

AGENDA

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

Budget & Finance Committee Chair: Robert Byrd

**Thursday, November 9, 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 and Summary Action Minutes - Thursday, October 12, 2017 3
 - B. Approve the Monthly Financial Statements Month Ending September 30, 2017 88
 - C. Contract: Approve Four New Agreements and Eight Amendments and Authorize Staff to Complete Final Contract Execution Upon Approval from the Board 94
 - D. Approve Proposed Amendments to First 5 LA Bylaws to Extend Term Limit for Board Officers 102
 - E. Approve Facility Use Policy 104
 - F. Approve Strategic Partnership with Silicon Valley Community Foundation for Gubernatorial Candidate Engagement 108
 - G. Approve Receipt of First 5 CA Funding for State Early Care and Education Coalition 113

COMMISSIONERS

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

EX OFFICIO MEMBERS

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

EXECUTIVE DIRECTOR

Karla Pleitéz Howell

EXECUTIVE VICE PRESIDENT

John A. Wagner

A PUBLIC ENTITY

- | | |
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| <ul style="list-style-type: none"> H. Approve a Strategic Partnership with SHIELDS for Families in the Amount of \$364,743 over 32 months and Direct Staff to Monitor Results of the County of Los Angeles' Audit of this Agency and Recommend Additional Appropriate Actions as needed. | 114 |
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- Cristina Peña, Senior Program Officer, Health Systems | |
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MEETING OF FIRST 5 BOARD OF COMMISSIONERS
Thursday, October 12, 2017
750 North Alameda Street, First Floor
Los Angeles, California 90012

REPORTED BY:
HEATHERLYNN GONZALEZ
CSR #13646

1 Thursday, October 12, 2017; Los Angeles, California

2 1:35 p.m.

3 -oOo-

4 SUPERVISOR KUEHL: Can we come to order? How
5 many people can hear me? Raise your hands. Oh, boy. How
6 many people are fascinated about what the meeting is going
7 to hold? Raise your hands. Okay. I'll do one of those.

8 The meeting will come to order. I think the
9 first thing we should do is have a roll call.

10 SECRETARY: Judy Abdo.

11 COMMISSIONER ABDO: Here.

12 SECRETARY: Linda Aragon.

13 Jane Boeckmann.

14 Genie Chough.

15 Yvette Martinez.

16 COMMISSIONER MARTINEZ: Here.

17 SECRETARY: Jonathan Sherin.

18 Romalis Taylor.

19 COMMISSIONER TAYLOR: Here.

20 SECRETARY: Marlene Zepeda.

21 COMMISSIONER ZEPEDA: Here.

22 SECRETARY: Carla Pleitez Howell.

23 Wendy Smith.

24 COMMISSIONER SMITH: Here.

25 SECRETARY: Deanne Tilton.

1 COMMISSIONER TILTON: Here.

2 SECRETARY: Joseph Ybarra.

3 COMMISSIONER YBARRA: Present.

4 SECRETARY: Sheila Kuehl.

5 SUPERVISOR KUEHL: Here.

6 SECRETARY: Quorum is present.

7 SUPERVISOR KUEHL: All right. Quorum is present.

8 Initially, let me announce a new person has been
9 appointed to our board as an alternate, Kesha Woods, as an
10 alternate by the LA County Office of Education appointed
11 by Superintendent Debra Duardo. She'll serve as the
12 alternate for our very own Joe Ybarra.

13 Very glad you're here, Joe. Thank you.

14 COMMISSIONER YBARRA: Thank you.

15 SUPERVISOR KUEHL: Kesha is an early education
16 leader with more than two decades of management and policy
17 experience. Currently, the executive director at LACOE
18 Head Start and Early Learning Division. Prior to joining
19 LACOE in 2001, she was a unit manager with the California
20 Department of Social Services state licensing office.

21 We'd like you to know that she's been appointed
22 and we'll welcome her when she joins us in the audience or
23 on the dais.

24 All right. Let us move then to our consent
25 items.

1 Mr. Wagner.

2 MR. WAGNER: Good afternoon, madam chair and
3 commissioners.

4 There's just a couple items on consent, which is
5 Item 2 that I'd like to draw your attention to. For
6 subitem 2C, there are two contracting considerations
7 before you. The first is a contract renewal for \$102,625
8 with Klawiter & Associates, our space and building
9 consultants.

10 Klawiter was originally contracted through an
11 formal bidding process, which as you know, per the
12 procurement policy is for contracts under \$25,000. And
13 they are currently wrapping up the initial term of their
14 work, which was to do an initial assessment of our space
15 here at First 5 LA. The contract before you is the next
16 phase of their work, and it will fund the planning and
17 designing aspect of this project over the course of the
18 next year. The end result will be a pricing and design
19 plan for the space here at First 5. The work will inform
20 First 5 LA's capitol improvement plan, which the board
21 required when it established the capitol project fund as
22 part of this year's budget.

23 The second contract is a renewal with Tulsi
24 Consulting. It is for \$78,600 and will fund consulting
25 support as we implement additional enhancements to our

1 financial system called Financial Edge.

2 In addition to these two contracts, board action
3 on subitem 2D authorizes staff to submit information to
4 First 5 California meeting our annual reporting
5 requirements to the State to commission. This information
6 is due to the State by the end of October every year.
7 This information was discussed at the last meeting of both
8 the executive and program and planning committees.

9 And finally, subitem 2E authorizes staff to
10 destroy records as outlined in the inventory list as
11 contained in all of your board materials. The destruction
12 of these documents is consistent with the board-approved
13 records retention policy. The inventory list of documents
14 has been certified by both our executive director and the
15 board's legal counsel as being beyond the required
16 retention period for these records. This item was
17 presented and discussed at the last board meeting by the
18 board's legal counsel, Craig Steel.

19 Staff respectfully requests approval of these
20 items.

21 SUPERVISOR KUEHL: Thank you, Mr. Wagner.

22 Any question first from the directors on any of
23 the items A, B, C, D, or E?

24 Seeing none. Is there any request for public
25 comment?

1 SECRETARY: No public comment.

2 SUPERVISOR KUEHL: Then do I have I motion on the
3 consent calendar?

4 COMMISSIONER TAYLOR: Moved.

5 SPEAKER: Second.

6 SUPERVISOR KUEHL: Moved and seconded to approve
7 the items on the consent calendar. Any objection to a
8 unanimous vote? Seeing none, that will be the action.

9 Item Number 3, remarks by the chair and the
10 board. Oh, yeah, that would be me.

11 I was thinking in looking at sort of the plan for
12 this building and how it may be progressing in terms of
13 construction. And the thought behind the construction
14 reminded me of the discussion that we had a few months ago
15 about the built environment. We talked about built
16 environment in terms of how it does or does not contribute
17 to certain kinds of separation or connection, a barrier or
18 flow in the communities and how all these things affect
19 the health and welfare of our children and their families.

20 And I thought in the same way we should think
21 about the work environment because it is emblematic of
22 whether there are barriers or not, whether there is some
23 encouragement about communication or not, community or
24 not.

25 Yesterday we celebrated the second birthday of

1 the Zev Yaroslavsky Family Services Center in the San
2 Fernando Valley. It's in Van Nuys. And it was the first
3 of its kind to -- and I'm very pleased that it's in the
4 third district. And Zev, his staff and he were the
5 impetus behind it. It is a building of five stories. In
6 those top four stories there are offices of seven county
7 departments, which I probably can't name them all, but
8 maybe Genie can help me. DCFS, the department of social
9 services, probation.

10 COMMISSIONER CHOUGH: DMH, Department of public
11 Health and Community and Senior Services.

12 SUPERVISOR KUEHL: Public Health and --

13 COMMISSIONER CHOUGH: Community and Senior
14 Services.

15 SUPERVISOR KUEHL: Community and Senior Services.

16 And so they're kind of separate in their own
17 areas in the building, but the first floor is for clients.
18 So the notion being that clients come in, they meet a
19 navigator, the navigator tries to figure out where they're
20 going, where they want to go, who they're going to talk
21 to. And that person does not say, come up to my office
22 and sit in my office. That person comes down to you on
23 the first floor in an area, private or, you know, Carol or
24 whatever. And if you happen to say, oh, and my son is
25 also in juvenile probation. Oh, so call probation, and

1 someone from probation comes down. It's a much more
2 holistic way to think about our clients and one that I
3 think is emblematic of how the county is trying to think
4 about working together. So it reminded me of that because
5 what happens in a building, the way a building is
6 configured, the way it seems has a lot to do with
7 communication.

8 At the same time, there should be issues of
9 concern about people feeling safe in their environment,
10 people feeling safe to be able not only do their work but
11 to come and ask people to help them with whatever's
12 happening in their lives; always remembering that our
13 major clients are our zero-to-five population and, since
14 they can't pretty much take care of themselves, those who
15 are taking care of them.

16 So I really like the idea and I like the idea of
17 sort of the larger thinking of it that the way something
18 is shaped and the way in which not only does it enable
19 communication, but does it protect communication is a
20 really important thing.

21 So kudos. We'll hear more about that later. But
22 I wanted -- I think those are -- it's not ten minutes
23 worth of remarks, but it was all I had to say this
24 morning.

25 Over to you, Ms. Belshe.

1 MS. BELSHE: Love the comments. As my colleagues
2 know, I'm a cheerleader for our space planning work. And
3 lot of -- lot of work ahead, and we're grateful for the
4 board's support just taken on the consent agenda, but we
5 think there's some terrific opportunities to further
6 enhance our effectiveness as an organization. So couldn't
7 agree with you more. Thank you.

8 Four things I want to quickly highlight. Some of
9 which are well known to commissioners who've been on the
10 board for a while; others are somewhat new. First, legacy
11 investments. These are initiatives that are multiyear in
12 nature. They have been passed by previous boards
13 associated with previous strategic plans. We are an
14 organization that honors our commitments, and so those
15 legacy investments have continued. And consistent with
16 board-approved policy, when they come to an end,
17 consistent with their contract terms, the staff does a
18 report to the board.

19 So in this year -- this month's executive
20 director's report, I highlight four -- or I note four
21 legacy investments that are coming to an end early next
22 year or by the end of June of next year. And, again,
23 consistent with board-approved governance guidelines that
24 say, when contracts end, they end. We call out two
25 health-related initiatives that will be ending in 2018.

1 We talked a little bit about our experience with Vision
2 Care and Dental Care. Roughly 95,000 kids or so have
3 benefited from these investments, and it's been terrific
4 to see changes in the broader health care financing and
5 delivery environment that gives us some hope and
6 expectation that access will be improved for these
7 children, almost all of whom we believe are Medi-Cal
8 eligible or already enrolled.

9 There are two other legacy investments that we'll
10 be coming back to the board to talk about in the context
11 of our Help Me Grow update. That's the second issue I
12 want to quickly highlight in my comments this afternoon.

13 We are really excited. Christina and Tara Ficek
14 and the health team are very excited to be coming to PPC
15 in October and then back to the board in November to talk
16 with you about how we are doing in the initial planning
17 phase for what we call Help Me Grow Los Angeles, which is
18 really a terrific example of First 5 LA working very
19 differently, leading with partnership; in this case,
20 leading principally this effort with the with LA County
21 Department of Public Health, with LACare, and with the
22 American Academy of Pediatrics. So we want to share with
23 you the recommendations emerging from this collaborative
24 process that's involved dozen and dozens of organizations.
25 This is not First 5 LA doing just going off and doing its

1 own thing. It's really about bringing together a
2 diversity of organizations across multiple sectors to
3 really define, shape, and ultimately execute a
4 developmental screening and early intervention system for
5 families and young children here in LA. A lot of good
6 progress made.

7 We also want to share with you, as we shared with
8 the staff yesterday, a video that our programs and
9 communications team worked on, which importantly,
10 consistent with the board, talked about the past two
11 meetings is a great example of putting parents at the
12 center of systems change, recognizing this thing called,
13 systems can be kind of oblique and hard to understand. So
14 our colleagues very smartly said, let's put a parent
15 before a camera and hear from their vantage point and
16 their experience. And it real is a very, very powerful
17 parent voice for systems change that I think the
18 commission will really appreciate and hopefully get as
19 excited about it as we have.

20 We'll also be coming to the board in November
21 with the complimentary public policy agenda to support the
22 systems change work that Help Me Grow's leadership team
23 has been advancing.

24 Third item I called out my executive director's
25 report and is elaborated on, I thought was just -- as my

1 colleagues called out -- just a really good example of how
2 we are working to leverage the Best Start community
3 partnerships to advance policy and systems change work.
4 And so we put a spotlight on Zamora Park in the El Monte
5 community and share with you a little bit of information
6 about how the Best Start community partnership members
7 identified a local park improvement opportunity in Zamora
8 Park. A funding opportunity at the state level took that
9 idea to the El Monte City Council, worked together across
10 a collaborative effort to apply for federal or state
11 funding. We'll find out in the next month or two. But I
12 think it's a really good example of how First 5 LA is not
13 going to be quote/unquote solving all these different
14 public health challenges or all the different issues
15 affecting the built environment, but we want to support
16 parents and residents where they've identified priorities
17 and where they're really trying to drive and advance an
18 agenda in terms of a healthier environment.

19 So we thought this was a really good example of
20 the partnerships finding opportunities, elevating issues,
21 bringing the parent voice to policy makers and decision
22 makers, and working collaboratively to advance policy and
23 systems change.

24 Finally, this Saturday night First 5 LA is being
25 recognized by the Northridge Hospital Foundation.

1 Northridge is one of our 14 Best Start -- excuse me -- 14
2 Welcome Baby hospitals. And we are being honored. We are
3 being recognized. No, it is not me, Genie. It is First 5
4 Los Angeles -- I have the microphone, madam chair.

5 So there are going to be over 500 people there.
6 This is, as I would say, a big ding dang deal, not only
7 because we're being recognized, which is most important,
8 but because we're going to be dancing to a group called
9 Staying Alive, which is apparently the premiere Bee Gees
10 tribute band. There's like a dozen or so staff going.
11 Wear your dancing shoes.

12 Seriously, it's a great opportunity for us to
13 profile one of our signature investments. It is great to
14 be recognized for the difference this initiative is making
15 in the lives of thousands of moms in this community. And
16 it's a great opportunity for us to recognize the hospital
17 and the role of hospitals as system leaders and policy
18 advocates to be a part of our shared -- advancing our
19 shared vision that all families -- not just the 1,600
20 families that have been supported through the Northridge
21 Hospital, but all families in LA county have access, as
22 you said at a recent meeting, to quality, evidence-based
23 home visiting service.

24 So nice to be recognized. Yea. But we really
25 want to use it as a way to recognize the hospital for its

1 leadership, not just in their community but really as an
2 agent for change more broadly.

3 Okay. I yield the microphone, madam chair.

4 SUPERVISOR KUEHL: We're not going to sing right
5 now.

6 MS. BELSHE: We're not going to sing.

7 SUPERVISOR KUEHL: But we may dance later.

8 All right. Thank you very much for the remarks.

9 Any questions or comments to the executive
10 director on her remarks?

11 Seeing none, we'll move to Item 5. To let the
12 board know, this is an action item which the board will be
13 called upon to approve after its presentation. This is
14 one of three PowerPoint presentations we're going to have
15 today. I have requested brevity primarily because I think
16 it's good for us to be able to ask questions and talk
17 about things within the time frame. So this is about
18 kindergarten readiness assessment and strategies.

19 So over to you.

20 MS. KENYON FALLIN: Good afternoon,
21 commissioners.

22 SUPERVISOR KUEHL: Welcome.

23 MS. KENYON FALLIN: So, yes, today we're going to
24 share with you our progress on our kindergarten readiness
25 assessment work. And before I begin, we've had a number

1 of staff changes on this project over the last year or so.
2 And I just want to thank my staff, particularly Deborah
3 Coleman who has not only maintained all of her projects
4 but taken this on as well. And as you'll hear, we've made
5 a lot of progress. And also one of our newest staff
6 members, Avery Seretan, who you'll hear from in a moment,
7 has just hit the ground running and has been amazing in
8 this work. And I just wanted to thank them.

9 So in addition to sharing with you our progress
10 today, we're also requesting approval to enter into eight
11 strategic partnerships with communities and school
12 districts to collect and/or disseminate findings from the
13 early development instrument or EDI.

14 So, typically, this kind of item, this strategic
15 partnerships, would go in consent, but we're so excited
16 about the progress that we've made, we really wanted to
17 share it with you live and in person.

18 So as background, as you know, our vision as an
19 organization is to ensure that all children in our county
20 enter kindergarten ready to succeed in school and life.
21 So we saw this -- we know that we don't have data on how
22 well we're doing, what progress are we making in terms of
23 children's readiness for school. So we really saw this as
24 an opportunity to take a leadership role in that and to
25 really fill this critical need in terms of our

1 understanding of where children are.

2 So to do that, we partnered with the LA Chamber
3 of Commerce, as you'll recall, and Children Now. And we
4 spent some the time exploring the landscape, both
5 nationally, statewide, and within our own county. And
6 really found that there's a lot of momentum already around
7 the early development instrument, or the EDI. Over 60
8 communities in the United States and both Canada and
9 Australia use the EDI to understand the needs of young
10 children and to inform their decisions about how to invest
11 in early childhood.

12 We also found that there was a number of school
13 districts within our own county who had been collecting
14 EDI data or were -- had done it in the past and wanted to
15 do it again. And so we really decided that that was where
16 we would start with this work, is really reaching out to
17 those communities that all -- where there's already
18 momentum.

19 So as a reminder, the EDI is a population-based
20 measure of kindergarten readiness, which really means that
21 the results are used in the aggregate to understand
22 population-wide vulnerabilities and strengths. The EDI is
23 completed by the kindergarten teacher between three and
24 eight months after the beginning of kindergarten, once the
25 teachers had enough time to really get to know the

1 students and really see how their readiness affected --
2 how they were prepare for entering kindergarten.

3 So the EDI is also a holistic view, provides a
4 holistic view of development. It crosses five domains:
5 Social competence, emotional maturity, language and
6 cognitive skills, communication skills, and physical
7 health and well-being. So it crosses both the cognitive,
8 social-emotional as well as physical. There are
9 approximately 100 items, and it takes teachers ten to 15
10 minutes to complete per student.

11 Once the data are collected and the school
12 districts receive the data and receive reports based on
13 the aggregate of their school catchment area and they
14 really have the opportunity to engage in conversations
15 with their teachers, with community members, with other
16 organizations in their community about how their children
17 are fairing on those different domains and what might be
18 going on in terms of -- especially around the
19 vulnerabilities.

20 So the objectives of our project really are to
21 support communities in collecting this data, to strengthen
22 the capacity of school districts, community organizations,
23 and other community stakeholders to use the data. And
24 most importantly, it's really about supporting communities
25 to act on that data and to act on those results to inform

1 systems and policy change.

2 And one example that is from our own county is in
3 Pasadena. They've been collecting EDI data for a number
4 of years, and that data has been really instrumental in
5 elevating the importance of early childhood in their city
6 government. And as a result, the city created a specific
7 office, an office of the young child, and have recently
8 made early childhood a priority by setting the goal to
9 becoming an early learning city by 2025. So this is an
10 example -- a really exciting example of what could be done
11 with the data and what kind of systems and policy change
12 at the city level, community level that can happen.

13 So now I'm going to hand it off to Avery who's
14 going to give you an update on our progress and go over
15 the approval item itself.

16 SUPERVISOR KUEHL: All right. Thank you very
17 much.

18 MS. SERETAN: Good afternoon, commissioners.

19 I'm very excited to share with you about our
20 progress on the kindergarten readiness assessment here in
21 Los Angeles. If you'll remember, the original strategic
22 plan objective was for five school districts and
23 communities to collect common KRA data by the year 2020.
24 For the fiscal year 2017-2018, the objective was for three
25 of those communities and districts to pilot this EDI data

1 collection. I'm very excited to tell you all today that,
2 as of this month, we actually have eight district and
3 community partners that have committed to partnering with
4 us to collect this EDI data. So it's very exciting.

5 You'll see here a list of all of our partners.
6 We have the City of Pasadena Office of the Young Child, as
7 Katie mentioned, Connections For Children in Santa Monica,
8 the El Monte City School District, the Los Angeles Unified
9 School District, Local District South, Mountain View
10 School District, Pomona Unified School District, Rosemead
11 School District, and valley Lindo School District. So
12 these eight partners represent a mix of school districts,
13 community agencies, and cities that will work in
14 partnership with UCLA and First 5 LA to not only collect
15 this EDI data but to elevate this data in community and
16 stakeholder conversations to create policy and systems
17 change.

18 A little bit about the geographic reach we wanted
19 to know you. Each of these highlighted regions represent
20 the eight communities and districts that were just listed.
21 The blue outlined regions actually show our Best Start
22 communities. So you'll notice the overlap in El Monte and
23 in the Los Angeles Unified School District Local District
24 South Region that provides some additional opportunities
25 for collaboration and leveraging of those resources that

1 our ED actually mentioned at the opening of the meeting.
2 So it's very exciting.

3 We anticipate that 326 teachers will actually be
4 collecting this EDI data this year. That represents 8,476
5 kids in Los Angeles county. That is about six percent of
6 the kindergartners in Los Angeles. And so as we're in
7 conversations with these communities and districts, we
8 continue to bring partners to the table that are
9 interested in collecting this data. And if another
10 partner comes through, we will actually have up to ten
11 percent in of the kindergartners in Los Angeles.

12 So today we recommend establishing strategic
13 partnerships up to \$2 million across all eight strategic
14 partnerships through June 30th, 2020, with these eight
15 partners.

16 Pursuant with First 5 LA's policy, we know that
17 KRA contracts over \$75,000 will be presented to the
18 commission on the consent calendar for approval, while
19 contracts under the \$75,000 limit will be approved by our
20 executive director.

21 That concludes the presentation on KRA today.
22 And we welcome any questions that you may have.

23 SUPERVISOR KUEHL: Thank you very much.

24 Comments or questions from the board?

25 Marlene.

1 COMMISSIONER ZEPEDA: I have a question. Will TK
2 be part of this transitional kindergarten? Will they be a
3 collecting the data?

4 MS. SERETAN: For the purposes of this study, TK
5 will not be included this year as want to get a really
6 strong baseline for kindergartens this year. So TK will
7 not be included.

8 COMMISSIONER ZEPEDA: And I'm familiar with a
9 number of these school districts, and I think Katie is
10 going to anticipate my question as will other people in
11 this audience. How will the issue of English as not your
12 home language be considered?

13 MS. SERETAN: Absolutely. This has definitely
14 been brought to our attention. I do want to start by
15 saying that the tool EDI is both valid and reliable. So
16 while the issue of DLLs is not necessarily --

17 MS. BELSHE: DLLs?

18 COMMISSIONER ZEPEDA: Dual language learners?

19 MS. SERETAN: Dual language learners. Sorry.
20 Yes.

21 Some of the questions are specific to English,
22 but overall we have seen that it is necessarily a student
23 that is low in their English acquisitions skills, that
24 does not -- it does not necessarily mean that their scores
25 on the rest of the domains will be lower.

1 COMMISSIONER ZEPEDA: Right. Again, I really
2 think and I know -- I work with some of these school
3 districts before and they're very cognizant of this issue,
4 and as you well know that I'm very cognizant of this
5 issue. So we need to -- you need to be very cautious
6 because, when 60 percent of the children in California are
7 DLLs within the zero-to five period, this is a tremendous
8 group of students that really need to be considered. I
9 know that the school districts will be doing some kind of
10 language screening so they will be able to identify. So
11 it seems to me going forward in these partnerships with
12 the various districts that you could crosswalk the
13 identification of these, even though you're working at the
14 population level, you could possibly just aggregate it by
15 DLL status.

16 MS. SERETAN: Correct. And might I add, there
17 are five customizable questions that are able to be
18 included in the EDI, and we have been in discussions with
19 school districts that have high populations to determine
20 how we can use these customizable questions to get to that
21 exact issue and disaggregate the data.

22 COMMISSIONER ZEPEDA: Thank you.

23 SUPERVISOR KUEHL: Katie, did you want to add
24 anything or were you just --

25 MS. KENYON FALLIN: She said exactly what I was

1 going to say.

2 SUPERVISOR KUEHL: She hit the nail and you just
3 right back down again. Okay. Good.

4 Linda.

5 COMMISSIONER ARAGON: There are 326 teachers.

6 SUPERVISOR KUEHL: Can you speak into the mic a
7 little more?

8 COMMISSIONER ARAGON: There are 326 teachers.
9 How many schools will they be -- how many schools does
10 this represent?

11 MS. SERETAN: This represents -- I don't have the
12 exact number off the top of my head, but each district
13 actually has most of their kindergarten teachers, so their
14 schools participating, with the exception of Los Angeles
15 Unified School District Local District South, as it is a
16 very large local district. But the majority of the other
17 districts are actually full participation through 2020;
18 however, the rollout may be half within the first year and
19 half within the second year with full participation
20 throughout.

21 COMMISSIONER ARAGON: Great. Thank you.

22 COMMISSIONER PLEITEZ HOWELL: It's really
23 terrific how the data is being used both for kindergarten
24 readiness where you're getting a two-for and also looking
25 at vulnerabilities in communities. I wonder how we're

1 linking that to our Best Start communities.

2 So we obviously selected the Best Start
3 communities due to some equity issues there. So how are
4 we linking these two pilots together and how are we
5 thinking about the partners that are coming in that
6 connect to that work we're already doing?

7 MS. SERETAN: That's a great question.

8 I definitely think this provides additional
9 opportunities for further conversations and leveraging of
10 resources. I know that in El Monte members of the
11 community and El Monte's promise have actually come to the
12 table to sit in those conversations. And we do anticipate
13 that, after the data is collected, multiple stakeholders
14 will be around the table to participate in community
15 conversations to leverage the data, really highlight what
16 additional resources can be brought in. And I do
17 anticipate a lot of cross-over with the Best Start
18 communities here on our end but also in the community.

19 MS. BELSHE: Do you have some thoughts on that,
20 Karla?

21 COMMISSIONER PLEITEZ HOWELL: I do think -- so we
22 have the data, and just saying that we'll have
23 conversations, we might want to push ourselves slightly
24 more. So to the point that Marlene was bringing up, if
25 issues of DLL are lifting up, how are we going to have

1 ready responses with the work that we already have. So if
2 you're looking at a population vulnerabilities, let's
3 think about what resources we can offer up in those
4 conversations. So that's one.

5 And then the second, we have an overlay of the
6 great map you gave us. Here's where the communities are
7 that we're investing, here's where the Best Start
8 communities are. Where we -- we're move our Best Start
9 communities to this is the -- is it five areas that we'll
10 be focusing on.

11 So how are we going to target -- yes -- the
12 regions? Thank you. How are we going to target all the
13 partners that we have to make sure that we're focusing on
14 those regions and start thinking about those things
15 earlier?

16 MS. SERETAN: Wonderful.

17 MS. KENYON FALLIN: I think as we kind of -- you
18 know, this is sort of our first cohort of this work. And
19 I think as we go beyond the areas where there was already
20 momentum in place, I think we will -- we've already talked
21 about Palmdale is the third largest district in our
22 county. It's also a Best Start community. We're having
23 conversations with other partners about how we might start
24 that engagement with that district. So we definitely are
25 thinking strategically about the overlap between Best

1 Start and we very tied together.

2 SUPERVISOR KUEHL: Marlene.

3 COMMISSIONER ZEPEDA: Then would I think, Karla,
4 judging from -- there needs to be an integration of the
5 results because you said Pasadena became -- it really
6 convinced Pasadena to move very proactively towards an
7 early learning agenda. How that then works with our
8 policy initiatives, which have I been advocating for more
9 -- I know we've been working a lot at the state level, but
10 there's also opportunities at the local level, and this
11 may be one way to kind of capitalize on it.

12 MS. KENYON FALLIN: Exactly.

13 SUPERVISOR KUEHL: Any questions or comments from
14 the board?

15 Katie, I'm sorry. Did you want to say more?

16 MS. KEYON FALLIN: I was just going to mention
17 that another layer of the work that is planned to start
18 next year is really thinking about, you know, once we have
19 this data from the different communities, how can we
20 create a conversation at a countywide level; as we start
21 getting more and more of the population of kindergartners,
22 how can we create sort of a cross-sector table that can
23 really look at the data and start having a conversation at
24 that level of geography. We're starting with the local
25 geography, but how can we have a broader conversation

1 about, you know, we're finding these trends in this part
2 of the county, what can different departments, different
3 agencies do to address some of these issues.

4 SUPERVISOR KUEHL: Okay. Thank you. Any other
5 comments or questions?

6 This is an action item, so I would need a motion
7 to approve the strategic partnerships for the kindergarten
8 readiness assessment strategy.

9 COMMISSIONER ZEPEDA: I move that we approve the
10 strategic partnership for the kindergarten readiness
11 assessment partnerships.

12 COMMISSIONER YBARRA: Second.

13 SUPERVISOR KUEHL: All right. I have a motion
14 and a second. Is there any objection to a unanimous vote
15 of approval? Seeing none, that will be the action.

16 Okay. Let us move to Item Number 6. Counsel,
17 you have two things to present to us in terms of bylaw and
18 policy.

19 MR. STEELE: Thank you, honorable chair, members
20 of the commission.

21 As usual, the really interesting stuff on the
22 agenda falls to me. The first item 6A is a proposed bylaw
23 amendment. And as you know, the bylaws are the operating
24 procedures for your board. And they were first adopted at
25 the very beginning of this commission right after the

1 approval of Proposition 10. And they have various
2 provisions about the conduct of meetings and the operation
3 of the board.

4 One of the provisions that has been around for
5 the entire time has been a term limit on the number of
6 consecutive terms an individual may serve as an officer of
7 the board. The term limit currently is two consecutive
8 terms, serving as either the chair, vice chair, or a chair
9 of a committee. Originally, that provision was in place
10 to sort of encourage rotation among commissioners into
11 different jobs.

12 As the organization has matured and evolved,
13 staff presented to the executive committee the idea that
14 -- of potentially extending that term limit to allow a
15 little more flexibility for -- and continuity in the
16 offices of the board. And the executive committee, after
17 some discussion, has unanimously recommended to this board
18 that the bylaw be amended to increase that term limit from
19 two terms to four terms. So that recommendation is before
20 you information purposes.

21 And under the bylaws, you're entitled 21 days
22 notice of a proposed change. So this is that notice. And
23 unless there are concerns and questions on the part of the
24 board, we would propose to have the change before you for
25 a vote in your November meeting. So either I or members

1 of the executive committee are available to answer any
2 questions or address any concerns you may have on this
3 item.

4 SUPERVISOR KUEHL: Okay. I think everybody's
5 going to review those over the next several weeks. As it
6 comes back to the board, there's another opportunity to
7 ask questions, obviously, before we vote on it in
8 November. So I don't see any request. The information is
9 therefore received. And perhaps we can move then to the
10 facilities use policy.

11 MR. STEELE: Thank you. With regard to Item 6B,
12 chair, members of the commission, this is a proposed
13 facility use policy for First 5 LA. It's considered to be
14 best practice for public agencies to have facility use
15 policies in effect for the management of public buildings
16 and public facilities. Unlike many other public agencies,
17 we only have one building, but it's this one and it's a
18 significant asset of the organization that is owned by the
19 organization. And as you heard earlier, we're going to be
20 investing money in space planning and capital improvements
21 over the course of the next several months.

22 But we do not have a facility use policy in place
23 and, unfortunately, recent concerns being what they are,
24 security becomes a more important interest of the
25 organization. And in a case with a public entity, really

1 designating what portions of the facility are appropriate
2 for public access and public use and what portions of the
3 facility are designated for internal operations or the
4 operations of our partners.

5 In this case, as you know, we have an operating
6 child care center here on the first floor that operates
7 pursuant to a lease in part of the building, and the
8 public has never been allowed access to that portion of
9 the building for obvious reasons, other than invitees and
10 the families who have children at the child care center.
11 This policy would formalize that and actually put in
12 writing what has been in the practice since we've been in
13 the building.

14 In addition, this policy would designate floors
15 two and three of the building, which are where staff have
16 their offices now as nonpublic areas, the internal
17 operations areas of the organization, available to staff,
18 to contractors, to consultants, and to invitees. We're
19 not saying that a member of the public never sets foot on
20 the super secret floors above us, but they go up by
21 invitation and/or with an appointment.

22 With regard to the rest of the first floor and
23 the restroom facilities, the kitchen area, the conference
24 rooms, those are what are designated for a limited public
25 access. We're not changing at all the way the public is

1 invited to use these facilities now. Not changing at all
2 the rules that -- that are what we call limited time,
3 place, and manner restrictions on public participation in
4 meetings. Just the sort of normal rules of order.

5 What we're doing is formalizing that policy and
6 putting it in a document so that it's available for
7 everybody to see. We do not allow unlimited public access
8 to this facility or to a meeting like this. We invite
9 people to participate. We encourage people to participate
10 under basic rules of decorum. If people want to have a
11 full-on sort of public event without -- without
12 restriction, there's a public forum across the street in
13 the park area of the pueblo property, which is an
14 unlimited public forum. People can hold any event they
15 want to hold across the street there on the grass.

16 This policy would not allow events outside in the
17 parking area, for example, or on the sidewalk where it
18 would be blocking our doors, but also recognizes that this
19 building is part of the Union Station complex and there
20 are circumstances under which Metro, the manager of the
21 entire property, is required to issue a permit. It puts
22 people on notice that such a permit would be required,
23 either from Metro or from the City of Los Angeles.

24 Finally, it allows the executive director in
25 limited cases that are consistent with the work of First 5

1 LA to permit the use of rooms such as this one for some
2 third-party public event. Occasionally, we have meetings
3 with the First 5 Association, different coalition groups
4 come in and use this facility. That would continue as
5 long as those events are consistent with our purpose.

6 The reason for that, of course, is that our
7 revenue, our resources can only be used for the purposes
8 that are set out in Prop 10. So we can't spend money for
9 kids older than five, for example. So the use of the
10 building has to be, obviously, for uses that are
11 consistent with what we can do under Proposition 10.

12 So that's the extent of the policy that is
13 proposed before you. It is informed in the drafting by
14 the rules that the county uses for participation in the
15 Hall of Administration. Also, we looked at and used
16 pieces of the policies from the City of Santa Monica, the
17 City of Beverly Hills, the City of Highland, City of
18 Norwalk. Those policies are obviously much broader than
19 what we're looking at here because they have parks and
20 senior centers and libraries and all sort of other kinds
21 of buildings. But we did use those policies to inform
22 what we drafted for this building.

23 So with that, I'd be happy to answer any
24 questions. Again, it's an information item and will be
25 before you for action next month.

1 SUPERVISOR KUEHL: Romalis.

2 COMMISSIONER TAYLOR: I think this is timely and
3 I appreciate the effort because I think this is what we
4 need to be doing. But I would like to see in the
5 background -- because I don't know if you've done it or
6 not -- a statement of how this policy is in line with
7 other agencies similar to ours, just, you know, to put it
8 in there that we've also prepared what we're proposing
9 here with that group. That's all.

10 SUPERVISOR KUEHL: Good idea because, verbally,
11 you indicated that you had reviewed them.

12 Any other comments or questions? This is not up
13 for a vote today. We're coming back with this.

14 Counsel, I would also ask if you might review
15 before the next board meeting policies adopted by other
16 public agencies about the access of federal agencies to
17 secured employee areas. The courts were the first to
18 think about this in terms of difference between the public
19 hallways and the courtrooms, and of course the chambers of
20 the judges. We have also considered this, that there are
21 documents that must be shown by any federal agency in
22 addition to a badge before having access to those areas
23 that are not public. And I think it would be good for our
24 employees to know it's sort of a fad these days to think
25 about federal agency access in a way. But I think it

1 would be good for us also to know what other agencies have
2 done about that because, you know, comes up and we don't
3 -- since work is already being done, it might be good for
4 us to know what that is.

5 MR. STEELE: So you'd like that information not
6 actually specifically included in the policy that comes
7 back before you or --

8 SUPERVISOR KUEHL: I don't know that it shouldn't
9 be included in the policy because we're going to vote next
10 month on a policy presented to us today. But I think in
11 addition, if we wanted to amend the policy, we could at
12 least have that information not to be voted on in
13 November, but I think it would be good for us to know that
14 perhaps we need to bring an amendment in a month or two --

15 MS. BELSHE: For future consideration.

16 SUPERVISOR KUEHL: Yeah, for future
17 consideration.

18 Is that okay with the board?

19 Okay. Anything else on this? This is an
20 information item. We thank counsel very much.

21 And it's 2:21. We're going to take a ten-minute
22 break and return at 2:31. Thank you.

23 (A brief break.)

24 SUPERVISOR KUEHL: Welcome back to the meeting.
25 We are on file Item Number 8. At least it's Number 8 for

1 me. Is it Number 8 for everybody else? Okay. Good.

2 This is an action item, just to let board know.
3 We're not only going to review but we're being asked to at
4 the end approve the final draft of the comprehensive
5 annual financial report including the auditor's report for
6 our fiscal year, which ended June 30th of this year. This
7 is our second PowerPoint presentation. We've asked
8 everyone to be as brief as possible so we can have a
9 conversation and discussion about it.

10 And, therefore, over to you.

11 MR. GAYDEN: Thank you, madam chair. Good
12 afternoon, commissioners.

13 We're so excited to be presenting the last step
14 of our financial audit and CAFR journey. It's exciting.

15 Today, Tino, our accounting manager will be
16 presenting the comprehensive annual financial report, also
17 known as the CAFR, which is the result of our financial
18 audit for the fiscal year 15-16. The CAFR is a detailed
19 presentation of First 5 LA's financial conditions and
20 reports on each activity and balances for each year --
21 fiscal year.

22 As steward of public funds, commissioners have
23 oversight and must approve this report to be submitted to
24 the state controller's office and First 5 California to
25 meet our state reporting requirements.

1 I would like to take just a quick moment to
2 acknowledge you, the commissioners and our executive team,
3 in your continued guidance and support of this audit and
4 the audit process. I know our finance director, Raoul,
5 would generally be providing these remarks today, but I
6 would like to take the opportunity to acknowledge him and
7 his leadership, leading such a dynamic finance team,
8 including Tino, Gray, Shara, Daisy, Marie, Marcy, Marsha,
9 Tony, and Jessica. I just wanted them to get full
10 recognition.

11 MS. BELSHE: And they're all sitting in the back.

12 MR. GAYDEN: And they're all sitting in the back
13 who have all stepped up for their support in completing
14 this clean audit. There's been a lot of hard work and a
15 lot of dedicated time, but we're truly appreciative of all
16 their dedications and efforts to get this work done.

17 Lastly, I'd like to thank our auditors from VTD
18 for their hard work with our CAFR, and you'll hear from
19 him shortly.

20 So with that, I'll pass it on to Tino to bring us
21 home. Final stop on the train.

22 MR. GENIO: Thank you, Carl.

23 Good afternoon, commissioners.

24 Before I start my presentation, I'd like to note
25 that the draft comprehensive annual financial report, also

1 known as the CAFR, was presented to the executive
2 committee and also to the special board of commissioners
3 and program and planning committee meeting last week. And
4 due to the multiple touch point of the CAFR journey, my
5 presentation today is a condensed version of what was
6 presented to those committees.

7 For your reference the full deck presentation
8 presented to those committees are included in your board
9 packet as well as today's presentation. My presentation
10 of today will focus on the key highlights of our audit
11 results for fiscal year 16-17.

12 First, let's go on to the most important
13 highlight for fiscal year 16-17. We have a clean audit.
14 Our CPA firm Vavrinek, Trine, Day & Company, LLP, or VTD,
15 noted that the financial statements are presented fairly,
16 an unmodified opinion. In addition and separate from the
17 opinion, during VTD's normal course of performing their
18 assigned functions of the audit, no material deficiencies
19 or internal control were identified. There were no
20 findings or observations that were made. In other words,
21 it represents a clean audit. That's great news for First
22 5 LA.

23 COMMISSIONER YBARRA: Yes. It is.

24 (Applause.)

25 MR. GENIO: Separate from the auditor's report, I

1 would also like to mention that the fiscal year 15-16
2 comprehensive annual financial report has received a
3 certificate of achievement for excellence in financial
4 reporting from the Government Finance Officer Association.
5 This is the ninth consecutive year that we have received
6 this award.

7 There are three key aspects that I would like to
8 focus on today: Revenues, expenditures, and fund balance.
9 And let's start with revenues. Focusing on the right-hand
10 side of the graph, total revenue decrease from 108 million
11 in 15-16 to 90.1 million for 16-17, a decrease of 17.9
12 million or 19.8 percent, which was mostly due to the
13 ending of child signature program and partnership for
14 families that ended in December of 2016.

15 Total expenditures for 16-17 were about 130
16 million, exceeding total revenue by 39.8 million, causing
17 a decrease in our net position by this amount.

18 Now, let's focus on expenditures. This graph
19 represents the program versus administrative expenditures
20 as a line to First 5 California management guide. For
21 16-17, the administrative cost of 10.7 million or 8.2
22 percent of the total actual expenditures is well below the
23 spending cap of 12.4 million approved by the board during
24 midyear revision. The total expenditures -- total
25 expenditures of program of 119.2 million for 16-17 include

1 provided grants and allocations as well as operation
2 expenditures in direct support of programmatic efforts.

3 I would like to note that the decrease in
4 programming expenditures of approximately 60 million
5 compared to prior year is primarily due to legacy
6 investment ending and are ramping down, including the
7 master agreement with LAUP that ended in June of 2016.
8 The increase in administrative expenses were due to
9 filling of positions that were held vacant in prior years
10 as well as cost related to organization realignment during
11 this fiscal year.

12 And let's look at our fund balance as of June 30,
13 2017. And this pie chart reflects the distribution of our
14 fund balance of 422.1 million. Starting on the right-hand
15 top corner of the slide, the orange section we have
16 nonspendable. Nonspendable are funds that have been
17 advanced to a contractor or grantee for services to be
18 provided in the future and considered to be an asset of
19 the commission. An example of this is the LAUP grants
20 where we advanced them the funds.

21 The blue section of the chart is for committed
22 funds, and committed funds that have been allocated for a
23 specified purpose and direct by the commission via
24 resolution. Examples of committed funds are legacy
25 investments, including the Children's Dental Care and

1 universal assessments and resources for the fiscal year
2 17-18 program budget that aligns with the 2015-2020
3 strategic plan. Assigned are funds reserved for commission
4 use consistent with the 2015-2020 strategic plan.

5 And, lastly, unassigned funds are designated for
6 the operating budget and reserve consistent with
7 commission established policy.

8 And, finally, the next steps for the CAFR. Upon
9 the approval of this report, it will be submitted to the
10 state controller's office and First 5 California by
11 November 1st to complete our reporting requirements. The
12 CAFR information will also be used to inform and update
13 the long-term financial projection which will be presented
14 to the board in January and seek approval in February of
15 2018.

16 Before we take any questions, I would like to
17 introduce Mr. Roger Alfaro, partner of our CPA firm, VTD,
18 to provide some comments about our clean audit.

19 Thank you.

20 SUPERVISOR KUEHL: All right. Thank you.

21 Welcome.

22 MR. ALFARO: Good afternoon, commissioners. My
23 name is Roger Alfaro. I'm a partner at Vavrinek, Trine,
24 Day & Company, had lead responsibility for the audit for
25 this year. As stated in the documents, we intend to issue

1 an unmodified clean opinion. But one of the things I did
2 want to highlight, as a result of the audit process, we go
3 through a risk assessment. We consider key internal
4 controls over various business cycles here at First 5 LA,
5 including contracting, procurement, payroll, receiving,
6 and other types of procedures that are key to the
7 financial reporting process. And as included in the
8 drafts, we did not have any identified material weaknesses
9 in the internal control.

10 Further, I did want to highlight that we did not
11 encounter any difficulties in the conduct of the audit,
12 nor did we have any disagreements with management with
13 respect to any accounting, auditing, or financial
14 reporting related matters. And we appreciate the
15 opportunity to serve as your external auditors and would
16 be happy to address any questions.

17 SUPERVISOR KUEHL: Thank you very much.

18 Well, this is all quite rosy and a bit unusual.
19 Not for First 5.

20 Any questions or comments from the board? Seeing
21 none, this -- as I indicated to you, this is an action
22 item, and so the motion would be -- were you asking to
23 speak?

24 COMMISSIONER TAYLOR: No. I was going to --

25 SUPERVISOR KUEHL: You were going to move it.

1 All right. I have a motion. Do I have a second for
2 approval?

3 COMMISSIONER CHOUGH: I'll second it.

4 SUPERVISOR KUEHL: Seconded. Is there any
5 objection to a unanimous approval of the comprehensive
6 annual financial report including the auditors report?

7 Seeing none, that will be the action taken.
8 Thank you so much.

9 COMMISSIONER TAYLOR: Thank you.

10 (Applause.)

11 SUPERVISOR KUEHL: All right. Let us move to the
12 next item. This is an information item not requiring
13 action by the board. It's a report on our strategic
14 partnership with the Silicon Valley Community Foundation
15 for engaging our gubernatorial candidates. This is a bit
16 of a new idea for a whole lot of nonprofits to think,
17 instead of after the election saying, gee, why didn't we
18 elect somebody that actually cared about our issues, we're
19 at least trying to do some education. Obviously, we're
20 not politically engaged with any of the candidates, but
21 looking forward to this report.

22 MS. PATTILLO BROWNSON: Great. So as madam chair
23 referenced, this is an information item on a future
24 strategic partnership with Silicon Valley Community
25 Foundation on gubernatorial candidate engagement. What

1 that functionally means is that we are looking to harness
2 the opportunity that is the gubernatorial race, to harness
3 the energy, the volume, the media coverage, to use that as
4 a platform to elevate young children's issues; to also use
5 that as a platform to educate who -- the candidates who
6 are most likely to move forward into the governor's
7 mansion and to make sure they're well steeped in early
8 childhood issues and ready to go once inaugurated.

9 I'll also flag that I think this is yet another
10 page of how we are actually seeking to do the work
11 differently. At the PPC meeting in September where we
12 talked about wanting to move both the time cycle as well
13 as the mechanisms for the policy agenda, this is another
14 example of how we're essentially getting ahead of the
15 curve and trying to get out of the habit of reacting to
16 others and their wake, to instead create our own wave to
17 have candidates engage with that and make sure that we're
18 not just sort of -- that we're behind the eight ball in
19 trying to elevate the issue, but actually creating the
20 volume ourselves.

21 So I think it goes without saying that elections
22 matter and that leadership at the top matters. This is
23 true not just at the federal level where I think most of
24 the headlines have been, but this is acutely true here in
25 California as well. And as I was looking back at the last

1 contested gubernatorial election which was, if you can
2 crane your memories and your reflections back to 2010,
3 this was Meg Whitman and Jerry Brown that were running for
4 governor.

5 And it's instructive to consider and reflect back
6 on what they prioritized. So all the candidates
7 oftentimes will create top ten lists, so the top ten
8 policy priorities that they want to champion. And so this
9 is not a rhetorical question, so feel free to shout out.
10 Where do you think early childhood was on the top ten
11 list? That is correct. It was nowhere on either of the
12 two candidates' top ten list.

13 What's even more telling is that they also had a
14 top ten list from the same questionnaires around what are
15 top ten issues in education. So charter schools came up.
16 Facilities came up. Career technical education came up.
17 And, again, even in a subset top ten list of priorities
18 for education, early childhood was nowhere present.

19 The last data points that I'll throw out is that
20 the biggest bump, as I was searching through news articles
21 of that 2010 gubernatorial election, where there was a
22 spike in media coverage, as you may remember, was being
23 referenced as nannygate when there was a whole host of
24 articles around Meg Whitman's nanny. And there were a
25 whole lot of article around immigration, around ethics,

1 around taxation. But, again, nowhere did that actually
2 provoke a conversation about how Californians care for,
3 rear, educate young children. And I -- I put that in the
4 category of missed opportunities that we don't want to see
5 replicated in our present day.

6 So the flip to imagine is, after you have a lot
7 of media coverage, \$250 million, which was then the high
8 watermark of political campaign expenses on a
9 gubernatorial candidate engage series, then you fast
10 forward and have eight years of governance. And what we
11 saw is what happens when you don't have a champion at the
12 helm. So during the years of the recession, we saw a
13 billion dollars in cuts to early childhood programs. And
14 to this present day, we are at 86 percent of babies and
15 toddlers left without affordable child care in the state.

16 The flip to imagine is what we might do
17 differently in 2018 that maybe we didn't have the
18 wherewithal, maybe we didn't have the planning, but that
19 we would not repeat that -- the same set of moves that
20 happened in 2010, that we would not the miss the
21 opportunity to elevate this issue and make sure that the
22 next governor is in fact steeped in early childhood
23 literature, has a good soaking in what brain science looks
24 like to know what the economic return on investment looks
25 like, that they should be conversant, fluent, committed,

1 and with lots of lines of relationship to people in the
2 early childhood community; not just us, but all throughout
3 the state, that they should be responsive and accountable
4 and in relationship with people who champion early
5 childhood. And that is really the alternative vision of
6 what can happen in 2018.

7 So in order to make that happen and to talk more
8 about how we're going to make 2018 different than 2010,
9 enter Silicon Valley Community Foundation. They're
10 launching a two-year campaign now to inform, to educate,
11 and engage the gubernatorial candidates to make sure that
12 they know that this is not just an issue for noisy
13 do-gooders who would like candidates to do something nice
14 for kids, but that this is also an electoral issue that
15 voter care deeply about.

16 So with that, I will turn it over to Avo.

17 SUPERVISOR KUEHL: Thank you.

18 MR. MAKDESSIAN: Thank you, Kim. And thank you,
19 madam chairman, members of the commission, and Kim Belshe.
20 Thanks for having us here today. Happy to join you from
21 -- from Mountain View, California, where I got to say with
22 the wildfires going on right now, our thoughts and prayers
23 are with everyone there. But the smoke and smog is pretty
24 intense. So I got to say breathing pretty clean air down
25 here is something I wouldn't think I would say is an

1 amazing thing for Southern California.

2 So in any case, I just want to, again, introduce
3 myself. Avo Makdessian with the Silicon Valley Community
4 Foundation. I'm a former First 5 alumni. I worked as the
5 policy director for fiver years at First 5 Santa Clara.
6 And I say that because we in the northern part of the
7 state have looked at First 5 LA for your leadership on
8 many policy and program issues for a long, long time, and
9 me personally. And also I want to mention that, when we
10 first wanted to launch this campaign, Los Angeles was the
11 first place we came. And I want to reiterate that this
12 campaign is truly a statewide campaign. Although Silicon
13 Valley Community Foundation is helping coordinate and lead
14 the efforts, it really is a statewide campaign. And we're
15 going to need a lot of help from southern California.

16 So to go on to the basics of the campaign, if I
17 could get the next slide. Thank you. I only have one
18 slide, but I'll speak a few minutes on each of these
19 bullet points here. Each of these bullet points really
20 represent the why, the how, the what, and the
21 sustainability of this effort. So I'm going to go through
22 that rather quickly. And we'll be here for questions, but
23 then certainly I'll turn it over to Kim to walk us through
24 that.

25 So first on the why, why we're doing this, it

1 really is for us pretty simple, and it's addressing the
2 leadership challenge on this issue. As Kim described
3 where the leadership was in the past gubernatorial
4 election, we know we have a far way to go in addition to
5 looking at where investments in the state have gone to
6 early childhood. We have a long ways to go. And we
7 fundamentally believe that it's not for lack of policy
8 ideas. It's not for lack of need in our communities. It
9 is for a lack of leadership. And that's the challenge
10 we're trying to address with this effort.

11 Our current governor Jerry Brown has been great
12 on a number of issues. He -- he pulled us through the
13 great recession. He streamlined an increased funding for
14 K12 education. He funded children's health initiative for
15 undocumented kids a few years back, and he's done amazing
16 things for the infrastructure of this state, all things
17 that affect children and families every day. But on this
18 issue of early childhood investment, the investment from
19 the State and his administration have not matched the
20 need, plain and simple.

21 And so the opportunity in front of us is to
22 ensure that our next governor knows exactly what the needs
23 of the State are and has some tools and solutions to
24 address that. And what our -- what our thoughts are or
25 what this could look like is really, unfortunately,

1 looking at other states, states like Alabama, for example.
2 Did you know the Alabama has the highest quality rated
3 preschools in the entire country? The state of Alabama.
4 It's because that governor made early childhood quality,
5 preschool quality a top priority in his administration.
6 Now, he had to leave for other scandal issues, but
7 certainly on this issue he was -- he was a.

8 Leader on access, you know, West Virginia of all
9 places. West Virginia provides full preschool access in
10 all 55 of their counties, and at this point three-quarters
11 of all four-year olds participate in a free or reduced
12 price preschool program in the state of West Virginia.

13 Kentucky has an office of early childhood
14 development. And in California we have no single place to
15 go to talk about early childhood issues right now.
16 Kentucky, you have a single place to go, and that place is
17 actually located in the governor's office.

18 So these are examples of what other states and
19 other governors have taken the leadership -- their
20 leadership on this issue to the levels that we'd like to
21 see in California.

22 So the list goes on. Again, I just wanted to say
23 that this is an opportunity that we have, as you
24 mentioned, madam chair, to do a lot of the work before
25 someone gets elected and really educate them and engage

1 them before they're elected.

2 Now, the what -- the what is pretty
3 straightforward. That's the second bullet on this slide.
4 That is, we want to make early childhood development a
5 signature issue in the campaign so that we don't have what
6 happened in 2010 in that we don't want to be off the list.
7 We don't even want to be in the top ten. We want early
8 childhood to be in the top three if we can. So that's our
9 -- that's our ultimate goal with this effort.

10 Now, the how -- this is where the sausage making
11 takes place. And I've been lucky to learn a lot of the --
12 a lot of the strategy around this because many other issue
13 areas have done candidate education in a very
14 sophisticated way, well resources, and very strategic.
15 Early childhood, as far as we can tell across the country,
16 hasn't been this strategic, well-resourced, or
17 sophisticated in our candidate education. And so the how
18 is really the nuts and bolts of it. Much of it is in your
19 memo but I'll just go through it really quickly.

20 First and foremost, well-resourced, we have a
21 number of donors who saw this as a top priority for their
22 investment because they saw the payout of being huge. So
23 candidate education doesn't cost that much relatively
24 speaking, but if you have a champion for your issue in
25 office for four to eight years, that could translate into

1 billions of dollars in investment.

2 The other level of sophistication I want to talk
3 about in addition to the well-resourced is really looking
4 at who our audience is. Our audience are really the major
5 candidates who are running for governor. And right now
6 there are five of them who are what we consider major
7 candidates. And really understanding what their
8 motivations are within a campaign rather than convincing
9 the electorate that this is a good thing or convincing
10 nonprofits that this is a good thing, it's really looking
11 at these five candidates.

12 So if there are grassroots campaigns here, this
13 is certainly a grass-tops campaign looking specifically at
14 what the motivations are of candidates. And the
15 motivations are pretty clear for them. One, they want
16 exposure. They want their name out there. Number one.
17 Number two, they're looking to raise funds for their
18 campaign and they're looking to looking to connect with
19 influential people in the community. And number three,
20 they're looking to get votes at the end of the day.

21 So this campaign is entirely geared around making
22 sure those motivations are touched upon for each of the
23 candidates.

24 So how we're doing that. We're look working
25 directly with each of the candidates to say, you may know

1 what you want to do for early childhood, but here's some
2 research, here's some very specific research in LA county,
3 in Silicon Valley, in Central Valley, where these could be
4 battleground areas for you. Here's the research in terms
5 of the needs for the electorate and for families in those
6 communities.

7 Number two, here's ways that you can address
8 those needs and talk about it through messaging in your
9 campaigns. So really silver platter, like here is the
10 plan for you to make this an issue and dealing with them
11 directly.

12 Second, we want to really get specific on the
13 policy ideas that we want to give to the candidates. But
14 there's a timing issue here because the candidates don't
15 want to get very specific right now. And as we've talked
16 to them, they are -- like I said, they're trying to meet
17 people, they are trying to get exposure, and they don't
18 want to tick anyone off right now. So the best way to do
19 it is stay broad.

20 And so at this point, we've told them about some
21 very broad principles that they should focus on. And I'll
22 go through those in a little bit. But next year as we get
23 closer to the election, it's going to come time where we
24 have to get specific about what their hundred-day plan
25 could look like for young children. And this is where

1 strategic partnership with First 5 LA would be so
2 beneficial to get deep in on the policy and really give
3 each of these candidates a hundred-day plan.

4 Third, Kim mentioned polling. We did a statewide
5 poll earlier this summer and we asked the electorate about
6 their support for a candidate who makes this a top issue.
7 And across the board in every sub group in every political
8 party, early childhood came, if not equal to on par of
9 priority of community issues, above every other issue.
10 And nine out of ten voters said straight out, we would
11 support a candidate for governor who supports young
12 children, who invests more in young children.

13 And the level of sophistication with those polls
14 -- and they can be downloaded and I can share them with
15 the commissioners later on -- you can see that they're
16 tied to what motivates the candidates. So one of the
17 questions, for example, was, if a candidate says they're
18 for jobs or if a candidate says they're for working
19 families, if a candidate says they're for K12 education,
20 should that candidate also be for more investment in early
21 childhood. So what we did is, we took their current
22 platforms and we tied them to this issue. And so we told
23 the candidates that this is not only a good issue for the
24 community, but a winning issue with the electorate.

25 Fourth, engaging the media. This is something

1 that we know First 5 LA is great at doing. We certainly
2 have partners in northern California in connections with
3 the media, but really getting this issue in the context of
4 the race with the media is going to be one of the
5 make-or-break parts of this campaign.

6 We had a release of the poll results a couple
7 weeks ago. KPCC did a great piece on it here and
8 Sacramento Bee is about to run a piece on it up north.
9 San Jose Mercury News ran a pretty long piece on it that
10 called out the governor -- gubernatorial candidates, so
11 much so that Gavin Newsom retweeted the article to 1.4 of
12 his followers. That's the power of media, right? The
13 candidates are looking to see their names, the race in the
14 media, and then spread it out to their supporters.

15 Last but not least is engaging the candidates in
16 a public setting through forums and through debates and
17 events such as the recent water cooler that was hosted by
18 the Advancement Project and really getting them on record
19 in public in front of community members in front of
20 leaders like you all to say what they're going to do for
21 kids, and then taking that back and giving to them when
22 they're elected and say, this is what you promised for us.

23 So the formula is very simple. Here is the data.
24 Here is the research. Here are your talking points.
25 Here's what you can do about this issue. We'll ask you

1 about it in public. You give that back to us and then
2 we're going to hold you to it when you're elected,
3 regardless of who's elected.

4 Last on the bullets is sustainability and
5 creating really a blueprint for candidate education for
6 this issue. That's one of our key overarching goals. But
7 ultimately this campaign is about setting the table. So
8 if we have a champion for children in the highest office
9 in California, we know that we're going to see great
10 results for kids ultimately.

11 But there are many assets from this campaign that
12 are going to last past this election. Those assets
13 include the research I talked about, the polling. And
14 those can be used in many contexts, both for statewide
15 races, for local presentations and local races. So we're
16 looking forward to using those assets.

17 Second is the relationships we're going to build
18 with the candidates. I tell my team this all the time.
19 There are front runners right now in this race, but if
20 2016 taught us anything about elections, we don't know
21 who's going to win. So what we do know is that whoever
22 we're talking to now, one of those folks is going to be
23 the next governor. So the relationships we're building
24 now with each and every candidate is going to last once
25 they're elected.

1 Capacity. This is something that I know First 5
2 LA and certainly our local foundation is interested in, is
3 engaging local organizations to create this echo chamber
4 around candidates through social media, through events,
5 through direct communication with the candidates. And
6 that capacity building around candidate education we hope
7 will build the capacity of local organizations to do more
8 of this for -- for other races.

9 Our partners are very familiar to you. Fenton
10 did this beautiful logo and we have a beautiful Website
11 and fact sheets and red, white, and blue because this is
12 about a campaign. So Fenton you all know well and they do
13 great work and they're doing great work for this campaign
14 in the PR front. California Strategies, we've also
15 contracted with them to do a lot of our government
16 relations work and connect directly with the candidates.
17 And, of course, Children Now and Advancement Project are
18 two organizations we're working closely with on this
19 around the policy development.

20 Finally, we hope that Choose Children, the
21 campaign, creates a blueprint for candidate education on
22 this issue for a lot of different races. And we are --
23 we're taking great intentional steps I'll say to capture
24 what we did right, what we did wrong so that this is a
25 blueprint that could be used in many different contexts.

1 I'm open for any questions now or at end of the
2 presentation.

3 MS. PATTILLO BROWNSON: I'm going to just cover
4 the mechanics of the recommendation and how we're
5 proposing to invest and then we'll open the floor for
6 questions, which I think will be the super exciting part.

7 So the total cost of the campaign is \$3 million
8 over two and a half years. There has already been a fund
9 raising effort afoot. And so 2.3 of the 3 million have
10 already been raised. We're proposing a strategic
11 partnership of 300,000 over about a two-year period, which
12 includes both the prelude to the primary, which happens
13 next year in 2018, the general election, and then one full
14 budget cycle as well as one legislative cycle, which is
15 again a nod to the idea of, we're not just doing this so
16 that they say lovely things during the campaign, but so
17 that we actually continue to engage and hold folks
18 accountable afterwards.

19 The investment focuses on five key areas. As you
20 look through the strategic partnership memo, there are a
21 host of other potential areas for investment and
22 activities the campaign is undertaking. The five that
23 we're proposing to hone in on are these. What unites them
24 is that what you see is both a toggling between LA county
25 and statewide engagement in each of these. So in polling,

1 it's over sampling in LA county. For fact development,
2 again, it's inclusion of both state as well as LA county
3 specific outreach data. For local advocacy, the idea,
4 again, is to build the capacity of local players to engage
5 with candidates to build the rapport and the muscle of
6 actually vetting candidates of getting them to go on the
7 record on issues.

8 And the last that I'll highlight is the candidate
9 meetings and desk-side briefings to this idea, again, of
10 having a shelf life beyond the actual campaign of ensuring
11 that there is a through line of connections and
12 relationships. You have to actually have a relationship
13 with a candidate and the eventual office holder in order
14 to be able to make the phone call after they've been
15 inaugurated to say, here's what kids need.

16 Guided by Craig Steel and his lovely legal
17 guidance, there are a number of things that we will not
18 invest in. I also just want to offer appreciation to
19 Craig because the tricky part of this is, this is a new
20 area of investment. And so I just want to offer an
21 appreciation that he's been really helpful and clear in
22 saying both what we can do that's creative and new and
23 exciting and impactful, but also what we can't do as a
24 public agency. So on the list of cannot do, we cannot
25 underwrite the candidate forums, we cannot serve alcohol

1 at any events, and we cannot engage in partisan
2 electioneering of any sort. None of the funds that are
3 proposed here would be used for any of those purposes.

4 The last thing I'll say in terms of the shape of
5 the investment is, again, that -- that the prelude to
6 inauguration, that's a long road into 2018, but the proof
7 in the pudding comes after a candidate wins office, is
8 elected, and what they do in their first budget and
9 legislative cycle. The 180-day plan, the relationship
10 building that has the payoff after someone assumes office
11 is really where I think we'll see the greatest return on
12 an investment. There's also return on investment in terms
13 of the capacity building of local nonprofits of the
14 resources that are created and, again, have a shelf life
15 beyond the life of the campaign.

16 So to put it in context, again, we're bringing
17 this forward today for information and discussion. And
18 then we'll return on November 9th for the approval of the
19 proposed investment to execute the contract with the
20 Silicon Valley Community Foundation.

21 And then last but not least, I want to offer
22 appreciations for Jennifer Cowlan and Jennifer Pippard who
23 are in the audience who did so much of the work to
24 actually form this up into a proposal that we're bringing
25 before you.

1 I'll also say that in the spirit of making your
2 subterranean thoughts super clear, the Silicon Valley
3 Community Foundation is a heavy hitter in statewide
4 spaces. And this is a new strategic partnership. And
5 although Avo is humble in his presentation, he's a really
6 big deal. And we have not had a partnership with Silicon
7 Valley Community Foundation. They have the unique
8 capacity to do a lot of things that we cannot do as a
9 community foundation. They have a whole host of donors
10 who are politically engaged and involved. And it behooves
11 us to think about partnership work not just in our own
12 backyard here in LA but across the state.

13 SUPERVISOR KUEHL: Okay. Thank you very much.

14 A lot to take in. A number of questions. So I'd
15 like you to think about your questions and comments.

16 Deanne, were you waving to be called on? Go
17 ahead. We don't have those little buttons that tell me
18 who wants to speak.

19 COMMISSIONER TILTON: The light is on. I'm not
20 on.

21 Excellent. This is real exciting. So I have two
22 questions, maybe three, but really quick.

23 Have you approached the state First 5
24 organization because they carry the imprimatur of being
25 statewide. And because they have great media, they have

1 really excellent creative media that could be used for
2 promoting the campaign. That's kind of their thing, as
3 you know watching television.

4 Secondly, is this something that other
5 organizations can join or are you selecting organizations
6 to be part of this campaign and be identified with it?

7 Thirdly, in terms of the specifics of what we
8 want them to support for zero to three, and we're zero to
9 five, but will there be a -- some document that talks
10 about the kinds of things that they might want to pick out
11 of this campaign that would be their favorite, whether
12 it's preschool or whether it's childhood abuse prevention
13 or whether it's home visiting or whatever? Is there such
14 a document or will there be?

15 So I -- I think this is brilliant. So good work.

16 MS. PATTILLO BROWNSON: Do you want to -- I'll
17 answer a few of the questions initially and -- so for in
18 terms of local nonprofits, so the LA chamber and the
19 California Community Foundation are proposing to host a
20 series of candidate engagement events down here in
21 Los Angeles. Again, because of our legal guardrails, we
22 will not be underwriting any of those candidate forums.
23 They're actively seeking cosponsors for that event. and
24 Then also, we'll have planning committees as to what
25 questions will be highlighted, who should participate.

1 And that is an ongoing effort and we can certainly connect
2 you to that.

3 In terms of broader, statewide connection and
4 participation by nonprofits, I'll turn it over to Avo.

5 MR. MAKDESSIAN: Sure. Thank you, commissioner,
6 for those questions.

7 With regard to First 5 California, we have
8 definitely been in contact with Camille Maven and her
9 staff on this campaign. Their annual conference is taking
10 place in April of 2018, and they would like to host the
11 gubernatorial candidates for a forum at that event of
12 which we are hoping and we're talking to them right now
13 about program, questions, format, and so forth informed by
14 the research we have through the Choose Children campaign.

15 We're also going to be engaging them in some of
16 the policy discussions and understanding their statewide
17 view of which specific policies should be promoted to the
18 candidates.

19 With respect to the question around organizations
20 joining, one thing I touch upon very quickly is that
21 Choose Children has created a tool kit that any
22 organization or any individual can download off the Choose
23 Children website that includes sample tweets, blog posts,
24 how to engage candidates if you come across them,
25 regardless of community. So that is a -- a tool kit we've

1 created and we're going to modify as the campaign goes
2 along because things change. But strategic partnerships
3 like this one, certainly, we're open to any and all of
4 those partnerships to -- to further the work.

5 The last question I'm getting specific about
6 policy, there are a lot of -- there are a lot funders in
7 the state looking to do specific policy promotion. And I
8 think our job is to get out ahead and make sure we're all
9 aligned together before the year is out and early into
10 next year. And so we're hoping we can get a policy agenda
11 in place for all the candidates to hopefully adopt all of
12 them, but certainly they can pick and choose what
13 resonates best with them in their campaigns. And,
14 ultimately, it would be great if they start competing
15 against each other to say, I'm going to do three of these
16 ideas or I'm going to do six of these ideas. That's the
17 goal. And we're going to get specific here in the next
18 several months.

19 MS. PATTILLO BROWNSON: The last thing I just
20 wanted to mention in the question where are the other
21 First 5s on this is that First 5 Santa Clara has already
22 invested in one of the earlier investors on this. But
23 what we have also heard from some of our colleagues and
24 other First 5s is sometimes First 5 LA going first clears
25 the way for other smaller commissions to -- to chart a

1 path that's already been trail blazed. And in some
2 senses, having us sort of go first enables other
3 commissions to also go. That certainly happened last year
4 as we took positions on the ballot measures, which hadn't
5 been done previously. And as we did it, we heard from
6 other commission that then they were able to use our proof
7 point of leadership really to tell their commissioners and
8 their smaller counties that this is something that a
9 number of First 5s are engaging on and it's a safe way in
10 which to engage.

11 SUPERVISOR KUEHL: Karla.

12 COMMISSIONER PLEITEZ HOWELL: I wanted to take a
13 little bit of a pause and think about our strategic plan
14 and how we're actually living into the policy agenda of
15 our strategic plan that we laid out two, three years ago.
16 And we had discussions of what that would look like. This
17 is so powerful to be having this discussion here. And in
18 particular a few months ago Peter Barth took out his
19 crystal ball and said the Silicon Valley Community
20 Foundation is thinking about doing this at a policy
21 conversation.

22 And Kim Pattillo, for you to bring us this really
23 terrific opportunity now, it's all -- the strategic plan
24 aligns to really good staff work to make this happen. So
25 really, really exciting to have this conversation.

1 And, Avo, the sort of vision you have for this is
2 remarkable. We -- we obviously had a \$1 billion cut to
3 our kids. And you're making us think about how are we
4 going to get dollars to our kids, but we're going to
5 increase those dollars. And so it's really remarkable to
6 be having these conversations and wonderful to have First
7 5 LA to be thinking about this.

8 I have three sort of questions of how we make
9 this work. And the first is, there have been
10 conversations with the gubernatorial candidates. And it's
11 sort of setting the base so the conversations that were
12 had with the gubernatorial candidates last week all four
13 of them said, preschool, yes, we commit to preschool. So
14 we have a base.

15 So my question is, how are we going to continue
16 to grow where we're not asking the same question anymore
17 but we're actually pushing the next level that eventually
18 gets us to, yes, this will be priority number three. So
19 sort of procedural question of how we keep track of what
20 they've committed to and how we include that in that
21 really awesome website that's being created where it's
22 sort of like a step system of, yes, they said preschool.
23 We need to ask additional questions about compensation,
24 workforce, whatever it is. So that's one issue of how we
25 continue to grow.

1 The second is the 100-day plan. We geek out over
2 it and it will mean something really, really real. What's
3 tough is our field in terms of early care and education,
4 we're all over, and it depends on where are you in the
5 state also. So for First 5 LA, if we could consider how
6 we're going to give the LA voice for that first 100-day
7 plan and what tables we're going to engage. And putting
8 on my hat as a commissioner for the policy roundtable that
9 advises the supervisors, there's already questions there
10 of how do we get the counties' voice in some of that. And
11 that is a difficult, difficult sort of procedural way of
12 trying to figure out what we're going to do and how we get
13 all those voices and how we sort of democratize getting
14 all those voices and then synthesize all of that.

15 And then the third component, the tool kit and
16 the messaging is remarkable, crisp, clean, and we're
17 really excited about its use. The issue that's coming up
18 for nonprofits is the sort of legal question of what can I
19 say, when can I say it, am I even allowed to talk about
20 this. And it's all -- there's really clear law about it.
21 So another part will be that I'd ask that either First 5
22 LA or Silicon Valley to consider is what legal tools are
23 we going to give to people so that we don't create anxiety
24 when folks participate in these conversations. And it is,
25 here's the real clear one-pager that gives you how we

1 could move forward on this.

2 So just those three things.

3 MS. PATTILLO BROWNSON: I'll take the last one
4 first. So in terms of legal tools to guide nonprofits
5 about what they can do and cannot do, the Alliance for
6 Justice has actually done trainings for our staff and has
7 offered to do them for wider audiences. I think,
8 especially as we think about sort of the microgranting
9 strategy of how to support LA-based nonprofits to engage
10 with gubernatorial candidates to pester them with early
11 childhood questions, having some initial training for
12 those grantees is something that I think we can actually
13 do some good work on, and also not at tremendous cost.

14 The one-pagers already exist. What I think is
15 equally important and valuable for nonprofits to have is
16 actually an opportunity for Q and A with someone,
17 certainly as evidenced by the experience our own staff
18 having our own Alliance for Justice training. I think
19 that that's something that we can look into.

20 The other thing I'll address is question two
21 around the LA voice for the hundred-day plan. I think it
22 is -- it is absolutely envisioned to be a core part of the
23 investment that we're making that we will have a seat at
24 the table to actually be able to engage in policy
25 development.

1 The part that is a little complicated and I just
2 want to be very candid about this, is I don't -- I'm not
3 sure that we can realistically expect that candidates will
4 take firm positions on the standard reimbursement rate
5 versus the regional reimbursement rate. Love that though
6 I do, those are weedy political wonky issues that I don't
7 think they'll wade into. What we can do and I think what
8 we can commit to doing is making sure that they have
9 enough of a baseline of exposure of some of these ideas
10 because I think what they're trying to do at this stage of
11 the game is to paint the big political headlines that are
12 the most salable.

13 So getting them to commit to more granular
14 details, I think is pretty unlikely during the campaign
15 stage. But what we can do is build enough of a
16 relationship so that we have to at least force part of the
17 conversation to be listening and absorbing some of that so
18 that, when they get to the part which is moving from
19 poetry of campaigning to prose of governance, that they
20 will actually have some details to work with.

21 MR. MAKDESSIAN: Yeah. I'll just follow up on
22 the last point. Commissioner, you thank you for your
23 remarks and your questions.

24 Just following up on the last point, certainly,
25 the hundred-day plan may not be as public as some of these

1 campaign principles we're talking about now, but they're
2 going to be in place so that whoever gets elected has a
3 blueprint, easy roadmap to get their promises done. So
4 I'll just say that up front. But certainly First 5 LA
5 needs to play a major voice in what that looks like.

6 How are we tracking what they're saying was your
7 other question I wanted to answer. We have a half-time
8 staff person who's coordinating all social media and
9 tracking social media and other forms of media about what
10 they're saying and trolling the candidates, if I can say
11 that. And we are doing an intentional sort of capturing
12 of what they're saying so that we can feed it back to
13 them.

14 The last thing I'll say is, candidates we've met
15 with right now, the majority of them are not well versed
16 in this issue at all. And the easiest thing for them to
17 grab onto is preschool. And so that's what they've been
18 talking about in public right now. I think this truly is
19 a candidate education campaign for most of the candidates.

20 SUPERVISOR KUEHL: Marlene.

21 COMMISSIONER ZEPEDA: Thank you for that
22 presentation. I -- it's a great idea.

23 And, Avo, you mentioned that there will be life
24 beyond this campaign. I know that you're focusing on the
25 gubernatorial candidates. And just as an editorial

1 remark, I was at the water cooler and the Freeberg I guess
2 that was the -- the interviewer kept asking the candidates
3 about funding. He did ask them, how are you going to fund
4 this. So that's really where the rubber hits the road.
5 So I would imagine that they have to come up with some
6 kind of response around how we're going to fund it, we're
7 not fully funded, we've been losing money, our budgets
8 have been cut.

9 But going in the future, one of the elected
10 positions is for superintendent of public instruction.
11 And there is a need to convince the next superintendent of
12 public instruction about the value of early learning.
13 It's under their purview, but it's very siloed. And I
14 don't get the sense working with state department that
15 there's a lot of bridging going on there. And preschool
16 -- I know it's an easy thing for people to grab onto
17 because that has the most visibility nationally and other
18 electives have been talking about it, is that preschool is
19 within the K through 12 system.

20 So I -- I just think that the superintendent of
21 public instruction also needs to be part of this -- of
22 your campaign going forward.

23 MS. PATTILLO BROWNSON: I can at least address
24 what we're doing locally. So in addition to this effort,
25 we've participated in a number of initial desk-side

1 briefings, along with a K to 12 equity collation. This is
2 a K to 12 statewide conglomeration of about ten
3 organizations that are almost all otherwise K to 12
4 organizations. I'm delighted that we were able to push
5 our way in, but they have done candidate briefings again
6 under the umbrella of equity with each of the candidates
7 for governor. They've also done one with Tony Thurman,
8 who's the SPI candidate who's one of the declared SPI
9 candidates and the date for the second SPI candidate,
10 Marshall Tuck, is I believe slated before the end of the
11 year.

12 So we're doing our due diligence on that. That
13 was a separate free-standing effort.

14 MR. MAKDESSIAN: Yeah, thank you, commissioner.
15 I'd say on the superintendent of public instruction
16 question, we are trying to stay in this lane of the
17 gubernatorial education for this campaign. But with that
18 said, certainly we want all this information, the
19 messaging, what they say to cascade to all the races up
20 and down the state -- local and statewide. And we know
21 SPI is an important one. We've heard it from multiple
22 folks as well. I don't know if we'll have the resources
23 to be as intentional with the SPI race as with the
24 governor's race, but certainly there are a lot of groups
25 out there that are really focused on the SPI race, and

1 working through them may be the strategy we can certainly
2 look at.

3 I'll stay on the funding part, I'll give you a
4 tangible response and a philosophical response. On the
5 tangible side, we did poll a number of funding mechanisms
6 to see where the electorate would be comfortable in
7 spending more money on kids or taking more money or paying
8 for more for early childhood services. And across the
9 board voters said, use existing funds, don't tax me more,
10 but budgets are a statement of priority and children
11 should be a top priority is what the electorate told us.

12 So my philosophical sort of connection to that
13 is, what we started off with. This is about addressing a
14 challenge of leadership, not finding the money. And when
15 the legislature and the governor can come up with a gas
16 tax -- a \$52 billion infrastructure plan tied to a gas tax
17 in a matter of a couple of weeks, at least a couple of
18 weeks in public, it's a matter of leadership. Because a
19 gas tax has been talked about for decades, but it took
20 leadership to actually push it through for -- for the
21 infrastructure of the state.

22 So that's my philosophical response to how you're
23 going to pay for it. If you have the leader in place, you
24 find a way to pay for it.

25 MS. PATTILLO BROWNSON: The additional piece on

1 that is that the polling instrument that Avo has already
2 sunlighted has a rank ordering of what funding mechanisms
3 are most -- are the top vote getters. So as candidates
4 move from campaign promises to governance, what they have
5 is a resource of what's most politically palatable in
6 terms of taxation options.

7 SUPERVISOR KUEHL: Judy.

8 COMMISSIONER ABDO: Well, as we all know, this is
9 a very complicated field to learn. And it's a time when
10 these candidates are all learning many, many things. And
11 to get them to understand some of the issues that we
12 grapple with will not be easy. But I am concerned when
13 you say, they talk about preschool, because that is just
14 one silo of many within the early childhood world. And I
15 think it would be really important to at least expand
16 their understanding of full-day, part-day education,
17 infant/toddler, all those kinds of issues, and they are
18 siloed. Some of them are siloed for only low-income
19 families or -- or siloed for only full-day working
20 families, when I think we all understand that all children
21 need early childhood services and programs. And they --
22 and families don't necessarily translate into those same
23 silos.

24 So I -- I don't know how you open their eyes
25 enough that they understand how complicated it is and

1 still say, oh, yes, we'll put more money in and then we'll
2 let the experts figure out how to resolve some of the
3 issues that we haven't been able to resolve for many
4 years, decades where things are getting worse instead of
5 better in some cases.

6 SUPERVISOR KUEHL: I don't think you need to
7 answer that right now.

8 Romalis.

9 COMMISSIONER TAYLOR: My statement is just very
10 simple clarification, Kim. What is the local advocacy,
11 training, and support in LA, what is that going to look
12 like? You kind of got on a tangent and didn't talk about
13 that, so I'd just like to know what that would look like
14 and what you guys are proposing.

15 MS. PATTILLO BROWNSON: So the tool kit, which is
16 a media tool kit is something that's being developed by
17 Fenton Communications. And the idea is that in order for
18 small nonprofits in the LA area to actually be able to use
19 these and utilize the tool kit in a way that is highest
20 impact, that some training would be necessary and also
21 that it's a reasonable expectation of -- that we're not
22 asking people to do this engagement for free; that they'd
23 be compensated for their time because it is a time
24 investment to orient your Facebook followers or your
25 Twitter feed to ask early childhood questions of giving

1 candidates, to turn out to candidate events, to be a
2 parent representative, saying governor -- potential
3 governor so and so, what are you going to do for this
4 issue facing my young child. So that's the microgranting
5 strategy that I had alluded to earlier.

6 COMMISSIONER TAYLOR: I'd like to you see extend
7 that to our existing collaboration that you've already
8 developed here because we have good partners here that
9 want to really do something like this. I can think of one
10 agency out in San Fernando Valley that's big on trying to
11 close this gap on the 87 percent of the kids that are not
12 getting any child care at all or education. So I'm just
13 saying, let's -- let's put that in the tool kit, too,
14 hopefully.

15 MS. PATTILLO BROWNSON: And we can certainly do
16 specific outreach to our community partners that we
17 already work with for sure.

18 SUPERVISOR KUEHL: John.

19 COMMISSIONER SHERIN: Thanks. I'm a big fan of
20 the strategy. In fact, we're chasing Mr. Newsom around
21 Sacramento already around mental health. And I -- I'm
22 wondering as you mentioned Silicon Valley, are there other
23 -- you know, what are the other Silicon Valleys in this
24 state and what about Silicon Beach? Is Silicon Beach a
25 viable entity that could be, you know, provoked or

1 otherwise cajoled into doing something?

2 And then lastly, the power's in the people and
3 the grass -- you know activating grassroots old school
4 style is a really important thing. And this one -- you
5 know, pregnant mothers whose kids are going to come into
6 the state are a very powerful tool. I'm just wondering if
7 that's -- if those -- these are just strategic ideas that
8 I think would be potentially important because, you know,
9 there's this next generation of in utero human beings are
10 really who we're talking about.

11 SUPERVISOR KUEHL: Other comments or questions?

12 Did you want an answer, John, or just --

13 COMMISSIONER SHERIN: No. That was just --

14 SUPERVISOR KUEHL: -- have them make a note?

15 COMMISSIONER SHERIN: Not.

16 SUPERVISOR KUEHL: I want -- I'm sorry. Go
17 ahead, please. Yvette.

18 COMMISSIONER MARTINEZ: I'm not sure if you've
19 explored a partnership with a media entity like Univision
20 who has a different reach of Spanish speaking. I think it
21 would be a good demographic for us to reach out to, either
22 at one of the forums that I know you can't underwrite but,
23 you know, if they want to televise any of these forums, I
24 think it would be great.

25 MR. MAKDESSIAN: I'll just say separately and I

1 don't think I'm out of turn sharing this, but Univision is
2 hopefully going to be one of our main media partners early
3 next year for a debate.

4 SUPERVISOR KUEHL: I want to understand the
5 foundation a little better and their sort of priorities
6 and how they decide how to expend the money on this
7 particular project because, if First 5 is putting in, you
8 know, Ten percent of the estimated amount, the partners
9 that were identified in the presentation, are they fully
10 funding the other 90 percent?

11 MR. MAKDESSIAN: We're currently at 2.3 million
12 of the 3 million budget. So the other partners are
13 funding that 2.3. Silicon Valley Community Foundation has
14 put in 250,000 of our own endowment funds and our donors
15 have put in another I believe 170,000. So that's just
16 foundation investment, and then the rest our partners make
17 up the rest of the 2.3 million.

18 SUPERVISOR KUEHL: And are you indeed a
19 foundation in terms of how you expend the money? You
20 expend it through organizations, through nonprofits,
21 through -- is it a grant issue?

22 MR. MAKDESSIAN: Yes. Exactly right. As a
23 community foundation, we're 501 C-3 public charity, and we
24 are an intermediary for many initiatives. This is one
25 where we're putting our own leadership behind it and our

1 own staff time behind it. But, yes, they would be mostly
2 grant agreements. The partners I mentioned, Fenton,
3 Children Now, and California Strategies, those are
4 consultant or vendor agreements that we have with them.

5 SUPERVISOR KUEHL: And is the foundation engaged
6 in other subject matter education of these same
7 candidates?

8 MR. MAKDESSIAN: No. This is the only one --
9 this is the only one that we're engaged in such as, again,
10 resource intentional policy area. Certainly, as Kim
11 mentioned, as we develop relationships with the
12 candidates, we have a portfolio of issues we're dealing
13 with in Silicon Valley and statewide: Housing,
14 transportation, K12 education, immigration. All of those
15 are top priorities for the foundation.

16 SUPERVISOR KUEHL: That sort of brings me to my
17 next question. You say, you know, we're trying to sort of
18 lift this is in the area of priority or even understanding
19 and awareness. The noisiest room in the state is the
20 group of people wanting the governor to understand their
21 issues and gubernatorial candidates, though they haven't
22 really thought that far. And everywhere you go everyone
23 is telling you what you ought to care about. I never ran
24 for governor, but I am 20 percent of the governor of the
25 eighth largest state in America. So I can tell you that

1 every group that invites you to come see them, they have a
2 list of priorities. And the more wonky they are, the less
3 successful in my opinion because I am not thinking about
4 their issues in detail. It would be good enough if I just
5 cared about it and -- because, if I care about it, I'm
6 going to remember after I'm elected that I'm interested in
7 it and try to remember who talked to me about it and
8 maybe, after I win, have a gathering of people who
9 hopefully will not inundate me with wonkiness but might at
10 least try to say, there are issues that you can, you know,
11 care about.

12 In my experience it is very hard to shoehorn an
13 issue into my priorities. And if you look at the
14 priorities that the gubernatorial candidates have now, I
15 would suggest that they will probably look like housing,
16 jobs, maybe water, immigration. That one, it's sort of
17 high but not high in what can we do kind of thing.

18 So the other aspect of it I think is the question
19 of how our issues intersect with the big issues, I'll just
20 say, that they already care about. For instance, one of
21 the reasons that child care even got into anybody's agenda
22 was that women wanted to go to work in the '70s,
23 essentially. Nobody was talking about it. It, over 30
24 years, became one of the priorities of the women's caucus
25 in Sacramento and it -- but it's still kind of framed as a

1 working woman's issue, not necessarily early childhood
2 education or anybody's education.

3 I don't care. Because what -- what Judy was
4 talking about in terms of there being specifics, I would
5 suggest that -- of course, I'm a local government official
6 -- that it's not a bad thing to say to John, here's \$50
7 million, how do you think we can improve the mental health
8 of kids zero to five. And, you know, we'll have a hundred
9 meetings to figure it out. But just give me some general
10 money and I'll, you know, think about it.

11 So I would suggest that in training nonprofits or
12 anybody to talk to anybody that we should also be a little
13 bit agile about how these things fit. For instance, we
14 put a whole separate amount of money into our homeless
15 initiative for people with families. And a lot of them
16 were single parents, mostly women with young kids on the
17 street, to make rapid rehousing for them particularly
18 happen faster. So it's an issue for housing. It's an
19 issue for jobs. It's an issue for environmental health.
20 I mean, whatever it is, if we can always just say infants
21 and toddlers, infants and toddlers, infants and toddlers
22 in addition to our own specific issues.

23 Second thing is, could you go back one slide
24 after the campaign, we're talking -- are you talking about
25 our campaign or their campaign, you don't care? After the

1 election, right? It says relationships. I would suggest
2 that those relationships are more important before the
3 election. I cared a lot about everybody that was
4 supporting me. I still care a lot, but I cared a real lot
5 about them. And so the influencers, which is the
6 appropriate word for them, I think it would be important
7 for them also to, you know, think about it. And a lot of
8 them -- although everybody's got their own agendas.
9 Unions have their own agendas, but, oh, they're about
10 working people. You know, poverty -- people who are
11 interested in the issues of poverty are very interested in
12 housing but they're not just interested in individual
13 person housing.

14 And so I think there are some opportunities to
15 try to understand, if possible, who are the major
16 influencers for these four or five people and whether they
17 care at all about our issues because, if they care, I care
18 more because they're our -- you know, it's like all voices
19 are equal but some voices are more equal than others. And
20 it's not just money. It's also people that I trust and
21 care about because they have thought about things that I
22 care about.

23 So I think looking at those relationships earlier
24 on is a good thing because, frankly, a major group that is
25 strongly supportive of, you know, of me -- let's say the

1 California Nurse's Association because I did some -- a lot
2 of patient stuff. If they -- you know, if Roseanne calls
3 me and says something, I'm going to care about it. If
4 they have a new initiative or a new idea or something, I'm
5 not necessarily going to do it, but I'm definitely going
6 to listen and not only because they're supporting me, but
7 because I kind of liked their agenda, you know, as we go
8 along.

9 So I think maybe an issue for influencers even
10 more before the election to help us. As was indicated
11 there are, you know, policy hearings and gathering and et
12 cetera.

13 And friends. You might even look at who's
14 endorsed these folks. You know, if I've endorsed a
15 candidate, it's important -- and I'm cheering First 5, you
16 might consider that I should try to influence that
17 candidate maybe. I don't know. I don't want to cross
18 over into actually supporting anyone, but if we do it
19 across the board, it's really just for us.

20 So I'm just saying that these influencers are
21 also important, not just our own specific agenda. And
22 also how it fits in the larger agendas.

23 Okay. Anybody else? Second thoughts? Third
24 thoughts? Fourth thoughts?

25 Okay. Very informative. Thank you very much.

1 This is a first for us, and a very, very important one for
2 First 5. And I hope we can get other First 5s to join in
3 even if they don't put in money to think about how
4 important this is and join with us. And we can also I
5 think show other organizations how important this is, not
6 just to wait until somebody's elected and then say, okay,
7 now we demand a meeting with you, which, of course, I get
8 the first week after I'm elected 15 people demand a
9 meeting. And the ones I see first are the ones who were
10 there for me. You know, I mean, you were my friends, so
11 I'd love to talk to you.

12 And, again, I'm not just talking money. I'm
13 talking people who cared and aligned themselves. So I
14 think it's a good thing to start this early.

15 All right. Thank you very much for the
16 presentation.

17 MR. MAKDESSIAN: Thank you, madam chair. Thanks,
18 commissioners. And we left a one page or I think at your
19 desk. Feel free to go through the choosechildren.org
20 website and feel free ask us any questions after this.

21 Thank you.

22 SUPERVISOR KUEHL: Okay. So the item will come
23 back to us in November for action to be taken. So think
24 about this. And I don't mean necessarily only yay or nay,
25 but kind of what we think about this endeavor because, as

1 I said, it's new for us. And very happy to meet and hear
2 from the foundation. And thank you very much for your
3 presentation.

4 Okay. That is the end of our actual set agenda.
5 The next item is public comment. Do we have requests for
6 public comment?

7 SECRETARY: No public comment.

8 SUPERVISOR KUEHL: All right. No request for
9 public comment. We don't usually do good in welfare and
10 we're quite early. I know no one's really sad about
11 adjourning early I don't think. So do I have a motion to
12 adjourn?

13 COMMISSIONER ZEPEDA: So moved.

14 SUPERVISOR KUEHL: That took too long. We can
15 always hang around. There's more cookies in the back.

16 All right. Moved and seconded to adjourn.
17 Without objection, we are adjourned.

18 (At 3:46 PM, the meeting was adjourned.)
19
20
21
22
23
24
25

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 25th day of October, 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 September 30, 2017.

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

DISCUSSION:

First 5 LA began the month with a cash balance of \$422.0 million. During the month, we received \$7.8 million in revenues. We had \$5.7 million in program expenditures, and \$2.1 million in operating expenditures. There was an increase in salaries and wages due to an extra pay period that was recorded in September 2017. As a result, First 5 LA ended the month with a cash balance of \$422.0 million.

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

- Revenue and Expense Statement: Summarizes financial statements to highlight the starting cash balance, revenues received, program and operating expenses, and the ending cash balance for the month.
- Balance Sheet: Provides a "snapshot" view of the Commission's assets, liabilities and fund balance as of September 30, 2017.
- Detailed operating and program expenditures: Shows expenses against the FY 2017-18 Budget approved on June 8, 2017, concluding with a report of expenditures related to programs functioning as pass-through agreements.

Los Angeles County Children and Family First -
Proposition 10 Commission (aka) First 5 LA
Revenue and Expense Statement
September 30, 2017, Unaudited

	REVENUES AND EXPENDITURES	
Cash Balance as of August 31, 2017	\$ 422,034,801	
Revenue		
Monthly State Allotments	\$ 7,446,485	
Medi-Cal Administrative Activities (MAA)	48,516	
State Commission - Other Program Funds		
Interest Income - Unreserved	335,671	
Investment Income - Other	-	
Rental Revenue - La Petite	9,550	
ECE-LA County IMPACT	-	
Total Revenue	\$ 7,840,222	
Expenses		
Program Budget (Attachment A)		
2015-2020 Strategic Plan: Focusing For The Future	\$ 4,117,389	
Legacy Investments	1,627,189	
Total Initiative/Program Expenses	\$ 5,744,578	
Pass-Through (Attachment B)		
Medi-Cal Administrative Activities (MAA)	\$ -	
Total Pass-Through Expenses	\$ -	
Operation and Administration (Attachment C)		
Personnel	\$ 1,831,961	
General Operating	167,973	
Consultant Services	26,617	
Professional Services	24,195	
Travel Expenses	12,296	
Professional Development	15,477	
Marketing	4,205	
Capital Improvements	103	
Total Operation and Administration	\$ 2,082,827	
Total Expenses	\$ 7,827,405	
Variance (Revenue - Expenses)	\$ 12,817	
Cash Balance as of September 30, 2017	\$ 422,047,618	(1)

NOTE:

1) Cash Balance excludes fixed assets and liabilities.

LOS ANGELES COUNTY CHILDREN AND FAMILY FIRST - PROPOSITION 10 COMMISSION (AKA FIRST 5 LA)
PROGRAM EXPENDITURES BY FY 2016-17 BUDGET
SEPTEMBER 30, 2017, UNAUDITED

INITIATIVE/PROGRAM	FY 2017-18 BUDGET	SEPTEMBER EXPENDITURES	FISCAL YTD EXPENDITURES	BALANCE REMAINING
2015-2020 STRATEGIC PLAN: FOCUSING FOR THE FUTURE				
Strategic Plan Priority Outcome Areas				
Families	29,526,000	1,873,396	2,143,968	27,382,032
Communities	18,893,000	856,052	1,203,514	17,689,486
Early Care & Education Systems	22,080,000	957,049	1,012,224	21,067,776
Health-Related Systems	4,118,000	29,699	104,199	4,013,801
Strategic Plan Investment Areas				
Policy Agenda/Advocacy	2,820,000	250,121	266,321	2,553,679
Communications & Marketing	6,044,000	105,310	140,856	5,903,144
Communications - Conference Funding	300,000	-	-	300,000
Strategic Partnership-Cross-Cutting Funder Partnership	660,000	-	47,000	613,000
Strategic Partnership-Grantmaking Memberships	42,000	-	-	42,000
Strategic Partnership-Organizational Capacity	200,000	-	-	200,000
Strategic Partnership-Partnership Development	250,000	-	-	250,000
Policy & Strategy - Emerging Opportunities	75,000	7,500	7,500	67,500
County Partnerships	50,000	-	-	50,000
Integration & Learning				
Data Development and Integration	1,050,000	33,081	69,547	980,453
Data Partnership with Funders	850,000	-	-	850,000
Program Evaluation	4,105,000	5,181	33,144	4,071,856
Learning Plan Development	100,000	-	-	100,000
Communities of Practice	51,000	-	-	51,000
Grantee Assessment	75,000	-	-	75,000
Organizational-Wide Investment	96,000	-	-	96,000
Integration & Learning - Emerging Opportunities	50,000	-	-	50,000
Subtotal 2015-2020 Strategic Plan	91,435,000	4,117,389	5,028,273	86,406,727
LEGACY INVESTMENTS				
At-Risk Fathers Investment	314,000	14,091	14,091	299,909
Baby Friendly Hospitals	457,000	25,098	25,098	431,902
Black Infant Health	2,006,000	-	-	2,006,000
Children's Dental Care	7,217,000	287,451	287,451	6,929,549
Children's Vision Care	252,000	-	-	252,000
Early Identification and Intervention - Autism and other Developmental Delays	884,000	96,508	105,180	778,820
Information Resource and Referral	1,240,000	100,858	100,858	1,139,142
Little by Little/One Step Ahead	3,979,000	225,439	225,439	3,753,561
Parent Child Interaction Therapy	3,943,000	36,892	71,301	3,871,699
Policy Advocacy Fund	310,000	7,162	7,162	302,838
Universal Assessment of Newborns	10,680,000	793,583	793,583	9,886,417
Workforce Development	542,000	40,107	40,107	501,893
Subtotal Legacy Investments	31,824,000	1,627,189	1,670,270	30,153,730
TOTAL	123,259,000	5,744,578	6,698,543	116,560,457

The FY 2017-18 Program Budget was approved by the Board of Commissioners on June 8, 2017.

NOTES -PROGRAM EXPENDITURES BY FY 2016-17 BUDGET:

Journal entries for FY 2016-17 accrued expenses were reversed in July 2017. The amounts reported are the actual program expenditures for September 2017.

LOS ANGELES COUNTY CHILDREN AND FAMILY FIRST - PROPOSITION 10 COMMISSION (AKA FIRST 5 LA)
 EXPENDITURES - PASS-THROUGH
 SEPTEMBER 30, 2017, UNAUDITED

Attachment B

INITIATIVE/PROGRAM - PASS-THROUGH	SEPTEMBER EXPENDITURES	YEAR TO DATE EXPENDITURES
Medi-Cal Administrative Activities (MAA) - LA County Charges	-	-
Medi-Cal Administrative Activities (MAA) - Participation Payment	-	-
TOTAL	-	-

Los Angeles County Children and Family First -
Proposition 10 Commission (aka) First 5 LA
Operating & Administrative Budget Update
September 30, 2017, UNAUDITED

OPERATION AND ADMINISTRATION EXPENSE	SEPTEMBER ACTUAL	FISCAL YTD ACTUAL	FY 2017-18 BUDGET	FISCAL YTD VARIANCE
Personnel Services				
Salaries & Wages	1,482,560	2,972,507	13,204,391	10,231,884
Fringe Benefits	349,401	840,389	3,909,694	3,069,305
Total Personnel Services	1,831,961	3,812,896	17,114,085	13,301,189
General Operating Expenses				
ADP Payroll Charges	3,707	10,552	31,000	20,448
Workers Compensation Insurance	-	57,018	90,000	32,982
Utilities	14,747	44,034	165,000	120,966
Corporate Insurance	29,879	29,879	76,000	46,121
Mileage, Parking and Other Transportation	3,583	5,886	70,180	64,294
Telephones	4,707	10,396	70,000	59,604
Cell Phones & Mobile Devices	2,375	5,875	57,000	51,125
Outside Printing & Publishing	23,395	23,608	19,700	(3,908)
Other Supplies	6,540	6,540	20,250	13,710
Postage & Delivery	1,133	3,333	13,300	9,967
Educational Supplies	14	62	2,750	2,688
Office Supplies	6,779	13,808	95,360	81,552
Subscriptions & Publication	140	2,508	12,330	9,822
Equipment-Rents & Leases	7,807	15,802	118,200	102,398
Building Repair & Maintenance	16,674	48,132	180,000	131,868
Equipment Repair & Maintenance	500	1,992	24,000	22,008
Offsite Storage	1,492	3,895	33,900	30,005
Hardware & Software Maintenance	34,808	79,016	197,400	118,384
Miscellaneous/Contingency	2,502	2,502	75,000	72,498
Internal Meeting	7,191	13,571	107,600	94,029
Total General Operating Expenses	167,973	378,407	1,458,970	1,080,563
Consultant Services				
Consultant Fees	2,795	22,453	1,382,200	1,359,748
Other Professional Fees	23,822	71,466	300,000	228,534
External Reviewers	-	510	7,500	6,990
Total Consultant Services	26,617	94,429	1,689,700	1,595,272
Professional Services				
Audit	15,500	15,500	70,000	54,500
Legal Fees	-	8,592	125,000	116,408
Professional Dues	1,380	12,637	136,852	124,215
Staff Recruitment	195	828	25,000	24,172
Commission Stipends	1,200	2,250	34,000	31,750
Web-Based Services	-	3,000	81,500	78,500
Bank & Other Service Charges	5,920	11,920	12,000	80
Total Professional Services	24,195	54,728	484,352	429,624
Travel Expenses				
Airfare	6,713	12,158	124,080	111,922
Lodging	859	859	127,300	126,441
Per Diem	3,746	6,938	65,330	58,392
Other Travel Expense	978	1,960	-	(1,960)
Total Travel Expenses	12,296	21,915	316,710	294,795
Professional Development				
Leadership Programs	-	2,350	-	(2,350)
Conference Registrations	14,677	27,350	477,400	450,051
External Education/Training	800	1,250	-	(1,250)
Total Professional Development	15,477	30,950	477,400	446,451
Marketing				
Advertising-Digital	4,176	4,176	-	(4,176)
Advertising-Out of Home	29	201	-	(201)
Sponsorship	-	2,000	-	(2,000)
Total Marketing	4,205	6,377	-	(6,377)
Capital Improvements				
Capital Outlay (Equipment Purchases)	103	25,646	145,000	119,354
Total Capital Improvements	103	25,646	145,000	119,354
TOTAL OPERATING EXPENSES	2,082,827	4,425,347	21,686,217	17,260,870

NOTES - OPERATING & ADMINISTRATIVE BUDGET UPDATE:

The administrative expenses are within the maximum authorized ⁹² under the Board policy.

The FY 2017-18 Operating Budget was approved by the Board of Commissioners on June 8, 2017.

**Los Angeles County Children and Families First -
Proposition 10 Commission
Statement of Net Assets
September 30, 2017 Unaudited**

Current Assets:	
Cash	\$ 4,702,437
Cash- Morlin Mgmt Corp	26,950
Investment:	
Operating and Allocated funds	402,676,714
Advance - LA Care Health Plan	7,983,209
Advance - LAUP	11,777,296
Interest Receivable	-
Other Receivables	-
Total Current Assets	<u>\$ 427,166,606</u>
Fixed Assets:	
Land	\$ 2,039,000
Building & Improvements	12,076,512
Furniture & Fixtures	627,671
Computer, Software & Accessories	1,806,296
Office Equipment	331,033
Accumulated Depreciation	(5,570,239)
Total Fixed Assets	<u>\$ 11,310,273</u>
Total Assets	<u><u>\$ 438,476,879</u></u>
Liabilities and Net Assets	
Current liabilities:	
Other Liabilities	\$ (234,682) (1)
Total Current Liabilities	<u>\$ (234,682)</u>
Net Assets:	
Investment in capital assets	\$ 11,310,276
Restricted	427,301,285
Total Net Assets	<u>\$ 438,611,561</u>
Total Liabilities and Net Assets	<u><u>\$ 438,376,879</u></u>

NOTES:

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

First 5 LA

SUBJECT:
Contracts for approval

RECOMMENDATION:
Approve four new agreements and eight amendments and authorize staff to complete final execution of the agreements 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 agreement in future fiscal years, First 5 LA may terminate the agreement. Upon approval of the agreements presented below, staff will complete final execution.

There are **four new agreements** for approval. There is one new agreement with the Los Angeles Unified School District to administer the Kindergarten Readiness Assessment (KRA) in the Los Angeles Unified School District's Local District South. The KRA measures the school readiness of children entering Kindergarten and engages community stakeholders around conversations that promote policy change at the local level. The objectives of First 5 LA's KRA project are to collect Early Development Instrument (EDI) data to assess Kindergarten readiness of children in the community, strengthen staff capacity of school districts and community agencies to support systems change and build the capacity of stakeholders to understand and act on the EDI results. There are two new agreements under the Public Policy and Government Affairs Department. One is with California Strategies & Advocacy, LLC to convene and staff the State Early Care and Education (ECE) Coalition. The State ECE Coalition creates unified budget and policy asks from the diverse field of ECE advocates to State government. This contract is partially funded by First 5 California (receipt of funds and approval to execute a contract with First 5 CA is under 2G). There is another contract with California Strategies & Advocacy, LLC to serve as First 5 LA's State policy and sustainability advocate. The Contractor will support First 5 LA's priority policy and sustainability issues and the policy agenda in the State policy arena through a variety of strategies and activities, such as administrative advocacy and policy implementation support; policy issue identification and development; policy education and advocacy; meetings with key stakeholders and officials; and facilitating and participating in coalitions on the First 5 LA's behalf. There is one new agreement with Public Consulting Group, Inc. to conduct an Information Technology assessment and provide recommendations to address immediate, short- and long-term vulnerabilities and technology needs. Based upon the results of the assessment, the Contractor will create a 5-year IT strategic plan that will help First 5 LA achieve greater impact.

There are **eight amendments** for approval. The eight amendments allow the Grantees to continue implementation of the strategies and activities selected by Best Start Community Partnerships through the "Learning by Doing" process. One amendment is with Uplift Family Services to continue working in partnership with the Best Start Broadway-Manchester Community Partnership to improve the quality of services provided to young, single, first-time parents of children ages prenatal to age 5. During the amendment period, the Grantee will train and supervise community leaders towards increased capacity and technical skills in sustaining previous grant activities. These activities include additional parent navigator training through a "train the trainer" model, advocacy/leadership workshops and a culminating event for the community based participatory research project that involves community members in a research project about quality time with children. One is with

Friends of the Family to continue working in partnership with the Best Start Panorama City & Neighborhood Community Partnership to strengthen the community's social networks and relationships in an effort to build community capacity and resiliency. Activities to be continued during the amendment period include hosting Parent Cafes, training community residents to become Parent Resource Liaisons, engaging partner agencies through a community engagement collaborative and convening community events/information fairs. One is with Proyecto Pastoral to continue working in partnership with the Best Start East Los Angeles Community Partnership to continue to build and enhance the leadership skills of parents and resident, strengthen the capacity of parents to work with organizations and civic leaders to affect change in the community and connect families to needed resources and programs. During the amendment period, the Grantee will continue to: 1) conduct parent leadership trainings; 2) support the parent navigators who teach other parents about navigating and accessing support systems and 3) support peer educators. One is with Los Angeles Universal Preschool to continue working in partnership with the Best Start Southeast LA County Cities Community Partnership to strengthen leadership skills of parents/residents, strengthen capacity of organizations within community and strengthen collaboration between organizations and residents. During the amendment period, the Grantee will 1) implement two (2) additional cohorts of parent/residents leadership trainings; 2) strengthen the supports for the Parent Leaders in Action who engage other parents around addressing community issues and 3) organize and coordinate a resource fair jointly with the Community Partnership. One amendment is with Crystal Stairs, Inc. to continue working in partnership with the Best Start Watts/Willowbrook Community Partnership to strengthen the social connections among parents with children ages prenatal to 5, their parents, and their peers and promote the importance of young parents and their parents to possess stronger and more positive relationships. The Grantee will implement three activities: 1) conducting a Young Parent Leadership Training cohort; 2) hosting bi-monthly Parent Cafés and 3) implementing a family bonding event. One is with Providence Little Company of Mary Foundation to continue working in partnership with the Best Start Wilmington Community Partnership to increase social connections while reducing social isolation among parents with children prenatal to age 5 by raising awareness about resources and connections and engaging a community-wide effort to build and strengthen positive social networks of support for parents. During the amendment period, the Grantee will 1) implement the community social connections task force; 2) develop and implement trainings on building organizational capacity; 3) develop and implement opportunities for community leaders to further develop their leadership skills (e.g. leading social connection circles, serving on an advisory group); 4) launch three Creating Healthier Attitudes Today training cohorts; 5) organize and implement a large community event focused on families with children prenatal to age 5; 6) conduct final leadership trainings (e.g. Emotional Intelligence, Grief and Loss, Nutrition and Physical Activity) and 7) and develop and implement an evaluation plan for the project. One is with El Nido Family Centers to continue working in partnership with the Best Start Compton-East Compton Community Partnership to empower young parents to 1) forge positive relationships with other families and peers to create a community-wide support network and safe space for dialogue around community resources and systems change and 2) become leaders among their peers and in the community to make young parents' unique needs known and improve service providers' cultural awareness and sensitivity to these needs. The Grantee will implement activities that will give participants the opportunity to 1) conduct parent circles and parent events; 2) plan and host a teen parents' conference; 3) participate in mentee/mentor sessions; 4) engage with the service delivery community and 5) participate in an advocacy training program for young parents. One amendment is with Antelope Valley Partners for Health to continue working in partnership with the Best Start Palmdale Community Partnership to strengthen the community's capacity to support families and build participation within their community by focusing on family capacities, social connections and concrete supports. During the amendment period, the Grantee will increase the number of parents groups in the community so that more parents have access to supportive networks and resources.

DISCUSSION:

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

Attachment A
November 2017

NEW AGREEMENTS										
DEPARTMENT	OUTCOME AREA / INITIATIVE/STRATEGY / 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
Early Care & Education	Early Care & Education Systems \ ECE Strategy 1 - Policy/Advocacy \ Kindergarten Readiness Assessment	LOS ANGELES UNIFIED SCHOOL DISTRICT The Kindergarten Readiness Assessment (KRA) measures the school readiness of children entering Kindergarten and engages community stakeholders around conversations that promote policy change at the local level. The objectives for First 5 LA's KRA project are: 1) collect Early Development Instrument (EDI) data to assess Kindergarten readiness of children in the community; 2) strengthen staff capacity of school districts and community agencies to support systems change and 3) build capacity of stakeholders to understand and act on the EDI results. The Grantee will be responsible for providing the technical assistance (TA) provider of the KRA project with a list of teachers and schools that will participate in data collection from the Los Angeles Unified School District's Local District South. Teachers from Local District South will attend a training and administer the EDI. The Grantee will participate in individual coaching sessions with the TA provider and will engage in peer learning community meetings.	10/12/2017	Strategic Partnership	2 Years, 7 Months	\$289,626	\$89,059	12/1/2017	6/30/2018	6/30/2020 96
Public Policy & Government Affairs	All \ NA \ Policy Agenda/Advocacy	CALIFORNIA STRATEGIES & ADVOCACY, LLC The Contractor will convene and staff the State Early Care and Education (ECE) Coalition. The State ECE Coalition creates unified budget and policy asks from the diverse field of ECE advocates to State government. The Contractor will focus on recruiting new members, staffing relevant committees and creating a marketing presence for the Coalition.	6/8/2017	Procurement Exception	3 Years	\$750,000 (\$300,000 from First 5 California)	\$250,000 (\$100,000 from First 5 California) Estimated FY 17-18 Spending \$145,834 Impact to FY 18-19 Budget \$104,166	12/1/2017	11/30/2018	11/30/2020
Public Policy & Government Affairs	All \ Policy Agenda/Advocacy \ State Policy & Sustainability Advocate	CALIFORNIA STRATEGIES & ADVOCACY, LLC The Contractor will support First 5 LA's priority policy and sustainability issues and the policy agenda in the State policy arena. The Contractor will employ a variety of strategies and activities to support First 5 LA's advocacy priorities, such as administrative advocacy and policy implementation support; policy issue identification and development; policy education and advocacy; meetings with key stakeholders and officials; and	6/8/2017 Aligned to the State policy agenda to be presented for approval on 11/9/2017	RFQ	5 Years	\$2,200,000	\$440,000 Estimated FY 17-18 Spending \$256,666 Impact to FY 18-19 Budget \$183,334	12/1/2017	11/30/2018	11/30/2022

Attachment A
November 2017

NEW AGREEMENTS										
DEPARTMENT	OUTCOME AREA / INITIATIVE/STRATEGY / 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
		facilitating and participating in coalitions on the agency's behalf.								
Information Technology	Internal Operations \ Information Technology	<u>PUBLIC CONSULTING GROUP, INC.</u> The Contractor will conduct an Information Technology assessment and provide recommendations to address immediate, short- and long-term vulnerabilities and technology needs. Based upon the results of the assessment, the Contractor will create a 5-year IT strategic plan that will help First 5 LA achieve greater impact.	6/8/2017	RFP	8 months	\$121,880	\$121,880	11/13/2017	6/30/2018	6/30/2018

**Attachment A
November 2017**

AMENDMENTS									
DEPARTMENT	OUTCOME AREA / INITIATIVE/STRATEGY / PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	CURRENT CONTRACT AMOUNT	AMENDMENT AMOUNT	NEW CONTRACT AMOUNT	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
Communities	Communities \ Communities Strategy 1 – Community Leadership & Collaboration \ Community Partnerships	<p><u>UPLIFT FAMILY SERVICES (#00842)</u> Amendment for a 7 month Contract Extension and Additional Funding of \$169,923. The amendment will allow the Grantee to continue implementation of the strategies and activities selected by the Best Start Broadway-Manchester Community Partnership through the “Learning by Doing” process. The goal of the project is to improve the quality of services provided to young, single, first-time parents of children ages prenatal to age 5. During the amendment period, the Grantee will work in collaboration with the Partnership to train and supervise community leaders towards increased capacity and technical skills in sustaining previous grant activities. These activities include additional parent navigator training through a “train the trainer” model, advocacy/ leadership workshops, and a culminating event for the Best Start Broadway-Manchester community-based participatory research project that involves community members in a research project about quality time with children.</p>	6/8/2017 (Aligned to the Building Stronger Families Framework approved on 11/14/2013)	RFP	2 Years, 7 Months	\$571,839	\$169,923	\$741,762	Yes 98
Communities	Communities \ Communities Strategy 1 – Community Leadership & Collaboration \ Community Partnerships	<p><u>FRIENDS OF THE FAMILY (#09009)</u> Amendment for a 7 month Contract Extension and Additional Funding of \$137,366. The amendment will allow the Grantee to continue implementation of the strategies and activities selected by the Best Start Panorama City & Neighbors Community Partnership through the “Learning by Doing” process. The project is designed to strengthen the community’s social networks and relationships to build community capacity and resiliency. Activities to be continued during the amendment period include hosting Parent Cafes, training community residents to become Parent Resource Liaisons, engaging partner agencies through a community engagement collaborative and convening community events/information fairs.</p>	6/8/2017 (Aligned to the Building Stronger Families Framework approved on 11/14/2013)	RFP	2 Years, 9 Months	\$757,378	\$137,366	\$894,744	Yes

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

**Attachment A
November 2017**

AMENDMENTS									
DEPARTMENT	OUTCOME AREA / INITIATIVE/STRATEGY / PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	CURRENT CONTRACT AMOUNT	AMENDMENT AMOUNT	NEW CONTRACT AMOUNT	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
Communities	Communities \ Communities Strategy 1 – Community Leadership & Collaboration \ Community Partnerships	<u>PROYECTO PASTORAL (#00844)</u> Amendment for a 7 month Contract Extension and Additional Funding of \$393,713. The amendment will allow the Grantee to continue implementation of strategies and activities selected by the Best Start East Los Angeles Community Partnership through the "Learning by Doing" process. This project is designed to continue to build and enhance the leadership skills of parents and residents; strengthen the capacity of parents to work with organizations and civic leaders to affect change in the community, and connect families to needed resources and programs. During the amendment period, the Grantee will continue to: 1) conduct parent leadership trainings; 2) support the parent navigators who teach other parents about navigating and accessing support systems and 3) support peer educators.	06/08/2017 (Aligned to the Building Stronger Families Framework approved on 11/14/2013)	RFP	2 Years, 7 Months	\$943,037	\$393,713	\$1,336,750	Yes 99
Communities	Communities \ Communities Strategy 1 – Community Leadership & Collaboration \ Community Partnerships	<u>LOS ANGELES UNIVERSAL PRESCHOOL (#00847)</u> Amendment for a 7 month Contract Extension and Additional Funding of \$254,767. The amendment will allow the Grantee to continue implementation of the strategies and activities selected by the Best Start Southeast LA County Cities Community Partnership through the "Learning by Doing" process. This project is designed to strengthen leadership skills of parents/residents, strengthen capacity of organizations within the community, and strengthen collaboration between organizations and residents. During the amendment period, the Grantee will: 1) implement two additional cohorts of parents/residents leadership trainings; 2) strengthen the supports for the Parent Leaders in Action who engage other parents around addressing community issues and 3) organize and coordinate a resource fair jointly with the Community Partnership.	06/08/2017 (Aligned to the Building Stronger Families Framework approved on 11/14/2013)	RFP	2 Years, 7 Months	\$804,804	\$265,767	\$1,070,571	Yes

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

Attachment A
November 2017

AMENDMENTS									
DEPARTMENT	OUTCOME AREA / INITIATIVE/STRATEGY / PROGRAM	CONTRACT (PROJECT) INFORMATION	BOARD APPROVAL DATE	PROCUREMENT METHOD	PROJECT LENGTH	CURRENT CONTRACT AMOUNT	AMENDMENT AMOUNT	NEW CONTRACT AMOUNT	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
Communities	Communities \ Communities Strategy 1 – Community Leadership & Collaboration \ Community Partnerships	EL NIDO FAMILY CENTERS (#00843) Amendment for a 7 month Contract Extension and Additional Funding for \$364,420. The amendment will allow the Grantee to continue implementation of the strategies and activities selected by the Best Start Compton-East Compton Community Partnership through the “Learning by Doing” process. The objectives of the project are to empower young parents to forge positive relationships with other families and peers to create a community-wide support network and safe space for dialogue around community resources and systems change, and become leaders among their peers and in the community to make young parents’ unique needs known and improve service providers’ cultural awareness and sensitivity to these needs. The Grantee will implement the following activities: 1) conduct parent circles and parent events; 2) plan and host a teen parents’ conference; 3) participate in mentee/mentor sessions; 4) engage with the service delivery community and 5) participate in an advocacy training program for young parents. All activities will include a focus on building relationships between project participants in order to increase and/or strengthen their social connections.	06/08/2017 (Aligned to the Building Stronger Families Framework approved on 11/14/2013)	RFP	2 Years, 7 Months	\$730,706	\$364,420	\$1,095,126	Yes 101
Communities	Communities \ Communities Strategy 1 – Community Leadership & Collaboration \ Community Partnerships	ANTELOPE VALLEY PARTNERS FOR HEALTH (#00846) Amendment for a 6 month Contract Extension and Additional Funding for \$281,382. The amendment will allow the Grantee to continue implementation of the strategies and activities selected by the Best Start Palmdale Community Partnership through the “Learning by Doing” process. The objective of this project is to strengthen the community’s capacity to support families and build participation within their community by focusing on family capacities, social connections and concrete supports. During the amendment period, the Grantee will increase the number of parents groups in the community so that more parents have access to supportive networks and resources.	06/08/2017 (Aligned to the Building Stronger Families Framework approved on 11/14/2013)	RFP	2 Years, 7 Months	\$1,074,940	\$281,382	\$1,356,322	Yes

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

FIRST 5 LA

SUBJECT:

Proposed Amendments to First 5 LA's Bylaws regarding term limits for officers of the Board.

RECOMMENDATION:

Adopt the proposed amendment to First 5 LA's Bylaws as attached.

BACKGROUND:

The Executive Committee and staff recommend that the Board adopt the attached proposed amendment to First 5 LA's Bylaws to change the existing limit on the number of consecutive terms a Commissioner may serve as an officer of the Board from two to four. As required by the current Bylaws, the discussion at your October Board meeting provided at least 21 days notice of the proposed amendments to the Members of the Board, and the Board may now adopt this change.

DISCUSSION:

The Bylaws serve as the legally-required operating procedures for your Board. The Bylaws provide the governance structure, operating procedures and definition of duties for the Board of Commissioners. The officers of the Board, established in the Bylaws, are the Chair and Vice Chair and Committee Chairs. Officers are elected once a year to annual terms. Since the early days of First 5 LA, the Bylaws have contained a two consecutive term limit on the number of terms an individual Commissioner may serve in an office.

Because the organization has matured, the shorter term limit may not be necessary or practical. Staff has proposed, and the Executive Committee has unanimously endorsed, an extension of the term limit to four consecutive terms in the same office. In the immediate term, if passed, this change would permit Chair Kuehl to serve again in that role if she is designated by the Chair of the Board of Supervisors and the First 5 LA Board elects her to another term as Chair. This proposed change would also extend the existing two term limit on the Chair of the Executive Committee to be internally consistent.

RECOMMENDATION:

The Executive Committee and staff recommend that the Board adopt the proposed amendments to the First 5 LA's Bylaws as attached to this report.

First 5 LA Board of Commissioners

Proposed Bylaw Amendments – October/November, 2017

SECTION III of ARTICLE V (Officers) is amended to read as follows:

“Section III. Terms

The term of office for officers of the Commission is one year from the date of election or until removal or resignation.

No individual Commission member shall be eligible for election to the same ~~office position~~ of the Commission for more than ~~two~~ four (4) consecutive terms. The Commission may remove an officer prior to the expiration of his or her term, as deemed necessary.”

SECTION II of ARTICLE X (Committees) is amended to read as follows:

“Section II. Committee Structure/Authority

Executive Committee

The Executive Committee shall be a standing Committee of the Commission. Membership of the Executive Committee shall be comprised of the Chair of the Planning Committee, two other voting members of the Commission appointed each year by the Chair, and the Vice Chair of the Commission. The Vice Chair shall serve as the Chair of the Executive Committee. The Executive Committee shall meet in open and public sessions in compliance with the Brown Act except where a closed session is warranted and called according to applicable law. The duties of the Executive Committee shall include the review of the draft annual operating budget, supervising and providing oversight of the annual audit of the Commission, review of the draft annual report to the State Commission, advice and feedback to the Executive Director regarding operational issues including, but not limited to:

contract compliance
quality assurance
evaluation
policy advocacy
personnel and compensation issues

In addition, the Executive Committee shall draft the annual evaluation of the Executive Director for consideration and action by the full Commission, supervise any Commission self-assessment process initiated by the full-Commission and perform any other function delegated to it by the full Commission or the Chair. The term of office on the Executive Committee shall be for one (1) calendar year. No person shall serve as Chair of the Executive Committee for more than ~~two (2)~~ four (4) consecutive terms, although this limit shall apply only to consecutive terms on the Committee, and shall not limit subsequent, non-consecutive terms.

The Executive Committee shall not make binding decisions that are decisions of the Commission under applicable law and shall periodically report its activities to the full Commission. Minutes of Executive Committee meetings shall be kept and distributed to all members of the Commission.”

FIRST 5 LA

SUBJECT:

Proposed Facility Use Policy

RECOMMENDATION:

Adopt First 5 LA Facility Use Policy as Attached to this Staff Report.

BACKGROUND:

First 5 LA has no formal policy or rules for use of the building and grounds of the agency's headquarters building. The purpose of this policy is to detail the permitted uses of the building, to ensure that the public's right to participate in open and public meetings is protected, and to authorize the Executive Director to implement additional security measures to protect employees and the business operations of the organization. The policy was presented and discussed at the October Board meeting.

Facility use policies and public participation rules are very common policies for public agencies. In drafting this proposed policy, we reviewed and were informed by Los Angeles County's rules for public participation at Board of Supervisors meetings in the Hall of Administration, the City of Santa Monica's rules for public participation, and facility use policies from the cities of Beverly Hills, Norwalk, and Highland. Most city policies are far more extensive, however, as cities own and manage multiple buildings, parks and public spaces that are available for rentals and other types of uses. First 5 LA does not own those kinds of resources.

DISCUSSION:

First 5 LA owns the headquarters building at 750 North Alameda Street in the Metro LA Union Station complex. Currently, the top two floors of the three-story building are used only for staff offices and the internal business needs of the organization. Generally, there is no open public use of floors two and three. The first floor houses a child care facility that operates under an exclusive lease, along with the Multi-Purpose Room where the Commission meets, conference rooms, storage space, and associated support facilities. First 5 LA does not have a formal, Board-approved policy regarding the uses of the building and grounds the organization owns. It is a good practice for a public agency to have rules regarding the appropriate use of a public building for public and internal purposes. In addition, given increasing security concerns for all office buildings and public spaces, it is prudent to delegate to the Executive Director the authority to implement additional security measures as deemed necessary.

Nothing in this policy will change the current practices regarding public participation in First 5 LA Commission meetings, committee meetings and other public events. Members of the public are welcome and encouraged to participate in open and public meetings of First 5 LA and public events. Those portions of the building that are publicly accessible now would remain accessible for the same purposes under this policy, subject to the informal practices we follow now, as well as applicable laws such as the Brown Act. The policy makes the designation of publicly-accessible areas formal, and makes it clear that the entire building and parking area are **not** unlimited public spaces available for any type of public access and use. The park area across the street in El Pueblo de Los Angeles is a public forum for free speech purposes. Rather, this policy designates the public rooms on the first floor for public participation in public events under limited time, place and manner restrictions that are already in place informally.

In addition, the policy would permit the Executive Director or her designee to approve the use of publicly-available spaces on a very limited basis for outside uses that are consistent with First 5 LA's

work and that will not disrupt the work of the organization, under such conditions as are necessary to protect the agency and its staff. The policy prohibits any events that would use the parking lot, block access to the building or the child care facility, and prohibits un-invited public access to the upper two floors to better protect staff and organizational security. Finally, the policy delegates to the Executive Director the authority to implement additional security measures as she deems necessary, subject to normal procurement and contracting rules. Unfortunately, it has become increasingly necessary for public agencies and all employers to implement basic security measures. Again, nothing in this delegation of authority would change the public's right to participate in public meetings and events.

At the previous discussion of this item in October, the Board asked staff and counsel to review other public agencies' policy relating to immigration enforcement in public buildings. We have reviewed information from various sources related to United States Immigration and Customs Enforcement (ICE) activities in school buildings, government buildings and courthouses, all buildings where members of the public must gather to access basic and on-going public services. In general, agency actions have included instructions to law enforcement and staff not to assist or facilitate immigration authorities' actions in such buildings and communicating concerns to ICE. First 5 LA's building is not used to provide basic public services directly, and we do not generally serve large numbers of the public directly in the building. Obviously, First 5 LA does not have any law enforcement force to direct, and like other public entities we cannot bar law enforcement activities in the First 5 LA building. We are not aware that anyone has avoided attending a meeting at First 5 LA due to concerns about immigration enforcement. While additional measures regarding immigration enforcement in this policy do not seem warranted at this time, the Executive Director and staff will continue to monitor this issue and keep track of what actions other public agencies take.

RECOMMENDATION:

The Executive Director and Legal Counsel recommend that the Board adopt the proposed Facility Use Policy as attached to this report.

FIRST 5 LA

SUBJECT:

Facilities Use Policy

PURPOSE:

The purpose of this Facilities Use Policy is to set standards and rules for the use of First 5 LA's offices ("building") and the surrounding real property, including the adjacent parking lot ("grounds"), both located at 750 North Alameda Street in the City of Los Angeles (collectively, the "property"). First 5 LA owns the property, uses it primarily for the business purposes of the organization and a tenant, and has never designated any part of the building or grounds as a public forum for unlimited expression by the general public on demand. This Policy documents and preserves the "non-public forum" and "limited public forum" status of the Property, as applicable, and to prescribe rules for the use of the Property. This Policy **shall not** impair the rights of any individual to participate lawfully at meetings of the First 5 LA Board of Commissioners or any Committee, or at events the public is invited to attend.

First 5 LA-sponsored events and events conducted by other governmental entities with the specific permission of First 5 LA are exempt from this policy. Exempt events are subject to any individual rules and conditions as may be imposed by the Executive Director or her designee.

POLICY:

The second and third floors of the building and the grounds are to be used only for the internal business purposes of First 5 LA. No public use of any portion of the second and third floors is permitted, and access to the second and third floors shall be strictly limited to First 5 LA Board Members, employees, consultants and specifically invited guests. The Executive Director is authorized to impose such security measures and procedures as may be necessary, in her discretion, to protect the safety of First 5 LA employees.

The leased portion of the first floor of the building (child care center) is designated exclusively for the use of First 5 LA's tenant, and for First 5 LA's business purposes as a property owner. No general public use or uninvited access to this space is permitted.

The non-leased portion of the first floor of the building consists of the building lobby, conference rooms, Multi-Purpose Room ("MPR") and miscellaneous support facilities. Members of the public may access these areas of the building for First 5 LA business purposes during normal business hours or at such other times as the building is open for public events, subject to reasonable rules established by the Board or the Executive Director.

Individuals are welcome and invited to participate lawfully at open and public meetings of the Board of Commissioners or any Committee of the Board, subject to reasonable rules of participation established by the Board Bylaws and/or the Chair. Members of the public shall not enter the dais area, or the "well" between the Board and the public seating area. Although public participation is encouraged, participants and attendees shall refrain from disorderly conduct that disrupts any meeting or event, and shall not block any door or aisle. No member of the public shall affix any sign, placard or decoration to any portion of the Property.

The possession or use of alcohol, tobacco products, cannabis products, weapons, fireworks, and loud noise-makers of any type are prohibited in the building at all times.

No person or group shall hold, organize or conduct any activity or event on the Property that adversely impacts, or in any way disrupts the business of First 5 LA or its tenant, or that creates an unsafe environment for any First 5 LA employee or consultant or invitees at the child care center on

the Property. No person or group may block or impede access to any building entrance exit, or parking area.

The Property is located on the Metro LA Union Station campus in the City of Los Angeles. Events that use public sidewalks or streets are subject to the regulations and permitting requirements of those entities.

The Executive Director or her designee is authorized, but not required, to permit the limited use of public areas of the building for a limited number of meetings and events, only for purposes that are consistent with the work of First 5 LA, subject to such reasonable rules and conditions as she/he may prescribe. The Property shall not be used for partisan political campaign purposes, for strictly commercial purposes, for sectarian or religious purposes, or for activities prohibited by state, local or federal laws. The Executive Director or her designee shall deny any requested third party use that, in her sole discretion, may be disruptive to First 5 LA's business, not consistent with this policy, or dangerous to participants, employees, the public or attendees. The decision regarding the use of the Property by an outside individual or group shall be final.

The grounds are not open to the public for any purpose.

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FIRST 5 LA

SUBJECT:

Request to Establish a Strategic Partnership with the Silicon Valley Community Foundation in the Amount of \$300,000 and Authorize First 5 LA Staff to Execute a Contract.

RECOMMENDATION

This memo was presented as information for the Board's consideration at the October 12, 2017 Commission Meeting. First 5 LA staff recommends the Board approve the establishment of a Strategic Partnership with the Silicon Valley Community Foundation (SVCF) for an amount not to exceed \$300,000 over a 24-month period and authorize staff to execute an initial 12-month contract not to exceed \$150,000. The funds have been included in the First 5 LA Fiscal Year Programmatic Budget under the Policy Agenda/Advocacy Initiative.

BACKGROUND:

In 2018, California will elect a new governor, an office which wields tremendous power over state policies and funding affecting young children and their families. As leading gubernatorial candidates emerge and begin to develop their campaign agendas, there is a timely opportunity for early childhood advocates across the state to educate and inform candidates so that early childhood development (ECD) is prioritized in their respective policy platforms. This public commitment to early childhood will ensure that early childhood-related policies and funding is a priority when the new governor is elected to office.

Decisions made by the governor have long-lasting impact on the state's children and families, as seen by over \$1 billion in budget cuts to state early education programs over the last decade. These cuts have contributed to 86% of eligible babies and toddlers without access to affordable early child education programs. Gubernatorial candidates need to be aware of the widespread agreement among child advocates and families—across party lines—that every young child should have greater access to affordable, quality early-learning opportunities.

California's next governor must understand that investing in ECD is essential to the future success of the state's young children and economic vitality. California needs a leader who sees ECD as essential to every child's wellbeing and success, champions early childhood in all discussions, and adequately resources ECD in policy planning and budget allocations.

To this end, the Center for Early Learning (CEL) at SVCF launched the non-partisan "Choose Children 2018" (Campaign) that seeks to ensure the next governor of California is a champion for children. The vision for the Campaign is that a champion at the gubernatorial level will take quick and decisive action, implementing robust and lasting reform, and directing greater resources toward ECD. The CEL leads and coordinates the Campaign, leveraging the expertise of Fenton Communications (public relations, branding, and messaging), California Strategies (political strategy), and Children Now (research and policy development for policy platform on children's issues) to develop and implement campaign strategies that inform, educate, and engage candidates on young children's issues.

The Campaign is guided by the principle that California voters understand and care deeply about how investments in ECD impact children, families, and communities. Voters are more likely to support a candidate who makes ECD a high priority. To succeed in this race, candidates have to be vocal about their support of young children and families, and include ECD in their campaign platforms. Therefore, the lead Campaign partners have identified the following objectives as measures of the Campaign's ability to influence the top gubernatorial candidates' campaigns:

1. endorsements from child advocates of an early childhood policy platform;

2. coverage and placements of ECD issues, in the context of the gubernatorial race, within major media outlets in California;
3. campaign viewed as a resource on ECD issues for gubernatorial candidates;
4. public acknowledgment and commitments supporting ECD issues by gubernatorial candidates;
5. tools for statewide advocates to engage gubernatorial candidates; and
6. articulation of “vision for children” in each candidate’s campaign materials.

The aforementioned outcomes will be achieved upon the completion of numerous campaign activities, implemented by the Campaign team and strategic partners.

- Polling, Focus Groups, and Message Testing: test voter sentiment on early childhood-related policies, revenue sources to fund those policies, and the best messages to persuade voters of those policies.
- “Outrage” Data: compile data and talking points that highlight the most alarming statistics regarding the needs and challenges facing California’s children and families.
- Messaging and Branding: develop and refine core messages for the Campaign and tools for communicating policies with key audiences (e.g., voters, elected officials, donors, etc.).
- Interview Analysis: interview organizations and leaders to inform development of new approaches to a sustainable high-quality early learning system in California.
- Communications Toolkit: develop a communications toolkit, including “outrage” data, media strategies, and materials that can be used by Campaign supporters when engaging with candidates.
- Candidate Meetings: hold formal and informal meetings with candidates, their staffs, other policymakers, and political party leaders to ensure they are educated on issues affecting children and families.
- Media Meetings: conduct regular briefings with media that focus attention on ECD in California and the governor’s race.
- Gubernatorial Debate(s)*: influence and/or sponsor at least one major Gubernatorial Debate to include early childhood questions and messaging.
- Regional Forums*: host forums in Silicon Valley and L.A. County with candidates to provide an opportunity for them to make public commitments to children and families. The L.A. Forum may be hosted by the L.A. Area Chamber of Commerce and the California Community Foundation (discussions are ongoing).
- Strategic Partnerships: formalize partnerships with local and statewide organizations to amplify and advance the Campaign.

** First 5 LA will not provide financial support for candidate debates or forums.*

The Campaign launched in July 2017 and will run through the newly elected governor’s first budget and legislative cycle (September 2019). Initial Campaign activities have focused on administering an initial statewide voter poll, compiling statewide “outrage” data, developing a core message platform, and creating a communications toolkit for advocates. Campaign partners are now working to plan and host candidate forums, and hold deskside briefings with candidates and media outlets that will take place prior to the primary election on June 5, 2018. Efforts are also ramping up to develop an early childhood policy platform, which will inform all future Campaign materials, messaging, and talking points.

During the primary election, voters may vote for any candidate, regardless of their party affiliation. The top two finishers, regardless of their party affiliation or percentage of votes, advance to the general election on November 6, 2018. Campaign partners will engage with candidates and the media throughout the election cycle and serve as advisors to the eventual governor and the state executive office to ensure he/she upholds his/her public commitments to ECD and takes action on his/her campaign promises, as demonstrated through the state budget and legislative process.

The cost to implement the Campaign is \$3 million over two and a half years. Any investment amount will be matched 1-to-1 by the J.B. and M.K. Pritzker Family Foundation (Pritzker Foundation) up to \$1.5 million. To date, funder commitments total \$2.3 million. This amount includes the full \$1.5 million challenge grant from the Pritzker Foundation, and \$250,000 of in-kind support from SVCF to

operationalize the Campaign. SVCF is actively seeking additional co-investors to cover the remaining \$700,000.

First 5 LA's participation and financial commitment will support the statewide Campaign (and allow for the drawdown of Pritzker Foundation matching funds) while also elevating L.A. County-specific needs and priorities that can be addressed by the incoming governor. As a funding partner, First 5 LA staff will play an advisory role in informing policy recommendations that are aligned with First 5 LA's policy agenda, inclusive of ECE, health, and home visiting strategies that are essential for optimal ECD.

First 5 LA's investment in the Campaign of up to \$300,000 over a 24-month timeframe is specifically focused on polling, policy development, deskside briefings, and media engagement. It will not include funding for underwriting or sponsoring the candidate forum series with individual candidates for the public. The advocacy activities listed below are permissible uses of First 5 LA resources and have been vetted by First 5 LA's legal counsel.

- **Polling**: First 5 LA funds will support a second round of polling with an oversampling of L.A. County and inclusion of specific questions regarding health and home visiting. First 5 LA will have the opportunity to preview and inform polling questions and review polling data prior to public dissemination.
- **Policy Development**: First 5 LA staff will advise on the development of the Campaign's policy platform and promote alignment with First 5 LA's policy agenda.
- **Funds** will support the creation of an Egregious Facts document that highlights state and L.A. County-specific "outrage" data.
- **Candidate Meetings/Deskside Briefings**: First 5 LA staff will help plan and participate in meetings and deskside briefings with candidates, senior campaign staff, and legislative leaders regarding polling and policy. Staff will provide input to the development and review of policy documents for briefings.
- **Local Advocacy**: First 5 LA will fund technical assistance and provide one-time small grants (via SVCF) to local L.A. advocates to maximize the utilization of the Campaign Toolkit and Campaign-related advocacy efforts.

No First 5 LA funds will be used to underwrite gubernatorial candidate forums or debates, alcohol at Campaign events, or website development for the Campaign. No First 5 LA funds shall be used for partisan or electioneering purposes.

First 5 LA absolutely will not endorse or provide support to any individual candidate or party. However, we will partner with SVCF and the Choose Children campaign to elevate the discussion of ECD policies by the candidates and media outlets covering the candidates.

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 through 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 Strategic Partnership provides an opportunity to leverage First 5 LA funds to produce additional funding for the program or initiative or service. Partnering with SVCF will leverage the Campaign team's expertise, infrastructure, and resources. To date, the SVCF has raised \$2.3 million in support of the Campaign. Funders including public and private foundations and individual donors, such as the J.B. and M.K. Pritzker Family Foundation, The Kabcenell Family Foundation, The Morgan Family Foundation, Stupski Foundation, Santa Barbara Foundation, San Diego Foundation, and First 5 Santa Clara County. Locally, the California Community Foundation and the L.A. Area Chamber of Commerce have committed resources to the Campaign. SVCF is also exploring opportunities with the First 5 Association and other First 5 Commissions across the state for partnership and financial support.

An investment by First 5 LA of \$300,000 will allow SVCF to draw down an additional \$300,000 from the remaining \$700,000 Pritzker Foundation challenge grant. First 5 LA's investment may also serve as a catalyst to the L.A. funding community to contribute to the Campaign.

First 5 LA funding and participation in the Campaign will also help elevate the voices of local ECD stakeholders and raise the profile of L.A. County children and families among gubernatorial candidates and other influencers. First 5 LA will be able to provide timely and relevant information to non-profits in the Best Start Communities. Further, staff's active contribution to the Campaign will ensure polling and policy development reflect a holistic view of early childhood development which includes early learning, health, and home visiting. First 5 LA's participation will also allow staff to build relationships with both the candidates and their policy staffs.

The proposed Strategic Partnership is aligned with the adopted Strategic Plan. This project is in alignment with the Strategic Plan's focus on policy and systems change to improve outcomes for young children and families. First 5 LA's investment in the project guarantees that L.A.-specific needs and opportunities are highlighted as part of the Campaign.

The success of the Campaign will ensure that the next governor of California is a champion for children who supports policies and the allocation of public resources that benefit young children and families. Administrative and legislative action by the governor in support of early childhood issues will help strengthen and sustain positive outcomes for children prenatal to 5 in L.A. County.

GOVERNANCE GUIDELINES #5 AND #6 (SUSTAINABILITY AND LEVERAGING):

As stated above, success of the Campaign will result in policy and systems change aligned with First 5 LA's mission and goals. First 5 LA staff participation in the Campaign will strengthen the likelihood that the next governor's priorities are supportive of First 5 LA's desired outcomes for Families, Communities, Early Care and Education Systems, and Health-Related Systems.

It is intended that the relationships and materials created for the Campaign will be utilized beyond the campaign. For example, the toolkit, data, and policy recommendations can be used for other campaigns and meetings with policymakers and influencers. And, the strengthened capacity of local advocacy organizations to utilize the Campaign toolkit and advocacy materials can be applied to future advocacy efforts. Likewise, those relationships established with Campaign partners and stakeholders (individual donors, foundations, business leaders, union leaders, elected officials, advocates, etc.) will continue to be nurtured and maintained post-election.

First 5 LA's investment of \$300,000 will leverage additional public and private resources at a 1 to 10 rate. As Campaign funder partner, First 5 LA will have the opportunity to build and strengthen relationships with other Campaign funders across the state, which may lead to future partnerships that leverage resources and/or promote ECD policy and systems change aligned with our goals.

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 an establishment of a strategic partnership for an amount not to exceed \$300,000 to comply with this policy. Section IV.5 of the Procurement Policy also states that contracts of \$75,000 or more requires Board approval prior to execution. Staff is seeking approval to execute a contract for a 12-month period for \$150,000.

First 5 LA

SUBJECT: Authorize staff to execute a contract with First 5 California (First 5 CA) to receive funding to support the State Early Care and Education (ECE) Coalition

RECOMMENDATION

First 5 LA staff recommends the Board approve executing a contract with First 5 California (CA) to receive \$100,000 per year for up to three years to contribute toward the State Early Care and Education (ECE) Coalition. The initial contract period will begin on or after January 1, 2018 and end December 31, 2018, and will be renewable through December 31, 2020.

Background

In partnership with others, First 5 LA's Public Policy and Government Affairs Department (Policy) executes strategies to advance policy and system changes at the state and federal levels on behalf of Los Angeles County's youngest residents and their families. In order to support this work, the First 5 LA Board of Commissioners has approved contracts with various organizations to maximize the capacity of the early childhood advocacy field.

As Commissioners will recall, one of First 5 LA's signature advocacy efforts is the coordination of a state-level coalition focused on Early Care and Education (ECE). Initially convened in 2014 as a small, ad hoc group of like-minded advocates focused on state budget advocacy, the Coalition has grown to a partnership of more than 24 diverse organizations unified by the common goal of increasing access to quality, affordable early learning opportunities for all children 0 to 5 in California.

Each group – from business to labor to providers to policy advocates – brings unique perspectives to the Coalition, and First 5 LA through our state advocacy contract has offered the support to coordinate, plan, and execute advocacy strategies. Examples of products from the Coalition include joint letters, talking points, messaging, hearings, and events, and state budget and legislative staff have expressed that recent ECE budget victories have been a direct result of the coordinated advocacy of the ECE field.

Moving forward, First 5 LA will separately contract with California Strategies to convene and coordinate the State ECE Coalition. Rather than fund and coordinate this work on our own, however, First 5 LA has worked with staff from First 5 California to contribute toward the cost of convening and coordinating Coalition activities. First 5 LA staff recommends the Board approve receiving these funds - \$100,000 per year for up to three years beginning as early as January 1, 2018. These funds will be used to advance policies aligned with the collective priorities of First 5 LA, the First 5 Association, and First 5 California. Additionally, First 5 LA is seeking approval to contract with California Strategies as part of Item 2C for a total of \$250,000 starting November 1, 2017.

By partnering with First 5 CA, First 5 LA is able to share the cost of coordinating state ECE advocacy. In 2016, the Board approved a similar arrangement with First 5 CA, allowing the state commission to contribute funding toward policy coordination across First 5 LA, First 5 CA, and the First 5 Association.

GOVERNANCE GUIDELINES: LEVERAGING AND SUSTAINABILITY

All contracts recommended for approval are time-limited, deliverables-based agreements. As such, they do not require separate sustainability or leveraging considerations. The project work will be established within the contracts, and will be considered final upon completion of the deliverables. First 5 LA staff is committed to finding new ways to sustain and leverage this work, however, and this contract represents the product of staff work to identify and secure additional funding sources for First 5 LA's state coalition work.

FIRST 5 LA

SUBJECT:
CalWORKs Recipient Home Visiting Pilot

RECOMMENDATION:
Approve a Strategic Partnership with SHIELDS for Families in the amount of \$364,743 over 32 months and direct staff to monitor results of the County of Los Angeles' audit of this agency and recommend additional appropriate actions as needed.

BACKGROUND:
Select Home Visiting (SHV) is part of First 5 LA's Family Strengthening Outcome Area and Strategy 1: Home Visiting. On May 31, 2013 First 5 LA released the SHV Provider Pool Request for Qualifications in search of applicants interested in and qualified to implement one or more of the approved home visiting program models. As part of this RFQ, SHIELDS was awarded to provide Select Home Visiting services in Broadway/Manchester and Compton through two evidence-based home visiting models – Healthy Families America (HFA) and Parents as Teachers (PAT). The existing protocol allows for mothers identified through the Welcome Baby hospital partners to refer to SHIELDS based on a risk assessment.

As part of the Countywide Home Visiting Board Motion response, First 5 LA is working on a pilot effort to expand access to home visiting services in collaboration with Los Angeles County Department of Public Social Services (DPSS) and SHIELDS. These partners will coordinate efforts to connect DPSS' CalWORKs participants from DPSS GAIN (Greater Avenues for Independence) Region V (Rancho Dominguez) to a SHIELDS Navigator in the ASK (Ask, Seek, Knock) Program, to supplement service needs, including home visiting. Through this Strategic Partnership, First 5 LA will allocate home visiting services for up to 50 families with children age 0-5. The families will be recruited prenatally up to when the child is age 3, and the services will be provided up to the age 5. The current agreement only allows SHIELDS to offer voluntary home visiting services to mothers referred via the partnering Welcome Baby hospital. This pilot would expand the eligible population to families receiving CalWORKs supports in this targeted community. The pilot seeks to demonstrate the value of evidence-based intensive home visiting services to this population as a means of supporting family economic self-sufficiency and reducing risk of child abuse and neglect. Should the pilot effectively demonstrate positive results, DPSS would use the findings from this pilot to consider including these intensive home visiting services as an eligible benefit for families receiving CalWORKs supports.

Pursuant to the Procurement Policy, Strategic Partners of \$75,000 or more in a fiscal year must be presented to the Board for approval. This pilot project was discussed with the Board as information during the June 8, 2017 Board Meeting, the June 22, 2017 Program & Planning Commission Meeting and the September 14, 2017 Board Meeting. Staff is requesting an establishment of a strategic partnership for an amount not to exceed \$364,743 through June 2020 to comply with this policy. The funds for FY 17-18 have been included in the First 5 LA Fiscal Year 17-18 Programmatic Budget under Families Outcome Area-Emerging Opportunities and will be included under Families Outcome Area Strategy 1: Home Visiting in the following two fiscal years.

The Department of Public Health (DPH) is also conducting a pilot with DPSS where they are referring women into the DPH Nurse Family Partnership (NFP) home visiting program. NFP and Healthy Families America (HFA) have different eligibility requirements - NFP requires that first time moms be enrolled by the 29th week of pregnancy, whereas PAT, the program being utilized in the pilot, enrolls women in both the pre- and postnatal phases. Therefore, implementing the pilot can be a complementary effort to the DPH pilot, providing two home visiting model pilots for clients.

Many states throughout the country currently utilize Temporary Assistance for Needy Families (TANF, called CalWORKs in California) funds to support home visiting efforts with low-income populations

receiving public assistance, in order to mitigate the effects that poverty can have on children, especially during the earlier years of life. While TANF funds are capped, there is no cap on the percentage of TANF funds that may be used on home visiting services. While DPSS receives TANF funding and has the authority to use these funds for home visiting, it does not currently utilize these funds for that purpose. Therefore, this pilot presents an opportunity to provide evidence of the value of home visiting to CalWORKs participants. First 5 LA seeks to demonstrate home visiting's potential to strengthen the Protective Factors of 50 families by offering home visiting in DPSS Region V, as a way to encourage this County agency to utilize TANF funds to provide this service to families long after the pilot.

Home visiting has the potential to address other outcomes that DPSS seeks, such as preventing substantiated cases of child maltreatment for its vulnerable population, as well as preventing recurrence of cases. While the ASK Program that has been established between DPSS and SHIELDS will offer a wide array of referrals to families, home visiting will support families with more intensive parenting support.

GOVERNANCE GUIDELINES #5 AND #6 (SUSTAINABILITY AND LEVERAGING):

Intensive home visiting is an effective way to promote positive outcomes for children and families. The programs enhance parenting skills, prevent child maltreatment, and address barriers to employment, such as improving access to child care to promote economic self-sufficiency. As First 5 LA continues to fund the approximately 45% of home visiting services in Los Angeles County, there has been a concerted effort to seek other avenues for funding and long-term sustainability. The proposed pilot is a strategy to demonstrate how a holistic family intervention, such as home visiting, can improve outcomes for children and families living in poverty. DPSS would then have the evidence to support further investment in home visiting to families receiving public assistance.

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 through 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 Strategic Partnership can implement an approved program or initiative more expeditiously than resources provided through a competitive solicitation. As mentioned above, SHIELDS for Families is an existing First 5 LA Select Home Visiting contractor, therefore they have an existing programmatic infrastructure in place to assess family needs, refer families to the appropriate home visiting services and supports, and ultimately provide the service with a high level of fidelity and quality to ensure positive outcomes for families. With this existing infrastructure in place, SHIELDS has the capacity to provide services to an additional 50 families in an expeditious manner.

Additionally, working with SHIELDS for Families for this pilot would be expeditious because of the many strong connections and referral supports the agency has in the community in which they operate. The pilot is developed in partnership with the Office of Child Protection (OCP) as a component of the Los Angeles County Prevention Plan submitted to the Board of Supervisors on June 30, 2017, per recommendations from the Blue Ribbon Commission on Child Protection. The Prevention Plan outlined the Prevention and Aftercare Networks as a key strategy. Lead agencies of the networks have been selected through a competitive bidding process by DCFS for their effectiveness in identifying and linking resources and services to respond to the needs of families and children. As a result, DCFS has an existing contract as part of the Prevention and Aftercare Network investment with SHIELDS, which is the lead agency for Service Planning Area 6. The agency therefore has the infrastructure in place to serve families through its 6 Family Resource Centers located throughout the community. SHIELDS will be implementing ASK, a referral program, to provide a comprehensive, integrated continuum of strengths-based, family-centered and community-oriented resources directed to vulnerable children and families. Adding SHV as a referral option to the wide array of referrals ASK staff/Navigators provide is an expeditious approach to piloting a process for referral from DPSS into home visiting through co-location at the DPSS site and to providing families support based on the level of service needed. DPSS staff are trained in making referrals to the ASK program, which makes them well positioned to add SHV as an additional option Navigators may provide families.

The Los Angeles County's Department of Auditor-Controller conducted a contract compliance review of SHIELDS for Families, Inc. contracts with the Department of Mental Health (DMH) and Department of Children and Family Services (DCFS), during the Fiscal Year 2015-16. In a report dated September 28, 2017, the Auditor Controller stated SHIELDS had significant financial issues which could impact the agency's financial viability, had charged for unallowable and unsupported expenditures, and did not always comply with their county contracts, such as reporting requirements. The report states the findings were discussed with SHIELDS, DMH and DCFS. SHIELDS is in general agreement with the findings and recommendations and will continue to work with the Auditor-Controller's office to ensure the recommendations are implemented. The report states SHIELDS has taken several corrective measures since the review period including hiring a crisis management consulting firm, conducting outreach to local foundations to secure technical assistance and core operating support, and instituting a Development Department to focus on fund development for the agency.

First 5 LA staff have reviewed the County report and agree with the County's position and recommended actions. SHIELDS is in good standing with the First 5 LA-funded contract for select home visiting and the contractor submits progress and financial reports in a timely and accurate manner. We will continue to track the County's audit response, the progress of SHIELDS' financial health and progress, and assess whether any additional action is required.

The proposed Strategic Partnership is aligned with the adopted Strategic Plan. The proposed strategic partnership is aligned with the adopted 2015-2020 Strategic Plan, specifically to the Families Outcome Area, Strategy 1, which aims to lead the testing, modification, and scaling up of evidence-based practices and programs that work directly with parents/caregivers to increase family Protective Factors, including support for intensive home visiting to families at high-risk of poor child outcomes.

Intensive home visiting is a long-standing investment for First 5 LA, and the 2015-2020 Strategic Plan reaffirms the agency's commitment to this strategy. With the ongoing decline of First 5 LA revenue, it is increasingly important that long-term sustainability strategies for home visiting are identified, prioritized and implemented to the extent possible and appropriate. First 5 LA staff is continuing to assess, monitor and support local, state and national home visiting advocacy strategies as well as monitor the experiences of other jurisdictions in exploring and pursuing sustainability strategies. The Commission's planned evaluation work will also be critical to making the case to potential public and private funders, such as County agencies, health providers, insurance plans, and managed care organizations, of the value of home visiting.

To this end, fund leveraging and sustainability is a priority focus of our work and the explicit purpose of this pilot. As an important example, First 5 LA participates in a working group led by LA County Department of Public Health, including a number of county partners, which is dedicated to developing a countywide plan for sustaining universal home visiting efforts in LA County. This effort is a direct response to a universal home visiting motion passed by the Board of Supervisors in December 2016. The motion includes a number of recommendations, including a request for partners to “identify a framework to maximize resources by leveraging available funding and where possible, identify new and existing but not maximized, revenue streams.”

The named County agencies and community partners have committed to explore opportunities to establish additional resources to support the development of a comprehensive home visiting system in LA County. First 5 LA is working on exploring several strategies to leverage and maximize funding in the immediate- and long-term. One specific example of an emerging opportunity includes this DPSS pilot with SHIELDS, to further First 5 LA’s currently funded select home visiting efforts.

Memo

To: Board of Commissioners

From: Kim Belshé, Executive Director

Date: November 9, 2017

Subject: EXECUTIVE DIRECTOR'S REPORT

EXECUTIVE DIRECTOR'S HIGHLIGHTS

The Commission's final Board meeting of the year will focus on a number of key initiatives and aspects of our work that are great examples of First 5 LA's evolving strategic direction and approach. First, our Health Systems Department team will provide an update on the Help Me Grow-Los Angeles (HMG-LA) planning and design work to advance a county-wide system to support parents and providers alike to ensure children receive timely developmental screenings and early intervention services. In addition, staff will be requesting Board approval to establish a strategic partnership with the LA County Department of Public Health (DPH) to serve as the HMG-LA organizing entity and to extend the six First Connections contracts that support early identification and intervention services.

As Commissioners will hear, there has been terrific engagement across diverse stakeholders in this county-wide effort to advance a systems approach to developmental screening and early intervention, grounded in the Help Me Grow model. This effort is an example of First 5 LA leading with partnership in service of systems change, taking the time to engage and build relationships with key partners, supporting a facilitated early planning and design process, and helping forge a unified LA County-wide approach in support of its youngest children using the HMG systems model. The HMG Organizing Entity plays a critical role in the support, oversight and facilitation of systems change activities and foundational infrastructure required to move HMG forward. LA County DPH is uniquely positioned to play this leadership role given its experience with complex cross-sector initiatives, ability to leverage existing DPH programs and access to federal and state funding.

Second, our Policy Department team will present the recommended First 5 LA Policy Agenda for 2018-2020 for Board approval. The agenda's goals are intended to guide First 5 LA's policy and systems change efforts across our Strategic Plan's four outcome areas. The policy agenda reflects a broader and more strategic approach than previous First 5 LA efforts that focused more narrowly on a legislative agenda related to specific pieces of legislation. With a policy agenda, First 5 LA will be able to expand our engagement and leadership across administrative, budget and legislative advocacy efforts to advance meaningful change on behalf of young children. Moreover, Board support in November will enable staff to engage key partners in Sacramento and Washington, D.C. in the fall and early in the New Year to proactively inform, guide and shape policy and key

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relationships to enhance our effectiveness in the upcoming legislative sessions in Sacramento and Washington, D.C. The policy agenda is another important example of the development and maturation of First 5 LA's policy and systems change efforts. Moreover, the agenda is the product of collaborative efforts within First 5 LA among the Policy Department and Programs Division. The co-development of the agenda reflects new ways of our staff working together in furtherance of our organization-wide policy goals for young kids. Kudos to the Policy team and Programs Division team!

Third, we have time set aside to provide Commissioners with an overview of work underway to develop a First 5 LA Impact Framework that is intended to allow First 5 LA to measure and report on our impact. As we discussed with the Board in July, an impact framework is critical to our ability to tell our story, track our progress and inform our strategies. Our shift in strategic direction and approach has implications for how we think through and approach specific population-level outcomes for children and families that we seek to impact, First 5 LA's contribution versus attribution, and the timeframe for advancing the systems changes we seek. At the November Board meeting, Daniela and Christina will provide an overview of our current thinking and approach, informed by an initial discussion with the Program & Planning Committee in September.

Finally, I want to encourage Commissioners to take a look at the E.D. Report that follows and the highlights of some exciting work in our Best Start Communities. As we have discussed, the Best Start Community Partnerships represent important vehicles for parent and resident informed and driven policy and systems change across diverse community-identified priorities. Last month I highlighted for Commissioners the work of the South El Monte/El Monte Best Start Partnership to advance a local park improvement project at Zamora Park by engaging local elected officials and catalyzing a multi-sector collaborative effort to apply for a state Urban Greening Grant.

This month, I want to highlight work that Best Start Palmdale and Lancaster parents are leading to address transportation challenges faced by parents in the Antelope Valley, one of the top priorities identified by these Best Start parents. Working together, we helped facilitate a forum that connected Best Start members with decision-makers who heard from parents about the challenges they experience with the bus system, sidewalks and long commute times. This transportation forum was a terrific opportunity for Best Start members to inform and impact transportation policy to address specific challenges faced by families with young kids. I encourage you to take a look at the highlights for more information.

And, I encourage Commissioners to take a look at the Best Start LA Metro video that captures the Partnership's Culture of Respect campaign (<https://www.youtube.com/watch?v=9zskXgO8Vx8>). Through this effort, the Partnership has led a community-wide process to identify and define key values that promote support for families and communities in order to help decrease and prevent violence inside and outside of the home. The video captures the Partnership's effort to use art as a creative and inclusive vehicle to engage parents and residents and lift up the community voice, values and vision for children, families and communities. It's definitely worth a viewing.

ORGANIZATION-WIDE ACTIVITY HIGHLIGHTS

I. FAMILY SUPPORTS

Maximizing and Expanding Home Visiting Services for Families in Los Angeles County

On December 2016 the Board of Supervisor presented a motion that instructed the Department of Public Health (DPH), in collaboration with First 5 LA, the LA County Perinatal and Early Childhood Home Visitation Consortium (Consortium), the Office of Child Protection (OCP), the Children's Data Network (CDN), and the Departments of Health Services (DHS), Mental Health (DMH), Public Social Services (DPSS), Children and Family Services (DCFS), and Probation, to develop a plan to coordinate, enhance, expand, and advocate for high quality home visiting programs to serve more expectant and parenting families so that children are healthy, safe and ready to learn.

Several Departments have begun intentional work to build referral bridges for their clients into home visiting programs where no bridges existed before, a critical step towards collaboration between programs in Los Angeles County. One recent example of unprecedented coordination across home visiting programs occurred in October when Nurse Family Partnership (NFP) reached out to workgroup members to share that due to being at maximum capacity, they had a waiting list of 153 referrals that needed placement in home visiting. This resulted in a stream of rapid communications between workgroup leadership that within three days resulted in triaging efforts to directly contact families to assess their eligibility and referral to other home visiting programs. Within less than one week of the first request for assistance, families were being absorbed by programs such as Welcome Baby, Early Head Start, Healthy Start, and Partnerships for Families.

In the spirit of the "no wrong door" principle, families initially referred to Nurse Family Partnership had the opportunity to access home visiting through the collaborative efforts of multiple programs. Efforts such as this point to the growing collaboration between home visiting programs as a direct result of the Motion, and the extraordinary commitment to serving families in need. A full update to the Los Angeles County Board of Supervisors on Motion efforts will be presented in December 2017.

Staff Contact: Diana Careaga (dcareaga@first5la.org)

II. COMMUNITIES

Building a Foundation for Community Advocacy: Spotlight on the Antelope Valley Transportation Forum

On October 17, 2017, First 5 LA convened the Antelope Valley Transportation Forum, an event that brought together a member of Best Start Palmdale, the capacity builder for Best Start Lancaster (who represented a Lancaster parent who could not attend), staff from Supervisor Kathryn Barger's office, engineers from Los Angeles County Public Works, staff from the City of Palmdale, and executives from the Antelope Valley Transit Authority (AVTA). Through the voice of community members, the event highlighted how the limitations of Antelope Valley transportation and mobility system impacts children prenatal to five and their families.

The meeting was organized in response to the growing desire and awareness from Best Start Palmdale and Lancaster members to improve the Antelope Valley bus and train system to help

connect families and their very young children to basic services like childcare, early childhood education centers, hospitals, and safe public spaces. Last year, First 5 LA partnered with Investing in Place, a transportation advocacy organization, to conduct 8 workshops with select Best Start partnerships. In these workshops, Best Start Palmdale and Lancaster members identified their top transportation challenges: access to more frequent and affordable bus services; safe and shady areas to sit, walk, and wait for the bus; ways to slow traffic; and long commuting times.

This meeting – a collaboration between Communities Department, Community Relations, Policy and Government Affairs, and Communications – was an important first step in connecting decision-makers and building the capacity of Antelope Valley parents to address how transportation projects can work better for families with very young children. Meetings like the Antelope Valley Transportation Forum are a ripe opportunity to integrate prenatal to five issues in transportation planning, especially as decision-makers allocate billions of dollars in investments from Los Angeles County's Measure M plan to improve existing transportation systems. This work also exemplifies First 5 LA's evolving work to support families as they advocate for policy and systems change within their own communities.

Staff Contact: Roxana Martinez (rmartinez@first5la.org)

Healthy Food Guidelines: Community Members Speak About Healthy Food Access

In collaboration with the Los Angeles Food Policy Council and Best Start Community Partnerships, First 5 LA is looking to develop Healthy Food Guidelines (HFG) to align the food provided through vendors with key messages around promoting healthy eating for families. The immediate window of opportunity is to focus on Best Start meetings as a starting point for community education and engagement around issues of healthy food access. These guidelines will serve as a tool for First 5 LA to model and standardize healthy eating choices that will be cost effective, culturally appropriate and appealing for Best Start meeting participants.

On Friday, October 13, 2017, First 5 LA and the Los Angeles Food Policy Council convened 20 representatives from across the Best Start Community Partnerships to discuss nutrition, food access, and the larger food system. Partnership members shared personal experiences about the challenges they face accessing healthier foods and the resulting health disparities in their communities. They emphasized that healthy foods are difficult to obtain and "out of reach". For many families, finding quality fresh food means traveling significant distances. The alternative is to pay high prices for wilting vegetables and overripe fruit. Community members shared that they envision the Healthy Food Guidelines as a tool for them to use to educate families on healthy food choices, and to identify local vendors that are affordable, who understand community needs, and provide healthy food options for Partnership meetings.

The development of the Healthy Food Guidelines is also an opportunity to build strong, ground-level collaboration with the Department of Public Health staff that are also championing and actively participating in this effort. In mid-November 2017, the Los Angeles Food Policy Council will submit recommendations based on community feedback as well as research and lessons learned from the field. A report along with suggested Healthy Food Guidelines will be shared with First 5 LA and will be distributed to the Community Partnerships for discussion and implementation.

Staff Contact: Natasha Moise (nmoise@first5la.org)

Community-Identified Projects: Update on Building Stronger Families Grants

During the October 2017 Program and Planning Committee (PPC) meeting, staff presented emerging themes and lessons from the Building Stronger Families (BSF) grants, which are the first round of community-identified projects developed by the Best Start Community Partnerships. The total amount allocated in the FY2015-2020 Strategic Plan for community-identified projects is \$27.5M, or \$1.95M per community. To date \$15.1M, or 55.3% of the total, has been used to fund

the initial round of community-identified projects. Staff previewed the 11 BSF grants that would be on the November 2017 and January 2018 consent calendars for Board approval.

These projects have a two-fold purpose: 1) community change to strengthen protective factors; and 2) building capacity to drive community change work. To date, 97 progress and evaluation reports from 14 BSF grantees have been analyzed to determine how the initial round of community-identified projects have promoted leadership development, built capacity, and leveraged resources. While the BSF review is not yet complete, learnings to date can be summarized as follows:

Through Community-Identified Projects, parents, residents and organizations are working together to lead systems change by:

- empowering, educating and inspiring other residents
- connecting others to critical resources
- strengthening relationships with their children and families
- advocating for their children and for improved services and systems

As a result, individuals, families, organizations and potentially communities and systems are being strengthened.

A video of the Best Start Metro LA Culture of Respect traveling mural was presented to the PPC and represents the creativity and connections occurring in communities to reimagine how communities can support and strengthen families. The video can be viewed using the following link: <https://www.facebook.com/BestStartLA/videos/1855434037814960/>

Staff will continue to collect and analyze additional input, including the perspectives of community members involved in the projects.

Staff Contact: Adam Freer (afreer@first5la.org)

Best Start Request for Proposals: Regional Support Network

First 5 LA staff continue to support the release of the Best Start Alignment Request for Proposals (RFP) in partnership with Best Start Partnership community members. On October 25-27, 2017, First 5 LA staff held multiple Regional Information Sessions to inform potential applicants about the RFP. Community Partnerships representatives shared information about their Partnerships with potential applicants to the Regional Support Networks at the Regional Information Sessions. Gatherings were hosted in Best Start communities and provided an opportunity for potential applicants to learn more about the Community Partnerships and to connect with other organizations that are interested in providing local and/or regional support in the new structure. Over 130 people participated in the five Regional Information Sessions across three days. Notably, the sessions marked a new type of engagement during First 5 LA's procurement process that incorporated community members in disseminating information to aid the development of proposals.

Staff Contact: Michelle De Santiago (mdesantiago@first5la.org)

2017 Summit of Possibilities: People, Community, and Progress: First 5 LA in Partnership with Southeast LA Collaborative

On November 9, 2017, First 5 LA staff and members of the Best Start Southeast LA Community Partnership will participate in the 2017 Summit of Possibilities: People, Community, and Progress, sponsored by the Southeast LA Collaborative, a network of eleven organizations including First 5 LA that came together to support and leverage their expertise to strengthen the capacity of non-profits and increase civic engagement in Southeast Los Angeles. The summit will provide an opportunity to present and discuss key findings from research by University of Southern California researchers Genevieve Giuliano and Manuel Pastor on the regional transportation infrastructure of Southeast Los Angeles and how it impacts residents and families. Key community leaders, policy makers, and

researchers including California Assembly Speaker Anthony Rendon and Los Angeles County Supervisor Hilda Solis will explore topics related to the regional transportation infrastructure in Southeast Los Angeles that has the potential to reshape cities and communities in the region. In addition, a Best Start Southeast LA Community Partnership member will be a speaker on a panel that will highlight the impact of transportation policy on parent/residents in the region. First 5 LA staff has been an active member of the Southeast LA Collaborative which has leveraged resources and financial commitment from several funders including the California Community Foundation, Weingart Foundation, and the Ballmer Foundation.

Staff Contact: Roberto Roque (rroque@first5la.org)

III. EARLY CARE AND EDUCATION SYSTEMS

Early Care and Education Policy and Advocacy Fund

On October 18, the Early Care and Education Policy and Advocacy Fund (ECE PAF) held its first convening of grantees. Representatives from all six grantees (Advancement Project; Children Now; Early Edge; LA Chamber; LAUP; and a partnership of the Child Care Alliance of Los Angeles, Child Care Resource Center, and Crystal Stairs) attended the daylong event at the Los Angeles State Historic Park. Community Partners, the Fund's intermediary, hosted and facilitated the event. Vice President of Policy and Strategy Kim Pattillo Brownson, Director of Public Policy and Government Affairs Peter Barth, and Senior Policy Strategist for Early Care and Education Becca Patton participated on behalf of First 5 LA.

Grantees heard results from the baseline Grantee Advocate Capacity and Grantee Collaboration surveys. Additionally, grantees spent time building relationships and increasing working trust and transparency amongst the group. Community Partners will host another session in the coming months to build on the progress made at the first convening. In addition, all ECE PAF grantees will participate in First 5 LA convened advocacy efforts including the State ECE Coalition.

Staff Contact: Becca Patton (rpatton@first5la.org)

LA Advance Stakeholder Engagement

LA Advance is a study that examined early educators' participation in workforce development opportunities and how participation improves the quality of care and education. Conducted by Mathematica Policy Research in partnership with First 5 LA, the study focused on five programs that were part of the LA County Early Care and Education Workforce Consortium including ASPIRE, the Child Development Workforce Initiative, Early Childhood Educators Professional Learning Communities, Gateways for Early Educators and Project Vista. In August 2017, First 5 LA convened 26 First 5 LA staff and 23 community stakeholders to share the findings from the LA Advance Study, explore professional development opportunities and challenges for early childhood educators and identify advocacy strategies that can be implemented in the early care and education field. Emily Moiduddin and Yange Xue from Mathematica Policy Research presented the findings and then First 5 LA staff facilitated discussions with stakeholders. Discussion breakout groups included 1) Workplace Policies and Professional Development 2) Wellbeing and Depression in the Early Care and Education Field, 3) The Impact of Professional Development on Program Quality and 4) The Relationship Factor in Professional Development. In September, the LA Advance presentation was also shared at the Los Angeles County Child Care Planning Meeting, which is the 50 member body that serves as the local child care and development planning council.

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

IV. HEALTH-RELATED SYSTEMS

DHCS Releases Developmental Screening Focus Study Results

In early September, the Department of Health Care Services (DHCS) presented the results of a year-long Focus Study looking at the feasibility of reporting on how well Medi-Cal provides required developmental screenings for infants and toddlers. First 5 LA, along with other partners including Children Now, advocated for the DHCS-led Focus Study and its completion.

The study's findings indicate the following barriers to developmental screenings were consistently identified by both stakeholders and managed care plans, including: inconsistent use of standardized developmental screening tools and coding/billing practices; lack of education about the importance of developmental screenings; and resource constraints such as time or lack of referral services.

Key recommendations from the study include:

- Existing medical billing codes (CPT Code 93110) should not be used as the sole source to evaluate managed care plans' performance for developmental screenings
- DHCS should consider developmental screening as a child health quality measure/indicator once the data and coding issues can be adequately addressed and resolved

First 5 LA is continuing to engage with DHCS for direct guidance for the use of applying appropriate CPT codes for developmental screenings and related care activities. In addition, First 5 LA is supporting the dissemination of the study's findings among stakeholders, including working to help bridge communication between DPH and DHCS. First 5 LA is also discussing the study results with Managed Care Plans to advance better integration of developmental screening practices within their networks and explore the integration of best practices related to screenings.

Staff Contact: Cristina Peña (cpena@first5la.org)

V. POLICY, PARTNERSHIPS AND COMMUNICATIONS

Health Systems Partnership Development with USC's University Center for Excellence in Developmental Disabilities (UCEDD)

The Department of Strategic Partnerships Manager Sharon Murphy facilitated a meeting, between the Health Systems Department and USC clinical pediatrics faculty and UCEDD members Dr. Douglas Vanderbilt and Dr. Alexis Deavenport-Saman, to explore partnership opportunities. UCEDD is a recognized leader in the field of developmental disabilities within the western U.S. and across the nation. UCEDD faculty and fellows conduct research and serve as advocates in the public arena to strengthen systems and services for individuals and families impacted by special developmental, behavioral and/or health care needs. They offer a wide-range of educational opportunities such as the distribution of information on best practices and operate the second-largest training program within Children's Hospital. The program trains social work students, marriage and family therapists, psychology interns and postdoctoral fellows.

UCEDD's endeavors are well-aligned to both our Trauma-Informed and Help Me Grow strategies and offer possible connections to our policy and communications efforts. Staff are continuing to exploring joint opportunities.

Staff Contact: Sharon Murphy (smurphy@first5la.org)

Federal Advocacy

First 5 LA staff continue to support the National Home Visiting Coalition efforts to reauthorize the Maternal Infant Early Childhood Home Visiting Program (MIECHV). The current MIECHV funding expired on September 30, 2017. Advocacy efforts are focused on asking for long-term extension and

expansion of funding. We are continuing to support the coalition with coordinated outreach to our Senate offices with position statements for the policy changes that would impact our current services in Los Angeles County and California (Attachment A).

First 5 LA staff have also been closely tracking and supporting efforts related to reauthorization of the Children's Health Insurance Program (CHIP) which also expired on September 30, 2017. Staff and our federal advocates at The Raben Group engaged our Los Angeles Congressional Delegation offices to support the Senate Finance Committee's proposal to extend the current program.

Staff Contact: Charna Martin (cmartin@first5la.org)

State Legislative Update

The 2017 state legislative session concluded in September and the Governor had until Sunday, October 15, to sign or veto bills passed by the legislature. A number of bills actively supported by First 5 LA were signed into law:

- Senate Bill 63 (Hannah-Beth Jackson) expands new parent leave protections to an additional 2.7 million Californians working for small businesses. Job-protected leave for new parents was previously only available to those who work for an organization with 50 or more employees. SB 63 extends that protection to organizations with 20 or more employees.
- Assembly Bill 752 (Blanca Rubio) prohibits early care and education providers receiving state subsidies from expelling a child from their programs unless the provider has documented and explored other options for maintaining the child's safe protection in the program. 3 and 4 year olds are expelled 3.2 times more often than K-12 students, with rates significantly higher for African American children. This policy is modeled after federal Head Start standards.
- Assembly Bill 1520 (Autumn Burke) establishes the Lifting Children and Families Out of Poverty Task Force to develop a comprehensive plan for the state to fund data-driven programs which would significantly reduce California's child poverty rate.
- Assembly Bill 1340 (Brian Maienschein) requires the Medical Board of California to consider including courses related to integrating mental and physical health to their continuing education requirements for physicians, with a particular focus on early identification of mental health issues and exposure to trauma in young children
 - As Commissioners may recall, First 5 LA played a critical role in the development of AB 1340; the bill was amended by the legislature to include a focus on trauma, young children, and early detection at the recommendation of First 5 LA staff and our state advocates.

In addition to these four pieces of legislation, as previously shared with the Commission the content of two additional bills – Assembly Bills 60 (Miguel Santiago) and 1164 (Tony Thurmond) – were included in the final budget deal signed by the Governor in June. These policy changes expanded and updated subsidized early care and education program eligibility requirements to better meet the needs of low-income working families, created emergency child care vouchers and child care navigation support for foster families, and funded trainings on trauma-informed practices for child care providers working with foster children.

For a copy of First 5 LA's final legislative agenda please see Attachment B and for a letter sent to our partners by Vice President for Policy and Strategy Kim Pattillo Brownson please see Attachment C.

Staff Contact: Peter Barth (pbarth@first5la.org)

People for Parks/LA2050

Earlier this year, First 5 LA established a strategic partnership with the Goldhirsh Foundation in support of the LA2050 campaign. LA2050 was launched in 2011 by the Goldhirsh Foundation to inspire civic activism and develop a roadmap for the future of the Los Angeles Region. The LA2050 Grants Challenge awards grants for projects toward five identified goals: Learn, Create, Play, Connect and Live. This includes initiatives related to increased access to early education, increased civic engagement, and improving access to clean, safe, and sustainable spaces to live and play. One such grantee, People for Parks, was awarded a grant of \$35,000, funded in partnership by First 5 LA and LA2050, and managed by the Goldhirsh Foundation. People for Parks recently announced that they were able to leverage their LA2050 award to receive a matching grant from Partners for Places, a project of the Funders' Network for Smart Growth and Livable Communities, which will enable the conversion of the 20th St. Elementary schoolyard (in LAUSD) into a community park during non-school hours. This project is part of a larger Community School Park program led by People for Parks, designed to reimagine public spaces in order to give children and families the outdoor space they need to lead healthy lives. The Strategic Partnerships Department will collaborate with the Communities Department to continue working with the Goldhirsh Foundation and People for Parks. The aim is to identify and facilitate future partnership opportunities advancing First 5 LA's strategy to convene and strengthen the capacity of advocacy groups working with communities to create or improve physical places and spaces for families.

Staff Contact: Gabriel Dee (gdee@first5la.org); Nancy Watson, (nwatson@first5la.org)

Press Release: The Trauma and Resiliency-Informed Systems Change Initiative

The Trauma and Resiliency-Informed Systems Change Initiative press release was distributed on October 31, 2017. It advances a comprehensive trauma and resiliency-informed approach in Los Angeles County. First 5 LA released the report in collaboration with the California Community Foundation, the California Endowment, the Ralph M. Parsons Foundation, the Conrad N. Hilton Foundation, as well as other local, state, and nationally-recognized expert organizations. For a copy of the press release please see Attachment D.

Staff Contact: Gabriel Sanchez (gsanchez@first5la.org)

Stakeholder Message

On October 24, 2017, we distributed a stakeholder message from Vice President of Policy & Strategy Kim Pattillo Brownson. The message applauds the Governor and State Legislature for making kids a priority in the state budget, and for passing important measures that will benefit children, parents, and caregivers alike.

The message can be found at: <http://mailchi.mp/first5la/z7r4aq3yw3-2427221?e=19a1cc82e8>.

Staff Contact: Gabriel Sanchez (gsanchez@first5la.org)

National Wildlife Federation P-22

The National Wildlife Federation P-22 week culminated on October 22 with a community event offering families a festival-like environment featuring interactive booths, nature talks, and live music. The Federation's regional wildlife conservation strategy, Connecting LA, is a multi-layered project that seeks to transform human infrastructure into green space by creating corridors beneficial to humans and wildlife. First 5 LA participated in the event to support the Families and Communities outcome areas. It was particularly relevant to Communities' work around Built Environments.

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

BOO at the ZOO

On October 28, Boo at the Zoo offered safe family festivities, including trick-or-treating, jack-o-lantern carving demonstrations, strolling characters and magicians, crafts, interactive musical entertainment, and up-close encounters with creepy, crawly, and slimy creatures.

Families also visited interactive activity stations throughout the zoo.

During the event, First 5 LA hosted a resource table providing Family Guides, books, and an interactive pumpkin ring toss game. First 5 LA's participation in this event supports our work in the Families and Communities departments.

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

Día de los Muertos

On October 28, First 5 LA participated in the Día de los Muertos Festival in Pacoima sponsored by LA City Councilwoman Monica Rodriguez. We provided her with First 5 LA literature, books and collateral geared towards young children.

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

Legacy Investments- Policy Advocacy Fund

On Monday, October 23, the Public Policy and Government Affairs Department hosted the quarterly grantee meeting for the three remaining grantees of First 5 LA's legacy Policy Advocacy Fund (PAF): Western Center on Law and Poverty, Child Care Law Center (CCLC), and the Coalition for Humane Immigrant Rights Los Angeles (CHIRLA). First 5 LA participants included Director of Public Policy and Government Affairs Peter Barth, Senior Policy Strategists Becca Patton and Charna Martin, Department Coordinator Myrna Gutierrez, and Director of Strategic Partnerships Jennifer Pippard. All PAF grants will end this fiscal year, in March 2018.

The goals of the meeting were to provide a relationship-building opportunity for First 5 LA and our partners, create space for our current PAF partners to ask questions related to our work, and for staff to share more about First 5 LA priorities.

Staff Contact: Myrna Gutierrez (mgutierrez@first5la.org)

VI. MONITORING, EVALUATION & LEARNING

Nothing to highlight for this month.

VII. LEGACY INVESTMENTS

Nothing to highlight for this month.

VIII. ADMINISTRATION & ORGANIZATIONAL DEVELOPMENT

Nothing to highlight for this month

X. UPCOMING EVENTS

Trauma as a Public Health Issue: The Effects of Trauma on Learning and Workforce Readiness

On Thursday, November 16th from 8-12pm at the Carson Community Center, First 5 LA, in

partnership with the Office of Supervisor Mark Ridley-Thomas, the Los Angeles County Office of Education and others, will co-sponsor an event called "Trauma as a Public Health Issue: The Effects of Trauma on Learning and Workforce Readiness." The purpose of the day is to discuss trauma specifically through the lens of education and workforce development, with an emphasis on brain development and behavior as a result of trauma. In addition, there will be a discussion around the need for promoting protective factors, specifically those that build and support resiliency in children and young adults. The goal is to initiate a conversation among school districts and community based organizations to identify and name a current challenge faced by children and young adults, with follow up conversations next year to support macro- and micro-level change in our community. Speakers include:

- Moderator: Dr. Tyrone Howard, Professor of Education, UCLA
- Keynote: Dr. Marleen Wong, Clinical Professor and Vice Dean, USC School of Social Work
- Panelists:
 - Paul Duncan, Associate Director of systems, Los Angeles Homeless Services Authority
 - Robert Sainz, Assistant General Manager of Operations, LA City Economic and Workforce Development Department
 - Pia Escudero, Director of School Mental Health, Los Angeles Unified School District
 - Tara Ficek, Director of Health Systems, First 5 LA

Staff Contact: Pegah Faed (pfaed@first5la.org)

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

Nothing to highlight for this month.

XI. CONTRACTS COMPLIANCE UPDATE

COMPLIANCE UPDATE

As a steward of public funds, First 5 LA is responsible for ensuring that grantees comply with all contractual requirements. When needed, First 5 LA strives to assist its Grantees in successfully achieving and sustaining identified project outcomes through a corrective action plan. CAPs are developed in partnership with grantees to address performance and administrative noncompliance. On June 8, 2017, the Board approved the renewal of three Grant Agreements which were under a Corrective Action Plan (CAP) and directed staff to provide an update on the compliance status for these Grantees after the first quarter of the contract. The following is a brief summary of the progress of each grantee:

1. White Memorial Community Benefit Corporation (Grant Agreement 00804): The Grantee administers the Welcome Baby (WB) program which is a voluntary, universally provided hospital and home-based intervention for pregnant and postpartum women. The primary objective is to work with families to maximize the health, safety and security of the baby and parent-child relationship and to facilitate access to supports and services when needed. The Welcome Baby program includes prenatal and postpartum home visits, as well as a hospital visit at the time of the child's birth. The Grantee was placed on a CAP for the following reasons: 1) Grantee was not complying with the WB Fidelity Framework as required in the agreement (not reaching the recommended number of enrollments/visits, not completing required trainings and group reflective supervision); 2) Grantee was not submitting accurate invoices on time; 3) Recorded expenses did not align with amounts billed and invoicing of expenses were not made on actual expenses incurred and paid; and 4) Grantee was not obtaining appropriate consent for potential Welcome Baby clients.

Progress to date: For the most part, Grantee is now meeting the Welcome Baby Fidelity Framework

requirements for enrollments and visits; however, numbers fluctuate monthly and have dropped in the last couple of months so First 5 LA will continue to monitor Grantee progress in this area. All Grantee staff has completed or is scheduled to attend required trainings. After placement on a Corrective Action Plan, Grantee has updated consent forms to meet requirements and has a plan in place to provide more consistent shadowing of staff, beginning in October 2017. Lastly, Grantee has made corrections to accounting practices and has fully addressed findings related to invoicing including the reconciliation of payments with actual expenses.

2. St. Mary Medical Center Foundation (Grant Agreement 00803): The Grantee administers the Welcome Baby (WB) program which is a voluntary, universally provided hospital and home-based intervention for pregnant and postpartum women. The primary objective is to work with families to maximize the health, safety and security of the baby and parent-child relationship and to facilitate access to supports and services when needed. The Welcome Baby program includes prenatal and postpartum home visits, as well as a hospital visit at the time of the child's birth. Grantee was placed on a CAP for not complying with the WB Fidelity Framework as required in the agreement (not reaching monthly client engagement targets, intakes and enrollment goals).

Progress to date: The Grantee has met their benchmark goals, conducted monthly monitoring of staff productivity, and received technical assistance and training from the technical assistance provider to support their outreach and reflective practice efforts.

3. The Regents of the University of California, Los Angeles (Grant Agreement 08393): The Grantee administers the Children's Dental Home Program which seeks to increase the capacity of community clinics to serve as quality dental homes for underserved prenatal to 5 year old children and pregnant women. The Grantee was placed on a CAP for delays with meeting the following objectives: 1) Installation of the i2i Software at two clinic sites; 2) Production of two policy briefs; and 3) Late submission of invoices.

Progress to date: Since the CAP was issued, Grantee was able to complete the i2i Software installation at one clinic. The second clinic did not have the technical capacity to complete installation of the software. Grantee is to make substantive progress towards completion of the two policy briefs by the end of contract (February 2018). Grantee is working with staff to complete the timely submission of invoices as required by the Grant Agreement. First 5 LA anticipates that the Grantee will be in compliance with all items listed in the CAP by the end of the contract (February 2018).

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."

Copies of the executed contracts can be found here: www.first5la.org/postfiles/files/25-75_Contracts_Nov2017.pdf

#09024 MARIA R. JIMENEZ DBA MY FIRST STEPS MOBILE CHILD CARE – Amount Expended to Date: \$25,084

Contract Period: 7/1/2017 – 6/30/2018

The vendor currently provides child care services for the 14 Best Start Community Partnerships. The vendor is under an Indefinite Delivery, Indefinite Quantity Contract to provide an indefinite quantity of services, during the specified contract period, provided at fixed prices established in the agreement. First 5 LA projects that expenditures for this vendor will exceed \$25,000, but remain under \$75,000

during the contract period.

#09023 LOS ANGELES EDUCATION PARTNERSHIP – Amount Expended to Date: \$54,235

Contract Period: 7/1/2017 – 6/30/2018

The vendor currently provides child care services for the 14 Best Start Community Partnerships. The vendor is under an Indefinite Delivery, Indefinite Quantity Contract to provide an indefinite quantity of services, during the specified contract period, provided at fixed prices established in the agreement. First 5 LA projects that expenditures for this vendor will exceed \$25,000, but remain under \$75,000 during the contract period.

#09018 ARTHUR CHRISTOPHER GUZMAN DBA ACI PRO AUDIO – Amount Expended to Date: \$27,060

Contract Period: 7/1/2017 – 6/30/2018

The vendor currently provides audio visual services for the 14 Best Start Community Partnerships. The vendor is under an Indefinite Delivery, Indefinite Quantity Contract to provide an indefinite quantity of services, during the specified contract period, provided at fixed prices established in the agreement. First 5 LA projects that expenditures for this vendor will exceed \$25,000, but remain under \$75,000 during the contract period.

#09333 JAVIER H. MORRONE DBA LEX LINGUA COURT INTERPRETERS – Amount Expended to Date: \$27,025

Contract Period: 7/1/2017 – 6/30/2018

The vendor currently provides interpretation and/or translation services for the 14 Best Start Community Partnerships. The vendor is under an Indefinite Delivery, Indefinite Quantity Contract to provide an indefinite quantity of services, during the specified contract period, provided at fixed prices established in the agreement. First 5 LA projects that expenditures for this vendor will exceed \$25,000, but remain under \$75,000 during the contract period.

#09400 JASON SCOTT SHERWOOD DBA SHERWOOD TRANSPORTATION, LLC– Amount Expended to Date: \$29,623

Contract Period: 7/1/2017 – 6/30/2018

The vendor currently provides transportation services for the 14 Best Start Community Partnerships. The vendor is under an Indefinite Delivery, Indefinite Quantity Contract to provide an indefinite quantity of services, during the specified contract period, provided at fixed prices established in the agreement. First 5 LA projects that expenditures for this vendor will exceed \$25,000, but remain under \$75,000 during the contract period.

#09059 RIDESHARE PORT MANAGEMENT LLC DBA PRIME TIME SHUTTLE – Amount Expended to Date: \$41,425

Contract Period: 7/1/2017 – 6/30/2018

The vendor currently provides transportation services for the 14 Best Start Community Partnerships. The vendor is under an Indefinite Delivery, Indefinite Quantity Contract to provide an indefinite quantity of services, during the specified contract period, provided at fixed prices established in the agreement. First 5 LA projects that expenditures for this vendor will exceed \$25,000, but remain under \$75,000 during the contract period.

Staff Contact: Junette Sheen (jsheen@first5la.org)



October 30, 2017

The Honorable Mitch McConnell
Senate Majority Leader
United States Senate
Washington DC 20510

The Honorable Charles Schumer
Senate Minority Leader
United States Senate
Washington DC 20510

The Honorable Orrin Hatch
Chairman
Senate Finance Committee
United States Senate
Washington DC 20510

The Honorable Ron Wyden
Ranking Member
Senate Finance Committee
United States Senate
Washington DC 20510

Dear Majority Leader McConnell, Minority Leader Schumer, Chairman Hatch and Ranking Member Wyden:

We write on behalf of the Home Visiting Coalition, a diverse group of nearly 50 national and state organizations committed to seeing the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program reauthorized, to thank you for including a two-year funding extension of MIECHV in the Bipartisan Extenders Discussion Draft. **However, we strongly urge you to extend funding for the MIECHV program for a period of five years to provide states, territories and tribes with the stability they need to continue to provide high-quality services that produce important child and family outcomes that have become the hallmark of evidence-based home visiting and the MIECHV program.**

As you know, MIECHV provides critical funding to states, territories and tribes to deliver evidence-based home visiting services to some of the most vulnerable children and families. MIECHV-funded programs provide multi-year services to families to help them improve their parenting skills, early health, school readiness and economic self-sufficiency. Now in its eighth year of operation, MIECHV is demonstrating significant benefits to children, families, and their communities. A recent report of the Health and Human Resources Department, Health Resources and Services Administration found that 70% of grantees reduced tobacco, alcohol, or illicit drug use among pregnant mothers or all enrolled mothers; 51% reduced child visits to emergency department or reduced the number of children with visits to the emergency department for preventable injuries; 70% increased rates of child developmental screenings; and 79% increased income among household members, family members, caregivers, or mothers.

Short-term funding extensions of MIECHV hamper states', tribes' and communities' ability to achieve these outcomes because they impact grantees' ability to effectively plan and manage multi-year programmatic operations. Short term funding extensions, as well as lapses in funding, cause highly-skilled home visitors to seek more secure employment. Because it can take upwards of one year to replace home visitors and build to a full caseload, programs experiencing staff turnover due

to fiscal constraints often struggle to maintain full enrollment. As you know, the relationship between a parent and home visitor is important to achieving positive child and family outcomes. Grantees facing short-term funding and uncertainty about reauthorization curtail enrollment and outreach, in order to conserve resources to ensure they can complete their multi-year commitment to families currently enrolled in home visiting programs. These factors lead to program inefficiency and the loss of services for children and families.

The Coalition is grateful for the strong bipartisan, bicameral support for home visiting, and notes that legislative proposals in both the House of Representatives and the Senate include a 5-year reauthorization of MIECHV at current funding levels. There is broad consensus that this important program deserves to be funded at a level and duration that promotes effective services to serve as many children and families as possible. For all of the compelling reasons above, we urge you to extend funding for MIECHV at no less than its current funding level for a 5-year period to ensure the stability that programs, states, and families need.

Sincerely,

Alliance for Early Success
 Alliance for Strong Families and Communities
 American Academy of Pediatrics
 American Psychological Association
 Association of Maternal & Child Health Programs
 (AMCHP)
 Association of State and Territorial Health
 Officials
 Center for American Progress
 Center for Law and Social Policy (CLASP)
 Child Care Aware
 Child First
 Children's Defense Fund
 Child Welfare League of America
 Dalton Daley Group (DDG)
 Division for Early Childhood of the Council for
 Exceptional Children
 Early Intervention Program for Adolescent
 Mothers
 Easterseals
 Family Check-Up
 Family Spirit
 First 5 LA
 First Five Years Fund (FFYF)
 First Focus Campaign for Children
 Futures Without Violence
 Healthy Families America (HFA)
 Home Instruction for Parents of Preschool
 Youngsters (HIPPI USA)
 IDEA Infant Toddler Coordinators Association
 (ITCA)
 Institute for Child Success
 March of Dimes

National Alliance of Children's Trust &
 Prevention Funds
 National Association of Counties
 National Association of Nurse Practitioners
 National Head Start Association
 Nemours Children's Health Systems
 Nurse-Family Partnership
 Ounce of Prevention Fund
 Parent-Child Home Program
 Parents as Teachers (PAT)
 Play & Learning Strategies (PALS)
 Prevent Child Abuse America
 SafeCare
 Save the Children
 Save the Children Action Network
 The Children's Partnership
 The National Campaign to Prevent Teen &
 Unplanned Pregnancy
 United Way Worldwide

CC: The Honorable John Cornyn
The Honorable John Barrasso
The Honorable John Thune
The Honorable Roy Blunt
The Honorable Cory Gardner
The Honorable Richard Durbin
The Honorable Patty Murray
The Honorable Debbie Stabenow
The Honorable Elizabeth Warren
The Honorable Mark Warner
The Honorable Amy Klobuchar
The Honorable Bernard Sanders
The Honorable Joe Manchin, III
The Honorable Tammy Baldwin
The Honorable Chris Van Hollen
The Honorable Michael Crapo
The Honorable Pat Roberts
The Honorable Michael Enzi
The Honorable Richard Burr
The Honorable Johnny Isakson
The Honorable Rob Portman
The Honorable Patrick Toomey
The Honorable Dean Heller
The Honorable Tim Scott
The Honorable Bill Cassidy
The Honorable Maria Cantwell
The Honorable Bill Nelson
The Honorable Thomas Carper
The Honorable Benjamin Cardin
The Honorable Sherrod Brown
The Honorable Michael Bennet
The Honorable Bob Casey
The Honorable Mark Warner
The Honorable Claire McCaskill
The Honorable Robert Menendez

**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.	2-Year Bill	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.	Chaptered	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.	2-Year Bill— Bill's content was incorporated in the 2017-18 Budget	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

Bill #	Author	Description	Bill Status	Est. Cost	Sponsor	Supporters
						Western Center on 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.	Chaptered	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.	2-Year Bill	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

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Bill #	Author	Description	Bill Status	Est. Cost	Sponsor	Supporters
AB 1520	Autumn Burke	<p>Lifting Children and Families Out of Poverty Act of 2017</p> <p>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.</p>	Chaptered	<p>To establish and administer the Task Force: unknown costs, likely in the low hundreds of thousands of dollars annually.</p> <p>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.</p>	GRACE	<p>First 5 California</p> <p>First 5 Association</p>
SB-18	Richard Pan	<p>Bill of Rights for Children and Youth in California</p> <p>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.</p>	2-Year Bill	No estimate available at this time	Common Sense Kids Action	<p>First 5 Association</p> <p>First 5 California</p>
SB 63	Hannah-Beth Jackson	<p>New Parent Leave Act</p> <p>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.</p>	Chaptered	First-year costs of \$200,000, and \$185,000 annually in out-years (GF), to implement the provisions of the bill (Department of	<p>First 5 California</p> <p>California Employment Lawyers Association</p>	<p>First 5 Association</p> <p>First 5 California Children Now</p> <p>Child Care Law Center</p>

Bill #	Author	Description	Bill Status	Est. Cost	Sponsor	Supporters
				Fair Employment and Housing)	Legal Aid at Work	Western Center on Law & Poverty
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.	2-Year Bill	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.	Vetoed			County Behavioral Health Directors Association First 5 Association of California

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My fellow Champions for Children:

On behalf of First 5 LA, we applaud the Legislature and the Governor for making kids a priority in the state budget and for passing important measures that will benefit children, parents and caregivers alike.

In June, the final budget signed by Governor Brown fulfilled a promise to restore funding for early care and education opportunities for children in California. It expanded and updated subsidized early care and education program eligibility requirements to better meet the needs of low-income working families, and developed much-needed emergency child care and navigation support for foster families.

As the 2017 state legislative session concluded, we thank legislators and Governor Brown for taking a “parent’s approach to policy:” championing and prioritizing the needs of California’s children and families.

Several important bills actively supported by First 5 LA were signed into law by the Governor:

[Senate Bill 63](#) (Hannah-Beth Jackson) **expands new parent leave protections** to an additional 2.7 million Californians working for small businesses. Job-protected leave for new parents was previously only available to those who work for an organization with 50 or more employees. SB 63

extends that protection to organizations with 20 or more employees.

[Assembly Bill 752](#) (Blanca Rubio) **prohibits early care and education providers receiving state subsidies from expelling a child from their programs** unless the provider has documented and explored other options for maintaining the child's safe protection in the program. Three and 4 year olds are expelled 3.2 times more often than K-12 students, with rates significantly higher for African American children. This policy is modeled after federal Head Start standards.

[Assembly Bill 1520](#) (Autumn Burke) **establishes the Lifting Children and Families Out of Poverty Task Force** to develop a comprehensive plan for the state to fund data-driven programs which would significantly reduce California's child poverty rate.

[Assembly Bill 1340](#) (Brian Maienschein) requires the Medical Board of California to consider including courses related to integrating mental and physical health to their continuing education requirements for physicians, **with a particular focus on early identification of mental health issues and exposure to trauma in young children.**

In a recent [Los Angeles Times](#) article, Governor Brown touted the new laws as "California showing the way — on kids, on families, on women and husbands as well."

We celebrate this work and also look forward to the exciting work ahead. As advocates for young children, our collective efforts aim to transform lives: together we have influenced high-impact, meaningful policy change this year, allowing greater numbers of children in L.A. and throughout the state to be better prepared for kindergarten and life. As we build upon these wins together, we continue to remind legislators and fellow child champions that the success of L.A. County depends on the success of its children: we begin building that success today.

- Kim Pattillo Brownson
Vice President, Policy & Strategy



For Immediate Release
October 31, 2017

Contact: Diana Rubio
(213) 482-6006

Advancing a Plan for Addressing Trauma and Building Resilience within L.A. County Systems

Center for Collective Wisdom Releases Extensive Report Outlining Research and Recommendations

LOS ANGELES – First 5 LA, the California Community Foundation, The California Endowment, The Ralph M. Parsons Foundation and the Conrad N. Hilton Foundation along with other local, state and nationally-recognized expert organizations today released a report to advance a comprehensive trauma and resiliency-informed approach in Los Angeles County.

Building on research and the experience of experts from Los Angeles, the report defines trauma as the effects of a single event, a series of events, and/or ongoing circumstances that are experienced or perceived as physically or emotionally harmful and/or life threatening. Trauma can affect individuals, families, and communities immediately and over time, even generations. The adverse effects of trauma can be profound and long-lasting, resulting in diminished functioning and wellbeing, including mental, physical, social, emotional, and/or spiritual wellbeing.

“Trauma is a serious health concern affecting many children and families,” said First 5 LA Executive Director, Kim Belshé. “In California, 35% of children prenatal to age 5 have experienced at least one traumatic event. Implementing a compassionate, trauma and resiliency-informed approach can help prevent, and potentially reverse, the harmful and lasting impact trauma and adverse life experiences can have on our children, families, and communities.”

The Adverse Childhood Experiences Study (ACES) list 10 traumas, which are as follows:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mother treated violently
- Household substance abuse
- Household mental illness
- Parental separation or divorce
- Incarcerated household members

To address this concern and the results of the recent study, First 5 LA and its partners are calling for a commitment within organizations and systems to help individuals, families, and communities both heal from trauma and strengthen their resiliency, to become trauma *and* resiliency-informed.

“This is an important change effort that will benefit children and families impacted by the harmful effects of trauma,” said Antonia Hernández, President and CEO at the California Community Foundation. “It’s time we come together as a community to form a shared vision and approach that will bring children and families hope and resiliency.”

(MORE)

Advancing a Plan for Trauma and Resiliency Informed Systems Change in L.A. County – Page 2

The Center for Collective Wisdom (C4CW) was chosen to help design and facilitate the first exploratory phase of this effort. C4CW has a long history of designing and leading successful large-scale change efforts in Los Angeles County and communities across the country.

Their work on this initiative included conducting an extensive environmental scan of current research and trauma-informed systems change efforts from across the country. C4CW also designed and facilitated the workgroup process that generated the recommendations for strategies to advance this work across L.A. County.

Among the many historical influences that have given rise to a movement focused on trauma and resiliency, the [1998 Adverse Childhood Experiences \(ACE\) study](#) has been particularly significant in building a broader conversation about trauma and the need to more systematically address its negative effects. This study examined the impact on health and wellbeing across a person's life from childhood abuse, neglect and other adverse experiences.

The import of this study was not simply the high prevalence of ACEs documented among the 17,000 participants, all of whom had health insurance and had received physical exams. The study unexpectedly revealed a significant correlation: the higher the number of ACEs, the higher the risk for a wide range of negative health outcomes.

As compelling as the ACEs research is, it *understates* the impact of trauma on the health and wellbeing of individuals, families, and communities. There are far more sources of trauma than the original ten ACEs, including:

- Physical, psychological, and sexual abuse experienced after childhood
- Community violence
- Homelessness
- Natural disasters
- Refugee and war zone trauma
- Terrorism

“The California Endowment and our partners are recognizing that unhealed trauma is a root cause of many of the challenges faced by the families and communities we serve,” said Dr. Robert K. Ross, president and CEO of The California Endowment. “By helping systems become more intentional and effective in addressing trauma and promoting resiliency, we believe we can make a significant impact on the wellbeing of our children and their families and communities.”

While the impact of trauma can be profound, research also shows that organizations and systems can have a significant positive impact when they help the children and families they serve recognize and heal from the impacts of trauma and become more resilient. The research further demonstrates how important it is for organizations to recognize the signs of vicarious and secondary trauma among staff, and to make a sustained commitment to helping staff heal and become more resilient as well.

“Our team is proud to be part of this critical effort to better serve children and families affected by adverse life experiences,” said Wendy Garen, president and CEO of The Ralph M. Parsons Foundation. “We look forward to working with our partners to create authentic, sustainable systems change across our entire county.”

(MORE)

Advancing a Plan for Trauma and Resiliency Informed Systems Change in L.A. County – Page 3

“We are pleased to be partnering with our colleagues on this important initiative,” said Peter Laugharn, president and CEO of the Conrad N. Hilton Foundation. “This effort to address the impact of trauma on children, adolescents, and adults will bring our systems together with an important shared vision of resiliency and hope.

The county-wide public-private partnership has entered into the next phase of its work. Using the final report recommendations as a guide, the funders and county-wide partners will begin to plan and advance specific activities to create a trauma and resiliency informed Los Angeles County. For access to the report, please visit [First5la.org/files/Trauma.pdf](http://www.first5la.org/files/Trauma.pdf). For a larger look at the scope of trauma please visit <http://www.first5la.org/index.php?r=site/article&id=3700>.

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About the California Community Foundation

The California Community Foundation is committed to improving the quality of life for all Los Angeles County residents by addressing the root causes of the county’s most urgent problems. The foundation has served as a public, charitable organization since 1915. For more information, please visit www.calfund.org.

About The California Endowment

The California Endowment, a private, statewide health foundation, was established in 1996 to expand access to quality health care for underserved individuals and communities, and to promote fundamental affordable improvements in the health status of all Californians. The Endowment challenges the conventional wisdom that medical settings and individual choices are solely responsible for people’s health. Through its ‘Health Happens Here’ campaign and ten-year initiative Building Healthy Communities, The Endowment is creating places where children are healthy, safe and ready to learn. At its core, The Endowment believes that health happens in neighborhoods, schools, and with prevention. For more information, visit The California Endowment’s website at www.calendow.org

About First 5 LA

First 5 LA is a leading public grant maker and early childhood advocate organization created by California voters to invest Proposition 10 tobacco tax revenues in Los Angeles County. In partnership with others, First 5 LA strengthens families, communities, and systems of services and supports so that all children in L.A. County enter kindergarten ready to succeed in school and life. Please visit www.first5la.org for more information.

About The Ralph M. Parsons Foundation

Founded in 1961, The Ralph M. Parsons Foundation is a responsive grantmaker focused on work within Los Angeles County. The Foundation conducts a competitive application and review process, funding highly effective civic and cultural, education, health, and human services organizations, with a focus on agencies providing direct services. With assets of \$400 million, the Foundation will grant approximately \$20 million in 2017, more than half of which will go towards general operating support. For more information, please visit www.rmpf.org.

About the Conrad N. Hilton Foundation

The Conrad N. Hilton Foundation was created in 1944 by international business pioneer Conrad N. Hilton, who founded Hilton Hotels and left his fortune to help the world’s disadvantaged and vulnerable people. The Foundation currently conducts strategic initiatives in six priority areas: providing safe water, ending chronic homelessness, preventing substance use, helping young children affected by HIV and AIDS, supporting transition-age youth in foster care, and extending Conrad Hilton’s support for the work of Catholic Sisters. In addition, following selection by an independent international jury, the Foundation annually awards the \$2 million Conrad N. Hilton Humanitarian Prize to a nonprofit organization doing extraordinary work to alleviate human suffering. In 2016, the Humanitarian Prize was awarded to The Task Force for Global Health, an international, nonprofit organization that works to improve health of people most in need, primarily in developing countries. From its inception, the Foundation has awarded more than \$1.5 billion in grants, distributing \$109 million in the U.S. and around the world in 2016. The Foundation’s current assets are approximately \$2.6 billion. For more information, please visit www.hiltonfoundation.org.

FIRST 5 LA

SUBJECT:

Extend and Amend the Employment Contract for the Executive Director of First 5 LA

RECOMMENDATION:

The Executive Committee recommends that the Board approve a new three year employment contract for the Executive Director and authorize the Chair to execute on behalf of First 5 LA.

BACKGROUND:

Kim Belshé's existing contract to serve as Executive Director of First 5 LA expires at the end January of 2018. As part of her annual performance evaluation, the Board directed the Executive Committee and Legal Counsel to negotiate an extension of Ms. Belshé's employment contract. The Executive Committee recommends approval. Ms. Belshé has agreed to the proposed terms of this contract extension.

DISCUSSION:

This new agreement would be for a three year term commencing as of February 1, 2018. It would extend the provisions of Ms. Belshé's existing agreement with First 5 LA through the additional term and make three material changes to the existing terms of her contract.

1. Ms. Belshé's salary for year one of the extended term would increase from the current \$290,000 to \$298,700.00, an increase of 3%. At the beginning of years two and three, her salary would increase by an additional 4% each year.
2. The extended contract would increase the current nine months severance benefit, starting at ten months in year one and increasing the benefit by one additional month each anniversary of the contract date.
3. The extended contract would provide Ms. Belshé with an additional annual week of paid vacation, for a total of five weeks.

In all other material respects, the contract terms remain the same as the existing contract. Ms. Belshé receives generally the same health and other benefits as other employees, except that First 5 LA provides a car allowance and will continue to contribute to a separate deferred compensation program on her behalf. Neither amount will change in the new contract. Other changes are minor and non-substantive. As in the existing contract, the Executive Director will be eligible for a performance bonus.

For the current fiscal year, funding for this position and the salary increase will be covered in the Administrative Budget, and will be absorbed in the administrative expenses cap.

RECOMMENDATION:

The Executive Committee recommends that the Board approve the amended and extended employment agreement for the Executive Director in the form attached to this staff report and authorize the Chair to execute on behalf of First 5 LA.

EMPLOYMENT AGREEMENT

THIS EMPLOYMENT AGREEMENT ("Agreement") is entered into and will be effective as of the 1st day of February 2018 ("Effective Date"), by and between the **Los Angeles County Children and Families First Proposition 10 Employer** ("Employer") and **Kim Belshé** ("Employee"). In this Agreement, Employer and Employee are referred to collectively as "the Parties."

RECITALS

A. Employer desires to continue to employ the services of Employee in the position of Executive Director, and Employee desires to remain the Executive Director of Employer, for a term extended beyond the term of Employee's existing contract.

B. Employee continues to be qualified and available to be so-employed and to perform the duties and responsibilities of Executive Director.

C. The Parties intend that this document shall formalize their agreement as to the terms and conditions of continuing employment and the rights and obligations of the Parties, all as provided herein, and shall supersede and replace the existing employment agreement between the parties.

NOW, THEREFORE, in consideration of the mutual covenants and conditions hereinafter contained the parties agree as follows:

1. Duties. Employer agrees to employ Employee as Executive Director of Employer, to perform the functions and duties of the Executive Director as specified in Employer's Bylaws, Governance Guidelines, Employee Handbook and any other applicable by-law, resolution, regulation, policy, rule, procedure or job description, and to perform such other legally permissible and proper duties and functions as the Board of Commissioners of Employer (the "Commission") may from time to time assign to Employee. Employee agrees to remain in the exclusive employ of Employer and not to become otherwise employed while this Agreement is in effect without the prior written approval of the Commission. During Employee's tenure as Executive Director, Employee shall report to and be subject to annual evaluation by the Commission or its designee(s).

2. Hours of Work. Employee's duties may involve expenditures of time in excess of eight (8) hours per day and/or forty (40) hours per week, and may also include time outside normal office hours such as attendance at public meetings. Employee shall not be entitled to additional compensation for any work performed in excess of eight hours per day or forty hours per week or in excess of normal work hours. Employee shall be an exempt employee for purposes of wage and hour law and shall be exempt from paid overtime compensation. Employee may choose a weekly work schedule that is consistent with existing Employer policy, and may participate in outside activities that are consistent with Employer's mission during normal work hours with the condition that Employee's time spent for such participation in outside activities shall not exceed one (1) work day per month. This one (1) work day per month limitation shall not apply to any vacation time used by Employee or any other times the Employee is not engaged in work for the Employer. Any other outside activities undertaken by Employee during Employee's normal work hours shall be subject to the advance approval of the Commission's Vice Chair and shall not detract from the productivity of the organization and Employee's ability to timely perform all job functions.

3. Term. This Agreement shall be effective as of February 1, 2018. Unless sooner terminated as provided in this Agreement, the Term of this Agreement shall be three (3) calendar years, ending January 31, 2021. Either Employer or Employee may terminate this Agreement and the employment relationship at any time, with or without cause, upon at least thirty (30) days prior written notice to the other, subject only to the severance requirements of Section 13, below. Employee shall be paid for all accrued salary and vacation through the effective date of such termination. After the effective date of termination, or expiration of this Agreement, Employer shall have no obligation to pay any compensation or severance benefit, except as expressly provided in this Agreement.

4. Salary. As of the Effective Date Employer shall pay Employee an annual base salary of \$298,700.00 (two hundred ninety-eight thousand seven hundred dollars) less legally required or permitted deductions, prorated and paid on Employer's normal paydays. On the first anniversary of the effective date of this Agreement, the Employee's annual base salary shall increase by four percent (4%). On the second anniversary of the effective date of this Agreement, the Employee's annual base salary shall increase by an additional four percent (4%).

5. Retirement. Employee shall be entitled to participate in any retirement benefit plan and/or deferred compensation plan established by Employer. If consistent with Employer's policy for all other employees, Employer shall match the contribution Employee makes to Employer's existing § 403b Deferred Compensation Plan ("Plan 1") subject to the limits and vesting rules set forth in such plan and applicable to all employees. In addition to Employee's participation in Plan 1, Employer shall continue to administer a § 457(f) deferred compensation plan (or functionally and legally similar alternative) ("Plan 2") for a highly compensated employee and Employer shall continue to annually contribute to Plan 2 an additional deferred compensation amount equivalent to ten percent (10%) of Employee's annual base salary, divided into monthly contributions subject to any limit imposed by law. Employer's contributions to Plan 2 or the equivalent prior to February 1, 2018 shall remain fully vested in Employee. Employer's contributions to Plan 2 made after February 1, 2018 shall not be vested in Employee if Employer terminates this Agreement for cause, or if Employee terminates this agreement prior to the end of its Term, and contributions made during each year of this contract shall vest in Employee each subsequent anniversary date.

6. Medical, Dental, Vision, Life and Disability Insurance. Employee shall be entitled to participate in the medical, dental, vision, life and disability insurance plans adopted by Employer, according to the terms and conditions of the applicable plans, to the same extent and in the same manner as is generally applicable to other employees or, if different, as applicable to the management employees of Employer. Employer shall reimburse Employee's actual out-of-pocket costs for COBRA premiums paid to her previous employer prior to the date Employee's insurance coverage from Employer commences.

7. Vacation, Sick Leave and Holidays. Employee shall be entitled to five (5) weeks of paid vacation per year. Sick leave benefits are subject to the terms and conditions of Employer's sick leave programs applicable to all employees. Employee shall be entitled to such paid holidays as are provided to other employees of Employer. Employee's salary includes holiday pay. Accordingly, Employee shall not be entitled to any additional salary or compensation for working on a holiday.

8. Automobile Allowance and Travel Expenses. Employer shall provide to Employee a monthly automobile allowance of \$550.00 (Five Hundred Fifty Dollars). Such amount is designed to reimburse Employee for all costs associated with the use of Employee's automobile within Los Angeles County and the counties contiguous to Los Angeles County, for business purposes, including but not limited to all applicable costs of automobile liability insurance, maintenance, operating expenses, depreciation and interest. Employee shall be responsible for maintaining all records required by applicable California and federal law concerning use of such automobile. Employee shall maintain automobile liability insurance, as required by California law, and shall provide proof of such coverage to Employer on request. Any automobile liability insurance maintained by Employee shall be primary to insurance or self-insurance maintained by Employer. Except as provided herein, for travel business expenses Employee shall be entitled to travel reimbursement applicable to all employees of Employer or, if different, as applicable to management employees of Employer. In addition, for travel for business purposes to any destination other than within Los Angeles County or any counties contiguous to Los Angeles County, Employee shall be reimbursed for the cost of the common carrier of the Employee's choice. Should Employee choose to use Employee's automobile rather than a common carrier, Employer shall reimburse Employee at applicable IRS rates for such automobile use up to the cost of using the common carrier of Employee's choice.

9. Other Benefits. Employer shall provide to Employee all other health and welfare benefits to the same extent and under the same terms and conditions as are generally applicable to other employees of Employer or, if different, as applicable to management employees of employer. Employer shall provide to Employee any other benefits mandated by state or federal law. Employee's salary increases are governed by Section 4 of this Agreement and Employee shall not be entitled to additional COLA increases granted to other employees.

10. General Expenses. Employer recognizes that Employee may incur certain expenses of a non-personal and job-related nature. Employer agrees to reimburse Employee for reasonable expenses that are submitted to Employer for approval and which are supported by expense receipts, statements or personal affidavits, and audits thereof in like manner as other Employer. Employer shall provide a mobile phone and tablet computer or any other similar device as agreed upon by Employer and Employee for Employee's use, and reasonable service and data plans paid for by Employer.

11. Evaluation. Employer, through the Commission, shall conduct an annual performance evaluation of Employee each year in September. Employer shall schedule the evaluation, as appropriate, under the Employer's agenda procedures. Employer may, at its discretion, schedule additional meetings with Employee. A mutually agreeable evaluation tool, attached hereto as Exhibit A and listing of annual goals, attached hereto as Exhibit B, shall be used by Employer to prepare and compile the Employer's annual evaluation of Employee. Exhibits A and B are incorporated herein by this reference. From time to time, Employee and the Employer may agree to amend the evaluation tool and annually Employee and the Employer shall prepare a new Exhibit B for the subsequent year. The then-current version of the documents shall be substituted for Exhibit A and/or B, as applicable. A copy of each written annual evaluation from the Employer shall be placed in the Employee's personnel file.

12. Performance Bonus. Following the completion of each annual performance evaluation, Employee shall be eligible for an annual performance bonus at the sole discretion of the Employer. Since the performance bonus is intended to provide an annual incentive, the Parties understand that any performance bonus earned under this section shall not increase the annual base salary as provided in Sections 4 and 5, above. However, Employee may, at her sole discretion, use any performance bonus granted to fund Employee's contribution to any retirement plan or deferred compensation plan.

13. Severance. Employee is employed at the pleasure of the Employer, and is thus an at-will employee. The Employer may terminate this Agreement and the employment relationship at any time without cause. Nothing in this Agreement shall prevent, limit or otherwise interfere with the right of the Employer to terminate the employment of Employee, subject to the applicable notice and severance provisions, if any. Nothing in this Agreement shall prevent, limit or otherwise interfere with the right of Employee to resign from employment with Employer, subject to the applicable notice provisions.

A. If Employer terminates this Agreement (thereby terminating Employee's employment with Employer) without cause during the term of this Agreement, Employer shall:

1. Pay Employee a lump sum amount equal to: ten (10) months of Employee's then applicable monthly base salary as severance pay if the termination occurs on or before January 31, 2019; eleven (11) months of Employee's then applicable monthly base salary as severance pay if the termination occurs on or after February 1, 2019 but before February 1, 2020; and twelve (12) months of Employee's then applicable monthly base salary as severance pay if the termination occurs on or after February 1, 2020 while this contract is in effect.

2. Provide Employee, at no cost to Employee, continuing health insurance benefits for a single employee, equivalent to the time period represented by the lump sum payment in 13(A)(1), immediately above, or until Employee secures other employment, whichever occurs first.

3. In lieu of the thirty (30) days written notice required under Section 3 of this Agreement, Employer may pay Employee up to one additional month of severance pay, vacation

pay and provide up to one additional month of health insurance, as provided in this Section, consistent with a shortened period of notice.

B. Employee shall not be entitled to severance pay:

1. If Employee terminates this Agreement or

2. If Employer terminates this Agreement for cause as determined in good faith by the Employer for any of the following reasons:

a. Willful and intentional abandonment of materially significant duties; or

b. Employee willfully and intentionally commits any material job-related act of dishonesty or has a final conviction for either a felony or misdemeanor involving moral turpitude; or

c. Willful and intentional failure to carry out materially significant and legally constituted policy decisions of the Employer made by the Employer as a body; or

d. Employee acts in any willful and intentional way that has or may have a material, substantial and adverse effect on Employer's significant interest; or

e. Employee willfully and intentionally materially breaches this Agreement, including, without limitation, any provision set forth in Section 1, "Duties" of this Agreement; or

f. Any other willful and intentional action or inaction by Employee that materially and substantially (i) impedes or disrupts the performance of Employer or its organization units, (ii) is detrimental to employee safety or public safety, (iii) violates properly established rules or procedures, (iv) adversely affects the reputation of Employer, its officers or employees, or (v) has an adverse effect on Employer's significant interests.

3. Prior to termination for cause, Employer shall have personally served on Employee a written notice of Employer's intent to terminate Employee for cause. Such notice shall contain the date of termination, the specific reasons for termination selected from those reasons listed in 2 (a) through 2 (f) above, and shall in detail provide the factual basis that support the determination of the existence of such reasons.

14. Professional Development/Education Costs. To assist in Employee's professional development, Employer shall directly pay, or reimburse Employee's actual cost, for Employee to take a course in Spanish or study with a tutor. The annual maximum amount Employer shall pay under this Section 14 shall not exceed two thousand five hundred dollars (\$2,500) per year during the Term of this Agreement.

15. Integration. This Agreement contains the entire Agreement between the parties and supersedes all prior oral and written agreements, understandings, commitments, and practices between the parties concerning Employee's employment with Employer. Each party to this Agreement acknowledges that no representations, inducements, promises or agreements, oral or written, have been made by any party, or anyone acting on behalf of any party, that are not embodied herein, and that no other agreement, statement, or promise not contained in this Agreement shall be valid or binding on either party. The foregoing notwithstanding, Employee acknowledges that, except as expressly provided in this Agreement, she is subject to Employer's general personnel policies and procedures, including those stated in Employer's Employee Handbook.

16. Amendment. No amendments to this Agreement may be made except by writing, signed and dated by Employer, in accordance with Commission action, and by Employee.

17. Notices. Any notice to Employer under this Agreement shall be given in writing to Employer, either by personal service or by registered or certified mail, postage prepaid, addressed to the Secretary to the Commission at the Employer's then principal place of business. Any such notice to Employee shall be given in a like manner and, if mailed, shall be addressed to Employee at her home address then shown in Employer's files. For the purpose of determining compliance with any time limit in this Agreement, a notice shall be deemed to have been duly given (a) on the date of delivery, if served personally on the party to whom notice is to be given, or (b) on the fourth calendar day after mailing, if mailed to the party to whom the notice is to be given in the manner provided in this section.

18. Severability. If any provision of this Agreement is held invalid or unenforceable, the remainder of this Agreement shall nevertheless remain in full force and effect. If any provision is held invalid or unenforceable with respect to particular circumstances, it shall nevertheless remain in full force and effect in all other circumstances.

19. Choice of Law. This Agreement shall be interpreted and construed pursuant to and in accordance with the laws of the State of California, without reference to any choice of law provision requiring the application of the laws of another jurisdiction. Venue for any dispute arising hereunder shall be the Los Angeles County Superior Court.

20. Employee's Independent Review. Employee acknowledges that she has had the opportunity and has conducted an independent review of the financial and legal effects of this Agreement. Employee acknowledges that she has made an independent judgment of the financial and legal effects of this Agreement and has not relied upon any representation of Employer, its officers, agents or employees other than those expressly set forth in this Agreement. Employer shall reimburse Employee for the actual cost of attorney fees she incurs, not to exceed \$1,500.00 (one thousand five hundred dollars) for review of and advice concerning this Agreement prior to execution.

IN WITNESS WHEREOF the parties have executed this Agreement intending to be bound thereby.

EMPLOYEE

Dated: _____, 2017

Kim Belshé

EMPLOYER

Dated: _____, 2017

By: _____
Sheila James Kuehl, Chair
Los Angeles County Children and
Families First Proposition 10

APPROVED AS TO FORM:

Craig Steele, Legal Counsel
Los Angeles County Children and
Families First Proposition 10 Commission

EXHIBIT A

EVALUATION OF FIRST 5 LA EXECUTIVE DIRECTOR'S PERFORMANCE OF MANAGEMENT FUNCTIONS

PERFORMANCE DEFINITIONS

5: OUTSTANDING – Performance at this level is clearly unique and far in excess of established expectations and standards for work quality, quantity and timeliness. The employee consistently exceeds expectations in the outcomes achieved in work quality, quantity and timeliness. The employee exhibits leadership among peers in all dimensions of the field of work performed.

4: SIGNIFICANTLY EXCEEDS EXPECTATIONS – Performance at this level often exceeds established expectations and standards for work quality, quantity and timeliness. The employee exhibits mastery of most dimensions of the field of work performed.

3: SATISFACTORY – Performance at this level is satisfactory on the established expectations and standards for work quality, quantity and timeliness. The employee competently achieves the requirements of the position.

2: NEEDS IMPROVEMENT – Performance at this level is minimally capable and below the level expected for this employee. Improvement is required in significant dimensions of the job in order to meet the expectations and standards for work quality, quantity and timeliness.

1: UNSATISFACTORY – Performance at this level is unacceptable. The employee often fails to achieve basic requirements of the position and has exhibited little or no improvement in job performance.

PERFORMANCE FACTORS

1. ADMINISTRATION

1a. **PLANNING:** Develops short and long-range plans and goals to meet department objectives consistent with established priorities; sets appropriate priorities of needs and resulting services to be provided; anticipates and prepares for future requirements and devises contingencies; devises realistic plans.

1b. **BUDGETING AND ECONOMIC MANAGEMENT:** Prepares an appropriate operating budget and subsequently adheres to it; utilizes finances, budgets, facilities, equipment, materials and products to minimize costs.

1c. **ORGANIZATION OF WORK:** Structures work to avoid crisis, promotes productivity, attains cost effectiveness, and delivers work on time. Involved in this process are the tasks of delegating work, delineating responsibilities, scheduling activities, and adequately preparing for meetings and presentations.

1d. **COMPLIANCE:** Complies with established policies, procedures and directives; conducts department functions in accordance with applicable laws, statutes, and regulations.

1e. **PROBLEM SOLVING AND DECISION-MAKING:** Identifies problem and acts to rectify them by employing analytical thinking and sound judgment.

1f. **EVALUATION AND CONTROL:** Practices regular and systematic review of department operations and direct reports to evaluate progress towards established goals; evaluates strategies employed in seeking those goals; implements remedial measures when necessary.

1g. **RISK (LIABILITY) MANAGEMENT:** Ensures that liability risk exposures are identified and treated when proposing new programs and services; evaluates and monitors established programs and services to identify areas which need revision due to changes in operation, legislation, policies and procedures; implements changes where needed to facilitate favorable loss experience; manages employee safety program, including appropriate training and corrective action when necessary.

1h. **MANAGING BOARD – ORGANIZATION RELATIONSHIP:** Ensures that staff and consultants provide timely, high quality and complete information to Board Members to facilitate the decision-making process.

1i. **LEVERAGING:** Works to combine financial and non-financial assets with outside partners to maximize outcomes important to First 5 LA:

2. INTERPERSONAL

2a. **ORAL COMMUNICATION:** Effectively communicates orally with individuals and groups, including public presentations; presents ideas in an organized, clear and concise manner, employs tact and discretion; listens well; offers appropriate feedback.

2b. **WRITTEN COMMUNICATION:** Prepares organized, clear, concise, accurate and informative letters, memos, reports and other documents which effectively fulfill content and timeliness requirements.

2c. **COORDINATION/COLLABORATION:** Works well with others at various levels; keeps information flowing to the appropriate parties vertically (down as well as up) and horizontally; facilitates communication and problems solving among parties when necessary.

2d. **SUPERVISORY CONTROL:** Effectively hires, assigns, directs, controls, evaluates performance, counsels and disciplines all other functions necessary or incidental to supervision; practices compliance with employment law guidelines and mandates.

2e. **LEADERSHIP:** Promotes cooperation and team work among employees; establishes high standards of conduct and job performance for subordinates; maintains open communication channels; delegates work; leads by example.

2f. **STAFF APPRAISAL AND DEVELOPMENT:** Provides good record of subordinate performance; reviews appraisal information with subordinates; aides subordinates in improving performance on current job; helps subordinates in setting up and implementing development plans and objectives; cross-trains employees; encourages subordinates to participate in training.

2g. **COMMUNICATION WITH BOARD MEMBERS:** Actively communicates with Board Members to keep them informed regarding the activities of the organization, responds to requests for information in a timely manner.

3. INDIVIDUAL

3a. **EFFORT AND INITIATIVE:** Requires little work direction; exhibits persistence and initiative; puts forth a consistent, energetic effort; assumes full and complete responsibility for accomplishment of department functions.

3b. **PROFESSIONAL/TECHNICAL COMPETENCE:** Realistic knowledge and competence of the field and applies up-to-date technical/professional principles, practices, and standards appropriate to the functions of the department; acts as a resource person upon whom others can draw; professional demeanor maintained on a consistent basis.

3c. **INNOVATION:** Displays original and novel thought in creative efforts to improve on the status quo (i.e. Place based/Best Start programs)

3d. **OBJECTIVITY:** Assesses issues, problems and decision situations based on the merits of the case presented; personal loyalties, biases, etc., does not influence department decisions; personnel decisions made on the basis of equal opportunity and objective job-related criteria.

3e. **CREDIBILITY:** Through successful performance, instills the feeling of trust and dependability.

3f. **FLEXIBILITY:** Adapts well to change, both internally and externally.

4. LEADERSHIP

4a. **EMPOWERING:** Creates an awareness in others of their powers and self-worth; involves others and shares powers in planning and decision-making; fosters leadership in others; challenges others to assume leadership roles and provides support by allowing them to risk, fail and learn; creates an environment in which others feel ownership for results and feel comfortable to take action to achieve desired results.

4b. **MODELING:** Believes in public services; treats all with respect and dignity and creates an atmosphere of mutual respect and trust. Serves as a catalyst for action and is a team player, believes in oneself and looks at problem as opportunities; uses powers in a positive way; accepts responsibility for mistakes; insists on excellence (not perfection); communicates and reinforces by what they do – not what they say; adapts to changes as conditions and situations warrant.

4c. **TEAM BUILDING:** Builds group cohesiveness and pride; promotes a diverse and talented team; encourages cooperation; fosters and practices good communication, recognizes and rewards individuals and team accomplishments and contributions; shares success and rewards; manages conflict, which is inevitable.

4d. **VISIONING:** Establishes and articulates a vision of what could be; looks to and plans for the future; accepts new challenges, keeps an open mind.

4e. **SELF-DEVELOPMENT:** Is not static; prepares for the future; has the courage to identify and address shortcomings; is committed to self-improvement; manages personal stress in positive ways.

Please rank the Executive Director in the spaces below on the individual performance factors using the performance definitions (5=outstanding, 4=significantly exceeds expectations, 3=satisfactory, 2=needs improvement, 1=unsatisfactory). Then give a rating for each category and overall evaluation based on the scores for individual categories.

ADMINISTRATION

Performance Factor	Performance (From 5 to 1)	Comments
Planning		
Budgeting and Economic Management		
Organization of Work		
Compliance		
Problem Solving and Decision Making		
Evaluation and Control		
Risk (Liability) Management		
Managing Board – Organization Relationship		
Leveraging		

Overall rating for category 1 _____

INTERPERSONAL

Performance Factor	Performance (From 5 to 1)	Comments
Oral Communication		
Written Communication		
Coordination/Collaboration		
Supervisory Control		
Leadership		
Staff Appraisal and Development		
Communication with Board Members		

Overall rating for category 2 _____

INDIVIDUAL

Performance Factor	Performance (From 5 to 1)	Comments
Effort and Initiative		
Professional and Technical Competence		
Innovation		
Objectivity		
Credibility		

Flexibility		
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Overall rating for category 3 _____

LEADERSHIP

Performance Factor	Performance (From 5 to 1)	Comments
Empowering		
Modeling		
Team Building		
Visioning		
Self-development		

Overall rating for category 4 _____

OVERALL EVALUATION (Please check one, must be consistent with category ratings.)

- _____ Outstanding
- _____ Significantly exceeds expectations
- _____ Fully capable
- _____ Needs improvement
- _____ Unsatisfactory

What were the Executive Director's performance highlights in the past year?

What could have been most improved regarding the Executive Director's performance in the past year?

Evaluator's Signature _____

Date _____

FIRST 5 LA

SUBJECT:

Provide an update on the Help Me Grow-Los Angeles (HMG-LA) early planning and design process. Request to establish a strategic partnership with the Los Angeles County Department of Public Health (LACDPH) to serve as the HMG-LA Organizing Entity. Request an extension of the Early Identification and Intervention of Autism and Other Developmental Delays Initiative (First Connections).

RECOMMENDATIONS:

1. Approve a 5-year Strategic Partnership with LACDPH to serve as the organizing entity for HMG-LA. Direct First 5 LA staff to work with LACDPH to further refine role, responsibilities and core activities and develop Strategic Partnership. **(ACTION)**
2. Approve extending First Connections for an additional 2 years through June 30, 2020 for an amount not to exceed \$1.9 million. First Connections is aligned with the 2015-20 Strategic Plan. Governance Guideline #10 requirements will be met and submitted to the Board through the annual contract renewal process in June 2018. **(ACTION)**

BACKGROUND:

Help Me Grow (HMG) is a national system change model, which aims to improve the coordination and functioning of developmental and behavioral screening, assessment and early intervention supports. The model works to promote cross-sector collaboration in order to build efficient and effective early childhood systems that support families so that children can grow, develop and thrive to their full potential.

HMG is not a program or direct service delivery model, but rather a system framework for improving access to existing early child resources and services for children. Successful implementation of HMG builds on existing resources, maximizes opportunities within public agencies and across system functions, and advances a coalition of providers and sectors working collaboratively toward a shared agenda of promoting children's optimal healthy development.

On May 20, 2016 First 5 LA, in partnership with L.A. Care Health Plan, LACDPH, and the American Academy of Pediatrics (AAP) - California Chapter 2, launched the HMG planning effort engaging Los County stakeholders in two key planning bodies—a Leadership Council and workgroups. Shortly after the launch, the Southern California Center for Nonprofit Management was selected to facilitate the HMG-LA early planning and design process.

The HMG-LA Leadership Council and Workgroup members met over 12 months beginning September 2016, to analyze local data and research on Los Angeles' early identification and intervention pathways and discuss various system complexities for the purpose of developing recommendations and identifying strategies for HMG-LA

During this period, 124 individuals from over 60 county departments, agencies, organizations and programs across L.A. County participated in a total of 32 planning sessions and convenings.

The planning sessions were dedicated to developing, reviewing and vetting the strategies and recommendations drafted by four workgroups structured to reflect the four core components of the HMG framework:

1. **Child Health Care Provider Outreach** - Supports early detection and intervention through provider education, training and support.

2. **Community and Family Outreach¹** - Encourages the use of Help Me Grow to build bridges and connections between families, health care providers, and community-based service providers.
3. **Centralized Access Point-** Connects children and their families to vital services and makes it easier to access information about screenings and referrals to services.
4. **Data Collection & Analysis** – Supports the development of an effective system of care, informs quality improvement efforts and captures system strengths as well as system-level issues.

DISCUSSION

HMG-LA Recommendation Report

Following a year-long early design and planning process, the final recommendations for HMG-LA put forward by the planning members are represented in Appendix B, “Promoting Young Children’s Optimal Development: Help Me Grow- Los Angeles Early Design and Planning Recommendations from the Leadership Council and Workgroup Planning Members.” The recommendation report offers a guide for the early implementation planning of HMG-LA and includes a mission and vision statement, articulates the target population, shared values across the workgroups, recommendations and guidelines for rolling out HMG-LA.

The recommendations offer goals and strategies for four HMG core components including the Centralized Access Point (CAP), Community and Family Engagement (CFE), Child Health Care Provider Outreach (CHPO), and Data and Collection Analysis (DCA) which are captured in Appendix A: HMG-Core Components Goal and Strategy Tables.

The Report documents the early planning and design process for HMG-LA and will be used to support and guide the next phase of early implementation planning.

HMG-LA Organizing Entity: Strategic Partnership with LACDPH

In addition to the workgroup process and creation of the recommendations report, First 5 LA staff has prioritized other planning activities to help shape and accelerate HMG-LA implementation including identification of an organizing entity or backbone organization. The HMG model relies on establishing an Organizing Entity to guide planning and implementation.

The HMG Organizing Entity will provide support, oversight and facilitation of broad system change activities and also build out the necessary foundational infrastructure. The Organizing Entity will provide administrative and fiscal oversight necessary for long term system sustainability. For HMG-LA, LACDPH is uniquely positioned to be the Organizing Entity given their past experience working in cross sector collaborative projects and collective impact efforts, expertise in various content areas, capacity and identified opportunities for leveraging funding. LACDPH also has a proven track record in providing programmatic, administrative and fiscal oversight of large-scale and multi-faceted projects. The decision to have LACDPH serve as the Organizing Entity was presented to the Leadership Council and Workgroups during the planning process.

This Strategic Partnership will allow First 5 LA staff to work with LACDPH in further refining LACDPH’s role, responsibilities and key activities as HMG-LA’s Organizing Entity, which will determine the scope of work and subsequently inform the budget amount. A 5-year timeframe is necessary to support continued implementation planning, establish system capacity and infrastructure as well as develop an approach to continuous quality improvement, policy and practice change. Staff anticipates returning to the Board via consent calendar in Spring 2018 with a more defined scope of work and total budget.

¹ The Help Me Grow National model refers to this core component as “Community and Family Outreach,” however the HMG-LA planning members selected to change the title to “Community and Family Engagement (CFE)”

Board Action: Approve a five-year Strategic Partnership with LACDPH to serve as the HMG-LA Organizing Entity. (See Appendix C: LACDPH Strategic Partnership Memo)

Early Identification and Intervention (EII) – Autism and Other Developmental Delays initiative (First Connections)

In January 2014, First 5 LA launched the Early Identification and Intervention of Autism and Developmental Delays Initiative (First Connections) for 3 years with a total allocation of \$2.5 million. In Spring 2016 as a part of the Expiring Initiatives Review Process, the Board approved a 1-year extension through June 2018 for an additional \$1.25 million to continue this work based on potential alignment with our Strategic Plan, specifically HMG-LA.

The goal of First Connections is to address systemic barriers and reduce disparities in screening for young children with Autism Spectrum Disorders and other developmental delays. The six First Connections grantees, with support of a technical assistance provider, have developed approaches to strengthen, imbed and expand early identification and intervention practices within their agencies. First Connections grantees helped build and strengthen infrastructure by embedding screenings and referrals into workflow and practices at their individual sites. They also trained staff on screenings, referrals, and developing and delivering education and outreach for families.

As HMG-LA has now been further defined through this past year’s planning and design process, the work of First Connections grantees and the Technical Assistance Provider continues to align and support the focus of HMG-LA to increase the effectiveness and responsiveness of screening and early intervention programs. As a legacy investment, First Connections was once again reviewed as part of our annual Expiring Initiatives Review Process which affirmed alignment to our 2015-20 Strategic Plan. The results of this review recommended an extension of this investment through June 2020. Per the Board approved Governance Guidelines, Guideline #10 states aligned legacy investments must meet specific requirements (e.g. defined and measurable outcomes and performance metrics, a budget and fiscal impact, evidence of sustainability, etc) in order to be included in the Strategic Plan. These requirements will be met and submitted to the Board through the annual contract renewal process in June 2018.

Continuing this work will sustain the critical infrastructure and partnerships established through First Connections and maintain important community based resources that can inform early implementation of HMG-LA. Ending First Connections would impact our ability to implement HMG-LA and would be counterproductive to our efforts to strengthen EII infrastructure countywide. Staff sees enormous opportunity to glean best practices and important learning from First Connections to further inform and strengthen early identification and intervention practices across the county and serve as a model for other areas related to community expansion.

Board Action:

Approve the extension of First Connections for an additional 2 years through June 30, 2020 for an amount not to exceed \$1.9 million. First Connections is aligned with the 2015-20 Strategic Plan. Governance Guideline #10 requirements will be met and submitted to the Board through the annual contract renewal process in June 2018.

Additional Investments Related to EII

L.A. Care Health Plan

Additional areas of work to further inform and guide HMG-LA implementation include our partnership with L.A. Care Health Plan. First 5 LA and L.A. Care have a long history of working together to support programming and services for young children including our Healthy Kids investment (2003-2016) that provided health insurance for children that did not qualify for MediCal or other health insurance coverage plans. This investment ended in 2016 as a result of MediCal expansion to all low-income children regardless of immigration status.

As Healthy Kids was ramping down and transitioning children over to MediCal, L.A. Care and First 5 LA stayed connected to explore opportunities related to strengthening an early identification and intervention system in Los Angeles. Over several meetings, First 5 LA and L.A. Care's staff discussed the importance of developmental screening and connection to services for young children and identified areas of work around an Early Identification and Intervention pilot. First 5 LA staff provided an update to the Board on the status of this pilot in February 2017, noting L.A. Care would initiate and support the cost of a Pre-Discovery Phase to further guide and structure the pilot. Since then, a research firm has been selected and work is underway to identify barriers and incentives for developmental screening promotion while also developing a robust educational platform to promote practice change around surveillance and developmental screening that would be piloted and scaled across L.A. Care's network.

The administrative agreement between L.A. Care and First 5 LA, which required the Healthy Kids investment balance (≈ \$8 million) be held pending further discussions related to HMG-LA planning and Board approval on new use of the funds, will expire December 31, 2017. L.A. Care will return the funds to First 5 LA which will be held in the General Fund.

Staff anticipates a future L.A. Care/HMG-LA Board update in Summer 2018 that includes the findings from the Pre-Discovery Phase as well as identification of potential partnerships between First 5 LA and LA Care to support health care provider education and engagement in expanding access to early identification and intervention supports.

Information, Resource and Referral (211-LA County)

In March 2016, as part of the Expiring Initiatives process, the Board approved an 18-month extension through December 2017, with ED authority to extend an additional 6-months through June 2018 as a result of HMG implementation delays. Staff will move forward in executing the Board approved extension through June 2018. The extension will provide an opportunity for further analysis of the potential alignment of 211 with the HMG implementation strategy, specifically related to services anticipated for the centralized access point (CAP). As HMG early implementation planning begins, greater clarity around role and function of HMG-LA's core components, including the CAP and its application of a telephonic component will be solidified. 211 LA County could be one of a number of competitive partners to help advance the future work of HMG.

Early Identification and Intervention- Help Me Grow Los Angeles

Board of Commissioners Meeting

November 9, 2017



Presentation Goals

- Provide update on Help Me Grow- Los Angeles (HMG-LA) early planning and design process
- Request to establish a Strategic Partnership with Los Angeles County Department of Public Health (LACDPH) to serve as HMG-LA organizing entity
- Request an extension of the Early Identification and Intervention- Autism and Other Developmental Delays Initiative (First Connections) through June 2020, amount not to exceed \$1.9 million

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Strategic Plan 2015-2020

Families

- Family Strengthening
- Family Engagement in Health & ECE settings

Communities

- Community Capacity Building
- Community Resource Networks
- Built Environment

ECE Systems

- Policy Advocacy
- Quality Rating Improvement System
- Workforce Development

Health Related Systems

- Early Identification and Intervention
- Trauma Informed Care

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Video



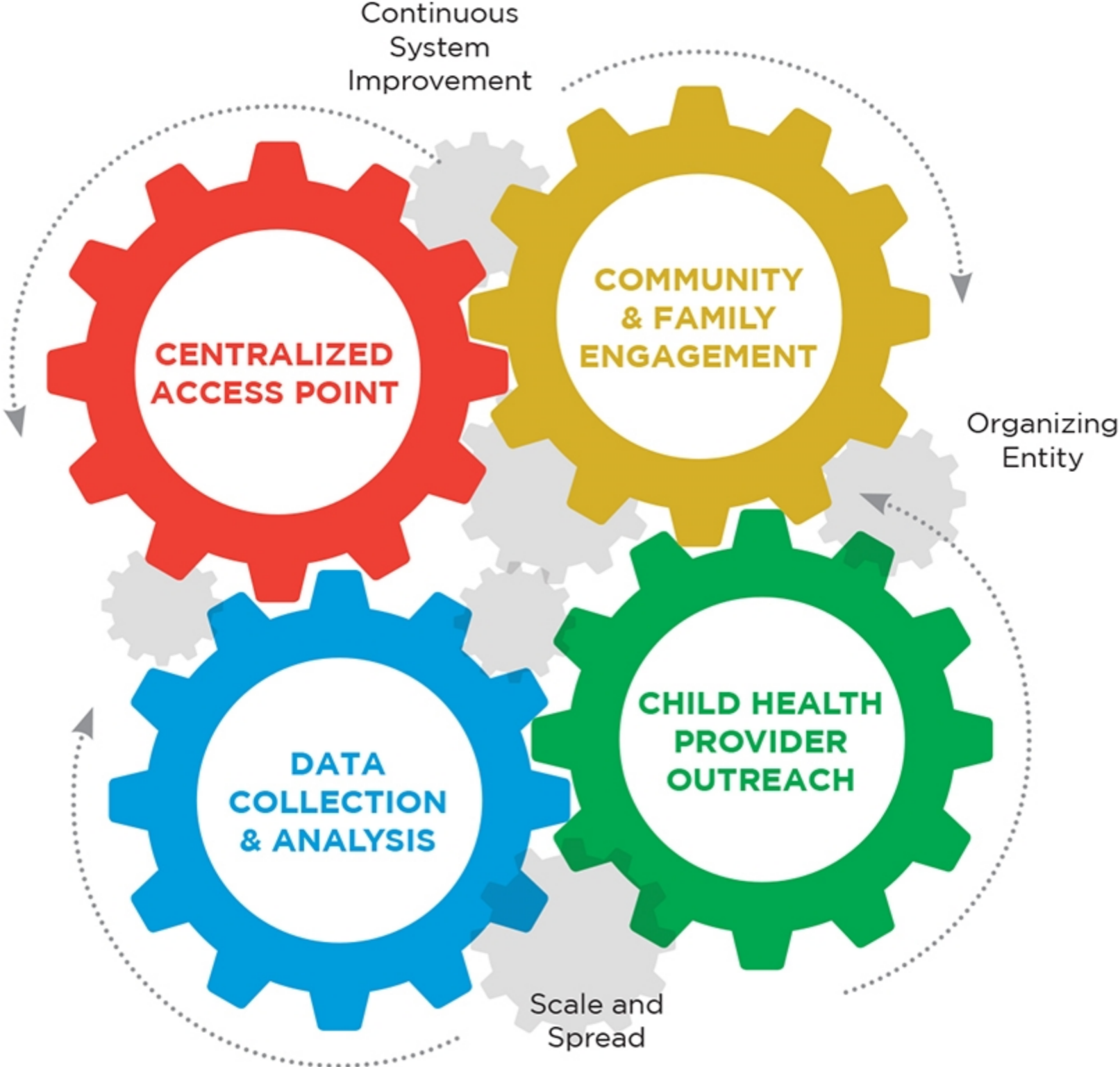
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HMG-LA Recommendation Report

- Vision: All Families in Los Angeles County have the support they need to help their young children get the best start in life and achieve optimal development.
- Mission: Help Me Grow-Los Angeles County supports all families in promoting their young children's development and lifelong success by connecting them to developmental services and supports that promote their child's wellbeing.
- Target Population
 1. Children currently not being screened
 2. Children screened and not meeting thresholds for mandated services
 3. Children that have been screened but are not being connected to services

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HMG-LA Recommendations





Help Me Grow- LA Implementation

Organizing Entity- LACDPH

PROPOSED ROLE:

- Provide fiscal and administrative oversight
- Facilitate cross-sector coordination to strengthen and expand the EII system throughout the County

WHY:

- Experience with complex cross-sector initiatives, ability to leverage existing LACDPH programs and access to federal and state funding

NEXT STEP:

- Board Action: Approve a Strategic Partnership with LACDPH to serve as the organizing entity for HMG-LA. Direct staff to work with LACDPH to further refine role, responsibilities and core activities, develop Strategic Partnership

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First Connections

PROPOSED ROLE:

- Continue to provide community level screenings and referrals to maintain existing infrastructure, partnerships and inform HMG-LA implementation

WHY:

- Launched in 2014, focused on improving ELL services through 6 grantees across LA County: AltaMed, Eisner Health, Northeast Valley Health Corporation,¹⁶⁸ Foothill Family Services, Westside Children's Center, South Los Angeles Family Resource Center/Regional Center; TA Provider: Children's Hospital Los Angeles
- Annual Budget: \$950,000

NEXT STEP:

- Board Action: Extend First Connections investment for an additional 2 years (through June 2020), amount not to exceed \$1.9 million. First Connections is aligned with the Strategic Plan. Governance Guideline #10 requirements will be met and submitted to the Board through the annual contract renewal process in June 2018.



Related Investments

L.A. Care Health Plan

- L.A. Care funding research to inform a pilot to reduce barriers and create incentives for developmental screening promotion
- Launch pilot in Summer 2018
- Administrative Agreement (Healthy Kids' Balance ~\$8 million) to end in December 2017, L.A. Care to return funds per agreement

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211 LA County

- Board approved 18-month extension (through Dec. 2017) as a result of potential alignment with HMG with ED Authority for additional 6-month extension (June 2018) due to HMG implementation delays
- As HMG early implementation begins, greater clarity around role and function of the Centralized Access Point, including its application of a telephonic component, will be solidified.
- 211 LA County could be one of a number of competitive partners to help advance the future work of HMG

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HMG Early Implementation Strategy: A Systems Approach

Core Infrastructure

- System-Level Data Collection ●
- Centralized Access Point ●
- Countywide Provider (AAP, LA Care) ●

Community Focused

- Referral Connections (QRIS, Home Visiting, Project DULCE) ●
- Community Engagement (Best Start) ●
- Demonstration Communities/
First Connections ●

Policy and Systems Change

- Department of Health Care Services ●
- HMG - CA ●
- HMG - National ●
- State Department of Public Health
Maternal, Child, & Adolescent Health ●

DPH

DPH &
First 5 LA

First 5 LA

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Next Steps

November 2017 Board Meeting

- Board Action Items:
 1. Approve a Strategic Partnership with LACDPH to serve as the organizing entity for HMG-LA. Direct staff to work with LACDPH to further refine role, responsibilities and core activities, develop Strategic Partnership.
 2. Extend First Connections investment for an additional 2 years (through June 2020), amount not to exceed \$1.9 million. First Connections is aligned with the Strategic Plan. Governance Guideline #10 requirements will be met and submitted to the Board through the annual contract renewal process in June 2018.

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Spring 2018

- Develop LACDPH Plan and Contract, including budget (contract consent calendar approval process)

Questions



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Promoting Young Children's Optimal Development:

**Help Me Grow-Los Angeles Early Design and Planning
Recommendations from the Leadership Council and
Workgroup Planning Members**

OCTOBER 2017



Funded by First 5 LA

**Submitted by the Southern California Center
for Nonprofit Management**

Maura J. Harrington (Senior Vice President),
Gigi Nang (Project Manager), Christine Newkirk (Senior Project
Manager), Leslie Robin (Senior Strategist), and
Heather Tunis (Senior Strategist)

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PREFACE

The Southern California Center for Nonprofit Management (CNM) was contracted to support the early design and planning phase of Help Me Grow-LA (HMG-LA). CNM established and facilitated the HMG-LA Leadership Council and Workgroup meetings, fostered stakeholder engagement and communication, provided project management and oversight, and compiled the recommendations and considerations developed by the Leadership Council and Workgroups throughout the year-long planning process.

ACKNOWLEDGEMENTS

This report, developed in partnership with over 120 leaders from L.A. County, presents a set of recommendations for HMG-LA. Planning members represented diverse sectors across the county including physical health, mental health, developmental disability services, early care and education, county agencies, private and public community organizations, and family support and advocacy groups.

First 5 LA, the Los Angeles County Department of Public Health (LACDPH), L.A. Care Health Plan, the American Academy of Pediatrics (AAP)-California Chapter 2, and CNM would like to express sincere and deep gratitude to all the participants who volunteered their time and attention toward this effort. The planning members' expertise, experience, and commitment in strengthening and expanding early identification and intervention services for all young children across L.A. County prompted thoughtful and candid discussions across the Workgroups and Leadership Council. First 5 LA and CNM would also like to acknowledge special thanks to the Workgroup Chairs — Yvette Baptiste, Richard Cohen, Maura Gibney, Michael Olenick, Daphne Quick-Abdullah, Wendy Schiffer, Alan Tomines, and Marian Williams — who dedicated enormous time and effort in guiding the meeting agendas, facilitating discussions and leading this work forward.

The following agencies participated in this early design and planning process as representatives on the Leadership Council and Workgroups and attended at least one meeting. For a complete list of participants, please see the Appendix.

- 211 LA County
- Alliance for Children's Rights
- AltaMed Health Services Corporation
- American Academy of Pediatrics - California Chapter 2
- Antelope Valley Partners for Health
- Best Start Communities
- Child Care Alliance of Los Angeles
- Child Care Resource Center
- Child Development Institute
- Child Health and Disability Prevention Program
- Children's Hospital Los Angeles (CHLA)
- Children's Institute, Inc.
- Community Clinic Association of Los Angeles County
- Connections For Children
- County of Los Angeles - Chief Executive Office
- Eastern Los Angeles Regional Center
- Eisner Pediatric and Family Medical Center
- Family Focus Resource Center, California State University, Northridge
- Family Resource Library/Family Resource Center Network Los Angeles County
- First 5 LA
- Foothill Family
- Harbor Regional Center
- Infant Development Association of California
- Inter-Agency Council on Child Abuse and Neglect
- L.A. Care Health Plan
- L.A. County Child Care Planning Committee
- L.A. County Department of Children and Family Services
- L.A. County Department of Health Services, Ambulatory Care Network
- L.A. County Department of Mental Health
- L.A. County Department of Public Health
- L.A. County Office of Education
- L.A. County Unified School District
- LA Best Babies Network
- Learning Rights
- Long Beach Health and Human Services
- Los Angeles Universal Preschool
- Maternal and Child Health Access
- Maternal Mental Health Now
- Mental Health Advocacy Services
- North Los Angeles County Regional Center
- Northeast Valley Health Corporation
- Pasadena Public Health Department
- Pediatric Therapy Network
- Plaza Community Services - Early Head Start
- Providence Saint John's Child & Family Development Center
- Robert Wood Johnson Foundation, Clinical Scholars Program
- San Fernando Valley Community Mental Health Center, Inc.
- San Gabriel Pomona Regional Center
- South Central Los Angeles Regional Center
- South Los Angeles Health Projects
- The Achievable Foundation
- The Children's Clinic
- The L.A. Trust for Children's Health
- University of California, Los Angeles, Fielding School of Public Health
- University of Southern California
- Suzanne Dworak-Peck School of Social Work
- University of Southern California University Center for Excellence in Development
- Disabilities at CHLA
- University of Southern California, Keck School of Medicine
- Vision y Compromiso
- Westside Children's Center

EXECUTIVE SUMMARY

INTRODUCTION

Help Me Grow (HMG) is a national effort that promotes cross-sector collaboration at the local level to implement and strengthen early screening and surveillance of developmental and behavioral delays for all young children, and connect children with or at risk for delays and their families to the appropriate intervention services and supports.

Evidence indicates approximately 70% of children ages 0–6 in California are not receiving recommended developmental and behavioral screenings.¹ Furthermore, those identified with or at risk for a delay or concern may not be connected early enough or at all to appropriate intervention services and supports. L.A. County has both the need and the opportunity to address this issue.

First 5 LA, in partnership with L.A. Care Health Plan, the Los Angeles County Department of Public Health (LACDPH), and the American Academy of Pediatrics (AAP)-California Chapter 2, convened key stakeholders and experts across diverse sectors, including health, early care and education and social services to engage in the early design and planning of a HMG system for L.A. County.

This report offers a guide for the early implementation planning of Help Me Grow-Los Angeles (HMG-LA) and includes a mission and vision statement, target populations, shared values, recommendations, and guidelines for rolling out HMG-LA.

HELP ME GROW NATIONAL MODEL

The HMG National model² outlines four core components that facilitate the advancement and sustainability of a comprehensive and coordinated system. The four HMG core components are:

- 1. Centralized Access Point (CAP):** serves as a telephone or web-based hub to link children and their families to early intervention services and supports to address developmental and behavioral delays or concerns. Families and service providers who access the CAP can receive information and educational materials about child developmental milestones, screenings and referrals to intervention services.
- 2. Community and Family Outreach (CFO):** promotes use of HMG and provides networking events for families and service providers to bolster knowledge about healthy child development and locally available and appropriate supports and services.

3. Child Health Care Provider Outreach (CHPO):

provides training and support to child health providers to promote early identification and intervention of developmental and behavioral delays. Outreach also encourages the use of the HMG Centralized Access Point to aid providers with connecting children to appropriate services and supports.

4. Data Collection and Analysis (DCA):

helps identify gaps and barriers in early identification and intervention systems; including providing continuous quality improvement to refine the HMG system.

These core components structure and organize the activities required to develop and sustain a HMG system. The early design and planning process of a HMG system in Los Angeles offered key stakeholders the opportunity to collectively envision how each of the core components could apply to L.A. County.

HELP ME GROW-LA EARLY DESIGN AND PLANNING PHASE

Tasked with adapting the HMG National model to L.A. County's unique needs, the HMG-LA Leadership Council and Workgroups, comprised of diverse stakeholders, collaborated to develop a set of recommendations based on the four core components of the model. From September 2016 to August 2017, 124 participants representing over 60 county departments, agencies, organizations and programs across L.A. County participated in the HMG-LA early design and planning process.

In addition to developing recommendations and considerations for HMG-LA, this early planning process fostered stronger relationships among stakeholders. It cultivated a sense of collective buy-in for strengthening an early identification and intervention system across L.A. County.

The recommendations put forth in this report serve as a foundation for HMG-LA and offer directional guidance for the next phase of planning. This next planning phase will involve additional exploration and evaluation to produce a detailed implementation plan to identify opportunities, resources and areas of collaborative work among early implementation partners.

¹ "Early Identification Guide: Implementing Developmental Screenings and Surveillance into Primary Care." July 2017. First 5 Association. https://helpmegrownational.org/wp-content/uploads/2017/07/First-5-Early-Identification-Guide-for-Medical-Professionals_Finalv15.pdf

² "The Help Me Grow Manual." July 2014. Help Me Grow National Center. <https://helpmegrownational.org/what-is-help-me-grow/hmg-system-model/>

RECOMMENDATIONS FOR HELP ME GROW-LA

The Leadership Council and Workgroups built consensus on a HMG-LA vision, mission, target populations, a set of shared values, recommended goals and strategies, and considerations to move HMG-LA forward.

Vision

All families in L.A. County have the support they need to help their young children get the best start in life and achieve optimal development.

Mission

HMG-LA supports all families in promoting their young children's development and lifelong success by connecting them to developmental services and supports that promote their child's well-being.

Target Populations

HMG-LA's target populations include:

- Children currently not being screened³
- Children screened and not meeting thresholds for services⁴
- Children that have been screened but are not being connected to services

Summary of Core Component Recommendations

The recommendations for each core component include a set of goals supported by a number of proposed strategies. In addition to developing recommendations, the Leadership Council and Workgroups also identified a number of overarching and interconnected shared values across the four core components that address infrastructure, engagement and activities for HMG-LA.

Centralized Access Point (CAP)

- Goal 1: Assess Individual Client Needs Through Intake Process
- Goal 2: Facilitate Identification of and Access to Best-Fit Services
- Goal 3: Ensure Successful Connections Between Clients and Services
- Goal 4: Complete Follow-Up on Client Progress
- Goal 5: Adapt Function and Practice for Quality Improvement

Community and Family Engagement (CFE)⁵

- Goal 1: Increase Normalization and Reduce Stigma
- Goal 2: Leverage Community Organizations
- Goal 3: Move From Recognition To Response
- Goal 4: Engage Parents and Families
- Goal 5: Ensure Cultural and Linguistic Sensitivity

³ The Leadership Council and Workgroups use the term "screening" to denote screenings in accordance to the Bright Futures' American Academy of Pediatrics Recommendations for Preventative Pediatric Health Care.

⁴ The Leadership Council and Workgroup acknowledged that often eligibility requirements for early intervention services under Individuals with Disabilities Education Act (IDEA) Part-C may inadvertently act as a barrier for children with/or at risk for developmental and behavioral delays and conditions, specifically if such delays are presenting as at-risk or mild-to-moderate.

⁵ The Help Me Grow National model refers to this core component as "Community and Family Outreach." However, during early discussions this Workgroup selected to change the title to "Community and Family Engagement" and the acronym CFE will be used throughout this report to refer to the HMG-LA CFE component. When CFO is used in this report it refers to the HMG's national model component, specifically.

⁶ Examples of LACDPH programs include Child Health and Disability Prevention (CHDP), Health Care Program for Children in Foster Care (HCPCFC), public health nurses, as well as public health nurses previously under Department of Children and Family Services (DCFS), California Children's Services (CCS), California Children's Services - High Risk Infant Follow-up Program (CCS-HRIF), Childhood Lead Poisoning Prevention Program (CLPPP), Nurse Family Partnership (NFP), and various Title V funded programs under the Division of Maternal, Child and Adolescent Health (MCAH). Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov>.

Child Health Care Provider Outreach (CHPO)

- Goal 1: Increase Providers' Knowledge About Developmental Screening
- Goal 2: Design Approaches and Standards for Providers to Embed Early Identification and Intervention Practices
- Goal 3: Increase the Application of Validated Screening Tools in Accordance With AAP Guidelines
- Goal 4: Improve Providers' Ability To Ensure Continuity of Care Across the Spectrum of Developmental and Behavioral Services and Supports
- Goal 5: Advocate for Systems and Policy Changes to Support Increased Access to Screening and Intervention Services

Data Collection and Analysis (DCA)

- Goal 1: Establish Baseline Data
- Goal 2: Design and Build a Centralized Data Platform to Track Services and Evaluate Outcomes
- Goal 3: Conduct Data Analysis and Make Informed Decisions
- Goal 4: Utilize Data for Quality Improvement and Evaluation
- Goal 5: Align Data Collected With the State and National HMG Indicators

Implementation Strategy

Help Me Grow-LA Organizing Entity

The HMG National model requires an "Organizing Entity" to provide administrative and fiscal oversight, as well as facilitate coordination between service sectors to better strengthen and expand early identification and intervention efforts.

Over the course of the early design and planning phase, the LACDPH held several leadership roles beginning with co-launching the countywide planning process and continuing with co-chairing the Health Care Provider Outreach workgroup. Given the LACDPH's past experience with cross-sector initiatives and their commitment in promoting and maintaining optimal health for all young children in L.A. County, they are uniquely positioned to fill the Organizing Entity role. This promising partnership also offers the opportunity for HMG-LA to leverage existing LACDPH programs, access federal and state funding resources, and bridge connections between other county departments and agencies to expand HMG-LA.⁶

Help Me Grow-LA Rollout

In addition to crafting the recommendations in this report, the Leadership Council and Workgroups were also tasked with providing guidance on how best to plan for the rollout of HMG-LA. Given the unique makeup of Los Angeles and the number of child- and family-serving systems, the Leadership Council and Workgroups recommended a phased rollout of HMG-LA in select communities. The following criteria and considerations were proposed for the selection of these communities for early implementation:

- Use population, administrative and caseload data.
- Build on existing resources, services and infrastructure.
- Conduct spatial data analysis of existing early child development service, resources and agency locations.
- Apply additional qualitative considerations, such as prioritizing systems and service agencies that are ready, are willing and have the capacity to participate in early implementation.

Next Steps

The recommendations put forward in this report will be presented to the First 5 LA Board of Commissioners in Fall 2017. First 5 LA will use the recommendations to inform the next phase of early implementation planning.



INTRODUCTION

BACKGROUND ON HELP ME GROW: A NATIONAL INITIATIVE AND SYSTEM MODEL

Help Me Grow (HMG) is a national effort that promotes cross-sector collaboration at the local level to implement and strengthen early screening and surveillance of developmental and behavioral delays for all young children and link children with or at risk for delays and conditions and their families to appropriate intervention services and supports. Every local HMG effort is based upon the HMG National system model, designed to guide local initiatives toward the development and sustainability of a comprehensive and coordinated system to support children's healthy development.

Rather than provide direct services, the HMG model promotes a systems-change approach to foster greater integration and leveraging of existing developmental and behavioral efforts, resources and services. HMG strengthens and encourages healthy development for all young children by:

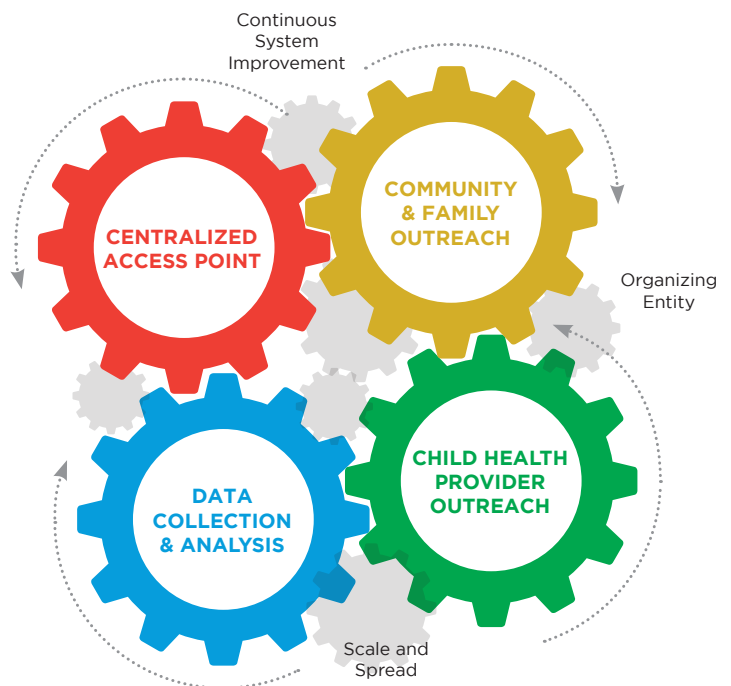
- Facilitating greater access and collaboration across child- and family-serving sectors
- Promoting early identification (screening and surveillance) among service providers and families
- Providing a Centralized Access Point to assist families and service providers with accessing child development educational material, developmental and behavioral screenings, and referrals for early intervention services and supports.⁷

The HMG National model outlines four core components that facilitate the development and sustainability of a comprehensive and coordinated system. The four HMG core components are:

- 1. Centralized Access Point (CAP):** serves as a telephone or web-based hub to link children and their families to early intervention services and supports to address developmental and behavioral delays or concerns. Families and service providers who access the CAP can receive information and educational materials about child developmental milestones, screenings and referrals to intervention services.
- 2. Community and Family Outreach (CFO):** promotes use of HMG and provides networking events for families and service providers to bolster knowledge about healthy child development and locally available and appropriate supports and services.
- 3. Child Health Care Provider Outreach (CHPO):** provides training and support to child health providers to promote early identification and intervention of developmental and behavioral delays. Encourages the use of the HMG CAP to connect children to appropriate services and supports.

4. Data Collection and Analysis (DCA): helps identify gaps and barriers in early identification and intervention systems; provides continuous quality improvement to refine the HMG system.

The HMG model's four core components are designed to be interrelated and interacting for the purpose of strengthening and supporting a reflective and responsive early identification and intervention system. The interactivity of the four components is illustrated in the visual below:



WHY HELP ME GROW?

As detailed in HMG National materials, undetected and untreated developmental and behavioral delays and conditions can have a profound impact on the lives of young children and families, and on our society at large. Mental health, education, and juvenile justice costs are demonstrably higher when such challenges are not managed.

Nationwide, it is estimated that 12 to 16 percent of American children experience developmental, behavioral and/or emotional delays or conditions. Evidence indicates that identifying young children at risk for or with a developmental delay early and linking them to the appropriate intervention services offer the best hope for optimal outcomes. Yet, traditionally early identification efforts are focused on children with significant delays and conditions. Furthermore, eligibility for early intervention programs typically requires significant evidence of delays in order to meet program eligibility thresholds.⁸

⁷ "Help Me Grow California – Fact Sheet." HMG California and First 5 Association of California. <https://helpmegrownational.org/wp-content/uploads/2017/04/CALIFORNIAwebsite.pdf>

⁸ "Measuring Impact." Help Me Grow National Center. September 2017. <https://helpmegrownational.org/what-we-do/measuring-impact/>

Even when the needs of children at risk or with a delay are recognized and appropriate programs and services are identified, referring and successfully linking children to such services can prove difficult. In most cases, successful linkage requires both the family and service provider to not only have adequate knowledge of available programs and eligibility requirements but also persistence in overcoming system-level barriers to accessing such services and supports.

FIRST 5 LA AS A STEWARD OF HELP ME GROW-LA

On November 13, 2014, the First 5 LA Commission approved the 2015–2020 Strategic Plan: “Focusing for the Future” with the purpose of maximizing First 5 LA’s impact related to strengthening families and improving outcomes for the greatest number of children from the prenatal stage to age 5 in L.A. County.⁹

As part of the 2015–2020 Strategic Plan, First 5 LA is committed to strengthening how child- and family-serving systems connect, coordinate, and assist families in accessing early identification and intervention services needed for their child’s healthy development. Specifically, First 5 LA is advocating for policy and practice changes to support and strengthen how systems across L.A. County work together. The goal is for these systems to provide timely screening, effective care coordination and appropriate referrals so more young children with and at risk for developmental and behavioral delays have access to the care they need to thrive.

First 5 LA adopted the HMG framework as part of the Strategic Plan’s Health-Related Systems Outcome Area, Health Strategy 1: Increase the effectiveness and responsiveness of screening and early intervention programs across health, mental health and substance abuse services systems.

In addition to First 5 LA’s ongoing commitment to early identification and intervention, the First 5 Association also advocates on behalf of California’s HMG county affiliates and facilitates collaboration between counties that are implementing or have expressed interest in implementing HMG.

EVOLUTION OF HELP ME GROW CALIFORNIA

Since the launch of the first HMG system in Hartford, Connecticut in 1997, to date 22 states and D.C. have adopted and implemented the HMG framework to improve and strengthen early identification and intervention across systems of care.

In 2005, Orange County became the first local site in the country to replicate the HMG model, and six years later, California became a HMG replication state through a consortium comprised of Orange, Alameda and Fresno counties. To date 17 counties — including Los Angeles, Alameda, Contra Costa, Fresno, Orange, San Bernardino, San Joaquin, Sacramento, San Francisco, San Mateo, Santa Clara, Solano, Sutter, Yuba, Butte, Ventura, and Yolo — have or are in the process of replicating the HMG model. An additional 17 counties across California have demonstrated interest in implementing HMG.¹⁰

In addition to interest at the county level to replicate HMG, statewide there is increasing recognition of the necessity and benefits of strengthening and expanding early identification and intervention services.

California’s HMG mission, led by the First 5 Association, is to expand and sustain the HMG model throughout the state by nurturing and supporting HMG county affiliates, demonstrating the impact of the HMG model, and serving as a statewide voice for systems and services that promote early childhood development.¹¹

⁹ “Learning for Action. Focusing for the Future First 5 LA Strategic Plan 2015–2020.” First 5 LA. 2014. http://www.first5la.org/postfiles/files/F5LA%20Strategic%20Plan_FINAL.pdf

¹⁰ Help Me Grow California – Fact Sheet, HMG California and First 5 Association of California. <https://helpmegrwnational.org/wp-content/uploads/2017/04/CALIFORNIAwebsite.pdf>

¹¹ “First 5 LA Memo: Opportunities to Increase Access to Developmental Screenings, Oral Health and Vision Services for Children 0-5 in Los Angeles County” April 29, 2015

WHY NOW FOR L.A. COUNTY?

Opportunities for an Improved Early Identification and Intervention System

Currently, California ranks 30th in the country for screening infants and toddlers, and the state ranks 44th for screening children living below the federal poverty level.¹² Furthermore, statewide, approximately 1 in 4 children (25%) ages 0–6 experience a developmental and/or behavioral delay or condition.

The AAP recommends all children ages 0–5 receive developmental and behavioral screenings at the appropriate age.¹³ Although growing evidence supports the benefits of screening all children to assess developmental and behavioral needs, only 28.5% of children in California receive timely developmental screenings.¹⁴

Furthermore, according to the 2015 Children Health Interview Survey (CHIS), a random-dial telephone survey administered by the UCLA Center for Health Policy Research, 31.2% of parents were never asked by a provider if they had a concern about their child's development. Additionally, 47.2% of children never had a standardized developmental and behavioral screening tool completed for them.¹⁵

In L.A. County, there is enormous potential to improve the current rates of developmental screenings among children ages 0–5 and strengthen linkage to early identification and intervention services. Given the size and scope of L.A. County, the county is positioned to expand and strengthen early identification and intervention efforts to impact approximately 800,000 children between ages 0–5.



¹² "Early Identification Guide: Implementing Developmental Screenings and Surveillance into Primary Care." First 5 Association of California. July. 2017. https://helpmegrownational.org/wp-content/uploads/2017/07/First-5-Early-Identification-Guide-for-Medical-Professionals_Finalv15.pdf

¹³ The American Academy of Pediatrics (AAP) recommends that in addition to conducting developmental surveillance during every preventive care visit, service providers should also use a validated, global screening tool at 9-, 18- and 24-30 months of age and an autism-specific screening tool (also referred to as a behavioral screening tool) at 18 and 24 months. American Academy of Pediatrics. <https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Council-on-Children-with-Disabilities/Pages/Description-and-Policy.aspx>

¹⁴ "Early Identification Guide: Implementing Developmental Screenings and Surveillance into Primary Care." First 5 Association. July 2017. https://helpmegrownational.org/wp-content/uploads/2017/07/First-5-Early-Identification-Guide-for-Medical-Professionals_Finalv15.pdf

¹⁵ 2015 California Health Interview Survey. UCLA Center for Health Policy Research. Retrieved April 2017. <http://healthpolicy.ucla.edu/chis/data/Pages/GetCHISData.aspx>.

Recognized Barriers to Screening and Linkage to Services, and the Help Me Grow Model’s Capacity to Respond

A growing body of literature suggests developmental screening is both effective and feasible if potential barriers and inefficiencies are addressed adequately.

In an effort to better understand the system-level and structural barriers and inefficiencies impacting early identification and intervention for young children in the County, First 5 LA conducted a literature review of

First 5 LA commissioned and co-authored reports, surveys, internal research scans, program reports and research on the subject.

First 5 LA also reviewed existing HMG systems throughout the country and explored innovative and effective strategies that could directly address these barriers and inefficiencies. A summary of barriers and inefficiencies impacting early identification and intervention, as well as corresponding approaches a HMG system can offer in response, are represented in the following table:¹⁶

Challenges Impacting Early Identification and Intervention	What a HMG System Can Do in Response
Developmental Screening Provision	
<p>Clinical service providers have varying levels of knowledge and training around child development and behavioral health.</p> <p>Developmental screenings are not routinely conducted using a validated screening tool as recommended by the AAP developmental screening guidelines.</p>	<p>CHPO and CAP can provide outreach and education around child developmental health and early identification and intervention practices to service providers across diverse sectors.</p>
<p>Parents and families may have limited knowledge about developmental milestones.</p> <p>Parents and families may not be able to effectively communicate concerns and observations about their child’s development.</p> <p>Economic, social, cultural and linguistic factors may be barriers to accessing screenings and intervention services.</p>	<p>CFO and CAP can offer families information about child developmental health and assists families with accessing educational resources and support.</p> <p>CHPO can provide trainings to providers to strengthen communication and engagement with families about child developmental health in the clinical setting.</p>
Linkage to Care	
<p>Service providers may express hesitation when interpreting results and select a “wait and see” approach, furthering delaying intervention.</p> <p>Service providers may not be able to match an identified delay with an appropriate referral.</p>	<p>CHPO can provide trainings to providers about child development, conducting screenings, early intervention, and referrals and facilitate provider networking.</p> <p>CAP can assist providers with connecting families to appropriate intervention services and supports.</p>
<p>Parents and families may experience challenges and barriers when navigating the L.A. County early identification and intervention landscape and accessing appropriate services.</p>	<p>CAP can support parents and families by identifying the appropriate intervention service, making a referral and assisting with system navigation.</p>
Care Coordination	
<p>Many agencies do not have the capacity or budget to support a spectrum of care coordination activities to support in successful linkage to services.</p>	<p>DCA can identify barriers and inefficiencies impacting linkage to services and care coordination, and CFO, CAP and CHPO can pilot new strategies to strengthen care coordination in the local community setting.</p>
Data Collection and Analysis	
<p>Inconsistency in data collection practices within and across sectors including health and early care and education.</p>	<p>DCA can standardize reporting practices and promote coordination between child and family service agencies.</p>

¹⁶ In January 2017, First 5 LA developed a series of draft issue briefs on early identification and intervention as a background document to inform the HMG-LA Leadership Council and Workgroups about the current state of L.A. County’s service system for children birth to 5 years old with or at risk for developmental and behavioral delays and challenges.

Existing First 5 LA Investments and Other Resources to Build on in Los Angeles

L.A. County has a unique opportunity to build upon a strong foundation of knowledge and experience from ongoing and past systems change efforts initiated by First 5 LA and various public and private partners.

Given the HMG framework emphasizes the value of leveraging and collaborating with existing investments and resources to expand and strengthen an integrated early identification and intervention HMG system, there are valuable learning lessons and promising practices that can be considered and adapted from First 5 LA and other county partners.¹⁷

Across L.A. County, various county agencies and organizations, including First 5 LA, have committed to building out innovative programs, services and infrastructure. For example, during 2005–2011, First 5 LA commissioned the Early Developmental Screening and Intervention (EDSI) Initiative. The goal of this initiative was to increase developmental screening rates for children ages 0–5 among health and early childhood education providers and improve ways of discussing developmental and screening results with families.

Between March 2012 and June 2014, First 5 LA also supported the 211 Early Identification and Care Coordination Project, which provided developmental screenings and service system linkage over the phone to L.A. County residents through the 211 L.A. County Information and Referral Service. 211 L.A. County offered developmental screening when a caller stated developmental concerns about a child age 0–5 or when it was determined the caller was a parent or caregiver for at least one child age 0–5.¹⁸

Additionally, since 2014, First 5 LA has continued to fund First Connections, an investment to improve early identification and intervention services through education, training and support for providers and members in L.A. County. The First Connections investment is comprised of six locations across L.A. County, including three Federally Qualified Health Centers (FQHCs), two community-based family service agencies and one Family Resource Center co-located at a Regional Center. Each First Connections grantee has piloted innovative and unique approaches to strengthen early identification and intervention for children with and at risk for developmental behavioral delays and concerns.

The county can apply these learning lessons to advance and strengthen early identification and intervention efforts for young children across communities in L.A. County.



¹⁷ First Connections Task Force Meeting, October 31, 2016.

¹⁸ "211 Developmental Screening and Care Coordination Project Descriptive Study: First 5 LA Developmental Screening Environmental Scan" The Measure Group LLC. <http://www.first5la.org/files/211%20Descriptive%20Study%20Report%20FINAL%20July%2024%202014%20with%20appendices.pdf>

EARLY DESIGN AND PLANNING PROCESS

First 5 LA supported the early design and planning phase of HMG-LA in order to assess the feasibility of adopting and tailoring the National HMG model for L.A. County. As a system, HMG-LA relies on the authentic involvement and engagement of organizations and individuals whose expertise, experiences and commitment align with the goals of the HMG framework.

In mid-2015, First 5 LA conducted extensive research, analysis and partner outreach to begin preliminary planning and convene key stakeholders.

In preparation for the launch of the HMG-LA in May 2016, First 5 LA compiled a comprehensive list of potential HMG-LA planning participants with experience and expertise related to early intervention efforts and practices and who expressed interest.

First 5 LA, L.A. Care Health Plan and CNM continued to review, develop and refine this list, identifying high-priority organizations and individuals that would potentially serve on the Leadership Council and/or the Workgroups.

From September 2016 to August 2017, 124 participants representing over 60 county departments, agencies, organizations and programs across L.A. County participated in the HMG-LA early design and planning process.

Participants drew upon their professional and personal knowledge and experience related to early identification and intervention to inform this process. Subtopics and areas of expertise include:

- Community and family service provision and engagement
- Organizational management
- Cross-organizational and county collaboration
- Capacity building
- Preventive health care
- Health care administration
- Systems change
- Medical health records
- Population research

LEADERSHIP COUNCIL AND WORKGROUP COMPOSITION

This early design and planning of HMG-LA was intended to be carried out in parallel by two key planning bodies: (1) a Leadership Council and (2) Workgroups. There was one Workgroup for each of the four core components:

1. Centralized Access Point (CAP)
2. Community and Family Engagement (CFE)
3. Child Health Care Provider Outreach (CHPO)
4. Data Collection and Analysis (DCA)

The Leadership Council members were responsible for supporting the work of the four Workgroups, providing feedback and guidance on HMG-LA implementation, and identifying resources and mechanisms for sustainability.

The Workgroup members were primarily responsible for providing support, guidance and content area expertise to support the design of the core components of HMG-LA.

Chairs were appointed to each Workgroup and tasked with setting meeting agendas, facilitating discussions and representing their Workgroup as members of the Leadership Council.

A full list of Leadership Council and Workgroup participants can be found in the Appendix.

The relationships between these entities are illustrated in the following figure:



In assembling the Leadership Council and Workgroups, the goal was for members to collectively represent diverse sectors and systems, including, but not limited to: health provider platforms, early care and education, developmental disability services, public and private agencies, and community-based organizations.

Designations were also considered with respect to the roles and responsibilities of each of the groups.

Once Leadership Council and Workgroup designations were finalized, Workgroup co-chairs were identified from the Leadership Council. One representative from First 5 LA filled one co-chair role for one Workgroup.

TIMELINE

HMG-LA was launched in May 2016, offering an opportunity to introduce the HMG model to representatives from over 35 L.A. County organizations representing a diverse range of fields, including early care and education, health care and developmental services.

Response to the model was extremely enthusiastic, and participants pledged support for the development of HMG-LA through participation in the Leadership Council and/or joining a core component Workgroup.

CNM was selected in early fall 2016 as the consultant to facilitate the HMG-LA early planning process, support stakeholder engagement and provide project management and oversight.

In total, between September 2016 and August 2017 the Leadership Council had seven meetings; between January 2017 and August 2017 each Workgroup held a total of six meetings; and in June 2017 a “Cross-Pollination” meeting convening all the Workgroups and Leadership Council was held – resulting in a total of 32 meetings throughout the planning period.

Throughout the planning process, Workgroup and Leadership Council members were provided access to an inventory of resource materials and documents related to early identification and intervention, as well as the HMG model.

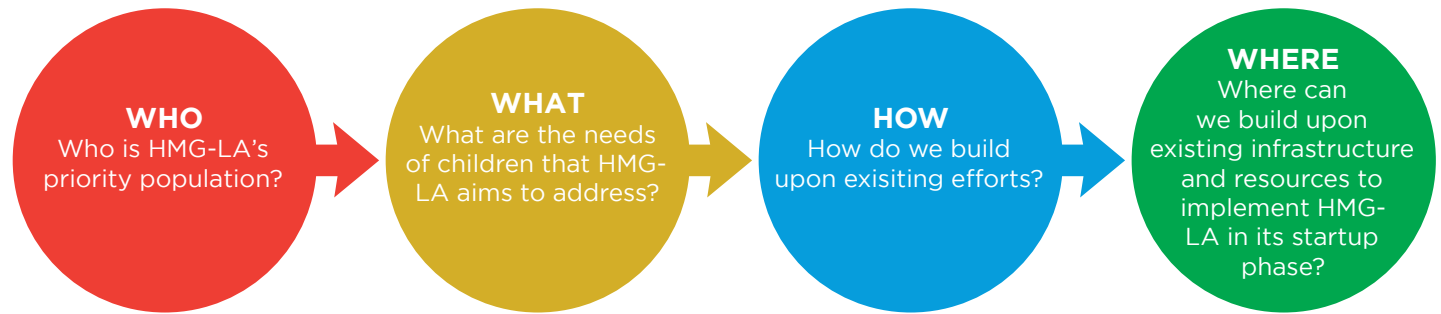
A summary of key Leadership and Workgroup meetings and events is provided in the following table.

Month Started	Description
May 2016	HMG-LA Launch Event: Opportunity to introduce the HMG model to representatives from more than 35 L.A. County organizations representing a diverse range of fields
August 2016	Webinar: “An Introduction To: Help Me Grow-LA,” August 11, 2016, to provide common understanding for any individual interested in learning more about HMG
September 2016	Leadership Council Launched: <ul style="list-style-type: none"> • Seven meetings between September 2016 and August 2017
January 2017	Workgroups Launched: <ul style="list-style-type: none"> • Four Workgroups established • Six meetings held for each Workgroup between January 2017 and August 2017 (24 meetings total across all the Workgroups)
February 2017	Lessons Learned From Help Me Grow-Orange County and Help Me Grow-Alameda: Leadership Council and Workgroups invited to attend presentations on the development, model and evolution of HMG and lessons learned from each county: <ul style="list-style-type: none"> • Rebecca Hernandez, MS Ed., HMG Coordinator, First 5 Orange County • Loren Farrar, HMG Coordinator, First 5 Alameda County
May 2017	“Q&A Session with Dr. Paul Dworkin, Founder of Help Me Grow National:” for Leadership Council and Workgroups and hosted by First 5 LA
June 2017	Webinar: Exploring Existing L.A. County and First 5 LA Investments and Resources: Leadership Council and Workgroup invited to learn more about programs and resources within L.A. County that may align with HMG-LA, including 211’s effort in early identification and intervention, First 5 LA’s Home Visiting and Welcome Baby, and the First Connections Investment
June 2017	Cross-Pollination Convening: Opportunity for Leadership Council and Workgroups to come together and share best thinking regarding draft recommendations, solicit feedback, and assess areas for integration and gaps or areas for further consideration
August 2017	Leadership Council and Workgroup Concluding Meetings: In total, 124 individuals from over 60 county departments, agencies, organizations and programs across L.A. County participated in the process

DISCUSSION AND PLANNING FRAMEWORK

Early in the planning process, First 5 LA developed a framework for structuring conversations and supporting consensus building among the Leadership Council and Workgroup members.

This framework, captured below, guided the development of the Leadership Council and Workgroup meeting agenda, and was instrumental in guiding the Workgroups toward developing their final recommended goals and strategies.



The Leadership Council primarily focused on providing guidance and reaching consensus on the “Who” and “Where” elements, while the Workgroups focused on addressing the “What” and “How” elements for each of the four core components.

In addition, each of the Workgroups had a set of guiding questions to help inform their discussions throughout the planning process. These questions, reflected in the table below, were presented at the first Workgroup meetings.

Centralized Access Point	Family & Community Engagement	Child Health Care Provider Outreach	Data Collection and Analysis
<ol style="list-style-type: none"> 1. What are the key characteristics and success factors that we can learn from other HMGs regarding the Centralized Access Point? 2. What should the requirements be for the capabilities and capacity of a Centralized Access Point considering the unique needs for L.A. County? 3. How should HMG-LA leverage existing resources? (i.e., Should HMG-LA leverage existing call centers? Should HMG-LA establish a new call center or establish a new integrated platform, i.e., web-based and telephonic?) 	<ol style="list-style-type: none"> 1. How can HMG-LA build a robust, effective community outreach practice? 2. How do we help families be aware so that they are creating the demand for early developmental screening? 3. How can HMG-LA leverage existing resources? (i.e. existing early child development and well-childcare systems, directories and other resources and practices) 4. How can HMG-LA sustain (or develop, if necessary) a robust, reliable, current directory of referral sites in the county? 	<ol style="list-style-type: none"> 1. How can we ensure that providers in L.A. County understand the importance and use of a validated developmental screening tool within well-child visits? 2. What resources and assets exist to support providers in adopting and regularly using validated developmental screening tools with all of their families? 3. What are most significant challenges and obstacles? 4. How do we minimize expectations (time and money) on providers? 	<ol style="list-style-type: none"> 1. What are our objectives for data collection and analysis for HMG-LA? How will data support effective implementation and refinement of the system and the improvements we seek in increased, effective early screening, detection and referral? 2. How do we capture the relevant data collection items to be compliant with HMG national standards? 3. What types of data should be collected by HMG-LA, and how will it be used? 4. What security and privacy considerations need to be built into the system? 5. How will this system interface with other data collection systems? 6. What capacities, infrastructure, and technology will be required to accomplish these objectives? 7. How can HMG-LA leverage existing data systems? What data is already being collected and by whom?

RECOMMENDATIONS FOR HELP ME GROW-LA

The recommendations for each of the core components were informed by the Workgroup participants' collective experience and expertise. Their affiliations represent a wide range of community-based organizations, public and private service agencies, and educational institutions.

The recommendations put forth in this report will serve as a foundation for HMG-LA and offer directional guidance for the next phase of planning, exploration and evaluation.

The expectation is that this next phase of HMG-LA early implementation planning will continue to be informed by a wide range of services, programs, networks and investments delivering early identification and intervention efforts in L.A. County.

SHARED VALUES ACROSS WORKGROUPS

Just as the four components of the National HMG model overlap and interact in practice, a number of overarching and interconnected values and expectations emerged across the four Workgroups during the planning process. The following section presents an inventory of shared values elevated by the Workgroups:

Infrastructure

- HMG-LA Is a System That Integrates and Leverages Existing Assets and Resources:** L.A. County has a wide range of services, programs, networks and investments delivering early identification and intervention supports. HMG-LA will work to coordinate and integrate these services at the local level. HMG-LA will create new structures only if they add value to existing programs and/or address gaps.
- HMG-LA Is Local and Flexible:** HMG-LA should be responsive to the diverse and unique characteristics of local communities in Los Angeles. To maximize coordinated service delivery and community engagement, HMG-LA must focus efforts at the local level. For HMG-LA to succeed, the system must have the flexibility to respond to the needs and assets of local communities.
- HMG-LA Should Evaluate System Capacity at the Local Level:** By design, HMG-LA is projected to increase the number of children identified as needing developmental services and supports. There is concern that this increased demand will not be met by a sufficient supply of services. However, there is untapped capacity in local community resources to support a broad range of children's developmental health needs. HMG-LA should help these local community resources build capacity to be interventions for developmental health and successfully connect with families.
- HMG-LA Data Collection and Analysis Must Be Ambitious, Yet Realistic:** Beyond the collection of data to satisfy both the HMG National and HMG California model evaluation requirements, there is also an interest in collecting data to evaluate HMG-LA's long-term outcomes and impact at the individual, family and community levels. Furthermore, there is recognition that data collection and evaluation must not be prohibitively burdensome to service providers and families.

Engagement

- HMG-LA Includes and Values Meaningful Family Participation in the Planning, Implementation and Governance of HMG-LA:** This requires intentional planning, given the diversity of families who will be served by HMG-LA. Participatory roles could include, but are not limited to, serving on a standing Leadership Advisory Committee, Family Advisory Committee¹⁹, as HMG-LA family ambassadors, or providing peer-to-peer support to other families.
- HMG-LA Partners Should Share a Commitment to HMG-LA Values and Goals:** Ongoing buy-in from partners²⁰ is necessary to ensure that HMG-LA is successful. This buy-in should include a commitment to embrace, support and embed policies and practices that align with HMG-LA's vision and mission. Buy-in must be continually cultivated among partner organizations to engage new staff at all levels in HMG-LA.
- HMG-LA Should Engage in Advocacy at Multiple Levels:** The Leadership Council and Workgroups elevated "advocacy" as a valuable tool to promote greater awareness, education and system change practices related to early identification and intervention. Topics recommended for advocacy efforts include increased public funding of intervention services and supports, and policy change to support data collection and data sharing across service providers and within the community.
- HMG-LA Should Deepen Cultural Competencies Within HMG-LA and Among Partner Organizations:** A culturally competent and community-tailored approach is necessary to successfully support and encourage meaningful engagement from families, service providers and community members representing diverse socioeconomic, cultural and ethnic backgrounds.
- HMG-LA Should Establish a Common, Assets-Based Language:** An assets-based approach is broadly defined as helping people identify and focus on the skills and strengths within themselves and their communities, and supporting them to use these "assets" to make sustainable improvements in their lives. Thus, the focus is on assets as opposed to problems or issues. The Workgroups recognized that a common understanding and use of assets-based language is critical for the HMG-LA system to work efficiently.

¹⁹ In response to the Leadership Council and Workgroups recommendations, in addition to a Leadership Advisory Council, a Family Advisory Council will also be established during the next phase of planning to provide input and guidance for HMG-LA.

²⁰ The term "partners" is meant to include, but not be limited to, health service providers, early care and education service providers, community based organizations, public and private agencies and all other stakeholders invested in early identification and intervention.

Activities

- **HMG-LA Activities Are Family-Centered:** Parents and families are and should be supported as key partners and collaborators in the design and implementation of HMG-LA. This tenet runs throughout all aspects of the HMG-LA system, from designing training material for service providers and CAP staff, to activities related to outreach and relationship building with HMG-LA system partners.
- **HMG-LA Should Endorse Select Screening Tools:** There is strong support for the use of validated developmental screening tools, as well as tools that screen for trauma and social determinants of health. All Workgroup members agree this should be a priority in the next phase of HMG-LA planning.

CORE COMPONENT RECOMMENDATIONS: GOALS AND STRATEGIES

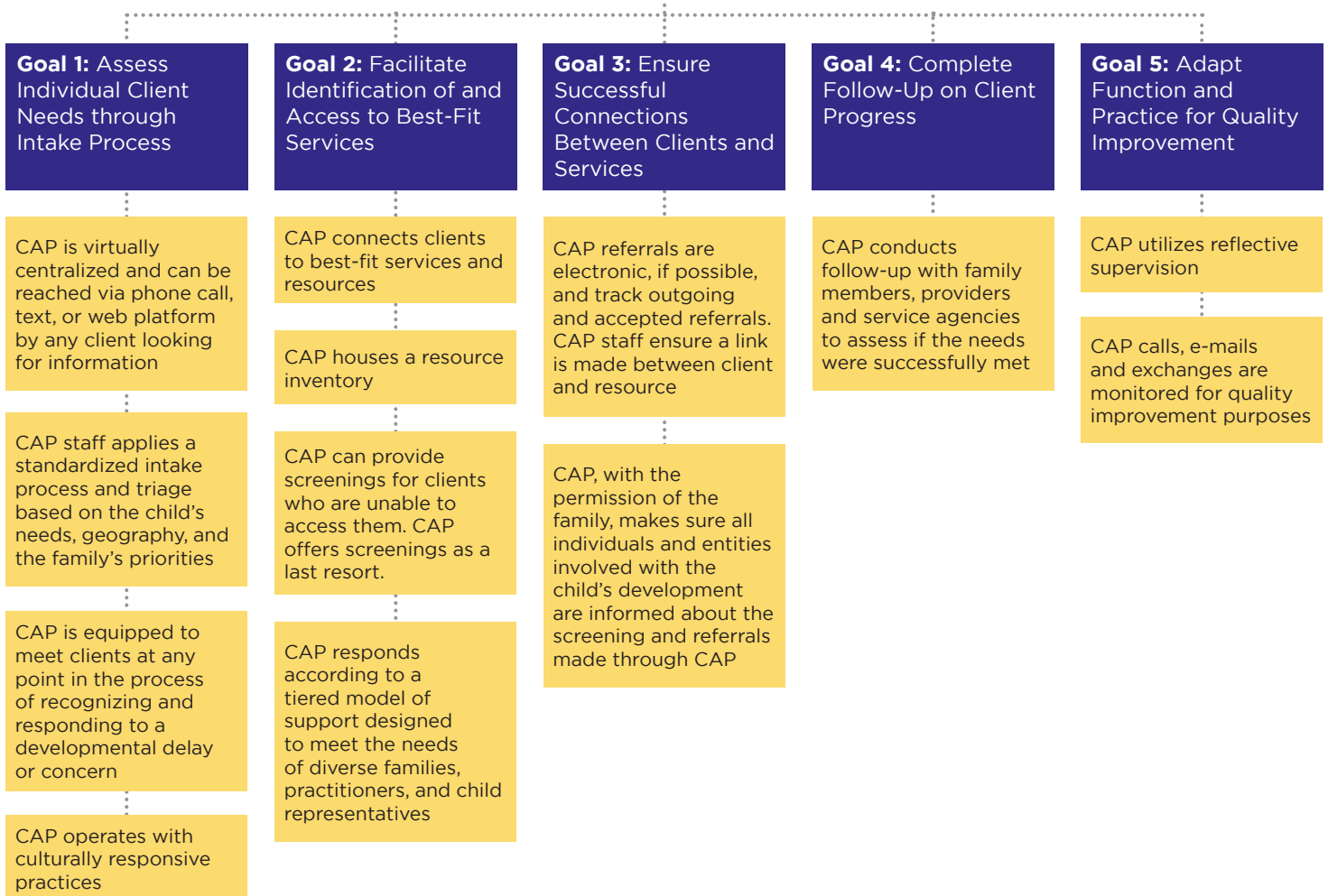
HMG-LA Centralized Access Point

Introduction

The Centralized Access Point, (CAP), as defined by the National HMG model, serves as the “go-to” place for family members, child health care providers and other professionals seeking information, support and referrals for young children. CAP is a “virtually-centralized” connector in the National HMG system model.

The HMG-LA CAP should also take a “virtually-centralized” approach and be accessible by a single phone number and web platform. Given the different ways in which families, service providers and communities access information and communicate, the HMG-LA CAP should be flexible and responsive. It should utilize multiple modes of communication including website, telephone, email, app, and social media platforms.

Centralized Access Point (CAP)



The HMG-LA CAP functions as the “glue” that strengthens partnership across systems and existing resources, including service providers, community-based organizations, public and private agencies, and communities.

Early on in the planning phase, shared interest emerged among the Workgroup members in designing and applying a “centralized-decentralized” approach for the HMG-LA CAP in response to L.A. County’s size and scale. This approach also places value on local, community-driven and community-centered activities to support the core components. Therefore, it is presumed the HMG-LA website platform, call center, and messaging and educational outreach should take a countywide, centralized approach, while service delivery, including screenings, case management, care coordination and training should be carried out by more localized organizations and agencies.

Current Landscape: As Experienced by Workgroup Members

In this Workgroup there was early recognition and appreciation that L.A. County represents an extensive region with great cultural, linguistic and socioeconomic diversity. Therefore, CAP should be designed in a way that it is responsive to the needs and norms of the county’s diverse resident populations, early childhood and health service providers, and community organizations. Furthermore, given L.A. County has existing infrastructure and various information systems and resource centers in place — including phone systems, technology, Internet hosts and data platforms, etc. — such resources and associated best practices should be leveraged to avoid duplicating existing services. Finally, there are many small-, medium- and large-size service providers in the area: CAP must establish a process to stay current on resources in all areas of the county.

HMG-LA CAP Recommendations

Overall Desired Outcomes

- Connects families and service providers to developmental screening resources (both surveillance and screenings) and provides information to families about developmental milestones, screening interpretation and early intervention services
- Connects families and service providers to appropriate entities for screenings and/or intervention services and supports for at-risk, mild, moderate or significant delays and conditions to promote children’s optimal well-being
- Provides a feedback loop to ensure that a referral of a family to a service or support was both completed and accepted, and ensures that the family received the support needed
- Engages in ongoing reflection and learning to enhance or support the CAP component and services

Goal 1: CAP Staff Assess Individual Client Needs Through Intake Process

- ◆ CAP is “virtually centralized” and can be reached via phone call, text, or web platform by any client who is looking for information about developmental and behavioral health and/or linkage to appropriate services and supports related to childhood development. CAP will not be housed in a physical site that provides face-to-face services.
- ◆ CAP staff applies a standardized intake process and triage based on the child’s needs, geography and the family’s priorities, when possible.
 - CAP intake process assesses clients’ concerns specific to the child’s development. CAP staff is equipped to discuss and respond to social determinants of health, linking families to services and programs.
 - CAP approach to screening and identification is trauma informed.²¹
- ◆ CAP is equipped to meet clients at any point in the process of recognizing and responding to a developmental delay or concern. CAP staff members consistently incorporate education and information related to early childhood development, screening and/or early intervention throughout exchanges with clients; these specific supports and content are tailored to clients’ background knowledge and needs. In the case that a family would benefit from peer navigation or advocacy support, CAP will facilitate a connection with these services. CAP should also help empower families by providing access to information and supports such as educational material, screening and assessment score interpretation, and appropriate intervention services.
- ◆ CAP operates with culturally responsive practices. CAP must be able to serve clients from diverse backgrounds and offer services in multiple languages. CAP should be an entry point where clients feel heard, supported and empowered.

²¹ A trauma-informed program, organization or system realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures and practices; and seeks to actively resist re-traumatization. Substance Abuse and Mental Health Service Administration. <https://www.samhsa.gov/nctic/trauma-interventions>

Goal 2: Facilitate Identification of and Access to Best-Fit Services

- ◆ CAP connects clients to best-fit services and resources including, but not limited to: Early Start (IDEA, Part C), Early Head Start/Head Start, School Districts, Department of Mental Health, community-based service organizations, Family Resources Centers, Public Council, Disability Rights California, Learning Rights Law Center, Department of Children and Family Services, social service agencies, home visiting programs, Office of Child Protection, health service providers, early childhood education providers, and local community-based enrichment programs at museums, zoos, libraries, etc.
- ◆ CAP houses a resource inventory to facilitate successful linkage to developmental screenings, early intervention services²², support networks and peer navigation²³ for children with a spectrum of developmental health needs.
- ◆ CAP can provide screenings for clients who are unable to access them. Although the central goal of CAP is to provide linkage and referrals to already-existing resources in the community, CAP should have the ability to offer screenings as a last resort.
- ◆ CAP responds according to a tiered model of support designed to meet the needs of diverse families, practitioners and child representatives.

Goal 3: Ensure Successful Connections Between Clients and Services

- ◆ CAP referrals are electronic, if possible, and track outgoing and accepted referrals. CAP staff can ensure a link is made between the client and the resource.
- ◆ CAP, with the permission of the family, makes sure all individuals and entities involved with the child's development (including pediatricians, early care and education providers, etc.) are informed about the screening and referrals made through CAP.

Goal 4: Complete Follow-Up on Client Progress

- ◆ CAP conducts timely follow-up with family members, providers and service agencies to assess if the needs were successfully met.

Goal 5: Adapt Function and Practice for Quality Improvement

- ◆ CAP utilizes reflective supervision²⁴ to draw upon experiences with clients for quality improvement and learning. This practice improves staff members' expertise in interpreting and responding to client needs, as well as sharing best practices across the CAP team.
- ◆ CAP calls, emails and exchanges are monitored for quality improvement purposes.



²² Examples of early intervention services for children at-risk and with mild-to-moderate developmental and behavioral delays include: libraries, parent groups, kaleidoscope programs, home visiting programs, high quality childcare, etc. Examples of early intervention services for children presenting more significant delays include: Regional Centers, Early Head Start, home visiting programs, mental health services, high quality childcare, pediatricians, services provided through insurance, school nurses and counselors, etc.

²³ Examples of peer navigation programs and models include: promotoras, patient navigators, advocacy supports, etc.

²⁴ "What is Reflective Supervision?" Multiplying Connections: Positive development for all children. The Health Federation of Philadelphia. n.d. Web. 22 Sept. 2017. <http://multiplyingconnections.org/become-trauma-informed/what-reflective-supervision>

HMG-LA Community and Family Engagement

Introduction

The Community and Family Outreach (CFO) component, as defined by the National HMG model, focuses on supporting and encouraging families and communities to utilize and participate in the HMG system. This component seeks to bolster awareness of children's healthy development through provider networking opportunities, community meetings, public events and community outreach.²⁵ This component's leading objective is to increase participation of families and service providers in HMG-LA through integrated outreach strategies tailored to the target populations' unique needs and the unique landscape of L.A. County.

During early Workgroup discussions, it became apparent that this HMG-LA core component should provide more than just outreach to parents and families and instead emphasize "engagement with" rather than "outreach to" families and community. For this reason, the Workgroup selected to change its title to Community and Family Engagement (CFE).

In addition, there was strong emphasis that HMG-LA and this component must be family-centered/parent-driven. In partnership with service providers and community organizations, the family should be seen from the beginning as a partner, collaborator and resource. The family unit can include parents, caregivers, siblings and other relatives who have a role in nurturing and supporting a child's development and well-being.

CFE will also strengthen the role community-based organizations and resources have in assisting families with connecting to early identification and intervention services. CFE will provide education about early identification and intervention and coordination between programs and services with the goal of empowering families and communities in the management and support of children's developmental health.

Current Landscape: As Experienced by Workgroup Members

Workgroup members reached out to families to better understand their experience accessing and utilizing early identification and intervention services. The Workgroup used a "Design Thinking"²⁶ approach to document the personal family journey and experience interfacing with early identification and intervention service systems. Workgroup members participated in interviews with families to help better understand their experiences accessing information, screenings and services related to developmental and behavioral delays and concerns.

Through this process it was noted that while many children are being screened, families may not always be appropriately informed about the screening, results and implications.

Another key concern identified was the overall dissatisfaction and frustration often experienced by families when trying to access intervention services and supports for their children. Although there are many excellent programs and services in L.A. County, families' adverse experiences stems from making multiple calls and not having calls returned, excessive wait times to enroll in programs, difficulties transitioning to new programs, and ultimately the inability to connect to the right services to meet their children's needs.

Furthermore, the system is disconnected, lacking a uniform or centralized record-keeping practice and platform. Families continually have to retell their story and experience to service providers, which may lead to delays and/or mismatches in the supports and interventions provided.

Finally, the language and phrases regarding developmental health used by physicians and community-based service providers often lack consistency and may not be readily understood by non-professionals or viewed as "family friendly."

²⁵ "The HMG System Model." Help Me Grow National Center. Sept. 2017. <https://helpmeginational.org/what-is-help-me-grow/hmg-system-model/>

²⁶ Lockwood, Thomas. "Design Thinking: Integrating Innovation, Customer Experience, and Brand Value." New York. Allworth Press, 10 Nov. 2009. Print.

Community and Family Engagement (CFE)



HMG-LA CFE Recommendations

Overall Desired Outcomes

- Engages families as partners in developing HMG-LA and in the provision of services for their children
- Respects families' perspectives, preferences and experiences
- Empowers and supports families in developing their skills and capacity to ensure they are the best advocates for their children's developmental health needs
- Engages community partners to have a shared role in reaching families to provide education, empowerment and coordination between programs and services

Goal 1: Increase Normalization and Reduce Stigma –

Early screening should be seen as a normal and expected practice for all children. Screenings should be easily accessible; conducted by service providers, such as a physician or early childhood education specialist; and offered through local community-based organizations or at a community event, or completed by the family directly.

- ◆ CFE elevates the importance and expectation among all families that developmental screenings are conducted in health and early care and education settings. Screening must be accompanied by an interpretation of the results, recommendations, and next steps. When necessary, children should also be connected to appropriate intervention supports and services, including CAP and community-based services and programs. Particularly, screenings should be expected as part of well-baby visits at the recommended ages.²⁷
- ◆ CFE adopts and uses consistent language to engage and educate families and communities in discussions about child developmental health, including the value of developmental screenings and intervention services and supports.
- ◆ CFE promotes that all service providers and organizations delivering early identification and intervention-related services and supports are family-friendly and welcoming, use consistent and clear language about child developmental health, and are inclusive of families' unique knowledge and observations. These same values should also be applied when developing engagement and outreach strategies related to trainings and community education.
- ◆ CFE promotes trainings for all levels of staff in community-based organizations. These trainings should be consistent with materials adapted for child health care providers²⁸ and culturally sensitive regarding child developmental health.
- ◆ CFE supports and empowers families with the goal of helping them feel comfortable with and knowledgeable about child developmental health, the screening process and accessing early intervention services.

Goal 2: Leverage Community Organizations – Partner with community organizations working with young children that are providing, or have the capacity to provide, early identification and intervention. Foster greater collaboration between the family, the child health care providers and the designated community organization.

- ◆ CFE focuses engagement efforts on leveraging existing community-based networks as a starting point for collaboration, trainings, education and promotion of HMG-LA, and should then seek organizations and agencies not part of the traditional networks.
- ◆ CFE educates community organizations about a coordinated approach between HMG-LA and local resources and services to better service children and families, elevate and normalize child developmental health (including screenings), and share a common language.
- ◆ CFE coordinates and/or leverages opportunities for network engagement between community partners including community-based organizations, health care providers, and early care and education providers.



²⁷ The American Academy of Pediatrics (AAP) recommends service providers should also use a validated, global screening tool at 9-, 18-, and 24-30 months of age and an autism-specific screening tool at 18- and 24- months in addition to conducting developmental surveillance during well-baby visits. American Academy of Pediatrics. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/Screening-Recommendations.aspx>

²⁸ See HMG-LA Core Component: Child Health Care Provider Outreach Recommendations

Goal 3: Move From Recognition To Response – Following a screening, families should be provided an interpretation of the screening results, education around child developmental health, and, if appropriate, tailored support to address the child’s needs.

- ◆ CFE advocates for a system where the community and service providers ensure families can always access developmental screenings and appropriate intervention services and supports.²⁹
- ◆ CFE advocates for a system where the community and service providers support families with care coordination, system navigation and linkage to the appropriate resources.
- ◆ CFE identifies community partners who are aligned with HMG-LA’s mission and vision, and are best suited to function as “family liaisons”³⁰ to support families’ connection to services beyond CAP.

Goal 4: Engage Parents and Families – CFE fosters meaningful engagement with families to incorporate the parent and family voice and perspective.

- ◆ CFE includes families in the planning and implementation of CFE and HMG-LA at large. This can include participation on the HMG-LA Leadership Advisory Committee or the HMG-LA Family Advisory Committee.
- ◆ CFE encourages families to be advocates for developmental identification and intervention.
- ◆ CFE leverages and creates family-friendly spaces in the community to increase awareness of child developmental health. Locations may include, but are not limited to, existing community spaces and programs, parks, libraries, zoos, community events, etc.
- ◆ CFE provides user-friendly, family-friendly and easily accessible information and resources about child development using various communication platforms (i.e., web, smartphone apps, flyers, billboards).

Goal 5: Ensure Cultural and Linguistic Sensitivity – In partnership with community groups and leaders throughout L.A. County, outreach and engagement efforts are tailored to meet the unique needs of diverse populations across the county.

- ◆ CFE respects and acknowledges cultural values and practices to ensure that identification and intervention is successful.
- ◆ CFE encourages cultural competency training in early identification and intervention trainings to increase sensitivity to and understanding of diverse customs, preferences and needs.



²⁹ The CFE Workgroup referred to the phrase “No wrong door, right service, right time” when considering this strategy and Goal 3.

³⁰ The CFE Workgroup based “family liaisons” on the HMG-Alameda model, and similar in function to system-navigators

HMG-LA Child Health Care Provider Outreach

Introduction

Child health care providers are in a unique position to identify young children at risk for and with developmental and behavioral delays and conditions. As defined by the National HMG model, this core component aims to conduct targeted outreach to child health care providers through office-based education and training to promote early identification, the use of the CAP. In addition, this component advocates for clinical practice change that aligns with the HMG model, including embedding developmental surveillance and screening in practice.³¹

The HMG-LA Child Health Care Provider Outreach (CHPO) component values an outreach approach that:

- Educates and motivates child health care providers to standardize the practice of conducting developmental surveillance and screenings
- Encourages conversations between providers and families about child developmental health
- Facilitates access to relevant tools, resources and trainings for providers

The first priority of CHPO should be to raise early identification and intervention standards and practices across all child health service sectors. For those sites and service providers already championing strong practices, HMG-LA should encourage the application of a holistic, whole-child approach that is trauma informed. It should also address environmental stressors and social determinants of health as they relate to children's developmental health.

Current Landscape: As Experienced by Workgroup Members

Composed largely of experts in the field of health service delivery and care for pediatric populations, the CHPO Workgroup members acknowledged varying levels of knowledge of early identification and intervention and inconsistent practices within the health care field. Many child health care providers are not consistently using validated screening tools as recommended by the Bright Futures AAP Recommendations for Preventative Pediatric Health Care.^{32,33}

While a growing body of literature suggests that early identification and intervention is effective for children ages 0-5, pediatricians and other providers serving young children indicate a number of challenges when incorporating developmental screenings into their practices. Challenges identified by the Workgroup members include:

- Lack of time for them or clinic/office staff to conduct developmental screening during the 9-, 18- and 24-30 month well-child visits
- Difficulties integrating developmental screening and surveillance into regular office visits and medical office workflow
- Gaps in knowledge related to how to conduct developmental screenings and interpret the results
- Varying knowledge and/or awareness of early intervention services and supports available in the community
- Limited knowledge of available reimbursements for conducting developmental screenings under specific health plans and when available, challenges in accessing reimbursement.

In addition, provider use of developmental screenings and documentation of screenings are inconsistent. Even in the case when validated screening tools are embedded into a provider's practice, screening results and referral outcomes are not always captured and recorded. Workgroup members also perceived a lack of sufficient resources for early interventions and community services for children at risk for or categorized with a mild-to-moderate delay.

Furthermore, child health care providers are not always well-trained and fluent in communicating the value of developmental health in a sensitive, family-friendly and nonjudgmental manner. While there are opportunities to promote training around early identification and intervention through Continuing Medical Education (CME)³⁴ and/or Maintenance of Certification (MOC)³⁵ programs, few financial incentives exist for child health providers to conduct a developmental screening.

Understanding the perspectives and beliefs of pediatricians and other child health care providers and addressing their needs and challenges is vital to the success of a practice change initiative such as HMG-LA.

³¹ "Core Components." Help Me Grow National. <https://helpmegrwnational.org/>

³² "Developmental Screening Tools." Bright Futures. American Academy of Pediatrics. 1 Jul. 2016. Web. 22 Sept. 2017. https://brightfutures.aap.org/Bright%20Futures%20Documents/Developmental_Screening_Tools.pdf

³³ There are various recommended validated screening tools, including but not limited to: Ages and Stages Questionnaire-3 (ASQ-3); Ages and Stages Questionnaire: Social-Emotional-2 (ASQ: SE-2); Modified Checklist for Autism in Toddlers (M-CHAT); and Parents Evaluation of Developmental Status (PEDS).

³⁴ Continuing medical education (CME) refers to a specific form of continuing education that serves to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. These activities may take place as live events, written publications, online programs, audio, video, or other electronic media. Content for these programs is developed, reviewed and delivered by faculty who are experts in their individual clinical areas. Accreditation Council for Continuing Medical Education. <http://www.accme.org/requirements/accreditation-requirements-cme-providers/policies-and-definitions/cme-content-definition-and-examples>

³⁵ Maintenance of Certification (MOC) is a physician certification maintenance through one of 24 approved medical specialty boards of the American Board of Medical Specialties (ABMS) and the 18 approved medical specialty boards of the American Osteopathic Association. American Board of Internal Medicine. <https://www.abim.org/maintenance-of-certification/default.aspx>

Child Health Care Provider Outreach (CHPO)

Goal 1: Increase Providers' Knowledge About Developmental Screening

CHPO tailors outreach and education strategies and content to the knowledge level of a range of service providers

CHPO tailors outreach and education strategy to provider networks and practice type

CHPO hires staff with clinical experience and expertise to design and conduct health provider outreach, training, and technical assistance

Goal 2: Design Approaches and Standards for Providers to Embed Early Identification and Intervention Practices

CHPO draws upon existing child developmental health training resources and programs

CHPO integrates an assets-based approach into the curriculum

CHPO trains health care providers on trauma-informed practices

Goal 3: Increase the Application of Validated Screening Tools in Accordance with AAP Guidelines

CHPO endorses a select set of validated developmental screening tools

CHPO develops a training program to address the barriers and challenges of integrating recommended surveillance and screening into child health provider's workflow

CHPO shares strategies for reimbursement and/or compensation for developmental screening

CHPO expands child health providers' recognition of the value of developmental screenings

Goal 4: Improve Providers' Ability to Ensure Continuity of Care Across the Spectrum of Developmental and Behavioral Services and Supports

CHPO expands child health providers' awareness of locally available traditional and nontraditional community resources and supports

CHPO increases the capacity of child health providers and clinic sites to manage and monitor referral status

CHPO offers service providers access to current information about resources, supports, and physician and organizational champions in early identification and intervention

CHPO ensures the build-out and sustainability of a HMG-LA system that has the capacity to develop a robust inventory of appropriate referrals

Goal 5: Advocate for Systems and Policy Changes to Support Increased Access to Screening and Intervention Services

CHPO advocates for countywide and statewide requirements for screening with a validated tool

CHPO develops a countywide campaign to promote awareness of child developmental health early identification and intervention practices

CHPO respects and acknowledges cultural values and practices

CHPO leverages HMG National and HMG-CA to advocate for the integration of validated developmental screening tools with electronic health records

CHPO advocates for financial incentives and increased reimbursement for conducting developmental screening, early intervention services, and care coordination supports

HMG-LA CHPO Recommendations

Overall Desired Outcomes

- Elevates the importance of early identification and intervention
- Increases developmental screening rates
- Connects families to appropriate resources to support their child's development
- Fosters system and policy change that enhances resources available to support early developmental identification and intervention

Goal 1: Increase Providers' Knowledge About Developmental Screening In Accordance With the American Academy of Pediatrics (AAP) Screening Guidelines and Use of Validated Screening Tools

- ◆ CHPO tailors outreach and education strategies and content to the knowledge level of a range of service providers, including but not limited to pediatricians, nurse practitioners, medical assistants, clinic office staff, care coordinators, early intervention specialists and, at later phases, early child care and early educators.
- ◆ CHPO tailors outreach and education strategy to provider networks and practice type (i.e., group practice, solo practice, private health plan, managed care plans, etc.).
- ◆ CHPO hires staff with clinical experience and expertise to design and conduct health provider outreach, training and technical assistance on a variety of topics, including but not limited to child developmental health, conducting surveillance and developmental screening using validated tools, integrating routine developmental screening into the practice setting and workflow, and identifying possible roles of staff in the implementation of screening, scoring and referrals.

Goal 2: Design Approaches and Standards for Providers to Embed Early Identification and Intervention Practices

- ◆ CHPO draws upon existing child developmental health training resources and programs.
- ◆ CHPO integrates an assets-based approach into the curriculum, including methods for discussing child development with families, and specifying the providers' role in explaining the results of screening and the next steps in connecting families to resources. By establishing assets-based approaches and relationship-based practices, providers cannot only promote positive parent-child relationships, but also build stronger parent and provider relationships.
- ◆ CHPO trains health care providers on trauma-informed practices.



Goal 3: Increase the Application of Validated Screening Tools in Accordance to the AAP Guidelines for Early Identification

- ◆ CHPO endorses a select set of validated developmental screening tools for early identification to promote and standardize screenings at well-child visits for children ages 0-5.³⁶
- ◆ CHPO develops a training program to address the barriers and challenges of integrating recommended surveillance strategies and screening tools into child health provider's workflow management and practices.
- ◆ CHPO shares strategies for reimbursement and/or compensation for developmental screening.
- ◆ CHPO expands child health providers' recognition of the value of developmental screenings, as well as referring children who identify with a developmental or behavioral need to the appropriate early intervention services in a timely manner.

Goal 4: Improve Providers' Ability to Ensure Continuity of Care Across the Spectrum of Developmental and Behavioral Services and Supports

- ◆ CHPO expands child health care providers' awareness of traditional and nontraditional community resources and supports locally available that encourage the healthy development of young children.
- ◆ CHPO increases the capacity of child health providers and clinic sites to manage and monitor referral status, including monitoring if the referral was accepted, if services are being received, and the child's progress and outcomes.
- ◆ CHPO offers health, early childhood education and community-based service providers access to current information about resources, supports, and physician and organizational champions in early identification and intervention.
- ◆ CHPO ensures the build-out and sustainability of a HMG-LA system that has the capacity to develop a robust inventory of appropriate agencies and/or resources to refer both service providers and families.

Goal 5: Advocate for Systems and Policy Changes to Support Increased Access to Screening and Intervention Services

- ◆ CHPO advocates for countywide and statewide requirements for screening all young children with a validated tool at the recommended age intervals during well-child visits in alignment with Bright Futures AAP Recommendations for Preventative Pediatric Health Care.
- ◆ CHPO advocates for leveraging the MOC and CME platforms to increase provider knowledge on early identification and intervention practices.³⁷
- ◆ CHPO develops a countywide campaign in partnership with public and private county agencies, including First 5 LA to promote awareness of child developmental health and early identification and intervention practices.
- ◆ CHPO leverages HMG National and HMG California to advocate for the integration of validated developmental screening tools with electronic health records and other relevant electronic health information management systems.
- ◆ CHPO advocates for financial incentives and increased reimbursement for conducting developmental screening, early intervention services and care coordination supports.

³⁶ The American Academy of Pediatrics (AAP) recommends screenings be conducted during select age intervals using a validated, global screening tool at 9-, 18-, and 24-30 months of age and an autism-specific screening tool at 18- and 24-months in addition to conducting developmental surveillance during well-baby visits. American Academy of Pediatrics. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/Screening-Recommendations.aspx>

³⁷ The HMG MOC program, approved by the American Board of Pediatrics, provides Part 4 Credit and uses a Quality Improvement methodology to guide pediatricians in implementing developmental surveillance, screening and referral to evaluation and intervention services using the HMG system. Help Me Grow National Center. <https://helpmegrwnational.org/affiliate-dashboard/hmg-maintenance-certification/>

HMG-LA Data Collection and Analysis

Introduction

The HMG National model description of the Data Collection and Analysis (DCA) guided the Workgroup conversations about this core component's functions and features. Consistent with the National model, DCA will collect data for the purpose of identifying gaps and barriers in early identification and intervention systems, and providing continuous quality improvement to refine the HMG system. In addition, this data can be used to advance system operations and service delivery practices, and processes across sectors.

Additionally, the Workgroup valued the opportunity to track outcomes through DCA to elevate the importance of early identification and intervention, and advocate for policy and systems change countywide. Furthermore, outcome data can help shape HMG-LA's short-term and long-term sustainability approach.

Data should serve as a thread linking all four HMG-LA core components. In particular, collecting and tracking data must be planned and implemented in coordination with CAP. Data should also guide outreach and engagement efforts with child health providers, families and the community at large. Lastly, DCA should also encourage the use of data to support community-driven advocacy and education.

The Workgroup members also recommended the need for a HMG-LA impact study to assess long-term child and family outcomes. The selection of the data indicators identified and collected in the early stages of HMG-LA should also be influenced by these future research plans.

Current Landscape: As Experienced by Workgroup Members

The Workgroup recognized the potential opportunity to leverage and integrate existing data systems and platforms to support HMG-LA. The potential cost of building a robust system could be substantial. Therefore, it is critical to conduct a landscape analysis of already-existing data systems related to this issue area to prevent duplication, reduce cost and avoid additional burden on individuals throughout the system. It may be necessary to consult with technical experts who can provide guidance on integrating and coordinating data systems.

The Workgroup members also acknowledged challenges and inefficiencies that can impact data collection and analysis. At present, there is wide variation in terminology and definitions regarding developmental health. There is also inconsistency in data-collection practices within and across sectors including health and early care and education. In addition, data is often not shared across sectors and service providers. This creates a burden for both providers and patients to collect and re-collect data when addressing a child's developmental health needs.

Limited financial and nonfinancial incentives act as another barrier to conducting early identification and intervention and capturing these activities through data collection.

Given the sensitive nature of medical records, technical and legal considerations also impact how data is collected and exchanged.

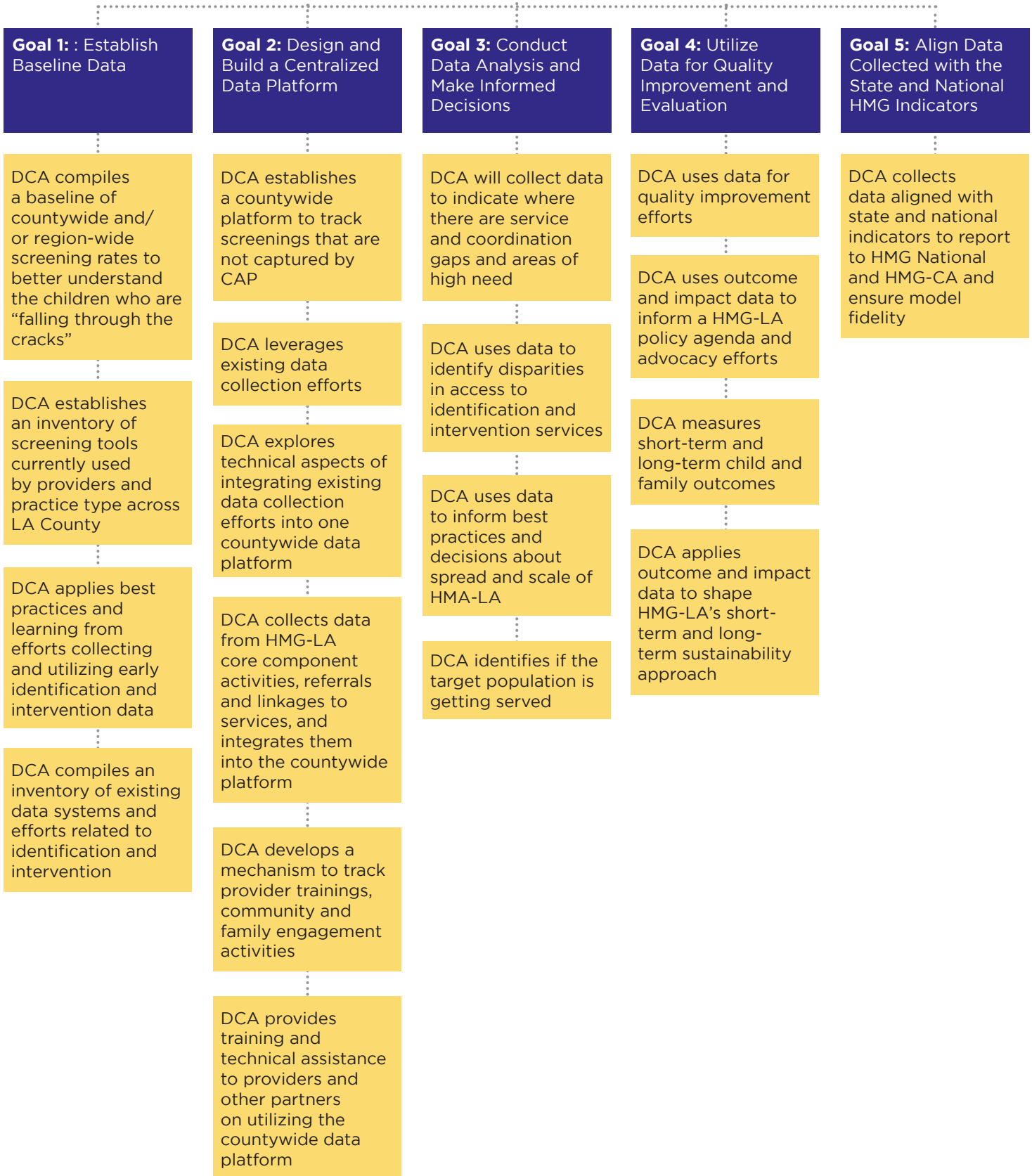
Lastly, the Workgroup members also recognized the importance of county partners' commitment to developing and building out a robust DCA.

The following specific data indicators were prioritized for collection and analysis to support HMG-LA:

- **CAP data:** number of callers, profile of caller³⁸, reason for call, presenting issues and needs, outcome of call and how caller learned of the CAP
- **Developmental screening:** entity conducting the screening, entity making the referral, and number/proportion of children screened and type of screening tool
- **Referrals:** number of referrals made on behalf of the HMG families and outcomes of referrals (i.e., number/proportion of times families are successfully linked to services)
- **Community outreach activities:** number of networking and training events and attendance, profile of attendees, and inventory of community programs and services
- **Provider outreach activities:** number of trainings by provider and practice type, frequency and duration of trainings, participation and attendance
- **Gaps and barriers:** type of barriers in practice across sectors
- **Systems change:** capture data about increased coordination across systems, sectors and programs

³⁸ i.e., relationship of the caller to the child (parent, caregiver, provider) and other demographic and geographic data

Data Collection and Analysis (DCA)



HMG-LA DCA Recommendations

Overall Desired Outcomes

- Allows for better data coordination and sharing across systems that collect developmental health information
- Tracks and assesses the HMG-LA system infrastructure
- Informs quality improvement, captures progress, notes challenges and helps inform decisions in each HMG-LA core component
- Develops an evaluation of child and family outcomes from HMG-LA
- Uses data to inform a policy agenda

Goal 1: Establish Baseline Data – Baseline data is critical to the design and rollout of HMG-LA. Emphasis should be placed on gaining a foundational understanding of the following: existing data platforms, existing data collected, developmental screening rates, developmental screening tools used, referrals rates and service utilization.

- ◆ DCA compiles a baseline of countywide or region-wide screening rates to better understand the children who are “falling through the cracks.” In order to determine these baseline screening rates, it is necessary to determine the “denominator,” or the number of children ages 0–5 who need to be screened at a given point in time. Data at the local level (County, Service Planning Area and Community level) will be needed to understand the current rate of developmental screening across the HMG-LA target population. In addition, data related to intervention service referrals will need to be collected to create corresponding baseline indicators about referral and service utilization rates.
- ◆ DCA establishes an inventory of screening tools currently used by providers and practice type across L.A. County. There are several validated tools that are currently recommended by the AAP, and it is important to learn the utilization rates of each tool. In addition, it is valuable to understand how many providers are (1) not using a validated tool, (2) using observation in place of screening, (3) using a modified instrument that is not validated or (4) not conducting any surveillance or screening.
- ◆ DCA applies best practices and learning from efforts collecting and utilizing early identification and intervention data. Examples include: Early Developmental Screening and Intervention Initiative (EDSI), First Connections, 211 Early Identification and Care Coordination Project, the L.A. Care Health Plan Pilot Project, and other efforts.
- ◆ DCA compiles an inventory of existing data systems and efforts related to identification and intervention.

Goal 2: Design and Build a Centralized Data Platform to Track Services and Evaluate Outcomes

- ◆ DCA establishes a countywide platform to track screenings that are not captured by CAP data collection.
- ◆ DCA leverages existing data collection efforts, including screening data from CAP, administrative data, Children’s Data Network data and Head Start data. HMG-LA enters into cooperative agreements that allow for sharing data across systems and cover all of the legal, ethical and technical concerns associated.
- ◆ DCA explores technical aspects of integrating existing data collection efforts into one countywide data platform.
- ◆ DCA collects data from HMG-LA core component activities as well as referrals and linkages to services, and integrates them into the countywide data platform.
- ◆ DCA develops a mechanism to track provider trainings, and community and family engagement activities.
- ◆ DCA provides training and technical assistance to providers and other partners on entering data into and utilizing the countywide data platform.

Goal 3: Conduct Data Analysis and Make Informed Decisions

- ◆ DCA will collect data to indicate where there are service and coordination gaps and areas of high need to drive the early rollout phase of HMG-LA.
- ◆ DCA uses data to identify disparities in access to identification and intervention services including, but not limited to, geography, language and across programs.
- ◆ DCA uses data to inform best practices and decisions about the spread and scale of HMA-LA.
- ◆ DCA identifies if the target population is getting served.

Goal 4: Utilize Data for Quality Improvement and Evaluation

- ◆ DCA uses data including early identification and intervention data, parent and provider feedback, and user satisfaction for quality improvement efforts.
- ◆ DCA uses outcome and impact data to inform a HMG-LA policy agenda and advocacy efforts to strengthen early identification and intervention systems.
- ◆ DCA measures short-term and long-term child and family outcomes.
- ◆ DCA applies outcome and impact data to shape HMG-LA’s short-term and long-term sustainability approach.

Goal 5: Align Data Collected With the State and National HMG Indicators

- ◆ DCA collects data aligned with state and national indicators to report to HMG National and HMG California and ensure model fidelity.

³⁹ Mention was made about the Los Angeles Network for Enhanced Services (LANES), a secure health information exchange between hospitals, community-based clinics, County Departments and L.A. Care Health Plan allowing access to specific medical record information to support better care coordination.

EARLY IMPLEMENTATION STRATEGY FOR HELP ME GROW-LA

HMG-LA ORGANIZING ENTITY

The National HMG model relies on an **Organizing Entity** to provide administrative and fiscal oversight, as well as facilitate coordination between service sectors to better strengthen and expand early identification and intervention.

The Organizing Entity will be responsible for recruiting and supporting the Leadership Advisory Committee, comprised of content experts and representatives from public and private agencies and county systems. The Organizing Entity is also responsible for developing the HMG Family Advisory Committee — in accordance with the recommendation put forward by the Leadership Council and Workgroups — to ensure the inclusion of the family perspective throughout the development and oversight of HMG-LA. The Organizing Entity and Leadership Advisory Committee will plan and implement several HMG-LA core components.

These HMG-LA recommendations put forward by the HMG Leadership Council and Workgroups will help to inform the Organizing Entity and Leadership Advisory Committee in early implementation, evaluation design, sustainability planning and strategies for the spread and scale of HMG-LA across the county.

Over the course of the early design and planning phase, the LACDPH held several leadership roles beginning with co-launching the countywide planning process and continuing with co-chairing the Health Care Provider Outreach workgroup. Given the LACDPH's past experience with cross-sector initiatives and their commitment in promoting and maintaining optimal health for all young children in L.A. County, they are uniquely positioned to fill the Organizing Entity role. This promising partnership also offers the opportunity for HMG-LA to leverage existing the LACDPH programs, access federal and state funding resources, and bridge connections between other county departments and agencies to expand HMG-LA.⁴⁰

The LACDPH will also explore opportunities to work in partnership with the Long Beach and Pasadena Public Health Departments to determine areas of program and service integration with the HMG-LA systems framework.

Public health departments have been key partners in HMG systems across the country. Ten of the 22 current HMG state affiliates and the District of Columbia (D.C.) are led or co-led by state public health departments,

including: Alaska, Colorado, Delaware, D.C., Iowa, Kentucky, Minnesota, Vermont, West Virginia and Wyoming. Through broad partnerships and leadership, these public health state departments have committed to HMG's overall aim of building a comprehensive, statewide, coordinated system of early identification and intervention for young children at risk for developmental and behavioral delays and conditions. These public health departments have worked in partnership with champion agencies including education, mental health, health services and child welfare to advance the vision and agenda of HMG.

As part of the Organizing Entity responsibilities, the the LACDPH will lead ongoing Continuous Quality Improvement (CQI) engagement efforts in order to improve the overall HMG system and create a CQI Committee that includes funder representatives and key stakeholders working on each of the four HMG core components. Finally, the LACDPH will work on building a HMG-LA system that blends and braids financial and administrative resources across county agencies, and across public and private sectors as part of long-term sustainability. The LACDPH will lead the development of the HMG-LA funding model and business plan that informs opportunities, as well as spread and scale over the next five years.

HMG-LA ROLLOUT

Structural Requirement: Statewide and County Expansion

The goal for a HMG system is statewide expansion and implementation. Having a statewide vision for HMG from the beginning is an important structural requirement for states interested in adopting the HMG systems framework. A statewide system helps ensure universal access and identification of children for intervention as early as possible, and facilitates a multidisciplinary approach to service delivery.

Each state determines the best approach for developing a HMG statewide scaling and spread plan. The process depends on target populations' needs, early intervention system infrastructure, capacity, funding and resources, and the expansion approach of each state. In California, HMG has been implemented and expanded upon using a county-by-county approach.

In 2005, HMG-Orange County became the first site to replicate HMG in the country, closely followed by Alameda and Fresno counties. Since 2011, efforts have been underway to replicate HMG across California counties and to establish HMG as a critical component of California's efforts to ensure children's optimal development. As of 2017, there are 17 county affiliates implementing HMG through a range of lead organizations.

⁴⁰ Examples of these programs include Child Health and Disability Prevention (CHDP), Health Care Program for Children in Foster Care (HCPCFC), public health nurses, as well as public health nurses previously under Department of Children and Family Services (DCFS), California Children's Services (CCS), California Children's Services - High Risk Infant Follow-Up Program (CCS-HRIF), Childhood Lead Poisoning Prevention Program (CLPPP), Nurse Family Partnership (NFP), and various Title V funded programs under the Division of Maternal, Child and Adolescent Health (MCAH). Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov>

Proposal for Incremental Implementation Approach for L.A. County

The Leadership Council was tasked with providing guidance on how to best plan for the rollout of HMG in L.A. County. Over several meetings, the Leadership Council provided input on how best to coordinate existing efforts, phase-in, and spread the scale of HMG-LA using existing infrastructure and resources as part of the early planning and implementation.

During early discussions related to the target population for HMG-LA, the Leadership Council discussed the value of applying a data-driven approach to both the population and rollout of HMG-LA. The Leadership Council informed the development of a set of strategies and criteria to rollout and implement HMG-LA taking into consideration the following: the density of the age 0-5 population, geographic distribution of services, complexity of different systems and the demonstrated need for developmental services.

Phased Approach

Given the unique make up of Los Angeles and the number of child- and family-serving systems that need to be part of HMG-LA, the Leadership Council and Workgroups recommended a phased rollout that takes place in select communities. This phased rollout mirrors implementation approaches used by other HMG affiliates, including HMG Connecticut and Santa Clara.

This approach provides an opportunity to launch, test and refine strategies before scaling. The planning phase of the rollout will also provide an opportunity to be more intentional and a means to identify, coordinate and build on existing early identification and intervention infrastructure. Furthermore, the rollout phase offers the opportunity for HMG-LA to be better aligned to the needs of children and families across the county.

The phased rollout should also capture identified barriers, solutions and most suitable strategies to sustain practice and systems change. The application of lessons learned from this early rollout phase can help inform the development of a spread-and-scale strategy and timeline.



Guidance on Early Implementation Community Selection

The Leadership Council provided guidance on possible population data, research methodology and criteria, as well as other considerations for selecting communities and regions for early implementation of HMG-LA activities and strategies. The following is a list of the data, criteria and considerations provided:

1. Population Data and Existing Resources

- **Use Population Data to Narrow Early HMG-LA Implementation Targets and Potential Communities.** The following is a list of parental, perinatal, health and socioeconomic data supported by research as well as other compelling administrative and caseload data to inform possible population and geographic targets.⁴¹
 - Percent of total population ages 0–5
 - Percent living below poverty level ages 0–5
 - Low maternal education (mother with no high school education)
 - Percent of parents not proficient in English (speaks English “less than very well”)
 - Percent of very low and low weight births
 - Percent of teen mothers
 - Elevated blood lead levels
 - Department of Children and Family Services caseload data
 - Domestic violence/family violence reports
 - Urban Hardship Index used by the Los Angeles Unified School District Wellness Center Planning Efforts
- **Build On Existing Resources, Services and Infrastructure.** In addition to population data, the Leadership Council also recommended mapping existing service agency locations and community resources as part of spatial data analysis. This includes First 5 LA’s diverse early childhood development investments as well as key service agencies and programs.

2. Spatial Data Analysis – Mapping

- **Conduct spatial data analysis of parental, perinatal, health, socioeconomic, administrative and caseload data identified along with existing early child development service and resource agencies and locations.** Use this analysis to create maps that highlight geographic areas and communities with higher cumulative developmental risk factors for children. Analysis will also be conducted so that cumulative developmental risk factor data and areas are broken down into smaller geographic regions and boundaries with a sizable but still manageable age 0–5 population. The data presented via maps and tables will help highlight geographic areas with high- and low-risk factors and degree of available services and the variability of risk and services across L.A. County.

3. Additional Qualitative Considerations for Greater Impact

- **Identify communities, systems and/or settings with the greatest potential for success.** The Leadership Council recommended that there be careful consideration and prioritization of systems and services agencies that are ready, are willing and have the capacity to participate in early HMG-LA implementation. Identify communities with “fertile ground,” which may include the concentration of developmental services within a community.
- **Leverage Existing Place-based Efforts.** Integrate and build on previous planning and mapping projects targeting families. Identify and leverage place-based efforts working on improving child and family outcomes (i.e., First 5 LA Best Start Communities, Department of Mental Health’s Health Neighborhoods, The California Endowment’s Building Healthy Communities, Promise Neighborhoods, etc.). The different place-based efforts in communities have diverse existing capacities, services and programs and outreach structures that could be used to build and coordinate an early identification and intervention services pathway.
- **Identify innovators and early adaptors, motivated to transform, strengthen and optimize the system.** Identify systems and agencies with senior leadership willing and committed to building a coordinated early identification and intervention system, open to systems change and doing work differently, and have flexibility and processes to accommodate change.
- **Acknowledge the landscape of early childhood developmental systems and its complexity in L.A. County when selecting an early implementation community.** It is important to have understanding of this complex system, and as part of early rollout. Consider selecting communities with fewer systems to test improved and coordinated early identification and developmental services pathways.
- **Provide ongoing support and capacity to build the HMG-LA infrastructure.** Building the HMG-LA system will take time, and there should be investments in infrastructure during the early rollout and implementation, including but not limited to health provider training, provider technical assistance, information technology, data collection platforms and evaluation.

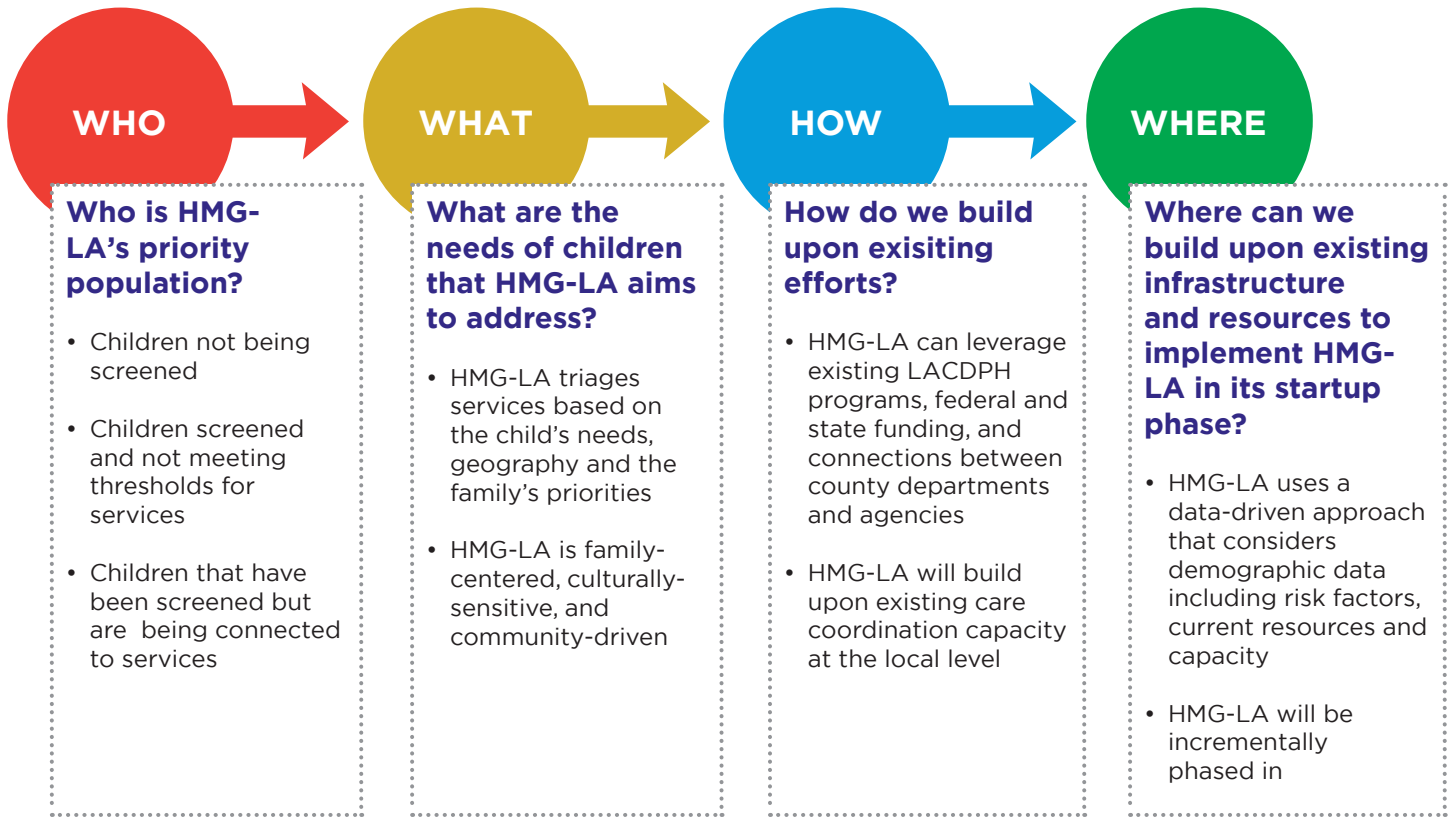
⁴¹ Population data research and data list selection was informed by a compendium of developmental relevant research conducted by First 5 Santa Clara County in 2005. Santa Clara County High-Risk Design Compendium of Relevant Research. San Jose, CA: High-Risk Research and Design Team. <https://www.first5kids.org/reports/reports#sts=High-Risk Design Compendium of Relevant Research>

WHERE WE ARE NOW AND NEXT STEPS

The primary focus area of this early planning phase was the development of a set of recommendations to guide the next phase of early implementation planning under the leadership of the Organizing Entity and county partners engaged in early identification and intervention efforts.

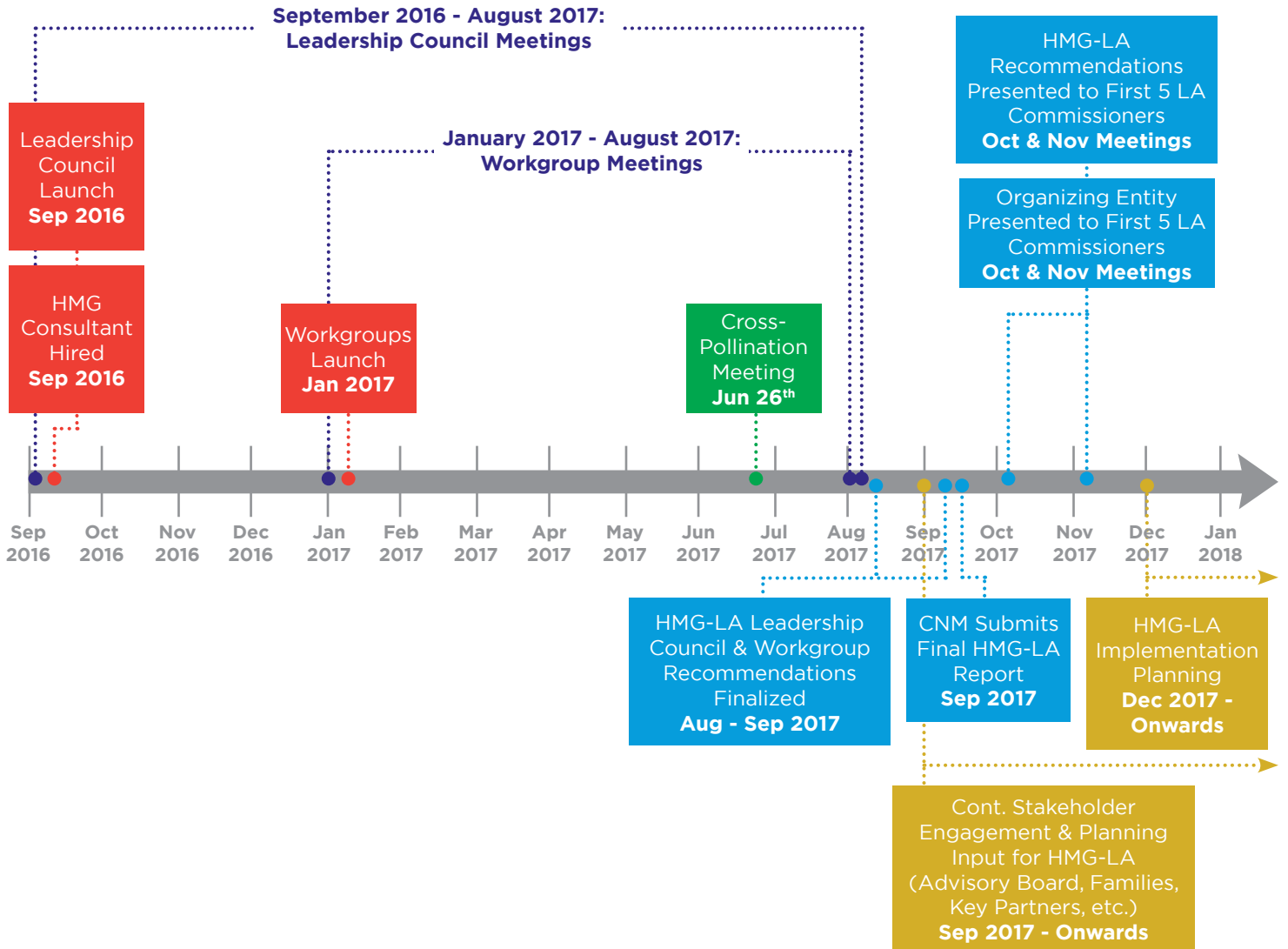
DEFINING THE WHO, WHAT, HOW AND WHERE

The Leadership Council and Workgroups used the discussion and planning framework to structure conversations and support consensus building to further define the “Who,” “What,” “How” and “Where” elements of HMG-LA.



TIMELINE

The initial early design and planning phase timeline, major milestones and next steps are illustrated in the following visual. Now that the Leadership Council and Workgroup meetings have concluded, these recommendations will be presented to the First 5 LA Board of Commissioners in Fall 2017. First 5 LA will use the recommendations to inform the next phase of early implementation planning.



AREAS FOR FURTHER CONSIDERATION

Throughout the early planning phase, Leadership Council and Workgroup members identified the following areas for further consideration and evaluation for the next phase of planning:

- How can HMG-LA successfully sustain partnerships and collaborations over time, particularly when organizations and agencies experience staff turnover and strategic change?
- What is the role of First 5 LA in guiding the implementation of HMG-LA?
- How can HMG-LA promote care coordination using a centralized/decentralized approach?
- What is the capacity of community-based agencies and resources to provide care coordination?
- What individuals are best suited to serve as HMG-LA “family liaisons”? What role can they play in communities, and how can they be most supportive to families?
- How can HMG-LA support communities where limited or scarce resources exist to leverage?
- After leveraging available resources how can and should HMG-LA support communities where additional services and supports are still needed?
- How does HMG-LA interact with families and local resources and supports that may not be equipped to send and receive electronic information and/or referrals?
- How can HMG-LA best include trauma-informed practices into HMG-LA systems?
- When and how should HMG-LA support families beyond early identification and intervention needs? Should HMG-LA be more holistic in its support, providing connections to housing, food, employment, transportation resources, etc.?
- How should HMG-LA approach long-term sustainability?

CLOSING

L.A. County is at the forefront to strengthen and expand early identification and intervention across the county and transform how service agencies, families and communities think about child developmental health. There is enormous opportunity to glean from valuable learning and best practices across L.A. County, as well as from other California counties and states implementing HMG to inform the development of HMG-LA.

This early design and planning phase is just the first step of many toward building, in-partnership, a comprehensive and coordinated system to support promoting young children’s optimal development and well-being. Over 60 county departments, agencies, organizations and programs across diverse disciplines and sectors including health and early care and education were involved in this early planning phase and contributed to developing these recommendations.

The next phase of planning, co-led by the LACDPH and First 5 LA will include the establishment of a Leadership Advisory Committee and Family Advisory Committee, ongoing collaboration with county partners and strategic research and evaluation.

The recommendations put forward in this report serve as a guide for the LACDPH, First 5 LA and county partners to explore and expand upon to transform L.A. County into a responsive HMG-driven county.

APPENDIX: LEADERSHIP COUNCIL AND WORKGROUP MEMBERS

The following individuals participated in the HMG-LA early design and planning process as representatives on the Leadership Council and/or Workgroups and attended at least one meeting.

Organization	First Name	Last Name	Title	Leadership Council	CAP	CHPO	CFE	DCA
211 LA County	Patricia	Herrera	Director, Developmental Screening & Care Coordination					X
Alliance for Children's Rights	Lisa	Winebarger	Staff Attorney				X	
AltaMed Health Services Corporation	Jean	Lee	Research Grants Manager				X	
American Academy of Pediatrics - California Chapter 2	Mona	Patel	Director of Operations - CHLA/Altamed	X		X		
American Academy of Pediatrics - California Chapter 2	Tomás	Torices	Executive Director	X				
Antelope Valley Partners for Health	Michelle	Kiefer	Executive Director		X	X		
Antelope Valley Partners for Health	Tiara	Sigaran	Director of Research					X
Antelope Valley Partners for Health	Tiffany	Franklin	Director of Building Community Capacity				X	
Best Start Communities	JoAnn	Smith	Community Member				X	
Best Start Communities	Kathy	Schreiner	Community Volunteer				X	
Child Care Alliance of Los Angeles	Cristina	Alvarado	Executive Director	X			X	
Child Care Resource Center	Ellen	Cervantes	Vice President and Chief Operating Officer				X	
Child Care Resource Center	Marlene	DePhilippis	Health Educator			X		
Child Care Resource Center	Michael	Olenick	President & CEO	X	Chair			
Child Care Resource Center	Rubie	Martinez	Health Manager				X	
Child Care Resource Center	Susan	Savage	Director of Research					X
Child Development Institute	Tessa	Graham	Director of Clinical Services	X				
Child Health and Disability Prevention Program	Morgan	Venter	Health Educator			X		
Children's Hospital Los Angeles (CHLA)	Barbara	Wheeler	Attending Physician, Associate Prof. Clinical Pediatrics, Keck School of Medicine at USC		X			
Children's Hospital Los Angeles (CHLA)	Marie	Poulsen	Chief Psychologist					X
Children's Institute, Inc.	Evelyn	Wang	Senior Research Associate					X
Children's Institute, Inc.	Richard	Cohen	Project Director	X			Chair	
Community Clinic Association of Los Angeles County	Cynthia	Carmona	Director of Government and External Affairs	X	X			
Connections For Children	Patti	Oblath	Executive Director	X				
Consultant First 5 LA	Whit	Hayslip	Early Childhood Education Consultant	X	X	X	X	X

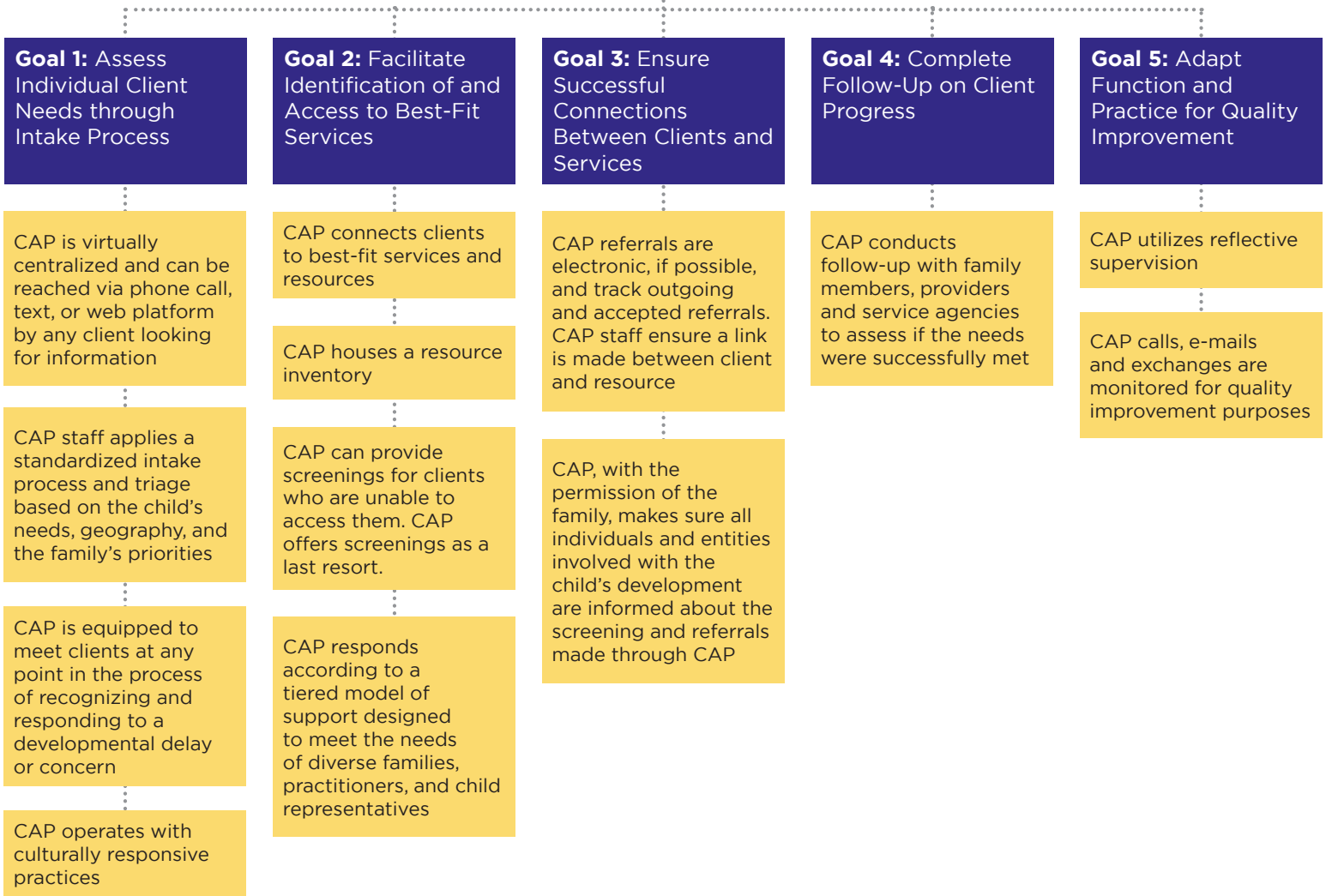
Organization	First Name	Last Name	Title	Leadership Council	CAP	CHPO	CFE	DCA
County of Los Angeles - Chief Executive Office	Marvin	Brown	Administrative Services Manager				X	
Eastern Los Angeles Regional Center	Noriko	Ikoma	Early Start Supervisor	X	X			
Eisner Pediatric and Family Medical Center	Emily	Bush	Manager, Institutional Giving			X		
Eisner Pediatric and Family Medical Center	Felix	Dominguez	Case Manager		X			
Family Focus Resource Center, California State University, Northridge	Joannie	Busillo-Aguayo	Assistant Professor, Early Childhood Education				X	
Family Resource Library/Family Resource Center Network Los Angeles County	Yvette	Baptiste	Executive Director	X			Chair	
Family Resource Library/Family Resource Center Network of Los Angeles County	Susan	Kanegawa	Family Support Specialist		X			
First 5 Commissioner	Sylvia	Swilley	First 5 Commissioner (Alternate)			X	X	
First 5 LA	Christina	Altmayer	Vice President of Programs	X				
First 5 LA	Cristina	Peña	Senior Program Officer	X	X	X	X	X
First 5 LA	Mercedes	Perezchica	Program Officer		X	X		X
First 5 LA	Reena	John	Senior Program Officer	X				X
First 5 LA	Tara	Ficek	Director of Health Systems	X	Chair			X
Foothill Family	Cristina	Pessegueiro	EHS Health and Nutrition Manager			X		
Foothill Family	Danette	Lew	Clinical Director Prenatal-Five Program					X
Foothill Family	Eunice	Han	Intern		X			X
Foothill Family	Regina	Angelo-Tarango	Program Manager		X			
Foothill Family	Aimara	Benitez	First Connections Specialist				X	
Foothill Family	Jessica	Bernal	0-5 Clinical Manager				X	
Harbor Regional Center	Ahoo	Sahba	Physician			X		
Infant Development Association of California	Julie	Taren	Infant Development Association of CA South					X
Inter-Agency Council on Child Abuse and Neglect	Ruby	Guillen	Computer and Data Systems Analyst	X	X	X		X
L.A. Care Health Plan	Kimberly	Uyeda	Director of Student Medical Services & Community Partnerships/ Medi-Cal Programs at LAUSD			X		
L.A. Care Health Plan	Wendy	Schiffer	Director of Strategic Planning	X	X	Chair		
L.A. County Child Care Planning Committee	Cyndi	McAuley	Executive Director at Therapeutic Living Centers for the Blind	X			X	
L.A. County Department of Children and Family Services	Tran	Ly	Children Services Administrator					X
L.A. County Department of Health Services, Ambulatory Care Network	Guillermo	Diaz	Chief Medical Information Officer	X		X		

Organization	First Name	Last Name	Title	Leadership Council	CAP	CHPO	CFE	DCA
L.A. County Department of Mental Health	Carolyn	Kaneko	Children's System of Care Manager	X				
L.A. County Department of Mental Health	Daphne	Quick-Abdullah	Training Coordinator, Family and Community Partnerships/Child PEI	X			Chair	
L.A. County Department of Mental Health	Kalene	Gilbert	Mental Health Clinic Program Manager, Children's System of Care Administration	X				
L.A. County Department of Public Health	Aarti	Harper	Child Health and Disability Prevention Program Health Education Coordinator		X		X	
L.A. County Department of Public Health	Alan	Tomines	Director of Child Health and Disability Prevention Program	X		Chair		
L.A. County Department of Public Health	Cheri	Stabell	Child Health and Disability Prevention Program Deputy Director		X			
L.A. County Department of Public Health	Kevin	Burdett	Child Health and Disability Prevention Program Specialist				X	
L.A. County Department of Public Health	Suzanne	Collins	Child Health and Disability Prevention Program Public Health Nurse Supervisor				X	
L.A. County Office of Education	Jenifer	Lipman	Head Start Health Consultant			X		
L.A. County Office of Education	Luis	Bautista	Head Start Assistant Director - Program Design and Effectiveness	X				
L.A. County Office of Education	Luis	Bautista	Head Start Assistant Director - Program Design and Effectiveness	X				
L.A. County Office of Education	Maureen	Kemp	Health Consultant - Head Start/Early Head Start Programs at Los Angeles County			X		
L.A. County Office of Education	Rei	Johnson	Health Consultant			X		
L.A. County Unified School District	Dean	Tagawa	Executive Director	X				
L.A. County Unified School District	Ezequiel	De La Torre	Program Specialist			X		
L.A. County Unified School District, Early Childhood Education Division	Ranae	Amezquita	Director, Early Education	X				
LA Best Babies Network	Janice	French	Director of Programs		X			
LA Best Babies Network	Lynn	Yonekura	Executive Director	X		X	X	
LA Best Babies Network	Michaela	Ferrari	Policy Analyst / Coordinator			X		
LAUSD, formerly	Joan	Gamson	Early Childhood Collaborative Services Coordinator			X		
Learning Rights	Rodolfo	Estrada	Community Engagement & Policy Director		X			
Long Beach Health and Human Services	Danielle	Sees	Maternal, Child, Adolescent Health Coordinator			X		
Los Angeles County CEO Office for Advancement of Early Care/Education	Alex	Delgadillo	Program Specialist					X

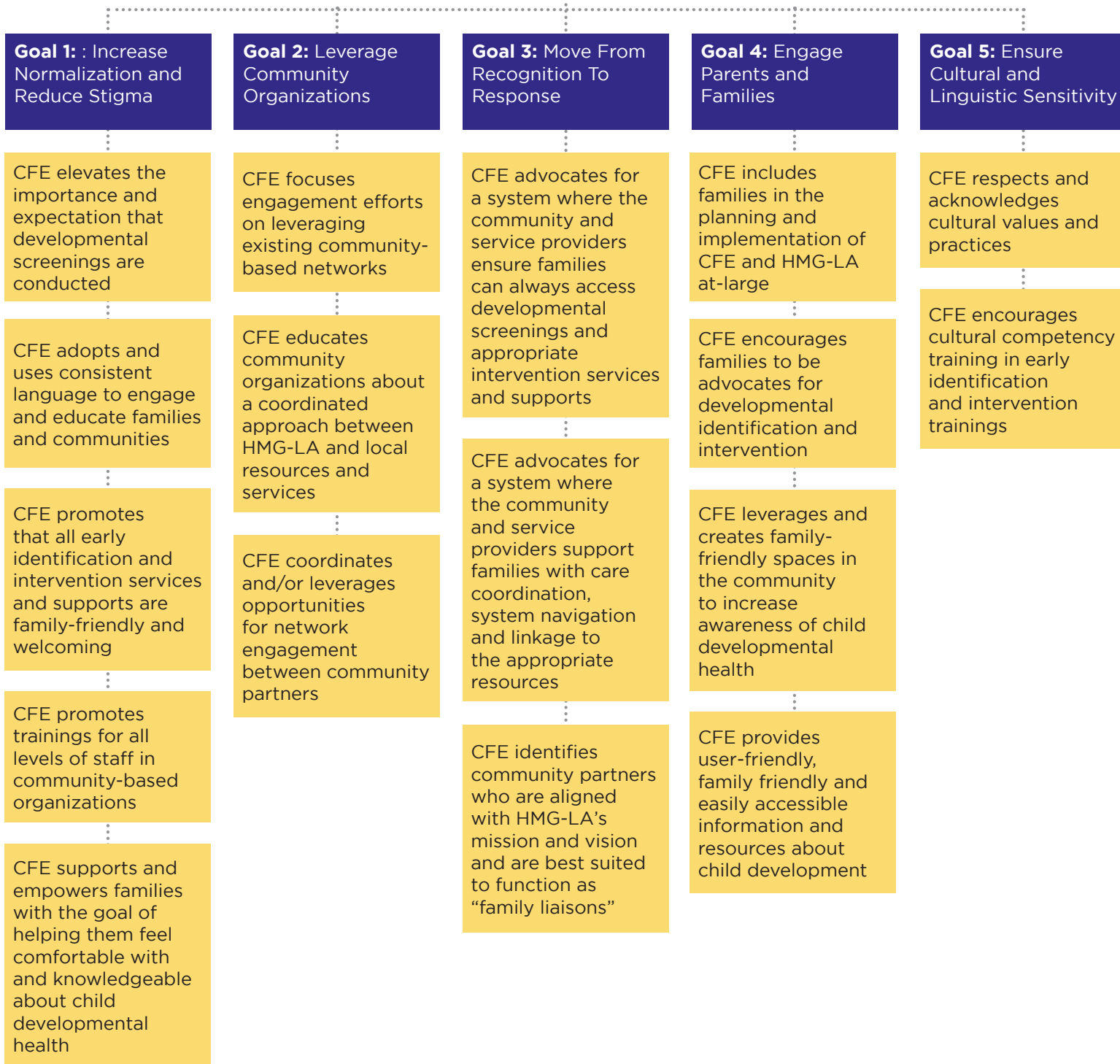
Organization	First Name	Last Name	Title	Leadership Council	CAP	CHPO	CFE	DCA
Los Angeles County CEO Office for Advancement of Early Care/Education	Harvey	Kawasaki	CEO Manager	X				
Los Angeles County CEO Office of Child Care	Michele	Sartell	Interim Child Care Planning Coordinator				X	
Los Angeles County CEO Office of Child Care	Renita	Bowlin	Administrative Services Manager	X				
Los Angeles County CEO Service Integration Branch	Carlos	Pineda	Integrated Services and Partnerships		X			
Los Angeles County CEO Service Integration Branch	Nicole	Bryant	Program Specialty			X		
Los Angeles Universal Preschool	Alexandra	Himmel	Director of Program Support				X	
Los Angeles Universal Preschool	Amy	Williams	Director of Community Engagement				X	
Los Angeles Universal Preschool	Eli	Pessar	Strategic Initiatives Specialist			X		
Maternal and Child Health Access	Carolina	Valle	Resource Coordinator	X	X			
Maternal Mental Health Now	Alissa	Nelson	Project Manager	X				
Maternal Mental Health Now	Caron	Post	Executive Director	X				
Mental Health Advocacy Services	Nancy	Shea	Senior Attorney			X		
North Los Angeles County Regional Center	Margaret	Swaine	Medical Services Supervisor	X		X		
North Los Angeles County Regional Center	Patricia	Garcia	Early Start Program Supervisor				X	
Northeast Valley Health Corporation	Alexandra	Zamora	Program Coordinator				X	X
Northeast Valley Health Corporation	Christine	Goulet	Associate WIC Director				X	
Northeast Valley Health Corporation	Christine	Park	Pediatric Medical Director			X		
Northeast Valley Health Corporation	Joy	Ahrens	Director of WIC Program		X			
Pasadena Public Health Department	Michael	Johnson	Public Health Director					X
Plaza Community Services - Early Head Start	Ingrid	Estrada	Early Head Start - Child Care Partnership Director				X	
Providence Saint John's Child & Family Development Center	Tasha	Boucher	Director, Early Childhood Intervention Services	X	X			
Robert Wood Johnson Foundation, Clinical Scholars Program	Gauri	Kolhatkar	Child Abuse Pediatrics Health Services Research			X		X
San Fernando Valley Community Mental Health Center, Inc.	Nancy	Gussin	Program manager	X				
San Gabriel Pomona Regional Center	Guadalupe	Magallanes Angel	Associate Director, Early Start & Intake Services	X				
South Central Los Angeles Regional Center	Crystal	Smith	Family Resource Center Specialist			X		
South Central Los Angeles Regional Center	Erika	Espinoza	Early Childhood Development Coordinator		X	X	X	

Organization	First Name	Last Name	Title	Leadership Council	CAP	CHPO	CFE	DCA
South Central Los Angeles Regional Center	Maura	Gibney	Chief Advancement Officer	X				Chair
South Central Los Angeles Regional Center	Tanea	Robinson	Program Manager				X	
South Los Angeles Health Projects	Diane	Gaspard	Chief, Community Health Services				X	
South Los Angeles Health Projects - LA BioMed	Alma	Garcia-Quiroz	Child Development Specialist				X	
South Los Angeles Health Projects - LA BioMed	Keshara	Shaw	Representative				X	
South Los Angeles Health Projects - LA BioMed	Maribel	Renteria	Representative				X	
The Achievable Foundation	Carmen	Ibarra	CEO			X		
The Achievable Foundation	Michelle	Catanzarite	Chief Medical Officer			X		
The Children's Clinic	Elisa	Nicholas	Chief Executive Officer	X		X		
The Children's Clinic	Maria	Chandler	Chief Medical Officer			X		
The Children's Clinic	Vivian	Chima Ogueli	Pediatric Resident			X		
The L.A. Trust for Children's Health	Maryjane	Puffer	Executive Director	X				X
UCLA Fielding School of Public Health/Dept. of Health Policy and Management/Center for Healthier Children, Families, and Communities	Moira	Inkelas	Associate Professor	X				
University of Southern California Suzanne Dworak-Peck School of Social Work	Deborah	Hayes	Adjunct Lecturer, Field Education				X	
University of Southern California University Center for Excellence in Development Disabilities at CHLA	Irina	Zamora	Assistant Professor			X		
University of Southern California University Center for Excellence in Development Disabilities at CHLA	Marian	Williams	Associate Professor of Clinical Pediatrics/ Program Area Lead	X				Chair
University of Southern California University Center for Excellence in Developmental Disabilities at CHLA	Eliza	Harley	Psychologist				X	
University of Southern California, Keck School of Medicine	Greg	Stevens	Associate Professor of Clinical Family Medicine	X				X
Vision y Compromiso	Alma	Esquivel	Training and Education Director				X	
Vision y Compromiso	Hugo	Ramirez	Program Director			X		
Vision y Compromiso	Alma	Esquivel	Training and Education Director				X	
Vision y Compromiso	Hugo	Ramirez	Program Director			X		
Westside Children's Center	Guadalupe	Galvez	Disabilities Manager		X		X	X
Westside Children's Center	Tivoli	Sisko	Chief Operating Officer		X			X

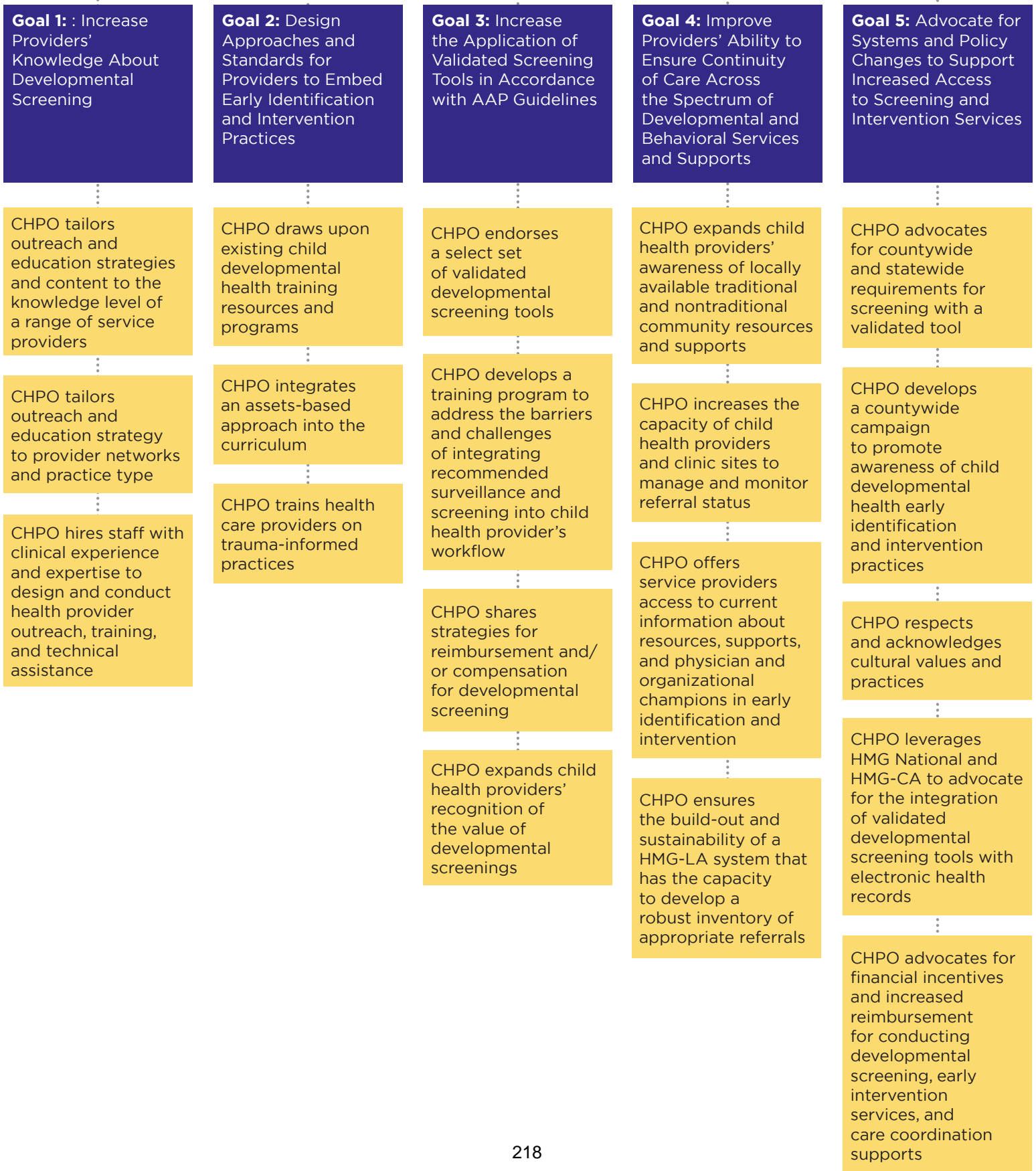
Centralized Access Point (CAP)



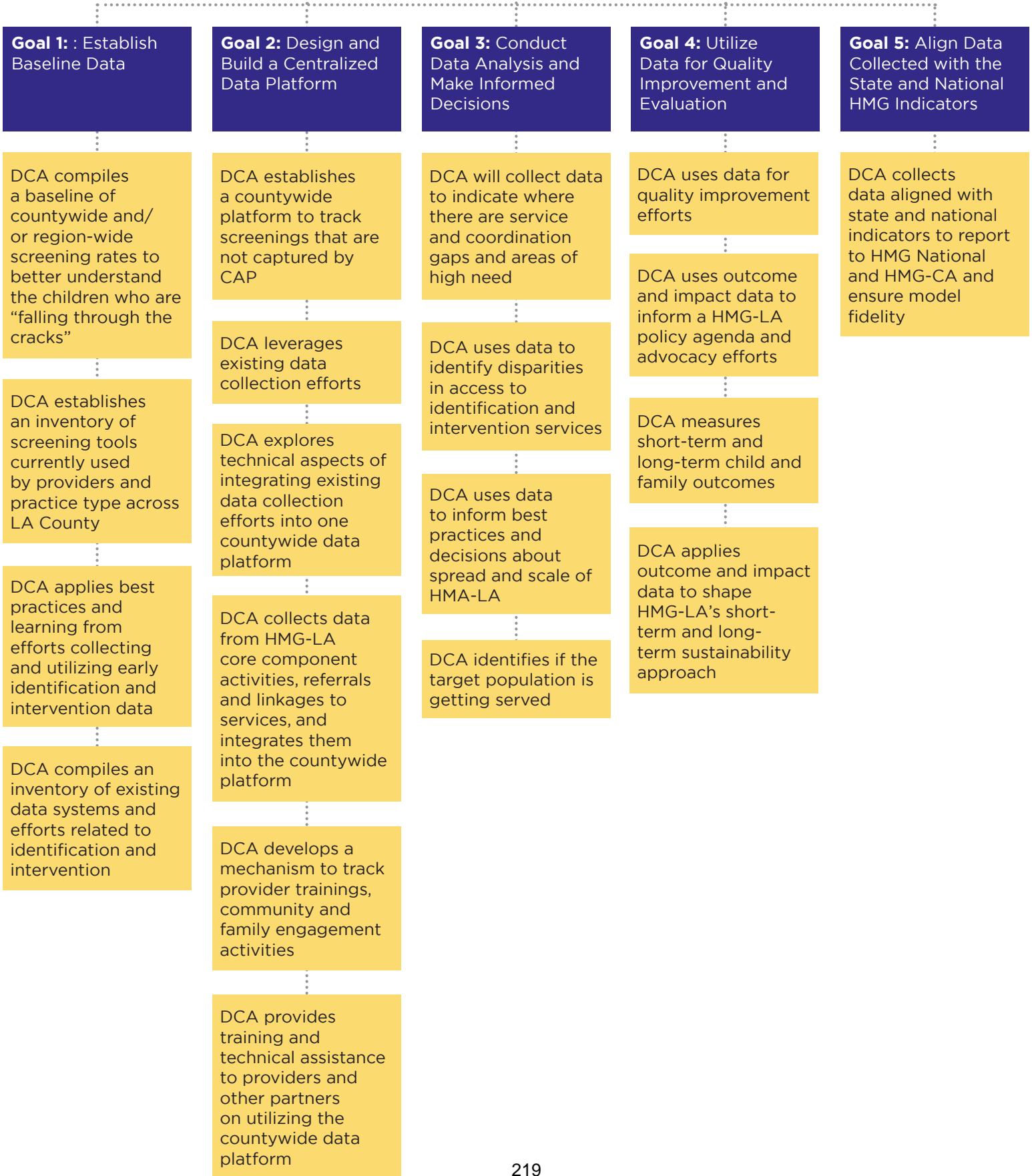
Community and Family Engagement (CFE)



Child Health Care Provider Outreach (CHPO)



Data Collection and Analysis (DCA)



First 5 LA

SUBJECT:

Request to Establish a Strategic Partnership with the County of Los Angeles Department of Public Health (LACDPH)

RECOMMENDATION (PROVIDED AS ACTION):

This memo is provided as information for the Board's consideration at today's Special Meeting of the Board of Commissioners/Program and Planning Committee (PPC) meeting. First 5 LA staff recommends that at the November 9, 2017 Commission Meeting, the Board approve the establishment of a five-year Strategic Partnership with LACDPH. The request to approve the FY 17-18 contract and subsequent contracts for this Strategic Partnership will be brought to the Board via Consent Calendar. The funds to support this Strategic Partnership will come from the First 5 LA Budget under Health Strategy 1 – Early Identification/Developmental Screening/Connection to Services.

The proposed work of the Strategic Partnership will serve to advance the coordination and implementation of system change efforts as it relates to Health Strategy 1: Early Identification Developmental Screenings, Assessments and Early Intervention Programs.

BACKGROUND:

Help Me Grow (HMG) is a national system change model, which aims to improve the coordination and functioning of developmental and behavioral screening, assessment and early intervention supports through the following 4 essential core components:

1. **Child Health Care Provider Outreach** - Supports early detection and intervention through provider education, training and support.
2. **Community & Family Outreach¹** - Encourages the use of Help Me Grow to build bridges and connections between families, health care providers, and community-based service providers.
3. **Centralized Access Point**- Connects children and their families to vital services and makes it easier to access information about screenings and referrals to services.
4. **Data Collection & Analysis** – Supports the development of an effective system of care, informs quality improvement efforts and captures system strengths, as well as system-level issues.

The model also includes three structural requirements: Sustainability, Continuous Quality Improvement and Countywide Expansion. HMG works to promote cross-sector collaboration in order to build efficient and effective early childhood systems that support families so that children can grow, develop and thrive to their full potential.

HMG is not a program or direct service delivery model, but rather a system framework for improving access to existing early child resources and services for children. Successful implementation of HMG builds on existing resources, maximizes opportunities within public agencies and across system functions, and advances a coalition of providers and sectors working collaboratively toward a shared agenda.

The HMG Organizing Entity will provide support, oversight and facilitation of broad system change activities and also builds out the necessary foundational infrastructure. The Organizing Entity will provide administrative and fiscal oversight necessary for long term system sustainability. For HMG-LA, LACDPH

¹ The Help Me Grow National model refers to this core component as “Community and Family Outreach,” however the HMG-LA planning members selected to change the title to “Community and Family Engagement (CFE)”

Appendix C: Strategic Partnership Memo-LACDPH

is uniquely positioned to be the Organizing Entity given their past experience working in cross-sector, collaborative projects and collective-impact efforts, expertise in various content areas, capacity and opportunities for leveraging funding. LACDPH also has a proven track record in providing programmatic, administrative and fiscal oversight of large-scale and multi-faceted projects.

One of the first activities of LACDPH as the HMG-LA Organizing Entity will be to identify and coordinate key content experts and representatives from public and private agencies and county systems into a Leadership Advisory Committee to guide early implementation of the HMG-LA strategies as outlined in the HMG-LA Recommendations Report. The Leadership Advisory Committee will be responsible for setting strategic direction, ensuring there is adequate financial resources, monitoring and evaluating progress and guiding the HMG-LA system as it evolves over time. In addition, LACDPH will also coordinate the development of a HMG-LA Family Advisory Committee to ensure inclusion of the family perspective through the development of the system. Both Advisory Committees play a critical role in ensuring effective implementation planning and incremental roll out of the HMG-LA system.

In addition to developing and coordinating both advisory committees, LACDPH will also oversee and coordinate implementation strategies during the first year around two of the four core components of the HMG model.

- **Centralized Access Point:** LACDPH will establish a Centralized Access Point Committee that will explore and review existing call centers and websites that may serve as the HMG-LA “go to” place for families, child health care providers and other professionals seeking information, support and referrals to early intervention and community services. LACDPH will work with HMG National to provide guidance on best fit analysis for Los Angeles County and determine functions and types of supports offered through the HMG-LA Centralized Access Point. LACDPH will also engage and work in partnership with Long Beach Department of Health and Human Services and City of Pasadena Public Health Department to determine current early identification and intervention efforts and alignment with Centralized Access Point, as well as, other HMG core components and structural requirements.
- **Data Collection & Analysis:** LACDPH will establish a Data Collection and Analysis Committee to develop an evaluation plan that may include process, implementation and impact evaluations. In addition, LACDPH will be responsible for capturing data as part of HMG National Center’s Common Impact Indicators Reporting and explore the feasibility and capacity to integrate HMG-LA data with other sectors to understand and track changes in early childhood systems.

And finally, LACDPH will also be responsible for overseeing structural requirements that characterize the HMG system model.

- **Continuous Quality Improvement:** LACDPH will lead ongoing Continuous Quality Improvement (CQI) engagement efforts in order to improve the overall HMG system and create a CQI Committee that includes funder representatives and key stakeholders working on each of the four HMG core components.
- **Countywide Expansion & Sustainability:** Finally, LACDPH will work on building a HMG-LA system that identifies and blends financial resources across county agencies, and across public and private sectors as part of countywide expansion plan and long term sustainability. LACDPH will lead the development of a HMG-LA funding model and business plan that informs opportunities, as well as spread and scale plan over the next five years.

While LACDPH is focused on establishing HMG-LA infrastructure through these areas, First 5 LA along with key partners across diverse sectors will lead and continue early work and opportunities related to the remaining two HMG core components: (1) Child Health Care Provider Outreach and (2) Community & Family Engagement. Given existing investments and partnerships with the American Academy of Pediatrics- Chapter 2 and L.A. Care Health Plan, First 5 LA will continue to lead strategies that support

provider knowledge, commitment and capacity to conduct recommended screening and surveillance.² In addition, First 5 LA will build on and leverage existing First 5 LA investments (Home Visiting, Project DULCE, etc.) and community engagement efforts to support early implementation of the Community and Family Engagement strategies as outlined in the HMG-LA Recommendations Report. First 5 LA will work in partnership with LACDPH to coordinate the implementation of these two core components and ensure all four HMG core system components and two structural requirements are working effectively.

GOVERNANCE GUIDELINES #5 AND #6 (SUSTAINABILITY AND LEVERAGING):

Sustainability

- The vision of HMG-LA is to build an improved Early Identification and Intervention system supported by broad countywide cross-sector and system partnerships across county agencies and across public and private sectors as part of long term sustainability.
- LACDPH will investigate leveraging of different state and federal programs to support HMG-LA.
- Explore how existing funding streams and funded efforts and services can be leveraged to ensure the sustainability of the Help Me Grow system.

Leveraged Resources

- The Strategic Partnership with LACDPH will build upon the investments and resources LACDPH has already dedicated to improving developmental screening rates among young children and promoting American Academy of Pediatrics developmental screening guidelines as part of the Local Health Jurisdiction 5-year Action Plan and FY 2017-2018 Maternal, Child and Adolescent Health (MCAH) Scope of Work submitted to the California Department of Public Health (CDPH).
- Pursue Medi-Cal Administrative Activities (MAA) dollars: First 5 LA and LACDPH have explored MAA based on successful leveraging from other First 5 Commissions as part of their HMG implementation. Upon First 5 LA Board Action, LACDPH will add HMG-LA as a claiming unit under the current Los Angeles County MAA claiming plan that will be submitted to the California Department of Health Care Services (DHCS) to identify the allowable costs and activities that are eligible for federal reimbursement. In addition, LACDPH will work with DHCS to identify a timeline for reimbursement of MAA activities to support HMG-LA.
- Pursue other federal and state funding and programing including Targeted Case Management (TCM), Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), Child Health and Disability Prevention Program (CHDP) and other opportunities through the leveraging of Commission dollars under this Strategic Partnership.
- The Strategic Partnership will provide the necessary infrastructure and/or start-up funding to allow for leveraging and sustainability through external funding sources.

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

² The American Academy of Pediatrics (AAP) recommends service providers' should use a validated, global screening tool at 9, 18, and 24–30 months of age and an autism-specific screening tool at 18–and 24– months, in addition to conducting developmental surveillance during well-baby visits. American Academy of Pediatrics. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/Screening-Recommendations.aspx>

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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 through 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 Strategic Partnership can provide a demonstrated level of ability or expertise that is only available in the community through the proposed Strategic Partnership

- Experience working on cross-sector collaborative projects and collective impact efforts, work with health care providers across multiple programs, and commitment to improving the health and well-being of children 0-5 and their families.
- Experience in serving as the project administrator, manager, and coordinator for similar complex countywide system change projects serving young children and families of Los Angeles County.
- Expertise in providing programmatic, administrative and fiscal oversight for large-scale, multi-million dollar, and multi-year and multi-faceted projects.
- Alignment of early identification, prevention and intervention to current public health funded programs and services, including Child Health and Disability Prevention (CHDP), Health Care Program for Children in Foster Care (HCPFC), California Children's Services (CCS), California Children's Services-High Risk Infant Follow Up Program (CCS-HRIF), Childhood Lead Poisoning Prevention Program (CLPPP), Nurse Family Partnership (NFP), and various Title V funded programs under the Division of Maternal, Child and Adolescent Health (MCAH) .
- Countywide reach and infrastructure: Network of maternal and child health and community-based providers throughout Los Angeles County through various federal, state and local funding.

The Strategic Partnership provides an opportunity to leverage First 5 LA funds to produce additional funding for the program or initiative or service.

- Medi-Cal Administrative Activities (MAA) dollars: Upon First 5 LA Board Action, LACDPH will add HMG-LA as a claiming unit under the current Los Angeles County MAA claiming plan that will be submitted to the DHCS to identify the allowable costs and activities that are eligible for federal reimbursement. In addition, LACDPH will work with DHCS to identify a timeline for reimbursement of MAA activities.
- The Strategic Partnership with LACDPH will build upon the investments and resources LACDPH has already dedicated to improving developmental screening rates among young children and promoting American Academy of Pediatrics developmental screening guidelines as part of the Local Health Jurisdiction 5-year Action Plan and FY 2017-2018 Maternal, Child and Adolescent Health (MCAH) Scope of Work submitted to the CDPH. As part of the approved FY 2017-2018 CDPH Scope of Work, MCAH has committed staff and resources towards the development and expansion of HMG-LA. Activities include the work necessary to plan and begin implementation of the four core components, including meetings to develop a HMG strategic plan; identification of key stakeholders; researching best practices in the implementation of the HMG model; and the identification of gaps and barriers for universal developmental screening. The activities in the

Appendix C: Strategic Partnership Memo-LACDPH

CDPH Scope of Work demonstrates' the LACDPH's commitment to building and sustaining a robust HMG system in Los Angeles.

- LACDPH will investigate leveraging of state and federal programs to support HMG-LA.

The proposed Strategic Partnership is aligned with the adopted Strategic Plan.

- The Strategic Partnership with LACDPH is directly aligned with First 5 LA's Health Related Systems Outcome – Early Identification and Intervention to increase effectiveness and responsiveness of screening and early intervention programs across health, mental health and substance abuse service systems.
- The proposed Strategic Partnership is also aligned with several of First 5 LA's investment guidelines, which seek to focus on systems and policy change to engage partners at early stages in order to advance the HMG LA agenda.

First 5 LA staff recommends the Board approve the establishment of a five-year Strategic Partnership with the Los Angeles County Department of Public Health (LACDPH) and authorize staff to execute a contract with LACDPH starting late FY 17-18 through FY 22-23. The FY 17-18 contract and subsequent contracts for this Strategic Partnership, as well as, budget amounts will be brought to the Board via Consent Calendar. The funds to support this Strategic Partnership will come from First 5 LA Budget under Health Strategy 1: Early Identification Developmental Screenings, Assessments and Early Intervention Programs.

The proposed work of the Strategic Partnership will serve to advance the coordination and implementation of system change efforts as it relates to Health Strategy 1: Early Identification Developmental Screenings, Assessments and Early Intervention Programs.

First 5 LA

SUBJECT: Request to approve the First 5 LA Policy Agenda aligned with the 2015-2020 Strategic Plan

RECOMMENDATION:

First 5 LA staff recommends the Commission approve the strategic plan aligned First 5 LA Policy Agenda (Attachment A).

Background

In partnership with others, First 5 LA's Public Policy and Government Affairs Department (Policy) executes strategies to advance policy and system changes at the state and federal levels on behalf of Los Angeles County's youngest residents and their families. A core component of the Policy Department's work is engaging in state and federal legislative advocacy. Every year, staff works with the Board to approve an annual legislative agenda in order to take positions on specific pieces of legislation related to First 5 LA's strategic plan priorities.

In practice, this approach requires staff to work with partners starting in January each year to identify bills which might align with First 5 LA's priorities, analyze bills in partnership with First 5 LA program staff in February, introduce a draft legislative agenda to the Board for information in March, and recommend a final agenda to the Board for action in April. In other words, First 5 LA spends the first four months of the year developing a legislative agenda, months into the legislative process when many bills have already been voted on in key legislative committees. In order to be a more effective voice on behalf of young children and their families, First 5 LA must engage in legislation earlier in the year. In addition, First 5 LA needs to focus more broadly in administrative, budget, and legislative advocacy strategies to enact meaningful policy change, which is not accurately reflected solely in a legislative agenda.

As discussed with the Board in March, April and November this year, First 5 LA staff recommends the Board approve a high-level policy agenda reflective of First 5 LA's strategic plan in order to guide staff public policy activities, including administrative policy, budget development, and legislation. By approving a policy agenda, First 5 LA staff can begin engaging with state and federal policymakers to develop ideas for legislative, administrative, and budget solutions before the start of the legislative session, and can serve as a greater early childhood thought leader with partners in Sacramento and Washington DC. First 5 might be able to sponsor legislation, introduce decision-makers to policy solutions, and shape policy development from the earliest stages rather than waiting to respond to ideas proposed by others. This approach mirrors a best practice used by most leading advocacy organizations, including other First 5 commissions.

Over the past few months, Policy Department staff has worked with First 5 LA's Programs Division to articulate organization-wide policy goals. While the Policy Department will use the policy agenda to inform state and federal policy development and advocacy, the agenda is a reflection of the organization's broad priorities and the collective goals of the work of all our departments and will be used by other staff to assess future opportunities for First 5 LA engagement.

Once approved, First 5 LA staff will use the policy agenda to inform state policy activities, and will return to the Board to share updates regarding legislation for information and discussion.

First 5 LA Policy Agenda

First 5 LA, in partnership with others, strengthens families, communities, and systems of services and supports so all children in Los Angeles County enter kindergarten ready to succeed in school and life. To achieve this mission, First 5 LA advances community-informed policies that coordinate and strengthen systems supporting families with children birth to five, and promotes the strength and stability of First 5 LA as a critical voice for Los Angeles County's youngest residents.

The following goals guide First 5 LA's policy and systems change efforts:

Strengthen systems and services that promote the well-being of families.

- Expand access to high-quality family strengthening services, prioritizing voluntary home visiting, which optimize child development and connect families with appropriate supports.
- Promote and protect family services and supports intended to ensure families with young children are self-sufficient and can meet their needs.
- Improve systems that enable service delivery to be coordinated and family responsive.

Promote parents and communities as critical voices in policy and systems change.

- Strengthen community leadership to effectively drive and contribute to improvements in the policies, practices, relationships and norms that directly impact families and neighborhoods.
- Increase opportunities for parents and residents to be meaningfully involved in decision-making on issues related to young children and their families.
- Ensure community systems and policies are accountable for the inclusion of family voice in policymaking.

Expand access to affordable, quality early care and education for all children in LA County.

- Increase public investment in quality early care and education for children birth to five.
- Embed quality standards and support ongoing quality improvement in all publicly funded early care and education settings.
- Strengthen the early care and education workforce through increased compensation, competencies, and professional development.

Improve systems to support the optimal development of all children through the earliest screenings, interventions, and connections to family-centered services.

- Ensure all children receive early and periodic validated developmental and behavioral screenings and appropriate interventions.
- Enhance capacity and coordination across systems providing early identification and intervention services.
- Strengthen child and family serving systems to prevent, anticipate, and respond appropriately to adverse experiences, trauma, and toxic stress.

Policy Agenda

Peter Barth
Charna Martin

November 9, 2017



Discussion Overview

- 2017 Legislative review
- Policy agenda framework and approach
- Policy agenda review

Recent Public Policy Activity

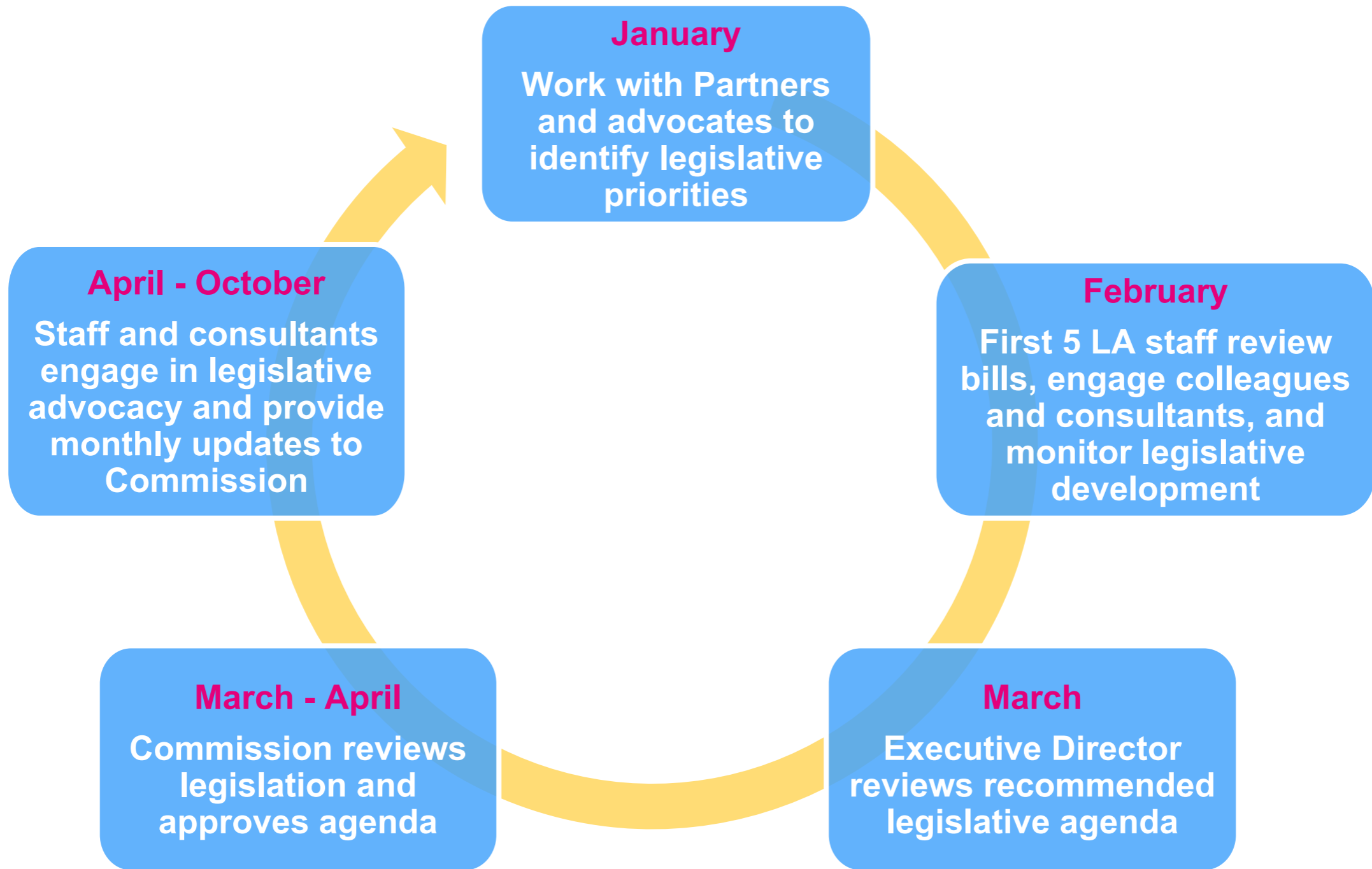


Legislative Update

- **Senate Bill 63** – Parent leave protections
- **Assembly Bill 752** – Preschool expulsions
- **Assembly Bill 1340** – Continuing education for physicians related to trauma
- **Assembly Bill 1520** – Anti-poverty task force
- **Assembly Bills 60 and 1164** resolved through state budget

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Past Legislative Engagement Process

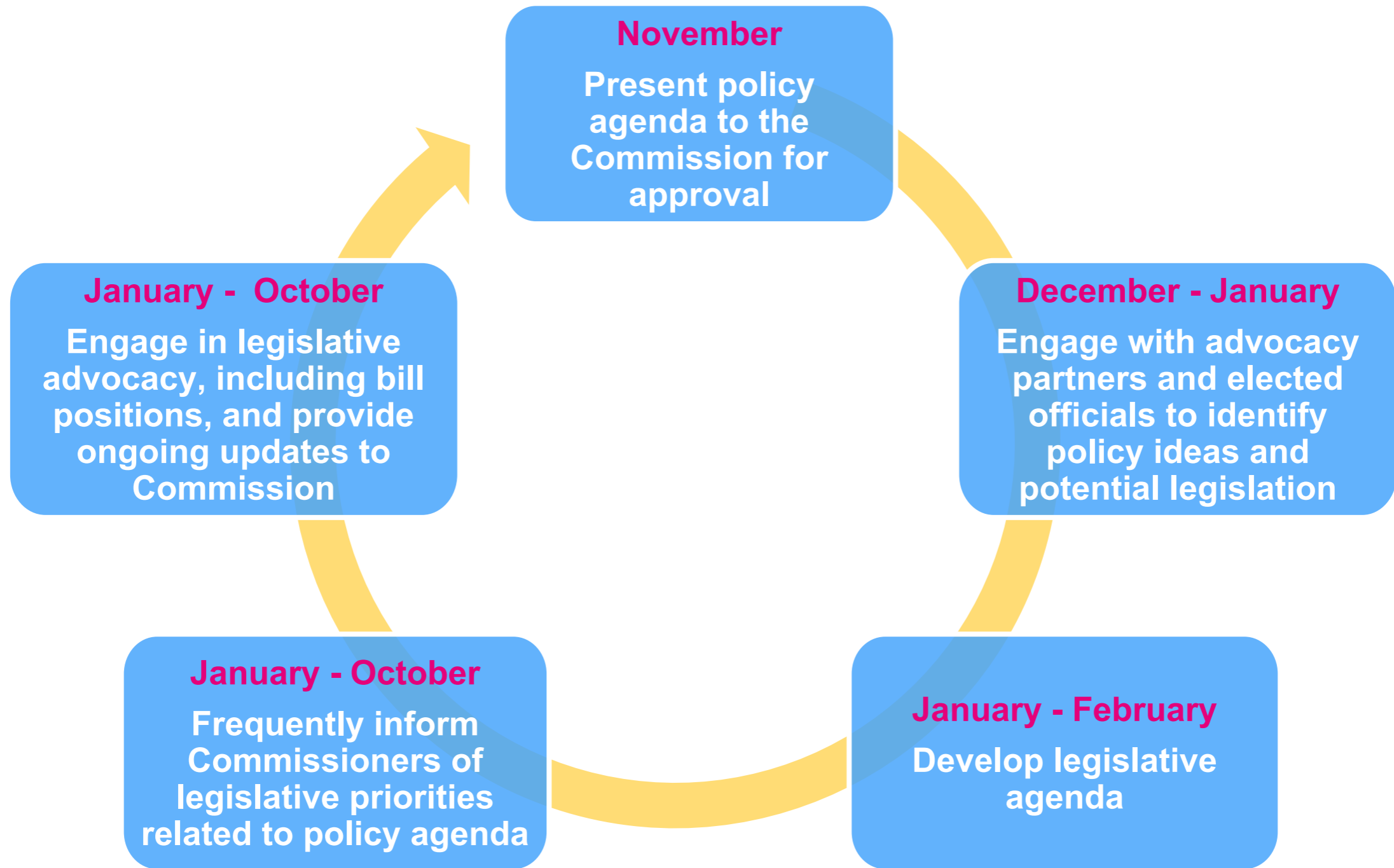


A New Approach

- Seek approval for the broad policy agenda to guide administrative, budget, and legislative activity, rather than approval for a specific legislative agenda
- Provide frequent updates and opportunities for discussion regarding the legislative agenda
- Engage in policy development and advocacy activities early in every budget and legislative session, rather than wait for others to develop solutions

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Proposed Legislative Engagement Process



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Policy Agenda

- **Goal:** articulate a set of high level policy goals (a policy agenda) representing First 5 LA's strategic plan priorities
- **Application:**
 - Develop common language and framing for First 5 LA's work to advance policy and systems change
 - Use the agenda to inform priority program, administrative, budget, and legislative activities

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Policy Agenda Development

- Reviewed existing First 5 LA guiding materials
- Engaged Programs Division departments in agenda development learning sessions
- Co-developed policy goals with Programs Division leadership and staff

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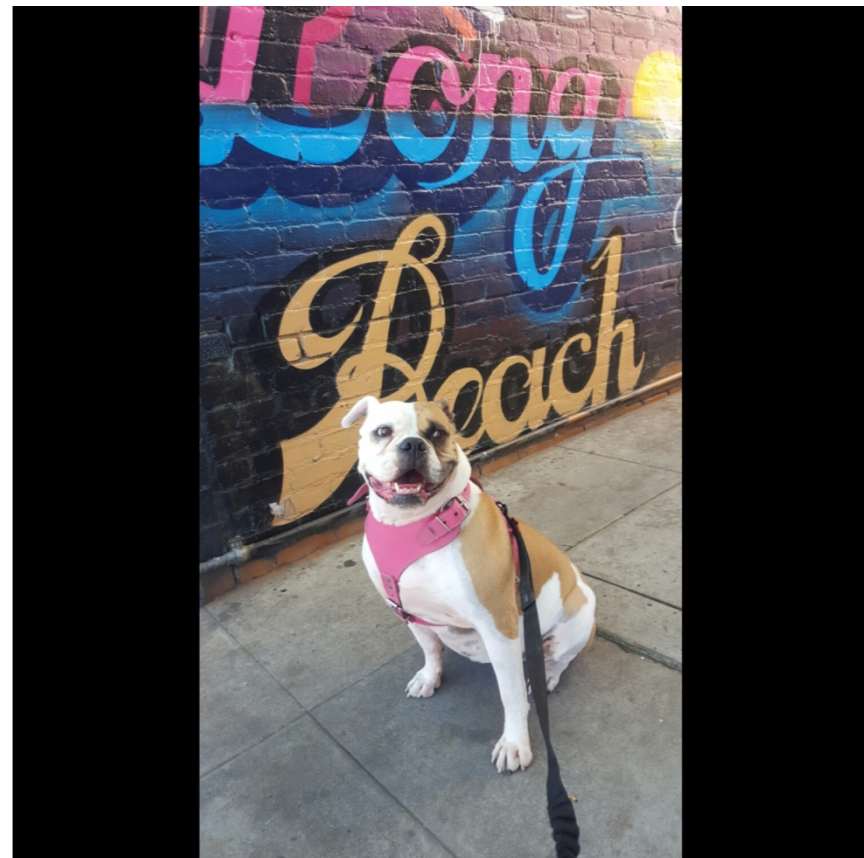
Review Policy Agenda

- Strengthen systems and services that promote the well-being of families.
- Promote parents and communities as critical voices in policy and systems change. 236
- Expand access to affordable, quality early care and education for all children in LA County.
- Improve systems to support the optimal development of all children through the earliest screenings, interventions, and connections to family-centered services.

Policy Department Family



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FIRST 5 LA

SUBJECT:

First 5 LA Impact Framework

BACKGROUND:

First 5 LA works across Los Angeles County to ensure that all children enter kindergarten ready to succeed in school and in life. The 2015-2020 Strategic Plan places parents at the center of this work and focuses on supporting parents and caregivers. This is done by strengthening parents'/caregivers' skills, fostering community capacity to support families, and working to change the systems and policies that give parents and caregivers access to resources needed to support their children to be healthy and ready to learn. The adoption of the plan also represents a shift from funding a majority of direct services to supporting systems change and policy change work.

As discussed with the Board at the July 2017 Board of Commissioners meeting, working to effect systems change is complex, multi-dimensional and requires a long-term perspective. The complexity of building, shaping, and maintaining partnerships, coupled with the layers of change embedded to improve any given system makes it challenging to see clear, linear progress the way one may expect to see in a direct service delivery program.

First 5 LA staff is conducting research and strategizing to evolve our approach on how we measure impact in order to capture the intricacies of impacting systems and policies. Under previous strategic plans, First 5 LA invested heavily in evaluation of programs to ascertain if a particular intervention was successful. The shift to systems change and policy change strategies requires that we clearly define the systems that we want to impact, how we anticipate that will happen, and the specific population-level outcomes for children and families that we believe we are impacting. Our approach to evaluating systems change represents an effort to define what success looks like in clear and measurable targets and in a way that we believe is authentic to who we are as an organization and how we work.

DISCUSSION:

The purpose of the discussion at the November 2017 Board of Commissioners meeting is to share how staff has continued to envision this body of work, particularly following input received from Commissioners who attended the September 2017 Special Meeting of the Board of Commissioners/Program and Planning Committee. An impact framework is a critical component of our Strategic Plan implementation as it can:

- 1) Be a powerful communication tool to tell our story
- 2) Help us to track our progress
- 3) Support accountability for the change we seek
- 4) Improve and inform implementation of our strategies

Underlying implementation of the Impact Framework are measurement and reporting plans. These plans will define the specific indicators and metrics that will be used to monitor progress as well as the frequency, format and level of reporting. Collectively, these tools will help ensure that First 5 LA is focused on tangible results and that data is being used for learning and to inform implementation of our strategies.

NEXT STEPS:

After the conversation at the November 2017 Meeting of the Board of Commissioners staff will continue to build out this body of work. An important next step for this work is to create a process for First 5 LA staff to define success for each of the outcome areas. The Integration and Learning Division will collaborate with staff from across the organization to capture their best thinking on outcomes. We also anticipate engaging the Board of Commissioners early next year with more details on the development of this work, including a more concrete timeline of anticipated key milestones.

Impact Framework Update

Board of Commissioners Meeting
Daniela Pineda
Christina Altmayer
November 9, 2017



Discussion Objectives

- Discuss an emerging approach that First 5 LA will develop to measure our impact
- Update Board of Commissioners on our initial thinking about this work as it continues to evolve

Background

- First 5 LA is working to develop a tailored approach to measuring our impact grounded in our Strategic Plan's focus on systems change
- Measuring systems change and policy change is complex²⁴²
- First 5 LA is shifting from extensive evaluation of programs to examining systems change and policy change

Why develop an impact framework?

- To tell our story
- To reflect the evolution of our thinking
- To track our progress
- To inform our strategies

What is included in an Impact Framework?

It includes:

- A set of population-level outcomes at the county level
- A set of monitoring measures
- A set of outcome-specific measures

Accomplished through:

- Measurement plan
- Reporting plan

It does *not* include

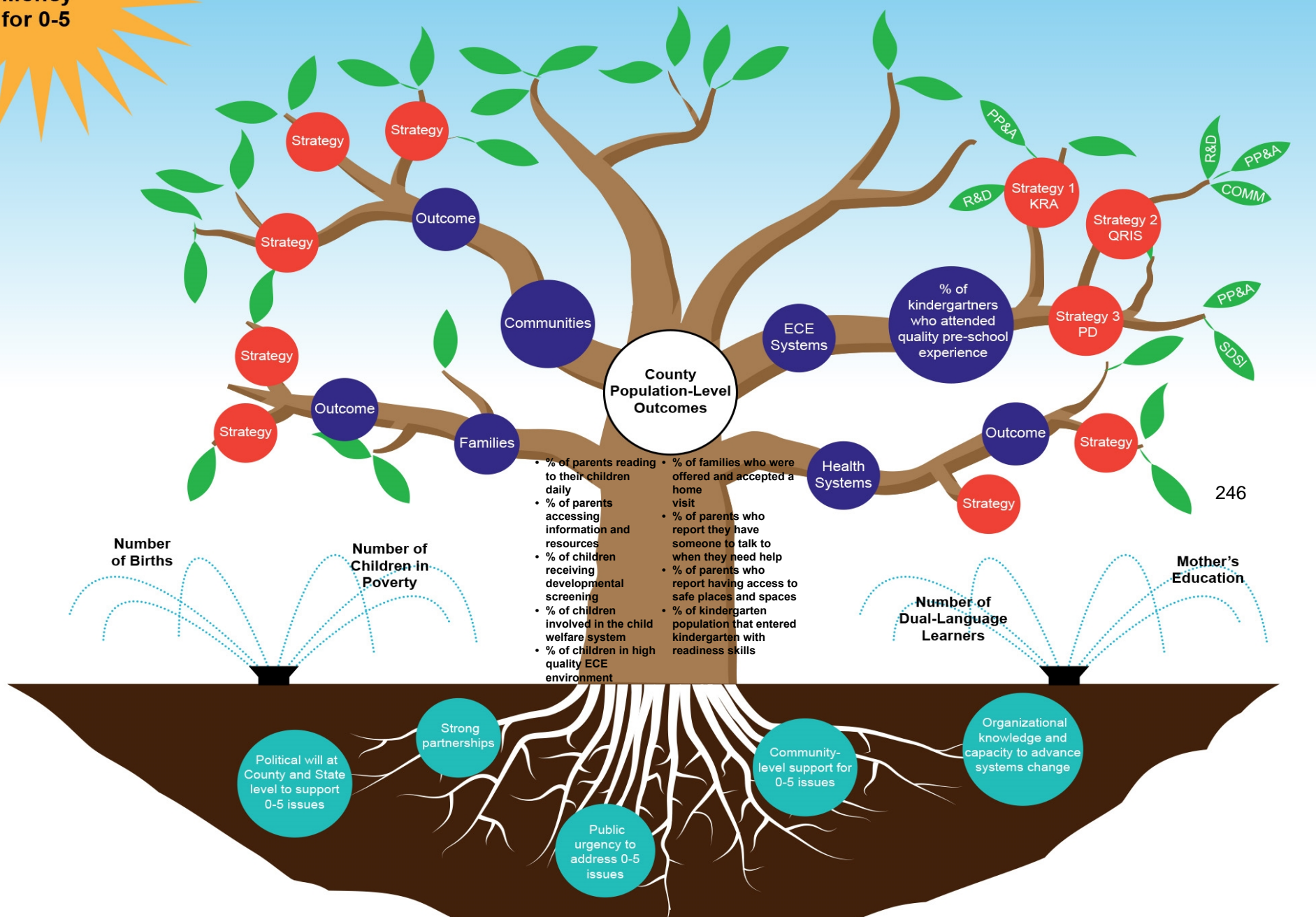
- Desired outcomes and accompanying metrics for organizational effectiveness (key performance indicators)

Key Terms

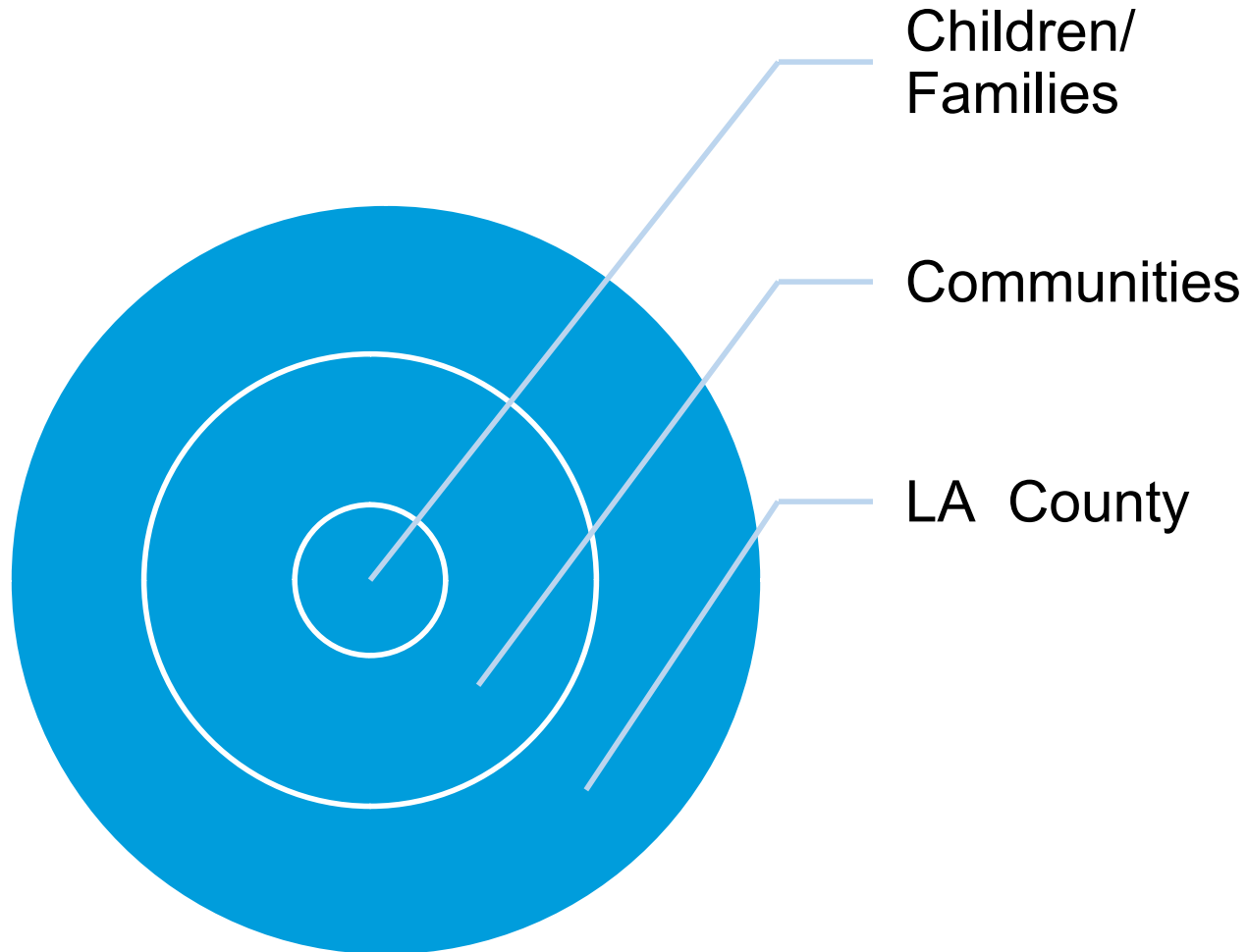
- ***Impact framework*** refers to a frame that helps F5LA tell a simple story about its impact
- ***Measurement Plan*** defines the specific metrics to measure the results and effectiveness of our work
- ***Reporting Plan*** defines the frequency, audiences, and format at which we will report progress

Dedicated Money for 0-5

Children Enter Kindergarten Ready to Succeed in School and Life



Potential Levels of Measurement



Initial Key Assumptions for Population-Level Outcomes

- L.A. County is our target population
- Examining contribution, not attribution
- Systems change and policy change have a long time horizon
- Mixed research methods to examine *why* change happens

County-Level Population Outcomes: Current Thinking

<i>Family Changes</i>	<i>Systems & Policy Changes</i>	<i>Community Changes</i>
<ul style="list-style-type: none"> • <i>% of parents reading (telling stories) to their children daily</i> • <i>% of parents who report accessing information and resources they need to support their child's development[^]</i> 	<ul style="list-style-type: none"> • <i>% of children receiving developmental screening prior to kindergarten entry</i> • <i>% of children involved in the child welfare system (from birth to 5 - Cumulative Risk)</i> • <i>% of children in high quality ECE environment</i> • <i>% of families with newborns who were offered and accepted a home visit</i> 	<ul style="list-style-type: none"> • <i>% of parents who report they have someone to talk to when they need help[^]</i> • <i>% of parents who report having access²⁴⁹ to safe places and spaces[^]</i> • <i>% of kindergarten population that entered kindergarten with readiness skills (as measured by KRA tool)</i>

[^]= Closely linked to Protective Factor

Monitoring Measures: Current Thinking

- Child Poverty
- Number of Births
- Mother's Education
- Dual-Language Learners
- Healthy Birth Outcomes
 - *All of these measures may be disaggregated by various socio-economic and demographic factors*

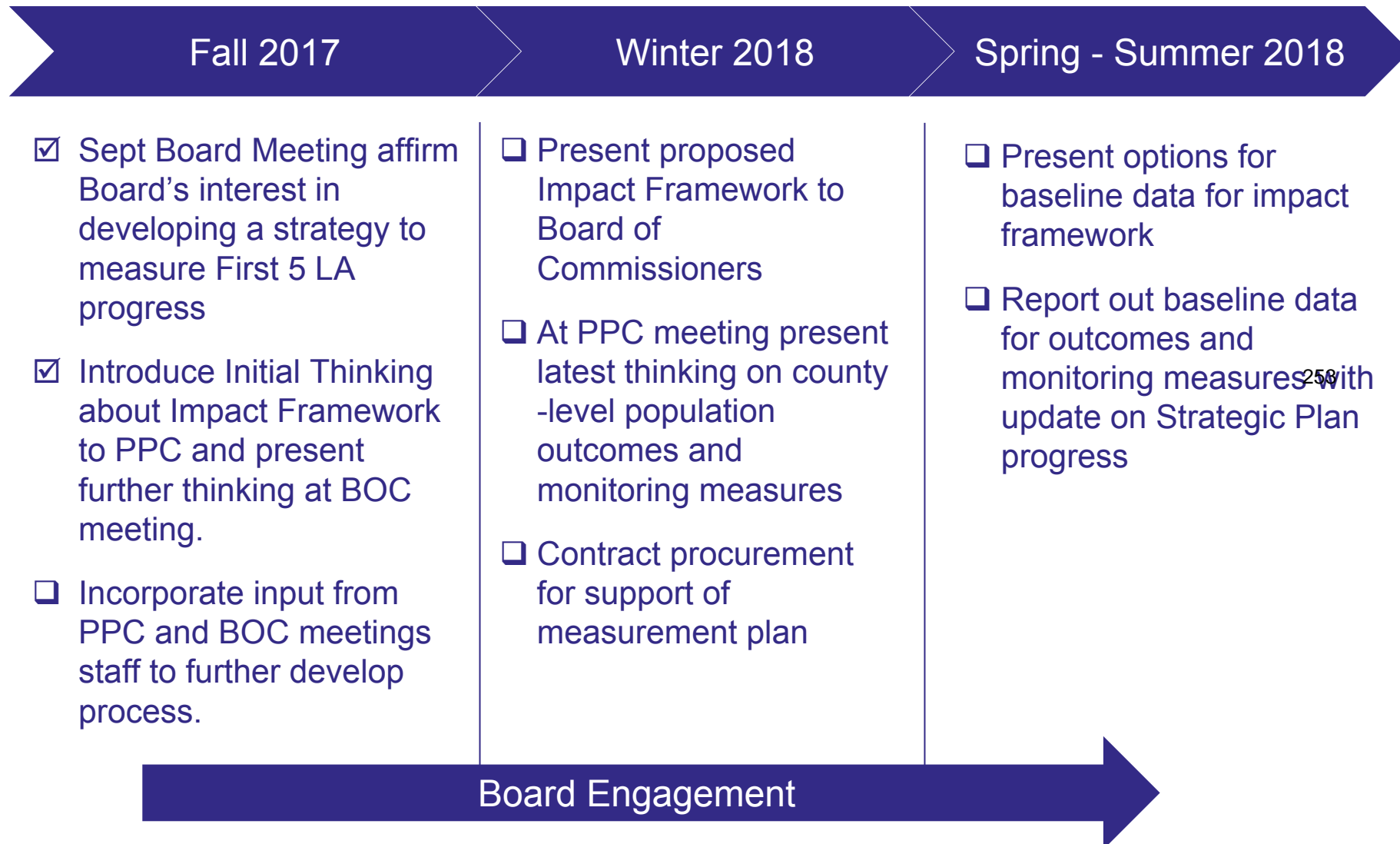
Existing Data Sources We Are Exploring

- LA County Health Survey
- LA County WIC Data Survey
- Portrait of Los Angeles
- The Los Angeles Equity Atlas
- Child Care Needs Assessment

Challenges

- Dynamic landscape of early childhood services and systems
- Measuring First 5 LA's contribution vs. monitoring
- Timeframe for achieving systems change

Next Steps



Questions?

