISCUSSIONS. ONE IS REALLY ENGAGING IN A DISCUSSION AROUND, WHAT DO WE MEAN BY SYSTEMS CHANGE. I THINK THOSE WORDS ARE USED OFTEN. THERE'S QUITE A BIT OF NATIONAL LITERATURE AND NATIONAL EMERGING PRACTICES ON HOW ORGANIZATIONS CAN APPROACH SYSTEMS CHANGE. I DON'T THINK THERE'S A COOKIE-CUTTER APPROACH THAT WE CAN TAKE BECAUSE WE WANT TO BE CONSISTENT WITH THE ISSUES THAT ARE EMBEDDED WITHIN OUR STRATEGIC PLAN, BUT WE WANT TO INTRODUCE SOME CONCEPTS ABOUT HOW WE ARE APPROACHING THIS WORK AND DRAW PARALLELS BETWEEN WHAT WE SEE AS THE NATIONAL RESEARCH AND LEARNINGS AND OUR SPECIFIC WORK HERE AT FIRST 5 LA. WE WANT TO ALSO THEN TAKE A DEEPER DIVE IN LOOKING AT TWO INITIATIVES THAT WE RECOGNIZE WE HAVEN'T HAD MUCH OPPORTUNITY IN THE PAST YEAR TO HAVE GOOD AND ROBUST DISCUSSION ON, AND THAT IS OUR WORK ON TRAUMA-INFORMED CARE AND OUR WORKED ON THE BUILT ENVIRONMENT, WHICH IS THE THIRD STRATEGY IN OUR COMMUNITIES AREA.

SO WE WILL BE HAVING SOME BREAKOUT DISCUSSIONS. AND THEN AGAIN, CONSISTENT WITH OUR FOCUS ON PARTNERSHIPS, WE'LL BE INVITING REPRESENTATIVES FROM OUR PARTNERS WHO ARE WORKING ON THIS WORK TO DISCUSS AND ENGAGE WITH YOU AROUND HOW WE ARE LINKING OUR EFFORTS AND WHAT THEY SEE AS THE OPPORTUNITIES ON THE HORIZON TO ADVANCE OUR

TRAUMA-INFORMED CARE AGENDA. AS WELL AS OUR BUILT ENVIRONMENT.

SO WE ARE LOOKING FORWARD. HOPEFULLY, THAT'S AN EXCITING ENOUGH COMMERCIAL TO HAVE YOU ALL BACK IN JULY. IT SHOULD BE A GOOD, ROBUST DISCUSSION.

AND WITH THAT, I'LL TURN IT BACK TO THE CHAIR FOR THE PUBLIC HEARING COMPONENT.

SUPERVISOR KUEHL: THANK YOU. ANY QUESTIONS FROM THE BOARD FOR THIS INFORMATION PRESENTED AT THIS PUBLIC HEARING?

KARLA.

COMMISSIONER PLEITEZ HOWELL: THANK YOU FOR THAT BACKGROUND AND WHAT TO EXPECT IN THE JULY MEETING.

AROUND THE SYSTEM CHANGES ISSUE THAT YOU'RE LIFTING UP, I'M WONDERING, ONE, IF WE COULD GET THE LITERATURE THAT FIRST 5 LA IS USING AS THIS IS THE WAY WE INTERPRET SYSTEMS CHANGE SO THAT WE BRING THAT INFORMATION BACK -- AND I'M CHANNELING JUDY ABDO HERE -- IN TERMS OF BRINGING THIS FOR OUR COMMUNITY AND HOW WE APPROACH THAT. I THINK WE TOUCHED ON THIS ONCE IN A WHILE, BUT I THINK IT'S HARD FOR FOLKS THAT ARE WORKING ON SYSTEMS CHANGE TO UNDERSTAND WHAT THAT FULLY LOOKS LIKE. AND THEN IF WE COULD HAVE A DISCUSSION ON HOW WE FRAME THAT FOR COMMUNITY IN A WAY THAT WE COULD INTERPRET WHAT WE GET OUT OF THAT DISCUSSION WOULD BE REALLY HELPFUL.

SUPERVISOR KUEHL: WENDY.

COMMISSIONER SMITH: AND COULD I ALSO SUGGEST SOMETHING ALONG THE SAME LINES FOR THE TRAUMA-INFORMED SYSTEMS OR CARE SO THAT WE CAN COME INTO THAT MEETING PREPARED TO TALK ABOUT IT AND RAISE QUESTIONS?

SUPERVISOR KUEHL: I THINK GIVEN THE REQUEST THAT IT WOULD ALSO BE GOOD FOR THE BOARD TO UNDERSTAND WHAT DO WE MEAN BY BUILT ENVIRONMENT. YOU KNOW, THERE'S A LOT OF SORT OF -- I LOVE BUZZ WORDS REALLY AND I LIKE TO PRETEND THAT I ALWAYS ROCK EVERYTHING THAT THEY ARE ABOUT. BUT I THINK BUILT ENVIRONMENT IS SORT OF A NEW CONCEPT THAT HAS A LOT PACKED INTO IT. SO I THINK THAT WOULD BE HELPFUL AND I THINK WE'D ALL BE A BETTER INFORMED.

FOR THOSE WHO HAVE NOT BEEN AT THIS KIND OF ALL MEETING KIND OF MEETING, IT'S VERY PARTICIPATORY BY THE BOARD. AND SO A LITTLE PREPARATION COULD GO A LONG WAY I THINK.

ALL RIGHT. THANK YOU. YES.

COMMISSIONER TAYLOR: FOR THIS MEETING, I'M KIND OF A DATA GUY SO I LIKE TO KNOW ABOUT WHAT WE PROJECTED AS A TARGET OUTCOME, HOW FAR HAVE WE COME, AND THEN HOW FAR DO WE HAVE TO GO, IS THERE A QUALITY IMPROVEMENT PLAN SO WE CAN ACHIEVE OUR GOAL; AND IF NOT, WHAT ARE THE BARRIERS TO DO THAT. UNDERSTANDING THAT NOTHING IS PERFECT AND WE'RE A PART OF THE LEARNING ENVIRONMENT HERE, SO IT'S NOT

ABOUT HOLDING ACCOUNTABLE BUT HOW DO WE IMPROVE OUR EFFORTS TO ACHIEVE THESE GOALS FOR THE BENEFIT OF THESE CHILDREN AND FAMILIES.

I'M ALSO INTERESTED IN HOW WE INTEGRATE THE ACES ISSUE WITH THE TRAUMA-INFORMED CARE AND HOW IT AFFECTS THESE CHILDREN AND FAMILIES THAT ARE LIVING IN A TRAUMATIC ENVIRONMENT, AS MY COLLEAGUE SAUL FIGUEROA TALKED ABOUT. THERE IS -- ICAN IS HOLDING A SYMPOSIUM ON THIS ON AUGUST 1ST FROM 10 A.M. TO 2:30 P.M. AND THE DR. VINCENT FELITTI IS GOING TO BE THERE. AND HE WROTE THE STUDY AND THE DISCUSSION. SO I HOPE THAT IT ENLIGHTEN OUR IMPLEMENTATION OF TRAUMA-INFORMED CARE.

AND THERE IS A THING THAT I'M GOING TO SEND TO JOHN WHERE DR. HARRIS, WHO WENT AND -- TO THE INNER CITY AND WORKED WITHIN AND USED THE ACES STUDY TO TALK ABOUT HOW IT AFFECTED THE HEALTH OF THESE CHILDREN AND HOW IT WAS A PROJECTOR FOR THE ULTIMATE ILLNESSES AND STUFF THAT THESE INNER-CITY COMMUNITIES SEE. AND SO I WANT TO UNDERSTAND HOW THAT ALL PLAYS OUT IN OUR STRATEGY TO HELP THESE CHILDREN AND FAMILIES AND TO DOCUMENT THAT. SO THERE'S A LOT OF GREAT RESEARCH YOU GUYS HAVE DONE. I'M TRYING TO SEE HOW WE INTEGRATE THEM SO WE CAN HAVE A BETTER OUTCOME.

SUPERVISOR KUEHL: YEAH. THE -- THE RETREAT THAT WE HAVE IS PRIMARILY DISCUSSION BY THE BOARD RAISING THE

ISSUES, SHARING WHAT WE KNOW, ASKING WHAT WE DON'T KNOW. AND THEN GENERALLY AT THE NEXT BOARD MEETING, WE BRING TOGETHER -- BECAUSE WE'RE IN TWO GROUPS. THIS GROUP IS GOING TO TALK ABOUT TRAUMA-INFORMED CARE AND THIS GROUP ABOUT BUILT ENVIRONMENT. AND THEN IN THE SECOND PART, THE SAME GROUP WILL TALK ABOUT BUILT ENVIRONMENT AND THIS GROUP WITH TALK ABOUT TRAUMA-INFORMED CARE. SO WE GET TO PARTICIPATE IN BOTH THINGS AND BRING TOGETHER SORT OF OUR QUESTIONS AND SOME WE ANSWERS IN THE NEXT MEETING AND THEN SORT OF DO IT AGAIN IF WE WANT TO.

MS. BELSHE: AND I THINK IT'S -- THAT'S EXACTLY RIGHT. AND IT'S IMPORTANT TO NOTE THAT BOTH OF THESE AREAS THAT WE'RE PROPOSING FOR THESE DEEP DIVES, AS CHRISTINA NOTED, ARE VERY DEPARTMENTAL FOR US. THEY'RE NEW AREAS OF WORK. SO MUCH OF WHAT WE AND OUR PARTNERS WILL WANT TO SHARE TO KIND OF LAY THE GROUND WORK IS, HERE'S WHAT WE'RE LEARNING, HERE'S SOME OPPORTUNITIES. WE ABSOLUTELY HEAR YOU, COMMISSIONER, IN TERMS OF THE POWER OF DATA. WE'RE NOT THERE YET IN TERMS OF THESE INITIATIVES SINCE THEY ARE VERY EARLY IN THEIR DEVELOPMENT AND THEY'RE DEVELOPED IN CONCERT WITH MANY PARTNERS, NUMBER ONE.

NUMBER TWO, I WANT TO COMMEND CHRISTINA AND DANIELA PINEDA, OUR VP FOR INTEGRATION AND LEARNING, WHO HAVE BEEN WORKING TOGETHER IN TERMS OF KIND OF HELPING

SHAPE THE RESULTS FRAMEWORK TO HELP US THINK THROUGH THE SCOPE AND MAGNITUDE OF THE IMPACT WE SEEK IN TERMS OF SYSTEMS CHANGE. SO WE WILL HAVE SOME KIND OF HIGH-LEVEL DISCUSSION ABOUT THAT WITH MORE IN-DEPTH DISCUSSION ABOUT RESULTS AND MEASUREMENTS LATER PROBABLY THIS FALL.

SO JUST -- WE'LL NEED TO SET SOME EXPECTATIONS ABOUT WHAT STAGE OF DEVELOPMENT THESE PARTICULAR INITIATIVES ARE. AND, AS THE SUPERVISOR SAYS, WE'RE EAGER FOR YOU ALL TO TALK BE TALKING AMONGST YOURSELVES AND FOR US TO BE LISTENING AND LEARNING AND THEN BRINGING THAT BACK AT SUBSEQUENT MEETINGS.

SUPERVISOR KUEHL: THIS ISN'T AT THE REPORT LEVEL. THIS IS REALLY ON A DEVELOPMENTAL LEVEL.

COMMISSIONER TAYLOR: OKAY. OKAY.

SUPERVISOR KUEHL: IT'S REALLY ABOUT BOARD PARTICIPATION. AND WE START TO HELP SHAPE THE BEGINNING OF IT. NO, BUT I MEAN, THE QUESTIONS WILL EMERGE AND WE WILL GET THE INFORMATION.

BARBARA.

COMMISSIONER FERRER: ONE QUESTION I HAD -- AND, AGAIN, YOU KNOW, THIS MAY COME LATER -- IS WHEN WE'RE TALKING ABOUT THESE TWO PARTICULAR FRAMEWORKS AROUND, YOU KNOW, THINKING ABOUT WHAT THIS BUILT ENVIRONMENT WORK COULD LOOK LIKE FOR A HIGH IMPACT FOR THE WELL-BEING OF CHILDREN AND AS WELL WHEN WE THINK ABOUT THE WORK AROUND

TRAUMA-INFORMED CARE AND SERVICES. ONE THING THAT WOULD BE HELPFUL FOR ME IS IF WE COULD ALSO USE AN EQUITY LENS WHEN WE'RE -- YOU KNOW, IN ANY OF THE MATERIALS WE GET AHEAD OF TIME. IF WE COULD REALLY LOOK TO SORT OF MARRY SORT OF THE WAY THE BUILT ENVIRONMENT WORK GETS DEFINED AND THE WAY THE WORK HAS BEEN DEFINED AROUND TRAUMA AS REALLY LOOKING THROUGH THAT EQUITY LENS BECAUSE I THINK THAT WILL MIRROR MOST CLOSELY THE WORK THAT GETS DONE HERE.

AND I HAVE TO SAY, IF YOU LOOK IN THE LITERATURE, YOU COULD, YOU KNOW, EXPLORE BOTH THOSE ISSUES WITHOUT EVER TALKING ABOUT EQUITY. AS A MATTER OF FACT, THERE'S LOTS OF PEOPLE WHO DO THAT. SO I THINK IT WOULD BE MORE INTERESTING FOR US IF WE WERE REALLY ABLE TO FOCUS ON IT WITH AN EQUITY LENS.

SUPERVISOR KUEHL: MAYBE WE'LL HAVE A CONVERSATION ABOUT MATERIALS. THE WONDERFUL THING ABOUT THE MODERN AGE IS THAT I CAN SEND YOU ONE E-MAIL WITH EIGHT CLICKABLE SITES AND SAY, YOU KNOW, READ THIS TO BE WELL INFORMED, AND YOU DO OR YOU DON'T AS YOU LIKE. AND THEN IT SORT OF LIKE, I DID IT, NOW IT'S UP TO YOU.

SO I THINK THAT WILL BE VERY HELPFUL BUT I THINK YOU'VE HEARD SOME OF THE REQUEST OF THINGS THAT WE'D LIKE TO KNOW. WE NEVER ABSOLUTELY GUARANTEE THAT WE WILL BE TOTALLY PREPARED FOR THIS. BUT I LIKE THIS APPROACH

BECAUSE WE'RE NOT THERE YET, AS KIM SAID, ON EXACTLY HOW ARE WE APPLYING OUR SYSTEMS CHANGE LENS WITH, YOU KNOW, AN EYE TOWARDS TRAUMA-INFORMED CARE, WHAT DOES THAT MEAN IN OUR WORLD AND OUR PARTNER'S WORLD. SO WE ARE -- DR. SHERIN.

COMMISSIONER SHERIN: JUST A COMMENT. I DON'T MEAN TO BE A DOWNER HERE. BUT, YOU KNOW, LOOKING THROUGH THE STRATEGIC PLAN AND AT THE OBJECTIVES, THERE'S A LOT -- I MEAN, THERE'S A LOT OF GREAT STUFF HERE THAT'S PLANNED AND THAT WILL HAPPEN -- HAVE AN IMPACT. BUT -- YOU KNOW, PROCESS MEASURES AND, YOU KNOW, OUTPUTS ARE -- ARE -- ARE ONE THING. AND I MEAN I JUST -- I MEAN, WE ALL STRUGGLE WITH IT. AND I GUESS WHAT I WOULD SAY -- AND THIS IS SOMETHING THAT I'M REALLY TRYING TO FOCUS ON IN MY DEPARTMENT IS HOW IS THIS AFFECTING PEOPLE'S LIVES. SO, YOU KNOW, ON THE -- IS -- FOR ME, IS SOMEONE BECOMING MORE OR LESS HOMELESS WHEN THEY CONTACT US OR ARE THEY BECOMING MORE OR LESS KINLESS IN THE CONTEXT OF CONTACT. AND ARE THEY ENGAGED IN WHAT WOULD BE CALLED PROTECTIVE OR GENERATIVE ACTIVITY, WHETHER THAT'S GETTING A JOB, CIVIC ACTIVITY, DOING WELL AT SCHOOL. I JUST THINK THAT THOSE TYPES OF BASIC, BASIC MEASURES REALLY TELL A GREAT STORY AND THEN WE CAN EXTRAPOLATE THEM BACK TO THE OUTPUTS.

MS. ALTMAYER: I THINK THE CHALLENGE THAT FIRST 5 LA HAS BEEN STRUGGLING WITH AS WE MOVE FROM AN AGENCY AND

AS A FUNDER THAT IS DIRECTLY SERVING PROGRAMS AND SERVICES AND COMMUNITY-BASED AGENCIES THAT DELIVER THOSE SERVICES THAT YOU JUST MENTIONED THAT MAKE THOSE IMPACTS ON THE INDIVIDUAL LIVES, HOW DO WE CREATE A FRAMEWORK FOR EVALUATION THAT RECOGNIZES OUR NEW ROLE THAT THE STRATEGIC PLAN LAYS OUT TO BE IN THE FIELD OF POLICY AND SYSTEMS CHANGE. AND THAT'S WHAT WE HOPE TO BEGIN A CONVERSATION WITH THE BOARD ABOUT AT THE JULY WORKSHOP.

COMMISSIONER SHERIN: THAT'S GREAT. I JUST WOULD OFFER UP THAT IT'S SOMETHING THAT'S VERY -- IT'S VERY HOT TOPIC IN MY DEPARTMENT AND I'M BRINGING TOGETHER A DIVISION THAT'S GOING TO BE FOCUSED ON IT. AND, YOU KNOW, WHETHER YOU'RE A LITTLE KID OR YOU'RE AN OLD PERSON, SOME OF THE SAME PRINCIPLES ARE OBVIOUSLY CRITICAL. SO I WOULD LIKE TO INVITE SOME COLLABORATION THERE.

MS. ALTMAYER: THAT WOULD BE GREAT. THANK YOU.

SUPERVISOR KUEHL: JUDY.

COMMISSIONER ABDO: AS WE MOVE FORWARD INTO THE PLANNING FOR NEXT MONTH'S MEETING, I JUST WANT TO REMIND EVERYBODY THAT NOT EVERYBODY UNDERSTANDS THE JARGON THAT SOME PEOPLE UNDERSTAND. AND SO IN ALL THE DISCUSSIONS, IT'S REALLY IMPORTANT TO USE REAL WORDS AND LANGUAGE THAT REAL -- REAL PEOPLE UNDERSTAND. AND IT'S -- IT'S EASY TO USE SHORTHAND JARGON, BUT IT'S NOT EASY TO UNDERSTAND SHORTHAND JARGON. SO I JUST WANT TO REMIND ON THAT POINT

-- THAT ISSUE.

SUPERVISOR KUEHL: I THINK WE'RE GOING TO ENGAGE YOU TO REDESIGN OUR DPSS FORMS.

COMMISSIONER ABDO: SURE.

SUPERVISOR KUEHL: ANYTHING ELSE? AND EXCUSE ME, DR. FERRER, I SHOULD HAVE REFERRED TO HIM AS JOHN BECAUSE I CALLED EVERYBODY ELSE BY THEIR FIRST NAME AND I KNOW HE DOESN'T MIND.

ANY OTHER COMMENTS? ALL RIGHT. WE'RE ONLY SIX MINUTES LATE FOR OUR BREAK, BUT I HOPE THAT'S GOING TO BE OKAY WITH OUR REPORTER. WE WILL TAKE A TEN-MINUTE BREAK. AND THAT MEAN THAT'S WE WILL RETURN AT SIX MINUTES AFTER 3:00 FOR THE NEXT MAIN PRESENTATION BY JUDGE NASH AND KATE ANDERSON.

(A BRIEF BREAK.)

SUPERVISOR KUEHL: IT'S TIME TO RECONVENE. THANK YOU SO MUCH. I HOPE YOU ENJOYED YOUR BREAK.

IT IS MY GREAT PLEASURE TO INTRODUCE THE FORMERLY HONORABLE MIKE NASH. I'M JUST KIDDING. I DON'T KNOW WHAT YOU ARE WHEN YOU WERE A JUDGE AND NOW YOU'RE DOING SOMETHING ELSE. THE HONORABLE JUDGE MICHAEL NASH WHO WE SORT OF PULLED OUT OF RETIREMENT, BUT HE WASN'T REALLY SERIOUS ABOUT IT.

DAYTON, I HOPE YOU CAN TAKE THAT IN.

AND I THINK THE ALSO HONORABLE IN MANY WAYS KATE

ANDERSON TO TELL US ABOUT THE OFFICE OF CHILD PROTECTION AND THE CENTER FOR STRATEGIC PUBLIC/PRIVATE PARTNERSHIPS, THEIR REPORT, THEIR WORK, AND HOW WE CAN OR ARE CONNECTING.

WELCOME.

MR. WAGNER: THANK YOU. AND BEFORE --

SUPERVISOR KUEHL: I'M SORRY. JOHN, DO YOU WANT TO INTRODUCE?

MR. WAGNER: THE DISHONORABLE PANELIST WHO --

SUPERVISOR KUEHL: THE HONORABLE JOHN WAGNER.

MR. WAGNER: -- WILL HELP FACILITATE.

THANK YOU, MADAM CHAIR.

IT'S REALLY EXCITING TO BE JOINED WITH MY COLLEAGUES HERE ON THIS PANEL WHO REALLY EMBODY THE TRUE PARTNERSHIP WITH THE COUNTY THAT WAS PART OF OUR -- THE DEVELOPMENT OF OUR CURRENT STRATEGIC PLAN AND THE THINKING BEHIND OUR STRATEGIC PLAN AND SUBSEQUENTLY CONTINUOUSLY ENCOURAGED BY OUR CHAIR OVER THE PAST TWO YEARS. THE NEED TO STRATEGICALLY CONNECT TO THE COUNTY SYSTEMS THAT HAVE THE VEHICLES FOR EXPANDING THE IMPACT WE SEEK TO MAKE ON THE LIVES OF FAMILIES WITH YOUNG CHILDREN.

THROUGH -- THOUGH THIS DESIRE TO CONNECT AND PARTNER WITH OTHERS TO ADVANCE OUR WORK WAS PARTLY INFORMED BY OUR FISCAL REALITIES, IT WAS ALSO LARGELY ACKNOWLEDGED BY THE COMMISSION TO BE THE RIGHT THING TO DO

REGARDLESS OF THE FISCAL RESOURCES.

MY COLLEAGUES AT THIS TABLE ARE -- THEIR BIOS ARE VERY IMPRESSIVE AND EXTENSIVE AND INCLUDED IN YOUR BOARD MATERIALS, SO I WON'T GO OVER THEM. BUT I DID WANT TO BRIEFLY INTRODUCE JUDGE NASH, THE FIRST APPOINTED EXECUTIVE DIRECTOR OF THE LOS ANGELES COUNTY OFFICE OF CHILD PROTECTION. YOU'LL RECALL THE ESTABLISHMENT OF THE OCP WAS A RECOMMENDATION OF THE BLUE RIBBON COMMISSION BACK IN 2014. AND HE WAS APPOINTED IN JANUARY OF 2016 AFTER 30 YEARS ON THE BENCH.

AND KATE ANDERSON IS ALSO THE FIRST APPOINTED DIRECTOR OF THE CENTER FOR STRATEGIC PUBLIC/PRIVATE PARTNERSHIPS, HOUSED IN THE OFFICE OF CHILD PROTECTION, WHICH SHE -- I'VE HEARD HER INTRODUCE HERSELF MANY TIMES. YOU -- AS YOU MAY KNOW, THE CENTER IS REALLY AN INNOVATIVE JOINT PARTNERSHIP BETWEEN PHILANTHROPY, SCGS, SOUTHERN CALIFORNIA GRANT MAKERS, AND THE COUNTY THAT IS COMMITTED TO ESTABLISHING PUBLIC/PRIVATE PARTNERSHIPS TO ADVANCE KEY COUNTY AND PHILANTHROPIC PRIORITIES.

I THINK BOTH KATE AND JUDGE NASH AND THEIR STAFF, SPECIFICALLY KAREN MILLER, SOME OF YOU MIGHT HAVE BEEN AT THE BOARD PRESENTATION WHEN KAREN JOINED US LATE LAST YEAR. THEY REALLY BROUGHT A TRUE OPENNESS TO PARTNERING WITH US AT FIRST 5 AND HAVE BEEN VERY FOCUSED ON OUTCOMES AND RESULTS FOR THE COUNTY AND RESIDENTS IN A WAY THAT IS

BOTH INNOVATIVE AND YET PRACTICAL.

SIMILAR TO OUR SUPPORT OF THE COUNTY WORK ON HOMELESSNESS, THE ESTABLISHMENT OF THE OCP ARTICULATED A COUNTY PRIORITY. IN THIS CASE, CHILD PROTECTION AND PREVENTION. AND WE, FIRST 5 LA, COULD THEN FIND WAYS IN WHICH WE COULD SUPPORT THAT COUNTY PRIORITY ALIGNED TO THE WORK IN OUR STRATEGIC PLAN. SO FROM THE VERY EARLIEST CONVERSATIONS AND DISCUSSIONS WITH OCP, WE HAVE FOUND WAYS TO PARTNER TO ENSURE THAT OUR EXPERIENCE AND SUPPORT HAS BEEN MOVING THE PREVENTION WORK FORWARD.

WE'VE DONE A NUMBER OF THINGS INCLUDING FACILITATE AND CONVENE MEETINGS WITH THE BEST START PARENTS, COMMUNITY-BASED ORGANIZATIONS, AND OTHER KEY STAKEHOLDERS IN THIS WORK. WE'VE ORGANIZED COMMUNITY MEETINGS DOING WHAT WE CALL THE LISTENING TOUR LATE LAST SUMMER WHERE WE JOINED OCP, FIRST 5 LA, COMMUNITY-BASED ORGANIZATIONS. WE WENT ACROSS VARIOUS COMMUNITIES TO HEAR ABOUT THEIR WORK IN PREVENTION. AND WE BROUGHT IT TO THE PREVENTION WORK AT OCP, NOT ONLY A FIRST 5 VOICE BUT A PARENT VOICE, A PARENT REPRESENTATIVE FROM OUR BEST START EL MONTE COMMUNITY. AND WE'VE ALSO CONTRIBUTED TO THE DRAFTING OF THE PLAN.

SO I'LL TURN IT OVER TO JUDGE NASH WHO WILL SHARE A LITTLE BIT MORE DETAIL OF THE PLAN AND THE PROCESS. AND I REALLY WANT TO THANK BOTH OF YOU FOR BEING HERE.

JUDGE NASH: GOOD AFTERNOON. I'M DELIGHTED TO BE HERE WITH YOU, ALTHOUGH I NOTE THERE ARE 14 OF YOU. THE LAST TIME I WAS BEFORE A GROUP HALF THIS SIZE WAS WHEN I ARGUED SEVERAL TIMES BEFORE THE CALIFORNIA SUPREME COURT MANY YEARS AGO. AND THERE ARE TWICE AS MANY OF YOU HERE AND I HOPE YOU'RE TWICE AS NICE TO ME AS THE SUPREME COURT WAS BACK IN THOSE DAYS.

BUT THE STARTING POINT FOR OUR CONVERSATION TODAY IS THE BLUE RIBBON COMMISSION REPORT. AND IN THAT REPORT, IT SAID THAT THE OFFICE OF CHILD PROTECTION, WHICH IT RECOMMENDED THAT THE BOARD CREATE, SHOULD OVERSEE COUNTYWIDE PREVENTION EFFORTS. THE REPORT ALSO SAID THAT DEPARTMENT OF PUBLIC HEALTH AND FIRST 5 LA SHOULD JOINTLY DEVELOP A COMPREHENSIVE PREVENTION PLAN. WELL, AS IT TURNS OUT, THEY ARE -- ALL THREE US AND OTHERS HAVE BEEN INVOLVED IN THE DEVELOPMENT OF THAT PLAN.

AND I THINK ONE OF THE BASIC TENANTS OF THE BLUE RIBBON COMMISSION'S REPORT IS THAT CHILD PROTECTION, CHILD WELFARE, IT'S EVERYBODY'S BUSINESS. AND I THINK THAT IS THE -- ONE OF THE MAJOR VALUES AND MOTIVATING FACTORS OF OUR OFFICE, TO MAKE CHILD PROTECTION EVERYBODY'S BUSINESS. AND, HOPEFULLY, THIS PLAN THAT WE'RE TALKING ABOUT TODAY TRULY IS EVERYBODY'S BUSINESS BECAUSE THAT'S WHAT WE'VE TRIED TO DO, TO INCORPORATE AS MANY ENTITIES AS POSSIBLE IN THE DEVELOPMENT OF THIS PLAN AND, HOPEFULLY, AS TIME

GOES ON AND THE IMPLEMENTATION OF THE PLAN.

BEFORE I STARTED WITH THE OFFICE OF CHILD PROTECTION, THE OFFICE AS IT EXISTED ALREADY STARTED TO BRING TOGETHER SOME FOLKS TO TALK ABOUT DEVELOPING A PREVENTION PLAN. WHEN I CAME ON BOARD, THERE WERE A COUPLE OF NOTIONS THAT I THINK I WAS ABLE TO CONTRIBUTE. NUMBER ONE, LET'S BE CLEAR ABOUT WHAT WE'RE TALKING ABOUT WHEN WE TALK ABOUT PREVENTION. AND WHAT WE SENT -- ESSENTIALLY SETTLED ON WAS DEVELOPING A PLAN THAT FOCUSED PRIMARILY ON WHAT IS KNOWN AS PRIMARY AND SECONDARY PREVENTION. THAT IS A PLAN THAT WOULD INCLUDE AN ARRAY OF SERVICES THROUGHOUT COMMUNITIES THAT ARE DESIGNED TO PREVENT FAMILIES FROM COMING INTO CONTACT WITH A CHILD PROTECTIVE PERIOD. AND TO THE EXTENT THAT THEY DO, THEN WE'RE TALKING ABOUT SECONDARY PREVENTION, WHICH IS HAVING SERVICES AVAILABLE IN EACH COMMUNITY THAT ARE DESIGNED TO PREVENT DEEPER PENETRATION INTO THE SYSTEM. SO THAT WAS -- WAS OUR STARTING POINT.

WE ALSO TALKED ABOUT THIS AND DECIDED, LOOK, TO DO THIS, WE DON'T REALLY NEED TO REINVENT THE WHEEL. BACK IN 2007 THE BOARD OF SUPERVISORS FUNDED A PROGRAM CALLED PIDP, THE PREVENTION INITIATIVE DEMONSTRATION PROJECT. AND WHAT THAT WAS WAS DCFS CONTRACTING WITH EIGHT AGENCIES -- EIGHT LEAD AGENCIES, ONE IN EACH SPA THAT WOULD BE DESIGNED TO PROVIDE SO-CALLED PREVENTION EFFORTS IN -- IN

THROUGHOUT THE COUNTY.

IN 2000 -- OH, I WOULD SAY 2009, 2010, AN EVALUATION WAS DONE OF PIDP WHICH INVOLVED AT THAT TIME ABOUT $6 MILLION THAT WAS GIVEN TO DCFS TO PROVIDE TO THESE AGENCIES. AND THE EVALUATION AT THAT TIME MADE A COUPLE OF RECOMMENDATIONS AND SAID, NUMBER ONE, THIS PROGRAM APPEARS TO BE SUCCESSFUL. OVER THE TWO OR THREE YEARS IT'S BEEN EXISTENCE, THEY'VE TOUCHED 17,000 PEOPLE AND MOST OF THEM IN A POSITIVE WAY. SO WHAT WE NEED TO DO IS SUPPORT THE PROGRAMS THAT ARE ACTUALLY OUT THERE STRENGTHENING FAMILIES. AND, SECONDLY -- AND I THINK THIS IS MOST IMPORTANT BECAUSE IT REALLY HAS -- HAS GOVERNED OUR WORK FROM THE BEGINNING. IT GOES BACK TO THAT BASIC VALUE THAT I SAID -- TALKED ABOUT, AND THAT IS THE COUNTY SHOULD ENCOURAGE CROSS-DEPARTMENTAL EFFORTS TO SHARE FUNDING AND SUPPORT FOR PREVENTION. IN OTHER WORDS, THIS SHOULD NOT BE A DCFS-ORIENTED PROJECT. THIS SHOULD BE A PROJECT THAT INVOLVES ALL THE DIFFERENT AGENCIES AND ENTITIES IN LOS ANGELES COUNTY THAT TOUCH CHILDREN AND FAMILIES. AND SO WHAT WE DID WAS, WE ENDEAVORED TO BRING ALL OF THE DIFFERENT AGENCIES, COUNTY DEPARTMENTS, AND OTHERS TO THE TABLE TO BEGIN TALKING ABOUT DEVELOPING A PLAN. AND WE'RE TALKING ABOUT THE MAJOR COUNTY DEPARTMENTS. FIRST 5 WAS ALREADY AT THE TABLE ON -- AND WE REALLY BEGAN OUR DISCUSSIONS FROM -- FROM THERE.

ULTIMATELY, VERY GENERALLY SPEAKING WHAT THE PLAN IS IS THIS: USING THOSE PIDP AGENCIES -- AND BY THE WAY, ONE OF THE FIRST QUESTIONS I ASKED WHEN I CAME ON BOARD, SO -- THIS WAS 2011, 2010. WHAT HAPPENED TO THOSE PIDP AGENCIES, WHAT HAPPENED TO THAT PROGRAM. AND I WAS TOLD, WELL, THE AGENCIES STILL EXIST. THEY'RE NOW KNOWN AS THE PREVENTION AND AFTER CARE NETWORKS. P AND A AS WE SOMETIMES REFER TO THEM. AND THEY STILL EXIST. AND NOW THERE'S TEN OF THEM BECAUSE THERE ARE TWO COUNTYWIDE ENTITIES, THE AMERICAN INDIAN UNIT AND I BELIEVE THE ASIAN PACIFIC UNIT IN ADDITION TO THE AGENCIES -- LEAD AGENCIES LOCATED IN EACH SPA.

AND SO WHAT WE SAID WAS, WHAT WE SHOULD DO IS LOOK AT -- AND TRY TO IDENTIFY AS MANY OF THE NETWORKS THAT ARE PROVIDING SERVICES OUT THERE AS POSSIBLE. LET'S DETERMINE TO WHAT EXTENT THOSE NETWORKS ARE COMMUNICATING AND COORDINATING WITH EACH OTHER AND THEN LET'S FILL IN THE GAPS FROM THERE. TO THE EXTENT THAT THERE ARE GAPS IN THEIR COMMUNICATION AND COORDINATION, LET'S FILL IN THOSE GAPS. TO THE EXTENT THAT WE CAN IDENTIFY SERVICES IN EACH SPA THAT ARE SUCCESSFUL THAT NEED TO BE EXPANDED, LET'S DO THAT. AND TO THE EXTENT THAT WE CAN IDENTIFY SERVICES THAT ARE SUCCESSFUL IN SOME PLACES BUT DON'T EXIST IN OTHER PLACES, LET'S SEE WHAT WE CAN DO TO BRING THOSE SERVICES TO THE OTHER COMMUNITIES SO THAT THE WHOLE COUNTY

IS EVENTUALLY COVERED.

ALONG THE WAY, AS JOHN SAID, WE DID A LITTLE ROAD SHOW, KATE, MYSELF, CARRIE MILLER FROM OUR STAFF, JACQUELYN MCCROSKY FROM THE CHILDREN'S COMMISSION, JOHN AND CHRISTINA ALTMAYER FROM FIRST 5. WE WENT AROUND THE COUNTY MEETING WITH MOST OF THE LEAD AGENCIES TO GET AN UNDERSTANDING OF HOW THEY WORK, TO GET AN UNDERSTANDING OF, YOU KNOW, WHAT THEY FEEL THEIR NEEDS ARE AND HOW WE CAN HELP TO GROW THIS PROGRAM SO THAT WE CAN HAVE A POSITIVE IMPACT ON FAMILIES IN LOS ANGELES COUNTY.

SO THE RESULT IS A DRAFT OF A PLAN WHICH IS PROBABLY, YOU KNOW, WITHIN A COUPLE OF WEEKS OF BEING SUBMITTED TO THE BOARD OF SUPERVISORS. WE'RE PUTTING SOME OF THE FINISHING TOUCHES ON IT. I THINK YOU MAY HAVE OUR LATEST DRAFT IN YOUR MATERIALS TODAY. I'M HAPPY TO SAY THAT THE PRIMARY AUTHORS ARE, FIRST, THE ONE AND ONLY JOHN WAGNER; SECONDLY, JACQUELYN MCCROSKY, WHO WEARS MANY HATS: THE CHILDREN'S COMMISSION, THE USC SCHOOL OF SOCIAL WORK, AND THE CHILDREN'S DATA NETWORK. AND WITHIN THE CONFINES OF OUR GROUP, WE REFER TO HER AS THE MOTHER OF PREVENTION BECAUSE SHE'S BEEN INVOLVED IN THIS WORK FOR SO LONG AND IS SUCH A REAL GUIDING FORCE FOR US. AND THEN CARRIE MILLER WHO'S INCREDIBLY DYNAMIC WHO'S ON THE OCP STAFF. SO THOSE ARE THE THREE PRIMARY AUTHORS OF THE -- OF THIS DRAFT THAT YOU HAVE.

WITHIN THAT DRAFT, THERE ARE REALLY I BELIEVE SEVEN STRATEGIES THAT WE HAVE LAID OUT AND I MENTIONED VERY BRIEFLY. NUMBER ONE, WE NEED TO MAP OUT AND WEAVE TOGETHER THE EXISTING NETWORKS, JUST AS I SAID. AND ACTUALLY WE HAVE A GOOD START ON THAT BECAUSE CASI FAMILY PROGRAMS HAS ALREADY DONE SOME OF THIS FOR US. THEY'VE ACTUALLY DONE A MAPPING OF ABOUT HALF OF THE COUNTY. SECONDLY, AS WE SAID FROM THE START, WE NEED TO EXPAND THE CAPACITY OF ALL THESE NETWORKS. THIRD -- AND LET ME JUST DIGRESS FOR A SECOND.

WHILE WE WERE DEVELOPING THIS OVERALL PLAN, YOU KNOW, TWO THINGS BECAME APPARENT TO ME: NUMBER ONE -- AND THAT IS THAT THERE ARE TWO PROGRAMS THAT NEED TO BE AN ESSENTIAL PART OF ANY PREVENTION PLAN. NUMBER ONE, IS HOME VISITING. HOME VISITING IS A KNOWN PROGRAM, AN EXISTING PROGRAM THAT HAS BEEN STUDIED AND HAS BEEN SHOWN TO HAVE A POSITIVE IMPACT ON COMMUNITIES, CERTAINLY IN -- FROM A PREVENTION PERSPECTIVE. IT EXISTS IN LOS ANGELES, HAS EXISTED FOR MANY YEARS, BUT NOT ANYWHERE CLOSE TO THE SCALE THAT IT NEEDS TO EXIST. AND SO WE SAT DOWN AND WE SAID, LOOK, LET'S -- WHILE WE'RE WORKING ON THIS OVERARCHING PLAN, LET'S START A PARALLEL PROJECT LOOKING AT HOME VISITATION. AND, FORTUNATELY FOR ME, NOT -- NOT BEING AN EXPERT ON THIS, I HAVE KATE ON OUR STAFF HERE WHO'S DONE A LOT OF WORK IN THE HOME VISITING ARENA FOR

MANY YEARS AND REALLY HAD TUTORED ME AND OTHERS IN THE OFFICE ABOUT WHAT EXISTS OUT THERE.

SO WE BEGAN THESE DISCUSSIONS AND ACTUALLY MET WITH THE HOME VISITING CONSORTIUM AND SO FORTH. AND THEN ALONG THE WAY SOMETHING REALLY POSITIVE HAPPENED, AND THAT WAS THE BOARD OF SUPERVISORS PASSED A MOTION SAYING THAT YOU GUYS NEED TO DO EXACTLY WHAT YOU JUST STARTED TO DO; FIGURE OUT A WAY TO EXPAND HOME VISITATION, FIND THE FUNDING FOR IT AND SO FORTH. AND, OF COURSE, DPH WAS DESIGNATED AS THE LEADER -- THE LEAD AGENCY ON THAT PROJECT, BUT WE'RE WORKING HAND IN HAND WITH THEM ON THIS. AND I'M VERY OPTIMISTIC THAT WE ARE GOING TO SEE OVER THE NEXT YEAR AND BEYOND A GROWTH OF THAT PROGRAM.

OUR GOAL, AND I HOPE IT'S NOT AN UNREALISTIC ONE, IS UNIVERSAL HOME VISITATION SO THAT PROGRAM IS AVAILABLE TO EVERYBODY THAT NEEDS IT AND IS WILLING TO ACCEPT IT THROUGHOUT THE COUNTY. SO THAT'S ONE PIECE OF THE PLAN. AND ALSO THAT'S ONE OF THE SEVEN STEPS IN HERE.

THE OTHER PROGRAM IS EARLY CARE AND EDUCATION. ONCE AGAIN, AN EVIDENCE-BASED PROGRAM THAT HAS BEEN STUDIED, THAT DOES EXIST HERE IN LA COUNTY, BUT ONCE AGAIN, NEEDS TO GROW. IT NEEDS TO GROW EVEN MORE, JUST LIKE HOME VISITATION. AND SO, ONCE AGAIN, WE BEGAN THOSE DISCUSSIONS IN OUR OFFICE. WE HAVE THE EDUCATION COORDINATING COUNCIL THAT -- THAT EXISTS IN THE OFFICE OF

CHILD PROTECTION. AND SO THOSE DISCUSSIONS HAVE BEGUN WITHIN THE FRAMEWORK OF THE EDUCATION COORDINATING COUNCIL AND WE'LL GROW IT FROM THERE. OUR STARTING POINT IS TO ENSURE THAT CHILDREN WHO ARE ALREADY IN THE SYSTEM HAVE ACCESS TO THESE PROGRAMS AND THEN WORK OUTWARDS TOWARDS THAT. SO THAT'S ACTUALLY STEP FOUR OR ITEM FOUR ON -- ON OUR SEVEN STRATEGIES.

OF COURSE, ALONG WITH THAT, WE NEED TO MONITOR THE WELL-BEING OF COMMUNITIES. AND, OF COURSE, WE HAVE THE CENTER FOR STRATEGIC PUBLIC/PRIVATE PARTNERSHIPS, ALSO KNOWN AS CSP-3 WITHIN OUR OFFICE AND THAT HELPED US GO BEFORE THE COUNTY PRODUCTIVITY COMMISSION TO GET A GRANT TO DO A STUDY CALLED THE PORTRAIT OF LOS ANGELES WHICH REALLY IS A STUDY OF THE WELL-BEING OF LOS ANGELES COUNTY FOR MANY DIFFERENT PERSPECTIVES.

KATE CAN TALK MORE ABOUT THAT.

ALSO, WE NEED TO DEVELOP SOME MEASURES OF -- SOME WAY TO MEASURE, YOU KNOW, HOW WE'RE DOING IN THE PREVENTION AREA. AND, ULTIMATELY, WE NEED TO IMPLEMENT ALL OF THESE -- THE STRATEGIES THAT HAVE BEEN IDENTIFIED BY COUNTY DEPARTMENTS. LET ME JUST EXPLAIN THAT.

AS I SAID, WE BROUGHT ALL THESE OTHER COUNTY DEPARTMENTS TO THE TABLE AND SAID, LOOK, WILL YOU BE PART OF THIS. AND OF COURSE THEY ALL SAID YES. AND FOR LOTS OF GOOD REASONS: NUMBER ONE, BECAUSE IT'S THE RIGHT THING

TO DO. NUMBER TWO, IT'S PART OF, YOU KNOW, THIS IDEA THAT CHILD PREVENTION OR CHILD PROTECTION IS OWNED BY EVERYBODY. AND NUMBER THREE, THE BOARD SAID THAT ALL THE COUNTY AGENCIES SHOULD WORK WITH THE OFFICE OF CHILD PROTECTION TO IMPLEMENT AS APPROPRIATE THE RECOMMENDATIONS OF THE BLUE RIBBON COMMISSION ON CHILD PROTECTION.

SO, YOU KNOW, WITH ALL THESE DIFFERENT CONFLUENCES COMING TOGETHER, I THINK IT'S A WINNING COMBINATION.

SO WHAT EACH AGENCY HAS DONE IS THEY, BASICALLY, SAID, LOOK, ALONG WITH EVERYTHING ELSE, THERE ARE SPECIFIC PROGRAMS THAT WE -- WE ARE GOING TO MOVE -- MOVE FORWARD ON THAT CONTRIBUTE TO THIS PLAN. MOST OF THOSE ARE LISTED IN OUR DRAFT REPORT. AND WE'RE LOOKING FORWARD TO WORKING WITH EACH OF THE AGENCIES TO IMPLEMENT THEIR -- THEIR PLANS. AND, HOPEFULLY, WE'LL BE IN A BETTER PLACE THAN WHEN WE STARTED. AND THAT'S REALLY THE GOAL HERE.

SO I THINK THAT KIND OF IS THE BEST SUMMARY I CAN GIVE AT THIS POINT ABOUT OUR PREVENTION EFFORTS OVER THE LAST 15, 16 MONTHS. AND WE'RE VERY HAPPY WITH WHERE WE ARE TODAY, BUT WE KNOW THAT THERE'S A WHOLE LOT MORE TO DO TO REALLY MAKE THIS A REALITY.

MR. WAGNER: SO NEXT WE'RE GOING TO BE HEARING FROM KATE ANDERSON. AND I THINK KATE WILL BE SPEAKING TO THE ROLE OF THE CENTER IN CONNECTING TO PHILANTHROPY TO

MOVE SOME OF THIS WORK FORWARD.

SUPERVISOR KUEHL: JOHN, OTHER JOHN HAS TO LEAVE AND HAS A QUESTION I THINK OF MIKE.

COMMISSIONER SHERIN: JUST A QUESTION/SUGGESTION. AND YOU'VE PROBABLY -- I MEAN, I KNOW THAT YOU'VE HEARD ME TALK ABOUT THIS BEFORE. WE'VE TALKED ABOUT THE FABRIC AND MAKING SURE THAT WE DON'T -- THAT WE DON'T HAVE PARALLEL DISCONNECTED SYSTEMS. AND I THINK AS YOU KNOW AND CERTAINLY FIRST 5 KNOWS, THERE'S -- I HAVE A TON OF INTEREST IN EXPANDING THE HUB PRESENCE THROUGHOUT THE COUNTY. AND I DON'T -- AND THIS CAME UP BEFORE. I STILL -- MAYBE I'M NOT -- I DIDN'T LOOK THROUGH IT CAREFULLY, BUT I STILL DON'T SEE IT IN A REALLY PROMINENT POSITION IN THE PLAN.

AND I'LL LEAVE YOU WITH THIS IMAGE. MY LOVELY MOTHER USED TO WEAR THESE -- SHE WAS KIND OF HIP AND SHE WOULD WEAR THESE TOPS THAT WERE WEAVED AND THEY HAD MIRRORS ON THEM. SO LIKE THE MIRRORS FOR ME WHICH, YOU KNOW, SHOWN BRIGHT ARE THE HUBS. AND I'M JUST SAYING THAT BECAUSE I THINK IT'S REALLY CRITICAL AND I'M INVESTING BIG TIME IN THEM, AS YOU KNOW. AND I HAVE TO SPLIT, SO I'M REALLY SORRY.

JUDGE NASH: LET ME JUST SAY THIS FOR THE BENEFIT OF THE REST OF THE BOARD. THAT'S AN OVERSIGHT. THE VERSION THAT YOU HAVE I DON'T BELIEVE TALKS ABOUT THE HUBS

BUT, YOU KNOW, ONE OF THE CHANGES THAT WE'VE MADE REALLY DOES INCORPORATE THE HUBS. AND AS YOU KNOW, WE'VE BEEN MEETING TO TALK ABOUT THE HUBS. AND WE HAVE A LOT OF WORK TO DO ON THE HUBS SO -- AND, YOU KNOW, I'M NOT -- I'M LIKE A DOG WITH A BONE ON, YOU KNOW -- ON WORKING TO IMPROVE THE WAY THE HUBS SERVE CHILDREN AND FAMILIES IN THE COUNTY. SO I'M GLAD YOU MENTIONED THAT BUT, REMEMBER, I'M NOT GOING TO LET YOU GO UNTIL WE ACTUALLY ACCOMPLISH A LOT MORE WITH THOSE HUBS.

COMMISSIONER SHERIN: I'M A DOG WITH YOU. SO LET'S DO IT.

SUPERVISOR KUEHL: I JUST WANTED TO EXPLAIN ONE THING. IN THE COUNTY, AS YOU KNOW, THERE ARE A NUMBER OF DEPARTMENTS. AND EACH OF THE DEPARTMENTS WAS FAIRLY SILOED. THEN OUR THREE HEALTH DEPARTMENTS WERE PUT KIND OF INTO AN AGENCY MODEL TO MODEL AND ACCOMPLISH COLLABORATION. BUT THERE WERE A NUMBER OF AREAS WHERE PEOPLE WHOSE LIVES WE TOUCH NEEDED A NUMBER OF SERVICES FROM A NUMBER OF DIFFERENT DEPARTMENTS. SO WE CREATED WHAT I'M -- I'VE CALLED THE AD HOCRACY TO CENTRALIZE A NUMBER OF THESE VERY, VERY IMPORTANT SORT OF CENTERS IN THE CEO'S OFFICE. THEY ARE NOT UNDER A PARTICULAR DEPARTMENT. THE OFFICE OF CHILD PROTECTION IS ONE OF THEM. OUR HOMELESS INITIATIVE PROJECTS ARE ONE OF THEM -- WHERE EVERYBODY'S GOT TO WORK TOGETHER. AND THOSE CENTERS

ARE MEANT TO BRING PEOPLE TO TOGETHER TO COLLABORATE AND KIND OF GET THIS WORK DONE IN A MORE UNIFORM OR AT LEAST WIDESPREAD WAY IN THE COUNTY.

THANK YOU, JOHN. I DIDN'T MEAN YOU HAD TO STAY FOR THAT. BUT JUST TO UNDERSTAND WHERE THESE ARE KIND OF CENTERED.

SHALL WE HAVE KATE PRESENT AND THEN ASK BOTH OF THEM? IS THAT ALL RIGHT, DEANNE.

OKAY. KATE.

MS. ANDERSON: THANK YOU, CHAIR. AND THANK YOU, COMMISSION.

TO GIVE YOU A PREVIEW OF WHAT I DO IN THE OUTSIDE WORLD, I WILL TELL YOU WHAT I SAY IN THE OUTSIDE WORLD ON A REGULAR BASIS, AND IT IS SUCH A JOY TO BE SAYING IT HERE TO YOU IN THIS ROOM. AND YOU'LL SEE WHY IN A SECOND.

PART OF THE JOB AT CENTER FOR STRATEGIC PUBLIC/PRIVATE PARTNERSHIP IS TO BRING TOGETHER THE WORK OF THE COUNTY WITH THE PRIVATE SECTOR. AND PART OF WHAT I SAY IN THE OUTSIDE WORLD ON THIS SPECIFIC AREA ON A REGULAR BASIS IS THAT I BELIEVE -- AND I GENUINELY DO BELIEVE THIS -- THAT WE ARE AT AN INFLECTION POINT IN LOS ANGELES COUNTY FOR OUR BABIES AND OUR TODDLERS AND OUR STRUGGLING FAMILIES WITH THIS OFFICE OF CHILD PROTECTION, WITH BOARD OF SUPERVISORS THAT HAS A FOCUS ON THIS LIKE NEVER BEFORE IN LOS ANGELES COUNTY WITH INNOVATIVE COUNTY

DEPARTMENT LEADERS LIKE THE ONE WHO JUST LEFT, LIKE THOSE WHO ARE STILL HERE, AND WITH THE FIRST 5 THAT IS FOCUSED ON THIS AND IN PARTNERSHIP IN WAYS THAT WE'VE NEVER SEEN BEFORE. SO IT IS TRULY, TRULY A JOY TO BE BEFORE YOU TODAY TO TALK ABOUT THIS BECAUSE I THINK THAT THIS COMMISSION AND THE WORK THAT YOU GUYS ARE DOING IS THE EMBODIMENT OF THAT INFLECTION POINT AND OF THE POTENTIAL WE HAVE IN LOS ANGELES COUNTY.

SO I AM THE DIRECTOR, AS JOHN SAID, OF THE CENTER FOR STRATEGIC PUBLIC/PRIVATE PARTNERSHIP HOUSED WITHIN THE OFFICE OF CHILD PROTECTION. OUR CENTER WAS THE CREATION -- IT HAS THE SAME ORIGINS STORY AS THE OFFICE OF CHILD PROTECTION. THE BLUE RIBBON COMMISSION IN RECOMMENDING CREATING THE OFFICE OF CHILD PROTECTION RECOGNIZED THAT NO SINGLE COUNTY DEPARTMENT COULD PROTECT OUR CHILDREN ON ITS OWN AND THAT THE WORK OF PROTECTING OUR CHILDREN INVOLVED BRINGING ALL OF THE COUNTY DEPARTMENTS TOGETHER.

SIMILARLY, IT RECOGNIZED THAT THE COUNTY ALONE CAN'T BE PROTECTING OUR CHILDREN, CAN'T BE DOING ALL THAT IS POSSIBLE FOR OUR KIDS AND THAT THERE IS MUCH WORK GOING ON IN THE PRIVATE SECTOR; NOT JUST PHILANTHROPY. PHILANTHROPY IS CERTAINLY -- THE SHORTHAND FOR MY OFFICE, WHICH IS A MISNOMER, IS THE PHILANTHROPY LIAISON.

PHILANTHROPY CERTAINLY IS VERY, VERY ACTIVE, BUT THE BUSINESS COMMUNITY AND TO THE EXTENT THAT FIRST 5 IS

TILL SORT OF QUASI PUBLIC/PRIVATE. THERE WAS JUST THIS RECOGNITION THAT THERE WAS A PHENOMENAL WORK BEING DONE IN THE PRIVATE SECTOR AND THAT THE PARTNERSHIPS BETWEEN THE COUNTY AND THE PRIVATE SECTOR CERTAINLY WERE HAPPENING BUT WERE EPISODIC AND THEY WANTED A CENTER TO HELP BRING THOSE TWO WORLDS TOGETHER; THAT TOO OFTEN WE ARE -- THIS IS AN ANALOGY THAT WILL WORK IN THIS ROOM. TOO OFTEN WE'RE LIKE THREE YEAR OLDS DOING PARALLEL PLAY IN THE SANDBOX AND THAT THE WORK OF THE CENTER WAS TO HELP BUILD RELATIONSHIPS AND JOINT INITIATIVES BETWEEN THE PUBLIC AND THE PRIVATE SECTOR.

SO I'LL GIVE YOU -- ACTUALLY, JUDGE NASH REFERENCED ONE OF THE INITIATIVES, BUT TO GIVE YOU AN EXAMPLE OF SOME OF THE WORK WE DO -- AND THIS IS ACTUALLY ONE THAT IS -- I LIKE TO REFER TO IT IN SOME WAYS AS A REVERSE INITIATIVE BECAUSE MOST OF WHAT THE CENTER IS DOING IS WORKING DEEPLY WITH THE COUNTY, UNDERSTANDING WHAT IT IS THAT THE COUNTY IS FINDING AS BARRIERS TO THE WORK IT WANTS TO DO AND SEEING IF THERE'S A WAY THAT THE PRIVATE SECTOR CAN COME IN. AND OFTEN WHAT'S PHENOMENAL IS THAT IT DOESN'T WAS REQUIRE A LOT OF MONEY FROM THE PRIVATE SECTOR. SO IT'S BRINGING IN A LITTLE BIT OF MONEY FROM THE PRIVATE SECTOR AND THEN BRINGING THE PRIVATE SECTOR THOUGHTS INTO THE ROOM, THAT PRIVATE SECTOR INNOVATION, THAT PRIVATE SECTOR PUSHING INTO THE ROOM TO

HELP THE COUNTY DO WHAT IT'S DOING BETTER.

THIS EXAMPLE, THE PORTRAIT OF LOS ANGELES IS A LITTLE BIT OF THE REVERSE IN THAT THE PORTRAIT OF LOS ANGELES IS A STUDY. IT IS NOT ACTUALLY A PICTURE. I RECOGNIZE THAT SOMETIMES WHEN PEOPLE HEAR PORTRAIT, THEY THINK THAT WE'RE GOING TO PAINT A PICTURE. THERE WILL BE A -- FOR DATA GEEKS IN THE ROOM, THERE'S GOING TO BE A DATA PICTURE THAT WILL BE PAINTED. IT IS A REPORT THAT IS GOING TO BE DONE BY A NONPROFIT CALLED MEASURE OF AMERICA BASED ON SUSTAINABLE DEVELOPMENT GOALS THAT HAVE BEEN ADOPTED AROUND THE WORLD. AND THIS CONCEPT DEVELOPED BY A NOBEL PRIZE WINNER, AMARTYA SEN, ON THE HUMAN DEVELOPMENT INDEX.

SO RATHER THAN LOOKING AT HOW A COMMUNITY IS DOING BASED ON GROSS DOMESTIC PRODUCT, YOU LOOK AT HOW A COMMUNITY IS DOING BASED ON HOW THAT COMMUNITY IS ACTUALLY FAIRING: HOW ARE THEY BEING EDUCATED, HOW WELL ARE THEY DOING FINANCIALLY, AND HOW WELL ARE THEY DOING IN TERMS OF THEIR HEALTH STATUS. YOU COMBINE THOSE THREE NUMBERS AND YOU COME UP WITH A INDEX OF HOW A COMMUNITY IS DOING.

SO PHILANTHROPY WAS VERY INTERESTED IN THIS. THEY FUNDED THIS PROJECT BY THE TUNE OF $400,000. AND THEY WERE INTERESTED IN BEING INVOLVED WITH THE WORK BEING DONE IN THE COUNTY. THEY RECOGNIZED THAT THE WORK OF LOS ANGELES COUNTY WAS REALLY WHERE THE GAME WAS AT IN

TERMS OF MAKING A DIFFERENCE FOR OUR COMMUNITY. AND IT WAS FUNDED AROUND THE SAME TIME THAT THE CENTER WAS BEING CREATED. AND IT HAPPENED THAT A NUMBER OF THE CENTERS FUNDERS WERE ALSO FUNDERS OF MEASURE OF AMERICA. WE WERE ALSO THEN VERY INVOLVED IN WHAT WAS HAPPENING WITH THE PREVENTION PLAN. WE RECOGNIZED FROM THOSE DISCUSSIONS THAT THERE WAS A REAL INTEREST IN BEING ABLE TO UNDERSTAND HOW OUR COMMUNITIES WERE DOING IN ORDER TO MEASURE WHAT WE'RE DOING WITH OUR PREVENTION PLAN.

SO WE BEGAN CONVERSATIONS WITH FOLKS IN MEASURE OF AMERICA AND WITH THIS PRODUCTIVITY AND INVESTMENT FUND BECAUSE WHAT WAS MISSING IN THIS -- SO THIS PHENOMENAL REPORT WAS GONG TO BE DONE NO MATTER WHAT, BUT IT WAS GOING TO BE DONE BY THESE TWO LOVELY WOMEN WHO WORK IN NEW YORK, WHO LIVE IN NEW YORK, AND HAVE DONE THIS ALL OVER THE COUNTRY. AND WE RECOGNIZED THAT, IN ORDER FOR THIS TO HAVE AN IMPACT -- AND I WILL SAY THE ONE COUNTY WE LOOKED AT THAT WE WANT TO EMULATE IN A HUNDRED DIFFERENT WAYS WAS SONOMA COUNTY WHO HAS THEIR WHOLE UPSTREAM INVESTMENT. IT'S BEEN GOING ON FOR A LONG TIME. SONOMA COUNTY HAD A PORTRAIT OF SONOMA DONE. AND MEASURE OF AMERICA WAS DEEPLY INVESTED IN -- THE FOLKS IN SONOMA COUNTY WERE DEEPLY INVESTMENT AND INVOLVED IN BOTH THE DEVELOPMENT OF THE REPORT AND THE DISSEMINATION OF THE REPORT. AND THAT WAS WHAT WAS MISSING HERE. THE REPORT WAS GOING TO BE

DONE AND THEY WOULD HAVE BROUGHT FOLKS TOGETHER, BUT YOU WEREN'T GOING TO HAVE THE DEEP INVESTMENT.

SO WE TALKED TO THE OFFICE OF CHILD PROTECTION. WE APPROACHED THE PRODUCTIVITY INVESTMENT FUND AND WE WERE ABLE TO SECURE FUNDING TO BRING ON AN ON-THE-GROUND CONSULTANT TO WORK WITHIN AN ADVISORY BOARD HERE IN LOS ANGELES COUNTY TO SHAPE THAT REPORT TO HAVE A FOCUS ON CHILDREN AND FAMILIES. AND THIS CONSULTANT WILL REPORT TO THE OFFICE OF CHILD PROTECTION.

SIMULTANEOUSLY WITH THIS, WE THEN ALSO GOT COMMITMENTS FROM COUNTY DEPARTMENTS TO PARTICIPATE IN THIS ADVISORY BOARD, BOTH FOR THE PURPOSES OF THE OFFICE OF CHILD PROTECTION AND, FRANKLY, FOR OTHER COUNTY DEPARTMENTS USES AS WELL. DEPARTMENT OF PUBLIC HEALTH WAS SUPER EXCITED ABOUT THIS.

WE'VE GOT THIS ADVISORY BOARD. WE NOW HAVE A CONSULTANT. SO WE NOW HAVE A REPORT THAT IS GOING TO BE A VALUABLE, VALUABLE TOOL FOR THE OFFICE OF CHILD PROTECTION AND LOS ANGELES COUNTY. SO THAT'S -- THAT'S THE CONNECTING WORK THAT WE DO.

NOW, LET ME STEP BACK AND TALK SPECIFICALLY ABOUT THE PREVENTION WORK THAT JUDGE NASH TALKED ABOUT AND SPECIFICALLY HOME VISITING. AND, REALLY, THE OTHER THING I WANT TO DO IS LIFT UP WHAT PHENOMENAL PARTNERS FIRST 5 LOS ANGELES HAS BEEN IN ALL OF THIS. JOHN WAS BEING VERY

MODEST WHEN I THINK I WROTE IT DOWN THAT HE SAID HE WAS CONTRIBUTING TO THE DRAFTING OF THE PLAN. JOHN WAS THE -- JOHN WAS THE FIRST DRAFTER OF THIS PLAN, AND IT REALLY -- HIS HEART AND SOUL AND WISDOM REALLY WAS SHOWN IN THE REPORT. AND JUDGE NASH IS RIGHT. CARRIE AND THE MOTHER OF PREVENTION WERE CERTAINLY IMPORTANT PARTS OF IT. BUT I REALLY WANT TO GIVE CREDIT TO MR. WAGNER FOR HIS PHENOMENAL CONTRIBUTIONS IN THAT. AND ALSO TO FIRST 5 FOR BRINGING IN COMMUNITY.

YOU KNOW, WE IN THE COUNTY I'VE COME TO RECOGNIZE -- AND, LISTEN, I'M STILL AN EX PAT IN ROME. LIKE, I'M STILL GETTING TO KNOW WHAT THIS ROMAN WORLD IS LIKE. AND ONE OF THE THINGS I'VE REALIZED ABOUT IT IS WE'RE VERY INTERNAL. YOU KNOW, WE VERY MUCH -- AND IT'S NOT SURPRISING. WE'RE A $30 BILLION ENTITY AND WE ARE COMPLICATED ENOUGH IN AND OF OURSELVES. SO IT'S ENOUGH OF A JOB FOR US WITHIN THE COUNTY TO FIGURE OURSELVES OUT AND TO BRING EVERYONE TOGETHER. JUDGE NASH AND THE OFFICE OF CHILD PROTECTION HAVE DONE A PHENOMENAL JOB OF THAT.

ONE OF THE THINGS THAT FIRST 5 LA AND BEING INVOLVED IN ALL OF THIS WAS ABLE TO DO WAS REALLY HELP BRING THE COMMUNITY IN TO THIS WORK, BRING THAT VOICE AND BRING US THEN OUT INTO THE COMMUNITY. SO THE DRAFTING OF THE PREVENTION PLAN, THE MEAT OF THAT PREVENTION PLAN, THE COMMUNITY INPUT OF THAT PREVENTION PLAN WAS IN LARGE PART

DUE TO THE WORK OF FIRST 5. AND WE'RE VERY, VERY GRATEFUL FOR THAT.

JUDGE NASH MENTIONED HOME VISITING. AND YOU HEARD CHRISTINA ALTMAYER BEFORE MENTION THIS RESPONSE TO THE BOARD OF SUPERVISORS HOME VISITING MOTION. AND I JUST NEED TO START SUPERVISOR KUEHL AND GENIE WHO WAS THERE AT THE TIME, THANK YOU FOR THIS, YOU KNOW. AND FIRST 5 LOS ANGELES BUILT THIS PHENOMENAL FOUNDATION OF HOME VISITING HERE IN LOS ANGELES COUNTY. YOU ARE THE LARGEST FUNDERS OF HOME VISITING IN THIS COUNTY. TENS OF THOUSANDS OF FAMILIES, TENS OF THOUSANDS OF BABIES AND TODDLERS ARE RECEIVING THE SIGNIFICANT SUPPORT OF EVIDENCE-BASED HOME VISITING BECAUSE OF WHAT YOU GUYS ARE DOING.

AND THIS BOARD MOTION -- AND ALSO, THE OTHER THING THAT YOU GUYS DO -- AND I THINK YOU'RE AWARE OF THIS, HAVE BEEN PART OF PRESENTATIONS -- AND MAKAYLA FERRARI IS THE BACKGROUND. SHE'S IN THE AUDIENCE BEHIND ME. YOU GUYS HELPED BUILD UP THIS CONSORTIUM OF HOME VISITING PROVIDERS. WHEN THAT INVESTMENT WAS FIRST GETTING LAUNCHED, AS THAT WAS FIRST GETTING STARTED, YOU BUILT UP THIS CONSORTIUM OF HOME VISITING PROVIDERS THAT INCLUDED NOT JUST YOUR HOME VISITING PROGRAMS BUT THE COUNTY'S HOME VISITING PROGRAMS AND BEGAN THE FOUNDATIONAL WORK THAT WE WOULD NEED TO BUILD THIS SYSTEM. AND THE

MOTION THAT WAS PASSED ON JUNE 20TH PROVIDES, AS CHRISTINA ALTMAYER OFTEN LIKES TO SAY, THE ROCKET FUEL TO THE EFFORTS THAT WERE ALREADY UNDER WAY. AND I GOT TO TELL YOU, IT IS SOME PHENOMENAL ROCKET FUEL.

THE DEPARTMENT OF PUBLIC HEALTH PUT TOGETHER A PLANNING COMMITTEE, A BRAIN TRUST I THINK -- WE GO BACK AND FORTH -- THAT MEETS BIWEEKLY. I THINK LINDA, IF SHE'S STILL HERE, I KNOW SHE WAS OUT THERE. LINDA HAS BEEN LEADING THAT BIWEEKLY GROUP OF GOOD SOULS COMING TOGETHER. AND I SAY THIS BECAUSE FIRST 5 HAS BEEN AT THE TABLE EACH AND EVERY MEETING AND A KEY PIECE OF THIS. THE OFFICE OF CHILD PROTECTION'S BEEN THERE. THE CONSORTIUM HAS BEEN THERE. AND FIRST 5 HAS BEEN THERE. AND YOUR CONTRIBUTIONS -- FIRST 5'S CONTRIBUTIONS INTO THESE EFFORTS HAVE BEEN PHENOMENAL. YOU'RE BRINGING NOT JUST YOUR WISDOM AND EXPERIENCE AROUND THE HOME VISITING PROGRAMS THAT YOU WERE RUNNING, BUT YOU HAVE BEEN -- FIRST 5 LA, CHRISTINA ALTMAYER, AND BARBARA AND RENA HAVE BEEN -- IT'S BEEN GREAT BECAUSE THERE'S NOT BEEN A LOT OF MEAT IN PULLING THIS TOGETHER. IT'S A REALLY BIG ASK. THERE'S BEEN RESEARCH QUESTIONS. THERE HAVE BEEN QUESTIONS AROUND THE BEST PRACTICES AROUND THE COUNTRY. AND THEY HAVE ALWAYS BEEN WILLING TO RAISE THEIR HAND AND SAY, YEP, I CAN GO BACK AND HELP FIGURE THAT OUT.

ONE THING IN PARTICULAR JUST THAT COMES TO MIND

BECAUSE WE WERE JUST TALKING ABOUT IT AT -- WE WERE BRINGING TOGETHER THE OTHER COUNTY DEPARTMENTS DOWN FIRST 5 LA IS AT THAT TABLE. I'M GOING TO SAY, BY THE WAY, THAT THIS IS ALSO A VERY UNIQUE THING. I'VE LEARNED IN THAT USUALLY IN RESPONDING TO BOARD MOTIONS, IT'S OFTEN COUNTY DEPARTMENTS COMING TOGETHER WITH OTHER COUNTY DEPARTMENTS. AND WHAT'S HAPPENING NOW WITH THE RESPONSE TO THIS MOTION AND IT'S WHAT MAKES SO MUCH SENSE IN THE WORLD IS FIRST 5 LA HAS BEEN A PART OF -- AS WELL AS THE CONSORTIUM, A PART OF THOSE COUNTY MEETINGS TOO.

SO ONE OF THE THINGS THAT FIRST 5 LA HAS HELPED US DO IS WE'VE RECOGNIZED THAT THERE IS TREMENDOUS POTENTIAL WITH DEPARTMENT OF PUBLIC SOCIAL SERVICES FUNDING HOME VISITING. THE OUTCOMES OF HOME VISITING ALIGN BEAUTIFULLY WITH THE OUTCOMES THE DEPARTMENT OF PUBLIC SOCIAL SERVICES WANTS TO ACHIEVE. I'LL GET INTO THAT MORE IN A MOMENT.

AND WE KNEW -- WE HAD A SENSE THAT -- THE BRAIN TRUST HAD A SENSE THAT OTHER STATES WERE USING TANF IN WAYS THAT WE WEREN'T. SO IT WAS FIRST 5 LA THAT WENT OUT AND DID THE RESEARCH TO FIND OUT THAT 26 OTHER STATES ARE ACTUALLY USING -- THERE SHE IS -- WERE ACTUALLY USING TANF, WHICH IS SOMETHING THAT'S BEEN VERY HELPFUL TO OUR FOLKS IN DPSS TO KNOW THAT, IF WE ASK THEM -- IF WE ASK THEM TO SPEND THEIR DPSS, THEIR TANF DOLLARS ON HOME

VISITING, THAT THEY WOULDN'T BE REINVENTING A WHEEL.

SO IN MY REMAINING TIME, I WANT TO TALK A LITTLE BIT ABOUT THE PILOT THAT IS BEING LAUNCHED DOWN IN SPA SIX THANKS TO YOU AND TO THE BUDGET THAT YOU GUY APPROVED TODAY. SO AS PART OF THIS ROAD SHOW THAT JUDGE NASH REFERENCED, WE WERE SITTING IN A ROOM WITH CHERYL SPILLER, WHO'S THE HEAD OF DEPARTMENT OF PUBLIC SOCIAL SERVICES. JOHN WAS IN THAT ROOM, TOO. AND MS. SPILLER SAID SOMETHING THAT I'D HEARD HER SAY BEFORE, WHICH IS, YOU KNOW, HOW IS IT -- SHE SAID TOO MANY OF MY FAMILIES, MY WELFARE FAMILIES, TOO MANY OF MY FAMILIES BECOME PHILLIP'S FAMILIES. THIS WAS AT A TIME WHEN PHILLIP BROWNING WAS STILL THE HEAD OF DEPARTMENT OF DCFS. SHE SAID, HOW DO WE STOP THAT FROM HAPPENING? AND JACKY MIZELLE-BURK (PHONETIC) IN THAT ROOM MENTIONED THAT SHE HAD BEEN TRYING TO REACH OUT TO SHIELDS FOR FAMILIES, ONE OF YOUR HOME VISITING PROVIDERS, ALSO ONE OF THE BEST START COMMUNITIES, ALSO ONE OF THE PREVENTION AND AFTER CARE NETWORKS FUNDED BY DCFS. AND JACQUELYN MCCROSKY HEARD THAT. SHE SAID, I CAN MAKE THAT HAPPEN.

IT WAS IN THIS ROOM ABOUT A MONTH OR SO LATER WHEN DEPARTMENT OF PUBLIC SOCIAL SERVICES, FIRST 5 LOS ANGELES, JOHN AND CHRISTINA, THE OFFICE OF CHILD PROTECTION, ME AND CARRIE MILLER, SHIELDS FOR FLAMES, AND JACQUELYN CAME TOGETHER TO TALK ABOUT EXACTLY HOW WAS IT

THAT PERHAPS ALL OF US COULD HAVE A PILOT DOWN IN SPA SIX, THE NEEDIEST AREA, THE SPACE IN WHERE LOS ANGELES COUNTY WE ARE NOT SERVING OUR CHILDREN AND FAMILIES THE WAY THAT WE COULD, WHERE TODAY -- SO WE ARE -- TODAY IS JUNE 8. SO TODAY, A MOM WHO JUST HAD A BABY WALKS INTO REGION FIVE, PRIME CANDIDATE FOR HOME VISITING, RIGHT NOW CAN'T GET INTO A HOME VISITING PROGRAM. RIGHT NOW WON'T HAVE THE BENEFIT OF THAT PARTICULAR SERVICE THAT WE KNOW HAS SO MUCH POTENTIAL TO HELP STOP HER FROM POTENTIALLY BECOMING ONE OF BRANDON'S FAMILIES RIGHT NOW.

BUT THANKS TO THIS PILOT THAT YOU GUYS HAVE HELPED TO LAUNCH -- AND I WILL SAY, IT'S NOT JUST THE FUNDING. THIS IS, AGAIN, ANOTHER EXAMPLE OF YOU GUYS BEING IN THE ROOM EVERY SINGLE STEP OF THE WAY. WE'RE GOING TO TALK ABOUT SYSTEMS CHANGE IN JULY. LET ME GIVE YOU A PREVIEW. IT'S MESSY. IT'S REALLY -- IF YOU REALLY WANT TO DO IT, THE SENSE THAT WE'VE GOT IS, YOU'RE ROLLING UP YOUR SLEEVES AND YOU'RE DIGGING INTO THE PROTOCOLS AND YOU'RE FIGURING OUT WHO NEEDS TO BE IN THE ROOM AND YOU'RE MAKING SURE THAT YOU'RE THERE AND ALL OF IT NEEDS TO GET -- SO FIRST 5 LA WAS THERE FOR ALL OF THAT. AND BECAUSE OF ALL OF THAT WORK, BOTH THE INVESTMENT AND THE WILLINGNESS TO ROLL UP YOUR SLEEVES, THE WILLINGNESS TO BE FLEXIBLE, AND ALSO LET ME LIFT UP THE WILLINGNESS -- I DON'T WANT TO SAY TO BE DEMANDING, BUT TO INSIST ON A

COMMITMENT.

YOU KNOW, AS I UNDERSTAND IT, YOU'RE WILLING AND ABLE TO MAKE THIS COMMITMENT BECAUSE YOU UNDERSTAND THAT -- AND YOU HAVE BEEN VERY PUBLIC -- YOU'VE BEEN VERY PUBLIC THAT -- THAT YOUR FUNDING IS GOING DOWN AND THAT YOU CANNOT CONTINUE TO BE THE SUSTAINABILITY FUNDING FOR HOME VISITING. AND EVEN IF IT WASN'T GOING DOWN, EVEN IF YOU COULD CONTINUE TO DO WHAT YOU'RE DOING, YOU'RE NOT REACHING THE FAMILIES THAT YOU COULD POTENTIALLY REACH AND THAT YOU NEED OTHER FAMILIES.

SO CHRISTINA AT EACH EVERY ONE OF THESE MEETINGS, AND THERE HAVE BEEN A LOT OF THEM, HAS BEEN VERY VERY, CLEAR. FIRST 5 LA WILL BE WILLING TO TAKE THIS RISK, WILL BE WILLING TO DO THIS PILOT IF DPSS WOULD BE WILLING TO CONSIDER SUSTAINABLE FUNDING IT. AND, YOU KNOW, THEY HAVE NOT SAID, YES, WE ARE DEFINITELY ON BOARD AND WE'VE GOT THIS FOR YOU BECAUSE THEY WANT TO SEE THE OUTCOMES, THEY WANT TO SEE THE RESULTS. AND THAT'S UNDERSTANDABLE. BUT SHE'S BEEN VERY CLEAR THAT THE WHOLE PURPOSE OF THIS IS TO BE ABLE TO HAVE DPSS COME IN. AND I CAN TELL YOU IS THAT THEY HAVE BEEN VERY EXCITED AND WILLING PARTNERS AND REALLY INTERESTED IN DOING THIS PARTNERSHIP. AND IT'S FROM THAT TO THE HOME VISITING MOTION TO THE PREVENTION PLAN THAT BRINGS ME BACK TO THE US TRULY BEING A REFLECTION POINT FOR OUR BABIES AND OUR

TODDLERS.

SO THANK YOU.

SUPERVISOR KUEHL: THANK YOU.

MR. WAGNER: I REALLY WANT TO THANK KATE FOR PROVIDING THE DETAILS BECAUSE IT IS REALLY THAT KIND OF CONNECTION AND CONNECTING POINTS AND OPPORTUNITIES FOR BRINGING THINGS TO TOGETHER THAT OTHERWISE MIGHT NOT BE BROUGHT TOGETHER WHERE -- IT'S SO EXCITING ABOUT THIS PARTNERSHIP THAT HAS EVOLVED WITH THE OFFICE OF CHILD PROTECTION. SO THANK YOU BOTH FOR SPEAKING TO THAT.

AND I ALSO WANT TO JUST MAKE A CONNECTION TO THE ACTION THE BOARD TOOK EARLIER IN THE BUDGET TO REINFORCE THAT WHAT THE CHAIR SAID IN THE BEGINNING OF OPENING -- OF HER OPENING COMMENTS AND TO BE VERY CONCRETE AS TO WHAT KINDS OF INVESTMENTS WERE CONTAINED IN THE BUDGET THAT WILL ALLOW US TO CONTINUE TO MOVE TO THIS WORK FORWARD. FOR EXAMPLE, AN ADDITIONAL $60,000 FOR THE HOME VISITING CONSORTIUM THAT KATE JUST SPOKE TO, CONTINUED SUPPORT WITH SOUTHERN CALIFORNIA GRANT MAKERS TO SUPPORT THE WORK OF THE CENTER, $25,000 IN DATA ANALYTICS TO LOOK AT HOW DATA CAN BE USED TO INFORM THE PREVENTION WORK, $850,000 TO CONTINUE FIRST 5 LA'S SUPPORT OF THE CHILDREN'S DATA NETWORK. JACQUELYN AND EMILY PUTNAM HORSTIEN (PHONETIC) AND ALL THE GREAT FOLKS THEY HAVE THERE. AND $50,000 FOR CONTINUING TO FUND EMERGING OPPORTUNITIES WITH THE COUNTY,

WHAT THE CHAIR SPOKE TO AS FAR AS FLEXIBLE FUNDING SO WE CAN APPROACH OUR COUNTY PARTNERS WITH WAYS -- WITH RESOURCES AND SUPPORTS FOR THE WORK THAT IS EMBODIED IN OCP AND CAN GO MUCH FURTHER.

SO WITH THAT, I WANT TO TURN IT BACK OVER TO THE CHAIR TO ANSWER ANY QUESTIONS. AND I JUST REALLY WANT TO THANK BOTH JUDGE NASH AND KATE FOR BEING HERE. AND IT'S REALLY EXCITING TO BE PART OF THIS PANEL AND TALK ABOUT THE WORK THAT'S EVOLVED OVER THE LAST YEAR.

MS. ANDERSON: I HAVE ONE MORE THING THAT I FORGOT, WHICH IS A HUGE THING ACTUALLY. I STARTED OFF BY SAYING THAT I WAS GOING TO TELL YOU THE WORK OF THE CENTER AND REACHING OUT. AND I TOLD YOU THE THINGS THAT I'VE BEEN SAYING OUT IN THE OUTSIDE WORLD. SO A BIG PART OF WHAT WE DO -- AND ESPECIALLY WITH THE PREVENTION PLAN, WHICH IS STILL -- I LOVE THIS WORD ALTHOUGH I ALWAYS MISPRONOUNCE IT VERY -- WELL, INCHOATE IN THE SENSE THAT IT'S NOT YET PUBLIC. SO THERE'S NOT YET AN INVESTMENT IN THE PREVENTION PLAN ITSELF. SO THE WORK OF THE CENTER, AS FAR AS PREVENTION IS CONCERNED, IS REALLY IN JUST BRINGING IN THE PRIVATE SECTOR AND EDUCATING THEM ON THAT. THE LOS ANGELES ECONOMIC DEVELOPMENT CORPORATION, THE LOS ANGELES CHAMBER OF COMMERCE, THE FEDERAL GOVERNMENT, ACTUALLY THE ADMINISTRATION ON CHILDREN AND FAMILIES, THEIR REGIONAL OFFICE IS VERY INTERESTED IN PUBLIC/PRIVATE PARTNERSHIPS,

AS WELL AS OBVIOUSLY THE PHILANTHROPIC COMMUNITY, BOTH LOCAL AND NATIONAL. AND JEN PIPPARD AND THAT WHOLE DEPARTMENT HAS REALLY BEEN KEY IN THIS. IT'S VERY CLEAR THAT THE WORK THAT WE ARE DOING IN PREVENTION OVERLAPS ALMOST TO THE -- AS A VENN DIAGRAM ALMOST 100 PERCENT WITH YOUR EFFORTS AND INITIATIVES.

SO WE'VE BEEN VERY, VERY INTENTIONAL. JEN HAS BEEN HAVING LUNCHES WITH ME OVER AT UNION STATION, THAT CREPE PLACE I CAN'T RECOMMEND ENOUGH.

JUDGE NASH: IF I COULD JUST MAKE PLUG FOR THE CENTER. ONE OF THE REALLY IMPORTANT THINGS THAT IT HAS BROUGHT TO US IS THAT NOW, WITH EVERYTHING THAT WE DO, WE CONSCIOUSLY ASK OURSELVES, IS THERE A ROLE FOR THE PRIVATE SECTOR IN OUR WORK HERE. AND I -- I THINK THAT'S SOMETHING THAT WE OFTEN HAVE OVERLOOKED BUT NOW IT'S A REGULAR PART OF OUR THINKING.

SUPERVISOR KUEHL: I THINK WHAT KATE SAID ALSO ABOUT EDUCATING, IT'S KIND OF MORE THAN A TWO-WAY STREET. BUT THE NOTION WAS REALLY THAT THERE WERE ALWAYS A LOT OF PEOPLE IN THE COMMUNITY AND IN PHILANTHROPY AND IN THE PRIVATE SECTOR WHO REALLY DIDN'T UNDERSTAND THESE AREAS, WHO DIDN'T KNOW THAT ANYBODY WAS DOING SOMETHING OR TRYING TO ABOUT THESE AREAS. BUT IT'S -- YOU KNOW, AS WE'RE ALL ABOUT TRYING TO CONNECT. AND I THINK FIRST 5 HAS BEEN VERY, VERY GOOD AS A COMMUNITY PARTICIPANT IN GETTING MORE

AND MORE INVOLVED WITH OTHERS. AND IT JUST MANY AMPLIFIES OUR WORK. AND WHEN SAY OUR, I MEAN ON BOTH SIDES OF MY HAT BECAUSE IT'S WORKING VERY WELL.

OPEN FOR QUESTIONS AND COMMENTS. DEANNE.

COMMISSIONER TILTON: I WANT TO THANK YOU GUYS. ARE YOU THREE STELLAR EXAMPLES OF HOPE FOR CHILDREN AND KEEPING THEM SAFE AND OUT OF THE OF THE CHILD WELFARE SYSTEM, IF POSSIBLE AND PROTECTING THEM ONCE THEY'RE IN THE CHILD WELFARE SYSTEM.

I WANT TO ESPECIALLY THANK JOHN WAGNER. I HAVE TO TELL YOU, I'VE KNOWN JOHN FOR DECADES ACTUALLY. AND HE'S ONE OF THE MOST PURELY TRULY COMMITTED PEOPLE TO CHILDREN AND FAMILIES I'VE MET. AND IT WAS BECAUSE OF JOHN THAT ICAN WAS BROUGHT ON THE COMMITTEE FOR THE OCP PREVENTION PLAN. SO WE GOT TO JOIN OUR OLD FRIEND, HONORABLE JUDGE MICHAEL NASH, WHO I'LL TELL YOU, THROUGHOUT THE NATION IS REVERED AS THE LEADING JUDICIAL FIGURE IN PROTECTION OF CHILDREN. AND SO I'VE ALWAYS FELT HONORED TO BE HIS COLLEAGUE. AND HE DID SERVE ON THE ICAN POLICY COMMITTEE. SO I DON'T HAVE TO EXPLAIN TO HIM WHAT ICAN IS. I DID HAVE TO REMIND HIM TO INCLUDE US IN HIS PROCESS OF CLEARING HIS REPORT, AND HE WAS GREAT. HE SAID THE SAME THING HE SAID TO JOHN SHERIN; THAT WAS AN OMISSION. AND SO HE GAVE US A CHANCE TO REVIEW THE INITIAL DRAFT.

AND THE MEMBERS OF ICAN WERE VERY, VERY ENTHUSIASTIC ABOUT COMMENTING. AND A LOT OF THOSE COMMENTS ARE INCLUDED, INCLUDING THE 12 CHILD ABUSE COUNCILS AND THE LGBTQ COMMUNITY AND ICAN.

AND I WILL SAY THAT I'M HOPING -- IT'S COMING MORE CLEARLY TO ME BECAUSE ICAN IS A VERY LARGE NETWORK WITH A LOT OF MILES ON IT IN TERMS OF BRINGING AGENCIES TOGETHER AND A NATIONAL REPUTATION AND I BELIEVE SOME OUTCOMES THAT ARE PHENOMENAL AND HAS ALSO BROUGHT TO FIRST 5 INFORMATION AND DIRECTION SUCH AS THE PARTNERSHIPS FOR FAMILIES AND THE SAFE SLEEPING, ET CETERA.

SO I'M REALLY HONORED TO BE ABLE TO WORK WITH -- WITH YOU AND, OF COURSE, TO BE A PART OF FIRST 5. IT'S BEEN A GREAT EXPERIENCE. I'VE BEEN HERE -- I'M ONE OF THE TWO LONGEST SERVING COMMISSIONERS OF FIRST 5.

SO I AM GOING TO TAKE SHEILA -- THE HONORABLE SHEILA KUEHL'S ADVICE AND BE SUCCINCT AND NOT RAMBLE ON ABOUT ALL OF OUR WORKING COMMITTEES, ET CETERA, AND SAY THAT WHAT WE WANT TO DO IS BE A PART OF WHAT YOU'RE DOING.

THERE'S -- CHILD ABUSE IS A HUGE ISSUE, BOTH IN TERMS OF -- OF SECONDARY, PRIMARY, AND TERTIARY. WE TRY TO FOCUS ON ALL THREE BUT WE DO A LOT OF TERTIARY, AND THAT'S WHAT I THINK IN PARTICULAR IS MISSING FROM THIS PLAN BECAUSE IT'S INTENTIONALLY NOT FOCUSED ON TERTIARY.

IN ADDITION, BECAUSE THIS IS A COUNTY PROJECT, A

COUNTY PLAN, IT DOESN'T INCLUDE ANY CITY OR STATE OR FEDERAL AGENCY PARTICIPATION. SO WE DON'T HAVE A CITY SCHOOLS OR THE HOSPITAL. WE DON'T HAVE CITY POLICE, CITY FIRE DEPARTMENT. THE CITY AGENCIES THAT ARE SO MUCH INVOLVED IN COMMUNITIES AREN'T FEELING A PART OF THIS BECAUSE THEY'RE NOT A COUNTY AGENCY.

SO I'M JUST ASKING THAT WE ESTABLISH THE PARTNERSHIP THAT MICHAEL NASH AND I AGREED THAT WE WOULD ESTABLISH BECAUSE THAT'S THE ONLY WAY WE CAN ACCOMPLISH THIS. THIS IS A HUGE -- A HUGE CHALLENGE.

YOU CAN TALK ABOUT THAT FOUR-YEAR OLD AND YOU CAN TALK ABOUT GABRIEL FERNANDEZ, BUT OVER THE YEARS YOU CAN TALK ABOUT THOUSANDS AND THOUSANDS OF KIDS WHO NOW ARE ADULTS AND SUFFERING THE CONSEQUENCES OF ADVERSE CHILDHOOD EXPERIENCES. AND SO WE HAVE TO FOCUS ON THAT AS WELL.

I WANT TO SECOND THE SUGGESTION FOR INCLUDING THE HUBS. THE HUBS -- ASTRID HEGER AND I POUNDED THE EIGHTH FLOOR ADVOCATING FOR THE VIOLENCE INTERVENTION PROJECT THAT LEAD TO THE HUBS. IT'S CRITICAL.

HOME VISITING IS WHAT THE U.S. ADVISORY BOARD ON CHILD ABUSE AND NEGLECT DECLARED TO BE THE GREATEST HOPE FOR PREVENTION OF CHILD ABUSE IN THIS NATION. AND IT'S TAKEN ALL THIS TIME TO GET TO THE POINT OF ACTUALLY SEEING SOME FORM OR SOME DIRECTION TOWARDS UNIVERSAL HOME VISITATION AND EARLY CHILDHOOD EDUCATION, OF COURSE.

SO I DIDN'T DO TOO MUCH YET, DID I? THIS IS MY LIFE. SO I GUESS I -- I'M BEING VERY CAREFUL. WE HAVE A 350-PAGE DATA REPORT ON THE STATE OF CHILD ABUSE IN LA COUNTY. THERE'S SO MUCH DATA IN THERE FROM 19 DIFFERENT AGENCIES AND SPECIAL PROJECTS. SO I'M HOPING THAT YOU CAN LOOK THAT AND I THINK MAKE SOME SENSE OUT OF IT IN TERMS OF COMPARING WHAT THE AGENCIES ARE DOING BOTH TOGETHER AND SEPARATELY. AND OUR -- OUR REPORTS ON CHILD FATALITIES SHOWS FASCINATING TRENDS IN TERMS OF THE MOST AT-RISK CHILDREN. AND THOSE ARE THE CHILDREN FIRST 5 WAS CREATED TO PROTECT. ALMOST ALL OF THEM UNDER TWO. AND 75 PERCENT AT LEAST -- ALMOST NONE OVER FIVE.

SO I'M GOING TO THANK YOU AGAIN FOR WHAT YOU'RE DOING AND TELL YOU THAT ANYTHING ANYBODY DOES TO PREVENT CHILD ABUSE IS -- IS -- MAKES ME VERY HAPPY. AND I RESPECT EACH OF YOU SO MUCH FOR WHAT YOU'RE DOING. AND I JUST HOPE THAT WE CAN CONNECT BECAUSE THERE A LOT OF PEOPLE WHO REALLY WANT TO JOIN IN AND BE A PART OF PROTECTING KIDS AND PREVENTING HARM.

JUDGE NASH: SO, DEANNE, THE NAME OF THAT GROUP IS AGAIN WHAT? I CAN? WE WON'T FORGET IT.

COMMISSIONER TILTON: I FOUND IT IN HERE.

SUPERVISOR KUEHL: MANY OF YOU KNOW THAT JUDGE NASH HEADED UP THE JUVENILE COURT FOR MANY, MANY YEARS AGO. MANY KNOW HE WAS JUDGE. EVERYBODY'S NODDING SO I

DON'T TO HAVE TO TELL ANYBODY HIS CREDENTIALS.

ROMALIS.

COMMISSIONER TAYLOR: FIRST, I WANT TO CONGRATULATE KIM AND JOHN AND ALL OF THE MANAGEMENT STAFF FOR THEIR LEADERSHIP AND SUPPORT OF THIS EFFORT. YOU GUYS ARE DOING SOME PHENOMENAL WORK. I WANT TO THANK YOU, KATE AND JUDGE NASH, FOR YOUR LEADERSHIP IN THIS EFFORT. THIS IS VITAL TO OUR COMMUNITY. I WANT TO THANK YOU FOR IDENTIFYING SPA SIX AS A HOT SPOT THAT YOU'RE GOING TO PILOT THIS WITH. MY FRIEND FROM SHIELDS FOR FAMILIES, THEY'VE BEEN THERE FOR DAY ONE. YOUR MODEL IS RIGHT ON ABOUT COMMUNITY INVOLVEMENT AND WHAT NEEDS TO BE DONE. THANK YOU FOR YOUR PASSION AND CARING ABOUT THESE FAMILIES.

ALSO, I WANT TO JUST SAY THAT I KNOW IT'S THERE, BUT HIGHLIGHT THE CULTURAL COMPETENCY IMPORTANCE OF THAT IN YOUR WORK. I KNOW YOU'RE DOING IT, BUT YOU'RE NOT TALKING ABOUT IT. I WANT YOU TO TALK TO -- ADDRESS THE IMPORTANCE OF PARENT TRAINING. I KNOW IT'S THERE. IT'S PART OF THE MODEL, BUT IT'S VERY IMPORTANT BECAUSE NOBODY HAS TAUGHT THESE KIDS TO -- TO BE -- PARENTS. COMPTON HAS -- 30 PERCENT OF THE CHILDREN BORN IN THE COUNTY COME OUT OF COMPTON. AND IT'S VITAL THAT WE CUT AT THE FRONT END. GREAT IDEA, BRINGING THAT -- NOT BRINGING THESE KIDS INTO THE SYSTEM AND HOW DO WE ENGAGE THAT.

I THINK THERE'S MORE THAT DCFS CAN DO TO ENGAGE THIS PROCESS FROM THE FRONT END AND THE ER IN DETERRING THAT BECAUSE THE REASON THEY TAKE THE CHILDREN FOR NEGLECT IS BECAUSE THERE IS NO RESOURCES OUT THERE TO REFER THEM TO. IF YOU WORK WITH DCFS IN THE FRONT END, THE ER WORKER WILL NOT TAKE THESE CHILDREN FOR NEGLECT IF THEY CAN BE ENGAGED IN HOME VISITATION.

JUDGE NASH WAS PARAMOUNT IN MY WORK WITH ERIC MORRIS TO DO POINT OF ENGAGEMENT IN SOUTH CENTRAL LA. IT MADE A HUGE DIFFERENCE. MY COLLEAGUE AND FRIEND AND JACKY MCCROSKY IS A DATA MONSTER. I LOVE HER. AND PLEASE HAVE HER HELP YOU TRACK THIS AND IDENTIFY THE OUTCOMES BECAUSE SHE DID THAT FOR ERIC AND I WHEN WE WERE DOING POINT OF ENGAGEMENT. IT MAKES A TOTAL BIG DIFFERENCE. AND THEN WE NEED TO HAVE A FORUM SO THAT THE COMMUNITY CAN GIVE YOU FEEDBACK ON WHERE IT IS FROM THEIR PERSPECTIVE, RATHER THAN THEM FEELING WE'RE THROWING THINGS AT THEM; HAVING THEM BE AN ADVISORY COUNCIL BACK TO YOU SAYING, THIS IS HOW IT'S WORKING FROM US FROM DOWN HERE VERSUS FROM THE TOP.

I REALLY APPRECIATE THE WORK YOU'RE DOING. I COMMEND YOU ON IT AND THANK YOU SO MUCH.

SUPERVISOR KUEHL: THANK YOU. DAYTON.

COMMISSIONER GILLELAND: THANK YOU, SUPERVISOR KUEHL.

I TOO WOULD LIKE TO EXPRESS MY APPRECIATION OF JUDGE NASH, KATE. THANK YOU SO MUCH FOR WHAT YOU'RE DOING. JOHN, FOR YOUR COMMITMENT AND INVOLVEMENT IN THIS PROCESS. AND CHRISTINA, TOO, I HEARD YOUR NAME SLUNG AROUND A FEW TIMES THERE. I KNOW MANY PEOPLE HAVE BEEN INVOLVED IN THIS AND I JUST -- I WOULD BE REMISS IN NOT NOTING OR MENTIONING THAT THE LA COUNTY OFFICE OF EDUCATION IS NOT INCLUDED IN YOUR LIST OF CONTRIBUTORS. BUT AS WE MOVE FORWARD WITH THE IMPLEMENTATION OF YOUR PLAN, I WOULD JUST WANT TO ASSURE YOU THAT DR. DUARDO IS A STRONG PROPONENT OF THIS WORK AND PARTNERSHIPS AND IS REALLY LOOKING TO ESTABLISH THAT. SO I LOOK FORWARD TO FURTHER DISCUSSION ABOUT THE OPPORTUNITY FOR TO US ENGAGE.

OUR COUNTY SCHOOLS' OFFICE WORKS WITH 80 SCHOOL DISTRICTS THROUGHOUT LA COUNTY. OFTEN WE'RE MAYBE AT STAGE TWO OF THE PREVENTION ADDRESS IF YOU WILL, AND I WOULD LIKE TO BE MORE DIRECTLY INVOLVED IN THE PREVENTATIVE WORK THAT YOU'VE OUTLINED HERE.

THANK YOU VERY MUCH.

SUPERVISOR KUEHL: JUDY.

COMMISSIONER ABDO: SO I AM NOT GOING TO SAY ANYTHING ABOUT HOME VISITATION BECAUSE I THINK SO MANY PEOPLE HAVE SAID AND WILL SAY THINGS -- WONDERFUL THINGS ABOUT IT AND WHAT YOU'RE PLAN WILL DO.

I GUESS MY QUESTION AND CONCERN IS MORE WITH THE

ECE PROGRAMS AND ACCESS TO THEM RIGHT NOW. I THINK IT WAS LAST MONTH OR THE MONTH BEFORE WE HAD A REPORT ON THE DEFICIT IN PROGRAMS, EARLY CHILDHOOD PROGRAMS IN THE COUNTY. AND IT WAS DEVASTATINGLY AWFUL TO SEE THOSE NUMBERS. THE DATA HAS SHOWN -- THIS WAS THE FIVE-YEAR PLAN -- THAT WE ARE SO FAR BEHIND IN PROVIDING ACCESS TO EARLY CARE AND EDUCATION PROGRAMS, ESPECIALLY TO INFANT TODDLERS. AND IT'S ALMOST EMBARRASSING TO HAVE BEEN ALL OF US WORKING IN THIS -- THIS FIELD FOR A REALLY LONG TIME AND TO SEE THE NUMBERS THAT CAME OUT IN THAT -- THAT FIVE-YEAR PLAN.

SO I DON'T KNOW WHAT YOU CAN DO ABOUT THAT, BUT I -- I'M VERY GLAD TO SEE IT IN YOUR ITEM 4, AND I JUST HOPE THAT WE CAN WORK TOGETHER ON GETTING ACCESS BY HAVING MORE PROGRAMS FOR PEOPLE WHO ARE READY FOR THEM.

SUPERVISOR KUEHL: WENDY.

COMMISSIONER SMITH: SO I -- I WANT TO ECHO ALL OF MY FELLOW COMMISSIONERS' COMPLIMENTS AND GRATITUDE TO THE WORK OF ALL OF YOU AND ALL OF THE FIRST 5 PARTNERS THAT WORKED WITH YOU. I, YOU KNOW, HAD THE OPPORTUNITY TO SEE AN EARLIER DRAFT. AND I'VE SHARED MY COMPLIMENTS WITH YOU PREVIOUSLY.

READING THROUGH IT AGAIN NOW -- THIS IS WITH APOLOGIES BECAUSE I MIGHT HAVE MISSED IT. BUT TWO THINGS THAT I DON'T THINK I SAW WERE SOME KIND OF ATTENTION TO

UNDOCUMENTED FAMILIES AND ALSO TO EXPECTANT AND PARENTING YOUTH IN PARTICULAR. SO I WOULD JUST ENCOURAGE YOU, AS YOU KIND OF MAKE A MORE FINAL VERSION, THAT MAYBE THOSE TWO, YOU KNOW, EXTREMELY VULNERABLE COMMUNITIES COULD HAVE SOME ATTENTION IN THE REPORT.

SUPERVISOR KUEHL: GENIE.

COMMISSIONER CHOUGH: SO I'M REALLY EXCITED AND DOING CARTWHEELS INSIDE TO READ THIS PLAN. SHEILA AND I HAVE HAD YEARS OF CONVERSATIONS ABOUT QUILTS, QUILTING, AND THIS SQUARE NEEDS TO BE THERE AND A LOT OF THE SQUARES ARE HERE. AND IT'S REALLY EXCITING TO SEE IN BLACK AND WHITE AND MOVE ALONG.

I WAS ALSO PART OF DR. SANDER'S EFFORTS WITH POE AND JACQUELYN MCCROSKY'S REPORTS AS PART OF THE CHILDREN'S COMMISSION 15 YEARS AGO WHERE WE HAD THE VISUAL WITH THE HOUSE AND GOING IN THE DOOR. AND IT ALL DIED. I THINK TODAY WE -- THE STARS ALIGNED. WE HAVE A CRITICAL MASS OF PEOPLE AROUND THE TABLE, AT THIS TABLE, AND OUTSIDE THESE WALLS HAVE WHO HAVE LOTS OF PATIENCE.

WE DON'T DO PREVENTION WELL. DCFS -- SPEAKING FOR DCFS. WE ARE BY DEFINITION TERTIARY PREVENTION. AND IT'S REALLY EXCITING TO SEE OUR PARTNERS STEP UP AND CARE FOR THESE KIDS BEFORE THEY COME TO US.

WE -- I'M THRILLED OBVIOUSLY TO SEE THE P AND A GROUPS, FRIENDS OF THE FAMILY, GRACE, ALL OF OUR PARTNERS,

SHIELDS, ARE FANTASTIC. AND THIS IS A SEED WE COULD GROW. IT'S A DROP IN THE BUCKET COMPARED TO MANY OF OUR OTHER PROGRAMS, HOME VISITATION OBVIOUSLY.

I'M THRILLED TO SEE PARKS AND LIBRARIES PART OF IT AS WELL AS WEDAKS (PHONETIC). IS THAT WHAT WE'RE CALLING THEM NOW? WEDAKS. AND WHERE I DO SEE HOLES, I -- LACOE I FEEL IS A GLARING OMISSION. OUR TEACHERS ARE THE FIRST ONES TO REPORT THE KIDS AT THE HOTLINE. SO LACOE NEEDS TO -- AND LAUSD AND I THINK DEBRA DUARDO WAS A FANTASTIC SET OF AMAZING HIRES THAT THE BOARD HAS MADE AND WILL BE A GREAT LEAD.

I ALSO WAS HOPING THAT BEST START WAS ONE OF THE QUILTS, ONE OF THE SQUARES. AND I SEE IT AS SORT OF -- I'M MIXING METAPHORS NOW. IT'S SPRINKLE ON THE ICING ON THE CUP CAKE. AND IT SHOULD BE PART OF THE BATTER. IT NEEDS TO BE ITEM 8, BUT MAYBE NOT. MAYBE I DON'T KNOW ENOUGH ABOUT BEST START. I FEEL LIKE IT'S SPRINKLED IN DPH, IT'S SPRINKLED IN DCFS. IT'S SORT OF LIMITED TO THE BEST START COMMUNITIES PARTNERSHIPS THAT PRIORITIZE PREVENTION.

AND MAYBE I'M BEING TOO AMBITIOUS OR HAVE TOO HIGH EXPECTATIONS. I THINK BECAUSE WE'RE STARTING FROM A PLACE WHERE WE'RE SILOED, WE'RE SORT OF -- THIS REPORT DOES A GREAT FIRST EFFORT AT MARRYING THE OBVIOUS CONNECTIONS BETWEEN BEST START AND PUBLIC HEALTH, ONLY

THOSE BEST START COMMUNITIES DOING CHILD MALTREATMENT. BUT I KNOW -- I BELIEVE THERE ARE SOME BEST START COMMUNITY PARTNERSHIPS THAT WOULD BE A GREAT PARTNERSHIPS WITH WEDAKS AND FINANCIAL LITERACY AND CSS. AND THERE ARE OTHER SORT OF TERTIARY -- I'M MIXING LANGUAGE NOW. THERE ARE OTHER SORT OF INDIRECT CONNECTIONS BETWEEN THESE GROUPS THAT -- COMMONALITIES THAT WOULD SERVE AS PREVENTION IN THE LONG RUN THAT I FEEL LIKE COULD BE HERE.

AND THEN I'M ECHOING WHAT ROMALIS SAID ON CULTURAL COMPETENCY. I FEEL LIKE THAT'S A HUGE PRIORITY IN OUR -- IN OUR DEMOGRAPHIC WHEN TWO-THIRDS OF OUR CASELOAD IS LATINO. AND WE HAVE A DISPROPORTIONALITY OF AFRICAN-AMERICAN KIDS. SO I THINK THAT THAT WILL BE VERY IMPORTANT TO BE SUCCESSFUL; OTHERWISE, WE'RE JUST TALKING TO TARGETED AUDIENCE.

AND THEN THERE ARE OTHER -- I'M GLAD -- I'M SORRY, LAST POINT. PREDICTIVE -- YOU MENTIONED DATA ANALYTICS. I WAS VERY -- MY EARS PERKED UP BECAUSE IT DIDN'T POP OUT FOR ME IN THE REPORT AND I DO FEEL LIKE, ALTHOUGH WE ARE MORE TERTIARY AT DCFS, WE'RE MOVING FORWARD VERY QUICKLY ON EFFORTS WITH PREDICTIVE ANALYTICS. AND I HOPE THAT THE DATA CAN BE SHARED WITH OTHER DEPARTMENTS TO IDENTIFY FAMILIES WHO DON'T COME -- WHO DON'T HAVE A SUBSTANTIATED ALLEGATION AND WHO COULD BE FLAGGED FOR VOLUNTARY INTENSIVE SERVICES LIKE HOME

VISITATION OR OTHER SERVICES. BUT LIKE, AGAIN, I THINK WE -- WE THE GOVERNMENT, WE THE COUNTY, DON'T DO PREVENTION WELL. SO THAT'S WHERE I FEEL LIKE FIRST 5 LA COULD BE CALLED OUT AS ITS OWN DEPARTMENT IN ADDITION TO DPH AS MORE THOUGHTFULLY OR COMPREHENSIVELY INTEGRATING BEST START WITH ALL OF THESE EFFORTS.

SUPERVISOR KUEHL: THANK YOU, GENIE.

JUST ONE LAST THOUGHT AND IT'S -- IT'S SORT OF RADICAL AND DOESN'T ONLY ACTUALLY RECOMMEND ITSELF IF IT DOES AT ALL TO OCP, BUT IT HAS LONG BEEN OF INTEREST TO ME THAT THOUGH WE HAVE MANY PANELS CONVENED TO TALK ABOUT CHILDREN AND MANY BOARDS AND COMMISSIONS THAT CONVENE TO TALK ABOUT CHILDREN, CHILDREN ARE RARELY MEMBERS OF THOSE PANELS. I'M NOT THE FIRST PERSON TO SAY THIS. BUT YOU KNOW, IT REMINDS ME OF THE OLD DAYS WHERE MEN WOULD GATHER TO FIGURE OUT WHAT WOMEN NEED. AND IT WAS THE SAME NOTION BECAUSE THEY WERE PROPERTY AND THEREFORE SHOULDN'T BE ASKED TO THINK FOR THEMSELVES.

AND I -- YOU KNOW I SAY THIS AS SOCIETY GROWS AND THINKS ABOUT IT. CHILDREN ARE STILL THE ONE MINORITY THAT TRULY ARE CONSIDERED TO BE PROPERTY AND NEED TO BE ASSIGNED, WHICH IS -- YOU KNOW, THE COURT DOES IT WITH HEART, BUT IT'S THE RESPONSIBILITY OF THE COURT AND OTHER AGENCIES TO ASSIGN THIS PROPERTY TO A PROPER CARETAKER. STILL, THEY HAVE A LOT TO SAY.

I -- I REMEMBER WE'VE CONVENED A NUMBER OF PANELS IN SACRAMENTO OF YOUNG PEOPLE, GENERALLY NO YOUNGER THAN MIDDLE SCHOOL BUT SOMETIMES, WHERE WE TALKED ABOUT DROPPING OUT AND WHY PEOPLE DID OR DID NOT DROP OUT AND HAD A PANEL OF STUDENTS WHO HAD AND A PANEL OF STUDENTS WHO HADN'T. AND THEY IDENTIFIED THE ONE THING THAT MADE A DIFFERENCE WAS AN ADULT AT THE SCHOOL THAT SAID, COME TALK TO ME. I MEAN, SOMETHING SIMPLE. OR A CHILD WHO HAD ACTED OUT AND ACTED OUT. AND, FINALLY, WHEN WE ASKED HI YOU KNOW, WHAT'S GOING ON WITH YOU, HE SAID, WELL, THERE'S NO FOOD AT HOME, I'M ALWAYS HUNGRY, AND WHEN I GET IN TROUBLE, THEY SEND ME TO THE PRINCIPAL'S OFFICE AND THEY GIVE ME A PIECE OF CANDY. SO THAT WAS A PERSPECTIVE THAT NO ADULT HAD EVER GIVEN TO US.

SO I'M JUST THINKING FOR US AT FIRST 5, OUR -- OBVIOUSLY OUR KIDS ARE A LITTLE YOUNG PERHAPS TO PARTICIPATE. BUT JUST AS YOU'VE BEEN TALKING ABOUT PARENTS AND WE COME TO RECOGNIZE HOW IMPORTANT IT IS IN TERMS OF REPRESENTATION OF COMMUNITIES. I DON'T KNOW HOW THIS WOULD WORK, BUT I THINK THAT IT MIGHT BE IMPORTANT TO START THINKING MORE BROADLY NOT JUST A TOKEN BUT REALLY THINKING ABOUT ALWAYS INCLUDING -- AND IT MEANS OUR MEETINGS WOULD HAVE TO BE PERHAPS AT A DIFFERENT TIME. MAYBE NOT OUR MEETINGS, BUT THE MEETINGS. I'M JUST SAYING.

AND I ALSO WANT TO GIVE YOU AN OPPORTUNITY FOR ANY CLOSING REMARKS, BUT I WANT TO THANK YOU. YOU KNOW, IT'S EASY TO PASS A MOTION THESE DAYS IN THE COUNTY. I COULD GET A MOTION THROUGH ON HOME VISITATION. BUT IT'S SORT OF LIKE SAYING, OKAY, I WANT IT MAGICALLY TO HAPPEN AND I DON'T HAVE ANYTHING TO DO WITH IT, YOU GO AHEAD AND DO IT. SO I'M VERY GRATEFUL FOR THE AMOUNT OF PURE SCUT WORK THAT'S GOING IN TO ALL OF THE THINGS THAT OCP IS DOING, THE CONTRIBUTION OF FIRST 5 AND OTHERS, NOT JUST FUNDERS BUT COMMUNITY PARTNERS. AND ALSO I THINK THE COUNTY'S BEEN KIND OF SMART IN DOING THIS AND VERY SMART IN THE TWO PEOPLE THAT IT CHOSE, SO THANK YOU.

ANY CLOSING REMARKS?

JUDGE NASH: LET ME JUST SAY THIS WITH RESPECT TO YOUR LAST COMMENT. I COMPLETELY AGREE THAT INVOLVING THE YOUNG PEOPLE WHO ARE REALLY THE SUBJECTS OF ALL OF THIS IS ALWAYS SOMETHING THAT WE SHOULD KEEP IN MIND. WE DON'T DO IT WELL ENOUGH, BUT IN OUR DEFENSE, I -- THE ONLY THING I CAN SAY IS, WHILE WE'VE BEEN WORKING ON THIS PLAN, WE DID HAVE CYC AT THE TABLE, THE CALIFORNIA YOUTH CONNECTION AT THE TABLE. WE WANTED TO MAKE SURE WE HAD SOME YOUTH VOICE THERE. BUT, ONCE AGAIN, IT'S NEVER ENOUGH.

ABOUT THIS PLAN AND REALLY ABOUT A LOT OF THE WORK THAT WE'RE DOING AT THE OFFICE OF CHILD PROTECTION AND SO FORTH, I TELL PEOPLE THIS ALL THE TIME, I LIKE TO

QUOTE COACH JOHN WOODEN WHEN HE SAID, PLEASE DO NOT MISTAKE ACTIVITY FOR ACHIEVEMENT. WE HAVE A LOT OF ACTIVITY GOING ON AND I THINK WE'RE AT A POINT WHERE WE HAVE ACHIEVED A FEW THINGS. I THINK GETTING TO THE POINT OF EVEN HAVING A DRAFT -- HONESTLY, I NEVER THOUGHT THAT -- YOU KNOW, THAT WE WOULD HAVE A DRAFT OF A PLAN BY NOW, AS IMPERFECT AS IT IS, BUT IT'S NOT A BAD PLAN. OKAY.

SO BUT ONCE AGAIN, YOU KNOW, NOW WE'RE ON TO THE IMPORTANT PART. CAN WE PUT THIS INTO A EFFECT WHERE IT TRULY MAKES A DIFFERENCE. SO ALL I CAN SAY IS, STAY TUNED.

SUPERVISOR KUEHL: ALL RIGHT. THANK YOU VERY, VERY MUCH. WE REALLY APPRECIATE YOU VISITING US AND THE WORK THAT YOU PUT INTO IT.

THANK YOU. THAT BRINGS US TO FILE ITEM 9, WHICH IS PUBLIC COMMENT. WE HAVE A REQUEST FOR PUBLIC COMMENT FROM KATHY SHRINER. PLEASE COME FORWARD. THANK YOU.

SPEAKER: HI. KATHY SHRINER. I'M ON THE EXECUTIVE COMMITTEE OF BEST START PANORAMA CITY AND NEIGHBORS. I WILL MAKE THIS SHORT BECAUSE I KNOW PEOPLE ARE READY TO GO HOME. BUT I JUST WANTED TO CALL TO ACCOUNTABILITY SBCCC, SOUTH BAY CENTER FOR COUNSELING, THAT YOU DID PASS THEIR CONTRACT. AND I PURPOSELY DIDN'T SPEAK UP DURING THAT TIME BECAUSE THERE WERE TOO MANY CONTRACTS INVOLVED. BUT EVERY WORD HERE SAYS THAT THEY

SUPPORT BEST START COMMUNITIES, BUT THEY LAID OFF THE RESIDENT OUTREACH COORDINATOR FOR OUR COMMUNITY. SHE SENT US AN E-MAIL ON JUNE 1ST SAYING THAT WAS HER LAST DAY. THEY HAD NOT COMMUNICATED WITH US IN ADVANCE NOR -- AND WHEN I TALKED TO BEST START STAFF, THEY DIDN'T KNOW EITHER. SO THEY FOUND OUT THREW SBCCC AND THEY'RE NOW I GUESS GOING TO COME AROUND AND TALK TO THE BEST START. BUT IT'S NEVER BEEN A REALLY CLOSE MATCH AND IT JUST SEEMED TO ME THAT THAT WAS A VERY DISRESPECTFUL WAY TO SHOW THAT THEY ARE INVOLVED WITH BEST START. THANK YOU.

SUPERVISOR KUEHL: THANK YOU VERY MUCH. THANK YOU FOR BEING HERE WAIT THROUGH THE WHOLE MEETING AND THANK YOU FOR YOUR TESTIMONY.

ANYTHING ELSE BEFORE WE CLOSE THE MEETING?

OKAY. SEE YOU IN JULY. HAVE A WONDERFUL BEGINNING OF YOUR SUMMER IF THE SUN EVER COMES OUT. AND WE ARE ADJOURNED.

(AT 4:14 PM, THE MEETING WAS ADJOURNED.)

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 20TH DAY OF JUNE 2017.

_____

CERTIFIED SHORTHAND REPORTER

FOR THE STATE OF CALIFORNIA

FIRST 5 LA

SUBJECT:
Monthly Financial Reports

RECOMMENDATION:
Approval of the monthly financial statements for the month ending May 31, 2017.

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

DISCUSSION:

First 5 LA began the month with a cash balance of $444.3 million. During the month of May 2017, we received $8.8 million in revenues. We had $4.5 million in program expenditures, 3,552 in pass-through expenditures and $1.4 million in operating expenditures. As a result, First 5 LA ended the month with a cash balance of $447.2 million.

This report includes detailed financial information for the month ending May 31, 2017. The financial statements are unaudited and reported as a "soft close." All materials in this packet and check registers are available online. Statements in this report include the following:

- Revenue and Expense Statement: Summarizes financial statements to highlight the starting cash balance, revenues received, program and operating expenses, and the ending cash balance for the month.

- Balance Sheet: Provides a "snapshot" view of the Commission's assets, liabilities and fund balance as of May 31, 2017.

- Detailed operating and program expenditures: Shows expenses against the FY 2016-17 Budget approved on June 09, 2016 and adjusted on April 13, 2017 as well as a report of expenditures related to programs functioning as pass-through agreements.

Los Angeles County Children and Family First -
Proposition 10 Commission (aka) First 5 LA
Revenue and Expense Statement
May 31, 2017, Unaudited

		REVENUES AND EXPENDITURES	
Cash Balance as of April 30, 2017	**$**	**444,350,649**	
Revenue			
Monthly State Allotments	$	8,232,088	**(1)**
State Commission Matching Grant - Cares Program		-	
Medi-Cal Administrative Activities (MAA)		-	
State Commission - Other Program Funds			
Interest Income - Unreserved		522,360	
Investment Income - Other		-	
Rental Revenue - La Petite		9,363	
Partnerships for Families (PFF) - LA County Dept. of Children and Family Services (DCFS)		-	
ECE-LA County IMPACT		-	
Total Revenue	**$**	**8,763,811**	
Expenses			
Program Budget (Attachment A)			
2015-2020 Strategic Plan: Focusing For The Future	$	2,239,678	
Legacy Investments		2,149,524	
Research and Evaluation		153,751	
Total Initiative/Program Expenses	**$**	**4,542,953**	
Pass-Through (Attachment B)			
Medi-Cal Administrative Activities (MAA)	$	3,552	
Partnerships for Families (PFF) - LA County Dept. of Children and Family Services (DCFS)		-	
Total Pass-Through Expenses	**$**	**3,552**	
Operation and Administration (Attachment C)			
Personnel	$	1,176,174	
General Operating		80,037	
Professional Services		35,298	
Consultant Services		82,405	
Travel & Meetings		26,201	
Capital Improvements		-	
Total Operation and Administration	**$**	**1,400,116**	
Total Expenses	**$**	**5,946,621**	
Variance (Revenue - Expenses)	**$**	**2,817,190**	
Cash Balance as of May 31, 2017	**$**	**447,167,839**	**(2)**

NOTE:
1) Tobacco Tax Revenue for March 2017.
2) Cash Balance excludes fixed assets and liabilities.

LOS ANGELES COUNTY CHILDREN AND FAMILY FIRST - PROPOSITION 10 COMMISSION (AKA FIRST 5 LA)
PROGRAM EXPENDITURES BY FY 2016-17 BUDGET
MAY 31, 2017, UNAUDITED

INITIATIVE/PROGRAM	FY 2016-17 BUDGET	MAY EXPENDITURES	FISCAL YTD EXPENDITURES	BALANCE REMAINING	
2015-2020 STRATEGIC PLAN: FOCUSING FOR THE FUTURE					
Strategic Plan Priority Outcome Areas					
Families	31,998,500	919,429	16,277,993	15,720,507	
Communities	17,401,000	937,161	9,414,174	7,986,826	
Early Care & Education Systems	23,378,000	158,788	10,257,189	13,120,811	
Health-Related Systems	1,267,000	51,331	203,202	1,063,798	
Strategic Plan Investment Areas & Support Costs					
Policy Agenda/Advocacy	1,692,000	103,543	922,945	769,055	
Communications & Marketing	4,689,000	57,351	1,497,579	3,191,421	
Communications - Conference Funding	300,000	12,075	108,774	191,226	
Subtotal 2015-2020 Strategic Plan	**80,725,500**	**2,239,678**	**38,681,856**	**42,043,644**	
LEGACY INVESTMENTS					
At-Risk Fathers Investment	116,000	16,322	22,159	93,841	
Baby Friendly Hospitals	614,000	35,626	427,427	186,573	
Black Infant Health	2,008,000	14,893	379,500	1,628,500	
Children's Dental Care	9,013,000	860,003	5,631,285	3,381,715	
Children's Vision Care	1,340,000	227,922	1,092,851	247,149	
Early Identification and Intervention - Autism and other Developmental Delays	1,013,000	81,242	703,428	309,572	
Healthy Food Access	1,197,000	93,194	758,921	438,079	
Healthy Kids	373,000	-	271,381	101,619	
Information Resource and Referral	1,260,000	-	889,457	370,543	
Little by Little/One Step Ahead	3,312,000	153,916	1,795,142	1,516,858	
Oral Health & Nutrition - Dental Home	601,000	-	183,569	417,431	
Parent Child Interaction Therapy	3,590,000	-	1,437,101	2,152,899	
Policy Advocacy Fund	1,263,000	41,629	596,693	666,307	
Reducing Childhood Obesity	6,113,000	-	2,602,218	3,510,782	
Resource Mobilization - ECE	150,000	-	97,475	52,525	
Resource Mobilization - Funder Partnership	75,000	-	70,000	5,000	
Resource Mobilization - Health	326,000	-	132,276	193,724	
Resource Mobilization - Organizational Capacity Building	125,000	-	96,793	28,207	
Resource Mobilization - Project Development	125,000	10,000	10,000	115,000	
Universal Assessment of Newborns	6,653,000	614,777	8,094,018	(1,441,018)	(1.)
Workforce Development	555,000	-	270,111	284,889	
Subtotal Legacy Investments	**39,822,000**	**2,149,524**	**25,561,805**	**14,260,195**	
RESEARCH AND EVALUATION					
Data Development and Integration	861,000	129,611	714,768	146,232	
Data Partnership with Funders	900,000	-	564,237	335,763	
Program Evaluation	3,451,000	24,140	1,604,795	1,846,205	
Subtotal Research and Evaluation	**5,212,000**	**153,751**	**2,883,799**	**2,328,201**	
TOTAL	**125,759,500**	**4,542,953**	**67,127,461**	**58,632,039**	

The FY 2016-17 Budget reflects the mid-year budget adjustments approved on April 13, 2017.

NOTES -PROGRAM EXPENDITURES BY FY 2016-17 BUDGET:

Journal entries for FY 2015-16 accrued expenses were reversed in July 2016. The amounts reported are the actual program expenditures for April 2017.

(1.) Expenditures were higher than the budget due to the allocation for Welcome Baby Hospitals and Universal Assessment of Newborns are estimated. After June 30, 2017, the actual allocation will be reconciled to the actual expenditures.

LOS ANGELES COUNTY CHILDREN AND FAMILY FIRST - PROPOSITION 10 COMMISSION (AKA FIRST 5 LA)
EXPENDITURES - PASS-THROUGH
MAY 31, 2017, UNAUDITED

Attachment B

INITIATIVE/PROGRAM - PASS-THROUGH	MAY EXPENDITURES	YEAR TO DATE EXPENDITURES
Medi-Cal Administrative Activities (MAA) - LA County Charges	-	-
Medi-Cal Administrative Activities (MAA) - Participation Payment	3,552	12,933
Partnerships For Families - LA County Department of Children and Family Services (DCFS)	-	4,105,643
TOTAL	3,552	4,118,577

Los Angeles County Children and Family First -
Proposition 10 Commission (aka) First 5 LA
Operating & Administrative Budget Update
May 31, 2017, UNAUDITED

OPERATION AND ADMINISTRATION EXPENSE	MAY ACTUAL	FISCAL YTD ACTUAL	FY 2016-17 BUDGET	FISCAL YTD VARIANCE
Personnel Services				
Salaries & Wages	911,524	10,803,512	13,068,592	2,265,080
Fringe Benefits	264,650	3,087,787	3,889,538	801,751
Total Personnel Services	**1,176,174**	**13,891,298**	**16,958,130**	**3,066,832**
General Operating Expenses				
ADP Payroll Charges	4,349	31,354	31,000	(354)
Workers Compensation Insurance	-	76,103	100,000	23,897
Corporate Insurance	1,175	27,031	76,000	48,969
Mileage Expense	4,315	44,465	64,650	20,185
Telephones & Modems	3,330	50,037	53,000	2,963
Printing	-	7,667	18,750	11,083
Postage & Delivery	1,026	11,996	13,300	1,304
Office Supplies	8,585	62,853	77,940	15,087
Subscriptions & Publication	115	4,392	10,375	5,983
Equipment Rental	19,615	103,666	118,200	14,534
Repair & Maintenance - Furniture & Fixtures	12,668	159,516	180,000	20,484
Repair & Maintenance - Equipment	-	1,259	22,500	21,241
Rents & Lease - Offsite Storage	525	17,974	19,700	1,726
Los Angeles County Overhead	40	11,977	27,000	15,024
Contingency	-	23,000	65,000	42,000
Facilities & Other Supplies	-	10,702	22,150	11,448
Utilities	11,356	110,061	165,000	54,939
Educational Supplies	-	468	1,450	982
Cell Phones	3,417	38,390	52,390	14,000
Hardware & Software Maintenance	9,522	141,911	190,600	48,689
Total General Operating Expenses	**80,037**	**934,822**	**1,309,005**	**374,183**
Professional Services				
Audit and Accounting Fees	-	36,085	70,000	33,915
Legal Fees	12,925	68,050	175,000	106,950
Membership Dues	566	25,710	86,052	60,342
Professional Development	16,868	59,369	241,500	182,131
Professional Dues First 5 Association	-	70,000	70,000	-
Staff Recruitment	-	8,965	25,000	16,035
Commission Stipends	3,450	17,650	34,000	16,350
Human Resources Related Costs	1,490	25,184	78,000	52,816
Total Professional Services	**35,298**	**311,012**	**779,552**	**468,540**
Consultant Services				
Consultant Fees	61,483	567,645	1,342,000	774,355
Other Professional Fees	20,722	231,395	276,950	45,555
External Reviewers	200	3,220	6,000	2,780
Total Consultant Services	**82,405**	**802,260**	**1,624,950**	**822,690**
Travel & Meeting Expenses				
Conferences - Travel & Lodging	8,638	58,368	96,492	38,124
State Prop 10 Commission Activities	-	989	-	(989)
Conference - Registration Fees	4,234	64,625	126,485	61,860
Local Meeting Expenses	4,152	46,019	79,800	33,781
Lodging	3,494	49,868	110,726	60,858
Per Diem	5,684	29,186	55,018	25,832
Total Travel & Meeting Expenses	**26,201**	**249,055**	**468,521**	**219,466**
Capital Improvements				
Capital Outlay (Equipment Purchases)	-	42,778	75,000	32,222
Capital Improvements	-	-	20,000	20,000
Total Capital Improvements	**-**	**42,778**	**95,000**	**52,222**
TOTAL OPERATING EXPENSES	**1,400,116**	**16,231,225**	**21,235,158**	**5,003,933**

NOTES - OPERATING & ADMINISTRATIVE BUDGET UPDATE:

The administrative expenses are within the maximum authorized under the Board policy.

The FY 2016-17 Budget reflects the mid-year budget adjustments approved on April 13, 2017.

Los Angeles County Children and Families First -
Proposition 10 Commission
Statement of Net Assets
May 31, 2017 Unaudited

Current Assets:		
Cash	$	6,138,500
Cash- Morlin Mgmt Corp		26,950
Investment:		
Operating and Allocated funds		415,083,829
Operating Fund - SRI		-
Advance - LA Care Health Plan		7,983,209
Advance - LAUP		16,402,137
Advance - UCLA Dental Home Project		520,732
Interest Receivable		-
Other Receivables		1,611,242
Total Current Assets	**$**	**447,766,599**
Fixed Assets:		
Land	$	2,039,000
Building & Improvements		12,076,512
Furniture & Fixtures		627,671
Computer, Software & Accessories		1,779,722
Office Equipment		331,033
Accumulated Depreciation		(5,260,912)
Total Fixed Assets	**$**	**11,593,026**
Total Assets	**$**	**459,359,625**
Liabilities and Net Assets		
Current liabilities:		
Other Liabilities	$	285,867 **(1)**
Total Current Liabilities	**$**	**285,867**
Net Assets:		
Investment in capital assets	$	11,593,026
Restricted		447,480,732
Total Net Assets	**$**	**459,073,758**
Total Liabilities and Net Assets	**$**	**459,359,625**

NOTES:

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

Agenda Item: 2C
Date: July 13, 2017

First 5 LA

SUBJECT:
Contracts for approval

RECOMMENDATION:
Approve one new agreement and one renewal and authorize staff to complete final execution of the agreement upon approval from the Board.

BACKGROUND:

First 5 LA's approved programmatic budget for FY 2017-18 totals $123,259,000 and the approved operating budget totals $21,614,104. Funding for the agreements in Attachment A was included in the budget presented to the board on May 11, 2017, and approved on June 8, 2017. For contracts that span fiscal years, the estimated spending amount for each fiscal year will be included in First 5 LA's annual budgets for approval. Pursuant to contract terms, if the Commission does not appropriate funds for the contract in future fiscal years, First 5 LA may terminate the contract. Upon approval of the agreements presented below, staff will complete final execution

There is **one new agreement** with Masters Policy Consulting. Given that the 2015-2020 Strategic Plan places a greater emphasis on policy and systems change strategies, the Contractor will serve the need for more focused and targeted coaching and technical assistance to help First 5 LA build capacity to adopt a policy and systems approach to our work. The Contractor will provide practice-based coaching and technical assistance related to policy and systems change. Activities include: 1) providing expert advice and consultation to First 5 LA staff related to organizational needs, program development and program evaluation; 2) providing coaching for First 5 LA staff; and 3) facilitating staff learning opportunities.

There is **one renewal** with Blackbaud Solutions. The agreement with Blackbaud will continue until First 5 LA discontinues use of Financial Edge, First 5 LA's accounting software. The Contractor provides annual licensing and maintenance for Financial Edge. Recurring expenditures in Fiscal Year 17-18 will include the annual software subscription and training. The renewal also includes: 1) Hosting a second database for the new Chart Of Accounts; 2) Mapping and importing all historical data from the old database into the new database with the new Chart Of Accounts; and 3) Consulting services and travel expenses to First 5 LA offices, as needed.

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

Attachment A
July 2017

NEW AGREEMENTS										
DEPARTMENT	**INITIATIVE AND PROGRAM**	**CONTRACT (PROJECT) INFORMATION**	**BOARD APPROVAL DATE**	**PROCUREMENT METHOD**	**PROJECT LENGTH**	**ESTIMATED TOTAL PROJECT COST**	**CONTRACT AMOUNT**	**ANTICIPATED CONTRACT START DATE**	**ANTICIPATED CONTRACT END DATE**	**ANTICIPATED PROJECT END DATE**
Public Policy & Government Affairs	Policy Agenda/Advocacy / Strategic Plan Advocacy Strategies	**MASTERS POLICY CONSULTING** Given that the 2015-2020 Strategic Plan places a greater emphasis on policy and systems change strategies, the Contractor will serve the need for more focused and targeted coaching and technical assistance to help First 5 LA build capacity to adopt a policy and systems approach to our work. The Contractor will provide practice-based coaching and technical assistance related to policy and systems change. Activities include: 1) providing expert advice and consultation to First 5 LA staff related to organizational needs, program development and program evaluation; 2) providing coaching for First 5 LA staff; and 3) facilitating staff learning opportunities.	6/8/2017	Procurement Exception	3 Years	$270,000	$270,000 Estimated FY 17-18 Spending $90,000 Impact to FY 18-19 Budget $90,000 The remaining amount of $90,000 will be spent in FY 19-20	7/14/2017	6/30/2020	6/30/2020

Attachment A
July 2017

RENEWAL										
DEPARTMENT	**INITIATIVE AND PROGRAM**	**CONTRACT (PROJECT) INFORMATION**	**BOARD APPROVAL DATE**	**PROCUREMENT METHOD**	**PROJECT LENGTH**	**ESTIMATED TOTAL PROJECT COSTS**	**CONTRACT AMOUNT**	**ANTICIPATED CONTRACT START DATE**	**ANTICIPATED CONTRACT END DATE**	**ANTICIPATED PROJECT END DATE**
Administration	Internal Operations / Administrative Costs	**BLACKBAUD SOLUTIONS (#05201)** The agreement with Blackbaud will continue until First 5 LA discontinues use of Financial Edge, First 5 LA's accounting software. The Contractor provides annual licensing and maintenance for Financial Edge. Recurring expenditures in Fiscal Year 17-18 will include the annual software subscription and training. The renewal also includes: 1) Hosting a second database for the new Chart Of Accounts; 2) Mapping and importing all historical data from the old database into the new database with the new Chart Of Accounts; and 3) Consulting services and travel expenses to First 5 LA offices, as needed.	6/8/2017	Procurement Exception	N/A	$103,922 (annual amount)	$103,922	7/1/17	6/30/18	TBD 123

Agenda Item: 2D
Date: July 13, 2017

FIRST 5 LA

SUBJECT:
Request to establish a Strategic Partnership with the Regents of the University of California, Los Angeles (UCLA) for the implementation of the Early Development Instrument and authorize staff to execute an 18-month contract for an amount not to exceed $522,000.

RECOMMENDATION (FOR ACTION):
Approve a Strategic Partnership with The Regents of the University of California to work with UCLA's Center for Healthier Children, Families and Communities and authorize staff to execute a contract for an amount not to exceed $522,000 for 18 months with an intended start date of August 1, 2017. The funds have been included in the First 5 LA FY 2017-2018 Programmatic Budget under the ECE Strategy 1 - Policy/Advocacy Initiative: Kindergarten Readiness Assessment.

BACKGROUND:
2015-2020 Strategic Plan Alignment
First 5 LA's overarching goal in the 2015-20 Strategic Plan is to ensure that all children enter kindergarten ready to succeed in school and life. First 5 LA supports a continuum of services and systems change efforts to advance this goal. Starting at birth with Welcome Baby and continuing with developmental screening, quality early learning efforts, and trauma-informed care, First 5 LA is engaging in a multi-faceted approach to supporting a child's readiness for school and schools' readiness for young children.

First 5 LA's Strategic Plan prioritizes partnering with others to identify and implement a Kindergarten Readiness Assessment (KRA) in L.A. County that can be used as a platform to advocate for policy, fiscal and systems change. The Plan includes the specific objective to pilot a KRA within five communities by the end of the current Strategic Plan. Currently, there is no way of knowing if children in L.A. County enter kindergarten ready to succeed. KRAs provide an opportunity to learn about children's readiness for school using tools that collect data regarding children's development and competencies at kindergarten entry. These tools are typically completed by teachers for their transitional kindergarten and/or kindergarten students and collect information about children's knowledge and skills in a range of child development domains, including physical well-being/motor development, socio-emotional development, approaches to learning, language and literacy development, and cognition and general knowledge. There are two main uses of KRAs:

1. Individual-level (or formative assessments) – to support teachers to tailor their instruction to individual student needs.
2. Population-level (or summative assessments) – to support policymakers in crafting policies and reforms that address readiness gaps identified at the population level by aggregating data at a district, county, and/or statewide level.

As stated in the 2015-2020 Strategic Plan, First 5 LA seeks to use KRA data for policy, fiscal and systems change which would be best supported through a population or summative assessment tool. The Early Development Instrument (EDI) is one such tool that has been or is currently being used by several communities/school districts to inform early care and education systems and policy change efforts. First 5 LA and its' partners, such as the Los Angeles Area Chamber of Commerce seek to build on this existing momentum by establishing a strategic partnership with the Regents of the University of California, Los Angeles. The UCLA's Center for Healthier Children, Families and Communities is the only institution in the United States that is licensed to support the implementation of EDI in communities.. The partnership with UCLA would facilitate and provide technical assistance to school districts to collect, report, and utilize EDI data to support community improvements to

improve students' readiness. Staff is currently working to confirm the school districts that would serve as pilot sites in FY 2017/18, estimated between two and four.

Background on the EDI. The Early Development Instrument (EDI) is a population level assessment which provides critical insight into young children's readiness for kindergarten. Since the data is geo-coded and mapped it provides analysis at a neighborhood and community level. Preliminary analyses from a University of California, Irvine and UCLA study have found that the EDI is predictive of later academic achievement. Population-level assessments better align with systems and policy change by pinpointing the strengths and weaknesses of each neighborhood's students' levels of kindergarten readiness.

EDI has been effectively used by communities to:

- Map children's health, development and school readiness, neighborhood by neighborhood and school by school, in communities within Los Angeles County.
- Support and inform cross-sector, local early childhood stakeholder groups' planning and implementation of strategies to improve local early childhood systems.
- Assess change over time. Because the EDI has already been implemented in Los Angeles in select districts, there may also be the ability to begin to assess change over time and the collective impact of F5LA investments in these communities.
- Identify neighborhoods and/or communities where children's development is exceeding or underperforming expectations in relation to indices of community wellbeing and in comparison to surrounding areas.
- Monitor results in communities that are exceeding or underperforming expectations. These results might signal the positive effect of community efforts, and are an important step towards validating local efforts and identifying promising practices for adaptation and spread.

Proposed Scope of Work with UCLA

Overview of Proposed Strategic Partnership with UCLA Center for Healthier Children, Families and Communities

First 5 LA proposes to develop a Strategic Partnership with UCLA that includes the following scope of services:

1) School Engagement
2) EDI Data Collection, Analysis and Reporting
3) Enhanced Analytics*
4) Individual Coaching on the Use of the EDI – Communities new to EDI Implementation*
5) Individual Coaching and Facilitation on the Use of EDI Data – Communities that have already implemented the EDI*
6) Regional Shared Learning Network for Los Angeles County Communities using the EDI (this includes those who are new to using the EDI, and then those who have already used the EDI)*
7) Linkage to National Shared Learning Network Activities*

*This work is contingent on the commitment of school districts and approval from First 5 LA staff.

School Engagement. Staff from the UCLA Center for Healthier Children, Families and Communities (UCLA Center) will assist First 5 LA in leveraging their current relationships with school districts and communities that have already implemented the EDI, or have expressed interest and/or commitment to piloting the EDI in an effort to obtain the commitment of school districts that are willing to implement the EDI during the 2017-2018 school year. As relationships are central to the

implementation of the EDI, it is critical that we partner with the UCLA Center for Healthier Children, Families and Communities in this effort.

EDI Data Collection, Analysis and Reporting. Central to this project is the data collection, which accounts for approximately 50% of the budget with the UCLA Center. Prior to data collection, the UCLA Center will co-develop an EDI implementation plan for each community/district in consultation with key community stakeholders. This implementation plan will detail how and when teachers will be trained on the implementation of the EDI, as well as when EDI data will be collected, in addition to preliminary plans for analysis. The UCLA Center will facilitate the training of teachers to collect the EDI data in-person, as well as provide the option of additional online training. All teachers will be provided with the necessary guidebooks, and access to the online EDI data collection portal to enter data. In conjunction with this process, staff from the UCLA Center will engage educational stakeholders within each community in the process of selecting boundaries and indicators for the EDI maps. The UCLA Center staff will then create an EDI map book (pdf) per school district/community which will contain ten maps, and four additional ones to meet the needs of each community. Each school district/community will receive an Excel Table Book and Reference Guide, with a comprehensive set of de-identified data that will allow school districts and communities to run additional analyses should they choose to. Finally, each community will receive a summary report, and each school with two participating classrooms will receive a school report. All of these reports will provide a comprehensive analysis to inform future efforts about how to support early care and education initiatives.

Enhanced Analytics. The UCLA Center provides a robust, baseline analysis of the EDI collected and further analyses that can be done to better inform policy, fiscal and systems change. For the past six years, the staff at the UCLA Center has received questions about which community contexts drive child development health and well-being outcomes and what can communities specifically do to improve overall child development. Recent analytic enhancements have allowed them to define those contexts using Child-Raising Vulnerability index created by Charles Bruner, to assess the relationship of EDI measured outcomes and local community conditions. This index utilizes 10 US Census variables to describe patterns vulnerability based on child's neighborhood condition. It can be used to better understand how community factors are impacting patterns of vulnerability within and across different populations in different neighborhoods. This type of analysis identifies those communities that are either under-performing or exceeding expectations based on the relationship of outcomes and local conditions. *Note: This task has been identified as an optional task and is dependent on confirmation from First 5 LA and school districts.*

Individual Coaching on the Use of the EDI for those Communities that are in the Early Stages of Piloting the EDI. It is important to support communities that are in the early stages of piloting the EDI. The UCLA Center draws upon extensive experience in coaching other communities on a national scale that have implemented the EDI. As part of this work, staff from the UCLA Center will facilitate and support a cross-sector stakeholder group in each community with the following goals: (1) understanding their EDI results; (2) identifying the underlying causes driving those results; and (3) finding opportunities for using the data to inform change/action. *Note: This task has been identified as an optional task and is dependent on confirmation from First 5 LA and school districts.*

Individual Coaching and Facilitation on the Use of EDI for those Communities that have previously Implemented the EDI. Post data collection and analysis, , communities may require additional support to utilize the data to inform systems, fiscal and policy changes broadly, and also strategically engage cross-sector stakeholder groups to effectively implement systems, fiscal and policy changes. The UCLA Center will be available to work with communities to leverage local opportunities and resources to improve systems for young children. *Note: This task has been identified as an optional task and is dependent on confirmation from First 5 LA and school districts.*

Regional Shared Learning Network for Los Angeles County. As a learning organization, staff at First 5 LA recognize the importance of learning from and with communities, whether those at the beginning stages of EDI implementation, or those who have already implemented EDI. The UCLA Center will support the establishment of a learning network that encompasses a variety of communities of a various stages of EDI implementation. The goal of this learning network is to accelerate learning and innovation by ensuring the local communities have ample opportunity to share best practices and lessons learned about EDI implementation, understanding and engaging around the use of the data to support local planning and improvement efforts for young children. As an addition, all communities will have access to the National Share Learning Network. *Note: This task has been identified as an optional task and is dependent on confirmation from First 5 LA and school districts.*

Future Phases of Work
This initial phase of work will be foundational towards future phases which will focus on scaling the implementation of a KRA by other school districts and communities, leading to the acquisition of valuable data to inform and support policy, fiscal and systems change efforts that positively impact young children. Additionally, staff from both First 5 LA and the UCLA Center will capture the ongoing learnings and lessons learned from the school districts and communities through the ongoing coaching and learning opportunities that will occur.

Specific Goals for First 5 LA to Accomplish by the End of the pilot:

- Analyze and determine the relevant challenges and successes of the KRA data collection.
- Create a plan of how to address the challenges and build upon the successes with a subsequent data collection.
- Determine the level of effectiveness of data utilization by those communities that have previously and/or continue to pilot the EDI.
- Continue to build relationships with school districts/communities and secure additional commitments for KRA data collection for the 2018-2019 FY.
- Develop a plan on how to continue to support those communities who have just piloted the EDI during the 2017-2018 FY, and how to support their continued data utilization to inform KRA systems, policy and fiscal change.

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 approval to establish a strategic partnership and to execute an 18-month contract for an amount not to exceed $522,000 to comply with this policy. Section IV.5 of the Procurement. If needed, requests for amendments or renewals over $75,000 will be brought to the Board for approval on consent prior to execution.

GOVERNANCE GUIDELINES #5 AND #6 (SUSTAINABILITY AND LEVERAGING):
First 5 LA's investment in UCLA Center for Healthier Children, Families and Communities supports critical foundational activities that will contribute to the adoption and implementation of policies to sustain a KRA system. First 5 LA funds will provide the resources to effectively pilot the EDI in school districts/communities. However, capacity building within both school districts and communities is essential in ongoing data collection, analysis and support to communities for data utilization to inform and impact policy, fiscal and systems change. Participating school districts and communities will highly benefit from the UCLA Center for Healthier Children, Families and Communities support in the following areas: EDI data implementation planning, data collection and analysis, as well as ongoing support for school districts and communities at various stages of data collection with the end goal of effectively utilizing the data to inform policy, fiscal and systems change.

Actions to Support Sustainability
Without Kindergarten Readiness Assessment data, communities, school districts, policy makers and politicians have no way of knowing if the services and resources they provide for young children and their families are exactly what they need. By using EDI data, school districts and communities can pinpoint what areas need to be strengthened to aid young children in their growth and development. Thus, the EDI data and its' requisite analyses serves a critical tool in ensuring that the proper resources and services are utilized and/or established to ensure that the school districts and communities do not incur too many long-term costs providing necessary supports for some children as they grow older. So, while the EDI requires funding initially from First 5 LA, it is expected that school districts and communities will begin to recognize that the EDI is a cost-effective tool, that when invested in, supports local decision-making and effectively informs local policy making, including priorities set through the Local Control Action Plan (LCAP) for districts. Ideally, this would then mirror similar efforts done by Pasadena and Santa Monica in which communities invested local resources to sustain efforts. Further, First 5 LA's demonstrated support of a KRA system in LA County has the potential to serve as a catalyst to attract other First 5 Commissions and funders interested in leveraging resources to advance a statewide KRA system.

Leveraged Resources
A strategic partnership with the UCLA Center for Healthier Children, Families and Communities will leverage several resources including:

- Capacity building with school districts and communities through tailored support and coaching by the UCLA Center for Healthier Children, Families and Communities in consultation with First 5 LA.
- Convergence with Best Start Community partners where applicable.
- Utilization of the existing expertise of school districts and communities that have already implemented the EDI and are at the point of data utilization.

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.

The proposed strategic partner, UCLA Center for Healthier Children, Families and Communities is licensed by the Canadian Publishers of the Early Development Instrument (EDI) at McMaster University, Offord Centre for Child Studies to sublicense the EDI and provide technical support to

organizations in the United States. UCLA runs the EDI national support network for local communities participating in the EDI by providing the technical assistance, licensed training materials, online EDI software used by teachers to complete the EDIs, data analytics and visualization.

Establishing this Strategic Partnership is in the best interest of the Commission because (1) The UCLA Center for Healthier Children, Families and Communities is the only institution in the United States that is licensed to support the implementation of EDI in communities within the United States; (2) It will continue to leverage ongoing momentum for use of the EDI in the Los Angeles County through the current relationships it has built with communities and school districts specifically in relation to the EDI; (3) It will build upon UCLA's continued expertise of leveraging EDI data to support systems' change in communities; (4) It will support First 5 LA in documenting and thinking through ongoing learnings and final lessons learned.

The proposed Strategic Partnership is aligned with the adopted Strategic Plan because the Early Care and Education (ECE) Systems strategy seeks to improve access to affordable, quality, sustainable ECE through improving policies and systems. One activity within this priority focus area involves partnering with communities to encourage their school districts within L.A. County to adopt a single KRA. Based on continued conversations across Los Angeles County, staff recognizes the developing momentum and the value in supporting an intentional learning strategy on the use of the EDI to promote systems level change. This Strategic Partnership will allow First 5 LA to not only support school districts in piloting the EDI, but also provide critical areas of support to school districts and communities for their implementation of the EDI and their utilization of that EDI data to inform systems change

Memo

To: Board of Commissioners

From: Kim Belshé, Executive Director

Date: July 13, 2017

Subject: **EXECUTIVE DIRECTOR'S REPORT**

EXECUTIVE DIRECTOR'S HIGHLIGHTS

July Board Meeting

Consistent with last year's July Board meeting, the July 13 Board meeting will be dedicated to an in-depth discussion of implementation of First 5 LA's Strategic Plan. The July Strategic Plan workshop will provide Commissioners with an opportunity to receive an update on our progress of the first two years of plan implementation from a policy and systems change perspective and engage in a deeper discussion of two specific strategies.

We will begin the workshop by discussing with the Board the policy and systems change framework that is foundational to our Strategic Plan and its implementation. Then, there will be two breakout sessions that will provide Commissioners with an opportunity to learn more about and engage in discussion regarding our systems change and policy work in two emerging strategies: 1) Trauma Informed Care; and 2) Built Environment. Commissioners will participate in both breakout sessions. In addition, we will be joined by a few key partners to set up each topic and facilitate the Board discussion.

We have shared with Commissions an array of material as background information and resources. As you review these materials, we encourage you to consider the following questions:

- What opportunities, recommendations or findings resonate with you most strongly?
- How do you see this work connecting most effectively to improving outcomes for children and families?
- What questions does this prompt about First 5 LA's role in this work?

Finally, we'll close retreat by reconvening in the MPR following the breakout sessions and asking each Commissioner to share one reflection from the day's discussion.

As the Board well knows, First 5 LA's Strategic Plan for 2015-20 represents an important evolution in our organization's approach to impact on behalf of young children and their families. The Plan's focus on policy and systems change reflects the Commission's interest in maximizing its contribution to strong families and healthy, safe and school ready children. Systems and policy change work by its nature is multi-sector, multi-issue, and multi-dimensional. It is dynamic and

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non-linear. It requires deep partnerships, time and patience. And, it is enormously promising in its potential and power to advance sustainable change at scale that meets the needs of children and families.

I'm proud of the work that First 5 LA staff has led this past year to move the Strategic Plan work forward from a more intentional systems and policy change perspective. We're eager to share with the Board our progress and to hear your thoughts on what excites you about our emerging work related to trauma and the built environment and on First 5 LA's role in these two areas.

Finally, I'd note that the feedback we received from Commissioners via the Spring survey (for survey results, see Attachment A) has been helpful in informing the structure and focus of this upcoming Board retreat. The Board survey administered by Linda Vo, First 5 LA's Board Relations Specialist, highlighted Commissioners' interest in having dedicated time for in-depth Commissioner discussion on select topics as well as Board interest in learning more about trauma informed care and the built environment. We look forward to a substantive discussion with and amongst Commissioners and your feedback to help shape our work going forward on these important topics that are central to the results we seek for young children and their families.

Follow-up from the June Board meeting
In June, we heard from two County leaders and valued First 5 LA Partners – Judge Mike Nash, Director of the Office of Child Protection (OCP), and Kate Anderson, Director for the Center for Strategic Public-Private Partnerships, OCP. At that meeting, the Board learned about the draft OCP Prevention Plan for LA County and opportunities for First 5 LA partnership and collaboration with County agencies to ensure that every child grows and thrives in a strong family, supported by safe and nurturing communities. On July 1, the OCP formally released the Prevention Plan. For the full report, please see Attachment B.

The Prevention Plan lays out the essential building blocks that need to be in place and integrated to support a comprehensive prevention system for LA County. As the report notes and was emphasized at last month's Board discussion, prevention – and this plan's implementation - is a shared responsibility. All of us have a role to play, including First 5 LA. We look forward to returning to the Board this fall to talk further about the new Prevention Plan for LA County and opportunities for First 5 LA to strengthen and deepen our work with county agencies to advance aligned goals for young children and their families. Working together, we are confident that we can make the plan's vision of a trusted and coordinated system of family-strengthening services and supports throughout our diverse communities a reality.

I. FAMILY SUPPORTS

In June, Families Supports staff attended Children Institute's 10th Annual Fatherhood Solution Conference in Los Angeles. This event aligns with First 5 LA's Engaging Fathers investment. The purpose of the conference was an opportunity for attendees to learn about roadblocks experienced by fathers related to race, culture, masculinity and systems. Participants included community service providers, policy advocates, government representatives, mental health professionals, public health professionals, and concerned community members. Major highlights include:

i. **Incorporating lived experiences in program development**. Many of the sessions included panels where program participants shared their struggles, breakthroughs, and accomplishments. This allowed a space for program participants of various father engagement models to demonstrate the impact of father engagement on programming.

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ii. **Scaling best practice models with and for fathers**. Most sessions included perspectives from both program providers and program participants. These relationships demonstrated the power of co-creating with fathers on program development and sustainability.

iii. **Addressing the unique challenges of re-entry fathers**. Many sessions were designed to provide a combination of information including evidence-based research and socio-cultural contexts of fatherhood. Some of these challenges include generational trauma faced by both parent and child, the psychological impact of children who witness the arrest of their parent(s), and logistical barriers faced during visitations such as transportation difficulties.

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Maternal, Infant, Early Childhood Home Visiting (MIECHV) Reauthorization Advocacy
First 5 LA staff traveled to Washington, DC in mid-June with the National Home Visiting Coalition as part of the *Seeding Success Advocacy Days*, a coordinated set of advocacy events encouraging Congress to reauthorize the Maternal, Infant, Early Childhood Home Visiting (MIECHV) program. MIECHV provides more than $2 million annually for evidence-based home visiting programs in LA County, and is scheduled to sunset in September 2017 unless reauthorized by Congress. Advocacy activities included training for moms and home visitors as well as a series of Congressional meetings and briefings. First 5 LA participated in several coalition meetings and met with key members of the Los Angeles and California Congressional delegations including Congresswoman Linda Sanchez and Senator Kamala Harris. California was one of five states invited to share local stories about home visiting, and First 5 LA staff was invited to provide the California advocacy perspective along with a mother and home visitor from Stanislaus County. As a member of the National Home Visiting Coalition, First 5 LA is working with key state and national partners to urge MIECHV reauthorization this year.

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II. COMMUNITIES

***Best Start* Community Members Participate in Local and National Conferences**
To support capacity development for members of Best Start Communities Partnerships, First 5 LA supports community members attending conferences and other meetings to network, to hear about other efforts, and to share lessons learned from their work with Best Start. This is critical to promote leadership development and civic engagement for members of the Community Partnerships.

10th Annual Fatherhood Solution Conference in Los Angeles (June 16, 2017):
Approximately 40 community members attended the 10th Annual Fatherhood Solution Conference hosted by Children's Institute International and Project Fatherhood. The theme was Fatherhood Roadblocks: Race, Culture, Masculinity and Systems. Featured speakers included Jerry Tello (National Compadre Network), Daryl Rowe, PhD (licensed psychologist working with urban environments) and Dan Griffin, MA (internationally recognized author, thought leader, and expert on men's relationships and masculinity). The conference focused on discovering new ways to build and strengthen relationships between fathers and their children by exploring the most important and least discussed issues related to fatherhood: Race, Culture, Masculinity and Sexuality, Substance Abuse, and Systems Bias.

National Family and Community Engagement Conference in San Francisco (June 22 – 24, 2017):
75 community members participated in the National Family and Community Engagement Conference, Engaging Families: Transformational Moments, Sustainable Practices. They traveled

from Los Angeles County to San Francisco to join the 1,675 people registered from 49 of the 50 states and four other countries. This was a great opportunity for community members to network with parent engagement professionals, policy makers, school administrators, and parents.
Community members attended many of the 90 workshops and heard many ideas and inspirational stories from the four plenary sessions regarding parent engagement to apply to their communities' efforts including: specific ideas for programming with families, thoughts regarding developing partnerships with different organizations in the community, and discovering concepts in common across the Community Partnerships. Aligned with results the Community Partnerships are working to achieve, the conference covered topics such as:

- Early Support and Intervention
- Relationship Building and Trust
- Building Adult Capacities
- Parent Leadership, Advocacy and Community Organizing
- Promoting Inclusion, Ensure Equity and Create Opportunity
- Integrated, Systemic Approaches

Summary
Community members use the information and learnings from attending conferences like these two to inform the work of the Community Partnerships. Programming ideas and areas of focus of work for the Community Partnerships are discovered at conferences and other gatherings. For the National Fatherhood Solution Conference and the National Family and Community Engagement Conference, attendees are compiling thoughts, ideas, and learnings to share with the Partnerships.

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III. EARLY CARE AND EDUCATION SYSTEMS

PEACH Hosts Early Care and Education Panel Discussion about ECE Credential
Partnerships for Education, Articulation and Coordination in Higher Education (PEACH), a current First 5 LA investment, hosted a panel discussion on May 19, 2017 to examine the multiple ECE stakeholder perspectives in developing and advocating for an ECE credential in California. The panel included range of ECE professionals and stakeholders including representatives from public and private universities, local school districts, the Los Angeles County of Education, Zero to Three, and the California Commission on Teacher Credentialing. The event, An ECE Credential for California: Multiple Perspectives, included presentations on the history of the ECE Credential, consideration of career pathways and an opportunity for rich dialogue among attendees. Information and key learnings gathered from the over 80 ECE stakeholders in attendance will help inform recommendations and strengthen key activities related to advocating for the development of an ECE credential.

PEACH is currently leading this effort. PEACH is a higher education systems collaborative that works with faculty from over 20 Los Angeles County colleges and universities to strengthen the preparation and career pathways for the early care and education field. Currently, First 5LA's funding supports PEACH's advocacy and systems change efforts to revise the Child Development Permit and establish an ECE credential in California.

This work is currently part First 5 LA's workforce development strategy which aims to strengthen the professional development system for early care and education providers. First 5 LA believes improving the system of professional development will create early care and education providers who have strong skills and the knowledge necessary to help young children get ready for school.

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IV. HEALTH-RELATED SYSTEMS

Early Identification and Intervention: Help Me Grow (HMG)—LA holds "Cross Pollination" Convening with all Stakeholder Planning Members— including HMG-LA Leadership Council and Workgroups—to unveil early "best thinking-to-date"

First 5 LA, in partnership with L.A. Care Health Plan, LA County Department of Public Health and the American Academy of Pediatrics (AAP)—California Chapter 2, launched the Help Me Grow-Los Angeles (HMG-LA) in May 2016.

Since December 2016, planning efforts—in partnership with county stakeholders—have been underway to develop a set of recommendations for the framework of a HMG-LA system to present to the First 5 LA Board of Commissioners in Fall 2017. Convened by First 5 LA, the HMG-LA Leadership Council and four Workgroups—a consortium of diverse representation of stakeholders and partners dedicated to improving LA County's system of early childhood services—have been tasked with steering the design and early planning for the HMG-LA framework. To date, over 24 LA County agencies and community-based organizations have joined the HMG-LA Leadership Council and Workgroups and continue to meet regularly, yet separately, to work on discrete core components of the HMG-LA framework; including "Child Health Provider Outreach"; "Community and Family Engagement"; "Centralized-Access Point"; "Data Collection and Analysis."

The HMG-LA Cross-Pollination Convening, held Monday, June 26, 2017, was organized in response to growing recognition and interest from the Leadership Council and Workgroup members to join together, for the first time as a whole planning committee, to exchange design concepts and better integrate identified goals and strategies across the four Workgroups. Attended by over 50 participating planning members, the Cross-Pollination Convening provided the opportunity for the Leadership Council and Workgroup members to strengthen their understanding of each core component of the HMG-LA framework, identify interdependencies between the Workgroups, and further refine emerging goals and strategies for the set of recommendations for the HMG-LA framework. In addition, the competing final versions of the HMG-LA Vision and Mission statements, developed internally by the Leadership Council, were shared at the Cross Pollination Convening and all members were invited to cast a vote on the Vision and Mission statements that should be recommended for HMG-LA.

Lastly, the Cross Pollination Convening also provided a setting for First 5 LA and the Los Angeles County Department of Public Health to jointly announce the elevated interest and opportunity for DPH to act as the HMG-LA Organizing Entity, to support the implementation of the HMG-LA with the Leadership Council and Workgroup members.

The Leadership Council and Workgroups will continue refining the goals and strategies for the set of recommendations and begin providing feedback on the early draft recommendation report throughout July-September, with the goal of presenting the final set of recommendations for the HMG-LA framework to the First 5 Board of Commissions in October and November 2017.

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Affordable Care Act Update

The Senate proposal to repeal and replace The Affordable Care Act, known as the Better Care Reconciliation Act of 2017 was released on June 20. On June 26, the nonpartisan Congressional Budget Office (CBO) released its assessment of the bill's cost and impact on future federal budgets. The CBO's forecast estimates 22 million more Americans would be uninsured in the next ten years than under the current Affordable Care Act and would reduce the federal deficit by $321 billion by 2026. The Senate bill includes Medicaid reforms not included in the House bill, including a roll-back of provider taxes, reforms to the managed care waiver process, a new quality

performance bonus payment program, and increased power of national associations in the Medicaid regulatory process. It also includes reforms offered in the House of Representative's version, the American Health Care Act, including the ability for states to impose work requirements for Medicaid recipients and block grant Medicaid funding.

On June 28, the California Department of Health Care Services (DHCS), the state department responsible for managing California's Medicaid program, issued an analysis highlighting that the Better Care Reconciliation Act would result in a loss of more than $30 billion in federal funding annually by 2027 and leave nearly 4 million low income adults without access to health coverage.

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V. POLICY, PARTNERSHIPS AND COMMUNICATIONS

2017 State Legislation

Since the last Commission meeting, the following significant changes have been made to First 5 LA's legislative agenda. For the full legislative agenda, please see Attachment C.

- Assembly Bill 60 (Santiago and Gonzalez) related to early care and education program eligibility is in the Senate Education committee, but has been held at the bill author's request. The policy goals of this bill were resolved through the state budget process.

- In addition, Assembly Bill 1164 (Thurmond) related to providing subsidized early care and education services to foster families was held in the Senate Education Committee at the author's request as the policy goals of this bill were resolved through the state budget process.

- Assembly Bills 175 (Chau) and 350 (Salas) related to marijuana marketing and packaging were added to the legislative agenda. Also supported by the First 5 Association, these bills seek to limit the impacts of marijuana use on young children.

- Assembly Bill 1340 (Maienschein) related to continuing medical education was added to the legislative agenda. This bill, also supported by the First 5 Association, would require the California Medical Board to consider including training related to trauma and its impacts on children's physical and mental health in continuing education requirements.

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2017-18 State Budget Update

On June 15, state lawmakers passed the 2017-18 fiscal year budget deal which increases funding for early care and education (ECE), and on June 28 Governor Brown signed the budget into law. In addition to approving the proposals made in the Governor's May Revision budget, which reinstated previously promised ECE funding to raise provider reimbursement rates and fund more ECE program slots, the final budget deal provides additional ongoing annual funding of $51 million to enact the following policy changes supported by First 5 LA and the State Early Care and Education Coalition:

- Updating eligibility guidelines for state subsidized ECE programs, increasing the state median income (SMI) guidelines which determine ECE program eligibility, and allowing families to remain in subsidized care for 12 months rather than re-determining eligibility every quarter.

- Providing short-term ECE vouchers to new foster parents, a child care navigator for foster families to help identify longer-term ECE services for foster children, and training for ECE providers to help them recognize and respond to signs of physical, psychological, and emotional trauma.

In addition to ECE funding increases and policy changes, the budget expands the earned income tax credit (EITC) to more low-income working families, which was adopted in the budget last year, and increases provider reimbursement rates to promote greater access to Medi-Cal services, in particular the state's Denti-Cal program providing oral health services.

While early childhood advocates are pleased to see early care and education prioritized in the 17-18 budget, significant progress remains to ensure all children in LA County have access to affordable, quality early care and education. In late June, First 5 LA and our state advocates at California Strategies reconvened the State ECE Coalition to begin planning policy and budget priorities for the 2018 legislative and budget session. And on June 28, First 5 LA, First 5 California, and Child Care Alliance staff delivered letters to members of the Legislature thanking them for their leadership on early childhood budget priorities. For a copy of the letter, please see Attachment D.

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First 5 LA's 2017 Response to Proposed State Budget
In a press release on June 14, we responded to the $126 billion state budget proposal sent to Governor Jerry Brown. We acknowledged it as a critical step forward in addressing the needs of young children and families, according to leading early childhood advocates in Los Angeles County. The FY 2017-18 spending plan announced by both houses of the State Legislature honors a promise outlined in last year's budget and more recently, this year's May Revision, to restore funding for almost 3,000 children's early learning opportunities, and allocates new funding to support critical policy changes that support access to early care and education services for more families. However, we also highlighted that there is yet significant work to be done on behalf of children so they may succeed in school and life.

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Facebook Live: *Talk, Read, Sing*
On June 13, we held a Facebook Live event on the First 5 LA Parents Facebook page to highlight our *Talk, Read, Sing* campaign. The event took place at the Manhattan Beach Library and featured a story time activity for parents and their young children and also included special guests: author, Parenting Lifestyle Personality and "FAB Mom" Jill Simonian; early childhood music educator Daniel Epstein of Music Together; and Potter the Otter. The program was streamed live and ran approximately 45 minutes. A musical interactive activity was also part of the program along with a Q & A with Jill Simonian. First 5 LA also hosted give aways for the live audience and online viewers. The Facebook Live stream reached more than 9,300 people, and there was an increase of 92 likes to the First 5 LA Parents Facebook page.

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L.A. County Economic Development Corporation (LAEDC)
First 5 LA Strategic Partnerships Department staff attended the launch party for the L.A. County Economic Development Corporation (LAEDC) 2016-2020 Strategic Plan on June 8, 2017 at California State University Los Angeles (CSULA). The event brought together regional stakeholders from the public, private, education, labor, and nonprofit sectors that are committed to

improving economic opportunity for residents and businesses through the achievement of seven goals:

1. Invest in our people to provide greater opportunity
2. Strengthen our leading export-oriented industry clusters, to create jobs
3. Accelerate innovation and entrepreneurship
4. Be more business-friendly
5. Remove barriers to critical infrastructure development, financing and delivery
6. Increase global connectedness
7. Build more livable communities

The event featured CSULA President William Covino, who shared best practices for CSLA achieving the distinction of being top in the country in launching more low-income youth into the top income bracket; Bill Allen, LAEDC Chief Executive Officer, who described the strategic planning process which considered inputs from over 500 partner organizations, 26 public input meetings, and the L.A. County Board of Supervisors; and Marianne Haver Hill, Executive Director, Strategic Plan for Economic Development, LAEDC. Ms. Hill is leading a new office at LAEDC, specifically created to oversee strategic plan implementation, partnership development, and measurement of progress towards the LAEDC Strategic Plan goals.

Ms. Hill previewed the forthcoming Propel L.A. website that will provide a dashboard on progress towards the LAEDC Strategic Plan goals and highlight programs and initiatives that advance each objective. In fact, First 5 LA's Welcome Baby program and relevant home visiting data (provided by First 5 LA Family Supports Department) was cited as an example of a program that supports Strategy 1, Objective 2 to "establish a strong foundation for future learning and success by improving access to quality early childhood programs and family engagement in each child's development" and is prominently featured on the Propel L.A. site.

First 5 LA staff will continue to work with the LAEDC team to identify and elevate areas of alignment between First 5 LA's investments and the LAEDC Strategic Plan goals, objectives, and metrics. Further, we will partner with LAEDC to cultivate new relationships with the business sector and other regional partners to advance our common agenda.

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

L.A. Area Chamber of Commerce: Education & Workforce Committee
First 5 LA Strategic Partnerships Department staff participated in the L.A Area Chamber of Commerce: Education & Workforce Committee on June 9, 2017. The focus of the committee's agenda was the K-12 teacher shortage, the impact of a teacher shortage on students, and policy solutions to address this trend.

The program began with a presentation from Tara Kini, Director of State Policy, Learning Policy Institute, who shared highlights from a recent report by the Learning Policy Institute, Addressing California's Growing Teacher Shortage (2017 Update) which indicates 75% of school districts in California report teacher shortages and enrollment in teacher preparation programs remains near historic lows. Ms. Kini also provided recommendations of strategies to boost the supply and retention of qualified teachers, such as scholarships and loan-forgiveness programs and bringing back retired teachers.

Dr. Michael E. Spagna, Dean, Michael D. Eisner College of Education, California State University, Northridge, raised the idea of an "early warning system" so that we can better predict and prepare for times of teacher shortages. He also elevated the need for leaders and policymakers to address

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issues of racial equity, stereotypes of the teaching profession, and innovative approaches to professional learning—which relate to teacher recruitment, preparation and retention.

Hon. Tony Thurmond (D-Richmond) Member, California State Assembly, expressed his grave concern with the teacher shortage and highlighted some of the relevant bills he has introduced and/or supported through his work on the Education Committee, such as AB 1164 – Emergency Child Care Bridge Program for Foster Children & Parenting Foster Youth. He also authored a bill to increase the revenue stream for early education programs that would impose a tax on companies that contract with prisons in California to provide goods and services. Assemblymember Thurmond communicated his interests in continuing to work with the L.A. Area Chamber of Commerce and its members to advance issues of equity in education and to address the teacher shortage. (Note: In April 2017, Assemblymember Thurmond announced he will run for state superintendent of public instruction.)

While the focus of this Education & Workforce Committee session was the K-12 teacher shortage, the need for leaders to consider preschool teacher shortages was also raised by Committee members as a critical issue. First 5 LA, in partnership with other First 5 Commissions, First 5 California and the First 5 Association, is encouraging state leaders to include early learning in a comprehensive plan to address our state's teacher shortages. First 5 LA and partners will continue working with local and state leaders to develop solutions which address teacher shortages in all education settings to ensure that solutions work for the P-12 education system.

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Sesame Street and Communities
The Strategic Partnerships Department facilitated a meeting between members of the Family Supports, Health Systems, and Communications Departments with Sesame Street in Communities, the nonprofit educational organization behind Sesame Street. Cynthia Barron, Vice President of U.S. Social Impact, and Phillip Toscano, Director of U.S. Social Impact, came to First 5 LA to present on Sesame Street products, and discuss areas of intersection and partnership opportunities.

Sesame Street in Communities projects fall into three buckets: early learning, health, and emotional well-being. Emotional well-being is a larger category including various topics such as childhood hunger, divorce, incarceration, trauma, and issues for military families. With additional funding they plan to begin work on homelessness, foster care, and domestic violence.

Staff discussed opportunities to collaborate with the Sesame Street *Care, Cope, Connect* project, which, while not specifically focusing upon immigration, helps families create a safety plan, establish an emotional safe haven, and cope with fear, anxiety, or loss. Phillip and Cynthia noted that the *Care, Cope, Connect* resources (both print and digital) could be edited to include a local resources page, including info from First 5 LA and our partners working in this space.

There will also be opportunities to share materials and publicity via First 5 LA's Communications Department, in particular around October when Sesame Street launches their Trauma initiative and First 5 LA launches a campaign around Family Protective Factors. The team discussed the possibility of the two organizations joining on the creation of an appropriate op-ed. For example, Sesame worked with the Kansas City Chamber of Commerce on a bi-partisan piece that recognizes the need for community resources. Something similar is a possibility for Los Angeles.

Throughout the next year First 5 LA's Strategic Partnerships department will coordinate staff from

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multiple departments and continue to explore partnership opportunities to advance First 5 LA strategic plan goals.

Staff Contacts: Jennifer Cowan (jcowan@first5la.org) / Gabriel Dee (gdee@first5la.org)

VI. MONITORING, EVALUATION & LEARNING

Nothing to highlight this month.

VII. LEGACY INVESTMENTS

On June 28th, First 5 LA hosted the convening on "Improving Birth Outcomes for African American Infants in Los Angeles County" sponsored by the Los Angeles County Department of Public Health. DPH has established the ambitious goal of eliminating the gap between the White and African American infant mortality rate. The convening included a presentation of the recently compiled data by DPH through 2014 on the significant disparities between White and African American births. The data showed:

- African American infant mortality rate is 10.3 per 1,000 live births compared to the White Infant mortality rate of 3.0 per 1000 live births
- Among babies born at normal birth rate, the infant mortality rate for African American babies is still almost three times the rate of White babies (2.7 per 1000 live births as compared to 1.0).
- African American babies have the highest rate of low birth weight of any ethnicity in LA County and double the rate of White births (12% compared to 6%).

The meeting was attended by representatives of DPH, community leaders, First 5 LA staff and representatives of multiple community organizations that provide support for pregnant women including through Black Infant Health and Welcome Baby. In addition to the data presentation, DPH facilitated breakout sessions among attendees to discuss current programs and resources available to support African American pregnant women. First 5 LA currently supports multiple agencies that are funded through the State Black Infant Health Program and is exploring how to partner with Department of Public Health to support DPH's goal and reduce birth disparities. Legacy funding allocated by the Board of $500,000 to support policy and system change and improve African American birth outcomes is available to support these efforts.

Staff Contact: Christina Altmayer (caltmayer@first5la.org)

VIII. ADMINISTRATION & ORGANIZATIONAL DEVELOPMENT

Chart of Accounts Rebuilding Project Update

On June 26th, the Chart of Accounts Rebuilding Project received approval to go-live in July 2017. The new COA was informed by an input gathering process from key stakeholders across the agency and outside the organization that took place in January. This included an all-staff survey, comprehensive questionnaire, presentations at the February 2017 Program & Planning Committee and March 2017 Budget and Finance Committee meetings, and external stakeholder interviews. The new COA will enable First 5 LA to generate valuable financial and organizational insights, improving learning, communication and decision making. This project was a critical first step

toward transforming how the organization leverages financial data to operate more efficiently and better serve its mission.

Staff Contact: Carl Gayden (cgayden@first5la.org)

IX. ORGANIZATION-WIDE AND CROSS CUTTING RECENT CONFERENCES AND EVENTS

CicLAvia Glendale Meets Atwater Village
The CicLAvia Glendale to Atwater ride took place on June 11 closing certain streets in Glendale and Atwater Village. Streets were car free and open for cyclists, pedestrians, runners and skaters to use as a recreational space. CicLAvia connects communities and gives people a break from car traffic stress during 9 a.m. to 4 p.m. The health benefits are immense.

CicLAvia brings families outdoors to enjoy the largest public space that are safe and simultaneously offers healthy transportation options. The ride provided families and communities the opportunity to walk, skate, play and ride on open streets in Los Angeles County.

Our participation in this event ties into our work around Families and Communities.

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

Parks After Dark
Beginning on June 15, Parks After Dark will take place through August across L.A. County parks. Parks will be offering extended hours and special activities with summer programs aiming to provide families with a safe, fun experience in their communities.

Through the office of the Los Angeles County Park and Recreation, the series of events provide youth and families with positive recreational activities in their communities to decrease the likelihood of their participation in at-risk, gang-related behavior. The communities and residents will have the opportunity to enjoy programs including sports activities, walking clubs, cultural and educational activities, musical concerts and movies in the parks, as well as employment opportunities for local youth and resource fairs.

We also host a craft station for kids 5 and under. We give out resources to parents, with a focus on Family Strengthening and Talk, Read, Sing. The program has assisted in strengthening community cohesion by increasing the use of the parks as a social and community gathering for families. Participating in the series of events ties into the work First 5 LA is doing around Families and Communities.

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

Levitt Pavilion Los Angeles Children's Concert Series
The Levitt Pavilion Summer Music Festival offers more than 50 free family-friendly concerts between June and August by Grammy-winning artists and up-and-coming performers. Nightly features include a food court, vendors, community-based organizations and kid-friendly activities. The series includes Latin, Jazz, and Americana, World and Children's night and dance shows.

Levitt Pavilion Los Angeles provides free world-class concert series that has built a loyal and diverse audience over the past 11 years attracting approximately 628,000 attendees that enjoy the intimate concerts under the stars. For the past six years, First 5 LA has been a sponsor of the kids'

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concerts and participating in these events ties into our work around Families and Communities.

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

X. UPCOMING EVENTS

Nothing to highlight this month.

XI. CONTRACTS EXECUTED BETWEEN $25K - $75K

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

The following contracts were executed between May 19, 2017 and June 23, 2017. Copies of the executed contracts can be found here: www.first5la.org/postfiles/files/July2017EDReportContracts.pdf

#09466 GOLDHIRSCH FOUNDATION – Contract Amount: $70,000
Contract Period: 5/16/2017– 6/30/2018
LA2050 is a community-guided initiative that deploys financial, human, and social capital to drive progress toward a shared vision for the future of the Los Angeles region. LA2050 accomplishes this through research and reporting, grantmaking via the My LA2050 Grants Challenge and tracking progress on indicators and goals. The Contractor, which launched LA2050 in 2011, will work with First 5 LA to select and fund My LA2050 Grants Challenge applicants who serve Best Start Communities and who are aligned with the Strategic Plan Communities Outcome goals.

#09457 D&J PRINTING, INC. DBA SINCLAIR PRINTING- Contract Amount: $48,344
Contract Period: 04/27/2017 – 6/30/2017
The Contractor provides printing services for First 5 LA, including but not limited to, the Parenting Guide, promotional posters and shipping throughout Los Angeles County.

#09475 PROMAC IMAGE SYSTEMS– Contract Amount: $44,857
Contract Period: 5/26/2017– 5/25/2018
The Vendor provides a 5-year lease and maintenance services for two copier/printers for use at First 5 LA's offices.

Staff Contact: Sabel Morales (smorales@first5la.org)

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Attachment A

first 5 la
Giving kids the best start

Memo

To: Board of Commissioners

From: Linda Vo, Board Secretary & Board Relations Specialist

Copies to: Kim Belshé, Executive Director

Date: July 13, 2017

Subject: Board Expertise and Engagement Opportunities Survey Findings

As a learning organization, First 5 LA continuously identifies ways in which we could effectively support Commissioners in their governing role. Beginning with the Board Communication survey launched back in March 2016, staff identified many areas and forms of Board communication that required refinement in order to be more effective and useful to Commissioners.

Following feedback received from this survey, there were some near-term improvements made in the following areas to ensure First 5 LA staff was engaging Commissioners in a sufficient manner and at the appropriate level: First 5 LA website, new Board orientation and Executive Director's report. Ultimately, our goal has been and will continue to be that all Board-related information, including Board learning and development, is done in a timely manner and in a format that effectively supports Commissioners' governance responsibilities.

As it relates to Board development and learning opportunities, First 5 LA understands the importance of staff's role in deepening Commissioners' knowledge and understanding of First 5 LA's strategic priorities in order to advance our goals. We also acknowledge there is an abundance of undiscovered talent (especially, given the recent addition of new Board members) existing within our Board that can help First 5 LA achieve higher impact in the work that we do to support the children of LA County. Given feedback from the 2016 survey that identified Commissioners' high interest in Board development, staff designed a follow-up survey on these two areas for the purpose of better understanding Commissioners' skills, knowledge, experience and capabilities so that we can leverage their expertise to further strengthen First 5 LA's governance structure and advance our strategic direction.

In March 2017, staff launched a Board survey that solicited feedback on Board engagement opportunities and Board expertise. Prior to launching the survey, staff worked with the Executive Committee to finalize the questionnaire, which gaged Commissioners on their interest level, as it relates to Board engagement opportunities, and familiarity level, as it relates to First 5 LA's strategic priorities.

As of today, 18 out of 19 (94%) Commissioners have completed the survey. The survey consisted of 14 questions and Commissioners were asked to identify themselves prior to completing the survey.

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KEY FINDINGS:

BOARD ENGAGEMENT OPPORTUNITIES: SUMMARY

Community Relations (Existing Opportunities)
Overall, Commissioners have a high level of interest (83%) in participating in community relations activities which include: conferences, First 5 LA sponsored and hosted events, grantee site visits, events First 5 LA is invited to as guests and Best Start Community partnership meetings. This high level of interest demonstrates that Commissioners see value in making connections and understand the importance of building relationships outside of First 5 LA, which is an important component of moving and understanding our work.

Legislative Advocacy (New and Existing Opportunities)
Findings currently show Commissioners are very interested (81%) in activities involving policy and advocacy (e.g. Advocacy Day and meetings with elected officials in both Sacramento and Los Angeles County) which aligns with Commissioners' previously expressed interest in First 5 LA's Legislative agenda as identified from the 2016 Board communication survey. Given First 5 LA's current strategic direction is focused on policy and systems change, these responses underscore Commissioners' understanding of and commitment to the importance of First 5 LA's strategic priorities in changing laws and physical landscape to achieve higher impact in the work that we do.

First 5 LA Staff Development (Existing Opportunity)
Commissioners were queried about their interest level in attending brown bag lunch meetings on specific topics related to the work of the Commission and almost all (93%) were interested. We acknowledge brown bag lunches offer a more informal setting that fosters a learning culture and enable participants to further explore a topic and share knowledge, which may explain why there is a high interest level in participation. At little to no cost to First 5 LA, Brown Bags are an efficient and effective forum that yield high return on investment (RIO) compared to the cost of similar meetings.

Board Meetings (Existing Opportunities)
Given First 5 LA's many competing priorities, staff strives to use the Board's time to focus on Board-related objectives and tasks. When asked how interested Commissioners would be in using existing Board meeting times to hold a Board retreat, almost all (93%) were interested. With the recent additions of many new Board members, a high interest level in a Board retreat was anticipated. Board retreats allow Commissioners to get back to the basics: review roles and responsibilities; review mission and vision; and, more importantly, cultivate an environment in which Commissioners can have a better understanding and mutual respect for fellow Board members. Through the result of more effective collaboration, Board retreats set the foundation for a higher impacting Board.

We also queried Commissioners about their interest level in having lunch or dinner meetings with subject matter experts (topic specific) and about 76% were interested.

Board Development (New and Existing Opportunities)
First 5 LA strives to continuously support Commissioners in their governing role and acknowledges that the information we communicate and share with Commissioners plays an imperative role in providing effective support. Accordingly, when asked how interested Commissioners would be in Board engagement opportunities: brand ambassador training, Board orientation for all Commissioners and topic specific briefings (e.g. Best Start, Home Visiting, etc.), we were not astonished to find that on average, 85% were interested.

On-Boarding (New Opportunities)

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First 5 LA is currently exploring "peer mentorship" as a new opportunity for incoming Commissioners to acclimate themselves to First 5 LA's work via getting paired up with an existing Commissioner. When asked about Commissioners interest level in something like this, only 60% were interested.
Another new opportunity in which First 5 LA can provide more effective support to Commissioners is through a Board Manual. The purpose of a Board manual is to serve as a quick reference guide for information that includes: Commission roster/Contact info, Commissioner bios, current Strategic Plan, current approved budget, important contact info, etc.; information is centralized and easily accessible electronically. When queried about Commissioners' interest level in having a Board manual, over 73% were interested.

BOARD EXPERTISE: SUMMARY

Family
Commissioners (83.25%) have a good understanding and familiarity with key components of the Family outcome area. Given families are at the center of our work and foundational to a child's healthy development, it is reinforcing to see Commissioners are familiar with and understand programs related to home visiting (87%) and family engagement (94%).

Communities
Commissioners seem to be familiar with and understand what community capacity building is (88%) but only 38% are familiar with built environment. The 38% signals to staff there is additional work that can be done around the built environment to ensure Commissioners are receiving adequate information to further build upon their understanding of this specific area.

Early Care and Education
We asked Commissioners about their familiarity level with the work of ECE providers as well as their knowledge of ECE work as Pre-K and K-12 educators. Findings show 75% of Commissioners have expertise as ECE providers, while only 56% and 50% report expertise as Pre-K and K-12 educators, respectively.

Health Systems
As it relates to developmental screening and trauma-informed care, an average of 81% and 75% of Commissioners, respectively, have a good familiarity level of these two areas. However, Commissioners reported less familiarity with substance abuse and mental health (69%), which is another key component within health systems.

Other
Finally, commissioners were asked about their familiarity with other topics that include public policy, evaluation, data and metrics, marketing and communication, philanthropy, human resources, technology, and business. It was great to see that 100% of our Commissioners have a good understanding of public policy, especially given our new strategic focus on policy and systems change. Commissioners also have a good familiarity level and understanding (83%) of evaluation, data and metrics, marketing and communication, and philanthropy. Commissioners reported lesser levels of familiarity in other areas like human resources (69%), technology (56%), and business (63%).

CONCLUSION AND NEXT STEPS

Board Engagement:
Overall, Commissioners express a high interest level in participating in many Board engagement opportunities offered by First 5 LA. Specifically, survey findings identify that Commissioners see tremendous value in making connections, building relationships and sharing knowledge with other (potential) stakeholders as an important component in their role as our governing board. This is

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evident by Commissioners' high interest level in attending First 5 LA activities: hosted events, conferences, brown bag lunches (topic specific) and meetings with elected officials.

This data will function as a roadmap for staff to more effectively make use of Commissioners' time by aligning Commissioner interest(s) to specific activities as identified by survey findings.

Board Expertise:

With regards to Board expertise, as anticipated, survey findings identified there is an abundance of skills, talent, knowledge and expertise among First 5 LA Commissioners. Nonetheless, there were some areas of our work about which Commissioners are less familiar (e.g. built environment (38% familiarity) and substance abuse and mental health (69% familiarity)). Given this, staff is aware to be more intentional and strategic in providing additional learning opportunities and background materials when bringing such items for consideration before the Commission.

As first steps, Commissioners will be receiving requests to engage in activities and/or events that have been specified as a preference. Also, Commissioners will soon be receiving a Board manual for their reference where all Commissioner-pertinent information will be centralized in one document.

We recognize the information gathered from this survey is and will be an invaluable resource to First 5 LA in advancing our strategic direction. It will be a foundational tool as we identify additional approaches to provide more effective support to our governing board.

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COUNTY OF LOS ANGELES
OFFICE OF CHILD PROTECTION

KENNETH HAHN HALL OF ADMINISTRATION
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EXECUTIVE DIRECTOR

June 30, 2017

To: Supervisor Mark Ridley-Thomas, Chair
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Judge Michael Nash (Ret.)
Executive Director, Office of Child Protection

PAVING THE ROAD TO SAFETY FOR OUR CHILDREN: A PREVENTION PLAN FOR LOS ANGELES COUNTY

On June 25, 2013, the Board of Supervisors (Board) established the Los Angeles County Blue Ribbon Commission on Child Protection (BRCCP) to review previous child welfare system reform efforts, barriers to effective systemic performance, and policies and practices within the system. On June 10, 2014, the Board adopted the recommendations contained within the BRCCP final report, *The Road to Safety for Our Children*, and took action to establish the Office of Child Protection (OCP) to prioritize and improve child safety through better communication, coordination, and accountability across agencies involved in the child protection network.

One of the BRCCP's recommendations was to "develop a comprehensive prevention plan to reduce child abuse and neglect," and the OCP has been working diligently for more than a year to create that plan (Attachment I). It formed a Prevention Workgroup—including representatives from the Chief Executive Office, the departments of Child Support Services, Children and Family Services, Public Library, Mental Health, Parks and Recreation, Probation, Public Health, Public Social Services, and Workforce Development, Aging and Community Services, First 5 LA, the California Youth Connection, the Commission for Children and Families, the Children's Data Network, the Community Child Welfare Coalition, Casey Family Programs, the Inter-Agency Council on Child Abuse and Neglect, philanthropy, education, and other children's rights and legal advocacy organizations—that has met regularly since April 2016. The OCP also convened several community providers to better understand what is working in current prevention efforts, and what can be improved upon.

The overarching philosophy of this plan is: *connecting families early on to positive family supports will reduce the number of children and families touched by the child welfare system, as well as decrease the length and intensity of interactions for those who must*

be involved. The plan calls for an expansion of the community-based family-strengthening approach, used in Los Angeles County for decades, that offers key supports designed to improve parenting skills, enhance child development, increase economic stability, and build a strong foundation for positive future outcomes. The implementation of this plan includes weaving together existing networks employing this approach so that County leadership can support shared planning with communities and provide more seamless ways for families to access services before their issues escalate. Using a network model ensures that prevention activities permeate our county's diverse communities, being sponsored by grassroots neighborhood organizations that are close to and trusted by local residents.

This model should be coupled with improved access to formal government services, when needed, so families have a full spectrum of support available. We want to encourage a culture where communities are equipped to provide families the types of support and connections that reduce their need for more intensive services, and where it is both accepted and expected for families to reach out for help when necessary.

Because of the existing Prevention and Aftercare networks' demonstrated efficacy in implementing key prevention strategies across the County and in developing robust linkages with individuals and service providers alike, we will partner with them to implement this plan, relying on them to serve as the leads for expanding prevention efforts that support families and strengthen neighborhoods and communities.

The plan's seven strategies are:

1. Map out and then weave together existing prevention networks.

2. Expand the capacity of the Prevention & Aftercare networks.

3. Create a universal home-visitation system.

4. Improve access to early care and education programs.

5. Monitor the overall well-being of communities.

6. Develop standardized measures of prevention to evaluate our efforts.

7. Implement prevention strategies identified by County departments.

Additionally, we will work to create a governance structure to align prevention efforts and identify ongoing funding to ensure that efforts continue to grow and coordinate with each other, and that they are sustainable well into the future. We will also convene a data advisory committee to standardize reporting on prevention and make the data more publicly available, and continue to pursue opportunities with public, private, community, and philanthropic partners for expanding innovative methods and effective models of prevention across the county.

We believe this plan includes essential strategies for reducing the number of children and families who come into contact with the child welfare system, as well as the number of families requiring services from other systems. Many components of these strategies have begun, and we look forward to continuing to make progress on the plan's implementation to ultimately achieve the positive outcomes for children and families we all want.

If you have any questions, please contact me at (213) 893-1152 or by email at mnash@ocp.lacounty.gov, or your staff may contact Carrie Miller at (213) 893-0862 or by email at cmiller@ocp.lacounty.gov.

MN:CDM:eih

c: Chief Executive Office
Executive Office, Board of Supervisors
Child Support Services
Children and Family Services
Commission for Children and Families
County Counsel
County Office of Education
Health Services
Mental Health
Parks and Recreation
Probation
Public Health
Public Library
Public Social Services
Workforce Development, Aging and Community Services
First 5 LA
OCP Prevention Workgroup

ATTACHMENT I

PAVING THE ROAD TO SAFETY FOR OUR CHILDREN:

A Prevention Plan for Los Angeles County



Los Angeles County Office
of Child Protection (OCP)

JUNE 2017

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Purpose of This Plan

What parents want for their children is what Los Angeles County wants—for every child to be healthy, to be growing and thriving in a strong family, and to be supported by a safe and nurturing community.

For children who come into contact with the child welfare system, however, this vision can seem unattainable. Many have already experienced some level of harm and trauma, and their families need intensive services to keep from entering (or going deeper into) the system.

In April 2014, in response to a tragic child death, the Los Angeles County Blue Ribbon Commission on Child Protection released a detailed report for improving the county's child protection system. It recommended the creation of the Office of Child Protection (OCP) to increase coordination and accountability, and to oversee the development and implementation of a comprehensive countywide prevention plan for reducing child maltreatment.

The OCP addressed this complex charge, in part, by studying the tremendous growth in community-based child- and parent-focused networks that Los Angeles County has seen over the past decade. These networks include organizations and individuals working together to build solid relationships and to share knowledge, best practices, new ideas, and perspectives. The ongoing success of these networks, coupled with their ever-stronger relationships with family-serving County departments, now presents an historic and unique opportunity for enhancing the protection and well-being of all children in our region.

This plan is our strategy for making the most of this moment. Many County departments and a wide array of partners contributed to the development of this plan, which is a blueprint for partnering with our region's diverse communities to coordinate and expand existing prevention-focused networks to further strengthen families, prevent child maltreatment, and reduce unnecessary burdens on the child welfare system.

Every one of us must "own" prevention. Keeping it at the forefront of all of our minds and every part of our work is the single most important way we can keep our children safe. We share responsibility for achieving this vision; it requires each of us to think differently about how we engage and support families, as well as how we engage and support each other.



What We Mean By Prevention

We believe that connecting families early on to positive family supports will reduce the number of children and families touched by the child welfare system, as well as decrease the length and intensity of interactions for those who must be involved.

By lessening families' contact with child welfare, we also hope to limit their involvement with other systems. A single child abuse hotline call—even when the allegation is not substantiated, a case is not opened, and the child is not removed from the home—can predict a family's later connection to other County systems. (A forthcoming study, for example, found that 83 percent of probation youth had previous referrals to child welfare, 43 percent of them before the age of five.[1]) This is especially true when families are not linked to supportive voluntary services at the time of the initial investigation. For families with very young children, research shows that home visitation and early care and education programs have significant effects on the prevention of child maltreatment and a family's reliance on other intensive services.

This plan's definition of "prevention" includes:

- Support for concrete needs like food and housing
- Opportunities for social, recreational, and community connections that reduce isolation and build personal support systems
- Access to economic and employment prospects
- Assistance in navigating the broad and often confusing array of available education, health, mental health, and other services

Research and experience show that a community-based family-strengthening approach offering these key elements can improve parenting skills, enhance child development, increase economic stability, and build a strong foundation for positive future outcomes. That approach should be coupled with improved access to formal government services, when needed, to provide families with a full spectrum of support. Formal services can't meet every need—there simply aren't enough of them—and informal community supports may not be intensive enough to address some families' complex demands. A balance is best.

We want to encourage a culture where communities are equipped to provide families the types of support and connections that reduce their need for more intensive services, and where it is both accepted and expected for families to reach out for help when necessary.[2]

While this plan begins by focusing on the family supports and services shown to have a positive effect on preventing child maltreatment, it is admittedly a starting place. Our goal is to expand community-based prevention efforts more broadly over time.



[1] Herz, D., Chan, K. (2017). *Los Angeles County Juvenile Probation Outcomes Study, Part II: Assessing the Experiences of Probation-Involved Youth Exiting from Out-of-Home Placements Across Two Cohorts.* California State University, Los Angeles.
[2] *Child Maltreatment Prevention: Past, Present and Future.* Child Welfare Information Gateway. Available online at www.childwelfare.gov/pubs/issue_briefs/cm_prevention.cfm

What We Know

Research suggests that child welfare systems experience pressure because families are not getting the support they need early enough, and because some are referred back to the system over and over again.

- One-third of the children in Los Angeles County's Department of Children and Family Services system are age four and under. A recent national study estimates that 37.4 percent of all children will have a protective services investigation by age 18.[3]

- Of all the babies born in Los Angeles County during 2006 and 2007, 14.6 percent were reported to child protective services before age five, although the majority of these referrals were not serious enough to warrant opening a case. This suggests that people may not know what to do, whom to trust, or where to find help when they suspect a problem is developing.

- As a recent article noted, "The longer that instability lasts, the harder it is for a family to rise back up. At that point, placing children in foster care may be the only option available to us. But what these families really need is [earlier] intervention . . . when they are beginning to struggle but are still relatively stable, and when the intervention wouldn't involve breaking up families."[4]



[3] Kim, H., Wildeman, C., Johnson-Reid, M., & Drake, B. (2017). "Lifetime prevalence of investigating child maltreatment among U.S. children." *American Journal of Public Health*, 107 (2), pp. 274–280.
[4] McGrath Tierney, M. "From Family Data to Neighborhood Outcomes." *Stanford Social Innovation Review*, November 29, 2016.

Some key early intervention strategies have demonstrated success in improving child outcomes and reducing child maltreatment.

The **Strengthening Families Approach** works to increase family strengths, enhance child development, and effectively nurture young children, especially in times of stress. It is based on engaging families, programs, and communities in building five critical protective factors for families[5]—shown below—through community-based supports. It is the "most well-established and broadly used" approach for reducing the risk of child maltreatment.[6] See page 24 for further information.

The Five Protective Factors



Parental Resilience: the ability to manage and bounce back from all types of challenges that emerge in every family's life



Social Connections: connections to networks of support essential to parents



Concrete Support in Times of Need: connecting to services to meet basic needs, as well as to address crises that may emerge



Knowledge of Parenting and Child Development: accurate information about child development and appropriate expectations for children's behavior



Social and Emotional Competence of Children: a child's ability to interact positively with others, self-regulate, and communicate effectively

- **Home visitation programs** connect to families at the very earliest stages possible, offering critical support to expecting and new parents. With a combination of parenting information, coaching, and connections to key services, home visitation has been proven to increase parenting skills, enhance child health and development, raise high school graduation rates, lessen juvenile justice involvement, and reduce child maltreatment.[7]

- **High-quality early care and education programs** (child care or preschool) that include support for families can also help to prevent maltreatment. For example, participants in the Chicago Parent Child program, which includes a half-day preschool program for three- and four-year olds along with comprehensive family services, had significantly lower rates of substantiated abuse and neglect.[8]

- Some **community-level child abuse prevention strategies** also have promising results—highlighting the voices of parents, mobilizing volunteers, engaging a broad range of community residents, and improving connections among economic development, health care, and social service sectors.[9]

Ensuring that prevention-oriented services are available, culturally competent, and accessible in local communities can provide support for families before problems escalate. In turn, knowing that community-based agencies are ready and willing to help also bolsters the child welfare system—strengthening the families it serves, increasing opportunities for family economic development, assisting social workers in their search for appropriate service referrals, and helping parents navigate local health, education, and family service systems.

[5] "The Protective Factors Framework." Center for the Study of Social Policy. www.cssp.org.
[6] Child Welfare Information Gateway (2014). *Protective factors approaches in child welfare*. Washington, DC: U.S. Department of Health and Human Services.
[7] "Home Visiting." Children Now Issue Brief. On high-school graduation rates, see, for example, *Research Spotlight on Success: Healthy Families America Promotes Child Health and Development*, Healthy Families America, 2008, www.healthyfamiliesamerica.org.
[8] Reynolds, A.J., Mathieson, L.C., & Topitzes, J.W. (2009). "Do Early Childhood Interventions Prevent Child Maltreatment? A Review of Research." *Child Maltreatment*.
[9] Daro, D. & Dodge, K. (2009). "Creating community responsibility for child protection: possibilities and challenges." *Future of Children*, 19(2), 67–94.

Key Los Angeles County Prevention Investments

Prevention Initiative Demonstration Project (PIDP)

In 2006, the Los Angeles County Board of Supervisors directed the establishment of a comprehensive prevention system. This included developing a pilot for implementing the Strengthening Families Approach (page 24) through community-based networks.

As a result, the Department of Children and Family Services (DCFS) established PIDP in 2007. This project built upon existing community networks in each of the County's eight Service Planning Areas (SPAs), applying community-organizing approaches to strengthen families' protective factors and increase their economic stability. (Appendix A on page 22 presents more details on the PIDP program.)

Independent evaluations of PIDP conducted in 2009 and 2010 found a "strong and significant pattern of improvements for families in terms of social support (reported by parents in all eight SPAs), decreased re-referrals to [DCFS] (in one of the three areas tested), and more timely permanency for [system-involved children] (in all of the three areas tested)."[10] Evaluators also recommended that the County encourage cross-departmental efforts to share funding and support for prevention.

During the OCP's development of this plan, it became clear that a number of County departments support programs that align very well with PIDP prevention-related goals. They include community-based programs funded through County contracts and projects operated by County staff who partner informally with community-based service providers. Mapping the status of these programs would be a very helpful next step in building cross-departmental support for prevention.

Although PIDP was successfully implemented across the County, the establishment of an entity for coordinating additional prevention resources and efforts beyond the network funded by DCFS did not materialize.

Prevention and Aftercare Networks (P&As)

Because of PIDP's effectiveness in engaging and strengthening families, DCFS institutionalized its community-based networks in 2015 and established ten countywide Prevention and Aftercare networks (P&As).[11] These include a broad range of public, private, and faith-based member organizations—groups that bring resources to the shared goal of preventing child abuse and neglect, along with designated lead agencies responsible for convening, organizing, and leading local grassroots efforts.

The P&A organizations are part of a critical web of providers across the county that effectively reach out to and engage parents, assisting them as they navigate often-complex systems of services. In so doing, providers develop relationships with these parents, building upon their natural assets through the Strengthening Families Approach. Those relationships in turn create trusting environments that encourage parents to disclose family needs and access appropriate services earlier, as family stressors occur.





[10]McCroskey, J., Pecora, P.J., Franke, T., Christie, C.A., & Lorthridge, J. (2012). "Strengthening Families and Communities to Prevent Child Abuse and Neglect: Lessons from the Los Angeles Prevention Initiative Demonstration Project." *Child Welfare*, 91(2): 39–59.
[11]Eight of the P&As are based in SPAs and two serve countywide populations: Asian/Pacific Islander and American Indian families.

Best Start Community Partnerships

While not part of the P&A networks, another important parent-focused community-based network also exists across the county, known as the Best Start Community Partnerships. First 5 LA[12] has been investing resources in 14 communities, bringing together parents, caregivers, providers, and other stakeholders to improve child outcomes and to engage and mobilize residents around issues that positively affect child and family well-being.

A significant number of the providers involved in the Best Start efforts also participate in the P&A networks, and this plan presents a unique opportunity to build on these networks' effective parent engagement. Both have adopted the Strengthening Families Approach mentioned on page 6, which has shown tremendous success in improving outcomes for children and reducing child maltreatment.

IN PRACTICE: Jennifer's Story

Jennifer had a history of postpartum depression. After she had her third child, signs of depression showed up once again and verbal abuse became a factor in her parenting. But the children ran the house and they did what they pleased, causing Jennifer to become even more frustrated.

A parent educator conducted a visit and became concerned about her behavior and the risk of child neglect due to Jennifer's depression. The newborn cried for minutes and was not attended to by his mother, while the oldest daughter, who was 4 years old, grabbed a knife from the counter to open a treat. The parent educator had to remove the knife from the child because Jennifer showed no signs of responding to the situation. As a mandated reporter, the parent educator had to call DCFS, which opened a case and came to Jennifer's home. She was upset and wanted to quit the home visiting program, but the parent educator did not give up and soon Jennifer began to turn her parenting around.

Realizing that she needed help and that help was there for her, Jennifer allowed the parent educator to help safety-proof her home, teach her about boundaries and discipline, as well as support her during the open DCFS case. Now she is seeking a brighter future for her children, including going back to school and contacting other referrals provided by the parent educator, which Jennifer had previously refused to contact. Her depression has also decreased, making her parenting techniques even more successful. At this time, there are no longer any signs of neglect in the home and her parent educator continues to support her when needed. **–Richstone Family Center, Best Start Community Home Visiting provider**

American Job Centers of California (AJCCs)

The Workforce Development, Aging and Community Services (WDACS) department administers Los Angeles County's portion of the largest workforce development system in the state—American Job Centers of California (AJCCs). The AJCCs are a network of centers structured in alignment with economic development and regional planning efforts to coordinate and partner with workforce development stakeholders. The purpose of the system is to prepare an educated and skilled local workforce that supports the three policy objectives outlined in the California State Workforce Board's state plan for 2016–2020:

- Fostering demand-driven skills attainment
- Enabling upward mobility
- Aligning, coordinating, and integrating programs and services to economize limited resources

The AJCC network prioritizes services to target populations and individuals with significant barriers to employment, including those who are homeless, English language learners, veterans, public assistance recipients, current and former foster or probation youth, and re-entering the community from incarceration, as well as those with basic-skills deficiencies or disabilities. Services are provided through strategically located centers and partnerships that bring together resources from the business community, employers, educational institutions, the State of California's Employment Development Department and Department of Rehabilitation, other County departments, and six other Workforce Development Boards. Given the important role that economic stability plays in the well-being of children and families, it is critical that we find every opportunity to ensure that the AJCC network is strongly connected to the other community-based networks already established.

Health Neighborhoods

The County departments of Mental Health (DMH) and Public Health (DPH) have partnered with numerous community organizations to establish "Health Neighborhoods" to improve access to coordinated health and mental health care across Los Angeles County. Participants in this network have committed to work with local agencies to identify available services, make cross-agency referrals for families more seamless, share information as legally permissible, and coordinate services so that families needing care can easily and efficiently receive the support they need.

[12]First 5 LA is a leading public grant-making and child welfare advocacy organization.

Medical Hubs

Over the past several decades, the Department of Health Services (DHS) has established seven Medical Hubs across the County to provide high-quality coordinated health care for children who touch the child welfare system. Services have historically included medical assessments of suspected child abuse or neglect, comprehensive medical exams for children entering out-of-home care, ongoing well-child care and sick visits, and linkages to pediatric specialty care for children with complex medical needs. In coordination with DCFS and DMH, the County has recently brought additional support to the Hubs to ensure that any identified social, mental health, and/or developmental needs are also addressed. As the reach and impact of the Hubs is expanded through further interdepartmental collaboration, the County's health-related agencies and the Office of Child Protection are exploring opportunities to connect these Medical Hubs more significantly with other community-based prevention-oriented networks.

Los Angeles County Community Child Abuse Prevention Councils

In 1989, the California Legislature passed the Child Abuse Prevention Coordinating Act, requiring each county to create child abuse prevention councils to promote intervention and prevention activities. In Los Angeles, 12 community-based councils were formed. These, too, have adopted the Strengthening Families Approach and have been working within their communities to reduce child abuse and neglect and to educate the public about abuse and family violence issues.

Landscape Analyses

In 2015, the Advancement Project (a civil rights organization in Los Angeles) conducted a study that looked at referrals to the DCFS child protection hotline by ZIP Code, analyzed the availability of prevention supports in different ZIP Code areas, and identified "hot spots" of high-need communities that would benefit from additional network and community connections. Findings indicated that ZIP Codes 90044, 90003, and 93535 had the highest numbers of DCFS referrals coupled with the lowest number of available prevention supports (see Appendix C: Los Angeles County "Hot Spot" ZIP Codes on page 26). Casey Family Programs has also launched a landscape analysis to identify existing services and supports around six high-need DCFS regional offices.

The recently released child care needs assessment study, *The State of Early Care and Education in Los Angeles County*, also provides an up-to-date analysis of the landscape of early care and education (ECE) services in the county. Its recommendations raise important issues about the cost of child care and the quality of existing services, and also offer ideas on providing essential supports for the ECE workforce.

Together, these analyses will inform our efforts as we map existing networks and prevention resources and determine how best to enhance and connect them so families in our most vulnerable neighborhoods have timely access to the assistance they need.





What We Heard



Because the premise of this plan builds upon the considerable work of the P&A and Best Start providers in establishing their extensive community networks, we conducted a "listening tour" of six key providers in both networks to learn more about what is working well and what should be improved upon. Twelve consistent themes emerged:

- When we are building stronger families, it's important to understand that children exist within families, and families exist within communities.
- The "five protective factors" from the Strengthening Families Approach (see page 6) are extremely important to successful prevention efforts.
- Economic stability for families is critical, yet it is the most challenging element to achieve.
- Parents need help in connecting to and navigating systems or networks of support.
- Establishing trusted relationships with parents is essential to connecting them to the right services and supports.
- Building authentic partnerships—so that parents are equal participants in building community-based networks of support—is fundamental.
- Trusting relationships take time, and they are an essential precondition to families' accepting and participating in voluntary supportive services.
- While cost is not the main barrier to increasing prevention efforts, flexible funding and some specific additional resources are still needed (for example, mental health, economic stability, informal community events, child care, transportation).
- Connections for communities and community-based organizations to schools and County departments are necessary but inconsistent.
- Connecting existing networks greatly enhances the array of resources available to families, and should be more intentional.
- Categorical funding is often challenging, particularly when it leads to competing reporting requirements that create barriers to providing services.
- Though extensive data exists, a standardized, consistent way to measure and report prevention factors is critical and very much needed.

What We Want

Informed by research, experiences across the County, and best practices, we now have an important opportunity to leverage existing partnerships to prevent child maltreatment. This is not about creating a whole new system of supports, but rather about strategically connecting and leveraging what is known to have a positive effect on prevention that already exists in our communities.

Create a "Network of Networks"

As mentioned, Los Angeles County is home to a number of successful networks, including Prevention and Aftercare (P&As), Best Start Community Partnerships, the community child abuse prevention councils, Medical Hubs, Health Neighborhoods, and other established and emerging groups with a similar family-strengthening focus. Along with important relationships identified by community partners, these networks can be both expanded and more deliberately connected with each other to focus on prevention. By bringing these providers together with faith-based organizations, home visiting programs, early education services, school districts, and other community entities, County leadership can support shared planning with communities and provide more seamless ways for families to access services before their issues can escalate. Community-based organizations and partners can play a critical role in building trust so that families are comfortable reaching out to those supports.

This connected infrastructure of networks can and must be culturally competent and responsive and must support equitable access for families of color, immigrants, expecting or parenting youth, and others facing challenges that undermine child and family well-being. These networks, rooted within the communities where families reside, are responsive to on-the-ground community issues and needs. They can share promising practices, new and innovative ideas for serving families in the child welfare system—particularly those aimed at reducing the overrepresentation of African-American and American Indian families and of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth—and pilot-test new partnerships between community groups and government, as well as innovative strategies for preventing child maltreatment. Community-based networks can identify holes in the local safety net, and providers can be held accountable for meeting family and community needs.

Support Earlier Access to a Range of Services and Supports

In addition to encouraging early access to services, these community networks also have a proven record of establishing trusting relationships and safe environments in which parents can establish social connections, build economic stability, identify family needs, access necessary services, and receive support in navigating complicated service systems. Networks have a unique role to play by serving families holistically across multiple disparate systems of supports.

Building upon those strengths, the County can partner with communities to create a system of SPA-level navigation hubs, particularly focused on high-need/low-resource "hot spots," so families can find the help they need and so County staff know where to refer them. To do this, we need to improve cross-agency information-sharing and bring best practices in family engagement to County and community partners alike. This includes ensuring that both County departments and their community-based partners are prepared to understand the effects of trauma on families and how to appropriately respond to signs of trauma—an approach known as Trauma-Informed Care.

The County can also more intentionally and effectively use existing resources by connecting the roll-out of any new funding for family-focused services to these existing networks, rather than adding separate systems unconnected to them. In addition, given the significance to prevention of home visitation and early care and education services, those programs should be strongly integrated into these networks.

Evaluate the Effectiveness of Our Prevention Efforts

As we intentionally connect and strengthen these community-based networks, we must find ways to measure our efforts. That ability is essential to knowing whether we are having the desired effect of preventing child maltreatment, and can also help us tell the story of how investments in prevention work most effectively. We need to incorporate the five protective factors that strengthen families (see page 6) into residents' experiences at the community level, as well as assess changes in family involvement with the child welfare system.

What We Will Do

Our Seven Strategies

1. Map out and then weave together existing prevention networks.

- We will undertake an inventory of the P&A networks (including lead agencies and providers), the First 5 LA Best Start communities, the emerging DMH/DPH Health Neighborhoods, Los Angeles County's Medical Hubs, and Workforce Development, Aging and Community Services' (WDACS') America's Job Centers of California (AJCCs) networks, as well as the aligned work being done by the 12 community child abuse prevention councils, the Inter-Agency Council on Child Abuse and Neglect, 211, and other identified city– or school-district–sponsored family-focused community-based networks. We will also assess ways to connect other civic or philanthropic efforts that support prevention for the same families and communities. This will give us an opportunity to see if there are gaps in service providers across the County, as well as to identify possible connecting points where we can be more deliberate in "networking the networks."

- We will map the array of prevention-oriented programs and services currently funded or organized by County government with three objectives in mind:

  - » Aligning the work of County departments with this plan
  - » Identifying key stakeholders to participate in governance and funding discussions
  - » Identifying services that should be better aligned with the P&A networks

- We will help community-focused networks link with each other and establish new connections among themselves. The goal is for these networks to weave together, making it easier for families to access services and supports that strengthen their protective factors, delivered by trusted providers, within their own communities.

2. Expand the capacity of the Prevention & Aftercare networks.

Because of the P&A networks' demonstrated efficacy in developing robust linkages and implementing key prevention strategies across the County, we will partner with them to implement this plan and rely on them to serve as the leads for expanding prevention efforts that support families and strengthen neighborhoods and communities.

- We will work to support the capacity of the P&A networks to serve families early on—particularly those at risk of entering the child welfare system. While many of these agencies already provide home visiting and early care and education services (or connect to agencies that do), we want to increase their capacity to connect interested families to these and other important services.

- We will explore avenues to expand the capacity of the P&A networks to connect families to a broader array of opportunities for workforce preparation, employment, and financial stabilization (community colleges, WorkSource Centers, etc.).

- We will build on the work of First 5 LA in developing trauma-informed care approaches and infusing them into our work with families, understanding the effect that environment has on a family's well-being and capacity to thrive.



3. Create a universal home visitation system.

In response to a motion from the Los Angeles County Board of Supervisors in December 2016, the Department of Public Health—in partnership with the OCP, First 5 LA, the Los Angeles County Perinatal and Early Childhood Home Visitation Consortium, the Children's Data Network (CDN), the Los Angeles County Office of Education (LACOE), and the departments of Mental Health, Public Social Services, Children and Family Services, Health Services, Public Library, and Probation—will develop a plan for creating a Countywide voluntary universal system of home visitation services so that all families who are interested can be connected to supports early on that strengthen their protective factors. Using various eligibility requirements and funding streams, this system will strategically expand capacity and improve integration across these critical programs, and help home visitation providers assist families in connecting to other services they need. More intentionally linking these programs to community-based networks will provide a proven prevention resource.

IN PRACTICE: Mary's Story

Mary has been in a home visiting program for two years. She's a full-time mom with two boys, ages 4 and 1. The older child has been diagnosed with autism and the other has language delays and possibly autism. Mary is grateful for the home visiting program because it allows her to learn more about her sons' development and to pursue personal and family goals that otherwise wouldn't have been established.

Most of all, parent educators have given her significant encouragement and hope. Mary now believes her children, and she, are capable of making their dreams a reality. She realizes that although her children may have a disability, they can still be successful in life and tries to teach them this every day through education and encouragement. She has learned that although she cannot be a perfect parent, she strives to better herself and is eager to learn different parenting practices so that she may be able to enhance the life of her family. Mary can truly see the positive outcomes, and feels she can now advocate for her children to receive the services they not only need, but deserve.

–Richstone Family Center

4. Improve access to early care and education (ECE) programs.

We will call on stakeholders to enhance partnerships among the County's Office for the Advancement of Early Care and Education, the Los Angeles County Education Coordinating Council, LACOE, school districts, First 5 LA, the Child Care Alliance of Los Angeles, and others to work on improving access to ECE for those families interested in participating. Many ECE programs have complicated enrollment processes with short and narrow enrollment windows that may not align with the child care needs of vulnerable biological families, resource families, or relatives who work or go to school. Immediate goals include mapping ECE resources, providing information on this complex system to County departments and their community partners, helping families served by County departments access and navigate the ECE system, linking entities specializing in ECE to P&A networks and family-serving County departments, and enhancing the ability of the Department of Children and Family Services to make referrals electronically and track whether or not services are received. Over the longer term, we hope to develop strategies for utilizing existing ECE resources more efficiently regardless of funding source, and for seizing opportunities to expand the quality and availability of ECE services in communities with the largest gaps between supply and demand. As with the approach to home visitation described in strategy 3 above, shared planning is needed to align and maximize resources, given varying funding streams and eligibility criteria.

5. Monitor the overall well-being of communities.

Building upon the landscape analyses conducted by the Advancement Project and Casey Family Programs (see Appendix C: Los Angeles County "Hot Spot" ZIP Codes, page 26), plus the child care needs assessment study discussed earlier, we will continue to look at the well-being of communities across Los Angeles with an eye toward elements that prevent child maltreatment—social connections, economic stability, access to behavioral health services, etc. Our review will include a "Portrait of Los Angeles" (made possible by a Productivity Investment Fund grant recently awarded to the OCP) that will systematically measure health and longevity, educational attainment, and economic stability in Los Angeles County neighborhoods. This will help us better understand how to more specifically target family-strengthening prevention efforts in different communities, as well as provide a consistent way of measuring economic stability, which the P&As identified as a need.

6. Develop standardized measures of prevention to evaluate our efforts.

We will establish a standard set of indicators to measure our investments in prevention and to assess individual, community, and population-level impacts. Because prevention providers routinely knit together multiple funding sources to support their work, we will also recommend ways to standardize and streamline the different reporting requirements of County departments and other funders. This includes building on other data-collection efforts like the "Portrait of Los Angeles" and work being done by the Children's Data Network.

As mentioned earlier, recent analyses from the CDN are beginning to describe the experiences of children and families with multiple systems over time, clarifying interactions and overlaps between services that may not be visible from the perspective of a single system at any one point in time. The CDN should also be able to help in evaluating this countywide prevention plan by tracking changes in child abuse reporting and involvement with the child welfare system, assessing the impact of preventive services on deeper system involvement, and analyzing the effect of pilot projects or planned changes in community-based service delivery designed to reduce continuing or recurrent involvement with deeper-end, more intensive public service systems. These data will inform both the further implementation and expansion of our prevention efforts and the most effective use of our resources moving forward.

7. Implement prevention strategies identified by County departments.

We will continue to work with County departmental leadership to identify and implement ways in which the County can show greater ownership over its role in prevention efforts by building upon family-focused community-based networks and connecting them to important County systems and services. Representatives of County departments on the OCP prevention workgroup have identified many such opportunities, a number of which are already moving forward (see below).



Los Angeles County Department Commitments to and Efforts in Prevention

Based on the work of the OCP prevention workgroup and recent meetings with County leaders, the rest of this section lists activities underway to advance our work on prevention.

Department of Public Health (DPH)

- The department will report back to the Board of Supervisors on ways to make voluntary home visiting services universally available across Los Angeles County.
- DPH will connect its SPA-based Area Health Officers to the P&A providers for each SPA to strengthen their relationships with these networks.
- It is connecting to the emerging consortia of the Department of Mental Health's Health Neighborhood networks.
- It will work with DMH to enhance access to postpartum depression services and supports.
- DPH will outstation public health nurses in two Department of Public Social Services (DPSS) offices serving low-income mothers enrolled in California Work Opportunity and Responsibility to Kids (CalWORKs) to help connect them to home visitation and other social services as needed.
- The department is coordinating its text-messaging campaign, *La Familia*, with First 5 LA's family-strengthening campaign and others to incorporate prevention efforts.
- DPH will partner with a Best Start community that has identified the issue of child welfare or prevention as its priority focus to find ways to support local efforts.

Department of Mental Health (DMH)

- DMH is working to coordinate the three-year cycle of its Mental Health Services Act planning for the use of Prevention and Early Intervention (PEI) funding with the larger prevention efforts being coordinated by the OCP.
- The department will maximize opportunities to connect its funding of mental health providers (through PEI or the Mental Health Services Act's Innovations funding) with existing P&A networks. If barriers exist to those providers being included in DMH funding, the department will work with others to provide assistance to those community-based organizations to enhance their ability to compete for DMH funding.

- It is mapping its constellation of providers and specialty services (such as birth to five, dual-diagnosis, early intervention, intensive services) across Los Angeles County to improve access for high-need populations and provide accurate information to its partnering agencies and community referral sources (DCFS, DHS Medical Hubs, DPH).

- DMH will support the development and implementation of the CalWORKs Family Stabilization pilot project being led by DPSS and help connect families who want them to mental health services.

- The department is expanding its System Leadership Team, which makes recommendations to the DMH director on the use of PEI dollars, to include entities focused on child welfare and prevention, including the OCP and First 5 LA.

Department of Children and Family Services (DCFS)

- DCFS identified the benefit of mapping its own categories of providers to ensure intradepartmental connections among those funded through different solicitations. Once this is complete, those providers will be mapped against other networks, including the First 5 LA Best Start community partnerships and the Health Neighborhood providers.

- The department will strengthen the relationships between DCFS regional offices and the lead P&A providers in each SPA. Once points of connection are identified, DCFS can incorporate the standardized reporting on prevention measures into its contracts.

- DCFS will conduct an evaluation of the effectiveness of prevention efforts provided through the P&As.

Department of Public Social Services (DPSS)

- Working with First 5 LA, the OCP, DCFS, and SHIELDS for Families, Inc., the department has begun to map how mothers served by DPSS' CalWORKs Family Stabilization program resources might be connected to SHIELDS for Families (the lead P&A network provider in SPA 6) to access needed supports not covered by DPSS' existing array of welfare-to-work services. The purpose of this pilot is to find ways to enhance DPSS connections to community-based P&A agencies to better serve low-income parents with barriers to employment. This effort will also connect to the local Best Start community partnership to further enhance parent connections to community-based supports.

- As the pilot demonstrates some success, DPSS will partner with First 5 LA, DCFS, and the OCP to consider approaching the California Department of Social Services, if necessary, for CalWORKs and child welfare waivers or other flexibility needed to enhance services to this population. The ultimate goal will be an effective, truly integrated support program for DPSS and DCFS (or pre-DCFS) families that can then be expanded to other communities.

- Given the high overlap of caseloads across these departments, the OCP will work with DPSS and DCFS to explore (with others) a research project to identify early indicators present in DPSS-involved families that could lead to possible DCFS involvement.

- As DPSS continues to implement the state-mandated online CalWORKs assessment tool, it will work with DCFS and the OCP to identify systemic barriers to employment that are also early indicators of potential DCFS involvement.

- The department has committed to attend meetings that bring together various County departments with network providers, thus strengthening connections between community-based providers and County services.

Workforce Development, Aging and Community Services (WDACS)

- WDACS will ensure that the prevention and aftercare networks (P&As) become an integral part of the countywide workforce system—the America's Job Centers of California (AJCCs)—to prioritize referrals for at-risk families, DCFS families, and youth.

- It will pursue collaborative partnerships with DCFS, Probation, DPH, and LACOE to use data to identify employment and education service gaps for youth, at-risk families, and DCFS families, and determine how to mobilize services to mitigate those gaps.

- Once this stage is complete, WDACS will partner with the Los Angeles Unified School District (LAUSD) to co-locate three Pupil Services Attendance counselors at select AJCCs to identify and connect opportunity youth from 17 LAUSD high schools to access workforce services. ("Opportunity youth" are defined as youth between the ages of 16 and 24 who are neither in school nor employed.) WDACS will work with LACOE and others to expand this re-engagement strategy to the other 80 school districts in Los Angeles County, prioritizing those with high concentrations of foster youth. It will also explore developing a Memorandum of Understanding with LACOE for data-sharing that will further support this effort.






- In September 2017, to further the Purposeful Aging Initiative, WDACS will launch (in partnership with the Public Library, Probation, and DCFS) a mentor-based tutoring pilot through which Title V–Senior Community Services Employment program participants will mentor youth who will then jointly provide tutoring to other youth.

- In partnership with various County departments and other external stakeholders, WDACS will establish a multidisciplinary approach to improve outcomes that promote economic stability and permanency for youth, at-risk families, and DCFS families.

  - It will work with DCFS, Probation, LACOE, and DPSS to align multiple case and service plans in the areas of employment and education. Currently, youth and certain families are required to have a case plan, a transitional independent living plan, a needs and services plan, a welfare-to-work plan, and an AJCC equivalent, but these plans are not jointly created or maintained (with the exception of shared DCFS and DPSS families).

  - In conjunction with DCFS, Probation, DPSS, and the Children's Law Center, it will initiate referrals to prioritize workforce services for AB 12 youth at age 19 (DCFS non-minor dependents, for instance), ensure that the court requires their participation in workforce services, and prioritize referrals for other family members in need of employment, in support of the DCFS case plan.

  - It will work with Probation and LACOE to formalize a process to enroll all youth at probation camps into AJCC services prior to their release. This will improve youths' overall outcomes through education, training, career planning, work experience, and job readiness, and also reduce the likelihood of recidivism.

- WDACS will incorporate a prevention strategy as a required approach in the Performance Partnership Pilot (P3) strategic plan. The P3 is a major multi-partner effort to increase countywide coordination and collaboration across a broad group of dense systems—education, workforce, social services, child welfare systems, local municipalities, and community-based organizations—to streamline access to services and improve outcomes that promote economic stability.

Child Support Services Department (CSSD)

- CSSD recognizes that economic stability and connections to resources are critical to strengthening families. The department will partner with the P&As to periodically co-locate volunteer staff at sites within each of the 10 networks, and also explore opportunities to co-locate volunteer staff at additional community-based organizations.

- The department will periodically co-locate volunteer staff at the DPSS CalWORKs Family Stabilization pilot's district office and explore partnerships to expand co-location to additional County offices to ensure that families are aware of services available to assist them with child support.

- CSSD will train its staff on connecting clients to preventive and supportive services within their communities.

- It will distribute information at all of its regional offices about supports available through the P&As.

- It will explore options to partner with the County Library to periodically co-locate volunteer staff at library facilities to expand its reach to families who may need CSSD services.

Public Library

- The Library will expand its Family Place programming so that, by the end of 2018, 86 libraries will host the program. Family Place builds strong bonds between children and their parents while promoting early literacy and connecting families to resources and services. All Family Place parent/child workshops feature a community resource specialist (nutritionist, pediatrician, behaviorist, etc.) who meets informally with parents to offer additional services and resources, as requested.

- Beginning in the fall of 2017, the Library will implement a new outreach program, The Reading Machine, in partnership with other County departments—DPSS, DCFS, DMH, the CSSD, the Natural History Museum of Los Angeles County, DPH, LACOE, Probation, and the OCP—to provide mobile early literacy and caregiver-support services. The program will deploy two vans to targeted sites within nine at-risk neighborhoods, and serve parents, home day care providers, and youth. Caregivers will learn how to engage in meaningful play activities that help them identify developmental issues with their young children, and will receive information on additional available County services.

- In 2017, with financial support from DMH, 10 Library staff will be trained in the evidence-based parent-support program Triple P—the Positive Parenting Program. One Triple P librarian will host multi-session parenting workshops at 52 libraries so that foster parents can satisfy their parenting class requirements. The remaining nine librarians will be trained to conduct one-to-one interactions with parents on developing simple strategies to address common childhood issues such as toilet training, tantrums, sleep problems, getting along with other children, and more.

- All library staff who interact with youth will be trained to use Touchpoints, a parent support model that builds parents' confidence in being their child's first teachers and also helps maintain parent-child relationships during periods of family stress.

- Library staff at Los Padrinos Juvenile Hall are implementing programs to help teen parents at the facility understand the importance of early literacy. Board and picture books are being purchased so that youth can take the books home to use with their children. These staff are also in the process of exploring an adapted version of the Family Place program at the Hall to facilitate parent-child bonding.

- This year, in partnership with the Department of Parks and Recreation, the Library will expand its *Lunch at the Library* summer program—which introduces parents to resources and materials that support caregiving and promote literacy—from 7 libraries to 13 libraries. It will also open its doors to children age 2 through 18 who are in need of a free meal (access to school lunch programs being limited in the summer). Three to five new lunch sites will be added each year thereafter to expand access to free meals for these children.

- The Library hosts bullying prevention and personal safety programs to help youth learn how to protect themselves and be more aware of their environment. The programs started at 10 libraries in 2014 and will expand to all 87 libraries by the fall of 2018, so that youth throughout the county can learn valuable safety and confidence-building skills.

Department of Parks and Recreation (DPR)

- DPR will work with area schools and community partners to expand parent educational opportunities that create networking opportunities for families and expose parents/caregivers to local resources that support healthy parenting via workshops, informational fairs, and educational classes.

- The department will collaborate with DMH to expand pilot park-therapy programs where families can access free mental health education and wellness programs at park facilities, with the goal of developing this model in other high-need areas.

- Parks and Recreation will partner with the P&As, providing a quarterly brochure of DPR programs—camps, teen clubs, lunch/snack programs, Tiny Tots, sports programs, and special events—while utilizing social-media tools and engaging area school districts to distribute information intended to bring the community together and promote child and family resiliency.





- DPR will build a robust youth council program that invests in youth leadership, creates a space for youth voices in governance by engaging youth in decision-making, and exposes teens to civic engagement and volunteer opportunities. Youth councils will host an annual Youth Summit to gather teen community leaders from throughout Los Angeles County to engage one another and strengthen their leadership skills.

- The department will expand programs such as Parks After Dark to build social cohesion, connect families to resources, lessen crime, and thereby build resilient communities. Programs that create opportunities for families to interact in healthy ways in home and community life will be offered by DPR's community partners.

- The department will partner with First 5 LA and the P&As to provide early-childhood and other parenting information at all park facility public counters.

- DPR will introduce and train staff in trauma-informed approaches to build resiliency in children through its Tiny Tots and after-school programs.

Department of Health Services (DHS)

- DHS Medical Hubs will work with the P&As to ensure that children and families in contact with DCFS are referred to services within those networks, as necessary, to address any needs identified during the on-site assessment process.

- The department's MAMA's Neighborhood program will partner with both DCFS and Probation to identify pregnant adolescents and facilitate direct referrals to prenatal care and other psychosocial services related to healthy outcomes.

- Through DHS' Whole Person Care pilot program, the department will partner with Probation and DMH to identify high-risk youth with medical, mental health, or substance-use disorders in juvenile camps or halls who would benefit from community-based re-entry support. The goal will be to improve these youth's access to and use of clinical and support services to reduce recidivism.

- The department's Women's Health Programs and Innovation unit will provide support and training to Medical Hub staff and to Probation, juvenile court health services, DCFS, and Sheriff's Department staff on issues related to adolescent sexual health, contraception, pregnancy-options counseling, prenatal care, terminations, and sexually transmitted infection prevention.

- DHS Medical Hubs will focus on providing teen-friendly services, including training nursing staff on non-directional contraception counseling and training clinicians on providing access to all FDA-approved contraception options during teen visits.

Probation Department

- Probation will partner with DPR and the Department of Health Services to expand opportunities that meet the needs of youth and families through a myriad of services (health, mental health, substance abuse, tutoring, legal clinics, etc.) offered in community-based neighborhood service hubs.

- It will partner with WDACS to fully implement a vocational/employment program for probation youth, with specific emphasis on youth transitioning back to the community.

- Over the next 180 days, Probation will create a family-finding unit able to locate family members early in the judicial process, both to increase support for youth and also to enhance the probability of youth being placed with a relative should the need for out-of-home care arise.

- Over the next 180 days, Probation will review current protocols/policies and develop more suitable community-based placement options for youth awaiting re-placement and/or a court hearing that might normally lead to detention in juvenile hall.

- Over the next 120 days, Probation will partner with LAUSD to expand educational opportunities for probation youth by offering credit-recovery services to credit-deficient youth in nontraditional community-based hubs. This effort will allow for youth to be dually enrolled, attending school during normal hours and accessing credit-recovery services after school to increase graduation rates and create post-graduation plans that include continued education/vocational opportunities.

- The department will expand partnerships with community-based organizations to provide traditional support services through the Juvenile Hall Family Resource Centers.

- It will work with faith-based organizations to expand opportunities for families to engage in pro-social networks and support groups, and will explore mentorship opportunities for youth transitioning from camp and from the Division of Juvenile Justice back into their communities.



Los Angeles County Office of Education

- A statewide initiative is currently being rolled out across Los Angeles County that engages school districts in a multi-tiered system of support (MTSS). The four pillars of this system address administrative leadership, an integrated educational framework, family and community engagement, and inclusive policy structure and practice. To support these four MTSS pillars, LACOE will work collaboratively and collectively across the county to strategically leverage already existing practices that are known to have a positive effect on prevention in our communities.

- LACOE will continue to partner with federal entities to increase the number of Early Head Start and other infant/toddler services available to children and families in Los Angeles County.

- LACOE will further provide early learning support by actively engaging various partners and networks throughout the county and by hosting the California Preschool Instructional Network and Early Childhood Education Professional Learning Community.

- LACOE's Division of Special Education (DSE) will be more aggressive in its approach to increase public awareness of important services that exist for children with special needs or suspected needs, through public service announcements, ads in print media, 211, and so on. In addition, DSE will strengthen its partnerships with school districts and Regional Centers to provide technical support for meeting the needs of children birth to age five in general-education settings who are suspected of having special needs. (Early intervention programs can prevent referrals to special education programs before age three.)

- LACOE will guide school districts in transitioning probation students with Individualized Education Programs (IEPs) to comprehensive school campuses by helping districts understand these students' unique challenges and the need to address them by the student's 30-day change-of-placement IEP meeting.

Through the Eyes of Community Residents

An essential attribute of using a network model to implement prevention is that activities take place in neighborhoods, often sponsored by grassroots organizations that are accepted as fellow community members, close to and trusted by local residents. Individuals may not even realize they are participating in a "prevention program," but might tell instead of their personal connection to a specific worker or team who partners with them to help meet challenges and recognize their own abilities. They are more likely to see the organization itself not as a place they come to for appointments, but as a safe space where they make social connections, have fun with other neighborhood folks, share a meal, share opinions, share information, and engage in activities with their families.

As the prevention elements called for by this plan come to scale, residents will experience trusted community members encouraging them to link with their neighbors to find and access beneficial resources and supports. The organizations making up the prevention networks will be seen as places for friends and families to gather—places that advocate for fairness and equity, where everyone is welcome.

Where Do We Go From Here?

Create a Governance Structure to Align Prevention Efforts

To maintain the momentum of the many efforts described in this document and to ensure appropriate focus and accountability, the OCP will institutionalize a formal governance structure for overseeing the implementation of this plan along with other prevention efforts. This structure will connect and coordinate existing networks and entities with important roles to play, and will include leaders from County departments and community partners, including service providers, community-based organizations, the faith-based community, education, law enforcement, resident and youth representatives, and those from the philanthropic sector who focus on prevention. We will also look to non-traditional external partners and find ways to ensure that parent voices continue to inform our work.

The purpose of this governance structure will be to better align and prioritize efforts, not to replicate or supersede existing frameworks.

Identify Ongoing Funding Streams

An ongoing funding stream for prevention implementation will be identified by more effectively using existing funding, leveraging resources, and exploring the possibilities for braiding and/or pinpointing new public and private funding opportunities.

Convene a Data Advisory Committee

We will assemble an advisory group of researchers and data experts to develop a standardized set of measures to capture our investments in prevention. This group should also recommend ways that the County can implement standardized reporting on prevention and make prevention data more publicly available. County departments can use these standards as they fund prevention efforts, so we have a comprehensive view of County investments.

Identify and Implement New, Innovative Approaches

We will continue to pursue opportunities with public, private, community, and philanthropic partners for expanding creative and effective models across the county. Most immediately, the emerging partnership of DPSS and First 5 LA's home visitation provider, SHIELDS for Families, Inc., is finding ways to serve a particularly vulnerable population whom we know disproportionately ends up in the child welfare system—families enrolled in CalWORKs. This work could inform practice at the state level as well. Other populations also tend to be overrepresented in the child welfare system, and we will identify additional innovations to address their unique issues and reduce their disproportional involvement.

Timeframe for Implementation

We aim to implement this plan over the next two to three years. While we feel an urgency to move forward, much of our progress will be dictated by the County's contracting process.

Conclusion

Sizable public and private investments have already been made throughout our region to establish networks of family-focused community- and faith-based organizations to meet the needs of the populations Los Angeles County and its partners are committed to serve. We now need to stabilize the pieces already in place, build and expand them, and deliberately weave them together to ensure a strong, coordinated, sustainable network.

This prevention plan is an important step toward achieving our shared vision—that every child is healthy, growing and thriving in a strong family, and supported by a safe and nurturing community. This vision goes hand in hand with our commitment to prevent children and families from coming into contact with the child welfare system, to minimize the duration of any contact that is necessary, and, over time, to limit their involvement with other intensive service systems.

All partners must "own" prevention and recognize their role in helping to achieve it. This includes working together in new ways to create a seamless framework of support for the children and families we jointly serve, identifying the governance structure and funding needed to sustain these efforts long term, and ensuring this plan's success.

We need to be proactive and forward-thinking to successfully produce the outcomes we all want. Each of us must take responsibility for being more resourceful in our approaches to supporting our children and families within their communities, so that their lives are enhanced in ways that are visible, powerful, and lasting.



List of Contributors

Advancement Project
Antelope Valley Partners for Health
Best Start El Monte
California State University, Los Angeles
California Youth Connection
Casey Family Programs
Center for Strategic Public-Private Partnerships
Children's Data Network
Children's Bureau
Children's Institute International, Inc.
Community Child Welfare Coalition
First 5 LA
Friends of the Family
Inter-Agency Council on Child Abuse and Neglect (ICAN)
Korean Youth and Community Center (KYCC)
Los Angeles County Chief Executive Office (CEO)
Los Angeles County Child Support Services Department (CSSD)
Los Angeles County Commission for Children and Families
Los Angeles County Department of Children and Family Services (DCFS)
Los Angeles County Department of Health Services (DHS)
Los Angeles County Department of Mental Health (DMH)
Los Angeles County Department of Parks and Recreation (DPR)
Los Angeles County Department of Public Health (DPH)
Los Angeles County Department of Public Social Services (DPSS)
Los Angeles County Department of Workforce Development, Aging and Community Services (WDACS)
Los Angeles County Education Coordinating Council
Los Angeles County Office for the Advancement of Early Care and Education
Los Angeles County Office of Education (LACOE)
Los Angeles County Probation Department
Los Angeles County Public Library
Los Angeles Unified School District (LAUSD)
Neighborhood Legal Services of Los Angeles
Prototypes
SHIELDS for Families, Inc.
South Bay Center for Counseling (SBCC)
Special Services for Groups
SPIRITT Family Services
United American Indian Involvement
Westside Children's Center

Definitions of Acronyms and Initialisms

AJCC	America's Job Centers of California
CalWORKs	California Work Opportunity and Responsibility to Kids
CDN	Children's Data Network
CSSD	Child Support Services Department
DCFS	Department of Children and Family Services
DMH	Department of Mental Health
DHS	Department of Health Services
DPH	Department of Public Health
DPR	Department of Parks and Recreation
DPSS	Department of Public Social Services
DSE	Division of Special Education
ECE	Early Care and Education
LACOE	Los Angeles County Office of Education
LAUSD	Los Angeles Unified School District
LGBTQ	Lesbian, gay, bisexual, transgender, and questioning
OCP	Office of Child Protection
P3	Performance Partnership Pilot
P&As	Prevention and Aftercare Networks
PEI	Prevention and Early Intervention
PIDP	Prevention Intervention Demonstration Project
SPA	Service Planning Area
WDACS	Workforce Development, Aging and Community Services

Appendix A: Some of Los Angeles County's Prevention History

Los Angeles County has a long record of efforts to enhance child protection and prevent child abuse and neglect. Entities such as the Los Angeles County Commission for Children and Families and the Inter-Agency Council on Child Abuse and Neglect (ICAN), along with the First 5 LA Commission, County departments, academic institutions, partners from the philanthropic community, and others have worked for years to prevent child maltreatment. In 2002, the County Board of Supervisors directed the Children's Planning Council, the Commission for Children and Families, the Department of Children and Family Services, ICAN, and other leaders in child and family services to develop a Countywide prevention plan. A 2005 report titled "Preventing Child Maltreatment: A Comprehensive Plan for a Continuum of Family-Centered Community-Based Prevention and Intervention Services for Children, Youth and Families in Los Angeles County" was issued.[13] Many entities and organizations were consulted. Scores of recommendations were put forth.

That report—like others—found that the lack of a coordinated, effective strategy for prevention was compromising child safety. It noted the existence of many County and community programs, but also recognized the absence of any structure or mechanism through which these programs were coordinated and held accountable to ensure the effective implementation of prevention strategies in communities or across the county.

In an effort to coordinate the systems and resources affecting the prevention of child maltreatment, the County Board of Supervisors in 2014 established the Office of Child Protection (OCP). The OCP became operational in February 2015, and released its countywide Strategic Plan in October 2016. The OCP Strategic Plan has a focus on prevention, with the stated goal of providing "children and families with the upfront supports and services they need to prevent them from entering the child welfare system and/or limit their involvement with the system once they are known to it."

These and other investments by County and non-County entities over the past five to ten years are now in place across the region. These resources are an integral component to creating an infrastructure of prevention, as well as a wealth of knowledge that can inform the County's commitment to prevention and our prevention plan.

Prevention Initiative Demonstration Project (PIDP)

In 2006, the Los Angeles County Board of Supervisors passed a motion directing the establishment of a comprehensive prevention system. This motion called for promoting family-strengthening efforts in safe and stable communities, and further recommended that:

- The Department of Children and Family Services establish a pilot project designed to show how community-based networks could reduce social isolation, improve economic resources for families, and increase access to existing services, supports, and activities

- The Chief Administrative Office (now the Chief Executive Office), in partnership with others, facilitate community meetings and planning workgroups, develop outcomes and indicators, analyze successful models, and develop recommendations for the County

Responding to the first directive, DCFS established PIDP in 2007. This project built on three integrated or "braided" strategies implemented by networks of PIDP providers in the eight geographic Service Planning Areas (SPAs): (a) building social connections by using community organizing approaches; (b) increasing economic opportunities and development; and (c) increasing access to and utilization of beneficial services, activities, and resources. PIDP continued as a demonstration project for several years and was independently evaluated in 2009 and 2010. Evaluators concluded:

> " . . . PIDP findings show a strong and significant pattern of improvements for families in terms of social support (reported by parents in all eight SPAs), decreased re-referrals (in one of the three areas tested), and more timely permanency (in all of the three areas tested). The fact that results were found across levels of prevention underlines the fact that PIDP accomplished just what it was designed to do in only two years. It pilot-tested locally relevant approaches to strengthening families, and demonstrated the potential for significant improvements in child safety and well-being as a result of well-designed prevention services that braid three core elements to create accessible and welcoming webs of community support, activities, and services for families."

[13] Prevention Workgroup (2005). "Preventing Child Maltreatment: A Comprehensive Plan for a Continuum of Family-Centered Community-Based Prevention and Intervention Services for Children, Youth and Families in Los Angeles County."

Evaluators also recommended that the County work to encourage cross-departmental efforts to share funding and support for prevention. During the process of creating the current prevention plan, it became clear that a number of departments already support programs that align very well with the goals of this plan. These include both community-based programs funded through County contracts and those operated by County staff who partner informally with community-based service providers.

Although the original DCFS pilot project called for in the Board of Supervisors' 2006 motion was created and successfully implemented (as mentioned on page 7), an entity for coordinating additional prevention resources and efforts beyond the network funded by DCFS was never established.

Inter-Agency Council on Child Abuse and Neglect (ICAN)

The Inter-Agency Council on Child Abuse and Neglect (ICAN) was established in 1977 by the Los Angeles County Board of Supervisors. ICAN serves as the official County agent to coordinate the development of services for the prevention, identification, and treatment of child abuse and neglect. It is the largest county-based child abuse and neglect network in the nation, and is co-chaired by the Los Angeles County Sheriff and the Los Angeles County District Attorney. ICAN staff are housed within the Executive Office of the Department of Children and Family Services (DCFS). ICAN was designated as a local child death review team for the National Center for Fatality Review and Prevention in 1996.

ICAN consists of 32 county, city, state, and federal agencies represented at the department-head and professional/line levels, along with 12 community-based interdisciplinary child abuse councils. In addition, ICAN's nonprofit partner, ICAN Associates, is composed of volunteer business and community members who raise funds and public awareness for programs and issues identified by ICAN. ICAN's activities are carried out through committees of public sector and private sector professionals with expertise in child abuse/neglect. These groups address critical issues affecting the well-being of the most vulnerable children in the County, and include committees on policy, operations, victim services for commercially sexually exploited children (CSEC), cyber-crime prevention, child death review, child and adolescent suicide review, pregnant and parenting teens, child abduction and reunification, the Family and Children's Index, AB 1733/AB 2994 planning and funding recommendations, a safe sleep for infants campaign, the safely surrendered baby law, data/information-sharing, child abuse/domestic violence protocol development, child abuse protocol development, infants at risk due to prenatal substance abuse, and the California Hospital Network.

ICAN provides advice and guidance on public policy development and program implementation to improve the community's collective capacity to meet the needs of abused and at-risk children. ICAN has a unique ability to bring both department-head–level and line-level professional staff together to work collaboratively, holding forums where staff from different agencies share information and learn about the roles each agency plays in the prevention of child abuse/neglect. As a result of these forums, staff from multiple agencies develop a much deeper understanding of the broad system that is required to most effectively combat child abuse and family violence.

ICAN regularly releases three major reports—*The State of Child Abuse in Los Angeles County, the Report of the Child Death Review Team*, and the report on *Safely Surrendered and Abandoned Infants*—and also produces five major training events: the NEXUS Conference, the Children's Traumatic Grief and Loss Conference, cyber-crime prevention symposia, child sexual exploitation trainings, and child and adolescent suicide prevention trainings.

ICAN's work has resulted in many positive outcomes, including:

- The successful sponsorship and passage of legislation that has brought millions of dollars into Los Angeles County for child abuse prevention programs, created the Family and Children's Index, allowed for a greater sharing of health information between medical professionals and case workers for children in the child protection and juvenile justice systems, permitted the secure electronic sharing of information by two-person multidisciplinary teams, and enacted drowning prevention ordinances and child product safety measures
- The development of protocols for the countywide response to reports of child abuse and neglect, guidelines for an effective response to domestic abuse and inter-disciplinary protocols for severe non-fatal child injuries; and guidelines for the mentoring of foster youth
- The development of a countywide public awareness campaign for infant safe sleeping

In addition, the ICAN Hospital Network was created to support child abuse screening, reporting, evaluation, and management in all hospitals serving Los Angeles County residents. This privately funded project will build a data-tracking program and connect hospitals to the child protection system and to each other with regard to births and children under age three served by a hospital, emergency department, or inpatient services.

Appendix B: Research on Effective Prevention Strategies

The urgent need to connect parents early on to available resources is highlighted in a recent study from the University of Southern California Suzanne Dworak-Peck School of Social Work's Children's Data Network that examines the cumulative risk of becoming involved with the child welfare system for our youngest children. The study found that 14.6 percent of all babies born in Los Angeles County in 2006 and 2007 were reported to child protective services before age five. Of those reported, allegations of maltreatment were substantiated for only about one-third (5.2 percent of those reported) and only 2.4 percent were removed from their families and placed in out-of-home care.[14] Such high rates of reporting, accompanied by much lower rates of substantiation and removal, suggest that many people may not know where to go when family problems begin to develop, and that communities may not have access to the broad range of supports and services needed.

Calls for help may go unanswered because of pressures on the system, and family problems may not be addressed in a timely way. Too often, a cycle of repeated referrals occurs before DCFS eventually becomes actively involved with these families. By that time, their problems may have already escalated.

As another study finds, the longer these instances of seeking services go unaddressed, the more significant the costs are to the child, the family, and society.[15]

> "The longer that instability lasts, the harder it is for a family to rise back up. At that point, placing children in foster care may be the only option available to us. But what these families really need is [earlier] intervention . . . when they are beginning to struggle but are still relatively stable, and when the intervention wouldn't involve breaking up families."[16]

By intervening with families earlier, we are able to enhance positive child outcomes. Building stronger families prevents child maltreatment.

The Strengthening Families Approach

Based in part on experience in Illinois and elsewhere, along with research conducted by the Center for the Study of Social Policy (CSSP), various jurisdictions around the country have begun implementing the Strengthening Families Approach. Within a community-based context, this approach centers on ways to connect parents to ensure that the five positive attributes that research has linked to a lower incidence of child abuse and neglect—"protective factors"—are present for families.[17] One of these protective factors is connecting parents to services in times of need. These factors have been adopted by many jurisdictions with the goal of preventing child abuse and neglect.

The Five Protective Factors



Parental Resilience: the ability to manage and bounce back from all types of challenges that emerge in every family's life



Social Connections: connections to networks of support essential to parents



Concrete Support in Times of Need: connecting to services to meet basic needs, as well as to address crises that may emerge



Knowledge of Parenting and Child Development: accurate information about child development and appropriate expectations for children's behavior



Social and Emotional Competence of Children: a child's ability to interact positively with others, self-regulate, and communicate effectively

[14] "Cumulative Risk of Child Protective Service Involvement Before Age 5: A Population Based Examination." See *Interactive Cumulative Risk Report*, www.datanetwork.org.
[15] In addition to the individual toll, one recent study by the UC Berkeley Haas School of Business found that for every incident of child abuse, there was a public cost of $400,533 over the lifetime of the victim. "How Much Does Child Abuse Cost?" chronicleofsocialchange.org, 1/13/17.
[16] McGrath Tierney, M. (2016). "From Family Data to Neighborhood Outcomes." *Stanford Social Innovation Review*, November 29, 2016.
[17] "The Protective Factors Framework," Center for the Study of Social Policy, www.cssp.org.

Research on Best Practices

Ample research exists on services that are particularly effective in improving child outcomes and decreasing child maltreatment. Both home visitation and early care and education services have been shown to significantly decrease instances of child maltreatment, as well as to enhance parents' protective factors.[18]



Home Visitation

Home visitation connects to parents at the very earliest stages possible, providing critical support to expecting and new parents. Through parenting information and coaching, as well as connections to key supports and services, home visitation has been proven to increase parenting skills, enhance child health and development, raise high school graduation rates, lessen juvenile justice involvement, and reduce child maltreatment.[19]

In Los Angeles, we are fortunate to have a network of at least six federally and locally funded home visiting programs across the county. For the past few years, First 5 LA, the Partnership on Early Childhood Investment, the Department of Public Health, and others have funded and supported the Los Angeles County Perinatal and Early Childhood Home Visitation Consortium in an effort to coordinate this network and develop a shared reporting and accountability system.



Early Care and Education

Evidence also shows that high-quality early care and education (ECE) programs that include support for families can help prevent maltreatment. For example, results from the Chicago Parent Child program, which includes a half-day preschool program for three- and four-year olds along with comprehensive family services, have demonstrated markedly lower rates of substantiated (verified) abuse and neglect.[20] Over the last 15 years, the Los Angeles County Office for the Advancement of Early Care and Education, along with the Child Care Planning Committee and the Policy Roundtable for Child Care and Development, have been working on strategically aligning County services with the early childhood education and child development programs that are supported by federal, state, local, and philanthropic resources. Their goal is not to create a new system, but to strategically connect effective programs into a countywide network dedicated to strengthening families, enhancing child development, and preventing child maltreatment.



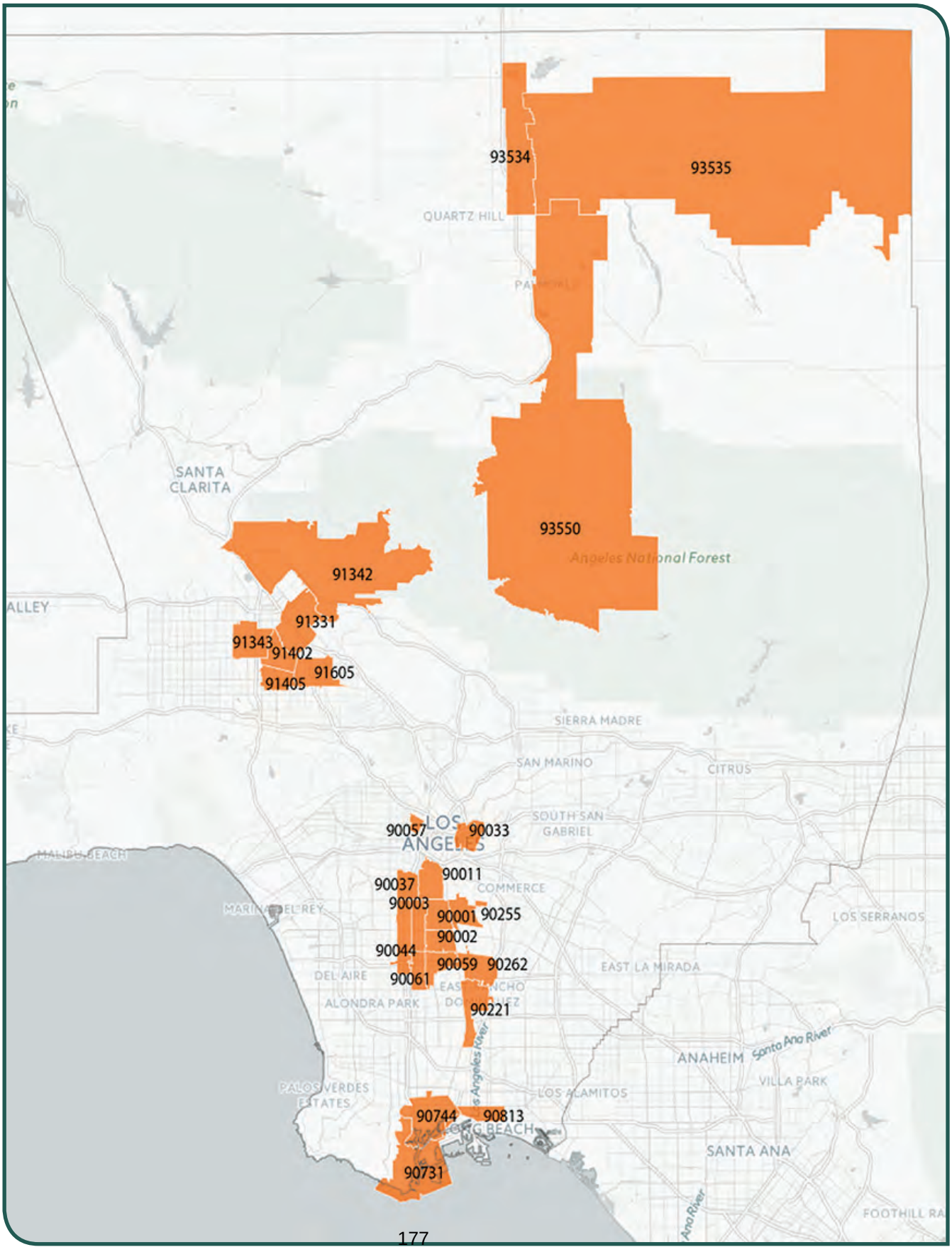
This work includes an ongoing partnership with First 5 LA, the Child Care Alliance of Los Angeles, Los Angeles Universal Preschool, the Los Angeles County Office of Education's Head Start Division, and others to coordinate a countywide approach to improving ECE quality.

[18] For the effects of home visitation, see "Long-term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect: Fifteen Year Follow-up of a Randomized Control Trial," *Journal of the American Medical Association*, 1997, as cited by the Los Angeles County Board of Supervisors' motion on home visitation, December 20, 2016.

[19] "Home Visiting," Children Now Issue Brief. On high-school graduation rates, see, for example, *Research Spotlight on Success: Healthy Families America Promotes Child Health and Development*. Healthy Families America (2008). www.healthyfamiliesamerica.org.

[20] Reynolds, A.J., Mathieson, L.C., & Topitzes, J.W. (2009), "Do Early Childhood Interventions Prevent Child Maltreatment? A Review of Research." *Child Maltreatment*.

Appendix C: Los Angeles County "Hot Spot" ZIP Codes



Top 25 Los Angeles County Prevention Need and Maltreatment ZIP Codes

ZIP Code	Neighborhood	Prevention Need Rank	Maltreatment Rank	Average Rank
90003	South L.A.	2	1	1.5
90044	Athens	5	2	3.5
90002	Watts	6	4	5
91402	Panorama City	4	7	5.5
93550	Palmdale/Lake Los Angeles	1	12	6.5
90059	Watts/Willowbrook	7	10	8.5
90011	South L.A.	18	5	11.5
90037	South L.A.	21	3	12
91405	Van Nuys	8	22	15
90057	Westlake	9	23	16
90001	Florence/South L.A.	20	15	17.5
91331	Arleta/Pacoima	25	11	18
90061	South L.A.	19	18	18.5
90033	Boyle Heights	40	6	23
90221	East Rancho Dominguez	26	21	23.5
91342	Lake View Terrace/Sylmar	29	20	24.5
90731	San Pedro/Terminal Island	37	13	25
91605	North Hollywood	27	24	25.5
93535	Hi Vista	43	9	26
91343	North Hills	45	8	26.5
90255	Huntington Park/Walnut Park	16	41	28.5
90744	Wilmington	46	16	31
93534	Lancaster	49	17	33
90813	Long Beach	3	63	33
90262	Lynwood	33	34	33.5



Appendix D: The Prevention and Aftercare Networks/Best Start Listening Tour

In addition to studying the research on effective approaches and services and documenting our experience with various prevention efforts, we also went straight to the source. To learn more about what works and what can be improved upon, the OCP, the Los Angeles County Commission for Children and Families, and First 5 LA undertook a "listening tour" of Prevention and Aftercare network (P&A) and Best Start providers. These community meetings identified 12 themes that were consistently articulated across these networks:

- **It's important to focus on the child/family/community levels.** The goal is to build stronger families; children exist within families, and families within communities.

- **The critical strategies connected to "protective factors" are consistently recognized.** Much similarity exists in how the DCFS prevention networks and the Best Start communities approach child well-being, strengthening families and communities through: (1) increasing social connections (decreasing isolation) of parents and families; (2) improving the economic opportunities and conditions of families; and (3) enhancing a family's ability to access appropriate and responsive supports or services in times of need. Several entities referred to these critical three elements as the "braided strategies." Some P&A providers add two additional factors: the social/emotional competence of adults, and a family's increased economic opportunity, stability, and security. There is an overall recognition of the important impact protective factors have on prevention.

- **There is also recognition of the vital yet challenging role of economic stability.** Many conveyed that of all the factors embedded in the three strategies, "economic opportunity and stability" was the most difficult to address and to achieve. Interestingly, the Los Angeles County Department of Social Services (DPSS)—which manages many streams of income support for families—was not often cited as a department with which the networks had a strong connection. Navigating mainstream systems such as Supplemental Security Income (SSI), the Earned Income Tax Credit, CalFresh, and others was also cited as a challenge.

- **P&As and Best Start communities have a critical role in helping parents connect to and navigate systems or networks of support.** All discussed the difficulties parents have in finding their way among networks and separate systems of services; organizations often play an essential role with navigation assistance. One theme expressed was the importance of looking at what is already in communities and finding ways to connect resources so support is more effective and integrated—it's about connecting to what already exists.

- **Beyond navigation, it's also about establishing trusted relationships between parents and providers.** In addition to the themes of navigation and access, the importance of trust came up consistently. A relationship with a trusted individual or organization is crucial in a couple of ways. First, parents need a trusting relationship with someone they can have an honest conversation with ("letting their guard down") about barriers or issues being faced by their families, especially when those issues include immigration status, substance abuse, domestic violence, mental illness, the clearing of criminal records, etc. The second element is a trusted network of services—appropriate, beneficial, and responsive (including culturally) to the needs of the adult or family. This theme is much less about parents' need for "information and referral" than it is about building trusting relationships, helping parents connect to appropriate services, and keeping tabs to make sure services are provided. Many mentioned needing to actually go with parents—occasionally providing the transportation—to connect to services (sometimes referred to as a "warm hand-off") and to following up with parents to ensure they are accessing the services and supports needed.

- **Building authentic partnerships with parents is key.** Trusting relationships require authentic partnerships with parents, where they are seen both as equal to and as potential resources for others at the table—community-based organizations and providers, department representatives, etc. Oftentimes the parent voice is not as well incorporated as it should be.

- **Developing trusting relationships takes time.** Given the importance of trust and families' feeling they are in a trusting environment, this work takes time. Examples of uncovering "deeper" issues in families only after working with them for a period of time surfaced in many conversations. Some entities referenced four to six months for those relationships to be developed.



- **Though they are not the main barrier to enhancing prevention, some specific additional resources are needed.** Overall, issues of helping parents access services and supports centered around the need to develop trusting relationships and trusted navigators, but specific service gaps were also identified in several conversations. Those most often cited were in children's mental health and postpartum depression treatment, as well as resources to enhance economic stability. In addition, many expressed a need for flexible funding to engage parents via informal community events while also supporting logistics like child care, event venue fees, and transportation.

- **County department connections to communities are vitally important . . . and remain inconsistent.** Relationships with the regional/local offices of various County departments affect local networks and communities. Many providers serve several jurisdictions and could compare areas in which those relationships helped or hindered a network's ability to engage parents and families. For prevention, relationships with regional DCFS offices are key, and those depend greatly on the individual regional administrators. Many participants also cited connections to schools as important, but often missing, because access depends on one-on-one relationships with the principal.

- **Connecting networks greatly enhances the array of resources available to families, and should be more intentional.** Family-serving networks are innovative and nimble, and have found effective ways to connect to other supports. Significant differences exist in how networks are structured and operationalized, but what they have in common is providing an environment that engages parents and connects them to resources and services that are funded by a broad variety of entities. Various network meetings, community workgroups, Best Start community partnerships, and other forums bring together parents and needed resources. Some are formal (getting into a program, for example), and many are informal (a plumber who is able to help out a neighbor at a lower price than if the neighbor had to call a business). Many networks are able to set up workgroups when gaps in necessary services and supports are identified, and find ways to connect to others providing them. As important as this is, several entities mentioned that this could be much more intentional (some suggested it be mandated and measured for accountability).

- **Categorical funding and reporting requirements are often challenging.** From a provider perspective, the categorical nature of funding complicates the goal of connecting families to critical services, requiring navigators to piece together multiple requirements and funding streams that can be flexibly used to meet family needs. Providers also pointed to the different reporting requirements for each funding stream as a barrier contributing to a disjointed system. They further noted that funding is generally for direct services, making it difficult to fund community support/trust-building strategies.

- **Though a lot of data exist, there is no standardized, consistent way to measure and report on prevention.** This is critical and needed. Related to the focused strategies and related outcomes ("the protective factors"), participants sent a consistent message that we need to do more to measure prevention in a standardized, consistent way. This would enable us to better measure progress and consistently tell the story of the importance of investing in prevention. Although each P&A provider collects data uniquely, there is no common framework, without which it's hard to demonstrate a direct impact on prevention.

First 5 LA
2017 State Legislative Agenda

Bill #	Author	Description	Bill Status	Est. Cost	Sponsor	Supporters
Early Childhood Education						
AB 60	Miguel Santiago and Lorena Gonzalez	**Subsidized child care and development services: eligibility periods** Requires that a family eligible for child care is able to remain in care for 12 months despite fluctuations in income. Families can earn up to 85 percent of the most current State Median Income upon exit and are not required to report changes to income for at least 12 months.	Senate Education; hearing canceled at author's request	Potentially $1 million to $5 million (GF) annually	Child Care Law Center, First 5 California	First 5 Association First 5 California LA Chamber of Commerce Crystal Stairs
AB 752	Blanca Rubio	**Child care: expulsion** Prohibits an agency from expelling a child because of a child's behavior unless the agency has explored and documented all possible steps to maintain the child's safe participation in the program. Requires, if a child is expelled, that the contracting agency facilitate the child's transition to a more appropriate placement.	Senate Human Services	Onetime costs to CDE of approximately $120,000 (GF) for admin activities.	Kidango Early Edge California	First 5 California First 5 Association
AB 1164	Tony Thurmond	**Child Care Bridge Funding for Foster Children** Provides a monthly voucher for child care for children in foster care for up to 6 months. Requires each child care resource and referral program to provide a child care navigator and trauma-informed training and coaching to child care providers.	Senate Education; hearing canceled at author's request	Appropriation of $15.5 million in FY 2017-18 and $31 million annually each year thereafter.	Children Now LA Chamber of Commerce County Welfare Directors Association	First 5 Association First 5 California
Health Related Systems						
AB-15	Brian Maienschein	**Denti-Cal program: reimbursement rates.** Requires the Department of Health Care Services (DHCS) to double Denti-Cal provider reimbursement rates for the 15 most common prevention, treatment, and oral evaluation services. Appropriates funding from the Healthcare Treatment Fund.	2-Year Bill	Increased Denti-Cal costs in the range of $180 million associated with doubling rates		First 5 Association First 5 California Children's Defense Fund Western Center on

Bill #	Author	Description	Bill Status	Est. Cost	Sponsor	Supporters
						Law & Poverty
AB 753	Ana Caballero	**Denti-Cal Improved Access** Requires DHCS to implement specified initiatives to improve access to dental services for adults and children in Medi-Cal, including a Dental Transformation Initiative for adults; an increase in reimbursement rates of qualified providers for the 20 most common pediatric diagnostic and restorative services; and access innovations, such as teledentistry.	2-Year Bill	Bill would appropriate $300 million for 2017-18		
AB 1340	Brian Maienschein	**Continuing medical education: mental and physical health care integration** Would require the Medical Board of California to consider including in its continuing education requirements a course in integrating mental and physical health care in primary care settings, especially as it pertains to early identification of mental health issues and exposure to trauma in children and young adults and their appropriate care and treatment.	Senate Appropriations	Negligible state effect	Steinberg Institute	California Access Coalition California Council of Community Behavioral Health Agencies March of Dimes Foundation
Family Support						
AB 992	Joaquin Arambula	**CalWORKs: Baby Wellness and Family Support Home Visiting Program** Establishes the Baby Wellness and Family Support Home Visiting Program in the Department of Social Services. This program would award funds to counties to provide voluntary maternal, infant, and early childhood home visiting services to eligible families.	Senate Human Services	For participation in early learning and home visitation services: ongoing annual costs of approximately $100 million (GF).	Western Center on Law and Poverty	First 5 Association, First 5 California, County Welfare Directors Association Nurse Family Partnership
AB 1520	Autumn Burke	**Lifting Children and Families Out of Poverty Act of 2017**	Senate Human Services	To establish and administer the	GRACE	First 5 California

Bill #	Author	Description	Bill Status	Est. Cost	Sponsor	Supporters
		States the intent of the Legislature to use a specified framework for purposes of enacting future legislation to fund programs or services that have been proven to reduce child poverty in California, and to fund future innovations that achieve similar outcomes.		Task Force: unknown costs, likely in the low hundreds of thousands of dollars annually. To fund programs, services, and expenditures: likely in the low billions of dollars (GF). This would be offset to the extent these investments resulted in reduced demand for foster care, juvenile detention, and social services, and reduced health care costs.		First 5 Association
SB-18	Richard Pan	**Bill of Rights for Children and Youth in California** Declares the Legislature's support of a Bill of Rights for the Children and Youth of California that resolves to invest in all children and youth to achieve specified goals to create an optimal environment for their healthy development.	2-Year Bill	No estimate available at this time	Common Sense Kids Action	First 5 Association First 5 California
SB 63	Hannah-Beth Jackson	**New Parent Leave Act** Allows employees who work for a company with 20 or more employees, within a 75-mile radius, to take up to 12 weeks of job-protected leave to care for a new child. In addition, the bill requires the employer to maintain and pay for coverage under a group health plan.	Assembly Appropriations	First-year costs of $200,000, and $185,000 annually in out-years (GF), to implement the provisions of the bill (Department of Fair Employment and Housing)	First 5 California California Employment Lawyers Association Legal Aid at Work	First 5 Association First 5 California Children Now Child Care Law Center Western Center on Law & Poverty

Bill #	Author	Description	Bill Status	Est. Cost	Sponsor	Supporters
Marijuana						
AB 175	Ed Chau	**Adult-use marijuana: marketing: packaging and labeling.** Would require a manufacturer, prior to introducing an edible marijuana product into commerce in California, to submit the packaging and labeling to the State Department of Public Health for approval and would require the department to determine whether the packaging and labeling are in compliance with the requirements of prescribed provisions of AUMA, including the requirements that the packaging be child resistant and not attractive to children.	Senate Health	Significant ongoing costs to implement a "prior approval" process, estimated in the range of $530,000 for the last half of fiscal year 2017-18, and $900,000 per year thereafter (funded through fee revenue).	Union of American Physicians and Dentists American Federation of State, County, and Municipal Employees	First 5 Association, Common Sense Kid Action California Children's Hospital Association
AB 350	Rudy Salas Jr.	**Cannabis edibles: appealing to children.** Would change references to marijuana instead to cannabis and would amend the AUMA to prohibit a cannabis product from being made in the shape of a person, animal, insect, or fruit. This bill contains other related provisions and other existing laws.	Senate Floor			County Behavioral Health Directors Association First 5 Association of California

First 5 LA
2017 Watch List

Bill #	Author	Description	Bill Status	Est. Cost	Sponsor	Supporters
AB 11	Kevin McCarty	**Child care: Early Head Start** Establishes the Early Childhood Innovation Partnerships and Grant Program, which would provide funding to local partnerships that use a systems approach to deliver health, child welfare, early care and education, and social services that meet the needs of the most vulnerable infants and	2-Year Bill	No estimate available at this time		

Bill #	Author	Description	Bill Status	Est. Cost	Sponsor	Supporters
		toddlers, and their families.				
AB 43	Tony Thurmond	**State Incarceration Prevention Fund** Levies a 10 percent tax on private, for profit companies that contract with the corrections industry to provide goods and services. Revenue received would go to a prevention fund to prevent incarceration, including for programs that start early in life, such as preschool and anti-poverty measures. Companies would not be able to increase their costs to offset the taxes imposed.	Assembly Appropriations; hearing postponed by committee	Increased annual revenue in the range of $150 million. One-time costs in excess of $200,000 and ongoing costs in excess of $1.1 million for the administration and enforcement		First 5 Association
AB 230	Rocky Chavez	**Child Care Tax Credits** Increases the Child and Dependent Care Expenses tax credit amount by modifying the amount of the applicable state credit percentage and the amount of the applicable adjusted gross income (AGI) cap.	Assembly Appropriations; held under submission	$140 million		
AB 273	Cecilia Aguiar-Curry	**Child care services: eligibility** Clarifies that engagement in English as a second language and high school or high school equivalency educational programs meets criteria for establishing eligibility for subsidized child care programs.	Senate Human Services Hearing Date: Tues, July 11th	Onetime cost to the California Department of Education of approximately $60,000		
AB 312	Patrick O'Donnell	**School finance: special education funding** Requires the Superintendent of School Instruction to phase-in equalization of Special Education Local Plan Area (SELPA) funding rates. The bill also requires the creation of a state funding mechanism to provide all local educational agencies with funding to establish high-quality preschool programs for children with disabilities.	2-Year Bill	NA		
AB 540	Kevin Mullin	**Child Care and Developmental Services** States the intent of the Legislature to create legislation that would establish an optional statewide child care and education subsidy policy	2-Year Bill	No estimate available at this time		

Bill #	Author	Description	Bill Status	Est. Cost	Sponsor	Supporters
		program to increase and encourage county and regional collaboration among subsidized early care and education programs and providers.				
AB 340	Joaquin Arambula	**Early and Periodic Screening, Diagnosis, and Treatment Program: trauma screening** Requires screening services under the EPSDT program include screening for trauma. The bill also requires the Department of Healthcare Services to adopt, employ, and develop, as appropriate, tools and protocols for screening children for trauma.	Senate Appropriations	For additional screening services: $300,000 (GF/federal) For managed care rates: $2 million		Children Now Children's Defense Fund County Welfare Directors Association The Children's Partnership Western Center on Law and Poverty
SB 379	Toni Atkins	**Pupil health: oral health assessment** Adds *dental caries experience* to the data reported from school district oral health assessments to the county office of education. The bill also facilitates on-campus assessments by allowing passive consent for screenings, and streamlines data analysis by directing schools to report data directly to the Dept. of Public Health.	Assembly Health	To implement an opt-out requirement for oral health assessments and provide notifications to parents regarding this provision: Reimbursable state mandated costs, potentially in the hundreds of thousands in Proposition 98 General Fund, for LEAs.	Children Now, Children's Partnership	First 5 Sacramento Delta Dental Maternal & Child Health Access
SB 426	Richard Pan	**California Families & Children Home Visit Program: implementation plans** Establishes the Community-Based Home Visitation Program as a pilot program in 3 counties representing a cross section of the state,	Assembly Appropriations	$1.5 million in annual GF for program costs		

Bill #	Author	Description	Bill Status	Est. Cost	Sponsor	Supporters
		to provide child abuse and neglect prevention and intervention services to families through one family resource center located in each county.				

June 29, 2017

Dear Legislator:

First 5 California, The First 5 Association and First 5 Los Angeles would like to thank the legislative leadership with the resolve necessary to secure necessary budget appropriations for California's low-income children and families.

- **Child Care 12-Month Eligibility (SMI).** We are particularly thankful for the increase in Child Care 12-Month Eligibility (SMI). The increase of $25 million non−Proposition 98 General Fund to update the income eligibility requirements for state−subsidized child care and development programs and establish that a family determined to be eligible for a subsidy remains eligible for 12 months, regardless of change in need or income, unless income exceeds 85 percent of the current state median income.
- **Reimbursement Rate Increase:** An increase to child care provider reimbursement rate ceilings to reflect a corresponding cost increase for providers given increases in the state minimum wage.
- **Standard Reimbursement Rate**—An increase of $92.7 million General Fund ($60.7 million Proposition 98, $32 million non−Proposition 98) to increase the reimbursement rate for State Preschool and other direct−contracted child care and development providers, beginning July 1, 2017.
- **Regional Market Reimbursement Rate**—An increase of $40.6 million non−Proposition 98 General Fund to:
    - (1) increase the maximum reimbursement ceiling for voucher−based child care providers to the 75th Percentile of the 2016 Survey beginning January 1, 2018 and
    - (2) provide a one−year hold harmless provision.

Though many of these budget allocations help serves California's families, there is more work to secure health and education needs for those aged 0-5. We will continue to work with the leaders, providers and stakeholders across that state that are committed to delivering the best outcome for California's children.

Sincerely,
First 5 Los Angeles , First 5 California, First 5 Association

Annual Review of Strategic Plan

July 13 , 2017

first 5 la

Giving kids the best start

Today's Objectives

- Engage the Board in a discussion of the systems change and policy framework that is guiding our work

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  - Highlight how the Strategic Plan, research, and best practices about systems change are shaping our work

  - Provide progress update through examples from our first two years of Strategic Plan implementation

  - Engage Commissioners in a dedicated discussion of our systems change and policy framework in two emerging strategies: Built Environment and Trauma Informed Care

Today we will……..

- Ground the discussion in our FY 2015-2020 Strategic Plan
- Share the systems change and policy framework we are using
- Discuss what this means for First 5 LA's Strategic Plan implementation

Overall Result We Seek

We want all children in Los Angeles County to enter kindergarten ready to succeed in school and life.

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2015-2020 Strategic Plan

- The Strategic Plan is embedded with a systems change and policy framework

  - “Reduced emphasis on funding discrete direct services with impact at the participant level”

  - “Increased emphasis on systems change, collaboration, and public policy”

  - Driven by desire to maximize impact on all children and families

  - Intentional effort on systems change, informed by research and best practices

Systems Change and Policy Change

"A group of interacting, interrelated, and interdependent components that form a complex and unified whole"*

- **System Change -** Change that encompasses a broad set of interrelated changes including the norms, resources, behaviors, learned habits, culture, authority/decision-making and patterns operating within the legal, regulatory, social and community environment.[194]

- **Policy Change -** Changes to rules governing institutions, practices, and resource allocation. Policy can be set by both public institutions (e.g., government) and private institutions (e.g. hospitals or employers)

**Source: BUILD System Framework*

Systems Change and Policy Change are Often Interwoven

Example Desired Change: Ensure children receiving the age-appropriate developmental screening and linkage to services

- Policy – Current Medi-Cal eligibility benefits include children receive developmental screenings

- System – What prevents children from receiving screenings?
  - Access to trained providers using validated tools
  - Parent and caregiver knowledge
  - Knowledge and availability of referral resources that are accessible and culturally appropriate

Our Six Investment Guidelines Drive our System Focus

- Focus on **systems and policy change**.
- Focus on **prevention**.
- **Seek to have broad impact**, affecting large numbers of people.
- Prioritize investments that **strengthen families** and, whenever possible, **improve community capacity**.
- Prioritize the **identification and scaling up of evidence-based practices**.
- **Engage partners at the earliest possible stage** of activity and/or investment.

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Progress Update: Strategic Plan Implementation

- Years 1 & 2 –System Mapping and Partnership Development

  - Identify key policies and systems that impact our targeted outcomes
  - Understand what results current systems achieve
  - Develop relationships and partnerships that can effectively impact system
  - Capitalize on unique opportunities to advance desired systems and policy changes consistent with our Strategic Plan

What does research tell us about systems change work?

- Multi-dimensional - Systems are the work of multiple agendas constantly interacting

- Dynamic – Reflects works of multiple agents that are constantly changing

- Interdependent – No single entity has the technical capacity, jurisdiction to make the change to achieve targeted outcomes

Dimensions of Systems Change Initiatives

- ***Context*** – Improving the political environment
- ***Components*** – Establishing high-performance programs and services that produce results
- ***Connections*** – Creating strong and effective linkages
- ***Infrastructure*** – Developing support systems required for effectiveness
- ***Scale*** – Ensuring that a comprehensive system is available to maximum number of people to produce broad and inclusive results

Source: BUILD System Framework

What does this mean for First 5 LA's work?

Families

- Family Strengthening
- Family Engagement in Health & ECE settings

Communities

- Community Leadership
- Community Resource Networks
- Built Environment

ECE Systems

- ECE Advocacy
- Quality Rating Improvement System
- Workforce Development

Health Related Systems

- Early Identification
- Trauma Informed Care

Partnership

Throughout this work, Partnership is foundational

"System change initiatives managed by collaborative create intentional system change"*

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- First 5 LA's work with partners is situational and opportunistic working within defined parameters:
  - Public agency with defined Board governance
  - Partnerships are diverse and with an intentional focus on scale and sustainability
  - Community leadership key focus area to act as agents for policy and system change

*Source: *Practical Guide to Evaluating Systems Change in a Human Services Systems Context*

Families

What do we know about the current system?

- Less than 20% of newborns and their families screened to access home visiting services in LA County annually
- Highest priority need for families participating in home visiting programs is for mental health services
- First 5 LA provides approximately 45% of Countywide funding for HV to serve 60% of participants

One example of dimension we are addressing…..

CONNECTION – Creating Strong and Effective Linkages

What levels of policy are prioritized?

- Federal
- State
- County

What has been our work to date?

- Linking county departments to home visiting models that achieve critical outcomes for the population that they serve
- Expanding connections to support integrated experience for families accessing multiple county resources
- Developing strategies for long-term sustainability

What's next for FY 2017/18?

- Implementing strategies to connect mental health services to home visiting participants
- Testing strategies to expand access
- Diversifying funding sources

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Source: Home Visiting Board Motion Response, June 2017

Communities

What do we know about the current system?

In a 2014 survey of 2,327 parents/caregivers in Best Start communities:

- 79% agree that there needs to be better laws and regulations in their community to help families and children be safe, healthy, and educated
- 41% disagree (or are not sure) if there is an agency they can go to for family support services
- 55% disagree (or are not sure) that residents are included in the decisions and actions that improve their community

One example of dimension we are addressing…..

INFRASTRUCTURE – Developing support systems required for effectiveness

What levels of policy are prioritized?

- County
- City

What has been our work to date?

- Building capacity of Best Start Community Partnerships to strengthen leadership, social connections, and connect resources to families
- Supporting County Parks Needs Assessment and funding for park and transportation advocacy groups to educate and partner with community members
- Developing approach for strengthening community resource networks

What's next for FY 2017/18?

- Transition to a new structure for Best Start Community Partnerships (Alignment)
- Implementing strategies to support built environment advocates
- Strengthening connections among community resource networks, such as Prevention and After Care Network

Early Care and Education

What do we know about the current system?

- Capacity exists to serve only 13% of infants and toddlers
- Only 15% of eligible infants and toddlers are served by subsidized programs
- Cost of child care is a burden for families; families earning median income pay 15-25% of income per child for ECE services
- Only 4% of Family Child Care and 18% of Center Based Programs are Quality-Rated

One example of dimension we are addressing….

CONTEXT - Changing the political landscape

What levels of policy are prioritized?

- State
- County

What has been our work to date?

- ECE Budget Coalition Support
- Investing in field readiness through Policy and Advocacy Grants
- ECE Credential Advocacy
- Partnerships for public education and community awareness

What's next for FY 2017/18?

- Continued support for ECE Budget Coalition
- Partnership to educate and develop commitment from year 1 of Gubernatorial Candidates
- Year of 1 Policy and Advocacy Grants

Source: 2017 Child Care Needs Assessment and QRIS Database

Health Related Systems

What do we know about the current system?

- ***31% of parents*** indicated they ***had never been asked*** by their child's health providers if they had concerns about their child's learning, development or behavior
- ***47.2% of parents*** indicated they ***had never completed*** a standardized developmental-behavioral screening
- ***36.0% of respondents*** indicated a child's health provider ***did not ever*** administer a developmental assessment or test

One example of dimension we are addressing…..

SCALE – Ensure that a comprehensive system is available

What levels of policy are prioritized?

- State
- County

What has been our work to date?

- Expand initial investments from First Connections to build integrated systems (Help Me Grow) for all children in LA County
- Develop linkages to support early identification and intervention for all children

What's next for FY 2017/18?

- Implementing first 205 phase implementation of HMG
- Continue to advocate for health system coverage and outcome reporting

Source: 2015 California Health Interview Survey (Retrieved April 2017)

Future Sessions

- How will we measure systems and policy change?
- How will we monitor the changing context?
- Learning agenda for specific outcome work
  - e.g. Best Start Learning Agenda

Breakout Sessions

- What is First 5 LA's role in advancing a systems change agenda in two emerging areas of work?

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  - *How do we view First 5 LA's strategies Built Environment/Trauma Informed Care helping advance First 5 LA's mission and targeted outcomes?*

  - *What are the opportunities to advance this work at this time?*

  - *What can First 5 LA do to advance this work and contribute to desired outcomes?*

Background: Los Angeles County Parks Needs Assessment

The Los Angeles County Board of Supervisors launched the Parks Needs Assessment in March 2015 to document existing parks and recreation facilities in cities and unincorporated areas.

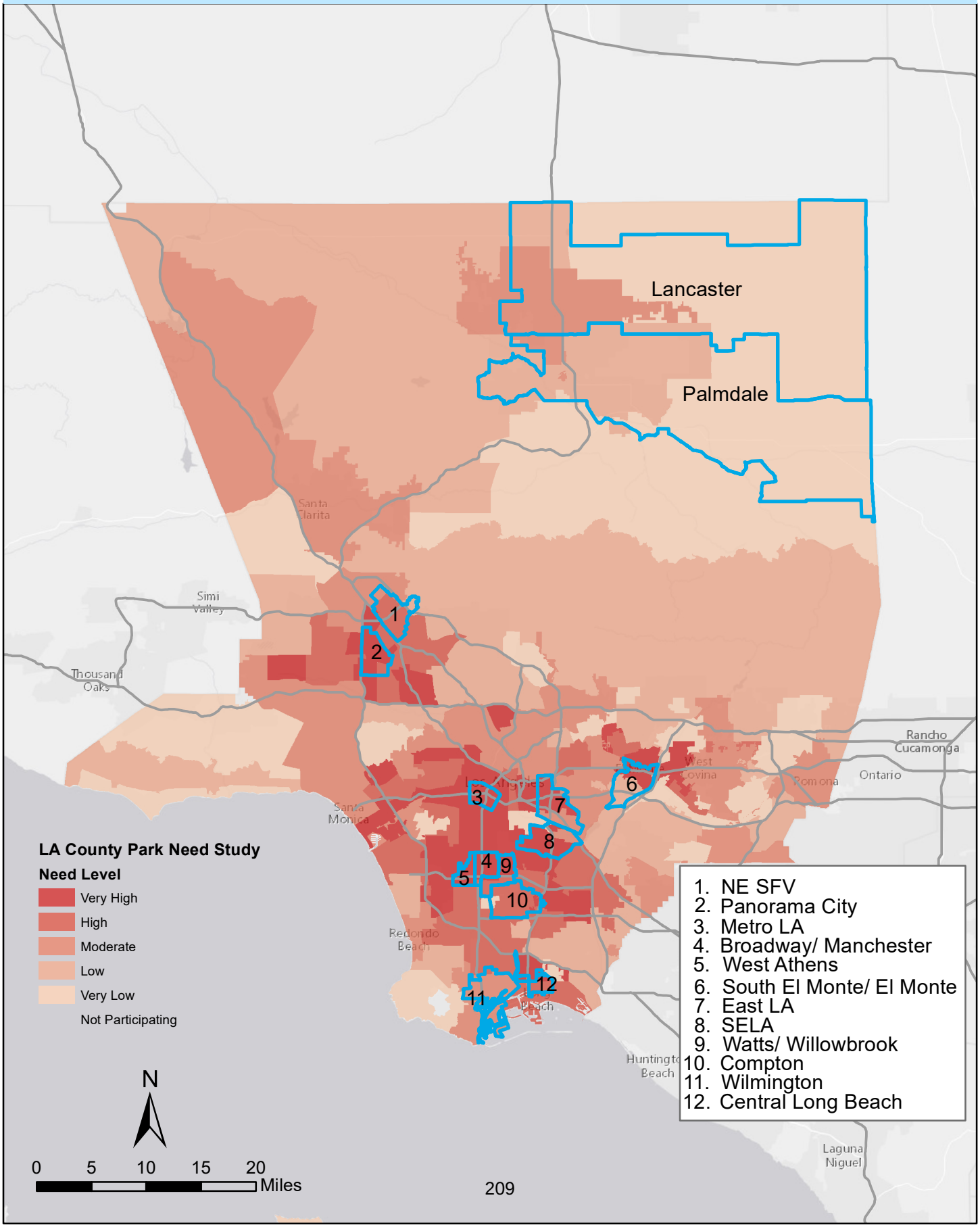
This map ranks the 188 Study Areas by **"park need,"** a suite of five metrics including:

- Park condition
- Park land
- Park access
- Park pressure
- Park amenities

This approach creates a Countywide perspective on assessing overall park needs, not just a single metric such as number of acres of park land per resident.

Data source: Los Angeles County Department of Parks & Recreation. 2016. http://lacountyparkneeds.org/

Los Angeles County Park Needs Study



Background: Injuries and Deaths in Pedestrian-Related Collisions

Traffic collisions are the leading cause of death for children aged 2 – 14 in Los Angeles County, according to the Los Angeles County Department of Public Health (2013). Traffic collisions are the third leading cause of death for children ages 1 – 4.

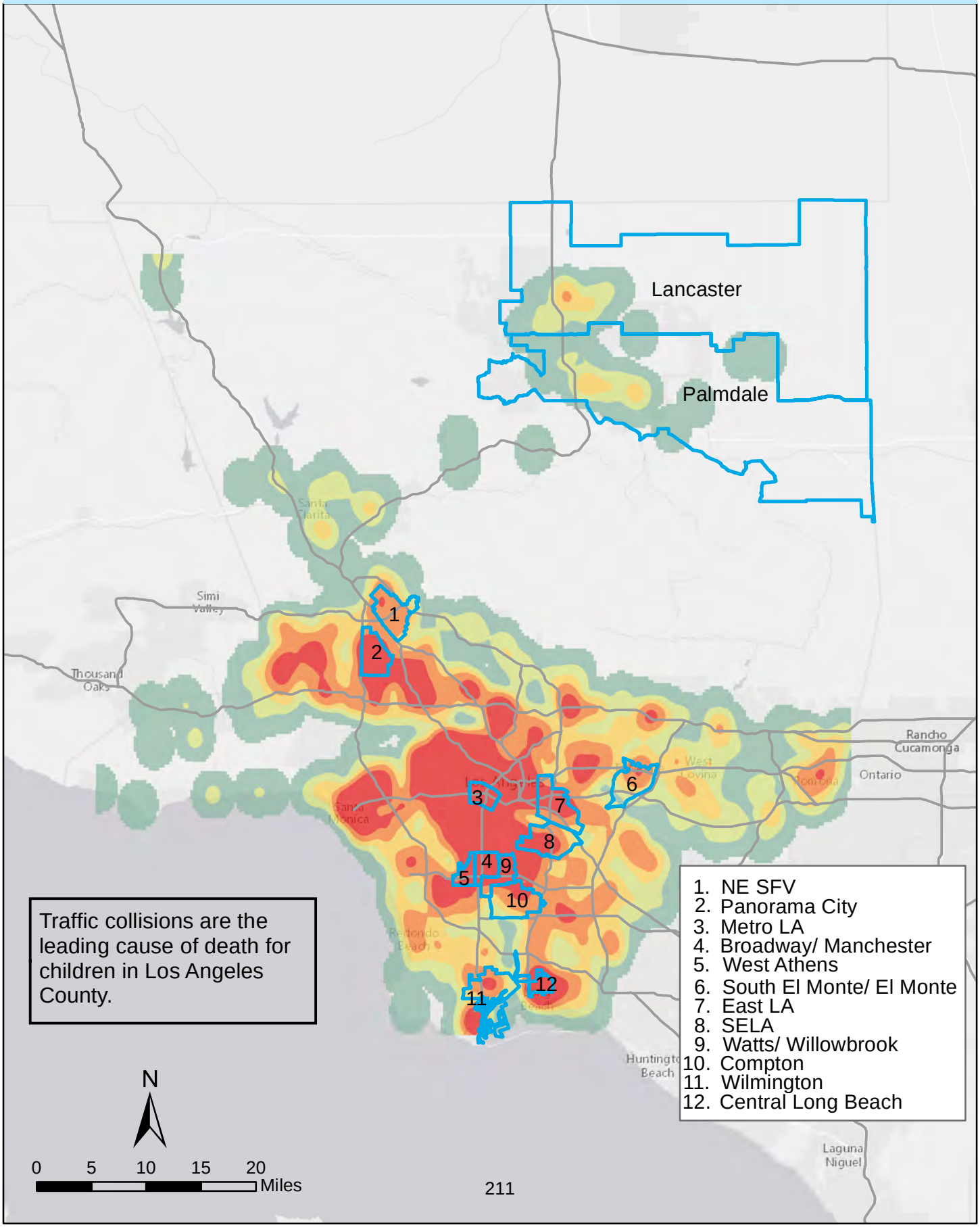
This heatmap shows the weighted number of injuries and deaths as a result of vehicles crashing into people walking on the street (i.e. "pedestrians").

The darker red areas show a greater concentration of pedestrian-related collisions that resulted in injury or death. The blue and light green areas show the places where these types of collisions happen less often. There were a total of 5,577 killed or injured victims in 2013.

The number one reason for these types of collisions occurred when vehicles did not yield to a pedestrian's right of way in a crosswalk.

Data source: University of California, Transportation Injury Mapping System. 2013. https://tims.berkeley.edu. This data originates from the Statewide Integrated Traffic Records System (SWITRS), collected and maintained by the California Highway Patrol.

Injuries and Deaths in Pedestrian-Related Collisions



Background: Healthy Food Access

This map shows “food deserts” – the census tracts that are both low income and have low access to healthy foods, as defined by the USDA Food Access Research Atlas. The data is as recent as 2010, the last Census conducted.

Low income is defined as a census tract where:

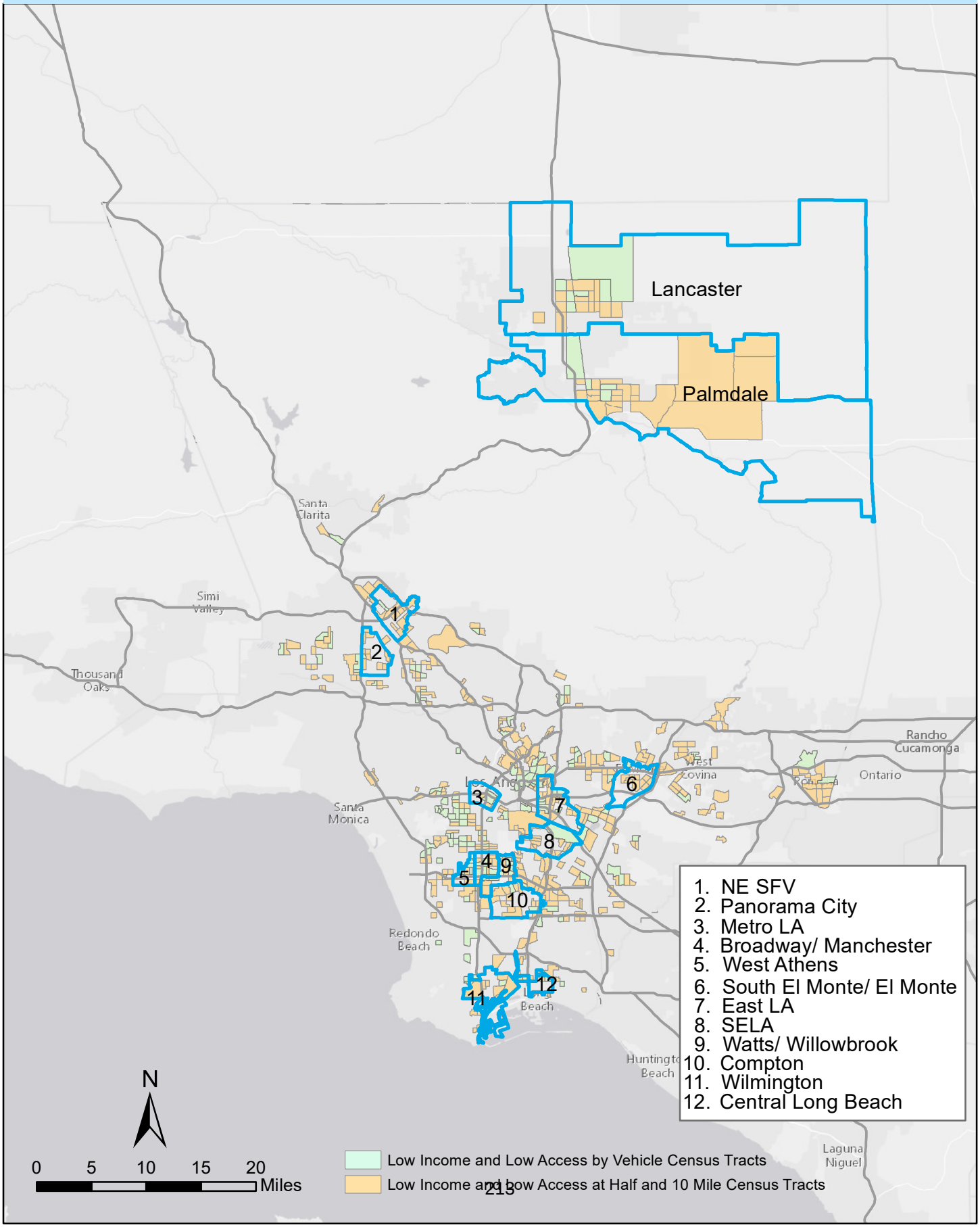
- The poverty rate is 20 percent or greater, or
- Family median income is less than or equal to 80 percent of the State-wide median family income.

Low access to healthy food is defined as low-income tracts that are more than half a mile in urban areas or greater than 10 miles in rural areas from the nearest supermarket, supercenter, or large grocery store.

Low access by vehicle measures the low-income tracts where a significant number of households are located far from a supermarket and do not have access to a vehicle.

Data source: United States Department of Agriculture Food Access Research Atlas.
https://www.ers.usda.gov/data-products/food-access-research-atlas/documentation

Healthy Food Access



Executive Summary

Driven by the knowledge that where you live determines how you live, a new movement is building. It is spearheaded by local leaders and anchored by the belief that a broad array of communities and interests must be engaged. Advocating for equitable policies and practices to establish healthy communities, this movement draws from a broad framework, incorporating a community's physical, social, economic, and service environments. Traditional single-issue boundaries are being broken, forging new connections and alliances across diverse sectors. Efforts are underway to influence and change environmental factors so communities can thrive.

The leadership of this movement is appearing in many parts of society. Public health officials, planning officials, and educators are studying a neighborhood's physical or "built" environment—the safety of its streets and parks, the condition of housing and schools, the location of businesses, and patterns of regional growth and change—as indicators of residents' health. Community leaders, elected officials, and organizations are realizing that a high degree of civic participation and strong social support systems inform people's sense of safety and belonging and influences their health. Business and community leaders and government officials are linking a neighborhood's economic health—for example, the presence of, or connection to, jobs paying living wages, a thriving commercial sector that employs local residents with neighborhood-serving businesses—to individual health and well-being. Local organizations are linking the presence of culturally-grounded, neighborhood-level services to the physical and emotional health of residents, understanding that every service from the effective delivery of medical care to the use of recreational programs has health implications.

The framework described in this report provides a way to understand the relationship between community conditions and health, analyzes the connections among all of the environmental factors that contribute to a healthy community, and identifies both protective and negative environmental effects on community health. *Why Place Matters* builds on the growing movement to improve the health of individuals through a focus on community and illustrates how organizations and groups are employing effective "place-based" strategies throughout California and the country.

I. Class, Race, Ethnicity, and Health

American neighborhoods are often segregated by race and income. Communities of color and low-income communities are plagued overwhelmingly by high crime rates, under-funded schools, insufficient services, poor transportation and housing options, and other harmful attributes that compromise individual and community health. Segregation limits residents' access to full-service grocery stores; safe, walkable streets; and a healthy environment. In fact, polluting businesses and factories are located much more frequently in communities of color, which means a less healthy neighborhood with more air and soil contamination. Communities of color—African Americans, Latinos, and some Asian Americans—suffer disproportionately

from certain health problems—diabetes, high blood pressure, obesity, and asthma.

Since so many American communities are informally but thoroughly segregated by race as well as income, health disparities are both a health and a place-based issue, one where improving community conditions could make a real difference in health outcomes. When policies and practices are put into place that improve the physical, economic, social, and service condition of communities, the lives of those within the communities also improve.

II. A Framework for Healthy Communities

Place matters.

Individual health is compromised when residents fear walking outdoors in the evening and won't allow their children to go outside during the day, after school, or on weekends. A child's health suffers when he or she must sit in shoddy school buildings in need of repair, without nutritious meals or an opportunity for physical activity. Children's and families' health are impacted when their neighborhood lacks a decent grocery store with fresh fruits and vegetables for sale. Families suffer when there is little access to economic opportunities. Residents suffer in high crime areas because crime influences the quality and availability of services and economic opportunities; it impacts whether businesses will locate in the neighborhood, or whether others will come to the neighborhood to patronize local businesses or attend social or cultural events. Neighborhoods across the country are afflicted with risk factors that have profound implications for community and individual health.

By contrast, many protective factors help build and sustain community and individual health. Safe, well-maintained parks can promote physical activity and public spaces for neighborhood gatherings. Access to healthy food can reduce obesity and related diseases such as hypertension and heart disease. Clean air quality can reduce asthma in adults and children. Reliable and safe public transportation can provide residents with the necessary mobility to get to jobs and schools. There are myriad ways that a neighborhood's protective factors positively impact individual health.

This report's case studies highlight examples of groups working to increase and fortify protective factors—in economic, social, physical, and service environments—throughout California and the country. The case studies show how the experience and voice of community members are critical for successful place-based strategies. Many of the efforts profiled represent innovative partnerships and new alliances for change. These collaborations are influencing policymakers—in the public, business, and nonprofit sectors—producing real change in communities and states. Many of the efforts also involve people of color in leadership positions, building the capacity of local leaders to advocate for policy change, showcasing the need for a focus on equitable outcomes.

The specific factors that are most important and the strategic approaches for enabling healthy communities vary, but there are some time-tested truths that these case studies confirm: local residents have significant insight into what problems are most critical to address, what community strengths can be used to improve health and community conditions, and what strategies and solutions will be most effective. Local leaders, connected with those at the regional and state levels, will create the power and momentum to pull the ultimate levers for sustainable change at the local, state, and national levels.

A. Economic Environment

A solid economic environment entails commercial investment, a focus on providing jobs that take people out of poverty, businesses that provide healthy food options to all residents, and a path that moves people to opportunity. The presence of thriving diverse businesses is a protective factor that helps build financially secure and healthy neighborhoods. New business development tends to draw additional activity as others seek to capitalize on existing economic vitality, providing an opportunity to hire local residents, creating increased individual income and available disposable income.

Coalitions, such as Fresno Works for Better Health, have been creating innovative programs to improve job quality, in terms of wages, benefits, and career ladders; to tailor training to the needs of local residents; and to ensure that residents of one community can have practical access to jobs throughout their metropolitan area. Within their neighborhood's retail sector, residents of low-income neighborhoods typically face a paucity of healthy food options. However, there are now many examples of organizations and coalitions working to improve healthy food access. One is Kaiser Permanente, which has established farmers' markets across the state; another is Fresno Metro Ministry, which worked with the California Department of Social Services, the U.S. Department of Agriculture, and the California Nutrition Network to ensure that low-income residents could use their food stamps to buy nutritious food at a local flea market.

B. Social Environment

Strong social networks that bring neighbors together—whether to advocate for change, cultivate a community garden, or provide services—can strengthen community ties and empower individuals to be advocates for themselves and change agents for their neighborhoods.

When diverse people come together for a common goal, it increases the potential for meeting their objectives and also offers opportunity for bridging differences. Knowledge, skills, and connections—to jobs, services, and civic life—can be shared, enabling individuals to build stronger ties to a broader community. For example, the City of Blackduck, Minnesota, and the Hmong American Partnership are part of a statewide effort—Healthy Together: Creating Community with New Americans—to reduce immigrants' health disparities by building social connections and relationships between newcomers and established community members, providing mental health services to new arrivals, and increasing the organizational capacity of groups that serve refugees and immigrants.

Building leadership within a community increases the level of capacity for mobilization, civic engagement, and political power. Youth in Shasta County, participating in one site of the multiyear, multisite Healthy Eating, Active Communities initiative came together to convince a local Wal-Mart to stock healthier options at the checkout stands. Strong community networks used their collective power to change business practices to be more supportive of healthy eating.

A community with strong social networks can also determine which businesses receive investment dollars and decide what the community's physical spaces will look like; whether there is investment in parks and school construction; they can present a collective voice as to where resources are allocated and public policy is implemented. When neighbors know each other and feel invested in the betterment of their community, they can create opportunities to come together and make changes that better all their lives.

C. Physical Environment

Safe parks; full-service grocery stores and/or farmers' markets; safe, walkable streets; less truck and bus traffic; well-maintained housing; and open spaces that encourage community gathering are all protective factors that contribute to the health of a community and have a positive impact on the health of residents. Likewise, residents' geographic access to opportunities—convenient location to reliable transportation that allows people to get to jobs and schools—contributes to healthy people and a healthy neighborhood.

A diverse group of organizations in Los Angeles County have come together to advocate for new parks for Latino, Asian, and African American neighborhoods that lack them. They are lobbying political leaders, conducting research, organizing underrepresented communities, and brokering solutions to increase the number of parks and open spaces in Los Angeles. And they've succeeded. Major new parks in the past seven years include the Los Angeles State Historic Park at the Cornfield in downtown Los Angeles, Rio de Los Angeles State Park at Taylor Yard, the Baldwin Hills Park, and the Ascot Hills Park. As part of a massive effort to revitalize the Los Angeles River, leaders have proposed the creation of 80 new parks to create a continuous 51-mile recreational greenway.

The City of Richmond, California, recognizes that the impact of a city's plans on health needs to be better understood and analyzed. It is updating its general plan with a "health policy element." The framework for the analysis and recommendations cover 10 areas: access to recreation and open space; access to healthy foods; access to health services; access to daily goods and services; access to public transit and safe active transportation options; environmental quality; safe neighborhoods and public spaces; access to affordable housing; access to economic opportunities; and green and sustainable building practices.

Improving the physical environment also entails keeping housing away from freeways and toxic polluters since polluting businesses and highways are linked to higher rates of asthma and other respiratory diseases for residents. It means eradicating unhealthy housing and the pernicious "slum housing disease," a term that describes a litany of conditions such as lead poisoning; skin rashes and fungal infections; and ailments brought on by peeling paint, mold, and cockroach infestations. It also means establishing new ways for local public health agencies to operate, using such techniques as the Healthy Development Monitoring Tool. Designed by the San Francisco Department of Public Health and concerned stakeholders, the tool provides the health rationales for considering each element of community conditions and moves through established standards, key indicators, development targets, and strategic suggestions for policy and design around eight elements: environmental stewardship, sustainable transportation, public safety, public infrastructure, adequate and healthy housing, healthy economy, citizen participation, and access to goods and services.

D. Service Environment

The equitable distribution of healthcare services and other neighborhood-level services has a huge impact on the overall health of a community. Access to quality healthcare services, public safety, and community support services are all necessary for a healthy community. Public services, such as adequate police and fire protection, water and sewer systems, healthcare facilities that are accessible and staffed with personnel who understand cultural needs, and quality facilities for neighborhood meetings and cultural events, are necessary for a healthy community. Reliable and regular sanitation service; mass transit that provides clean, safe, and reliable service; and responsive, caring public health providers all positively affect a community.

For several years, California Rural Legal Assistance (CRLA) has undertaken legal advocacy to bring an equitable share of public resources to some of California's Central Valley, low-income Latino communities. Because these communities are plagued by a lack of adequate water and sewer systems, quality housing, safe roads, no parks for children to play, and inadequate school facilities, CRLA and PolicyLink are conducting research to assess the causes and consequences to residents and to convene stakeholders in the region to identify new policy options.

Health systems are also recognizing that healthy communities extend beyond people having access to health care. Since 2003, Kaiser Permanente, in collaboration with local health departments and community-based organizations, has established 25 farmers' markets outside hospitals and health clinics in five states. Through its Community Health Initiatives, Kaiser is improving health through an emphasis on policy change and improving the community conditions that influence health.

Kaiser Permanente is only one of many community stakeholders whose emphasis is on improving the poor services and unacceptable conditions that create unhealthy communities. Youth UpRising and The Community Coalition have comprehensive, community-based approaches. Their constituents drive their programs and their advocacy. Both are also focused on developing the next generation of activists capable of leading their peers and impacting public policy.

III. Themes from Case Studies

The case studies profiled in this report represent a variety of approaches to addressing health disparities, based in different communities. Most of the case studies involve people from the community taking action, rather than waiting for an expert solution or a top-down government or foundation program. The studies highlight not only the factors that influence health, but also the actions that community leaders are spearheading to improve their situations. Armed with data to inform their strategies and build their cases, organizations and coalitions are safeguarding victories through new laws, regulations, or practices; lifting up their best practices for replication; and working on leadership development to elevate the importance of healthy communities. Whether their efforts are focused on achieving improvements for their neighborhood, such as a grocery store or a park, or improving air quality in their region by altering transportation plans, or changing the statewide policies that shape metropolitan development, they—along with diverse stakeholders—are acting on the basic truth that "place matters."

IV. Recommendations: Moving Forward

Fourteen recommendations emerge from research, practice, and efforts for policy change:

1. **Capitalize on emerging opportunities and prioritize needs:** Because changes are needed in the physical, social, economic, and service environments, certain issues will take precedence at any given time; not all needed changes can be pushed simultaneously. An understanding of the timeliness of issues and the capacity of advocates is crucial for success.
2. **Promote a comprehensive approach:** Comprehensiveness has multiple meanings for groups focused on building and sustaining healthy communities. It can mean that a single organization takes on a very broad array of issues and develops a multifaceted approach to serving, and working with, children, families, and neighborhoods. It can also mean that an organization takes on diverse areas of policy change that cut across traditional boundaries. A third approach emerges

when organizations that work primarily on one issue make stronger connections and alliances with others.

3. **Maintain a focus on equity and eliminating health disparities:** There is growing awareness of the importance of certain issues. For instance, the health impacts from obesity, as well as the consequences on climate from automobile-dependent development. The challenge to building healthy communities is to capture the broader sense of urgency and concern, and use it to strengthen a focus on the needs of vulnerable populations and the fundamental questions of race and class that underlie current disparities. Advocates for the good health of low-income communities and communities of color need to be engaged in debates about the specific challenges confronting their communities, the approaches to address them, and broader societal issues, to ensure that new policies and practices are equitable and overcome previous barriers to full inclusion and participation.

4. **Involve residents and leaders in policy change efforts:** Improving health through a focus on place is in large part a process of community change and development, and the participation of residents and community leaders is critical for successful programs and policy change. Community engagement is a prerequisite for place-based strategies and policymaking that is authentic in its approach and meaningful in terms of its impact.

5. **Build the capacity to analyze and solve community problems:** Diverse leaders who reflect their communities are crucial to increasing the participation of people of color and low-income individuals in the push for change. Community members need support to grow as leaders, and they need to be connected to policy change efforts at the local, state, and national levels. The organizations working to improve health and involve residents also need capacity to be effective advocates for change. Successful efforts for building healthy communities require connections, skills, and relationships to be cultivated and strategically applied.

6. **Foster collaborations and alliances:** Multi-sector approaches and new, unusual, and rekindled collaborations and alliances must be encouraged and fostered. Specific avenues for collaboration and coordination need to be identified and pursued. Collaborations and coalitions succeed because the mutual self-interests of member groups are well-served by their joint goals and activities. To succeed, groups need to identify their areas of common interest, understand the constraints that impact each other, and ensure good and open communication.

7. **Use local efforts as platforms for regional and state change:** Developing approaches to local challenges presents opportunities for risk-taking and experimentation. The voices of local advocates allow policymakers to understand protective and risk factors, from a community perspective. Successful approaches can become the basis for regional or statewide agendas for change.

8. **Push local governments, particularly public health departments, to prioritize healthy communities:** Community health can be recognized as important by local officials, but to act effectively, cities and counties must reorient their planning and operations, establish new methods of collaborating across sectors, and focus much more on prevention. Local governments have begun to incorporate a broader vision of health into their policymaking. More will be needed to build healthy communities.

9. **Translate research to highlight the link between community conditions and individual health and to provide insights about the effectiveness of different approaches:** Public health, medical, and social scientific research should continue to establish the link between health and community conditions, assess the effectiveness of existing policies, and help identify the priorities within and across communities. Research should be relevant to community needs, support community change agendas, be designed to document and better understand local issues, and provide diverse stakeholders with information needed to bolster efforts seeking policy change.

10. **Create healthy environments to support healthy personal choices:** Environments impact individuals and their ability to make healthy choices. Individuals do have choices, but their choices are dictated by where they live and to which services they have access. Linking health objectives to place-based issues, as well as to the policies and change strategies that will address them, is crucial to creating healthy communities. Healthy personal choices need to become the easy choice.

11. **Document and disseminate success stories:** The public needs a sense that change is possible. Stories about advocacy and policy change need to highlight how change can happen and the ways it can make a difference. The stories need to shine a light on the work of leaders in low-income communities of color—how they are advocating for change that makes their communities healthier.

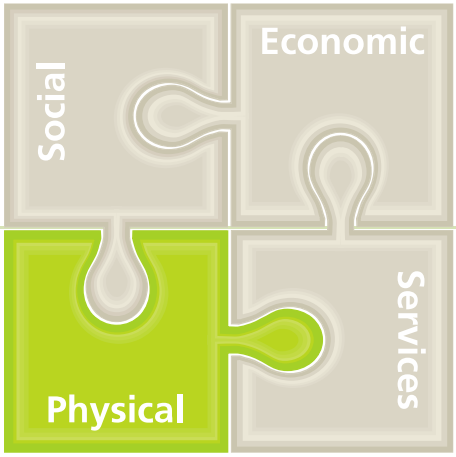
12. **Help the media reframe stories:** Stories about healthy communities must take a new tack, moving away from a sole focus on portraying sad stories about individuals. Instead, stories must be about improving communities and people creating change. They must highlight the connection between health and protective factors in the social, services, physical, and economic environments. These stories confirm that change is possible, provide possibilities for replication, and attest that a broader movement can be stitched together to make a difference in communities across the country.

13. **Invest for the long-term:** Demonstrating improvement in health outcomes takes time. A long-term commitment is necessary to change the conditions in underserved and underprivileged communities. Invested stakeholders—funders, policymakers, researchers, advocates, practitioners, and the community—must understand that time and money will be needed; the work will be stalled by failures but also accelerated by successes. They must keep moving forward with the vision that healthy communities and healthy people exist—and thrive—together.

14. **Broaden the platform for change:** The case studies in this report are the tip of the iceberg of what is happening to advance a movement for healthy communities. Many connections need to be developed to build further momentum and to expand the impact of current efforts. Strategic new alliances, collaborations, and coalitions must continue to be developed to help move specific and broader agendas. Exciting and inspiring efforts are drawing different constituencies together to create the connections that will expand and strengthen a movement for healthy communities.

Healthy people and healthy places go together. The growing movement for healthy communities—with its push for an array of changes in the physical, economic, social, and service environments—holds great promise. Engagement, leadership, and a commitment to change will improve communities and allow people to live healthier lives.

Place matters.



c. Physical Environment

The physical features of a community influence the health of residents in many ways.[61] Clean water and air, the presence of sidewalks, and access to parks, safe streets, and quality housing all contribute to a healthy neighborhood. Conversely, the lack of such conditions may harm residents or expose them to risk factors that lead to poor health. The qualities of each neighborhood are, in turn, reflective of broader patterns of urban and regional development, including the density and types of housing, the relative dependence upon automobiles or mass transit, and the extent to which new development is occurring through transformation of "greenfields" sprawling across the fringe of metropolitan areas or through reinvestment in central cities.

The link between health and the "built environment"—streets, housing, businesses, schools, parks, and patterns of regional growth and change—has become a new focus for public health and planning officials.

Our first challenge is to get clinics to have external linkages with other clinics, hospitals, and public health departments, and then for these relationships to develop into community partnerships.
—
Jane Stafford, Community Clinics Initiative Project

Physical Environment

- ***Environmental Quality:*** Air, water, land.
  - › **Protective factors:** Policies and practices that maintain a clean, healthy environment.
  - › **Risk factors:** Presence of and exposure to toxics and pollution in residential areas and in work environments.
- ***Built Environment and Infrastructure:*** Housing, parks, recreation facilities, utilities.
  - › **Protective factors:** Access to affordable, high-quality housing, local parks, practical opportunities to walk, run, and bicycle. Urban design that supports physical activity.
  - › **Risk factors:** Exposure to lead paint, problems with inadequate sanitation and pest infestation, dangerous types of work, and urban design that inhibits physical activity.
- ***Geographic Access to Opportunities Throughout the Region:*** Access to roads or transit connecting to resources within the neighborhood as well as the broader region.
  - › **Protective factors:** Convenient location and mobility allow access to services, employment, and cultural and recreational resources.
  - › **Risk factors:** Isolation from job centers, particularly areas without convenient public transit access. Distance from recreational facilities or safe parks for health-promoting activities such as exercise.



Looking at Transportation Planning Through a Health Lens

Factors: Economic, physical, service

The Coalition for a Livable Future (CLF) wants transportation planners to look beyond traffic volume and bus ridership when laying out new roads and rail lines. This Portland, Oregon-based group says health should be considered, too.

Build a system that fosters walking and biking for short trips, and light rail for longer ones, and you'll do more than reduce the congestion and commute times, the coalition says. People will be healthier, too.

The coalition has two rare opportunities at hand. First, the area's Regional Transportation Plan is in the works. The plan sets the direction for future investments in the region's transportation system and establishes policies and priorities for all forms of travel—motor vehicle, transit, pedestrian, bicycle, and freight. When completed, the plan will direct the spending of $4.2 billion over the next 20 years. The coalition is bringing in doctors and other health experts to shape the debate.

"We've brought new voices into the process and that has caught people's attention," says Jill Fuglister, executive director of CLF. "Involving the health community has created a new constituency that might make a real difference in transportation decisions."

The second opportunity is a new crossing over the Columbia River between Portland and Vancouver, Washington. Residents of neighborhoods around two existing bridges tend to have lower incomes and poorer health. Asthma and other respiratory problems associated with airborne toxins are twice as prevalent in these communities as in the general population.

The coalition wants bridge planners to consider the well-being of these communities. For example, it wants funds set aside for health clinics, along with dollars earmarked for bike routes and sidewalks to encourage exercise. Crucial to the coalition's effort is getting transportation mavens to see how they can improve health on a regional scale. That's where the health experts come in. With them at the table, the debate over placement of roads, rails, and new bridges will never be confined to "people-moving."

Health practitioners and researchers are becoming more concerned with the built environment because of its connection to chronic health conditions, especially those that arise from a lack of exercise and poor nutrition. In communities of every kind, only a small fraction of children walk to school, compared to the majority who once did so.[62] A growing body of research is showing that where communities are less easily "walkable" and more dependent on cars, both adults and children walk less, a factor that can contribute to obesity.[63] Areas with heavy traffic and few or no sidewalks or other pedestrian safety features (an increasingly common sight in certain suburbs) have higher numbers of accidents involving pedestrians.

Patterns of suburban sprawl and disinvestment in central cities also play critical roles in health disparities by limiting access to economic opportunity. As jobs and other economic activities have decentralized, many low-income neighborhoods have become relatively isolated, leaving residents—especially those without their own cars—with limited employment prospects and inadequate access to services. This lack

of access to opportunities places the entire community at risk for poorer health outcomes through the socioeconomic disparities discussed earlier.[64]

The challenges of poor urban design are hardly limited to the suburbs. Many neighborhoods in central cities, which may have originally been built to the standards of their day as walkable blocks, are often now very deficient with respect to supporting exercise. The parks in such neighborhoods are often unsafe, poorly maintained, and much too small for the current population. Lower-income housing is too often near freeways, ports, or other sources of diesel and other air pollution. Research shows that polluting sites are more likely to be built in low-income communities of color than in wealthier areas.[65]

The single most important lesson we've learned about creating parks in Los Angeles is the importance of coalition building. Creating broad, diverse, and nontraditional alliances has made a difference. We've also learned that we must clearly articulate what's at stake, including the physical and psychic health of our children, and create an inclusive vision that encompasses the needs and values of everyone around the table.

—
Robert Garcia,
Executive Director,
The City Project



The Greening of Los Angeles:
Improving Health Through a Movement for Urban Parks

Factors: Social, physical, service, economic

Nearly two-thirds of the children who live in Los Angeles County have no park or playground nearby. Latino, Asian, and African American youth suffer most because existing parks are concentrated in predominantly white neighborhoods. The lack of play space, combined with high rates of obesity for Latinos and African Americans, points to an unhealthy future for low-income children and children of color in the county.

Fortunately, a diverse group of organizations have come together to build more parks for the neighborhoods that need them most. They are lobbying political leaders, conducting research, organizing underrepresented communities, and brokering solutions to increase the number of parks and open spaces in Los Angeles. And they've been successful. Major new parks in the past seven years include the Los Angeles State Historic Park at the Cornfield in downtown Los Angeles, Rio de Los Angeles State Park at Taylor Yard, the Baldwin Hills Park, and the Ascot Hills Park. As part of a massive effort to revitalize the Los Angeles River, leaders have proposed the creation of 80 new parks to create a continuous 51-mile recreational greenway.

Los Angeles is getting new parks because a broad group of advocates is collectively pushed for the passage of five local and statewide bond measures, raising $15.5 billion for parks, open spaces, and water-supply projects. Approximately $600 million is targeted specifically towards urban or neighborhood parks. The most recent bond measure, Proposition 84 in 2006, drew support from environmental, conservation, and parks groups; labor and civic organizations; business interests; the environmental justice community; groups involved with public safety; agricultural organizations; public health organizations; and faith-based groups. Importantly, people of color also were instrumental in the passage of Prop 84, demonstrating their political power and their growing awareness that their communities should benefit from the bonds and that parks are an important aspect of their public health and well-being.

Los Angeles is becoming greener, and in neighborhoods that most need it, because groups with disparate mandates are working together. The coalition has broadened to include environmental justice groups and health organizations. Representatives of communities of color and low-income communities have joined with traditional environmental groups and are participating in an unprecedented fashion in parks advocacy. Together, all of these groups are literally reshaping the landscape of Los Angeles. While there is much work to be done, the momentum is there.



Keeping Housing Away from Freeways and Toxic Polluters

Factor: Physical

In Otay-Mesa, south of San Diego, developers have proposed 5,500 units of new housing in a largely industrial area near a major freeway. When staff at the San Diego Regional Asthma Coalition learned about the proposal, they began working with partners to stop it. They knew that housing built near polluting businesses and highways could lead to higher rates of asthma and other respiratory diseases for residents—in this case, lower-income Latinos.

Some unlikely partners joined the effort, for some unexpected reasons. Businesses in the area approached the Asthma Coalition with questions about the health impact of locating residences near the highway. They, too, wanted to stop the development because they feared that once housing was constructed in the area, they might have to relocate their factories because of health concerns.

Their concerns sprang from an ordinance passed in nearby National City in 2006. That law requires polluters to relocate from residential areas to keep toxins out. The Asthma Coalition had helped create the National City ordinance, too. It acted after noticing that efforts to help asthma sufferers at home were failing because nearby industries were pumping out pollutants that trigger the disease. In response, the town created the National City Asthma Committee, which spearheaded the law.

To avoid a similar fight in Otay-Mesa, the local chamber of commerce, along with local businesses, decided to partner with the Asthma Coalition to stop the developers before people started getting sick or new housing shut down local industry. Plans have slowed as a result, and developers have redrafted their proposals. The development may still go forward, but not without due consideration of prospective residents' health.

Neighborhoods located close to major highways can suffer from respiratory problems in higher numbers than the general population.[66] Recognizing the connection between transportation and health, the Coalition for a Livable Future in Portland, Oregon, is working with health advocates to show policymakers that transportation decisions affect the well-being of community residents (see "Looking at Transportation Planning" case study).

Water and sewer services, sidewalks, and streetlights are the most basic forms of urban infrastructure and are basic to good public health, and most city and suburban residents take their presence more or less for granted. However, in many rural areas and even on the outskirts of some fast-growing California cities, these basic investments are still lacking, and the system of public finance keeps these disparities from being addressed. A number of organizers and advocates are working to reverse this history and correct these disparities.

Individual houses and apartments in substandard condition can be health hazards, too. Run-down homes, and ones that are not well maintained or poorly constructed from the beginning, expose occupants to substances that trigger asthma attacks.[67] Peeling paint may contain lead, which is linked to negative health outcomes.[68] Substandard housing also is correlated with greater rates of injuries as well as higher

healthcare costs.[69] Landlords in low-income communities are often not held adequately accountable for the conditions of their rental properties, and undocumented residents may not report problems for fear of deportation or other retaliation. Community groups in Boston, Los Angeles, and New York City are trying to improve substandard housing by gathering data and advocating for improvements in housing and enforcement (see the "Improving Health by Improving Homes" case study).

Schools can present challenges similar to residences. Given the time that children spend in schools and the strong roles schools play as community anchors—for their physical presence and for all the services and social connections that they bring—they have been a focal point for activity and advocacy. Advocates have focused on all aspects of the school environment—the foods that are offered, the physical environment (and physical activity), and the air that children and teachers breathe (see the case study in Recommendations on advocating for healthy food and beverages in schools.)

Poorly maintained facilities can expose children to mold and other asthma triggers. Many older portable facilities have been shown to have poor air quality,[70] presenting additional issues for those with asthma and other respiratory ailments or sensitivities. In these environments student health and academic performance suffer. A recent case brought by the ACLU and Public Advocates (Williams vs. State of California) highlighted such egregious problems with poorly maintained school facilities that the groups won an $800 million commitment from the state to invest in desperately needed improvements.[71]

Advocates in several communities in California have focused on the ramifications of air quality with respect to where schools are located. Proximity to freeways and airports bring additional toxins and asthma triggers. Legislation about school siting now prohibits locating schools on freeway corridors.[72] Advocates in Los Angeles won funds for new air filters and other renovations when the Los Angeles International Airport proposed a major expansion increasing air traffic and pollution.[73]

A need to accommodate additional students, particularly in Los Angeles, increased the use of portable facilities. In addition to potential air quality issues within the facilities, the new portables reduced available outdoor recreational space for physical activity. In light of this, advocates are focused on improving schools' recreation space and programs because time for children to be physically active has dropped. At the same time, children's obesity rates have climbed.

Recreational opportunities are also key to a healthy community. Parks and safe paths for walking and biking all make it easier for residents to exercise. Studies have found that concern about safety, lack of sidewalks, and their inability to afford to go to recreation facilities are problems that keep residents from walking more than they currently do.[74] People with lower incomes were more likely to say that heavy traffic, unattended dogs, and air pollution from cars and factories made going outside for a walk or run unsafe or unattractive.[75]

These aspects of a city's or county's physical development are usually considered and dealt with one by one. This approach gives focus to the efforts of advocates and local officials alike, but tends to understate the connections across issue areas. Every decade or so, however, California cities and counties review their general plans, and in that process, these topics are revisited to develop a vision for the future and the accompanying policies and land use decisions. In the past year, several cities have decided to apply a community health lens to their new general plans, and the results will raise the level of attention to all of these factors. Richmond, for example, is developing a health policy element with 10 areas of concern, from land use and traffic management to food access and air quality (see the "City of Richmond" case study.)



City of Richmond:
Considering Health in the General Plan

Factors: Economic, social, physical, service

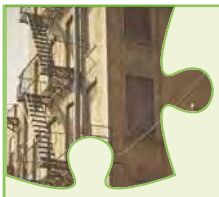
A city's general plan is an important statement of its intentions for the future: how and where to grow, what to preserve, and what values underlie the vision for the community. The general plan is the main policy document that shapes land use and includes elements on housing, transportation, economic development, and other aspects of community life. The City of Richmond is updating its general plan and has added a health policy element to assess the health impacts of development projects and environmental conservation in the city. Both the process and the results are likely to break new ground for municipalities in California.

The economic, social, and environmental issues faced by the people of Richmond make it an ideal place in which to address health concerns. Richmond is a diverse city, with a substantial industrial base, particularly in the petrochemical industry, a large shoreline, several major transportation corridors, and communities that range from semi-rural to high-value waterfront condominiums to economically struggling flatlands. It has a large African American population and is a growing immigrant gateway community, with substantial Latino and Asian populations. Richmond includes some areas of lively real estate development as well as some of the most thoroughly disinvested neighborhoods in the Bay Area. Residents' concerns with, and organizing around problems of, public safety, air quality, economic opportunity, and education have been intense for many years. There are twin challenges of attracting growth and managing that new investment so that it serves the interests of current residents. Neighborhood residents are acutely aware of the need for change in their communities and the pressures and potential effects of the larger regional Bay Area context of expensive housing and other costs.

An extensive outreach process has been underway, and in addition to the city-sponsored outreach, a number of community-based environmental justice, labor, and faith-based organizations are educating their members about health policy issues, developing positions, and encouraging their participation.

The framework for the health policy analysis and recommendations will cover 10 issue areas, several of which intersect with the rest of the general plan: access to recreation and open space; access to healthy foods; access to health services; access to daily goods and services; access to public transit and safe active transportation options; environmental quality; safe neighborhoods and public spaces; access to affordable housing; access to economic opportunities; and green and sustainable building practices.

The goal is for health considerations not to be isolated but rather to be infused throughout the planning, development, and conservation policymaking guided by the general plan. For each of the 10 issue areas, the analyses of current conditions will be followed by a set of recommendations to guide future development, including new standards and measurements of health impacts. For topics that are also the subject of their own element of the general plan (e.g., transportation, housing, economic development), the health policy element will intersect with, broaden, and reinforce the recommendations made in these other elements.



Improving Health by Improving Homes:
Research and Advocacy in Three Cities

Factors: Physical, service

Unhealthy housing makes for unhealthy children. The correlation is so strong that advocates have come up with a term for it: "slum housing disease."

We need to look at health as an outcome. Being sick can make you poor, but being poor can also make you sick.
—
Laura Bradeen, The West Broadway Tenant Task Force

The term describes a frightening litany of conditions: lead poisoning, asthma and respiratory problems, skin rashes and fungal infections, chronic colds, stress, depression, and bacterial infections. Kids living in run-down houses and apartments often suffer one or more of those ailments, brought on by peeling paint, mold, and cockroach infestations. Poor children and children of color suffer most. They miss school because of chronic illnesses. They suffer anxiety about getting bitten by rats. In the most tragic cases, they have permanent brain damage from lead poisoning.

Advocates around the country have recognized that overcrowded, substandard housing affects the health of residents, especially children. Groups in Boston, Los Angeles, and New York have created projects to better understand the link between health and housing and to take action.

All the groups have identified the same keys to success: educating, organizing, and empowering residents; creating diverse coalitions; and undertaking research and using the results to make the case for achievable and sustainable policy change.

In Los Angeles, Better Neighborhoods, Same Neighbors: A Public Health Approach to Slum Housing and Neighborhood Stability is a community-based public health initiative that includes practitioners, doctors, health promoters, tenant organizers, and researchers. Since 1998, a coalition of four groups—Los Angeles Community Action Network (LACAN), Strategic Actions for a Just Economy (SAJE), Esperanza Community Action Housing Corporation, and St. John's Well Child and Family Center—have taken a multipronged approach to improve health by improving housing. St. John's provides health assessments and exams and compiles data on illnesses that prevail in slum housing. It then refers certain patients to Esperanza, which goes into homes to interview residents and assess housing conditions. SAJE and LACAN are tenant organizers and educate tenants about their rights, help them find legal counsel, and press landlords to improve their properties.

In April 2007, Better Neighborhoods, Same Neighbors published a report documenting eight years of research. *Shame of the City: Slum Housing and the Critical Threat to the Health of L.A. Children and Families* sets the stage for another level of advocacy for policy change. The paper provides research documenting the link between poor health and substandard housing and outlines policy solutions.

Since 2001, the Healthy Public Housing Initiative (HPHI) in Boston has involved residents in research and action to improve public housing conditions. The project has focused on safe and economical pest control and reducing asthma triggers for residents of public housing. In the first phase of the project, public housing residents trained as community health advocates (CHAs) surveyed 238 families about environmental issues in their homes. The results were alarming. Homes were infested with rats and vermin, and residents were using unsafe pesticides to try to get rid of them. Almost 50 percent of households had a high enough concentration of cockroach allergens to trigger asthma, and nearly 60 percent of the tested children showed allergic sensitivity to them.

(continued on next page)

To mitigate the problems, project staff tried better ventilation, brought in new mattresses, arranged for commercial cleaning, provided low toxicity pesticides, and taught better methods for pest control. Then the CHAs went back and did the surveys again. The results were dramatic. Among them: a 50 percent reduction in reported asthma symptoms among the 60 children targeted for assistance.

Using these key findings, the group is entering HPHI Phase Two: Healthy Pest-Free Housing Initiative. During this phase, the team is organizing residents and training them to lead efforts to improve housing. They also are undertaking an education campaign about healthy housing targeted at residents, and they are working towards sustaining their work.

A diverse coalition of groups have participated in HPHI: schools of public health from local universities, the housing authority, the city's public health commission, tenant organizing groups, and the local asthma coalition. The most important participants have been the residents. They conducted surveys and inspections as community health advocates and continue to do environmental assessments in homes." Their participation in the process has been invaluable," says Margaret Reid of the Boston Public Health Commission. "They speak to other residents from a place of shared experience, and the community trusts them."

In **New York City**, the Coalition for Asthma Free Homes is advocating for healthier homes. Working with a city councilmember, the group has proposed changes to the city's methods for reducing asthma triggers. One major recommendation is that the city boost penalties on landlords for mold, mildew, and vermin infestations. It also is recommending better education and training for inspectors and landlords in identifying mold and what causes it.

The coalition based its recommendations in part on a report by the Fifth Avenue Committee, an economic and social justice group, and an immigrant worker organization, La Union de la Communidad Latina. Together, they held five focus groups and surveyed low-income renters in Brooklyn's Sunset Park neighborhood, asking residents about their health. Asthma topped the list of ailments. In one-third of the surveyed households, at least one member had asthma or another respiratory problem. Among that group, 90 percent reported that housing conditions exacerbated their illnesses.

As a solution, the Fifth Avenue Committee and La Union de la Communidad Latina recommend finding a faster way to hold landlords accountable for repairs; having family doctors report to the city housing department if they identify housing problems that are affecting the health of their patients; and reclassifying mold, mildew, and infestations as more serious violations by landlords, the major recommendation of the Coalition for Asthma-Free Homes.

As in Boston and Los Angeles, the work in New York City has depended on the participation of many groups, including asthma advocacy organizations, faith-based organizations, housing and immigration groups, environmental justice organizations, and economic development groups.

THE BUILT ENVIRONMENT AND HEALTH

11 Profiles of Neighborhood Transformation

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Prevention Institute
Prevention and equity at the center of community well-being

THE BUILT ENVIRONMENT AND HEALTH

11 Profiles of Neighborhood Transformation

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Funding for this report was provided by the
Centers for Disease Control and Prevention,
National Center for Environmental Health

© July 2004

Prevention Institute is a nonprofit, national center dedicated to improving community health and well-being by building momentum for effective primary prevention. Primary prevention means taking action to build resilience and to prevent problems before they occur. The Institute's work is characterized by a strong commitment to community participation and promotion of equitable health outcomes among all social and economic groups. Since its founding in 1997, the organization has focused on injury and violence prevention, traffic safety, health disparities, nutrition and physical activity, and youth development. This, and other Prevention Institute documents, are available at no cost on our website.

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BUILT ENVIRONMENT AND HEALTH

11 Profiles of Neighborhood Transformation

Foreword

In recent years the public health community has become increasingly aware that the design of the built environment can have a major impact on the health of the public. For example, one may expect more physical activity and healthier diets among persons in communities with convenient, safe walking paths and accessible sources of fresh fruits and vegetables. On the other hand, poorer health indicators may be expected among residents of communities with high crime rates, few parks or walking paths, numerous alcohol and tobacco outlets, and little access to fresh food.

In this monograph, the Prevention Institute has profiled eleven projects in predominantly low-income communities where local residents mobilized public and private resources to make changes in their physical environments to improve the health and quality of life for their citizens. Such changes included building a jogging path around a cemetery, transforming vacant lots into community gardens, reducing the prevalence of nuisance liquor stores, and creating attractive murals on walls where graffiti once reigned.

These case studies will help concerned citizens, urban planners, and public officials examine possibilities for local environmental changes that would improve the health of the residents of their communities.

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BUILT ENVIRONMENT AND HEALTH

11 Profiles of Neighborhood Transformation

Acknowledgements

Prevention Institute would like to thank each of the following individuals who gave so generously of their time to provide us with the information, photos and supporting materials that made these profiles possible.

Kelly Brilliant
Executive Director
The Fenway Alliance

Jane Golden
Director
City of Philadelphia Mural Arts Program

Marqueece Harris-Dawson
Executive Director
Community Coalition (South Los Angeles)

Hank Herrera
President/CEO
Center for Popular Research, Education and Policy

H. Patricia Hynes
Professor of Environmental Health
Boston University School of Public Health

Anthony Iton MD, JD, MPH
County Health Officer, Alameda County
Principal Advisor to Westside Health Project

Peter Lagerwey
Pedestrian and Bicycle Program Coordinator
Seattle Department of Transportation

Jill S. Litt, PhD
Assistant Professor, Environmental Health
Department of Preventive Medicine and Biometrics
University of Colorado Health Sciences Center, School of Medicine

Thomas Navin, AIA, ASLA
Executive Director
Friends of The Paterno Trivium

James T. Rojas
Co-Founder
Latino Urban Forum

Jennifer Kramer, RN
Wray Health Initiative Chairperson

We would also like to extend our gratitude to Nancy Bruning (Paterno Trivium); Lupe Vela, George Magallenes and Tina Zenzola (Evergreen Jogging Path Cemetery); and Revae Parker (Wray Health Initiative) for providing supporting details and information for selected profiles. Dan Burden and Marla Hollander also provided valuable insight and guidance in identifying existing community efforts. Special thanks to Joseph Devall for highlighting the work of the Community Coalition in South Los Angeles for inclusion in the profiles.

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THE BUILT ENVIRONMENT AND HEALTH

11 Profiles of Neighborhood Transformation

Introduction

This is the last town in the world...
Before this came to be, there were
all the possibilities in the world.
There were all the opportunities for
starting with small things to create a
sweet new history and future.
If only we had seen them.

BEN OKRI, A PRAYER FOR THE LIVING

There is growing recognition that the built environment—the physical structures and infrastructure of communities—plays a significant role in shaping our health. To a great extent, the connection between environment and health has centered on the results of human exposure to contaminated air, water, and soil. Decisions about land use, zoning, and community design influence the degree of human exposure to toxins, but also have implications for neighborhood access to healthy foods, and the level of safety and attractiveness of neighborhoods for activities such as walking and biking. The designated use, layout, and design of a community's physical structures including its housing, businesses, transportation systems, and recreational resources affect patterns of living (behaviors) that, in turn, influence health.

With support from the Centers for Disease Control and Prevention's National Center for Environmental Health, Prevention Institute crafted 11 profiles about communities across the country that reveal how the built environment can positively influence the health of community residents. These profiles were written to:

1. Describe the important connections between the built environment and health for practitioners in public health, city and regional planning, community economic development, and other related fields;
2. Support public health practitioners in looking beyond the traditional bounds of the healthcare system to address social and environmental determinants of health;
3. Suggest potential expanded roles for practitioners from diverse fields to promote health-enhancing improvements to the built environment;
4. Highlight a range of opportunities to create community-level change to the built environment through multi-sector partnerships with community residents, businesses, community organizations, and local government; and,
5. Provide concrete examples that demonstrate the importance of the built environment in promoting health.

The designated use, layout, and design of a community's physical structures including its housing, businesses, transportation systems, and recreational resources affect patterns of living (behaviors) that, in turn, influence health.

Environmental factors contribute to disproportionately high incidences of negative health outcomes (cancer, asthma, injuries) in low-income communities which are often also beset with structural and institutional inequities. Disenfranchised communities are more likely than wealthy communities to be the sites of hazards and,

BUILT ENVIRONMENT AND HEALTH: OVERVIEW OF PROFILES

The program profiles include: 1) a description of the geographic area and changes that were made; 2) the process required to implement the changes, including leadership and organizational collaboration; 3) any documented impacts, positive and negative; 4) lessons learned, framed as "wisdom from experience;" 5) supporting research that documents the connection between the built environment and health; and 6) next steps for action.

The program profiles tell the following stories:

1. Evergreen Cemetery Jogging Path: In the predominantly Latino, urban area of Boyle Heights, California in East Los Angeles, the Latino Urban Forum and neighborhood residents rally community-wide support to create a safe, 1.5 mile walking/jogging path. Community members previously had no access to parks or open space, but can now get physically active, in their own neighborhood.

2. Partners Through Food: In the Upper Falls community of Rochester, New York, a dynamic collaborative of community members increases access to healthy food by organizing for over five years to bring a full-service supermarket into a community which lacked a single grocery store.

3. Boston Lead-Safe Yard Project: An innovative partnership focusing on Roxbury and Dorchester in Boston, Massachusetts uses affordable techniques to minimize exposure to lead in inner-city yards—a contemporary environmental hazard linked to developmental disabilities and learning delays, particularly among children under six, living in older, urban homes.

4. Gardens for Growing Healthy Communities: A community/academic partnership transforms vacant lots into community gardens in urban neighborhoods throughout Denver, Colorado, creating and documenting new opportunities for physical activity, healthy eating and social connections among community residents, survivors of abuse and homeless people.

5. South Los Angeles Liquor Store Closures: Working to reduce violence and crime in South Los Angeles, California, this community-driven, grassroots effort organizes community residents to close neighborhood liquor stores that negatively impact community health and safety.

6. The Paterno Trivium: Community residents work collaboratively with city government to transform an unsafe traffic intersection into a neighborhood gathering spot and to improve the pedestrian environment on adjacent streets in Hudson Heights, New York City—an ethnically diverse, urban community.

7. The Fenway Alliance: A powerful coalition of 20 well-respected arts, culture and academic institutions revitalizes a cultural district by improving walkability through major infrastructure projects in Boston, Massachusetts. Although focused in a commercial district, their efforts demonstrate innovative roles for large-scale institutions in improving the built environment. Their work is focused on attracting African American and Latino pedestrians from nearby schools and communities.

8. Westside Project: With an eye toward improving the built environment, a collaborative of local government agencies, including the public health department, work to build community support and trust before building pedestrian amenities for residents in Stamford, Connecticut who had become wary after a history of displacement and gentrification.

9. The Seattle Department of Transportation: This citywide department pays special attention to achieving equity across geographic and economic boundaries while working to create an integrated network of pedestrian and bicycle infrastructure that promotes safe physical activity for residents throughout Seattle, Washington.

10. The Wray Health Initiative: In the rural town of Wray, Colorado a coalition builds a neighborhood walking path, basketball court and other features to make fitness fun for people of all ages by soliciting community buy-in and creating social support for activity.

11. Philadelphia Mural Arts Program: Utilizing a grassroots model, this effort engages community members, including ex-gang members, in the creation and painting of murals that improve aesthetics and transform neighborhoods in urban, economically disenfranchised communities throughout Philadelphia, Pennsylvania.

at the same time, often lack the infrastructure to support physical activity and healthy eating. Too many residents live in community environments that promote disease and injury and do not support healthy behaviors that can help them avoid major chronic diseases that result from sedentary lifestyles and poor nutrition (e.g., heart disease and stroke). Many people live in neighborhoods that are over-saturated with alcohol outlets and advertisements, lack grocery stores, have sidewalks in disrepair, have little access to open space, and have dangerously high traffic speeds.

A good solution solves multiple problems: Changes to the built environment can have a positive impact on many health-related issues, from diabetes and asthma, to traffic safety and community violence. In many cases, a change to the built environment will simultaneously impact multiple health conditions.

Further, compared to residents of middle-class communities, residents of low-income neighborhoods—struggling with the presence of environmental hazards, crumbling infrastructure, and a lack of economic resources—face even more barriers to overcoming them. They often need to implement change in the face of inadequate transportation, fewer businesses in the neighborhood to support them, institutional barriers to neighborhood investment, and lack of influence within the local government. In addition, people's previous experiences of housing cost increases and gentrification may create a realistic concern that enhancing the neighborhood could result in unintended strain and disruption to the community.

However, the physical environment can promote health directly through access to clean air and water and can influence people's behavior by facilitating health-promoting activities, such as walking, biking, and healthy eating. Changes to the built environment can have a positive impact on many health-related issues, from diabetes and asthma to traffic safety and community violence. In many cases, a change to the built environment will simultaneously impact multiple health conditions. To date, most published examples of improvements to the built environment have occurred in middle- and upper-class communities of predominantly White residents.

In choosing these 11 profiles, we focus primarily on improvements in communities where the mean resident income is low and where concentrations of African American and Latino residents are high. We highlight how improvements to the built environment can enhance the health and well-being of members of these communities. The examples illustrate how changes to the built environment can be particularly meaningful in communities that have historically lacked important features such as well-maintained pedestrian infrastructure, services and institutions, or public art. Taken more broadly, the profiles demonstrate how improvements to the built environment have the potential to reduce health disparities.

In compiling these profiles, several themes emerged about how communities are able to overcome challenges and succeed.

- Broad, diverse participation is necessary to mobilize the resources and build the will to make community improvements.
- Efforts to create health-promoting environments provide opportunities to build community resilience and marshal community assets, rather than the more typical focus on risk factors.
- Persistence and innovation are common qualities of the organizers and organizing efforts that successfully brought about improvements to the built environment.
- Engaging communities to focus on changing the policies and practices of local organizations and institutions is part of an effective strategy for improving health and leaving behind lasting changes in neighborhoods.
- Focusing on the built environment fits well with other public health approaches that a) recognize that changing individual behavior involves changing social norms and environmental determinants of health and b) concentrate on the community as the unit of analysis and action.

- While making built environment changes may be necessary, they are not sufficient. As the profiles of the Wray Health Initiative in Wray, Colorado and the Westside Project in Stamford, Connecticut illustrate, improvements to the physical environment are significant components of a multifaceted strategy for promoting health that includes community education, increasing social capital and enhancing social support.

Over the past decade, more and more communities have emphasized the importance of making design decisions in the context of the overall community. The term "smart growth" refers to a land development strategy aimed at managing the growth of a community, minimizing automobile transportation dependence, and improving the efficiency of infrastructure investments. While "smart growth" initiatives have brought attention to the need to manage new growth and development effectively, *Built Environment and Health: 11 Profiles*, calls attention to the value of neighborhood-level changes within existing structures. Many low-income urban environments suffering from disinvestments and decay already have the skeleton of a walkable community and possess great potential. Practices as simple and routine as road repavement are opportunities for neighborhood enhancement. One road at a time, more space can be created for bicycles and pedestrians, and routes can be narrowed and altered to promote "traffic calming," (i.e., decreasing vehicular speed, and increasing safety). These profiles demonstrate that small and incremental changes are opportunities to design solutions that suit unique neighborhood environments and are significant contributions toward improving health and quality of life locally. These changes offer substantial enhancements for the affected residents, and build momentum for further improvements.

In identifying profiles, a key goal was to highlight initiatives that clearly demonstrate linkages between environmental changes and changes in health behaviors and outcomes. However, such projects are few and our selected efforts are not thoroughly evaluated. Documenting the health impact of environmental change efforts remains a challenge for a host of reasons. Communities generally are not collecting the quality and quantity of data needed to demonstrate impact. Some built environment initiatives are not explicitly designed with health outcomes in mind, and therefore health-related information may not be collected. Furthermore, multi-year surveillance of changes in population health status is often beyond the scale or resource capacity of localities. Therefore, to improve the evaluation of future initiatives it may be appropriate for local evaluation to focus on documenting changes in behavior. For example, a community can assess changes in rates of walking among residents in a manner that can be coordinated with national efforts examining changes in the rate of health conditions such as obesity and heart disease.

In cases where documenting behavior change is beyond an initiative's scope or capacity, evaluation can focus on documenting the environmental change that occurred. With nationally supported evidence demonstrating that a specific environmental change at the community level yields a positive health outcome, communities can focus on implementing and documenting the particular environmental change, rather than attempt to document the expected behavior change. Toward this end, further investment in thorough case studies to evaluate the impact of some interventions, like those profiled in this report, may be warranted.

The powerful influence of the built environment on health suggests that public health practitioners should be involved in planning and policy decisions related to land use, zoning and community design. Health practitioners can serve an essential role in collaborating with other professionals and working alongside neighborhood residents to create and promote healthy communities. Their participation becomes imperative as the conviction grows that addressing the social and

The powerful influence of the built environment on health suggests that public health practitioners should be involved in planning and policy decisions related to land use, zoning and community design.

physical environment is an essential element of a strategy to encourage healthy behaviors. Thus, a new role for public health leadership is emerging. In this emerging role, practitioners need to engage in three principal areas of action. The first is to assess the health impact of land use and community design options before decisions are made as well as after improvements are implemented. The second is to catalyze and facilitate inclusive partnerships with membership that stretches far beyond traditional health fields to plan new structures and redesign existing ones. Third, public health practitioners need to participate in policy-making on issues related to the built environment to ensure protection from toxins, access to healthy food outlets, places to walk and recreate, and other health-promoting environments.

While Prevention Institute was successful at documenting compelling profiles, we also found critical needs and unfulfilled opportunities in communities throughout the country where health and quality of life could be improved through changes to the built environment. Our hope is that the profiles that follow will stimulate and inspire practitioners from multiple fields and sectors to partner with community residents, design solutions, and take action to improve the built environment for the health and well-being of all.

BOYLE HEIGHTS, CALIFORNIA

The Latino Urban Forum and residents of Boyle Heights create the Evergreen Cemetery Jogging Path to promote a safe, pedestrian-friendly environment



The city map of Boyle Heights, CA shows only two kinds of open spaces: freeway on- and off-ramps and a cemetery. But this didn't stop community organizers from creating an outdoor fitness area that promotes health by encouraging physical activity. With the help of the Latino Urban Forum, residents transformed a cracked sidewalk that ringed the Evergreen Cemetery into a 1.5 mile rubberized jogging path. The Evergreen Jogging Path Coalition (EJPC) worked intensively with city officials, emphasizing the need for capital improvements in the area, designing careful plans and securing materials. Six months later, in June 2003, the new path was in use, not only by Boyle Heights residents but also by people from neighboring communities.

THE PLACE

Boyle Heights, CA is a small, densely populated urban community east of downtown Los Angeles. Seventy-five percent of the city's 91,000 residents (US Census, 2000) were born outside of the US in Mexico or elsewhere in Latin America (LA Department of City Planning), and most primarily speak Spanish or are bilingual. Residents' median income was just under $21,500 in 2000 (US Census). Designated as a redevelopment zone at the city, state, and federal levels, Boyle Heights was eligible for funding through the City of Los Angeles Redevelopment Zone, California State Enterprise Zone, and Federal Empowerment Zone projects.

With no nearby parks available, exercise-minded Boyle Heights residents did laps around a cemetery, but the sidewalks' poor condition made the route increasingly more treacherous over time, creating a barrier to health-promoting activity.

THE PROJECT

With no nearby parks available, exercise-minded Boyle Heights residents looking to walk or jog in the neighborhood did laps around a cemetery. The centrally located Evergreen Cemetery provided a convenient location, but the sidewalks' poor condition made the route increasingly more treacherous over time, creating a barrier to health-promoting activity. "I watched it get worse and worse because the roots were pulling up the sidewalk, and they were getting cracked and more and more unsafe," says resident Diana Terrango, who had been walking around the cemetery for 20 years. "Then I went out to Pasadena and saw that they had a jogging path going through their neighborhood and thought it was a wonderful idea." Terrango shared her idea with James Rojas, co-founder of the Latino Urban Forum, and he got the ball rolling.

The fact that Boyle Heights community members had been politically active in the past helped get the idea off the ground quickly. Terrango, Rojas and several leaders approached Los Angeles City Councilmember Nick Pacheco, who agreed to support the





BEFORE: CRACKED SIDEWALKS MADE WALKING AND RUNNING A TREACHEROUS EXPERIENCE.
AFTER: A RUBBERIZED PATH SMOOTHES THE WAY FOR JOGGERS AND STROLLING FAMILIES.

plan if the community did. The newly formed EJPC presented their plan at community meetings and neighbors loved the idea. Community advocate George Magallanes credits Rojas' experience with organizing for the plan's quick success: "James was the key to making it happen. He talked about his research and experience with open spaces and how to make them useful to the community."

With community support behind them, the EJPC began to formalize their plan. They documented the conditions of the sidewalk:

- holes that measured "half a foot deep or more,"
- "root systems that have caused the sidewalk to buckle,"
- "a ½ foot gully" caused by weeds and erosion,
- trash strewn along adjacent dirt paths, and
- "few pedestrian crosswalks" or traffic stops on perimeter streets to protect pedestrians using the space.

Rather than replace the sidewalks with new cement, the group decided to pursue construction of a rubberized path. As manager for sustainability programs at the Department of Public Works, Lupe Vela was in charge of keeping the Bureau of Street Services on track to keep the project moving forward. "I was pushing to have recycled, rubberized asphalt that was high quality and would stand the test of time," said Vela. "Because the area would be functioning like a track, but was not protected, the material had to be sturdy enough to withstand people walking on it with high heels. We wanted to make sure everyone could walk on it safely."

The next time the EJPC met with Pacheco they brought a clear statement about the problems along with proposed solutions. "James has a way of coming up with ideas and giving people the power to turn them into reality," says Magallanes. "He never comes to a politician and says, 'You're not doing a good job'. It's easy to say you're not doing enough, but coming up with an idea that is good for the community is harder."

Encouraged by community support for the project, Councilmember Pacheco secured $800,000 from the County Department of Parks and Recreation to build a continuous, rubberized jogging path that would be safe and comfortable for pedestrians and joggers. This path became the first public sidewalk in the country to be designated a recreational public space.

THE PEOPLE

Diverse Partners Collaborate to Build Healthy Environments

Alliances between residents, community activists, and government agencies allowed for the swift, definitive action that brought the jogging path from idea to reality in a mere six months. Rojas teamed with EJPC members including Terrango, Nadine Diaz and Ullyses Sanchez, to collect data and conduct meetings with Councilmember Pacheco, who helped raise the necessary funds from Department of Parks and Recreation

to complete the project. Vela helped keep the project on track. The Metropolitan Transit Authority, the City Council, and residents provided in-kind resources and money to clean and maintain the path.

THE RESULTS

Healthy Change in Local Environments

The EJPC's collaborative efforts demonstrate that even where open space is limited existing sidewalks can provide space for recreational physical activity. Since the path was built, daily use has increased from about 200 to more than 1,000 people who use the path for jogging, walking, and socializing, says Rojas. He emphasizes the importance of building an exercise and social resource within the community. "It gives the residents a stronger sense of identity and a real sense of pride—now everyone points it out," he says.

Magallanes agrees: "The EJPC has changed the face of Evergreen. Small things like the jogging path make a huge difference in how community residents see themselves and the community. The crime rate—I won't say it's disappeared, but I think it has really gone down because people have a lot more ownership. I see senior citizens with walkers and a lot of families walking. It might be a dad jogging and a mom pushing a stroller or a mom jogging and dad riding on a bike alongside with a baby basket in the back. I've had people tell me that their doctors have told them to walk on this jogging path because it is a good place to exercise and the soft rubber is easy on their knees and backs."



WIDE STREETS AND HEAVY TRAFFIC FLOW SURROUNDING THE EVERGREEN JOGGING PATH CAN MAKE CROSSING A DAUNTING TASK FOR PEDESTRIANS.

The health benefits of regular physical activity are clear, and research shows that easy access to a safe place to exercise promotes fitness. Both access to walking/jogging paths and perceived safety of the paths are positively associated with physical activity behaviors.[1] In particular, proximity to places for physical activity within the neighborhoods promotes activity.[2] Studies using subjective (self-report) and objective (Geographic Information Systems) measures of proximity both indicate that nearness to walking paths appears to have a significant impact on physical activity for adults.

As Dr. Richard Jackson, former director of Centers for Disease Control and Prevention's National Center for Environmental Health states, "It's dishonest to tell people to walk, jog, or bicycle when there is not a safe or welcoming place to pursue these 'life-saving' activities."[3] Instead of being defeated by the limited open green space in their community, Boyle Heights residents marshalled community resources to improve health by improving access to, and availability of, safer walking routes.

WISDOM FROM EXPERIENCE

Reflecting on the project's success, Rojas appreciates the significance of the first steps involved in community transformation. "Start with observation," advises Rojas. "How is the community operating? What are its shortfalls? What are the needs? And then use creativity to envision solutions." Next comes the action phase, says Rojas. "We had to conduct a lot of meetings, get the 'man' power, collect data, do research and get a handle on where the money was." The assessing, envisioning and mobilizing that occurred at the project's initial phases made a substantial difference in the final result.

LOOKING AHEAD

The Evergreen Jogging Path has become a catalyst for further community change, spurring new efforts specifically geared toward seniors. Walkable Neighborhoods for Seniors, a project of the California Center for Physical Activity, is funding the Los Angeles County Department of Health Services' Injury and Violence Prevention Program (IVPP) to explore safety for Boyle Heights seniors, conduct walkability audits to identify potential danger zones for pedestrians on and near the path and to develop solutions. The program has paid particular attention to Evergreen Cemetery as a pedestrian magnet with community buy-in and support. Today, community members hope to create safe routes to and from the jogging path. Based on walkability audits and injury/collision data provided by the county, Safe and Healthy Communities Consulting (SHCC) is helping to identify current barriers to walking and proposing potential design solutions. By documenting findings and providing recommendations on pedestrian hot spots, SHCC will provide research that the community can use to apply for future funding to implement solutions.

Now that the jogging path is in place and in regular use, EJPC organizers say the challenge is keeping it clean. Once every two months, community members come together for a regularly-scheduled clean-up day. Though funding from the City Council helps and the Metropolitan Transit Authority provides money, time, and resources (including personnel, trash bags and brooms), some EJPC members think the city should take more responsibility for keeping the path clean. "I often think that when we first had meetings, we should have gotten something in writing to keep it clean," says Terrango. In the future, some organizers hope the path will develop to include public art installations and more native plants along the loop.

By pulling together the various skills, experiences and resources of Boyle Heights residents, community activists, and government agencies, the EJPC took advantage of what limited open space was available in the neighborhood to create a fitness-promoting resource for the whole community.

Because the area would be functioning like a track, but was not protected, the material had to be sturdy enough to withstand people walking on it with high heels. It had to be safe and functional.

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This is one in a series of 11 profiles that reveal how improvements to the built environment can positively influence the health of community residents. The examples illustrate how changes to the built environment can be particularly meaningful in communities that have historically lacked important features such as pedestrian infrastructure, services and institutions, or public art. Taken more broadly, the profiles demonstrate how improvements to the built environment have the potential to reduce health disparities.

The profiles were written and produced by Prevention Institute. Funding and guidance were provided by the Centers for Disease Control and Prevention's National Center for Environmental Health. It is our hope that these profiles will stimulate and inspire partnerships between community residents and practitioners from multiple fields and sectors to design solutions and take action to improve the built environment for the health and well-being of all.

ROCHESTER, NEW YORK

Partners Through Food increases access to healthy food by bringing a full-service supermarket into the community

When a fire destroyed the only grocery store in town, Upper Falls, NY residents had no local access to affordable, fresh foods. Those who could traveled miles to the nearest suburban supermarket, but the added time and travel costs strained many residents. Recognizing the injustice of living in a community with such limited food options, residents and activists collaborated with local government officials to lobby for a new supermarket. After five years of tireless efforts and shifting strategies, the community group Partners Through Food convinced TOPS, a major grocery chain, to bring a shopping plaza and full-service supermarket to the neighborhood. The new shopping plaza opened in 1997 and since then residents say the retail area has transformed the neighborhood. Now they have easy access to affordable, healthy foods which research suggests encourages more nutritious eating.

THE PLACE

Rochester, NY is a city with 219,773 residents. The Upper Falls community is located in the northeast quadrant of the city, and is home to 5,000 residents, the majority of whom are African American and Puerto Rican, according to the 2000 US Census. From 1994 to 1996, the volume of food stamps distributed in the three zip codes surrounding the Upper Falls supermarket site totaled approximately $24 million, reflecting high rates of low-income residents. Because of these numbers, the federal Department of Housing and Urban Development has designated the City of Rochester an Enterprise Community, making public funds available for redevelopment.

In the spring of 1994, about 30 people stormed the City Council with paper bags full of apples, beans and collard greens, shouting: "Apples, Beans and Collard Greens!" This event led Mayor William Johnson to get involved in bringing the community a full-service market.

THE PROJECT

During the 1980's, the number of supermarkets in the Rochester metropolitan area dropped steadily from 42 in 1970 to a meager 8 by 1995.[1] With only eight supermarkets to serve Rochester's residents, access to affordable, healthy food options had become severely limited. When the last supermarket in Upper Falls burned down in the spring of 1992, it was the final straw. After the fire, residents who wished to shop at supermarkets rather than high-priced, low-variety convenience stores were forced to travel long distances to outlying suburbs. Increased grocery shopping travel times and transportation costs burdened low-income residents, many of whom made their purchases with food stamps.

Frustrated that the fire had destroyed their only option for affordable, healthy food, Upper Falls residents started meeting in 1992 to brainstorm solutions. "There was a core group that started the ball rolling and then after an early series of meetings we began to reach out to the community to learn about the interests of neighborhood residents," said Hank Herrera, who took on a lead organizing role.





BEFORE CITIZENS ORGANIZED, THE BUILDING WAS AN ABANDONED STORE FRONT. NOW, RESIDENTS HAVE A FULL-SERVICE SUPERMARKET RIGHT IN THEIR NEIGHBORHOOD.

They quickly decided that opening a local co-operative market was not feasible because of the resources needed and the lack of variety that such a store could realistically offer. "What we learned early on was that people wanted a full service supermarket. Basically, they said, we want a market that looks like the suburban supermarket. We're as good as the people in the suburbs and we deserve a store that will meet all of our shopping needs and look good, too."

So the group began to explore different options for bringing a supermarket back to the site where the old one had burned down. At the time, two groups were independently working to bring a grocery store to the same site, the Grocery Group and the Community Development Block Grant Coalition whose job it was to ensure that community development block grant monies were being spent appropriately. Soon, the two groups joined forces, merging into Partners Through Food. Made up primarily of concerned community residents, the group also included activists. Eventually, representatives from the planning departments of the City of Rochester and Monroe County began attending.

Partners Through Food decided to do research that would demonstrate the need for a supermarket. "We began checking license plate numbers in the parking lots at the suburban supermarkets and following up to see where those license plates were registered," said Herrera. "We could see people were coming from our zip code. We also got data from the Monroe County Department of Social Services and found that food stamps were issued and used outside of the community in the suburban stores to the tune of $17 to $18 million originating from the zip codes right around the proposed store site."

Meanwhile, others began to consider building on the proposed supermarket site. One developer planned to take over the area to expand a social service agency called Action for a Better Community (ABC). When Partners Through Food expressed their concerns, the developer responded: "Face reality, there will ***never*** be a supermarket on that corner," Herrera recalled. Residents were furious. And in the spring of 1994, about 30 people stormed the City Council with paper bags full of apples, beans and collard greens shouting: "Apples, Beans and Collard Greens! We don't want no ABC!" They dumped the food in front of the building. This event led Mayor William Johnson to get involved. He sided with the people, making a commitment to help bring the store to the area. By collaborating with the mayor, Partners Through Food was finally able to make progress. "The developer had bought the building for $300,000, but the building process stopped cold because the people didn't want it," Herrera explained.

The group approached the major grocery chains with the research data they had accumulated. But despite what they thought were compelling numbers, the stores expressed concern that they couldn't make enough money in this area. "That baffled us," recalled Herrera. Finally, TOPS, a multinational retail supermar-

ket corporation, expressed interest. "I think what it finally came down to was that a major supermarket chain that competes with TOPS began to move into their market territory," he said. So behind closed doors, the mayor and TOPS began to negotiate.

> *"We also got data from the Monroe County Department of Social Services and found that food stamps were issued and used outside of the community in the suburban stores to the tune of $17 to $18 million."*

The supermarket chain agreed to build four new stores and expand an existing store to serve area residents. TOPS invested the $28 million needed to open the supermarket and the city agreed to contribute public money to the project.[2] Public funds came through the Federal Enterprise Community Zone program, the Community Development Block Grant, the Urban Renewal Trust Fund, and the HUD 108 program.[3] This money contributed to the construction of an entire shopping plaza around the supermarket, including a new police station, retail stores, and a medical office.

Six years after residents first rallied, a new supermarket opened in the plaza that had previously been run-down and abandoned. "Now, all the stores are occupied," said Herrera. "TOPS is there, it has a very nice appearance."

THE PEOPLE

Diverse Partners Collaborate to Build Healthy Environments

Partners Through Food developed when two independent groups united around a common goal: to bring a supermarket to the area. The merged group included concerned Upper Falls residents, activists, funders, people from the faith community, and representatives from the planning departments of the City of Rochester and Monroe County. Local organizations including the Coalition of Northeast Associations, the Regional Food Bank and St. Bridget's Church were instrumental throughout the entire process of lobbying for the market.

By hosting community meetings and leading lobbying efforts aimed at city government, Partners Through Food played a vital role as a community leader and convener. Members led outreach and education initiatives and coordinated community meetings, often held at St. Bridget's church, which donated space and time for meetings. The Coalition of Northeast Associations and Regional Food Bank served as valuable community partners to engage residents in community meetings and to build political clout for the effort, which was critical for obtaining the buy-in of city government. With such noticeable, established partners, Mayor Johnson committed himself to the cause and played a crucial role in initiating negotiations with TOPS, the Buffalo-based grocery chain that eventually partnered with the city to bring a store to the Upper Falls neighborhood as part of a five-store, citywide effort.

THE RESULTS

Healthy Change in Local Environments

The new supermarket and shopping plaza have greatly enhanced the quality of life of the Upper Falls community. The development is beautiful, said Herrera. "Life was there again. It transformed the neighborhood." The store is thriving, and neighborhood residents—rather than needing to drive—now have a store within walking distance that offers a wide variety of food options. The city continues to encourage residents to shop at the new store by conducting community outreach efforts on behalf of the store, improving public safety by reassigning a police station to the area and including several service agencies such as banks in the mall where the store is located.[4]

The neighborhood has also benefited from additional employment opportunities presented by the retail stores. During negotiations with TOPS, Partners Through Food insisted the store hire a percentage of people from the neighborhood. "To my knowledge they have been true to that in all the time they've been here," said Herrera.

Although a health-impact evaluation of this particular project has not yet been done, published studies document the health benefits of supermarket access. Emerging research suggests that introducing supermarkets into urban, low-income communities can improve dietary behaviors. A landmark 2002 study based on over 10,000 residents in 221 census tracts (Maryland, North Carolina, Mississippi, Minnesota) by Morland et al. found that the local food environment was associated with residents' dietary intakes.[5] The authors found that African American residents increased their fruit and vegetable intake by an average of 32% for each supermarket in their census tract. Although 73% of African American residents had small neighborhood grocery stores in their neighborhoods, the presence of these establishments had little association with meeting recommended dietary intake.

An evaluation study conducted in the United Kingdom examined the link between introducing a supermarket into a food-retail deprived community and improvements in dietary behavior.[6] The study used fresh fruit and vegetable consumption as proxy measures for healthy diets before and after the introduction of a large chain supermarket in the community. A significant increase was noted in participants with the poorest "before" diets; 75% increased their fruit and vegetable consumption after the supermarket opened, doubling their mean weekly fruit and vegetable portions. These same participants also switched their main source of fruit and vegetable purchasing from limited-range/budget stores in the "before" period to the new supermarket. These preliminary results indicate that opening a supermarket may produce positive benefits for the diets of the most nutritionally at risk.

WISDOM FROM EXPERIENCE

"When working to affect community-level change, recognize your limits and seek support, resources, and funding from key partners," recommended Herrera. This effort required the buy-in and support of city government and a major grocery chain. The support and resources of numerous community groups helped build momentum, provided the impetus for political involvement, and provided businesses with a market incentive to collaborate. "Stress the enormous amount of money and food stamps spent on food that is lost to other neighborhoods as a way to demonstrate the value of investing in the community." In the end, it was only with community support and perseverance that the Upper Falls community was able to create the type of change to the built environment that would ensure access to healthy food and services for community residents.

It was only with community support and perseverance that the Upper Falls community was able to create the type of change to the built environment that would ensure access to healthy food and services for community residents.

LOOKING AHEAD

Today the TOPS Corporation is using the success of the Upper Falls supermarket as a model of how business can contribute to urban redevelopment. The supermarket provides the community with higher quality food at lower prices than previous smaller stores could offer and always offers a steady supply of fresh meat and produce. The newly developed plaza has transformed the neighborhood and reconfigured the way people see that area.

"It wouldn't have happened except for the fact that people worked to make it happen," said Herrera. "Every time I go by that corner, I remember people saying 'face reality' and I smile. This is our reality."

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BOSTON, MASSACHUSETTS

Boston Lead-Safe Yard Project uses affordable techniques to mitigate exposure to lead in inner-city yards

In the heart of Boston's "lead belt," children playing in their own yards are unwittingly exposed to lead in amounts that could result in developmental delays, learning disabilities, or behavioral disorders. While achievements in the removal of lead from paint and gasoline have been an extraordinary public health success story, lead-contaminated soil that surrounds older homes remains a significant source of lead exposure that has not yet received widespread attention. A pilot project of the US Environmental Protection Agency's (EPA) Environmental Monitoring for Public Access and Community Tracking (EMPACT) program is working to change that with a project called the Boston Lead-Safe Yard Project (LSYP).

"Outreach was difficult at first. We searched for unique ways such as a model yard, signs and advertising."



LEAD EXPOSURE FROM SOIL REMAINS A PROBLEM FOR RESIDENTS OF BOSTON'S OLDER HOMES.

The Boston LSYP team uses low-cost landscaping techniques to reduce lead contamination in the Boston metropolitan area. In addition, the project informs residents about the risks of lead exposure among children and provides timely data on lead levels in soil. The Boston LSYP has raised awareness about lead dangers and helps individuals, community organizers, and local government mitigate the risks of lead poisoning from residential soil in neighboring communities.

THE PLACE

Boston properties typically have soil lead levels well in excess of EPA standards, both in play areas and along house foundations. Elevated lead levels in soil result primarily from the chipping and peeling of exterior lead paint and also from leaded gasoline. Although many Boston houses have been de-leaded, few yards have undergone soil lead abatement for several reasons: the cost of full-scale removal of soil has historically been prohibitive to both families and the city ($6,000 to $10,000 for a typical triple-decker property); public funding has not been available; and the dangers of elevated lead levels in soil are not widely recognized.

When EMPACT program investigators went looking for a spot to launch the Lead-Safe Yard Project, two areas in Boston's "lead belt" stood out. The initial target community selected for the pilot project was a several block area in the Bowdoin Street neighborhood, consisting of approximately 150 mostly older, wood-

framed houses in the North Dorchester section of Boston. Efforts later expanded into Roxbury, another high-risk, low-income area that also contained a lot of old homes whose chipping paint contributed to unhealthy lead levels in the soil of surrounding yards. Both neighborhoods were chosen because they had:

- high incidences of lead poisoning,
- large concentrations of older wood homes (most built before 1978) that had been painted with lead-based paint,
- a large low-income, multi-racial and immigrant population,
- contiguous yards that increased the potential for neighborhood-wide impact,
- a local community environmental health organization, and
- a history of established neighborhood environmental activities upon which the EMPACT project could build.

THE PROJECT

It is well established that exposure to lead during early developmental years is one of the most significant environmental health concerns for inner-city youth,[1] especially for those who live in poorly maintained housing in older urban neighborhoods. According to the Centers for Disease Control and Prevention, one in every four to six children may have elevated lead levels in inner cities, based on current blood lead data. The link between learning disabilities and elevated blood lead levels in preschool children is also well documented, particularly for those under the age of six. Lead poisoning is more prevalent in low-income, minority, and immigrant communities and is compounded by additional environmental hazards such as indoor air contaminants, deteriorating infrastructures, housing demolition, abandoned housing, congested roadways, industrial land uses, and vacant land.

H. Patricia Hynes, a professor of Environmental Health at Boston University, School of Public Health and the co-director of the Boston LYSP team, is committed to using community-based participatory approaches to eliminating the hazardous conditions related to lead that disproportionately exist in older, low-income housing. The team's research is action-oriented, pairing the root of the problem with solutions that are practical and applicable for community members. The Boston LSYP team documents the presence of serious environmental lead contamination in a timely fashion and presents solutions that the community can use. When project investigators found that high levels of lead in soil and heavily traveled roadways are a significant contributor to lead exposure and poisoning among Boston area residents, they wanted to develop affordable ways to mitigate lead exposure to improve the health and well-being of community members. In conjunction with residents and community-based institutions, the Boston LSYP developed a series of low-cost, low-technology measures to reduce exposure to lead contaminated soil.

While achievements in the removal of lead from paint and gasoline have been an extraordinary public health success story, lead-contaminated soil that surrounds older homes remains a significant source of lead exposure.

From 1998 to 2001, the project conducted a multi-phase lead-safe yard intervention which included: a) outreach to, and education of, homeowners, b) soil analysis to establish baseline lead levels, c)



BOSTON'S LEAD-SAFE YARD PROJECT USED LOW-COST TECHNIQUES LIKE GROUNDCOVER TO REDUCE RESIDENTIAL LEAD EXPOSURE.



STONE OR BRICK PATHS ARE AN IMPORTANT EPA-RECOMMENDED LEAD ABATEMENT STRATEGY.

development and application of cost-effective landscaping measures to reduce exposure to high lead soil, d) communication with homeowners about design decisions and long-term maintenance, and e) dissemination of project methods to community agencies, local government, and others to encourage program replication.

"Outreach was difficult at first," said Hynes. "It was hard to attract families into the program. We searched for unique ways such as a model yard, signs, and advertising." Community partners were hired to conduct outreach to neighbors and community residents through mass mailings, phone calls, door-to-door solicitations, and distribution of lead-safe yard literature at community events. Education materials included culturally appropriate printed materials, a video produced by the Boston Childhood Lead Poisoning Prevention Program, and a quiz to test parents' knowledge about lead.

Once participants agreed to enroll in the project, outreach staff provided education and coordinated the soil analysis with project team members. A chemist from EPA's Region 1 Lab and a certified industrial hygienist from the Bowdoin Street Community Health Center in Dorchester analyzed more than 100 yards, testing soil in areas most likely to present sources of lead contamination. A member of the landscape crew then presented the results to homeowners and together they developed a treatment plan tailored to each particular home. A standardized questionnaire documented how the yard was being used, household characteristics, and availability of the homeowner. Landscapers incorporated this information into their recommendations for treatment, creating a "blueprint" for each yard. Homeowners participated in every part of the process.

Using EPA recommendations for residential lead-contaminated soil abatement, the project developed a suite of options that emphasized affordability and replicability. The most common soil remediation techniques included installation of wood framed boxes (to separate food items and play areas from contaminated soil), relocation of fruit/vegetable gardens and children's play areas, laying stone paths, planting grass, applying landscape cloth, or bringing in groundcover (such as mulches or wood chips to fill-in and reduce direct exposure to leaded soil).

From chemists to contractors, the Boston LSYP rallied a range of diverse partners around a singular cause: reducing the risk of lead contamination.

THE PEOPLE

Diverse Partners Collaborate to Build Healthy Environments

From chemists to contractors, the Boston LSYP rallied diverse partners around a single cause: reducing the risk of lead contamination. The project brought together community residents and organizations, local businesses, a neighborhood health center, the Department of Public Health, a housing agency, Boston University School of Public Health, and EPA Region 1.

While the Boston University School of Public Health oversaw outreach and education and coordinated the development of the lead removal toolkit, a chemist from EPA's New England Regional Laboratory conducted soil analysis. The Dudley Street Neighborhood Initiative and local landscape contractors—including Garden Futures and Dorchester Gardenlands Preserve

—participated in outreach and yard renovation, and the Bowdoin Street Community Health Center provided a certified industrial hygienist to assist in residential soil analysis. As the project progressed, it expanded to include two city agencies: Boston's Childhood Lead Poisoning Prevention Program and Lead-Safe Boston, and the National Center for Healthy Housing, which conducted the evaluation in the project's final phase. Engaging a wide variety of partners lent the project a great deal of organizational support and allowed the work to become institutionalized within city health and housing agencies once the pilot phase ended.

This project has successfully reduced one of the most significant environmental health concerns for inner-city youth. After one year, soil treatments continued to prevent exposure to leaded soil in all properties.

The EPA's EMPACT program provided the funding, while local businesses provided materials donations.

THE RESULTS

Healthy Change in Local Environments

Between the summer of 1998 and the fall of 2001, the Boston LSYP completed 61 lead-safe yards, the city health department treated an additional six yards, and Lead-Safe Boston completed 22 lead-safe yards. By decreasing children's exposure to lead, this project has successfully reduced one of the most significant environmental health concerns for inner-city youth. After one year, soil treatments continued to prevent exposure to leaded soil in the properties concerned, according to an evaluation managed by the National Center for Healthy Housing. All three measures of treatment effectiveness (surface measurements, dust lead levels on exterior floor mats, and floor dust lead levels) showed statistically significant reductions in lead levels for properties enrolled in 2000.

The project demonstrated several important results.

1) Lead contaminated soil can be mitigated at a fraction of the cost of conventional methods in ways that increase the ability of residents, community health centers, and others to have a positive impact on their neighborhoods.

2) Government agencies, universities, residents, and community-based organizations can work together effectively to reduce lead exposures from soil.

3) A lead-safe yard program can be replicated and institutionalized by municipal home de-leading programs and other community organizations.

Removing lead from inner-city soil or reducing exposure to contaminated soil has typically been too expensive or technologically challenging for residents to undertake. But the Boston LSYP has demonstrated techniques that low-income households can utilize at low costs. To assist other groups to replicate their efforts, project leaders created a toolbox, available at: www.epa.gov/region01/leadsafe/tool2.html.

The evaluation of this project reflects what health improvements research has demonstrated in other regions. For example, a major EPA intervention study found that when soil is a significant source of lead in a child's environment, lead abatement in soil will result in reduced exposure and consequently a reduction in blood lead levels.[2] The EPA research team found that a soil reduction of 2,060 ppm was associated with a 2.25 to 2.70 μg/dl decline in blood lead levels.[3] Other research estimating that interior house dust is comprised of anywhere from 30% to 50% of soil dust further reveals the health importance of soil lead abatement programs.[4]

By tackling lead contamination yard by yard, the Boston LSYP has made significant strides toward promoting community health within the city's "lead belt," and has provided a model other communities can follow.

WISDOM FROM EXPERIENCE

Cost was a crucial factor in determining yard treatment recommendations. For example, off-site removal and disposal of soil was not feasible because of high costs and logistical barriers. Unfortunately, despite creative treatment solutions, the project operated over budget. Even with donations of free gravel, wood



MULCHES AND GROUNDCOVER REDUCE EXPOSURE TO LEADED SOIL IN RESIDENTIAL YARDS.

chips, and compost by a local company, the average per yard cost far exceeded the project's goal of $750, and cost approximately $2,100 per yard. The breakdown of costs included $300 for materials, and $1,800 for landscape and construction labor. Project management added about $900 per yard to the overall cost. However, despite these cost issues and the fact that the team was not able to meet their ambitious goal of $750 per yard, the personal, social and economic costs of the damage from lead poisoning far exceed the expenditures. Not only is the project ensuring the health and safety of current community members, but it is protecting that of future members as well, saving money across the board.

Hynes shared some of her observations about the project: "Hiring community partners to do the outreach made for project success. We trained community partners using slide shows to build their skills in presenting the project to residents. They would also give talks about the program in community forums. Because they were in contact with the community, our partners were critical to planning, outreach, and evaluation of the project. This relationship built the skills of community partners and also enhanced follow-up and communication with community members. We developed EMPACT materials that document the process, provide a "how-to" workbook and describe all of the inexpensive ways to reduce lead exposure in urban yards. We believe these products will provide others interested in implementing a similar effort with a template and a road map for success."

LOOKING AHEAD

Building upon the success of their creative, relatively low-cost, low-technology treatment approach, the Boston LSYP is looking to expand its array of treatment options. The project plans to conduct feasibility assessments of other strategies such as installing turf, planting species of plants that take up lead in open sunny areas, or in portable growing bins in more shaded areas. Project stakeholders would also like to explore the use of central, municipally-managed treatment sites to treat and recycle contaminated soil, thereby granting urban communities more permanent solutions.

Now that they have proven that affordable remediation techniques can reduce urban lead exposure, project members are working to ensure that their successes will translate into increased efforts by governments, community organizations, and private enterprises to apply these effective lead-safe yard techniques in neighborhoods across the country.

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This is one in a series of 11 profiles that reveal how improvements to the built environment can positively influence the health of community residents. The examples illustrate how changes to the built environment can be particularly meaningful in communities that have historically lacked important features such as pedestrian infrastructure, services and institutions, or public art. Taken more broadly, the profiles demonstrate how improvements to the built environment have the potential to reduce health disparities.

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DENVER, COLORADO

Gardens for Growing Healthy Communities transforms vacant lots into community gardens

Vacant lots of land once strewn with garbage now bloom with new life in some of Denver's poorest neighborhoods. Denver Urban gardens has been transforming unused lots onto community gardens, creating pockets of green in the midst of inner-city communities. A recently formed collaborative, Gardens for Growing Healthy Communities, studies how the gardens impact community health and translates finding for stakeholders. These urban oases foster neighborhood ties and promote physical, social, and mental well-being. By providing access to fresh organic produce, opportunities for physical activity, contact with nature, and neighborhood meeting places, these gardens promote physical and mental health in communities with diverse residents.

THE PLACE

Denver is a rapidly growing urban center that must cope with the challenges of expansion and pressures that growth can place on low-income, inner-city residents. Denver's population of about 554,636 is about 32% Latino and 10% African American. Denver has over 70 gardens and garden parks in 30 of its 77 neighborhoods. Gardens for Growing Healthy Communities has been working to transform unused land into urban gardens in moderate and low-income neighborhoods which have higher concentrations of Latino and African American residents than the city as a whole. Approximately 14% of the mostly Latino population lives below the poverty line, according to the 2000 US Census. In the communities where gardens have been constructed, 22% of the population 25 years and older has less than a high school degree.

The goal of this project is to understand the role of community gardens as a catalyst for broader neighborhood improvements and public health changes, including physical activity and dietary patterns.

THE PROJECT

Gardens for Growing Healthy Communities represents a partnership between Denver-based community organizations, the University of Colorado and community residents. This project fosters a "class-blind environment" among neighbors who share a passion for gardening, explained Jill Litt, Gardens for Growing Healthy Communities program director and principal investigator of the project's research/academic component. "Gardens cross all boundaries: age, race, education and ethnicity," she said. Denver Urban Gardens, the lead community organization responsible for building and maintaining gardens, estimates that over 25, 000 people participate in gardening-related activities each year.

Litt believes that community gardens are a "true public health intervention because they influence so many aspects of health: mental health, physical well-being and social capital through both direct and indirect pathways. The goal of this project is to understand the role of community gardens as a catalyst for broader neighborhood improvements and public health changes,

including physical activity and dietary patterns. We are slowly gathering the data to learn the many ways gardens impact health."

By drawing upon the core competencies of each of the partner organizations, the Denver gardening collaborative manages to bridge the gap between research and implementation. Not only do the groups foster the creation of urban gardens, but they also document the significant health impact these gardens have on local community health. Community involvement and leadership are cornerstones of the program's sustainability and popularity.

When it comes to doing the hands-on work of garden creation, Denver Urban Gardens takes the lead. Working with volunteers of all ages, the group provides technical assistance, helping residents plan, design, coordinate, and construct urban gardens in their neighborhoods. It also offers training and education about herbs, composting, tractors, food preservation, water conservation, and other gardening skills. Central to the sustainability of local gardens is the group's commitment to leadership training and community empowerment to maintain, promote, and nurture gardens. Gardens are community initiated and maintained and gardeners collectively assume responsibility for improving their own neighborhoods and cultivating a sense of pride in their surroundings while growing fresh, organic food close to home.



CHILDREN DEVELOP A PASSION FOR GARDENING WHILE GETTING ACTIVE AND MASTERING NEW SKILLS TO GROW FRESH PRODUCE.

THE PEOPLE

Diverse Partners Collaborate to Build Healthy Environments

The Gardens for Growing Healthy Communities collaborative brings together a number of different community groups and academic and government institutions, each with different strengths and capabilities.

Community participants play a vital role in shaping garden design, building and planting gardens, and providing ongoing maintenance to gardens. Community groups include: Denver Urban Gardens, a well-established organization that brings gardens to Denver's urban areas and has a great deal of influence on local policy; Groundwork Denver Inc., a nonprofit dedicated to restoring vacant and underutilized urban land (e.g., urban brownfields); and FrontRange Earth Force, a nonprofit that works with youth around environmental stewardship.

Gardeners collectively assume responsibility for improving their own neighborhoods and cultivating a sense of pride in their surroundings while growing fresh, organic food close to home.

Meanwhile, the Department of Anthropology at the University of Colorado, Denver and the Department of Preventive Medicine and Biometrics at the University of Colorado Health Sciences Center in the School of Medicine provide coordination, funding, and researchers for the effort. As the lead academic part-

ner, the University of Colorado's Health Sciences Center tackles the data collection and monitoring components of the program. Since May 2002, the university has provided student and researcher volunteers to study the health impact of gardens on both the gardeners and the surrounding communities. As part of a class on community assessment, students collect qualitative research data through interviews with community participants and by conducting physical observation of garden sites and the surrounding neighborhoods. Using community-based, participatory techniques, the group has studied the health impact of gardens in approximately 30 Denver neighborhoods, with a focused pilot project in 14 community gardens in two Northern Denver neighborhoods. The collaborative has worked out a complex cost structure with state and local contractors to utilize overgrown and vacated lots. On average, building a new garden costs $10,000 and making enhancements cost $3,000 to $5,000. Maintenance and upkeep costs are kept low through the in-kind efforts of community members. Additionally, Denver's Department of Parks and Recreation donates resources for basic garden maintenance, including sidewalks, accessibility to soil, streetlights, and water.

THE RESULTS

Healthy Change in Local Environments

Preliminary findings indicate that Denver's neighborhood gardens improve the health of resident gardeners by increasing physical activity levels, consumption of fresh fruits and vegetables, and social connectedness through gardening circles—not to mention stress relief.

These gardens provide fresh fruits and vegetables, which are eaten by gardeners and distributed to neighbors, homeless shelters, and assisted living facilities. In addition, gardeners share recipes for healthy salsas and other foods prepared from the gardens, which further encourage produce consumption. The gardens also contribute to strengthening the fabric of communities and building social capital, explained Litt. Social capital includes the "connections among individual-social networks and the norms of reciprocity and trustworthiness that arise from them,"[1] as well as standards for behavior that are socially dictated. In interviews, participants identified relaxation, decreased stress, and the feeling of a spiritual connection with "Mother Earth" as benefits of gardening.

This project's findings echo the limited but growing body of published research that indicates that community gardens confer physical and mental health benefits to gardeners. A case-control study of the health impacts of urban gardening in Philadelphia conducted by Blair et al. found gardening to have a positive impact on dietary intake, psychosocial health, and community participation. The authors note that gardeners ate "significantly more of six vegetable categories than non-gardeners...and they also consumed less milk products, sweets, and sweet drinks." In addition, "gardeners were significantly more likely to participate in food distribution projects, neighborhood clean-ups and neighborhood social events."[2]

At community garden projects in California funded through the Healthy Cities and Communities effort, Twiss et al. documented a number of outcomes ranging from increased physical activity and consumption of fruits and vegetables at one site, to local policy development, community improvement, and increases in knowledge and skill at other sites.[3]

Community surveys also support the link between urban garden-



THE CHALLENGING WORK OF GARDENING IS AN INTERGENERATIONAL ACTIVITY, WHERE YOUNG PEOPLE LEARN FROM EXPERIENCED GARDENERS.

ing and improved perceptions of mental and physical well-being.[4] In 2000, Armstrong published results from a survey of community garden coordinators from 63 community gardens in upstate New York which revealed several health reasons for participation in community gardens including: access to fresh food, exercise, contact with nature, and mental health benefits.[5] In addition, Armstrong found that gardens located in low-income areas were four times more likely to catalyze efforts to deal with community concerns than gardens in non-low-income areas. Because this program reclaims vacant lots, garden creation and maintenance also result in the reduction of other environmental health hazards, including broken bottles and obvious illicit drug use. Finally, gardens provide a source of beauty that increases property values and desirability of properties in garden neighborhoods. Emerging research and program evaluations strongly suggest that community gardens influence several dimensions of health, particularly in low-income, urban neighborhoods where the gardens can be sanctuaries that promote physical, social, and mental well-being.

WISDOM FROM EXPERIENCE

Litt advises, "Communicating results of the program to partners so that they are aware of and fully engaged in each step of the process is essential. I work really hard to emphasize the importance of giving back to the community with project volunteers, students and fellow researchers, not simply going in and getting results. One way we have done this is to demonstrate support for, and investment in, the project's success through volunteering time to the gardens and in the community."

LOOKING AHEAD

Building on its current success, Gardens for Growing a Healthy Community is currently working with Denver Urban Gardens to use geographic information system technology to map out areas and expand work to bring gardens to areas of need. Over the long-term, the collaborative will work with community partners



COMMUNITY RESIDENTS BUILD, NURTURE AND MAINTAIN GARDENS WHICH OFTEN SERVE AS NEIGHBORHOOD MEETING PLACES.

to identify new sites for gardens. Community maps will be used to facilitate discussions with communities to identify areas in need of open space and redevelopment, and will allow project partners to prioritize areas for enhancement and cultivation. It will also allow residents to share their ideas about how to create and maintain gardens that will improve physical activity, nutrition, and other health behaviors in their particular communities.

In the future, Litt and her partners are planning to establish the North Denver Health and Sustainability Initiative to empower residents to make sustainable, neighborhood-level changes that will reduce and eliminate health disparities brought on by environmental inequities. This project will build on the community garden efforts by applying lessons learned about community organizing, leadership, and skill development to eliminate environmental injustices.

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SOUTH LOS ANGELES, CALIFORNIA

Community Coalition reduces violence and crime by closing neighborhood liquor stores

South Los Angeles has an African American cultural tradition marked by rich culinary, artistic, musical, and architectural achievements. Today, South LA is predominantly Latino. In the late 1980's, the area's struggles with crime and violence intensified during the crack cocaine epidemic. Crisis levels of homicide became a catalyst for community activists and leaders to search for tangible ways to halt the substance abuse and violence that were tearing apart the community.

A newly formed group, the South LA Community Coalition, led a campaign to target liquor stores that detracted from community well-being and created public nuisances.

Based on a large survey of residents, the group focused its efforts on identifying alcohol vendors with high rates of alcohol- and drug-related violence in and around their businesses, and seeking closure of these community-unfriendly establishments. Community Coalition efforts to thwart violence and reduce substance abuse in an area oversaturated with alcohol outlets have achieved success by using a community-driven approach to reduce the number of neighborhood businesses that represent a threat to the health and well-being of local residents.



SOUTH LOS ANGELES RESIDENTS PROTEST LIQUOR STORES.

THE PLACE

The Community Coalition focuses its efforts in South LA, an area bounded by the Interstate 10 Freeway to the north, Highway 105 to the south, and between Alameda and La Brea Avenues to the east and west, respectively. The 820,000 residents (in an area that is approximately 71.3 square miles) are about 65% Latino and 35% African American. With a median annual income of $21,000, the area is beset with a poverty rate that is two times higher than that of Los Angeles County and three times higher than the national average. Prior to the Coalition's work, the area had over 700 liquor stores—more than the entire state of Rhode Island (population 1,048,319; area 1,045 square miles) or Pennsylvania (population 12,281,054; area 44,820 square miles). Poverty, gang violence, drug trafficking, and other substance abuse-related issues are among their most pressing and persistent problems.

THE PROJECT

The initial force behind the Community Coalition came when a single individual decided to step up and make change. It was 1990 and Karen Bass, a long-time civil rights activist, was working as a physician's assistant at LA's County General Hospital. When Bass realized she was spending her days and nights sewing up bullet wounds, she got fed up and decided something had to be done. She saw a battle brewing in the community and began to investigate. Violence and crack cocaine addiction had risen to crisis levels in South LA, which sparked Bass to mobilize her activist friends and colleagues.

After a conference on the impact of crack in African American communities brought more people together, Bass's initial group expanded to about a dozen people. The Coalition began to deal with substance abuse in South LA to look for possible solutions. The group went straight to community residents for advice.

Using a door-to-door survey of nearly 30,000 residents, the Community Coalition asked community members what they thought should be done to reduce drug- and alcohol-related crime and violence. Much to the Coalition's surprise, respondents overwhelmingly recommended reducing the number of liquor stores in the community. As interim Executive Director Marqueece Harris-Dawson explained, "We were surprised. The staff fully expected the issues to be around drug houses or gang-related violence. We wouldn't even have looked at liquor stores if we didn't do a resident survey."

The group decided to take advantage of Los Angeles County's conditional use permits for liquor stores, to seek closures of nuisance establishments. Based on neighborhood dialogues and evidence of crime and illicit behavior, they quickly identified 24 liquor stores as primary targets, then launched a grassroots/direct advocacy campaign to get decision makers to act in favor of the Coalition. They distributed flyers, talked to people door-to-door, researched the liquor store industry, and held neighborhood meetings. They approached liquor store owners to let them know about community complaints and asked them to clean up or close stores that had high levels of crime, violence or vice associated with them.

Getting recognition and support was not easy. When residents and coalition members did not get attention and response from key leaders, they sent a petition with 30,000 signatures to Mayor Bradley, protested in front of council members' homes, passed out flyers to liquor store owners and their neighbors, and communicated their dissatisfaction to distributors or involved third parties, such as churches. According to Harris-Dawson, "When people refused to meet with us, we had to get really creative." In certain cases, coalition members decided to distribute flyers and educational materials in the neighborhoods of liquor store owners' homes to expose store owner negligence.

Then in 1992, every single one of the 24 liquor stores slated for presentation to the planning committee for revocation of permits was burned down in the LA riots. Dawson hypothesized that these liquor stores were "a ripe target during the riots because the element that pursued that kind of negative activity was already there at those stores." One of the stores the Coalition was pursuing, Tom's Liquor at Florence and Normandie Streets, was where Reginald Denny was dragged from his big rig truck by several people and beaten, nearly to death, on April 29, 1992.

Though the fires might have been the end to the Coalition's campaign, the city's response to the destruction of businesses was the Rebuild LA Campaign, which aimed to fast-track rebuilding by removing bureaucratic barriers. "All you had to do was prove you had previously run a business in the area," Harris-Dawson explained. The Community Coalition shifted gears to focus on discouraging the city from pursuing fast-track redevelopment for liquor stores. "That approach is okay with churches, schools, and housing, but not with liquor stores," says Dawson.

"The staff fully expected the issues to be around drug houses or gang-related violence. We wouldn't even have looked at liquor stores if we didn't do a resident survey."

Today, the Community Coalition has 3,500 dues-paying mem-

bers advocating for the closure of liquor stores that are public nuisances. Because closing a liquor store is a lengthy process, which can span anywhere from three to five years and sometimes longer, keeping Coalition volunteers engaged for that length of time has been a challenge. "There are a lot of hoops to jump through. And it doesn't matter what happens during that time, someone can get shot in front of a store, but we still have to go through the same process," said Harris-Dawson. The process is further complicated by alcohol industry lawyers working on behalf of storeowners to prolong the process, to stretch it out, and to "starve out" the community in hopes of derailing momentum and in an effort to maintain sales, he said. However, changes have been made and the coalition continues to push forward.



SOUTH LA RESIDENTS RALLY TO REBUILD WITHOUT LIQUOR STORES.

THE PEOPLE

Diverse Partners Collaborate to Build Healthy Environments

The Community Coalition's members get involved in campaigns at various times and in a range of capacities, including collecting documentation, attending meetings and hearings, and testifying in favor of liquor license revocation at City Hall. A number of churches, schools, and small businesses are involved with the coalition as well. As Harris-Dawson explained, "We are also very strategic about teaching the process to others. So, when a neighborhood succeeds, they go to another neighborhood and provide training for the next set of people." Cheryl Grilles, of Loyola Marymount University and the Los Angeles-based IMOYASE Group (an African term meaning: knowledge, understanding and manifestation) provided evaluation services to quantify the effect of each liquor store closure on violence and crime rates.

Despite discomfort on the part of some activists with taking government money, the group eventually decided to get 501(c)3 status as a means to access funds to do substance abuse prevention work. Now, the Coalition takes relatively little money from government vis-a-vis its total budget, which is mostly funded by foundations and membership dues.

The neighborhood is a safer, more pleasant place to be. "And they say things like, 'Now, I can sleep at night' or 'Now, I feel safe walking out in the morning.'"

THE RESULTS

Healthy Change in Local Environments

Coalition efforts have met with a good deal of success. In only three years, the Community Coalition prevented the re-opening of the 24 liquor stores it had originally targeted before the 1992 LA riots, and shut down nearly 200 operating liquor stores in South Los Angeles. The IMOYASE Group has documented an average 27% reduction in violent crime/felonies, drug-related felonies or misdemeanors, and vice (e.g., prostitution) within a four block radius of each liquor store that was closed. While he suspects alcohol consumption rates have declined in the area, Dawson concedes, "It is hard to document consumption. We really have no baseline for consumption, but we do believe that less availability is associated with less consumption."

Existing health research seems to bear that out. Reduced availability of alcohol has been linked

to reduced consumption and a reduction in alcohol-related problems including both intentional and unintentional injuries.[1] Several studies have shown that alcohol outlet densities are strongly correlated with motor vehicle crashes, violent assault, crime, prostitution, illegal drug sales, and driving while intoxicated.[2] According to Ashe, et al., the connection between alcohol availability and sales is sufficiently strong that the World Health Organization concludes, "Reducing the physical availability of alcohol through limitation on the number and placement of outlets will result in reductions in alcohol-related problems."[3]

Despite these promising health implications, the impact that is perhaps most salient to residents in the short-term is a feeling that the neighborhood is a safer, more pleasant place to be. "People primarily talk about safety and peace after closures occur," said Harris-Dawson. "And they say things like, 'Now, I can sleep at night' or 'Now, I feel safe walking out in the morning and there is no one urinating in my backyard'."

WISDOM FROM EXPERIENCE

In struggles that involve bureaucracy, persistence is key, Harris-Dawson explained. "You have to talk to the people. You can never skip that step when pursuing an organizing campaign. If people don't recognize the issue as a problem, they won't do the work. Follow-through is critical. The system relies on people not following through. Answer every phone call, fill out every form and attend every meeting and hearing. If you don't, then you're doomed to failure. Any bureaucracy waits for you to go away and doesn't make it easy for you to stick around." Harris-Dawson also advises: "People power is the key. Typically, residents approach the Community Coalition to help work on a closure. We always look for a critical mass—at least six people—who are willing to do the work of filing the case, knocking on doors and bringing attention to the problem. We never say: 'Here's a messed up liquor store and override the community consensus process.'"

LOOKING AHEAD

About 25 of the cases the Community Coalition pursued have yet to be resolved, but the members remain persistent despite the fact that many of the rules are designed to work in favor of businesses. Because of the great deal of red tape to get the system to work for community members, due diligence is needed to keep people's energy and hopes up around these issues, said Dawson. Perhaps now that founder and executive director Karen Bass is expected to win a state assemblyperson seat in the November 2004 election, the Coalition (and organizations like it) will be granted more power and support from the top.

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HUDSON HEIGHTS, NEW YORK CITY

The Paterno Trivium transforms an unsafe traffic intersection into a neighborhood gathering spot

At the tip of Manhattan on a hill overlooking the Hudson River, three streets converged to create an unsafe intersection for both motorists and pedestrians. Cars roared by while walkers warily dodged traffic—that is, until a group of residents rallied to convert the dangerous intersection into a "pocket" park. By creating a highly visible fork in the road, the park slows traffic, channeling cars safely through the intersection. Meanwhile, the addition of curb ramps and clearly marked crosswalks have increased pedestrian safety, particularly for children walking to the nearby school. The park—called The Paterno Trivium—is a meeting place for residents to gather, sit, and take in the vista of the Palisades across the Hudson on the Jersey shore. The Paterno Trivium has become a beacon in the neighborhood, signaling walkability, attention to community connections, and concerns for pedestrian safety.



THOMAS NAVIN

DEDICATION AND RIBBON CUTTING CEREMONY OF THE PATERNO TRIVIUM, A NEWLY DESIGNED POCKET PARK IN HUDSON HEIGHTS.

THE PLACE

Hudson Heights, a neighborhood within Washington Heights, is the highest point in Manhattan. Home to a diverse mix of people, many of the neighborhood's eldest residents are Irish, German, and Jewish immigrants who settled there in the 1920's and 30's, while newer residents include Puerto Ricans, Dominicans and a large and growing Russian population that live in the eastern portion of the community. The area is also home to a large Orthodox Jewish population. Because of its proximity to subways and easy access to Manhattan, the area is also very attractive to young singles, artists and musicians.

THE PROJECT

The idea for The Paterno Trivium developed out of community concern over a hazardous intersection and the desire to create a central neighborhood meeting-place. The poorly defined markings and lack of pedestrian-friendly infrastructure at the junction of Cabrini Boulevard, Pinehurst Avenue, and West 187th Street worried residents, especially because it was located so close to a public elementary school. On a daily basis, residents would see motorists cut dangerously through the intersection, while elderly pedestrians had no safe place to stop while crossing the busy streets.

Residents had been quite interested in somehow fixing the intersection to make it safer for the community, so when Thomas Navin, a trained architect moved into the neighborhood, residents approached him and asked him to join their efforts. With his formal training and interest in improving his new neighborhood,



THOMAS NAVIN



THOMAS NAVIN

FRIENDS OF THE PATERNO TRIVIUM MAINTAIN PLANTS WITHIN THE PARK (LEFT). HUDSON HEIGHTS ELDERS MEET AT THE CIRCULAR BENCH IN THE PATERNO TRIVIUM (RIGHT).

he was able to observe how the space was being used and immediately saw the potential for what it could become.

In the summer of 2000, he drew up a design that he presented to the community board for approval. "From the get-go, I felt it should be a clearer crosswalk for pedestrians and a resting point," Navin explained. "I imagined a place for meeting where people could stop, rest and see the views of the cliffs on the far side of the Hudson and the afterglow of the setting sun." The triangle's central location near a block-long commercial hub makes it an ideal park location and because it also rests atop a steep hill, it provides a resting place as pedestrians crest the peak.

After receiving community board approval for his design, Navin discovered the Department of Transportation and Department of Parks had already begun to draft their own plans for the area. But because the community board had backed Navin's design, the city agencies accepted it. The agencies also appreciated the plan for its practicality and attention to safety and agreed to pay for sidewalks, curbing and, through New York City's Greenstreets program, planting or "greening" the area.

Navin had envisioned a design that also had some unique features, like special planters, a radiating sun pattern embossed in the concrete, and a curved bench to improve the look and the utility of this triangular site (26'4" x 41'x34'8"). Therefore he anticipated the need to have additional backing and clout to ensure that the plan was fully implemented. As a result, Navin assembled an advisory group that was both knowledgeable about landscaping and well connected to the park system. The group advocated for a customized bench that has become the park's signature element. In an attempt to weave the park into the historical fabric of the neighborhood, the advisory group also proposed naming the park in honor of Charles Paterno, a former landowner who had brought a great deal of residential housing to the area. The New York City Park Commissioner ultimately embraced these ideas. The only catch was that the advisory group had to take responsibility for maintaining the area and its distinct elements. This group, which named itself Friends of The Paterno Trivium, was not daunted. They established a maintenance endowment to provide care for the park's unique features. While the Parks Department would maintain the basic elements of the Trivium, the Friends agreed to raise funds and provide fiscal oversight for the maintenance needed to keep The Trivium in excellent condition.

On August 4th, Charles Paterno's birthday, over 200 community residents gathered for a ribbon cutting ceremony for The Paterno Trivium. The late Paterno's

granddaughter attended the event, as did a local city councilman and the New York City Parks Commissioner. Paterno's granddaughter, who had solicited donations from family members for the Trivium's signature semi-circular bench, presented the funds to the group. Today, The Paterno Trivium is viewed as an important element in the community and the Friends of The Paterno Trivium have generated significant support from community members and local officials alike. The intersection is perceived as safer for pedestrians, offering them an inviting respite as they cross any of the three busy streets that converge at the triangle. New crosswalks and the visibly marked fork in the road funnel traffic and slow motorists who are now more aware of the pedestrians.

THE PEOPLE

Diverse Partners Collaborate to Build Healthy Environments

Under the leadership of Executive Director Navin, the volunteer advisory group that calls themselves Friends of The Paterno Trivium provides stewardship for the park. They pick up trash, plants bulbs and water the foliage regularly. The group has planted Winter King Hawthorn trees, which are in full bloom around Mother's Day weekend, and groundcover that blooms in August to commemorate the birth anniversary of the Trivium's namesake. The Friends toil all year round, shoveling snow in the winter, planting in the spring, and continually maximizing their connections with the landscape industry to get plants and planters at the lowest possible cost. The group also holds fundraisers and serves as liaison with the Parks Department. The circular bench ($7,500); planter ($1,500); low protective fencing ($3,000); and seasonal plantings ($200) are the result of private donations.

New York City Department of Parks and Department of Transportation's project, Greenstreets, provides for the upkeep of basic elements of the Trivium. In an effort to make "green" traffic intersections throughout New York City, Greenstreets provided initial funds for the curbing, concrete work and first plantings. Neighborhood volunteers of all ages weed, water, and plant bulbs. Local merchants and surrounding buildings provide access to water; a landscaping company has donated plants; and the Paterno family offers ongoing support. Key neighborhood activists and neighborhood organizations, such as Hudson Heights Owners Coalition, a group of apartment owners in the area, donate money, give in-kind support, and announce fundraising events in regular mailings and at monthly meetings.

THE RESULTS

Healthy Change in Local Environments

The Paterno Trivium represents the successful completion of a community-initiated effort to improve the neighborhood. Most of all, The Paterno Trivium serves an important function: to slow automobile traffic, improve pedestrian safety, and create a safe destination for pedestrians. At the same time, its form adds another important dimension to The Paterno Trivium. Attention to detail and awareness that the space could be much more than simply a pedestrian enhancement have resulted in a gathering space where there was none. This park also promotes social connections. Senior citizens and teenagers alike now have a place where they can meet and talk with friends.

Careful use of the triangular space has prompted positive social exchanges. Though early on residents had fears that placing a bench on the site would encourage homeless people to sleep there or promote loitering, Navin says he has been amazed at how the space really works. Different people enjoy the space in different ways. "The curvature of the bench encourages social interaction by creating a comfortable seating arrangement. It allows for eight people to be in one conversation because they are facing inward, but because of the arm rests, it also allows people to sit alone or as

"I imagined a place for meeting where people could stop, rest and see the views of the cliffs on the far side of the Hudson and the afterglow of the setting sun."



THOMAS NAVIN

HUDSON HEIGHTS RESIDENTS SIT AND WATCH PASSERSBY FROM THEIR NEIGHBORHOOD RESTING PLACE.

couples. The curve also allows people to walk up to the Trivium, or roll up in a wheelchair and become part of a conversation that is already going on. This is an amazing quality of the semi-circular bench." Wheelchair users have also benefited from the curb-cuts that were etched into the sidewalks when the park was constructed. This allows them to remain safely on the sidewalk.

The Trivium's flexible, multipurpose design is used in different ways depending on the time of day. In the morning, dog-walkers and joggers stop with their morning cup of coffee, while later in the morning elderly residents join companions or attendants to rest at the top of the hill after shopping. The curved bench allows visitors to choose between facing or putting their backs to the sun. As school lets out kids gather, and at dusk in warm weather another group of seniors, primarily women, chat until about 15 minutes after sunset. In the evening, people pause on their return home and teenagers meet up.

But the park's construction has not been struggle-free. Oftentimes with community areas like these, youth can be perceived as "troublemakers," ruining the atmosphere for other users. Since its inception, teenage skateboarders who use the Trivium have caused stress in the community. While some resident groups have sought police involvement, the Friends have been enlisting skateboarders to help plant and water. Through this alternative approach they have transferred a sense of ownership and pride to the skateboarders, some of whom now act as "protectors" of the park. Recently, community groups have also been asking the skateboarders what features appeal to them, prompting discussion about creating a separate facility for skateboarders to use. This was an innovative solution to a common problem in many communities, and a unique way to engage unlikely volunteers.

Truly a community resource, the Trivium's features encourage diverse groups of people to use the space in their own ways. And the transition periods bring together groups who might not normally interact. "Something as subtle as the curve creates opportunities to talk," said Navin. And "each year a holiday tree is donated by one of the local merchants and community members are invited to decorate the tree," he said. "Throughout the year, lots goes on that brings the community together and that ties in with the four seasons."

Traffic calming measures, like those initiated at The Paterno Trivium, reduce injuries, slow automobile traffic, increase perceived safety, and are believed to promote walking and biking.[1] In *Our Built and Natural Environments: A Technical Review of the Interactions between Land Use, Transportation and Environmental Quality*, the US Environmental Protection Agency reports that "narrow streets, shade trees, well-maintained sidewalks, and traffic slowed through traffic calming measures also improve the pedestrian envi-

Since its inception, teenage skateboarders who use the Trivium have caused stress in the community. While some resident groups have sought police involvement, the Friends have been enlisting skateboarders to help plant and water. Through this alternative approach they have transferred a sense of ownership and pride to the skateboarders.

ronment" and can encourage walking.[2] Pedestrian-friendly intersections, especially along routes that children take to school and those connecting residential areas to shops and transportation are important for reducing traffic-related pedestrian injuries.

Improved pedestrian safety in the neighborhood encourages healthy activities such as walking and jogging. Increased access to such health-promoting environments can prove to have significant benefits for residents.

WISDOM FROM EXPERIENCE

Navin cautions that "it is imperative to forge connections and collaborations at several different levels. We had to reach beyond the community groups to work with larger institutions and bureaucracies to move this effort forward and legitimize what we were seeking to achieve. The composition of the advisory board was instrumental in getting some of the city groups to take us seriously," he says. "Also, naming The Trivium after Charles V. Paterno grounded the place in that it suggested a sense of permanence and created a way for people to connect to the history of the neighborhood. The way a space is constructed has a lot to do with how people will use it."

LOOKING AHEAD

Now that The Paterno Trivium has been successfully completed, the Friends serve as a resource to other community organizations seeking to transform elements of their built environments. Upkeep and maintenance of the plants are ongoing responsibilities. And though many Greenstreets projects have fallen into disrepair because of lack of ownership, the efforts of community activists and the Friends keep the Trivium well-maintained and replanted seasonally. Volunteers demonstrate their ongoing commitment by making their cleanup, watering and planting efforts visible to the community.

In addition to reinforcing local social interactions, the creation of the Trivium has inspired further neighborhood development. Now other initiatives to promote walking and increase social connectedness are underway in the Washington Heights area. One block east of the Trivium, community members are working to beautify a stair path to create a "natural gym" and a "natural amphitheater" to promote use of the stairs. These newly inspired activities aimed at behavioral and environmental change illustrate the enduring impact that community building efforts like The Paterno Trivium can have on activity, safety, and local culture.

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BOSTON, MASSACHUSETTS

The Fenway Alliance revitalizes a cultural district by improving walkability

In the late 1970's, high crime rates and lack of perceived safety brought together concerned organizations to address the vitality of an area that boasts many of Boston's finest arts institutions, some dating back to the early 1900's. To help remedy these and other neighborhood problems, local businesses and cultural organizations continue to levy their collective influence through the Fenway Alliance, a coalition whose mission is to "achieve an improved physical environment, sense of community, and quality of life for members, residents and constituent patrons of the Fenway Cultural District." Fenway Alliance represents 22 well-respected arts, culture and academic institutions and boasts a high degree of credibility within the city. Today, it shepherds multi-million dollar infrastructure projects that focus on making the Fenway area walkable, beautiful, and accessible to both visitors and residents. Their success serves as a model of how a partnership can encourage a walkable community. Improving the walkability of a community increases opportunities for physical activity that can result in positive health outcomes for community residents.

THE PLACE

Home to Symphony Hall, the Boston Museum of Fine Arts, and The New England Conservatory (among other arts centers), the Fenway area also boasts Harvard University's School of Public Health and Northeastern University. Both the nation's first YMCA and Fenway Park, home of the Boston Red Sox, have adorned this rich cultural district since 1912.

The area also features a 19th century linear park system called the Emerald Necklace, designed by Fredrick Law Olmsted, one of America's great landscape architects and the creator of New York City's Central Park. When he conceived the park landscape, Olmsted hoped it would serve as a refuge where city dwellers could regenerate and restore mind, body, and spirit. The Fenway area is not the most ethnically diverse neighborhood, with only 22% of it's population comprised of African American, Latino, Asian, and "other" residents. However, nearby Roxbury and South End communities are considerably more diverse with ethnic groups making up 94% and 55% respectively. The Fenway Alliance is working to make the district attractive, affordable and accessible to diverse residents (including Russians and elderly in and near the Fenway community.

THE PROJECT

When ten organizations first joined to form the Fenway Alliance in 1977, the group's primary concern was safety. Gradually, as their efforts began to positively impact safety concerns, the group's focus expanded.



AERIAL VIEW OF THE MUDDY RIVER PARK WITHIN THE EMERALD NECKLACE IN THE FENWAY.





PATRONS VISIT THE MARY BAKER EDDY LIBRARY (LEFT). RENOVATION OF HUNTINGTON AVENUE INCLUDES WIDENING OF SIDEWALKS AND INSTALLATION OF ANTIQUE STREET LIGHTS (RIGHT).

The Fenway Alliance shift in mission came about as representative institutions observed that, despite the beautiful and historic institutions embedded in the Fenway, the surrounding area was simply not very attractive or inviting. Two major thoroughfares funnelled high-speed traffic through the area, creating traffic patterns at odds with pedestrian and bicycle safety. By the late 1980's the Fenway Alliance began efforts to increase pedestrian traffic by improving both the walkability and aesthetics of the area. Today's Alliance is made up of 22 member institutions.

Among other projects, the Fenway Alliance serves as an organizer, overseer and watchdog for the massive reconstruction of Huntington Avenue/Avenue of the Arts. To promote foot traffic that is both good for the community and good for business, the group has lobbied for pedestrian enhancements to the major roadway including widening sidewalks, adding stop signs, planting hundreds of trees, and installing antique-looking lights, public art and "street furniture." To keep reconstruction moving forward, representatives from the Fenway Alliance visit construction trailers biweekly and attend team meetings to ensure progress and ongoing funding. "There were many times when things would not have gotten done if the Fenway Alliance wasn't there watching out," said Kelly Brilliant, Executive Director.

Through the Alliance's advocacy efforts, the city of Boston (Department of Public Works), the state of Massachusetts (Massachusetts Highway Department) and the Massachusetts Bay Transportation Authority (MBTA) were able to access state and federal funds to implement changes to the avenue in the heart of the Fenway Cultural District. Nevertheless, "Funding is constantly in jeopardy, and we repeatedly plead our case to the city and the state," says Brilliant.

"There were many times when things would not have gotten done if the Fenway Alliance wasn't there watching out."

Another ongoing project is the restoration of the Muddy River, which serves as the backbone of Olmsted's Emerald Necklace. The Fenway Alliance joined restoration efforts already underway when flooding in 1977 and 1995 caused millions of dollars of damage to artwork in the Museum of Fine

Arts, and damage within several of the surrounding academic members. The system of linked parks, which integrates glades, dells, sweeping vistas, reflecting pools, bike paths, and walkways, is one of the most uniquely designed historic urban waterways in the nation. The Fenway Alliance is currently collaborating with preservation groups to achieve a balance between historic landscape preservation principles, resource protection regulations, public safety measures, and modern engineering practices. Their goal is to create a place that people will want to walk to and enjoy.

THE PEOPLE

Diverse Partners Collaborate to Build Healthy Environments

The Fenway Alliance includes 22 member institutions: Berklee College of Music, Boston Arts Academy, Boston Conservatory, Boston Symphony Orchestra, Emmanuel College, The First Church of Christ Scientist, The Forsyth Institute, Harvard School of Public Health, Huntington Theatre Company, Isabella Stewart Gardner Museum, Mary Baker Eddy Library for the Betterment of Humanity, Massachusetts College of Art, Massachusetts College of Pharmacy and Health Sciences, Boston Museum of Fine Arts, National Braille Press, New England Conservatory, Northeastern University, School of the Museum of Fine Arts, Simmons College, Wentworth Institute of Technology, Wheelock College, and YMCA of Greater Boston.

The Alliance operates as a nonprofit organization with a budget of approximately $300,000 per year to facilitate project planning, implementation, and membership support services, as well as its yearly "Opening Our Doors" event. In addition to institutional support, key individuals, like project consultant Jack Martin (formerly of Northeastern), provide invaluable expertise in navigating bureaucracies and lobbying for resources to effect change.

Though "each of the member institutions faces pressing operational, financial and programmatic challenges," according to Brilliant, "the Alliance seeks to identify areas of common interest to benefit the greater good." These organizations lend financial and in-kind support as well as technical expertise to the conceptualization and implementation of Alliance efforts.

THE RESULTS

Healthy Change in Local Environments

Renovation of Huntington Avenue/Avenue of the Arts is almost complete (expected: fall 2004). In an area where people once feared for their safety, pedestrians stroll the avenue at all hours. Much of this transformation has been attributed to efforts to make the area more pedestrian friendly and vibrant for passers-by. Upgrades to the physical environment are also underway in the Muddy River Park. When the river restoration project is complete, the park will be a beautiful place for residents and visitors alike and threats of flooding will be greatly reduced.

Because its interest lies in bringing more foot traffic to the area to support local businesses and institutions, the Fenway Alliance has not attempted to document increased physical activity as a result of restoration efforts, as they are more interested in increasing admission to, and patronage of, local institutions. However, previous research suggests that improving pedestrian access increases walking activity. In *Health*



FENWAY AREA, BOSTON, MASSACHUSETTS.

and Community Design: The Impact of the Built Environment on Physical Activity, Frank et al. synthesize diverse literature from urban planning, transportation and health and describe myriad factors associated with walking and community design. "Pedestrians require good sidewalks and crosswalks [as well as] highly detailed, interesting spaces along their route (store fronts, building facades, so-called 'street furniture,' etc.)," the authors explain. They also suggest that recreational walking "is best suited to either social environments wherein people stroll along a pedestrianized street or other type of highly social space, or quiet environments for fast walking or exercise."[1]

Similarly, Cervero and Kockelman found that amenities such as street lighting and sidewalks increased trips by modes other than by car.[2,3] Likewise, research by the Task Force on Community Preventive Services, among others, strongly suggests that enhanced pedestrian facilities promote walking,[4] and increased walking leads to improvements in health.

WISDOM FROM EXPERIENCE

According to Brilliant, "Although keeping all 22 agencies on board when each has its own budget and bureaucracy requires ongoing negotiation and communication, the collective influence of the Alliance is a testimony to the power of collaboration." She says that she has really had to "learn how to be patient but persistent in dealing with different timeframes to better connect with different constituents. For example, community groups and city government often move in slower timeframes than institutions and the Fenway Alliance itself, so when attempting to receive input from many constituencies, it often takes time to get groups together." Brilliant also mentions that her multifaceted role has taught her to "figure out when to ask questions and go deeper and to know when a quick decision based on available information is needed." She believes that one important aspect of her work goes much broader than the Fenway itself and that is to "advocate to restore funds to arts and culture by describing how much the creative economy brings to the area."

Most of all, she says, "Remember people matter and should be the first priority of any initiative. Changes to the built environment alone—no matter how necessary or excellent—will not bring people to the area if they don't feel ownership, comfort, or at home there. Work to break down barriers by really learning what different types of people like, want, and need."

"People matter and should be the first priority of any initiative. Changes to the built environment alone—no matter how necessary or excellent—will not bring people to the area if they don't feel ownership, comfort, or at home there."

LOOKING AHEAD

As another important prong in its attempts to engage the community, the Fenway Alliance is ramping up efforts to increase pedestrian traffic and public use of area institutions by expanding its "Opening Our Doors" program, a popular single day event of free cultural activities. To complement these infrastructure enhancements aimed at pedestrians and use of institutions, the group is currently looking at "deeper issues of access" that include identifying ways to increase the diversity of patrons and bringing more Latino, African American, Russian, elderly, and disabled residents from neighboring communities to visit institutions in the area.

The group plans to conduct focus groups to better understand what features might draw Latino and African American visitors. Additionally, the Fenway Alliance has submitted a proposal to partner with schools to bring more youth to local institutions. The member institutions are also planning to implement a "Culture Pass" program that will give discounts or free admission to local attractions. All of the efforts of the Fenway Alliance are woven together in the common fabric of its mission to use the strength of the institutions to improve the physical environ-

ment with the end result of enhancing the quality of life for residents and stakeholders.

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STAMFORD, CONNECTICUT

The Stamford, Connecticut Westside Project supports activity, but builds trust before amenities

Redeveloping blighted Mill River Park has been the dream of several Stamford mayors. The waterway in the city's industrial Westside is littered with refuse, its dam clogged by old mattresses and other debris. City planners envisioned building a path for walking and biking that would provide space for recreation and exercise, as well as serving midtown residents commuting to local businesses. But when they asked Westside community members what they thought would improve neighborhood conditions, residents gave some unexpected answers. Because they felt earlier city developments had failed them, residents were wary of any plan for building new facilities. Instead, they said they wanted motivation and social support to help them get fit.

Not put off by resident feedback, planners and health department officials rerouted their original plan and focused first on rebuilding trust. They heeded neighborhood leaders' initial requests to utilize existing community assets to promote physical activity and now have the foundation for future efforts to improve the built environment with community buy in.

THE PLACE

Stamford's Westside is an inner-city community in an industrial area of the city. Half of the population of approximately 20,000 is African American, while 30% are Hispanic and 20% White or other. The Mill River Park is a largely neglected strip of parkland that creates both a physical and psychological barrier between the Westside and adjacent neighborhoods, including the more affluent midtown area.

THE PROJECT

With an eye toward making the Mill River Park and the adjacent greenway more pedestrian- and bicycle-friendly, the mayor joined with the local health department, the director of planning, and consultants to explore options for improving the area. Early on, the group decided to survey local residents to find out whether or not they used the park and what improvements might reduce the barriers to using it for activity.

The health department hired a consultant to adapt the World Health Organization's International Physical Activity Questionnaire (IPAQ) to survey Westside residents. After conducting the telephone survey, the group had responses from 600 individuals. The group decided to present their findings to community residents as well as housing project tenant councils, business people, local political representatives, church and com-



WESTSIDE YOUTH PLAYING BASKETBALL IN THE MILL RIVER PARK.



STAMFORD RESIDENTS ENJOY WALKING IN THEIR OWN NEIGHBORHOOD.

munity leaders, and health department employees who lived in the Westside. People "were strongly impressed by the data. It was the most powerful thing they'd seen about their community and people were really moved by it," according to Anthony Iton, the project's principal advisor.

In addition to resident attitudes, the data showed extremely low levels of physical activity among residents. This came as no surprise. Most unforeseen however, was the survey's finding that residents preferred leadership and encouragement more than physical improvements to the area. For the most part residents felt safe in their neighborhood, believed that the quality of sidewalks were good and that amenities and interesting destinations were within walking distance from respondents' homes. "We had biased perspectives," said Iton. "When we saw that self-described rates of physical activity were low, we assumed that we could reverse that by enhancing the built environment. Our idea was that we'd say, 'What kind of equipment do you want? Weights? Stretching posts?' But we learned that it wasn't because of perceptions of crime, the quality of the sidewalks or amenities—these things were not the problems. What we discovered hit us like a ton of bricks," said Iton. "The contentious history of urban renewal in the 70's had produced a current of distrust of city redevelopment initiatives among many long-term residents of the Westside," he said. Because the residents had experienced "systematic removal under the auspices of urban renewal...worse than gentrification...knocking down homes, destroying communities and replacing them with corporate office towers, a large shopping mall and freeway off-ramps," they were more than wary of any proposed development projects.

For community residents it was more about working with one another to motivate change within individuals. "We found that the community members wanted motivation and social support for getting active. This was a real awakening," said Iton.

Residents identified the need for more programming and leadership in their own community as essential ingredients to promote physical activity. So the city responded by establishing two separate community-based committees. First, the programming committee focused on enhancing programs for residents and supporting existing Westside institutions. In just one example, the city has demonstrated good faith by making tangible investments in the physical activity programming at Yerwood Center, a centrally located Westside community center.

The goal of the second committee is to solicit community feedback on proposed design changes to the Mill River Park and ultimately work with and change the built environment to support new programming and the community. The efforts of the second committee have been delayed, however, because the number of simultaneous redevelopment projects that the city is implementing has slowed the rate at which changes to the park will be funded.

"What we discovered hit us like a ton of bricks." Because the residents had experienced "systematic removal under the auspices of urban renewal... they were more than wary of any proposed development projects."

THE PEOPLE

Diverse Partners Collaborate to Build Healthy Environments

Once the city officials—the mayor, the local health department, the director of planning, and consultants—involved residents, a wide range of perspectives informed decision-making about Westside redevelopment. These included resident senior citizens, housing facilities tenant councils, community leaders, city workers who live on the Westside, the local health officer, health educators, a health inspector, and representatives from the social services department. The health department played an instrumental role in engaging the community initially, through collecting and sharing local data. Later, the department continued its support by stepping back and providing money to support community-initiated requests for more programming. As Iton explained, "A lot of health departments would find it difficult to give up ownership, but our conclusion was that it was best to step back and give a few thousand dollars to build trust."

"Community members appreciate locally relevant data. They don't want the generic data about how kids are getting fat; they want to know about their own community."

THE RESULTS

Healthy Change in Local Environments

According to Iton, the most significant change in the Westside is "the renewed sense of trust that has been fostered through this process." The public health department now understands much better the community's perspectives on health and nutrition. Because the project is still underway (with the second committee still not yet launched into action) the full impact of these efforts remains to be seen. Repeat survey assessments were planned for Summer 2004. Meanwhile, the programming committee's organizing efforts are already paying off. The local YMCA has also donated funds to support programming in conjunction with the Mill River Park project. And a group of ladies (dressed in bright pink) regularly walk around the Mill River corridor cleaning up the park while exercising and educating participants about the history of the river and parkway.

Research has demonstrated the powerful impact of peer encouragement on maintaining regular exercise. Interventions like walking groups that build social support for activity have been shown to increase physical activity, strength and flexibility and decrease body fat.[1] And if the mayors' dreams come true, there may one day be a walking and biking path along the entire Mill River. This could also help residents keep active. Studies have shown that convenient access to walking paths and local facilities have been associated with increased physical activity.[2,3] Convenient access and social support may just be the winning combination that keeps residents moving.

As the link between the built environment and health becomes clearer, the role of public health departments in promoting health by developing healthier communities will become increasingly instrumental. *The Role for Local Public Health Agencies in Land Use Planning and Community Design* outlines several important ways that public health agencies can influence the building of healthy communities, including facilitation of community dialogue, provision of epidemiological data and "use of the public health process to mobilize the community and raise community awareness."[4] Public Health departments have a critical role in supporting effective community interventions to increase physical activity, bridging the communication gap between community members and other government agencies, and laying a foundation for efforts to promote health by transforming the built environment.

WISDOM FROM EXPERIENCE

According to Iton, "Community members appreciate locally relevant data. They don't want the generic data about how kids are getting fat; they want to

know about their own community. We have all these assumptions and forget about the basic needs of the community." For those dedicated to changing the built environment, Iton advises, "Remember, the time scale of changes to the built environment is years, not weeks or months. Health and planning departments should look at community participation differently to involve community members at the earliest stages, not once plans have already been drawn up." Perhaps the most powerful lesson that Iton has learned from the process is one about engaging the community and listening: "Prepare to give up ownership in favor of building trust because ultimately, if you want to see behavior change it has to come from within and you can't impose it on people. If there is the slightest sense of imposition, it will be resisted. Focus on the community participatory process and understanding the community as fully as possible beforehand. Whatever structure or physical improvements you are planning to build is almost irrelevant. If people have mistrust and don't believe in the process, then it will fail—whatever you're trying to sell."

LOOKING AHEAD

While current efforts are focused on enhancing Westside community resources already in place, city officials still hope to clean up Mill River Park. They hope to build on the foundation of trust now being established so down the road they can count on local support for future redevelopment efforts. Meanwhile the city is in the process of redeveloping a couple of old properties, including one that burned down. The planning committee has not yet received funding to implement proposed changes, and the funding for the repeat assessments may be precarious. However, the cooperative efforts of Stamford officials and residents bode well for upcoming projects.

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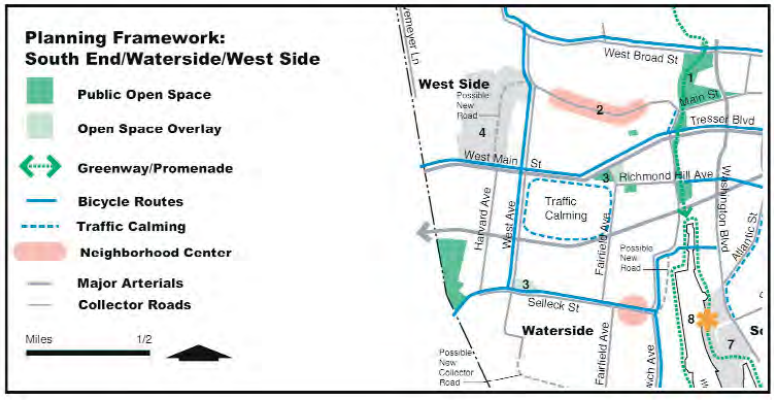
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WESTSIDE AND MILL RIVER PARK, STAMFORD, CT

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SEATTLE, WASHINGTON

The Seattle Department of Transportation works citywide to create pedestrian and bicycle infrastructures that promote safe physical activity

Maintaining a commitment to bicyclists and pedestrians is a challenge that faces transportation and planning professionals who must keep pace with increased demand for automobile travel in rapidly growing cities throughout the US. Despite these pressures, the Seattle Department of Transportation (SDOT) continues to establish safe, interconnected bicycle and pedestrian pathways to encourage walking and bicycling for both transportation and recreation, making Seattle a model for the nation. Through partnerships with local advocacy groups, the SDOT's bicycle and pedestrian programs sponsor both community and staff initiated projects and work to ensure equitable distribution of limited resources across the region. By building safe, pedestrian friendly walkways and converting abandoned rails into a comprehensive urban trail system, SDOT is helping to create a city that encourages physical activity and promotes safe, reasonable alternatives to automobile travel.

THE PLACE

Surrounded by water on three sides, built on six hills of lush greenery, and set against a backdrop of mountains, Seattle is deemed one of the most beautiful urban areas in the country. The city boasts over 28 miles of shared use paths, 22 miles of on-street, striped bike lanes, and about 90 miles of signed bike routes. Seattle's population of about 563,374 is predominantly White, 13% Asian, 8% African American and 5% Latino, according to the 2000 US Census. The SDOT estimates that about 36% of Seattle residents bicycle for recreation, and anywhere from 4,000 to 8,000 people use their bikes to commute to work daily, depending on weather and time of year.

THE PROJECT

Seattle has long demonstrated its commitment to improve streets and sidewalks, reduce congestion, and facilitate walking and bicycling by creating a safe, interconnected system that links neighborhoods with key destinations. The primary means for this work are the city's pedestrian and bicycle programs managed by the SDOT. Program coordinator, Pete Lagerwey is proud of what they've been able to accomplish so far: "Among the big cities, we do really great things."



SEATTLE DEPARTMENT OF TRANSPORTATION IS WORKING TO COMPLETE A CITYWIDE BICYCLE NETWORK.



SEATTLE LAW REQUIRES THAT AN ARTS COMMISSION PROVIDE INPUT ON AESTHETICS, LANDSCAPING AND ART FOR ALL PEDESTRIAN PROJECTS.

The pedestrian program promotes walkability by building accessible sidewalk ramps; installing and maintaining school-crossing signs, marked crosswalks, and sidewalks; constructing features that increase pedestrian safety and visibility at curbs and crossing islands; providing walking maps for Seattle's 60 public elementary schools; and identifying and responding to pedestrian safety concerns. The program has a broad purview that includes assessing and maintaining over 700 intersections, implementing both small- and large-scale pedestrian projects, making more than 300 improvements at spot locations throughout the city, and overseeing the gradual implementation of neighborhood plans developed by community residents in the late 1990's. Among the 37 neighborhood plans that were introduced by residents between 1996 and 1998 and adopted through City Council resolution from 1998 to 2000, 35 identified pedestrian issues of paramount importance, sending a strong, clear message to the SDOT that pedestrian safety is a top priority for neighborhood residents.

The scope of the bicycle program is equally broad. Its mission is to implement a comprehensive urban trail system that connects the corners of the city with downtown. By converting abandoned rails into trails the city provides access to recreational activities, promotes bicycling as a viable transportation option, and links neighborhoods, parks, and open spaces throughout Seattle. This rails-to-trails system represents a longstanding goal to transform the city into a bike-friendly environment. In 1989, Lagerwey was involved in the negotiation process with the transcontinental rail system, Burlington Northern, that made it possible for SDOT to gain control of rail corridors as the company shut down rail lines.

The citywide bus system helps further these goals by offering free rides throughout downtown. This system provides a valuable service to the significant portion of downtown residents who commute to work on foot or by bike.

Despite Seattle's major infrastructure, policy, and programmatic strides toward a more pedestrian- and bike-friendly environment, this progress has been hard-won. "Nothing's easy; it's all difficult," said Lagerwey, who offered up one example. "In making transitions from rail corridors to trails, we have NIMBYs (Not In My Back Yard residents) that don't like the bike paths because they fear change, that they will hurt property values or result in crime. So, for every project, we'll bring testimonials from other people who've had trails built near them, we'll show real-estate advertisements which routinely boast 'proximity to trail' and try to give presentations that will help people overcome their fears. These presentations work well for people who are on the fence but don't change the adamant opposers. Still, we've never lost a trail because of NIMBYism. In the 1980's we did a phone survey interviewing residents adjacent to trails, tracked real estate values, monitored crime rates, and found that the trails have been overwhelmingly positive in terms of these factors as well as community building."

"We'll bring testimonials from other people who've had trails built near them, we'll show real-estate advertisements which routinely boast 'proximity to trail' and try to give presentations that will help people overcome their fears."

Funding can also be an issue, especially in a tight economy, Lagerwey explained. Working with the Fire Marshall is an on-going challenge because the fire department

frowns on traffic calming devices and anything that might narrow the streets. Staffing and time are often short; with just five people on staff, the bike and pedestrian programs at SDOT can't touch everything in a city as big as Seattle.

By converting abandoned rails into trails the city provides access to recreational activities, promotes bicycling as a viable transportation option, and links neighborhoods, parks, and open spaces throughout Seattle.

Despite these challenges, these programs stand out for their integrated approach to making healthy changes to urban environments. By partnering with local advocacy groups, responding to citizen groups and neighborhood plans, seeking review and comment from pedestrian and bicycle advisory boards, and conducting systematic inventories of neighborhoods, SDOT has worked to ensure equal distribution of limited resources for the greatest overall good.

Lagerwey notes that his programs are always "very concerned about social equity, so they have to balance being responsive while distributing resources fairly. If we based our decision-making entirely on an 'inbox approach' we'd be missing part of the picture, so we also have to use a systems approach." For example, some residents may not feel comfortable calling authorities, so SDOT is careful to look closely at neighborhoods with the following characteristics to assess crash probability and to ensure equity across SDOT projects:

- high concentrations of immigrant populations
- walking seniors
- neighborhoods that are poor
- communities with the most kids
- intersections with high pedestrian usage or crash rates

THE PEOPLE

Diverse Partners Collaborate to Build Healthy Environments

Community input and citizen participation in SDOT programming, planning and implementation of walking and biking projects occurs through several different mechanisms. Institutionally, SDOT utilizes two mayor-appointed boards, a pedestrian advisory board, and a bicycle advisory board, which meet once a month to review and comment on all major projects. These boards "look like the community, represented by men, women, people of color, young and old," explained Lagerwey. "Every single month a speaker presents a project before the boards for review and commentary. The boards have been very successful." Through partnerships with Feet First, a pedestrian advocacy group, and Bicycle Alliance of Washington, SDOT also gets input from special interest groups and activists. In accordance with Seattle law, a design commission made up of community members and a full-time artist also provide input on aesthetic enhancements such as trees, landscaping, and public art installations for almost all large projects. The Arts Commission provides a "huge value in terms of safety, accessibility and aesthetics by integrating art into all capital improvement projects," said Lagerwey.

SDOT also seeks resident input through official neighborhood groups and responds to individual calls from residents about neighborhood plans or specific locations of concern. In cases where members of SDOT staff identify safety-related issues, community members are informed of a proposed change through mailings or community meetings.



SAFE ROUTES TO SCHOOL ARE A PRIORITY FOR SEATTLE'S PEDESTRIAN PROGRAM.

THE RESULTS

Healthy Change in Local Environments

Walking and biking are known to be two important and popular forms of physical activity that are linked to improved cardiovascular health and reduced risks of diabetes and obesity. However, Lagerwey does not jump to quick conclusions about whether or not SDOT's bicycle and pedestrian work is correlated with increased physical activity or reduced injuries. He is clear that "in a macro sense we know what causes crashes and what prevents them, and we believe that by replicating these things throughout the city—like good walking routes and improvements at spot locations—that we've begun to have an overall impact." In 2003, the American Podiatric Medical Association (APMA) rated Seattle among the nation's top ten walking cities. The association's criteria included the number of people walking to work daily, air quality, number of parks, crime rates, dangers to pedestrians, and the availability of products, services, and amenities to serve pedestrians. While it is difficult to show causality and what came first, Seattle does have high "journey-to-work" rates via bike and foot, while maintaining low pedestrian fatalities (about one every ten years). Clearly this is indicative of an effective design that encourages and enables people to walk safely.

After nearly 15 years of negotiations, SDOT has now acquired 100% of the rail corridors needed to complete the bike trail system which is now two-thirds complete, with about $12 million worth of projects in the pipeline and another $25 to $30 million needed to complete the citywide system.

The SDOT is comparing 1990 and 2000 census data. Nevertheless, it will be "hard to draw direct correlations," said Lagerway, because Seattle's population has boomed over the decade. As SDOT builds up the bike trail system and connects long stretches of trail from industrial parts of town to the trail network, bike traffic increases significantly. "We get thousands of bicyclists, and then we are faced with the decision to not widen trails because we don't want to destroy the reasons why people enjoy riding on them, either," said Lagerway.

SDOT has now acquired 100% of the rail corridors needed to complete the bike trail system which is now two-thirds complete.



SEATTLE BOASTS OVER 28 MILES OF SHARED USE PATHS THAT FACILITATE WALKING AND BIKING THROUGHOUT THE CITY.

Although Seattle-specific impact studies have yet to be done, research suggests that improvements can increase health-promoting physical activity. Studies show that rates of walking and cycling have been positively correlated with neighborhood and environmental factors such as availability of walking paths and bicycle paths, the presence of highly connected pathways, and proximity to trails.[1] In *Environmental Factors Associated with Adults' Participation in Physical Activity*, Humpel et al. review quantitative studies that examine the relationship between features of the physical environment and activity among adults. The researchers found evidence for an association between convenience of, and access to, local facilities and activity.[2] In a study of 3,392 adults by Ball et al., perceptions of neighborhood convenience and attractiveness were associated with walking.[3] Booth et al. studied over 2,000 older adults and similarly found that when footpaths were perceived as safe and accessible, participants were more likely to be active.[4]

Data also suggest that neighborhood level changes to the environment that slow traffic can prevent injuries. A systematic review

and meta-analysis by Bunn et al. in 2003 provides evidence that traffic calming strategies can prevent traffic-related injuries.[5] In their article, "Creating a Healthy Environment: The Impact of the Built Environment on Public Health," Jackson and Kochtitzky explain, "People are more likely to use parks, paths and bikeways when they are easy to get to and are safe and well-maintained." The authors also explain that there are "several regulatory and design strategies that can be applied to make communities safer for both child and adult pedestrians and bicyclists."[6] Existing evidence suggests that improving access to a highly interconnected system of bike and walking paths throughout the community is likely to promote physical activity and prevent injuries among residents.

WISDOM FROM EXPERIENCE

Lagerwey shared some of his secrets for success: "When you develop a successful program, use it as a model to avoid reinventing the wheel. Balance outcomes and products, select long-term, medium-term, and short-term projects and do some of each in parallel so that things get done within time cycles, like city council terms. Give attention to the 3 P's—policies, programs, and projects." And finally: "Work to benefit all the pedestrians and cyclists, don't spend all the time on one location; focus on systems issues."

LOOKING AHEAD

SDOT continually reviews neighborhood plans and prioritizes projects for each year, while identifying new small and large projects on an ongoing basis. SDOT will continue to transform the remaining third of the rail corridors to link with the bicycle trail network. Recently, SDOT along with Feet First and the King County Department of Public Health, were the recipients of a Robert Wood Johnson Foundation Leadership for Active Living Grant to improve infrastructure and implement a public education and health promotion project in several communities over the next four years. All signs point to continued success of SDOT's programs that encourage residents and visitors to take advantage of Seattle's natural beauty through health-enhancing walking and biking paths that provide safe and pleasant routes to all corners of the city.

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This is one in a series of 11 profiles that reveal how improvements to the built environment can positively influence the health of community residents. The examples illustrate how changes to the built environment can be particularly meaningful in communities that have historically lacked important features such as pedestrian infrastructure, services and institutions, or public art. Taken more broadly, the profiles demonstrate how improvements to the built environment have the potential to reduce health disparities.

The profiles were written and produced by Prevention Institute. Funding and guidance were provided by the Centers for Disease Control and Prevention's National Center for Environmental Health. It is our hope that these profiles will stimulate and inspire partnerships between community residents and practitioners from multiple fields and sectors to design solutions and take action to improve the built environment for the health and well-being of all.

WRAY, COLORADO

The Wray Health Initiative builds exercise facilities and makes fitness fun for people of all ages

In the rural town of Wray, Colorado a group of concerned citizens and health care providers called the Wray Health Initiative (WHI) became motivated to support resident participation in physical activity. Building a state-of-the-art recreation facility was necessary, but it also needed an infusion of participants. A decade after they had collaborated to build a 24,000 square foot fitness and rehabilitation center, facility use was not what had been expected, so the group kicked into gear and launched a multi-pronged community health outreach program that would create outdoor facilities and help residents find the fun in fitness. With a special emphasis on heart health, WHI built recreation facilities, sponsored contests and hosted public events that would encourage regular exercise in a community context. Three years later, WHI reports significant community health improvements, including three times as many people participating in community-based walking programs and regular use of newly built indoor and outdoor fitness and recreation facilities.



A COMMUNITY EVENT PROMOTES ACTIVITY IN THE COURTYARD OF THE WRAY REHABILITATION AND ACTIVITY CENTER.

THE PLACE

Wray, Colorado, 170 miles from Denver, sits in a scenic valley beside the banks of the North Fork of the Republican River just 13 miles from the point where Colorado, Kansas and Nebraska meet. A long range of grassy sandhills stretches north of the city. Wray is 90 miles away from any large towns and at least 2.5 hours away from a large medical facility. It is a hilly, rural town with no formal walking paths which makes it difficult for residents to find safe, convenient areas to walk outdoors. The population of 2,187 is predominantly White, with about 5% to 10% Latinos comprising the remainder, according to the 2000 US Census. Average income for residents is under $25,000.

THE PROJECT

In the early 1990's, through donations and foundation grants, community-minded citizens built a 24,000 square foot, state-of-the-art rehabilitation center. The Wray Rehabilitation and Activity Center (WRAC) boasted a walking track, an indoor swimming pool, nautilus equipment and free weights, a racquetball court, physical therapy equipment, and a hot tub and steam room. "It was really something," says Jennifer Kramer, WHI chairperson. "The citizens of Wray thought it nearly impossible to build a facility of this caliber in our little town."

The multi-purpose facility was open both to recovering cardiac patients and local residents through memberships. The goal of the WRAC was to provide a facility that all community members could afford to use. Memberships costs were intended to be low so that all residents could use it for exercise or physical therapy. But over time it became clear that the WRAC was underutilized. Patients were not following up with rehabilitation instructions from their medical care providers. WHI hoped that by increasing community involvement they could promote health and increase use of WRAC facilities. The group launched a new mission: to improve health in the community by increasing activity levels, conducting health assessments, and encouraging individual physical activity.

The facility use was not what had been expected, so the group kicked into gear and launched a multi-pronged community health outreach program that would help residents find the fun in fitness.

After submitting proposals in 1999, WHI received funding of $330,000 over three years from the Rural Health Outreach Project and $140,000 over two years from the Robert Wood Johnson Foundation. Their first step was to hire a coordinator to support patients' physical activity efforts and continue rehabilitation. Then, the WHI partners conducted an assessment around town to determine need. Through a series of focus groups that included health care providers, community groups, teens, local clubs, and senior citizens, WHI learned straight from residents what the community members wanted to see in their town. Special priority was placed on giving voice to Latino residents, who had historically been underrepresented in community decision-making. With straight-from-the-source information in hand, WHI better understood the community's perceived barriers to exercise and activity, began to identify specific community needs and used this information to implement community-identified solutions.

To increase opportunities for outdoor activity, WHI built a basketball court, updated playground equipment, enhanced a local walking path, and assisted with financing amenities at the new swimming facility in Wray. All of these physical changes were complemented by efforts to build community awareness, increase social support for physical activity, and make exercise fun. Early on, WHI held a community-wide contest to involve residents in naming the project: "The idea was to begin engaging the community in what we were doing so they'd feel like a part of it right from the beginning," says Kramer. The WHI provided one-on-one health assessments with over 500 residents. The assessments gave personalized "recipes for success," including tailored dietary and exercise programs and let participants know how they compared to the national averages for flexibility, strength, weight, and osteoporosis. WHI coordinated walking clubs, 5K and 10K runs, a holiday marathon held between Thanksgiving and Christmas, moonlight golf, and a family fitness day to encourage intergenerational activity. The WRAC serves as a community gathering place during the Wray Health Fair, when about 400 to 500 residents visit booths, participate in screenings and learn more about health resources in the community.

Perhaps most popular and successful of all, WHI held a community event in which participants received a free pedometer and were encouraged to log their miles to "walk around the world" as a community. The participants achieved their goal so quickly that they changed the event's title to *WRAY Walks the World, to the Moon and Beyond*. Signs were posted around town showing collective progress. This program also engaged over 500 residents by giving them social support, pedometers, and other prizes as they publicly tracked the community's progress in walking "toward the moon."

THE PEOPLE

Diverse Partners Collaborate to Build Healthy Environments

Medical providers, city government, and local residents joined together and formed the Wray Health Initiative (WHI). A combination of federal funding from a Rural Health Outreach grant and support from

the Robert Wood Johnson Foundation helped to maintain the effort. The City of Wray, the WRAY Community District Hospital and the Wray Rehabilitation and Activity Center (WRAC) were the three key organizations involved in the initiative.

Jennifer Kramer, a cardiac re-habilitation nurse and assistant director of nurses serves as chairperson for WHI. Revae Parker, currently community services director for the City of Wray, was director of WRAC and served on the committee when the initiative began. A doctor committed to physical activity and nutrition and a senior citizen representing the community were also instrumental. The entire process from writing the grant to implementation was a collaborative effort. To get residents excited and involved in the effort, WHI sought community input from the beginning. From the outset, people knew what role they would play and shared a common vision for achieving their goals.

THE RESULTS

Healthy Change in Local Environments

Three years since the WHI launched its efforts to improve community health by increasing activity levels, the group reports significant improvements. Three times as many people now participate in community-based walking programs. Regular use of both indoor and outdoor fitness and recreation facilities has remained steady. The group has documented change with individual health assessments and rehabilitation success stories—including a diabetic man who lost 30 pounds and got his diabetes under control within six months. WHI also reports cultural changes in the community that support health. One example is the fact that two local restaurants became non-smoking facilities through WHI advocacy efforts. And now the local grocery store features the WHI logo, a symbol that has become synonymous with health, on heart-healthy items. In addition, a local business gives employees an extra 15 minutes during their breaks if they use the time to exercise and a large employer, the Oil & Gas Exploration Company, created a policy allowing employees to use work time to work out. Meanwhile, the local trust, the Kitzmiller-Bales Trust, donated $10,000 for pedometers for community members.

Data illustrating that physical activity improves cardiovascular health is robust. The Wray results are in line with available research strongly suggesting that improving access to exercise facilities and encouraging activity through community-wide campaigns can increase activity levels and promote fitness among community residents. A review of the published literature conducted by Humpel et al. in 2002 concluded that "the availability of, and access to, cycleways, footpaths, health clubs, and swimming pools were found to be associated with physical activity."[1] Linenger et al. (despite noted limitations in the study design) found improvements in fitness among military personnel when new equipment was added to a gym, a women's fitness center was opened and when policies allowed for release time for physical activity.[2] Based on a systematic review of published evidence, the Task Force on Community Preventive Services finds support for strongly recommending the "creation of, or enhanced access to, places for physical activity combined with informational outreach activities" to increase physical activity.[3] The Task Force indicates that successful interventions include "creating walking trails, building exercise facilities, or providing access to nearby facilities"



SIGNS CHEER ON WRAY RESIDENTS AS THEY "WALK THE WORLD, TO THE MOON AND BEYOND" FOR A COMMUNITY-WIDE WALKING EVENT.

and that "many of these programs...offer health behavior education, risk factor screening, referrals to physicians...and support or buddy systems."[4]

WISDOM FROM EXPERIENCE

Kramer strongly advises others to "start out with a collaborative group to get buy-in from a broader part of the community. Pick out stakeholders from the beginning so that you know what problems people face." She also adds that "this program had a professional evaluator, who helped guide the activities by gathering data through surveys and focus groups, and the information taught partners a lot about what was working and what wasn't. Don't duplicate existing efforts: we tried hard to improve existing things, and if we identified things that weren't there, then we worked to create and sustain those." And most of all, says Kramer, "make activity fun!"

LOOKING AHEAD

Although initial efforts were well funded and quite successful, WHI has found, not surprisingly, that grant funding comes and goes. Without continued funding, it became impossible to pay the coordinator who was instrumental in conducting individual health assessments, identifying community members at high risk of heart attacks and providing cardiac patients with appropriate referrals and support to continue rehabilitation. Community members find it difficult to pay for the services provided by the WRAC, so the WHI continues to explore reimbursement options that will allow for the provision of preventive services and make such services affordable to the community.

Despite these challenges, the multifaceted efforts WHI launched have resulted in a changed culture among Wray residents and new norms among local employers and businesses. Furthermore, their work lays an important foundation for future collaboration between major community-serving organizations. With momentum from the WHI and matching funds from Colorado's Department of Transportation and the City of Wray, a core group of residents and stakeholders from the initial WHI are now working to build a new walking trail through Wray.

The new structures are also enduring assets to the community. The infrastructure changes, including the playground, basketball court, swimming pool, and updated walking path are all tangible results that continue to serve the community and provide support for physical activity among all Wray residents.

PROGRAM CONTACT

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PHILADELPHIA, PENNSYLVANIA

Mural Arts Program engages community members in murals that improve aesthetics and transform neighborhoods

"Murals work on a symbolic level, providing opportunities for communities to express concerns, values, and aspirations: their yearning to be free of violence and fear; their hope to create a better world for themselves and their children; their desire to remember those who were overcome or who overcame...They are our dreams manifest."

—JANE GOLDEN, DIRECTOR MURAL ARTS PROJECT, FOREWORD *PHILADELPHIA MURALS AND THE STORIES THEY TELL*



PHILADELPHIA MURALS AND THE STORIES THEY TELL

IN SECRET BOOK, 1999.

Fervent in the belief that public art has the power to eradicate urban blight and create community change, Philadelphia's Mural Arts Program (MAP) follows a community participatory model to transform graffiti-scarred walls into scenic views in diverse neighborhoods citywide. In the process of creating murals that feature portraits of community heroes, tell neighborhood stories or display abstract designs, MAP fosters connections among neighbors and forges new bonds between residents (including at-risk youth), professional artists, and mural funders. In addition to helping artists and residents collaborate to turn their artistic visions into reality, MAP offers art education programs citywide. MAP works alongside Philadelphia's diverse communities to use public art to revitalize communities, promote education, and support civic pride. MAP is responsible for the creation of over 2000 murals since the mid 1980's.[1]

"People have an intuitive desire to have art around, and murals make art accessible. The program's grassroots, bottom-up approach also works to empower residents for whom, oftentimes, art in their neighborhoods equates to an occasional billboard with alcohol and tobacco images."

THE PLACE

MAP operates primarily in low-income neighborhoods across Philadelphia, reaching residents of all races and ethnicities. As the popularity of murals increases and word spreads, murals are now being created in wealthier neighborhoods, as well. During the first five years of the program, murals were painted in largely African American communities. MAP later expanded to Latino communities and then to Asian and White communities, eventually encompassing the full diversity of Philadelphia's population (1,479,339 as of the 2003 US Census): 42.6%



PHILADELPHIA MURALS AND THE STORIES THEY TELL

GOLDEN AND FELLOW ARTIST WORKING ON THE LEDGE WALL MURAL.

African American, 42.5% White, 8.5% Hispanic/Latino, 4.4% Asian, and 2% American Indian/Alaska Native.

THE PROJECT

MAP grew out of the city's Anti-Graffiti Network, which was launched by former Philadelphia Mayor Wilson Goode in 1984. Mural arts have historical roots in depicting significant social, political and cultural imagery and MAP continues this legacy. Today, MAP brings together community residents and grassroots organizations to arrive at consensus about what images should be painted in their own communities. MAP facilitates community listening sessions to identify common themes and unify community members around a subject for the mural that will be painted in their neighborhood. MAP became institutionalized within the city's Department of Recreation in 1996 and in this role, creates new partnerships between government agencies, educational institutions, corporations, and philanthropic foundations to bring murals to fruition.

Engaging the talent of approximately 170 artists, MAP completes an average of 100 projects a year, including mosaic (small pieces of colored glass or stone fitted together), ceramic (hand painted and kiln fired ceramic tiles), and fresco (watercolors painted on wet plaster) murals. The program strives to serve as many neighborhoods as possible, without bias, and maintains a waiting list for art education and mural creation. As MAP Director Jane Golden observes, "People have an intuitive desire to have art around, and murals make art accessible. The program's grassroots, bottom-up approach also works to empower residents for whom, oftentimes, art in their neighborhoods equates to an occasional billboard with alcohol and tobacco images."

MAP has five main objectives:

1. To create murals that reflect and depict the culture, history, and vision of the communities in which they are created,
2. To develop long-term, sustainable collaborations with communities that engage partners in the mural design process,
3. To educate youth about visual art and foster youth development through offering high-risk students mentorship opportunities with professional artists,
4. To use murals and the mural design process as a tool for community engagement, blight remediation, neighborhood beautification, and demonstration of civic pride, and
5. To generate professional development opportunities for artists who are committed to working collaboratively in communities to create murals and visual art education projects.

Each new MAP undertaking begins with a call (or more recently a written application) from an interested community member. MAP then conducts a site visit to find a wall suitable for a mural: Is the wall relatively smooth? Does the wall have major defects that would disrupt the painting process? Is the wall free of water damage? And importantly, will people be able to view the entire image? MAP coordinates community meetings to discuss what themes and images the community would like to see captured in the mural's design.

MAP offers classes at recreation centers, homeless shelters, detention centers, and senior centers citywide, reaching out to all members of Philadelphia's communities. In an effort to engage the city's youth, MAP offers art instruction to more than 1,000 students, ages 8 to 18, at 36 sites throughout Philadelphia.

MAP engages community members in an inclusive process of brainstorming and may also show slides of other murals to help get the ball rolling.

"The program attempts to use art as a tool to examine neighborhood systems more globally," says Golden, adding that she wants the art MAP creates to tell a story about the neighborhood. To the extent possible, MAP tries to connect its work with existing community efforts and murals are tailored to depict important messages. For example, anti-drug and anti-smoking murals sponsored by Philadelphia's Department of Public Health were erected as part of larger anti-drug and anti-smoking campaigns.

> *"Once the mural was complete...neighborhood youth began helping their elders keep the area in front of the mural clean...[s]ometimes designing and producing a local mural begins a process of social connection and political activism that previously did not exist."*

MAP is a holistic program that works to engage the community in creating murals, not just at specific sites, but through mentorship and education aimed at nurturing new artists. MAP offers classes at recreation centers, homeless shelters, detention centers, and senior centers citywide, reaching out to all members of Philadelphia's communities. In an effort to engage the city's youth, MAP offers art instruction to more than 1,000 students, ages 8 to 18, at 36 sites throughout Philadelphia through *The Big Picture*, a year-round program that introduces students to the history and process of mural painting. Lessons help students foster creative thinking skills and prepare them for applying these skills to the workforce by teaching them problem solving, critical thinking, and teamwork. The final element of the program is for students to design and paint a small mural.

Like other national arts projects, MAP must strive to convince government funders of the value of public art. "The program isn't the police or the fire department and is seen as expendable," explained Golden. Most murals are sponsored and funded by private foundations or corporations, and matching city funds with private dollars has been one key to MAP's continued success.

Keeping up with success is another challenge. As more communities experience the benefits of murals, demand increases. With only a small staff and minimal resources, MAP struggles to meet expectations. "Success is a mixed blessing, a double-edged sword," said Golden. "We want to ensure fairness by bringing art to different neighborhoods and utilizing the talents of a diverse group of artists." MAP constantly strives to reach the neighborhoods and youth that need it most and to create art that will make a difference in their communities.



PHILADELPHIA MURALS AND THE STORIES THEY TELL

AN OCTAGONAL MURAL AT A COMMUNITY HEALTH CENTER.

THE PEOPLE

Diverse Partners Collaborate to Build Healthy Environments

With Golden at the helm, MAP is a truly collaborative program that brings together community residents and professional artists to produce public art. The program relies on collaborations with, and funding from, a variety of public and private sources, including the City of Philadelphia, corporations, foundations, and individuals. Community-based arts organizations, schools, and senior centers offer support by recruiting community members and providing sites for education programs. Sponsors of the education programs include

the City of Philadelphia, American Jewish Committee, The William Penn Foundation, Surdna Foundation, Knight Foundation, and Nathan Cummings Foundation. MAP also fosters artistic skills among people in prisons and detention centers, community youth and former graffiti artists who are committed to applying their skills to legal activity.

Matching city funds with private dollars has been one key to MAP's continued success.

THE RESULTS

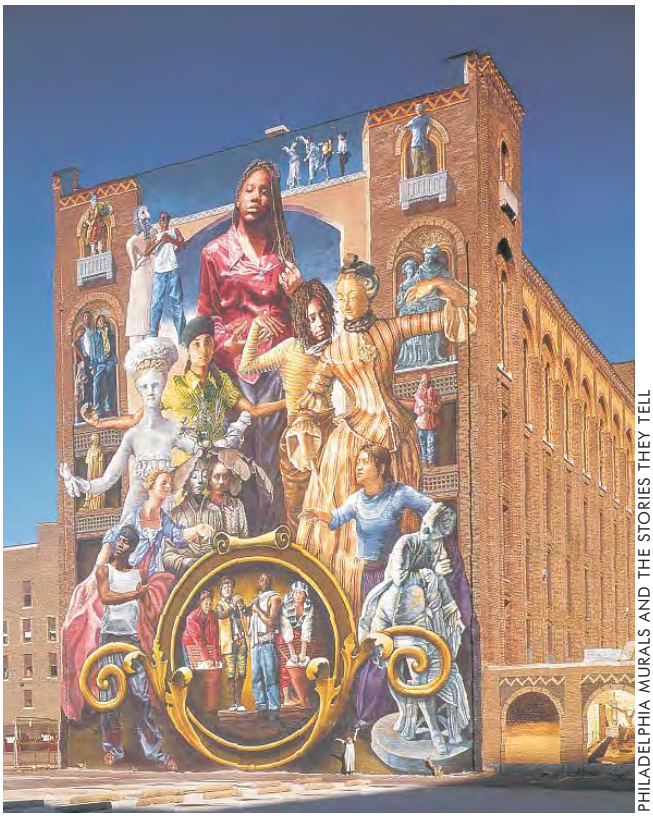
Healthy Change in Local Environments

Since its inception, MAP has completed nearly 2,500 indoor and outdoor murals throughout the city, more than any other public art program in the nation. Murals not only transform neighborhoods, they often become the "heart of community revitalization," revealing to residents the potential their neighborhoods have to be safe and beautiful. The pride murals generate frequently prompts further community development efforts, including economic and social welfare enhancements like cleaner streets, fewer billboards promoting unhealthy behaviors, and more city-sponsored youth programs. In Golden's book, *Philadelphia Murals and the Stories They Tell*, mural documentarian Timothy Drescher describes his experience of meeting a woman in North Philadelphia, who said of one of MAP's creations, "Without that mural, we wouldn't ***be*** a community." Drescher goes on to explain that "once the mural was complete...neighborhood youth began helping their elders keep the area in front of the mural clean... [s]ometimes designing and producing a local mural begins a process of social connection and political activism that previously did not exist."

Mural creation also helps transform the lives of youth who participate in the program each year. In the process of mural building, youth often discover latent artistic talents as well as find new outlets for positive mental, physical, and social activity. Some may also be diverted from drugs and crime, and many young MAP employees have earned their General Education Diploma with program support.

Although published research on the impact of public art on health is limited, the installation of public art in one community was associated with improved sense of well-being and increased social connectedness.[2] A small body of literature suggests that art in healthcare settings can improve patient recovery times and provide therapeutic benefits.[3] In the late 1990's several reviews of arts programs sought to better understand the relationship between art and health and found some support for the notion that participating in art programs can improve health, perceived well-being, and resilience.[4]

The value of art for preventing violence, vandalism and graffiti has been hypothesized but not yet formally evaluated.[5] There are numerous examples of public arts and public works programs that require inclusion of art on the basis that public art enhances quality of life, promotes community well-being, increases civic pride, and celebrates regional history.[6] Art has been



PHILADELPHIA MURALS AND THE STORIES THEY TELL

COMMON THREADS: PHILADELPHIA'S TALLEST MURAL OCCUPIES AN 8-STORY WALL.

used as a tool for social change and community development in programs that seek to increase social connections, reduce social isolation, reduce delinquency and truancy among at-risk youth, and promote healing among institutionalized adults. Still, more research is needed to draw empirical conclusions about the influence of community art on positive health outcomes.[7,8]

WISDOM FROM EXPERIENCE

Golden attributes MAP's success to its commitment to involving community partners, to promoting sustainability and consistently enhancing program effectiveness. "By creating projects in collaboration with others, creativity flourishes," she explained. "By using creativity and by doing a variety of projects in diverse neighborhoods MAP can reach people and contribute to neighborhood aesthetics and community transformation."

LOOKING AHEAD

MAP continues to contribute to aesthetic and social transformations in neighborhoods throughout Philadelphia. Given high demand, budgetary constraints and limited staffing, MAP currently uses a competitive process to determine where murals will be painted. MAP staff has produced books, calendars and other products to spread the stories and images of Philadelphia's murals and to help supplement private funding to support program operations. Community art is essential to creating public spaces that residents and passersby can enjoy and has the potential to stimulate activism and engagement. When the value of public art becomes more widely understood, programs like MAP will finally receive their long overdue recognition and public support.

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This is one in a series of 11 profiles that reveal how improvements to the built environment can positively influence the health of community residents. The examples illustrate how changes to the built environment can be particularly meaningful in communities that have historically lacked important features such as pedestrian infrastructure, services and institutions, or public art. Taken more broadly, the profiles demonstrate how improvements to the built environment have the potential to reduce health disparities.

The profiles were written and produced by Prevention Institute. Funding and guidance were provided by the Centers for Disease Control and Prevention's National Center for Environmental Health. It is our hope that these profiles will stimulate and inspire partnerships between community residents and practitioners from multiple fields and sectors to design solutions and take action to improve the built environment for the health and well-being of all.



Adverse Community Experiences and Resilience

A FRAMEWORK FOR ADDRESSING AND PREVENTING COMMUNITY TRAUMA

KAISER PERMANENTE®

This paper was supported by a grant from Kaiser Permanente Northern California Community Benefit Program

Prevention Institute

Prevention and equity at the center of community well-being

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Cover photo provided by Richmond Main Street Initiative

Funding and Authorship

This paper was made possible by a grant to Prevention Institute from Kaiser Permanente Northern California Community Benefit Program.

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Prevention Institute is a nonprofit, national center dedicated to improving community health and well-being by building momentum for effective primary prevention. Primary prevention means taking action to build resilience and to prevent problems before they occur. The Institute's work is characterized by a strong commitment to community participation and promotion of equitable health outcomes among all social and economic groups. Since its founding in 1997, the organization has focused on community prevention, injury and violence prevention, health equity, healthy eating and active living, positive youth development, health system transformation and mental health and well-being. For more information, visit www.preventioninstitute.org.

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Kaiser Permanente is recognized as one of America's leading healthcare providers and not-for-profit health plans. Recognizing its unique role as both a healthcare provider and community partner Kaiser Permanente provides funding and clinical expertise to work side-by-side with other organizations to address serious public health issues such as violence and obesity. Through its *Adverse Childhood Experiences (ACE) Study,* conducted with the Centers for Disease Control and Prevention, Kaiser Permanente demonstrated the connection between violence related trauma and the long-term health of individuals. Through its Healthy Eating Active Living (HEAL) investments the organization promotes community healing with support for individuals, families and safe public spaces. In 2014, Kaiser Permanente provided more than $18 million to build healthy, safe environments in northern California alone. For more information visit kp.org/communitybenefit/ncal.

Pinderhughes H, Davis R, Williams M. (2015). *Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma.* Prevention Institute, Oakland CA.

Acknowledgements

Prevention Institute is grateful to Kaiser Permanente Northern California Community Benefit Program for supporting the development of this paper. We particularly want to thank **Jodi Ravel,** Senior Manager, Regional Community Benefit Programs for her support and contributions to the development of this paper. We are also grateful to the many members of the UNITY City Network who have shared their experiences of working in high-violence communities with us and with each other, which has informed the development of this body of work. Finally, we thank the following people from the Northern California cities of San Francisco, Oakland, Richmond, Vallejo, South Sacramento, Stockton and Fresno who shaped our understanding of the current landscape through interviews:

Ellen Brown
former Community Benefit Manager for South Sacramento, Kaiser Permanente

Kanwarpal Dhaliwal
Director of Community Health and Integrative Practice, RYSE

Paul Flores
Manager, Latino Men and Boys at the UNITY Council

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Jim Illig
Community Benefit Manager for San Francisco, Kaiser Permanente

Greg King
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EXECUTIVE SUMMARY

A Framework for Addressing and Preventing Community Trauma

Introduction

Many communities are working to prevent violence and promote community safety and, through comprehensive, multi-sector actions, are making progress. However, communities that experience high rates of violence continue to be plagued with persistently high rates of trauma. Trauma and its associated symptoms of mental and psychological illness are more prevalent in the U.S. than in most other countries in the world. What's more, trauma can be a barrier to the most successful implementation of healing and well-being strategies, including those to prevent violence.

The impact of trauma extends beyond the individuals who directly witness or experience violence. Trauma is also produced by structural violence, which prevents people and communities from meeting their basic needs. The result is both high levels of trauma across the population and a breakdown of social networks, social relationships and positive social norms across the community—all of which could otherwise be protective against violence and other health outcomes. While new models are emerging to counter the effects of trauma, promote community healing and foster community resilience, there has not been an existing framework for understanding, addressing and preventing trauma at a community or population level. Our paper provides one.

The Landscape of Trauma

A There is growing understanding that trauma is widespread and has far-reaching impacts. The predominant approach to dealing with trauma is screening and treatment, consistent with a medical model.

- Trauma is pervasive.
- Trauma has a significant impact on development, health and well-being.
- Trauma-informed care is becoming a standard practice in a growing number of places.
- The predominant construct for addressing individual trauma is based on a medical model.

B Trauma manifests at the community level. There are emerging practices to address trauma at the community level, but there is not yet a framework for addressing and preventing it.

- In communities with high levels of violence, the idea that whole communities are traumatized is a widespread belief.
- In recent years, there has been a slight shift from understanding trauma solely at the individual level to also include collective trauma.
- Despite the increasing recognition of the widespread nature of trauma as an epidemic at the population level, the predominant focus for addressing trauma remains at the individual level.
- Policy makers, public health officials, social services providers and community organizers report that trauma undermines efforts to promote health, safety and well-being.
- There are manifestations, or symptoms, of community trauma at the community level. The symptoms are present in the social-cultural environment, the physical/built environment and the economic environment.
  - **The social-cultural environment:** The economic and social processes that concentrate poverty and urban decay in inner city neighborhoods damage social networks and trust, the ability to take action for change, and social norms.
  - **The physical/built environment:** Economic and social changes in the last 50 years have led to communities where high rates of poverty are concentrated in neighborhoods with crumbling infrastructure: There are dilapidated buildings and deteriorating roads, poor transportation services and crippled local economies. The pressures of gentrification and displacement have become an added element in the toxic stress that exacerbates community trauma in poor inner-city, and suburban, communities.



- **The economic environment:** Multiple studies have found that levels of violence, crime and delinquency, education, psychological distress, and various health problems are affected by neighborhood characteristics, particularly the concentration of poverty. The stressors of living with inadequate access to economic and educational opportunities or inequitable opportunities can also indicate trauma at the community level.

- There are emerging practices, including indigenous-based healing and restorative justice, to address trauma at the community level.
- Until now there has been no framework that defines community trauma and identifies the elements or "symptoms" of community trauma. The framework outlined here would allow for an analysis of the full impact of community trauma and inform more comprehensive strategies to address and prevent it.
- While many urban communities have people working on issues related to trauma, there is an uneven level of capacity (e.g., resources, funding, knowledge and expertise) to conceptualize and address community trauma.

How to Address and Prevent Community Trauma

A number of community-level strategies are emerging to address community trauma and promote community healing and resilience. The most effective strategies build on indigenous knowledge, expertise and leadership to produce strategies that are culturally relevant and appropriate.

- Strategies within the **social-cultural environment** are intended to counter the symptoms of community trauma and support healing and connection between people, while shifting norms to support safe and healthy behaviors. Some of the most successful youth development, violence prevention and health promotion programs build on existing community assets and are dependent on community members and organizations that connect individual youth and adults to a supportive community. Where this community organizational infrastructure and capacity is lacking or absent, violence and trauma have a more profound impact on individuals and communities.
- Strategies within the **physical/built environment** focus on improving the physical environment, reducing deterioration, and creating space for positive interaction. Reclaiming public space to be appealing to residents, reflective of community culture, and a source of pride can contribute to a sense of community worth and be supportive of healing. The systematic disinvestment and



Photo provided by Jessie Daniels

neglect of poor inner city communities has been a part of the structural violence that has produced community trauma over the last 60 years. Healing from this trauma requires that the roads, buildings, parks, transportation and public services be improved and maintained so they encourage positive social interaction and relationships, as well as healthy behaviors and activities.

- Strategies to **improve economic opportunities** for youth and adults in highly impacted neighborhoods are critical to the success of attempts to heal from community trauma, improve community health and wellness, and resist the pressures of gentrification and dislocation. These strategies must be multi-sectoral, focusing on different segments of communities, and should include: increasing the number of young people and adults who attend college; job training and placement for non-college bound youth; and job training and job-readiness training and placement of formerly incarcerated members of the community. It is critical that these employment opportunities come with a livable wage that can support a family.



Conclusion

Too many communities are plagued by trauma from experiencing adverse community conditions, including interpersonal violence and structural violence. Trauma-informed care has become a standard practice in health care and mental health care provision and education in many communities. While this is an incredibly important development, it's also critical that attention go beyond individuals and beyond a focus solely on treatment and protocols after exposure to traumatic conditions. Addressing community trauma requires attention at a population level and consideration of what can be done to prevent trauma in the first place.



INTRODUCTION

The Need for Understanding Trauma at a Community Level

Photo provided by Youth Uprising

Many communities are working to prevent violence and promote community safety. Through comprehensive, multi-sector actions, many cities are experiencing reductions in violence. However, communities that experience high rates of violence have continued to be plagued with persistently high rates of trauma. Trauma can be a barrier to successful implementation of violence prevention strategies. Trauma and its associated symptoms of mental and psychological illness are more prevalent in the U.S. than in most other countries in the world[1]. There is evidence that boys and men of color are at even higher risk of trauma due to multiple factors including higher rates of incarceration and more exposure to violence[2].

"No epidemic has ever been resolved by paying attention to the treatment of the affected individual."

— Dr. George Albee

To address widespread trauma at this scale means not only providing trauma-informed care for affected individuals, but also addressing trauma at the population level, as with any epidemic. As mental health expert Dr. George Albee stated, "No epidemic has ever been resolved by paying attention to the treatment of the affected individual.[3]" A focus solely on the treatment of individuals can only be *part* of a comprehensive solution.



Photo provided by Jeffrey Smith

This paper explores trauma at the population level and how it impacts efforts to prevent violence and improve other aspects of community health. It also presents a framework for addressing and preventing trauma at the community level. It was developed based on a literature review, interviews with practitioners in high-violence communities in Northern California, and interviews and ongoing communication with members of the UNITY City Network.*

The impact of trauma extends beyond the individuals who directly witness or experience violence. Vicarious trauma impacts, for example, service providers, first responders and residents in high-violence communities. The result is both high levels of trauma across the population *and* a break-down of social networks, social relationships and positive social norms across the community—all of which could otherwise be protective against violence. While new models are emerging to counter the effects of trauma, promote community healing and foster community resilience, there has not been an existing framework for understanding, addressing and preventing trauma at a community or population level.

*UNITY (Urban Networks to Increase Thriving Youth) is a national Prevention Institute initiative that builds support for effective, sustainable efforts to prevent violence before it occurs, so that urban youth can thrive in safe environments with ample opportunities and supportive relationships. UNITY works with cities around the country to advance prevention efforts through a public health approach. More than twenty cities are part of the UNITY City Network.



Themes and Findings

Photo provided by Bay Area LISC

A There is growing understanding that trauma is widespread and has far-reaching impacts. The predominant approach to dealing with trauma is screening and treatment, consistent with a medical model.

1 Trauma is pervasive.

The prevalence of posttraumatic stress disorder (PTSD) is estimated to range from 9 to 12 percent in the general population.[4,5] These figures likely underestimate the prevalence among residents of urban, economically disadvantaged areas where there are higher risks of exposure to traumatic events. This greater risk can be attributed to a variety of factors, including low socioeconomic status and high rates of violence in the inner city. Despite this, trauma is likely under recognized and PTSD is often underdiagnosed.[6,7]

2 Trauma has a significant impact on development, health and well-being.

It is now commonly accepted that children and youth exposed to chronic and recurring violence often suffer psychological trauma and even exhibit the symptoms of PTSD. The earliest studies of the psychological consequences for young people who have experienced or witnessed violence were conducted in the early 1990's. They examined trauma resulting from a singular distressing or disturbing event such as rape, war or natural disaster[8,9] and surveyed children living in high-risk communities.[10,11] These studies focused on children's experience of distress, depression, and anxiety as the presumed symptomology resulting from exposure to violence.

3 Concepts of poly-victimization and complex trauma are transforming the literature surrounding multiple exposures to violence and trauma.

Research on trauma now incorporates the concept of poly-victimization, which is the exposure to multiple forms of violence simultaneously and/or throughout one's life course.[12] The National Survey of Children's Exposure to Violence provided the first comprehensive national survey that examined children's exposure to violence, crime, and abuse in a variety of locations, ages (1 month-17 years old), and time.[13] This survey discovered children from ages 1 month to 17 years who were exposed to just one type of violence were at increased risk of exposure to additional forms of violence. For instance, a child who has been physically assaulted in the past year is five times as likely to also have been sexually assaulted or maltreated during this time.[14]

One consequence of poly-victimization is complex trauma. According to Greeson, et al., this includes "both children's exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure. These events are severe and pervasive, such as abuse or profound neglect."[15] The effects of complex trauma include distress, anxiety, aggression, hyper arousal, and mental illness.[16] The concepts of poly-victimization and complex trauma are transforming the literature surrounding multiple exposures to violence and trauma.

4 Trauma-informed care is becoming a standard practice in a growing number of places.

Researchers identified trauma as a major problem in inner city neighborhoods and communities with high rates of violence in the early 1990's. But it took two decades for this research to be used to develop trauma informed care practices and to be widely adopted as a core concept by healthcare providers, practitioners and educators. Trauma informed healthcare, mental healthcare and trauma informed pedagogy are now being adopted as the standard of care for individuals with trauma and PTSD in many communities around the country.

5 The predominant construct for addressing individual trauma is based on a medical model.

The medical model tends to be the main way of addressing mental health problems,[17] and trauma is no exception. The conceptualization of trauma still predominantly focuses on how it manifests in individuals and how to screen for trauma and treat specific patients. A medical model treats individuals, often without acknowledging the social, community, and environmental factors that may be influencing them.

B Trauma manifests at the community level. There are emerging practices to address trauma at the community level, but there is not yet a framework for addressing and preventing it.

6 In communities with high levels of violence, the idea that whole communities are traumatized is a widespread belief.

The idea that whole communities are traumatized is a widespread belief. There is a general understanding that violence profoundly impacts communities through the concentration of trauma among individuals and there is a sense that it affects communities as a whole. Further, the existence of trauma is now a widely accepted reality in many inner city communities. Members from every city of the UNITY network reported the belief among practitioners and community members in their cities that children, youth and adults in neighborhoods with high levels of violence are traumatized, and that many exhibit the symptoms of trauma and PTSD. Every interviewee reported that large numbers of community members are emotionally and psychologically affected by the high rates of violence in their most highly impacted neighborhoods. For example, one interviewee noted, "In (inner city) African American communities — there is a high level of trauma from gun violence. In other areas of the city, not so much. Where I live, I hear gunshots from blocks away. That neighborhood is traumatized by the amount of violence that takes place there. A few blocks away where I live, there is hardly any violence."

> **"I think they are all experiencing community trauma. The fear they have of leaving home or going home. They put on their armor every day. The fear of getting shot. The pervasive trauma of poverty."**
>
> — Paul Flores, Manager, Latino Men and Boys at the UNITY Council

7 In recent years, there has been a slight shift from understanding trauma solely at the individual level to also include collective trauma.

In recent years, there has been a shift from understanding trauma solely at the individual level to the community level as collective trauma. Researchers have conceptualized collective trauma either as an aggregate of trauma experienced by community members or an event that impacts a few people but has structural and social traumatic consequences.[18] Collective trauma can break social ties, communality, and undermine previous supportive resources. Some have reiterated the importance of examining collective trauma and developed the concept of cultural trauma to mean, "A collective feeling they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways."[19] Cultural trauma not only highlights trauma at a community level but also the necessity of community level intervention to deal with trauma collectively.[20]

8 Despite the increasing recognition of the widespread nature of trauma as a population-level epidemic, the predominant focus of addressing trauma remains at the individual level.

While practitioners recognize the high prevalence of trauma across entire communities, most approaches to address trauma are focused on treating individuals. This in spite of the reality that, "No epidemic has ever been resolved by paying attention to the treatment of the affected individual."[21] While treatment of individual trauma has advanced through the development of a variety of treatment modalities and approaches designed to deal with the psychological and emotional effects of exposures to violence, there has been limited advance in our understanding of community trauma or in the development of strategies for addressing community trauma.

"It is described as an individual but if it feels like part of a system of oppression, like one by one my neighbors are being shot, or one by one, black men in my neighborhood are disappearing…"

— Community Health Worker

9 Policy makers, public health officials, social services providers and community organizers report that trauma undermines efforts to promote health, safety and well-being.

Communities around the country with high rates of violence share similar characteristics that make it difficult to develop and implement effective strategies to reduce the violence. As one violence prevention practitioner expressed, "Trauma gets in the way of us doing what we need to do. When it is chronic and not episodic, it is really damaging. I see it as impacting how people make decisions, how they meet their goals, how they problem solve, how they interact with their friends." Further, in communities with high levels of trauma, there may be lower levels of collective efficacy, the ability to come together to make positive changes and develop solutions for the community. As one interviewee noted, "If we have collective experience and collective consciousness, I believe we can have collective trauma. People are unbelievably resilient — but traumatized people interacting with other traumatized people — a community can really run the risk of imploding."

"The way I look at it is that trauma gets in the way of us doing what we need to do. I think it affects everyone in the same way. When it is chronic and not episodic, it is really damaging. I see it as impacting how people make decisions, how they meet their goals, how they problem solve, how they interact with their friends."

— Susan Neufeld, Vice President Resident Programs and Services, Bridge Housing

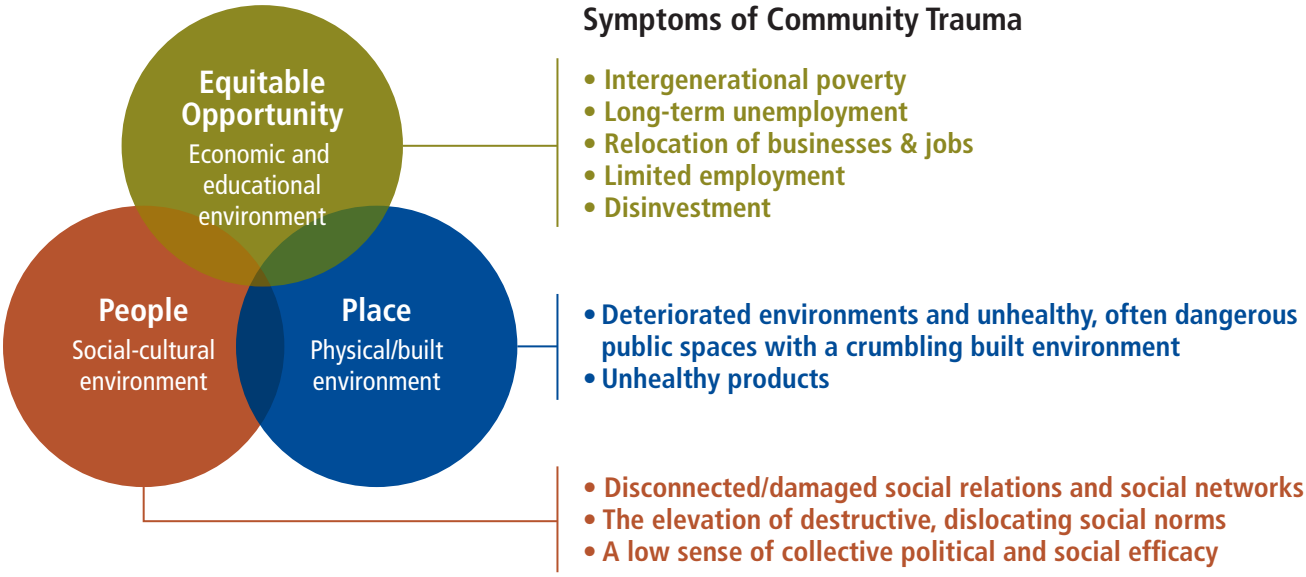


Figure 1 The Community Environment

10 Community trauma is not just the aggregate of individuals in a neighborhood who have experienced trauma from exposures to violence. There are manifestations, or symptoms, of community trauma at the community level. The symptoms are present in the social-cultural environment, the physical/built environment and the economic environment.

A community can be described as having several inter-related components: the social-cultural environment (the people); the physical/built environment (the place), including infrastructure and public services; and the opportunities afforded in the economic and educational environment which is made up of the local economy and educational institutions (equitable opportunity) (see Figure 1) .

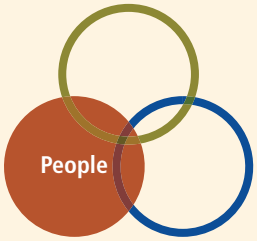
"This gets at my notion of violence prevention. We fall into a trap where we say we're doing violence prevention, but tend to focus on intervention or criminal justice solutions. Really, violence prevention means healthy communities where people have the opportunity to thrive and build social cohesion. The healing piece can come into play when people come together and feel safe and connected where they live, work, learn and play. I worry about a group of people coming in and saying we are now going to heal your trauma. I think going at it indirectly, by supporting residents to build community in a way that is meaningful to them, might be more effective. If a dog park is active at 8:30pm at night in the dark, that can be telling. If you feel like you can't go to the park in the daytime, let alone at night, then people may be walking around with cortisol constantly flowing. And that harms both physical and mental health."

— Christina Goette, Director, Shape Up SF

In healthy communities, these three spheres can promote community health and safety and promote resiliency for individuals and families. When a community is traumatized, each of these spheres is undermined and damaged so they begin to perpetuate the problems rather than protect the community (see Figure 1). That means that in traumatized communities, the community environment cannot promote resiliency. Instead, these factors can contribute to poor health, illness and injury of community members through the exacerbation of trauma and by contributing to the production of interpersonal and community violence.

The symptoms of community trauma are the product of decades of economic, political and social isolation, a lack of investment in economic development and for the maintenance and improvement in the built environment, the loss of social capital with the flight of middle class families, and the concentration of poverty and exposures to high levels of violence.

This section describes how trauma specifically affects these three aspects of the community environment.



THE SOCIAL-CULTURAL ENVIRONMENT Within the social-cultural environment, the symptoms of community trauma are particularly apparent. The economic and social processes that result in the concentration of poverty and the urban decay of inner city neighborhoods also damage the social-cultural environment and make-up of many inner city communities. The trauma manifests at the community level as:

i. Damaged, fragmented or disrupted social relations, particularly intergenerational relations;

ii. Damaged or broken social networks and infrastructure of social support;

iii. The elevation of destructive, dislocating social norms that promote or encourage violence and unhealthy behaviors rather than community-oriented positive social norms; and

iv. A decreased sense of collective political and social efficacy.

i. *Damaged, fragmented or disrupted social relations, particularly intergenerational relations:* With fragmented families, high rates of incarceration and ineffective and inferior urban schools, community social relationships and social supports become more vital as potential sources of resiliency for children and youth exposed to violence and potential trauma. Family as well as neighborhood-based intergenerational relationships have been undermined with familial and communal love and bonds being replaced by fear, distrust, and social distance.

"The slow noise of dysfunctional family systems, ACEs (Adverse Childhood Experiences)—how many kids have relatives in prison? The disaffection people have—don't feel connected to the city, don't feel at the table."

— Susan Neufeld, Vice President Resident Programs and Services, Bridge Housing

ii. *Damaged or broken social networks and infrastructure of social support:* Neighborhoods with high rates of violence tend to have much less social cohesion and decreased collective efficacy.[22] These communities are characterized by a damaged or underdeveloped infrastructure of community organizations and community social support network. In communities with large numbers of children, youth, and adults who have experienced trauma, the need for social support, social cohesion and social relationships as part of the foundation and source of resiliency in the face of violence and trauma is increased.

iii. *The elevation of destructive, dislocating social norms that promote or encourage violence and unhealthy behaviors over community-oriented positive social norms:* Cultural and social norms are highly influential in shaping individual behavior, including the use of violence. Norms can either protect against violence or support and encourage the use of violence. Cultural acceptance of violence, either as a normal method of resolving conflict or as a usual part of child-rearing, is a risk factor for all types of interpersonal violence. Social tolerance of violent behavior increases the likelihood of violence within families, peer groups, communities and societies.[23]

iv. *Low sense of collective political and social efficacy:* Communities where there are lower rates of social cohesion and less sense of collective efficacy have higher rates of violence.[24] Collective efficacy — informal social control (residents' willingness to intervene when trouble arises, especially on behalf of the community's youth); and social cohesion and trust (residents' willingness to participate in collective action for the common good) is associated with lower violent crime rates and better health outcomes.[25,26,27] These are the same communities with higher incidence of trauma and PTSD. In communities that have higher rates of community trauma, there is less capacity to take collective action, thus reducing levels of political and social efficacy.

"When a young person witnesses extreme violence, especially losing someone violently — trying to concentrate in school is near to impossible. Grades have dropped, disillusioned, uninterested, they lean harder on their personal relationships, disappear from group activity, heavy marijuana use — they use drugs to avoid something, not just because they want to be stoned. When guys lose the desire to share in group — their communications gets restricted, sleeping in class. Unreliability. A sense of despair and hopelessness. Paranoia. Self destruction — some people will get arrested on purpose because they don't want to go home. Carelessness. Long term credit deficient in school — those kids are traumatized and have been through some serious stuff."

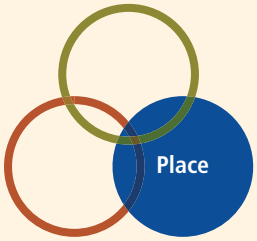
— Paul Flores, Manager, Latino Men and Boys at the UNITY Council

"[Trauma] manifests in community doubt, in the feeling of failure and no hope in change, a sense of hopelessness. The ways it manifests itself: a lot of alcohol and drug issues, student behaviors, poor attention and truancy issues."

— Community Health Worker

"What I've noticed is how disruptive [trauma] is. I realize that every time there's an incidence of violence it triggers all of these reactions in behaviors that seemed to have stabilized. The whole community flares up again at every incidence. "

— Susan Neufeld, Vice President Resident Programs and Services, Bridge Housing



THE PHYSICAL/BUILT ENVIRONMENT The economic and social changes that occurred during the last 50 years have resulted in communities where high rates of poverty were concentrated in neighborhoods that had a crumbling infrastructure with dilapidated buildings and deteriorating roads, poor transportation services and crippled local economies. There is a mutually reinforcing dynamic between deteriorated physical environments, violence and community trauma. At the community level, trauma manifests within the physical environment, including as:

i. Deteriorated environments and unhealthy, often dangerous, public spaces with a crumbling built environment.

ii. The high availability of unhealthy products, such as alcohol.

In the past 20 years, many inner city neighborhoods have experienced a reversal in their economic situation fueled by increased government and private investment resulting in rising property values and large scale displacement of poor and working class communities and the acceleration of gentrification. As a result, many poor communities in affluent cities have been displaced to suburbs and smaller cities with fewer resources where the deteriorated quality of the physical environment is replicated. The pressures of gentrification and displacement have become an added element in the toxic stress that exacerbates community trauma in poor inner city, and suburban communities.

"…generational connection to public housing. Our community is isolated from the general community. The housing is substandard. Mold and other public health issues. A wave of violence — four shootings in four months over the summer. Low income, low academic achievement, folks not going to school. Lots of trauma. I define it as the cumulative impact of poverty."

— Susan Neufeld, Vice President Resident Programs and Services, Bridge Housing



THE ECONOMIC ENVIRONMENT Over the last 40 years, scholars and policy makers have pointed to the role of "neighborhood effects" caused by concentrated poverty. Multiple studies have illustrated that levels of violence, crime and delinquency, education, psychological distress, and various health problems, among many other issues, are affected by neighborhood characteristics, particularly the concentration of poverty.[28] Conversely, the risk of violence and associated trauma is increased by the presence of concentrated poverty. The stressors of living with inadequate access to economic and educational opportunities or inequitable opportunities can also contribute to trauma at the community level. The manifestation of trauma at the community level includes:

i. Intergenerational poverty;

ii. Relocation of businesses and jobs;

iii. Limited employment and long-term unemployment; and

iv. Government and private disinvestment.

"Poverty in general, high unemployment rate. Education and access to healthy foods is an issue via food deserts. Second, third and fourth generations of families that continue to live in the same circumstance."

— Marie Sanchez, Community Benefit Manager for Modesto, Stockton, San Joaquin County and Stanislaus, Kaiser Permanente

11 While a comprehensive framework has not been advanced, elements of a useful framework are evident in the conceptions of the problem and approaches to addressing trauma and promoting health in highly impacted communities. There are emerging practices, including indigenous based healing and restorative justice, to address trauma at the community level.

In many communities around the country, community organizers, service providers, educators, activists and policy makers have responded to their heightened awareness of the high prevalence of trauma among children, youth and adults in highly impacted communities by developing healing strategies that draw on culturally based knowledge, ritual and practice. This is the result of an increasing appreciation and understanding of the importance of healing strategies that have been developed within communities that have been affected and subjected to structural violence and institutional racism and inequality. Some of the most effective strategies and programs are culturally based programs in African-American and Latino communities that utilize community members, values, rituals and practices to reconnect psychologically injured members of the community. Practices such as La Cultura Cura promote psychological, emotional and spiritual healing and renewal through a reconnection to community. As a part of this movement

"Our approach has really been focused on community building — which means engaging people around their community and the change they want to see in their community. Not so much focused on intervention, or program, or knowledge or skill. More about can we get to know each other and get to a point where we can agree on where we want to go. A shared vision. Building community — what is it you are building or rebuilding? We are building connection, neighborliness, investment in their neighbors and in themselves and what's going to happen."

— Susan Neufeld, Vice President Resident Programs and Services, Bridge Housing

"Community-level trauma is more pervasive. We are taking on community-level trauma in the HEAL zone. The second phase is around healing from trauma and looking at drivers: family cohesion, family safety, public spaces access, transportation… Part of our Bayview HEAL Zone initiative is a transportation plan. We've begun working with service providers who have vans and connecting them to residents to get them access to food retailers or doctors appointments."

— Jim Illig, Community Benefit Manager for San Francisco, Kaiser Permanente

there has been an emerging awareness of community trauma — the effects of structural and interpersonal violence on community norms, relations, networks and institutions and the need for strategies for healing at the community level. A key effort in this area is the Kaiser Permanente HEAL (Healthy Eating, Active Living) zones initiative, which incorporates strategies for community healing from community trauma through intervening at the three spheres of community trauma and resilience: people, place and economic opportunity.

12 Until now there has been no framework that defines community trauma and identifies the elements or "symptoms" of community trauma. The framework outlined here would allow for an analysis of the full impact of community trauma and inform more comprehensive strategies to address and prevent it.

Practitioners, advocates, researchers and communities do not have the conceptual foundation, language or data to inform the development and implementation of strategies to reduce community trauma. For the community members and policy makers who recognize the need to address the problem of violence and trauma at the community level, a framework for analyzing the symptoms of community trauma could inform a more comprehensive and effective approach.

13 While many urban communities have people working on issues related to trauma, there is an uneven level of capacity (e.g., resources, funding, knowledge and expertise) to conceptualize and address community trauma.



Overall, the understanding of the existence of trauma and the development of trauma-informed approaches to promote individual healing is more advanced in larger cities with large metropolitan areas. This may be as a result of violence prevention and mental health initiatives developed in partnership with university public health, education and psychology departments. Smaller cities, particularly those experiencing increased poverty and violence, have fewer community-based organizations and less capacity to develop and implement trauma-informed strategies, whether for individual healing or as a part of community-level violence prevention efforts.

Further, there appears to be a more advanced understanding of community trauma among public health workers and individuals working in community organizations dealing with highly impacted communities in the larger cities. The smaller cities, suburbs and exurbs where underserved communities displaced from major urban centers are relocating have much less capacity for addressing community trauma. With growing levels of displacement, there is a growing need to build capacity in communities that are receiving new community members from larger cities.

Public health advocates, practitioners, community organizers and violence prevention practitioners have shown enthusiasm for a framework clarifying the dynamics of community trauma and the development of strategies to address and prevent it.

The Production of Trauma from Violence

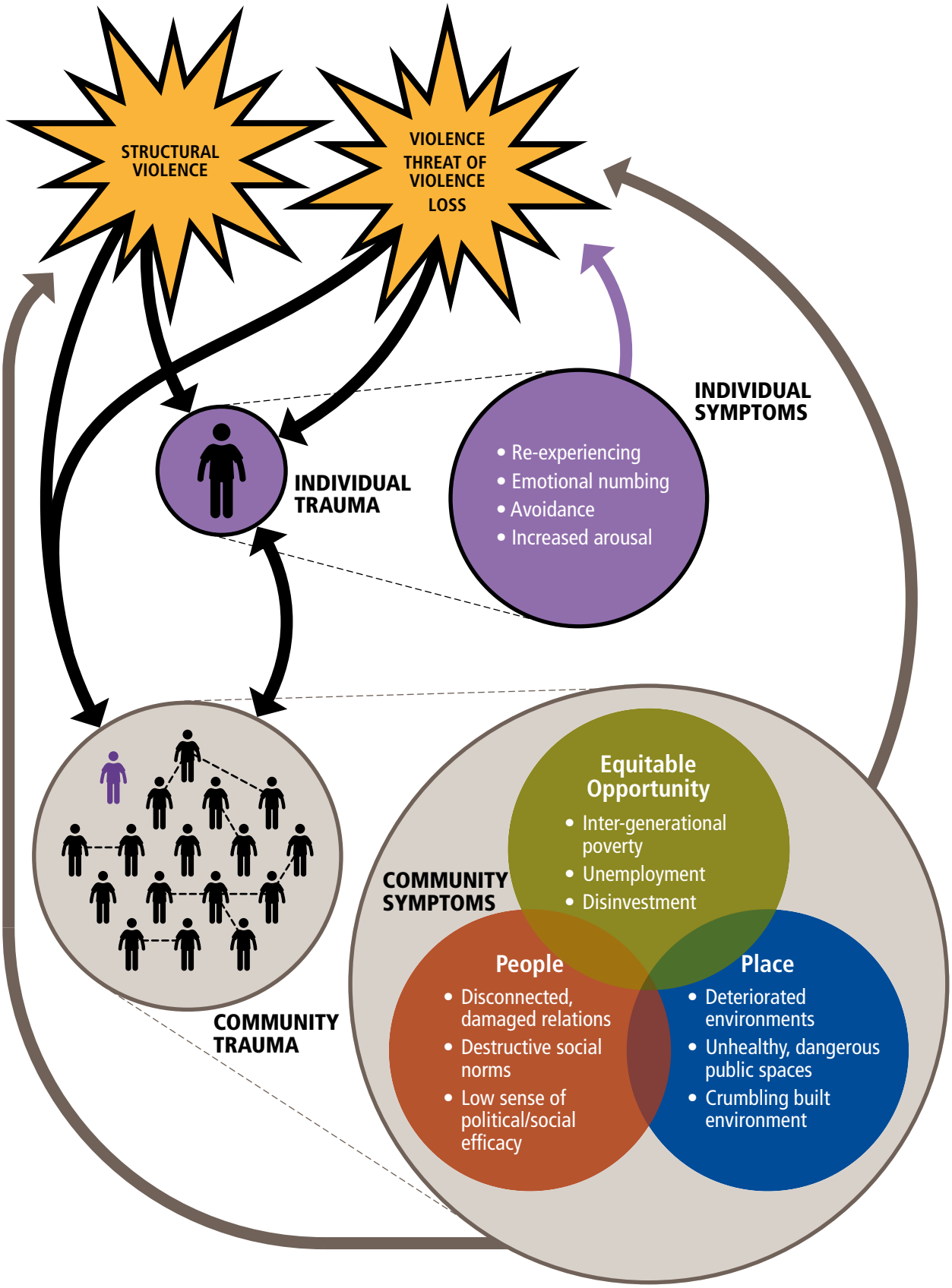
Figure 2 depicts the production of trauma from violence. Violence, the threat of violence, loss as a consequence of violence and structural violence all contribute to individual and community-level trauma. Trauma is caused by experiences or situations that are emotionally painful. Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological or emotional harm, maldevelopment or deprivation.[29] Structural violence refers to harm that individuals, families and communities experience from economic and social structures, social institutions, relations of power, privilege and inequality and inequity that may harm people and communities by preventing them from meeting their basic needs.[30]

At the community level, this means both that multiple people are traumatized, and significantly, that there is a breakdown or disconnect within the community and across the members of the community.

There are symptoms of trauma at both the individual and community levels. At the individual level, symptoms include re-experiencing the trauma, emotional numbing, avoidance, and increased arousal. At the community level, trauma manifests within three interrelated clusters: the people cluster (the social-cultural environment), the place cluster (the physical/built environment) and within the equitable opportunity cluster (the economic environment). Symptoms of community level trauma within the people cluster include: damaged, fragmented or disrupted social relations, particularly intergenerational relations; damaged or broken social networks and infrastructure of social support; the elevation of destructive, dislocating social norms that promote or encourage violence and unhealthy behaviors instead of community oriented positive social norms; and a low sense of collective political and social efficacy. Symptoms within the place cluster include deteriorated environments; unhealthy, often dangerous public spaces with a crumbling built environment; and the availability and promotion of unhealthy products without the availability of healthy products. Symptoms within the equitable opportunity cluster include: intergenerational poverty; long-term unemployment; relocation of businesses, corporations and jobs; limited employment opportunities; and government and private disinvestment.

Both individual symptoms and community-level symptoms of trauma increase the risk of violence. Violence contributes to the production of trauma and trauma, in turn, contributes to the production of violence. Finally, a community that is experiencing these symptoms of community trauma, without healing and support, does not have adequate efficacy and capacity to organize against and counter structural violence. Further, the symptoms of community trauma may provide a basis for legitimizing structural violence (e.g. justifying enhanced suppression and containment tactics), which can further contribute to community trauma.

Figure 2 The Production of Trauma from Violence





Towards a Framework for Community Trauma and How to Address and Prevent It

Photo credit Lea Suzuki/San Francisco Chronicle/Polaris

Community trauma is not just the aggregate of individuals in a neighborhood who have experienced trauma from exposures to violence. Community trauma is the product of the cumulative and synergistic impact of regular incidents of interpersonal, historical, and intergenerational violence and the continual exposure to structural violence. Structural violence refers to harm that individuals, families and communities experience from the economic and social structure, social institutions, social relations of power, privilege and inequality and inequity that may harm people and communities by preventing them from meeting their basic needs.[31] Structural violence is a primary cause of the concentration of premature death and unnecessary disability in oppressed communities and is very closely linked to social injustice.

"They know it, and they express it. They say things like 'the whole community is hurting.' Ongoing institutional and personal racism and other forms of oppression, make healing from trauma that much more challenging."

— Christina Goette, Director, Shape Up SF

Just as individuals who are subject to trauma from exposures to violence require healing to promote wellness and resiliency, communities need to heal from the trauma of interpersonal, structural, historical and institutional violence. Communities need to develop resilience to allow them to function as environments that can promote health and wellness and individual resiliency among the children, youth and families who are part of the community. Community resilience is

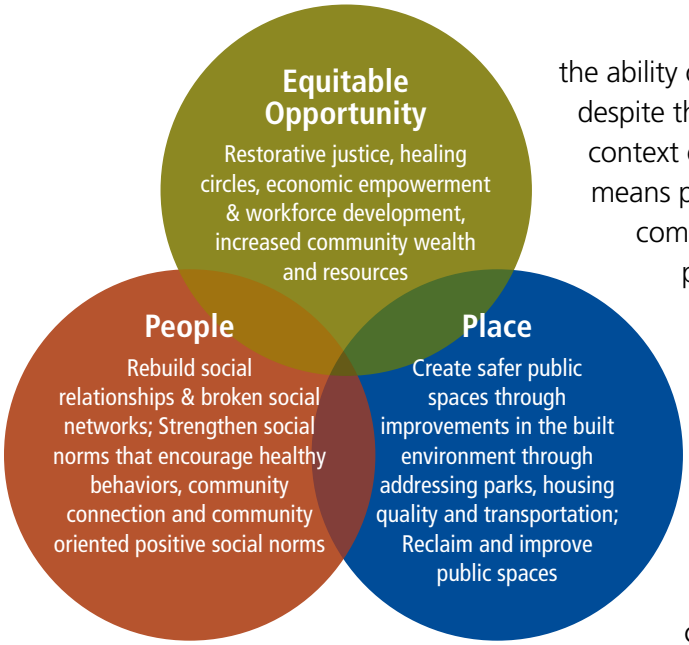
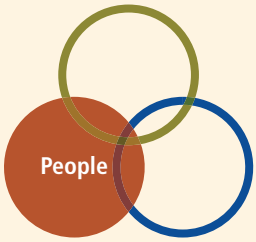


Figure 3 Community Strategies to Address Community Trauma

the ability of a community to recover from and/or thrive despite the prevalence of adverse conditions. In the context of community trauma, building resilience means putting the conditions in place in which the community can heal from past trauma and be protected against the impact of future trauma. Strategies to create these conditions need to focus on the three inter-related components of the community environment: the social-cultural environment, the physical/built environment and the economic environment (see Figure 1). Such a comprehensive approach simultaneously promotes community healing while building community resilience and preventing violence (see Figure 4).

A number of community-level strategies are emerging to address community trauma and promote community healing and resilience (see Figure 3). The most effective strategies build on indigenous knowledge, expertise and leadership to produce strategies that are culturally relevant and appropriate.



THE SOCIAL-CULTURAL ENVIRONMENT Strategies within the social-cultural environment are intended to counter the symptoms of community trauma and support healing and connection between people, while shifting norms to support safe and healthy behaviors. Strategies include:

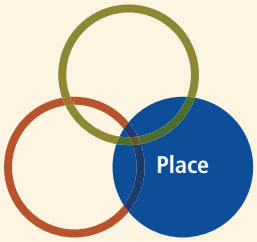
- **i.** Rebuild social relationships, particularly intergenerational relations;
- **ii.** Revitalize damaged or broken social networks and infrastructure of social support;
- **iii.** Strengthen and elevate social norms that promote or encourage healthy behaviors, community connection and community oriented positive social norms;
- **iv.** Establish collaborations that promote community-level strategies while rebuilding community social networks;
- **v.** Change the narrative about the community and the people in it;
- **vi.** Shift community social norms;
- **vii.** Organize and promote regular positive community activity;
- **viii.** Provide a voice and element of power for community folks around shifting and changing environmental factors as well as the structural factors;
- **ix.** Promote and restore a connection to and sense of cultural identity, which has been shown to have a positive impact on mental health outcomes.[32]

COMMUNITY EXAMPLE

Safe Parks as Gathering Places

In San Francisco, Kaiser Community Benefit has partnered with the YMCA for neighborhood revitalization projects. One project focused on transforming a park that residents perceived as unsafe. Through family events in the park, families were served food and were given the opportunity to volunteer for a couple of hours. As a result, the park is now perceived as a safe space for residents. Community events such as movie nights in the parks help make residents feel safe because many of their neighbors are utilizing the park during the day and evening hours.

Some of the most successful youth development, violence prevention and health promotion programs build on existing community assets and are dependent on community members and organizations that connect individual youth and adults to a supportive community. Where this community organizational infrastructure and capacity is lacking or absent, violence and trauma have a more profound impact on individuals and communities. Churches fulfill some of this role in many communities but a healthy community has multiple entities including businesses, civic organizations, social organizations, schools and youth-driven organizations that contribute to the social and cultural environment that promotes positive relationships, social norms, behavior and activities within a community. A healthy community provides both the context for the healthy development of children and youth as well as the foundation for individual resiliency in the face of adversity and challenges to health and well-being.



THE PHYSICAL/BUILT ENVIRONMENT Strategies within the built environment focus on improving the physical environment, reducing deterioration, and creating space for positive interaction. Reclaiming public space to be appealing to residents, reflective of community culture, and a source of pride can contribute to a sense of community worth and be supportive of healing. Strategies include:

i. Improve the quality of the built environment and public spaces and maintain these for the community;

ii. Create safer public spaces through improvements in the built environment through addressing parks, housing quality and transportation;

iii. Reclaim and improve public spaces for the community.

The systematic disinvestment in and neglect of poor inner city communities has been a part of the structural violence that has produced community trauma over the last sixty years. Healing from this trauma requires that the roads, buildings, parks, transportation and public services be improved and maintained so they are transformed from sources of toxic stress with negative impacts on both the physical and mental health of residents to an environment that encourages positive social interaction and relationships and healthy behaviors and activities.

"We need to improve the built environment — and then beyond that the policy and systems change work — strategies. There is a policy and systems piece that says that the city thinks this is important. Creating a city-wide program like the healthy food initiatives is what we need around trauma."

— Community Health Worker

COMMUNITY EXAMPLE

Trauma-Informed Community Building

The impact of sustained trauma and persistent stress on a community result in challenges to traditional community building strategies. Fully understanding these challenges and how they impact a community's readiness for sustained neighborhood change is essential for community building efforts. In late 2012, BRIDGE Housing Corporation, in partnership with the residents of Potrero Terrace and Annex, consultants, and HOPE SF, embarked on a planning process to create a blueprint for improving outcomes for residents of Potrero Terrace and Annex, two large public housing sites in San Francisco, California. The Practical And Realistic And Desirable Ideas for Social Enrichment (PARADISE) Plan is the product of an extensive research and community engagement process to investigate and offer recommendations to address the disparities facing public housing residents in key investment areas that include: (1) Early Childhood Education, (2) K-12 Education, (3) Economic Security, (4) Health and Wellness, and (5) Public Safety. Known as Trauma-Informed Community Building (TICB). TICB is a model for strengthening community in trauma affected neighborhoods. The blueprint includes strategies that focus on people, neighborhood and housing. This model recognizes trauma as a challenge to community building and works to simultaneously improve the physical/ built environment and the social-cultural environment to promote community healing and resilience.



THE ECONOMIC ENVIRONMENT Strategies to improve economic opportunities for youth and adults in highly impacted neighborhoods are critical to the success of attempts to heal from community trauma, improve community health and wellness and resist the pressures of gentrification and dislocation. These strategies must be multi-sectoral, focusing on different segments of communities including strategies such as: increasing the number of young people and adults who attend college; job training and placement for non-college bound youth; and job training and job readiness training and placement of formerly incarcerated members of the community. It is critical that these employment opportunities be supplied with a livable wage which can support a family. Strategies include:

i. Institute restorative justice programs that shift the norms around conflict resolution and healing circles to, among other outcomes, support people to stay on paths to pursue educational and economic opportunities;

ii. Foster economic and workforce development strategies that improve the employment skills, capacity and readiness of community members and link them to job opportunities with a living wage;

iii. Promote economic empowerment/opportunity and workforce development;

iv. Increase community wealth and resources to reduce dislocation and gentrification.

Fostering Resilient, Thriving Communities

Community-level strategies focused on the social, physical and economic environment can support healing from community trauma, while contributing to greater community resilience. A more resilient community (see Figure 4) can protect against trauma and other adverse community experiences, thus reinforcing community healing and reducing trauma-inducing conditions. This creates the conditions that are preventive against community trauma. These relationships are described in more detail in Figure 5 and the text box entitled: *Promoting Community Well-Being: From Trauma to Resilience.*

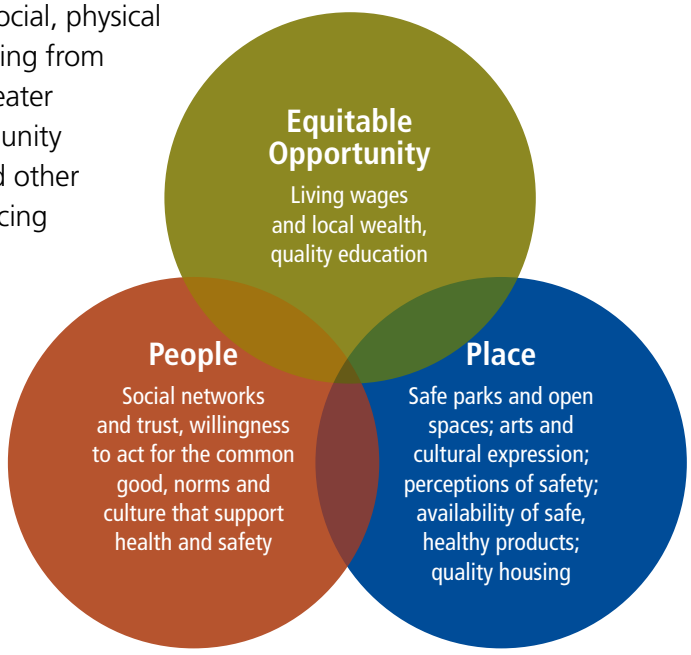


Figure 4 Elements of a Resilient Community



"Communities have deteriorated over time, generation after generation. We have curriculums that are effective, but we don't have the piece around self-love, community-love during the early stages of development and so the connection, the investment and ownership of their community is a result of loss of self and self-worth. A comprehensive community effort will recognize the pain that has been endured by young people for generations. Healing the Hood: childhood, motherhood, fatherhood, neighborhood. Protecting children, honoring women, respecting elders and building individual capacity in those neighborhoods. Reclaiming public space, looking at what we can do so that young men and older fathers can roll their sleeves up and contribute something to the community. It's about relationship building. Lifting up usually silenced or missing voices and bringing them to the table."

— Samuel Nunez, Executive Director, Families and Fathers of San Joaquin

PROMOTING COMMUNITY RESILIENCE
From Trauma to Well-being

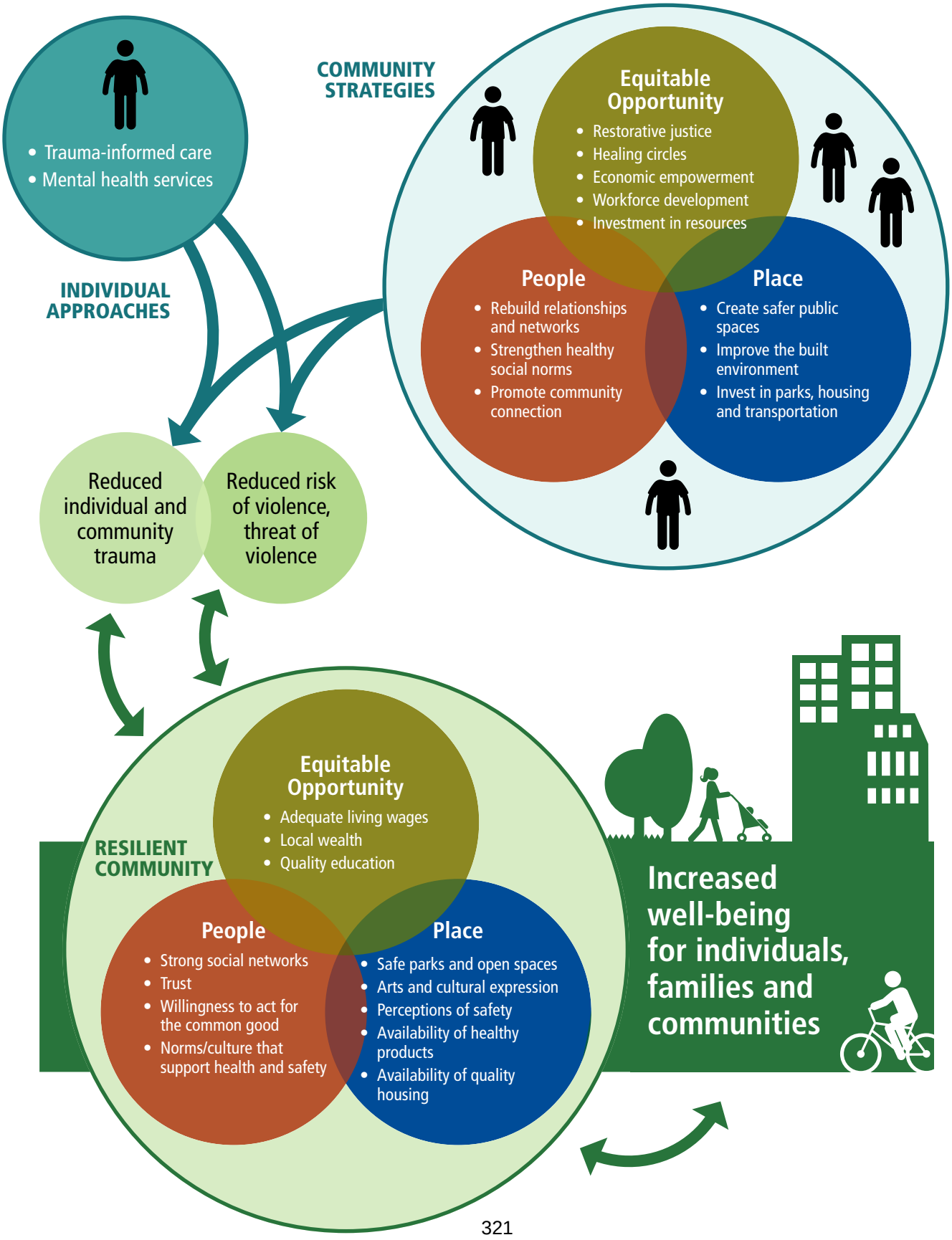
Figure 5 depicts a model for moving from trauma to community resilience and increased well-being for individuals, families and communities. In neighborhoods with high rates of interpersonal violence combined with exposure to structural violence, both individual and community trauma need to be addressed.

Individual approaches to trauma include trauma-informed care and mental health services, for example. Effective approaches contribute to individual healing and, in part, to community healing. Community level strategies must focus on the social-cultural environment (people), the physical/built environment (the place) and the economic environment (equitable opportunity) because the symptoms of community trauma manifest within each. The social-cultural strategies include: rebuilding social relationships, particularly intergenerational relations; revitalizing damaged or broken social networks and infrastructure of social support; and strengthening and elevating social norms that promote or encourage healthy behaviors, community connection and community oriented positive social norms. The physical/built environment strategies include: creating safer public spaces through improvements in the built environment by addressing parks, housing quality and transportation and reclaiming and improving public spaces. The economic/educational environment strategies include: restorative justice programs that shift the norms around conflict resolution and as an alternative to zero tolerance policies, healing circles that simultaneously provide spaces for expression of and healing from individual trauma and reinforcement and strengthening of intergenerational relationships; economic empowerment/opportunity; workforce development and increasing community wealth and resources. These strategies contribute to community healing and also help build community resilience.

A resilient community is a community that can thrive in spite of adverse events or experiences. The elements of a resilient community here are drawn from THRIVE (Tool for Health and Resilience in Vulnerable Environments). THRIVE is a framework for fostering community resilience and *a tool* for assessing the status of community conditions and setting priorities to improve health, safety, and health equity. First developed for the U.S. Office of Minority Health by Prevention Institute,[33] it identifies specific factors in the social-cultural (people), physical/built (place) and economic (equitable opportunity) environments that contribute to health, safety and health equity. A resilient community in turn reinforces community-level strategies to address trauma, helping to protect against the onset of trauma and contributing to community healing.

Individual and community healing result in reductions in trauma. These, in turn, contribute to reductions in violence and increased well-being. Similarly, a resilient community contributes to reductions in individual and community trauma and violence, as well as increased well-being for individuals, families, and communities.

Figure 5 Promoting Community Resilience: From Trauma to Well-being





CONCLUSION

It's Time to Take on Adverse Community Conditions

Too many communities are plagued by trauma from experiencing adverse community conditions, including interpersonal violence and structural violence. As understanding has grown about the deleterious impact of trauma, there has been an increased focus on trauma. Trauma informed care has become a standard practice in healthcare and mental healthcare provision and education in many communities. While this is an incredibly important development, it's also critical that attention go beyond individuals and beyond a focus solely on treatment and protocols after exposure to traumatic conditions. Addressing

There are environmental and societal impacts — community trauma is impacted by things like institutional racism — you can see it in schools, in where resources are directed, schools that are well resourced and schools that are not well resourced. Disparities in economic, social and cultural capital. Things like inequity in transportation, in access to stores. The individual level has a lot to do with the home environment, the family. We (Kaiser Permanente) form and support organizations to do work around trauma-informed care. We need to find ways to directly address community trauma.

— Ellen Brown, former Community Benefit Manager for South Sacramento, Kaiser Permanente.

community trauma requires attention at a population level and consideration of what can be done to prevent trauma in the first place.

There are identifiable elements or symptoms of community trauma. Traumatized communities have deteriorated environments and unhealthy, often dangerous public spaces with a crumbling built environment; damaged, fragmented or disrupted social relations, particularly intergenerational relations; damaged or broken social networks and infrastructure of social support; the elevation of destructive, dislocated social norms that promote or encourage violence and unhealthy behaviors rather than community oriented positive social norms; and a low sense of collective political and social efficacy.

"There is very little information through this needs assessment. The conversations are not based on the root causes, but the high incidents of illness. Moving forward hopefully we can have those conversations and look better at the issue of violence, blighted communities, unemployment and what that does to the health of people in the community."

— Community Health Worker

While many of those living and working in impacted areas share the sense that whole communities can be traumatized, until now there has been no conceptual framework for understanding the systematic effects of trauma at a community level—and how community trauma undermines both individual and collective resiliency in the face of violence. The adoption of the framework for community trauma presented here could be instrumental in the development and adoption of strategies to reduce community trauma, heal communities and promote healthy, thriving communities. This framework includes a set of emerging strategies that hold great promise for promoting community healing and setting the stage for the development of safer, healthier, more resilient communities. Community healing strategies include:

- Trauma-informed community building strategies;
- Restorative justice programs that shift the norms around conflict resolution;
- Healing circles that both promote healing from individual trauma and strengthen intergenerational relationships;
- Economic and workforce development strategies that improve the employment skills, capacity and readiness of community members and link them to job opportunities with a living wage;
- Improvements in the built environment (parks, housing and transportation) that create safer public spaces;
- Collaborations that promote these community-level strategies while rebuilding community social networks; and
- Efforts to change the narrative about a community.

Often, when a serious health condition is recognized, attention turns to treatment. For example, as increasing numbers of Americans became overweight, there was an initial focus on diabetes management and bariatric surgery as strategies to address the growing epidemic. Fortunately,



public health experts and advocates also called for changes in policies, institutional practices and community environments, which supported healthy eating and activity in support of prevention. The same conditions that were preventive also supported disease management, as diabetics also needed safe places to be active and access to healthy, affordable food. While treatment models are important, it is also critical to focus on reducing the need for treatment through prevention. This is equally true in the case of trauma. As more and more models are developed for treatment and addressing trauma after its onset, there is a need for prioritizing how to treat it as a public health epidemic, exploring population-level strategies and prevention.

The successful implementation of strategies for community healing from community trauma is vital to 1) developing community resources for individual and collective resilience; and 2) improving other aspects of health in underserved communities including reducing incidence of chronic disease and violence. The adoption and dissemination of this framework for addressing community trauma would be an important step towards reducing violence and trauma in communities most impacted by individual and structural violence.

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This report was designed by the Kaiser Permanente Multimedia Communications department.

Fact Sheet
Built Environment-Safe Access to Vibrant Parks for Children

PROBLEM STATEMENT

The City of Los Angeles ranks 69th out of 98 largest cities in the country for the number of people living within ½ mile of a park. Los Angeles County is relatively park poor compared with many other urban jurisdictions in the United States. Latinos and African Americans generally inhabit neighborhoods and communities with not enough park space and/or limited access to these spaces. The LA County Parks Needs Assessment (Needs Assessment) reveals the current racial/ethnic and socioeconomic inequities in park space availability across LA County and highlights the need for prioritization of resources for park expansion and recreational programming in communities with little to no park space.

Concurrent with the Need Assessment process, the Los Angeles County Department of Public Health (DPH) conducted research assessing park space per capita in relation to premature mortality from cardiovascular disease (heart disease and stroke) and diabetes, childhood obesity prevalence, community level economic hardship, and race/ethnicity in cities and unincorporated communities across Los Angeles County. In addition to large geographic disparities in park space per capita, DPH found that communities with less park space per capita on average had higher rates of premature mortality from cardiovascular disease and diabetes, higher prevalence of childhood obesity, and greater economic hardship compared with cities and communities with more park space per capita. The research from DPH identifies prioritization of resources for park expansion in communities with less park space to help reduce health disparities in LA County.

WHY THIS MATTERS FOR OUR FAMILIES

Parks are valuable community resources that offer numerous educational programs that bring together community members of diverse ages, ethnic backgrounds, and economic status. Access to parks provides children with learning opportunities that are crucial to their healthy development. In many communities, children do not have access to parks and are less connected to nature than ever before. Through park-based programs, children and their families become active participants in their communities, learn about the natural environment, promote physical activity, and inspire families towards more healthy living.

WINDOW OF OPPORTUNITY

Funding from Measure A - to expand and increase park spaces across the board in addition to a special program to address deficits in low-income communities - can be leveraged with other health promotion and disease prevention efforts to improve the health of these populations by reducing park inequities. The LA County Regional Park and Open Space District (RPOSD), the agency responsible for implementing Measure A funding, established the Measure A Implementation Steering Committee to provide funding guidance and make decisions at key steps of the implementation process with input from residents and stakeholder groups.

Through the Best Start Partnerships, First 5 LA can mobilize parents, residents and other organizations serving children and families to engage in Measure A implementation opportunities to expand and improve local parks and recreation facilities, ensuring that future investments address critical needs of park poor neighborhoods. In addition, over the course of the next two years, the City of Los Angeles will be seeking community input on the Open Space Element of the General Plan which includes park development metrics and indicators. Garnering feedback from community residents can inform the Open Space Element to include measures that improve parks for children and families and emphasize park development in park poor communities in the City of Los Angeles.

Fact Sheet
Built Environment-Healthy Food Access

PROBLEM STATEMENT

Nearly 13,000 children under the age of 5 reside in the 29 "food desert" census tracts located in Los Angeles County. While there are many ways to define a "food desert," the federal Healthy Food Financing Initiative (HFFI) Working Group considers a food desert as a low-income census tract[1] where a substantial number or share of residents has low access to a supermarket or large grocery store. Low access to a healthy food retail outlet is defined as more than one mile from a supermarket or large grocery store in urban areas. Food deserts reflect the systematic production of inequities through historical and current day policies, practices and procedures related to the built environment. But just as these inequities have been created, there are pathways to produce healthy equitable communities by addressing nutrition-related health disparities through systems level policies and practices. No single policy will improve health outcomes for impacted communities. However, increasing access to healthy food remains an important strategy that moves us toward achieving health and social equity.

WHY THIS MATTERS FOR OUR FAMILIES

While there has been steady growth in the healthy food access field with focus on good, healthy foods, there are still far too many people especially those living in low-income communities and communities of color, where healthy foods are simply out of reach. Finding quality fresh food means either traveling significant distances or paying exorbitant prices for wilting vegetables and overripe fruit. With these burdens, it is no surprise that these same communities face the highest risks of obesity, diabetes, and other preventable food-related health challenges. And for many these health challenges start during childhood. Research has shown that childhood obesity has been linked to the premature onset of puberty[2]. In addition, being overweight can negatively affect children's social and psychological development. Increasing children's physical activity and limiting the amount of high-calorie, nutrient-poor foods can prevent children from becoming overweight. First 5 LA has an important opportunity to implement its policy and systems change agenda by advocating for better access to healthy food for families and young children in Los Angeles County.

WINDOW OF OPPORTUNITY

First 5 LA has made several investments to increase healthy food options for families across Los Angeles County and has an important opportunity to build on the momentum it has created by continuing to fund strategies which increase access to healthy foods for families and young children in Los Angeles County. Over the next year First 5 LA will focus on supporting strategic partners to build awareness and community capacity for improving access to healthy foods for families and young children in Los Angeles County, including resources like Community Markets Purchasing Real and Affordable (COMPRA) Foods. COMPRA Foods is a purchasing cooperative project that creates an alternative food distribution system for small grocers and convenience stores in "food desert" neighborhoods in Los Angeles, and expands opportunities for local street vendors to provide healthy food in their communities.

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[1] The NMTC program defines a *low-income census tract* as: an census tract where the poverty rate for that tract is at least 20 percent and/or the median family income for the tract does not exceed 80 percent of the greater of statewide median family income or the metropolitan area median family income

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Fact Sheet
Built Environment-Better Transportation for Families

PROBLEM STATEMENT

Our most under-invested neighborhoods in Los Angeles County have unsafe streets for people who walk, bike, and take public transit to get around. Traffic-related crashes are a public health risk for families with young children – in fact, these crashes are the number one reason for childhood deaths in Los Angeles County, and the third most prevalent cause of death for infants between ages of 1 to 4.[1] To prevent early mortality and promote healthy families, our streets need to be well-designed, built and maintained to encourage walking, biking, and other means of getting around without an automobile – especially in lower-income neighborhoods where families have minimal access to a private automobile compared to more affluent parts of the region.

WHY THIS MATTERS FOR OUR FAMILIES

Low-income families are the least likely to have access to an automobile and must rely on walking, biking, and taking public transit to jobs, school, doctor's appointments, and to meet other basic needs. Improving the design of our streets and increasing safe access to public transit can significantly improve the quality of life and safety for parents with young infants and toddlers.

WINDOW OF OPPORTUNITY

In November 2016, Los Angeles County voters passed Measure M — the county's transportation investment plan for the next 50 years. Measure M is the county's 4th transportation sales tax (Prop A, Prop C, and Measure R) since 1980. In the plan, there is over $120 billion in investments in improved bus routes, new train infrastructure, and maintenance funding for repair and upkeep of public transit assets. The expenditure plan for this half cent sales tax includes funding that will expand active transportation options for families with young children who walk, bike, and take public transit to get to jobs, school, doctor appointments and to meet other basic needs.

On a local level, the City of Los Angeles has designated $23 million in the next fiscal year budget for the Vision Zero program — an initiative designed to reduce pedestrian injuries and deaths to zero by 2025. In this plan, there is significant funding for infrastructure improvements in Los Angeles' High-Injury corridors, the streets where the most severe and fatal collisions occur (over 60% of traffic-related injuries and fatalities occur on just 6% of the city's streets). With strategic outreach, engagement and organizing, families with young children have the opportunity play a significant role in improving streets in their neighborhood to help achieve Vision Zero goals.

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http://publichealth.lacounty.gov/dca/data/documents/mortalityrpt13.pdf

Strategic Opportunities to Create a Healthy, Equitable Land Use System in Los Angeles



About the HEALU Network: The Healthy, Equitable, Active Land Use Network (HEALU Network) was formed to promote policies and practices in Los Angeles' land use system that support health and social equity. The HEALU Network represents broad topical expertise—active transportation, parks and open space, affordable housing, environmental law, public health, and more—and varying approaches, from grassroots organizing to community development to strategic policy advocacy, across Los Angeles' diverse landscape. We are joined by a shared belief that healthy, equitable land use can be intentionally produced through strategic multi-sector action. Together, we are committed to building a healthier, more equitable land use system in Los Angeles.

This brief was prepared by Prevention Institute on behalf of the Healthy, Equitable, Active Land Use Network (HEALU Network) and represents a broad vision for achieving health equity through land use. For a full list of HEALU Network partners and to learn more please visit www.preventioninstitute.org.

Prevention Institute — Prevention and equity — at the center of community well-being

NRDC

Pacoima Beautiful

Community Intelligence

Los Angeles Food Policy Council

Los Angeles County Bicycle Coalition — www.la-bike.org

Los Angeles Neighborhood Land Trust

LA THRIVES — Homes • Transit • Jobs for everyone

Safe Routes to School National Partnership

East LA Community Corporation — Building a more equitable Eastside

Investing in Place

The Nature Conservancy — Protecting nature. Preserving life.

Executive Summary

Background: Los Angeles' low-income communities of color have not received the same level of policy attention, developer investment, and other types of innovation in healthy, equitable land uses that have benefitted higher income neighborhoods. These communities are frequently starved for health-promoting resources and infrastructure—like healthy food, quality parks, and affordable housing—and they are overburdened by concentrations of unhealthy land uses such as liquor stores, hazardous waste storage, and industrial facilities that emit toxic pollution. Moreover, residents of underserved communities are typically not engaged as meaningfully as they should be in land use and development decision-making processes.

These conditions are not exceptional or unique to neighborhoods in Los Angeles; they reflect the systematic production of inequities through historical and current day policies, practices, and procedures throughout the United States. But just as health inequities have been created, there are pathways to produce a healthy, equitable land use system. In such a system, both the tools of the planning field and the processes through which planning is done can increase community access to health-promoting resources while protecting people from hazardous and unsafe land uses. To achieve this in Los Angeles, a systems-fix—not one-off workarounds—is critically needed.

Purpose of this Brief: This document lays out four key strategies to move Los Angeles to a healthier, more equitable land use system, and highlights a selection of policy examples and key opportunities. The strategies outlined in this brief emerged originally from a landscape analysis conducted in advance of the formation of the HEALU Network, and they were expanded and refined by our Network's multi-sector partners.

Four Key Strategies to Create a Healthy, Equitable Land Use System in Los Angeles:

1. Increase the percentage of public funds invested in health-promoting infrastructure in low-income communities of color.
2. Build capacity in government, the private sector, and community-based organizations for robust community engagement in land use planning and policymaking.
3. Accelerate land use innovations and demonstration projects in low-income communities of color, and scale up successful pilot projects to drive policy change.
4. Foster cross-government collaboration to embed health and equity in all land use decisions.

A Vision for the Future: These four strategies will propel us towards a new norm in which economic incentives and political and social support drive strong policy change, and where public and private investments in innovative projects create value, social capital, and economic growth in underserved neighborhoods. Coupled with robust community engagement activities by government agencies and nonprofits, the result will be momentous: a healthier and more just, resilient, and prosperous Los Angeles, and a model for other cities nationwide. We are hopeful that organizations and agencies outside of Los Angeles will be inspired by these approaches and build upon them, expanding the movement to build healthier, more equitable land use systems across the United States.

Strategic Opportunities to Create a Healthy, Equitable Land Use System in Los Angeles

A Brief of the Healthy, Equitable, Active Land Use Network (HEALU Network)

The Healthy, Equitable, Active Land Use Network (HEALU Network) was formed to promote policies and practices in Los Angeles' land use system that support health and social equity. We are joined by a shared belief that healthy, equitable land use can be intentionally produced through strategic multi-sector action. The HEALU Network represents broad topical expertise—active transportation, parks and open space, affordable housing, environmental law, public health, and more—and varying approaches, from grassroots organizing to community development to strategic policy advocacy, across Los Angeles' diverse landscape. Together, we are committed to building a healthier, more equitable land use system in Los Angeles.

Toward a Land Use System that Produces Better Health for All

Land use is the "general location and density of housing, business, industry, open space, public buildings and grounds, waste disposal facilities," and other facilities within a community.[1] The planning and development sectors are the primary drivers of our land use system, though many other sectors—finance, education, and transportation, for example—also shape how land is used, by whom, and for what purposes. Land use is a critical determinant of health because it shapes communities' access to health-promoting resources like jobs, affordable housing, healthy food, and safe places to play and be physically active. Yet, too often, land use reinforces pervasive, historical health inequities.

"Just as health inequities have been created, there are pathways to produce a healthy, equitable land use system."

Inadequate land use planning and persistent divestment in low-income communities of color correlate with high rates of chronic disease and injury. Los Angeles' low-income communities of color have not received the same level of policy attention, developer investment, and other types of innovation in healthy, equitable land uses that have benefitted higher income neighborhoods. These communities are frequently starved for health-promoting resources and infrastructure—like healthy food, quality parks, and affordable housing—and they are overburdened by concentrations of unhealthy land uses such as liquor stores, hazardous waste storage, and industrial facilities that emit toxic air pollution next to homes, schools, day care facilities, and senior centers.

These communities lack the kinds of zoning and land use policy tools that have been used to protect more affluent neighborhoods from such problematic land uses, as well as incentives to drive healthy land uses. Moreover, residents of underserved communities are typically not engaged as meaningfully as they should be in land use and development decision-making processes.

These conditions are not exceptional or unique to neighborhoods in Los Angeles; they reflect the systematic production of inequities through historical and current day policies, practices, and procedures throughout the United States. But just as health inequities have been created, there are pathways to produce a healthy, equitable land use system. In such a system, both the tools of the planning field and the processes through which planning is done can increase community access to health-promoting resources while protecting people from hazardous and unsafe land uses. To achieve this in Los Angeles, a systems-fix—not one-off workarounds—is critically needed.

This document lays out four key strategies to move Los Angeles to a healthier, more equitable land use system, and highlights a selection of policy examples and key opportunities. The strategies focus deliberately on policies and projects rather than plans. While general and community plans play an important role in land use decision-making, they are only as good as their timeliness, relevancy, and effective implementation. It is through concrete policies and practices, authentic community engagement, adequately funded projects, and associated norms change that we will bring about much-needed improvements to the land use system.

"Land use shapes communities' access to health-promoting resources like jobs, affordable housing, healthy food, and safe places to play and be physically active. Yet, too often, land use reinforces pervasive, historical health inequities."

Defining Health Equity

"Health equity means that every person, regardless of who they are—the color of their skin, their level of education, their gender or sexual identity, whether or not they have a disability, the job that they have, or the neighborhood that they live in—has an equal opportunity to achieve optimal health."

—Braveman, et al., 2011.

"Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."

—U.S. Centers for Disease Control and Prevention, 2013.

Four Key Strategies to Create a Healthy, Equitable Land Use System in Los Angeles

1. Increase the percentage of public funds invested in health-promoting infrastructure in low-income communities of color.
2. Build capacity in government, the private sector, and community-based organizations for robust community engagement in land use planning and policy-making.
3. Accelerate land use innovations and demonstration projects in low-income communities of color, and scale up successful pilot projects to drive policy change.
4. Foster cross-government collaboration to embed health and equity in all land use decisions.

Strategy 1: Increase the percentage of public funds invested in health-promoting infrastructure in low-income communities of color.

Californians currently invest billions of dollars in infrastructure, whether it is to build our roads, bridges, parks, water systems, or schools. In 2006, the state's then-Governor signed into law a Strategic Growth Plan to "restore and expand our highways, roads, and transit systems as well as our schools, courthouses, ports, levees, and water supply systems."[2] Investing in infrastructure that supports each element of the California Strategic Growth Council's *Healthy Community Framework* (see Appendix) with a particular focus on equity can spur economic growth, improve the environment, and ensure health and well-being for future generations.

Highly effective programs like the Statewide Park Development and Community Revitalization Act of 2008 (AB 31 – De Leon) have dedicated bond measure dollars to high-priority projects in high-need communities through specific funding allocations and clear grantmaking requirements. A recent evaluation of this funding program confirms that when equity was clearly defined as a priority, state funds were spent accordingly; when priorities for the bond dollars were more loosely defined, projects were less likely to benefit "disadvantaged communities."[3] Dedicating greater infrastructure investments to health and safety-promoting infrastructure like parks, healthy food retail, walking facilities, and bicycle infrastructure in divested, underserved communities with high rates of preventable chronic illness and injury will result in multiple benefits to California residents including improved health outcomes, reduced health care costs, and best use of our land resources.

Specific opportunities to increase the percentage of public funds invested in health-promoting infrastructure in low-income communities of color include:

- **Clearly define requirements, health and equity-based criteria, and metrics** that would enable state and local government departments, agencies, and special districts to allocate and spend dollars in "high need" or "disadvantaged" communities. For instance, public health leaders developed the Health Disadvantage Index to complement the CalEnviro Screen tool, which the State of California uses to identify "disadvantaged" communities and prioritize spending of the State's billion-dollar cap-and-trade program revenue in accordance with the California Global Warming Solutions Act of 2006: Greenhouse Gas Reduction Fund (SB 535 – De Leon).[4]

- **Track public finance measure spending and evaluate its effectiveness.** State and local finance measures should include requirements to track where and how these public dollars are spent. Evaluating publicly-financed infrastructure projects, including measurement of equity outcomes, would demonstrate how equitably such dollars are allocated and shed light on the direction future measures should take to better achieve healthier and more equitable outcomes. Making comprehensive data accessible is key to achieving this strategy.

- **Increase general fund allocations for key agencies and designate resources to address historic inequities in the availability and distribution of health-promoting public infrastructure** including parks and recreational facilities, active transportation, and transit oriented infrastructure, with a particular focus on health and safety "hot spots" in low-income communities. For example, Los Angeles ranks below 50 major U.S. cities in its spending on parks and recreation per

resident which contributes to half of all Angelenos lacking walkable access to a park.[5] Increasing park investments in underserved communities promotes physical activity among other health, social, and environment benefits for residents. Similarly, LA County Metro dedicates a lower proportion of its transportation sales tax revenue to active transportation than comparable counties; based on best practices, advocates recommend that Metro dedicate at least 10 percent of sales tax revenue to support walking, biking, and safe routes to school.[6]

Strategy 2: Build capacity in government, the private sector, and community-based organizations for robust community engagement in land use planning and policymaking.

Because of the long-term nature and technical complexity of most land use policy issues, effective community engagement requires intensive time, resources, and commitment. LA's nonprofit sector has a strong legacy using innovative practices—like community benefits agreements, project labor agreements, and conditional use permits—to ensure that large scale developments and problematic land uses do not infringe upon the public's health and safety. But in many cases, land use focused organizing campaigns have arisen in response to a problematic development rather than as part of a long-term, proactive policy agenda. Within City Hall, there are requirements for community participation in a wide range of land use decision-making processes but the outcomes are widely inconsistent, reflecting the lack of mandated best practices and baseline standards. Developers, planners, and community residents can all benefit when residents are organized around the implementation of a vision. Projects are more likely to move forward without a public fight, and plans are more likely to attract outside dollars, when they represent the community's desires, culture, and articulated needs.

Several cities in the Pacific Northwest provide examples of how the City of Los Angeles could strengthen its commitment to robust, equitable community engagement. In 2008, Seattle's then-Mayor issued an Executive Order on Inclusive Outreach and Public Engagement mandating that all City departments adhere to an *Inclusive Outreach and Public Engagement Guide*, developed by the City's Race and Social Justice Initiative. The guide provides all city staff with a comprehensive framework, key principles, strategies, and step-by-step instructions for implementing inclusive public engagement processes.[7] Similarly, the City of Portland's Public Involvement Advisory Council, comprised of 50% City staff and 50% community members, is dedicated to improving the quality and consistency of the City's public involvement. In 2010, Portland's City Council adopted a set of Public Involvement Principles developed by the Public Involvement Advisory Council.[8] The principles include Partnership, Early Involvement, Building Relationships and Community Capacity, Inclusiveness and Equity, Good Quality Process Design and Implementation, Transparency, and Accountability, and each is tied to outcomes and indicators that the City uses to evaluate the effectiveness of public engagement.[9] Following these models and leveraging LA's community-based organizational capacity could shift more land use decisions from being done *to* Angelenos to being done *with* and *by* them.

Strategies to build capacity for robust community engagement in land use planning and policymaking include:

- **Target government and philanthropic investments for community-based "anchor" organizations** to build and sustain community engagement in land use processes. Anchor organizations are hubs in their communities; they have a strong presence and stake in the well-being of the community and facilitate opportunities for community-led mobilization and development. Supporting these key institutions would include designating resources to elevate the scope and scale of existing community-level training and capacity building initiatives focused on land use to maximize their collective impact and improve health equity outcomes.

> **"Adapting successful models from other regions and leveraging LA's community-based organizational capacity could shift more land use decisions from being done to Angelenos to being done with and by them."**

- **Develop and formally adopt inclusive outreach and public engagement standards,** modeled on Seattle's and Portland's approaches, which require community outreach to be culturally competent and linguistically appropriate. Public agency employees should receive training and continuing education on cultural and linguistic competency.

- **Prioritize engagement in "high need" or "disadvantaged" communities** following Seattle's example. Seattle's Department of Transportation devotes particular attention to engaging people in neighborhoods with high concentrations of immigrants, walking seniors, children, low-income households, and traffic injury "hot spots."[10]

- **Develop and formally adopt early consultation and inclusive engagement practices for major land use projects** that are grounded in a health equity ethos. Government agencies, the private sector, and community-based anchor organizations should collaborate to ensure healthy, equitable, and active land uses. A good model is found in Los Angeles' recently updated Quimby policy, which governs the dedication of parkland or the payment of fees in lieu of dedication of land to offset impacts of new residential development. One of its provisions requires developers of large residential housing projects to undergo and document an early consultation process with City agencies to determine whether land dedication may be required instead of in-lieu fees. Since land is harder to acquire in built-out urban areas, the early consultation process creates conditions more favorable to actually securing land for park space for underserved neighborhoods.

- **Coordinate community engagement approaches across city agencies** to reduce duplication of work and more effectively use resources.

- **Equip people who already have strong community engagement skills to become civic leaders and decision-makers** by scaling up efforts like Liberty Hill Foundation's Commissions Training Program for Emerging Leaders. This program builds knowledge and capacity for community leaders and residents on the commissions-appointment process, civic decision-making processes, and internal and external approaches for influencing policy outcomes in order to ensure that there are strong community leaders serving on Los Angeles' 52 regional government boards and commissions.[11]

Strategy 3: Accelerate land use innovations and demonstration projects in low-income communities of color, and scale up successful pilot projects to drive policy change.

Lack of policy activity, developer investment, and other types of innovation in low-income communities has dire health consequences and partially explains lack of resident participation in land use and development decision-making processes. Strategies to incentivize innovation and invest in demonstration policies and projects can advance promising practices at the appropriate scale to enhance and strengthen community environments. At the same time, because land use innovations—such as transit oriented developments, bike lanes, or new parks—can inadvertently catalyze and accelerate gentrification and displacement, their unintended negative consequences must be considered far in advance and intentional actions taken to support long-term residents and small businesses to thrive in their communities.

Opportunities to accelerate land use innovations in low-income communities of color and scale up what works include:

- **Structure economic incentives that stimulate healthy land use projects,** particularly in low-income communities of color. Leveraging tools, such as providing expedited permitting and economic incentives for developers with explicit health equity provisions that meet certain minimum requirements would allow the City to catalyze healthy, equitable land use initiatives; this would yield valuable benefits in communities that face significant health and safety challenges, and where investment has been absent, declining, or limited for decades.

- **Prioritize government and philanthropic investments in community-driven pilot or demonstration policies with the potential to be taken to scale to address pervasive land use problems.** An exemplary model of this strategy has emerged with LA's recently enacted Clean Up Green Up pilot land use policy, which couples traditional planning tools—development standards and conditional use permits—with economic incentives for small businesses to clean up their operations in three pilot communities with high concentrations of hazardous land uses that emit toxic pollutants.[12] While the lessons learned from implementation of this pilot will inform future efforts to scale up the policy citywide, Clean Up Green Up has already demonstrated the power of land use policy-focused partnerships involving community-based organizations, foundations, academic partners, and the City of Los Angeles.

- **Invest in and elevate community-based partners that have demonstrated capacity to engage residents in project design**

> **"Because land use innovations—such as transit oriented developments, bike lanes, or new parks—can inadvertently catalyze and accelerate gentrification and displacement, their unintended negative consequences must be considered far in advance, and intentional actions must be taken to support long-term residents and small businesses to thrive in their communities."**

and development. While many groups have the capacity to undertake innovative projects, fewer have the capacity to engage residents in project design and development in a manner that puts community needs and desires front and center. Public agencies and private funders should prioritize investment in community-based organizations that have both project development and community engagement skill sets to ensure innovative and equitable land use developments.

- **Document, evaluate and promote effective land use innovation and demonstration projects and policies.** Because of LA's size, when innovative land use projects or demonstration efforts are implemented, it is difficult for most Angelenos to experience the results, especially benefits, firsthand. Formal documentation and evaluation would ensure that the most effective innovation and demonstration efforts are promoted and advanced at a larger scale.

Strategy 4: Foster cross-government collaboration to embed health and equity in all land use decisions.

Many agencies within local government play a role in shaping the character and quality of neighborhoods. Working across jurisdictions and disciplines, departments can leverage their collective resources, still working within their mandates, to achieve win-win solutions across sectors and with community residents. A major benefit of cross sector work is the establishment of a shared sense of direction and deeper understanding of the unique skills and contributions other sectors may have. Further, cross sector work can lead to a "de-siloing" of funding and thinking.

Models of this approach already exist both inside and outside Los Angeles. In 2015, City of Los Angeles Mayor Garcetti released his Sustainable City pLAn and, by executive directive, decreed that every City department has a role to play in achieving LA's sustainability goals.[13] The Mayor appointed department-level Sustainability Officers who will work with the City's Chief Sustainability Officer to implement the plan, demonstrating a broad commitment to this common vision. Los Angeles County has taken a similar approach to interdepartmental collaboration through its Healthy Design Workgroup, which brings together County staff from the departments of health, public works, regional planning, parks and recreation, fire, and the arts commission, among others. The workgroup is charged with developing and implementing policies to encourage safe walking, biking, and access to transit; providing access to outdoor physical activities; and promoting community gardens and farmers' markets. The workgroup's interdepartmental grants team collaborates on fundraising for healthy design projects, leveraging the County's investment with external funding.[14]

Priority strategies to foster cross-government collaboration to embed health and equity in all land use decisions include:

- **Enact a citywide Health Equity in All Policies strategy and ordinance, and appoint department-level Health Equity Officers and a Chief Health Equity Officer.** Based on the City of Richmond, California's model, each Health Equity Officer would be responsible for integrating and tracking health equity indicators in their particular department, and the City would allocate funding to support the strategy.[15] The group could operationalize the Plan for a Healthy Los

Angeles by promoting an integrated approach to healthy land use, planning, and development, particularly in economically distressed communities.

- **Adopt a framework within the City of Los Angeles to identify, evaluate, and communicate the potential impacts—both positive and negative—of all land use plans, policies, and projects on equity,** modeled on King County, Washington's Equity Impact Review. Much like Health Impact Assessment, the Equity Impact Review is a process and a tool to rigorously analyze the impacts that a proposed action could have on equity in order to support informed decision-making.[16]

- **Broaden the focus of the City of Los Angeles Health Commission and the Los Angeles County Community Prevention and Population Health Task Force to include community-level determinants of health** such as safe streets, affordable housing, and parks and recreation spaces. These committees have been tasked with determining whether the health needs of Angelenos are being met and recommending policies and practices to improve population health in the city and county.[17,18] A focus on what shapes people's health in the first place—community conditions and inequities in resources and opportunity—is what's critical.

"This is a time of transformation in Los Angeles. Diverse voices for health equity are coalescing and reshaping the way land use decisions and investments are made."

Conclusion

This is a time of transformation in Los Angeles. Diverse voices for health equity are coalescing and reshaping the way land use decisions and investments are made. The strategies outlined in this brief emerged originally from a landscape analysis conducted in advance of the formation of the HEALU Network. They were expanded and refined by our Network's multi-sector partners. Together, we collaborate proactively at a level that transcends work-arounds or campaigns to stop problematic developments. These four strategies will propel us towards a new norm in which economic incentives and political and social support drive strong policy change, and where public and private investments in innovative projects create value, social capital, and economic growth in under-served neighborhoods. Coupled with robust community engagement activities by government agencies and non-profits, the result will be momentous: a healthier and more just, resilient, and prosperous Los Angeles, and a model for other cities and counties nationwide.

The HEALU Network looks forward to working with public and private sector groups to advance opportunities, both formal and informal, to deliberate, prioritize, and act upon these strategies to create a healthier, more equitable land use system in Los Angeles. We are hopeful that organizations and agencies outside of LA will be inspired by these approaches and build upon them, expanding the movement to build healthier, more equitable land use systems across the United States.

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This brief was prepared by Prevention Institute on behalf of the Healthy, Equitable, Active Land Use Network (HEALU Network) and represents a broad vision for achieving health equity through land use. Prevention Institute is solely responsible for the words and contents of this document, including any errors. For a full list of HEALU Network partners and to learn more please visit www.preventioninstitute.org.

Appendix – California Strategic Growth Council Healthy Community Framework

This framework was developed by California's Health in All Policies Task Force, based on input from a wide variety of state agencies, community residents, and local leaders across the state. More information is available at www.sgc.ca.gov.

What is a Healthy Community?

A Healthy Community provides for the following through all stages of life:

MEETS BASIC NEEDS OF ALL

- Safe, sustainable, accessible, and affordable transportation options
- Affordable, accessible and nutritious foods, and safe drinkable water
- Affordable, high-quality, socially integrated, and location-efficient housing
- Affordable, accessible and high quality health care
- Complete and livable communities including quality schools, parks and recreational facilities, child care, libraries, financial services and other daily needs
- Access to affordable and safe opportunities for physical activity
- Able to adapt to changing environments, resilient, and prepared for emergencies
- Opportunities for engagement with arts, music and culture

QUALITY AND SUSTAINABILITY OF ENVIRONMENT

- Clean air, soil and water, and environments free of excessive noise
- Tobacco- and smoke-free
- Green and open spaces, including healthy tree canopy and agricultural lands
- Minimized toxics, green house gas emissions, and waste
- Affordable and sustainable energy use
- Aesthetically pleasing

ADEQUATE LEVELS OF ECONOMIC AND SOCIAL DEVELOPMENT

- Living wage, safe and healthy job opportunities for all, and a thriving economy
- Support for healthy development of children and adolescents
- Opportunities for high quality and accessible education

HEALTH AND SOCIAL EQUITY

SOCIAL RELATIONSHIPS THAT ARE SUPPORTIVE AND RESPECTFUL

- Robust social and civic engagement
- Socially cohesive and supportive relationships, families, homes and neighborhoods
- Safe communities, free of crime and violence



Source: Health in All Policies (HiAP) Task Force of the Strategic Growth Council







The Links Between Health and the Built Environment: Children 0-5 and their Families

Manal J. Aboelata, MPH
Managing Director

Elva Yañez, MS
Director of Health Equity

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July 13, 2017

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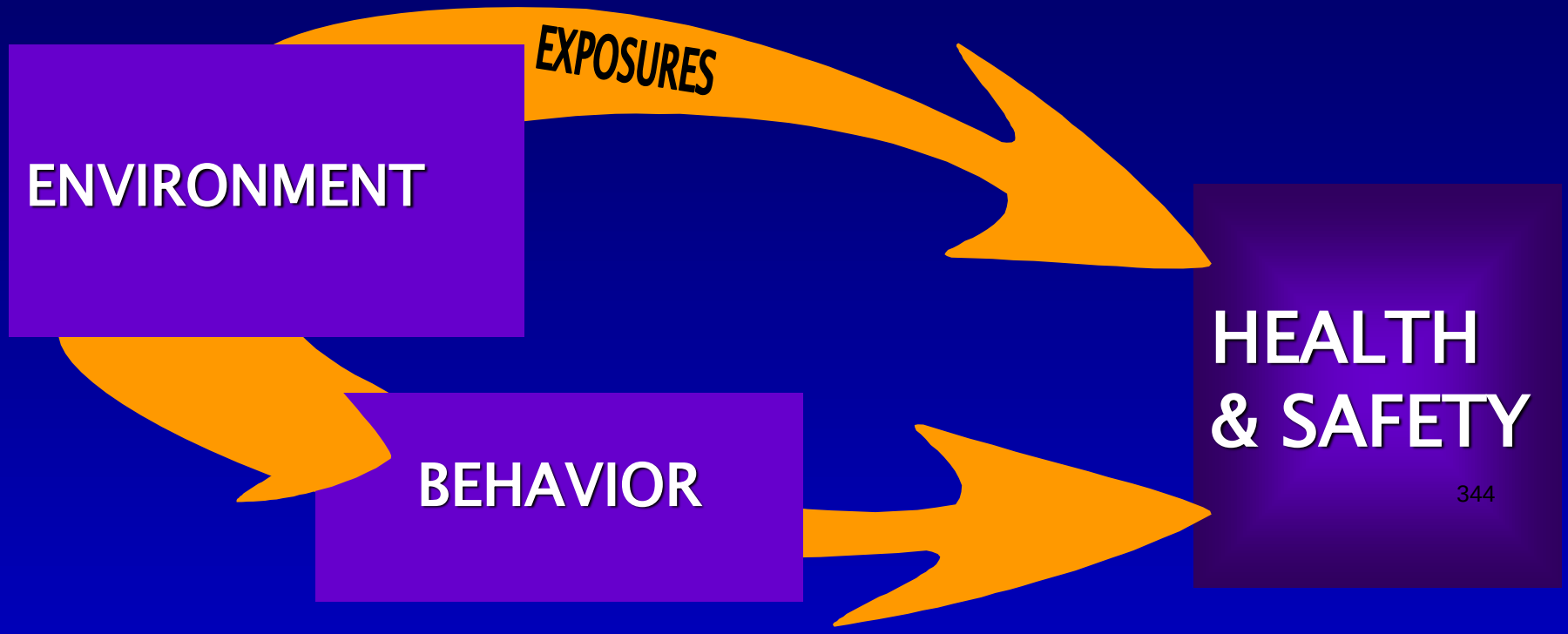
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EXPOSURES
ENVIRONMENT
BEHAVIOR
HEALTH & SAFETY

What's Health Got to Do with It?

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Source: *http://www.humpal.org*

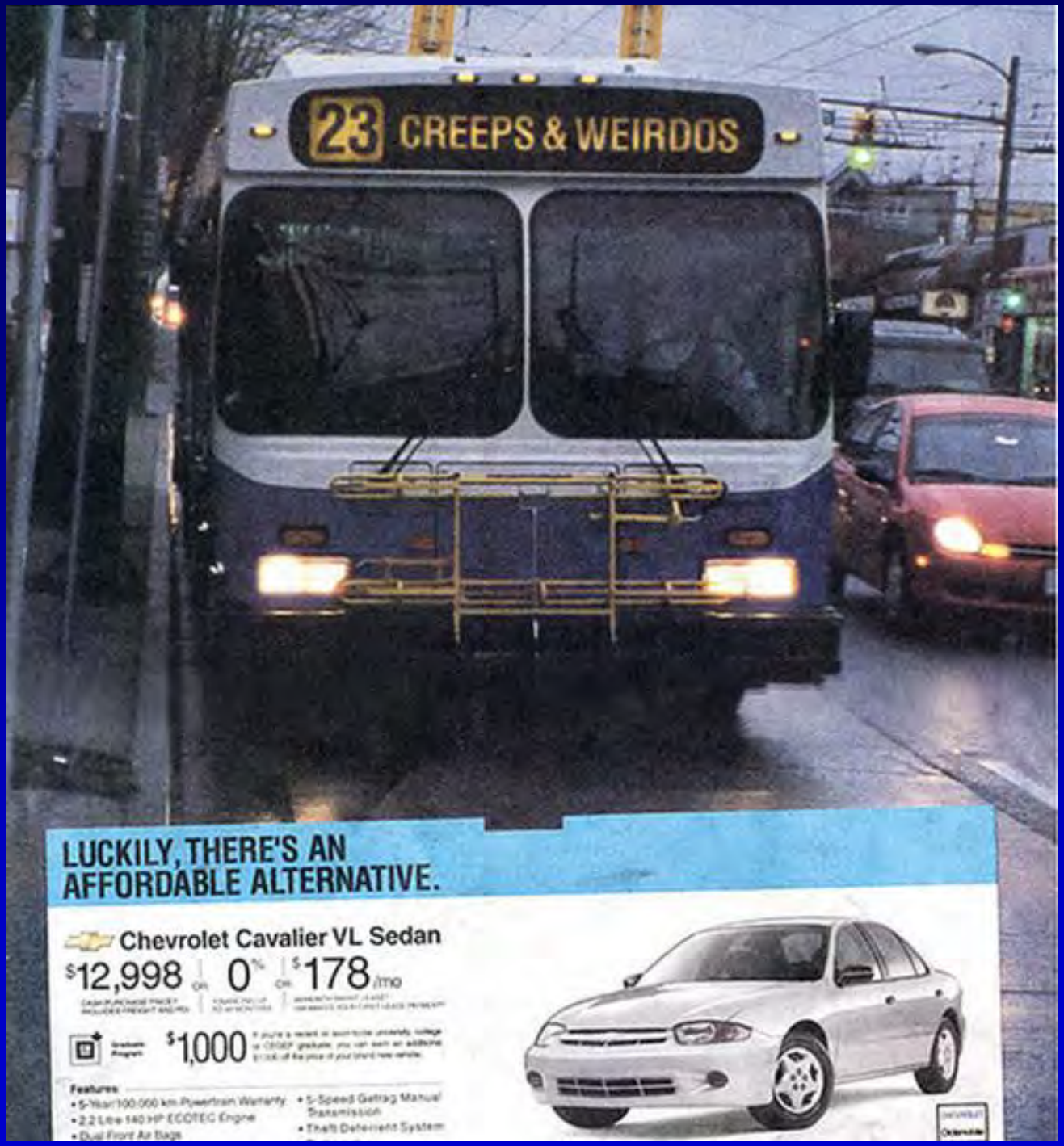


Photo courtesy of Latino Health Access



Photo courtesy of http://spacedust.atspace.com/soccer_archery.html

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Coors LIGHT
ATM
OLDE ENGLISH
800
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360
COL

"It is unreasonable to expect that people will change their behavior *easily* when so many forces in the social, cultural, and physical environment conspire against such change."

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Institute of Medicine

Source: Institute of Medicine. (2000). *Promoting health: Intervention strategies from social and behavioral research* (B. D. Smedley & L. S. Syme, Eds.). Washington, DC: National Academies Press.







Photo Courtesy of Andrew Seidenberg

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Healthy Communities



Source: Clarion Alley Mural Project

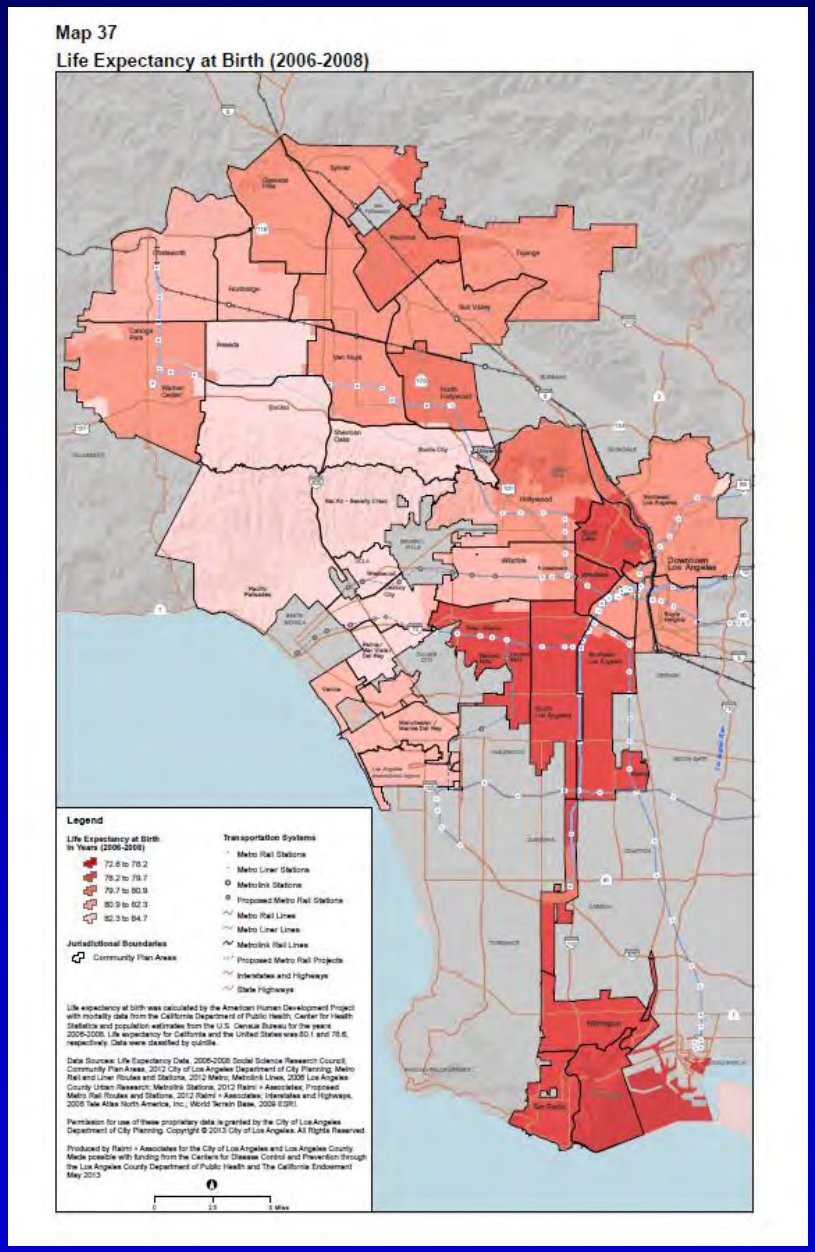
- Meets basic needs of all
- Quality and sustainability of environment
- Adequate levels of economic and social development
- Health and Social Equity
- Social relationships that are supportive and respectful

Source: Strategic Growth Council



Source: The California Endowment

Life Expectancy in Los Angeles



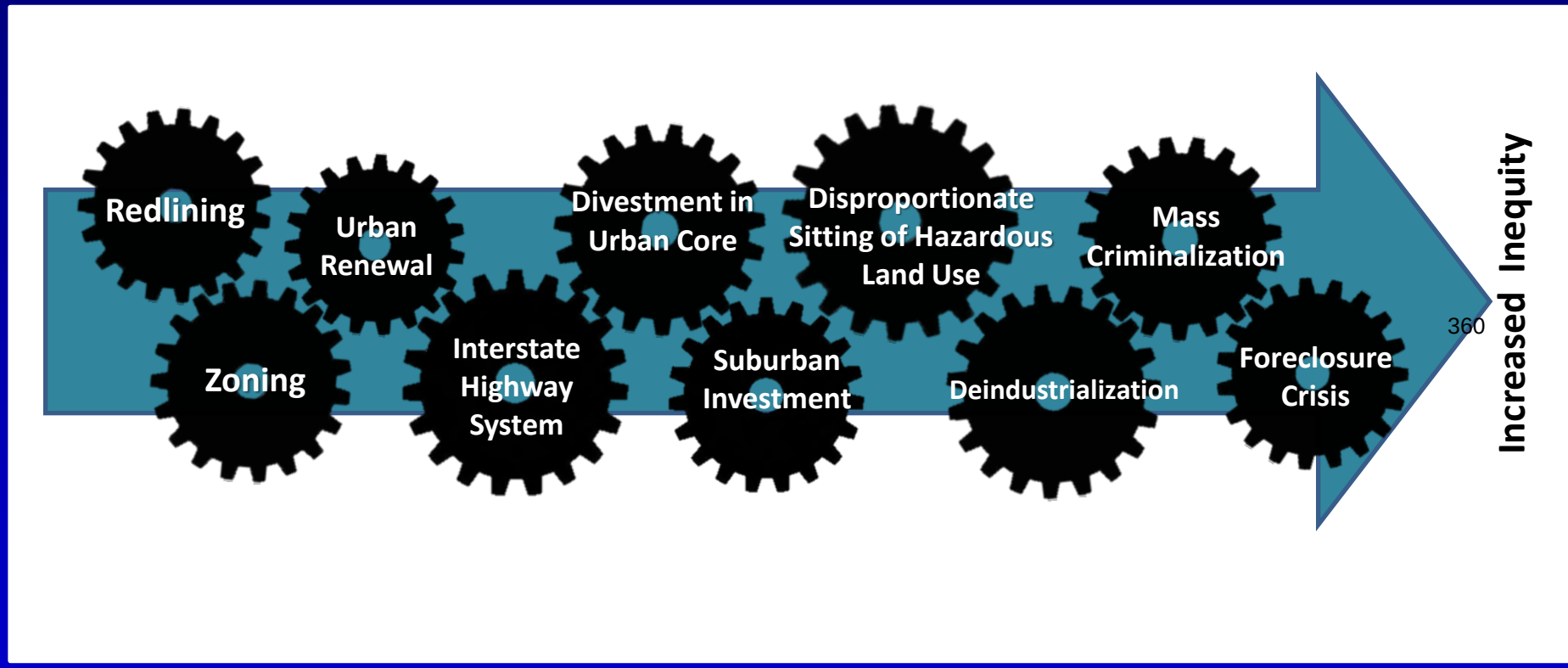
- Life expectancy varies by as much as 12 years
  - Watts: 72.8 years
  - Bel Air, Brentwood, and Pacific Palisades: 84.7 years

- Health Atlas For the City of Los Angeles

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The Production of Inequities

Built/Physical Environment



The Production of Equity



While health inequities have been created, there is also a pathway to produce health equity

Healthy Land Use for All



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“By design, we have left whole communities behind. By design, we can reverse that and reclaim our nation and all of its people.”

— Rachel Davis
Prevention Institute

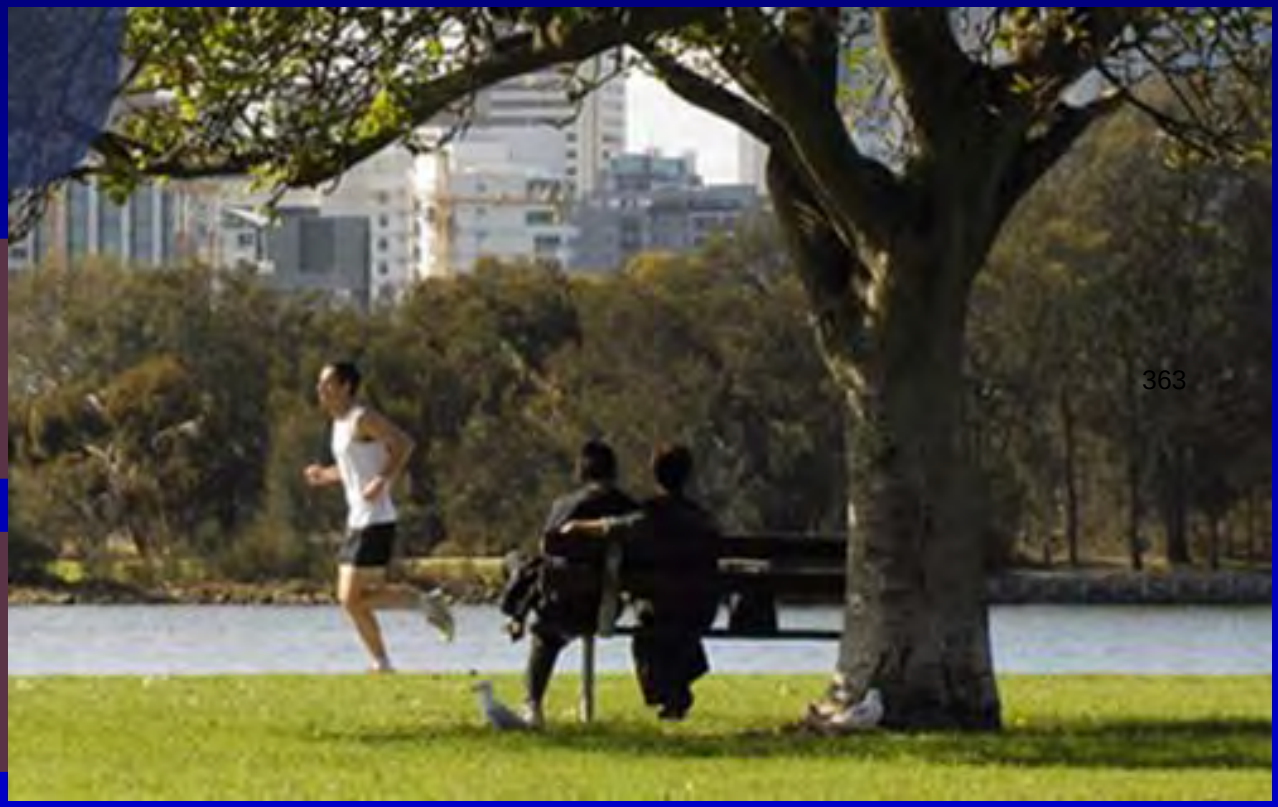
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Foundations

Systems Change in a Polarized Country

A growing number of US foundations are adopting practices based on systems change to achieve their goals in the current political environment.

By Mark R. Kramer | Apr. 11, 2017

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More than one year ago, well before the November US Presidential election, I set out to interview the CEOs of nearly two dozen leading US foundations to understand how their thinking about philanthropic strategy had changed compared to five or ten years ago.[1] What I heard, again and again, was an emphasis on "systems change" as their approach to large scale social impact.[2] Only recently, however, did I realize just how relevant systems change thinking is to the extraordinary challenges of pursuing social progress under the Trump presidency.[3]

Foundations have often relied on government as an ally to scale up and sustain the programs they pilot. The Obama Administration's Social Innovation Fund was built on precisely this model. Yet even before the election, many systems change-oriented foundations had moved away from a strategy based on government funding to achieve scale. "Certain assumptions have been clearly disproven and invalidated," says Darren Walker, president of the Ford Foundation (http://www.fordfoundation.org/) , "such as the very quaint idea that we simply need to invest in an intervention, accompanied by a randomized control trial, and if it works, it will be translated into policy and scaled by government."

The problem goes beyond the government not adopting proven programs. It's that too often we don't pay attention to the system itself. "Foundation-funded interventions are demonstrated using special money under special circumstances outside the normal government contracting and procurement system. Even when they work, you need to solve a whole set of system problems to implement them at scale—and a bad

system always trumps a good program," says Patrick McCarthy, president and CEO of the Annie E. Casey Foundation (http://www.aecf.org/) .

The challenge today is not merely that we have dysfunctional systems nor that we lack innovative solutions to our society's problems. Instead, it's that our country has no unifying narrative that binds us all to a common fate. Too many factions separated by race, gender, wealth, religion, education, politics, geography and more are working toward fundamentally incompatible goals in the false belief that their success is unaffected by the failure of others. The vision of a just and equitable society with opportunity for all is being undermined by the poisonous myth that the pursuit of prosperity depends on the eradication of compassion.

Even the most basic assumptions that many of us hold can no longer be counted on: that government will act on hard facts, respect scientific proof and democratic principles, or respond to humanitarian and environmental concerns. No mere programmatic intervention can overcome these obstacles. Instead, we need to find ways to change attitudes and relationships throughout every level of society in order to co-create a new future across our perceived differences.

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This is precisely the messy and unpredictable domain of systems change. Foundations may not have the scale to remake our entire society, but they can apply a systems change approach to achieve significant impact on the issues and in the communities that they have chosen to work. "It is quite a stretch for foundations to become agents of social change and yet that is exactly what we must do," says Risa Lavizzo-Mourey, president and CEO of the Robert Wood Johnson Foundation (http://www.rwjf.org/) .

What Is Different about a Systems Change Approach?

Systems change thinking is not new. Community leaders have long advocated for systemic change to overcome structural racism and other complex barriers. Systems change also builds on a rich body of academic research, although some of it is jargon-filled and highly abstract.

Recently, several publications have even offered helpful systems change planning tools specifically for grantmakers, attesting to the growing prominence of this approach within the field.[4] But without attempting to construct any comprehensive definition or model for such a complicated topic, what exactly do foundations do differently when they adopt a systems change approach?

Foundations will continue to fund nonprofits, of course, but a key differentiator for systems change foundations is that they no longer try to pilot a small-scale program first and then take it to scale later; they confront the system at scale from the start. "Scale is not a separate question, that's what it means to solve the problem," says Larry Kramer, president of the William and Flora Hewlett Foundation (www.hewlett.org) . Adds Wynn Rosser, president and CEO of T.L.L. Temple Foundation (http://tlltemple.foundation/) : "We've shifted from thinking about what's the magic solution that we can fund and then scale up, to thinking instead about a focus on process and how to enable systems to change and operate more effectively."

Systems change means taking into account all aspects of a problem from the start. "No matter how excited we are about a particular intervention, if the person we are trying to help actually needs three things to be in place, and we only provide two of them, it's not going to work," says Jennifer Ford Reedy, president of the Bush Foundation (http://www.bushfoundation.org/) .

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This means that building the capacity of individual organizations isn't sufficient either. "It's not just about the scale of the organization anymore," says Sally Osberg, president and CEO of the Skoll Foundation (http://skoll.org/) . "You need to understand the ecosystem; who the actors are, their incentives and disincentives, the forces and levers for change."

This understanding pushes systems change foundations to think beyond their grantees, working directly to change the behavior of other entities over which they have far less control. Their focus has shifted from programs to process, and from individual nonprofit organizations to the relationships and motivations of all participants in the broader system that shapes a specific problem. Rather than depend on government to scale up their programs, they look for leverage points to change the behavior of companies and public agencies that are already operating on a large scale. And they listen more deeply to the communities in which they work, empowering others rather than imposing solutions.

Each foundation CEO I interviewed emphasized different aspects of systems change, and no single universal model or framework emerged. Yet five specific practices were mentioned frequently, offering pragmatic guidance for other funders that may want to pursue a systems change approach:

- First, these funders work both inside and outside the nonprofit sector, leveraging the market forces that drive for-profit companies and making efforts to improve the implementation and outcomes of existing government programs.
- Second, they build common ground among key actors by forging cross-sector coalitions.
- Third, they recognize the importance of the intangible narrative that underlies the public response to our society's problems and work actively to change that narrative.
- Fourth, they elevate the voice of lived experience in shaping solutions.
- Fifth, they reconsider their own staffing, budgeting, and operations to address racial and cultural blind spots, focus on multifaceted problems rather than separate program areas, and develop more active leadership roles for their CEOs and boards.

None of these activities are new to philanthropy, but the CEOs of systems change foundations say that they are using them in innovative ways that are distinctly different from past practice. In fact, many CEOs described this as challenging territory. "I don't think there's a lot of clarity on what's most effective in systems change. We risk losing the strong tether to accountability for results," says Sue Desmond-Hellmann, CEO of the Bill & Melinda Gates Foundation (http://www.gatesfoundation.org/) . "And it pushes you into a more horizontal way of operating. All of the issues begin to run into each other and you can end up boiling the ocean."

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And yet despite these challenges, when I circled back to many of the CEOs after the election, I found that those who had moved to a systems change approach in recent years are embracing it even more strongly as an effective strategy under the current realities of our polarized country.

Now, let's examine each of the five common practices that these systems change foundations have embraced:

1. Working Outside the Nonprofit Sector

It is unusual for foundations to regularly look beyond the nonprofit sector in their search for solutions. "For a long time there was a sense that philanthropy should just stay in its lane," says Rip Rapson, CEO of Kresge Foundation (http://kresge.org/) . "Because the public and private sectors are distinct, it tarnishes philanthropy's work if you get too heavily involved with them—but that involvement turns out to be

necessary. Cross-disciplinary, cross-sector work is fundamental to responding meaningfully to complex realities on the ground and to how we choose an intervention point."

When funders like Rapson speak of working with companies and government, they are not merely looking for new sources of funding to support nonprofit initiatives. They want to transform the profit motive into an incentive for social progress, showing companies the economic opportunities in creating a better world. And they want to work with government to achieve better outcomes at lower cost in existing programs, rather than expecting new programs to be launched.

"We are much savvier now about the realization that government and business are key to scaling impact in a significant way," says Skoll's Osberg. "You have to look at all the actors in the system and understand their incentives and disincentives. You have to be able to identify where the levers for change are. And it has very little to do with whether an actor is structured as a nonprofit or a business or a government entity." Clara Miller, director and president of the F. B. Heron Foundation (http://www.heron.org/) adds: "We are absolutely thinking across all sectors. The nonprofit sector was not meant to be a separate sector just for the poor."

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"A big pivot is that we think much more about our role as a philanthropy as working collaboratively with—and across—the nonprofit, business and public sectors," says Judith Rodin, former president of The Rockefeller Foundation (https://www.rockefellerfoundation.org/) . "It was very clear to us that if you didn't understand the ecosystem in which the problem sits, including the government incentives and policies and market-based forces, then our interventions wouldn't be sustainable."

Most of the foundation leaders I spoke with point to the importance of finding ways to work with, or encourage, for-profit companies and investors to be involved in social change. "If government is broke, and philanthropy doesn't want to pay for a program forever, the exit strategy has to be that it becomes self-sustaining, and therefore it's got to be market-based," says Emmett Carson, president and CEO of Silicon Valley Community Foundation (https://www.siliconvalleycf.org/) .

When Rockefeller wanted to help cities around the world build their resilience to the economic and social stresses that undermine city life, the foundation funded chief resilience officers and resilience strategies in 100 cities worldwide. Their goal, however, was to reach thousands of cities. To do so, they partnered not only with nonprofits such as The Nature Conservancy (https://www.nature.org/) , but with more than 100 for-

profit enterprises—including Microsoft, Ernst & Young, Swiss Re, and Palantir—to build a platform of resilience-related goods and services that could be demonstrated in the initial 100 cities, then marketed globally. The foundation counted on their corporate partners' profit motive to expand the program beyond the foundation's own capacity.

This reliance on companies to expand and sustain impact was a consistent theme in many CEO interviews. "No matter how you look at it, companies that are involved in the entire chain of our food supply have a health impact that is greater than anything that RWJ can do with its funding," says Lavizzo-Mourey. "So we need to be engaged with them. We sometimes nudge, sometimes scold, sometimes evaluate but that is a relationship we didn't have in the past. We're now really trying to understand what the shared value or financial benefit might be for companies that implement policies and practices to improve the health of their employees."

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Omidyar Network (https://www.omidyar.com/) leverages market forces even more directly through its investments in social enterprises, but it does so with an eye toward broader systemic changes. "We've found that grants and for-profit investments working in combination can be quite powerful," says Matt Bannick, Omidyar Network's managing partner. "This hybrid model allows us to deploy investment capital to scale innovative solutions in the marketplace, while our grants help us create an environment of enabling innovation and entrepreneurship."

Investing in new business models can have a systemic impact well beyond a single enterprise. Early investments that demonstrated the profitability of microfinance spawned an entirely new industry and, more recently, Tesla's success has prompted every major car company to develop their own electric vehicles.

Beyond direct investment, foundations can also influence companies by changing the context in which they operate. Foundations, for example, can change the system of rules and incentives that govern corporate behavior at a national or global level. The Heron Foundation, for example, supports the Sustainability Accounting Standards Board (https://www.sasb.org/) (SASB) which is working with the US Securities Exchange Commission (https://www.sec.gov/) to require disclosure of material sustainability factors on public company financial statements in the expectation that disclosure will sway investors who, in turn, will influence corporate CEOs. And CERES (http://www.ceres.org/) , an organization supported by Skoll

Foundation, has worked with state insurance regulators to require disclosure of climate risks, increasing insurance premiums for companies that generate greenhouse gasses.

In addition to working with for-profit companies, systems change foundations have found a new way to work with government, not on policy or to win new funding as many foundations have done in the past, but on improving the implementation of the government's existing programs. "We've come to see that government doesn't always have the tools, technology or budget to back up policies—there's a role for philanthropy in enforcement and implementation," says Carol Larson, president and CEO of the David and Lucile Packard Foundation (https://www.packard.org/) .

These efforts improve the impact of existing programs on thousands or even millions of lives by working at an operational level far below any national or local political controversies. The Annie E. Casey Foundation has long invested in integrated data systems, leadership development, and teams of consultants to support state and local government agencies in improving outcomes for youth and families. For example, the foundation's consultants worked on reducing pretrial detention in juvenile justice systems in more than 300 jurisdictions, and achieved a 44 percent reduction in average daily prison populations.

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Similarly, Casey has been successful working with child welfare agencies to implement an approach called team decision making (TDM). TDM brings a trained facilitator together with the agency supervisor, front-line social worker, family members, and anyone else involved with the child, to consider multiple treatment plans that might keep the child safe without removing him or her from the home. Sites practicing TDM were nearly 30 percent more likely to reunite children with their families within one year.

Rockefeller found a different way to leverage the scale of government. After Hurricane Sandy, the federal government authorized 1 billion in reconstruction spending, although there was no mechanism for community engagement in the planning process. The foundation sponsored an international design competition that made resilience thinking and community input two of the key selection criteria, and persuaded the government to award the reconstruction funding to the competition winners. The foundation's 3. million in funding for the competition brought deep community engagement and resilience into the entire billion-dollar reconstruction.

2. Forging Cross-Sector Coalitions

Trump's election threw an already polarized society into open combat. But outright antagonism does not always lead to social progress. Inflamed passions and heated rhetoric are important drivers of change, but so is the quiet negotiation that can reconcile contradictory interests. In this time especially, foundations are the rare honest brokers that can command the attention of influential leaders across party lines and other sectors. Whether through simple diplomacy or more comprehensive cross-sector coalitions, foundations are finding their ability to broker public-private-nonprofit deals to be a desperately needed skill in these divisive times.

This theme was particularly resonant for place-based and community foundations. "Our highest value is brokering sustainable systems change," says Clotilde Perez-Bode Dedecker, CEO of the Community Foundation for Greater Buffalo (http://www.cfgb.org/) . "You need to be a dealmaker, putting together new constellations of public, private, and community partnerships, and then building enough community ownership to outlive the political cycles—we call it the grease and glue money.' In many places, only a foundation could do that. We also use philanthropic dollars as seed capital to shift the allocation of public dollars."

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"Everything we do is tied to a coalition in which government, private sector, philanthropy, and nonprofits all come together to build trust, discuss the issue, come to an agreement on what the issue is, and then come up with a strategy to address the issue," adds Antonia Hern ndez, president and CEO of the California Community Foundation (http://www.calfund.org/) .

"For us, cross-sector is where the action is right now," agrees Kate Wolford, president of The McKnight Foundation (https://www.mcknight.org/) . She cited as an example the Central Corridor Funders Collaborative (http://www.funderscollaborative.org/) , formed in response to a new transit line that connected Minneapolis and St. Paul. When originally proposed, the line would have devastated the low-income neighborhoods in its path. Local residents rose up in heated demonstrations, and the collaborative was able to channel these social protests into social progress. It was able to coordinate the efforts of public agencies, national philanthropies, local funders, local community groups, nonprofits, and business coalitions. Different working groups tackled issues in housing, economic development, jobs, parks, and local culture.

Hundreds of small businesses in Minneapolis and St. Paul were saved from disruption, around 1,000 existing homes were preserved, and 3, 00 new affordable housing units were created. Local residents were trained and hired for construction jobs. Three additional transit stops were added in low-income communities that originally had been bypassed because they failed to meet the US Department of Transportation's Cost Effectiveness Index—and federal policy was changed for all future transit projects to consider the economic impact of local access in addition to cost effectiveness.

Similarly, in Houston a community-wide effort was launched to help the homeless. "The homeless provider system was completely fragmented," says Ann Stern, president of The Houston Endowment (https://www.houstonendowment.org/) . "We started by adopting a common data platform that linked the providers and created transparency about how the system was working. Almost everyone joined the initiative and adopted the data system. That enabled us to collectively look at the data, create strategies that made sense, see whether or not they worked, and continue to evolve the strategies."

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In the course of bringing together all of the organizations working with the homeless, "We learned that a number of faith-based groups were feeding people all over the city, which was creating migrations around the city throughout the day and taking people away from the places that offered the other services they needed," says Stern. "We found duplication of services; one organization realized they were really, really good at case management, which was a huge need in the system, and they stopped doing the things they weren't as good at. We had a few hard conversations along the way, but most organizations stepped up and asked, How can we best contribute to the needs of the system?'"

3. Changing the Narrative

Changing systems means changing the behavior of individuals within the system, which in turn depends more on understanding their beliefs and attitudes than on hard data and academic studies. The narratives that drove the US election and continues to drive policy debates often run contrary to reality. Yet it is the narrative rather than the reality that often affects behavior.

"A prominent driver of inequity is the cultural narratives that actually validate and justify growing inequality," says Ford's Walker. "A lot of narratives are used by those at the center to justify why others are on the margins. As long as these narratives persist, behaviors will not change, and the for-profit media

just drafts off of what is already accepted. We don't really yet know how to change narratives, but we are beginning to understand its power."

Being intentional and strategic about story telling can help reframe an issue to move policy or change systems, points out Dr. Robert Ross, president and CEO of the California Endowment (http://www.calendow.org/) . The endowment had identified sexual trafficking of young girls of color as a growing problem. Although the girls might be as young as 12, the public narrative described them as child prostitutes, and police routinely arrested them for prostitution. The endowment used billboards and other media to point out that an underage child cannot legally consent to sex: "There's no such thing as a child prostitute." Sex with underage girls, even if purchased, is still rape.

The endowment also garnered 1 ,000 signatures on Change.org to successfully persuade the Associated Press to ban the phrase "child prostitute" from its style guide, which is used by media organizations across the country. Seen through a new narrative, the Los Angeles County Sheriff's office agreed to stop arresting the girls, referring them instead to health services, and instead started arresting the men who hired them.

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Merely showing the public what is possible can also change the narrative. Cleveland children had a disproportionately high level of lead poisoning, but the residents assumed that this was inevitable. Solutions Journalism (http://solutionsjournalism.org/) , a nonprofit organization funded by several of the foundations interviewed, encouraged the local newspaper to report on what other cities were doing to combat the problem more successfully. Once the narrative changed to show that Cleveland was underperforming its peers, the state threatened to cut off funding and the mayor replaced the head of the local health department. Solutions adopted from elsewhere, such as advance screening of children, increased home inspections, and a registry of contaminated homes barred from rental to families with children, rapidly improved the situation in Cleveland.

Narrative change does not provide a solution in the way foundations typically think; it is not an evidence-based program that delivers reliable outcomes such as better school performance or more affordable housing. It operates at a more fundamental level by motivating others to think differently and find solutions for themselves. Systems change foundations often seem willing to leave formulating solutions to others, especially to those who live within the system.

4. Trusting Lived Experience to Shape the Solutions

Foundation leaders often talk about empowering others, but systems change funders seem to work within communities at an entirely new level. "We've interviewed and surveyed thousands of stakeholders across the state to help shape and evaluate the progress of our programs," explains Doug Stamm, CEO of the Meyer Memorial Trust (https://mmt.org/) . "We engage our stakeholders to guide what we do, what we should be funding, and how we should be funding it."

In East Baltimore, where 2 families were being dislocated, the Casey Foundation held more than 400 community meetings about what kind of community people wanted to see built. And in Atlanta, the foundation's team has been in the community it serves on a daily basis for over a decade. Several people on the foundation's team grew up in that community and continue to live there, adding to the depth of their understanding. "It's easy to give rhetorical allegiance to community engagement but much more difficult to really come up with the processes, checks and accountability to actually get broad engagement," says McCarthy.

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Giving voice to the marginalized and disenfranchised in a way that they can be heard is an important role for foundations in systems change. "Today's environment requires us at the California Community Foundation to focus on protecting and giving voice to those most impacted by the proposed changes, the poor and the vulnerable," says Antonia Hern ndez. "We work in solidarity with those who have the most at stake in solving the problem," adds Skoll's Osberg. "We need to enroll, empower, respect, listen to, and learn from the people who are the ultimate stakeholders in this change."

The Bush Foundation's Reedy, agrees. "It's less about solving any particular problem as it is about engaging and energizing people to build their capacity to solve their own problems." Adds Dedecker, of the Community Foundation for Greater Buffalo, "If you facilitate shared goals that are truly owned and co-created by those that need to change their behavior to make it happen you have a better chance of succeeding."

5. Reshaping the Foundation

Listening accurately to voices outside the foundation and recognizing what it takes for them to be heard requires very different internal capabilities and accountabilities than the typical expertise-driven model of

foundation funding. In fact, taking a systems change approach challenges the very structure of conventional foundations.

Complex systems do not break down into neatly bounded program areas. The ability to work across sectors requires an understanding of business and government that is foreign to many funders. And the demographic composition of a foundation's leadership and staff—by race, gender, immigration status, religion, disability, age, and sexual orientation—affects both the foundation's credibility within and its understanding of the systems it is trying to change. These new demands are reshaping the structure, operations, and hiring of systems-change foundations.

"I think anti-elite movements from traditionally liberal and conservative groups are going to deeply impact philanthropy, says Desmond-Hellmann. "We at the Gates Foundation see it everywhere. Social media has led to a global change in power and voice. A lot of people in philanthropy are white and from privileged backgrounds. But the people who want to benefit from the foundation's assets come from a different point of view and they feel you should not be their spokesperson. We all grapple to understand the answers. The rules have changed overnight and even what you thought was a best practice three months ago in terms of active listening or how you show up in a way that you feel is appropriate doesn't work anymore."

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This is being reflected in the leadership of many of the major US foundations. "Some of the largest and most influential foundations—such as Ford, Kellogg, California Endowment, Silicon Valley, Mellon, RWJ, and Knight—are all headed by people of color," says McCarthy. "Within Annie E. Casey, 0 percent of the staff are now people of color, a significant change from five years ago." The Packard Foundation's Larson agrees about the importance of this change. "I believe much more than I did five years ago that paying attention to race and age in foundation leadership really matters."

At Meyer Memorial Trust, "We are continuing on a course of deep and extensive equity training," says CEO Doug Stamm. "We initially began using a racial framework, with all staff, and then engaged where appropriate in separate tracks for both staff and trustees, and then coming back together for shared training in a second phase. The training and honest conversations we have been engaged in have really helped shape our equity lens as individuals and as an organization. No question it's been a game changer for how we approach our work for deeper impact."

Over the last decade, Meyer's board and staff have changed dramatically: The board's composition used to be a single person of color on a six-member board. Now four out of six trustees are people of color. Meyer's staff composition has changed from approximately 10 percent people of color to 0 percent people of color. Meyer trustees and the chief investment officer have been deliberate in both seeking and encouraged the trust's investment managers to add women and people of color to their management teams, and that has led to changes in those organizations as a result.

The change in hiring practices at these foundations is not only a matter of racial balance. The new tools that foundations are using require new kinds of expertise, from corporate finance and venture capital to systems change and data analysis. "Foundations working on complex issues often need a more diverse set of insights and experience, bringing in people from backgrounds like journalism, systems change, finance," says Wolford, of the McKnight Foundation. "I find our staff needs to understand market forces, think across domains, handle ambiguity and manage relationships in new ways." Adds Hern ndez, "If we are going to be involved in system change, we are going to be involved in community organizing, so at the California Community Foundation I need to hire people with that background."

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Perhaps the biggest shift in staff qualifications is an increasing recognition that systems change requires a deep understanding of the system that can only be acquired through lived experience. "If the person has never run one of those systems, or been a client of one, the odds are very, very strong that although they may know the problem they will have no idea how to fix it," says the Casey Foundation's McCarthy. "You actually have to hire people who have been in the systems you want to fix."

Although foundation leaders still recognize that domain expertise on issues such as health or education is important, the need to work across issue areas, blend together different tools, and build trusted relationships with communities has shifted the emphasis from content expertise to context expertise.

"At our foundation the Houston Endowment , the role of the program officer has evolved considerably over the past few years," says Stern. "In the past, program officers were viewed as the experts in their fields, which meant they were often hesitant to question each other. Today, our program officers have to be highly collaborative, to be good at convening people, to be great communicators, and to be able to build trust with people. They still need to be knowledgeable about their fields, but the personal characteristics are a lot more important than just being smart enough to evaluate a grant proposal."

"When we began building out a health team soon after I started at Kresge, a number of people advised me to lead with unassailable sector expertise—to go hire the former head of Harvard Medical School or someone like her," says Rapson. "But we concluded that perhaps we needed a slightly different cut at expertise—perhaps what you really need is someone who has had experience in both the public and private sectors, and is comfortable with the different tools, decision-making styles, and political realities of the different sectors. We became convinced that—at least at Kresge—we needed someone who has done problem solving in different contexts and has been forced to think about what happens when housing intersects with health which intersects with human services."

Some foundations are now institutionalizing work across program areas. Robert Wood Johnson Foundation now holds funds in reserve outside program area budgets to incentivize interdisciplinary projects. The Ford Foundation has retained separate program areas but asks each program to make grants that further the foundation's overarching goal of reducing inequality, whether in economic development or the arts. Other foundations have abandoned program areas altogether. The Community Foundation for Greater Buffalo has no program areas. Each employee has an annual portfolio of work and serves on an internal project team that is reevaluated every year.

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"Problems no longer land in convenient packages labelled Rockefeller program areas, if they ever did," says Rodin. "We needed to transform to a more nimble, adaptable and multidisciplinary structure." The foundation has taken on four intersecting challenges: transforming cities, revaluing ecosystems, advancing health, and securing livelihoods. The foundation uses a four-step process of scan, search, development and execution within these four areas. Scanning involves small grants to a range of universities, think tanks, and nonprofits to highlight areas of dynamism on these topics. The search phase goes deeper, allocating additional funds to identify critical moments when intervention might be possible. A smaller number of opportunities move into the development phase, using a systems-based approach to diagnose the problem. A subset of those then go to the board to approve a funding envelope and plan for execution. Each phase has a substantially larger funding commitment than the preceding one. Staff oversee different stages of this process, or are assigned to one of the projects within a stage, rather than divided by program area.

Systems change thinking also leads to a different approach to evaluation. At Hewlett, "The evaluator is part of the program team from the beginning, and the evaluation work happens on a constant, real time basis," says Kramer. "It's all about learning." At Kresge, "Evaluation has to be part of the front end of

everything we do," says Rapson. "Learning and evaluation is almost more important in terms of the deliberate thought and intentionality it imposes than the results the process produces. We began looking on a grant-by-grant basis or at clusters of grants, but now we try to look at the aggregate impact of our strategies, the robustness of networks, and whether the new narrative is getting out there."

Leadership roles and responsibilities at these foundations are changing as well. When the foundation's primary interaction was with grantees, program officers could handle external relations. But when the foundation is trying to mobilize community leaders, the CEO needs to step in. At Temple, "We need high-level foundation representation around the leadership tables with those who have decision-making authority, such as university presidents and government officials," says Rosser. "It's a whole different element of the CEO's job—the conversations we can be in, relationships we can create, and kinds of deals we can put together that allow for scale, leverage and impact."

The CEO's voice is as important as his or her presence, and foundations are letting go of the traditional view that they must stay quiet and let their grantees do all the talking. "The Ford Foundation is an amazing platform that allows you to call attention and raise awareness about social justice issues that are important," says Walker. "If we are to be effective and impactful we need to fully leverage the foundation's platform, and the staff's and president's voice, to surface difficult conversations, frame the issues, and contribute to the discourse."

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Boards too are shifting their roles. Meeting their fiduciary responsibilities and approving grants with deference to the expertise of program staff has always been fairly routine. But systems change is not so easily summarized in a board book. CEOs are finding new ways to engage their boards beyond these basic tasks, bringing them into strategy development and curating their expertise. "It's been a steady process over time of the Casey Foundation's board becoming increasingly engaged in understanding and contributing to the programmatic direction of the foundation," says McCarthy.

In sum, those foundation CEOs we spoke with that have chosen to embrace system change are finding that every aspect of their foundation needs to be reconsidered: who they hire, how they are structured and set budgets, how they think about evaluation and organizational learning, how they work with their boards, and even the role of the CEO in the community.

Looking Ahead

The foundations that have gravitated toward a systems change approach over the past several years did not do so in anticipation of Donald Trump's election. And yet, those foundations are finding ways to achieve impact with demonstrated success that may well work even in today's political environment.

Foundations will, indeed must, continue to fund nonprofit programs and direct services. These are part of, not separate from, systems change. The challenge we face now, however, is not merely to support good nonprofit programs or to follow a theory of change toward some targeted program goal. Instead, we must work across a fragmented and contentious society to nurture the mutual interdependence and alignment necessary to co-create a better future for all. This requires us to see our world and our relationships to each other differently.

That is a tall order for philanthropy and yet it is the essence of systems change. Beneath the intimidating jargon that is often used to describe systems change, the five specific practices described above could be adopted by any foundation. The foundations that do re-invent themselves to adopt a systems change approach, many led by the CEOs quoted above, are already discovering ways to achieve significant impact without waiting for the next election.

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Notes

[1] In the spring and summer of 201 , I conducted 22 interviews with the CEOs of US foundations, including 11 of the 0 largest US foundations, from states, with assets ranging from 300 million to 40 billion. Twelve CEOs were men, 10 were women, and were people of color.

[2] For the purposes of this article, systems change can be defined as a change in the policies, processes, relationships, knowledge, power structures, values, or norms of participants within a system that affects a social issue.

[3] Political polarization and the deep interest in systems change is not limited to US foundations. The Lankelly Chase Foundation study cited above reflects the growing UK interest, and the European Climate Foundation (ECF) in the Netherlands also embraces systems change to support the transition to a low-carbon world. For example, ECF created a safe space for leaders from across sectors—including the German government, trade unions, and business associations—to engage in a constructive dialogue for the first time, leading the German government to introduce a stable regulatory framework, long-term financial incentives, and efficiency measures with binding targets. ECF also works to change the public narrative through Carbon Brief, an independent website that identifies, rebuts and reframes climate misinformation.

[4] A number of recent publications have provided helpful guidance: GEO 201 Systems Grantmaking Resource Guide, published by Grantmakers for Effective Organizations; Systems Change: A Guide to What it is and How to Do it, by New Philanthropy Capital and the Lankelly Chase Foundation; Grantmaking with Systems Thinking, by LearnPhilanthropy; "Solving the World's Biggest Problems: Better Philanthropy Through Systems Change" by Jeffrey C. Walker; and Systems Thinking Tools, by FSG.



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Elva Yañez,
Director, Prevention Institute

Elva Yañez, MS, Director, joined Prevention Institute to lead its Health Equity team in 2015. As a member of Prevention Institute's senior leadership team, she contributes to the organization's overall mission and functioning. Ms. Yañez helps ensure that health equity is embedded in the organization's core strategic directions, including Transforming our Health System and California Approach program areas. Over the past twenty years, Ms. Yañez has worked extensively on public policy initiatives emphasizing environmental approaches to prevention and health equity outcomes. Ms. Yañez began her public health career working on alcohol policy at the National Institute on Alcohol Abuse and Alcoholism's Prevention Research Center and the Marin Institute for Alcohol and Other Drug Problems. As part of the RWJF Fighting Back Initiative she was a leader in the precedent-setting land use policy campaign to address the over concentration of problem liquor stores in Oakland's low income African American and Latino neighborhoods. In the tobacco control arena, Ms. Yañez served as Senior Associate Director at Americans for Nonsmokers' Rights. In addition to developing and managing critical policy database functions, she provided training and technical assistance services to help scores of communities throughout the U.S. enact smoke-free policies. At RWJF's Smokeless States and Policy and Advocacy for Tobacco and Health (PATH) initiatives, Ms. Yañez oversaw grantee activities and helped coalitions apply meld equity approaches with their tobacco policy efforts. More recently, has Ms. Yañez applied her policy advocacy and systems change skill set to address park inequities, environmental impacts, land use and health disparities in Los Angeles' low income communities of color. She has led innovative park and health equity initiatives on behalf of environmental and environmental justice organizations including the Trust for Public Land, the Audubon Society and the Los Angeles Collaborative for Environmental Health and Justice. Prior to joining Prevention Institute, Ms. Yañez's private consulting firm, Colibri Strategies, provided policy advocacy, strategic planning and communications services to non-profit organizations, government agencies and foundations in the areas of public policy, urban parks, public health, land use and the built environment. Ms. Yañez served on Prevention Institute's Board of Directors from 2007-2014 and currently serves as a California State Park and Recreation Commissioner, appointed by Governor Jerry Brown.

Manal J. Aboelata
MPH*, Managing Director*

Manal J. Aboelata is Managing Director at Prevention Institute, a national non-profit dedicated to achieving equitable health and safety outcomes through primary prevention practice. Manal oversees the organization's California strategy, a multi-pronged program area, designed to strengthen prevention practice by drawing upon PI's work in Injury and Trauma Prevention, Health System Transformation, Healthy Food and Activity Environments, and Mental Health to prevent injuries and illness across the population. Manal's work emphasizes policy and community-based approaches to achieve equitable health and safety outcomes, with a particular focus on comprehensive strategies that prevent injuries, increase opportunities for safe physical activity and improve access to healthy foods. Manal's commitment to collaboration is exemplified by her many years chairing the statewide Strategic Alliance for Healthy Food and Activity Environments, founding of the Joint Use Statewide Taskforce and more recently, her work to establish a Healthy, Equitable and Active Land Use Network in Los Angeles. Manal led Prevention Institute's core project team in the development of *A Practitioners Guide to Advancing Health Equity* (2013), in partnership with the Centers for Disease Control and Prevention. She is principle author of *The Built Environment and Health: 11 Profiles of Neighborhood Transformation,* and authored the chapter *Community Engagement in Design and Planning* in the text *Making Healthy Places*. Manal is certified as a *California Walkability Expert* by California Department of Health Services and Caltrans and has led walkable community workshops throughout California. Manal received her Bachelor of Arts Degree in American Studies with an emphasis in Public Health from the University of California, Berkeley. She obtained her Master's in Public Health in Epidemiology from the School of Public Health at the University of California, Los Angeles, where she was inducted into the Iota Chapter of the Delta Omega Honorary Society in Public Health. Subsequently, Manal was inducted into UCLA's School of Public Health Hall of Fame in 2009 and was named a "Shero" of the 26th Senate District in 2012.

John Ott
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John Ott is co-founder of the Center for Collective Wisdom (c4cw.org). In this role he designs and leads large-scale transformation efforts for a wide array of communities and organizations.

These efforts have included community-wide initiatives to reduce and prevent homelessness, systems transformation efforts to ensure children begin school healthy and ready to succeed, and stakeholder processes to resolve large public system budget shortfalls.

At the heart of these efforts is the Leadership for Collective Wisdom™ framework created by John and his colleague and co-founder Rose Pinard.

Early in his career John was a lecturer of Public Policy Studies at Duke University and Associate Director of the Hart Leadership Program. He has organized and led several non-profit organizations, including a micro-enterprise project and an affordable housing initiative, and worked as a community organizer.

John's is co-author of *The Power of Collective Wisdom and the Trap of Collective Folly*, published by Berrett-Koehler in 2009, and *Centered on the Edge*, published by the Fetzer Institute in 2001.