

AGENDA

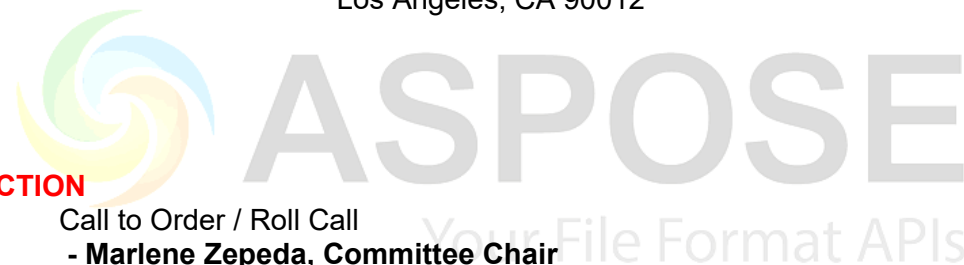
SPECIAL JOINT MEETING OF THE BOARD OF COMMISSIONERS AND THE BUDGET & FINANCE AND EXECUTIVE COMMITTEES

Budget & Finance Committee Chair: Robert Byrd

**Thursday, March 22, 2018
1:30 PM**

Meeting Location:

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

- 
1. **ACTION**
Call to Order / Roll Call
- **Marlene Zepeda, Committee Chair**
 2. **INFORMATION** **3**
Review Program & Planning Committee Meeting Transcript –
February 22, 2018
- **Marlene Zepeda, Committee Chair**
 3. **INFORMATION** **119**
Request to Establish a Strategic Partnership with Dignity
Hospital dba
California Hospital Medical Center to Coordinate the Provision
of Training and
Materials to Support the Department of Health Services' MAMA's
Neighborhood
Program Expansion (Written Only)
- **Diana Careaga, Senior Program Officer, Family Supports**
 4. **INFORMATION**
ECE Outcome: Kindergarten Readiness Assessment Update
- **Ofelia Medina, Senior Program Officer, Early Care & Education**
- **Avery Seretan, Program Officer, Early Care & Education**

COMMISSIONERS

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

EX OFFICIO MEMBERS

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

EXECUTIVE DIRECTOR

Karla Pleitez Howell

EXECUTIVE VICE PRESIDENT

John A. Wagner

A PUBLIC ENTITY

A.	Proposed Strategic Partnership with UCLA Center for Healthier Children, Families and Communities at The Regents of the University of California	141
B.	Proposed Strategic Partnership with UNITE-LA	144
5.	INFORMATION Communities Outcome: Proposed Best Start Regional Network Grant Awards - Antoinette Andrews Bush, Director, Communities - Michelle De Santiago, Program Officer, Communities	148
6.	Break	
7.	INFORMATION Proposition 10 20th Anniversary: May Advocacy Day - Kim Pattillo Brownson, VP of Policy & Strategy - Marlene Fitzsimmons, Manager, Strategic Initiatives	193
8.	INFORMATION The Use of Data to Inform & Drive Systems Change - John Wagner, Executive Vice President - Daniel Webster, Center for Social Services Research, UC Berkeley - Emily Putnam-Hornstein, Children's Data Network, USC	203
9.	INFORMATION Public Comment (For items not on the agenda)	
10.	ACTION Adjournment	

1
2
3
4
5
6
7
8 MEETING OF FIRST 5 BOARD OF COMMISSIONERS

9 Thursday, February 22, 2018

10 750 North Alameda Street, First Floor

11 Los Angeles, California 90012
12
13
14
15
16
17
18
19
20
21
22
23

24 REPORTED BY:
HEATHERLYNN GONZALEZ
25 CSR #13646

1 Thursday, February 22, 2018; Los Angeles, California

2 1:35 p.m.

3 -oOo-

4 COMMISSIONER ZEPEDA: All right. I think the
5 cold weather has everybody moving around.

6 I'd like to call to order the meeting. And we're
7 going to start off with an introductions. I'm Marlene
8 Zepeda, chair of the P and P. And welcome to our February
9 22nd meeting. So I'm going to go to my left this time.

10 COMMISSIONER PLEITEZ HOWELL: Hello. Karla
11 Pleitez Howell, representing the policy roundtable.

12 COMMISSIONER MARTINEZ: Yvette Martinez, the
13 representative for District 4.

14 COMMISSIONER ABDO: I'm Judy Abdo, representative
15 of District 3.

16 MS. PINEDA: Daniella Pineda with First 5 LA.

17 MS. ALTMAYER: Hi. Christina Altmayer, also with
18 First 5 LA.

19 MS. PATILLO BROWNSON: Pattillo Brownson, First 5
20 LA.

21 MS. ANDRADE DuBRANSKY: Barbara Andrade
22 DuBransky, First 5 LA.

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

24 MS. JOHN: Reena John, First 5 LA.

25 MS. FICEK: Tara Ficek, First 5 LA.

1 MR. SANCHEZ: Gabriel Sanchez, surprise, First 5
2 LA.

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

4 COMMISSIONER WOODS: Los Angeles County Office of
5 Education.

6 COMMISSIONER TAYLOR. Romalis Taylor, second
7 district.

8 COMMISSIONER SMITH: Wendy Smith, representing
9 the Commission for Children and Families.

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

11 COMMISSIONER ZEPEDA: Let's start with our staff
12 in the back.

13 SPEAKER: Karen Valencia, First 5 LA.

14 SPEAKER: Linda Vo, First 5 LA.

15 MS.GONZALEZ: Heatherlynn Gonzalez, stenographer.

16 SPEAKER: Charles Phillip, (inaudible) Child 360
17 formerly LAUP.

18 SPEAKER: Amato, First 5 LA.

19 SPEAKER: (Inaudible) First 5 LA.

20 MS. CLAYTON: Patricia Clayton, Compton East
21 Compton (inaudible).

22 SPEAKER: Debra (Inaudible), First 5 LA.

23 SPEAKER: Armando Jimenez, First 5 LA.

24 SPEAKER: (Inaudible) Guitierrez, First 5 LA.

25 SPEAKER: James (Inaudible), First 5 LA.

1 SPEAKER: Andrew (Inaudible), First 5 LA.

2 SPEAKER: Raoul Ortega, First 5 LA.

3 SPEAKER: Marlene Pool, First 5 LA.

4 SPEAKER: (Inaudible) Simmons, First 5 LA.

5 SPEAKER: Tanisha Williamson, First 5 LA.

6 SPEAKER: Maria (Inaudible), First 5 LA.

7 SPEAKER: Good afternoon. Claudia (Inaudible),
8 First 5 LA.

9 SPEAKER: (Inaudible), First 5 LA.

10 SPEAKER: Rafael Gonzalez, First 5 LA.

11 SPEAKER: Carl Gayden, First 5 Los Angeles.

12 SPEAKER: Antoinette Andrews Bush, First 5 LA.

13 SPEAKER: (Inaudible), First 5 LA.

14 SPEAKER: I'm not from First 5 LA. My name is
15 Julie Hogan. I'm from First Congregational Church
16 Los Angeles.

17 SPEAKER: (Inaudible), First 5 LA.

18 SPEAKER: Lee Worbell, First 5 LA.

19 SPEAKER: (Inaudible), First 5 LA.

20 COMMISSIONER ZEPEDA : Deanne.

21 COMMISSIONER TILTON: I'm Deanne Tilton, First 5
22 Commissioner.

23 COMMISSIONER ZEPEDA: Thank you, everybody.

24 Let's go to item Number 2, review program and
25 planning committee meeting notes. If you've had --

1 commissioners, have you had a chance to kind of peruse
2 those? Any questions, changes, suggestions?

3 Hearing none, I'll go ahead and accept those as
4 have are. Thank you for that.

5 Moving on to Item 3, alternative revenue and
6 sustainability strategies. This is a big one for us, so
7 we have Peter Barth, Reena John, and Kim Pattillo Brownson
8 will be presenting to us about how we're going to keep
9 this place going.

10 MS. BELSHE: And support children broadly.

11 MR. BARTH: While the PowerPoint comes up, at our
12 last board meeting when we talked about policy and
13 advocacy and we heard from our executive director of our
14 association, Moira Kenney, a lot of these issues came up
15 and to the forefront. And as our executive director said,
16 we would spend a lot of time talking about this with you
17 all. So this will be hopefully just a robust discussion
18 where you can hear a lot about what we're working on and
19 what we're doing across the organization, not just in any
20 one of the departments that you're hearing from today, but
21 also so we can hear from you about where you have thoughts
22 and priorities and other things for us to know and keep in
23 mind.

24 So I would just open it up, provide a little bit
25 of context, kind of ground us in some of the conversation,

1 and also share some examples. While we have more recent
2 focus on some of these issues, it's not new for us to be
3 talking about this, and we want to point out what it's
4 looked like in the past. We're going to do a deep dive
5 with our family support team who are surrounding me right
6 now about our largest investment in home visiting and what
7 sustainability means for our work, not just in home
8 visiting, but also broadly across all of our programmatic
9 work.

10 And, finally, Kim Pattillo Brownson will guide us
11 through some conversations around alternative revenues and
12 some of the near-term opportunities we have and what you
13 can expect staff to be doing a lot more of in the future.

14 So with that in mind, I'm sharing this quote,
15 which should not be new to any of us, courtesy of our
16 executive director, First 5 LA is not the agent of scale
17 or sustainability.

18 MS. BELSHE: And then have I to give proper due
19 to, I believe it was, Dr. Neal Kaufman who first gave
20 voice to this incredibly important foundational point and
21 observation. Go, Neal.

22 MR. BARTH: But what does this really mean? And
23 I think our executive director at the association, Moira,
24 shares how right now we have about \$125 per kid through
25 First 5 funding. But even at our high points that number,

1 was more like \$200 a kid. And is \$200 a kid really the
2 way that we're going to be able to support quality early
3 learning and home visiting programs to make sure that
4 families have access to the critical health services they
5 need? No.

6 First 5s are not the agent of scale or
7 sustainability. We have partner systems who are, though.
8 We have -- LAUSD is just one of many school districts
9 spending nearly \$8 billion a year on services. We have
10 our State of California with the largest general fund
11 budge in history of over \$180 billion going to services
12 and supports. So First 5 may not be the agent of scale or
13 sustainability, but we are partners. We're innovators.
14 We're collaborators. We're supporters and influencers.
15 And that's why our new strategic plan highlighted these
16 exact focused investment strategies. That's how we should
17 be spending our money and how we should be showing up with
18 these systems to help make sure that those revenues are
19 going to support the services and supports our families
20 need.

21 Just a little more context. Big surprise, our
22 revenue is declining. We heard from our finance team last
23 month about what that meant in terms of our future, but
24 it's really important -- one of our form or commissioners,
25 Duane Dennis, said our new strategic vision and focus

1 isn't reliant on the fact that we have a declining revenue
2 source. This is the right thing. We should be doing it
3 no matter what. And if you actually look at the text of
4 Proposition 10, if you look at enabling statute, it
5 doesn't say that First 5s should be the systems these
6 services. It actually says -- and these are exact words
7 -- that First 5s should be facilitating the creation and
8 implementation of an integrated, comprehensive and
9 collaborative system. And I think that's really important
10 for us to keep in mind, that in some ways First 5s and
11 First 5 LA are kind of returning to what the voters
12 initially intended when they created and approved
13 Proposition 10.

14 Finally, it gives us an opportunity to think
15 about how we can increase our focus on outcomes for all
16 children.

17 I think it's important that we have this
18 conversation grounded in some common definitions. So when
19 you hear us say sustainability, what we're really talking
20 about is maintaining investment in critical services and
21 supports for families and young children. That means
22 that, as we look at all the different things that either
23 we have funded or that our partners have funded, we need
24 to be looking for opportunities to scale and sustain those
25 programs through multiple different means.

1 When we're talking about alternative revenues,
2 we're talking about growing the pie. We're talking about
3 how to make sure there's more money that's available for
4 early childhood. So they're distinct but they are,
5 obviously, related.

6 And then, finally, like I opened with, we do have
7 some examples of success. And we have many, but here are
8 just a few. And I'll walk you through them briefly.

9 First is oral health. I think, as many of you
10 know, we have historically funded oral health programs
11 through what was known at the Children's Dental Care
12 Program, CDCP. It was a five-year investment critically
13 in two things: One, working with strategic partners at
14 USC, UCLA, and Western to both build infrastructure,
15 create infrastructure to be able to provide more services
16 to young children. So that meant everything from local
17 clinics to technology infrastructure for virtual services
18 to the actual brick and mortar clinics themselves. But it
19 was also paying for those providers to be able to provide
20 services in those clinics and they're able to serve close
21 to a hundred thousand children through those programs.
22 But, again, we weren't going to be able to continue to
23 support a hundred thousand kids and we weren't going to be
24 able to support 600,000 kids.

25 And so what our policy team did in partnership

1 with the program team and in partnership with other local
2 First 5s who had significant investments in oral health
3 and within our association was help to elevate the
4 importance of improving Denti-Cal, the oral health
5 services program for Medicaid, and to make sure that the
6 State, as it was applying for its waiver from the federal
7 government, actually prioritized oral health services for
8 young children. And as a result, also made sure that
9 there were new revenues that were supporting the dental
10 transformation initiative, DTI. And DTI basically was
11 something that was incorporated into the waiver process
12 that envisioned competitive grant program for counties to
13 be able to provide and expand services through Denti-Cal
14 to more families and young children.

15 And because of the direct investments we made on
16 the ground, LA county was successful in receiving that
17 funding and so all of our grantee partners are able to
18 continue to provide services using the infrastructure we
19 helped pay for.

20 Another example is in our family strengthening
21 work. Many of you are familiar with the Partnerships For
22 Families program. It's a program that is now currently
23 operated by the county Department of Children and Family
24 Services. It's a program that's had a successful track
25 record in reducing re-referrals to the child welfare

1 system. This is a really innovative program because of
2 how First 5 LA went about investing in it. Rather than
3 doing what lots of funders, not just First 5 LA have often
4 done, which is go fund a little pilot project on the side,
5 do it on our own and then, when it's over say, great, who
6 likes this is. Who wants to help pay for this.

7 We worked up front with the Department of
8 Children and Family Services. And when I say we, yes, I
9 include -- I don't include myself because I wasn't here
10 for this. I can't take any credit. All credit due to
11 people like Barbara next to me and others for their work
12 on this. But that's an approach that we want to use more
13 of; work with those systems leaders in the very beginning
14 before we spend any money to make sure that the programs
15 we're piloting and testing are ones that county partners
16 actually need and want. And fortunately we were also able
17 to pay for evaluation to prove that this program had an
18 effect. And so that's why the Department of Children and
19 Family Services was now continuing to pay for and support
20 that program even -- excuse me -- even after our First 5
21 investment has ended.

22 And then, finally, in the bucket of alternative
23 revenues. Day one on the job for me I learned through our
24 state advocate that there was a growing movement from a
25 number of health advocates to increase tobacco taxes so

1 that they could pay for more services, which was great
2 because we wanted some of those services to pay for things
3 like oral health services, which it's doing. But we were
4 also a little bit concerned because any time you change
5 taxation schemes on tobacco, it changes how programs that
6 are already funded by tobacco, like First 5s, how they may
7 get funded.

8 And so we were able to -- and to make a very long
9 and complicated story that also involved Christina
10 Altmayer in her former role as the head of the Orange
11 County Commission, we were able to make sure that not only
12 did First 5s get protection and backfill through the new
13 tobacco taxes, but that the new e-cigarette taxes that
14 were a component directed new revenues to First 5. That
15 was not part of the initial plan or vision of some of
16 those health advocates.

17 I will say that what this effort highlighted for
18 me was how little people cared about First 5s outside of
19 the First 5 world. And so it was a real moment to say, we
20 need to do more of this, we need to be highlighting the
21 First 5 work more, we need to build champions and partners
22 more so that more people think of First 5 as an important
23 and critical partner in moving advocacy and not a group or
24 an issue that can be forgotten.

25 So with that, before we move on into the examples

1 of home visiting, I just said a lot of things. And I
2 think it would be great for us to hear from you any
3 questions, thoughts, reactions, or comments you may have.

4 COMMISSIONER ZEPEDA: Commissioners, do you have
5 any questions?

6 Commissioner Smith.

7 COMMISSIONER SMITH: I just have a question about
8 your last comment, which was really very interesting, and
9 it makes me wonder what you feel we can do and should be
10 doing to change that reality.

11 MR. BARTH: I think Kim will hit on this a little
12 bit in the section on alternative revenues, but I'll just
13 highlight that part of it is just building relationships.
14 First 5 here locally is doing a much better of working
15 with all the partners, whether it's health care systems or
16 clinics or county agencies. But at the state level, there
17 are a lot of very powerful and influential voices that
18 represent doctors and represent health plans who have
19 strong -- strongly influenced the decisions made in the
20 legislature, made by governor, and they didn't necessarily
21 know who we were.

22 For people who did know who we were, they thought
23 sometimes, well, First 5s, you don't care about child
24 welfare, you don't care about health plans, you care about
25 the things you fund on the side. So we've spent a lot of

1 time over the last couple of years just trying to build
2 relationships and build understanding and say, we do
3 really care about child welfare, we do really care about
4 health systems, and we want to be partners with you. And
5 so I think a lot of it has been and will continue to be
6 education and partnership building and doing work with
7 others.

8 MS. BELSHE: You might want to connect the dots
9 to the board presentation that Moira Kenney provided
10 earlier in the month in terms of the network strategy
11 being actually very much in reaction to some of this
12 learning that you just touched on.

13 MR. BARTH: Absolutely. One of the key takeaways
14 from the network strategy that we've been big partners on
15 with the association is this idea that First 5s need to be
16 more than just a collection of individual organizations
17 doing great work locally, that we need to then band
18 together to be an organization and a network of voices on
19 behalf of not just First 5s as organizations but the first
20 five years in children and families statewide. And quite
21 frankly, a lot of organizations do that well. There are a
22 lot of very strong associations that represent the
23 interests of whether it's -- you know, everything from
24 Behavioral Health Directors Association, hospitals
25 association. And so what we're trying to do as a part of

1 that network is be able to elevate the voice of First 5s,
2 not just one individual First 5 over the other.

3 COMMISSIONER ZEPEDA: Commissioner Taylor.

4 COMMISSIONER TAYLOR: We need to also bring it
5 down to the community level and then educate the community
6 about our efforts so they'll be aware of what we're doing,
7 hold conferences or seminars or discussion groups about
8 what we're doing. That's very important and powerful if
9 we're looking for support in what we want to do in the
10 future.

11 I was very appreciative of the strategy dynamics
12 that you provide to -- at the last meeting that we can
13 carry around to give to other people. So we need more of
14 that kind of messaging that is easily discernible to
15 community, families. And somehow we have to as leaders --
16 because I see what this organization's been doing. It's a
17 great dynamic. We need to pull the State in on a
18 conference either once a year, once every other year, or
19 however you think, so that they see us as thinkers and
20 movers around these concepts that we're trying to move
21 forward for all children and families in this county as
22 well as the state. That way they'll -- they'll -- we will
23 bring in these different thinkers of health, mental
24 health, DCFS, and then have a forum around that and get
25 our partners to be doing sessions and presenting and

1 highlighting what we're doing with them. And then that
2 gets to be a more real thing. And we can invite people
3 from the feds and others into this dynamic and conference
4 so that they understand that we're actually on the ground
5 really doing it. And, eventually, we're going to be, if
6 we're not already, in the Washington, DC, talking about
7 these concepts so that we can then broaden our horizons.

8 Just a thought.

9 MS. PATILLO BROWNSON: There's maybe two things
10 that I think we're talking about at the same time. One is
11 about people understanding what the role of First 5s are
12 and what the roll of First 5 is here in LA. And then
13 there's another, which is about issue understanding about
14 the importance of zero to five and what societal
15 responsibility we all bear for that. There's a lot of
16 overlap at in those conversations, but they're also --
17 they require different strategies to develop sort of good,
18 offensive work on those. A lot of the relationship
19 building work that Peter was describing earlier I think is
20 doing both -- is serving both objectives of trying to both
21 elevate the role that we can play in Sacramento as well as
22 here in Los Angeles while also making the case to some
23 organizations and players who have not necessarily thought
24 of zero to five as a public responsibility in the past.

25 We'll be at a commission for PPC meeting near

1 you. We will be sharing more on what we're learning on
2 focus groups from parents about what they understand of
3 their own responsibilities and how they think of the
4 public's responsibilities in supporting them as well.

5 But, I mean, what's sort of an interesting almost
6 paradigm shift moment is to think about some of the other
7 big sort of public health campaigns. We were talking
8 earlier this week actually about seatbelts as a public
9 health campaign that has really shifted in our -- in my
10 own lifetime where I certainly grew up not thinking about
11 seatbelts until there came a point where everyone was
12 thinking about seatbelts. And some of the partner-ly
13 aspects of those works meant that there was a public
14 messaging campaign of everyone viewing it as parents'
15 responsibilities, as kids' responsibilities, but also the
16 car manufacturers' responsibilities and government's
17 responsibility to require that there be seatbelts in every
18 car, that the CHP tickets. And thinking about how to
19 deploy each those different sectors of civil society to
20 engage in problem solving together is a little bit of this
21 issue of, how do we make it so that there's a value
22 proposition in our sustainability work so that people want
23 to sustain what we're saying needs to be prioritized.

24 MR. BARTH: I'll also add -- and I really
25 appreciate your call out on community.

1 So I think a lot of our journey over the last
2 couple of years has been around focus, how can we make
3 sure that we're focusing our efforts that we can achieve
4 maximum impact. But as our executive director said in the
5 first board meeting, one of the goals of 2018 really is
6 integration. And like I said in my opening comments, this
7 work, although we're right now sort of the vocal
8 representatives of it in this meeting, one of the key
9 takeaways is, really, you should be hearing themes of
10 sustainability and alternative revenues and partnership in
11 every presentation you hear no matter what division it's
12 coming from in our work, and we should be elevating more
13 of the connection points.

14 So one thing that you'll hear a little bit later
15 in our alternative revenue section is how it's not just
16 the policy department that's talking about it, but our
17 community relations department as lead by Rafael Gonzalez,
18 and the connection points between these efforts.

19 So, again, it's newer frontier for First 5s but
20 it's the direction we need to be moving in and we need to
21 be doing more of it. And I really appreciate that call
22 out.

23 COMMISSIONER ZEPEDA: Commissioner Tilton.

24 COMMISSIONER TILTON: Thank you so much for the
25 presentation. And I think it's important to remember that

1 families that have children pregnancy to five have older
2 children as well. So if you're going to help the family
3 with a very young child, you're going to need to do
4 something for the children over five.

5 I'm remembering partnerships with families, which
6 we worked very hard on. We were addressing children at
7 risk and realizing that children who were referred into
8 DCFS who were at greatest risk were under five, actually
9 under three or under two. But we couldn't really develop
10 a program just for part of the family. So the
11 partnerships really came out of two things: One, was we
12 had money to invest in it with a commitment if, whenever
13 possible, DCFS would come in with their title -- Title 4E
14 waiver that would enable them to pick up the costs. So it
15 took a little longer for them than we thought, but it was
16 based on our ability to invest in this and then turn that
17 over to a county department and that county department
18 utilizing other departments, provide the services so that
19 these families who didn't need to stay in the system could
20 be served in the community. And that did do something
21 very, very important, and that was provide outcome and
22 results that were provable that these families didn't
23 re-enter the system as often.

24 So that's just a thought that I have. The two
25 thoughts were, one, we had the money to invest; secondly,

1 that we have to think about families as inclusive of older
2 children when we provide services; and, third, that
3 sometimes we have to hope that there is an agency that
4 will have the ability to pick up on this service and then
5 engage other agencies as well. And then once you have
6 that outcome, you're golden.

7 And child abuse rates have gone down.
8 Partnerships has made a big impact, and you should be very
9 proud of that and keep reminding people of that. And I'm
10 -- I'm not sure that I do that enough or commission does
11 that enough. Just say, hey, we have prevented harm to
12 kids with this particular effort that was unique at the
13 time, hard to come by in terms of trying to figure out how
14 to transfer -- how to invest the money, how to get it
15 transferred over to an agency, how to have confidence that
16 that agency was going to be able to pick up on it, and
17 share the quality of services. But that's just my two
18 cents on this issue.

19 COMMISSIONER ZEPEDA: Doctor -- sorry. I'm
20 thinking university here.

21 Commissioner Abdo.

22 COMMISSIONER ABDO: I want to tell a story that I
23 heard yesterday at the Early Childhood Task Force in Santa
24 Monica. I don't know all the details. I've asked for
25 more, but it goes right into this integration and

1 facilitation among county agencies.

2 There was a family living in a van that was
3 discovered by somebody who was just working within the
4 park system and family services in Santa Monica. And it
5 turns out the family was a woman with six children living
6 in a van. And the reason that they were in this situation
7 was domestic violence. I don't know any details about
8 that. The woman is working in Santa Monica. The children
9 are going to school in Santa Monica. Age range is from --
10 I believe it started when they were first found at perhaps
11 six months, maybe a little bit younger, and then kind of
12 stair stepping up. And so she needed many systems to help
13 her, and she was directed to do this and that, to go here
14 and there, and she filled out all the forms and talked to
15 all the people, every single thing that you would expect
16 somebody to do if they were really plugged into how the
17 system works.

18 Three months later, she was still homeless living
19 in a van because there weren't enough vouchers, especially
20 for a family of six children.

21 And, finally, eventually, she did get a voucher
22 for a motel that is an hour and a half away from her job.
23 And so every day she's spending three hours driving with
24 the children and she's nursing the now nine-month old
25 child. So she has to pull over and nurse and then get

1 back, you know -- I don't know where the one and a half
2 month -- hours drive is.

3 But somehow we're failing this family, even
4 though she's done everything that she's been advised to do
5 and everybody in the helping world has been trying to help
6 her. There aren't places on the west side for a family
7 with six children. I'm not sure there are any places at
8 all for vouchers that take vouchers. But somehow in our
9 work as -- as people who are concerned about zero to five,
10 we need to look at this. And the homeless -- this issues
11 that are happening -- they're talking about it today, I
12 believe in the State about more funding, an enormous
13 amount of more funding. And, of course, we're talking
14 about it at the county level and city levels too. But in
15 the meantime, here's a family that needs help and there's
16 -- you hit a brick wall when you're trying to help a
17 family that has this kind of a need. And she's working.

18 So I just wanted to bring that in. I'm going to
19 get some more details about this -- this story because the
20 interesting thing is that this woman is not hiding and
21 she's willing to go to meetings and tell her story, which
22 is very unusual I think. And I haven't met her or heard
23 her tell her own story, but I found that fascinating to
24 me.

25 COMMISSIONER TILTON: So DPSS --

1 COMMISSIONER ABDO: I don't know all the
2 different departments that she's interacted with. I don't
3 know. She's been I think working with many departments of
4 the county.

5 COMMISSIONER ZEPEDA: Thank you, Judy. We'll
6 certainly think about that.

7 Other comments by commissioners? Questions?

8 MS. BELSHE: Let me just make a comment if I may.

9 COMMISSIONER ZEPEDA: Sure.

10 MS. BELSHE: And I appreciate it was a story
11 shared with you which you're sharing with us, but
12 regrettably, it's probably repeated countless times on a
13 day-to-day basis. One of the thing we're going to talk
14 with the board about in March is about our work with
15 county agencies, and specifically some of the
16 systems-related work that John and OCP are co-leading,
17 which is really about how do -- how can we together work
18 to create more family-centered and family-friendly systems
19 that reflect family needs and circumstances not just the
20 needs and circumstances of the funding streams and the
21 programs.

22 Lord knows it's easier said than done. We are
23 not the first group of individuals who said, something
24 must be done. But the good news is, both agency leaders
25 as well as leading funders are coming together to -- along

1 with community. Because, again, you know, it's
2 interesting when you hear from the Best Start families,
3 generally, they're not saying, we need more services.
4 They're, like, help us navigate what exists.

5 So that -- we'll have an opportunity. We're
6 going to go deep. We're going to do some break-outs. So
7 I don't want you to feel and others feel like, oh, well,
8 there's a 500-pound gorilla that just got put into this
9 room. We're not going to profess to solve it next month,
10 but we're going to have an opportunity to engage more and
11 more deeply.

12 COMMISSIONER ZEPEDA: Thank you.

13 I would just like to underscore what Commissioner
14 Taylor said. And I think it's tangentially related to
15 what Judy just mentioned, and that is how we're being
16 perceived by people on the ground. Because, as many of
17 you know when this commission first started, it had a very
18 different kind of flavor to it. And we have -- we're
19 really directing the ship now to a more systems focused,
20 which means that we're further away from direct services.
21 And so, therefore, what -- how are people perceiving what
22 it is that we do becomes extremely important as we move
23 forward. And so this communication -- and I think Moira
24 brought it up at the commission meeting -- that is huge,
25 not only for individual commissions, but, you know as a

1 network as we move forward.

2 And so I would want to think that we are really
3 thinking very clearly about that as we go forward.

4 MR. BARTH: Absolutely. Thank you for all your
5 comments. Again, we're just going to now pivot into
6 another phase of this discussion, which is providing a
7 deeper dive into one of our largest investments in home
8 visiting. So I'll hand it over to Reena John, our senior
9 program officer in the family supports department. But I
10 think -- and I just want to underscore this piece as well.

11 I think sometimes the messaging has always been,
12 great, so First 5's not going to do direct services
13 anymore; we're only doing policy and systems change. And
14 I think what this discussion will highlight is, that's
15 actually not true. It's just direct services to what end.
16 How are we going to fund services to inform systems, to
17 work with systems to improve them. And this is a really
18 good example of where the sustainability frame in our
19 long-term commitment to home visiting is changing that.

20 So I'll hand it over to Reena now.

21 MS. JOHN: Thank you, Peter. And good afternoon,
22 commissioners.

23 We're going to start this sort of deep dive into
24 home visiting sustainability with this visual that I know
25 you've seen before. It's basically a house, which is

1 representative of our home visiting investment. The door
2 correlates to sort of direct services and how families
3 enter the system but also how families experience those
4 direct services. We've also got a learning agenda. That
5 sort of broadly correlates to our evaluation-related
6 efforts, as well as our policy and advocacy efforts, which
7 very much links to sustainability, and finally system
8 building, which is an area I think we'll spend a lot of
9 time on today. And, really, it's about partnerships with
10 county agencies to build a universal home visiting system
11 for LA county.

12 I'm not going to go -- before I go further, I
13 really want to call out that this house is standing
14 because of the work and the effort of a lot of our team
15 members on our home visiting team. So I just want to
16 acknowledge Deanne Cariaga, Claudia Molina, Marlene Cole,
17 Maria Keno, Alane Polisky, Belinda Lady, and Carlo
18 Herrera, and of course Barb, our fearless leader and
19 director.

20 MS. BELSHE: Fearless.

21 MS. JOHN: So some context to start with. One,
22 home visiting is First 5 LA's most significant and
23 long-standing direct services investment. Right now home
24 visiting represents 35 percent of our overall programmatic
25 budget. Home visiting -- First 5 LA is also currently the

1 largest funder of home visiting in the county. So of all
2 the home visiting funding in the county, our efforts
3 represent 45 percent.

4 And then, finally, we just want to call out this
5 is a very historic and sort of opportune time for home
6 visiting in the county with the passing of the 2016 Board
7 of Supervisors motion on home visiting that was supported
8 by Supervisors Kuehl and Haan. We'll talk about each of
9 these in a little bit more detail.

10 So this diagram just kind of reiterates how
11 significant home visiting funding is to our overall
12 programmatic investment. So you'll see our budget is \$118
13 million. And of that, home visiting is 41 million, so
14 about 35 percent.

15 And so as mentioned in the December 2000 -- in
16 December of 2016 the LA County Board of Supervisors
17 directed the Department of Public Health, along with First
18 5 LA, the LA County Home Visiting Consortium, and pretty
19 much every child and family serving county agency, to sort
20 of come together and develop a plan to coordinate, expand,
21 and advocate for high-quality home visiting programs.
22 This was a major milestone for LA county home visiting in
23 that it put partnership and -- and working together really
24 at the center of this effort.

25 This group led by DPH has met -- has been meeting

1 literally every two weeks since the start of 2017 to
2 develop several reports and updates that you see there
3 that have gone to the Board of Supervisors last year as
4 well as some reports that are planned for this year.

5 So the county motion and as well as First 5 LA's
6 current strategic plan have really elevated our home
7 visiting sustainability efforts. We've identified a
8 number of goals. The first two on this slide really
9 relate to what we sort of broadly want for the home
10 visiting system. So, first, we always want to keep our
11 north star in terms of, you know, our main goal being
12 really strengthening policy and systems to ensure
13 sustainability of positive outcomes for families.
14 Secondly, I know this theme has been reiterated many
15 times, but this idea that we really figure out how to
16 maximize all existing sources of funding for home
17 visiting, whether it's federal, state, or local funds.
18 And also, you know, in tandem also look at new and
19 emerging types of funding.

20 And the last two bullets are really about the
21 goals we have for our grantees who play -- our grantees
22 and really all home visiting providers who play a really
23 critical part of this system. So when we talk about what
24 our goals are, we really want to look at strategies that
25 have sort of broad application for agencies.

1 In a moment we'll talk about targeted case
2 management, a strategy where piloting with 20 of our home
3 visiting grantees.

4 TCM is a strategy that is a category -- sort of
5 benefit category of Medicaid. And while we're using it in
6 the context of home visiting, it applies sort of broadly
7 to health and social services. So in a sense, as we test
8 this strategy and we build this capacity amongst our
9 grantees, we really see it as a capacity building
10 opportunity more broadly for these agencies.

11 And, finally, we know that engaging in
12 sustainability and fund leveraging work is going to really
13 mean that our grantees and providers work in different
14 ways. It's -- there will likely be a learning curve and
15 we want to make sure that we do everything we can to
16 provide the appropriate training and technical assistance
17 to support them.

18 And so this slide also we've shared with the
19 commission several times before, but this is the overall
20 funding landscape in LA county for home visiting. These
21 are FY16-17 numbers. In total, there's about \$92 million
22 that came into the county for home visiting that year.
23 You'll see in tiny font -- hopefully, you can read that,
24 but on the right-hand side, the blue, that's First 5 LA
25 funding, 45 percent of the overall pie. And then other

1 sort of major contributors include the Early Head Start
2 dollars, Department of Children and Family Services,
3 Department of Public Health Mental Health, and a small
4 portion of private funding as well.

5 So this diagram is a breakdown of our home
6 visiting investment. So it's that 41 million that we
7 pulled over to the side. And we're breaking it out by
8 type of investment. You'll see our Welcome Baby and
9 Universal Home Visiting efforts are 50 percent of our
10 total investment. Select Home Visiting is another 33
11 percent. And then we've got infrastructure, which
12 includes our oversight entity for Welcome Baby, various
13 pilot efforts that are underway that we'll talk about in a
14 bit, as well -- those comprise about 11 percent, and then
15 we've got evaluation at six percent.

16 So as you look at this visual, if you can just
17 hold on to the direct services. Those are the blue and
18 the red. Those are 83 percent of our total investment.
19 So as you think about that large portion of First 5 LA
20 funding for direct services, here are some example of some
21 really exciting emerging opportunities for sustainability
22 -- for sustainability of portions of our investment, but
23 also for system expansion across the county because we
24 know the gap is huge and the need is high.

25 So as you look at these, you've got the first

1 three strategies there are strategies that are under way
2 currently. We've got targeted case management. We
3 mentioned that. This is -- this is the most widely used
4 type of funding for home visiting in the nation. And
5 importantly a recent policy change at county level created
6 a space for noncounty entities to now participate in this,
7 which means this really opened the door for First 5 LA
8 grantees to now utilize that platform and draw federal
9 dollars down. So this is really exciting. We have a
10 pilot underway that was launched on February 1st. It will
11 be running for a couple of months, and we should have some
12 findings to share with you by this summer.

13 The second strategy there is temporary assistance
14 for needy families, and that funding is typically
15 administered by the Department of Public Social Services.
16 It's a type of funding that is used in 26 states for home
17 visiting. So it's just not the case here in LA county,
18 but we have a really exciting pilot under way there as
19 well, and that is in November of 2017 First 5 LA partnered
20 with the Office of Child Protection, our local Department
21 of Public Social Services, and Shields For Families, which
22 is one of our home visiting grantees, to make 50 home
23 visiting slots available for DPSS clients. So that's
24 another really exciting development underway as well as --
25 on a policy level, it's important to note also that the

1 governor's budget this year included 26.7 million in TANF
2 funds for home visiting. So this could be -- as we see
3 this sort of pilot effort under way happening on the
4 ground, we think it really positions LA county in a strong
5 -- positions us in a strong way to possibly draw down
6 those funds if they become available.

7 So that third funding opportunity listed there is
8 Mental Health Services Act prevention and early
9 intervention dollars. And this also -- this is a really
10 significant investment by the local Department of Mental
11 Health, which has redirected PEI, or prevention and early
12 intervention, dollars late last year, a total of \$50
13 million, 25 million per year, to support service expansion
14 for home visiting. So that's really exciting. And in the
15 next steps we'll talk about a staff request we have around
16 providing some TA support for that funding.

17 So I think the -- you know, the last sort of area
18 we wanted to highlight some other potential sources. We
19 know that a lot of other states and localities are using
20 these funding sources to support home visiting, some of
21 which are currently used in LA as well, but we want to
22 continue to explore those opportunities.

23 And, finally, I think the final note on this
24 slide is that our partnership with the county, the board
25 motion really helped I think elevate a lot of these

1 partnerships and a lot of this great work that's happening
2 and under way.

3 So this next slide is taking those last two
4 investment areas, evaluation and infrastructure.
5 Currently First 5 LA is the funder of these -- these
6 efforts largely with some private philanthropic funding.
7 But as we saw from the county landscape, private
8 philanthropy represents a really small portion of the pie,
9 less than one percent. But private foundation funding has
10 really been proven to be incredibly significant when we
11 think about funding more sort of catalytic and pilot
12 activities and coalition work. So they could play a
13 really important role. We just wanted to lay out that our
14 First 5 LA strategic partnerships department, along with
15 the County Center for Strategic Public Private
16 Partnerships, as well as the LA Partnership For Early
17 Childhood Investment have been very instrumental in sort
18 of moving these conversations forward with the
19 philanthropy.

20 So I think actually we're going to take a pause
21 there because we shared a lot of information and see if
22 there are questions.

23 COMMISSIONER ZEPEDA: Commissioner Woods.

24 COMMISSIONER WOODS: Just a simple question.

25 Thank you for the information. It's very enlightening for

1 me because I hadn't gone this deep with your home -- with
2 First 5's program.

3 Have we looked at the potential resources or
4 areas that we think we can tap into and how they may be
5 impacted by the proposed federal budget that's coming up?
6 Because there's quite a few programs discretionary
7 programs that are being looked at for reduction or even
8 elimination.

9 MS. ALTMAYER: The most exciting piece that just
10 happened with the budget was the reauthorization of the
11 federal MIECHV program, which is the Maternal Infant Early
12 Childhood Home Visiting. It's an acronym. So that was a
13 big focus of our -- with our national partners and
14 advocacy to ensure that that program was funded. So it
15 was funded at current level for \$400 million and
16 nationally -- yes. Nationally. It's not LA county.

17 So -- but that will continue. Primarily that
18 funding in California goes to three counties of which LA
19 county is one, and that funding supports public health
20 nursing through the Department of Public Health, primarily
21 to administer one very intensive program for the highest
22 risk moms known as Nurse Family Partnership.

23 COMMISSIONER WOODS: Thank you.

24 COMMISSIONER ZEPEDA: Any other questions?

25 Commissioner Smith.

1 COMMISSIONER SMITH: Thank you. I actually -- I
2 don't know if this is -- yeah, it is a question.

3 Within the gaps that exist, which I'm not sure
4 you said what -- what you estimate that to be between need
5 and what's currently available. But within that group,
6 there -- I think we would all agree that teen expectant
7 and early parents are a high-risk group and within that
8 group kids in foster care who are either pregnant or
9 parenting during the first couple of years are probably
10 the most vulnerable and have of the most potential to
11 prevent intergenerational neglect, abuse, et cetera.

12 So I guess what I'm wondering is whether some of
13 the current pilots or initiatives focus at all on either
14 of those smaller circles or vulnerability?

15 MS. PATILLO BROWNSON: I know --

16 MS. JOHN: I was going to speak to the
17 gap-versus-need piece and then maybe you can take that.

18 I think one of the things that we've been doing
19 as a board motion work group has really been thinking
20 about that question and doing almost like an inventory of
21 what are -- what are the services available here in the
22 county currently across all of those different programs
23 that we mentioned earlier, and then also looking at the
24 need and what is the sort of the difference between those.

25 And in terms of need, we have done some work

1 looking at like the 130,000 birds (inaudible) and kind of
2 looking at tiers, maybe who's in the high risk versus the
3 medium risk versus low risk, and figuring out how we can
4 allocate our services -- our available services and from
5 there what the gap is, if that makes sense. So I think
6 that's more to come, but we're definitely looking at that.
7 And I think that as we roll out that report in June, that
8 will be a piece we'll want to share. And then the
9 financing the gap is really important as well.

10 MS. ANDRADE DuBRANSKY: We have risk assessments
11 within the system, particularly within our Welcome Baby
12 investment which prioritizes populations via the score
13 that comes out of that assessment. So that's one piece.
14 But there are also some direct relationships within the
15 county and that DCFS has a memorandum of understanding
16 with the Department of Public Health that runs the NFP
17 program. It's a model that's very well suited to young
18 moms. So they are able to make a direct referral.

19 So there are differences between some of the --
20 some of the gaps we need to fill are resource oriented
21 gaps, but there's also gaps we need to fill in terms of
22 how we identify, how we find families. So that's -- for
23 some teen moms that is the challenge, how can we make sure
24 find them. I say sometimes they're kind of needles in a
25 haystack. And that -- building the system to the point

1 where it's universal will really help with that.

2 MS. ALTMAYER: The only other point that I'd add
3 is that the highest priority for the NFP program is for
4 pregnant -- pregnant parents in the foster care system.
5 So there is an area between DCFS, as Barb mentioned, and
6 DPS that they are the highest priority for receiving that
7 outreach.

8 There are some challenges as you might expect
9 with foster care teen. They often do not want to release
10 the fact that they're pregnant because of fear of losing
11 the child or a fear of, you know, other consequences. So
12 they have -- DPH has been done a lot of training around
13 how to strengthen that coordination between DCFS, social
14 workers, and their public health nurses. And they have
15 some really good data both in terms of their success of
16 their outreach as well as the outcomes that associated
17 with the participants.

18 Success, overall their acceptance rate into the
19 program is not the target rate that you would -- it ranges
20 between 15 and 16 percent of teens within the foster care
21 that accept -- it's a voluntary program -- to participate.

22 COMMISSIONER SMITH: The commission is responding
23 to the board motion on the foster youth bill of rights,
24 and that point is one of the -- points that we're making
25 that we hope will help with just that problem, that is

1 that your baby is not automatically delivered into foster
2 care. And you're right, teens need to know that.

3 COMMISSIONER TAYLOR: I love what she's saying.
4 Can I just jump in here?

5 The whole thing, when I worked in child welfare,
6 was to keep these kids out of the system and the families
7 out of system with these particular types of unique skill
8 service development -- development skills that you're
9 going to give to the parents. And what I'm looking for
10 just beyond the kids that are in foster care but the kids
11 that are actually out there in the -- in the community
12 that need this service and they end up in the foster care
13 system because they don't have the skills, they never --
14 the intergenerational issues you're talking about, they
15 didn't get the training, their parents didn't get it. So
16 this generational turning into a foster child needs to be
17 broken.

18 And -- and what happens is if you -- if the
19 social worker knows this is available and you can give
20 this service to those families, there's a high -- 80
21 percent more chance that these children, their babies --
22 because they're teen parents living with their parents --
23 will not end up in the foster care system. When we have
24 30 percent of the children that are being born in this
25 county are in high-need communities such as Compton and

1 the surrounding cities, we don't have to look far. You've
2 already identified them as a need. We need to do better
3 in how we engage that process in working with DCFS to
4 deflect or defer them to the services so they don't have
5 to come in. And it's voluntary. They still don't have to
6 take it. But I'm going to tell you that, rather than
7 being involved with DCFS, they'll jump on it.

8 What I'm excited about, this can go on for three,
9 four, five years that they really need. And the issue is
10 that, if a social worker gets called again to that house,
11 why did you drop out, what's going on, and why didn't you
12 stay. The bottom line is, we want them to engage the
13 service so they can help themselves and their child on a
14 better trajectory in the future. So this is a big issue
15 for me. And then our community -- because more of our
16 babies in the inner city are taken into child welfare than
17 anywhere else because of this lack of knowledge and
18 because of this lack of service.

19 I just want -- I want to be clear. And we have
20 proven at least when I worked there in Waterridge that if
21 you do this you will not take these children into the
22 system and the parents are more engaged because they don't
23 want to be a part of that system at all. Just a thought.

24 I do have a question though. But I'll -- I just
25 so passionate about this because I see child's lives being

1 devastated and I was part of that system to try to stop
2 that dynamic. So go ahead.

3 COMMISSIONER ZEPEDA: We want your passion,
4 Commissioner Taylor. So go ahead and ask your question.

5 COMMISSIONER TAYLOR: Okay. Well, the big thing
6 for mental health is EPSTD funding. And if you can prove
7 the practice works that you can do it, that's a separate
8 funding from MHSA. And every mental health provider can
9 provide that service. And you will have a -- that is even
10 a bigger piece of the pie that we're not even talking
11 about. So I'm hoping you will work with DMH to make that
12 practice more acceptable of this, like home visitation for
13 all of our communities throughout this county. And once
14 you do that, it's on. I mean, literally on because DMH
15 works with DPSS, and the Public Health Department can
16 access that same pot of money and we can have this as a
17 sustained practice.

18 One other thing I really would like to see us do
19 more such as we talked earlier, get the message out of the
20 outcomes. Why is it important for these families to
21 engage these services, what is the trajectory for the
22 betterment of their children and their families. This
23 gets back to the community level. We've got to send this
24 message out there and talk to the community and say why
25 this is important so they will want to do this; not that

1 we're forcing them, but want to have had that help and
2 where to go it and how to get it.

3 So I'm not hearing that data. I'm just throwing
4 out these two pieces of suggestions.

5 COMMISSIONER ZEPEDA: Commissioner Pleitez Howell
6 had a question. She has a follow-up question.

7 COMMISSIONER PLEITEZ HOWELL: And I'm actually
8 going to throw some of the comments by Commissioner
9 Taylor. So this is a really terrific example of where we
10 look at sustainability and the value add that First 5 LA
11 adds that did not exist in this way. There are sort of
12 three buckets that I think about when we think about
13 sustainability in this particular example. And growing on
14 what Commissioner Taylor was saying, the evaluation
15 component, you all have done a really terrific job of
16 giving us that data once a year. So, yes, we might get
17 that. But I think about the evaluation and the economic
18 evaluation of this, in particular how much did First 5 LA
19 invest and how much are we getting for that buck that we
20 invested, and how do we get that evaluation out,
21 specifically as we talk about our long-term sustainability
22 in a way that elected officials will hear it differently,
23 private investors hear it differently. And I don't know
24 if we've gotten that. So, yes, the evaluations of
25 outcomes and economic evaluation.

1 The second bucket I think about in terms of
2 sustainability is communications and what story are we
3 going to tell with this. And as we develop that, there is
4 two areas that I'm thinking about. One is, the State is
5 paying attention to this, what role does First 5 LA play
6 in that and how do we elevate that, how do we really tell
7 that because it wasn't happening in the way that it is
8 now. We need to get that story out a little more.

9 And then the second part of what story are we
10 going to tell at end of this. There is community that has
11 come out and has thanked First 5 LA at Best Start events
12 saying, thank you for getting us these spaces that didn't
13 exist here before. There isn't the understanding of how
14 all these funding streams come together and I don't know
15 if there has to be at the local level, but those
16 individuals that would not have had this without First 5
17 LA -- and it isn't us necessarily funding it; it's us
18 leveraging and being able to pull those out with whatever
19 long-term story we're going to tell.

20 And the third part that this makes me think about
21 is First 5 LA's connection to one voice for First 5s
22 generally. I think about governance here. The reason
23 First 5s don't have a strong voice at the state level is
24 because we don't have one voice. We're slightly different
25 and we spoke to the little bit.

1 So with this home visiting, how do we use it as a
2 model in developing that one voice and how do we develop
3 the model of governance in terms of, here is an innovative
4 First 5 county that developed a new program, and then what
5 will they be saying and then how do we deploy the rest of
6 the one voice, how do we take this example as we work with
7 the Moira and the other counties?

8 And it looks like you all already are thinking.

9 MR. BARTH: Can I -- I'll take a little bit of a
10 statewide view given the couple of questions you have
11 there, And I'll let Barb and Christina and Reena address
12 some of the local civic pieces.

13 First of all, just I mean, I'm incredibly
14 passionate about home visiting. This is how I first got
15 my introduction to First 5 when I was a nonprofit
16 consultant and it was all about how do we get multiple
17 people to pay attention to and care about this issue. One
18 of the hard things about home visiting is that it suffers
19 from what people in the finance field call the wrong
20 pocket problem: One person has to pay for the program,
21 but lots of systems benefit. So that's why this newer
22 approach that our program team is taking locally is so
23 critical because it's, as Christina calls it, it's the
24 blending and braiding of funding that allows us to achieve
25 sustainability. No one funding source can truly cover the

1 cost of home visiting because Medicaid will pay for this
2 piece that has to do with the medical outcome and mental
3 health might pay for this little piece here and child
4 welfare might pay for this little piece.

5 And so talk about both to Judy's story earlier,
6 the challenge we have of multiple siloed systems who each
7 care about one component of what home visiting offers
8 families and communities, we at First 5 have to play that
9 role of connecting and making relevant and making the case
10 both economically, but also from just a social justice
11 standpoint, from any number of angles. So that's the work
12 that a lot of our departments are engaged in.

13 At the state level, some of it is as simple as
14 learning from other states who are way farther ahead than
15 California is in taking advantage of funding. Other
16 states maximize their use of TANF dollars to make sure
17 that what we would call CalWORKs families have access to
18 this service. That doesn't get to everyone, but that gets
19 to a portion. Other states like South Carolina are
20 leading on making sure that Medicaid have this as a
21 benefit for families.

22 So we're trying to elevate what other states have
23 already done and trying to help our state leaders
24 understand California's way behind and we have an
25 opportunity.

1 There's also a lot of misconception around home
2 visiting because if you say the phrase home visiting, some
3 people think, oh, isn't that what you do with senior
4 systems when you go in and offer some care in the home, or
5 isn't that what child protective services does when they
6 take my children away. And so we've had to do a lot of
7 education at the state level with some child welfare
8 advocate partners about, this isn't actually a referral
9 pathway to CPS. This is not -- we've actually had to have
10 our program team pull some data about what is our
11 experience with Welcome Baby and its referral pathway or
12 not referral pathway to child welfare. And, frankly, all
13 the data in every national model, whether it's Nurse
14 Family Partnership or Health Families America or even
15 Welcome Baby, the data says, no, this is actually not a
16 pathway; in fact, it's an opportunity to prevent there
17 from being a pathway. The moment we started saying that
18 this year, more people like the Child Welfare Directors
19 Association are saying -- this is actually a quote from
20 the meeting that one of my team members was in, well, if
21 that's the case, why are we arguing this anymore. We
22 should be doing this.

23 So that's part of what we're trying to do at the
24 state level, is help people understand, this is something
25 that you can use to address a number of issues. Education

1 should be investing in this when it comes to pregnant and
2 parenting teens in schools because there's great data
3 about outcomes -- educational outcomes for families.

4 So we're trying to make sure that systems leaders
5 across different buckets see home visiting as a way to
6 address the outcomes they care about and then, locally,
7 frankly, learning from other counties who are already
8 doing this as well. And so the mental health partnership
9 that Reena referenced is an incredible opportunity because
10 a lot of other counties are maximizing their use of
11 prevention and early intervention dollars to pay for home
12 visiting, and LA hasn't been. And now we can.

13 So that's kind of the bigger federal and
14 statewide perspective that we're trying to push as First 5
15 LA and in partnership with other First 5s.

16 And then I'll let Barb talk a little bit more
17 about the local stuff.

18 MS. ANDRADE DuBRANSKY: And I'll add to that that
19 to give an example of how we've already convened as First
20 5s. And one thing that arises is that many First 5s
21 commissions do invest in home foundation in some way. So
22 we have that as a foundation, but we're going deeper into
23 building that one voice around home visiting.

24 To give one example, there is a program that
25 exists from Medi-Cal clients, the California Perinatal

1 Services Program. It exists in every county in some shape
2 or form. One of our next steps is to get together and
3 say, well, for each First 5 what does that look like in
4 your county? How does it -- how is that utilized to
5 support either home visiting or shared outcomes that that
6 program has with home visiting? And let's look for
7 opportunities to -- to adjust or adapt that program to
8 make it more effective and supportive of home visiting.

9 So we're trying to take that foundation that we
10 have this common interest and investment and become more
11 effective broadly, and that if we do that together any
12 kind of case we make to the State about how we might
13 implement this program -- and there seems to be some
14 interesting opportunity here -- is more powerful because
15 we all came together and agreed on it with our local
16 public health county departments. So that's just one
17 example.

18 COMMISSIONER ZEPEDA: Christina, did you -- you
19 were going to add something?

20 MS. ALTMAYER: I think we've covered it. The
21 only comment that I'd say is the exciting part about home
22 visiting is it seems to be a universally-agreed to
23 valuable program, both in the federal level. It's
24 bipartisan across the aisle, well supported program. And
25 I think, as we think about the First 5s throughout

1 California, you know, from the more conservative to the,
2 you know, let's say other along the spectrum, there is
3 universal investments in home visiting.

4 And I think echoing back to some of the comments
5 Peter started with, one of the challenges that I think we
6 have is that First 5s have historically been doing this on
7 the ground work to weave together programs, but haven't
8 elevated themselves as a voice to say, so what does that
9 mean for policy. We left it to the partners in many cases
10 to be the advocates for systems change work that we were
11 doing at the local level. And I think what you heard from
12 Moira last month, what you've heard from Peter and from
13 Kim is that First 5s throughout the state are now stepping
14 into that role in a much more intentional way.

15 MS. BELSHE: Can I have one final comment on this
16 because I -- one of the things I heard in your comments,
17 Karla, was throughout all three is kind of, what's our
18 role, First 5 LA, in the context of this larger, you know,
19 movement. And I think our team maybe is just too whatever
20 the -- too demurring, but I think we have had a big role
21 in this and it's -- it's not -- it's not necessarily us
22 leading, it's us stand -- walking and moving forward side
23 by side with 57 other counties and with the association.

24 And in particular, I want to commend our policy
25 team for the work they've been doing with the association

1 in better understanding and supporting other First 5s in
2 their local advocacy.

3 A really concrete example is Kern county. First
4 5 LA worked very closely with the association and Kern's
5 First 5 commission that, oh, happens to be represented by
6 whom? Majority leader Kevin McCarty. This has not been a
7 high priority for the majority leader, but he was an
8 active proponent and supporter of this with, you know,
9 proactive communications between Kevin McCarty's office
10 and Kern First 5 in terms of keeping them apprised and
11 thanking them for their voice and leadership on this.

12 I actually ran into Kevin McCarty last week when
13 I was in Washington for a day and was able to say, thank
14 you so much for your support of MIECHV reauthorization,
15 and I know Kern First 5 is so grateful for your
16 leadership. It's not about First 5 LA; it's about Kern.
17 But First 5 LA had a big kind of behind the scenes working
18 with the association and our local First 5s, along with
19 California Strategies, in terms of saying, where are the
20 opportunities and where are the relationships. We're a
21 big blue county.

22 So I -- I think we've -- I'm really proud of the
23 strategy and the execution, and we're beginning to see in
24 partnership with others it really paying off.

25 COMMISSIONER ZEPEDA: Commissioner Tilton.

1 COMMISSIONER TILTON: Most of what I was thinking
2 has been said, but I wanted to just make a couple of
3 points. First of all, I think after we all go home
4 tonight and kind of try to forget or remember this
5 meeting, the one thing we will remember --

6 MS. BELSHE: Ouch.

7 COMMISSIONER TILTON: -- is Judy's story about
8 the woman and the six kids in the van, which kind of goes
9 to my point of trying to become a little more, I don't
10 know illustrative of the actual -- not only just the
11 impact and the data, but the situations that we have been
12 able to impact, the families, you know, the situations or
13 -- or just case examples. I don't know what, just -- or
14 maybe a conglomerate, something where people can picture
15 what this is and why it's important, not just in terms of
16 data, but the whole home visiting movement in my lifetime
17 started with David Olds back in the mid '90s proving that
18 home visiting did in fact prevent subsequent child abuse.
19 And yet where did it go from there. It was really hard to
20 get any kind of support or attention to home visiting
21 other than within the inner circles of people working in
22 child protection.

23 So you made a good point, Peter. People think
24 this is a pathway to CPS. And yet, the message really
25 was, this is a pathway out of CPS. This is a way to keep

1 those babies and those young children from entering the
2 system that is not only expensive but it's also soul
3 crushing sometimes. So -- and sometimes worse.

4 So I guess my -- my comments really are, first of
5 all, I have to be careful when I'm always supporting home
6 visiting from a child protection standpoint to assure that
7 it's a broader perspective but also not in terms of
8 finding children to bring into the system, but a way to
9 keep them out of the system. And, secondly, for us to as
10 a commission to kind of start hearing about the case,
11 hearing what this did for families that was human, like
12 when we did home visiting on that woman with the six kids
13 and -- if we could have, or maybe we did with another
14 family with six kids. I would like to hear about that.

15 MS. ANDRADE DuBRANSKY: It goes beyond protecting
16 them and with home visiting talking about how they won't
17 only will be safe, which is obviously very important, but
18 they will be thriving, more importantly.

19 COMMISSIONER TILTON: Yeah. Exactly.

20 COMMISSIONER ZEPEDA: Okay. Commissioner Pleitez
21 Howell, did you want to follow up?

22 COMMISSIONER PLEITEZ HOWELL: No.

23 COMMISSIONER ZEPEDA: Okay.

24 COMMISSIONER TAYLOR: Kim wanted to say
25 something.

1 MS. PATILLO BROWNSON: I was just going to
2 address one thing on communications and coming -- we
3 literally were just emailing about this the other day.
4 One of our partners organizations is in the process of
5 writing an op ed in support of home visiting. And so
6 actually one of the many support services that we're
7 providing for through communications shops with Gabe and
8 Marlene is to actually connect them with some of the
9 families that we work with here in Los Angeles so that
10 it's not just a theory of change, an abstract model for
11 people to look at and say, oh, that's home visiting, but
12 to actually connect it with real, lived experiences and
13 stories.

14 COMMISSIONER ZEPEDA: Thank you for the rich
15 conversation. I just want to put in my two cents with
16 respect to the evaluation piece, which is I think what
17 started some of the conversation on the targeted case
18 management. We are the largest home visiting program in
19 the nation. So people are looking at what it is that
20 we're doing. And I think the evaluation piece becomes
21 extremely important for the advocacy as we move towards
22 trying to not only tell the story on a personal level, but
23 also on a data informed level to the State legislatures or
24 to the different bureaucracies that's we're dealing with.

25 So I'm looking forward to that report on the

1 pilot and the evaluation as we go forward.

2 So I know there's another piece to this, so let's
3 get moving on that one.

4 MS. JOHN: In the interest of time, I think we're
5 going to skip through some of these slides, but I think
6 the conversation really captured the key points
7 ultimately.

8 We do want to bring one thing to your attention.
9 We mentioned that Mental Health Services Act funding
10 earlier in the presentation as a strategy that we're
11 looking -- or funding opportunity that's in front of us,
12 that \$50 million. We wanted to put forward that staff
13 will be coming back to the board in March with a request
14 for an approval for First 5 LA to provide up to a hundred
15 thousand in funding for the Center For Strategic Public
16 Private Partnerships within the county to support sort of
17 technical assistance around that sort of operationalizing
18 that funding. So we wanted to use this opportunity to
19 provide that as information and we'll come back to you
20 next month as an action item.

21 So thank you.

22 MR. BARTH: So now I'll hand it over to Kim to
23 talk a little bit about how important it is for us to find
24 other money and the role that we'll play in that work.

25 MS. PATILLO BROWNSON: So I think a couple of

1 commission meetings back Supervisor Kuehl chair --
2 chairwoman Kuehl referenced this idea that there is no
3 silver bullet out there and that the long-term
4 sustainability of public systems to fund young children's
5 programs is going to require lots of funding streams to be
6 brought together. And so as we look at the various
7 funding streams in the community to be brought together
8 for home visiting, that represents one stream of -- or one
9 stream of funding, but we are constantly on the hunt.

10 We are looking actively to figure out how to grow
11 the pie, as Peter said, to make sure that there are robust
12 funding streams that can support multiple interventions
13 and supports for children.

14 So with that prelude, I'm going to talk about
15 Prop 64 and cannabis revenue, which we have had brief sort
16 of teaser sessions on in the past, but we're going to dive
17 in a little bit more deeply.

18 So just by way of background, Prop 64 passed in
19 19 -- excuse me -- in 2014 -- excuse me -- 2016, and
20 passed unexpectedly with really high percentage approval.
21 It passed at 57 percent. Some of the early polling did
22 not suggest that it was going to be that widely accepted
23 here in California, but in fact actually passed with a
24 healthy margin.

25 When that law or that constitutional proposition

1 passed that first legalized use and growing for personal
2 purposes. But as of January 1st of this year, and I'm
3 sure you've heard many of the media cycle stories on this
4 -- in addition, what is allowed is the commercial sale and
5 taxation of recreational marijuana usage. In the prior
6 couple of propositions there was legalized medicinal
7 marijuana use, but now it's recreational.

8 And what's relevant for our purposes in terms of
9 thinking about revenue is there -- in looking -- in the
10 hunt for alternative revenue, there are not very many new
11 revenue streams that come along. And so in some ways I
12 think part of the intrigue and level of interest about
13 this new revenue stream is precisely because it is brand
14 new. It is not encumbered. There is no alternative issue
15 area that has first dibs on this. And so in many ways
16 sort of being early to the punch I think it awfully
17 important at the local and municipal level.

18 And also I'll also just bracket one other
19 conversation, and that's to say, for purposes of today
20 we're talking about revenue. There are also robust
21 conversations going on both at the state level and also
22 conversations that we've been a part of at the city level
23 to talk about public health impacts, and in particular
24 vulnerable populations, as you were alluding to earlier,
25 for pregnant and parenting teens in particular.

1 We know from the experience of Colorado that that
2 is a very vulnerable and susceptible to continued
3 marijuana usage while pregnant. And we know that the
4 public health impacts for in utero are significant. And
5 so that is one aspect of what funding can be used for.
6 But the broader revenue conversation is inclusive but not
7 limited to the public health conversation.

8 So at the state level there is -- there are
9 ongoing efforts. And interestingly, the state level
10 conversation is going at a slower clip than the local.
11 And that's because there are a set of earmarks that
12 essentially provide funding for environmental impacts, for
13 CHP, for research that are actually spelled out in the
14 actual ballot measure. And so those first call efforts
15 are already mandated in the actual ballot language.

16 What that means is that as the money begins to
17 materialize in terms of revenue, the latter order sort of
18 discretionary purposes will be coming later. So in terms
19 of state versus local interaction, locals are actually
20 going first and are more likely to have discretionary
21 authority over cannabis revenues more immediately.

22 The example that I want to just walk through is
23 that of the City of Los Angeles. Although it is not the
24 first, I understand it's the City of West Hollywood that
25 issued the first licenses in the County of Los Angeles,

1 but the City of Los Angeles obviously is -- bears
2 particular importance just given its size as a city.

3 In December of last year the city council
4 approved a social equity program for its licensing
5 program. And this is, essentially, their broader
6 regulatory regime for how the recreational sale of
7 cannabis would work. Although there's a whole lot of
8 intrigue and detail in that, what's relevant is that, in
9 the initial chief legislative analyst report that came to
10 the city council, there was an unexpected proposal that
11 was made to create a community reinvestment fund. So not
12 just to deal with how to do licensing for businesses, but
13 actually how to reinvest funds in neighborhoods that were
14 historically most impacted by prior cannabis regulations,
15 so prior incidents of arrests as well as criminalization
16 and incarceration.

17 So as legislative hearings continued in the fall
18 of last year, there -- they came up against a couple of
19 legal snags, and so decided to bifurcate those two
20 proceedings. So in December of last year, they approved
21 the licensing which allows them to begin to issue licenses
22 and collect revenue.

23 What they have left and what is the topic of
24 conversation that we're involved in right now with the
25 City of Los Angeles is whether the City of LA will revisit

1 this 20 percent set aside proposal to actually reinvest in
2 the neighborhoods that bore the brunt of cannabis
3 regulation. Among the proposed uses for that revenue, the
4 chief legislative analyst offered what was essentially a
5 laundry list of potential purposes, everything from sewage
6 upgrades, sidewalk repair, some health, housing and human
7 services related investments.

8 But, appropriately, one of the investment areas
9 that they proposed was youth development. So early in
10 December we worked with council member Huizar's office as
11 well as council member Marqueece Harris-Dawson, and the
12 city council, Herb Wesson to put forward a motion to
13 redefine and prioritize youth development to be
14 encompassing of zero to 18. Youth development most often
15 is defined as older kid facing. And it provided a
16 platform, A, to talk about pregnant and parenting teens,
17 which are oftentimes sort of left out of the conversation
18 around youth development, but also to say, hey, zero to
19 five year olds are kids too and should be defined in the
20 ordinance as such.

21 So we are in the early stages the -- the fire
22 that I think the city council was experiencing and the
23 urgency around the January 1st, 2018, date has dissipated.
24 And so our work really is about keeping on the pressure
25 and continuing to push for an allocation for youth and

1 child development in upcoming budgets.

2 To also reference now Commissioner Fielding -- is
3 that the original author of this agent of scale and
4 sustainability?

5 MS. BELSHE: Kaufman.

6 MS. PATILLO BROWNSON: And as the state budget is
7 180 billion, the county budget 30 billion, the City of
8 Los Angeles budget is 9 billion. And the expected
9 revenues from cannabis were clocked at about 50 million,
10 which if you get a 20 percent set aside, that's 10
11 million, which is not going to revolutionize the lives of
12 650,000 young children across the county. Part of what we
13 expect will to happen is the expected revenue growth
14 numbers will in fact go north of that 50 million estimate.

15 The state of Colorado at year four of
16 implementation has \$260 million in revenue and is
17 considered a mature recreational cannabis market. Even if
18 we got 20 percent of that, obviously, that only puts us at
19 about 52 million for zero to 18 year olds for the city of
20 Los Angeles.

21 So all that's to say -- and I'm sorry for the
22 quick math. But all of that is to say that this is
23 additive money and we should absolutely for any new
24 revenue stream be looking to ensure that the public debate
25 is inclusive of zero to five year olds, but it's not a

1 cure-all. This is not our cure-all or silver bullet, one
2 shot and done new revenue source, and it sets up the
3 expectation that this is part of the debate, but it's not
4 going to completely end the debate there.

5 I'll also mention that in a couple of other
6 counties the First 5s are doing really interesting,
7 innovative work with developers in Yolo in particular,
8 they are looking at community benefit agreements to
9 actually prioritize either mental health or ECE or home
10 visiting services, and this is -- I'm going to just
11 acknowledge a whole -- a brave new world of looking to
12 insert ourselves into community benefit agreements with
13 developers that we have not pursued before. But if our
14 mantra is essentially for any new revenue that comes on
15 line, little children should be considered, then we're
16 going to have to push into areas where we have not been in
17 the past. And so that's part of the excitement ahead.

18 I'll also mention that in the Choose Children
19 campaign, which this commission has approved an investment
20 of over two years, this is the gubernatorial candidate
21 engagement series which we are partnering with the Silicon
22 Valley Community Foundation in an effort to educate
23 gubernatorial candidates. As of the completion of their
24 initial forum, the three Democratic frontrunners, Gavin
25 Newsom, Antonio Villaraigosa, and John Chung, all promised

1 on record that they would make universal preschool a
2 priority for their new gubernatorial terms and that they
3 would also support increased investments in the state
4 budget for early childhood. Gavin Newsom also spoke more
5 broadly around prenatal supports and home visiting.

6 So there -- there are opportunities ahead, but
7 also there is real work to hold them to their words and
8 make honest men and women out of them. And that's good
9 work that -- that is appropriate for us to be doing.

10 In terms of early childhood initiatives more
11 broadly, funding the next generation is a initiative that
12 is funded actually by our friends and partners down the
13 street, the California Endowment. And that essentially is
14 an effort to look at countywide ballot measures around
15 children's programming, again, looking at a broader swath
16 of ages than just and zero to five, but certainly being
17 inclusive of zero to five. And they have seen success
18 already many, many moons ago in the city of San Francisco,
19 which has a children and youth ordinance that taxes growth
20 in property values but has given rise to a steady funding
21 stream that supports both universal preschool math --
22 excuse me -- PE, arts, and music programs for the K-to-12
23 systems as well as supportive housing for older age
24 homeless youth.

25 Coming to the northern Cal ballots as well,

1 Alameda county and Oakland also have measures coming
2 forward to increase revenues for early childhood programs.
3 And those are really interesting and sort of stories of
4 collaboration with labor and SCIU in particular to fund
5 things that we cannot fund as a public agency, but
6 organization that's are C-6 membership organizations are
7 fully within their rights to do.

8 I'm going to just skip quickly because we're
9 running out of time.

10 In terms of takeaways, I'll touch on these, but I
11 think we have actually described several of them already.
12 The first is that in all of these revenue efforts, we are
13 looking to grow the pie for children and families. If we
14 can be useful and helpful in administering funds or
15 facilitating the administration of those funds, we are
16 absolutely happy to do that. But we are not looking -- it
17 is not our position that money needs to flow through first
18 5s in order for children to benefit. In some respects
19 that give us a halo effect, which I think makes us an
20 easier partner. I think -- and I don't want to
21 characterize this in any ways that suggest a value
22 judgment. Not all the First 5s are of this mind, and
23 that's okay because they have different existential sort
24 of dilemmas. There are some First 5s less fortunate than
25 our own are actually considering shuttering. And so they

1 have a different space to occupy in this debate, but we
2 have the great fortune of being able to say, so long as
3 kids benefit, that's where our advocacy is focused.

4 I think I already talked about cannabis as being
5 one of many strands that we're looking at but not the
6 answer. And then more broadly, I'll just say that, in
7 terms of our work with municipalities, what we're talking
8 about right now is actually new funding streams, but
9 there's also a host of other municipal policies that we
10 could look to to grow support among cities for
11 sustainability. I always look winsomely at the City of
12 Santa Monica and think about the degree to which Santa
13 Monica champions early childhood exclusively within their
14 city government. And there are burgeoning efforts in
15 Pasadena and Long Beach that are actually about, not just
16 marketing the cities as family friendly cities, but
17 actually growing what it looks like for a city to actively
18 involve themselves in the support of families and young
19 children.

20 Lastly, I think in terms of next steps there is
21 an ongoing body of work which is about champion
22 cultivation. We are crystal clear on the fact that we
23 cannot do this work alone, that we need elected, we need
24 the business sector, we need higher ed, we need every
25 unlikely ally we can get in order to actually make a big

1 lift for young kids. And so thinking about what our
2 coalition strategy is and also how to best work with and
3 leverage and the gifts of each of those types of coalition
4 players is part of the strategy of making sure that, if we
5 propose that a new revenue stream be dedicated to young
6 children, that we are not out there alone making that
7 request.

8 And I think we've covered a lot of this, so maybe
9 I will just end there. We have five minutes and we're
10 supposed to end, so I just want to make sure there's some
11 time of questions.

12 COMMISSIONER ZEPEDA: Questions for
13 commissioners? Comments?

14 COMMISSIONER TAYLOR: I was -- as we go through
15 this, looking at it again from the community's standpoint,
16 especially the inner city community, a lot of our families
17 get services from FQACs. And we need to go at the federal
18 level and advocate for this, that it be qualified for
19 FQACs to provide Welcome Baby, provide Help Me Grow,
20 provide the Select Home Visitation, if needed, to help
21 these families because that's another funding stream and
22 another service provider that's huge in these needed
23 communities throughout our county. If the FQHCs are doing
24 it, then you're filling in a huge gap that nobody's
25 talking about. Just a thought.

1 COMMISSIONER PATILLO BROWNSON: Do you want to
2 talk about Access DC at all in terms of federal --

3 MR. BARTH: sure. Not just Access DC, but
4 upcoming in just a few weeks, there will be a delegation
5 of First 5 LA staff who are joining the LA chamber in
6 their annual trip to Washington. We're critical partners
7 in elevating the early childhood perspective in a lot of
8 those forums. One very critical issue that we're actively
9 engaging on is immigration because it is an important
10 issue that is preventing families from accessing services
11 that we care about. But also we're building a lot of
12 partnerships locally that have advocacy payoffs at the
13 state and federal level. One actually to your point is
14 the Clinics Association here in LA. We share a lot of
15 common interests. A number of their members are providing
16 some of these services in our communities. And so we're
17 actually excited because they said, great, we can do
18 meetings together in DC.

19 So we're just trying to do this point of
20 relationship development, align where other members can --
21 where we can -- there are cobenefits to our partnership.

22 COMMISSIONER ZEPEDA: Commissioner Smith.

23 COMMISSIONER SMITH: I just have a comment. The
24 continuing discussion I think made me think about your
25 earlier comments, Kim, about the two kind of ways to think

1 about this in terms of, you know, the general mission of
2 improving things for children under five as well as the
3 grow and capacities of First 5. And I have to say I think
4 the communication of what it is and what we do and what
5 need to happen is -- is something that we just have to
6 stress more. Because I'll tell you, I mean, I'm a fairly
7 new commissioner, and when I tell people I know who are
8 not in the child welfare community that I am, they never
9 know what First 5 LA is.

10 COMMISSIONER TAYLOR: Thank you.

11 COMMISSIONER SMITH: And there's something wrong
12 there. So I think -- and I think that could effect
13 philanthropy because I've been very involved in
14 philanthropy to foster youth serving kinds of
15 organizations, but I never hear about philanthropy related
16 to the First 5.

17 So I just think that we need -- there needs to be
18 so much more communication about what we're doing and what
19 we feel everybody needs to be doing.

20 COMMISSIONER ZEPEDA: Commissioner Martinez.

21 COMMISSIONER MARTINEZ: I agree, echo. As a new
22 commissioner, same thing, I'm constantly explaining to
23 people what they do. And I think my -- the first response
24 is, oh, so you -- it's the poor children that you're --
25 no. It's not just poor children that we're helping; it's

1 everybody. So that's just one thing.

2 And then, Peter, you mentioned that you got a
3 sense that some of maybe the big health care industries
4 and the clinics, the kind of big gun, big insurance, they
5 don't really get what we do. So who would be the best
6 messenger for our overall message and strategy to
7 communicate to the Etnas and the Blue Crosses of the
8 world, you know, what we're doing, why this is so
9 important. I get LA chamber and -- are they involved in
10 that too?

11 MR. BARTH: So there are a couple of layers on
12 that. So one is -- and I want to really stress one of the
13 points on sort of the key takeaways slide, which is every
14 staff member at First 5 is going to be carrying this
15 message more and more moving forward. When I first
16 started, there was a lot of work that was sort of, all of
17 this is policy and so, therefore, it's the policy
18 department that does it. We're really shifting this to
19 say, we are all ambassadors of who we are and of changing
20 systems and policies no matter what we do.

21 So I think if we could, you'd have 14 different
22 departments up here all saying how they're carrying this
23 message.

24 So in the advocacy context, first part of it has
25 been -- in 2017 there's been a lot of time just mapping.

1 Who are in the key -- in partnership with our state
2 advocates, who are some the key influencers to different
3 decision makers in Sacramento. Who are the associations
4 and partners and advocacy organizations we need to have
5 relationships with because we started a couple of years
6 ago with build the strength within the early childhood
7 known advocates and th critical organizations there. And
8 then it was, okay, we have some good relationships there
9 finally because we didn't have them as much before, now
10 let's expand out to other partners who are critical
11 advocates.

12 But I also think that part of this is that,
13 locally, who are the key systems leaders and drivers and
14 providers that maybe we've had uneven relationships in the
15 past and been a lot more intentional. So when I was
16 talking about the clinics, it wasn't just the policy team
17 that was having a conversation with them in the context of
18 us doing advocacy with each other that's co-beneficial,
19 but it was also our -- Tara, our director of health
20 systems who was there talking about the on-the-ground work
21 and the opportunities to partnership there.

22 So Christina or Barb, do you want to say a little
23 bit more on the programs perspective?

24 MS. PATILLO BROWNSON: Trying to coordinate here.
25 So I think you're absolutely right to bring up this issue

1 of health plans, particularly -- I'll just give the
2 example that, within the home visiting board motion
3 response, we recognize that there are -- and Barb
4 referenced earlier -- CPSC, which is a program that's
5 available for all Medi-Cal beneficiaries about supportive
6 services, including one or two home visits. So we have
7 just very recently, within the last week, held meetings
8 with leadership. We've had a long-standing relationship
9 with LA Care as the -- one of the Medi-Cal managed care
10 organizations in LA county, but recently having
11 conversations with both HealthNet and Care First to
12 understand what is their both prenatal and maternal child
13 health -- what are their prenatal and maternal child
14 health investments and benefits and how can we coordinate
15 and maximize.

16 So some of this is education to beneficiaries of
17 what they're eligible to receive and some of it is also
18 recognizing how can we better coordinate these services.
19 So we've had tremendous learning just this week about
20 services that are available in the Antelope Valley and a
21 pilot that's going on with one of the health plans and how
22 can we coordinate our services better -- both working in
23 the same community on the same strategy with expansion of
24 home visiting.

25 MR. BARTH: Sorry. One more comment to get your

1 point about who can be trusted messengers. I think to
2 Kim's point earlier on the home visiting example and
3 federal advocacy with First 5 Kern county because people
4 don't want to hear from LA, part of it is knowing when can
5 we be our own champions and when do we need others to
6 speak for us. A really good example of this is, we've
7 been critical drivers in Assembly Bill 11, which, as you
8 may recall, is the bill around early identification and
9 intervention. But when we were working with Assembly
10 Member McCarty's office around setting up an initial
11 hearing for other members of the legislature. First 5
12 wasn't anywhere on it, but what we did put forward was
13 Dr. Patel. Dr. Patel, being one of the key leaders here
14 locally with our First Connections work. And actually by
15 having Dr. Patel there, it was great. We got other
16 legislators to sign on in support of this bill because
17 Dr. Patel provides services in their community. So
18 Assembly Member Wendy Carrillo said, well, because you
19 provide services in Boyle Heights, I want to sign on to
20 this bill.

21 We weren't the messenger there, but we were kind
22 of behind the scenes connecting the dots between the
23 trusted messenger in the community and the decision
24 makers. We need to do a lot more of that as well.

25 COMMISSIONER TAYLOR: Yes.

1 COMMISSIONER ZEPEDA: Okay. Commissioner Pleitez
2 Howell.

3 COMMISSIONER PLEITEZ HOWELL: I got the image Kim
4 Pattillo Brownson being on the hunt for revenue.
5 Wonderful. And there is a sixth sense I think that we're
6 developing here for that.

7 In the cannabis conversations, thank you to First
8 5 LA for bringing together a coalition in LA around this.
9 There is two things that I think are worthy of mentioning
10 in trying to figure out what we do about this. One is
11 families that really were most impacted by the marijuana
12 arrests or just abuse of marijuana, those families are now
13 really pushing back against having facilities opened up
14 near them. So we really have to think about -- it's sort
15 of two different issues, right? There's the facility is
16 being opened up, yes, that's a zoning issue. And
17 families, communities need to have that conversation of
18 what they want in the communities. But once it's opened,
19 it's a different conversation. And I don't think our
20 communities fully understand that yet. So I'd love to
21 hear what sort of messaging is being developed or how
22 we're handling that issues so that there's advice because
23 this isn't just an LA city thing, there's -- this will be
24 happening in other jurisdictions. So how do we deal with
25 that two-prong.

1 And then the marijuana revenue conversation is
2 really going to be 2008-2019 conversation for
3 jurisdiction. So how do we take what First 5 LA is doing
4 and have a campaign toolkit that other people can benefit
5 from because we're not going to be able to do this for all
6 jurisdictions, but other people really want to get engaged
7 in this and the lessons learned here would be really
8 helpful for other jurisdictions as we think about raising
9 revenue for this specific issue.

10 COMMISSIONER WOODS: If I can just add to what
11 Commissioner Howell has said. I agree. One of the things
12 that I personally have experienced is having to close
13 early learning centers because of the facilities that have
14 been opened, parents having to pass long lines, a great
15 deal of smoke to get their kids into the -- the learning
16 facility. Early learning facilities are not considered
17 school zones. And how can we be influential, even if it's
18 just a bit of dollars that goes into helping to shape the
19 ordinances about early -- any early learning facility has
20 to be a school zone and you can't set up in -- in that
21 environment?

22 MS. PATILLO BROWNSON: That's a great addition.
23 And I think the land use and zoning conversations are a
24 great place for us to think about plugging in through our
25 community relationships team actually. The actual tracks

1 that they go through on city council for land use and
2 planning decisions is a different set of decision makers
3 than the revenue folks on the rules committee for city
4 council. But part of the great gift of having a community
5 relationships team now is that we actually have new
6 capacity that we have not had in the past to work on
7 municipal issues. So it's an excellent plug.

8 I love the idea of a toolkit. We have not
9 actually done that in the past, and it's a great idea to
10 think about how to enable other CBOs and other sort of
11 neighborhood organizations that might want to actually be
12 involved in this, and that's fantastic.

13 The issue around families not wanting marijuana
14 dispensaries in their neighborhood and also sort of what
15 that -- what switch needs to happen once a dispensary is
16 open, what's really interesting is we've had a number of
17 city council meetings already where there's a -- an
18 immediate I think and very understandable sort of push
19 that people want to make sure that, A, these dispensaries
20 not selling products to underaged children, not just zero
21 to five year olds, obviously most hideously to think of,
22 but -- or just not selling to underaged junior high school
23 students or high school students.

24 So there are a host of enforcement issues that I
25 think we need absolutely have something to say about

1 protecting young children, but also protecting teens who
2 are likely to be exposing their young children to
3 secondhand smoke, to the potential of accidental ingestion
4 of edibles that look like Gummy Bears. There's a host of
5 issues that I think -- so there's an effort at the state
6 level already to start doing some of the public health
7 messaging, and there's a little bit of a candidly game of
8 chicken or horse where we're hearing from city folks that
9 -- the city council people that they're waiting for public
10 health messaging from the State, and the State is say,
11 well, we're not going to get it together and we're waiting
12 for the cities.

13 COMMISSIONER PLEITEZ HOWELL: Actually, the
14 switch I'm talking about is the zoning is already there to
15 allow it. So it already exists. It's just the revenue
16 that's going to come out of it, and families not seeing
17 this as the zoning part of it, but it is the switch of --
18 it's already here and how that happens for families.
19 So it's just part of the messaging as we move this forward
20 into some of the other cities and jurisdictions.

21 COMMISSIONER ZEPEDA: Thank you up to our
22 presenters. This was a very, very instructive
23 presentation as well as a rich conversation. And I'm sure
24 we are going to be hearing more as we go forward. So
25 thank you for your -- all your work.

1 We'll be taking a ten-minute break.

2 (A brief break.)

3 COMMISSIONER ZEPEDA: We'll be warmed up for the
4 second half. Finishing strong.

5 Okay. We're going to move on to Item 5, health
6 outcome information resource and referral service update.
7 And Tara and Gabe are going to be presenting.

8 MS. FICEK: Thank you. Good afternoon,
9 commissioners.

10 We are here today to provide an update on where
11 our work is at related to information, resource and
12 referral. And specifically we're going to begin the
13 presentation reviewing the latest research on how parents
14 and young children access and utilize information,
15 resource, and referral, which I'm going to refer to as IR
16 and R the presentation. And then we're going to provide
17 an update on our current contract with 211 LA County
18 highlighting the latest data on who and how they are
19 serving parents of young children, then we will also
20 review the latest county activity and their recent
21 procurement of I R and R services. And then, finally,
22 we're going to end with next steps to guide our future
23 work related to I R and R.

24 So beginning with, I'm going to pass it to my
25 colleague Gabriel in our communications department to dig

1 into the data and research we have now on how parents are
2 accessing information and resources.

3 MR. SANCHEZ: Thank you very much. Thank you for
4 the opportunity to talk about this wonderful topic.

5 As we were -- Karen and I were just talking about
6 this, the question we were asking with our research is, we
7 wanted to learn, well, how do we reach parents, number
8 one, but then, number two, how do parents reach us, which
9 was a critical question in a way to look at it because
10 we're looking at what platform and channels and how do
11 they get information. I brought some props because I
12 thought about this because back in the day 20 years ago,
13 maybe 18, this was how I would reach out to people, right?
14 Maybe. And if I didn't reach somebody maybe, I'll dial
15 411. I don't know because the carrier charges were kind
16 of a lot.

17 But now today -- and I say this with the caveat
18 that, technically, we are not the audience we're trying to
19 reach, but in many cases we have very similar behaviors in
20 that, if I wanted to find out if a store was open, I
21 wouldn't call 411, I would Google it, right? And I would
22 look at the hours that might be there. I wouldn't talk to
23 anybody. I wouldn't want to be honest because you get the
24 voicemail prompt and all the pain.

25 So say this as, you know, more broadly kind of

1 the parenting research and the large generation that
2 exists right now in the United States and in California
3 and in LA county are millennials, right? People that were
4 born in the '80s and are how roughly between 18 and 40
5 years of age. That's a broad swath of our parents, too.
6 So some of the things our research kind of mirrors a lot
7 of these broader facts that millennials, they prefer to
8 get information digitally. They prefer texting. We've
9 all seen this. I'm guilty of it, too. But that's how
10 they prefer to get information.

11 So what we learned is asking -- when we ask
12 parents where do they find parenting information, it
13 wasn't necessarily from more traditional modes where like
14 with parenting, would go, well -- you maybe read the book
15 What to Expect When You're Expecting. Instead, it became,
16 maybe they would go to baby center, maybe they would go to
17 another resource, but we found they Googled it. They have
18 their problem. Well, how do I deal with this diaper
19 issues, how do I deal with my child has a fever, or things
20 like that.

21 So that's where they would go. And then they
22 would essentially go to the next resource that was topped
23 ranked. That told us a lot of things, too, that well,
24 what is that top rank. They didn't really care so much
25 about that if it looked credible, okay, good enough. So

1 that was very important.

2 And also they looked at other channels, too, like
3 social media channels like Facebook groups and even kind
4 of moms groups who are online. That's where they would
5 get information about parenting. As well as texting was
6 the most common activity. In particular the nuance here
7 is that Latinos and African-Americans text even more.
8 That's like the preferred platform. So it's interesting
9 to think about, well, that's how parents prefer to get
10 information, that's how they're accessing information. So
11 what do we do with it.

12 So that was something we did in 2015 in terms of
13 the development of our family strengthening public
14 education campaign is, we wanted to learn those things.
15 And then as we're in the process of developing our next
16 phase of the campaign, we wanted to do a bit more research
17 to see what has changed, what's new, what's different.
18 And we learned that, again, parents they do rely on a wide
19 variety of resources from government sponsored programs
20 like WIC to online resources.

21 And what was fascinating, too, that we found that
22 parents -- you know, we talk about our own -- we need to
23 braid or kind of weave in funds. They do something
24 similar in terms of services and how they get information.
25 These are their own type of braiding, which is really

1 fascinating to tap into. We want to get more into that
2 and learn more about that.

3 But consistent with our findings, again, parents
4 still Google it. In fact, even more. Phone usage is much
5 higher, even more so. It was already high, but it's even
6 higher now. And they're looking for key terms and phrases
7 to address their problem at hand. And, again, I mentioned
8 resources, we found that mothers and single dads were much
9 more adept at finding resources. So they were more tapped
10 in because of necessity. That's how they -- what have to
11 do it.

12 So what wanted to share is, you know, I know this
13 is a lot of information broadly, but, again, we looked at
14 how our parents searching for information and then how
15 would they reach us, because we wanted them to reach us
16 because this was for our public education campaign. We
17 wanted them to come to First 5 LA in order to get
18 information about parenting, about family strengthening,
19 and even a calendar of events.

20 What we had to do is change. What we did was we
21 built a separate new web platform that was what's called
22 digital first. Our traditional -- most websites, you
23 would watch or would you see on a laptop or traditional
24 computer. What we learned from our research is, that's
25 not what our parents use. When they're looking for

1 information, they're not firing up their desktop computer,
2 if they even have one. They're not going on a laptop.
3 They're likely flipping open a tablet or a phone after
4 they put the baby to sleep at odd hours, you know, 10
5 o'clock at night, that kind of thing.

6 So what we wanted to do in order to reach these
7 parents, we had to create a platform that was what they
8 were looking for. And we looked at, well, what do they
9 want from us in particular. It was information, right,
10 parenting articles and resources, but also coupons for
11 family friendly events or free events and a calendar that
12 also showed those things. And so that's what we gave
13 them. So we were very clear the objectives that we had
14 are very clear is. And so we asked parents what they
15 wanted and we found a way to get it to them. And we did
16 it in such a way that, again, knowing that parents Google
17 it, that mean that search is very important. Right?

18 You probably all heard the phrase of SEO, or
19 search engine optimization. What does that mean? What
20 that means is -- probably the best way to put this is a
21 joke here, and that is the best place to hide a dead body
22 is the second page of Google search results because no one
23 goes there. So search is important. And what matters is
24 how do we get -- yeah.

25 Tough room. You might need that information some

1 day. I'm not sure. I hope not, but you never know.

2 So it's important, then, to build a platform that
3 would be found much quicker. Right? When we first began
4 this project back in 2015, I was maybe two months on the
5 job. I searched for parenting tips just broadly. I
6 didn't search for First 5 LA. I had to go maybe 20 -- it
7 was like 27 pages deep before I found the first link. So
8 people weren't finding us. You know, they would Google
9 it, find their problem. They're not going to find us.

10 Now, after doing these things with page platform,
11 when you search for things like parenting and parenting in
12 LA, we're top ranked. We're on the first page. We're not
13 the dead body. We're being found and we're being used.
14 And one thing I will point out with this platform that --
15 again, it's a separate architecture. I want to be clear
16 about that. It's different than our main website and it's
17 intended to be seen first and look best on tablets and
18 phones, which is what our parents are looking for. We
19 have other resources there. We make it easy to find. And
20 that page itself, in terms of page rank and page views, it
21 now surpasses our main website. So it's doing its job.
22 It's reaching parents and parents are reaching us.

23 And I say that I wanted to just go briefly over
24 some of our lessons and how they can be applied, which I
25 feel can have some -- this is food for thought as we think

1 about 211 and how are we reaching people. Because the
2 intention is to give people access to resources, but are
3 we reaching them with how they want to be reached and are
4 we making it easy for them.

5 So those are just some things to consider as we
6 move forward with this.

7 So with that, I give it back to Tara.

8 MS. FICEK: All right. Thank you, Gabriel.

9 So considering that important learning, we want
10 to take a minute to historically also think about how
11 we've invested in I R and R over the years, and largely
12 that has been through our contract with 211 LA County. So
13 since 2005, first 5 LA has provided funding to 211 LA
14 County to offer integrated, coordinated, and comprehensive
15 telephonic information, referral support, and assistance.
16 And in addition this last year, 211 LA County did launch a
17 new and improved website to, of course, expand their
18 community services beyond the telephone referrals.

19 So currently our funding does support
20 approximately 19 percent of their infrastructure budget,
21 as is shown here with the county supporting the remaining
22 81 percent. We provided a breakdown of our funding
23 history here for you, which does total out to about
24 19.1 million as I mentioned since 2005. Our current
25 funding is at 2.5 million. That does cover a two-year

1 period. And a quick reminder to the board that 211 LA
2 County, our I R and R investment is a legacy investment
3 and, therefore, it did go through the expiring initiatives
4 review processes, which resulted in a staff recommendation
5 and was board approved to extend our contract with them
6 based on potential alignment with our current strategic
7 plan. Their current contract though does end this June of
8 2018.

9 So First 5 LA, we wanted to also highlight just
10 kind of 211 LA County's performance over this last year.
11 Our staff does work closely with 211 LA County to track
12 performance. They do provide monthly and semi-annual
13 performance progress reports and they also participate in
14 a quarterly conference call to highlight successes and
15 also resolve challenges.

16 Performance metrics included here. They are
17 asked to meet standard call center targets such as an
18 average time to answer of two minutes or less per month as
19 well as participating in outreach events and then, of
20 course, finally, maintaining a 15 percent or less
21 abandonment rate.

22 As you see, based on their 16-17 year-end report,
23 211 LA County is meeting the time to answer and the
24 outreach event targets, but has experienced challenges
25 with reaching their targeted abandonment rate and keeping

1 that throughout the year below at 15 percent. And I would
2 say the kind of major contributor to that is staff
3 turnover is probably the most common reason that they cite
4 for that and not being able to meet that as well as
5 seasonal fluctuations in call volumes, such as
6 back-to-school period is a very busy time as well as the
7 holiday months.

8 So as far as number served during 16-17, almost
9 67,000 calls were handled by 211 LA County were from
10 families with children zero to five and pregnant women.
11 That does represent about 15 percent of their total call
12 volume. And those calls resulted in a total of over
13 85,000 children and over 13,000 pregnant women being
14 served. And then within that 85,000, it resulted in the
15 69,000 noted here of children zero to five who were
16 screened for participating -- for participation in access
17 to ECE and also child development programs resulting in
18 the referrals we included.

19 So, additionally, First 5 LA does fund and
20 support a community resource advisor position that is
21 onsite in person at the children's court, which provides I
22 R and R information and linkages to the number of families
23 we have noted here, the 1,686 over the 16-17 period.

24 And quickly the kind of just for your
25 information, the top five reasons service needs of 211 LA

1 County callers are ECE, housing, emergency support,
2 parenting, utility assistance, and then maternal/infant
3 care.

4 I didn't include that but I can certainly send
5 that -- oh, sure it is. ECE or child care referral,
6 housing and emergency shelter, parenting, utility
7 assistance, and then maternal/infant care.

8 So an important kind of shift in the context of
9 countywide I R and R that has occurred this last year that
10 we wanted to bring back to the board is around the LA
11 county CEO's office releasing an RFP placing greater
12 emphasis on nontelephonic general and specialized I R and
13 R, and really pushing priorities around electronic and
14 digital means, include websites, online chatting, texting,
15 smart phone applications, push notifications, a lot of the
16 stuff that Gabriel brought to light. The county did
17 release their RFP last year in the fall of 2017, and
18 they're working through the review and approval process
19 right now. They do anticipate having an I R and R
20 contractor on a board with a new updated scope of work
21 highlighting these priorities by July 1 of 2018. And
22 given this timeline, it's important to note that the
23 county does have delegated authority to extend month to
24 month through December of this year 211 LA County's
25 current contract, a contract review, and approval process

1 goes beyond that July 1 timeline.

2 So as the county is kind of refining how and in
3 what way they want to support I R and R moving forward, it
4 seems to be the right time for to us do the same. So here
5 we are. We're in 2018, year three if you can believe it
6 already of our strategic plan. We certainly see we are
7 now in many of our kind of areas and our strategies are at
8 implementation stage which offers us a moment to look
9 across all four outcome areas, certainly beyond health
10 even though we're framing and I'm giving the presentation
11 today. But looking at our work that's being implemented
12 across our strategic plan, including our work in
13 communities and early care and education and, of course,
14 in our families department to think about what our are
15 needs related to I R and R going forward.

16 So thinking about to summarize what are those
17 important key takeaways from our presentation today, it
18 certainly is beginning with parents are seeking
19 information across a variety of sources that are relying
20 largely on digitals as Gabriel mentioned, Googling it,
21 Facebook, social media. And now I've learned we are not
22 the dead body.

23 MR. SANCHEZ: No. We're very much alive.

24 MS. FICEK: At the same time, our county partner
25 has taken a moment to explore and redefine how they will

1 support I R and R placing emphasis on technology and
2 diverse platforms. So we think it is important to track
3 the county's process and outcome to help inform and guide
4 our future thinking. So as we move into implementation of
5 our strategic plan, it is time to take a moment to think
6 about the connection, the role, and the contribution of I
7 R and R across our entire strategic plan.

8 So considering these factors, staff is
9 recommending that the board waive Governance Guideline
10 number 7, which is the expiration of grants and contracts.
11 And that's required because the contract, as I mentioned
12 at beginning, is coming to an end in June of this year.
13 And we're asking for an extension of 211 LA County's
14 contract for an additional six months to align with the
15 county's RFP timeline and process. And then that will
16 also allow staff the time to complete an organization-wide
17 inquiry process to really look at this potential alignment
18 of I R and R across all four outcome areas and ultimately
19 come back to the board to recommend a future I R and R
20 investment. And then, of course, the funds to support
21 this extension will come from our general fund and would
22 be included in our is 18-19 budget under legacy
23 investments.

24 So next steps we would be coming back to the
25 board in our March for action on this item. And then as

1 mentioned, once we have completed this organization-wide
2 inquiry process, be coming back to the board in the fall
3 of this year with a recommendation on our kind of future I
4 R and R investment.

5 And that's it. We can then open it up for
6 comments and questions.

7 COMMISSIONER ZEPEDA: Commission Woods has a
8 question.

9 COMMISSIONER WOODS: Tara, can you help me
10 understand how the extension will -- I understand how it
11 would help 211, but the alignment. If 211 contract end
12 with First 5 June 30th, 2018, where you're requesting to
13 have it extended another six months, when is the RFP due
14 and how much time does that really give 211 to align with
15 the I R and R or the CEO's RFP? And then what happens if
16 they don't -- are not recipients of that RFP?

17 MR. SANCHEZ: So the county's I R and R RFP
18 process has closed. So they are in the review and
19 approval process right now. So we are working closely
20 with the county and waiting to hear what the outcome of
21 that review process is and who the final contractor that
22 is selected. So that -- we still are hearing from the
23 county that they're moving towards this July 1 contract in
24 place date, but they do have that authority through
25 December of 2018 to extend if they aren't able to meet

1 that timeline. So we wanted to align our timeline, the
2 extension, with the county's to wait and hear what the
3 county decides to then inform this organization -- both
4 two parts, to kind of inform our future investment, hear
5 from our county partners what their decision is, and then
6 have the time to go through this boardwide process looking
7 at what is the value of I R and R based on new data we
8 know about how parents are accessing, utilizing
9 information, what's the role it plays across all four of
10 our strategic plan outcome areas, and then make a decision
11 about -- or recommendation to the board about a future I R
12 and R investment.

13 COMMISSIONER WOODS: One more follow-up. If 211
14 does not happen to receive the funds, do they have another
15 sustainability plan or is First 5 LA their -- their only
16 other option beyond the RFP that's pending right now?

17 MS. FICEK: Are you referring to receiving the
18 county funds or both?

19 COMMISSIONER WOODS: Beyond First 5 LA is the
20 county funding their only other sustainability option or
21 alternate revenue if you want?

22 MS. FICEK: Their core infrastructure is funded
23 by the county and First 5 LA. So that was the breakdown
24 earlier. It essentially breaks down to our funding is
25 essentially used to support staffing and the county is the

1 other funder of that core infrastructure. So the county
2 is, obviously, the bulk of it at 81,000 and then our
3 contribution has been through the years anywhere from 15
4 to 20 percent of their budget.

5 COMMISSIONER ZEPEDA: Commissioner Abdo.

6 COMMISSIONER ABDO: I feel like a de-ja-vu moment
7 because one of my first meetings at First 5 was about the
8 211 and communication and how people were not using
9 regular phones and calling up, asking for appointments.

10 So I'm just going to extend that and say, I'm
11 really glad that all of this work has taken place. It's
12 taken a while, unfortunately, but now there are new
13 platforms happening. And I'm hoping that there's a
14 flexibility to the upper end of this, I guess, that has to
15 do with Snapchat and Instagram. And then I just asked the
16 29-year old who lives in my house how he knew something
17 that was -- you know, like, how do you know this? I watch
18 a lot of videos he said. So it's You Tube.

19 And I don't know whether that's really the
20 direction that the millennials and then the next
21 generations are taking, but I don't want us to be getting
22 into a place where now we've got another out-of-date way
23 of communicating. And I'm hoping we have flexibility so
24 that we don't get into that again.

25 MS. FICEK: I think we're certainly leaning on --

1 I mean, I think it was exciting to see the county ready to
2 take -- revisit and look at this differently and put out
3 the RFP with heavy emphasis on the digital platforms. I
4 think there's an awareness among staff, we don't want to
5 be building a gas engine in a solar battery world. So I
6 think that's why we're trying to take the moment to pause,
7 think about our work across all areas of the strategic,
8 plan what's the importance role of I R and R around that,
9 how can we best support it knowing we live in different
10 times with the technology advances we do. And I think
11 that's why we wanted to lean on all of the research coming
12 out of the communications department and the learning that
13 we heard from the focus groups to really understand that
14 better.

15 MR. SANCHEZ: And I want to add one caveat to
16 that, too, is that I know there's many platforms out
17 there, like social media platform, Snapchat, et cetera.
18 But we have to be mindful -- and I say this for us but
19 also this would go for any other agency like our program
20 like 211. You don't want to build on rented land because
21 in many cases many of you probably heard of Vine or
22 Periscope. They're gone. Right? There are people who
23 built their entire revenue stream, like Vine videos,
24 things like that. Now it's gone. So you have to be --
25 this is something, again, to consider looking at

1 platforms, well, is it dependent upon other platforms or
2 is it something that we own.

3 The other point of this, too -- I bring this up
4 because our challenge at First 5 is we want to build
5 relationships with our audience. So that's why it's
6 important to have our own platform, as well as we do use
7 social media channels to publicize that platform to bring
8 people to us because we know that down the road Facebook's
9 going to change your algorithm or their ad rates or be
10 gone. We want to own that audience by either an e-mail
11 list or things like that so that we can still communicate
12 with them directly.

13 So that's not what 211 is doing. They're not
14 looking to build a relationship. But it's something to
15 keep in mind, too that platforms -- you're absolutely
16 right. They change and they could change again and keep
17 changing.

18 COMMISSIONER ABDO: We're probably not spending a
19 lot of time on My Space.

20 COMMISSIONER ZEPEDA: Commissioner Taylor.

21 COMMISSIONER TAYLOR: I'm going to start with the
22 budget. You state here that the extension will be funded
23 through the legacy funds.

24 My question is, is this unexpended legacy funds
25 in 2018-19?

1 MS. FICEK: I actually had a conversation with
2 Raoul before this. So he gave me the exact GASB. I know
3 everybody loves GASB language. It will come from the
4 assigned funds to support the strategic plan.

5 Is that helpful?

6 COMMISSIONER TAYLOR: Yeah. I just want to know
7 that we've already put it in the budget. That's what I'm
8 saying.

9 MS. FICEK: It will be added. So they're in the
10 current 17-18 budget. Obviously, this is going into
11 18-19. So it will need to be added to the 18-19 budget.

12 MS. BELSHE: The next budget.

13 COMMISSIONER TAYLOR: For the next budget? So
14 we'll make an allowance for that so we have funds to
15 support that is the question?

16 MS. FICEK: That is my understanding through the
17 assigned funds.

18 COMMISSIONER TAYLOR: That answered that one.

19 The other thing is, the reason we're recommending
20 this moving forward is that it aligns with our current
21 strategic plan. And then I'm hearing we want to revisit
22 that. And what is it that they are aligning with under
23 this extension that we already have?

24 MS. FICEK: So we included the terminology
25 potential alignment, which is also the description we've

1 used in the past to extend 211 and get the board approval
2 and support of that. And as an initiative -- legacy
3 investments come to an end, we review against a select set
4 of criteria and then make a recommendation if there is
5 potential alignment with the strategic plan for the board
6 to approve and continue that.

7 So we have previously recommended extension of
8 211 based on potential alignment connected to their work
9 as a call center with potentially aligning with our Help
10 Me Grow investment because a part of that work has a
11 centralized access point which includes typically a call
12 center from other Help Me Grows. So that has been our
13 kind of justification and recommendation to continue them
14 previously.

15 So we're at a point now where that work will be
16 handled by the Department of Public Health and our
17 partnership with LA county Department of Public Health.
18 They will be further defining and designing the
19 centralized access point for Help Me Grow. 211 could
20 still be a potential candidate or play a role related to
21 that, but that is now in the hands of Department of Public
22 Health to decide. So we still see though a potential of I
23 R and R generally. Help Me Grow is more of a very
24 specialized I R and R. But we see a potential role for I
25 R and R across all areas of our strategic plan previously

1 focused on health. Now, we want to open it up across all
2 four and think about, what is the contribution and role of
3 I R and R across the other areas, take the time to examine
4 that, and then come back to the board to say, in the
5 future, this is how we think it can best serve our work.

6 COMMISSIONER TAYLOR: Well, I'm hoping I'm
7 hearing Help Me Grow because I was going to ask you that
8 question, so that's very good. But how does it connect to
9 our other major investment, Welcome Baby and Select Home
10 Visitation? We put a lot of effort into this so they need
11 to connect to that too.

12 And the other thing is, you want time to do it.
13 So I'm looking at 11 months if you had the six months to
14 come up with a plan. So we're not going to have a plan
15 from -- by June of what that would be, this strategic
16 connection to the four strategies?

17 MS. FICEK: Well, shall I think --

18 COMMISSIONER TAYLOR: Are we going to see that as
19 a board, as a commission.

20 MS. FICEK: -- We want to wait to hear where the
21 county goes and what comes out of the county decision. So
22 we are working closely with them to hear the latest from
23 them, what the decision they make regarding our I R and R.
24 We're trying to figure out what's an appropriate amount of
25 time thinking that six months would give us enough to hear

1 from the county, to do this review process across our
2 strategic plan, and then make the decision to -- and then
3 come back to the board to make a recommendation.

4 COMMISSIONER TAYLOR: I hope we use this time to
5 come up with the potential strategy you keep talking about
6 rather than waiting for what the county's going to do by
7 June so that we can at least be positioned to move left or
8 right of whatever the county's going to do. You know,
9 you're asking us to extend this. I'm not opposed to that.
10 But I'd like to see some kind of our strategy by June of
11 what we think the -- how that connects to our four
12 strategic plan goals. And that way we'll know that we
13 would be better positioned moving forward because this
14 left me with a lot of questions as you see. And I'm
15 looking at time and I'm looking at money.

16 So I really want a real outcome goal set up, what
17 are the target goals for this and how does that connect to
18 our strategy and how does it connect to our major
19 investments.

20 MS. BELSHE: Christina, do you want to weigh in
21 on that?

22 MS. ALTMAYER: I think a piece of that also is to
23 think through transition. We have to recognize that if
24 211 is not selected by the county or if we want to move to
25 a different contract, we're trying to also allow for some

1 transition time in that -- within that extension.

2 COMMISSIONER TAYLOR: That could be a part of the
3 plan.

4 MS. BELSHE: I think that's absolutely right. So
5 there are a lot of different moving pieces here, some of
6 which are within our control, some of which are going to
7 be informed by decisions made by the county. That
8 timeline has moved on a number of occasions over the
9 course of the past year.

10 I think your point is very well taken and message
11 delivered. Let's revisit our timeline for the development
12 of plan recognizing we still need to await learning from
13 what is happening with the counties and what type of
14 transition may be require.

15 COMMISSIONER TAYLOR: And if we have a plan B if
16 that doesn't happen.

17 COMMISSIONER ZEPEDA: Other questions or
18 comments?

19 Well, thank you for that presentation. I know
20 you're shooting at a moving target, so -- or maybe it's
21 not moving. I don't know. But thank you for that.

22 And we'll go ahead and go on to Item 6,
23 communities outcome review results from community
24 partnership survey. Antoinette, Jonathan, and Joaquin
25 will be presenting.

1 MS. ANDREWS BUSH: Good afternoon, commissioners.

2 This is a very exciting time in the programs
3 division. Opportunities to integrate our work across the
4 outcome areas are immerging and staff is open and
5 attentive to uncover and explore these connection points
6 in order to strengthen the impact of First 5 LA's
7 investments.

8 The presentation today is grounded in -- is about
9 joint efforts across the agency, grounded in First 5 LA
10 values to improve outcomes for kids by strengthening
11 families, communities, and the systems of services and
12 supports upon which families rely. What you will hear
13 today is a specific example of how our work is unfolding
14 and connecting across the health systems and communities
15 outcome areas.

16 During the laugh program and planning committee
17 meeting, our colleagues from the health systems department
18 shared the guiding principles and implementation domains
19 recommended in the trauma and resiliency informed systems
20 change report. As the board is aware, the report which
21 was disseminated last fall was generated by a cross-system
22 countywide work group funded in partnership with First 5
23 LA and four other funders.

24 Also in the fall, the communities department and
25 integration and learning division were beginning to

1 analyze data from a survey that we distributed to the
2 members of the Best Start partnerships in order to
3 understand the experiences with the support they had been
4 receiving. As survey data was being analyzed, staff was
5 reading the report noting intersections between community
6 capacity building, trauma and resiliency. Collaboration
7 between the health systems and communities department has
8 since become much stronger as we explore opportunities to
9 integrate our work more concretely.

10 As this quote points out, reflecting on
11 experience is the genesis of learning. Today's
12 presentation highlights staff reflections on community
13 member experiences which are shaping our collective
14 learning and informing how we transition to a new
15 structure for the Best Start partnerships. This
16 presentation as well as the September 2017 presentation on
17 the Building Stronger Families Grants focuses on what we
18 are learning from our investments in the partnerships
19 since the beginning of the current strategic plan. We're
20 also in the process of developing a Best Start learning
21 agenda that will frame our learning over the next two
22 years of the strategic plan with a -- consistent with the
23 shift to the new structure for supporting the Best Start
24 partnerships.

25 I am absolutely honored today to sit with my

1 colleagues. Jonathan Nomachi is the program officer in
2 the communities department, as well as Joaquin Calderon
3 who is the senior program officer in the communities
4 department.

5 One key takeaway from what they will share is
6 that the stories behind the data that we collect can
7 reveal powerful and sometimes unanticipated connection
8 points and opportunities for integration across First 5
9 LA's outcome areas.

10 With that, I want to turn it over to Jonathan.

11 MR. NOMACHI: Thank you, Antoinette. Good
12 afternoon, everyone.

13 Just a quick transparency, I missed Kim's
14 presentation because I went outside to do a virtual
15 cartwheel because you all talking about the importance of
16 data and story telling. And so really, as we moved into
17 what the objectives of -- there we go. There's a bullet
18 there about how data can tell a story. So I won't go into
19 my 15-minute spiel about that.

20 But for the rest of the presentation, what we're
21 going to really talk about is the story that came from the
22 community partnership survey results. And then we're
23 going to talk about how that story and that discussion led
24 to another story. And Joaquin Calderon is going to take
25 the lead and really talking about how that is connected to

1 some of the great work that we're doing around
2 trauma-informed systems change work.

3 We're going to wrap up with talking a little bit
4 about the future stories and connectivity points to hear
5 more great stories, hopefully more from community members
6 themselves. And then we'll wrap up with some discussion
7 and great dialogue that I know we will be having. So
8 without further ado, we'll go right into the results.

9 And so between July and September of last year,
10 we developed a two-page survey and we disseminated that
11 out to the 14 partnerships and we collected over 718
12 surveys. I want to take a moment to applaud the
13 communities department folks that are here because they
14 may seem like not a lot, but it is. And for those who are
15 geeky like myself in the survey design world, it is an
16 accomplishment.

17 57 percent of those were in Spanish as well. And
18 we actually did have a few that came through translation,
19 and so just to give you a lay of the land. And the
20 purpose of the survey, again, was to really share and find
21 out community feedback around experiences, their
22 satisfaction, as well as the support that they feel
23 they're receiving. So we'll jump right into that.

24 So experiences. As you can kind of look at the
25 numbers -- I'll also actually -- let me take one quick

1 second to -- I think some of you all may have seen this,
2 hopefully, in the attachments. We printed it out because
3 it's overly large and so we wanted to make sure you also
4 had a chance to experience what the community members will
5 be experiencing because we will be sharing this
6 information via this format, placemat style, if you will.

7 So as it relates to experiences, you'll see that
8 there's a high percentage that really felt networking
9 really came through. There was also this need of
10 community unity that came into play. So really when you
11 think of the story here, it's really about partnerships
12 being displaced for strengthening of families, networking,
13 and healing.

14 As we move into the satisfaction area, this one
15 is interesting. And what I'll highlight here, which is
16 not directly on the slides, is the fact that there is
17 variability across the partnerships. And so the data that
18 you see here is really this culmination of all the
19 partnerships together. But we did want to bring up the
20 fact that there is some differences based on partnerships.
21 And particularly as it relates to satisfaction, one of our
22 big areas of support is around things like child care,
23 transportation. And so we are always striving to, you
24 know, maximum out at a hundred percent, if you will,
25 satisfaction. We know that there are lessons learned.

1 And so really this is highlighting the fact that
2 satisfaction, we're getting there and we're always going
3 to strive to do better.

4 Support. And this is one that I think really
5 then connects nicely to the following story, which is,
6 looking at the percentages around safety inclusive. There
7 was really a high percentage of folks who felt that the
8 partnerships themselves were safe and inclusive spaces.
9 Also, that there was this great creation of relationships
10 between community members and service providers. There's
11 a real need that there was something going on around
12 support at that local level.

13 So the story here from my point of view is that
14 the partnerships themselves are now community healing
15 spaces. And this is a I think great segue to Joaquin who
16 is going to talk about another story related to that.

17 MR. CALDERON: Thank you, Jonathan. And good
18 afternoon.

19 This next story about community partnerships and
20 the work that they're doing that relates to strengthening
21 community resilience came after hearing this presentation
22 from Jonathan that he did at a brown bag session for our
23 department and staff, as well as at the time same we were
24 reading this report around trauma resiliency, systems
25 change approach. And what stood out, as I was hearing the

1 feedback and reading this report was this third definition
2 called out in the report around community, which calls out
3 that for -- for a discussion around trauma and resiliency,
4 there needs to be another definition around community that
5 calls out what you see here on the screen that community's
6 defined mainly as groups of people who provide tangible
7 support to each other and can act together.

8 The Best Start community partnerships, as
9 Jonathan mentioned, are spaces -- are healing spaces that
10 strengthen the resilience of the individual as well as the
11 collective. And this comes as a result of years of
12 partnership developing and refining their structure to be
13 more inclusive, to be diverse and safe spaces. In the
14 early years of developing partnerships, the capacity
15 building really focused on healing divisions that really
16 resulted from where I was at in south LA, changing
17 demographics, issues around ethnic tensions that had been
18 heightened, language barriers. So we couldn't walk into
19 the room and talk about developing a common agenda if we
20 weren't dealing with the issues that were keeping people
21 apart.

22 And so one of the first things that I remember
23 partnerships doing around healing -- at least, these are
24 the partnership that I was involved in. And they did a
25 lot of activities, but they created this strategy around

1 finding shared experiences. And they asked everyone in
2 the room to draw a picture of how they ended up to where
3 they are today, where at the live today, and whether it
4 was going back to grandparents or if it was their own
5 personal journey. But everyone had story of migration,
6 whether it was from one city to the next, one state, one
7 country. It was this shared experience and finding that
8 that allowed the group to then talk about, what are our
9 shared values. And everyone in the room had migration
10 stories that lent themselves to wanting to improve the
11 conditions for themselves or for their families, for their
12 children. And from these shared experiences, we were able
13 to start talking about how we wanted this space to be more
14 inclusive, to be a healing space. And that really lead to
15 conversations around structure and around bylaws and how
16 they wanted to make decisions and interact with each
17 other. And it really laid the foundation for the strong
18 structures that partnerships have today.

19 And so community partnerships are enhancing and
20 strengthening the community as -- as the relationships and
21 bridges they built extend out of the partnership meeting
22 space and into the larger community. And we're actually
23 joined today by Patricia who is here from the Compton
24 partnership, a leadership group member. Traveled here
25 from a leadership -- or from a partnership meeting where

1 she actually led a conversation around black history
2 month.

3 And she shared a story with me recently that
4 really stood out where she talked about her career in
5 accounting and how, after leaving that career, she found
6 Best Start and really just had more time to do more work
7 in the community. And after she was elected to the
8 leadership group, she began to work closely with a lot of
9 the teen parents that have come to the commission meetings
10 in the past and learn their story.

11 And so the story that Patricia shared with me
12 doesn't actually occur in a partnership space. It
13 actually occurred out at a coat factory, at the Burlington
14 Coat Factory, where Patricia was shopping and she saw one
15 of these leadership group members, a teen mother who works
16 full-time, goes to school as well. And Patricia new her
17 story from the partnership and was able to relate from her
18 own experience. She said, you know what, I need to go and
19 just check in on her and ask how she's doing, and made the
20 connection out in the larger community for not only this
21 young parent but for others to see as well. And so
22 Patricia shared with me that every time she goes back, she
23 checks in on this young mother.

24 And is this just one of many stories where people
25 are running into each other. Whether it's at the park or

1 at the church or at the neighborhood council meetings, at
2 community gardens, as you can see in some of the pictures,
3 where these relationships are -- are going out into the
4 community. And these are the types of relationships,
5 especially as we saw with the early work of partnership
6 building, that are needed to act together towards moving a
7 much larger community agenda, a trust that relationship is
8 already there.

9 So as we start to position our agency around
10 policy and systems change, the work taking place in the
11 Best Start communities lends itself to many possibilities
12 to strengthen local, county, and statewide strategies
13 directed at becoming more trauma informed. And one
14 possibility that stands out in the report comes out of
15 Palm Strings, Florida, where the city signed an MOU
16 developed by community members in collaboration with the
17 city to increase awareness of issues facing members of our
18 community who have been traumatized to promote healing.

19 Who best to be at the forefront, right, of these
20 efforts than the Patricias and these young parents who are
21 taking on leadership positions in our partnership who have
22 already figured out how to work together collectively,
23 harmoniously to move a common agenda. And these are in
24 areas are in communities that need the most unity, that
25 need the most bridge building to really create that

1 resilience and that strength that's needed.

2 So that was the story I wanted to share. I'll
3 turn it back over to Jonathan.

4 MR. NOMACHI: Thank you, Joaquin. And thank you,
5 Patricia.

6 I think we can all agree that with all the data
7 that you saw and shared and the memo, I think really the
8 great piece of data that came out was this great story.
9 So I think, hopefully, the theme of today about the
10 importance of combining both data with story telling is
11 going to be so valuable moving forward. And as we think
12 about future stories, we're actually going to be releasing
13 the survey results in the placemat at tomorrow's
14 leadership summit that we'll be hosting. We're also going
15 to be looking at future opportunities to engage community
16 members to get their feedback. At the leadership body's
17 request, we'll be going out there and working with them on
18 that information.

19 We're also going to keep figuring out ways to
20 improve our ability to get more feedback and more
21 impactful feedback from the partnership members
22 themselves. And then, finally, as we're moving towards
23 this new structure, how can we continue to model this
24 reflective learning integration concept, particularly
25 because it is going to become a very exciting time in the

1 very near future for us.

2 So with that, we'd like to say thank you. And
3 before we wrap up, just maybe some prompts for some Q and
4 A.

5 COMMISSIONER SMITH: Go back to the kids.

6 MS. BELSHE: Who are the kids?

7 COMMISSIONER ZEPEDA: Tell us about the children.
8 Come on.

9 MS. BELSHE: Can you guess which of us is which?
10 That's right. That's correct.

11 MS. ANDREWS BUSH: I told my mom that it looked
12 like I was going to be tall in that picture.

13 COMMISSIONER ZEPEDA: Okay. Thank you for the
14 presentation.

15 Comments questions from commissioners?

16 COMMISSIONER TAYLOR: I'll let somebody else go
17 first.

18 COMMISSIONER WOODS: I'll go first, if I could
19 just thank this young lady over here --

20 SPEAKER: You're so kind.

21 COMMISSIONER WOODS: -- who participated out in
22 the community. More of you are needed doing what you're
23 doing.

24 COMMISSIONER ZEPEDA: Okay. Commissioner Taylor.

25 COMMISSIONER TAYLOR: Well, I was part of the

1 Compton East Compton partnership and part of the
2 leadership group, and I want to thank my colleague for
3 stepping up to be a leader, but I also want to stretch a
4 handout to my colleague behind me who is also a part of
5 the leadership, Saul Figueroa. Let's give him a hand.
6 He's working with the young parents and young teenagers
7 that are having children in Compton. And the community
8 stepped up to address this issue. So I wanted to thank
9 him for all the good work. He's developing leaders. He's
10 he actually has active young people that are now part of
11 the leadership group and doing some great and creative
12 things.

13 The other thing is that I noticed that the
14 percentage is down on advocacy for policy and leadership.
15 I hope that and encourage you guys to work on that and see
16 how we can improve that for the community. I thank you
17 for having them to develop safe space. I'm glad you
18 pointed out the issue of divide that used to be there in
19 some of these communities. In Compton we came together
20 real strong behind these children and these families. And
21 I think, yes, that is a very good thing they're doing. I
22 would like to ask that we understand more about how the
23 new structure that we're working on is working for the
24 communities.

25 I was honored to be asked to come to the -- the

1 -- the groups in south central LA and start that dialogue
2 to encourage them to work together across the different
3 partnerships, and I really would be interested in how
4 that's coming and continue to support you and encourage
5 you to continue to do this good work.

6 Thank you for your hard work.

7 COMMISSIONER ZEPEDA: Thank you, Commissioner
8 Taylor.

9 Other comments, questions?

10 I'd like to commend your -- your efforts. I
11 realize that Best Start's come a long way. You're in a
12 new phase. And I think it's important not only to tell
13 the stories of individuals, but also your own story
14 because this is relatively new work in -- in -- in social
15 services O think place based and. We need to understand
16 how we can take this out and inform other people about
17 what it is that we did that appeared to help and lessons
18 learned, best practices, all the jargon to say about it.
19 But I think it's very important. So I commend you for
20 that. So thank you.

21 We do have a -- a request to speak from Saul
22 Figueroa. So I'd invite to you speak Saul.

23 SPEAKER: Good afternoon, ladies and gentlemen,
24 First 5 commissioners, First 5 LA staff, and community
25 members.

1 My name is Saul Figueroa, and I'm the program
2 manager for a new family center, Building Stronger
3 Families Best Start Compton East Compton. I am fortunate,
4 grateful, and privileged to say I work for the community I
5 live in. I have been with the Building Stronger Family
6 centers in Compton and working in the community for the
7 past 20 years. I am a Compton -- I am a Compton resident,
8 homeowner, and father. I have a soon-to-be three year old
9 who will be starting preschool on Monday. And I can
10 honestly say that, being a member -- and someone said, you
11 know what, it doesn't matter what economic status you
12 hold, how much money you make. Best Start has helped me
13 to get my child in a preschool at a very early age. And
14 if it wasn't for Best Start where we had the child care
15 because I got a lot of feedback from my child care
16 provider. And she said told me, your child is ready for
17 school; I've seen her and observed her when you've brought
18 here to the meetings and she's ready. She goes, I was
19 really honored the first day I seen her that she was able
20 to stay by herself without mom and dad being there and
21 told me, this baby is ready to go learn. She can learn
22 more than what we can teach here on periodic basis when
23 you come and leave her for child care, and she's ready.

24 I'm a -- in my household I have a two and a half
25 year old, but I also have -- I'm a caretaker of an 80-year

1 old, my mom. And one of the things that we -- as Building
2 Stronger Families, we noticed by surveying the partnership
3 as well as the participants in our life skills coach
4 program, we notice that there was a lot of
5 intergenerational work being done from the seniors to the
6 babies to the teen parents, and we needed to bring bridge
7 it. And we're very fortunate as a new family centers to be
8 able write a grant to the Eisner Foundation to increase
9 our intergenerational work. And I wanted to announce that
10 we received a \$220,000 grant to expand the work at the
11 intergenerational work that is being done in the
12 partnership and the communities and Building Stronger
13 Families for Compton and Pacoima.

14 So I wanted to let you guys know that we're
15 talking about what we're supposed to be doing and how it's
16 supposed to be working, this is what I envisioned too
17 that, you know, being able to leverage the resources in
18 our community by the work that we're doing. And there's a
19 lot of other funding streams that our partnerships and our
20 communities can leverage once we start really developing
21 this model of self-sufficiency and empowerment.

22 So I wanted to let all the commissioners and
23 everyone here know that, you know, it's working. And I
24 want to tell them, we're just so proud to get that grant.

25 Thank you very much.

1 COMMISSIONER ZEPEDA: We have another request for
2 comment from Patricia.

3 SPEAKER: Thank you. I just -- very briefly.
4 It's a privilege to be here. This is my first meeting. I
5 often inquired about it. And Joaquin, he invited me.

6 I wanted to say the young lady who I -- Dolce,
7 she also worked with Saul and she's very diligent. And I
8 would work with -- they have the teen parents conference
9 over at Cal State Long Beach -- excuse me -- Cal State
10 Dominguez. I just watched her. I watch how different
11 events. She's very diligent. And I'm a researcher. I
12 don't like the word shopper, but I like to get a good
13 price. I'm being real. I did accounting for a number of
14 years and I saw the cost. So long story short, I went
15 into Burlington, and I was coming up to the counter and,
16 low and behold, Dolce was there. It was really cool. I
17 thought it was really nice. Periodically, I would ask
18 her, how's it going. I know she's in school. She has a
19 cute little like three years old, and she's busy, but
20 she's being very productive.

21 And I was there when it first started, when we
22 first decided that we would work with the teen parent
23 population. And it's just been a blessing, a privilege to
24 be able to be a part, just whatever small part I can do.

25 (Applause.)

1 COMMISSIONER ZEPEDA: Okay. Everybody, I think
2 we had really a stimulating conversation -- series of
3 conversations. It gives us a lot to think about as we're
4 stuck in traffic driving home. Thank you.

5 MS. BELSHE: Does that mean we're adjourned?

6 COMMISSIONER ZEPEDA: Yes.

7 (At 4:32 PM, the meeting was adjourned.)
8
9
10
11
12
13
14
15
16
17
18
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 _____ day of _____, 2018.

CERTIFIED SHORTHAND REPORTER
FOR THE STATE OF CALIFORNIA

FIRST 5 LA

SUBJECT:

Request to Establish a Strategic Partnership with Dignity Health dba California Dignity Hospital in the Amount of \$339,288 to Coordinate the Provision of Training and Materials to Support the Department of Health Services' MAMA's Neighborhood Program Expansion, and Authorize First 5 LA Staff to Execute a Contract from April 20, 2018 through June 30, 2019.

RECOMMENDATION (PROVIDED AS INFORMATION):

This memo is provided as information for the Board's consideration at the March 22, 2018 Program & Planning Committee Meeting. First 5 LA staff recommends that at the April 12, 2018 Board of Commissioner's meeting the Board approve the establishment of a Strategic Partnership with Dignity Health dba California Dignity Hospital to support the Department of Health Services' MAMA's Neighborhood Program Expansion for an amount not to exceed \$339,288 and authorize staff to execute a contract with an intended start date of April 20, 2018 through June 30, 2019. The funds have been included in the First 5 LA FY 17-18 and FY 18-19 Programmatic Budget under Families Strategy 1 Home Visitation.

BACKGROUND:

In December 2016 the Board of Supervisors in LA County passed a Motion to direct entities, including the Office of Child Protection, First 5 LA, Perinatal and Early Childhood Home Visitation Consortium, Children's Data Network, and the LA County Departments of Public Health, Health Services, Mental Health, Public Social Services, Children and Family Services, 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. This work has spurred coordination efforts between and across departments and organizations to expand and increase the quality of home visitation services in LA County. The Department of Health Services (DHS) has been an active participant in these discussions and efforts. As a part of their recent application to amend their 1115 Whole Person Care Medi-Cal Waiver, DHS received approval to expand their MAMA's Neighborhood program to include home visitation. MAMA's Neighborhood is the local name for the "Strong Start for Mothers and Newborns" initiative created by the U.S. Department of Health and Human Services to reduce preterm births and improve outcomes for newborns and pregnant women. The program provides prenatal care and comprehensive healthcare services in six Los Angeles neighborhoods, and links prenatal clients with services in their community, such as mental health/stress, substance use, housing, parenting education and places for healthy food. MAMA's Neighborhood is expanding their program to enhance their system of care with implementation of a comprehensive, evidence-based, screening tool at prenatal care intake; intensive case management through home visitation and patient-centered care planning based on risk scoring; and explicit use of community-based services for treatment of identified risks. The expansion will allow MAMA's to provide follow up to mothers into the postpartum period and utilize home visitation as a strategy to extend the reach of the program and provide services to mothers ineligible for other home visiting programs.

Dignity Health dba California Dignity Hospital's community benefit program, LA Best Babies Network (LABBN), has a long history of work in perinatal health initiatives, with strong community engagement and continuous quality improvement. LABBN's previous work with First 5 LA includes being a part of the Healthy Births Initiative, a project that spanned seven Best Babies Collaboratives and 40 organizations in LA County and connected women to community services and resources. As of April 2013, LABBN has served as First 5 LA's Family Strengthening Oversight Entity, leading the programmatic oversight, technical assistance, training of home visitation staff and provision of database support for the First 5 LA funded home visitation programs: Welcome Baby, Parents As Teachers (PAT) and Healthy Families America (HFA) programs. As Welcome Baby expanded from one site to a total of fourteen and PAT and HFA were implemented across twenty-one sites, LABBN has led comprehensive Family Strengthening Network cohort trainings of over 150 hours twice a year. LABBN has trained over 500 home visitors in

the past five years as a part of the Network. The training provides both knowledge content and skill development, ranging from topics such as child development, perinatal depression and preventive prenatal and postpartum care to skills in depression risk scoring, motivational interviewing, and use of reflective practice. The training embeds the core principles and strategies of the Family Strengthening Framework. This includes principles such as valuing the science that promotes the practices that enhance the brain and the development of children; healthy and secure attachments with a consistent and loving caregiver; and the development and application of skills by home visiting staff to support their work with families within a strength-based, client-centered approach.

The expanded MAMA's Neighborhood program aims to incorporate best practices into its model, which are an integral part of the Family Strengthening Framework and Training utilized by First 5 LA's home visiting programs. If approved, LABBN will expand their Family Strengthening Network Training to include up to 20 DHS staff from MAMA's Neighborhood between April and June 2018, with up to a total of 70 staff to be trained by FY 2018-2019. The Training will be provided in two cohorts, each with 22 topics ranging from critical home visitor skills such as motivational interviewing and a foundational training on reflective practice to knowledge on: bonding and attachment; developmental milestones; preventive care; brain development and early infant development; cultural competency; and trauma informed care. Due to LABBN's years of experience in the provision of training for home visitors, they have built an infrastructure of expert trainers and speakers that have embedded the family strengthening principles into their trainings and are familiar with the work of home visitors. The expansion also includes incorporating the Family Strengthening Framework and its core principles and essential strategies into MAMA's Neighborhood Orientation workshops and curriculum, as well as the provision of program materials for enrolled clients, including: the Welcome Baby book; boppy nursing pillow; healthcare safety kit; First 5 California Parent Kit; and developmental toys. Finally, LABBN would develop, coordinate and launch monthly Group Reflective Practice mentoring for MAMA's social work staff. Reflective practice is not currently utilized by MAMA's Neighborhood but is a crucial best practice to more effectively engage parents and support and retain home visitation staff.

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 \$339,288 to comply with this policy. Section IV.5 of the Procurement Policy also states that contracts of \$75,000 or more requires Board approval prior to execution. Staff is seeking approval to execute a contract for the period of April 20, 2018 to June 30, 2019 for \$339,288. It is anticipated that this collaboration will continue beyond FY 18-19, and that an extension of the Strategic Partnership will be sought as this collaboration unfolds and other potential leveraging opportunities are identified.

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

Sustainability Plan: Through Whole Person Care MAMA's visits, DHS seeks to address the priority identified by the Board of Supervisors Home Visitation Motion to improve home visitation services in the County. DHS funding for the expansion of MAMA's Neighborhood continues until 2021, and provides DHS with the opportunity to learn how home visiting impacts their population. During this time DHS will also build their program infrastructure, which will allow First 5 LA to decrease its investment over time.

Leveraged Resources: The proposed Strategic Partnership between First 5 LA and Dignity Health dba California Dignity Hospital represents a partnership to leverage the existing infrastructure of LABBN's Family Strengthening Trainings and expertise. This includes leveraging of existing LABBN personnel, leading to a cost neutral effect in personnel as this cost category would continue to be covered fully but under two contracts instead of one. Finally, by combining resources First 5 LA can ensure administrative efficiency as DPH builds the capacity of their workforce utilizing best practices and a family strengthening approach based on best practices.

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 provide a demonstrated level of ability or expertise that is only available in the community through the proposed Strategic Partnership

- The Strategic Partnership can provide a demonstrated level of ability or expertise that is only available in the community through the proposed Strategic Partnership. The expanded MAMA's program aims to incorporate best practices into its model, including the Family Strengthening Framework and Training utilized by First 5 LA's home visiting programs. Through LABBN, its community benefits program, Dignity Health dba California Dignity Hospital has implemented the Family Strengthening Network cohort trainings for over five years. LABBN has worked with a cadre of trainers across a span of critical content and skill areas specifically needed by home visitors. These trainers are familiarized with and have embedded the Family Strengthening Framework into their trainings. The Department of Health Service's MAMA's Neighborhood program has requested the Family Strengthening Network trainings coordinated by LABBN, given they are based on best practices for home visitation staff working directly with families.
- LABBN has provided the Family Strengthening Network cohort trainings for over five years. As a Strategic Partner, LABBN brings extensive experience in perinatal and maternal health, as well as the provision of technical assistance for home visitation staff working directly with pregnant and parenting families.
- The Department of Health Service's MAMA's Neighborhood intends to begin implementing their expansion in Spring 2018. LABBN can expeditiously launch the needed trainings and provision of materials given their existing infrastructure and experience. There are no other organizations in LA County that provide the depth and breadth of training utilizing the Family Strengthening Framework specific for home visitation staff working with families.

. The proposed Strategic Partnership is aligned with the adopted Strategic Plan.

- A key strategy of First 5 LA's 2015-2020 Strategic Plan for the Families Outcome area is to increase the family protective factors by working with parents and caregivers to ensure they have the skills, knowledge and access to resources to support their child's development. The Family Strengthening Framework is aligned with the protective factors and provides critical support for staff working directly with families to better achieve desired outcomes.
- The proposed Strategic Partnership is aligned with the adopted Strategic plan because it exemplifies our intentional efforts to strategically partner with others to maximize our impact on young children across Los Angeles County.

Dignity Health DBA California Hospital Medical Center's

LA Best Babies Network

MAMA's Neighborhood Program

April 1, 2018 - June 30, 2019

Budget Narrative Justification

March 8, 2018

First 5 LA funds in the amount \$339,288 will be used accordingly for the grant period of April 1, 2018 – June 30, 2019. These funds will be used to continue to support the implementation of the Family Strengthening Strategies outlined in the First 5 LA's Strategic Plan for MAMA's Neighborhood Program. Fiscal contact information is as follows:

Fiscal contact: Rachel Zupa

Email: Rachel.Zupa@dignityhealth.org

Phone Number: 213-742-6475

- All of LA Best Babies Network procurement efforts encourage at least 3 bids from separate vendors to ensure that both the quality of service or product and price is sought and we are good stewards of the funds allocated to this grant.

PERSONNEL:

Funds for personnel in the amount of \$47,719 are requested. These funds will be used to support the addition of one 50%-time Administrative Coordinator and a percent of time from eight additional staff for contract period April 1, 2018 – June 30, 2019 and inclusive of 29.25% fringe for each position and a merit increase of an up to amount of 2.5-3% that will take place September 31, 2018. The total cost of this increase for the 9 months has been entered in as its own line item in the personnel section for each position. The Executive Director position is capped at the gross monthly salary and no merit increase will be included in this budget.

The funds will be used to support the following positions:

- **Executive Director - Dr. Lynn Yonekura-** The Executive Director of LA Best Babies Network will provide the programmatic and operational oversight to ensure that the Scope of Works for all First 5 LA Contracts will be completed in the most efficient manner possible.
 - This position will maintain 0.005 FTE for the MAMA's Neighborhood Program Contract for the period of April 1, 2018 – June 30, 2019.
 - There is no supplanting of funds for this position on any First 5 LA grant contracts or any other grant contracts that are held by Dignity Health dba California Hospital Medical Center.
 - No merit increase will be added to the cost of this position.

- **Grants Manager - Larisa Malek** - is responsible for overseeing the financial commitments of all the Network's grants and directs all operational aspects of the projects. Responsibilities include: coordinating the grant-reporting process, including preparing and tracking correspondence, grant documents, contracts and payments; analyzing and monitoring the financial compliance; collaborating with project staff to ensure contract modification requests are properly presented, accurate, and acceptable; coordinating agreements and monitor contract deliverables, invoicing, payments, renewals and terminations; and collaborating with internal departments to ensure compliance with internal audit and grant tracking procedures. This individual is responsible for implementing protocols and inventory and financial spreadsheets that will facilitate accurate forecasting of program and training material needs and track actual expenses once incurred. This will support the efficient and cost-effective functioning of the training team. This person also will be responsible for working with vendors to establish MOUs and prepare, submit, and track invoices and payments for speakers and vendors for workshops and other program activities to support training and technical assistance to the Home Visitation sites.
 - This position will maintain 0.02 FTE for the MAMA's Neighborhood Program Contract for the period of April 1, 2018 – June 30, 2019.
 - The 2.5% merit increase is requested for this position beginning in September 2018.
 - There is no supplanting of funds for this position on any First 5 LA grant contracts that are held by Dignity Health dba California Hospital Medical Center.
- **Director of Program - Janice French, CNM, MS** - The Director of Programs has primary responsibility for programmatic oversight, development and implementation of each program area undertaken by the Network. In this capacity the Director of Programs provides day-to-day leadership and oversight for the implementation of this grant. This includes overseeing staff and overseeing the development of and maintenance of a detailed work plan that defines critical activities, tasks, and deadlines for the grant. This position is responsible for leading the development of and implementation of policies and procedures to sustain implementation of the programs in the MAMA's Neighborhood Program with fidelity. In this position the Director of Programs oversees the financial commitments and coordinates the grant-reporting process of all the Network's grants.
 - This position will maintain 0.02 FTE for the MAMA's Neighborhood Program Contract for the period of April 1, 2018 – June 30, 2019.
 - The 2.5% merit increase is requested for this position beginning in September 2018.
 - There is no supplanting of funds for this position on any First 5 LA grant contracts or any other grant contracts that are held by Dignity Health dba California Hospital Medical Center.
- **Public Health Research Associate Trainer –Terrie May Anciano** will work closely with the Assistant Director of Programs to plan and coordinate the day to day activities related to planning and conducting Home Visitation foundational trainings, workshops, webinars and conference calls; produce training materials for workshops; oversee the timeline, schedule and gathering materials from and communicate logistics to external training

faculty; completes continuing education applications; oversee the logistic preparation and implementation of the training and workshops; and completes evaluation summaries for each training and workshop session. This individual has primary responsibility for facilitating and directing each training including working closely with MAMAs project leaders to facilitate discussions so that the workshop content is linked to the Home Visiting program protocols. This person is responsible for maintaining contact lists with the Home Visitation sites, and communication with sites regarding training, webinars, and conference calls.

- This position will maintain 0.1 FTE for the MAMA's Neighborhood Program Contract for the period of April 1, 2018 – June 30, 2019.
 - The 2.5% merit increase is requested for this position beginning in September 2018.
 - There is no supplanting of funds for this position on any First 5 LA grant contracts or any other grant contracts that are held by Dignity Health dba California Hospital Medical Center.
- **Administrative Coordinator/Office Manager – Jessica (Hernandez) Perez** will be responsible for scheduling meeting space, catering, and conference calls, working with outside vendors for scheduling events for all trainings and workshops; This individual assist with preparation of meeting materials including preparing documents, photocopying, collating and creating name badges. Ms. Hernandez is also responsible for maintaining “The Shop” online ordering system through which the Home Visitation sites order program materials and communication collateral items to ensure that sites are receiving their materials in a timely manner. This includes receiving orders, entering the orders into the CHMC purchasing system, and communicating order status back to the Home Visitation sites.
 - This position will maintain 0.1 FTE for the MAMA's Neighborhood Program Contract for the period of April 1, 2018 – June 30, 2019.
 - The 2.5% merit increase is requested for this position beginning in September 2018.
 - There is no supplanting of funds for this position on any First 5 LA grant contracts or any other grant contracts that are held by Dignity Health dba California Hospital Medical Center.
- **Communication Specialist – Steve Nish** will work closely with the Senior Communication Specialist to assist with the production of recruiting materials. Mr. Nish assists in the development of training, training materials, webinars and conference calls with the Home Visiting sites.
 - This position will maintain 0.005 FTE for the MAMA's Neighborhood Program Contract for the period of April 1, 2018 – June 30, 2019.
 - The 2.5% merit increase is requested for this position beginning in September 2018.
 - There is no supplanting of funds for this position on any First 5 LA grant contracts that are held by Dignity Health dba California Hospital Medical Center.
- **Senior Communication Specialist – Amanda Helvie** will dedicate 0.05% of her efforts toward this grant. This position will work closely with MAMAs Neighborhood staff and coordinate the printing of recruiting materials. This individual oversees the securing of vendors, ordering and maintenance of the program materials inventory.

- This position will maintain 0.005 FTE for the MAMA's Neighborhood Program Contract for the period of April 1, 2018 – June 30, 2019.
- The 2.5% merit increase is requested for this position beginning in September 2018.
- There is no supplanting of funds for this position on any First 5 LA grant contracts that are held by Dignity Health dba California Hospital Medical Center.
- **Administrative Coordinator– Angelica Perez** will assist in preparing materials and handouts for trainings, workshops, and conference calls as needed, as well as, maintaining the training registration database, tracking attendance, and developing queries and reports from this database for attendance, sign in sheets, and the number of staff trained. This individual will also enter data from the training/workshop evaluations.
 - This position will maintain 0.1 FTE for the MAMA's Neighborhood Program Contract for the period of April 1, 2018 – June 30, 2019.
 - The 2.5% merit increase is requested for this position beginning in September 2018.
 - There is no supplanting of funds for this position on any First 5 LA grant contracts or any other grant contracts that are held by Dignity Health dba California Hospital Medical Center.
- **Administrative Coordinator– TBD 0.5 FTE.** Individual will have primary responsibility for preparing and formatting documents, managing photocopy requests, collating materials, and preparing documents for professional printing and editing proofs of training materials, printing signs, sign in sheets, and name badges for trainings. This individual will attend MAMAs Neighborhood training and manage the logistics of the workshops during the events. This person will have primary responsibility for recording MAMA's meetings and conference calls.
 - This position will maintain .50 FTE for the MAMA's Neighborhood Program Contract for the period of August 1, 2018 – June 30, 2019.
 - There is no supplanting of funds for this position on any First 5 LA grant contracts or any other grant contracts that are held by Dignity Health dba California Hospital Medical Center.

CONTRACTED/CONSULTANT SERVICES:

CONTRACTED SERVICES: Funds are requested in the amount of \$32,675 for contractors.

Perinatal Advisory Council: Leadership, Advocacy and Consultation (PAC/LAC): Funds in the amount of \$4,000 for technical assistance and training for the period April 1, 2018- June 30, 2019 to support PAC/LAC. This fund will be used for 4 workshops regarding Team Building, Communication, Self-Care, and Leadership. These funds are calculation based on 40 hours of services at \$100 per hour rate.

Lili McGuinness: Consulting to develop and lead framework training of MAMA's Program: Funds in the amount of \$3,600 are requested for the period April 1, 2018 through June 30, 2019. These funds are requested to support in consulting to develop and lead the framework training of MAMA's Trainings. These funds are calculated based on 24 hours at \$150.00 per hour rate.

Intern: Funds in the amount of \$7,200 are requested to support 1 MS/ MPH intern at \$18.00 / hour for a total of 400 hours between April 1, 2018 and June 30, 2019. This individual will assist in the preparation of meeting materials, copying, and collating, and set up and registration during MAMA's workshops. This individual will also assist in entering and summarizing workshop evaluation data for MAMAs workshops.

Consulting – Workshop Preparation: Funds in the amount of \$7,875 are requested for the period April 1, 2018 through June 30, 2019. These funds are requested to support the consulting fees for one individual to assist with the preparation and conduct of MAMA's Trainings. These funds are calculated based on 105 hours of service at \$75 per hour rate. This is a temporary position, to cover staffing needs during the onboarding of the 0.5 FTE Administrative Coordinator (described above).

Diana Reynolds, Co-Founder of the Center for Reflective Communities: Consulting Reflective Practice Mentoring of MAMA's Training: Funds in the amount of \$9000 are requested for the period April 1, 2018 through June 30, 2019. These funds are requested to support provision of Reflective Practice Supervision and Mentoring to MAMA's Neighborhood clinical supervisors. These funds are calculated based on 12 months at \$600 per month rate.

Graphic Design: Funds in the amount of \$1,000 are requested for the period April 1, 2018 through June 30, 2019. These funds are requested to support the graphic design work hours for MAMA's Program. These funds are calculated based on 8 hours of service at \$125 per hour rate.

EQUIPMENT: Funds in the amount of \$1,600.00 is requested to purchase one new desktop computer for the new Administrative Coordinator.

PRINTING/ COPYING: We are requesting funds in the amount of \$20,375 for printing and copying. This will support printing and shipping of MAMA's Neighborhood Program.

- \$600 will be used to support general office printing costs for the contract period. These funds are calculated based on 15 months of service at \$40 per month rate.
- \$3,300 will be used to support printing packets for Trainings. This cost is based on 220 Packets at a \$15 per packet cost.
- \$3,750 will be used to support the Printing of Training Binders for MAMA's Program. These funds are calculated at 15 copies of the Training Binders at a rate of \$250 each.
- \$12,725 will be used to support the Printing of MAMA's Marketing Materials as follows:
 - Door Hanger "Sorry I missed you" Quantity: 3,000 at a rate of \$0.47 each
 - Logo Labels Quantity: 250 at a rate of \$0.36 each
 - One Page Flyers Quantity: 10,000 at a rate of \$0.47 each
 - Trifold Brochures Quantity: 5,700 at a rate of \$0.52 each
 - Banners Quantity: 9 at a rate of \$70.00 each
 - Postcards Quantity: 5,700 at a rate of \$0.43 each
 - Posters Quantity: 20 at a rate of \$24.00 each

SPACE: No funds needed for this category.

TELEPHONE: No funds needed for this category.

POSTAGE: Funds in the amount of \$2,025 is requested to maintain communication and send out project material to the MAMA's Program participating sites via mail.

- Funds in the amount of \$900 will be needed to cover the Postage charges that is being used from the hospital mail system to send out general office items to our key stakeholders.
- For the contract period of 4/1/2018 – 6/30/19 the Network will allocate \$1,125 to use FEDEX services allocated rate to the MAMA's Neighborhood program.

SUPPLIES: Funds in the amount of \$49,958 is requested for this period of April 1, 2018 – June 30, 2019 for the MAMA's Neighborhood program.

Branded Materials: Funds in the amount of \$ \$1,035 will be used for Program Branded Materials for the Sites.

Office Supplies: For the contract period of 4/1/2018 – 6/30/19 the office will allocate \$1,050 towards Office supplies for 0.85 FTE's for the MAMA's Neighborhood Program Contract. These Office supplies include but are not limited to paper, pens, file folders, writing pads, sticky pads, etc. Also included are the drums and the various color of printer cartridges for the LABBN offices that are used in conjunction with the hospital print office.

MAMA's Clients Incentives (Program Materials):

The Network will coordinate the ordering of the MAMA's clients Incentives in the amount of \$47,873. This reflects anticipated ramp up and hiring of MAMAs staff to reach the estimated enrollment of 80 clients per month. These items include but are not limited to the following items:

- Welcome Baby Book
- The Emotional Life DVD Kit
- Boppy Pillow
- Health Care Kit
- My Shining Star or other children's book (Free from First 5 LA)
- New Parent Kit (Free from First 5 CA)
- Cabinet Latches – Package of 4 per client
- Plug Protectors – Package of 8 per client
- Zoo Friends book and teether
- Toy Blocks/Sorter

EMPLOYEE MILEAGE AND TRAVEL: Funds in the amount of \$2,430 is requested for mileage and travel expenses. This reflects the reimbursement rate at CHMC of \$0.54 per mile (effective January 1, 2016) and supports travel by staff to sites and training meetings that are outlined in the SOW and MAMAs Neighborhood meetings. We are expecting that the total staff mileage per month will not exceed 300 miles.

TRAINING EXPENSES:

Funds in the amount of \$138,748 are requested to support training for the following:

- **Zero to Three Conference:** Funds in the amount of \$3,000 is requested for the Zero To Three Conference for one MAMAs employee.

- **Local IDA and MMHN Conference:** Funds in the amount of \$700 is requested to support the cost associated with 4 MAMAs employees at a rate of \$175.00 per employee.
- **MAMA's Staff Trainings:** Funds in the amount of \$100,375 is requested to support the cost associated with MAMA's Staff Trainings up for two cohorts for 53 to 73 Trainees total.
- **MAMA's Staff Trainings:** Funds in the amount of \$33,473 are requested to support additional sessions for up to 20 MAMAs staff between April 2018 and June 2019, since FSOE scheduled trainings that are at capacity.
- **MAMA's Team Webinars:** Funds in the amount of \$1,200 is requested to support the associated with webinars scheduled for MAMA's Team. This is calculated based on 4 webinars at a rate of \$300 each.

OTHER EXPENSES:

Funds in the amount of \$16,030 are requested to support the following:

- **MAMA's Reflective Practice Mentoring Group:** Funds in the amount of \$2,030 is requested to support the cost associated with Reflective Practice Mentoring Workshops. The funds are calculated at a rate of \$175 for 14 consecutive months.
- **MAMA's Peer to Peer Workshops:** Funds in the amount of \$14,000 is requested to support 2 Workshops at the rate of \$7,000.

INDIRECT COSTS: Funds in the amount of \$27,728 are requested to support Indirect Costs associated with the 0.85 FTE's for 4/1/18 – 6/30/19 that are outline in the Personnel Section of this budget. This represents 10% of contract expenses excluding contracted services and equipment.



EXHIBIT A – Performance Matrix

Contract Number:

Contract Period: **April 20, 2018 – June 30, 2019**

Agency Name: **California Hospital Medical Center – LA Best Babies Network**

Revision Date:

Project Name: **Family Strengthening Oversight Entity – Strategic Partnership**

Project Length: **April 20, 2018 - June 30, 2019**

Project Description:

The Oversight Entity will work with the Department of Health Services' Mama's Neighborhood Program to provide the Family Strengthening Network Training to home visitors in the Mama's program, and embed the family strengthening principles and core strategies into the Mama's Program curriculum, and coordinate coaching for reflective practice and provide program materials for enrolled families.

Performance Objectives	Due Date <small>Date Objective will be completed.</small>	Quantity by Quarter (FY 2017-2018)			
		Q1 <small>(Jul-Sep)</small>	Q2 <small>(Oct-Dec)</small>	Q3 <small>(Jan-Mar)</small>	Q4 ²⁹ <small>(Apr-Jun)</small>
FISCAL YEAR 17-18					
1. Incorporate Welcome Baby Core Principles & Essential Strategies into the MAMA's Neighborhood Orientation workshop.	6/30/18	NA	NA	NA	1
2. Manage the logistics and provide an overview of the WB Core Principles & Essential Strategies at one MAMA's Neighborhood Orientation workshop	6/30/18	NA	NA	NA	1
3. Provide WB program materials to clients enrolled into MAMA's Neighborhood Whole Person Care Program.	6/30/18	NA	NA	NA	1
4. Establish an account for MAMA's representative in the Family Strengthening Network online "Shop" for ordering Program Materials.	6/30/18	NA	NA	NA	1
5. Provide training to MAMA's representative for online ordering and inventory tracking.	6/30/18	NA	NA	NA	1
6. Revise and print selected WB communication materials for use by MAMA's Staff.	6/30/18	NA	NA	NA	1
7. Coordinate printing of selected MAMAs brochures, flyers, posters, banners, and postcards	6/30/18	NA	NA	NA	1



EXHIBIT A – Performance Matrix

Performance Objectives <small>Measureable, observable, and attainable objectives including: (1) Outcomes –Changes in health/mental health status, developmental status, attitudes, behaviors, knowledge, skills, practices, or policies; (2) Outputs -- The direct result of activities and typically expressed as the number or scope of services and/or products that are delivered or produced; and/or, (3) Major Deliverables -- Tangible products that are submitted in fulfillment of contract requirements.</small>		Due Date <small>Date Objective will be completed.</small>	Quantity by Quarter (FY 2018-2019)			
			Q1 <small>(Jul-Sep)</small>	Q2 <small>(Oct-Dec)</small>	Q3 <small>(Jan-Mar)</small>	Q4 <small>(Apr-Jun)</small>
8.	Develop, coordinate and launch monthly Group Reflective Practice mentoring for 10-12 MAMA's social work staff.	6/30/18	NA	NA	NA	1
9.	Develop performance matrix for training and technical support to be provided to MAMA's Neighborhood Whole Person Care Program for fiscal year 2018-2019.	6/30/18	NA	NA	NA	1
10.	Schedule venues and secure trainers for MAMA's Neighborhood Whole Person Care staff training cohort to be held in FY 2018-2019.	6/30/18	NA	NA	NA	1
FISCAL YEAR 18-19						
11.	Manage the logistics and provide an overview of the WB Core Principles & Essential Strategies at two MAMA's Neighborhood Orientation workshops	6/30/19	1	1	1	1 130
12.	Provide WB program materials to clients enrolled into MAMA's Neighborhood Whole Person Care Program.	6/30/19	1	1	1	1
13.	Maintain an account for MAMA's representative in the Family Strengthening Network online "Shop" for ordering Program Materials.	6/30/19	1	1	1	1
14.	Provide training to MAMA's representative for online ordering and inventory tracking.	6/30/19	1	NA	1	NA
15.	Revise and print selected WB communication materials for use by MAMA's Staff.	6/30/19	1	1	1	1
16.	Coordinate printing of selected MAMAs brochures, flyers, posters, banners, and postcards.	6/30/19	NA	NA	1	NA
17.	Develop, coordinate and maintain monthly Group Reflective Practice mentoring for MAMA's social work staff.	6/30/19	1	1	1	1
18.	Assist MAMAs' Director and Supervisors to plan and implement two "Peer to Peer" workshops.	6/30/19		1		1
19.	Host up to four 1-2 hour webinars for continuing education of MAMAs' staff	6/30/19	NA	1	2	1
20.	PAC/LAC to provide four workshops for MAMAs' staff on topics such as Team Building, Communication, Self Care, and Leadership	6/30/19	NA	2	1	1



Budget Summary

Agreement # _____

Page : 1 of 11

Agency: Dignity Health - California Hospital Medical Center Foundation

Project Name: LA Best Babies Network

Agreement Period: 04/01/2018 - 06/30/2019

Cost Category		First 5 LA Funds	Matching Funds	Total Costs
1	Personnel	47,719		47,719
2	Contracted Svcs (Excluding Evaluation)	32,675		32,675
3	Equipment	1,600		1,600
4	Printing/Copying	20,375		20,375
5	Space	-		131
6	Telephone	-		-
7	Postage	2,025		2,025
8	Supplies	49,958		49,958
9	Employee Mileage and Travel	2,430		2,430
10	Training Expenses	138,748		138,748
11	Evaluation	-		-
12	Other Expenses (Excluding Evaluation)	16,030		16,030
13	*Indirect Costs	27,728	-	27,728
TOTAL:		\$ 339,288	\$ -	\$ 339,288

Rachel Zupa 3/8/2018

Fiscal Contact Person Date

Rachel.Zupa@DignityHealth.org 3/8/2018

Email Address Date

Phone # 213-742-6475

*Indirect Cost CANNOT exceed 10% of total contract amount (excluding subcontractors, capital expenditures, equipment and depreciation expense)

Additional supporting documents may be requested



Personnel

Agency: Dignity Health - California Hospital Medical Center Foundation

Project Name: LA Best Babies Network

Agreement Period: 04/01/2018 - 06/30/2019

ANNUAL First 5 LA Funds PROJECT PERSONNEL BUDGET					TOTAL PROJECT PERSONNEL BUDGET		
Title/Name(s)	FT/PT	Gross Monthly Salary	% of Time on First 5 LA Project	Months to be Employed	First 5 LA Funds	Matching Funds	Total Personnel Cost
Executive Director - Dr. Lynn Yonekura	PT	\$ 15,600.00	0.05%	12	93.60		93.60
Director of Programs - Janice French	FT	\$ 11,521.41	2.00%	3	691.28		691.28
Director of Programs - Janice French	FT	\$ 11,809.45	2.00%	9	2125.70		2125.70
Senior Administrative Coordinator - Larisa Malekaghakhan	FT	\$ 4,497.99	2.00%	3	269.88		269.88
Senior Administrative Coordinator - Larisa Malekaghakhan	FT	\$ 4,632.93	2.00%	9	833.93		833.93
Public Health Research Associate Trainer Terrie Anciano	FT	\$ 4,458.75	10.00%	3	1337.63		1337.63
Public Health Research Associate Trainer Terrie Anciano	FT	\$ 4,570.22	10.00%	9	4113.20		4113.20
Administrative Coordinator/ Office Manager -Jessica Hernandez	FT	\$ 3,247.75	10.00%	3	974.33		132 974.33
Administrative Coordinator / Office Manager-Jessica Hernandez	FT	\$ 3,328.94	10.00%	9	2996.05		2996.05
Communication Specialist - Steven Nish	FT	\$ 5,109.73	0.05%	3	7.66		7.66
Communication Specialist - Steven Nish	FT	\$ 5,263.02	0.05%	9	23.68		23.68
Senior Communication Specialist - Amanda Helvie	FT	\$ 5,755.35	0.05%	3	8.63		8.63
Senior Communication Specialist - Amanda Helvie	FT	\$ 5,899.23	0.05%	9	26.55		26.55
Administrative Coordinator/ TBD	PT	\$ 3,483.48	50.00%	11	19159.14		19159.14
Administrative Coordinator- Angelica Perez	FT	\$ 3,483.48	10.00%	3	1045.04		1045.04
Administrative Coordinator-Angelica Perez	FT	\$ 3,570.57	10.00%	9	3213.51		3213.51

Total Direct Salaries \$ 36,920 \$ - \$ 36,920

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED

USE ADDITIONAL SHEETS IF NECESSARY

*Fringe Benefits:	Percentage			
FICA	7.20%	2,658		2,658
SUI	0.15%	55		55
Health	12.01%	4,434		4,434
WC	2.62%	967		967
Other	7.27%	2,684		2,684
	29.25%	\$ 10,799	\$ -	\$ 10,799

Total Personnel \$ 47,719 \$ - \$ 47,719

*Fringe Benefits must be broken down by categories.



Sections 5 & 6

Space & Telephone

Agency: Dignity Health - California Hospital Medical Center Foundation

Project Name: LA Best Babies Network

Agreement Period: 04/01/2018 - 06/30/2019

Space include description, cost per square foot	Footage/Quantity	Unit Cost	Number of Months	Total Space Cost	First 5 LA Funds	Matching Funds	Total Cost
							136

Total Space: \$ - \$ - \$ - \$ -

Telephone include # of lines and cost per line	Quantity	Unit Cost	Number of Months	Total Phone Cost	First 5 LA Funds	Matching Funds	Total Cost

Total Telephone: \$ - \$ - \$ - \$ -

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED
USE ADDITIONAL SHEETS IF NECESSARY



Sections 7 & 8

Postage & Supplies

Agency: Dignity Health - California Hospital Medical Center Foundation

Project Name: LA Best Babies Network

Agreement Period: 04/01/2018 - 06/30/2019

Postage include description	Quantity	Unit Cost	Number of Months	Total Postage Cost	First 5 LA Funds	Matching Funds	Total Cost
Postage - an average of U.S Postal	1	60.00	15	900	900		900
Fed EX - \$75.00 per month	1	75.00	15	1,125	1,125		1,125

Total Postage: \$ 2,025 \$ 2,025 \$ - \$ 2,025

137

Supplies include description	Quantity	Unit Cost	Number of Months	Total Supplies Cost	First 5 LA Funds	Matching Funds	Total Cost
Program branded materials - pens (2500), lanyards (100), tote bags (100)	1.00	1,035.00	15	1,035	1,035		1,035
Office supplies	1.00	70.00	15	1,050	1,050		1,050
Program Materials for MAMA's Clients	750	\$63.83	1	47,873	47,873		47,873

Total Supplies: \$ 49,958 \$ 49,958 \$ - \$ 49,958

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED

USE ADDITIONAL SHEETS IF NECESSARY



Employee Mileage/Travel & Training Expenses

Agency: Dignity Health - California Hospital Medical Center Foundation

Project Name: LA Best Babies Network

Agreement Period: 04/01/2018 - 06/30/2019

Employee Mileage/Travel include description	Mileage Quantity	Unit Cost per Mile	Total Mileage/Travel Cost	First 5 LA Funds	Matching Funds	Total Cost
Mileage- Staff 300 miles/month x 15 months	4,500	0.54	2,430	2,430	0	2,430
						138
Total Employee Mileage/Travel:			\$ 2,430	\$ 2,430	\$ -	\$ 2,430

Training Expenses include description, # of people	Quantity	Unit Cost Per Training	Total Training Cost	First 5 LA Funds	Matching Funds	Total Cost
Zero to Three Conference	1	3,000.00	3,000	3,000		3,000
Local IDA and MMHN conferences x4	4	175.00	700	700		700
MAMA's staff trainings up to two cohorts 53 to 73 people	1	100,375.00	100,375	100,375		100,375
MAMA staff training April to June up to 20 people (additional sessions for capped training)	1	33,473.00	33,473	33,473		33,473
MAMA's Team webinars	4	300.00	1,200	1,200		1,200
Total Training Expenses:			\$ 138,748	\$ 138,748	\$ -	\$ 138,748

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED

USE ADDITIONAL SHEETS IF NECESSARY



Section 11

Evaluation

Agency: Dignity Health - California Hospital Medical Center Foundation

Project Name: LA Best Babies Network

Agreement Period: 04/01/2018 - 06/30/2019

Evaluation Contracted Services	Quantity	Rate of Pay	Total Evaluation Cost	First 5 LA Funds	Matching Funds	Total Cost
						139
Total Evaluation:			\$ -	\$ -	\$ -	\$ -

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED
USE ADDITIONAL SHEETS IF NECESSARY



Sections 12 & 13

Other Expenses & Indirect Cost

Agency: Dignity Health - California Hospital Medical Center Foundation

Project Name: LA Best Babies Network

Agreement Period: 04/01/2018 - 06/30/2019

Other Expenses include description	Quantity	Unit Cost	Total Other Cost	First 5 LA Funds	Matching Funds	Total Cost
MAMA's Reflective Practice Mentoring Group	14	145.00	2,030	2,030		2,030
MAMA's Peer to Peer Workshops	2	7,000.00	14,000	14,000		14,000
						140
Total Other Expenses:			\$ 16,030	\$ 16,030	\$ -	\$ 16,030

*Indirect Cost include general purpose for this cost	Total Indirect Cost	First 5 LA Funds	Matching Funds	Total Cost
All Costs except Contracted Services and Equipment	277,284	27,728		27,728
Total Indirect Cost:		\$ 27,728	\$ -	\$ 27,728

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED

*Indirect Costs CANNOT exceed 10% of total contract amount (excluding subcontractors, capital expenditures, equipment and depreciation expense)

FIRST 5 LA

SUBJECT:

Request to extend the Strategic Partnership with The Regents of the University of California for a total project cost of \$1,600,000 through June 30, 2020.

RECOMMENDATION (Provided As Information):

This memo is provided as information for the Board's consideration at the March 22, 2018 Special Meeting of the Board of Commissioners/Program and Planning Committee (PPC) meeting. First 5 LA staff recommends that at the April 12, 2018 Commission Meeting, the Board approves the extension of the Strategic Partnership with The Regents of the University of California to continue working with UCLA's Center for Healthier Children, Families and Communities through June 30, 2020 for a total project cost not to exceed \$1,600,000. All subsequent contracts will be brought to the Board for approval on consent prior to execution.

BACKGROUND:

Kindergarten Readiness Assessment (KRA) – The 2015-2020 Strategic Plan includes a priority on promoting and advancing a kindergarten readiness tool to help inform and drive early care and education policy and systems change consistent with the First 5 LA Strategic Plan to support all children entering kindergarten ready to succeed in school and life. Currently, LA County has no universal measure to track our progress. In order to build upon the momentum from school districts' experience and interest in utilizing the Early Development Instrument (EDI) as a KRA tool, a Strategic Partnership with The Regents of the University of California was established in June 2017, as they are the sole entity licensed to administer and collect data using the EDI in the United States. The EDI is a population level assessment which provides insight into young children's readiness for kindergarten, as well as highlights population wide vulnerabilities in five development domains including social competence, emotional maturity, language and cognitive skills, communication skills, and physical health and well-being. By continuing to collect EDI data in districts across Los Angeles County, First 5 LA and other county stakeholders can elevate the data for local and state policymakers to address community needs.

In Fiscal Year 2017-2018, in collaboration with The Regents of the University of California, First 5 LA supported five (5) school districts across Los Angeles to implement the EDI and collect data. They include: El Monte City School District, Los Angeles School District Local District South, Mountain View School District, Pomona Unified School District, and Rosemead School District. Kindergarten teachers from each district participated in an EDI training session and completed the online assessments. Additionally, seven (7) total communities are planning for deeper stakeholder engagement including hosting community conversations to elevate the results of the EDI and participating in the Transforming Early Childhood Community Systems (TECCS) Learning Exchange.

UCLA continues to be a critical partner in achieving three primary objectives of the KRA strategy:

- 1) Implement the EDI and collect data to assess the kindergarten readiness of children in the community;
- 2) Strengthen the capacity of school districts and community agency staff to utilize the EDI to support policy and systems change; and
- 3) Build the capacity of community stakeholders to understand the results of the EDI.

The Regents of the University of California will continue to be responsible for the following scope of services: 1) EDI community outreach for emerging districts; 2) EDI data analysis and reporting; 3) Individual district and community coaching; and 4) Facilitate the regional shared learning network for Los Angeles County.

An initial 18-month Strategic Partnership with The Regents of the University of California from July 14, 2017 through December 31, 2018 for an amount up to \$522,000 was approved by the Board of Commissioners at the July 13, 2017 Commission Meeting. Staff requests to extend the Strategic

Partnership through June 30, 2020 to ensure that The Regents of the University of California is on track with the districts collecting the EDI data. In October 2017, the Board approved Strategic Partnerships with school districts and communities to collect the EDI data and begin community wide conversations. By approving the extended Strategic Partnership with The Regents of the University of California through June 30, 2020, First 5 LA ensures the long-term commitment from UCLA's Center for Healthier Children, Families and Communities to not only continue the EDI data collection and analysis, but also to help reach an estimated 4 new districts each year. Lastly, the continued Strategic Partnership ensures that momentum is not lost in this key ECE policy and advocacy strategy identified in the 2015-2020 Strategic Plan.

GOVERNANCE GUIDELINES: LEVERAGING AND SUSTAINABILITY:

The following outlines how First 5 LA and KRA will address the implementation of the sustainability and leveraging components of the First 5 LA Governance Guidelines approved by the Board in March 2014.

Sustainability – Without Kindergarten Readiness Assessment data, communities, school districts, policy makers and politicians have limited means to evaluate the impact of interventions over time to improve readiness and understand if the services and resources they provide for young children and their families are meeting community needs. Analyzing the EDI data will enable systems level leaders to pinpoint areas that need to be strengthened in order to aid young children in their growth and development. The EDI data and its requisite analyses by The Regents of the University of California serve as a critical tool in ensuring that the proper resources and services are utilized and/or established to address specific areas of vulnerability within a community. Additionally, EDI data can be utilized to advocate for additional early care and education resources. While the EDI data collection requires initial funding from First 5 LA, it is expected that school districts and communities will begin to recognize that the EDI is a cost-effective tool, that when invested in, supports local decision-making and effectively informs local policy making, including priorities set through the Local Control Action Plan (LCAP) for districts. Further, First 5 LA's demonstrated support of a KRA system in LA County has the potential to serve as a catalyst to attract other First 5 Commissions and funders interested in leveraging resources to advance a statewide KRA system.

Leveraged Resources – Extending the Strategic Partnership with The Regents of University of California will leverage several resources including:

- Access to the Early Developmental Instrument (EDI) as a tool to support the KRA work in Los Angeles County. UCLA is the only licensed entity with access to the EDI in the United States.
- Utilization of the existing expertise of the shared learning network and various school districts and communities that have already implemented the EDI and are at the point of data utilization.
- Access to the Transforming Early Childhood Community Systems (TECCS) group of districts and communities collecting the EDI data across the country.
- Expanding upon the recruitment strategies completed by UCLA's Center for Healthier Children, Families and Communities to engage additional districts and communities to implement the EDI.
- Utilizing the relationships of The Regents of the University of California to facilitate additional community participation and expansion.

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 provide a demonstrated level of ability or expertise that is only available in the community through these proposed Strategic Partnerships:

- The proposed strategic partner, UCLA Center for Healthier Children, Families and Communities is licensed by the Canadian Publishers of the Early Development Instrument (EDI) at McMaster University, Offord Centre for Child Studies to sublicense the EDI and provide technical support to organizations in the United States. UCLA runs the EDI national support network for local communities participating in the EDI by providing the technical assistance, licensed training materials, online EDI software used by teachers to complete the EDIs, data analytics and visualization. First 5 LA's Kindergarten Readiness Strategy involves supporting the collection and use of data using the EDI. Given that the EDI can only be collected and analyzed by The Regents of the University of California, the successful implementation of this project is dependent upon the participation of UCLA's Center for Healthier Children, Families and Communities.
- Extending the Strategic Partnership with The Regents of the University of California is in the best interest of the Commission because: 1) The EDI is collected and analyzed through UCLA's Center for Healthier Children, Families and Communities and used as stakeholders consider future policy and systems change; 2) It will continue to leverage ongoing momentum for use of the EDI in the Los Angeles County; and 3) It will support stakeholders' ability to leverage the EDI data to support systems change.

The proposed Strategic Partnerships are aligned with the adopted Strategic Plan:

- The proposed Strategic Partnership extension is aligned with the adopted Strategic Plan because the Early Care and Education (ECE) Systems strategy seeks to improve access to affordable, quality, sustainable ECE through improving policies and systems. One activity within this priority focus area involves partnering with communities to encourage their school districts within L.A. County to adopt a single KRA. Based on continued conversations across Los Angeles County, staff recognizes the developing momentum in using the EDI to promote systems level change. This Strategic Partnership will allow First 5 LA to provide critical areas of support as communities collect and analyze the EDI data to inform systems change. This Strategic Partnership will enhance First 5 LA's ECE policy and advocacy efforts by supporting existing and emerging KRA efforts in Los Angeles County.

FIRST 5 LA

SUBJECT:

Request to establish a Strategic Partnership with UNITE-LA, Inc. for a period of two years in an amount not to exceed \$415,000 through June 30, 2020.

RECOMMENDATION (Provided As Information):

This memo is provided as information for the Board's consideration at the March 22, 2018 Special Meeting of the Board of Commissioners/Program and Planning Committee (PPC) meeting. First 5 LA staff recommends that at the April 12, 2018 Commission Meeting, the Board approves a Strategic Partnership with UNITE-LA through June 30, 2020 for a total amount not to exceed \$415,000. Requests for approval of the contracts will be brought to the Board for approval on consent prior to execution.

BACKGROUND:

As a result of its 2015-2020 Strategic Plan and in partnership with the Los Angeles Area Chamber of Commerce (L.A. Area Chamber), First 5 LA began an effort to explore the possibilities of adopting a uniform Kindergarten Readiness Assessment (KRA) for Los Angeles County. In June 2016, the Board approved the establishment of a Strategic Partnership with Children Now to facilitate the planning process for this effort. A result of this effort was the convening of the KRA in LA Executive Leadership Team (ELT).

The ELT was an integral partnership between First 5 LA and the L.A. Area Chamber. The ELT discussed their priorities, motivations, principles, and goals for adopting a KRA in LA County. The ELT determined that the overall goal is to gain a snapshot of school readiness for the county, and to bring together various partners to coordinate and align key actions in order to understand the kindergarten readiness of children in LA County over time. In order to reach this goal, the ELT created a KRA in LA Roadmap consisting of three phases illustrated in Attachment A. The first phase focuses on increasing the capacity of communities already using the Early Development Instrument (EDI), a population wide kindergarten readiness tool, as well as implementing the EDI in new pilot school districts. The second phase will expand and/or revise the approach based on the success and capacity of the communities that participated in the first Phase. Lastly, the third phase will involve engaging education and cross-sector leaders to promote educational equity, community priorities, and systems change for children 0-8.

Establishing a Strategic Partnership with UNITE-LA will support the second and third phase of the KRA in LA Roadmap. UNITE-LA is a nonprofit organization that leads collaborative education reform efforts, promotes business-education partnerships, expands college access and provides workforce development opportunities for youth in the Los Angeles area to ensure underserved youth have the opportunity to participate in Los Angeles' 21st century economy. UNITE-LA is an affiliate of the L.A. Area Chamber and the convener of the L.A. Compact, a collaboration between the education, business, government, labor, and non-profit sectors to advance education outcome from cradle to career. First 5 LA is one of the 23 organizations that make up the L.A. compact. Since their inception, UNITE-LA has focused on brokering partnerships to grant equal access and achieve system change. UNITE-LA has expertise advocating at the local, regional, state and federal levels to build equitable institutional frameworks serving youth and families and has developed unique relationships with critical stakeholders.

Establishing a Strategic Partnership with UNITE-LA will ensure the continued momentum of First 5 LA's KRA initiative by allowing UNITE-LA to engage cross-sector stakeholders in equity-based planning and decision-making, while also establishing robust data analysis and dissemination systems to advocate for policy and systems change. Phase two and three of the KRA in LA Roadmap will be achieved through the creation of the L.A. County Stewardship Group for Early Childhood by UNITE-LA as part of the L.A. Compact. UNITE-LA seeks to: 1) Utilize KRA data and lessons from EDI Pilot Communities to advocate for policy and systems changes, revenue enhancements, and resource allocations at the county, state and federal levels; 2) Understand the challenges and lessons of early EDI Pilot Communities to inform

countywide expansion of a common KRA; and 3) Explore and develop opportunities to expand the use of the EDI across LA County communities and school districts by engaging system-level partners who will play a role in enabling KRA implementation. Establishing a Strategic Partnership with UNITE-LA, will ensure that momentum is not lost in this key ECE policy and advocacy strategy identified in First 5 LA's 2015-2020 Strategic Plan.

In FY 17-18, 5 school districts participated in the EDI data collection as part of First 5 LA's KRA initiative. They include: El Monte City School District, Los Angeles School District Local District South, Mountain View School District, Pomona Unified School District, and Rosemead School District. Kindergarten teachers from each district participated in an EDI training session and completed the online assessments. District staff will work with community partners to develop a plan to engage parents, teachers, and other stakeholders to understand the results and use the data to advocate for policy and systems change.

GOVERNANCE GUIDELINES: LEVERAGING AND SUSTAINABILITY:

The following outlines how First 5 LA and UNITE-LA will address the implementation of the sustainability and leveraging components of the First 5 LA Governance Guidelines approved by the Board in March 2014.

Sustainability – Without Kindergarten Readiness Assessment data, communities, school districts, policy makers and politicians have limited means to evaluate the impact of interventions over time to improve school readiness and understand how services and resources meet the needs of the community. Establishing a Strategic Partnership with UNITE-LA will create a system not only to understand the data, but will also engage leaders that have the power to make substantial policy and systems changes. While the EDI data collection and establishment of the L.A. County Stewardship Group for Early Childhood requires initial funding from First 5 LA, school district leaders and various stakeholders have the potential to recognize the EDI as a cost-effective tool, that when invested in, supports local decision-making and effectively informs local policy making. Further, First 5 LA's demonstrated support of a KRA system in LA County has the potential to serve as a catalyst to attract other First 5 Commissions and funders interested in leveraging resources to advance a statewide KRA system. Lastly, in partnership with First 5 LA, UNITE-LA will explore additional funding opportunities through other sources of philanthropy and national grants awarded for cross sector collaborative groups.

Leveraged Resources – The Strategic Partnership with UNITE-LA will leverage several resources including:

- Utilization of the existing expertise of UNITE-LA to convene high level systems leaders across Los Angeles County.
- Developing and fostering partnerships with UNITE-LA member agencies across the education, labor, and business sector.
- Expanding upon UNITE-LA's infrastructure to convene workgroups that advocate for county-wide policy and systems change.

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.

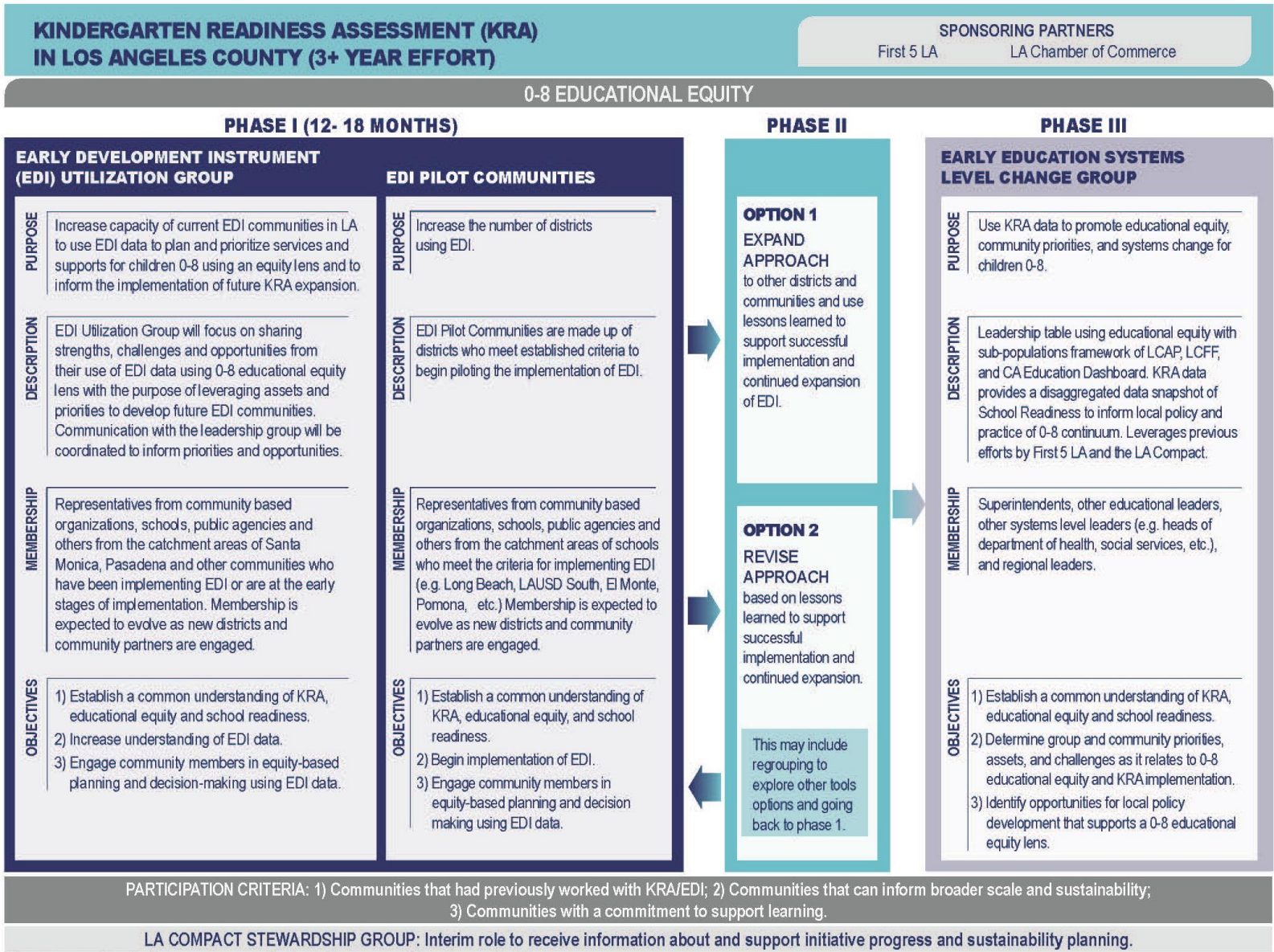
The Strategic Partnership can provide a demonstrated level of ability or expertise that is only available in the community through these proposed Strategic Partnerships:

- First 5 LA's Kindergarten Readiness Strategy involves strengthening the capacity of systems leaders and community stakeholders to utilize the EDI to support policy and systems change.
- UNITE-LA is the backbone organization of the L.A. Compact that convenes high-level cross sector county leaders. Given UNITE-LA's unique access and experience in engaging these leaders and the need to involve them in the decision making process regarding the EDI data, the successful implementation of this project is dependent upon the involvement of UNITE-LA.
- Establishing this Strategic Partnership is in the best interest of the Commission because: 1) It will continue to leverage ongoing momentum for use of the EDI in the Los Angeles County; and 2) It will support school districts, stakeholders, and system-level leaders' ability to leverage EDI data to support systems change in communities.

The proposed Strategic Partnerships are aligned with the adopted Strategic Plan:

- The proposed Strategic Partnership is aligned with the adopted Strategic Plan because the Early Care and Education (ECE) Systems strategy seeks to improve access to affordable, quality, sustainable ECE through improving policies and systems. One goal within this priority focus area involves the adoption of a single Kindergarten Readiness Assessment. The development of the L.A. County Stewardship Group for Early Childhood, which UNITE-LA will support, will utilize emerging data from the EDI Pilot Communities to identify trends in school readiness assets and gaps and to inform recommendations for policy and system changes and resource allocation to improve school readiness and educational equity. This Strategic Partnership allows First 5 LA to support UNITE-LA as it provides critical support to L.A. County leaders and community stakeholders as they use the EDI data to inform systems change.

Attachment A



*The phases outlined in this scenario are not intended to be sequential and are subject to change.

FIRST 5 LA

SUBJECT:

Communities Outcome: Proposed Best Start Regional Network Grant Awards

BACKGROUND

In May 2017, the First 5 LA Board of Commissioners endorsed a new structure (regional with local customization) for the Best Start community partnerships at a contracted cost not to exceed a total of \$15.5M annually. The Board also authorized staff to proceed with implementation planning and procurement. This endorsement was the culmination of a thoughtful and deliberative process of inviting community stakeholders to provide their best thinking and ideas about how to strengthen the structure of the community partnerships. Extensive input from a variety of sources helped to shape the new support structure.

A new structure for the partnerships represents a shift in the role of First 5 LA, community organizations, and the community partnerships. For the past seven years, First 5 LA has funded two different models for supporting the work of the partnerships. As the pilot community, Metro LA operated using a lead agency model, whereby a community-based agency serves as backbone support for the Metro LA partnership. In the other 13 communities, First 5 LA has directly fulfilled all the operational functions of the community partnerships. By May 1, 2018, First 5 LA endeavors to implement a single model for supporting all 14 community partnerships consistent with lessons learned from the two different approaches utilized over the last several years. This shift benefits the community partnerships and promotes consistency in the support that First 5 LA provides. Over the last several years, the partnerships have been strengthening their capacity to influence systems change, mobilizing and maximizing community assets and resources, and becoming effective models for the engagement of parents/residents in sustained collaborative efforts. The continued evolution of the community partnerships will support the long-term sustainability of their work and achievement of First 5 LA's Strategic Plan outcome for communities: *Increase community capacity to support and promote the safety, healthy development and well-being of children prenatal to age 5 and their families.*

Likewise, this shift benefits First 5 LA as it transitions to a focus on partnership and collaboration rather than managing direct operational support to the partnerships. Consistent with the FY2015-2020 Strategic Plan, this enables First 5 LA to more explicitly focus on policy and systems change and leveraging resources and relationships in support of community change work and will enable a more strategic use of internal and external knowledge, experience, expertise, and resources to achieve outcomes. The new structure for Best Start also provides an opportunity for First 5 LA to live its values more fully and as such, be an important contributor to the place-based field.

The recommended regional and local networks represent the new structure (regional with local customization) for Best Start community partnerships. This memo and subsequent presentation provide information on the procurement process, recommendations, support for implementation and timeline.

DISCUSSION:

Review and Selection Process

The Best Start Request for Proposals, released in September 2017, represented First 5 LA values in action and led to a new and different way of doing procurement for First 5 LA for this unique project. This innovative approach included proposer networking opportunities as well as the experience, expertise, and perspective of those most affected by the selection of the regional and local networks. The review and selection process included 19 First 5 LA staff across the agency and 19 community members in proposal review and interviews. Materials and discussions were made accessible to those whose primary language is not English.

As a result of an intensive review and selection process, five regional networks (with local network partners) were selected to integrate into the Best Start community partnerships to facilitate the development of operational and programmatic capacity to achieve the partnerships' desired results for children, families and communities. Attachment A summarizes the roles at the regional and local levels. Attachments B – F provide information on each regional and local network.

Funding Level

At the May 2017 Commission meeting, the Board endorsed the new structure at a contracted cost not to exceed \$15.5 million annually (12 months). The initial grants cover a period of 14 months and will not exceed \$16,538,500 (May 2018 – June 2019). Variance in grant amounts per region are based on three factors: 1) size of the region (four communities versus two communities per region); 2) additional amount for Metro LA to support the existing Best Start infrastructure that was in place prior to the shift to the new structure; and 3) balance of the \$1.95 allocation per community for community-identified projects. It should be noted that the current Building Stronger Families grants (scheduled to end June 30, 2018) drew down resources from the \$1.95 million allocation per community. The difference between those contracted amounts and the total \$1.95 million allocation are incorporated into the funding allocation for the regional and local networks. Any unspent funds from the Building Stronger Families grants post June 30, 2018, will be incorporated into the regional and local networks at a later time.

Implementation Support

As First 5 LA, community partnerships and the regional and local networks transition into the new structure for Best Start, staff has identified implementation resources to support the process. The Center for the Study of Social Policy has been providing support to the community partnerships for over seven years. Staff anticipates extending this contract for three months to support onboarding and knowledge transfer to the regional and local networks. Resources for the three-month contract extension will be included in FY2018-19 budget with anticipated Board approval in June 2018.

The transition to the new structure is an opportunity to integrate the guiding principles and implementation domains from the trauma and resiliency informed systems change framework into First 5 LA's approach to "how" First 5 LA transitions to and supports the new structure for Best Start. It is also an opportunity to incorporate the framework into the plans for and implementation of orientation, onboarding, and peer reflection and learning sessions to support the regional and local networks as they evolving strategies, relationships and overall approach to driving a collaborative, community change agenda. Staff is working to develop a strategic partnership with the Center for Collective Wisdom to support planning and integration of our trauma and resiliency informed systems change work into our community capacity building work. Anticipated resources for next fiscal year will be included in FY2018-19 budget with anticipated Board approval of a strategic partnership by June 2018.

In addition to programmatic support, the transition to the new structure for Best Start requires effective coordination of work streams and provides an opportunity to better integrate all three strategies (i.e. community leadership and collaboration, coordinated services and supports and built environment) of the Communities Outcome area. LF Leadership has been selected to help staff align and track various work streams and milestones that are critical for moving the Communities Department in unison (across strategies) toward implementation of the new structure. This contract is under \$75,000 for work to commence in March 2018. Per the procurement policy, this item does not require Board action. Resources for the next fiscal year will be included in FY2018-19 budget. If resources beyond \$75,000 are required for this project, staff will bring it to the board for approval.

NEXT STEPS:

Recommendations for the Best Start Regional Networks will be presented to the Board for approval in April 2018. Staff will request approval of the Best Start Regional Networks for each region as well as approval for the Executive Director to continue negotiations and execute final contracts within the maximum funding limits listed below. The recommended actions are as follows:

1. Approve recommended regional and local networks for each region with contracted amounts not to exceed maximum funding limits as listed below:

- *Region 1: Para los Ninos – \$4,528,500*
 - *Region 2: Community Health Councils - \$5,002,500*
 - *Region 3: El Nido Family Centers - \$2,412,500*
 - *Region 4: Long Beach nonprofit Partnership - \$2,362,500*
 - *Region 5: Children's Bureau - \$2,232,500*
2. Authorize Executive Director to complete negotiations and execute final contracts within the maximum funding limits.

Per Board approval, contracts will be executed, with an anticipated start date in May 2018. In the Fall 2018, staff will provide an implementation update to the Program and Planning Committee.

Attachment A
Best Start Regional and Local Network Roles

Regional Roles	Local Roles
<ul style="list-style-type: none"> ✓ Contract administration <i>(must be filled by grant recipient)</i> ✓ Coordination of organizational capacity building ✓ Regional learning ✓ Multi-level coordination ✓ Collective advocacy ✓ Regional resource mobilization <i>(including fund development)</i> 	<ul style="list-style-type: none"> ✓ Coordination and support <i>(including meeting and event logistics)</i> ✓ Capacity building & leadership development ✓ Communications and outreach ✓ Resident and stakeholder engagement and advocacy ✓ Community-identified projects ✓ Data, learning and improvement ✓ Local resource mobilization <i>(including fund development)</i>

Each region will be supported by a regional network grantee which will subcontract with a local network of organizations to provide direct support to the community partnerships. Some of the roles under this grant will be performed at the regional level by the regional network grantee, and others will be at the local level by the local network partners.

Regional Level Support

Contract administration (must be fulfilled by grant recipient): The primary regional network grantee assumes responsibility for the grant with First 5 LA to provide support to the community partnerships within a region, and thus the first function is contract administration, which includes but is not limited to fiscal management, reporting, invoicing, and subcontract administration and monitoring.

Coordination of organizational capacity building: Regional network grantees will be responsible for continually assessing the capacity needs of their own staff and those of subcontractors and striving to address those needs through the coordination of organizational capacity building. The intent of this role is to ensure that all parties involved are continually and proactively seeking to improve the performance of their respective roles.

Regional learning: To maximize the effectiveness of efforts, it is important that continual learning occurs on all levels as part of a collective effort. Regional network grantees and local network partners are also expected to facilitate regular learning activities across the regions as well as participate in First 5 LA learning and evaluation activities.

Multi-level coordination: The regional network grantees will be responsible for facilitating multi-level coordination to maximize opportunities to connect the work of the community partnerships to each other and to aligned efforts at the regional or countywide levels. This will also importantly involve coordinating with First 5 LA and other First 5 LA grantees and contractors, as necessary, in order to maximize and leverage resources.

Collective Advocacy: The regional network grantee will engage community partnerships in collective advocacy, which could involve multiple communities within the region, the entire region or multiple

regions. Collective advocacy may occur in pursuit of one or more community agendas or in response to or support of external policy or systems change endeavors.

Resource mobilization: Regional network grantees are responsible for resource mobilization and fund development to help move the community partnerships' work towards sustainability by attracting and leveraging regional, countywide, state and federal resources to support the work of the community partnerships beyond First 5 LA funding. Resources are anything of value, including funding, in-kind donations (i.e., venue, food, etc.) or services that would otherwise need to be purchased.

Local Level Support

The local network partners assume primary responsibility for ensuring that individual community partnerships receive the support they need to achieve success. Community partnerships are developing their capacities to successfully influence the policies and systems that impact children and families. The local network partners' role is to support the community partnerships in the following areas, and others as needed so that community partnerships can achieve their goals around policy and systems change.

Coordination and support: Local network partners will provide all of the logistical support needed to plan, facilitate and hold community partnership meetings, activities and events. This includes arranging facilities, interpretation, translation, transportation, food, childcare, attendance tracking and note taking depending on the needs of the group that is meeting. It will also include some degree of meeting planning and facilitation. Meetings may be small with less than ten (10) people in attendance or large with up to 100 participants.

Capacity building and leadership development: Local network partners will walk alongside the community partnerships as they seek to influence policies and systems that impact children and families by supporting capacity building and leadership development. The regional network partners will model effective practices while providing real-time coaching to support individuals as they develop their capacities.

Community change work: The next three local level roles are more externally focused and support the efforts of community partnerships to impact their Best Start community

- *Communications and outreach, resident/stakeholder engagement, and advocacy* Local network partners will support the implementation of activities that build the partnerships brand and visibility regionally and locally.
- *Community-identified projects.* Local network partners will support the identification, development, and implementation of projects identified by the community partnership to address the policies, systems and environments that affect the wellbeing of children and families.
- *Data, learning, and improvement.* By facilitating the use of data, learning, and improvement strategies, local network partners complete the picture of a robust new learning structure. Local network partners will help the community partnerships incorporate the use of data, regular reflection, and learning into their daily processes. As partners to the regional network grantees, the local network partners are also expected to participate in First 5 LA learning and evaluation activities

Local resource mobilization: Local network partners are also responsible for resource mobilization and fund development by attracting and leveraging local resources to support the work of the partnerships and promote sustainability beyond First 5 LA funding. Resources are anything of value, including funding, in-kind donations (i.e., venue, food, etc.) or services that would otherwise need to be purchased.

Attachment B
Region 1: Recommended Regional Network Grantee
PARA LOS NIÑOS

Region 1 Communities: East LA, Metro LA, Southeast LA, South El Monte/El Monte

About the Regional and Local Network Team

Para Los Niños (PLN) has designed an approach to work in Region 1 that is grounded in Popular Education methodology and rooted in the common guiding principles and values PLN and their partners share:

- | | |
|-------------------------------------|-----------------------|
| • Being informed and led by parents | • Inclusiveness |
| • Collaboration | • Transparency |
| • Passion | • Efficiency |
| • Trust | • Accessibility |
| • Accountability | • Dignity |
| • Respect | • Learning |
| | • Celebrating Success |

The proposed structure and partners chosen to support the Best Start community partnerships in Region 1 reflect and embody these values. Each of regional and local network partners has an area of expertise in the functions they will provide. The long-term goal is to build collective accountability, transparency and, importantly, sustainability locally and regionally.

List of Regional and Local Partners

Regional Network Organizations

- Soluna Group
- Advancement Project California
- California Strategies
- Leadership for Urban Renewal Network (LURN)

Local Network Organizations

- Child360
- Proyecto Pastoral
- Dolores Mission
- InnerCity Struggle
- Soluna Group
- SPIRITT Family Services
- Team Friday

About Para Los Niños (PLN) – Regional Network Grantee

Founded in 1980, PLN is a non-profit organization dedicated to the academic success and social well-being of children. For more than three decades, PLN has worked with children, families, and communities to strengthen individual capacities and collective networks to support safe and healthy lives.

As an integrated service agency, PLN brings together professionals in early education, early intervention, mental health, public health, primary and secondary education, and community engagement to serve the whole child, whole family, and the communities in which families reside. PLN has a long history of working collaboratively, recognizing that they cannot do all the work alone. They have led collaboratives since 1998 and 2004 for Family Preservation and the Partnerships for Families programs. With a long history of direct service as well as parent leadership development and collaborative partnership building, PLN understands the nuances of place-based work, community engagement and leadership development.

PLN has extensive experience working directly with the communities, families, organizations and other stakeholders in the Best Start Metro community, specifically to build capacity in ways that support and foster the strengths that exist among our partners. Since 2009, PLN has served as the lead agency for Best Start Metro Los Angeles (BSMLA), the pilot community for First 5 LA’s place-based initiative.

PLN functions well as mediator, facilitator and capacity builder among the partnership, external partners and funder to help build and/or strengthen collaboration to achieve common goals. The collaborations led by PLN have focused on building partnerships that look at community needs versus agency needs and capitalize on agency-specific strengths in order to comprehensively, holistically, efficiently and effectively serve the needs of our respective target populations.

About the Regional and Local Network Partners

Advancement Project California (APCA) is a multi-racial civil rights organization that leverages data-driven strategies and coalition partnerships to facilitate community power and leadership building among low-income residents of color. APCA is a trusted community partner and leading incubator for innovative and culturally-responsive community-driven approaches to improve access to healthy community resources – such as transportation, parks, health care providers – for highly impacted communities at the city, county and statewide level. Since 1999, APCA programs and projects have built equity in public education, local budgeting processes, and political participation in California through community power.

California Strategies is a leading, statewide public policy firm with deep ties to all levels of government – from federal to local – as well as to Los Angeles, statewide and national funders and philanthropies. It has had an office in Los Angeles for more than 15 years. The firm’s diverse, bipartisan partners and associates share an understanding of the changing needs, challenges, and opportunities faced by the California’s different and dynamic communities. In Los Angeles, California Strategies has worked with government agencies, philanthropies, nonprofits, community-based organizations, businesses and universities on a range of issues, including early childhood, higher education, housing, systems building, coalition building and public-private partnership development, as well as fund development, grant procurement and other procurement and business development opportunities.

Child360 (formerly LAUP) has built, supported, and improved early education systems in Los Angeles County. Through a 10-year contract with First 5 LA, Child360 worked actively to improve kindergarten-readiness and child outcomes for more than 115,000 children in the county. Alongside trusted community partners, Child360 improves the quality of early learning and elevates the early learning industry through program support, professional development, advocacy, research, and community engagement. Child360 is experienced with coordination and support through their work managing First 5 LA’s Early Care and Education Workforce Consortium that consisted of 75 partners across the country, of which 45 were sub-contracted and managed by Child360. Since 2009, CHILD360 has implemented a parent leadership and advocacy program called the CHILD360’s Community Ambassadors where in one year 537 parents/caregivers were trained.

Leadership for Urban Renewal Network (LURN) is a community development organization that specializes in advocacy and economic development in low-income, urban neighborhoods. Throughout its history, LURN has demonstrated its ability to convene multidisciplinary coalitions to address urban issues. It has led important policy campaigns and advised companies, community-based organizations, and cities on how to leverage resources to revitalize communities responsibly. LURN has extensive roots in the Metro and East Los Angeles communities, as much of its work has focused in these communities over the last 10 years.

Proyecto Pastoral has more than 30 years of experience working in partnership with local organizations, providing services, organizing and fostering resident leaders in Boyle Heights. Proyecto Pastoral is the backbone agency for the Promesa Boyle Heights (PBH) collaborative, a 20+ organization collective established in 2009. From this network, it has identified current partnerships that can be deepened and expanded, and new partnerships to leverage to connect or refer families. Proyecto Pastoral is committed to a grassroots

approach in which local community members play a critical role in the planning, design and implementation of programs and services.

Soluna Group is a multiracial, women-led consultancy that works with community groups, nonprofit, philanthropic organizations and government agencies to help build strong communities, healthy families and thriving children. Soluna does this by strengthening the capacity of communities and those that serve them by using a variety of capacity building approaches, including technical assistance, coaching, training and facilitation. Earlier this year, after a decade of collaboration, Laura Valles and Associates (LVA) joined Wilson and Associates Coaching and Consulting to launch Soluna Group, a capacity building consultancy focused on catalyzing community and organizational transformation. Soluna’s Managing Partners, Chrysta Wilson and Laura Valles, have each worked throughout Los Angeles County over the last 18 years to ensure that families and children grow up healthy and in thriving communities.

SPIRITT Family Service’s mission is to empower families, improve health and well-being, and strengthen communities. Established in 1972, SPIRITT provides crisis intervention, life skills and hope for families in eastern Los Angeles County. With nearly 8,000 individuals served each year, SPIRITT’s strength-based family-centered approach is designed to increase an individual and family’s protective factors. SPIRITT staff provides innovated, culturally sensitive, evidence-based and compassionate solutions to children, youth, adults and families. SPIRITT has a strong background working in the Best Start South El Monte/El Monte (SEM/EM) community, where it has implemented effective collaborations and earned a track record of success. One of SPIRITT’s five Family Centers is located in SEM/EM, offering highly accessible, culturally competent programs that empower family members and improve community well-being. SPIRITT has garnered trust and experience in the SEM/EM through the provision of the Partnership for Families Initiative in partnership with First 5 LA since 2006 and First 5 LA Home Visitation Program Health Families America since 2014.

Team Friday is a creative agency focused on building purpose, furthering causes and creating impact through collaboration and innovation. Team Friday’s team is rooted in Los Angeles and has a well-rounded knowledge of all neighborhoods and systems specific to the city. Team Friday works with people, brands, organizations, communities and civic entities all throughout the state with a focused effort on providing communication partnerships in LA’s most underutilized and vulnerable communities. Believing communications and marketing should be accessible, Team Friday strives to bridge build the communications process for all its partners. They don’t just parachute into communities — they’re embedded in them.

Attachment C

**Region 2: Recommended Regional Network Grantee
COMMUNITY HEALTH COUNCIL**

Region 2 Communities: Broadway-Manchester, Compton-East Compton, Watts-Willowbrook, West Athens

About the Regional and Local Network Team

Community Health Council has brought together a team of organizations that work within a guiding framework essential to working together and with the community partnerships:

- Transparent Communication
- Shared Vision and Values
- Fair Decision-Making
- Mutual respect
- Equal voice

List of Local Network Partners

- Child 360
- Girls Club of Los Angeles
- Social Action Partners
- Communities in Motion
- Jemmott Rollins Group
- LaGrant Communications
- Special Service for Groups
Research & Evaluation

The regional and local team has demonstrated experience working with parents, residents and organizations in the South Los Angeles region in the areas of capacity building, engagement, education, service delivery, and movement building. They are guided by an appreciative inquiry and trauma informed approach to working with and in communities. All partners have a demonstrated commitment to engagement by working “bottom up” and ensuring that community input and participation are incorporated throughout all work.

About Community Health Council – Regional Network Grantee

Community Health Council (CHC) has been a convener and facilitator of multi-sector and multi-stakeholder coalitions since 1992. At its inception, CHC was created to address the growing health and healthcare crisis by supporting planning, resource development and policy education for 12 stakeholder councils in South LA and other underserved and marginalized communities throughout LA County. Today, CHC runs a number of issue- and geographic-based coalitions aimed at improving the health and wellbeing of the community. CHC’s work is centered on policy and systems change efforts, which have resulted in substantive and successful collective advocacy, including having mobilized all levels of stakeholders on issues related to the regulation of urban oil drilling in Baldwin Hills to policies directed to reduce fast-food restaurant density in South LA. Although CHC focuses its coordination with a lens in South LA, it is and has coordinated a wide array of organizations and initiatives at the county and state levels, specifically through its coalition work, serving as a backbone agency for large federal grants and organizational lead for public-private partnership social enterprise ventures.

About the Regional and Local Network Partners

Child360 (formerly LAUP) has built, supported, and improved early education systems in Los Angeles County. Through a 10-year contract with First 5 LA, Child360 worked actively to improve kindergarten-readiness and child outcomes for more than 115,000 children in the county. Alongside trusted community partners,

Child360 improves the quality of early learning and elevates the early learning industry through program support, professional development, advocacy, research, and community engagement. Child360 is experienced with coordination and support through their work managing First 5 LA's Early Care and Education Workforce Consortium that consisted of 75 partners across the country, of which 45 were sub-contracted and managed by Child360. Since 2009, CHILD360 has implemented a parent leadership and advocacy program called the CHILD360's Community Ambassadors where in one year 537 parents/caregivers were trained.

Girls Club of Los Angeles (GCLA) is a non-profit agency that meets the needs of underprivileged and at-risk children, youth and their families living in South Los Angeles. As a First 5 LA Building Stronger Families grantee, GCLA uses a parent-centered design process that engages young parents, targeting 12-25 to innovate community-based solutions to existing challenges, particularly quality services for themselves and other West Athens parents with children prenatal to age five. Recently, Girls Club LA partnered with Common Sense Kids (an advocacy organization) to provide workshops for young parents in preparation for an advocacy initiative for SB18 – Childcare Bill of Rights.

Communities in Motion (CIM) was established in 2012 and provides community planning and a diverse set of capacity building and leadership development services primarily to nonprofits. CIM has led efforts to build the capacity of public agencies to better engage communities and their stakeholders around issues related to the delivery and coordination of human services, focusing the majority of its work on South Los Angeles. CIM's work includes helping to establish the leadership and infrastructure for the South Homeless TAY & Foster Care Collaborative (South LA TAY Collaborative) and creating a coordinated and collaborative approach to address youth homelessness in South Los Angeles, which involved over 250 individuals representing organizations, agencies, the faith-based community, community members and other stakeholders.

Social Action Partners (SoACT) was established in 2009 to assist organizations that share a common agenda to collaborate and develop strategic approaches to building capacity. SoACT works with nonprofits in communities of need to assure accessible, high quality technical assistance that is culturally responsive and facilitates increased revenue into our communities. Social Action Partners has provided convening support to the South LA and Boyle Heights Building Healthy Communities Hubs funded by The California Endowment and has provided training, technical assistance and capacity building to SLATE-Z. Social Action Partners has also worked with self-help mutual support groups, provided training and leadership development to 1200 different groups including organizations for parents coping with a range of conditions for their children.

LAGRANT Communications is an integrated marketing communications firm with over 22 years of demonstrated expertise in advertising, marketing and public relations services targeting African American and Latino consumer markets. LAGRANT is headquartered in Los Angeles, with offices in New York and has created dozens of award-winning campaigns for globally recognized brands targeting diverse audiences. LAGRANT Communications recently worked with Martin Luther King Jr. Community Hospital, leading all media relations and community outreach efforts to improve awareness of the hospital and build new positive relationships with the community and media surrounding the hospital.

The Jemmott Rollins Group (JRG) is a California-based, woman-and minority-owned management assistance firm, specializing in managing change within the nonprofit sector – specifically with organizations to build capacity, increase visibility and expand resources. JRG’s primary clients are philanthropic organizations that contract with JRG to help their grantees. These clients include Casey Family Programs, The California Endowment, The California Community Foundation, Liberty Hill Foundation, Parsons Foundation and Blue Shield of CA Foundation. For these clients JRG conceptualizes and assists in implementing projects valued at close to \$40 million. For the City of Vernon, CA, JRG manages a \$1 million CommUNITY Fund providing grants to approximately 60 organizations over the past four years.

Special Service for Groups Research & Evaluation Team (SSG) specializes in building the capacity of community partners in using data effectively for program planning, policy advocacy and organizational development. SSG has built evaluations for different types of programs, including health, education, job training, youth development, and community organizing. Additionally, SSG has both on-the-ground experience in training community members to design and conduct research in their own community and a track record of conducting community assessments for larger institutions, such as hospitals, clinics, and foundations.

Attachment D
Region 3: Recommended Regional Network Grantee
EL NIDO FAMILY CENTERS

Region 3 Communities: Noreast Valley and Panorama City & Neighbors

About the Regional and Local Network Team

El Nido and its partners seek to honor the intentions of Best Start to increase capacities of community institutions, residents and stakeholders. The values that drive the work include the recognition of the community strengths, right to self-determination, transparency, resident and stakeholder driven decisions. The philosophy of the team is that Best Start is community driven, which means that the community (parents, residents and other stakeholders) should have the maximum degree of input that is practical for decisions that impact their lives. An underlying assumption of this philosophy is that the community has many strengths and opportunities for engagement and that the community be involved in defining how to best engage all segments of the population. The regional and local team has strong collaborative relationships with parents, schools, early education, health, mental health and public service providers.

Local Network Partners

- Los Angeles Education Partnership
- Doran Public Relations
- Eval Corp

About El Nido Family Centers – Regional Network Grantee

El Nido Family Centers (El Nido), a private, nonprofit organization, has been providing culturally competent services for children, youth and families in Los Angeles County for 92 years, and has been committed to serving the Northeast Valley, Panorama City and neighboring communities since 1982. The organization’s mission is mission is to empower families in low-income communities of Los Angeles County to break the cycle of poverty, child abuse and neglect, violence, academic failure, and teen pregnancy through outstanding educational, youth development, health and therapeutic services. To advance this mission, services have been provided in collaboration with key community institutions, including, but not limited to: Valley Presbyterian Hospital, Los Angeles Unified School District, Los Angeles County Office of Education, Pacoima Beautiful, LA Mission College, Meeting Each Need with Dignity, Tia Chucha’s Centro Cultural and other public and private nonprofit service providers. El Nido has provided Select Home Visitation services, implementing the Parents as Teachers model. Since 2013, El Nido also served as the Welcome Baby subcontractor to Valley Presbyterian Hospital.

About the Regional and Local Network Partners

Los Angeles Educational Partnership (LAEP) was founded 33 years ago, with the mission of being an education nonprofit that works as a collaborative partner in communities to foster great schools that support the personal and academic success of children and youth from birth through high school. LAEP works in high-poverty, multicultural communities across Los Angeles County. LAEP’s three program focuses are: early

childhood services, transforming schools and professional development. Central to LAEP's programs is a partnership with parents who are empowered through communication, involvement and educational resources. The agency is recognized for its cultural competency, including working to help form the original Spanish "Ages and Stages Questionnaire" (ASQ) and is now partnering with Kaiser Permanente to develop a program to support 20 schools to become trauma-informed and resilient. LAEP has experience with facilitating professional development and learning through collegial exchanges of best practices. LAEP also uses a technique called "cognitive coaching" which facilitates learning through structural conversations, strengthens decision-making, encourages self-reflection and problem-solving, creates collaborative relationships, and develops genuine trust and rapport.

Doran Public Relations is a full-service marketing, promotions, community affairs, and public relations firm. They assist nonprofits and other organizations in promoting their mission and delivering their message. Doran has worked with El Nido for 14 years and has assisted with developing relationships with various media outlets and publicity materials.

Evalcorp is an independent consulting firm with over 20 years of experience providing program evaluations, designing instruments to assess internal operations and community needs, and evaluation-related capacity building for staff and volunteers. Evalcorp currently provides training for young parents and community residents on how to design and implement Community Based Action Research (CBAR) projects.

Attachment E
Region 4: Recommended Regional Network Grantee
THE NONPROFIT PARTNERSHIP

Region 4 Communities: Central Long Beach and Wilmington

About the Regional and Local Network Team

The Nonprofit Partnership, previously called the Long Beach Nonprofit Partnership, will work in collaboration with the Building Healthy Communities: Long Beach Hub and Providence Little Company of Mary. Driven by the work and the direction set forth by the community partnerships themselves, The Nonprofit Partnership will ensure that the change agendas created through this process will be appropriately carried out.

The work of the regional and local partners will be grounded in the core values of collaboration, transparency, accountability and reflection. While each partner will play a different role, each is committed to the empowerment of parents, residents, and stakeholders to inform and create community change.

List of Local Network Partners

- Building Healthy Communities: Long Beach Hub
- Providence Little Company of Mary

About The Nonprofit Partnership - Regional Network Grantee

The Nonprofit Partnership has supported local organizations and individuals for 24 years in learning, growing and making a greater impact on the young children and their families in the greater Long Beach region. Since 1993, the Partnership has provided support to over 400 nonprofit organizations each year by helping to build their skills, strengthen their foundations, and enhance their ability to better serve their communities through education, human services, healthcare, hunger and homelessness, the arts and beyond. We serve community organizations in over 35 cities across Southern California with a focus on Long Beach, the South Bay and the Gateway Cities. With almost a quarter of a century in the community, The Nonprofit Partnership has built trust through consistent and fair work delivered with integrity. The organization’s mission is to build the capacity of nonprofits so they can make positive change in their communities. The Nonprofit Partnership works closely with local and regional funders to support their communities of grantees, providing capacity building and growth opportunities, guidance, act as a thought partner, and connect organizations to their resources. By empowering and strengthening organizations and stakeholders, connecting them to resources, funders and partners, they contribute to their success, and in turn the success of the children in the community.

About the Local Network Partners

The Building Healthy Communities: Long Beach Hub (BHCLB) has significant experience working in partnership with community parents, residents, and groups in culturally competent ways that increase the capacity of community partners to advocate for the changes they want to see in their community. Created by The California Endowment in 2010, BHCLB has facilitated several collaborative efforts focused in Central and

West Long Beach. The experience in leading the residents and community stakeholders to develop a community-driven action plan has given BHCLB a highly regarded reputation in the community as a trusted source of support and empowerment for community identified needs. BHCLB facilitates leadership trainings for residents and organizational partners and currently facilitates or participates in fifteen collaborative groups. BHCLB helps connect grantees of the initiative and other community stakeholders to trainings and technical assistance provided through The California Endowment and serves as a communication hub for stakeholders to share information. BHCLB also supports organizations and collaborative groups with their external communications--working with media outlets to raise the profile of community issues and solutions, documenting key lessons learned, and guiding evaluation of the initiative locally.

Providence Little Company of Mary Medical Centers are non-profit, acute care hospitals with more than 100-years of combined service to the South Bay and Centinela Valley areas of Los Angeles County. The Providence Little Company of Mary Community Health Department (Providence) is the public face of both hospitals in underserved communities in the South Bay and brings to life our mission. Providence has been very successful in implementing health and social programs in Wilmington through agency programs as well as projects through the Best Start initiative. Providence attributes success to the collaborative relationships that have been established and strengthened over the past 20 years with organizations, community residents, and informal groups. Since November 2015, Providence has led the Building Stronger Families project in Wilmington. The agency's experience leading the Building Stronger Families work allowed them to see first-hand the tremendous strengths and assets that exist within the Wilmington community – the greatest of which are the residents themselves.

Attachment F
Region 5: Recommended Regional Network Grantee
CHILDREN'S BUREAU

Region 5 Communities: Lancaster and Palmdale

About the Regional and Local Network Team

Children's Bureau, in partnership with Child 360 and SBCC Thrive LA, have an approach grounded in a guiding philosophy to build community capacity by expanding and strengthening relationships among community residents, linking them to supportive individuals, organizations, opportunities and resources, and increasing protective factors. The team's own experience and evaluation efforts have demonstrated that fostering a sense of community and connectedness and a genuine commitment to resident-led and resident-owned civic engagement result in lasting community transformation and institutional changes.

List of Local Network Partners

- Child360
- SBCC Thrive LA

The regional and local team brings over 50 years of combined experience working in partnership with parents, residents and groups across Los Angeles County and parts of Orange County. Building on their knowledge and expertise, they understand the importance of utilizing local resources more effectively, increasing local buy-in and ownership, and promoting greater collaboration and sustainability so that the partnerships can continue to be vehicles for change within their communities.

About Children's Bureau - Regional Network Grantee

Established in 1904, the mission of Children's Bureau is to protect vulnerable children through prevention, treatment, and advocacy. Children's Bureau offers innovative, quality child abuse prevention services and programs designed to nurture the child, strengthen the family and build caring communities. Children's Bureau is the largest investor in child abuse prevention in the country and is developing a national model to transform an entire at-risk community through its Magnolia Community Initiative. Children's Bureau is one of only a handful of nationally accredited agencies in Los Angeles and has been serving the Antelope Valley since 1984.

Children's Bureau's work overseeing Family Resource Centers exemplifies their expertise providing multi-level coordination. Since 1997, the agency has been the lead agency providing training and technical assistance to Family Resource Centers and family support organizations throughout Southern California. This work enhances the growth and development of staff, programs, organizations and networks that strengthen families and communities.

About the Local Network Partners

Child360 (formerly LAUP) has built, supported, and improved early education systems in Los Angeles County. Through a 10-year contract with First 5 LA, Child360 worked actively to improve kindergarten-readiness and

child outcomes for more than 115,000 children in the county. With subsequent funding from the U.S. Department of Education’s Race to the Top - Early Learning Challenge and First 5 California’s Child Signature Program initiatives, Child360 has served an additional 10,000 children by providing preschools with quality coaching, assessments and family engagement support. Through direct, place-based work with dozens of communities in the county, Child360 has a unique resume of expertise and experience in the areas of parent engagement, leadership development, capacity and network building, and community outreach.

SBCC Thrive LA’s mission is to reduce economic and social inequality in historically marginalized communities through relationship-based community organizing and authentic resident-driven civic engagement. The mission is anchored in SBCC’s core belief that sustainable social impact must be resident-led and community-driven. SBCC has empowered individuals, strengthened families, and transformed communities in partnership with community residents for more than four decades. SBCC focuses on four impact areas: relationship based community organizing, pathways to self-sufficiency for youth and adults, child development and early education, and family well-being. The organization operates throughout Los Angeles County and in all eight service planning areas, reaching 10,000 individuals and families annually. SBCC also has collaborative relationships with other agencies. For example, through its work as the lead agency for the Los Angeles County Department of Children and Family Services Prevention and After Care Network in SPA 8, it convenes up to 80 community based organizations to work toward a vision of strengthening families through traditional social services and innovative programs that promote family economic independence. Through its work, SBCC promotes local leadership so residents become active agents of change. SBCC has created and supported over 250 Neighborhood Action Councils (NACs) across Los Angeles County. Their focus is to ensure they provide communities with meaningful and impactful outcomes that result in strong, resilient, empowered, and economically self-sufficient families.



Proposed Best Start Regional Network Grant Awards

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

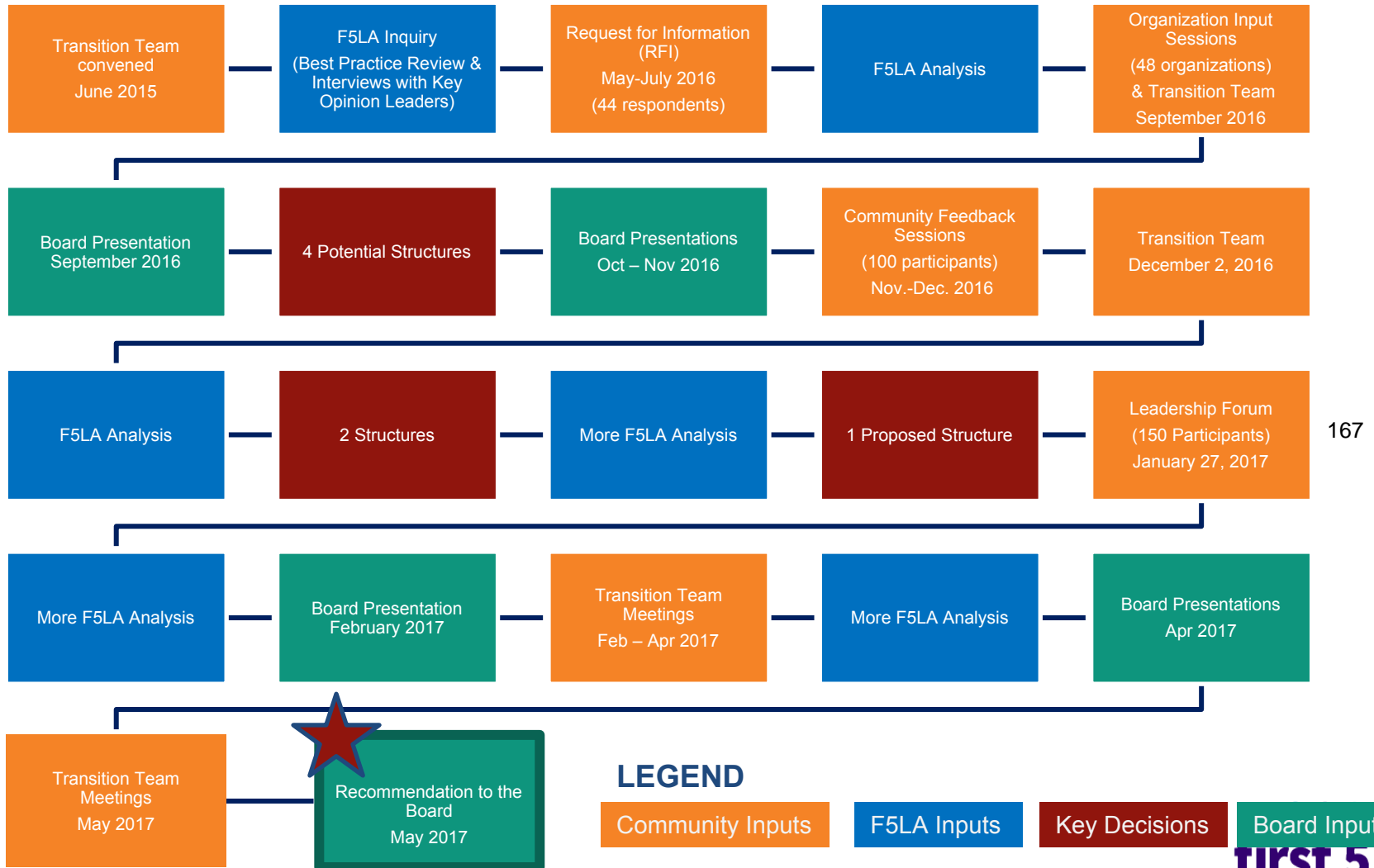
March 22, 2018



PRESENTATION OBJECTIVES

1. Review new structure for Best Start community partnerships endorsed by the Board in May 2017.
2. Provide general overview of the review and selection process.
3. Preview recommendations for the Best Start Regional Networks (including their proposed local network partners) that will provide the operational structure for the community partnerships. ¹⁶⁶
4. Review implementation plan and proposed next steps.

LEARNING & DEVELOPMENT JOURNEY



BOARD ENDORSEMENT– MAY 2017

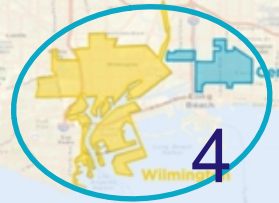
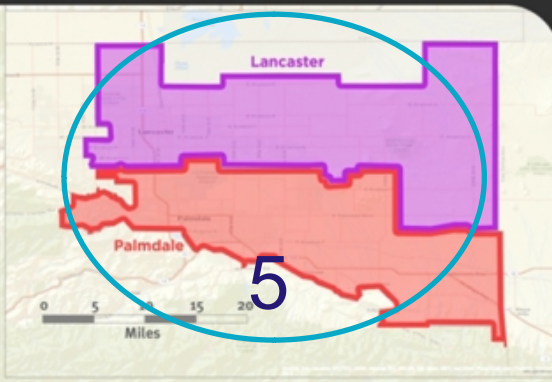
1. New structure (*Regional with Local Customization*) for the Best Start Community Partnerships at a total contracted cost not to exceed a total of \$15.5M annually.
2. Authorize staff to proceed with implementation planning and procurement.

168

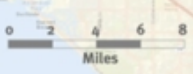
REGIONAL WITH LOCAL CUSTOMIZATION

- ✓ Greatest opportunity for leveraging and mobilizing resources
- ✓ Facilitates cross-community learning and collective advocacy
- ✓ Provides direct support to the Community Partnerships
- ✓ Considers community uniqueness
- ✓ Fosters organizational network building at regional and local levels
- ✓ Promotes leveraging and sustainability





Broadway-Manchester
Central Long Beach
Compton
East LA
Lancaster
Metro LA
Northeast Valley Communities
Palmdale
Panorama City & Neighbors
Southeast LA
South El Monte/El Monte
Watts/Willowbrook
West Athens
Wilmington



FIVE REGIONS

1. East Los Angeles, South El Monte/El Monte, Southeast LA, Metro LA
2. Compton, Broadway-Manchester, Watts-Willowbrook, West Athens
3. Northeast Valley, Panorama City & Neighbors
4. Central Long Beach, Wilmington
5. Lancaster, Palmdale

REGIONAL AND LOCAL ROLES

Regional Roles

- ✓ Contract administration (*must be filled by grant recipient*)
- ✓ Coordination of organizational capacity building
- ✓ Regional learning
- ✓ Multi-level coordination
- ✓ Collective advocacy
- ✓ Regional resource mobilization (*including fund development*)

Local Roles

- ✓ Coordination and support (*including meeting and event logistics*)
- ✓ Capacity building & leadership development
- ✓ Communications and outreach
- ✓ Resident and stakeholder engagement and advocacy
- ✓ Community-identified projects
- ✓ Data, learning and improvement
- ✓ Local resource mobilization (*including fund development*)

171

Procurement Process

*First 5 LA Values
in Action*



REQUEST FOR PROPOSALS

- Released 9/29
- Posted for three months
- Regional Information Sessions
- Coffee Connections

173

SELECTION OF REGIONAL NETWORKS

1. Request for Proposals

- Administrative & Financial Review
- Qualifications, Experience & Budget Review
- In-Person Interviews

174

2. An Inclusive Review Panel

- 19 First 5 LA staff from across the agency
- 19 community members

A Community Member Perspective:

“I used to think that First 5 LA staff dressed nicely and were friendly. But, now I understand how complex and difficult the work is. I have a newfound respect and admiration for First 5 LA staff and I appreciate the opportunity to learn and be a part of this process.”

175

A First 5 LA Staff Perspective:

“There is no other funding process like this. Our process demonstrated First 5 LA values in action. We authentically partnered with parents, residents and community leaders to select the best organizations. This process was not for the faint of heart, but it was heartfelt and balanced with our parameters as a public agency.”¹⁷⁶



RECOMMENDATIONS

OVERVIEW OF FUNDING LEVELS

- Board endorsement of contracted costs not to exceed a total of \$15,500,000 annually (12 months)
- Initial grants to the regional and local networks total up to \$16,538,500 (14 months: May 2018 – June 2019)
- Variance in grant amounts based on three factors:
 - Size of the region (4 communities versus 2 communities within a¹⁷⁸ region)
 - Balance of community-identified projects remaining per community
 - Additional amount for Metro LA to support existing Best Start infrastructure

REGION 1 – Central East

Communities: Metro LA, East LA, Southeast LA, South El Monte/EI Monte

Recommended Regional Network Grantee:
Para Los Niños

Partners: Advancement Project, California Strategies, Child360, Dolores Mission, InnerCity Struggle, Leadership for Urban Renewal Network, Proyecto Pastoral, SPIRITT Family Services, Soluna Group, and Team Friday

Grant not to exceed: \$4,528,500

179

REGION 2 – South LA

Communities: Broadway-Manchester, Compton-East Compton, Watts-Willowbrook, West Athens

Recommended Regional Network Grantee:
Community Health Councils

Partners: Child 360, Communities in Motion, Girls Club of Los Angeles¹⁸⁰, Jemmott Rollins Group, LAGRANT Communications, Social Action Partners, Special Services for Groups Research and Evaluation

Grant not to exceed: \$5,002,500

REGION 3 – San Fernando Valley

Communities: Northeast Valley, Panorama City & Neighbors

Recommended Regional Network Grantee:
El Nido Family Centers

Partners: El Doran Publications, EvalCorp, Los Angeles Educational Partnership

Grant not to exceed: \$2,412,500

181

REGION 4: Port Cities

Communities: Central Long Beach, Wilmington

Recommended Regional Network Grantee:

Long Beach Nonprofit Partnership (DBA The Nonprofit Partnership)

Partners: Building Healthy Communities Long Beach Hub, Providence Little Company of Mary Foundation, TurningWest, Inc.

182

Grant not to exceed: \$2,362,500

REGION 5: Antelope Valley

Communities: Lancaster, Palmdale

Recommended Regional Network Grantee:
Children's Bureau of Southern California

Partners: Child 360, SBCC Thrive LA

Grant not to exceed: \$2,232,500

183



IMPLEMENTATION SUPPORT

TRANSITION SUPPORT

Center for the Study of Social Policy (July – Sept 2018)

- Link the partnerships' capacity building plans to the new roles and functions of the regional and local networks.
- Provide technical assistance to support initial team building and collaboration between the community partnerships and regional local networks and as needed.
- Enable continuity of capacity building support by transferring knowledge to regional and local networks based on over 6 years of working with the community partnerships.

185

Resources for three-month contract extension will be included in FY2018-19 budget with anticipated Board approval in June 2018.

PROGRAMMATIC INTEGRATION

Center for Collective Wisdom

- Facilitate incorporation of the trauma and resiliency informed systems change framework into First 5 LA's community capacity building approach.
- Co-design and implement orientation, onboarding, peer reflection and learning sessions to the Best Start regional and local networks¹⁸⁶ to integrate the trauma and resiliency-informed systems change framework into their evolving strategies, relationships and overall approach to driving a collaborative, community change agenda.

Anticipated resources for next fiscal year will be included in FY2018-19 budget with anticipated Board approval of a strategic partnership by June 2018.

INTEGRATED TRANSITION PLANNING

LF Leadership (April 2018 – June 2019)

- Support the coordination of various work streams across strategies in the Communities Outcome area to improve strategy integration and achievement of key milestones for Year 1 of the new structure for Best Start.
- Assist the Communities Department to shift from a primary focus on community partnership operations to an expanded role and internal structure that deepens the ability to connect, facilitate and leverage First 5 LA's and other county, regional and local investments within Best Start communities.

187

Contract under \$75,000 for work to commence in March 2018. Per procurement policy, this item does not require Board action. Resources for next fiscal year will be included in FY2018-19 budget. If resources beyond \$75,000 are required for this project, staff will bring it to the board for approval.

Next Steps

Board Approval & Implementation



DESIGN & IMPLEMENTATION TIMELINE



1. Landscape Analysis & Design Options

2. Detailed Design, Cost Analysis, & Procurement Strategy

3. Procurement, Board Approval & Contracting

4. Transition & Implementation¹⁸⁹

July – Sept '16

Oct '16 – May '17

Jun '17 – Apr '18

May '18

Currently here

NEXT STEPS

March – April 2018	Grant Negotiations
April 2018	Recommendations presented to the Board of Commissioners for approval
May 2018	Contracts executed & beginning implementation
Fall 2018	Implementation update to the Program & Planning Committee

190

RECOMMENDATION – APRIL 2018

1. Approve recommended Best Start Regional Networks for each region with contracted amounts not to exceed maximum funding limits as listed below:
 - Region 1: Para los Ninos – \$4,528,500
 - Region 2: Community Health Councils - \$5,002,500
 - Region 3: El Nido Family Centers - \$2,412,500
 - Region 4: Long Beach Nonprofit Partnership - \$2,362,500
 - Region 5: Children’s Bureau - \$2,232,500
2. Authorize Executive Director to complete negotiations and execute contracts within maximum funding limits.

191

Questions & Discussion



Celebrating the 20th Anniversary of Prop 10 Passage

By: Kim Pattillo Brownson
and Marlene Fitzsimmons

March 22, 2018

1st LA
first 5 la
Giving kids the best start



What Are We Celebrating?

- In November 1998, California Voters approved Proposition 10
 - L.A. County voters were responsible for more than half of the margin of victory
- The measure levied a \$.50 tax on cigarettes and \$1 on other tobacco products, like cigars, that existed at the time
- We are celebrating the passage of the measure
 - It took several years to set-up commissions and operations
- This as an opportunity for First 5 LA to build its brand
- First 5 LA's work was born out of partnership and collaboration with voters who were parents, families, champions of young children, and that work continues today

194

Our Goals

- Partners, legislators, leaders, and funders will recognize First 5 as a cohesive network, and seek to work with us to improve the future of young kids in the state
- Position First 5 LA as an effective, leading advocate for young children's issues in L.A. County, and statewide
- Reintroduce First 5 LA as a trusted, credible and innovator funder in L.A. County and statewide
- Thank voters for prioritizing kids, pivot to how our work is asking decision makers to continue to prioritize kids in policy and funding choices
- Elevate awareness and create a sense of urgency to address key issues that impact young children and their families in L.A. County and throughout the state
- Continue to advance policy and systems change throughout L.A. County through First 5 LA advocacy efforts

195

Strategies

- Use the 20th anniversary of Prop 10's passage as a platform to build First 5 LA's brand as an expert on early childhood development
- Use the anniversary as way to discuss our ongoing work and how it is evolving to address the needs of young children and their families today and for generations to come
- Leverage existing partnerships to help amplify messaging and execute events
- Build internal staff engagement around the 20 year anniversary, highlighting First 5 LA's work to create policy and systems change
- Use social media channels to generate awareness and ignite engagement around 20th anniversary

196

Messaging

- Use of common tagline social media and other visuals. We also are considering “#OurKidsOurFutureCA” and “Our Kids, Our Future: First 5” for other digital assets, as well as a secondary tagline for posters and other large-format visuals of “A strong California starts with healthy, happy kids”
- Our goal with this messaging is to convey that the future success of the state rests with nurturing our kids, and will allow First 5 LA, and other commissions to use it as a platform to support their other communications goals
- Opportunity to reintroduce how First 5 LA has been and will continue to be a credible and effective partner in working with others to accomplish meaningful change
- The messaging platform will reinforce the belief that caring for a child’s well-being is bigger than any one person or organization – it is a shared responsibility with shared rewards

197

L.A. County-specific Tactics

- Use of the First 5 Association-created 20th anniversary logo and messaging on all digital properties (e.g. website) and social media channels (e.g. @First5LA and @First5LAParents)
- Use of the First 5 Association-created 20th anniversary logo for internal staff email signatures
- Development of website landing page with interactive dashboard to highlight First 5 LA programmatic, policy and systems wins
- Create video content series or written vignettes of L.A. County families, including grandparents and parents talking about how parenting has changed/evolved over the past 20 years and what the next 20 years may look like for this generation of kids

198

First 5 Association & First 5 LA Tactics

- First 5 LA co-development of a 20-year logo that will be used to brand printed collateral and social media
- Develop a visual timeline of First 5 highlights from the past 20 years
- Incorporate 20th branding and messaging into Advocacy Day events on the Capitol Lawn, taking place May 1 – 2
- Leverage availability of Governor's wall to showcase First 5 LA photography of families and young children during Advocacy Days
- Collect family stories from commissions around the state that illustrate how First 5 has changed lives (and futures)
- Create a social media rollout, to begin in early April, to preview Advocacy Day and seed 20th Anniversary messaging
- Create an “echo chamber” within our partnership network. For example, First 5 Association is working with the 2018 Choose Children campaign leading up to the gubernatorial election
- Provide menu of suggestions for First 5 commissions to localize 20th campaign that is appropriate for their communities



First 5 Advocacy Day

May 1 – 2, 2018: Capitol Lawn | Sacramento

- Individual meetings with elected officials and staff to highlight First 5s and early childhood policy priorities
 - Extension of First 5 network strategy
- Opportunity to meet with staff and Commissioners from other local Commissions
- 20th Anniversary celebration on the Capitol lawn
- First 5 branding, pictures, and messaging throughout the Capitol



Emerging First 5 Policy Priorities

- 2018-19 early care and education budget ask for infants and toddlers: “Billion for Babies”
- Support Governor’s proposal for home visiting
- Support AB 11: early identification of developmental delays
- Elevate early childhood and share lessons learned from 20 years of First 5 investment in California

201

Questions & Comments



Age & Path Through the Los Angeles County Child Welfare System: A Focus on Children 0-5

203

FIRST FIVE LA
BOARD MEETING

*Daniel Webster, PhD
Wendy Wiegmann, PhD
California Child Welfare Indicators Project
University of California, Berkeley
03/22/2018*

Outline

- ❑ Los Angeles County's Child Welfare Population
- ❑ Key System Outcome Measures: Age Comparisons
- ❑ Take Aways

204

Los Angeles County Child Welfare Population

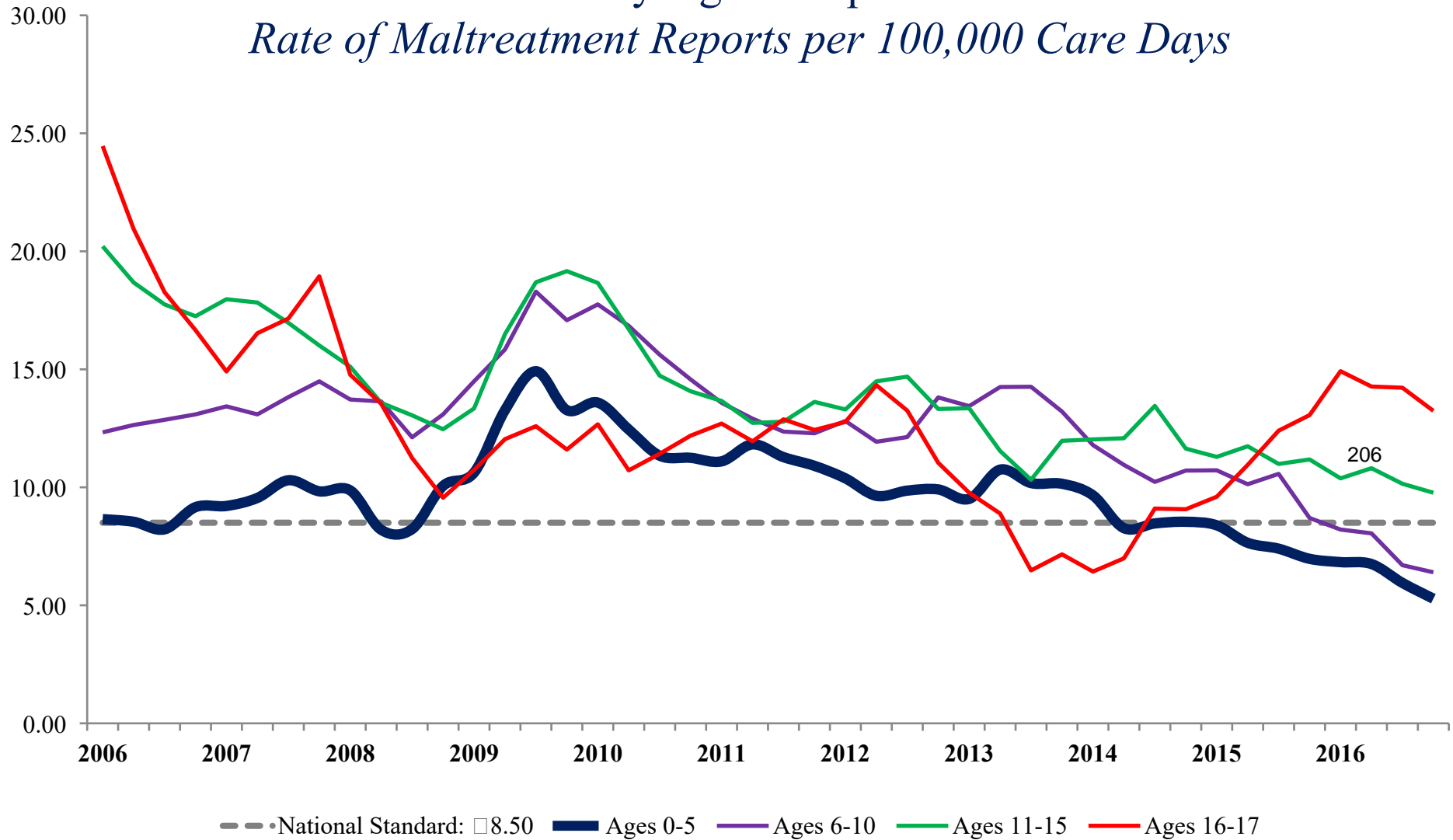
In the year 2016, Los Angeles County CWS had:

- 2,304,521 children (ages 0-17) in the County
- 126,837 children referred for child maltreatment
 - 6% of all Los Angeles children, or 55 children per 1,000
- 23,770 children with substantiated maltreatment
 - 19% of allegations
 - 1% of all Los Angeles children, or 10 children per 1,000
- 9,625 children who entered foster care
 - 41% of substantiated allegations
 - 0.4% of all Los Angeles children, or 4 children per 1,000

205

Los Angeles Maltreatment in Foster Care by Age Group

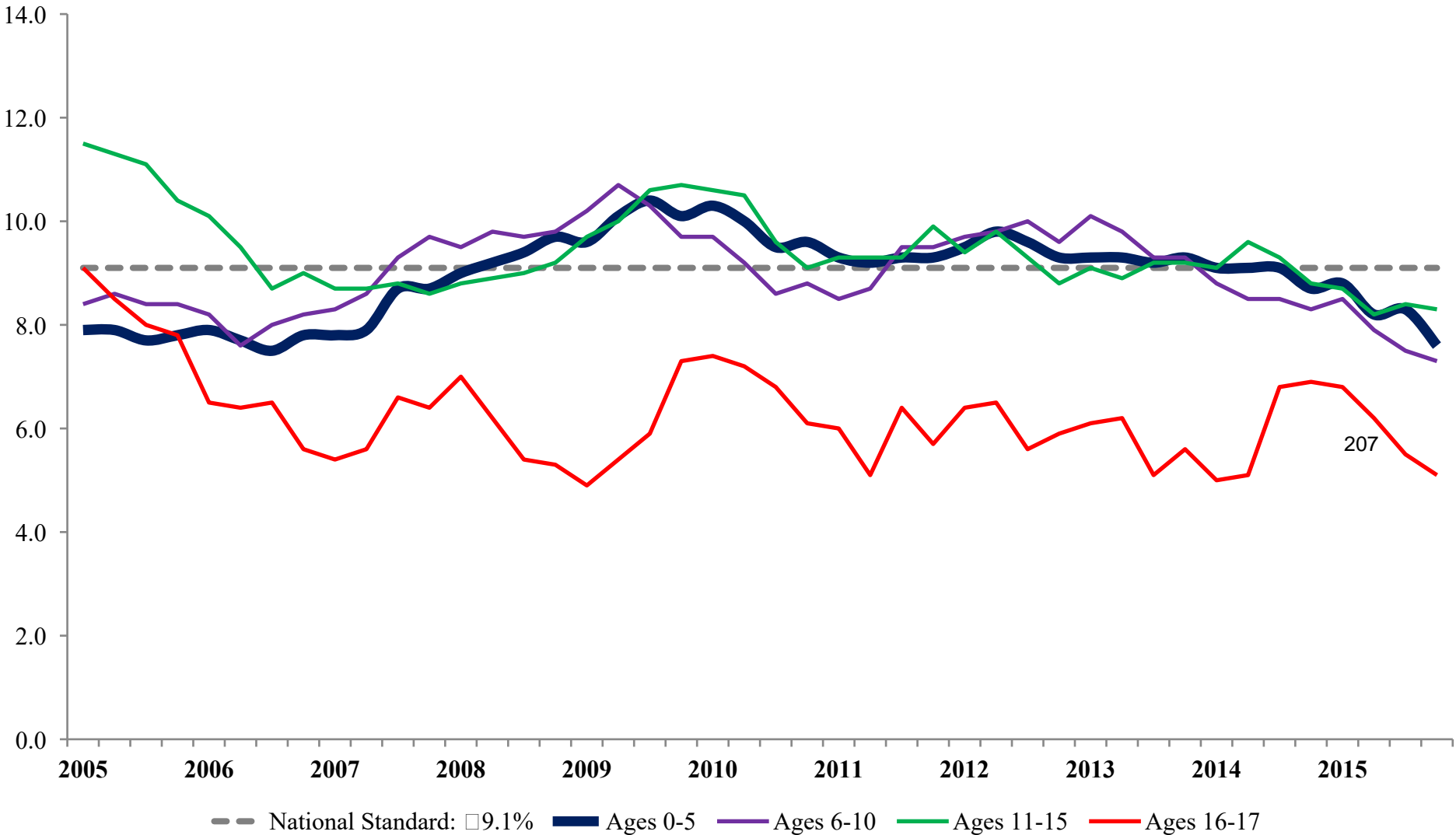
Rate of Maltreatment Reports per 100,000 Care Days



Los Angeles

Recurrence of Maltreatment

Percent of Children with Recurrence within 12 Months

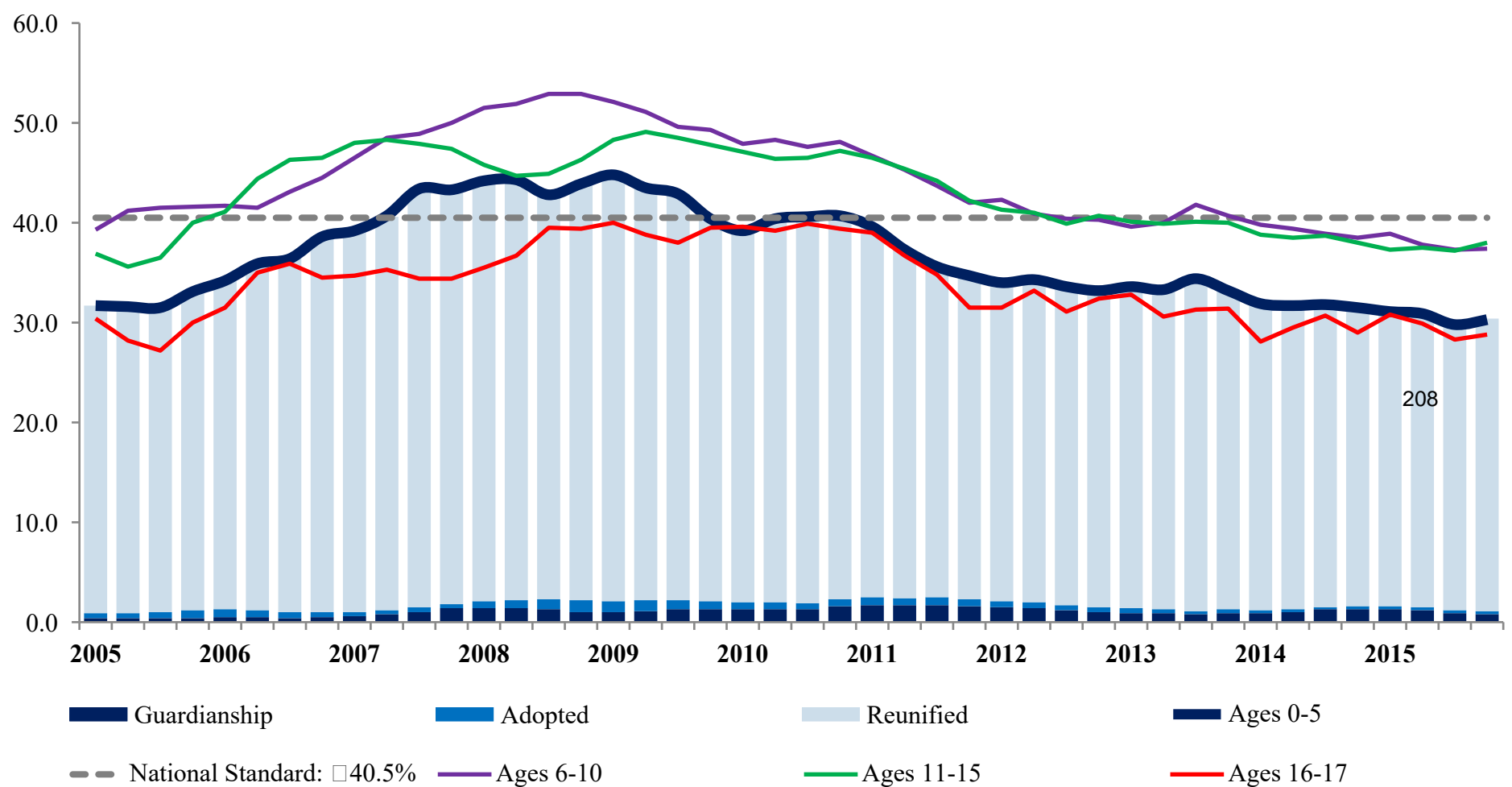


207

Los Angeles

Permanency for Children Entering Care by Permanent Exit Type & Age

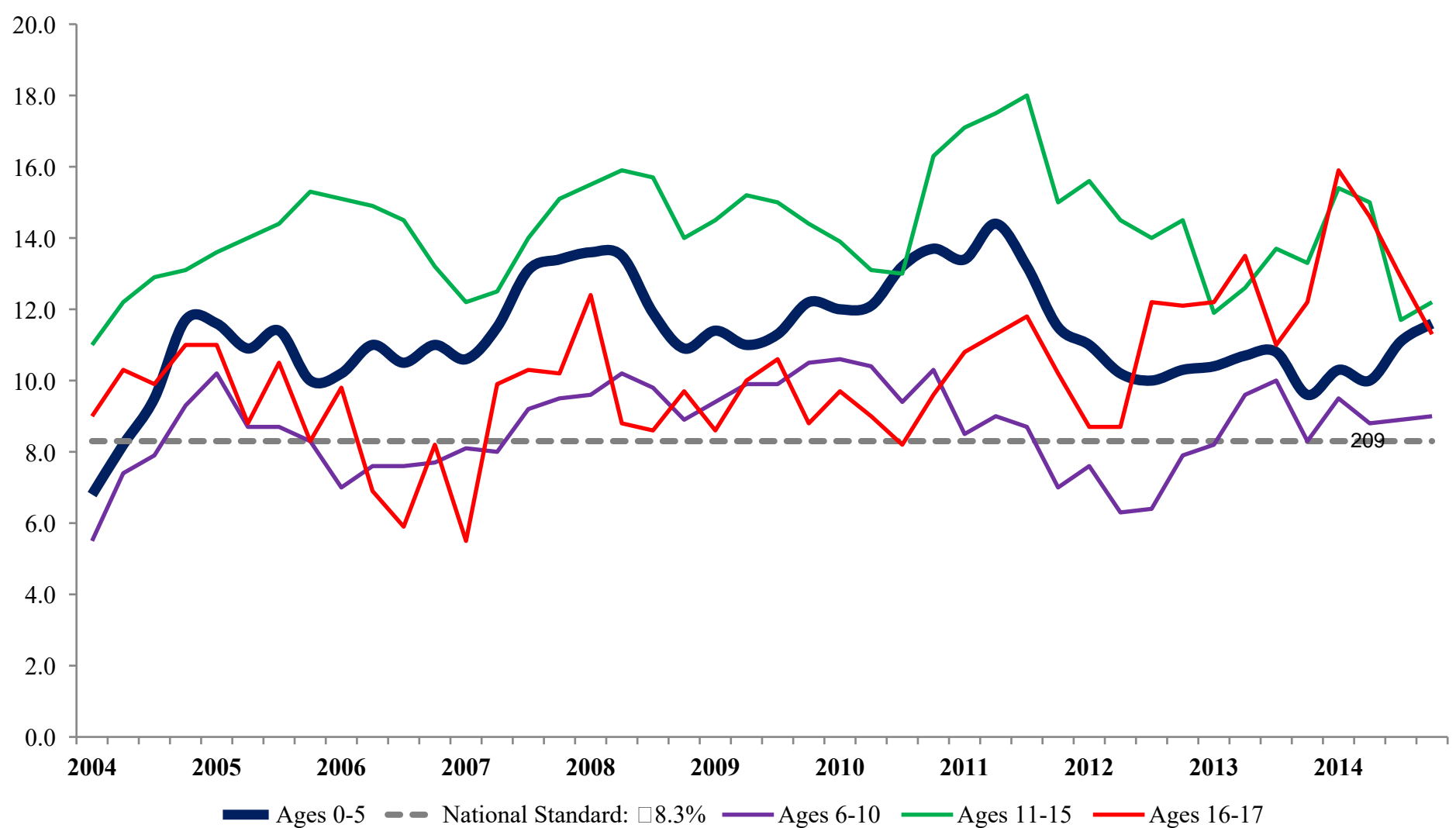
Percent of Children with Exits to Permanency within 12 Months



Los Angeles

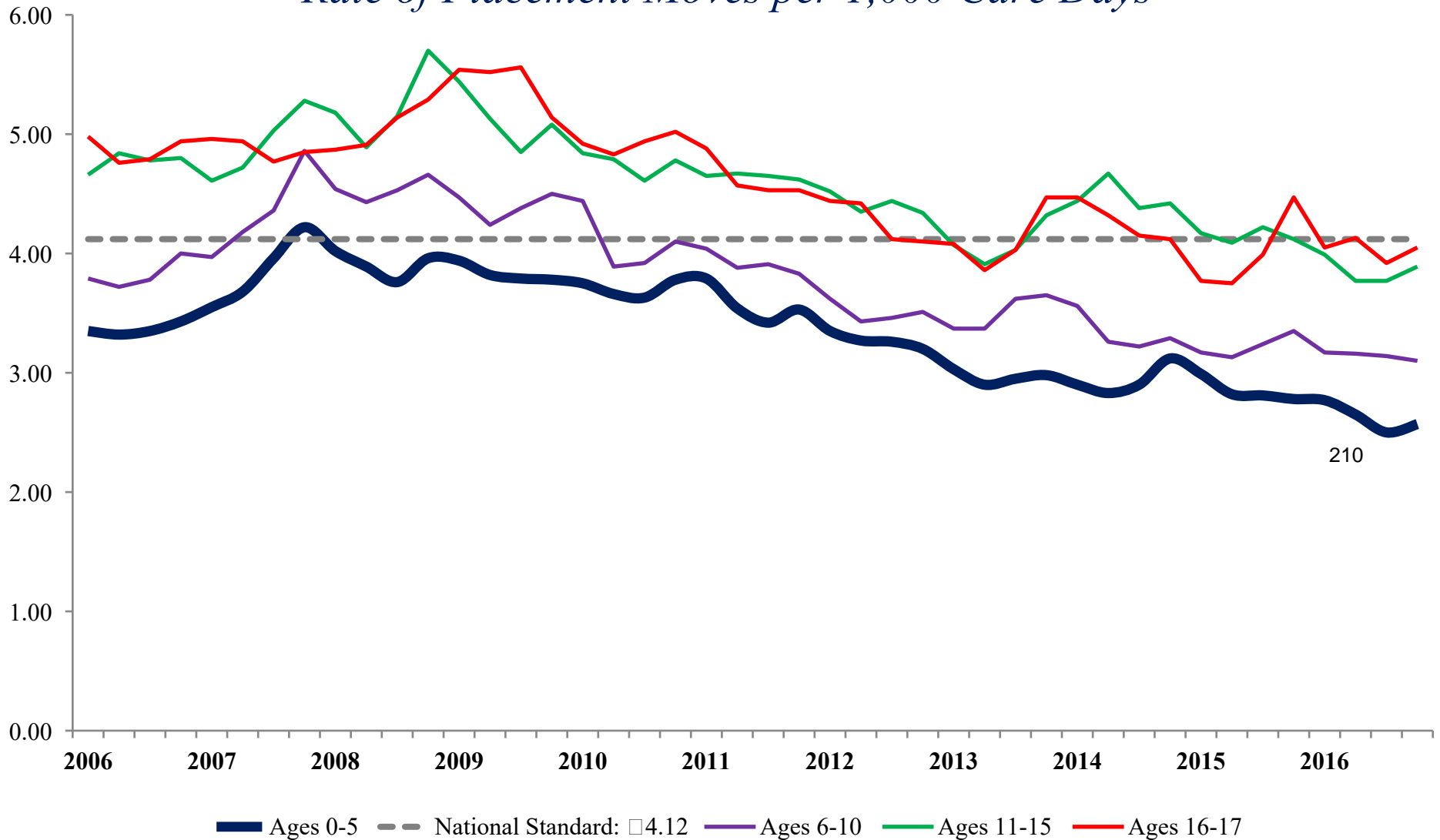
Re-entry to Foster Care

Percent of Children with Re-entries to Care within 12 Months



Los Angeles Placement Stability

Rate of Placement Moves per 1,000 Care Days



210

Take Aways

- ❑ LA sees a greater rate of children ages 0-5 entering care and a lower proportion of children 0-5 exiting to timely permanency than the rest of the state*
- ❑ Children ages 0-5 in Los Angeles are the age group:
 - ✓ Least likely to experience maltreatment in foster care
 - ✓ Least likely to experience placement moves
 - Second most likely to experience recurrence of maltreatment
 - Second least likely to experience permanency to reunification, adoption, or guardianship within 12 months of entering care
- ❑ Also, despite timely permanency rates that are lower than the national standard, re-entry rates for children ages 0-5 are still higher than the national standard

211

** Please see Slide 6 notes for details.*

Thank You!

http://cssr.berkeley.edu/ucb_childwelfare

The California Child Welfare Indicators Project (CCWIP) is a collaboration of the California Department of Social Services and the School of Social Welfare, University of California at Berkeley, and is supported by the California Department of Social Services, Casey Family Programs, and the Conrad N. Hilton Foundation.

212

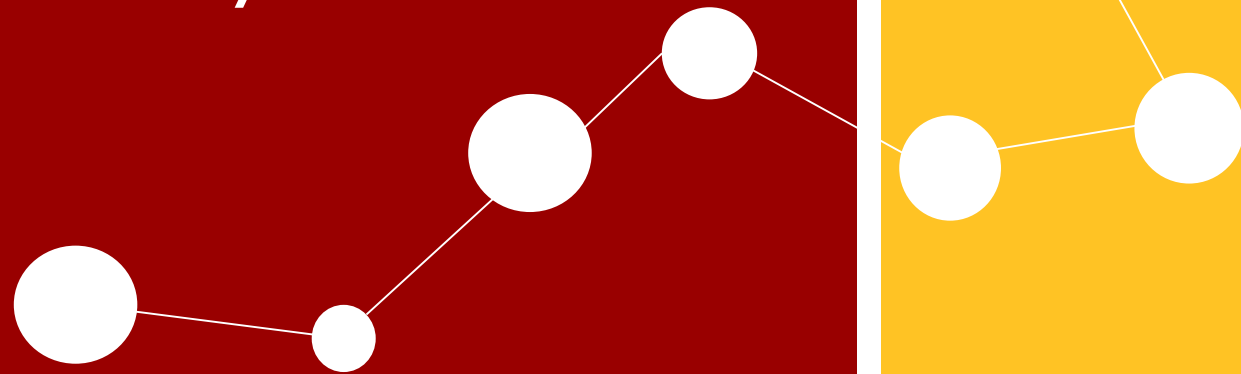


Berkeley Social Welfare
UNIVERSITY of CALIFORNIA



The Children's Data Network: A University – Agency – Community Collaboration

[March 2018]



Harnessing the scientific potential of linked, administrative data to inform children's programs and policies.

2009

F5 LA Board adopts new strategic plan, marking a significant evolution in approach to grant making.

2010

F5 LA Board approves a motion to create a countywide data sharing initiative - a collaborative network of experienced researchers, analysts, and planners.

2011

LACDN advisory group established to seed various pilot projects and develop project strategy and mission.

2012

LACDN releases its first report in collaboration w/the Advancement Project and funds two other pilots focused on strategic investments.

2013

LACDN issues an RFQ seeking an entity to manage and direct the network. Emphasis is placed on the development and execution of actionable and knowledge generating Data Projects.

2014

RFQ awarded to the University of Southern California. The LACDN becomes the CDN...CPHS / IRB approvals obtained, CCWIP partnership established, infrastructure development begins!

2015

Initial MOUs established, Conrad N. Hilton Foundation joins as funder, home visiting landscape developed, animation produced, and initial cumulative risk visualization published.

2016

RWJF grant obtained to geocode records, LJAF and CDSS grants to provide PRM technical assistance, second animation released, MOUs covering records from developmental services, corrections, dept. of justice, and childcare established. LA snapshots series launched.

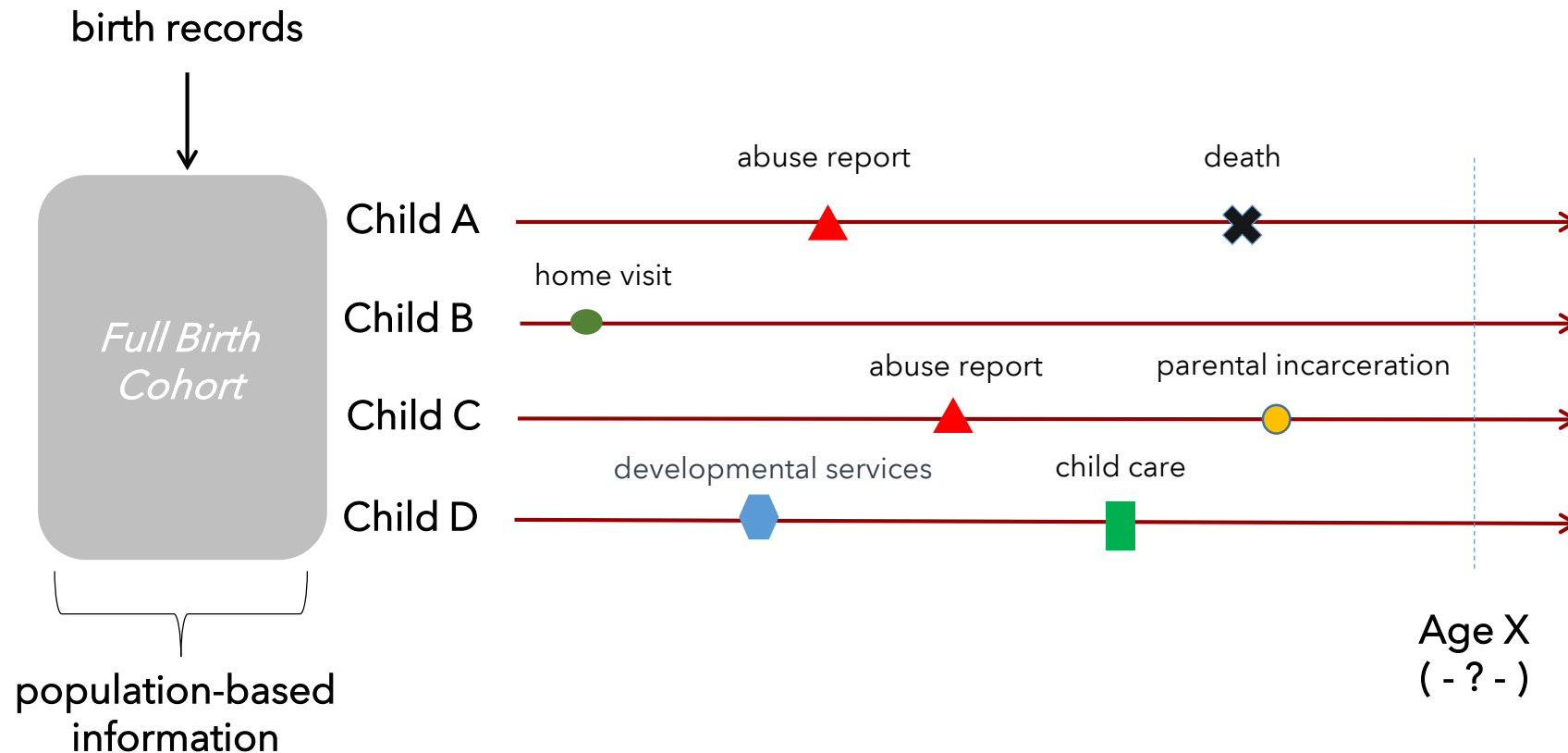
2017

Partnership w/OCP established, PHN evaluation prepared, inter-generational analyses published, MOUs w/LAHSAs, probation, and department of healthcare services developed. Probation and DOJ reports released.

Data

LARGESCALE, EPIDEMIOLOGICAL BIRTH COHORT STUDY...

[defined through separate MOUs and w/state and university IRB approval]



DATA



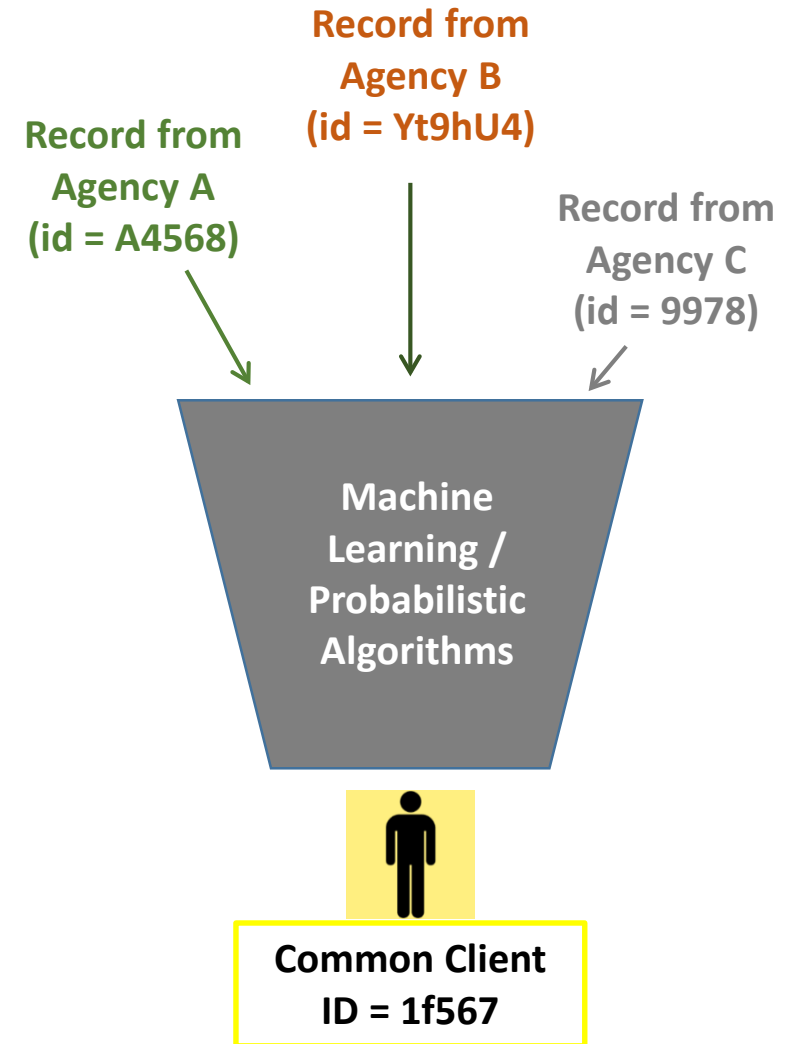
Data Source	Child Info	Parent Info	Client/Beneficiary (Person) Info	Source Case / Household ID
Birth	X	X		X
Child Welfare	X	X		X
Developmental	X	X		X
MediCal			X	
CalFresh (SNAP)			X	X
CalWorks (TANF)			X	X
WIC			X	X
IHSS			X	
HMIS	X	X		X
Home Visiting	X	X		X
Child Care	X	X		X
Arrest/Booking			X	
Corrections			X	
Education	X			
Death			X	

218

RECORD LINKAGES




- ChoiceMaker is an Open Source Record Linkage software company that develops Machine Learning / probabilistic algorithms and technologies that identify, match and link personal records from across multiple and disparate data sources.
- The CDN is partnering with ChoiceMaker to develop a customized data linkage process for integrating administrative records from California.



219

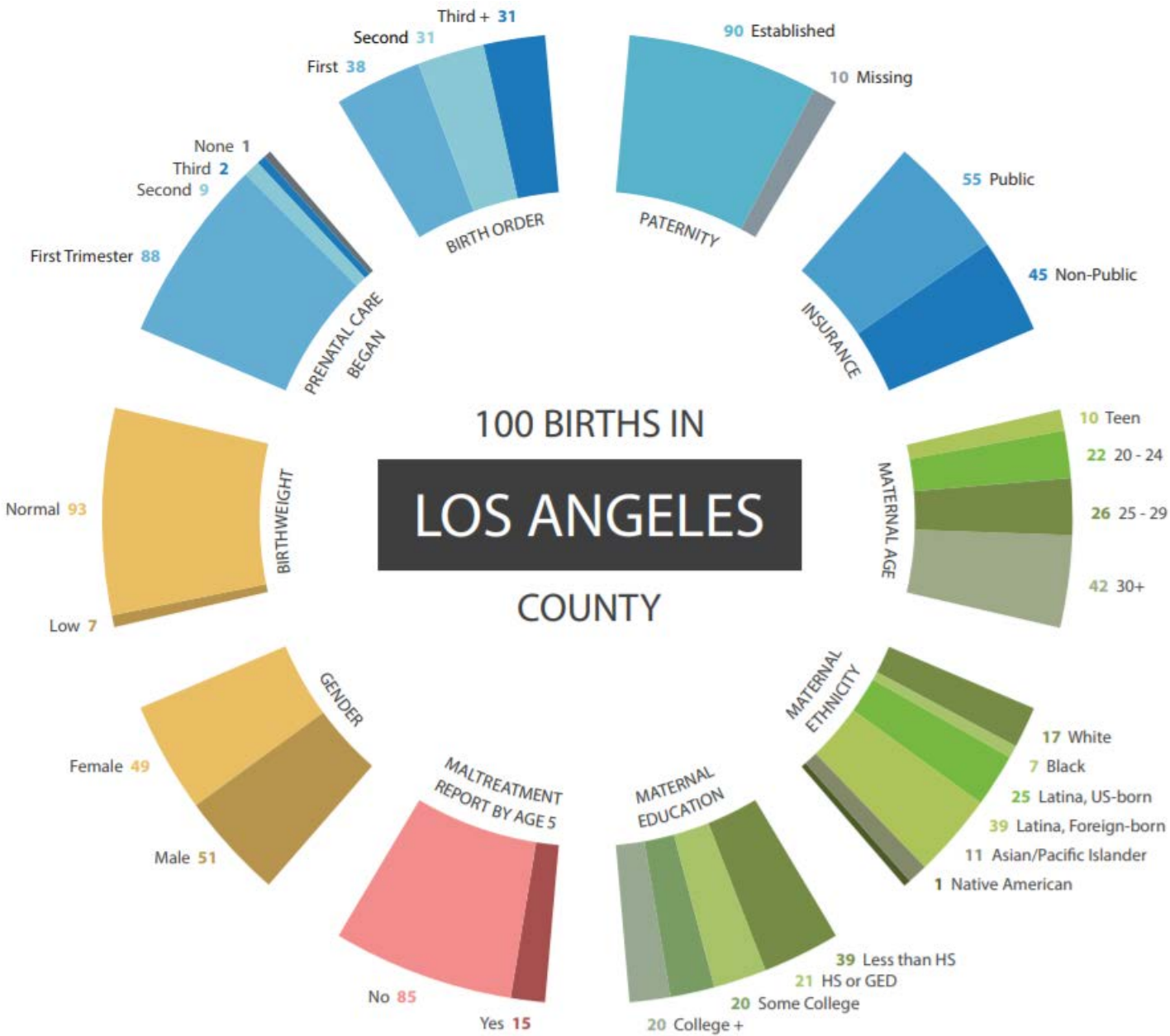
CI	Agency A	Agency B	Agency C
1f567	A4568	Yt9hU4	9978

Framing

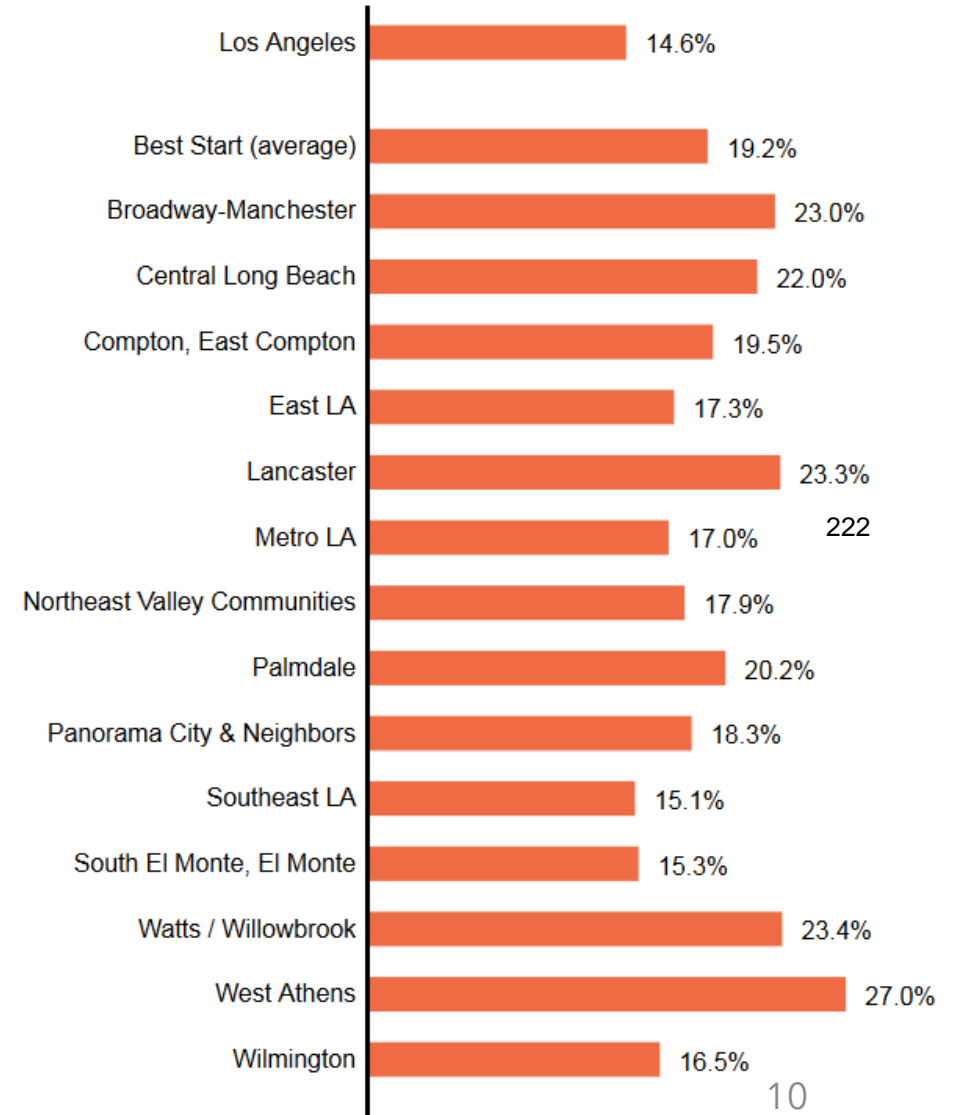


Cumulative Risk of Child Protective Service Involvement before Age 5: A Population-Based Examination

221



Cumulative Percentage of Children born in Best Start Communities and Reported to Child Protective Services Before Kindergarten

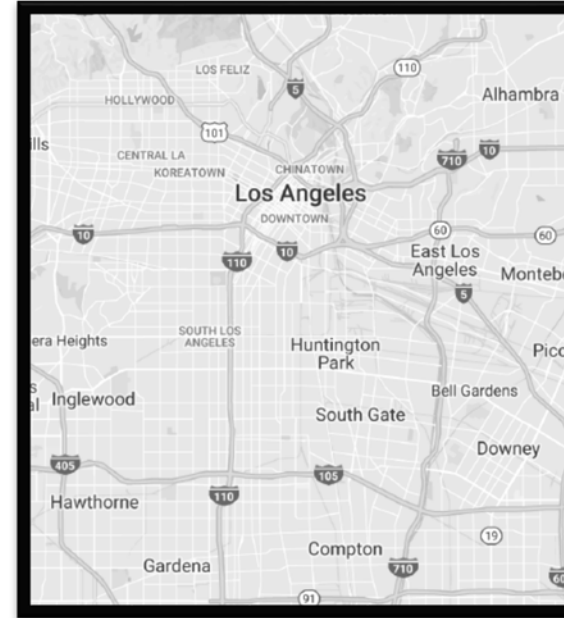
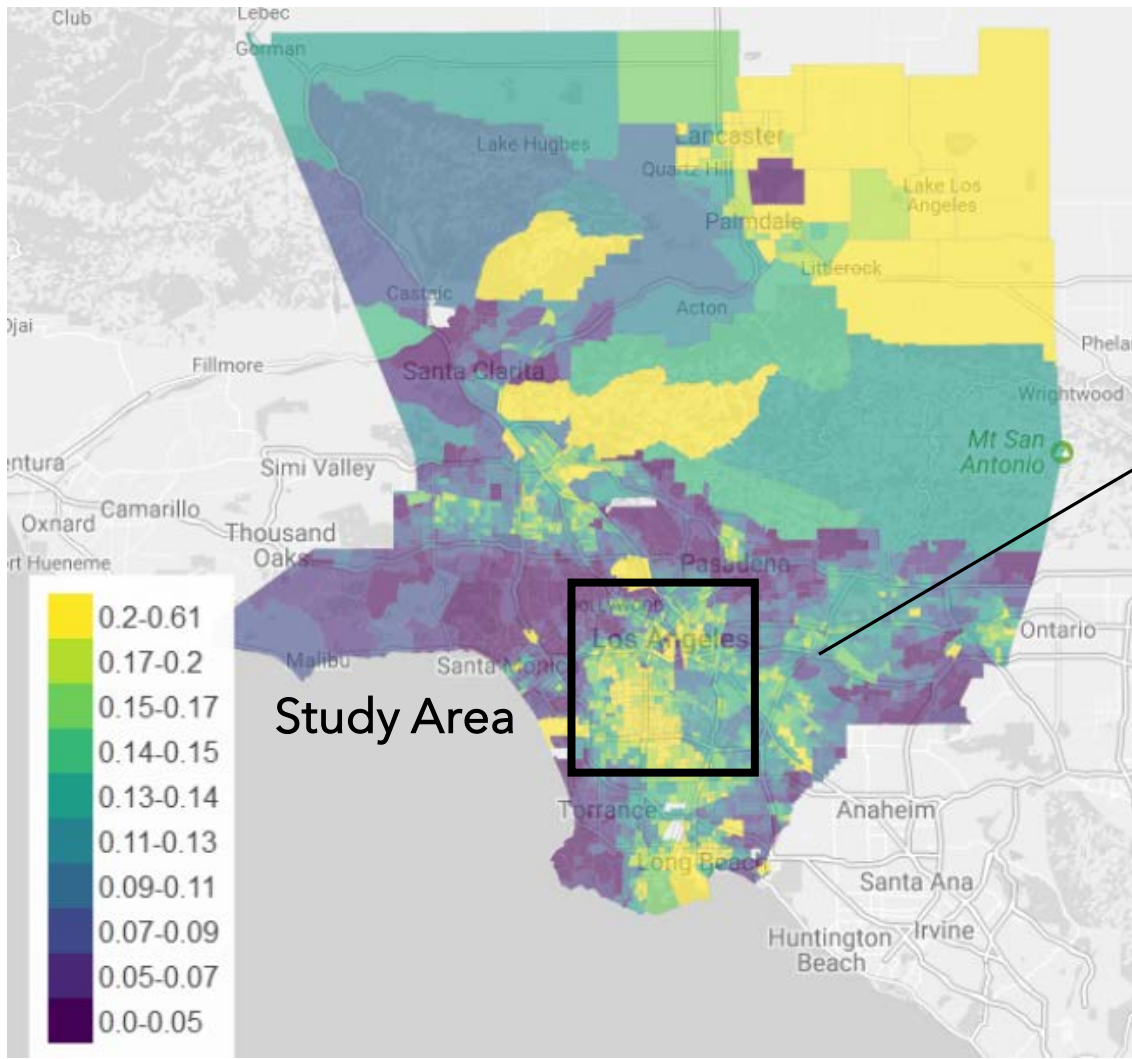


Mapping

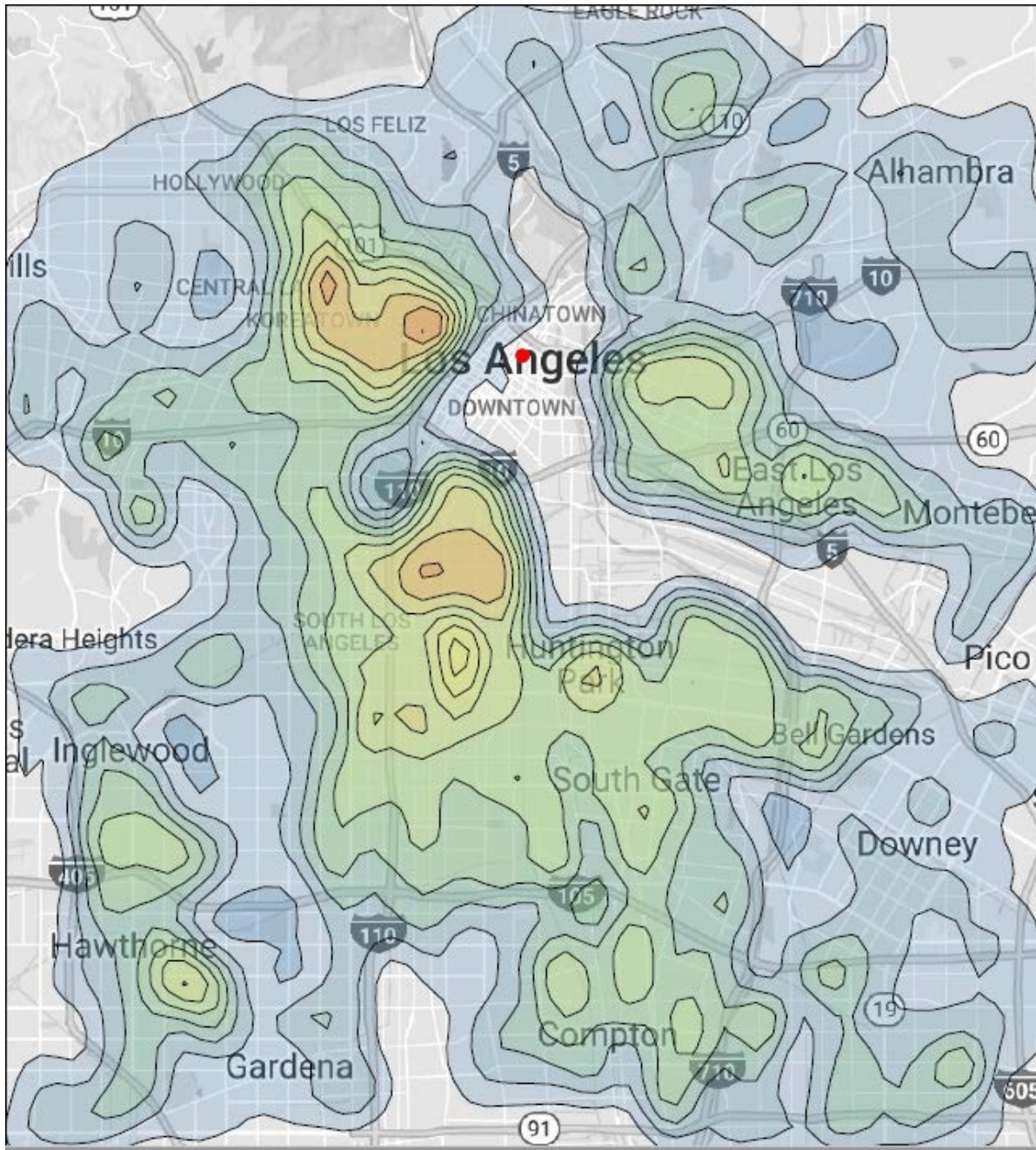
A close-up photograph of a child's hand, wearing a pink sweater, drawing on a sidewalk with colorful chalk. The sidewalk is covered in various colors of chalk, including pink, blue, and white. The child's hand is in the foreground, holding a piece of white chalk. The background is slightly blurred, showing more of the sidewalk and the child's hand.

Child and Community Level Asset-focused Geospatial Modelling

224



	Study Area Share of L.A County
Births	42%
Referrals	47%
Post-Neonatal Mortality (30 days-5 years)	45%



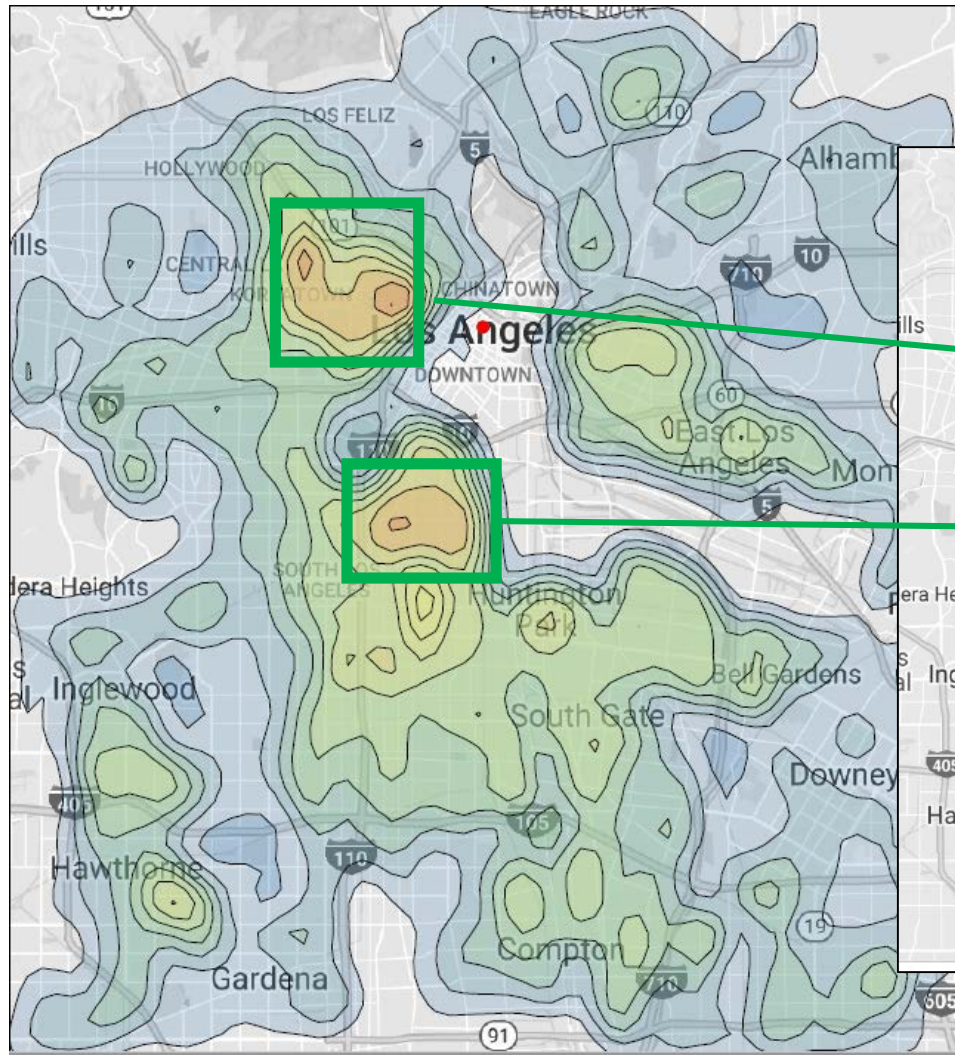
Where are the births? Risk Terrain Modelling

- This map is a **density map of births**
- Each terrain line outlines areas with an **equal probability** of a child being born in that location
- The more intense colors show the area where birth density is highest
- This modelling can be used to help counties know where their greatest birth concentrations are

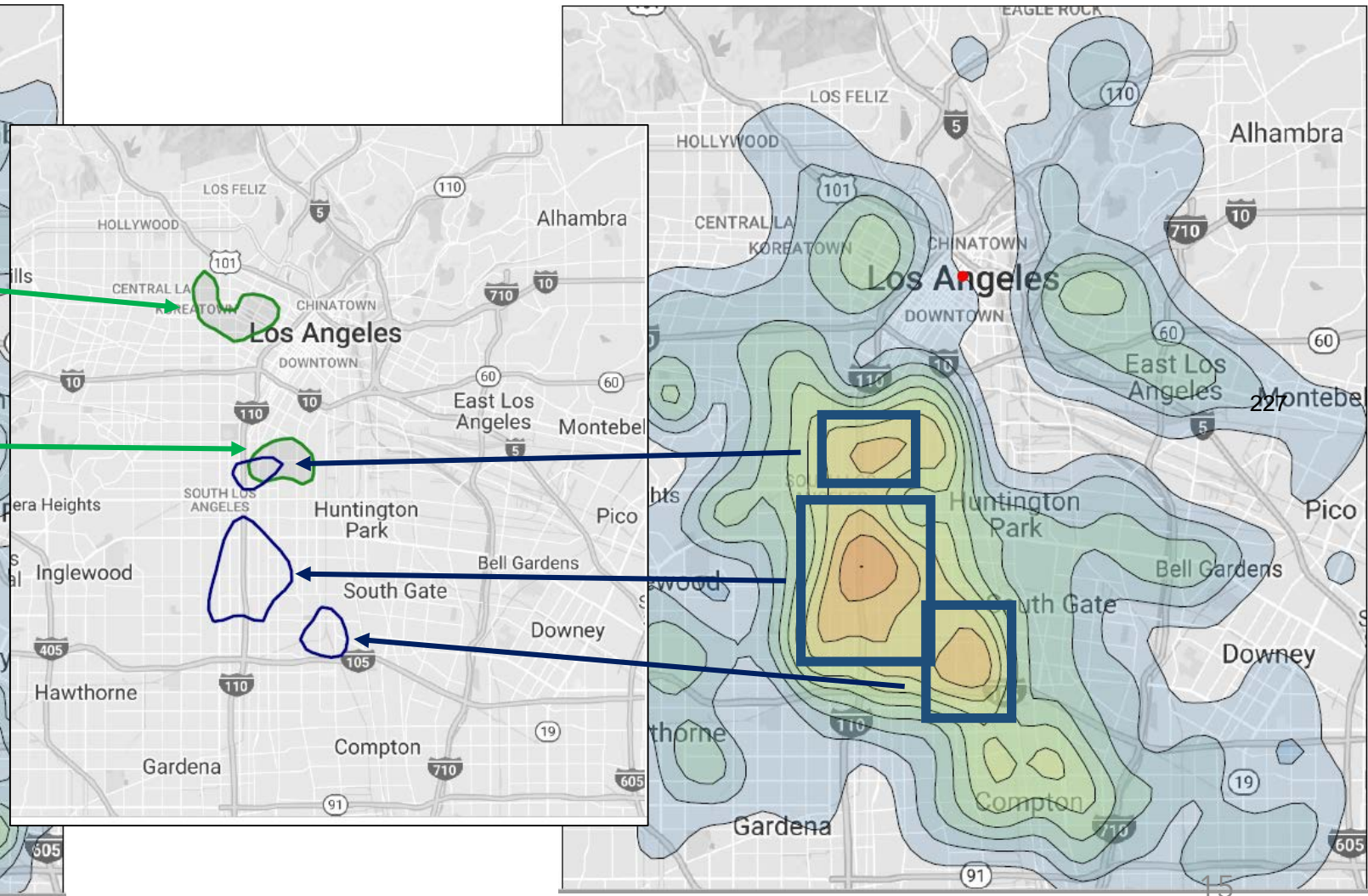
226

Isolating areas of peak birth and risk density (top 5%)

Birth Density



Risk Density



Strategien

DATA DRIVEN PROGRAM IMPLEMENTATION

- Los Angeles County is exploring how best to expand home visiting services so that there is a universal system (i.e., offered to every mother giving birth countywide) within which families at highest risk of adverse outcomes are prioritized for more intensive services...
- Possible Tiers:
 - TIER 1: Lowest Intensity (Home Visit)
 - TIER 2: Medium Intensity (Home Visit + Warm Referral to Community Supports)
 - TIER 3: Highest Need (Home Visit + Transition Into Home Visiting Program)
- Key Question:
 - If there are three tiers of service, where do we “make the cuts” so that we reach a group of children with a high risk of future adversity (specificity), while also serving as many high risk children as possible (sensitivity)?

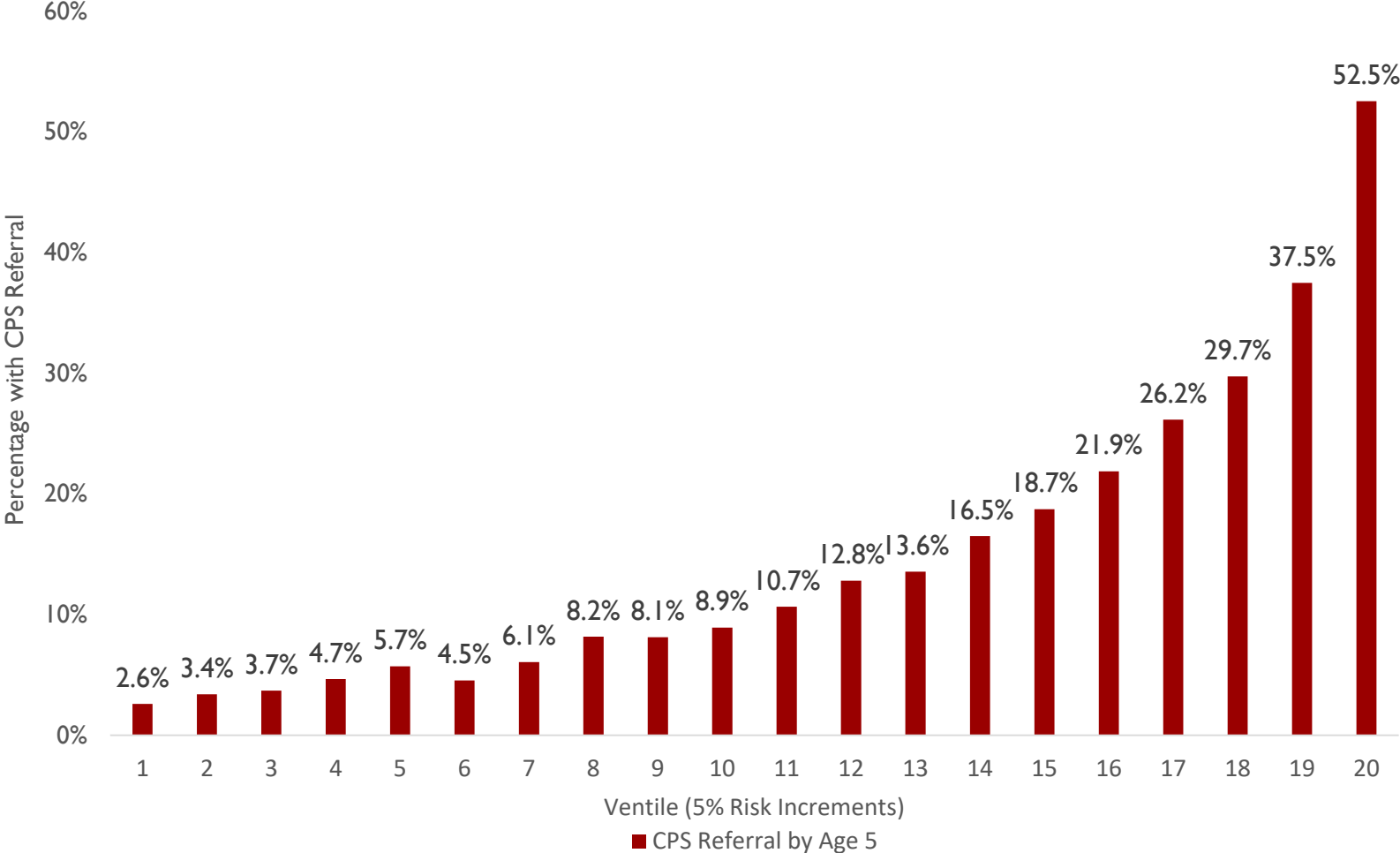
STRATIFICATION



Model used to stratify births into ventiles (score of 1-20) based on likelihood of future safety or well-being concerns

(higher risk = where we want to invest more in prevention)

CHILD WELFARE INVOLVEMENT

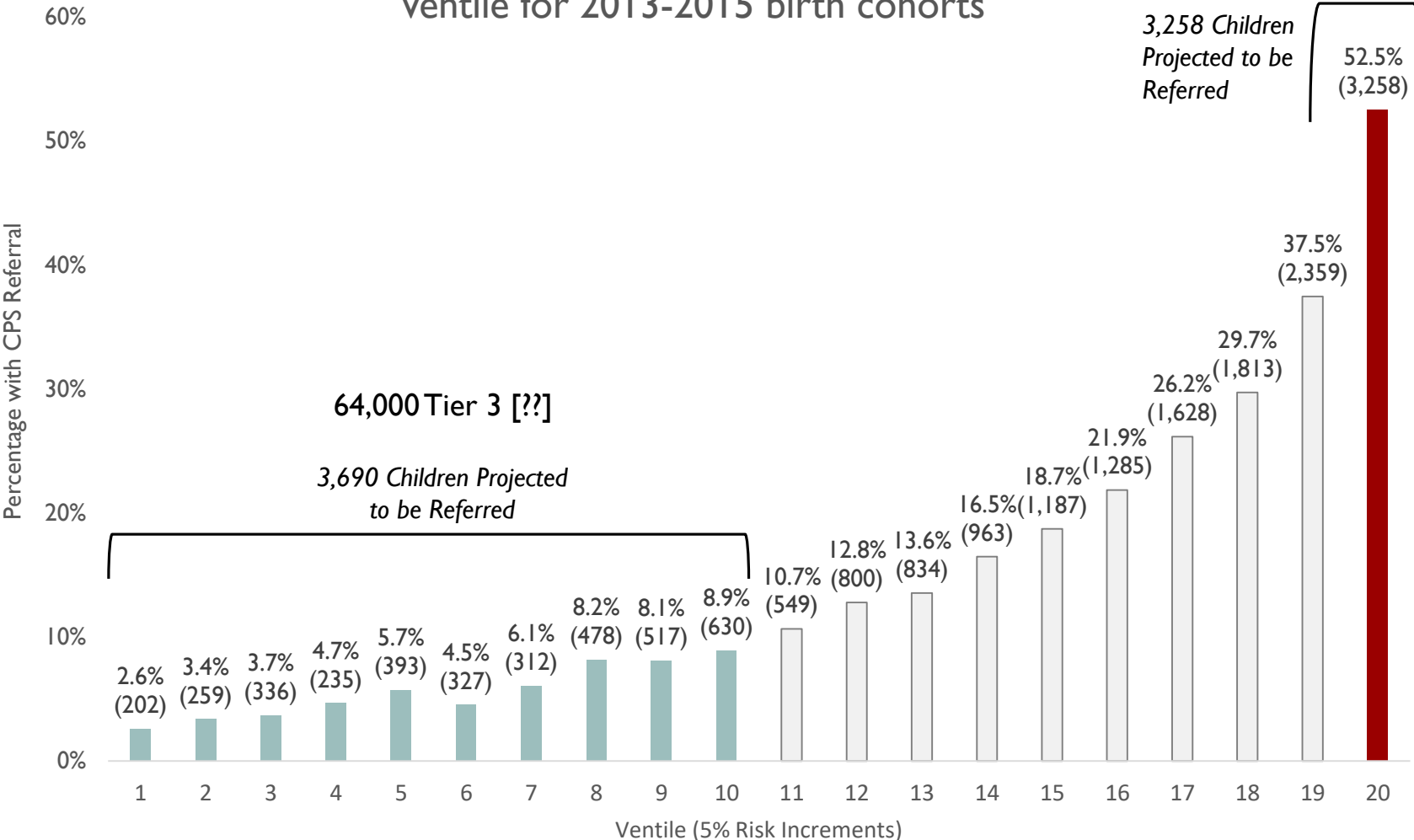


We then observe how many children in each 5% "bucket" subsequently went on to experience a referral...

231

SERVICE TIERS

Projected Percentage (and count) of Children Referred to CPS by Ventile for 2013-2015 birth cohorts



Model can then be applied to more recent birth cohorts to think strategically about service tiers and slots

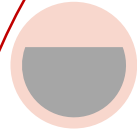
Next Steps...no mission creep!

VISION



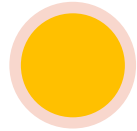
Near-term

“Proof of concept” projects through individual agency data sharing agreements with CDN



Medium-term

Establish universally agreed upon “standard operating procedures” for working with already linked, de-identified data



Long-term

*Transition into public agency body (?)
(Western Australia, Statistics Denmark model)
Continued role as trusted research and evaluation partner*



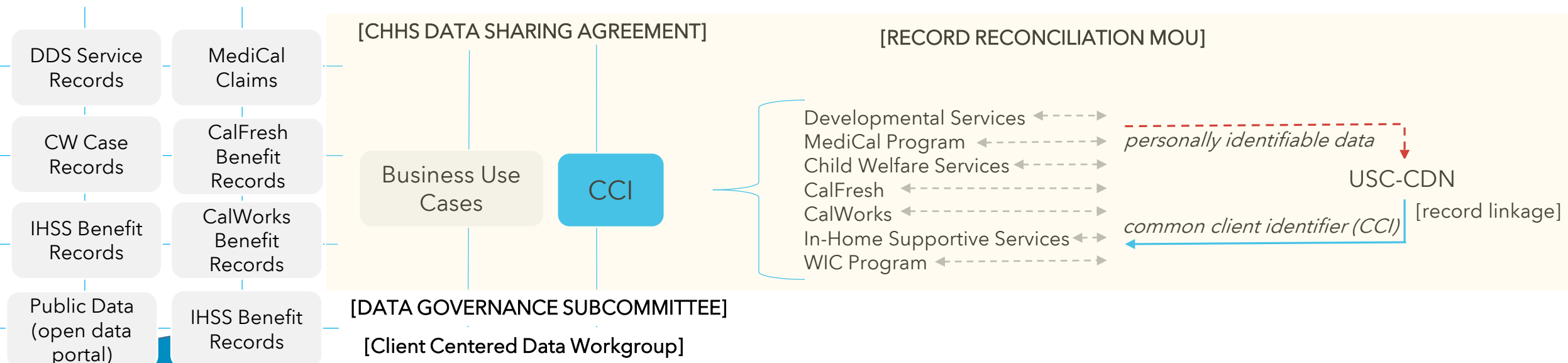
234

CALIFORNIA HEALTH AND HUMAN SERVICE AGENCY

CDA | DCSS | CSD | DDS | EMSA | DHCS | DMHC | CDPH | DOR | CDSS | DSH | OSHPD | CalOHII | OPA | OSI | OLES

[client centered collaboration]

[core analytic / event / service files]



235

Shared CHHS Analytic Environment for Processing Restricted Research Datasets

meta-data documentation, code, curated data, statistical software

[TBD on location and name - "Statistics California"?? "1849Collaborative"??]

*** Internal Cross-Program Analysts ***

External Research / Evaluation Partners [future, county and university]

External Data Consumers [future, anticipated cost recovery]

[CHHS CPHS / IRB] as needed

Questions?
ehornste@usc.edu