

AGENDA

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

Budget & Finance Committee Chair: Robert Byrd

**Thursday, April 12, 2018
1:30 PM**

Meeting Location:

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



ASPOSE

Your File Format APIs

1. **ACTION**
Call to Order / Roll Call
- **Sheila Kuehl, Commission Chair**
2. **ACTION**
Consent
- **John Wagner, Executive Vice President**
 - A. Approve Commission Meeting Transcript and Summary
Action Minutes - Thursday, March 8, 2018 3
 - B. Approve the Monthly Financial Statements Month Ending February 28, 2018 68
 - C. Approve Strategic Partnership with UNITE-LA for Kindergarten
Readiness Assessment (KRA) 74
 - D. Approve Extension of a Strategic Partnership with The Regents of the
University of California to have the UCLA Center for Healthier Children,
Families and Communities Continue Providing Technical Assistance to
support the Kindergarten Readiness Assessment (KRA) tool 77
 - E. Approve Mid-Year Budget Adjustments for FY 2017-18 80
 - F. Approve 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 95

COMMISSIONERS

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

EX OFFICIO MEMBERS

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

EXECUTIVE DIRECTOR

Karla Pleitéz Howell

EXECUTIVE VICE PRESIDENT

John A. Wagner

A PUBLIC ENTITY

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| 3. | INFORMATION
Remarks by the Commission Chair of the Board
- Commission Chair | |
| 4. | INFORMATION
Executive Director's Report
- Kim Belshé, Executive Director | 99 |
| 5. | ACTION
Communities Outcome: Approve Proposed Best Start Regional Network Grant Awards
- Christina Altmayer, VP of Programs
- Antoinette Andrews Bush, Director, Communities | 127 |
| 6. | INFORMATION
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- Barbara Andrade DuBransky, Director, Family Supports
- Lindsey Angelats, Strategic Advisor
- Dr. Deborah Allen, Deputy Director, Health Promotion, Los Angeles County Department of Public Health | 210 |
| 7. | Break | |
| 8. | INFORMATION
Board Meeting Debrief from 3/8/18 Breakout Sessions
- Kim Belshe, Executive Director | 260 |
| 9. | INFORMATION
Public Comment (for items not on the agenda) | |
| 10. | ACTION
Adjournment | |

ASPOSE
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SUMMARY ACTION MINUTES

FIRST 5 LA
Board of Commissioners Meeting
March 8, 2018
1:30-4:30 pm

COMMISSIONERS PRESENT:

Commissioners:

Judy Abdo (Vice Chair)
Bobby Cagle
Barbara Ferrer
Sheila Kuehl (Chair)
Yvette Martinez
Romalis Taylor
Keesha Woods
Marlene Zepeda

Ex-Officio Commissioners:

Karla Pleitez Howell
Wendy Smith
Christopher Thompson
Deanne Tilton

COMMISSIONERS ABSENT:

Jon Sherin (EXCUSED)
Joseph Ybarra (EXCUSED)
Jane Boeckmann (EXCUSED)

STAFF PRESENT:

Kim Belshé, Executive Director
Carl Gayden, Senior Director of Administration
Linda Vo, Board Secretary

LEGAL COUNSEL:

Craig Steele, Attorney-at-Law

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

1. Commission Chair Kuehl called the meeting to order at 1:35 pm. Quorum was present.
2. Consent
 - A. Approve Special Commission Meeting Summary Action Minutes and Transcript - Thursday, February 8, 2018
 - B. Approve the Monthly Financial Statements Months Ending December 31, 2017 and January 31, 2018
 - C. Contract: Approve One New Agreement and Authorize Staff to Complete Final Contract Execution Upon Approval from the Board
 - D. Approve the Long Term Financial Projection
 - E. Waive Governance Guideline #7-Expiration of Grant/Contract and Approve Extension of Current Agreement with Information and Referral (IR&R) Federation of Los Angeles County, Inc. (211) for an Additional 6 Months (through December 2018) for an Amount not to Exceed \$620,000 to Inform Consideration of First 5 LA's IR&R Strategy and to Align with LA County CEO's IR&R Procurement Process Timeline
 - F. Approve a Strategic Partnership with Southern California Grantmakers, Fiscal Sponsor for the Center for Strategic Public Private Partnerships/LA County Office of Child Protection to Support Technical Assistance through Gita Murthy Cugley and Associates to LA County Department of Mental Health to Operationalize Mental Health Services Act/Prevention and Early Intervention Funds for Prevention Efforts, And Authorize Staff to Execute A Contract for the Period April 1, 2018 -March 30, 2019 in the Amount of \$75,000

M/S (Marlene Zepeda / Barbara Ferrer)
THE ITEM WAS UNANIMOUSLY APPROVED

SUMMARY ACTION MINUTES

COMMISSION: (Items 3 – 7)

3. Remarks by the Commission Chair of the Board
4. Executive Director's Report
5. FY 2017-18 Mid-Year Budget Adjustments

Ms. Lopez presented on the Mid-Year Budget Projections. Item is set to be approved at the April Board meeting on Consent.

There were no further comments on this item.

6. First 5 LA – LA County Partnerships: Partnering to Advance Policy and Systems Change

Breakout Sessions:

1. Prevention/Office for Child Protection (OCP) Prevention Plan
2. System & Policy Change/Early Identification & Intervention
3. Broad Impact and Scaling Evidenced-Based Practices/Home Visiting

Note: Staff will do a report out of the breakout sessions at the April Board of Commissioners Meeting.

There were no further comments on this item.

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

ADJOURNMENT:

The Commission adjourned at 4:26 pm.

NEXT MEETING:

The next Commission meeting will take place on April 12, 2018 at 1:30 pm.

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

Meeting minutes were recorded by Linda Vo, Board Secretary

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MEETING OF FIRST 5 BOARD OF COMMISSIONERS

Thursday, March 8, 2018

750 North Alameda Street, First Floor

Los Angeles, California 90012

REPORTED BY:

EDITH NAVAS-MOUNEIMNE

CSR # 13797

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Thursday, March 8, 2018, Los Angeles, California

1:34 P.M.

-oOo-

SUPERVISOR KUEHL: Welcome to the meeting of the First 5 LA, Meeting of the Board of Commissioners on March 8th, International Women's Day. [APPLAUSE]

How many of you have been by a McDonald's today and seen the "M" turned upside down into a "W"?

[AUDIENCE RESPONSE]

Oh. Okay. I'm not pushing unhealthy food or anything, you know. [LAUGHTER] I don't care how old you are, but I thought that was kind of cool. Although, you know, people who know more than I say, those things have been up there for a million, trillion hamburgers. How did they get the "M" and turn it upside down? I said, I don't care. You know, I don't care if they just do it once.

I believe it's good to begin with our roll-call.

SECRETARY: Judy Abdo?

COMMISSIONER ABDO: Here.

SECRETARY: James Kaufman?

Bobby Cagle?

COMMISSIONER CAGLE: Here.

SECRETARY: Barbara Ferrer?

COMMISSIONER FERRER: Here.

SECRETARY: Yvette Martinez?

1 COMMISSIONER MARTINEZ: Here.
2 SECRETARY: Romalis Taylor?
3 COMMISSIONER TAYLOR: Here.
4 SECRETARY: Keesha Woods?
5 COMMISSIONER WOODS: Here.
6 SECRETARY: Marlene Zepeda?
7 COMMISSIONER ZEPEDA: Here.
8 SECRETARY: Karla Pleitez Howell?
9 COMMISSIONER HOWELL: Here.
10 SECRETARY: Wendy Smith?
11 COMMISSIONER SMITH: Here.
12 SECRETARY: Christopher Thompson?
13 COMMISSIONER THOMPSON: Here.
14 SECRETARY: Deanne Tilton?
15 COMMISSIONER TILTON: Here.
16 SECRETARY: Sheila Kuehl?
17 SUPERVISOR KUEHL: Here.
18 SECRETARY: Quorum is present.
19 SUPERVISOR KUEHL: All right. A quorum is present.

20 I'd like to begin the meeting acknowledging a woman
21 who is retiring after 17 and a half years with the -- it
22 sounds like when people say, how much older than your sister
23 are you? And, ever since I've been five, I've said four and
24 a half years, so 17 and a half years. It's appropriate when
25 we do zero to five. That's how they count their years as

1 well -- retiring from her position as director of
2 administration, Katie Fallin Keynon.

3 COMMISSIONER BELSHE: Director of Early Care and
4 Education.

5 SUPERVISOR KUEHL: Say that again.

6 COMMISSIONER BELSHE: Director of early care and
7 education.

8 SUPERVISOR KUEHL: Director of early care and education.
9 Okay. [LAUGHTER] So much for my notes. They are generally
10 perfect except for that; so I'll probably say other things
11 that are incorrect. Someone introduced me the other day, and
12 they always get one thing wrong. So I apologize; I just got
13 the one thing wrong.

14 So Katie is the second longest-serving member of the
15 First 5 LA staff, and served as assistant director of
16 research and evaluation until she became the first director
17 of early care and education department just -- well, it's two
18 years ago now, right? So as the ECE director, Katie led the
19 transformation of First 5 LA's ECE's investments away from
20 funding discrete direct services to partnering with others to
21 improve access to ECE for all young children, strengthen the
22 quality of early learning, improving the capacity of our ECE
23 workforce.

24 A great example of that transformation is the work
25 that Katie's been leading on behalf of First 5 LA: The

1 convening of the quality rating and improvement system;
2 Architects, a group of countywide ECE quality leaders working
3 to advance a common consistent approach to ECE quality in LA
4 County. This group, Architects Group, she's helped shape and
5 lead has received recognition from state leaders as a model
6 systems change effort in the nation state of LA no less.

7 So those are my notes. And I want to say, in
8 addition, I think that we often say, "Gosh, they've been here
9 a long time." And you wonder, is that a good thing or not a
10 good thing? Because some people become, you know, what shall
11 I say, I'll just speak for the Board "boardasaurus." You
12 know, where kind of like -- sometimes we just get stuck or
13 whatever. Katie never did. Katie helped us reinvent this
14 place in a very dynamic and wonderful way.

15 So I want to ask Kim if she would like to say a few
16 words about Katie and anyone else who's known Katie over the
17 years. And then ask Katie to come up, so that we can honor
18 her and listen to her and take a picture with her. Kimberly?

19 COMMISSIONER BELSHE: Ben is out there ready with the
20 camera. Thank you, Supervisor.

21 Your comments really speak so directly to my -- the
22 basis for my many reasons to love and appreciate Katie. One
23 of the themes of our work together, the Board with the staff,
24 is how First 5 LA to really contribute to sustainable
25 scalable impact for kids. It means we're going to have to do

1 our work differently and that involves the Board. It
2 involves how we structure and organize ourselves, and it's
3 how we show up in our new roles as not just grant-makers, but
4 really change-makers in terms of policies and systems. And I
5 so appreciate how Katie really exemplified, what I see across
6 the organization broadly, in terms of staff moving into new
7 roles and really leaning into some hard, difficult
8 conversations both within the organization as well as with
9 our many partners.

10 And, in many respects as the director -- first
11 director of our ECE department, Katie had to lead one of the
12 most significant challenges and changes for us, which is
13 moving away from that one huge contract with LAUP Funding
14 Direct Services -- really important -- but really leading a
15 very different body of work emphasizing policy and systems
16 change and furtherance of quality ECE and partnership with
17 others.

18 And, finally, I so appreciated how Katie always had
19 a smile on her face. Even when the conversations were hard,
20 she was present. She was engaged and really
21 solution-oriented.

22 So we are grateful for her many years of service,
23 and I would note she's not retiring and, indeed, Katie will
24 continue to be participating in a number of our projects in a
25 consultant capacity. And so we're delighted to have the

1 ongoing benefit of her talents.

2 SUPERVISOR KUEHL: Then I'm much relieved. I thought you
3 were going off to Tahiti or something really dumb like that.

4 [LAUGHTER]

5 Katie, would you allow us to give you a great round
6 of applause and approach the mic. [APPLAUSE]

7 Want to say a few words to us?

8 MS. KEYNON: Sure.

9 SUPERVISOR KUEHL: Please.

10 MS. KEYNON: Now that my cheeks are probably purple.
11 Take pictures.

12 Thank you. This is really kind and I feel very
13 honored that you all are acknowledging me for, you know, what
14 I feel very grateful for, to have worked here for so long and
15 to have the opportunity -- as I know many of us do -- to do
16 work that we really care about. And not everybody gets to do
17 that, right.

18 So that's something I'm definitely grateful for and
19 certainly grateful for the many colleagues, both within the
20 organization and externally, who continue to inspire me and
21 who I've learned a great deal from; and also from the
22 leadership, you know, Kim's leadership, the Board's
23 leadership, and my supervisors of the years, Armando and
24 Christina, I've learned so much.

25 And, you know, I said in my e-mail to all staff last

1 week on my last day, how it feels really good to be leaving
2 as what I see as the peak of this organization, and I know
3 will only go higher; but to leave when the organization is so
4 strong. And I know the staff that we have on board now are
5 so incredible. We have so many new staff, and I know that
6 I'll be watching you all do great things.

7 So as I've said to my colleagues and honestly to
8 myself, when in those moments of sadness about leaving, I'm
9 not moving; I'm not retiring; and I am not leaving the field.
10 I will absolutely continue to work for young children in Los
11 Angeles County.

12 I just, you know, need a little more balance in my
13 life. And my daughter is at an age where she actually likes
14 to spend time with me, and so I want to take advantage of
15 that while I can. So I will be consulting, and hopefully
16 will continue to see many of you, and to continue to fight
17 for young children. So thank you so much. [APPLAUSE]

18 SUPERVISOR KUEHL: Thank you so much.

19 Katie, will you join us for a picture and the Board
20 perhaps join Katie over here, so we kind of have a decent
21 background.

22 MS. KEYNON: Sure.

23 [PICTURE TAKEN] [APPLAUSE]

24 SUPERVISOR KUEHL: Okay. I think the next thing on our
25 agenda today is the consent calendar. I don't see Mr. Wagner

1 here to present it; so I think we'll have to call on
2 Mr. Gayden.

3 MR. GAYDEN: Thank you. And good afternoon, Madam Chair
4 and Commissioners. I'm going to try to give my best John
5 Wagner impersonation so bear with me.

6 A couple items to draw to your attention: Sub-item
7 C contains one new contract for your review and action. It's
8 with the Childcare Alliance of Los Angeles. If approved, the
9 alliance will develop the training and technical assistance
10 model for the early childhood competencies initiative. This
11 is a multiyear contract for \$203,053 with \$40,610 coming from
12 the current year budget. These funds are contained in the
13 budget, and this item was presented at the PPC meeting in
14 January.

15 Sub-item D would be your official receipt and file
16 of our Long Term Financial Planning or LTFP presented to the
17 Board at our last board meeting on the 8th of February. The
18 LTFP includes a five-year projection of our revenues and
19 expenditures through June 30, 2022.

20 Sub-item E is the waiving of the First 5 LA
21 Governance Guidelines No. 7 stating that all contracts end on
22 their end date. I should note that waiving of the governance
23 guidelines requires a recorded vote to ensure we have seven
24 out of nine votes in support of this.

25 Staff presented information on sub-item E at the

1 last meeting of the PPC on January 22, 2018, putting forth
2 our recommendation to extend this contract for an additional
3 six months through December 2018. This extension aligns with
4 the county's CEO's timeline for the procurement of these
5 services, and affords our staff the time to complete an
6 internal inquiry process to review potential alignment
7 including role and purpose of this information and referral
8 function across our four strategic outcome areas.

9 We heard feedback from the commissioners at the PPC,
10 and we anticipate coming back to the Board in the fall of
11 2018 or sooner when staff has the opportunity to complete
12 this internal inquiry process to inform our next steps.

13 And, finally, your action on sub-item F would
14 approve a strategic partnership with Southern California
15 Grantmakers, which serves as a fiscal agent for the LA County
16 Center for Strategic Public-Private Partnership.

17 In addition to establishing this partnership, it
18 would provide \$75,000 via a contract from April 1, 2018 to
19 March 30 of 2019, for a consultant to provide technical
20 assistance to the Department of Mental Health. This
21 consultant is working on a plan with DMH to more effectively
22 use Mental Health Services Act, the MHSA, resources for
23 prevention and early intervention work and is critical to
24 developing the county's plan in response to 2016 Board motion
25 on home visitation. This item was also discussed at the

1 February meeting of the PPC.

2 With that, I'd like to turn it over to the Chair.

3 SUPERVISOR KUEHL: Thank you so much.

4 Any desire on any member to remove anything from
5 consent? All right.

6 I think what we might do then is to take a roll-call
7 vote on all the consent items, and then we don't have to do
8 it more than once, and that would cover the seven out of nine
9 for item E that's needed to waive the guideline.

10 So I have a motion to approve the consent calendar.

11 COMMISSIONER: Moved.

12 SUPERVISOR KUEHL: Moved, and second it? Is there a
13 second?

14 COMMISSIONER: Second.

15 SUPERVISOR KUEHL: Moved and seconded it. Please call the
16 roll on the consent calendar.

17 SECRETARY: Judy Abdo?

18 COMMISSIONER ABDO: Yes.

19 SECRETARY: Barbara Ferrer?

20 COMMISSIONER FERRER: Yes.

21 SECRETARY: Yvette Martinez?

22 COMMISSIONER MARTINEZ: Yes.

23 SECRETARY: Romalis Taylor?

24 COMMISSIONER TAYLOR: Yes.

25 SECRETARY: Keesha Woods?

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COMMISSIONER WOODS: Yes.

SECRETARY: Marlene Zepeda?

COMMISSIONER ZEPEDA: Yes.

SECRETARY: Sheila Kuehl?

SUPERVISOR KUEHL: Yes.

SECRETARY: Motion passed.

SUPERVISOR KUEHL: All right. So the consent calendar is duly adopted after a roll-call vote. Let us move then to the next item, which is remarks from the Chair.

We have a really exciting opportunity today, I think, and I am so excited to get to it. Where occasionally the Board has the opportunity to kind of talk among ourselves with the help of those who know more about one item or another than we do with some exceptions. And those discussions, I think, are one of the richest experiences that we have. But I also want to note and say that I understand that things that the Board contributes are also taken into account.

This Board was set up so that every member would have something to contribute from their own experience, from their own area, from their own department so that it would enrich, really, the thinking of what happens here at First 5 LA. And, you know, the construction of a board is always a very interesting and sometimes mysterious thing. But understanding that I think that we have all taken this very

1 seriously, you know, showing up as we do each month and to
2 committee meetings and chairing committees, et cetera. And
3 one of the items that we've been looking at, over the past
4 several years as the First 5 LA has shifted its mission, is
5 this issue of systems change.

6 And some people refer to it as systemic change, but
7 really systemic change is different from systems change.
8 Systemic change would be eradicating racism. Okay. That
9 would be systemic. Think of it with a great big "S."
10 Systems change is how can we get a particular system, often a
11 closed system like a school district or any kind of, you
12 know, local government or a philanthropic group, to change
13 the way they operate in order to better impact, better
14 empower, better aid the very people that we think we're here
15 to serve and about whom we care.

16 Often it's inadvertent or not intended, which like
17 sexual harassment doesn't matter anymore whether you intended
18 it or not. It's kind of like what's the outcome? What's the
19 impact?

20 We would find, for instance, when we did this in the
21 California courts related to domestic violence victims
22 looking at what changes might be needed, that the courts
23 thought they were being perfectly reasonable having their
24 restraining order window open every Tuesday from 1:00 to
25 5:00. Well, everybody can't get there every Tuesday from

1 1:00 to 5:00 and especially, if you're a victim of domestic
2 violence and have to really think about every second of your
3 life, how you're going to keep yourself and your family safe.

4 So calling the attention of the courts to this issue
5 has made some changes. Though there is always a lot of
6 pushback for change, well, we'd have to have more people at
7 the window; well, we'll have to have more hours; well, et
8 cetera. And, of course, the answer in a way is we're focused
9 on our clients; we're focused on our mission; and we don't
10 care. We have to find a way to work with you about systems
11 change.

12 So the question really of what a system is, and how
13 you change it, is something that I think we've engaged in a
14 couple times, and I look forward to that as well today. But
15 the theme for our discussion today is our ongoing
16 relationship with the county in so many ways.

17 In our three different groups, we're really talking
18 about how we interrelate or could better interrelate with the
19 county. And importantly, since so many of us here work for
20 the county and that was part of the design of this Board, how
21 can the county better work so they pay more attention to this
22 population and their families.

23 So I'm really looking forward to this, but also I
24 want to say, I'm -- I really enjoy being in the company of
25 this Board, and I'm looking forward to this discussion with

1 our experts, with our staff, and with my colleagues.

2 And normally we would go to Kim's remarks, but she
3 indicated to me that, since she's going to introduce the
4 breakout sessions, that she would make her remarks -- if you
5 don't mind my referring to you in third person like that --
6 that she would make her remarks at that time.

7 COMMISSIONER BELSHE: She's on point.

8 SUPERVISOR KUEHL: Yes. We're using the royal "we" often
9 these days. So anyway, I'm just full of gratitude today, and
10 that was my -- those were my opening remarks.

11 I believe the next thing, then, on our agenda -- we
12 would go to item five, which is our midyear budget
13 adjustment.

14 Are you going to start -- Mr. Ortega, please.

15 MR. ORTEGA: Thank you, Madam Chair. Good afternoon,
16 Commissioners.

17 As part of our regular budget cycle, at this time of
18 the fiscal year, we reevaluate and reassess the level of
19 spending that we are experiencing, and we make the
20 appropriate adjustment in order to better reflect the actual
21 expenditures or the actual spending for the fiscal year.

22 In today's midyear presentation, you'll see that
23 we're doing both downward and upward adjustments specifically
24 in area of the strategic plan outcome areas. And, in Daisy's
25 presentation, she will be explaining the context of those

1 adjustments and provide concrete example of why these
2 adjustments are occurring. And, although we are identifying
3 an overall downward adjustment for this fiscal year, it is
4 important that -- to remind all of us that this is just a
5 midyear process. I want to emphasize that this did not
6 equate to a reduction of programs and/or a redirection of
7 resources from the Board identified and directed support for
8 the strategic priority outcome areas.

9 At this time, I would like to pass it to Daisy to go
10 into more detail about the fiscal year midyear adjustments.

11 MS. LOPEZ: Thank you, Raoul. Good afternoon,
12 Commissioners, staff, and guests. Today we will be
13 discussing the proposed midyear adjustments to the fiscal
14 year 17-18 fiscal year budget.

15 Today's presentation will address: The key
16 commission budget touch points throughout the budget
17 development process; a review of our approach to the midyear
18 process; a summary of the Board approved policy, and how it
19 is utilized in this process; a high level assessment of the
20 midyear adjustment impact to the overall fiscal year 17-18
21 budget, wherein, I will address the spending shifts that are
22 driving the adjustment. I will also be providing some
23 context and concrete examples related to the program and
24 operating adjustments before moving on to a brief summary of
25 key points and closing with the next steps in this process.

1 The key commission periods related to the budget
2 development begin in May when the fiscal year budget for the
3 following year is presented to the commission as an
4 informational item. Followed by the presentation of the
5 fiscal year budget as an action item for approval sometime in
6 June.

7 Today we are presenting the proposed fiscal year
8 17-18 midyear adjustments to the commission as an
9 informational item. This will then be brought before the
10 Board as an action item for approval in April.

11 Now to discuss our process and approach. We have
12 two components to our budgets: Program and operating.
13 Consistent with prior years, adjustments were consolidated
14 into a single year midyear item managing adjustments to both
15 the operating and program sides of the budget simultaneously.
16 The adjustments include both increases and decreases to
17 approved spending based on additional analysis, actual
18 spending rates, and update of assessments of need for the
19 fiscal year.

20 Our process also adheres to the guardrails outlined
21 by existing budgetary board policies, which approach the
22 operating and program budgets differently. Consistent with
23 these policies, we are required to bring all operating budget
24 line item adjustments of 25,000 and over to the Board for
25 approval. We have historically provided the Board with

1 information on all line item adjustments regardless of the
2 amount in an effort to maintain transparency.

3 On the program side, also consistent with our
4 policies, we must bring any program budget changes to the
5 Board for approval.

6 The 17-18 midyear budget adjustment process is
7 reflective of increased experience and learning. Given that
8 this marks the third year of activities in support and
9 advancement of the 2015-2020 strategic plan, budget estimates
10 continue to improve aligning more closely with actual need.
11 This point is made evident by the three and a half percent
12 adjustment in fiscal year 17-18 versus the nine percent
13 adjustment of the fiscal year 16-17 budget following the
14 similar midyear adjustment process.

15 Now, to look more closely at what that three and a
16 half adjustment represents for fiscal year 17-18, here is a
17 table that helps to illustrate the results of the midyear
18 adjustments at a high level. As a proposed expenditure
19 modifications within the 2015-2020 strategic plan activities,
20 represent a majority of the total midyear adjustments.

21 We will be diving into a deeper discussion of the
22 primary reasons that inform the cost revision, the key
23 activities within the strategic plan in a few minutes. But
24 first, we will discuss the high-level impact to the 17-18
25 budget.

1 The outcome of the midyear process for fiscal year
2 17-18 is an overall downward adjustment of approximately
3 5.1 million in anticipated expenditures. Adjustment to the
4 operating budget represent movements of funds between line
5 items and cost categories based upon updated needs and
6 assessments for the remainder of the fiscal year. The net
7 result of which is cost neutral with no net change to the
8 operating budget. I will be delving deeper into the
9 operating estimates and providing more detail a little later
10 in this presentation.

11 The overall adjustment to the 17-18 budget is driven
12 entirely by a shift in spending across various program
13 initiatives. The overall downward adjustment to the program
14 budget is 4.1 percent and, with cost neutral adjustments to
15 the operating budget, the net effect translates into an
16 approximately three and a half percent net change to the
17 overall 17-18 budget.

18 Now, we will shift our attention to address some of
19 the variables driving the adjustments beginning with program
20 costs. Additional information and contacts regarding the
21 program budget changes are documented in the memo included in
22 your materials today. And a summary of all budget changes at
23 the initiative level and the program level can be found in
24 attachments 1A and 1B.

25 Two initiatives have a documented need for an

1 increase this year: The family's outcome area and the
2 universal assessment of newborns. Both of these increases at
3 the initiative level do not represent requests for new
4 funding and are fairly minimal as it relates to the overall
5 budget. The total request increase is approximately
6 \$449,000. Just to note, however, these additional funds were
7 all Board approved as part of multi-year allocations,
8 contracts, and funding.

9 We are adjusting the original 17-18 budget
10 commitment, where the lower than anticipated spending was
11 primarily driven by updated information or changing
12 circumstances, such as final contract negotiations, revised
13 spending estimates for the fiscal year based on more
14 realistic data or updated information on programmatic
15 outcomes or targets.

16 Shifts to the program activity timelines were
17 revised due to developments within the areas of program
18 implementation, procurement, contract negotiations,
19 subcontracting, training, and partnership establishment in
20 support of First 5 LA's strategic shift toward a program
21 policy and systems change approach.

22 The primary reasons affecting spending originally
23 anticipated for this year are fairly consistent with the
24 reasons that triggered reduced spending in prior years.
25 Although, these modifications have resulted in downward

1 adjustments to programatic budgets. Again, they do not
2 represent adjustments over the life of these investments.

3 Several of these adjustments are the result of
4 experience developed over time and represent a move toward
5 appropriate cost alignment. Many activities that did not
6 advance this year are expected to get underway in fiscal year
7 18-19. As one of the primary reasons for the anticipated
8 decline in spending this fiscal year, is a shift in the
9 timeline of activities and associated costs.

10 I now want to shift our attention to the cost
11 adjustments proposed within the strategic plan since, as I
12 mentioned earlier, a majority of the proposed 17-18
13 adjustments are being requested within the 2015-2020
14 strategic plan activities.

15 This table illustrates the adjustments at the
16 strategic plan priority outcome area level, as well as at the
17 strategic plan investment area support costs, and the
18 integration and learning division level. An expanded version
19 of this table is included in your FYI papers.

20 An additional six months of actual spending data
21 implementation, resulted in revised research estimate
22 projections for the four priority outcome areas. Three of
23 which demonstrate lower than anticipated levels of spending
24 by June 30, 2018.

25 Judging by these figures and the reasons for them --

1 we will address in a moment -- we can see that costs are
2 being aligned to actual need, which demonstrates a commitment
3 to learning from current and past investments.

4 The Family Open Area is requesting a 149,000 or four
5 and a half percent upward adjustment to their 17-18 budget.
6 The net shift in resources is the result of adjustments both
7 up and down among the outcome area program driven by an
8 alignment to actual cost based on additional data, actual
9 contracted amounts, and new information.

10 For example, the largest adjustment in this outcome
11 area is in select home-visiting programs, wherein, the
12 program is adjusted upward to reflect actual expenditure
13 trends due to higher than anticipated enrollment.

14 Communities is requesting an approximately \$568,000
15 or three percent downward adjustment to the proposed costs
16 for the year. This shift in resources is largely the result
17 of the Best Serve alignment process, prioritization, and the
18 additional time needed to thoroughly plan the logistics in
19 support of the coordination of the Best Serve alignment
20 process, pre-implementation design, and alignment
21 implementation planning. It also includes adjustments to
22 fund an additional need in ongoing community participation
23 support costs.

24 ECE is requesting an 836,00 or 3.8 percent upward
25 adjustment. Costs within the ECE outcome area are

1 predominately being realigned to the revised timeline of
2 activities due to amended contract and grant execution dates
3 to allow for thorough review.

4 The incremental adjustments among early childhood
5 educator competencies curriculum, CRF architects group, and
6 systems planning, kindergarten readiness assessment, and
7 educare policy and advocacy result in the aggregate decline
8 in anticipated expenditures for the current year.

9 Health is requesting a roughly 2.7 million or
10 64.4 percent downward adjustment. This outcome area, the
11 smallest budget and most emergent of the four priory outcome
12 areas, demonstrates the largest adjustment relative to its
13 original budget. The revised estimates represent a shift in
14 spending from the current year into next fiscal year and
15 subsequent years. The budget is being modified to reflect
16 the extensive efforts and work required to develop and launch
17 countywide systems change including vetting and establishing
18 new partnership opportunities with the county and diverse
19 stakeholders.

20 One example of this is the five-year strategic
21 partnership with the Los Angeles County Department of Public
22 Health, who will serve as the Help Me Grow LA organizing
23 entity to guide Help Me Grow's planning and implementation
24 efforts. Costs within this outcome area are expected to
25 increase as we move further into the implementation process.

1 The total requested revision to the strategic plan
2 activities budget, including the investment areas and support
3 costs adjusted by 500,000 and integration and learning
4 adjusted by 547,000, is a downward adjustment of nearly 5
5 million or 5.4 percent to the current fiscal year strategic
6 plan budget.

7 Again, I would like to reiterate that the -- that a
8 decrease in program budget funds is not necessarily a
9 decrease in the investment. Many of the unused program funds
10 will be used to advance the work of the Commission next year
11 and in the following fiscal years.

12 Turning to our operating estimates, the operating
13 budget represents the personnel, supplies, and service costs
14 required to support and advance the work of the organization.
15 As mentioned earlier, the adjustments to the operating side
16 are cost neutral representing resource movements between line
17 items and departments with no net increase to the overall
18 budget.

19 Projected savings in personnel and professional
20 development were repurposed to offset additional needs
21 identified in general operating expenses, consultant
22 services, professional services, and travel expenses. Some
23 examples of key cost-drivers include a proposed upward
24 adjustment to legal fees line item, which falls under the
25 scope of professional services; to align the budget to an

1 increase in public request act-related costs and contributes
2 to the 14.6 percent increase to this cost category.

3 Another example is the spike in travel expenditures
4 resulting from the organizations emphasis on policy and
5 advocacy work and partnership building, which led to an
6 increase of \$39,000 or 12.3 percent to travel expenses.

7 Additionally, the 7.6 percent increase to consultant
8 services is primarily the result of additional funds needed
9 to support the capital improvement, space planning and design
10 prework efforts, which will inform the capital improvement
11 expenditure plan that will be brought before the Board in
12 June for approval. More information on this item will follow
13 as the work plan develops.

14 Consistent with past practice, budget projections
15 and any necessary adjustments are prepared at the
16 departmental level, which roll up into the agencywide
17 adjustments presented in attachment 2 -- also included in
18 your materials today. This allows for a higher degree of due
19 diligence to ensure that budgets are monitored and managed at
20 the appropriate level, as well as to best inform the fiscal
21 year 18-19 budget which, as I mentioned, is currently in
22 development.

23 It should be noted that the proposed adjustment to
24 the budget did not effect the administrative limit, which
25 remains within the fiscal year 17-18 dollar limit approved by

1 the Board of \$13 million.

2 Again, the operating budget is cost neutral.
3 Meaning that we are neither requesting an increase nor
4 decrease to the overall operating costs. The downward
5 adjustment at midyear is not a reduction to the overall
6 commitment to the work or previously approved Board funding.
7 This is strictly an adjustment to the anticipated spending in
8 fiscal year 17-18.

9 And last the program adjustments reflect the time
10 and effort that is required to successfully plan and
11 implement work that is embedded in ongoing partnership
12 building, policy, and systems change. This work is intricate
13 and lengthy and reaffirms First 5 LA's commitment to thinking
14 and planning for the long term so that we may continue to
15 fulfill our mission ensuring that all children in LA County
16 enter kindergarten ready to succeed in school and life.

17 Our next step in this process is to bring these
18 adjustments back for final approval at the April 12th
19 meeting. We will use the revised 17-18 budget and updated
20 information on actual spending levels to evaluate and confirm
21 all levels of fund balance for appropriateness; thereby,
22 recommending proposed modifications to the Board for
23 approval. This process is performed in conjunction with the
24 budget approval process. Staff will continue to revise
25 resource estimates and update the Board as strategic plan

1 activity implementation continues and more information is
2 known.

3 Before I conclude, I would like to extend my
4 gratitude and appreciation to staff for their responsiveness
5 and cooperation throughout this process and to the finance
6 team for their support. Thank you.

7 SUPERVISOR KUEHL: Ms. Lopez, who are the cuties?

8 MS. LOPEZ: These little cutie patooties are my nephews.
9 The one on the left in blue is Sebastian and the one in red
10 is Owen.

11 SUPERVISOR KUEHL: Okay. Thank you very much. That was
12 excellent, really well presented, and I think, you know, very
13 clear to us. Anybody have any questions? Comments?

14 Dr. Ferrer.

15 COMMISSIONER FERRER: Yeah. Thank you so much. That was
16 an excellent presentation, and I appreciated how much work
17 went into making it easy for us to understand. So thanks a
18 lot.

19 I did -- I just wanted to make sure that I
20 understood correctly that, where there's been significant
21 underspending -- so health related systems, you know,
22 certainly had a significant amount of underspending --
23 there's a commitment to continue with a similar level of
24 support in the out years? Because I wasn't sure if, like,
25 what we're saying is we're committed to these areas, but

1 we're going to reassess in the subsequent years what dollar
2 amounts are going to be attached to that commitment, or
3 whether this really reflects, like, slow start-up not being
4 able to execute the contract. So I just wanted to make sure
5 I understood what the strategy would be there.

6 MS. LOPEZ: Well, it is a continuation of support of the
7 services and the program implementation. So, for example,
8 health is one of the areas, where we have spent the most time
9 in the development process, ensuring our due diligence to
10 make sure that it is an effective and impactful process for
11 countywide strategies and collaboration. So I believe we
12 will continue to fund that particular outcome area as needed.

13 COMMISSIONER BELSHE: That's right. Just to underscore
14 Daisy's point, as a part of the Board approved strategic
15 plan, there's a high level budget associated with the bodies
16 of work. And so while -- so there's a set amount of money
17 that has effectively been set aside to support our health
18 systems work. Even though we're not -- even though we are
19 bringing forward to the Board a downward adjustment, those
20 dollars are still available to support the work going
21 forward.

22 COMMISSIONER FERRER: That's really encouraging
23 because particular around Trauma-Informed Care, I know there
24 are various county efforts that are really taking a hard look
25 at that as well. So I just wanted to make sure that the

1 commitment is --

2 COMMISSIONER BELSHE: No. The commitment is absolutely
3 -- is absolutely there and the dollars are there.

4 COMMISSIONER FERRER: Are there.

5 COMMISSIONER BELSHE: The only asterisk I would note is
6 this work is adaptive, and so if there's some external event
7 or a new funding source that arises that could contribute
8 rather than First 5 LA's funds, we would want to come back to
9 the Board. But we are definitely operating within Board
10 approved guidelines for the bodies of work that encompasses
11 strategic plan.

12 COMMISSIONER FERRER: Yeah, that's great. Cause
13 sometimes, you know, in this ramp-up or potential ramp-up,
14 you do find things that would also make you change your mind.
15 But it didn't sound like that was it. It sounded like we
16 were still on this trajectory. So thank you so much.

17 COMMISSIONER ZEPEDA: Thanks, Daisy, for that.

18 I just want to get clarification on the calendar
19 'cause I know that we're folding in the budget presentations
20 into the program and policy committee meetings; correct?
21 Will that come up at the next P&P or prior to coming to this
22 Board?

23 COMMISSIONER BELSHE: Thank you for raising that,
24 Marlene. That was kind of a one-off because we didn't have a
25 January board meeting. That's why we leveraged PPC to do the

1 long-term financial projection briefing, but we will only
2 come back to PPC on a budget item, as we normally do, to talk
3 with you about the program budget this Spring.

4 COMMISSIONER ZEPEDA: I have a self-interest in that;
5 that's why I was asking the question.

6 COMMISSIONER CAGLE: Madame Chair, if I might, I also
7 wanted to echo Barbara's concern around the Trauma-Informed
8 Care line item. I intend, within the Department of Children
9 and Family Services, to really underpin all the efforts
10 ongoing, while I'm director, on the understanding of brain
11 development trauma that really needs to under guard the work
12 that we do. And so I'm very pleased to hear that there is
13 going to be a continued commitment to that. Thank you.

14 SUPERVISOR KUEHL: Thank you. Yvette.

15 COMMISSIONER MARTINEZ: Thank you for this information.
16 So these --

17 SUPERVISOR KUEHL: Karla -- I'm so sorry, Karla. Karla,
18 you raised your hand first.

19 [Multiple speakers]

20 COMMISSIONER PLEITEZ-HOWELL: The numbers sort of tell a
21 story of our pacing in some of this work. And, in
22 particular, I look at EC and definitely the health related
23 systems, and there is part of this that makes me wonder about
24 First 5 LA's pacing and getting the work out. And, if -- it
25 could be we are waiting to be strategic to figure out how we

1 implement this. Or, with the Trauma-Informed Care, is it
2 that we have slowed down our pace and haven't been doing our
3 work as -- in a way that brings in our partners? If we could
4 unpack whether it is strategically, here is where we're
5 heading, and we're thinking about what that's going to look
6 like. Or we slowed down our pace in this because these
7 challenges that came up. So that's the first question that
8 comes out with the numbers.

9 And, then, the second question is how much do our
10 partners know that this isn't going to be a 2017-18
11 investment, but a 2018-19 investment?

12 MS. LOPEZ: Well, the adjustments to the 17-18 budget is
13 in response to any feedback or additional information that
14 was gathered in conjunction with our partners. So it was
15 adjusted based on information that they provided as well as
16 expenditure information over the course of the first six
17 months.

18 We take as much information as possible in order to
19 inform these adjustments for the remainder of the fiscal
20 year. So, any activities that were originally earmarked for
21 the current year that will be executed next year, is -- was
22 approved and was decided with our partners.

23 COMMISSIONER BELSHE: It's -- it's a great question. The
24 first piece -- Christina, do you want to say a few words
25 about this issue of pacing and what pacing reflects relative

1 to us, our partners, us with our partners together?

2 MS. ALTMANYAR: Absolutely. I do think where you saw a
3 significant --

4 COMMISSIONER BELSHE: Can you get a little closer to the
5 mic.

6 MS. ALTMANYAR: Sorry -- where you saw a significant
7 differential was in health systems work, and I think that's
8 reflective of two things: One is we will be coming back to
9 the Board shortly at the April Board meeting and PPC meeting
10 to talk about our partnership on Help Me Grow, which is our
11 effort to increase early identification and intervention
12 services. This we're really excited about, our partnership
13 with the Department of Public Health on this work, and this
14 reflects, I would say, probably an overly ambitious agenda of
15 how soon we thought those partnership details and work could
16 be solidified.

17 We are deeply engaged in working with our partners
18 at Public Health, as well as to think about how this work can
19 be embedded within our communities, and looking at community
20 demonstration projects. So this is very much being done
21 hand-in-hand with our partners, and is really reflective of
22 our work to ensure that we're engaging our partners and to
23 have a systems change focus, which often takes a lot longer.

24 I would say, in comparison to work that's been done,
25 you know, in the past where we would issue an RFP and, you

1 know, fund specific programs; now, we're thinking through the
2 implications at the front end about how can we design and
3 develop this, so that we're leveraging funding. So that were
4 thinking about opportunities to draw down federal funding,
5 and that we're also looking to how this work can be embedded
6 appropriately within the agents of scale and sustainability
7 at the county. So I am happy to get into more specifics.

8 I want to make sure I answered your question,
9 though, Karla, if I did? Is that the specific project that
10 you wanted?

11 COMMISSIONER BELSHE: It is, but it is a broader
12 question.

13 COMMISSIONER PLEITEZ-HOWELL: It is.

14 COMMISSIONER BELSHE: So, like, another example that
15 perhaps may come up, in the first breakout group on
16 prevention, relates to one of our strategic priorities in the
17 communications department -- excuse me, Communities
18 Department related to community resource networks (CRNs). So
19 we have resources that the Board has approved for this body
20 of work. It happens to be now, following the approval
21 strategic plan, the Office of Child Protective Services was
22 created. The Board directed OCP to come up with a prevention
23 plan. The prevention plan yielded seven recommendations.
24 The foundation is very similar to CRNs. So rather than us
25 saying, "Well, we've got a Board approved strategic plan and

1 we've got a strategy, we're moving forward." We along with
2 our partners at OCD said, "You know, let's align these
3 efforts, and let's make sure that our investment is really
4 helping accelerate and support the work the county is
5 leading."

6 So it's such a great question, but we really -- what
7 you're hearing from me and Christina and Daisy, is
8 underscoring the pacing is a product of our -- our efforts to
9 be strategic. We're not always successful. And doing so in
10 partnership with diverse stakeholders particularly the
11 county.

12 SUPERVISOR KUEHL: Wendy.

13 COMMISSIONER SMITH: I'm very interested in everybody's
14 comments about this. Because my impression reading the
15 detail that you provided on the various reductions, seemed to
16 me in some way really the reason for the breakout sessions.
17 In other words, that they reflect the complexity of working
18 in this new way, and that you were going to help us, you
19 know, get further on board with understanding how that
20 changes also the use of our resources.

21 COMMISSIONER BELSHE: Yep, that's right.

22 SUPERVISOR KUEHL: I think we often concentrate a lot on
23 where we are reducing funding in this budget that we'll then
24 be using later, and I think that the comments reflect
25 something that we'll probably want to talk about in the

1 county as well. Because, when you partner with the county,
2 it's not always the case that things take longer, but it's
3 almost always the case that things take longer. [LAUGHTER]

4 But also because, as Kim indicated, we -- we're
5 headed in a direction to do something here at First 5 LA kind
6 of on our own. We were working toward it and ready to fund
7 it, and then as we shifted our focus and said, "You know, we
8 really get more bang for our buck partnering." It comes
9 sometimes as a surprise -- "Hi, here is a million dollars,
10 Bobby, can you roll it out the door tomorrow?" And he'll
11 say, "How's the day after tomorrow?" [LAUGHTER]

12 And that really, you know, is the case with some of
13 what we're doing. I mean one of the places where we're
14 partnering with Public Health will start in May. It's later
15 than we thought, but it's going to start in this year; but we
16 only have to fund two months for this year, and it will roll
17 into the next year.

18 I asked the same question last year, you know, what
19 is significant underspending? And it's kind of like, well,
20 we're trying to get it out the door. County take care of
21 thyself.

22 I also think it's good for us to celebrate the place
23 where we had to put a little more money in. I was interested
24 in the home-visiting programs where there was a greater
25 enrollment 'cause we had talked about -- I don't know maybe a

1 year and a half ago -- why we weren't getting more people to
2 sign up. You know, there was a trust issue or kind of like:
3 "Hi, I'm here to help you." "Well, who the heck are you?"
4 You know. "I just had my baby and not sure I know you." So
5 I think that represents a really good trend for us.

6 And speaking on behalf of the county, which I can do
7 this year as a Chair, county is very excited in many of its
8 departments to be working with First 5 LA, not only those who
9 are represented on the Board, but, you know, the fact that
10 there's just more interest. Mike Nash is very happy about
11 it. It's really a good thing because it also extends our
12 understanding and our reach. So very grateful.

13 Any other questions to Daisy? That was a really
14 good presentation. Thank you so much.

15 MS. LOPEZ: Thank you.

16 SUPERVISOR KUEHL: Okay. The hour of 2:25 having
17 arriven. We'll move to our --

18 COMMISSIONER BELSHE: We are ahead of time.

19 SUPERVISOR KUEHL: Oh, yeah. Well, you know, that's just
20 the hallmark of my heart.

21 COMMISSIONER BELSHE: Nothing brings more joy to a
22 Chair's heart.

23 SUPERVISOR KUEHL: So the next piece that we're moving
24 into -- because we we're going to have a break and then an
25 introduction and then move into our rooms -- Kim and I

1 discussed it and thought: Well, you know, instead why don't
2 we have the introduction, and then we'll move into our rooms
3 during the break. Taking a good 15 minutes for our break.

4 So let me turn to Kim to ask her to give us her
5 opening remarks and opening remarks for the breakout
6 sessions.

7 COMMISSIONER BELSHE: Great. Well, thank you very much,
8 Madame Chair and Members of the Commission.

9 First off, I would like to note that I am not John
10 Wagner, and John is on jury duty.

11 COMMISSIONER: Good for him.

12 COMMISSIONER BELSHE: Exactly. And we have been very
13 clear amongst ourselves that all of us would really like to
14 have John on our jury if we were -- other than Craig. Craig
15 said, "He did not want John on his jury." [LAUGHTER] He's on
16 jury duty.

17 COMMISSIONER: He's on the jury.

18 COMMISSIONER BELSHE: He is on the jury. So this is day
19 four. It is sadly ironic that this is the first meeting in
20 John's over five years at First 5 LA that he is not here.
21 Because today is the day where we are going deep with the
22 Board on the issue John has really been our champion of in
23 terms of county partnerships to advance really broad systems
24 and policy change. So I'm just really sad, just saying. So
25 I will do my best to channel John. I know he's with us in

1 spirit and really wishes he were here.

2 So a couple of things I want to say to set the stage
3 for the conversation and maybe begin by providing a longer
4 historical arc for today's breakout sessions and discussions.

5 You know, I began in my comments about Katie
6 touching upon this theme that is just so real for us across
7 our day-to-day work at First 5 LA at a staff level as well as
8 in our monthly and committee meetings with the commission,
9 which is that First 5 LA's success, our ability to contribute
10 to results, really requires us to think and to act and to do
11 our work very differently than we have in the past.

12 That is true within First 5 LA where staff continue
13 to do work to really build and reshape our culture in a way
14 that emphasizes innovation and learning and results. It
15 requires changes in how the Board does its work in concert
16 with staff. And it requires changes with our external
17 partners in terms of how we show up, and how we are engaging
18 in our work and doing so in new ways. So that theme of doing
19 work differently is just fundamental to our efforts to
20 contribute to greater, greater impact.

21 Last month we heard Myra Kinney (phonetic) the ED of
22 the First 5 Association talk with you all about a really
23 powerful and exciting way where the First 5 family -- all 58
24 county commissions, the association, First 5 California --
25 are working together in new ways using what's called a

1 network leadership model, which we think really has great
2 power in terms of leveraging our strengths, our assets to
3 inform and drive policy and systems change.

4 Today we're going to hear about another example of
5 how we're working differently, and this is our work with our
6 county commissions. And, when we think about our strategic
7 plan and our work together to execute on that plan, I think
8 our work with the county represents so powerfully that --
9 that pivot. And, in particular, it represents how we are
10 embodying on a day-to-day basis consistent with Board
11 direction.

12 Something we haven't talked that much about
13 explicitly in recent months, and that is what we call our
14 investment guidelines. And Linda has them here, and she is
15 going to be reminding us -- Oh, my God, that is really tiny
16 writing; isn't it? Oh, my heavens.

17 COMMISSIONER: Not tiny up there.

18 COMMISSIONER BELSHE: Not tiny up there. Okay.

19 A couple of comments especially for purposes of our
20 newer board members. When our Board in 2014 went through our
21 strategic planning effort, one of the first things our
22 consultant facilitated was a conversation about these
23 critical investment decision points; and there were six of
24 them that the consultant worked with the Board through in the
25 spirit of there's no wrong answer, but they really anchored

1 decision-making. They anchor the strategic plan, and they
2 anchor and provide policy guidance to the staff and the
3 execution of the strategic plan.

4 So, as an example, the consultant worked with the
5 Board to say: More often than not, are we going to focus on
6 prevention? Are we gonna work upstream? Or are we going to
7 focus downstream on families that are already in some type of
8 system? More often than not, are we going to focus on policy
9 and systems change? Or are we going to place a priority on
10 direct services for our investment dollars? More often than
11 not, are we going to engage with others early on in our work?
12 Or are we going to kind of go it alone, test new ideas, look
13 around and see who wants to join us in this effort?

14 Again, these are not right or wrong answers, but
15 they are strategic choices. So, where the Board landed in
16 2014, which undergird our strategic plan and continued to
17 undergird our day-to-day work in executing the plan are these
18 investment guidelines.

19 And so, when you go into your breakout sessions, you
20 will see them there. Because you will hear our colleagues,
21 both our staff colleagues and county colleagues, reference
22 back to how this works in partnership with LA County
23 agencies, is not only aligned with systems priorities that
24 the county is bringing forth, but aligned with the priorities
25 and direction that the Board has given us at First 5 LA.

1 So, when I think about First 5 LA's pivot over the
2 course of my trajectory, as I noted, our work with county
3 agencies is a really powerful example of that. When I joined
4 the organization at the end of 2012, I think I would
5 characterize First 5 LA's role with the county is really a
6 funder. We had the money, and the counties had very concrete
7 discrete identified needs.

8 Fast forward to the end of 2012, when John and I --
9 not fast forward -- when John and I got here in 2013, this is
10 where John's insight was so powerful. His observation was,
11 wow, this governance structure is an underutilized asset. We
12 have county agency leadership and county leadership, in terms
13 of the Board of Supervisor rep, who are the very leaders of
14 the very systems that influence and shape outcomes for
15 families with young kids; and how amazing that we are able to
16 leverage education expertise in terms of our county agency,
17 education expertise, mental health expertise, public health
18 expertise, child welfare expertise, as well as broader county
19 expertise.

20 So I really want to commend John for seeing a
21 connection between all of you, our governing body, and the
22 critical work the county agencies and First 5 LA are
23 endeavoring to align together.

24 So, when you combine our strategic plan, these
25 investment guidelines, strong board support, you see a major

1 pivot. Yes, we are still a funder. We still have resources,
2 albeit declining, but we are not leading with the money. We
3 are leading with the wisdom and experience of our staff. We
4 are leading with thought partnership. We're leading with
5 being a co-convener, a catalyst, and an early collaborator to
6 advance policy and systems changes that we both seek.

7 Now, Judy is our plain speak police on the Board and
8 systems change is not a term that passes Judy's plain speak
9 muster. I think we would all agree to that. I think the
10 supervisor's comments of a moment ago really capture well
11 what systems change at its heart is about: It's about kids;
12 it's about families; and it's about change at a scale and in
13 a manner that is sustainable, which is far beyond what we can
14 do on our own.

15 COMMISSIONER ABDO: Making things work better.

16 COMMISSIONER BELSHE: Making things work better.

17 [LAUGHTER] That is absolutely right. So, what you're going
18 to hear in these breakout sessions -- that we're going to
19 break out into very shortly -- is about how our partnerships
20 with First 5 LA and specific County agencies are about making
21 things work better for families with kids.

22 We're going to hear in the preventions workgroup
23 that Antoinette is going to be a point on -- so Antoinette
24 will be the third person today channeling John Wagner and, to
25 do so, she's wearing the attractive pink scarf today.

1 [Laughter] Looking lovely -- but we're going to hear in
2 Antoinette's group about systems change is about
3 strengthening and connecting these networks of prevention
4 providers to support parents getting access to the services
5 they need and helping prevent or at least reduce child
6 maltreatment.

7 In the systems and policy change workgroup that Tara
8 is going to be our point person, we are going to hear about
9 systems change is about improving the early identification of
10 children with behavioral and developmental needs, improving
11 assessment, and getting them connected to the kind of
12 services they need to thrive. Systems change is about kids.

13 And in the scale and evidence based practices --
14 Barb, you're leading that group -- we're going to hear about
15 some really important work that we're doing with the
16 Department of Mental Health, which will talk about how
17 systems change is integrating mental health services with
18 home visiting and doing so in a way to both deepen the
19 specialization of services available for families at
20 particular risk as well as expanding home-visiting services.

21 So, again, families and kids are at the heart of
22 systems change. We are eager for you to engage as the
23 supervisor encourages; complicate our thinking just as we're
24 going to try and complicate your thinking; and I hope you'll
25 come away with not only a deeper appreciation of evolving

1 county partnerships, but also deeper appreciation for this
2 work is complex. This work is hard. This work takes time.
3 But this work is enormously powerful in terms of the scale
4 and the reach and the sustainability far beyond what we can
5 do on our own.

6 So with that, we are going to break. We have
7 materials for each board member, which gives you guidance in
8 terms of the work groups.

9 Thank you for being Carol Merrill, Madam Chair. So
10 breakout 1, 2, 3 your names are there. I am confident we
11 have people, Linda and Karen, who are going to help direct
12 you to where you need to go. There will also be materials to
13 support your conversations in the meetings.

14 We will regroup at the end for a brief report out by
15 commissioners. And I guess the question for you supervisors
16 is what time do you want to begin these conversations?

17 SUPERVISOR KUEHL: Well, I'd like a 15-minute break. So
18 I would say, let's start at ten of. Would that work? Or is
19 that long enough for everyone who needs a break? Okay. So
20 2:50 in the rooms to which -- you're in the rooms where it
21 happens -- to which you're assigned. And the -- this also
22 tells you what room your group meets in.

23 So see you at ten of. Thanks.

24 [Breakout Session]

25 SUPERVISOR KUEHL: Let's reconvene, Commissioners.

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No more cookies.

COMMISSIONER BELSHE: All right. Cookie monsters.

SUPERVISOR KUEHL: It must be 4:00 o'clock. Everybody has the munchies. Okay.

Okay. We're back in session. Thank you so much. Thanks to everyone who attended the breakout sessions.

I have two requests for public comment, and I'd like to take those before the commissioners discuss the breakout session, if that's okay, because no one who was in the audience got to say anything.

So Ashley Grivalda (phonetic) -- yes, I think so. Is Ashley here? And Saul Figueroa. Please come forward for public comment on Item Number 6.

Welcome.

SPEAKER: Good afternoon, ladies and gentlemen, Commissioners, Chair, Executive Director. My name is Saul Figueroa and I'm the program manager for Building Stronger Families in Compton/East Compton Best Start Partnership. The reason -- what I wanted to present to you today is bringing awareness in regards to Assembly Bill 2289, which is a bill that basically is for education -- to expand the educational rights of pregnant and parenting teens in school.

This bill will basically give six weeks to eight weeks of family leave for pregnant and parenting teens, so that an educational plan is established to keep them in

1 their home school; so that they don't drop out; that they are
2 not pushed out; and they can continue in their educational
3 endeavors; so they can graduate from high school.

4 So through our advocacy component of Building
5 Stronger Families, our teen and young parents advocacy group
6 was doing some citywide research and came across this bill.
7 And said, "You know what? Those are the same issues that
8 we're talking that can keep pregnant and parenting teens in
9 school, so they can be on track to graduate."

10 It's very important, as we know, the four to
11 six weeks is very important for the bonding process, and for
12 teen and young parents to be able to take off from school so
13 that bonding process is established for that child. Because
14 if that bonding process is good, then the likelihood of that
15 child being stronger and better capable in life would happen.

16 Also this bill will address not only the teen moms,
17 but also teen fathers that are in school, so they also have
18 the those same educational rights. So that they can be
19 bonded as well as with the child and have the -- be afforded
20 those same -- the same amount of time off.

21 So Ashley Grivalda is one of our teen and young
22 parents. Ashley was a teen parent in high school.

23 That, if we could get some support, we are planning
24 to go to Sacramento in May and talk to our legislators so
25 that they're aware of this Assembly Bill, and hopefully we

1 can get it passed.

2 SUPERVISOR KUEHL: Excellent. Ashley, would you like to
3 say something to our group? You don't have to. We're very
4 happy that you're here. If you do, pull the mic down so we
5 can hear you.

6 Welcome.

7 MS. GRIVALDI: Hi. Hi, my name is Ashley. I'm a
8 participant at Building Stronger Families, and I'm also a
9 consultant. I do want say that Anita has helped me through a
10 lot, and they have helped me be where I'm at now and they
11 helped me through school. Thank you.

12 SUPERVISOR KUEHL: All right. Thank you, both, very
13 much.

14 So coming out of our discussion sessions, folks were
15 asked to report out. And I find that very intimidating for
16 me personally. So I'm not certain how we want to do it, but
17 I guess let us start with the first discussion.

18 I think, what we found in going to two different
19 sections, was there was a lot of overlap in some of the
20 discussions that we had in each of our two. But, in terms of
21 the breakout discussion group number one on prevention, was
22 someone tasked with reporting the first one? Wendy?

23 COMMISSIONER SMITH: I think there are two of those
24 groups, right?

25 SUPERVISOR KUEHL: Right.

1 COMMISSIONER SMITH: So our group identified benefits of
2 the collaboration and working together with OCP and First 5
3 LA. As you know, building on community resources that exist
4 in terms of prevention and after care networks and also --
5 I've forgotten the term for the First 5 version of that. But
6 making those, hopefully, more accessible and giving them
7 greater visibility and -- but many challenges were
8 identified: How does a person enter the "network of
9 networks"? How can we simplify entry? How can we identify
10 places and moments where people enter? How do we bring mega
11 systems into the network?

12 The importance of exposing all the people who are
13 parts of those networks; that is, who work in those networks,
14 to a different way of doing things and a greater connection
15 with the community using advisory councils to more
16 intentionally involve parents, but also other community
17 constituents; finding ways to reduce the wait for services;
18 opportunities that we might take greater advantage of; or
19 identifying more places where people go and, you know, that
20 aren't necessarily part of the system, but could be places
21 where services could begin including places like parks and
22 FQHCs and libraries and schools; that the importance of
23 faith-based organizations as a part of the network;
24 nontraditional grassroots organizations that could
25 participate in advisory boards, but also could be part of the

1 network; family daycare providers who are not part of any
2 county system currently, but could be a valuable part of a
3 prevention network.

4 I think that's all I have in my notes, but other
5 members of my group might want to add something.

6 SUPERVISOR KUEHL: Is there another reporter for that
7 first group that went to the other one?

8 COMMISSIONER FERRER: Oh, I did.

9 SUPERVISOR KUEHL: Barbara.

10 COMMISSIONER FERRER: Yeah. So we really appreciated --
11 we heard about the first group's suggestions and wanted to
12 echo them. So, you know, start there. And I'm going to
13 build off of a little bit where you left off. As one of our
14 conversations was, you know, was what sort of constitutes
15 membership into the network and is there any possibility of
16 thinking that we would need to, you know, seek alignment on a
17 set principals, values, approaches? You know, that -- so
18 that when folks are actually accessing services or support or
19 programming from folks in the network, we kind of are
20 guaranteeing that they are going to be treated respectfully;
21 that their diversity is going to be honored; that, you know,
22 it is strength-based asset-based approach to working with
23 families.

24 So I think we saw that as, do you lift up a set of
25 principles and values that folks really either need to align

1 with, or be willing to undergo themselves some training. So,
2 you know, I may not be great at this, but I have a real
3 interest in it. I'd like to be in the network, and I'm
4 willing to, like, really do some learning as an organization.
5 So I think that was one -- one area where we weighed in.

6 I know, you know, there's this issue about, you
7 know, what's the glue that makes the network hang together?
8 I like that. That thought: What's the glue? Because it
9 ought to be a set of values or principles around working with
10 families and children. So I think that was really good.

11 We talked also similar, I think, in some ways to the
12 first report about needing to expand. You know, expand an
13 invitation to be in the network to a broader set of
14 providers. Again, you know, echoed many of the suggestions
15 you made, but also would probably suggest adding: With a
16 focus on understanding that the community context in which
17 people live their lives is important to acknowledge here,
18 particularly, around child maltreatment.

19 So people need help getting jobs. They need help,
20 you know, getting their house, you know, fixed up because
21 it's leaking or there's mold. Or, you know, they need help
22 accessing schools for their children. So, you know, part of
23 it was thinking a little bit more broadly about, you know,
24 sort of what is it that determines our well-being, and making
25 sure that this network was broad enough to provide some

1 connections to those kinds of supports that also could be in
2 a community.

3 And, you know, again, you know, emphasizing also
4 sort of these nontraditional organizations as really, you
5 know, that are maybe community driven, maybe small, but may
6 actually be a really important connection in the community
7 for helping families thrive.

8 So I don't know. I didn't know I was doing this
9 until the very end; so I didn't really take good notes. So
10 did I leave anything out from looking across today? Did I
11 capture everything? Okay.

12 COMMISSIONER THOMPSON: We just, at the end, mentioned
13 the idea about quality and --

14 COMMISSIONER FERRER: Oh yeah.

15 COMMISSIONER THOMPSON: Kind of...

16 SUPERVISOR KUEHL: So who's reporting for the second
17 group? Keesha.

18 COMMISSIONER WOODS: I'll start. I'd first like to thank
19 Tara and Steve Baldwin from Department of Public Health. They
20 did a wonderful job facilitating the discussion, but also
21 really talking about all of the wonderful efforts that have
22 been going on as they work around early intervention --
23 identification and intervention.

24 Their sole focus is system model: To strengthen the
25 coordination of early intervention for our youngest kids.

1 They are just about finished with the planning aspect, which
2 is a huge effort, to bring 120 individuals together from 60
3 organizations to come up with a comprehensive plan. But
4 they're very excited that they will be starting the
5 implementation sometime this year.

6 What -- some staggering statistics that were shared
7 is, while there are about 25 percent of our youngest children
8 that may have a developmental disability, only 30 percent of
9 those children are actually screened. So that tells us
10 there's a huge gap in terms of the services being provided to
11 our babies.

12 The goal is to improve the prevalence of screening
13 and provide bridges of services so we can prevent the
14 long-term effects on the children, trying to get to them
15 early. Tara mentioned a study that she read -- something she
16 read this morning -- an article she read this morning and it
17 was about other programs nationally in another state, and
18 they actually looked at the early assessment, identification
19 and prevention pilot or the study that they did. And it
20 actually showed that, if those children as they were
21 identified early on, it actually reduced the need for
22 long-term special education services in the school system.

23 So that is the kind of data that we want to continue
24 to collect so that we can encourage our own county school
25 districts to reshape how they think. K-12 is not the basis

1 of our learning system anymore. It has to be birth to 12th
2 grade. That primary education -- primary education is
3 redefined as birth to third grade continuum. And we need to
4 do that through some more policy initiatives, getting the
5 word out, educating. And one of the things that we talked
6 about that would really help us in this education first is
7 eliminate the stigma of interventions and developmental
8 delays with parents. Starting with them because if they
9 think their kid might have a disability, they're gonna be put
10 in a system. They're never gonna get out that system, and
11 it's gonna follow them the rest of their life.

12 If we help them understand the benefits of early
13 identification through simple language -- board member or
14 Commissioner Abdo mentioned something earlier before we
15 walked out in terms of simplifying, and I don't quite
16 remember what it was, but Kim was speaking at the time -- but
17 the bottom line was simplify what we do; so that our audience
18 or those that we're targeted will understand, and they will
19 act on what's being said.

20 Some of the other challenges that we talked about
21 was being able to leverage vendors or programs that's out
22 there. We talked to some of our quality rating improvement
23 system, given that they do ages and stages, maybe we can
24 widen -- broaden that and work more with our resource and
25 referral agencies to help get to some of our parents.

1 The bottom line is find every point of contact in
2 the community that touches a parent with a child between
3 birth and five years old and encourage them to get a
4 screening. And that it's not a bad thing; it's actually
5 essential to the development of the children.

6 SUPERVISOR KUEHL: In the other group that met on this
7 same topic, in addition to the very complete report that you
8 gave and was much of our discussion, we also considered the
9 people who are closest to the children, and who see them the
10 most, might be very helpful in helping to identify a need for
11 screening. If we haven't captured everybody, which we don't
12 seem to be in the various programs that we use.

13 And then it was also pointed out that screening is
14 really just the beginning. Because it's not just about
15 stigma, but also about knowing something, but not knowing
16 what to do about it, for it, or with it. And so the need to
17 connect with Next Step, you know, with the kind of what's
18 next, using the expertise of family and community and, you
19 know, some of the childcare provider community as well, so
20 that there's more of a continuum to connect to appropriate
21 services.

22 We also had a discussion about how important it was
23 to think about the individual needs of each child, when we're
24 doing this screening. They will all be quite different and
25 will all need quite different things. And so the challenge

1 of developing any kind of system that can be sensitive enough
2 to doing the right thing. You know, to make it work as it
3 were for each child.

4 So let us talk, then, about the third group and then
5 maybe have a discussion all around, which I think we'll come
6 back in April too after you see all the notes from the
7 various groups like we did last time.

8 Who would speak then for the third group? Marlene.

9 COMMISSIONER ZEPEDA: Okay. We were the broad impact and
10 evidence-based practices. And Barbara was our facilitator,
11 and we had Caylene from the Department of Mental Health.

12 I've said this before in terms of home visiting,
13 First 5 LA has the largest home-visiting investment in the
14 nation. And so what we are doing should have broad
15 implications for just not LA County, but beyond LA County.
16 And we are in partnership with the Department of Mental
17 Health, where they have the nurse practitioner program and
18 they're -- they're sending out their home visitors with a
19 greater focus on mental health issues.

20 Home visiting, in general, has a number of goals and
21 objectives, and it really just depends on the particular
22 program. But one of the issues that Commissioner Tilton
23 brought up, which I think is a very good point, is that home
24 visiting -- just the issue of reduction of stress and social
25 isolation -- can be very beneficial to families in regardless

1 of what curriculum or home-visitation program you have. And
2 so we need to think about how our home-visiting interventions
3 are working, and what is that particular recipe, both,
4 specifically and more broadly.

5 Now, before I get to the challenges, I think --
6 because there are quite a bit of challenges actually -- one
7 of the important points was: How does home visiting link to
8 other investments in other kinds of programs that are going
9 on in the county? So home visiting could be a direct link to
10 Help Me Grow because the home visitor could identify some
11 issues that might be helpful for the parent to follow up on.
12 So there's ways to link home visitation because the home
13 visitor is viewed, I think, as a social support enhancer or
14 enhancement to the family.

15 We also need to think about the issues again more
16 broadly of safety. For example, Commissioner Tilton brought
17 up the Safe Baby initiative that came out a number of years
18 ago from First 5 LA that actually reduced child death from --
19 was it cold sleeping? From cold sleeping. And once that
20 initiative, once it went down -- what was the number? 70 to
21 24. And once that initiative ended, then the numbers started
22 going back up. So, again, home visitors could also help out
23 with that in terms of supporting the parent and the families.

24 We also have to think about a timely approach to
25 intervention because different ages of children have

1 different needs, and so that requires a home visitor to be
2 very alert to that.

3 And then finally the challenges that are associated
4 with home visitation is workforce, workforce, workforce. Who
5 are the home visitors? What are their capabilities? How are
6 we supporting our home visitors because there's a huge
7 burn-out effect when you're working with very high risk and
8 vulnerable families. You know, what about the issue of
9 cultural competence when we're talking about these talking
10 about these kinds of interventions?

11 I was challenging you, Commissioner Taylor.

12 And the thing about home visitation, it's just like
13 child development. Anybody can get in the game of home
14 visitation. You could be a nurse. You can be a social
15 worker. You can be an educator. You can be a public health
16 person, you know, and they're coming with different skill
17 sets. So workforce continues to be, I think, and will
18 continue to be a challenge moving forward, but I think it
19 holds tremendous promise for supporting our youngest children
20 during the very vulnerable foundational periods in their
21 lives.

22 SUPERVISOR KUEHL: Romalis, do you want to add anything
23 from our group?

24 COMMISSIONER TAYLOR: Wow, it's going to be hard to add
25 on to that, but I'll give it a shot.

1 SUPERVISOR KUEHL: Sure, but you're up to it.

2 COMMISSIONER TAYLOR: Thank you. In our group -- and
3 just to add-on to what you're saying, is the need to connect
4 to other systems.

5 When you have -- come into a family's environment,
6 the first thing you have to look at is: What is the needs?
7 So they can focus on what we're trying to help them do and
8 develop their skills that in the home-visitation system; if
9 they're hungry; if they're in need.

10 So the idea came from the group to connect to the
11 network of networks. So that those other prevention issues
12 that are needed -- if I'm sitting there at the table and I
13 don't have enough food, I'm not going to spend time talking
14 to you about what you want to teach me 'cause I haven't
15 eaten. If I have to find a place to -- how I'm going to
16 sleep for the next day, I'm not going to be talking to you.
17 So connecting to the greater networks that can support what
18 you're trying to do will be very helpful so the families can
19 focus.

20 The next thing we talked about to add on is that we
21 need to reach out to specific populations. You mentioned
22 cultural competency issues. Director Cagle said very
23 clearly, "The Armenian-Russian community is just one of many
24 of our communities where the social dynamics are: You can't
25 even get in that community to even talk to them if you don't

1 speak their language, understand their culture, understand
2 their taboos, and their structure." So one of the ideas was
3 to add an element called parents as teachers. So when you
4 help the first family, make them part of the network, so they
5 can help engage and talk to the rest of the community about
6 what you're trying to do.

7 And that kind of goes to that -- that issue. We
8 call it cultural brokers. So you have to do that. In the
9 Muslim community, if you don't talk to the Imam, you're not
10 going to do anything in that community. So you have to
11 understand the community and the population you're trying to
12 serve, and tweak and add that cultural element just to get in
13 the door just to engage the process. So I think that was
14 kind of a talk about that as well.

15 Balancing the fidelity to the evidence-based model.
16 We can't get so engrossed that we get away from the model.
17 You know, so the model has to have some quality and some
18 assurance that we maintain the fidelity to the model.
19 Meeting needs of the family gets to be that other cultural
20 network meeting.

21 Have -- we already talked about that. Let's see,
22 must be delivered within the community context. Some of
23 these families don't have anywhere to go. They're catching
24 buses. They're catching things. So you have to look at the
25 social dynamics of the community you're reaching out to. So

1 it's important that we look at all of these things when
2 you're trying to engage the community, trying to engage them
3 for that.

4 I'm going to give kudos to Barbara and the
5 department and this agency for evolving. When you have a
6 young parent that doesn't know anything about parenting, and
7 they have a baby, and you come in there and you try to talk
8 to them about Welcome Baby or try talk to them about select
9 home visitation and all that, they're going to say, "I don't
10 need you." But giving them 60 to 90 days to figure out they
11 do -- they don't know what they don't know. It's very
12 important. So kudos to the department for that.

13 The other thing that is kudos to the department is,
14 adding onto that, if you go to our hospital, even though you
15 don't live in one of our "14 communities," but you want
16 Welcome Baby because you're at the hospital, or you want home
17 visitation, we're going to serve you anyway. I totally
18 support that. I think those are the kinds of social dynamics
19 that we're looking at in growing to be more effective.

20 And we talked about stories -- having the parent
21 come in and tell the story of what we did, and how it helped
22 them -- that is the most powerful thing because we get hung
23 up in numbers rather than human beings. So we want to make
24 this more about human beings and connecting to systems.

25 The other thing is to take these big dynamic systems

1 that engage the family and make them more community friendly,
2 community oriented, and changing their social dynamic to
3 engage the family as a part of that saying instead of I'm
4 going to force you to do this and do that; I'm here to help
5 you; what do you need? So the idea gets to be here is home
6 visitation, here is all these other networks that we have out
7 there that can help you rather than trying to be more
8 enforcement. Helpful more than that. So that gets to be
9 really more prevention oriented, just saying.

10 SUPERVISOR KUEHL: Good. Any commissioners who haven't
11 reported want to add anything? Going once? Going twice?

12 I really want to thank Caylene Gilbert (phonetic)
13 from the Department of Mental Health, Carry Miller from the
14 Office of Child Protection, and Steve Baldwin from the
15 Department of Public Health, as well as Antoinette, Barbara,
16 and all the folks from the staff who, you know, did the
17 preparation, did the work, really helped with these groups.

18 And to you, Kim, for your leadership in letting all
19 this to happen, or encouraging it to happen, or modeling it
20 to happen, or and all the things that leadership does.

21 I think we will see the notes from these six
22 sessions and talk about them a little bit again in April. On
23 our agenda, we found that when we had a chance to reflect on
24 some of the breakout sessions that we did last time, we had a
25 few more things to add and also we see it in a more

1 integrated way as well. So that's good.

2 Happy Daylight Savings, which begins on Sunday.
3 Remember to set your clock because otherwise you won't come
4 at the right time for the April meeting.

5 Is there any further request for public comment?

6 All right. None. Then, thank you so much. This was
7 really good participation from staff, experts, and
8 commissioners. And that said, this meeting is adjourned.

9 (Meeting Adjourned at 4:26 P.M.)

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STATE OF CALIFORNIA)
) SS.
County OF LOS ANGELES)

I, EDITH NAVAS-MOUNEIMNE, a Certified Shorthand Reporter No. 13797 in the State of California, do hereby certify:

That the foregoing proceedings were taken before me at the time and place herein set forth; that the witness in the foregoing proceedings, prior to testifying, was placed under oath; that a verbatim record of the proceedings was made by me using machine shorthand, which was thereafter transcribed under my direction; further, that the foregoing is an accurate transcription thereof.

I further certify that I am neither financially interested in the action nor a relative or employee of any attorney of any of the parties.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 19th day of March, 2018.

Edith Navas Mounsimne

EDITH NAVAS-MOUNEIMNE
CSR No. 13797

FIRST 5 LA

SUBJECT:
Monthly Financial Reports

RECOMMENDATION:
Approval of the monthly financial statements for the months ending February 2018.

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

DISCUSSION:
First 5 LA began the month of February with a cash balance of \$412.2 million. During the month of February 2018, we received \$2.2 million in revenues, which includes \$1.7 million for December 2017 tobacco tax revenue and \$505,799 in other revenue. The December 2017 tobacco tax revenue does reflect a decrease from the prior months due to Proposition 99 backfill and the transfer of the Board of Equalization (BOE) Administration Costs occurring in the same month. We had \$7.8 million in program expenditures and \$879,531 in operating expenditures. As a result, First 5 LA ended the month with a cash balance of \$405.7 million.

This report includes detailed financial information for the months ending February 28, 2018. The financial statements are unaudited and reported as a "soft close." All materials in this packet and check registers are available online. Statements in this report include the following:

- Revenue and Expense Statement: Summarizes financial statements to highlight the starting cash balance, revenues received, program and operating expenses, and the ending cash balance for the month.
- Balance Sheet: Provides a "snapshot" view of the Commission's assets, liabilities and fund balance as of February 28, 2018.
- Detailed operating and program expenditures: Shows expenses against the FY 2017-18 Budget approved on June 08, 2017, concluding with a report of expenditures related to programs functioning as pass-through agreements.

**Los Angeles County Children and Family First -
Proposition 10 Commission (aka) First 5 LA
Revenue and Expense Statement
February 28, 2018, Unaudited**

	REVENUES AND EXPENDITURES	
Cash Balance as of January 31, 2017	\$ 412,166,327	
Revenue		
Monthly State Allotments	\$ 1,695,518	(1)
Medi-Cal Administrative Activities (MAA)	-	
State Commission - Other Program Funds	-	
Interest Income - Unreserved	490,523	
Investment Income - Other	-	
Rental Revenue - La Petite	15,276	
ECE-LA County IMPACT	-	
Total Revenue	\$ 2,201,317	
Expenses		
Program Budget (Attachment A)		
2015-2020 Strategic Plan: Focusing For The Future	\$ 5,062,420	
Legacy Investments	2,731,173	
Total Initiative/Program Expenses	\$ 7,793,593	
Pass-Through (Attachment B)		
Medi-Cal Administrative Activities (MAA)	\$ -	
Total Pass-Through Expenses	\$ -	
Operation and Administration (Attachment C)		
Personnel	\$ 791,220	
General Operating	41,919	
Consultant Services	7,764	
Professional Services	6,302	
Travel Expenses	13,261	
Professional Development	16,257	
Marketing	-	
Capital Improvements	2,808	
Total Operation and Administration	\$ 879,531	
Total Expenses	\$ 8,673,124	
Variance (Revenue - Expenses)	\$ (6,471,807)	
Cash Balance as of February 28, 2018	\$ 405,694,520	(2)

NOTE:

- 1) Tobacco Tax Revenue for December 2017 reflects a decrease due to the transfer of Board of Equalization (BOE) Administration Costs and Proposition 99 backfill.
- 2) Cash Balance excludes fixed assets and liabilities.

**LOS ANGELES COUNTY CHILDREN AND FAMILY FIRST - PROPOSITION 10 COMMISSION (AKA FIRST 5 LA)
PROGRAM EXPENDITURES BY FY 2016-17 BUDGET
FEBRUARY 31, 2018, UNAUDITED**

INITIATIVE/PROGRAM	FY 2017-18 BUDGET	FEBRUARY EXPENDITURES	FISCAL YTD EXPENDITURES	BALANCE REMAINING
2015-2020 STRATEGIC PLAN: FOCUSING FOR THE FUTURE				
Strategic Plan Priority Outcome Areas				
Families	29,526,000	2,770,586	12,967,920	16,558,080
Communities	18,893,000	1,192,472	6,329,206	12,563,794
Early Care & Education Systems	22,080,000	415,864	10,270,234	11,809,766
Health-Related Systems	4,118,000	-	198,216	3,919,784
Strategic Plan Investment Areas				
Policy Agenda/Advocacy	2,820,000	74,427	684,439	2,135,561
Communications & Marketing	6,044,000	386,416	2,022,992	4,021,008
Communications - Conference Funding	300,000	37,500	77,447	222,553
Strategic Partnership-Cross-Cutting Funder Partnership	660,000	6,995	138,995	521,005
Strategic Partnership-Grantmaking Memberships	42,000	1,000	8,000	34,000
Strategic Partnership-Organizational Capacity	200,000	-	-	200,000
Strategic Partnership-Partnership Development	250,000	-	-	250,000
Policy & Strategy - Emerging Opportunities	75,000	-	7,500	67,500
County Partnerships	50,000	-	-	50,000
Integration & Learning				
Data Development and Integration	1,050,000	49,313	291,744	758,256
Data Partnership with Funders	850,000	-	20,737	829,263
Program Evaluation	4,105,000	127,847	828,785	3,276,215
Learning Plan Development	100,000	-	-	100,000
Communities of Practice	51,000	-	-	51,000
Grantee Assessment	75,000	-	-	75,000
Organizational-Wide Investment	96,000	-	-	96,000
Integration & Learning - Emerging Opportunities	50,000	-	-	50,000
Subtotal 2015-2020 Strategic Plan	91,435,000	5,062,420	33,846,215	57,588,785
LEGACY INVESTMENTS				
At-Risk Fathers Investment	314,000	14,926	109,577	204,423
Baby Friendly Hospitals	457,000	45,081	203,951	253,049
Black Infant Health	2,006,000	-	62,707	1,943,293
Children's Dental Care	7,217,000	1,352,226	2,905,875	4,311,125
Children's Vision Care	252,000	89,028	177,841	74,159
Early Identification and Intervention - Autism and other Developmental Delays	884,000	5,016	443,040	440,960
Information Resource and Referral	1,240,000	-	498,240	741,760
Little by Little/One Step Ahead	3,979,000	160,742	1,315,339	2,663,661
Parent Child Interaction Therapy	3,943,000	-	456,396	3,486,604
Policy Advocacy Fund	310,000	38,874	166,756	143,244
Universal Assessment of Newborns	10,680,000	1,025,280	5,611,483	5,068,517
Workforce Development	542,000	-	209,703	332,297
Subtotal Legacy Investments	31,824,000	2,731,173	12,160,908	19,663,092
TOTAL	123,259,000	7,793,593	46,007,123	77,251,877

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

NOTES -PROGRAM EXPENDITURES BY FY 2016-17 BUDGET:

Journal entries for FY 2016-17 accrued expenses were reversed in July 2017. The amounts reported are the actual program expenditures for February 2018.

LOS ANGELES COUNTY CHILDREN AND FAMILY FIRST - PROPOSITION 10 COMMISSION (AKA FIRST 5 LA)
 EXPENDITURES - PASS-THROUGH
 FEBRUARY 28, 2018, UNAUDITED

Attachment B

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

**Los Angeles County Children and Family First -
Proposition 10 Commission (aka) First 5 LA
Operating & Administrative Budget Update
February 28, 2018, UNAUDITED**

OPERATION AND ADMINISTRATION EXPENSE	FEBRUARY ACTUAL	FISCAL YTD ACTUAL	FY 2017-18 BUDGET	FISCAL YTD VARIANCE
Personnel Services				
Salaries & Wages	631,382	8,129,157	13,204,391	5,075,234
Fringe Benefits	159,838	2,366,756	3,837,581	1,470,825
Total Personnel Services	791,220	10,495,913	17,041,972	6,546,059
General Operating Expenses				
ADP Payroll Charges	2,985	18,754	31,000	12,246
Workers Compensation Insurance	-	44,369	90,000	45,631
Utilities	-	87,788	165,000	77,212
Corporate Insurance	-	29,879	76,000	46,121
Mileage, Parking and Other Transportation	3,922	25,048	70,180	45,132
Telephones	4,269	42,374	70,000	27,626
Cell Phones & Mobile Devices	2,400	17,900	57,000	39,100
Outside Printing & Publishing	-	29,869	19,700	(10,169)
Other Supplies	108	9,608	20,250	10,642
Postage & Delivery	-	7,751	13,300	5,549
Educational Supplies	-	389	2,750	2,362
Office Supplies	2,278	39,043	95,360	56,317
Subscriptions & Publication	585	5,235	12,330	7,095
Equipment-Rents & Leases	9,605	45,481	118,200	72,719
Building Repair & Maintenance	-	106,503	180,000	73,497
Equipment Repair & Maintenance	1,499	6,481	24,000	17,519
Offsite Storage	-	9,964	33,900	23,936
Hardware & Software Maintenance	8,323	124,293	197,400	73,107
Miscellaneous/Contingency	-	2,502	75,000	72,498
Internal Meeting	5,945	50,979	107,600	56,621
Total General Operating Expenses	41,919	704,211	1,458,970	754,759
Consultant Services				
Consultant Fees	4,344	190,729	1,382,200	1,191,471
Other Professional Fees	3,420	171,254	300,000	128,746
External Reviewers	-	1,760	7,500	5,740
Total Consultant Services	7,764	363,743	1,689,700	1,325,957
Professional Services				
Audit	-	53,436	70,000	16,564
Legal Fees	-	40,515	125,000	84,485
Professional Dues	-	27,681	136,852	109,171
Staff Recruitment	432	5,016	25,000	19,984
Commission Stipends	750	9,600	34,000	24,400
Web-Based Services	5,120	19,781	81,500	61,719
Bank & Other Service Charges	-	11,920	12,000	80
Total Professional Services	6,302	167,950	484,352	316,402
Travel Expenses				
Airfare	8,318	52,310	124,080	71,770
Lodging	2,462	29,072	127,300	98,228
Per Diem	1,739	24,124	65,330	41,206
Other Travel Expense	742	10,502	-	(10,502)
Total Travel Expenses	13,261	116,009	316,710	200,701
Professional Development				
Leadership Programs	7,412	20,665	-	(20,665)
Conference Registrations	8,427	56,290	477,400	421,110
External Education/Training	418	7,520	-	(7,520)
Total Professional Development	16,257	84,475	477,400	392,925
Marketing				
Advertising-Digital	-	5,820	-	(5,820)
Advertising-Out of Home	-	201	-	(201)
Sponsorship	-	-	-	-
Total Marketing	-	6,021	-	(6,021)
Capital Improvements				
Capital Outlay (Equipment Purchases)	2,808	33,564	145,000	111,436
Total Capital Improvements	2,808	33,564	145,000	111,436
TOTAL OPERATING EXPENSES	879,531	11,971,885	21,614,104	9,642,219

NOTES - OPERATING & ADMINISTRATIVE BUDGET UPDATE:

The administrative expenses are within the maximum authorized under ⁷²the Board policy.

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

**Los Angeles County Children and Families First -
Proposition 10 Commission
Statement of Net Assets
February 28, 2018 Unaudited**

Current Assets:

Cash	\$	4,186,836
Cash- Morlin Mgmt Corp		27,100
Investment:		
Operating and Allocated funds		397,444,403
Advance - LA Care Health Plan		-
Advance - LAUP		4,707,218
Interest Receivable		-
Other Receivables		(3,671)
Total Current Assets	\$	406,361,886

Fixed Assets:

Land	\$	2,039,000
Building & Improvements		12,076,512
Furniture & Fixtures		627,671
Computer, Software & Accessories		1,806,296
Office Equipment		331,033
Accumulated Depreciation		(5,570,239)
Total Fixed Assets	\$	11,310,273

Total Assets **\$ 417,672,159**

Liabilities and Net Assets

Current liabilities:

Other Liabilities	\$	336,296 (1)
Total Current Liabilities	\$	336,296

Net Assets:

Investment in capital assets	\$	11,310,276
Restricted		406,025,587
Total Net Assets	\$	417,335,863

Total Liabilities and Net Assets **\$ 417,672,159**

NOTES:

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

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. (Fund Balance Category: Assigned)

RECOMMENDATION (Provided As Action):

This memo is provided as action for the Board's consideration at the April 12, 2018 Board of Commissioners meeting. This project was presented as an information item at the March 2018 Special Meeting of the Board of Commissioners and Program and Planning Committee. First 5 LA staff recommends that the Board approve a Strategic Partnership with UNITE-LA through June 30, 2020 for a total amount not to exceed \$415,000. Funds for FY 2018-2019 will be included in the FY 2018-2019 First 5 LA Programmatic Budget which will be brought to the Board of Commissioners for approval in June. Requests for approval of the contracts will be brought to the Board for approval on consent prior to execution.

BACKGROUND:

In achieving First 5 LA's North Star that all children in Los Angeles County enter kindergarten ready to succeed in school and life, the need for a tool to measure kindergarten readiness is essential. 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 our North Star and the 2015-2020 Strategic Plan, First 5 LA, 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 its inception, UNITE-LA has focused on brokering partnerships to achieve equal access and 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 and sustainable 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.

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. (Fund Balance Category: Committed for FY 17-18 and Assigned for FY 18-19)

RECOMMENDATION (Provided As Action):

This memo is provided as action for the Board's consideration at the April 12, 2018 Board of Commissioners meeting. This project was presented as an information item at the March 2018 Special Meeting of the Board of Commissioners and Program and Planning Committee. First 5 LA staff recommends that 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. Funds for FY 2017-2018 are included within the current First 5 LA Programmatic Budget. Funds for FY 2018-2019 will be included in the FY 2018-2019 First 5 LA Programmatic Budget which will be brought to the Board of Commissioners for approval in June. At the time of budget approval, requested resources will shift from the assigned resource category of the fund balance, dedicated for broad Strategic Plan purposes, to Committed, amounts dedicated for a more specified purpose via resolution. All subsequent contracts will be brought to the Board on consent prior to execution.

BACKGROUND:

In achieving First 5 LA's North Star that all children in Los Angeles County enter kindergarten ready to succeed in school and life, the need for a tool to measure kindergarten readiness is essential. 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 our North Star and the 2015-2020 Strategic Plan, First 5 LA, in partnership with the Los Angeles Area Chamber of Commerce (L.A. Area Chamber), began an effort to explore the possibilities of adopting a uniform Kindergarten Readiness Assessment (KRA) for Los Angeles County.

Currently, LA County has no universal measure to track kindergarten readiness. 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 align their work with the districts collecting the EDI data and that future contracts cover a full fiscal year. 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:
Mid-Year Adjustments to the FY 2017-18 Budget

RECOMMENDATION:
Approve mid-year adjustments to the FY 2017-18 Budget as detailed in Attachment 1 (Program Budget) and Attachment 2 (Operating Budget).

BACKGROUND:
The Board adopts an annual budget which reflects the staff's best estimate of the financial resources that will be needed to move work forward and in alignment to the strategic direction. The \$144.9 million FY 2017-18 Budget, approved via Resolution by the Board of Commissioners on June 8, 2017, included \$123.3 million of funding for program costs and \$21.6 million for operating costs. The FY 2017-18 Budget reflects further advancement of the 2015-2020 Strategic Plan, which marked a shift in approach from funding programs to a design that is anchored in partnership and focused on policy and systems change. This approach is intended to be a path to widespread impact and sustainability. Such efforts, which require and emphasize external partnerships for success, are elaborate and take time. This commitment to effective partnership and planning is reflected in many of the proposed adjustments to the FY 2017-18 Budget. Initial budget requests were generated using the information available at the time of budget development, and were based on spending estimates—rather than final negotiated contract amounts—so staff would have the flexibility to manage contracts within a budget unit without having to return to the Commission. Although the mid-year shifts are reflective of a downward adjustment, it is necessary to underscore that these are not reductions to the overall commitment to the work and only represent the adjustment to anticipated spending in the fiscal year. As previously noted, several of the adjustments are reflective of a shift to the proposed activity timeline – with expenditures originally earmarked for FY 2017-18 expected to be incurred in the next fiscal year. Additional details pertaining to the various program and operating adjustments are included in the Discussion section of this memo.

The Program Budget includes 33 initiatives with anticipated costs to be incurred during FY 2017-18. Based on updated information and analysis, this item reflects a net decrease to the overall FY 2017-18 Program Budget of \$5.1 million for a revised fiscal year Program Budget of \$118.2 million. These adjustments are detailed by priority outcome area and initiative in Attachment 1A and by program—which aggregate up to the amounts at the priority outcome area, strategy and initiative level—in Attachment 1B.

The mid-year budget adjustment also includes increases and decreases shifts to various Operating Budget line items, the net effect of which is cost neutral, for reasons discussed more fully below. As a result, the Operating Budget remains at \$21.6 million for the fiscal year. These adjustments are detailed at a summary level in Attachment 2.

The result is a net decrease of \$5.1 million, or approximately 3.5%, to the approved FY 2017-18 Budget of \$144.9 million for a revised total fiscal year budget of \$139.8 million, as illustrated in the high-level table below.

Budget Component	Approved FY 2017-18 Budget	Proposed Adjustments	Revised FY 2017-18 Budget	% Change
Program	\$ 123,259,000	\$ (5,052,000)	\$ 118,207,000	-4.1%
Operating	21,614,104	-	21,614,104	0.0%
Total Revised FY 2017-18 Budget	\$ 144,873,104	\$ (5,052,000)	\$ 139,821,104	-3.5%

By adjusting estimates downward at mid-year, it is important to stress that First 5 LA is not reducing contracts or programs and we are not reducing funds or resources from any original investment. When the Board approves mid-year estimates that are adjusted down, any “savings” are reserved for the original purpose of that investment and set aside for the investment in the next budget cycle (unless related to an expiring contract/grant). There are no lost, cut or unused funds.

DISCUSSION:

Program Budget:

Per current First 5 LA policy, any change to the spending levels approved at the initiative level in the Program Budget requires formal approval by the Board of Commissioners via Resolution. As in the prior year, staff consolidated all FY 2017-18 Program Budget adjustments into a single process for presentation to the Commission at mid-year for approval. These adjustments, including both augmentations and reductions for programs that are anticipated to underutilize their approved budget levels, are detailed by priority outcome area and initiative in *Attachment 1A* and by program—which aggregate up to the amounts at the priority outcome area, strategy and initiative level—in *Attachment 1B*.

The following are highlights of the requested changes at the strategy and initiative level.

2015-2020 Strategic Plan: Focusing for the Future

Strategic Plan Priority Outcome Areas

Outcome 1: Families: Increase of \$149,000 or 0.5%

The marginal increase to this priority outcome area is primarily driven by a \$1.2 million increase for the Select Home Visiting Programs which is offset by reductions to the Family Strengthening Oversight Entity (\$807,000), the LAC Perinatal and Early Childhood Home Visiting Consortium (\$34,000), and the Families Emerging Opportunity resources (\$210,000).

- Select Home Visiting Programs (Strategy 1) – Increase of \$1,200,000: Updated estimates were revised based on an expenditure analysis of the actual service rate by hospital which demonstrated a higher than anticipated enrollment resulting in increased expenditures.
- Family Strengthening Oversight Entity (Strategy 1) – Reduction of \$807,000: A forthcoming budget amendment based on recent analysis for one of the participating providers, Los Angeles Best Babies Network (LABBN), in support of the Home Visitation Consortium and the Board of Supervisor’s Home Visitation County Motion efforts, as well as updated cost analysis based on actual spending rates, has resulted in a downward adjustment to the budget to align with the anticipated need for the remainder of the fiscal year.
- LAC Perinatal and Early Childhood Home Visiting Consortium (Strategy 1) – Reduction of \$34,000: Adjustment reflects the actual amount contracted for continued facilitation and capacity building support for the LAC Perinatal and Early Childhood Home Visiting Consortium through the remainder of FY 2017-18.
- Families: Emerging Opportunities – Reduction of \$210,000: Emerging Opportunity resources in support of the Families outcome area activities have been adjusted for a number of reasons including revised estimates based on additional data (DPSS Home Visiting Services Pilot), finalized contract amounts (Medicaid Targeted Case Management Pilot), the elimination of the RN Floater Pilot this fiscal year, and the addition of new activities. The new activities expected for FY 2017-18 include a new strategy to assess compensation and turnover for home visitors in LA County (Home Visitation Compensation and Turnover Analysis RFQ), a partnership with the Department of Public Health to conduct focus groups to support the development of Los Angeles County Department of Public Health (LAC DPH) and First 5 LA’s investment in reducing birth disparities (Birth Disparities Focus Group), and

partnership funding with other philanthropic organizations to keep families safe and children connected to their family, such as the partnership with the California Community Foundation (CCF) around immigration. In addition, resources are requested to provide Technical Assistance to operationalize the Department of Mental Health's Prevention and Early Intervention (PEI) funding for Home Visiting and the Prevention and Aftercare Networks. The net effect of these adjustments is a decrease to the original FY 2017-18 budget estimate.

Outcome 2: Communities: Reduction of \$568,000 or -3.0%

The modification to this priority outcome area is driven by lower than anticipated expenditures in Community Resource Networks (\$350,000) and Community Advocacy Fund (\$310,000), as well as fewer than anticipated expenditures within Legacy Investments (\$250,000). These reductions are offset by an increase in Community Partnerships (\$282,000) and Capacity Building and Learning (\$60,000), for an overall net decrease of \$568,000.

- Community Partnerships (Strategy 1) – Increase of \$282,000: Additional resources are required to support the ongoing Best Start Alignment procurement process, including an increased need in logistical support for community member participation such as translation of proposals, review tools, training materials, etc. as well as additional dollars to fund the support of the pre-implementation design phase of the alignment implementation planning process to align with Board action.
- Community Resource Networks (Strategy 2) – Reduction of \$350,000: The Community Resource Networks implementation timeline is being revised in order to support and align with the efforts made by the Office of Child Protection (OCP) County Prevention Plan-Networking Networks. Previously anticipated costs are expected to shift into the following year, in accordance with the new timeline of activities. Some funding in the current year is reserved for potential pilot projects that may arise from the OCP work.
- Community Advocacy Fund (Strategy 3) – Reduction of \$310,000: Additional time was required to ensure due diligence with regard to the transition and prioritization of the Best Start Structure. The extra time and attention to the Best Start Alignment process resulted in a shift to the overall timeline of the built environment implementation work, and costs. The remaining resources in this fiscal year will be utilized to support the contract with LA Food Policy Council to work in partnership with First 5 LA to implement healthy food guidelines in Best Start Communities, and planning related to the rollout of the Built Environment Policy Advocacy Fund (i.e. the Community Advocacy Fund).
- Legacy Investments (Strategy 3) – Reduction of \$250,000: The Children's Garden Collaborative and Market Match investments, whose allocations are projected to be exhausted in FY 2017-18, were anticipated to continue in partnership with the California Endowment, however, new information indicates that the projects will end in the current fiscal year and there is no plan to continue this investment under the Communities outcome area beyond the current allocation.
- Capacity Building and Learning (Cross-Strategy Investments) – Increase of \$60,000: Additional time was required to ensure due diligence with regard to the transition and prioritization of the Best Start Structure. The extra time and attention to the Best Start Alignment process resulted in a shift to the overall timeline for the Capacity Building Consortium work, and costs. Although the Consortium costs will not be launched in the current year, a minor increase is needed for ongoing planning and development costs to support the Regional Support Network Onboarding & Orientation Series and the transition planning, as well as the preparation to support the coordination of internal and external transitions to the new support structure for Best Start.

Outcome 3: Early Care & Education Systems: Reduction of \$836,000 or -3.8%

The net change to the Early Care & Education Systems priority outcome area is related to the Educare Policy and Advocacy (\$233,000), Kindergarten Readiness Assessment (\$237,000), QRIS Architects Group and Systems Planning (\$191,000), and the Early Childhood Educator Competencies Curriculum (\$175,000) programs. Detailed descriptions of the changes in the budget assumptions are outlined below.

- Educare Policy and Advocacy (Strategy 1) – Reduction of \$233,000: The partnership with Long Beach Education Foundation (fiscal agent for Educare Los Angeles) was approved by the Board in February 2018 and the contract is expected to commence March 1, 2018; the original target date was Fall 2018. As such, the budget is being aligned with revised expenditure projections for the remainder of the fiscal year.
- Kindergarten Readiness Assessment (Strategy 1) – Reduction of \$237,000: The request to establish a partnership with UCLA in support of this project was approved by the Board in July 2017. UCLA's contract to implement the Early Development Instrument took more time than originally anticipated to execute, resulting in a shift of expenditures, with half of the 18-month agreement amount anticipated to be incurred in FY 2017-18 and the other half earmarked for FY 2018-19. UCLA's work is currently underway and contracted school districts are beginning work on data collection.
- QRIS Architects Group and Systems Planning (Strategy 2) – Reduction of \$191,000: As the effort to fill much needed QRIS Database-related staff vacancies continued well into the fiscal year, LACOE's timeline of activities has shifted into next year, as have related costs. Additionally, since the California Department of Education's QRIS California State Preschool Program (CSPP) Year 4 grant had a higher funding level than anticipated, there was a reduced need for First 5 LA's fiscal support of the iPinwheel data system contract since both sources are being used to fund the data system. The result of both of these adjustments is a projected decrease to the originally estimated expenditures for the year.
- Early Childhood Educator Competencies Curriculum (Strategy 3) – Reduction of \$175,000: Although the Training and Technical Assistance provider contract will be awarded in Spring 2018, the timeline for the professional development grant awards has shifted; these are not expected to be awarded until the beginning of next fiscal year thus resulting in an adjustment to current year proposed expenditures.

Outcome 4: Health-Related Systems: Reduction of \$2,650,000 or -64.4%

The Health-Related Systems priority outcome area proposed costs are being adjusted by \$2,000,000 in Developmental Screening/Help Me Grow and \$650,000 in Trauma-Informed Care, for a net reduction of \$2,650,000 to align with revised estimates for the year.

- Developmental Screening/Help Me Grow (Strategy 1) – Reduction of \$2,000,000: The process of developing a framework such as Help Me Grow (HMG) in Los Angeles is complex and requires time, research, partnership building, etc. The additional time needed to thoroughly plan and design this project has resulted in a shift to the timeline of activities and proposed costs. As such, the budget is being aligned with anticipated expenditures for the year which are largely dependent on Los Angeles County Department of Public Health (LACDPH) coming on board as HMG-LA's organizing entity, consistent with Board action in November 2017. LACDPH's anticipated contract start date is May 1, 2018, resulting in only two projected months of expenditures.
- Trauma-Informed Care (Strategy 2) – Reduction of \$650,000: Although support of the Trauma-Informed Care (T-IC) facilitation of the county-wide workgroup is being implemented, the actual implementation of one or more of the county-wide proposed strategies is deferred, compared to the original implementation timeline, due to the rigorous project identification

process. One partnership that was approved by the Board in February 2018 is the strategic partnership with the City of Long Beach, Department of Health and Human Services (DHHS) to serve as the coordinating organization for trauma and resiliency informed systems change in Long Beach. Work related to county-wide strategies that will advance local, statewide and national policy in support of T-IC is expected to increase in the following fiscal year. Additionally, as not all originally anticipated pilot projects will be executed in the current year the research and data development component of this initiative – which is contingent on the implementation of the pilot projects – is also being adjusted down.

Strategic Plan Investment Areas & Support Costs: Reduction of \$500,000 or -5%

Policy Agenda/Advocacy – Reduction of \$500,000: Slower than anticipated hiring as well as the prioritization of other projects including ECE PAF, the policy agenda, and the renewed state advocate contract. While a number of activities within this initiative will launch in FY 2017-18, it is anticipated that expenditures will be lower than originally estimated.

Strategic Partnership – Cross-Cutting Funder Partnership – Net zero adjustments resulting from the elimination of the LA Diversity Equity & Inclusion (DEI) Funder Group and the repurposing of the \$15,000 funds to the LA Funders Collaborative (increase of \$5,000) and LA-N-Sync (\$10,000) to align with anticipated costs for the year.

Integration & Learning Reduction of \$547,000 or -9%

Program Evaluation: Reduction of \$450,000

The net decrease for the Program Evaluation initiative budget is driven primarily by the following changes at the program level:

- Best Start Evaluation – Reduction of \$450,000: Additional time was required to ensure due diligence with regard to the transition and prioritization of the Best Start Structure. This extra time resulted in a shift to the overall timeline of the work, and costs, associated with the Best Start Alignment process and learning agenda. The development of a framework for the next phase of the Best Start evaluation is underway. The draft learning agenda is anticipated to rollout to the Best Start Community Partnerships in February 2018, with contractors on board by spring of 2018. Other activities that were earmarked for the current year will shift into the following fiscal year, in accordance with the new timeline.
- Communities of Practice – Reduction of \$33,000: The adjustment to this initiative is the aggregate result of adjustments to External Partner Learning (\$3,000), the Learning Advisory Committee (\$15,000) and the Organizational-wide Learning (\$15,000) programs. The proposed revised estimates for all three programs are aligned to the revised projected spending based on the timing associated with staffing the necessary positions to execute the proposed work and objectives.
- Organizational-Wide Investment – Reduction of \$64,000: This project is intended to support the development and institution of a process to initiate and approve new work within First 5 LA. The necessary Investment Process staff was hired later than originally expected, resulting in an adjustment to the execution of the proposed activities. Some activities and associated costs are anticipated for the final quarter of the fiscal year with the onboarding of Board approved staff.

Legacy Investments: Decrease of \$100,000 or -0.3%

Black Infant Health: Decrease of \$400,000

The Birth Outcomes and Disparities – Policy and Systems Change investment, within the Black Infant Health initiative, is being aligned with the timeline for the Department of Public Health’s strategy to address birth disparities, which will meet an initial milestone in the spring of this fiscal year. Consequently, the vast majority of expenditures earmarked for FY 2017-18 will likely be incurred in the following year.

Universal Assessment of Newborns: Increase of \$300,000

The estimates were revised based on an assessment of the actual service rate by hospital which identified slightly higher than anticipated enrollments and associated costs. As such, a moderate increase is needed to align the budget to the revised cost estimates through June 30, 2018 based on new information and current rate of grantee expenditures to date.

Operating Budget:

Per current First 5 LA policy, the Executive Director has the authority to approve budget adjustments to the Operating Budget between line items in an amount not to exceed \$25,000. Adjustments to the various line items within the FY 2017-18 Operating Budget exceed this amount specified in the policy, and as such require approval by the Board of Commissioners. Based on analysis of actual expenditures as well as additional anticipated expenditures through June 2018, we expect that higher-than-anticipated needs in some areas will be offset by savings projected in other areas.

One significant change to highlight is the successful implementation of the revised Chart of Accounts (COA) in July 2017. The purpose of the revised COA, which had not been updated since its inception in 1999, is to transform how First 5 LA leverages and manages financial data to operate more efficiently and effectively. The new COA has increased the speed at which financial data reports are generated, allows staff to generate certain financial reports on their own, enables us to more easily manage expenditures at the project-level, and enhances our ability to manage expenditures at the Division/Department levels all with the goal of facilitating ongoing learning and improvement. The transition from the old COA to the new COA has translated into the elimination of redundant line items and the introduction of new line items, with the ultimate goal of process improvement. The mapping process resulted in the merger of some of the line items and costs under the old COA structure to align with the new COA structure; a few of these proposed costs were then shifted to the appropriate new line items during the mid-year process resulting in additional adjustments between line items, for approval.

Consistent with past practice, spending projections and necessary adjustments are prepared at the departmental level, which support the organization-wide adjustments presented for Commission approval in Attachment 2. This allows for a higher degree of due diligence to ensure that budgets are monitored and managed at the appropriate level, as well as to appropriately inform the development of the FY 2018-19 Budget.

As noted previously, the net effect of the adjustments to line items within the FY 2017-18 Operating Budget is cost neutral. Although savings are anticipated for the fiscal year overall, there are a significant number of unknown variables that could impact the analysis of estimated expenditures. Because of this, staff is not recommending a reduction in the overall FY 2017-18 Operating Budget amount at this time, consistent with past mid-year adjustment practice.

The following are highlights of changes within the major spending categories:

- Personnel Related Expenses – Minor adjustments were made to salary line items within a few departments to amend for staffing vacancies and offset increases in other line items. The net result was a reduction of \$208,700.

- General Operating Expenses – This category includes a number of transfers both in and out of various line items, with a total net increase of \$27,320. This is primarily due increases in the areas of Hardware and Software Maintenance of \$49,000, Internal Meetings of \$30,800 and ADP-Payroll costs of \$6,000. These increases are primarily offset by decreases in Capital Outlay of \$43,000, Cell Phone & Mobile Phone Devices of \$2,750, Office Supplies of \$7,800, and Worker’s Compensation Insurance of \$6,000. The increase in Hardware and Software Maintenance is attributed to the cost associated with the offsite storage of data, ten new laptops, and additional software support associated with the Viatron migration. Internal Meetings was increased based on the current burn rate and additional identified needs. Capital Outlay reductions are the result of server upgrades and audio/visual overhaul that will not occur before the end of this fiscal year. The line items for Office Supplies and Cell Phone & Mobile Phone Devices were adjusted based on actual expenditure trends to align with true projected cost.
- Consultant Services – This category includes several transfers and adjustments across multiple Departments, resulting in a net overall increase of \$129,100. This is driven primarily by additional funds needed for Consultant Fees related to developing the Capital Improvement space plan and design efforts.
- Professional Services – This category reflects a net upward adjustment in costs of \$70,900 based on an increase to Legal Fees (\$125,000) which is offset by reductions in Web-Based Services (\$36,000) and Professional Dues (\$18,100). Legal Fees is being adjusted, based on ongoing analysis, to align to the current rate of Public Request Act (PRA) related costs and spending over the course of the first six-months and to support the unanticipated increase in PRA costs for the remainder of the fiscal year. The Web-Based Services resources (strictly within the IT Department budget) were repurposed to other areas of the budget as activities related to the Performance Management System and the Learning Management System are on hold until the IT Assessment has been completed. The Professional Dues line item was adjusted across many Departments, informed by actual expenditures incurred to date and identified need for the remainder of the fiscal year.
- Travel Expenses – This category includes a number of adjustments based on the rate of spending through the first six months of the fiscal year, as well as identified needs through the remainder of the fiscal year, for Airfare, out-of-town ground transportation and other related travel expenditures. The net result is an increase of \$39,000 to Travel Expenses.
- Professional Development – This category is new for FY 2017-18 and had not been activated by the time the FY 2017-18 Budget was approved in June 2017. This category includes Training Materials & Supplies, Internal Training, Leadership Programs, Conference Registrations and External Education/Training. The line item reflecting the largest adjustment within this category is Conference Registrations. This line item is a combination of the Conference Registrations line item budget and the Professional Development budget which were merged together to align with the implementation of the new chart of accounts (COA) structure – reflected under the singular Professional Services line item within the former COA structure. The shift of resources, and revised need, among the new line items resulted in a net decrease of \$57,620.
- Capital Project – Additional resources will be required in late FY 2017-18 for one-time building updates and capital improvement costs associated with upgrades to the physical structure and modifications to the space to support First 5 LA’s new structure and staffing model. Accrued savings from under-spending in FY 2015-16 and FY 2016-17 were requested for the establishment of a fund through the FY 2017-18 budgeting process, with the objective to return to the Board with an itemized plan for use of the established funds. Project planning and associated analysis is underway and will continue during the FY 2017-18 budget development process to more reliably project how building improvements and space planning might affect costs.

Administrative Cost:

Though it does not set or mandate a limit, Proposition 10 does require all First 5 commissions to establish an administrative cost cap. As part of the approval of the annual fiscal year budget, First 5 LA approves an annual limit on the organization's administrative spending. While this administrative cost limit represents a percentage of the overall fiscal year budget, the Commission approves the limit at the dollar amount level. This is due to the fact that administrative costs are generally not as fluid as other types of costs, and cannot adapt quickly to respond to changes in actual spending levels.

The administrative cost limit approved in June 2017 as part of the FY 2017-18 Budget was \$13.0 million, or roughly 8.99% of annual spending. Based on the mid-year budget revisions discussed above and detailed in *Attachment 2*, the total revised administrative cost amount remains at approximately \$13.0 and is within the dollar amount limit approved for FY 2017-18, with a slight uptick to the percentage – relative to annual spending – to 9.31%. It should be noted that although the administrative cost percentage will fluctuate throughout the year, as it is dependent on incurred programmatic expenditures, the administrative spending for the fiscal year will not exceed the approved amount.

Revenue:

Tobacco tax revenue is projected to be roughly \$70.1 million in FY 2017-18. This projection is based on the latest recent changes in legislation which have resulted in a sudden one-time sharp decline in tobacco tax revenue for FY 2017-18, pursuant to the most recent May 2017 estimate from the State Department of Finance (DOF), and as discussed as part of our Long Term Financial Projection process. This nearly 16.2% decrease in revenue from FY 2016-17 is primarily the effect of the first year implementation of Proposition 56, and is consistent with earlier estimates. In accordance with standard practice, staff will continue to monitor and make the appropriate adjustments during the next budgeting cycle.

Interest earnings are projected to yield approximately \$5.4 million in revenue for FY 2017-18 and lease revenue is projected to generate approximately \$138,000 in FY 2017-18, grounded on the negotiated lease agreement for the preschool occupying space on the first floor of the Commission building. In addition, as approved by the Board of Commissioners, First 5 LA will receive pass-through funds for the initiative "Improve and Maximize Programs so All Children Thrive" (IMPACT) from First 5 California to help advance the work within the Early Child and Education (ECE) priority outcome area as well as funds from the Center for the Study of Social Policy (CSSP) to support strategies related to the implementation of Project Dulce within the Families outcome area.

CONCLUSION:

First 5 LA's budget is largely built upon estimates and reflects projected expenditures for FY 2017-18. These approximations result in the need for a mid-year adjustment process to align the current year budget to revised cost estimates in response to new information and actual spending and revenues for the first half of FY 2017-18. Although historical spending is utilized in the development of proposed cost estimates, the addition of new and/or emerging investments make historical trends less applicable. Other factors that contribute to high estimates include:

- Contract negotiations: Preliminary grantee/vendor contract estimates are used during the budget development process as contracts are regularly finalized after the Board has approved the budget. In many cases, providers do not have the level of detail necessary to inform future spending until the contract is being developed (negotiated) with First 5 LA. Frequently, the final contracts are lower than originally estimated.
- New funding partners and opportunities: First 5 LA's work in collaboration with diverse partners is fundamental to advancing aligned policy and system change goals. Such partnership efforts take time, extending implementation efforts in some areas of work. First 5 LA has also endeavored to partner more closely with County agencies, which has

contributed to some readjustments in implementation schedules. Finally, our work requires First 5 LA to be adaptable to changing circumstances and new opportunities. For example, other funders are sometimes identified to provide additional leveraging resources that result in underutilization of First 5 LA funds. In addition, public funding streams have emerged in a number of areas that have been leveraged to advance program goals.

- Real experience: An additional year of experience and data has yielded significant information about actual project cost. This program implementation spending experience allows First 5 LA to use more data to inform better future estimates.

The modest mid-year shifts and adjustments proposed for FY 2017-18 are indicative of increased experience and a budget that is being developed in a manner that is more closely aligned with actual need. The mid-year process has allowed the organization to go back to the Board to propose refined estimates, informed by final negotiated contracts, actual expenditures and any new information impacting First 5 LA investments. Again, although the mid-year shifts are reflective of a downward adjustment, these do not represent reductions to the overall commitment to the work and only represent the adjustment to anticipated spending in the fiscal year. With a greater focus on maximizing expenditures, budget improvement processes, and initiative sustainability efforts, we anticipate the percentage of our annually expended budget will continue to increase as it continues on a path toward increased precision and alignment with revenues.

NEXT STEPS:

First 5 LA's approach to budgeting has evolved in recent years and will continue to evolve – informed by experience - to achieve greater clarity and transparency. The analysis of spending trends and project status that was conducted as part of the mid-year budget adjustment process this year will be used to inform the FY 2018-19 Budget development process currently underway. This analysis will also inform the reaffirmation process that takes place in conjunction with the approval of the FY 2018-19 Budget, through which all levels of fund balance are evaluated for appropriateness and potential modifications. The proposed FY 2018-19 Budget will be presented to the Board of Commissioners on May 10, 2018 for discussion.

BUDGET COMPONENT	APPROVED FY 2017-18 BUDGET	PROPOSED ADJUSTMENTS	REVISED FY 2017-18 BUDGET	% CHANGE
2015-2020 STRATEGIC PLAN: FOCUSING FOR THE FUTURE				
<i>Strategic Plan Priority Outcome Areas</i>				
1 Families	\$ 29,526,000	\$ 149,000	\$ 29,675,000	0.5%
2 Communities	18,893,000	(568,000)	18,325,000	-3.0%
3 Early Care & Education Systems	22,080,000	(836,000)	21,244,000	-3.8%
4 Health-Related Systems	4,118,000	(2,650,000)	1,468,000	-64.4%
<i>Sub-total: Strategic Plan Priority Outcome Areas</i>	<i>\$ 74,617,000</i>	<i>\$ (3,905,000)</i>	<i>\$ 70,712,000</i>	<i>-5%</i>
<i>Strategic Plan Related Investment Areas & Support Costs</i>				
5 Policy Agenda/Advocacy	\$ 2,820,000	\$ (500,000)	\$ 2,320,000	-17.7%
6 Communications & Marketing	6,044,000	-	6,044,000	0.0%
7 Communications - Conference Funding	300,000	-	300,000	0.0%
8 Strategic Partnership-Cross-Cutting Funder Partnership	660,000	-	660,000	0.0%
9 Strategic Partnership-Grantmaking Memberships	42,000	-	42,000	0.0%
10 Strategic Partnership-Organizational Capacity	200,000	-	200,000	0.0%
11 Strategic Partnership-Partnership Development	250,000	-	250,000	0.0%
12 Policy & Strategy - Emerging Opportunities	75,000	-	75,000	0.0%
13 County Partnerships	50,000	-	50,000	0.0%
<i>Sub-total: Strategic Plan Related Investment Areas & Support Costs</i>	<i>\$ 10,441,000</i>	<i>\$ (500,000)</i>	<i>\$ 9,941,000</i>	<i>-5%</i>
<i>Integration & Learning</i>				
14 Data Development and Integration	\$ 1,050,000	\$ -	\$ 1,050,000	0.0%
15 Data Partnership with Funders	850,000	-	850,000	0.0%
16 Program Evaluation	4,105,000	(450,000)	3,655,000	-11.0%
17 Learning Plan Development	100,000	-	100,000	0.0%
18 Communities of Practice	51,000	(33,000)	18,000	-64.7%
19 Grantee Assessment	75,000	-	75,000	0.0%
20 Organizational-Wide Investment	96,000	(64,000)	32,000	-66.7%
21 Integration & Learning - Emerging Opportunities	50,000	-	50,000	0.0%
<i>Sub-total Integration & Learning</i>	<i>\$ 6,377,000</i>	<i>\$ (547,000)</i>	<i>\$ 5,830,000</i>	<i>-9%</i>
TOTAL 2015-2020 STRATEGIC PLAN: FOCUSING FOR THE FUTURE	\$ 91,435,000	\$ (4,952,000)	\$ 86,483,000	-5%
LEGACY INVESTMENTS				
22 At-Risk Fathers Investment	\$ 314,000	\$ -	\$ 314,000	0.0%
23 Baby Friendly Hospitals	457,000	-	457,000	0.0%
24 Black Infant Health	2,006,000	(400,000)	1,606,000	-19.9%
25 Children's Dental Care	7,217,000	-	7,217,000	0.0%
26 Children's Vision Care	252,000	-	252,000	0.0%
27 Early Identification and Intervention - Autism and Other Developmental Delays	884,000	-	884,000	0.0%
28 Information Resource and Referral	1,240,000	-	1,240,000	0.0%
29 Little by Little/One Step Ahead	3,979,000	-	3,979,000	0.0%
30 Parent Child Interaction Therapy	3,943,000	-	3,943,000	0.0%
31 Policy Advocacy Fund	310,000	-	310,000	0.0%

BUDGET COMPONENT		APPROVED FY 2017-18 BUDGET	PROPOSED ADJUSTMENTS	REVISED FY 2017-18 BUDGET	% CHANGE
32	Universal Assessment of Newborns	10,680,000	300,000	10,980,000	2.8%
33	Workforce Development	542,000	-	542,000	0.0%
TOTAL LEGACY INVESTMENTS		\$ 31,824,000	\$ (100,000)	\$ 31,724,000	0%
TOTAL FIRST 5 LA PROGRAM BUDGET		\$ 123,259,000	\$ (5,052,000)	\$ 118,207,000	-4%

INITIATIVE / STRATEGY NAME	PROGRAM NAME	APPROVED FY 2017-18 BUDGET	PROPOSED ADJUSTMENTS	REVISED FY 2017-18 BUDGET	% CHANGE
2015-2020 STRATEGIC PLAN: FOCUSING FOR THE FUTURE					
<i>Strategic Plan Priority Outcome Areas</i>					
Families					
Families Strategy 1 - Home Visiting	Welcome Baby Hospitals	\$ 9,721,000		\$ 9,721,000	0%
	Select Home Visiting Programs	12,230,000	1,200,000	13,430,000	10%
	Family Strengthening Oversight Entity	4,287,000	(807,000)	3,480,000	-19%
	Stronger Families Database	780,000		780,000	0%
	LAC Perinatal and Early Childhood Home Visiting Consortium	60,000	(34,000)	26,000	-57%
Families Strategy 2 - Family Engagement	Abriendo Puertas	740,000		740,000	0%
	Family Engagement: Emerging Opportunities	-		-	N/A
	Project Dulce	645,000		645,000	0%
	Project Dulce Evaluation	-		-	N/A
Families - Emerging Opportunities	Emerging Opportunities - Families Outcome Area	1,063,000	(210,000)	853,000	-20%
Sub-total Families		\$ 29,526,000	\$ 149,000	\$ 29,675,000	0.5%
Communities					
Communities Strategy 1 - Community Leadership & Collaboration	Broader Community Building and Engagement	\$ 2,500,000		\$ 2,500,000	0%
	Community Advisory Council	186,000		186,000	0%
	Transition Team	105,000		105,000	0%
	Community Partnerships	10,515,000	282,000	10,797,000	3%
Communities Strategy 2 - Coordinated Services & Supports	Community Resource Networks	500,000	(350,000)	150,000	-70%
Communities Strategy 3 - Built Environment Policy & Advocacy	Community Advocacy Fund	500,000	(310,000)	190,000	-62%
	Legacy Investments	806,000	(250,000)	556,000	-31%
Communities - Cross-Strategy Investments	Capacity Building and Learning	3,301,000	60,000	3,361,000	2%
Communities - Emerging Opportunities	Emerging Opportunities - Communities Outcome Area	480,000		480,000	0%
Sub-total Communities		\$ 18,893,000	\$ (568,000)	\$ 18,325,000	-3.0%
Early Care & Education (ECE) Systems					
ECE Strategy 1 - Policy/Advocacy	ECE Policy Advocacy Fund	\$ 3,000,000		\$ 3,000,000	0%
	Educare Policy and Advocacy	333,000	(233,000)	100,000	-70%
	Kindergarten Readiness Assessment	767,000	(237,000)	530,000	-31%
ECE Strategy 2 - QRIS	Early Childhood Educators Improving Quality (CCALA)	745,000		745,000	0%
	QRIS Architects Group and Systems Planning	1,433,000	(191,000)	1,242,000	-13%
	QRIS Continuous Site Engagement (LAUP)	13,842,000		13,842,000	0%
	Shared Services Support	200,000		200,000	0%
ECE Strategy 3 - Professional Development	Early Childhood Education Credential Advocacy Project	790,000		790,000	0%
	Early Childhood Educator Competencies Curriculum	220,000	(175,000)	45,000	-80%
	ECE Workforce Registry	650,000		650,000	0%
ECE - Emerging Opportunities	Emerging Opportunities - ECE Outcome Area	100,000		100,000	0%
Sub-total ECE		\$ 22,080,000	\$ (836,000)	\$ 21,244,000	-4%

INITIATIVE / STRATEGY NAME	PROGRAM NAME	APPROVED FY 2017-18 BUDGET	PROPOSED ADJUSTMENTS	REVISED FY 2017-18 BUDGET	% CHANGE
Health, Mental Health & Substance Abuse Systems					
Health Strategy 1 - Early Identification/Developmental Screening/Connection to Services	Developmental Screening: Help Me Grow	\$ 2,518,000	\$ (2,000,000)	\$ 518,000	-79%
Health Strategy 2 - Trauma-Informed Care	Trauma-Informed Care	1,350,000	(650,000)	700,000	-48%
Health - Emerging Opportunities	Emerging Opportunities - Health Outcome Area	250,000		250,000	0%
Sub-total Health		\$ 4,118,000	\$ (2,650,000)	\$ 1,468,000	-64%
Sub-Total: Priority Outcome Areas		\$ 74,617,000	\$ (3,905,000)	\$ 70,712,000	-5.2%
Strategic Plan Related Investment Areas & Support Costs					
Policy Agenda/Advocacy	Federal Policy and Sustainability Advocate	\$ 130,000		\$ 130,000	0%
	State Policy and Sustainability Advocate	440,000		440,000	0%
	Strategic Plan Advocacy Strategies	2,250,000	(500,000)	1,750,000	-22%
Communications & Marketing	Communications & Marketing	6,044,000		6,044,000	0%
Communications - Conference Funding	Conference Funding	300,000		300,000	0%
Strategic Partnership - Cross-Cutting Funder Partnership	Emerging Funder Collaboratives	450,000		450,000	0%
	LA Diversity Equity & Inclusion (DEI) Funder Group	15,000	(15,000)	-	-100%
	LA Funders Collaborative	15,000	5,000	20,000	33%
	LA-N-Sync	15,000	10,000	25,000	67%
	Los Angeles Chamber of Commerce	40,000		40,000	0%
	Los Angeles Partnership for Early Childhood Investment	15,000		15,000	0%
	Southern California Grantmakers (SCG)	110,000		110,000	0%
Strategic Partnership - Grantmaking Memberships	Grantmaking Memberships	42,000		42,000	0%
Strategic Partnership - Organizational Capacity	Organizational Capacity Building	200,000		200,000	0%
Strategic Partnership - Partnership Development	Consulting	150,000		150,000	0%
	Convenings	100,000		100,000	0%
Policy & Strategy - Emerging Opportunities	Emerging Opportunities - Policy & Strategy	75,000		75,000	0%
County Partnerships	County Partnership Fund	50,000		50,000	0%
Sub-Total: Strategic Plan Related Investment Areas & Support Costs		\$ 10,441,000	\$ (500,000)	\$ 9,941,000	-4.8%
INTEGRATION & LEARNING					
Data Development and Integration	Data Consultant	\$ 100,000		\$ 100,000	0%
	Data Requests	5,000		5,000	0%
	Dissemination	15,000		15,000	0%
	Data Analytics	25,000		25,000	0%
	Indicator Development	165,000		165,000	0%
	First 5 LA Contracts and Grants Program Reporting Database	140,000		140,000	0%
Data Partnership with Funders	WIC Data Mining Research Partnership	600,000		600,000	0%
	Children's Data Network (CDN)	850,000		850,000	0%
Program Evaluation	Best Start Evaluation	950,000	(450,000)	500,000	-47%
	Early Care and Education Policy Advocacy Fund Evaluation	-		-	N/A
	Obesity Prevention & Nutrition Collective Impact Evaluation	750,000		750,000	0%
	Parent-Child Interaction Therapy Evaluation	131,000		131,000	0%
	Professional Development Program Evaluation	54,000		54,000	0%
	Quality Rating and Improvement System Evaluation	-		-	N/A
	Universal Screening Psychometric Study	-		-	N/A
	Welcome Baby Impact Study	1,566,000		1,566,000	0%
Welcome Baby Implementation and Outcomes Evaluation	654,000		654,000	0%	

INITIATIVE / STRATEGY NAME	PROGRAM NAME	APPROVED FY 2017-18 BUDGET	PROPOSED ADJUSTMENTS	REVISED FY 2017-18 BUDGET	% CHANGE
Learning Plan Development	ECE Outcome Area	50,000		50,000	0%
	Health Systems Outcome Area	50,000		50,000	0%
Communities of Practice	External Partner Learning	6,000	(3,000)	3,000	-50%
	Learning Advisory Committee	20,000	(15,000)	5,000	-75%
	Organizational-wide Learning	25,000	(15,000)	10,000	-60%
Grantee Assessment	Grantee Perception Report	75,000		75,000	0%
Organizational-wide Investment	Investment Process	96,000	(64,000)	32,000	-67%
Integration & Learning - Emerging Opportunities	Emerging Opportunities - Integration & Learning	50,000		50,000	0%
Sub-total Integration & Learning		\$ 6,377,000	\$ (547,000)	\$ 5,830,000	-8.6%
TOTAL 2015-2020 STRATEGIC PLAN: FOCUSING FOR THE FUTURE		\$ 91,435,000	\$ (4,952,000)	\$ 86,483,000	-5.4%
LEGACY INVESTMENTS					
At-Risk Fathers Investment	At-Risk Fathers Investment	\$ 314,000		\$ 314,000	0%
Baby Friendly Hospitals	Baby Friendly Hospital Project - Cycle 3	20,000		20,000	0%
	Baby Friendly Hospital Project - Cycle 4	437,000		437,000	0%
Black Infant Health	Birth Outcomes and Disparities – Policy and Systems Change	500,000	(400,000)	100,000	-80%
	Black Infant Health Program	1,506,000		1,506,000	0%
Children's Dental Care	Children's Dental Care Program	7,217,000		7,217,000	0%
Children's Vision Care	Children's Vision Care	252,000		252,000	0%
Early Identification and Intervention - Autism and Other Developmental Delays	Early Identification and Intervention - Autism and Other Developmental Delays	884,000		884,000	0%
Healthy Food Access	Children's Garden Collaborative	-		-	N/A
	Market Match	-		-	N/A
Healthy Kids	Healthy Kids Insurance Coverage	-		-	N/A
	211 LA County	1,240,000		1,240,000	0%
Information Resource and Referral	Performance Based Agreement (Consulting)	-		-	N/A
	Little by Little/One Step Ahead Program	3,979,000		3,979,000	0%
Oral Health & Nutrition - Dental Home	Oral Health & Nutrition - Dental Home	-		-	N/A
Parent Child Interaction Therapy	Parent Child Interaction Therapy	3,943,000		3,943,000	0%
Policy Advocacy Fund	Policy Advocacy Fund - I	-		-	N/A
	Policy Advocacy Fund - II	197,000		197,000	0%
	Policy Advocacy Fund Technical Assistance Provider	113,000		113,000	0%
Reducing Childhood Obesity	Reducing Childhood Obesity	-		-	N/A
Resource Mobilization - ECE	ECE Recoverable Grant/Bridge Fund	-		-	N/A
Resource Mobilization - Health	Early Childhood Linkages to Wellness	-		-	N/A
Universal Assessment of Newborns	Welcome Baby Hospitals	10,680,000	300,000	10,980,000	3%
Workforce Development	P-5 Workforce Development Core Competencies	542,000		542,000	0%
TOTAL LEGACY INVESTMENTS		\$ 31,824,000	\$ (100,000)	\$ 31,724,000	-0.3%
TOTAL FIRST 5 LA PROGRAM BUDGET		\$ 123,259,000	\$ (5,052,000)	\$ 118,207,000	-4%

BUDGET SUMMARY FY 2017-18 Mid-Year Adjustments

	Approved FY 2017-18 Budget	Estimated FY 2017-18 Expenditures	Projected Savings/ (Shortfalls)	Mid-Year Adjustments	Revised FY 2017-18 Budget
OPERATING EXPENSES					
Personnel Related Expenses					
Salaries & Wages	13,204,391	12,548,401	655,990	(208,700)	12,995,691
Fringe Benefits	3,837,581	3,275,557	562,024	-	3,837,581
Total Personnel Related Expenses	17,041,972	15,823,958	1,218,014	(208,700)	16,833,272
Operating Services					
ADP-Payroll	31,000	25,906	5,094	6,000	37,000
Worker's Compensation Insurance	90,000	57,018	32,982	(6,000)	84,000
Utilities	165,000	154,226	10,774	-	165,000
Corporate Insurance	76,000	30,000	46,000	-	76,000
Mileage, Parking and Other Transportation	70,180	41,877	28,303	1,870	72,050
Telephone	70,000	67,384	2,616	-	70,000
Cell Phone & Mobile Devices	57,000	23,800	33,200	(2,750)	54,250
Outside Printing & Publishing	19,700	56,679	(36,979)	-	19,700
Other Supplies	20,250	19,000	1,250	-	20,250
Postage & Delivery	13,300	13,301	(1)	(100)	13,200
Educational Supplies	2,750	409	2,341	(200)	2,550
Office Supplies	95,360	68,085	27,275	(7,800)	87,560
Subscriptions & Publications	12,330	7,811	4,519	-	12,330
Capital Outlay	145,000	61,512	83,488	(43,000)	102,000
Equipment-Rents & Leases	118,200	58,114	60,086	-	118,200
Building Repair & Maintenance	180,000	185,868	(5,868)	-	180,000
Equipment Repairs & Maintenance	24,000	8,963	15,037	(500)	23,500
Offsite Storage	33,900	16,947	16,953	-	33,900
Hardware & Software Maintenance	197,400	140,557	56,843	49,000	246,400
Miscellaneous/Contingency	75,000	5,004	69,996	-	75,000
Stipend/Honorarium	-	-	-	-	-
Internal Meetings	107,600	75,846	31,754	30,800	138,400
Total Operating Services	1,603,970	1,118,307	485,663	27,320	1,631,290
Consultant Services					
Consultant Fees	1,382,200	540,065	842,135	135,100	1,517,300
Other Professional Fees	300,000	288,024	11,976	(5,000)	295,000
External Reviewers	7,500	3,520	3,980	(1,000)	6,500
Total Consultant Services	1,689,700	831,609	858,091	129,100	1,818,800
Professional Services					
Audit	70,000	70,000	-	-	70,000
Legal Fees	125,000	125,000	-	125,000	250,000
Professional Dues	136,852	108,216	28,636	(18,100)	118,752
Staff Recruitment	25,000	39,482	(14,482)	-	25,000
Commissioners Stipends	34,000	17,700	16,300	-	34,000
Web-Based Services	81,500	22,688	58,812	(36,000)	45,500
Bank & Other Service Charges	12,000	11,920	80	-	12,000
Total Professional Services	484,352	395,006	89,346	70,900	555,252
Travel Expenses					
Airfare	124,080	76,863	47,217	12,900	136,980
Lodging	127,300	45,152	82,148	7,850	135,150
Per Diem	65,330	34,274	31,056	4,400	69,730
Other Travel Expense	-	13,878	(13,878)	13,850	13,850
Total Travel Expenses	316,710	170,167	146,543	39,000	355,710
Depreciation Expense					
Depreciation Expense	-	-	-	-	-
Total Depreciation Expense	-	-	-	-	-
Professional Development					
Training Materials & Supplies	-	-	-	2,880	2,880
Internal Training	-	185	(185)	69,500	69,500
Leadership Programs	-	4,990	(4,990)	53,000	53,000
Conference Registrations	477,400	89,070	388,330	(224,000)	253,400
External Education/Training	-	14,094	(14,094)	41,000	41,000
Total Professional Development	477,400	108,339	369,061	(57,620)	419,780
Marketing					
Advertising-Print	-	-	-	-	-
Advertising-Radio	-	-	-	-	-
Advertising-Digital	-	-	-	-	-
Advertising-Out Of Home	-	-	-	-	-
Sponsorship	-	-	-	-	-
Total	-	-	-	-	-
Total OPERATING EXPENSES	21,614,104	18,447,387	3,166,717	-	21,614,104

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 (Fund Balance Category: Committed for FY 17-18 and Assigned for FY 18-19).

RECOMMENDATION

This memo was provided as information for the Board's consideration at the Program and Planning Committee meeting on March 22, 2018. At today's April 12, 2018 Commission meeting, First 5 LA staff recommends that the Board approve the establishment of a Strategic Partnership with Dignity Health dba California Dignity Hospital (Fiscal Agent for Los Angeles Best Babies Network) for an amount not to exceed \$339,288 and authorize staff to execute a contract from April 20, 2018 through June 30, 2019. Funds for FY 2017-2018 will be included within the current First 5 LA Programmatic Budget. Funds for FY 2018-2019 are included in the FY 2018-2019 First 5 LA Programmatic Budget which will be brought to the Board of Commissioners for approval in June. At the time of budget approval, requested resources will shift from the Assigned resource category of the fund balance, dedicated for broad Strategic Plan purposes, to the Committed category, amounts dedicated for a more specified purpose via resolution.

BACKGROUND:

Staff presented this opportunity as an informational item at the Program and Planning Committee on March 22, 2018, during which it was presented as a Strategic Partnership with Dignity Health dba California Dignity Hospital.

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 Hospital serves as the fiscal agent for Los Angeles Best Babies Network (LABBN). 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 through June 30, 2019 for \$339,288.

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.
- Additionally, the proposed Strategic Partnership exemplifies our intentional efforts to strategically partner with others to maximize our impact on young children across Los Angeles County.

Memo

To: Board of Commissioners
From: Kim Belshé, Executive Director
Date: April 12, 2018
Subject: EXECUTIVE DIRECTOR'S REPORT

EXECUTIVE DIRECTOR'S HIGHLIGHTS

There are two items I want to highlight in this month's Executive Director's report – one, a look forward and another, a look back.

First, looking forward to the Commission's May meeting, we will spend time reflecting on and sharing learning from the April Commission break-out sessions, discussions and initial report outs related to First 5 LA's work with County agencies across a number of strategies. As Commissioners will recall, the break-out sessions enabled Board members to learn more about three examples of evolving First 5 LA-County partnerships related to: (1) prevention (Office of Child Protection prevention plan implementation); (2) policy and systems change (early identification and intervention of children's development needs with DPH); and broad impact and evidence-based practices (Home Visiting-DMH Partnership). These sessions were intended to highlight a number of important projects underway with County partners, connect county partnerships to First 5 LA's investment guidelines, and identify specific examples of how First 5 LA is catalyzing systems change, testing innovative strategies and elevating the voice of parents in partnership with the County.

In May, the bulk of Board time will be dedicated to Commissioner report-outs and discussion. To begin this session, I will share with Commissioners a number of staff reflections and observations relative to First 5 LA's partnership work with County agencies, informed by the break-out sessions, county and staff comments and Board discussion and initial report outs:

- County agency partnerships are seen as powerful evidence of First 5 LA working in new ways to execute on the direction of our Strategic Plan and systems change goals. For Board and staff alike, there is enthusiasm for these partnerships and an understanding of the progress being made to advance aligned goals.
- To effect change, it's important that First 5 LA and its county partners identify and prioritize the systems that we together seek to directly influence; keep families at the center of this work.

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A PUBLIC ENTITY

- Language matters. “Systems change” is not “plain speak”. As Commissioner Abdo has suggested, let’s be clear – systems change is about making services work better for families and young kids.
- Making services work better for families and kids – systems change - is a “team sport” and the product of partnerships, not of any one organization. It’s important that we think carefully and strategically about our partnerships with the County and others. In particular, look to engage partners that are near universal, trusted and non-stigmatizing for families, such as Best Start Communities, FQHCs, WIC agencies and ECE providers.
- This work takes time – to develop partnerships, a common agenda and goals, and aligned activities. In short, change at the systems level occurs at the speed of trust, partnership development and aligned strategy; this is a long-term proposition which offers the potential for meaningful change at scale for families.
- Upstream, upstream. Prevention and early intervention are foundational for all our work.
- Working across different family-serving systems can be messy – and offers opportunities for greater impact. Implementation of work brings both opportunities and challenges as we increasingly identify potential points of integration
- Be strategic – and opportunistic. Systems change work requires a healthy balance of strategic focus and discipline and nimbleness to respond to opportunities.

Second, looking back, I think it’s important that we acknowledge the recent 50th anniversary of the death of Dr. Martin Luther King, Jr. On that somber occasion, I shared with my staff colleagues the following note, which I share here for the Board:

Today, marks the 50th anniversary of the death of Dr. Martin Luther King, Jr., a day that invokes many emotions, thoughts and reflections. For me, I reflect on Dr. King’s unyielding advocacy for social and economic equality and his efforts to address segregation, poverty, and income inequality. I reflect on the issues that persist, the work that remains, and the challenges for children and families compounded by the Trump Administration’s policies. And, I reflect on First 5 LA and our efforts, in partnership with parents, communities, public officials, and service providers, to address disparities and expand opportunities for all children. We together have work to do.

These are times of challenge and controversy and it’s more important than ever that those with power and influence hear the voices of families and children. I’m grateful to be part of an organization that has the resources, the capabilities and the will to work with partners to engage, organize and take action – action to make young children a priority and change the systems and policies that shape their lives. I’m proud of the community change efforts being led by parents and residents in our Best Start Communities; I’m proud of our work with funders in support of immigrant families; I’m proud of our collaboration with advocates and elected officials to make young kids a priority for public resources; and I’m proud of our engagement with diverse county leaders to promote trauma- and resiliency-informed systems that recognize the impact of social and historical trauma on communities.

So I close with a quote from Dr. King: “The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy.”
- Dr. Martin Luther King, Jr.

I'm proud to stand with each of you and our Board of Commissioners in our work to advance equal opportunity for Los Angeles County's youngest children. Together, we are honoring Dr. King's life and legacy by working toward making his vision of equality, equity and social justice a reality.

Kim

ORGANIZATION-WIDE ACTIVITY HIGHLIGHTS

I. FAMILY SUPPORTS

Systems Collaboration and Partnership

As part of our continued partnership with County departments to identify opportunities to collaboratively support families, representatives from the Family Supports Department, the County Systems Fellow, and the National Compadres Network attended a meeting with juvenile and adult men's probation leadership. The convening focused on transformations in the youth justice system and potential connections to First 5 LA's work on Engaging Fathers. In attendance from the County Probation Department were Assistant Chief Probation Officer Sheila Mitchell, Deputy Director of Juvenile Probation Felicia Cotton, Deputy Director of Probation, Luis Dominguez, Bureau Chief Probation and David Mitchell, District 1 Bureau Chief. This meeting was organized as a result of a convening where Ms. Sheila Mitchell presented to the California Funders for Boys and Men of Color.

The meeting with the Probation Department was an opportunity to learn more about the system itself and how it supports young men/adult men and also identify opportunities where collaboration and partnership can be achieved to have systems work together. Jerry Tello from the National Compadres Network was able to lend his expertise around working with men and addressing "culture, maleness, trauma and resiliency and parenting". In addition, First 5 LA staff was able to highlight the work of the current engaging fathers grantees and identify opportunities to leverage the work in a systematic way by utilizing the expertise of each and finding a common goal to impact policy. The meeting sparked multiple areas for exploration and the team was invited to return for a follow up meeting with all of the Engaging Fathers grantees and technical assistance provider, The National Compadres Network.

The Probation Department is eager to connect with our grantee partners to identify ways they can prepare their workforce to engage better with men, address the needs of fathers with children prenatal to five, improve data collection to identify men who are parents, support men who have been recently released from prison and their reconnection to their children. The Probation Department was also highly interested in First 5 LA's efforts to impact systems through adoption of trauma informed care approaches and resiliency. First 5 LA staff are also working with representatives from the Probation Department on improving access to home visiting supports, as part of the County Board Motion Response, to pregnant women and mothers with young children on or newly transitioned from Probation.

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II. COMMUNITIES

First 5 LA Representation on the Measure A Steering Committee

The Measure A Steering Committee was established to create policy recommendations for Measure A implementation, a parcel tax passed in November of 2016 that will create \$94.5 million dollars annually for parks and open space. The Steering Committee is composed of 45 members including representatives from cities, the County of Los Angeles, non-profits, and community stakeholders. First 5 LA serves on the committee and is representing the parks and open space needs of children and families. Senior Program Officer Reuben De Leon is the representative on the committee and Program Officer, Max Podemski is the alternate. The Committee was assembled in the fall of 2017 and provides guidance and makes decisions at key steps of the Measure A implementation process.

The committee meetings are overseen by the Los Angeles County Regional Open Space District (RPOSD) and facilitated by the planning firm Placeworks which is drafting the initial recommendations for the policy guidelines. Major topics that have been discussed include community engagement, technical assistance, bonding, and scoring criteria across various funding categories. A diversity of organizations is represented on the committee and there has been significant discussions regarding funding allocations, equitable distribution of resources, and prioritizing high need communities as identified in the "Los Angeles Countywide Comprehensive Parks and Recreation Needs Assessment" (Park Needs Assessment). The Park Needs Assessment was approved in March 2015 and represents an unprecedented effort to document existing parks and recreation facilities and to use data to determine scope, scale and location of park need in LA County. In the coming months, RPOSD and Placeworks will be drafting the Measure A funding guidelines that will be presented to the Measure A Steering Committee and will then be sent to the County Board of Supervisors for approval in the Summer of 2018. Measure A funds will become available for annual allocation in the Fall 2018/Winter 2019.

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III. EARLY CARE AND EDUCATION SYSTEMS

Partnerships in Education, Articulation and Coordination through Higher Education (PEACH) Hosts Convening of Local Stakeholders to Discuss Updates to the Child Development Permit

First 5 LA's Early Care and Education (ECE) Outcome Area includes a focus on improving the professional development system and preparation pipeline for early educators. The Child Development (CD) Permit, authorized and governed by the California Commission on Teacher Credentialing (CTC), is a key structure in these systems. On March 9, 2018, Partnerships in Education, Articulation and Coordination through Higher Education (PEACH), the lead agency in First 5 LA's Early Childhood Education (ECE) Credential Advocacy Project, hosted a presentation and discussion with Phyllis Jacobsen, Administrator in the Professional Services Division of CTC, about the Commission's work plan for developing and piloting Performance Expectations (PEs) and Program Guidelines for all levels of the CD Permit. These activities, designed to define the necessary skills for qualified educators and to align preparation programs, will take place through summer 2019 and will inform efforts to revise the structure and requirements of the CD Permit.

The convening consisted of a mixed audience of 65 ECE program directors, classroom practitioners, county administrators, and higher education professionals. The presentation highlighted that the move to develop PEs and Program Guidelines represents CTC's "paradigm-shift" from permitting based on units completed to permitting based on candidate demonstration of job-related skills. The PEs and Program Guidelines provide a framework for future revisions to the CD Permit Matrix requirements that could reflect this shift. Following the presentation, PEACH members facilitated table discussions to identify questions that remained about the process and prioritize aspects of ECE-specific practice participants felt the PEs and Program Guidelines need to reflect. Comments emphasized that ECE providers need to have a strong background in child development and expressed concern that many professionals may leave the field if compensation does not increase in tandem with requirements, although CTC has no authority over reimbursement rates.

Staff Contact: Jaime Kalenik (jkalenik@first5la.org)

Early Care and Education Department Learning Journey

On March 13, 2018, the Early Care and Education (ECE) team visited family child care providers and child care centers participating in two Shared Service Alliances. The team met at the Girls Club of Los Angeles, and traveled to different sites in the area. First 5 LA visited family child care sites offering a variety of services, from specific spaces for infant and toddler care to 24 hour operations designed to meet the needs of families. Some of the learning included the need for better access and understanding of how to support children's developmental needs as it pertains to family child care. Shared Services Alliances meet monthly to network, share resources, and use their purchasing power to create sustainable and quality programs for children in their care. The ECE Department plans to venture into the field at least once a quarter to explore the world of early childhood professionals.

Staff Contact: Gina Rodriguez (grodriguez@first5la.org)

IV. HEALTH-RELATED SYSTEMS

Kaiser Permanente's Third Biennial Family Violence Prevention Symposium

First 5 LA staff along with First 5 LA Commissioner Sylvia Swilley attended Kaiser Permanente's third biennial Family Violence Prevention Symposium in Pasadena on March 9th (see Attachment A for photo). The symposium focused on the experience of family violence and trauma throughout the lifespan and participants included over 150 physicians, social workers and administrators from all over Kaiser Permanente Southern California. First 5 LA staffed an information table with materials and resources and look forward to continuing to explore partnership opportunities with Kaiser in the near future.

Dr. Nadine Burke Harris, known for her work on adverse childhood experiences (ACEs), served as the keynote speaker. During her opening remarks, Dr. Burke Harris spoke to the harmful effects of toxic stress on a child's developing brain and body. She also highlighted a number of key resources, including the Center for Youth Wellness' Stress Health initiative, which provides valuable information about how families, caregivers, and providers can help mitigate the impact of toxic stress in children. Dr. Burke Harris' remarks were followed by Dr. Ann Corwin, who spoke to the importance of building resiliency among children and teens through social emotional learning techniques. The symposium closed with remarks from Dr. Bonnie Olsen, who shed light on the problem of generational abuse in caregivers of patients with dementia, and Mary Fan, who gave an evidenced-based presentation on the relationship between firearms and family violence.

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V. POLICY, PARTNERSHIPS AND COMMUNICATIONS

2020 Census Countywide Outreach Complete County Committee

On March 22nd, Community Relations Department staff was invited to participate in the Countywide Outreach Complete Count Committee (CCC), and join a diverse group of stakeholders and government agencies supporting the committee's goal to ensure a full, fair, and accurate count for the Census 2020. The CCC will develop an education and outreach plan for all County residents with a focus on "Hard-to-Survey" populations.

The lead/co-leads for this effort are the Dorothea Park, Manager, Chief Executive Office, County of Los Angeles; and Maria de la Luz Garcia, Director, Census 2020 Initiative, Mayor's Office, City of Los Angeles. The CCC meets on the fourth Thursday of every other month, from January 2018 through April 2020. Both the CCC's education and outreach work and plan will conclude in January 2021. Community

relations will continue to participate in this committee and monitor its activities.

Strategic Partnerships Department staff are tracking and collecting information on funders' census efforts in Los Angeles County. We are coordinating with the California Community Foundation, which, in turn, is partnering with key organizations like Grantmakers Concerned with Immigrants and Refugees (GCIR), Southern California Grantmakers (SCG), and LA N Sync, to create a coordinated regional infrastructure. As the local convener, CCF's goal is to help align and advance advocacy efforts; encourage the development of needed research and data; and support coalition building and partnerships.

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LA Chamber of Commerce's Access DC and Foundations on the Hill Advocacy Trips

From March 12-15, 2018, staff from the Public Policy and Government Affairs and Strategic Partnerships Departments participated in the annual Los Angeles Chamber of Commerce's Access DC advocacy trip to Washington, DC. The trip served as an opportunity for First 5 LA to continue to build and cultivate relationships with our Los Angeles business partners around early childhood policy issues. As one of the leading sponsors of the trip, First 5 LA supported several events including the opening reception and dinner, several policy briefings, an immigration panel discussion, and a delegation-wide breakfast with Senator Diane Feinstein. First 5 LA staff participated on the early care and education (ECE), health policy, and regional economy teams that met with several congressional offices to discuss the importance of finalizing the congressional omnibus package. The package includes funding for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, Child Care Development Block Grants (CCDBG), and the Children's Health Insurance Program (CHIP). The delegations also advocated in support of the Child Care for Working Families Act, which would ensure more families can access quality, affordable child care. Public Policy and Government Affairs Director Peter Barth introduced Senator Dianne Feinstein, and served on a panel focused on immigration policy. Senior Policy Strategist Becca Patton moderated a panel focused on education policy. Senior Government Affairs Strategist Jamie Zamora introduced Congressman Pete Aguilar (D - San Bernardino).

Strategic Partnerships staff also joined Philanthropy CA—an alliance of Northern California, Southern California, and San Diego Grantmakers—at their annual Foundations on the Hill (FOTH) advocacy trip. FOTH brings together foundation leaders from across the country one time each year for meetings with Congress to discuss key issues of importance to philanthropy. Philanthropy CA met with Senator Kamala Harris, Senator Dianne Feinstein, and congressional representatives from Los Angeles to establish relationships, and encourage Congress to view foundations as a resource to addressing key policy issues. A key issue discussed was the importance full federal and state funding for a fair and accurate 2020 Census count, as the distribution of \$76 billion for California based federal programs depends on data derived from the census. In 2016, California's philanthropic organizations disbursed \$5.7 billion to nonprofit groups and causes, showing their unique position to inform public investment locally.

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Legislator Engagement

On March 9, 2018, Senior Government Affairs Strategist Jamie Zamora attended the City of Duarte's Chamber of Commerce lunch for Assemblymember Blanca Rubio (D-West Covina), who currently serves on the Assembly Blue Ribbon Commission on Early Childhood Education. During the lunch, Rubio provided an update on her legislative agenda, focusing on gun control, increasing funding for K-12 mental health counselors, supporting increases in Local Control Funding Formula (LCFF), and the importance of workforce development programs.

Later that day, Jamie also attended the annual Valley Industry and Commerce Association (VICA) State Office Holders dinner. Each year the dinner provides an opportunity for San Fernando Valley business

leaders and community partners to discuss public policy issues with local State Assembly and Senate legislators. Several Los Angeles members were in attendance, including Senators Steve Bradford, Holly Mitchell, Robert Hertzberg, Henry Stern, and Assemblymembers Adrin Nazarian, Miguel Santiago, Chris Holden, Dante Acosta, and Laura Friedman.

The Public Policy and Government Affairs Department also engaged in a series of state district office meetings throughout the Los Angeles County region. The meetings served as an opportunity to highlight First 5 LA's policy agenda. Office visits included meetings with staff from:

- Assemblymember Wendy Carrillo (D-Boyle Heights)
- Assemblymember Mike Gipson (D-Gardena)
- Assemblymember Adrin Nazarian (D-Van Nuys)
- Assembly Majority Leader Ian Calderon (D-City of Industry)
- Senator Ricardo Lara (D-Long Beach)
- Senator Ed Hernandez (D-West Covina)

Additional meetings will be scheduled with the Los Angeles County delegation throughout April and May.

Staff Contact: Jamie Zamora (jzamora@first5la.org)

Legislative Agenda

The Public Policy and Government Affairs Department continues to actively develop and advocate for First 5 LA's legislative agenda, aligned with the Policy Agenda approved by the Board in November. As Commissioners will recall, First 5 LA is already actively supporting the following legislation:

- AB 11 (McCarty), Early Childhood Interventions: Development Screenings (Health Systems)
Status: Senate Health Committee
- AB 605 (Mullin), Day Care Centers: Integrated Child Care License. (ECE)
Status: Senate Rules Committee awaiting referral to policy committee
- AB 992 (Arambula), CalWORKS: Baby Wellness and Family Support Home Visiting Program (Families)
Status: Senate Human Services Committee

Since the last Board meeting, First 5 LA has additionally taken support positions on the following legislation:

- AB 1754 (McCarty), Pre-K for All Act of 2018 (ECE) which proposes to guarantee that all children eligible for state preschool receive access to programs
- AB 2001 (Reyes), Family child care home education networks which proposes to codify and formalize the network of family child care home education networks
- AB 2292 (Aguiar-Curry), Child care: reimbursement rates: start-up costs: grants which would increase the reimbursement rate factor for infants and toddlers and provide funding for ECE program start-up costs, among other adjustments
- AB 2626 (Mullin), Child Care and Development Services Act which makes a number of adjustments to improve the quality and availability of ECE programs in California aligned with the State ECE Coalition's budget ask

For the complete list of First 5 LA's current state legislative agenda, please see Attachment (B).

Staff Contact: Jamie Zamora (jzamora@first5la.org)

Blue Ribbon Commission of Early Childhood Education

The fourth meeting of the California Assembly's Blue Ribbon Commission on Early Childhood Education took place on March 2 at College of the Desert in Palm Desert, CA. At the meeting, Kristin Schumacher from the California Budget and Policy Center gave an update on the state budget. The commissioners also heard from a panel of speakers focused on access to early childhood education. Both parents and providers presented the challenges they face in finding, securing, and maintaining early childhood education programs. Vice President of Policy and Strategy Kim Pattillo Brownson and Senior Policy Strategist Becca Patton were in attendance and gave public comment urging the Blue Ribbon Commission to think about equity of access for children across incomes, age groups, and geographies with a particular emphasis on access for infants and toddlers.

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State Early Care and Education Coalition

The State Early Care and Education (ECE) Coalition debuted their budget ask this year during the March 13 Assembly Budget Subcommittee 2 (Education Finance) hearing. The Coalition is asking for an investment of \$1 billion to increase child care spaces to improve access for California's families. The ask also includes investments in infrastructure and quality through increases in infant and toddler reimbursement rates, the creation of start-up funds for providers newly offering care for infants and toddlers, and the addition of paid professional development days for early educators. Members of the State ECE Coalition will continue to meet with legislators and committee staff over the next few months, while also publicly stating support for the ask during relevant committee hearings. The outline of the full State ECE Coalition budget ask can be found in Attachment C.

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

Strategic Partnerships with Liberty Hill Foundation

In March 2018, First 5 LA entered into a Strategic Partnership with the Liberty Hill Foundation in support of immigrant families. First 5 LA's strategy is twofold:

1. Partner with a funder, such as Liberty Hill, who has expertise in immigration, and help them understand and better address the prenatal to five implications of their work.
2. Incentivize nonprofit organizations to better address the unique needs of prenatal through age 5 in the context of immigration, and to tailor their services to be inclusive of those needs.

This partnership has been developed in collaboration with the Communities and Family Supports Departments, building on their work, and their knowledge of recent events and needs in the community. Funding the Liberty Hill Foundation in the amount of \$74,500 will establish the Rapid Response for Young Immigrant Children Fund. First 5 LA will provide the initial investment in this new fund supporting grassroots, community-based organizations that serve immigrant families, many within Best Start communities.

Through previous grantmaking and advocacy efforts, Liberty Hill has built knowledge and trust with the small CBO's now being relied upon for immigration related services. This partnership addresses a segment of nonprofits that has a reach different from and complementary to the larger organizations funded by First 5 LA's partnership with the California Community Foundation. Small, grassroots organizations such as Liberty Hill's grantees are the first point of contact for many vulnerable populations, and play a vital role in providing or connecting families to services.

Our partnership with Liberty Hill will increase and incentivize organizations to provide specific prenatal to

five related immigration services, including home visiting and child care, trauma-informed family counseling, and family reunification plan trainings appropriate for young children. This partnership also opens up opportunities for the Communities department to have a direct working relationship with Liberty Hill and the small, hyper-local, grassroots nonprofits supported by Liberty Hill. This fund will provide grants of up to \$10,000 for special and timely organizing and advocacy work focused on children prenatal through age five, and their families. Grantees under this fund will also have access to prenatal to five resources, such as family preparedness and guardianship guides developed by Sesame Street and Abriendo Puertas, two First 5 LA partners. The specific focus of this fund will be grants to organizations working to address current concerns for immigrant families with children prenatal to five. These concerns include uncertainty accessing services, extraordinary fear of separation, and distress or trauma from threats to their families and communities.

First 5 LA's initial \$74,500 investment is expected to serve as Phase 1 of this fund. Throughout a period of six months we will monitor progress and learning, before determining the future of the fund with Liberty Hill leadership. Gabriel Dee from Strategic Partnerships and staff from the Communities Department will continue to work with Liberty Hill, learn from experience and explore further opportunities for partnership.

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Recreational Cannabis Regulations Implementation and Revenue Generation by Local Jurisdictions

The Community Relations Department continues to monitor LA County's and local municipalities' interest in and actions toward regulating recreational cannabis in their jurisdictions. Given LA County's and municipalities' authority to determine whether cannabis can be sold, produced, and/or tested in their respective jurisdictions, and the amount of tax levied on these services, First 5 LA is interested in some of these tax revenues being directed toward early childhood supports.

City of Los Angeles

The City of Los Angeles continues to explore the establishment of a Community Reinvestment Fund from tax revenues generated by the sale of recreational cannabis. First 5 LA is working with other groups to advocate for a Community Reinvestment Fund that includes dedicated funding for children and youth development supports. First 5 LA has convened an informal coalition made up of children and youth advocacy organizations committed to elevating the voice of the 0-24 population. The coalition is comprised of LAPAI (the Los Angeles Preschool Advocacy Initiative), Inner City Struggle, Community Coalition, UFCW (United Food and Commercial Workers), Youth Justice Coalition, Legacy LA, Advancement Project, and the Children's Defense Fund. This group met on February 15th, and confirmed its support and willingness to advocate for the City of LA's to prioritize issues related to the 0-24 population when determining the allocation of new cannabis tax revenues.

Community Relations Department staff met with Los Angeles Councilmembers Marquee Harris-Dawson and Nury Martinez on February 2nd and March 7th, to gauge their interest in supporting the establishment of a Community Reinvestment Fund with dedicated funding for youth development supports (0-24 population). While both Council members indicated strong support on children and youth issues in general, they also elevated other issues that are likely to be priorities when discussing the allocation of new revenues: parks and recreation, youth intervention, and city services and infrastructure. The Community Relations Department is continuing to engage in conversations with other LA City Council members to explore the many ways the City of LA can elevate the needs of children and identify opportunities to bring in additional revenues for children and youth development supports.

City of Pasadena

The City of Pasadena has also been discussing its approach for regulating cannabis in its jurisdiction. On February 26th, the City passed three resolutions that place cannabis regulations (such as the number of permits allowed, and approval to tax cannabis businesses) on the ballot for June 2018. Community Relations Officer Bill Gould provided public comment at this Pasadena City Council meeting, and asked

the Council to consider dedicating a portion of the cannabis tax revenues for early childhood well-being. Shortly after the February 26th City Council meeting, Community Relations Department staff met with Vannia De La Cuba, Field Representative to City of Pasadena Councilmember Victor M. Gordo (District 5) to discuss how potential cannabis tax revenues could support early childhood well-being. Staff will continue to meet with other Council members to share information about First 5 LA and how these tax revenues can support Pasadena's existing prioritization of early childhood well-being. Staff is also working with LAPAI, alongside other civic organizations, to advance early learning objectives in this area.

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Los Angeles County Economic Development Corporation (LAEDC) Economic Forecast 2018-2019
First 5 LA was recently invited to serve as one of Los Angeles County Economic Development Corporation's (LAEDC) lead partners, to help implement their 2016-2020 Countywide Strategic Plan for Economic Development. In turn, partnering with LAEDC may afford First 5 LA the following opportunities:

- Ability to inform occupational job titles in the childcare and health sectors for LAEDC's upcoming economic workforce development report
- Participation in an economic development tour in our Lancaster/Palmdale Best Start community
- Access to their membership of over 500 stakeholders

First 5 LA staff will continue building our relationship with LAEDC to identify and implement partnership opportunities which elevate our policy agenda within the business and higher education sectors, and to expand their prenatal to age five lens.

On February 21, 2018, Community Relations Manager Leanne Drogin, Strategic Partnerships Manager Jennifer Cowan, and Strategic Partnerships Specialist Kim Milliken Hayden attended the LAEDC's Economic Forecast 2018-2019 event. Approximately 500 people representing businesses, government, academia, foundations, non-profit organizations, and civic organizations attended the event, which highlighted the release of LAEDC's Economic Forecast and Industry Outlook 2018-2019 report. Multiple factors were assessed to determine LA County's economic forecast, such as Gross Domestic Product (GDP), employment, housing, and income. Authors of the report are cautiously optimistic about LA County's economic forecast for 2018-2019. In 2016, California was the sixth largest economy in the world with a GDP of \$2.623 billion, and LA County had the 19th largest economy in the world with a GDP of \$760 billion. LA County's economic performance is expected to outpace the nation as a whole. LA County's unemployment rate has declined since 2010 and is expected to dip to 4.1% by 2019. Since 2007, LA County:

- Lost 29,000 jobs in finance that had an average annual wage of \$119,000
- Lost 111,000 jobs in manufacturing that had an average annual wage of \$68,000
- Added 68,000 social assistance jobs with an average annual wage of \$18,000
- Added 86,000 food service jobs with an average annual wage of \$22,000

The top five occupations expected to add jobs are: 1) retail sales; 2) general office clerks; 3) cashiers; 4) laborers and freight handlers; and 5) combined food preparation and serving. The highest average annual wage among these occupations is \$31,117. The county's largest industry sector is health care/social assistance, with social assistance comprising 37% of this industry, including child day care and in-home supportive services.

The event included an emphasis on the widening gap among income levels, labor market and structural shifts, high housing costs, inequality and equity, racial gaps, and poverty. Examples of the policy and leadership recommendations provided to address these issues include:

- Supporting workforce development with a focus on community college and re-entry efforts
- Supporting business through minimum wage increases and strengthened immigrant integration

- Building empathy and civic will regarding the importance of equity
- Developing equity and indicator projects to gauge progress and accountability

Staff Contact: Leanne Negron (LNegron@first5la.org)

Federal Budget

On Friday, March 23, President Trump signed a \$1.3 trillion federal omnibus spending bill, avoiding a government shutdown and increasing spending on a number of programs, including important increases to early care and education programs. The spending bill increases Head Start funding by \$610 million and Child Care Development Block Grant (CCDBG) funding by \$2.4 billion, which will increase California's share of funding by approximately \$250 million. The spending did not, however, include any provisions related to the Deferred Action for Childhood Arrivals (DACA) program, a significant concern to families in LA County. First 5 LA is now working with state advocates to ensure new federal funding expands services for children in California, rather than supplanting existing state funding sources.

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

Opinion Editorial

First 5 LA and grantee Children Now collaborated to contribute to an editorial on home visiting titled "How Supporting New Parents can Shape California's Next Generation" in the California Health Report. The communications team identified an LA County family story to illustrate the impact of home visiting for an editorial piece published on March 12, 2018. We were mentioned in the piece. The California Health report reaches 16,053 people.

"In 2016, Saray was single and still living in Los Angeles when she gave birth to her son. A few months later, she began working with the Healthy Families America program through Shields for Families, funded by First 5 LA."

<http://www.calhealthreport.org/2018/03/12/supporting-new-parents-can-shape-californias-next-generation/>

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

LAUSD and Support for Early Learning

On March 20, the LAUSD Board of Education hosted a meeting focused on early childhood education. The meeting offered an opportunity for board members to conduct a deep dive on early learning. Board members heard presentations from several thought leaders on early learning, including Commissioner Karla Pleitez Howell and Vice President of Policy and Strategy Kim Pattillo Brownson. Ahead of this meeting, several advocacy groups, including First 5 LA, sent a letter to the Board of Education encouraging them to prioritize early learning as they search for the next superintendent. Additionally, advocates were on hand at the meeting to give public comment recognizing the good work LAUSD has done around early learning, and encouraging the district to increase investment in early learning. A copy of this letter can be found in Attachment D.

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

Presentation at Advanced Learning Institute's 2nd Annual Storytelling for Healthcare Marketing & Communications Conference

On March 21, 2018, Director of Communications Gabriel Sanchez made a presentation at the Advanced Learning Institute's 2nd Annual Storytelling for Healthcare Marketing & Communications Conference. At the conference, Gabriel discussed how we planned to use marketing, specifically audience research, to help increase enrollment in our Welcome Baby program. He had anticipated we would need to make changes to collateral, advertise on social media, and maybe make a video to better communicate about

the effort. He shared that we were more wrong than right. First 5 LA's research led the Communications Department to make recommendations on the program's offerings, to better meet the needs of the populations Welcome Baby intends to serve. This research also helped inform our activities related to the County's Home Visiting motion as well.

Gabriel's attendance was an opportunity to use an integration and learning approach to First 5 LA's communications work. By sharing what we have learned, and gathering input from other experts in the field, we can apply these lessons to our future work. Gabriel learned how other organizations are harnessing the power of storytelling, by identifying employees' stories and sharing these stories across communication channels. The presenter, Advanced Learning Institute, used the First 5 LA logo for all of their promotional materials.

More information on the conference can be found at:

https://www.aliconferences.com/events/2nd-storytelling-for-healthcare-marketing-communications/?mc_cid=da2e04e453&mc_eid=d333700a9b

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

Paid Family Resource Fair

On March 23, 2018, First 5 LA, along with several other agencies, such as the American Association of Retired Persons (AARP) and the Employment Development Department (EDD), participated in the Paid Family Resource Fair. The fair is a resource to educate families about Paid Family Leave. Approximately 50 families attended. Participation in this event tied into our work with Families and Communities.

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

Big Bunny Spring Fling at LA Zoo

On March 31, 2018, First 5 LA participated in the Big Bunny Spring Fling Easter Weekend event at the LA Zoo. Kids had the opportunity to take their picture with the Easter Bunny and participate in arts and crafts. We distributed Family Guides, Father Guides, crayons, and balls to families. An estimated 2,000 people attended. Participation in this event tied into our family strengthening work.

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

Child Health Education & Care Summit

First 5 LA contributed tote bags containing Family and Father Guides to the Child Health Education & Care Summit on April 10-12. Approximately 800 people attended. This effort was tied into our work with Families and Communities.

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

Potter the Otter Reading Event at Broadous Elementary School in Pacoima

Potter the Otter made an appearance at Broadous Elementary School. Event staff read to 75 children in transitional kindergarten classes, and donated copies of Potter the Healthy Otter to the children. Participation ties into our family strengthening work.

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

VI. MONITORING, EVALUATION & LEARNING

Nothing to highlight for this month.

VII. LEGACY INVESTMENTS

Nothing to highlight for this month.

VIII. ADMINISTRATION & ORGANIZATIONAL DEVELOPMENT

Nothing to highlight for this month.

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

Organization-wide Sponsorships

During April 2018, First 5 LA will co-sponsor two conferences held in Los Angeles County: The California Association for the Education of Young Children (CAAEYC) Conference and Expo, and the 29th Annual American Academy of Pediatrics (AAP) California Chapter 2 (AAP-CA2) Pediatric Symposium.

The CAAEYC Conference and Expo is the largest early childhood education conference in California. Each year, thousands of teachers, program administrators, students, and researchers choose from hundreds of presentations and exhibits to explore the latest trends and research in the early childhood field. The 2018 Conference and Expo will host a Film Festival and Leadership Day Luncheon, and take place from April 19-21, 2018, at the Pasadena Convention Center. Keynote speakers include Dr. John Medina Founding Director of the Talaris Research Institute and Affiliate Professor of Bioengineering at the University of Washington School of Medicine; and Senta Greene is the founder and CEO of Full Circle Consulting Systems, Incorporated.

The 29th Annual American Academy of Pediatrics (AAP) California Chapter 2 (AAP-CA2) Pediatric Symposium will be held on April 28, 2018, at the Sheraton Universal Hotel in Universal City, CA. The AAP symposium is an annual professional development convening for Pediatricians, Nurses and Allied Health Care Professionals in Southern California. The symposium also seeks to incorporate case presentations to support providers in identifying and learning local and state advocacy techniques for pediatricians and pediatric patient care that can influence federal public policy.

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

X. UPCOMING EVENTS

Nothing to highlight for this month.

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

Procurement Update

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

The following contracts were executed between February 15, 2018 and March 22, 2018. Copies of the executed contracts can be found here:

<http://www.first5la.org/postfiles/files/ED%20Report%20Contracts%20April%202018.pdf>

#10046 WOLD AND ASSOCIATES – Contract Amount: \$ 74,400

Contract Period: 2/23/2018 – 2/22/2019

The Consultant will support the Los Angeles County Office of Child Protection (OCP) as it establishes several workgroups focused on developing implementation recommendations for the countywide prevention plan that seeks to minimize the number of children entering our child welfare system. First 5 LA has been asked to take on a leadership role in two of those groups. One workgroup is focused on developing standardized data and reporting measures on prevention. The other will make recommendations for "networking the networks" of existing service providers focused on preventing child abuse and neglect, including the Los Angeles County Department of Children and Family Services' Prevention & Aftercare providers.

#09420 CCF COMMUNITY INITIATIVES FUND – Contract Amount: \$26,000

Contract Period: 3/1/2018 – 2/28/2019

The Contractor will provide capacity building and facilitation support to the Los Angeles County Perinatal and Early Childhood Home Visitation Consortium (Consortium) to support its efforts to implement its 5-year strategic plan. The support will strengthen the Consortium's ability to continue to participate actively on the LA County Board of Supervisors motion planning group, which is developing a plan to coordinate, enhance and expand home visiting countywide in accordance with a motion by the Board of Supervisors. First 5 LA's support will also allow the Consortium to continue to build partnerships with the Department of Public Health and other County agencies, increase its visibility at the countywide level, further establish their role in the home visiting field and strengthen its ability to cultivate funding and sustain future efforts.

#09015 R&M PARNASSI INC, DBA WOVA - WORLD OF VIDEO AND AUDIO

Amount Expended to Date: \$25,620

Contract Period: 7/17/2017 – 6/30/2018

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

#09444 SABRENA A. JOHNSON WHIGHAM DBA EQUIP CHILD CARE

Amount Expended to Date: \$27,509

Contract Period: 5/1/2017 – 6/30/2018

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

#09225 WORLD LANGUAGE COMMUNICATIONS

Amount Expended to Date: \$33,270

Contract Period: 7/1/2017 – 6/30/2018

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

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

COMMISSIONERS

Los Angeles County Supervisor Don Knabe <i>Chair</i>	Jane Boeckmann Phillip L. Browning Arturo Delgado, Ed.D. Duane Dennis	Sandra Figueroa-Villa Neal Kaufman, M.D., M.P.H. Marvin J. Southard, D.S.W.
Nancy Haruye Au <i>Vice Chair</i>		

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

EXECUTIVE DIRECTOR

Kim Belshé

CHIEF OPERATING OFFICER

John A. Wagner

A PUBLIC ENTITY



<p>AB 2001</p>	<p>Reyes (D-San Bernardino)</p>	<p>Family Child Care Home Education Networks (FCCHENs): Currently a FCCHEN program must include an assessment of each family child care home provider to ensure that services are of high quality and are educationally and developmentally appropriate. This bill would require that tools used to make these assessments be appropriate to family child care home settings, and would require a family child care home education network program to include the maintenance of a developmental portfolio for each child, as provided, and opportunities for parent involvement.</p>	<p>Sponsored by Child Care Resource Center (CCRC), and Child Care Development Administrators Associations (CCDAA)</p> <p>Held in Assembly Appropriations Committee</p>	<p>Support</p>
<p>AB 2292</p>	<p>Aguiar-Curry (D-Winters)</p>	<p>Child Care: Reimbursement Rates; start-up cost; grants: This bill would increase access to infant-toddler care for 0-3 year-olds by increasing the adjustment factor for infants who are 0 to 18 months of age, and toddlers who are 18 to 36 months of age, and are served in a child day care center, and for infants and toddlers who are 0 to 36 months of age and are served in a family child care home. It would also create the Classroom Planning and Implementation Grant Program at CDE to support general child care and development centers or CSPP programs wanting to open new facilities or convert existing facilities to serve a different age group.</p>	<p>Sponsored by First 5 CA, Child Care Resource Center (CCRC), and Childcare Development Administrators Association (CCDAA)</p> <p>Assembly Committees on Human Services and Education</p>	<p>Support</p> <p style="text-align: right;">116</p>

AB 2168	Thurmond (D-Oakland)	Special Education Teacher Grants: This bill would appropriate \$2,000,000 in carryover funding from the federal Individuals with Disabilities Education Act to the Superintendent of Public Instruction to make grants to local educational agencies or consortia of local educational agencies to assist those agencies to recruit and retain high-quality special education teachers. The bill would authorize a local educational agency or consortia of local educational agencies to apply for a grant to be used for a program aimed at solving the special education teacher shortage, with a specific aim at recruiting and retaining high-quality special education teachers.	Assembly Education Committee	Watch
AB 2960	Thurmond (D-Oakland)	SPOT BILL: Makes non-substantive changes to existing law requiring the SPI to ensure eligible children with exceptional needs are given equal access to child care and development programs.	Yet to be referred to a committee	Watch 118
SB 837	Dodd (D-Napa)	Transitional Kindergarten: Enrollment for 4-year olds; This bill would require that by the 2022-23 school year that all 4-year-olds be admitted to a transitional kindergarten (TK) program. TK would be progressively phased in until full implementation is reached in 2022-23. While LEA would be required to offer TK to all 4-year-olds, the program would remain optional for families.	Senate Education Committee	Watch

SCR 41	Pan (D-Sacramento)	Bill of Rights for the Children and Youth of California: This measure would state the Legislature's support for a Bill of Rights for the Children and Youth of California that resolves to ensure that all children and youth under 21 years of age, as applicable, residing in California, regardless of gender, class, race, ethnicity, national origin, culture, religion, immigration status, sexual orientation, or ability, have the inalienable right to live in a just, safe, and supportive society and are entitled to specified rights. The measure would state the Legislature's intent that this measure expand a previous resolution, Assembly Concurrent Resolution 80 of the 2009–10 Regular Session, in order to establish a comprehensive framework relating to the health, safety, well-being, early childhood and educational opportunities, and familial supports necessary for all children and youth to succeed.	Senate Rules Committee	Watch
119				
Health				
AB 11	McCarty (D-Sacramento) Bonta, Carrillo, Nazarian	Developmental Screenings: Requires screening services under the EPSDT program to include development screening services for 0- to 3- year olds and be validated and standardized.	Sponsored by First 5 Association, Children Now Senate Health Committee	Support
AB 1893	Maienschein (R-San Diego) Acosta, Baker, Beall, Gallagher, Harper, Kiley, Rodriguez	State: Maternal Mental Health, Federal Funding: Requires the Department of Public Health to investigate and apply for federal funding opportunities around mental health, and to report to the Legislature on how it plans to use the funding it.	Assembly Health Committee	Watch

SB 1004	Weiner (D-San Francisco) and Moorlach (R-Orange County) Mullin, Arambula, Chiu, Eggman, Mayes, Portantino)	Mental Health Services Act: prevention and early diagnosis: This bill would require county MHSA funds to be spent on childhood trauma prevention and early intervention, in addition to several other mental health related circumstances.	Sponsored by Steinberg Institute Senate Health Committee	Watch
AB 2122	Reyes (D-San Bernardino) Arambula, Leyva, C.Garcia, Hueso	Childhood lead poisoning prevention: Specifies that all Medi-Cal enrolled children shall receive periodic lead screenings, and requires both DHCS to report progress on their compliance status and to notify those responsible for a child's care of any missed screenings.	Assembly Health Committee	Watch
SB 1041	Leyva (D-San Bernardino) Arambula, C. Garcia, Hueso, Reyes	Childhood lead poisoning prevention: This bill requires lead blood screenings for any child at risk for lead exposure as well as setting periodic lead screening requirements for children enrolled in Medi-Cal. Like AB 2122, the bill would require compliance reporting measures, but extends the responsibility to both DHCS and local agencies. This bill would create a state-mandated local program to ensure all children that fall under these categories are screened.	Senate Health Committee	Watch 120
AB 2976	Quirk (D-Hayward)	Childhood lead poisoning prevention: Requires the State Department of Health Care to ensure children enrolled in Medi-Cal receive blood lead screening tests at ages 1- and 2-, and also to ensure children ages 2- to 6- receive a lead screening test if there is no record of a previous one.	Assembly Health Committee	Watch

SB 1315	Nielsen (R-Roseville)	Cannabis labeling: Makes technical, non-substantive changes to provisions around restrictions on packaging and labeling of cannabis and cannabis products, including a prohibition on packaging and labeling that is attractive to children.	Senate Rules Committee	Watch
AB 1883	Weber (D-San Diego)	Child Care and Development Services, Military Families and Alternative Payment Programs: This bill would clarify that basic allowance for housing (BAH) should not be considered income in determining eligibility for subsidized child care services and CalFRESH. This eligibility determination follows criteria set by Head Start, WIC, the Earned Income Tax Credit, and the Child Tax Credit. The bill would also allow AP programs to have no less than 12 months to expend child care funding and allow AP providers to adjust their rates as they deem appropriate. Current law restricts subsidized child care providers to an adjustment of their rates only once per year.	Sponsored by the California Alternative Payment Program Association (CAPPA) Assembly Human Services Committee	Watch
AB 2587	Levine (D-San Rafael)	Family leave: This bill would eliminate provisions in the current law requiring an employee to take up to 2 weeks of earned but unused vacation before utilizing paid family leave.	Assembly Insurance Committee	Watch
Sustainability				
AB 1744	McCarty (D-Sacramento)	After school programs: substance use prevention: funding: cannabis revenue. Allows the 21st Century Community Learning Centers program and the 21st Century High School After School Safety and Enrichment for Teens programs to be allowable funding recipients of Prop 64 revenues.	Assembly Rules Committee	Watch

ATTACHMENT C



March 12, 2018

The Honorable Holly Mitchell, Chair
 Senate Budget Committee
 State Capitol, Room 5080
 Sacramento, CA 95814

The Honorable Phil Ting, Chair
 Assembly Budget Committee
 State Capitol, Room 6026
 Sacramento, CA 95814

Dear Senator Mitchell & Assemblymember Ting:

The Early Care and Education (ECE) Coalition is a partnership of early childhood education advocacy and service organizations working together to secure access to high quality early learning and care for California’s low-income children and families. We all know that early care and education is vital to giving California’s kids everything they need for a bright future while supporting working families, and we are urging you to support a one billion dollar increase in the 2018-19 budget to meet their childcare needs.

Well-established research demonstrates that the first three years of a child’s life are critical to a child’s positive brain development. Parents need access to child care that promotes their child’s healthy development and learning while they work. However, affordable child care is simply not available for

ATTACHMENT C

most low-income families. This crisis is particularly acute for our state's babies--less than 14 percent of California's eligible infants and toddlers, ages 0-2, have access to affordable, subsidized care. The severe undersupply of infant and toddler care is creating a crisis for working parents, their families, our businesses, and our state's future. The state needs to begin this budget year with critical investments for new child care spaces, adequate per-child funding, age appropriate facilities and infrastructure, start-up support, and professional development for all care settings.

Specifically, we request that you take the following actions:

- 1) *A \$1 billion dollar increase in child care spaces to immediately improve access for California's families.*
- 2) *Provide supports for providers across the ECE system to open their doors to all our babies and toddlers in need by:*
 - *Increasing the infant/toddler factor to better reflect the actual cost of high quality care;*
 - *Reestablishing professional development days for Title 5 providers; and*
 - *Providing child care centers with start-up funds as a percentage of contracts so providers can begin to convert existing preschool classrooms into appropriate infant and toddler rooms.*
- 3) *Support the Governor's Early Education Expansion Program, using the National Association for the Education of Young Children (NAEYC) definition of Early Childhood Inclusion to ensure it will provide equitable opportunity for all types of early learning providers, and significantly augment its one-time funding to support facilities, equipment, professional development, and other quality improvements across our mixed-delivery system.*
- 4) *Support the Child Care Initiative Project and professional development for all levels of care through the strategic use of one-time carry over funds of the Child Care Development Fund - Quality Improvement (CCDF-QI) funds. The Coalition continues to support ongoing funding for the consumer education database from the CCDF-QI funds.*

We agree with the Legislative Women's Caucus: California's working families need greater access to child care. Moving forward, the workforce that cares for our earliest learners and working families urge a desperately needed a one billion dollar increase in the 2018-19 State Budget to meet our childcare needs. In addition, as we anticipate additional state revenues and California being in a much healthier financial position this spring, these dollars also need to address one-time asks within the early learning field. We wholeheartedly support the direction of the Legislative Women's Caucus.

If you have any questions or need assistance with child care data, costs, or technical assistance, please do not hesitate to contact us.

Sincerely,
The Early Care and Education Coalition

Cc: Members, Assembly Budget Sub 1 and 2
Members, Senate Budget Sub 1 and 3

¹ NAEYC Definition of Early Childhood Inclusion: Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports.



Honorable Members of the LAUSD Board of Education
Los Angeles Unified School District
333 South Beaudry Ave., 24th Floor
Los Angeles, CA 90017

March 16, 2018

Dear LAUSD Board President Garcia and Board Members:

On behalf of the undersigned organizations, we want to thank you for your leadership as you collectively tackle one of the most important jobs as members of the Los Angeles Unified School District (LAUSD) Board of Education: hiring a new superintendent with great vision, and one who values accountability and collaboration. As the second-largest school district in the country and one with the most diverse student body, the valuable talents and potential of LAUSD students foreshadows the future of the United States in the decades ahead. LAUSD students demand and merit a leader who puts their needs first and foremost.

Let us pause to say that we join the rest of the Los Angeles community in thanking outgoing Superintendent Michelle King for her leadership and career of service with LAUSD. We understand Dr. King's decision about her retirement and wish her well.

As you begin to interview potential candidates for this extremely important position in our community, **we urge you to ensure that their understanding of, and support for, early childhood education (ECE) is a central criterion in your decision-making.** Among the myriad reasons why ECE should be a top priority for the next superintendent, the following lists three essential considerations for LAUSD:

- ECE provides the best return on public investments, helps close the achievement gap and provides a strong foundation for student success;
- LAUSD has established itself as a leader among districts in providing high-quality ECE programs; and
- There are still far too many children who do not yet have access to high quality early learning programs that would put them on a path to academic and lifelong success.

ECE Narrows the Achievement Gap: Thanks to the large body of research conducted at the national and state levels, we know ECE is an unparalleled public investment. A 2013 National Institute for Early Education report found 123 studies affirming that children attending high-quality preschool produced gains – through high school – equivalent to at least half the achievement gap between low-income and other students. Independent economic studies, including by Nobel Laureate James Heckman, show that high-quality early education programs are among the most effective and most cost-efficient means of addressing key educational areas that are priorities for LAUSD: increased graduation rates, greater student enrollment, improved test scores and strengthened parental engagement. These programs also offer multi-generational benefits by supporting working parents today – helping them to increase earnings and secure their jobs – while preparing our next generation of workers.

ATTACHMENT D

LAUSD's Leadership in ECE: LAUSD has built its long-term legacy as an ECE leader. It is through LAUSD's leadership that today California has transitional kindergarten (TK) and expanded transitional kindergarten (ETK). The district has committed \$48 million for the TK Expansion Plan in its 2017-18 district budget and is the largest provider of TK and ETK in the state. Initial studies have shown the significant impact these programs have on student school readiness. LAUSD also has invested more than \$18 million in renovating and expanding its ECE facilities and another \$20 million for IT infrastructure improvements; has committed to increasing quality; and has taken important initial steps to offer professional development to ECE educators. And since the passage of Proposition 58, which supports bilingual education opportunities for all students, LAUSD is helping to lead the state in implementing dual-language programs in ECE. This research-based approach both meets the needs of LAUSD's English learners and supports them to thrive in today's global economy.

Significant Unmet Need: Despite LAUSD's efforts, great unmet need remains. When looking at subsidized ECE programs that help low-income working parents become financially stable, nearly 60% of children ages 3-4 lacked access to a seat in a licensed child care center.¹ Continued leadership and investments that build on LAUSD's progress are critical to support all students to have a strong start and reach their highest potential at LAUSD and beyond.

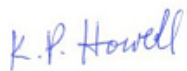
Given its success and leadership, LAUSD must continue to deepen its leadership on behalf of its youngest students. The district's Strategic Plan emphasizes early learning in closing the achievement gap through a comprehensive, balanced curriculum that emphasizes the socio-emotional, cognitive and physical development of the whole child. The Birth to Eight Roadmap resolution passed in January 2018 also offers a critical opportunity to strengthen the alignment and integration of early childhood and the larger K-12 public school system. Given these commitments, and the many benefits ECE programs produce, it is essential that the next superintendent continues, and further grows, the district's investments in ECE programs; in its ECE teachers and staff; in its facilities; and in its engagement with parents and families.

As you continue working to select the next superintendent, we look forward to partnering with you to reach our shared goal: to provide the best learning environment possible for Los Angeles' children.

Sincerely,



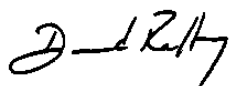
Kim Belshé
Executive Director
First 5 LA



Karla Pleitéz Howell
Director of Educational Equity
Advancement Project



William Sperling
Acting Chief Executive Officer
Child 360



David Rattray
Executive Vice President of Education
Attainment and Talent Development
Los Angeles Area Chamber of Commerce



Stacy Lee
Managing Director, Early Childhood
Project Integration
Children Now



Oscar E. Cruz
President & CEO
Families In Schools

¹ The State of Early Care and Education in Los Angeles County: Los Angeles County Child Care Planning Committee 2017 Needs Assessment. County of Los Angeles, Office for the Advancement of Early Care and Education. Child Care Planning Committee. First 5 Los Angeles. (2017)

FIRST 5 LA

SUBJECT:

Communities Outcome: Approval of Proposed Best Start Regional Network Grant Awards

BACKGROUND

The purpose of the Best Start investment is to cultivate strong collaborative efforts among parents, residents and organizations so that, together, they are a powerful catalyst for change to achieve and sustain positive outcomes for children and families in their communities. Community partnerships were developed in the 14 Best Start communities to foster this collaboration around a shared vision for children, prenatal to age five, and their families. 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 operates 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. Feedback from all 14 communities as well as F5LA's implementation experience suggested that these two ways of operating are not optimal because it promotes inconsistency in how we are supporting communities and positions First 5 LA as the driver of the communities' programmatic efforts, which limits community ownership and self-governance.

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. In May 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. It is anticipated that this new structure will facilitate the continued evolution of the community partnerships, support the long-term sustainability of their work, and advance First 5 LA's Strategic Plan Communities Outcome: *Increase community capacity to support and promote the safety, healthy development and well-being of children prenatal to age 5 and their families.*

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 for Board consideration and approval.

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. 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 and facilitate the development of operational and programmatic capacity to achieve the partnerships' desired results for children, families and communities. Attachment B provides information on each regional and local network, including roles and description of partners.

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). These amounts are included in the Board-approved FY2017-18 budget, are consistent with the most current Long Term Financial Projection, and will be incorporated in the proposed FY2018-19 budget currently under development (Fund Balance Category: Assigned). For the initial implementation of the new Best Start structure, the approved FY2017-18 budget includes a total allocation of \$1,120,000, of which approximately \$1,078,500 will be used to support the first two months of implementation. For the FY2018-19 budget, the costs included will be consistent with the Board's endorsement of the new structure at a cost of approximately \$15,460,000.

Grant amounts per region vary as listed below. These variances 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 is 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.

Recommendation

Staff is recommending approval of the five Best Start Regional Network grantees 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. Approval of the five Best Start Regional Network grantees at a total of \$16,538,500 with contracted amounts per region 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 of Southern California - \$2,232,500*
2. Authorize Executive Director to complete negotiations and execute final contracts within the maximum funding limits.

The grant agreement will be an outcomes-based contract with goals and outcomes outlined in the scope of work (Attachment A), with year 1 indicators of progress co-designed by the Regional Network grantee and First 5 LA to account for community context. Although the grant agreement will be established with the organizations listed above, these grantees represent a network of partners that will work together to fulfill regional and local levels roles that support the operations and work of the community partnerships (see Attachment B). With the Board's approval, First 5 LA staff will complete negotiations and execute final contracts within the maximum funding limits listed above.

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 orientation, peer reflection and learning sessions to support the onboarding and capacity development of regional and local networks. 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 as they adapt to new roles, improve strategy coordination and integration, and work to achieve milestones for year 1 of the new structure. This contract is under \$75,000 for work to commence in April 2018. Per First 5 LA's 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.

Other implementation considerations include: 1) Best Start Learning Agenda to prioritize learning areas, questions and methodology; 2) Organizational Capacity Building Opportunities to support organizational members of the Best Start community partnerships that are not formal, contracted partners of the Regional Network grantees; and 3) Capacity Building Consortium to support grantee peer learning across strategies in the Communities Outcome area to build cross-sector partnerships around a shared vision for children and families. Each of these learning and capacity development areas offer parents, residents, organizations and First 5 LA the opportunity to continuously reflect, learn, improve and demonstrate the impact of our efforts to strengthen communities' ability to support children and families. Staff is currently in the design and implementation planning phase of these areas of work. Resources for implementation will be included in the proposed FY2018-19 budget.

NEXT STEPS:

Pending 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:
Regional and Local Network Goals and Outcomes**

Long Term Outcome: Community partnerships build, use, and maintain the ability to influence policies and systems that affect the safety, healthy development and well-being of children prenatal to age 5 and their families in their communities.

Goal #1: By 2020, community partnerships have a structure that reflects the capabilities, values and approach required to cultivate strong collaboration between parents, residents and organizations around a shared vision for children, prenatal to age five, and their families.

Intermediate Outcomes	Short Term Outcomes
1. Partnership spaces are safe, accessible, culturally proficient, and collaborative.	1.1 The regional and local networks address barriers to participation (e.g. translation, interpretation, child care, location, and food). 1.2 Members of the partnerships feel supported and recognized for their work. 1.3 The partnerships hold members accountable for positive working relationships with diverse stakeholders and implement restorative practices when conflict arises.
2. The systems and practices are in place to encourage, support, and maximize a culture of continuous learning, adaptation and improvement.	2.1 There are formal and informal processes to regularly collect, analyze, and learn from data to inform strategic decision making, gauge progress, and make improvements at the regional and local levels. 2.2 Strategies, activities, policies, practices and structures are adapted based on changing community conditions and ongoing learning.
3. The regional and local network staff has the capabilities, norms and behaviors to support a collaborative, community change initiative.	3.0 Regional and local networks hold their staff accountable to performance standards. 3.1 Regional and local networks assess their capabilities, identify gaps and implement actions to improve their ability to support the success of the initiative.
4. The regional and local networks demonstrate strong fiscal and administrative management and oversight.	4.1 Funds are properly monitored in accordance with the grant. 4.2 Community partnerships are aware of financial resources available to them to help support and drive their community vision forward. 4.3 Regional and local networks ensure the responsible use of public dollars.
5. The operational structure facilitates a system of shared ownership, power, and leadership among all those involved in the Best Start ecosystem.	5.1 There is joint governance and shared decision-making among all community partnership members including parents, residents and organizations. 5.2 Shared values are operationalized to guide the operations and work of the community partnership.

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Goal #2: By 2020, the community partnerships are positioned with the relationships, skills and resources needed to drive a community change agenda that advances policy and systems changes in their community.

Intermediate Outcomes	Short Term Outcomes
6. There is a shared vision for children and a community change agenda that advances policy and systems changes in their community.	6.1 Existing and new community partnership members can articulate the purpose and activities of the community partnership and galvanize support from multiple stakeholders. 6.2 Mechanisms are in place to ensure that the community partnership stays focused on its vision and community change agenda.

**Attachment A:
Regional and Local Network Goals and Outcomes**

Intermediate Outcomes	Short Term Outcomes
	<p>6.3 The community partnership implements a community change agenda with clear policy and systems change priorities, advocacy and resident/stakeholder engagement strategies, activities, intended outcomes, success indicators and communications strategies.</p> <p>6.4 The community partnerships demonstrate substantive progress towards reaching their policy and systems change goals.</p>
<p>7. Partnerships build relationships with other parents and residents not currently involved in Best Start efforts.</p>	<p>7.1 Greater engagement and involvement of parents with children prenatal to age five.</p> <p>7.2 Greater engagement and involvement of local residents.</p>
<p>8. Relationships and support from key sectors of the community are built and sustained.</p>	<p>8.1 Key influencers and policy makers are increasingly aware of the work of the community partnerships.</p> <p>8.2 There are increasing connections with other cross-sector networks, government agencies, funders and civic leaders to build support for community driven policy and systems change work.</p>
<p>9. Individuals and organizational partners have the skills to fulfill various roles to drive a community agenda within local communities and across the region.</p>	<p>9.1 There are leadership development pathways that prepare and empower diverse parents and residents to understand and drive policy and systems change work, shape the community change agenda, design and implement projects, and regularly reflect on lessons learned for continuous quality improvement.</p> <p>9.2 Organizational partners, both funded and not funded through the regional and local networks, build their capacity understand and drive policy and systems change work, shape the community change agenda, design and implement projects, and regularly reflect on lessons learned for continuous quality improvement.</p>
<p>10. There is increased visibility of the community partnerships, their work, and achievements, which is viewed by the public as related but separate from First 5 LA.</p>	<p>10.1 Partnerships have a distinct brand that is elevated throughout communities and the region.</p> <p>10.2 Vision, goals, and progress are regularly communicated with internal and external stakeholders.</p>
<p>11. The community partnerships have the financial, logistical and human resources to support their community change agenda.</p>	<p>11.1 Funding and in-kind resources from public and private partners are identified and relationships are being cultivated.</p> <p>11.2 Current resources are leveraged to build partnerships/relationships that will create a network of financial and in-kind resources.</p> <p>11.3 There is a diverse resource portfolio (e.g. financial, in-kind, and social enterprise) to strengthen support for the vision.</p> <p>11.4 Community partnerships strategically use resources to move forward their community change agenda.</p>

BEST START
REGION 1

REGIONAL AND LOCAL NETWORK PARTNER ORGANIZATIONS



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THE REGIONAL AND LOCAL NETWORK PHILOSOPHY

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
- Accessibility • Dignity • Collaboration • Learning
- Passion • Co-Design • Trust • Praxis • Accountability
- Growing • Respect • Inclusiveness • Transparency
- Efficiency • Respecting Vulnerabilities/Process
- Purpose and Outcomes • 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 the 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.

PARA LOS NIÑOS

Regional Network Organizations

Advancement Project California

California Strategies

Leadership for Urban Renewal Network (LURN)

Para Los Niños

Soluna Group

Local Network Organizations

California Strategies

Child360

Dolores Mission

InnerCity Struggle

Leadership for Urban Renewal Network (LURN)

Proyecto Pastoral

SPIRITT Family Services

Team Friday

REGIONAL NETWORK ROLES & RESPONSIBILITIES

CONTRACT ADMINISTRATION

Assumes responsibility for managing the grant with First 5 LA, fulfilling all administrative requirements, managing subcontracts with all partners, and ensuring integrity to Best Start values, parameters and principles.

MULTI-LEVEL COORDINATION

Coordinates and maximizes opportunities to connect the work of the community partnerships within the region to each other and to similar efforts at the local, regional, and/or countywide levels.

COORDINATION OF ORGANIZATIONAL CAPACITY BUILDING

Assesses the capacity needs of itself and its subcontractors and providing support as needed to ensure that all parties involved are continually and proactively seeking to improve the performance of their respective roles.

COLLECTIVE ADVOCACY

Coordinates and supports opportunities to bring together the community partnerships in the region when cross-community efforts are needed in pursuit of community goals or in response to (or support of) external policy or systems change endeavors.

REGIONAL LEARNING

Facilitates regular learning activities across communities within the region as well as participates in First 5 LA learning and evaluation activities, including the Best Start Learning Agenda.

REGIONAL RESOURCE MOBILIZATION

Attracts and leverages regional, countywide, state and federal resources (funding, donations, and volunteer time) and relationships to support the work of the community partnerships beyond First 5 LA funding.



• EAST LA • METRO LA • SOUTHEAST LA • SOUTH EL MONTE / EL MONTE



LOCAL NETWORK ROLES & RESPONSIBILITIES

COORDINATION & SUPPORT

Provides all of the logistical support needed to plan, facilitate and hold community partnership meetings, activities and events. Also monitors the local landscape to identify opportunities for collaboration and integration with similar efforts.

DATA, LEARNING & IMPROVEMENT

Incorporates the use of data, regular reflection, and learning at the local level and coordinates with the regional network grantee to support regional learning. Also participates in First 5 LA learning and evaluation activities, including the Best Start Learning Agenda.

CAPACITY BUILDING & LEADERSHIP DEVELOPMENT

Models effective practices, provides real-time coaching and arranges for targeted technical assistance as needed to support individual and collective abilities to influence policies and systems that impact children and families in their community.

COMMUNICATIONS & OUTREACH

Supports the development and implementation of communications strategies that build the partnerships' brand and visibility regionally and locally.

COMMUNITY-IDENTIFIED PROJECTS

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Supports the ongoing planning, implementation, and reflection of projects identified by the community partnership to achieve the desired community change results.

RESIDENT AND STAKEHOLDER ENGAGEMENT & ADVOCACY

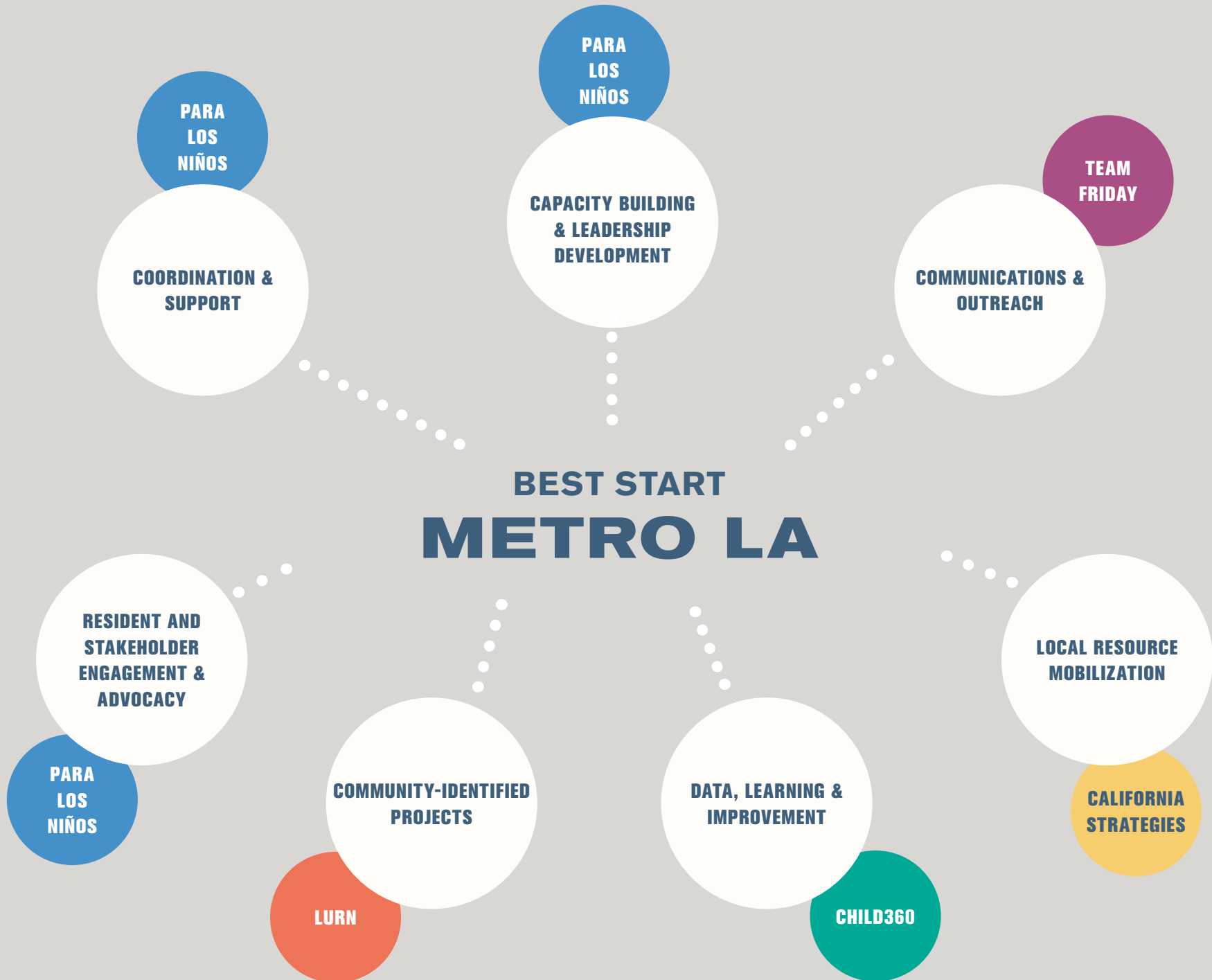
Supports the development and implementation of strategies that facilitate social connections and engage parents and residents in the work of the community partnership.

LOCAL RESOURCE MOBILIZATION

Attracts and leverages local resources (funding, donations, volunteer time) and relationships to support the work of the community partnerships beyond First 5 LA funding.

BEST START EAST LA









ABOUT THE REGIONAL AND LOCAL NETWORK PARTNERS



Para Los Niños (PLN) is a non-profit organization dedicated to the academic success and social well-being of children since 1980. 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 the Family Preservation collaborative since 1998 and the Partnerships for Families collaborative since 2004. 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.

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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 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 funders 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.



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 – and to build highly impacted communities at city, county and statewide levels. Since 1999, APCA programs and projects have built equity in public education, local budgeting processes, and political participation in California through community power.



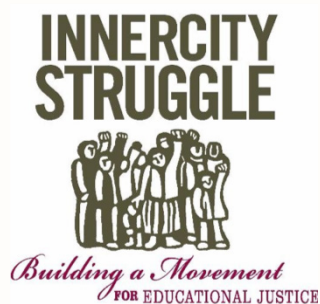
California Strategies is a leading, statewide public policy firm with deep ties to all levels of government – from federal to local – as well as to Los Angeles, statewide and national funders and philanthropies. It has had an office in Los Angeles for more than 15 years. The firm's diverse, bipartisan partners and associates share an understanding of the changing needs, challenges, and opportunities faced by 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. These include 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. 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.



Dolores Mission, located in the Boyle Heights area of East Los Angeles, was established in 1925 to serve the poor Spanish-speaking immigrants of the community. In 1980, the Jesuits came to the parish to serve a neighborhood hampered by poverty and the effects of 7-9 active gangs in the two-square-mile parish. In addition to sacramental preparation and liturgies, Dolores Mission provides extensive opportunities and services to counteract the neighborhood's negative circumstances and positively impact the community. Through dialogue, faith-based exercises and reflection about familial and social issues, base communities are the voices of the community providing Dolores Mission, and its community partners input, community organizing, a restorative justice perspective, and self-evaluation for more sufficient processes and programs.



InnerCity Struggle (ICS) has been working in the East Los Angeles area since 1994 with the aim of building and promoting a safe, healthy and non-violent community. InnerCity Struggle began organizing working families in Boyle Heights on issues of education, immigration, violence prevention, and welfare policy reform. The work of ICS demonstrates that youth and parents working together are a powerful force for improving their communities and making real change. This intergenerational approach to organizing has become recognized across the country as a model for movement building around educational justice issues. ICS engages in consistent base-building that involves outreach and education to thousands of youth, parents and community members on issues of educational justice and how they can become involved in the change efforts.



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 strong 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 at Dolores Mission 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. The organization has successfully integrated a comprehensive and focused approach to education reform by linking systems change with direct services. In this way it provides both immediate help for families and engages them in creating long-lasting advocacy impacts in their own community. It ensures alignment and collaboration through regular communication and collaboration between resident leaders, services providers and elected officials to build up social capital.



Soluna Group is a multi-racial, women-led consultancy that works with community groups, nonprofit and 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’s 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 history of 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 SEM/EM through the Partnership for Families Initiative it has provided in partnership with First 5 LA since 2006 and with the First 5 LA Home Visitation Programs it has modeled on Healthy Families America since 2014.

TEAMFRIDAY

Team Friday is a creative agency focused on building purpose, furthering causes and creating impact through collaboration and innovation. The agency’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. ¹⁴⁵

BEST START
REGION 2

REGIONAL AND LOCAL NETWORK PARTNER ORGANIZATIONS



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THE REGIONAL AND LOCAL NETWORK PHILOSOPHY

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

- Transparent Communication
- Mutual respect • Trauma-Informed • Shared Values
- Equal and Equitable Voice
- Cultural Responsiveness and Competency
- Appreciative inquiry

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.

COMMUNITY HEALTH COUNCILS Regional Network Organizations and Local Network Organizations

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

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REGIONAL NETWORK ROLES & RESPONSIBILITIES

CONTRACT ADMINISTRATION

Assumes responsibility for managing the grant with First 5 LA, fulfilling all administrative requirements, managing subcontracts with all partners, and ensuring integrity to Best Start values, parameters and principles.

MULTI-LEVEL COORDINATION

Coordinates and maximizes opportunities to connect the work of the community partnerships within the region to each other and to similar efforts at the local, regional, and/or countywide levels.

COORDINATION OF ORGANIZATIONAL CAPACITY BUILDING

Assesses the capacity needs of itself and its subcontractors and providing support as needed to ensure that all parties involved are continually and proactively seeking to improve the performance of their respective roles.

COLLECTIVE ADVOCACY

Coordinates and supports opportunities to bring together the community partnerships in the region when cross-community efforts are needed in pursuit of community goals or in response to (or support of) external policy or systems change endeavors.

REGIONAL LEARNING

Facilitates regular learning activities across communities within the region as well as participates in First 5 LA learning and evaluation activities, including the Best Start Learning Agenda.

REGIONAL RESOURCE MOBILIZATION

Attracts and leverages regional, countywide, state and federal resources (funding, donations, and volunteer time) and relationships to support the work of the community partnerships beyond First 5 LA funding.



- BROADWAY/MANCHESTER • COMPTON/EAST COMPTON
- WATTS/WILLOWBROOK • WEST ATHENS



LOCAL NETWORK ROLES & RESPONSIBILITIES

COORDINATION & SUPPORT

Provides all of the logistical support needed to plan, facilitate and hold community partnership meetings, activities and events. Also monitors the local landscape to identify opportunities for collaboration and integration with similar efforts.

DATA, LEARNING & IMPROVEMENT

Incorporates the use of data, regular reflection, and learning at the local level and coordinates with the regional network grantee to support regional learning. Also participates in First 5 LA learning and evaluation activities, including the Best Start Learning Agenda.

CAPACITY BUILDING & LEADERSHIP DEVELOPMENT

Models effective practices, provides real-time coaching and arranges for targeted technical assistance as needed to support individual and collective abilities to influence policies and systems that impact children and families in their community.

COMMUNICATIONS & OUTREACH

Supports the development and implementation of communications strategies that build the partnerships' brand and visibility regionally and locally.

COMMUNITY-IDENTIFIED PROJECTS

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Supports the ongoing planning, implementation, and reflection of projects identified by the community partnership to achieve the desired community change results.

RESIDENT AND STAKEHOLDER ENGAGEMENT & ADVOCACY

Supports the development and implementation of strategies that facilitate social connections and engage parents and residents in the work of the community partnership.

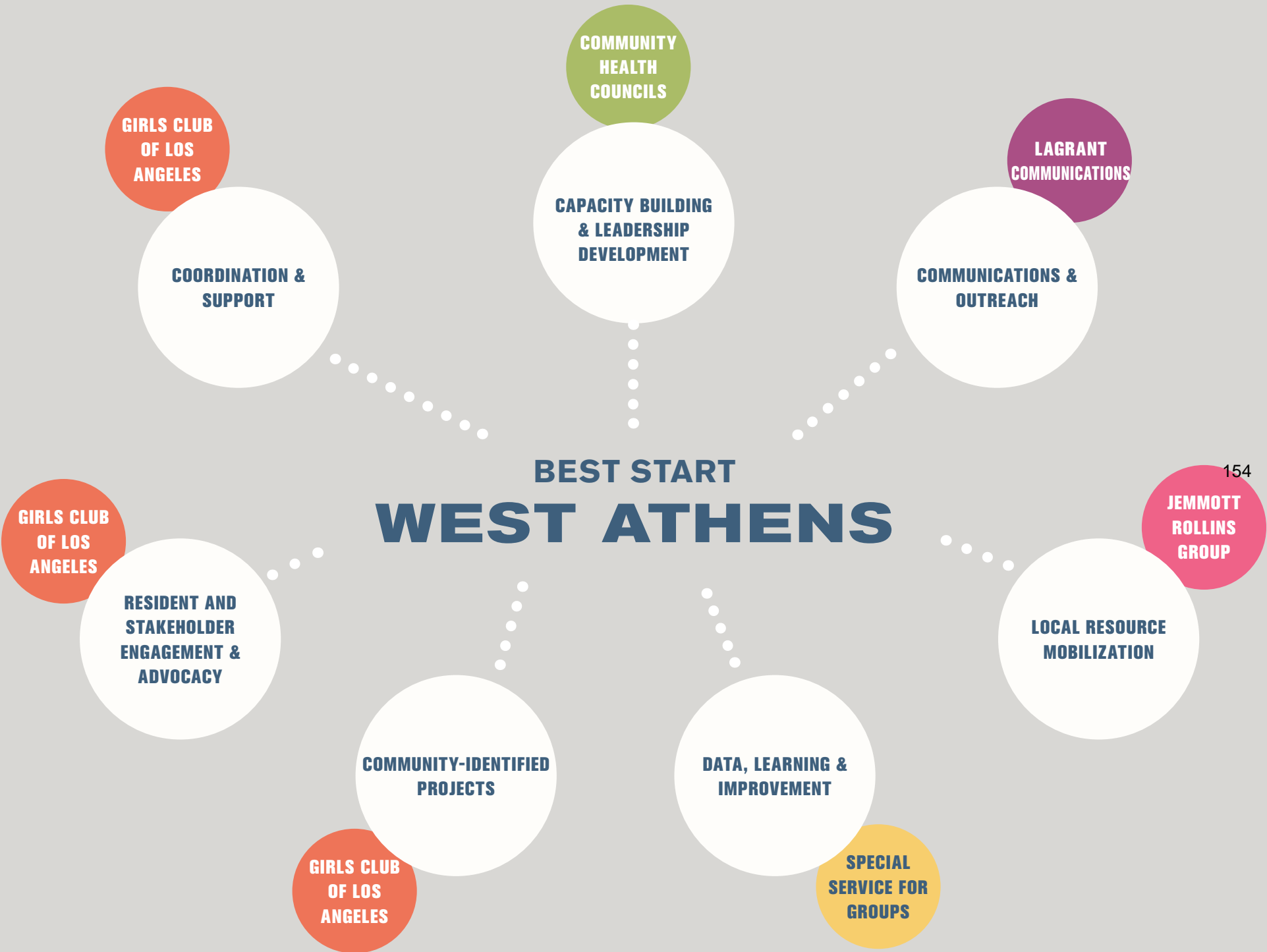
LOCAL RESOURCE MOBILIZATION

Attracts and leverages local resources (funding, donations, volunteer time) and relationships to support the work of the community partnerships beyond First 5 LA funding.









ABOUT THE REGIONAL AND LOCAL NETWORK PARTNERS



Community
Health Councils

Community Health Councils (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 Los Angeles and other underserved and marginalized communities throughout L.A. 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 from 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 on South L.A., it coordinates 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.



Child360
One focus. Every angle.

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.

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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 ages 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 5. 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 L.A. Homeless TAY (Transition Age Youth) & Foster Care Collaborative (South L.A. TAY Collaborative) and creating a coordinated and collaborative approach to address youth homelessness in South Los Angeles, which involved more than 250 individuals representing organizations, agencies, the faith-based community, community members and other stakeholders.



Social Action Partners (SoACT), established in 2009, assists organizations that share a common agenda 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 for our communities. Social Action Partners has provided convening support to the South Los Angeles and Boyle Heights Building Healthy Communities hubs funded by The California Endowment, and has provided training, technical assistance and capacity building to SLATE-Z (South Los Angeles Transit Empowerment Zone). Social Action Partners also has worked with self-help mutual support groups, provided training and leadership development to 1,200 different groups including organizations for parents coping with a range of conditions affecting their children.



LAGRANT Communications is an integrated marketing communications firm with more than 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.



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 and has provided grants to approximately 60 organizations over the past four years. ¹⁵⁷



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.

BEST START
REGION 3

REGIONAL AND LOCAL NETWORK PARTNER ORGANIZATIONS



best start

PANORAMA CITY

— & NEIGHBORS —



best start

NORTHEAST VALLEY

— COMMUNITY —

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THE REGIONAL AND LOCAL NETWORK PHILOSOPHY

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:

- Recognition of the Community Strengths
- Right to Self-Determination • Transparency
- Resident and Stakeholder Driven Decisions • Inclusion
- Collaboration • Trust • Fairness • Consistency

The work of the regional and local networks is grounded in the philosophy 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. The underlying assumptions of this philosophy are that the community has many strengths and opportunities for engagement and that the community will be involved in defining how to best engage all segments of the population. The regional and local network partners have strong collaborative relationships with parents, schools, early education, health, mental health and public service providers.

EL NIDO FAMILY CENTERS Regional Network Organizations and Local Network Organizations

Los Angeles Education Partnership

Doran Public Relations

EVALCORP

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REGIONAL NETWORK ROLES & RESPONSIBILITIES

CONTRACT ADMINISTRATION

Assumes responsibility for managing the grant with First 5 LA, fulfilling all administrative requirements, managing subcontracts with all partners, and ensuring integrity to Best Start values, parameters and principles.

MULTI-LEVEL COORDINATION

Coordinates and maximizes opportunities to connect the work of the community partnerships within the region to each other and to similar efforts at the local, regional, and/or countywide levels.

COORDINATION OF ORGANIZATIONAL CAPACITY BUILDING

Assesses the capacity needs of itself and its subcontractors and providing support as needed to ensure that all parties involved are continually and proactively seeking to improve the performance of their respective roles.

COLLECTIVE ADVOCACY

Coordinates and supports opportunities to bring together the community partnerships in the region when cross-community efforts are needed in pursuit of community goals or in response to (or support of) external policy or systems change endeavors.

REGIONAL LEARNING

Facilitates regular learning activities across communities within the region as well as participates in First 5 LA learning and evaluation activities, including the Best Start Learning Agenda.

REGIONAL RESOURCE MOBILIZATION

Attracts and leverages regional, countywide, state and federal resources (funding, donations, volunteer time) and relationships to support the work of the community partnerships beyond First 5 LA funding.



• NORTH EAST VALLEY COMMUNITY • PANORAMA CITY & NEIGHBORS

LOCAL NETWORK ROLES & RESPONSIBILITIES

COORDINATION & SUPPORT

Provides all of the logistical support needed to plan, facilitate and hold community partnership meetings, activities and events. Also monitors the local landscape to identify opportunities for collaboration and integration with similar efforts.

DATA, LEARNING & IMPROVEMENT

Incorporates the use of data, regular reflection, and learning at the local level and coordinates with the regional network grantee to support regional learning. Also participates in First 5 LA learning and evaluation activities, including the Best Start Learning Agenda.

CAPACITY BUILDING & LEADERSHIP DEVELOPMENT

Models effective practices, provides real-time coaching and arranges for targeted technical assistance as needed to support individual and collective abilities to influence policies and systems that impact children and families in their community.

COMMUNICATIONS & OUTREACH

Supports the development and implementation of communications strategies that build the partnerships' brand and visibility regionally and locally.

COMMUNITY-IDENTIFIED PROJECTS

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Supports the ongoing planning, implementation, and reflection of projects identified by the community partnership to achieve the desired community change results.

RESIDENT AND STAKEHOLDER ENGAGEMENT & ADVOCACY

Supports the development and implementation of strategies that facilitate social connections and engage parents and residents in the work of the community partnership.

LOCAL RESOURCE MOBILIZATION

Attracts and leverages local resources (funding, donations, volunteer time) and relationships to support the work of the community partnerships beyond First 5 LA funding.



BEST START
PANORAMA CITY
& NEIGHBORS

**EL NIDO
FAMILY
CENTERS**

**COORDINATION &
SUPPORT**

**EL NIDO
FAMILY
CENTERS**

**CAPACITY BUILDING
& LEADERSHIP
DEVELOPMENT**

**EL NIDO
FAMILY
CENTERS**

**COMMUNICATIONS &
OUTREACH**

**DORAN
PUBLIC
COMMUNICATIONS**

**EL NIDO
FAMILY
CENTERS**

**RESIDENT AND
STAKEHOLDER
ENGAGEMENT &
ADVOCACY**

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**EL NIDO
FAMILY
CENTERS**

**LOCAL RESOURCE
MOBILIZATION**

**EL NIDO
FAMILY
CENTERS**

**COMMUNITY-IDENTIFIED
PROJECTS**

**DATA, LEARNING &
IMPROVEMENT**

EVALCORP

ABOUT THE REGIONAL AND LOCAL NETWORK PARTNERS



El Nido Family Centers (El Nido), a private, non-profit organization, has been providing culturally competent services for children, youth and families in Los Angeles County for 93 years, and has been committed to serving the Northeast Valley, Panorama City and neighboring communities since 1982. The organization's mission is to empower families in low-income communities of L.A. 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 non-profit service providers. El Nido provides Select Home Visitation services, implementing the Parents as Teachers model. Since 2013, El Nido also serves as the Welcome Baby subcontractor to Valley Presbyterian Hospital.



LOS ANGELES
EDUCATION
PARTNERSHIP

Los Angeles Educational Partnership (LAEP) was founded 33 years ago, with the mission of being an education non-profit 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.

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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.

BEST START
REGION 4

REGIONAL AND LOCAL NETWORK PARTNER ORGANIZATIONS



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THE REGIONAL AND LOCAL NETWORK PHILOSOPHY

Long Beach Nonprofit Partnership, dba The Nonprofit Partnership, will work in collaboration with Long Beach Forward (previously the Building Healthy Communities: Long Beach Hub), TurningWest, Inc. and Providence Little Company of Mary Foundation. The work of the regional and local partners will be grounded in the core values including:

- Collaboration • Transparency
- Accountability • Reflection • Respect
- Compassion • Justice • Excellence • Stewardship

The experience of the regional and local network leverages the investment of the California Endowment Building Healthy Communities Initiative. While each network partner will play a different role, each is committed to an approach that includes empowering organizations and residents to improve community health overall through systemic changes fueled by adult and youth resident engagement, collaboration, resource sharing, and strategic communication about community needs and solutions. Sustainability is a critical component of the regional and local network approach to support the long-term success of the community partnerships, moving toward the intermediate goal of being positioned with the relationship, skills and capacities needed to drive a community agenda.

LONG BEACH NONPROFIT PARTNERSHIP

Regional Network Organizations and Local Network Organizations

Long Beach Forward
(formerly Building Healthy Communities: Long Beach Hub)

Providence Little Company of Mary Foundation

TurningWest, Inc.

REGIONAL NETWORK ROLES & RESPONSIBILITIES

CONTRACT ADMINISTRATION

Assumes responsibility for managing the grant with First 5 LA, fulfilling all administrative requirements, managing subcontracts with all partners, and ensuring integrity to Best Start values, parameters and principles.

MULTI-LEVEL COORDINATION

Coordinates and maximizes opportunities to connect the work of the community partnerships within the region to each other and to similar efforts at the local, regional, and/or countywide levels.

COORDINATION OF ORGANIZATIONAL CAPACITY BUILDING

Assesses the capacity needs of itself and its subcontractors and providing support as needed to ensure that all parties involved are continually and proactively seeking to improve the performance of their respective roles.

COLLECTIVE ADVOCACY

Coordinates and supports opportunities to bring together the community partnerships in the region when cross-community efforts are needed in pursuit of community goals or in response to (or support of) external policy or systems change endeavors.

REGIONAL LEARNING

Facilitates regular learning activities across communities within the region as well as participates in First 5 LA learning and evaluation activities, including the Best Start Learning Agenda.

REGIONAL RESOURCE MOBILIZATION

Attracts and leverages regional, countywide, state and federal resources (funding, donations, and volunteer time) and relationships to support the work of the community partnerships beyond First 5 LA funding.



LOCAL NETWORK ROLES & RESPONSIBILITIES

COORDINATION & SUPPORT

Provides all of the logistical support needed to plan, facilitate and hold community partnership meetings, activities and events. Also monitors the local landscape to identify opportunities for collaboration and integration with similar efforts.

DATA, LEARNING & IMPROVEMENT

Incorporates the use of data, regular reflection, and learning at the local level and coordinates with the regional network grantee to support regional learning. Also participates in First 5 LA learning and evaluation activities, including the Best Start Learning Agenda.

CAPACITY BUILDING & LEADERSHIP DEVELOPMENT

Models effective practices, provides real-time coaching and arranges for targeted technical assistance as needed to support individual and collective abilities to influence policies and systems that impact children and families in their community.

COMMUNICATIONS & OUTREACH

Supports the development and implementation of communications strategies that build the partnerships' brand and visibility regionally and locally.

COMMUNITY-IDENTIFIED PROJECTS

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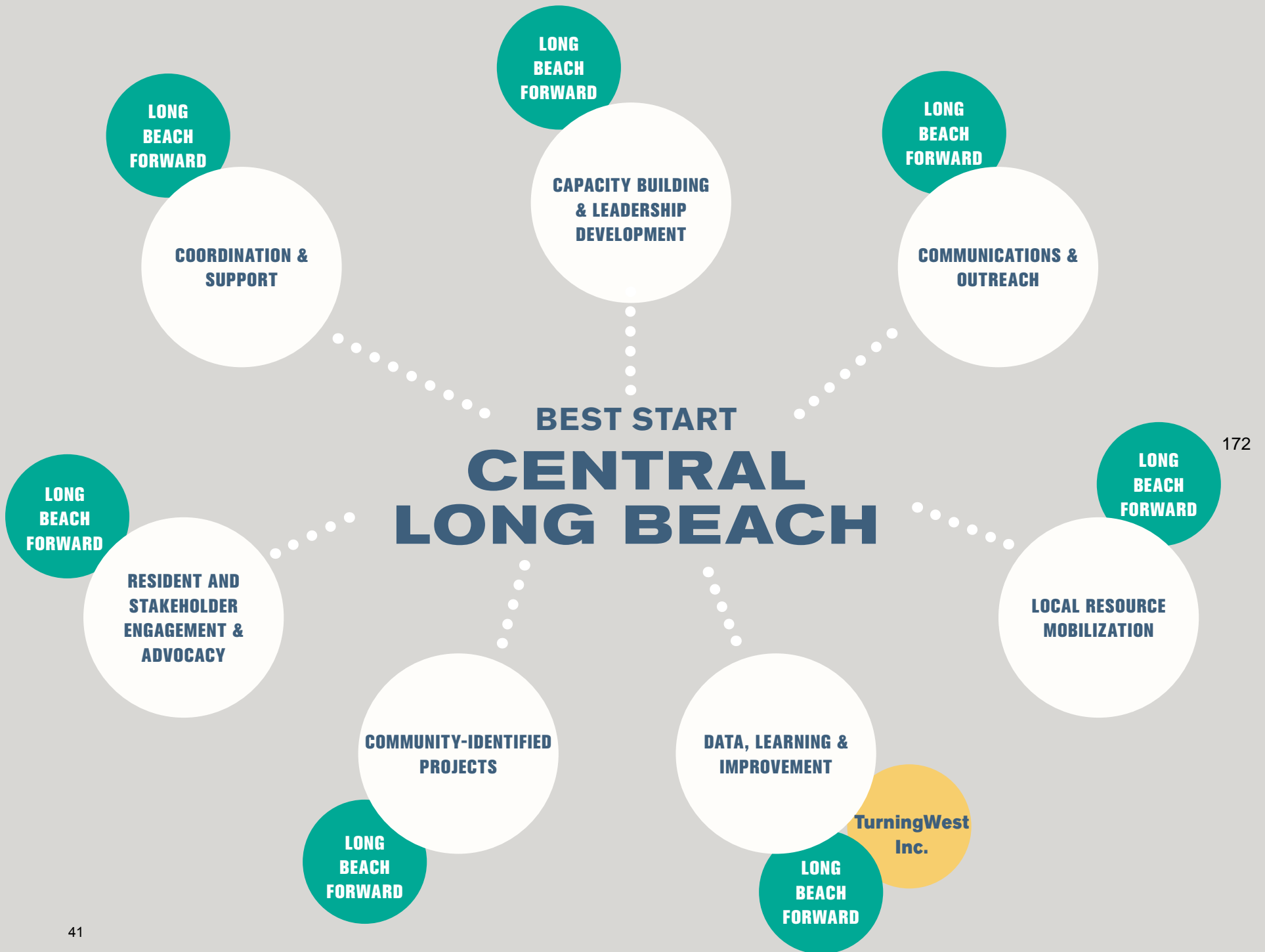
Supports the ongoing planning, implementation, and reflection of projects identified by the community partnership to achieve the desired community change results.

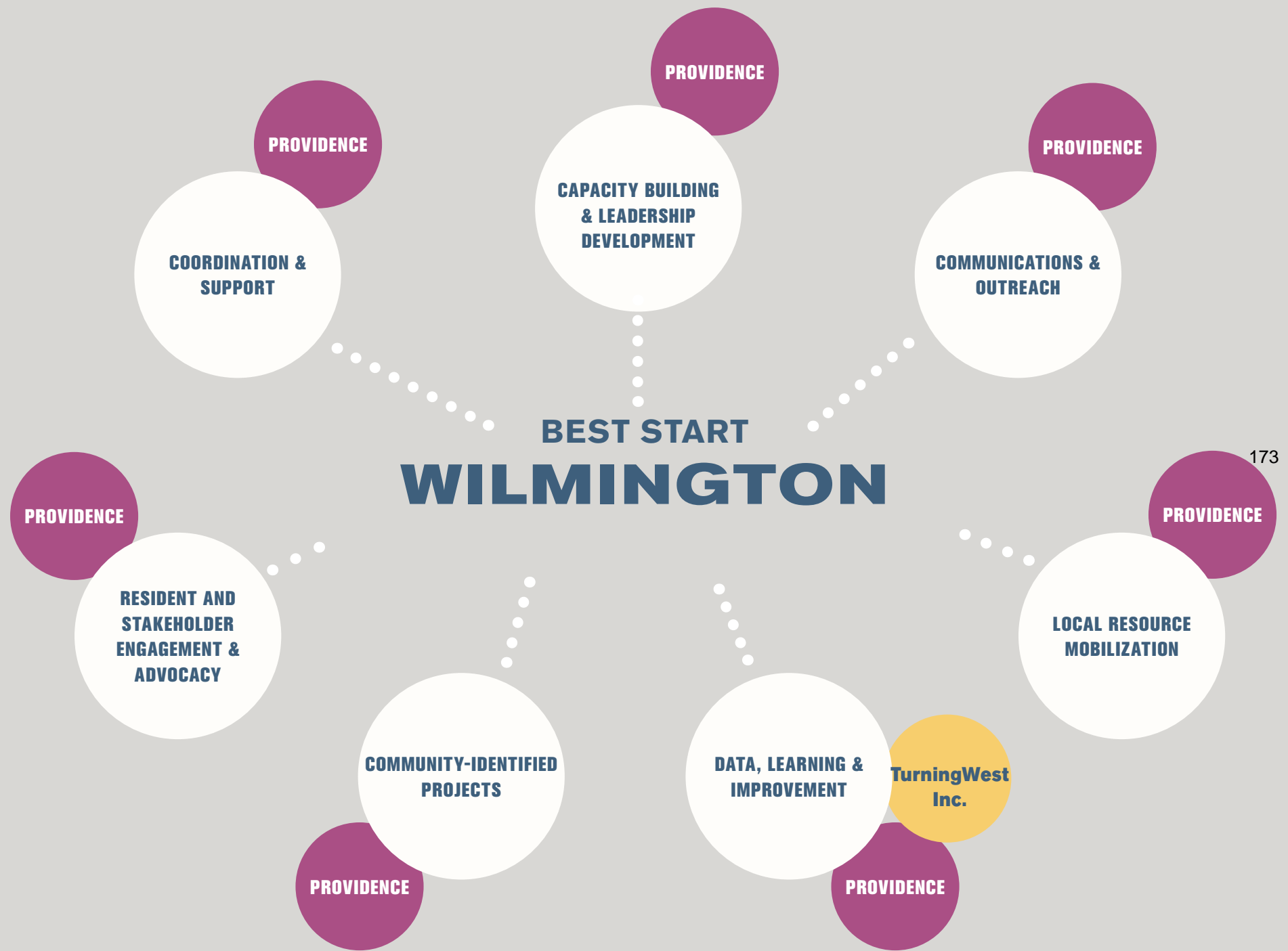
RESIDENT AND STAKEHOLDER ENGAGEMENT & ADVOCACY

Supports the development and implementation of strategies that facilitate social connections and engage parents and residents in the work of the community partnership.

LOCAL RESOURCE MOBILIZATION

Attracts and leverages local resources (funding, donations, volunteer time) and relationships to support the work of the community partnerships beyond First 5 LA funding.





ABOUT THE REGIONAL AND LOCAL NETWORK PARTNERS



The Nonprofit Partnership (TNP) has supported local organizations and individuals for 25 years in learning, growing and making a greater impact on the young children and their families in the greater Long Beach region. Since 1993, TNP has provided support to more than 400 nonprofit organizations each year by helping to build their skills, strengthen their foundations, and enhance their ability to better serve their communities. TNP serves community organizations in more than 35 cities across Southern California with a focus on Long Beach, the South Bay and the Gateway Cities. Through its many trainings and educational offerings, in addition to customized support services, TNP 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. TNP works closely with local and regional funders to support their communities of grantees, to provide capacity building, growth opportunities, and guidance; and to act as a thought partner, and connect organizations to their resources. By fulfilling its role as capacity builder and thought partner, TNP contributes to the longevity of organizations, their impact and, in turn, the success of the children in the community. 174



Long Beach Forward (LBF), formerly 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, LBF 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 LBF a highly regarded reputation in the community as a trusted source of support and empowerment for community identified needs. LBF facilitates leadership trainings for residents and organizational partners and currently guides or participates in 15 collaborative groups. LBF 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. LBF 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 Foundation (Providence) operates acute care hospitals with more than 100-years of combined service to the South Bay and Centinela Valley areas of Los Angeles County. Providence is the public face of both hospitals in underserved communities in the South Bay, bringing the organization’s mission to life. 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 in 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.

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TurningWest, Inc. is a national organization and leadership development consulting firm that specializes in services such as strategic planning, learning and evaluation, facilitation, team building, and business model planning. The firm has provided consulting services to organizations such as the Los Angeles County Department of Mental Health, First 5 LA, Providence as well as a number of universities, media companies, foundations, non-profit organizations, faith-based organizations, and agribusinesses. TurningWest currently provides learning and evaluation support to Providence for the Building Stronger Families grant in Wilmington.

BEST START
REGION 5

REGIONAL AND LOCAL NETWORK PARTNER ORGANIZATIONS



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THE REGIONAL AND LOCAL NETWORK PHILOSOPHY

Children’s Bureau of Southern California (Children’s Bureau), in partnership with Child360 and SBCC Thrive LA, has 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.

The regional and local network partners are guided by a set of shared values:

- Openness • Honesty • Analysis
- Respect • Transparency • Diversity in Leadership
- Authenticity to the Voice of the Community

The regional and local network 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.

CHILDREN’S BUREAU OF SOUTHERN CALIFORNIA

Regional Network Organizations and Local Network Organizations

Child360
SBCC Thrive LA

REGIONAL NETWORK ROLES & RESPONSIBILITIES

CONTRACT ADMINISTRATION

Assumes responsibility for managing the grant with First 5 LA, fulfilling all administrative requirements, managing subcontracts with all partners, and ensuring integrity to Best Start values, parameters and principles.

MULTI-LEVEL COORDINATION

Coordinates and maximizes opportunities to connect the work of the community partnerships within the region to each other and to similar efforts at the local, regional, and/or countywide levels.

COORDINATION OF ORGANIZATIONAL CAPACITY BUILDING

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Coordinates and supports opportunities to bring together the community partnerships in the region when cross-community efforts are needed in pursuit of community goals or in response to (or support of) external policy or systems change endeavors.

REGIONAL LEARNING

Facilitates regular learning activities across communities within the region as well as participates in First 5 LA learning and evaluation activities, including the Best Start Learning Agenda.

REGIONAL RESOURCE MOBILIZATION

Attracts and leverages regional, countywide, state and federal resources (funding, donations, and volunteer time) and relationships to support the work of the community partnerships beyond First 5 LA funding.



LOCAL NETWORK ROLES & RESPONSIBILITIES

COORDINATION & SUPPORT

Provides all of the logistical support needed to plan, facilitate and hold community partnership meetings, activities and events. Also monitors the local landscape to identify opportunities for collaboration and integration with similar efforts.

DATA, LEARNING & IMPROVEMENT

Incorporates the use of data, regular reflection, and learning at the local level and coordinates with the regional network grantee to support regional learning. Also participates in First 5 LA learning and evaluation activities, including the Best Start Learning Agenda.

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Models effective practices, provides real-time coaching and arranges for targeted technical assistance as needed to support individual and collective abilities to influence policies and systems that impact children and families in their community.

COMMUNICATIONS & OUTREACH

Supports the development and implementation of communications strategies that build the partnerships' brand and visibility regionally and locally.

COMMUNITY-IDENTIFIED PROJECTS

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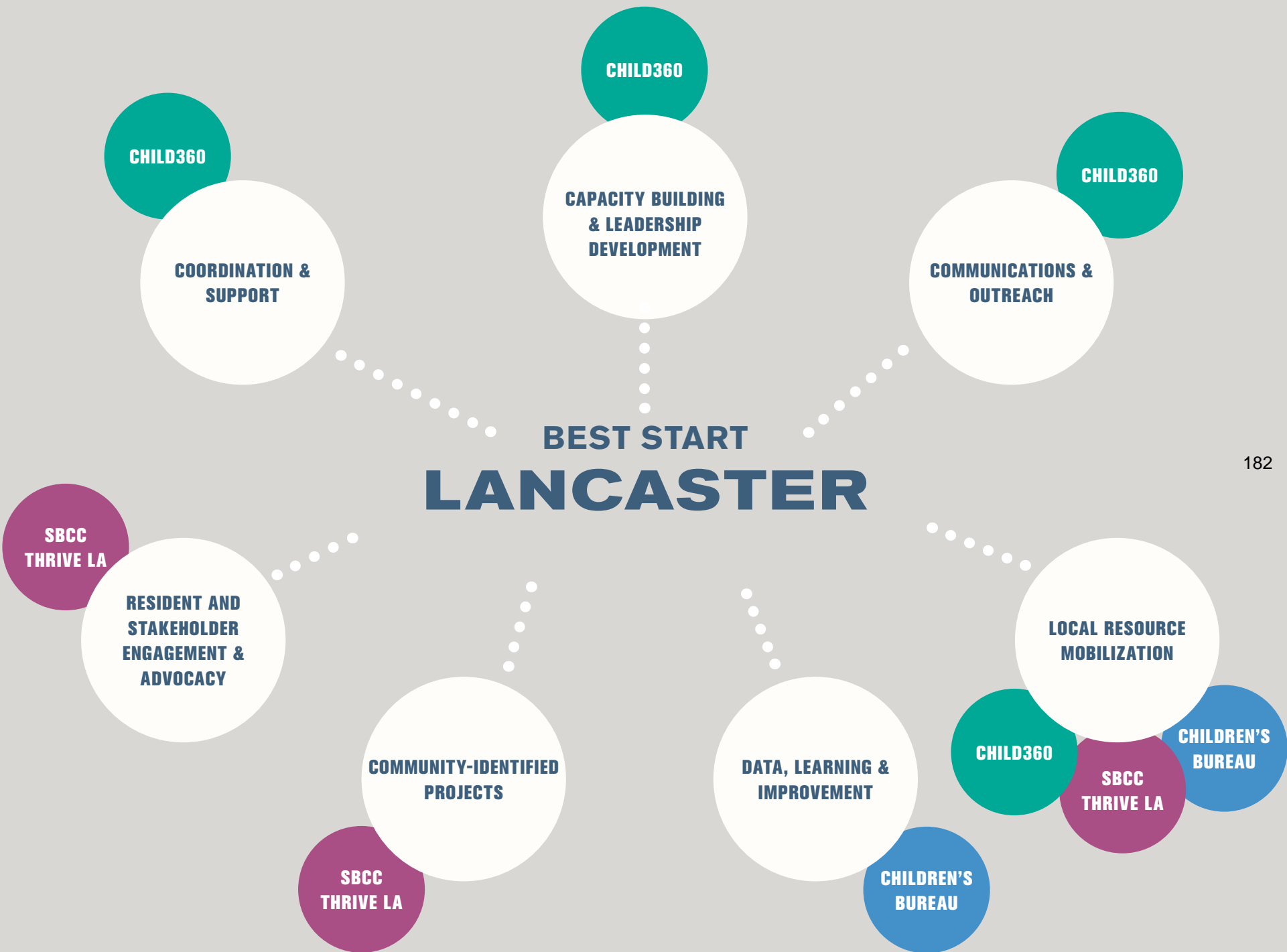
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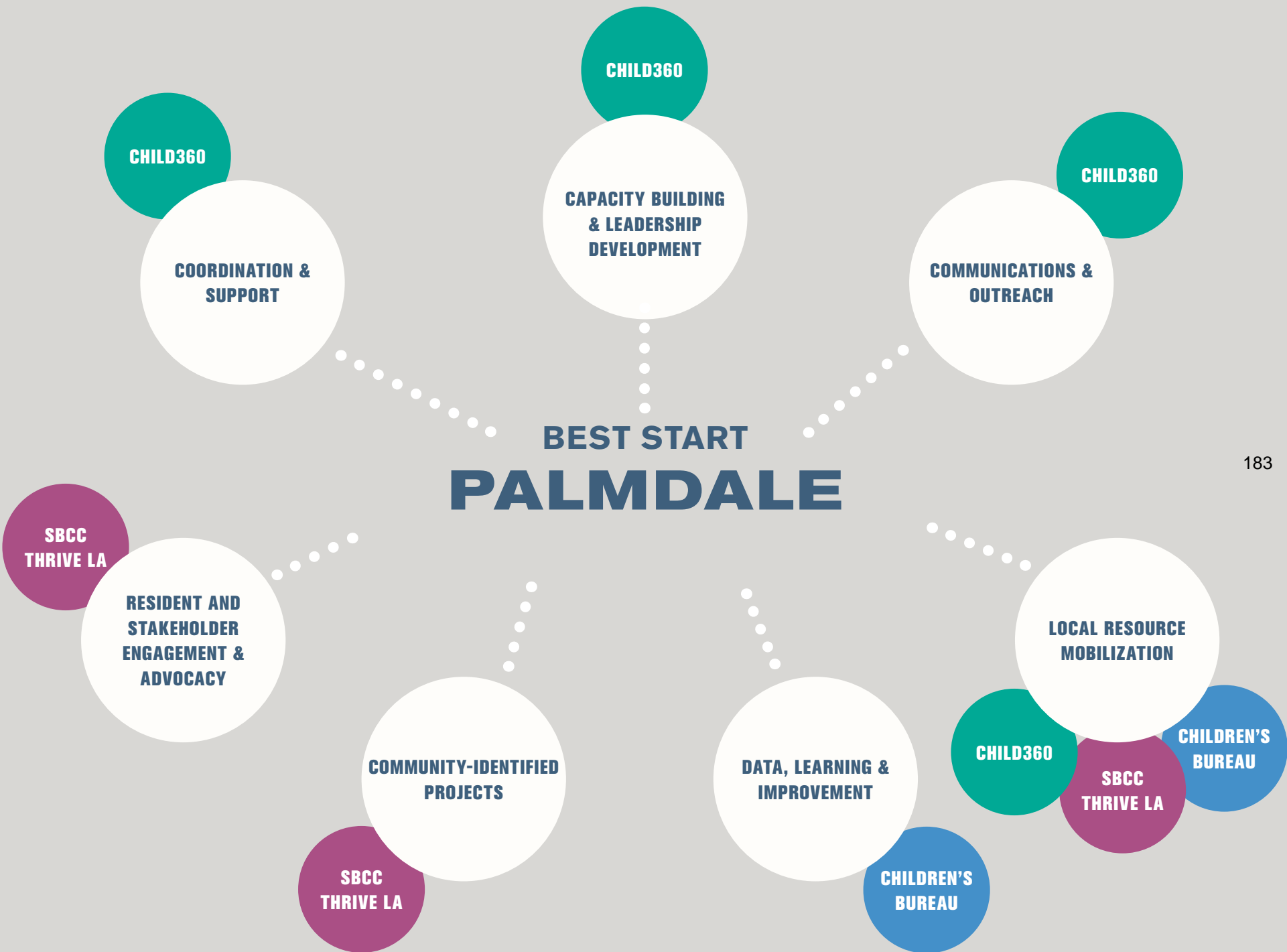
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LOCAL RESOURCE MOBILIZATION

Attracts and leverages local resources (funding, donations, volunteer time) and relationships to support the work of the community partnerships beyond First 5 LA funding.





ABOUT THE REGIONAL AND LOCAL NETWORK PARTNERS



Children's Bureau was established in 1904 with the mission to protect vulnerable children through prevention, treatment, and advocacy. Children's Bureau offers innovative, 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.



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.

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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 Thrive LA promotes local leadership so residents become active agents of change. SBCC has created and supported over 250 Neighborhood Action Councils (NACs) 185 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.



Approval of Best Start Regional Network Grant Awards

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Board of
Commissioners
Meeting

April 12, 2018

PRESENTATION OBJECTIVES

1. Confirm understanding of the rationale and approach to the new structure for Best Start community partnerships endorsed by the Board in May 2017.
2. Present recommendations for five Best Start Regional Network grant awards for Board approval.
3. Review plan for initial implementation support.
4. Discuss next steps.

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WHY BEST START

The purpose of the Best Start investment is to cultivate strong collaborative efforts among parents, residents and organizations so that, together, they are a powerful catalyst for change to achieve and sustain positive outcomes for children and families in their communities.

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In 2009 and 2010, community partnerships were developed in the 14 Best Start communities to foster this collaboration around a shared vision for children and families.

LEARNING & DEVELOPMENT JOURNEY



LEGEND

Community Inputs

F5LA Inputs

Key Decisions

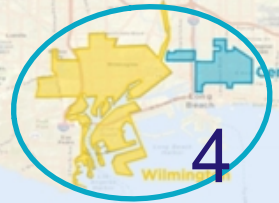
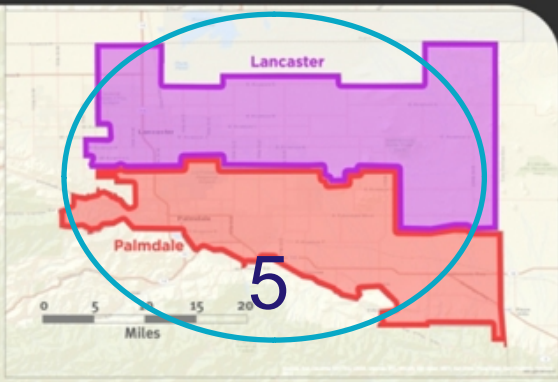
Board Inputs

BOARD ENDORSED REGIONAL STRUCTURE (MAY 2017)

Regional with Local Customization

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

Region 1 – Central-East

East Los Angeles, South El Monte/El Monte, Southeast LA, Metro LA

Region 2 – South Los Angeles

Compton, Broadway-Manchester, Watts-Willowbrook, West Athens

Region 3 – San Fernando Valley

Northeast Valley, Panorama City & Neighbors

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Region 4 – Port Cities

Central Long Beach, Wilmington

Region 5 – Antelope Valley

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*)

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IMPLEMENTATION PLANNING & PROCUREMENT

- Grounded in First 5 LA Values
- Competitive, Open Solicitation
- Opportunities for Networking
- Community Involvement in the Review and Selection Process

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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.”

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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)
- Costs included in Board-approved FY2017-18 budget and proposed FY2018-19 budget currently under development (Fund Balance Category: Assigned)

Variance in grant amounts based on three factors:

- Size of the region (4 communities versus 2 communities within a region)
- Balance of community-identified projects remaining per community distributed over two years
- Additional amount for Metro LA to support existing Best Start infrastructure

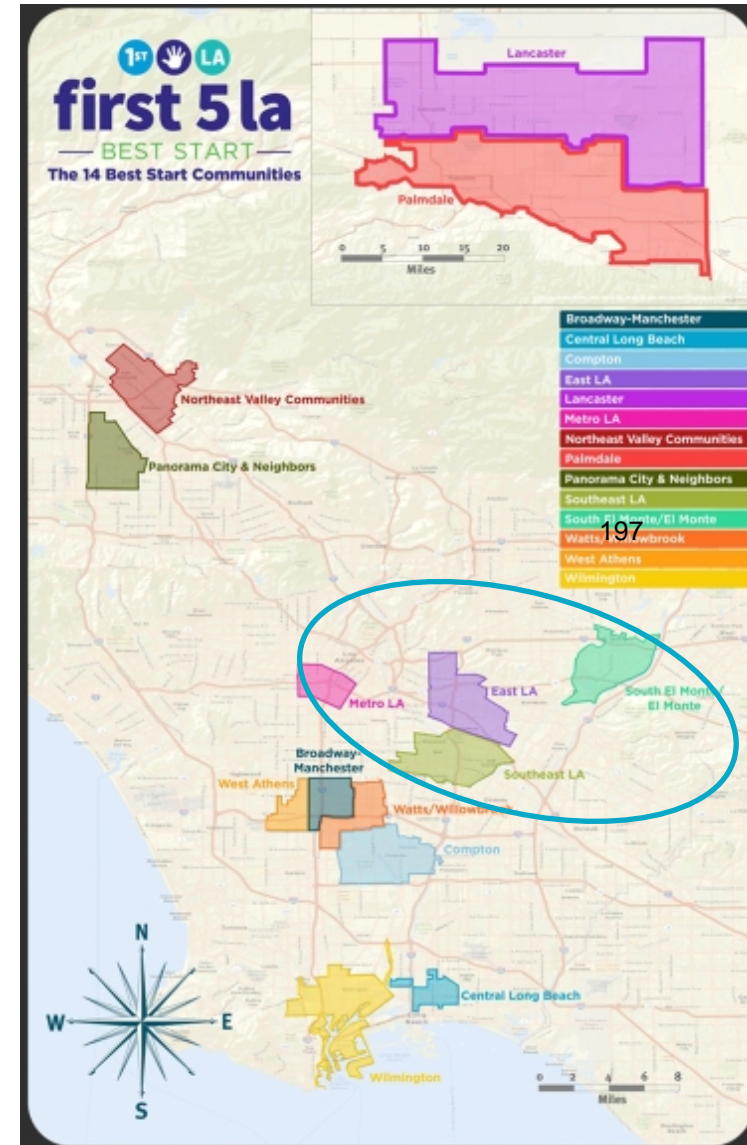
REGION 1 – Central East

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



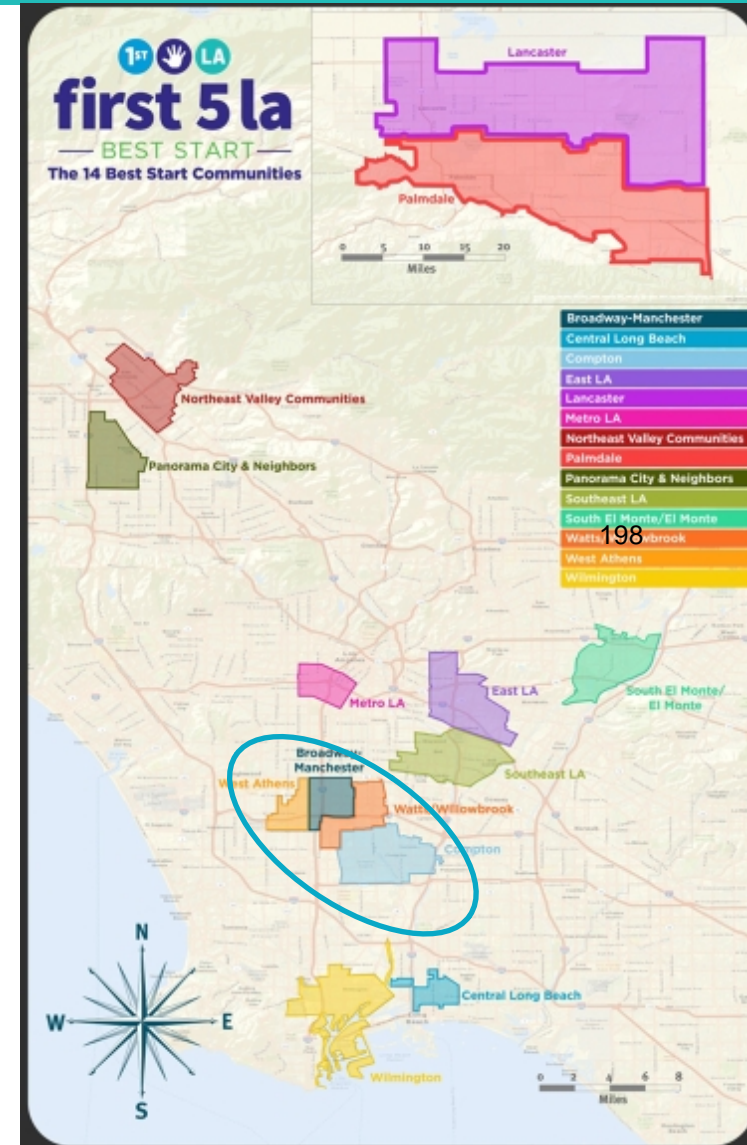
REGION 2 – South Los Angeles

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

Recommended Regional Network Grantee: Community Health Council

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

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



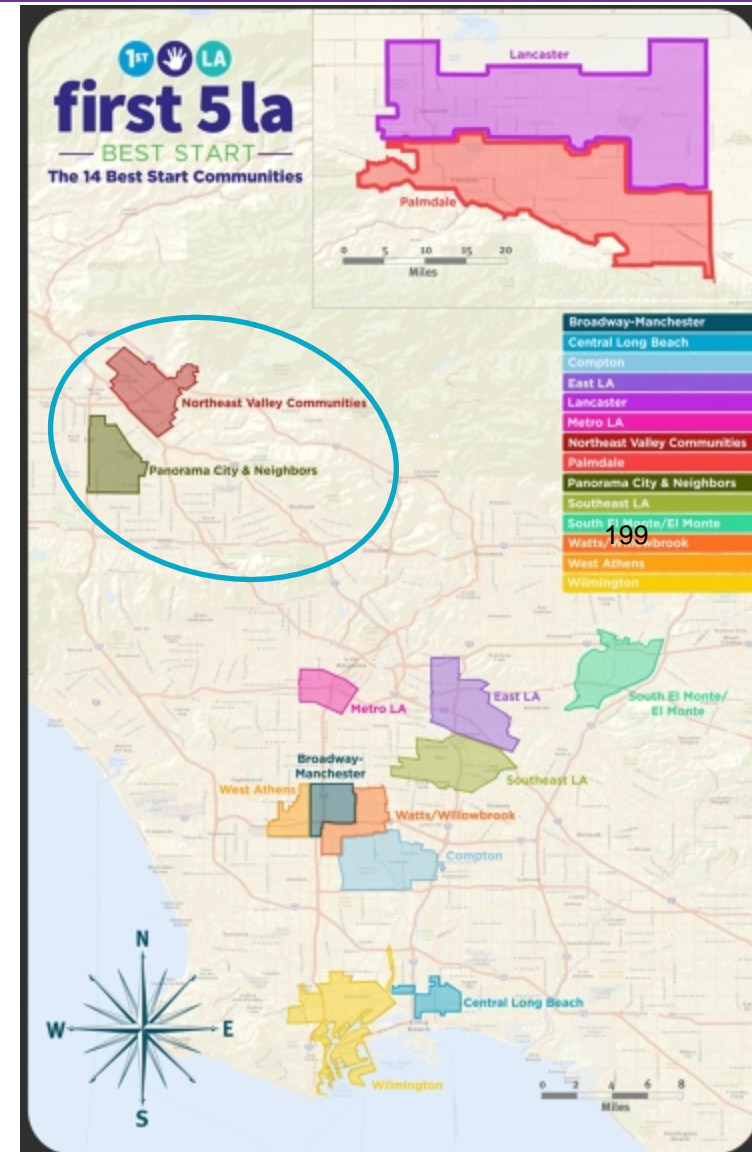
REGION 3 – San Fernando Valley

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



REGION 4: Port Cities

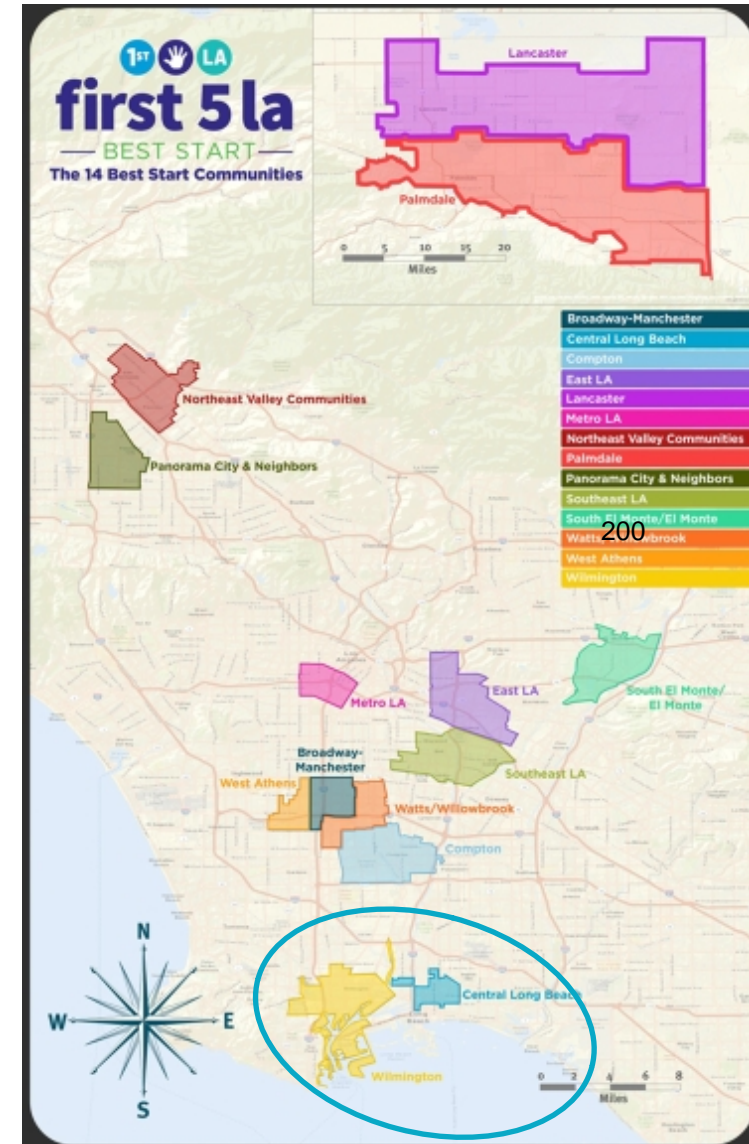
Communities: Central Long Beach, Wilmington

Recommended Regional Network

Grantee: Long Beach Nonprofit Partnership (DBA The Nonprofit Partnership)

Partners: Long Beach Forward, Providence Little Company of Mary Foundation, TurningWest, Inc.

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



REGION 5: Antelope Valley

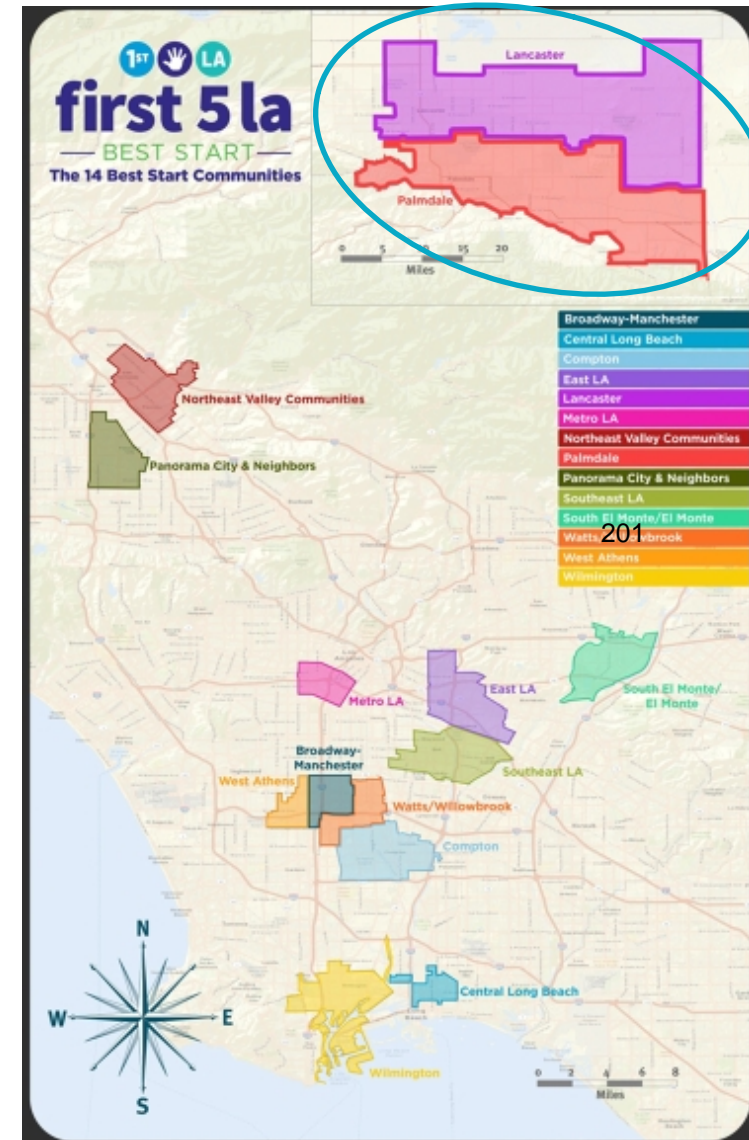
Communities: Lancaster, Palmdale

Recommended Regional Network

Grantee: Children's Bureau of Southern California

Partners: Child 360, SBCC Thrive LA

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



OUTCOMES-BASED SCOPE OF WORK

Sample Outcomes

Goal #1:

Community partnerships have a structure that reflects the capabilities, values and approach to cultivate strong collaboration.

Goal #2:

Community partnerships are positioned to drive their community agenda.

- Structure facilitates a system of shared ownership, power, and leadership among all those involved in the Best Start ecosystem.
 - Systems and practices are in place to encourage, support, and maximize a culture of continuous learning, adaptation and improvement.
-
- There is a shared vision for children and a community change agenda that advances policy and systems changes in their community.
 - Individuals and organizational partners have the skills to fulfill various roles to drive a community agenda within local communities and across the region.



INITIAL IMPLEMENTATION SUPPORT

INITIAL TRANSITION SUPPORT

- **Center for the Study of Social Policy:** Extend current contract to enable knowledge transfer that supports continuity of capacity building work (July – September 2018)
- **Center for Collective Wisdom:** Incorporate the trauma and resiliency systems change framework into implementation of the new structure (April 2018 – June 2020)
- **LF Leadership:** Assist the Communities Department in adapting to new roles, improving strategy coordination and integration, supporting achievement of milestones for year 1 of new structure (April 2018 – March 2019)

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OTHER IMPLEMENTATION CONSIDERATIONS

- **Best Start Learning Agenda** that identifies priority learning questions, outlines how the questions will be answered, and specifies who will be included in learning activities along the way
- **Organizational Capacity Building Opportunities** for organizational members of the Best Start community partnerships that are not formal, contracted members of the regional and local networks
- **Capacity Building Consortium** to support peer learning across strategies in the Communities Outcome area

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Next Steps

Board Approval & Implementation



NEXT STEPS

April 2018

Complete Grant Negotiations

May 2018

Contracts executed & beginning implementation

Fall 2018

Implementation update to the Program & Planning Committee

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RECOMMENDATION

1. Approve the five Best Start Regional Network grantees at a total of \$16,538,500 with contracted amounts per region 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 of Southern California - \$2,232,500
2. Authorize Executive Director to complete negotiations and execute contracts within the maximum funding limits.

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QUESTIONS & DISCUSSION

FIRST 5 LA

SUBJECT:

African-American Birth Disparities: Critical Data for Improving Perinatal Systems of Care

BACKGROUND:

On November 14, 2013 the Board of Commissioners approved a motion to allocate \$500,000 to support policy and systems change approaches that address the disparity in positive birth outcomes in African-American families. In the same motion the board approved allocations to: (1) enhance and extend the First 5 LA's Black Infant Health Initiative for five years; and, (2) to support at-risk fathers of children from birth to five-years-old. First 5 LA has continually integrated efforts to improve practice and service delivery to meet the needs of Los Angeles County's diverse populations, including African-American families, with the Black Infant Health initiative and home visiting efforts being a particularly critical opportunities to improve perinatal services. In addition, the Los Angeles County Department of Public Health's Nurse-Family Partnership Program and the county's utilization of Maternal and Infant Early Childhood Home Visitation (MIECHV) have made meaningful impacts in this area.

The recent development of the Los Angeles County Health Agency's Center for Health Equity and its focus on eliminating the African-American infant mortality disparity has created a critical opportunity to align First 5 LA's work in improving perinatal outcomes with the efforts of the Health Agency. First 5 LA has participated in the African-American Infant Mortality convenings and has identified areas where First 5 LA is well positioned to contribute to this effort. The Department of Public Health released last week their plan to address the birth disparities, A Pathway to Equity: the Five Year Plan to Close the Black White Gap in Infant Mortality, which is provided as an attachment to this memo.

PROJECT DESCRIPTION:

In partnership with the Department of Public Health (DPH), First 5 LA proposes to support two projects to assess African-American women's use of and experience with health and social services during and following pregnancy. The intent is to obtain actionable data to inform key County and State birth disparity reduction initiatives, including the California Department of Health's Community Birth Plan, the Los Angeles Health Agency's Center for Health Equity's African-American Infant Mortality Plan, and the Board of Supervisors Home Visitation motion.

The proposed strategies align with First 5 LA's Policy and Systems Change strategy by informing efforts to monitor and bolster African-American women's utilization of primary, prenatal, and post-natal services. The projects are complementary short-term research endeavors, that include both qualitative and a quantitative analysis. Support for the proposed investments will be funded through the Birth Disparities allocation and any resources necessary to complete the analyses will be consistent with the FY 2017/18 Approved Budget and will be incorporated in the FY 2018/19 Proposed Budget.

Two efforts are proposed for First 5 LA's contribution for the broader countywide effort on reducing birth disparities:

1) Focus Groups: First 5 LA will fund and support focus groups with African American mothers, grandmothers and women of childbearing-age. The intent is to better understand African-American women's perspectives on

- pregnancy and birth;
- clinical and social services;
- the role of race and racism in birth outcomes; and

- social, economic and structural factors associated with birth outcomes.

The focus groups will also increase understanding of how women seek support and experience services provided by ‘helping’ clinical and social service organizations. Finally, the focus groups will also identify what resources African American women want to address their needs prior to, during, and after pregnancy. These focus groups will be supported through the allocation made by the Board in 2014 referenced above.

2) Utilization Analysis: This project will analyze and profile the health services utilization of pregnant African American Medi-Cal managed care enrollees in Los Angeles County, and to the extent feasible, compare to all enrollees. This utilization analysis will seek to answer the following questions:

- Health Sector Engagement: Are African-American enrollees engaged in primary care or health services prior to pregnancy and how to their rates of engagement compare to other population groups?
- Service Maximization: Are African-American enrollees able to access all services- including Comprehensive Perinatal Services- to which they are entitled and how does this compare to other population groups?
- Regional Variation: Are there key differences in primary care and prenatal utilization- clinical, nutrition, psychosocial- by health care provider or area within Los Angeles County and does this differ by the race/ethnicity of pregnant women?

Data from these initiatives will provide much needed baseline data to public health leaders seeking to identify key patterns in access to care and disparities.

Anticipated Outcomes

Combined, these two assessments will pioneer a methodological “life-course” approach to understanding women’s access and utilization of services and supports before, throughout, and following pregnancy. First 5 LA and its partners in state, county and community systems can better understand how African American women experience our systems of ‘care’ and use this information to guide appropriate interventions that improve the service delivery system and address inequities in access to resources needed for optimal well-being. Data from these efforts will support the Department of Public Health’s (DPH) five year action plan to identify and reduce structural contributors to African American (AA) birth disparities. The ultimate goal is to ensure all women across Los Angeles County have healthy babies.

NEXT STEPS

In partnership with DPH, First 5 LA will continue to recruit focus group participants throughout Los Angeles; it is anticipated that a report with key findings will be available in late 2018. These themes will guide the Department of Public Health’s signature African American Infant Mortality reduction initiative and First 5 LA’s efforts to engage African-American women in culturally appropriate home visitation. First 5 LA will continue to collaborate with DPH to acquire the necessary data and complete the planned utilization analysis; any contracts required to further this work will be placed on future agendas for Board consideration, as appropriate.

Fighting at Birth: Eradicating the Black-White Infant Mortality Gap

Report
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INTRODUCTION

The infant mortality rate is a key national indicator of population health. Despite technological advances in medicine and other health-related resources available to the average American, the infant mortality rate (IMR) in the United States is exceptionally high relative to other developed countries. For black infants, the numbers are devastatingly high. In 2013, the white IMR in the United States was five per 1000 live births —resembling economically advanced nations like New Zealand. In contrast, the black IMR was 11.2 per 1000 live births — a rate closer to that of lower income nations like Thailand, Romania, and Grenada.¹

In fact, black women experience the highest infant mortality rates among any racial or ethnic group in the United States. The black IMR has been roughly twice that of the white IMR for over 35 years.² In order to decrease the national infant mortality rate, factors that maintain these disparities must be addressed directly.

There is a common perception that racial disparities in IMR are driven primarily by risky behaviors. However, the best available evidence does not support this assertion and indicates that systemic barriers to positive birth outcomes merit further investigation. This research brief will provide an overview of the social determinants that contribute to racial disparities in IMR. It will also provide policy and research recommendations to improve outcomes for black babies and their mothers.

PRETERM BIRTHS GO HAND IN HAND WITH INFANT MORTALITY

One of the leading factors associated with infant mortality in the United States is preterm birth, births that occur before 37 weeks of gestation. Risk factors commonly associated with preterm birth include age, education, alcohol and drug use, and stress.³ Since an infant's birth weight depends on the length of gestation, preterm birth is the primary cause of low birth weight (born less than 2500 grams, or 5.5 pounds).⁴ In 2013, the Centers for Disease Control (CDC) reported that about one-third (36 percent) of infant deaths were due to preterm-related causes, and infants considered "late preterm" were also at higher risk of infant death than those born full term. Black women continuously experience preterm birth at higher rates than white women. In 2016, the rate of preterm births among black women was estimated at fourteen percent while the rate of preterm births

among white women was considerably lower at nine percent.⁵ Seventy-three percent of black infant deaths were due to complications associated with preterm birth.⁶

Even black infants that survive at 20 weeks gestation are at a greater risk of both fetal death and neonatal death than white infants who survive at the same number of weeks of gestation. In addition, the average time spent in the Neonatal Intensive Care Unit (NICU) is greater for black infants. In the Premature Birth National Need Gap Study, researchers found that the average black infant in the NICU stayed 4.05 weeks whereas the average white infant stayed 2.88 weeks.⁷ Although the rate of survival is much greater among infants born between 34 and 37 weeks than those born earlier, all surviving preterm infants are at a higher risk of long-term cognitive, motor, sensory, behavioral deficits, poor growth, and long-term lung and gastrointestinal disease than those born at full term.^{5, 8, 9, 10, 11}

However, preterm birth is not the root cause of the racial infant mortality gap. To identify and understand root causes, it is necessary to isolate the fundamental reasons why black women in the United States are more likely to have preterm babies.



“PROTECTIVE FACTORS” ARE NOT AS PROTECTIVE FOR BLACK WOMEN’S BIRTH OUTCOMES

Social and economic factors also are associated with the likelihood of infant mortality and morbidity. These factors directly affect the access to health, quality of prenatal care available, and conditions of fetal development for mothers and their children. Factors that generally are considered to be protective for pregnant women do not provide the same benefits for black women. Conventional risk factors tend to have a more pronounced negative effect on black infant outcomes.

SOCIOECONOMIC STATUS: Women from lower socioeconomic backgrounds (census-tract median household income) are more likely to give birth preterm than those from higher socioeconomic backgrounds.¹² Twenty-four percent of black women live in households at or below the poverty line.¹³ Impoverished black women’s health is affected adversely by diminished access to quality health care, food, housing as well as other poverty-related stressors that impact pregnancy outcomes and infant health. Nevertheless, among mothers with low socioeconomic status, white mothers had proportionately fewer low birthweight outcomes than black mothers (7.7 percent and 11.3 percent, respectively).¹⁴

Furthermore, improvements in socioeconomic status yield a stronger benefit for white low birth weight outcomes (7.7 percent for low-SES whites versus 4.3 percent for higher-SES whites, a close to 50 percent reduction) while black outcomes slightly improved (10.9 percent for low-SES blacks to 11.3 percent for higher-SES blacks, a close to 4 percent increase).¹⁴ It should be noted that socioeconomic status in this article is based solely on income, and does not consider wealth or net worth (the difference between the value of assets owned and debts owed).

AGE: Generally speaking, the initial risks of preterm birth and infant mortality are high during the teen years and fall as women age into their mid twenties, rising again as women approach their mid-thirties.¹² When comparing the risk of infant mortality for women under 20 to women 20-24, white women’s risk is halved while the risk for black women decreases slightly (from 11.7 to 10.9 infant deaths per every 1000 live births).

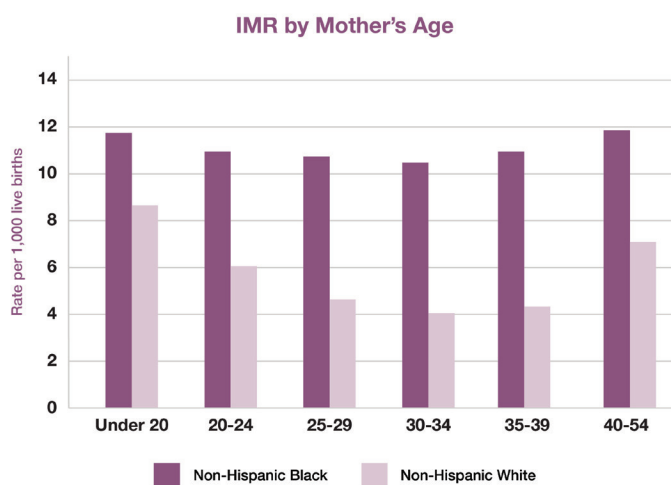


Figure 1. Source: CDC 2015. Infant Mortality Statistics from the 2013 Period Linked Birth/Infant Death Data Set. National Vital Statistics Reports.

In spite of the slight decrease, the black rate is approximately double the rate of their white counterparts. **Essentially, there is no safe age for black women to have children.** Black women consistently are at a higher risk of infant mortality at every age during their childbearing years. The slight drop in risk for black women at 25-34 years of age compared to the much larger drop for white women still results in a 2.3-2.6 ratio of black infants dying to every white infant death per 1000 live births.¹⁵

EDUCATIONAL ATTAINMENT: Similar to low income, low educational attainment also can have a negative effect on birth outcomes. However, for black women, higher educational attainment does not have as much of

a payoff in terms of improved infant survival rates as might be anticipated based upon the relationship between educational attainment and infant mortality outcomes for women collectively.

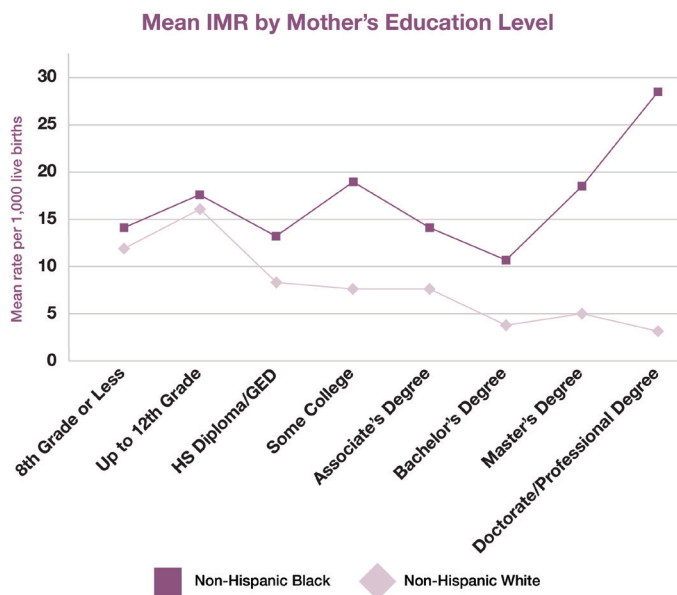


Figure 2. Adapted from source: CDC 2015. Infant Mortality Statistics from the 2013 Period Linked Birth/Infant Death Data Set. National Vital Statistics Reports. Note: This analysis controls for mother's age and marital status.

Black women with doctorates and professional degrees have a higher IMR than white women who never finished high school. Hamilton suggests this limited protection for high achieving blacks results from increased experiences of discrimination and stress as they attain higher levels of education.¹⁶ Even after adjusting for age, parity, onset of prenatal care, and marital status, the likelihood of death for a black infant was 1.82 times that of a white infant.¹⁷ **Not only does the black-white disparity for infant mortality exist at all educational levels, it is greatest for those with a master's degree or higher. Further, the IMR is highest for black women with a doctorate or professional degree.**

DISPARITIES PERSIST WHEN RISK FACTORS AND RISKY BEHAVIORS ARE CONSIDERED

There is a strong tendency to attribute racial disparities in infant mortality to the prevalence of obesity in black women and engagement in risky behaviors during pregnancy such as drinking alcohol, using illicit drugs, and smoking cigarettes. Indeed, these risky behaviors are associated with an increased incidence of infant mortality and morbidity. **However, it is crucial to recognize that the greater vulnerability of black infants cannot be explained by these factors.**¹⁸

OBESITY: Black women do have a higher average body mass index (BMI) than women of other racial/ethnic groups, both, before and during gestation¹⁹ Obesity often is linked to poor pregnancy outcomes including congenital abnormalities and stillbirth.²⁰ However, even when obesity is taken into account, black women still experience a greater proportion of poor obstetric outcomes than white women. Infants born to obese black women were admitted to the NICU at higher rates with lower birth weight than those born to obese white women.²¹

ALCOHOL & DRUG USE: The disparity in fetal alcohol syndrome rates gives the impression that pregnant black women drink at higher rates. However, data from the National Survey on Drug Use and Health Statistics indicates the difference in alcohol consumption between black and white women during gestation (0.6 percent) is not statistically significant.²²

Past Month Substance Use Among Pregnant Women Aged 15-44, by Race/Ethnicity and Substance: 2002 to 2010

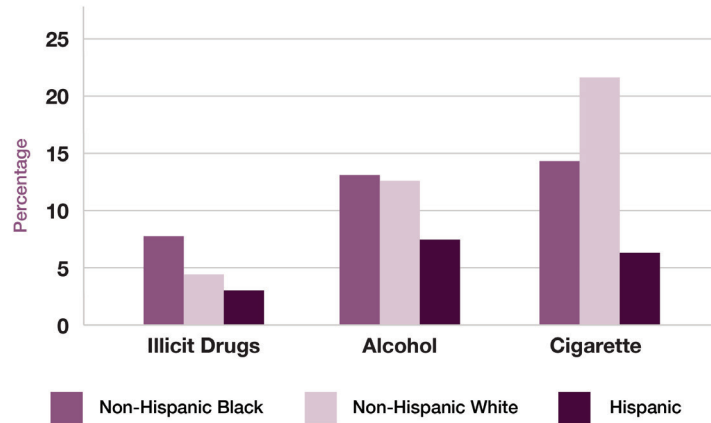


Figure 3. Source: SAMHSA 2012. The National Survey on Drug Use and Health Statistics Reports.

The National Survey on Drug Use and Health Statistics also reports that although the illicit drug use during pregnancy is low, overall, more pregnant black women used illicit drugs than pregnant white women.²³ Marijuana is the illicit drug used most often by mothers during pregnancy. Marijuana use during pregnancy increases the risk of stillbirths and infection-based morbidity, but has no significant impact on other infant mortality risk factors.²⁴ Regardless, black women’s use of marijuana is lower than white women’s use when pregnant (29.4 percent and 55.1 percent in the past month, respectively) and not pregnant (15.5 percent and 67.9 percent in the past month, respectively).²⁵ According to a 2014 report by the Centers for Disease Control (CDC), the percentages of black women who smoked cigarettes before and during pregnancy were 8.8 percent and 6.8 percent, respectively.²⁶ White women had percentages that were approximately double that of black women before and during pregnancy (15.5 percent and 12.2 percent, respectively).²⁷

In addition, the CDC 2011 Pregnancy Nutrition Surveillance found that three times as many white women smoked cigarettes during the last trimester of pregnancies (22 percent) than black women (6.9 percent).²³ Considering black women smoke cigarettes less frequently than white women, drink alcohol at similar rates to white women, and illicit drugs are the least used substance type by all women, the assumption that IMR disparities are caused by black women’s increased engagement in risky behaviors is not valid. **Even when risky behaviors are controlled, the black-white IMR disparity continues to exist.**

IT'S RACISM: THE NEGATIVE IMPACT OF DISCRIMINATION ON BIRTH OUTCOMES

Researchers are working to pinpoint factors that contribute to the differential preterm birth outcomes described earlier by looking beyond the idea that this health disparity is one that exists due to inherent racial differences in genes or behavior. According to Linda Goler Blount, president and CEO of the Black Women's Health Imperative, "It is very common for people to say 'race plays a factor,' and in fact it's not race so much as racism and the experience of being a black woman or a person of color in this society."²⁸ Perceived discrimination is generally linked to increased levels of inflammation and systolic and diastolic blood pressure,²⁹ depressive systems,³⁰ and allostatic load.³¹

For black women, exposure to discrimination and racialized stress throughout the lifespan can negatively impact birth outcomes. Wallace et. al identified structural racism, defined as a composite variable consisting of inequities regarding unemployment, education, and median household income, was associated with increased rates of infant mortality for blacks but not whites.³² Siddiqi et. al found that higher degrees of income inequality were associated with lower IMR inequities.³³ Both of these articles suggest that IMR inequities result from social conditions made possible by structural racism and discrimination.



Collins et. al posits that women's experiences throughout their lifetimes, rather than during gestation alone, influences the length of the gestation period.^{34,35} The study found that the social class of the neighborhood environment in which a pregnant woman spent her youth similarly predicted her delivering, preterm, as does the social class of the neighborhood where she lives during pregnancy. Reports of encounters with racial discrimination are higher for blacks that live in predominantly white middle class neighborhoods.³⁶

So, moving out of the "hood" does not make much of a difference for black pregnancies and infants. Though these stressors can be mitigated for black women who reside in racially congruent neighborhoods,³⁷

research has suggested that racial and community level stress contribute to changes in inflammation and hormones that trigger adverse pregnancy outcomes.³⁸

Like stressors experienced by blacks who live in predominantly white neighborhoods, being the only black person in a high status occupation also can lead to increased levels of discrimination and John Henryism among high-achieving black women.^{16,40} Although black women of lower socioeconomic status may still experience higher levels of stress, John Henryism and racial isolation may explain the lack of protection that higher income and occupation levels have for infants born to high achieving black women.

PERINATAL AND POSTPARTUM CARE VARY BETWEEN BLACK AND WHITE WOMEN

PREFERENCE FOR CESAREAN DELIVERY: Cesarean deliveries play vital roles in preterm birth induction. Currently, this procedure is performed in the event that a pregnancy is deemed high-risk, a vaginal delivery is deemed infeasible, or a pregnant woman decides she does not want a vaginal delivery. According to a 2011 study by the National Collaborating Centre for Women and Children's Health, the rate of cesarean deliveries has risen faster than the rate of clinical risk factors that classify births as high-risk.^{41,42} Since the rate of cesarean delivery for high- and low-risk pregnancies have risen at comparable rates from 1996 to 2003, this preference impacts more women than necessary.⁴⁰ Although the rate of cesarean sections decreased in 2013 for white women (32.0 percent), cesarean delivery rates have remained constant for black (35.8 percent) and Hispanic (32.2 percent) women.⁴³ Nevertheless, Hispanic women have a similar IMR to white women (5 percent).¹ The data on Hispanic women's birth outcomes is driven downwards by relatively low IMR for Mexican, Cuban, South American and Central American women, whereas women from Puerto Rico and the Dominican Republic have higher rates.⁴⁴



PROVIDER TYPE: Evidence suggests that preterm birth rates vary based on the primary provider type during gestation and birthing location. The main care providers during pregnancy are obstetricians and midwives, with obstetricians as the leading health provider.⁴⁵ While both types of providers serve a vital purpose in childbirth, studies have identified the obstetrics model of care as potentially unnecessary for women carrying low-risk pregnancies since the rate of cesarean delivery has increased for low-risk women.⁴⁰ In recent years, Affordable Care Act (ACA) provisions have made midwifery more widely accessible,^{46,47} but black women continue to use midwives at lower rates (15 percent) than white women (54 percent).⁴⁸

BIRTH LOCATION: Both midwives and obstetricians can work in birthing centers and hospitals; however, birthing centers tend to align more with the midwife model of care, while hospitals prioritize the obstetric model.⁴⁹ As a result, hospitals have higher cesarean rates than birthing centers. One study found that black women who received care from midwives at a birthing center were significantly less likely to have a cesarean section than black women who received typical hospital care. They were also significantly less likely to undergo medical intervention using other tools like forceps or vacuum extraction.⁴⁰



SOMETIMES PRETERM BIRTH IS BETTER FOR MOM AND BABY: Although induced preterm birth outcomes are associated with morbidities common among naturally premature infants, it should be noted that preterm birth could be the best option for a relatively positive birth outcome in emergencies. Some women will choose to have their pregnancies induced preterm due to increasing complications regarding their own well being and/or that of the fetus, if the pregnancy is carried to term. Pregnancies can become high risk during gestation for many reasons such as size and position of the fetus, or issues related to preeclampsia. Essentially, due to advancements in technology, it may be better to birth the baby at 36 weeks as opposed to full term in spite of the known risks associated with preterm birth.⁵⁰ However, stark differences in rates of high-risk birth classification and preterm deliveries imply that there are more factors involved in the rise in preterm

birth prevalence.^{40,41} It is possible that this rise is due to an increase in medically induced vaginal labor and cesarean deliveries between 34 and 36 weeks gestation.⁴⁰

BREASTFEEDING PRACTICES: The Center for Disease Control and Prevention's 2013 Breastfeeding Report Card claimed 77 percent of new mothers breastfeed their children, with black women having the lowest rate. Even though black women breastfeed at the lowest rates by race, it should be noted that majority of black mothers (58.9 percent as of 2008) breastfeed their children.⁵¹ For women with infants admitted to the NICU, the odds of breastfeeding their infants are even lower.⁵² Two months or more of breastfeeding – even when supplemented with formula – is significantly related to a reduced occurrence of sudden infant death syndrome (SIDS), one of the leading causes of infant mortality.⁵³

POLICY RECOMMENDATIONS

It is time for policy makers to develop strategies that effectively reduce infant mortality. When it comes to black infant mortality, **the price for inaction is too high.** In 2015, 23,458 Americans died before their first birthdays and 28.2 percent of these deaths were black infants.⁶ With approximately 73 percent of black infant deaths occurring infants born preterm,⁶ black women are losing their infants to these circumstances at a greater rate than any other racial/ethnic group in the nation. Considering that the black preterm birth rate and the black rate of cesarean sections for delivery exceed those of other groups, addressing these factors could decrease the gap between black and white infant mortality rates.

Policies and programs predicated on prioritizing healthy maternal and child outcomes for black women due to their greater susceptibility to racism and discrimination have the potential to reduce the gap. Given the disproportionate impact of services offered on a universal basis, these policies and programs must cater specifically to the needs of black women to decrease the disparity.

The following recommendations focus on strategies that can improve infant health and reduce preterm birth prevalence, since it is the greatest predictor of infant mortality.

PROVIDE ADEQUATE SUPPORT FOR PROGRAMS AND ADVOCACY GROUPS THAT CENTER BLACK WOMEN'S PERINATAL AND POSTPARTUM NEEDS: As previously mentioned, initiatives that promote higher educational attainment and income have weak influences on decreasing the black-white infant mortality gap. In order to have the desired effect, programs and policies that target black women before, during and after pregnancy must be adopted, supported and adequately funded. Organizations that engage in black women-specific interventions need the full backing of state legislators and key stakeholders to maximize their effectiveness on black birth outcomes.

IMPLEMENT POLICIES THAT REGULATE TREATMENT PROTOCOL TO MINIMIZE PROVIDER BIASES: Upon evaluations of attempts at reducing the black-white IMR disparity through universal screenings for substance abuse and provider referrals to treatment programs, researchers found that black women are less likely than white women to be given referrals for rehabilitation and more likely to be reported to Child Protective Services following delivery.⁵⁴ A key reason this protocol leads to differential outcomes is because referrals are at the discretion of the providers. Since the universal protocol stops at screenings, the protocol should be

expanded to include mandatory referral for pregnant women who test positive to treatment programs. Policy makers need to eliminate provider biases and increase black women's access to rehabilitation treatment during and after pregnancy.

ENFORCE LAWS THAT PROTECT BLACK WOMEN AGAINST DISCRIMINATION: Both general stress and racialized stress are harmful to African Americans' wellbeing and physical health. For black women, adverse health effects of stress related to racism have been identified before, during, and after pregnancy.^{55,56} Institutions that enforce anti-discrimination laws, like the U.S. Equal Employment Opportunity Commission (EEOC), need to be funded sufficiently so that they can become formidable obstacles to discriminatory actions and actors.



INCREASED SOCIAL SUPPORT FOR EXPECTANT BLACK WOMEN: It has been shown that social support for mothers, partners and families through phone calls, home visitation and comprehensive care improve outcomes for black women. The ACA offers a program titled The Maternal, Infant, and Early Child Home Visiting (MIECHV) Program in which new parents can opt-in to for additional support from health, social service, and child development professionals. This program entails participating in home visits for the purpose of improving maternal and child health, preventing child abuse and neglect, encouraging positive parenting, and promoting child development and school readiness. Given that black women are at greater risk of negative maternal and child outcomes than other racial groups, this program should prioritize recruitment for black women and children to combat the disproportionate effect of services offered on a universal basis on black birth outcomes.

COMPREHENSIVE PRENATAL EDUCATION PROGRAMS: The ACA contains provisions that expand coverage to midwife-lead births as well as freestanding birthing centers, but they are not frequented as often as obstetrician-lead births and hospitals. Programs should be provided at little to no cost in order to inform women across various socioeconomic backgrounds of their birthing options. Since the provision of these comprehensive prenatal services will have a disproportionate effect on black birth outcomes, caseworkers and providers should prioritize recruitment of black mothers for participation.

COST-SAVING INITIATIVES THAT ENABLE PROVIDERS TO PROMOTE VAGINAL BIRTH PRACTICES: Due to lesser emphasis on technological interventions, the overall cost of receiving prenatal, labor, and delivery care from midwives is associated with lower fees.⁵⁷ Aside from this, vaginal births require less hospitalization time than a cesarean procedure, which serves as another source for cost reduction.⁵⁸

IMPROVE INFANT AND MATERNITY CARE OVERALL, BUT ESPECIALLY IN STATES WITH LARGE BLACK POPULATIONS. Some research suggests that birthing location impacts racial disparities since black women were found to be more likely to give birth in hospitals with higher infant mortality rates than white women.⁵⁹ If they delivered in the same hospitals under the same conditions as white women, black neonatal mortality rates would decrease by 6.7 deaths per 1000 births, which would decrease this disparity between black and white rates in New York City by 34.5 percent.⁵⁶

Since black women have the highest rates of cesarean sections,^{9,60} infant mortality, and preterm births, a step towards minimizing medical interventions that have the potential to greatly benefit this population. In the five states with the largest percentage of black people (Georgia, Louisiana, Maryland, Mississippi, and South Carolina), only Maryland birthing facilities average a “B-” on the CDC maternity practice in infant health scales. The other four states had average scores in the C or D range. Mississippi has the largest percentage of black residents, but only one hospital that has been deemed Baby-Friendly. If we were to replicate the standards of care found in states with over 20 percent Baby-Friendly facilities (e.g. Delaware) that average an A- on the CDC scale,⁶¹ we could see improvements in infant mortality and preterm births.

POLICIES THAT PROMOTE COLLABORATION BETWEEN HOSPITALS AND BIRTHING CENTERS: Collaborative policies would ease the transfer from birthing center to hospital in the case of an emergency. This, in conjunction with the policies that allow patients to choose the provider type and birthing location, would make birthing centers and the midwife model of care more accessible to women who are at risk of requiring a transfer from birthing centers to hospitals during labor.

POLICIES THAT PROMOTE LACTATION AND LACTATION MAINTENANCE: Given that breast milk is the optimal form of nutrients for infants, policies that enable women to breastfeed and pump effectively would positively impact their wellbeing. Besides preference, women opt against breastfeeding due to their first attempts at breastfeeding not being successful — stressing the need for more lactation consultants. The Affordable Care Act has a provision for medical coverage of lactation consultants, but coverage is only granted for licensed consultants. Currently, there is no national licensure for lactation consultants and only two state licensure protocols, which means women in other states have to pay out-of-pocket for a service already covered by national policy.

RESEARCH RECOMMENDATIONS

Although we have discussed the weaker effectiveness of “protective factors” in reducing racial IMR disparities at the population level, it should be understood that these factors do play a role in better outcomes at the individual level. Black women who acquire protective factors like higher socioeconomic status and educational attainment do reduce their individual likelihood of preterm birth and infant mortality, but, regardless of the personal efforts made by individual black women, the difference in outcomes between black and white women persists.

Eradicating this disparity requires structural change that improves outcomes at the population level. There needs to be further exploration into the risk factors that affect black women's maternal and infant health outcomes, and the reasons why protective factors do not improve birth outcomes for black women in the same manner as white women. Research that emphasizes the impact of racism-induced stress on health outcomes and identifies insulating mechanisms can be used to decrease said impact. Most important, it is clear that many of the protective factors that reduce IMR in the general population have little or no significant influence on IMR for black women. More within-race research is necessary to isolate the factors that specifically improve outcomes for black women. Only by taking targeted approaches that attack inequitable social systems, will we confront the unique mechanisms that can eradicate the racial gap in infant mortality rates.

REFERENCES

1. OECD. "Infant Mortality Rates (Indicator)." 2017.
2. Hogue, J. R., Lilo T. Strauss, J. W. Buehler, and J. C. Smith. "National infant mortality surveillance (NIMS), 1980." *CDC Surveillance Summaries. MMWR* 38 (1989)
3. CDC. "Premature Birth." <https://www.cdc.gov/features/prematurebirth/index.html>.
4. March of Dimes. "Low Birthweight." <https://www.marchofdimes.org/complications/low-birthweight.aspx>.
5. CDC. "Preterm Birth." In *Reproductive Health, 2017*.
6. CDC, and National Center for Health Statistics. "User Guide to the 2015 Period Linked Birth/Infant Death Public Use File." Hyattsville, MD: National Center for Health Statistics, 2017.
7. Berns, Scott D, Maureen D Boyle, Barbara Popper, and Judith S Gooding. "Results of the Premature Birth National Need-Gap Study." *Journal of Perinatology* 27 (2007): S38-S44.
8. Klebanoff, Mark A, and Sarah A Keim. "Epidemiology: The Changing Face of Preterm Birth." *Clinics in perinatology* 38, no. 3 (2011): 339-50.
9. Osterman, M., K. Kochanek, M. MacDorman, D. Strobino, and B. Guyer. "Annual Summary of Vital Statistics: 2012–2013." *Pediatrics* (2015).
10. Moster, D, RT Lie, and T Markestad. "Long-Term Medical and Social Consequences of Preterm Birth." *Obstetric Anesthesia Digest* 29, no. 2 (2009): 68-69.
11. Raju, Tonse NK, Rosemary D Higgins, Ann R Stark, and Kenneth J Leveno. "Optimizing Care and Outcome for Late-Preterm (near-Term) Infants: A Summary of the Workshop Sponsored by the National Institute of Child Health and Human Development." *Pediatrics* 118, no. 3 (2006): 1207-14.
12. Coley, Sheryl L, Tracy R Nichols, Kelly L Rulison, Robert E Aronson, Shelly L Brown-Jeffy, and Sharon D Morrison. "Race, Socioeconomic Status, and Age: Exploring Intersections in Preterm Birth Disparities among Teen Mothers." *International journal of population research* 2015 (2015).
13. Proctor, Bernadette D, Jessica Semega, and Melissa Kollar. "Income and Poverty in the United States: 2015." US Census Bureau, Current Population Reports (2016).
14. Kothari, Catherine L, Rajib Paul, Ben Dormitorio, Fernando Ospina, Arthur James, Deb Lenz, Kathleen Baker, Amy Curtis, and James Wiley. "The Interplay of Race, Socioeconomic Status and Neighborhood Residence Upon Birth Outcomes in a High Black Infant Mortality Community." *SSM-Population Health* 2 (2016): 859-67.
15. Mathews, T.J., M. MacDorman, and M. Thoma. "Infant Mortality Statistics from the 2013 Period Linked Birth/Infant Death Data Set." *National Vital Statistics Reports* 64, no. 9 (2015).
16. Hamilton, Darrick. "Post-Racial Rhetoric, Racial Health Disparities, and Health Disparity Consequences of Stigma, Stress, and Racism." *Washington Center for Equitable Growth* (2017).
17. Schoendorf, Kenneth C, Carol JR Hogue, Joel C Kleinman, and Diane Rowley. "Mortality among Infants of Black as Compared with White College-Educated Parents." *New England Journal of Medicine* 326, no. 23 (1992): 1522-26.
18. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. "Substance Use During Pregnancy Varies by Race and Ethnicity." In *National Survey on Drug Use and Health, 2012*.
19. Misra, Vinod K, Calvin J Hobel, and Charles F Sing. "The Effects of Maternal Weight Gain Patterns on Term Birth Weight in African-American Women." *The Journal of Maternal-Fetal & Neonatal Medicine* 23, no. 8 (2010): 842-49.

20. Leddy, Meaghan A, Michael L Power, and Jay Schulkin. "The Impact of Maternal Obesity on Maternal and Fetal Health." *Reviews in obstetrics and gynecology* 1, no. 4 (2008): 170.
21. Gennette, Sarah, Angela Guzman, Mishka Peart, Steve Carlan, and Jeannie Mcwhorter. "Pregnancy Outcome in the Morbidly Obese: Black Versus White [37n]." *Obstetrics & Gynecology* 129 (2017): S152.
22. Morris, Daniel S, Leigh E Tenkku, Joanne Salas, Pamela K Xaverius, and Mark B Mengel. "Exploring Pregnancy-Related Changes in Alcohol Consumption between Black and White Women." *Alcoholism: Clinical and Experimental Research* 32, no. 3 (2008): 505-12.
23. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. "Substance Use During Pregnancy Varies by Race and Ethnicity." In *National Survey on Drug Use and Health*, 2012.
24. Metz, Torri D, Amanda A Allshouse, Carol J Hogue, Robert L Goldenberg, Donald J Dudley, Michael W Varner, Deborah L Conway, George R Saade, and Robert M Silver. "Maternal Marijuana Use, Adverse Pregnancy Outcomes, and Neonatal Morbidity." *American Journal of Obstetrics & Gynecology* 217, no. 4 (2017): 478. e1-78. e8.
25. Ko, Jean Y, Sherry L Farr, Van T Tong, Andreea A Creanga, and William M Callaghan. "Prevalence and Patterns of Marijuana Use among Pregnant and Nonpregnant Women of Reproductive Age." *American Journal of Obstetrics & Gynecology* 213, no. 2 (2015): 201. e1-01. e10.
26. Curtin, S., and T.J. Mathews. "Smoking Prevalence and Cessation before and During Pregnancy: Data from the Birth Certificate, 2014." *National Vital Statistics Reports* 65, no. 1 (2016).
27. Trends, Child. "Mothers Who Smoke While Pregnant." 2012.
28. Wescott, Lucy. "Washington's Poorest Infants Are Ten Times More Likely to Die Than Richest." *Newsweek*, 2015.
29. Goosby, Bridget J., Sarah Malone, Elizabeth A. Richardson, Jacob E. Cheadle, and Deadric T. Williams. "Perceived discrimination and markers of cardiovascular risk among low-income African American youth." *American Journal of Human Biology* 27, no. 4 (2015): 546-552.
30. Walsemann, Katrina M., Bethany A. Bell, and Bridget J. Goosby. "Effect of school racial composition on trajectories of depressive symptoms from adolescence through early adulthood." *Race and Social Problems* 3, no. 3 (2011): 131.
31. Duru, O. Kenrik, Nina T. Harawa, Dulcie Kermah, and Keith C. Norris. "Allostatic load burden and racial disparities in mortality." *Journal of the National Medical Association* 104, no. 1-2 (2012): 89-95.
32. Wallace, Maeve, Joia Crear-Perry, Lisa Richardson, Meshawn Tarver, and Katherine Theall. "Separate and unequal: Structural racism and infant mortality in the US." *Health & place* 45 (2017): 140-144.
33. Siddiqi, Arjumand, Marcella K. Jones, Donald J. Bruce, and Paul C. Erwin. "Do racial inequities in infant mortality correspond to variations in societal conditions? A study of state-level income inequality in the US, 1992–2007." *Social Science & Medicine* 164 (2016): 49-58.
34. J.W. Collins Jr., R.J. David, K.M. Rankin, et al. Transgenerational effect of neighborhood poverty on low birthweight among African Americans in Cook County, Illinois *Am J Epidemiol*, 169 (2009), pp. 712-717.
35. Mark A. Klebanoff, MD, MPH, , Sarah A. Keim, PhD, MA, MS, "Epidemiology: The Changing Face of Preterm Birth"
36. English, Devin, Sharon F. Lambert, Michele K. Evans, and Alan B. Zonderman. "Neighborhood racial composition, racial discrimination, and depressive symptoms in African Americans." *American journal of community psychology* 54, no. 3-4 (2014): 219-228.

37. Kothari, Catherine L, Rajib Paul, Ben Dormitorio, Fernando Ospina, Arthur James, Deb Lenz, Kathleen Baker, Amy Curtis, and James Wiley. "The Interplay of Race, Socioeconomic Status and Neighborhood Residence Upon Birth Outcomes in a High Black Infant Mortality Community." *SSM-population health* 2 (2016): 859-67.
38. Miller, Gregory E, Edith Chen, Alexandra K Fok, Hope Walker, Alvin Lim, Erin F Nicholls, Steve Cole, and Michael S Kobar. "Low Early-Life Social Class Leaves a Biological Residue Manifested by Decreased Glucocorticoid and Increased Proinflammatory Signaling." *Proceedings of the National Academy of Sciences* 106, no. 34 (2009): 14716-21.
39. James, Sherman A. "John Henryism and the health of African-Americans." *Culture, medicine and psychiatry* 18, no. 2 (1994): 163-182.
40. Jou, Judy, Katy B Kozhimannil, Pamela Jo Johnson, and Carol Sakala. "Patient-Perceived Pressure from Clinicians for Labor Induction and Cesarean Delivery: A Population-Based Survey of Us Women." *Health services research* 50, no. 4 (2015): 961-81.
41. Benatar, Sarah, A Bowen Garrett, Embry Howell, and Ashley Palmer. "Midwifery Care at a Freestanding Birth Center: A Safe and Effective Alternative to Conventional Maternity Care." *Health services research* 48, no. 5 (2013): 1750-68.
42. J. Martin, B. Hamilton, and M. Osterman. "Births in the United States, 2013." In *NCHS Data Brief*, 2014.
43. Mathews, T.J., and Anne Driscoll. "Trends in Infant Mortality in the United States, 2005-2014." *NCHS Data Brief* 279 (2017).
44. Goode, Keisha, and Barbara Katz Rothman. "African-American Midwifery, a History and a Lament." *American Journal of Economics and Sociology* 76, no. 1 (2017): 65-94.
45. McCartney, Caitlin. "The Patient Protection and Affordable Care Act and Choice in Childbirth: How the Aca's Nondiscrimination Provisions May Change the Legal Landscape of Childbirth." *Am. UJ Gender Soc. Pol'y & L.* 24 (2015): 337.
46. Proctor, Bernadette D, Jessica Semega, and Melissa Kollar. "Income and Poverty in the United States: 2015." US Census Bureau, *Current Population Reports* (2016).
47. Declercq, Eugene. "Midwife-Attended Births in the United States, 1990–2012: Results from Revised Birth Certificate Data." *Journal of Midwifery & Women's Health* 60, no. 1 (2015): 10-15.
48. Thornton, Patrick, Barbara L. McFarlin, Chang Park, Kristin Rankin, Mavis Schorn, Lorna Finnegan, and Susan Stapleton. "Cesarean outcomes in US birth centers and collaborating hospitals: a cohort comparison." *Journal of Midwifery & Women's Health* 62, no. 1 (2017): 40-48.
49. VanderWeele, Tyler J, John D Lantos, and Diane S Lauderdale. "Rising Preterm Birth Rates, 1989–2004: Changing Demographics or Changing Obstetric Practice?". *Social science & medicine* 74, no. 2 (2012): 196-201.
50. CDC. "Progress in Increasing Breastfeeding and Reducing Racial/Ethnic Differences — United States, 2000–2008 Births." In *Morbidity and Mortality Weekly Report*, 2013.
51. Berns, Scott D, Maureen D Boyle, Barbara Popper, and Judith S Gooding. "Results of the Premature Birth National Need-Gap Study." *Journal of Perinatology* 27 (2007): S38-S44.
52. Thompson, John MD, Kawai Tanabe, Rachel Y. Moon, Edwin A. Mitchell, Cliona McGarvey, David Tappin, Peter S. Blair, and Fern R. Hauck. "Duration of breastfeeding and risk of SIDS: an individual participant data meta-analysis." *Pediatrics* 140, no. 5 (2017): e20171324.
53. Roberts, Sarah CM, and Amani Nuru-Jeter. "Universal screening for alcohol and drug use and racial disparities in child protective services reporting." *The journal of behavioral health services & research* 39, no. 1 (2012): 3-16.

- ⁵⁴. Geronimus, Arline T., Margaret Hicken, Danya Keene, and John Bound. "'Weathering' and age patterns of allostatic load scores among blacks and whites in the United States." *American journal of public health* 96, no. 5 (2006): 826-833.
- ⁵⁵. Reid, Allecia E., Lisa Rosenthal, Valerie A. Earnshaw, Tené T. Lewis, Jessica B. Lewis, Emily C. Stasko, Jonathan N. Tobin, and Jeannette R. Ickovics. "Discrimination and excessive weight gain during pregnancy among Black and Latina young women." *Social Science & Medicine* 156 (2016): 134-141.
- ⁵⁶. Huynh, Mary. "Provider Type and Preterm Birth in New York City Births, 2009–2010." *Journal of health care for the poor and underserved* 25, no. 4 (2014): 1520-29.
- ⁵⁷. Griffin, Jacqueline, Shuangjun Xia, Siyang Peng, and Pinar Keskinocak. "Improving Patient Flow in an Obstetric Unit." *Health care management science* 15, no. 1 (2012): 1-14.
- ⁵⁸. Howell, Elizabeth A, Paul Hebert, Samprit Chatterjee, Lawrence C Kleinman, and Mark R Chassin. "Black/White Differences in Very Low Birth Weight Neonatal Mortality Rates among New York City Hospitals." *Pediatrics* 121, no. 3 (2008): e407-e15.
- ⁵⁹. Martin JA, Hamilton BE, Osterman MJK, Curtin SC, Matthews TJ. Births: final data for 2013. *Natl Vital Stat Rep.* 2015;64(1): 1–65. Available at: www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01.pdf. Accessed November 10, 2014
- ⁶⁰. CDC. "2015 Mpinc State Reports: Maternity Practices." 2017.

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A PATHWAY TO EQUITY:

THE FIVE-YEAR PLAN
TO CLOSE THE
BLACK-WHITE GAP IN
INFANT MORTALITY



BUREAU OF HEALTH PROMOTION



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Background

The Los Angeles County Department of Public Health, alongside partners in Los Angeles communities and across the state, is pleased to announce a comprehensive five-year plan to reduce the county's black-white gap in infant mortality. Infant mortality rate (IMR), the number of infants who die in Year 1 of life for every thousand live births, is accepted and used across the world to measure infant health. In fact, it is often used as a marker for the health of whole populations. Because the developing fetus is highly sensitive to environmental exposures experienced by their mothers, the health and survival of newborns in a racial/ethnic group can be a marker for the health of that group as a whole.



How do we define infant mortality rate?

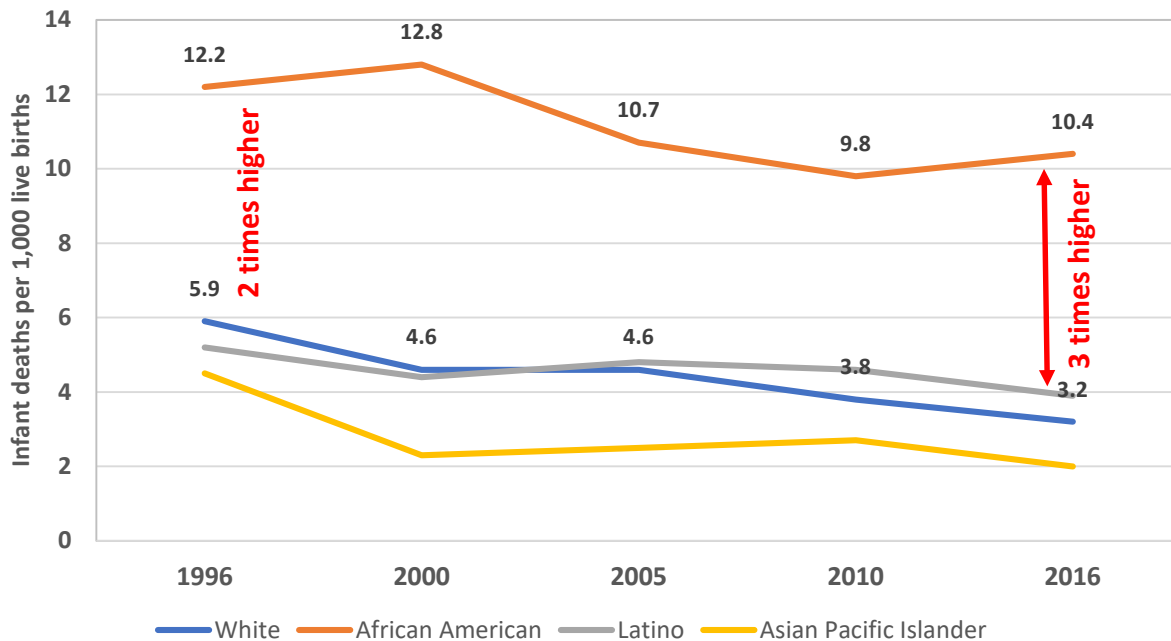
Infant mortality rate, often referred to as IMR, is calculated as the number of infants who die in a year, divided by the number of infants born alive in that same year times 1,000. If 25 infants die in a population of 5000 newborns, the IMR would be $25 / 5000 = .005 \times 1000 = 5$. than white mothers in every age group except those less than 18.

Around the world, infant mortality rates vary widely. When you look at rates from country to country, you see a pattern. In countries where there is deep and lasting poverty or a history of recent war, infant mortality rates are high. Afghanistan, burdened with both poverty and war, has the highest IMR in the world: more than 1 out of every 10 Afghan infants dies in its first year of life. In countries that are well-off and not experiencing war, infant mortality rates are low. The world's lowest IMRs are typically seen in Japan and in Scandinavian countries, where rates are around 2 deaths for every thousand births.¹

¹ The CIA World Factbook Downloaded from <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2091rank.html> on April 4, 2018.

At first glance, Los Angeles County’s infant mortality rate of 4 deaths per thousand looks relatively good.² It reflects a decline in infant mortality in the county over time.

Figure 1: Infant Mortality by Race/Ethnicity Los Angeles County, 1996 to 2016



Our rate compares favorably to the overall United States rate (about 5.8 deaths per thousand live births) and the California rate (4.6 per thousand).³ But a closer look at infant survival in Los Angeles County shows that there are stark inequalities just below the surface.

The overall county rate reflects a white IMR of 3.2 per thousand live births and a rate for Asians and Pacific Islanders in the county of 2 per thousand live births. The county’s Hispanic IMR, 3.9 deaths per thousand live births, is just under the overall county rate. What stands out from the county average is the rate of infant death among Black residents. The IMR for Black babies is 10.4, meaning that an Black newborn in Los Angeles County is more than three times as likely to die as a white newborn, more than two and a half times as likely to die as a Latino newborn, and more than five times as likely to experience death in the first year of life as an infant identified as Asian/Pacific Islander.²



² Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics, 2016.

³ The US rate cited here is a projected estimate for 2017 from the CIA World Factbook op cit. That figure is used rather than the most recent actual rate () to permit global comparisons. The California rate

What causes racial inequality in infant survival?

If you ask the average person why babies born to black mothers are so much more likely to die in their first year of life, you will probably get one of four answers listed in **Table 1**. Each reflects a factor that does have something to do with infant survival. But NONE of them stand up as an explanation for the gap.

Table 1: Common Public Perceptions Used to Explain Why Babies Born to Black Mothers Are More Likely to Die in Their First Year of Life

The Perception	The Facts
<p>Socioeconomic status Does a higher level of poverty among black women explain the difference?</p>	<p>We know that a secure job, a safe home and healthy food all contribute to health. And when you look at white mothers alone or black mothers alone, better off moms have healthier babies. But Los Angeles County data tell us that black women who have private insurance, which means they are employed, have worse outcomes than white women who receive public insurance. The story of Kim Anderson demonstrates that even a high level of economic security is not as protective for black women as for white. See this story: “Unnatural Causes: Kim Anderson’s Story”: https://youtu.be/FPCpB8zZP20</p>
<p>Mother’s education Could the gap in LA be due to a lower average education level among black women?</p>	<p>All over the world, women’s education is associated with healthier births. White and black women who are well educated do have an advantage over those of the same race with less education. But county data show black mothers have worse outcomes than white at every education level. Even black women with college degrees fare better only than white women who did not complete high school Figure 2 makes it clear—this explanation does not hold up.</p>
<p>Mom’s behavior Could it be that black women engage in riskier behavior than white women?</p>	<p>That’s not what the data tell us. While black and white women tend to engage in different kinds of risky behavior, risk-taking seems to be evenly divided. For example, white women drink alcohol more than black women, while black women in LA County smoke more than whites during pregnancy. But the more fundamental point is that risk-taking doesn’t explain the gap. Black moms in LA County who do not smoke have worse outcomes than white women who do (see Figure 3 below).</p>
<p>Access to health care Perhaps the fact that black women are less likely to have private insurance or a car means they are less able to get to prenatal care than whites?</p>	<p>Once again, this is a real concern, but it doesn’t explain the inequality we see in birth outcomes. Data show that black women who had adequate care had worse outcomes than white women who did not.</p>

**Figure 2: Infant Mortality by Mother's Education Attainment & Race/Ethnicity
Los Angeles County, 2010-2014**

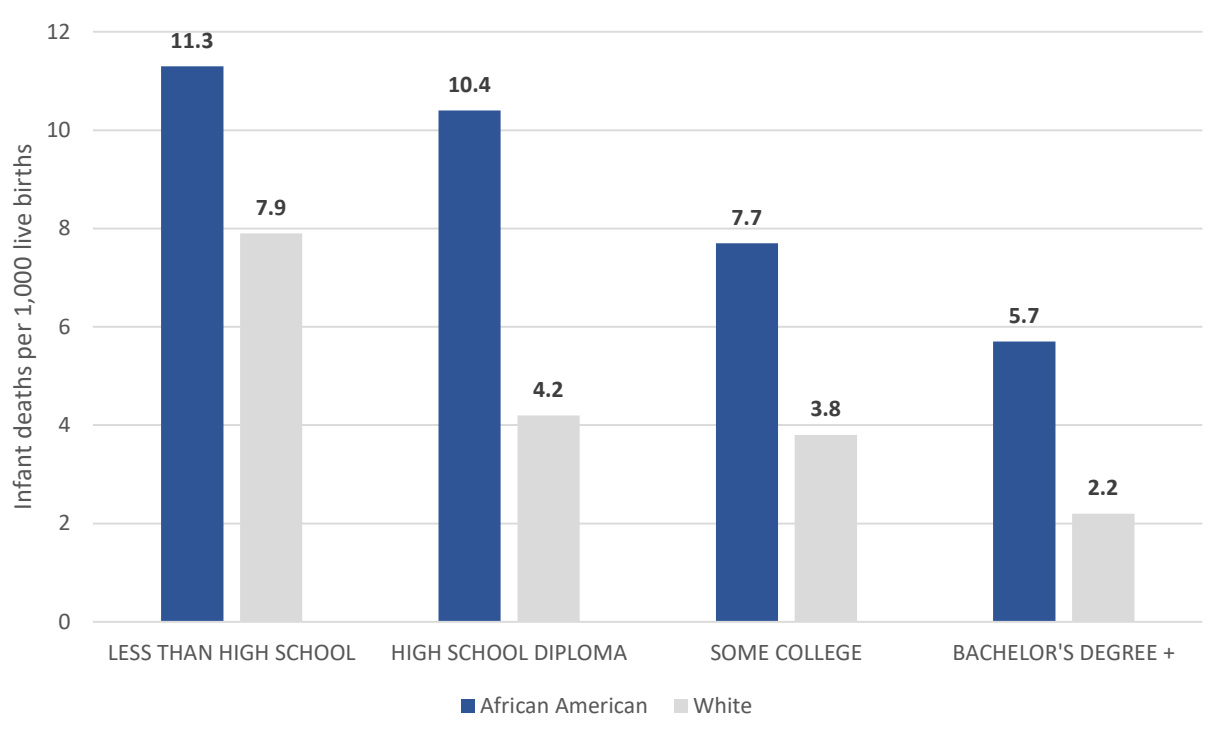
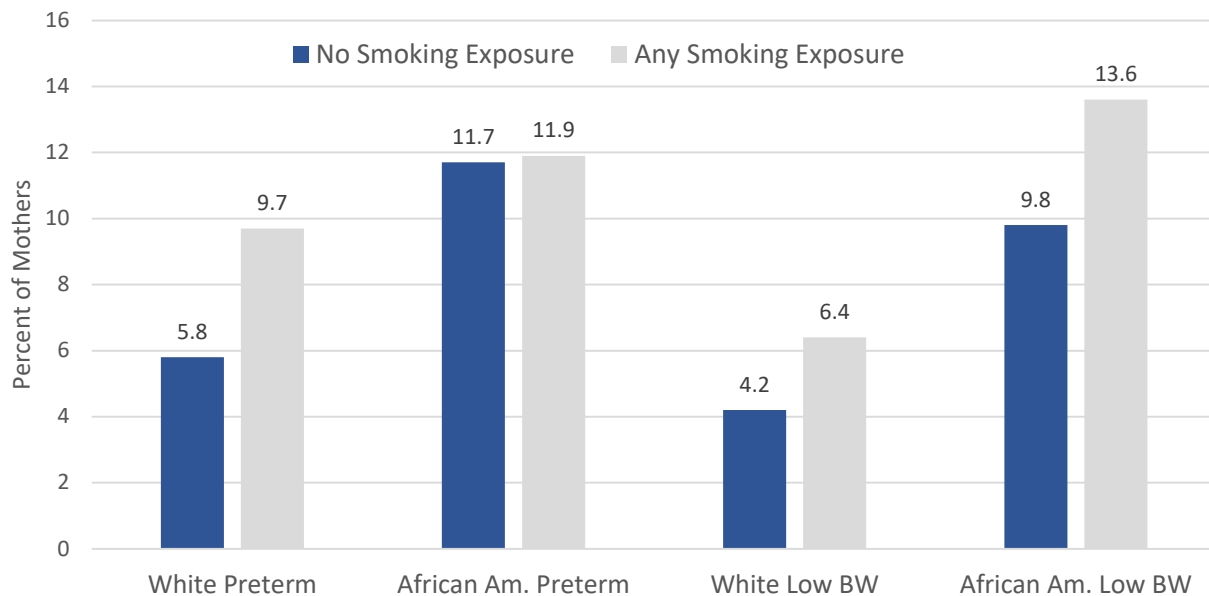


Figure 3: Prevalence of Preterm and Low Birth Weight Births by Mother/Ethnicity and Smoking Exposure, Los Angeles County 2012-2014



Source: Los Angeles Mommy and Baby (LAMB) Project, 2012-2014 Stacked data; smoking exposure is defined as smoking in the six before pregnancy, smoking during pregnancy, or exposure to secondhand smoke during pregnancy

Figures 2 and 3 illustrate why conventional wisdom about maternal behaviors or education do not explain the worse birth outcomes experienced by Black mothers. Black mothers with no smoking exposures experienced a higher rate of preterm birth as compare to White and Latina mothers with smoking exposures. We see the same pattern in low birth weight. Black mothers with bachelor degree education or higher experienced higher infant mortality rate than White mothers with high school education.

Although infant mortality rates have decreased between 1996 and 2016 across all racial/ethnic groups, disparities persist. Black infant mortality rates continued to be two to three times higher as compared to White.

Does racism really outweigh income, education, behavior and access to care as a cause of infant death?

How could it be that race overrides a known hazard like smoking in relation to birth outcomes? Recent research suggests a pathway that links social experience to poor health outcomes, including poor birth outcomes via exposure to chronic stress: this is the common experience shared by Black women across lines of class, education, and maternal attitudes and behaviors.

- The pathway starts with a social experience that may be as major as missing out on a job opportunity⁴, or as “minor” as being hassled on a shopping trip;⁵
- That experience triggers psychological stress with feelings of anger, frustration, anxiety or even self-blame;
- Which are translated into physical stress. This is the fight-or-flight response everyone has experienced in the face of danger – a car going the wrong way or a toddler reaching to pull something off a table. In those situations, the response is protective. The body is flooded with stress hormones that speed up heart rate and pulse and send blood supply to the extremities making it possible to respond quickly and effectively. When the source of stress is removed, the individual can return to normal as the heart and pulse slow and the muscles relax;
- If the stressor is not short-term, however, if is part of the daily routine of someone in social encounters throughout the day, elevated hormone levels may set a new baseline level of physiological stress that places all organ systems in the body at risk.

⁴ Are Emily and Greg More Employable Than Lakisha and Jamal? A Field Experiment on Labor Market Discrimination. Marianne Bertrand, Sendhil Mullainathan. American Economic Review. vol. 94, no. 4, September 2004, (pp. 991-1013)

⁵ <http://wtkr.com/2013/10/28/fourth-new-yorker-accuses-a-department-store-of-racial-profiling/> downloaded April 4, 2018

This is what public health and clinical scientists believe helps explain the differences in birth outcomes between Blacks and Whites in LA County and throughout the United States. This analysis, which some have termed “life course theory” because it links health outcomes to social experience from infancy on, posits chronic stress associated with racism as the critical link between social inequality and birth inequality. Since racism also limits access to resources and opportunities, black women are exposed to multiple adversities that affect their well-being and the health of their infants.

Figure 4: Low Birth Weight Singleton Births by Race/Ethnicity and Age
Los Angeles County, 2016

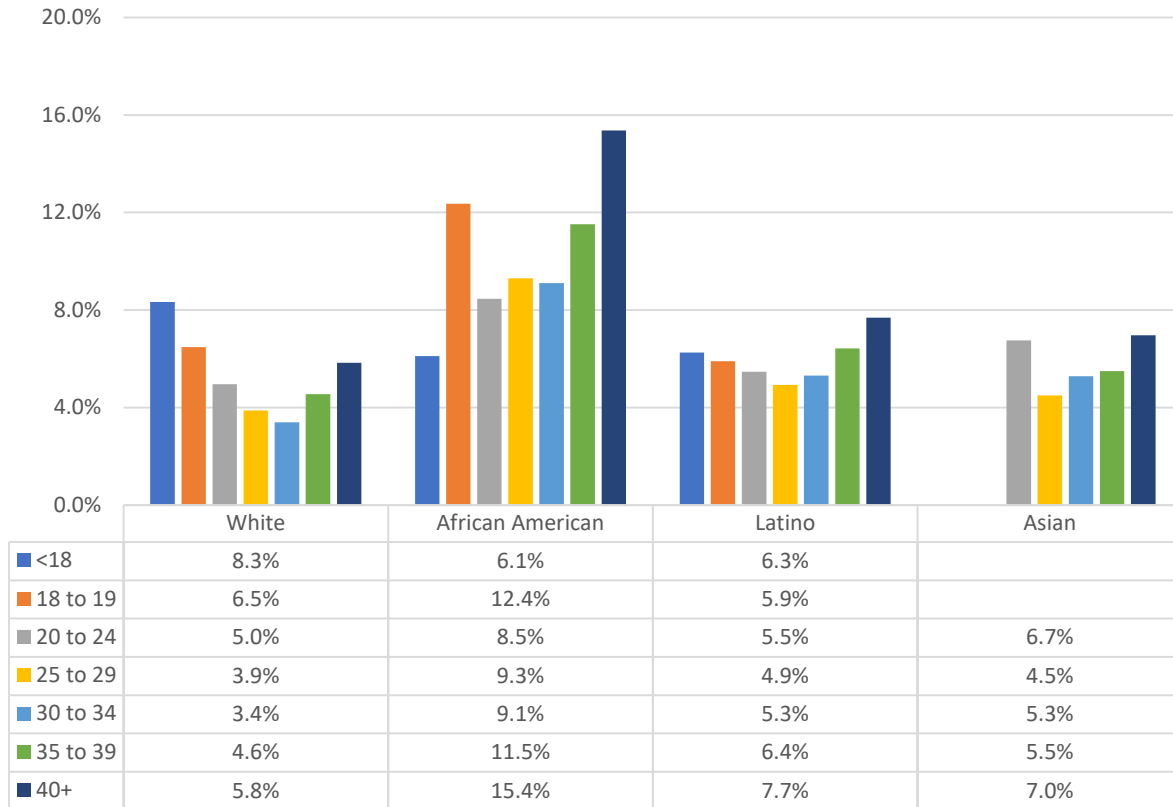


Figure 4 compares women of different race/ethnicity groups by looking at rates of low birth weight by mother’s age. The typical pattern is described as a “J-curve;” higher rates of low birthweight in the teen years, lower rates in the prime childbearing twenties and early thirties, and an increasing rate as mothers age. Among Black women in LA County (as elsewhere in the US), that pattern disappears; low birth weight is less common in the teen years than it is later on. One researcher described this unique pattern

African American mothers experience low birth weight delivery two to three times higher than white mothers in every age group except those less than 18.

as “weathering.”⁶ She argued that the impact of racism over time is so powerful, it overrides the usual benefits of maturity. This is chronic stress at work.

What must be done?

This new understanding of the pathway from mother’s lived experience to infant health suggests a map for intervention. Our job is to block the pathway at each juncture: to address the causes of stress, to help women avert chronic physical stress as a response to social stress, and to intervene early and effectively when chronic stress has placed a woman at risk. LA County’s 5 Year Plan is designed to maximize the opportunities for community prevention, while assuring interventions are available along the entire pathway.

And how will we do it?

By reducing the chronic stress in women’s lives.

That means taking on:

- **Racism.** Los Angeles County employs 100,000 people in dozens of agencies that interact with residents millions of times a year. Those encounters can be a source of stress for residents, if they come needing help and leave feeling demeaned. So, our response to racism starts at home, with implicit bias training for every county employee.
- **Poverty.** While Los Angeles County can’t resolve income inequality on its own, we can work to minimize its impact on birth outcomes. Two strategies in this area are giving pregnant women who are in need and at high risk preference for safe, affordable housing and making sure we reach out to everyone in the county who is eligible for the Earned Income Tax Credit, a benefit that has been shown to reduce adverse birth outcomes.
- **Exposure to violence.** Community and family violence does not just affect victims or even the families of victims. Research shows that it is a source of chronic stress for the entire community. The Los Angeles County Department of Public Health has been asked to serve as home to a new, county-wide Office of Violence Prevention. That office will partner with perinatal programs at DPH and county-wide to identify and address exposure to violence during pregnancy and beyond.
- **Awareness.** Perhaps most importantly, lack of awareness that infant health is not just a private matter. While public health has known for decades that infant mortality rates differ across racial and ethnic groups, we have not successfully made that knowledge available to those

⁶ Black/White Differences in the Relationship of Maternal Age to Birthweight: A Population-Based Test of the Weathering Hypothesis. Geronimus, Arline T. 1996. "Black/White Differences in the Relationship of Maternal Age to Birthweight: A Population-Based Test of the Weathering Hypothesis." *Social Science and Medicine*, 42(4): 589-97.

communities most affected by the high rates. Too often, women who experience the loss of an infant blame themselves, unaware that each personal tragedy reflects the shared experience of 6,600 other Black women nationally, and 88 Black mothers in LA County. Women have a right to that knowledge, as the starting point for social action to close the gap.

By blocking the pathway from social stress to physiological stress.

That means taking on:

- **Social isolation.** Isolation exacerbates the stress associated with poverty and racism. Social connection is the antidote. Our plan addresses isolation by promoting group prenatal care, offering woman-to-woman support during pregnancy and beyond.
- **Lack of support.** The plan calls for expanded use of home visiting to assure that more women across Los Angeles County have someone to turn to when problems arise. In addition to expanding existing programs, we will pilot a new home visiting model offering women in-home support in the first few days after delivery. The Baby Buddy program will offer help with shopping, cooking or cleaning, giving moms help with daily chores that can be overwhelming with a new baby. We will also focus on engagement of fathers. Too often men get the message that they have no role in childbirth or infant care, especially if they can't provide financial security for mom and baby. We will help prenatal care programs eliminate barriers that keep dads away while offering support groups and individual coaching for men who want to help but need guidance on parenting and support in relation to their own health and social needs.
- **Lack of awareness concerning stress.** The physical signs of stress may not be evident to someone for whom a high level of stress is a constant. DPH will train staff in our home visiting programs to help women recognize the signs of stress and develop strategies to address them by seeking social support and using self-care techniques.
- **Lack of self-confidence**, particularly around parenting, breast feeding and other challenges that confront women as new mothers. Post-partum mothers' groups, improved breastfeeding support, and home visiting are key strategies in this area.
- **A sense of powerlessness.** We will build on existing programs, educating home visitors and group prenatal care leaders so they can provide information to women about voter registration and local opportunities to become active in community events.



By intervening as early as possible when stress has taken a toll on health.

Strategies in this area are:

- **One Key Question© (OKQ).** OKQ calls on providers to screen women for pregnancy intent at every regular health care visit by asking, “Would you like to become pregnant in the next year?” For women who respond yes, it creates an opportunity to enter their pregnancy healthy by addressing risks that could affect infant health even before pregnancy starts. For women who say no, providers have a chance to help the woman choose the optimal family planning option for her.



- **Risk reduction.** While smoking, drinking and drugs DO NOT explain the black-white difference in birth outcomes, they are serious risks. Smoking, in particular, is associated with a sharp increase in preterm birth among black women who smoke compared to black women who do not in LA County. Our plan calls for use of social media, training of home visitors and clinical providers, and implementation of protocols for screening and referral to cessation programs in all county-run clinics. Given that smoking almost always starts in the teen years, we will reinvigorate school-based prevention efforts, emphasizing the dangers across the life span, but especially during pregnancy.
- **Universal access to effective medical interventions.** Working closely with the state Department of Public Health, the March of Dimes, and with local providers, our plan calls for standardized use of medical interventions that can avert preterm birth for women at risk. Key among these are use of progesterone to avert preterm labor and use of baby aspirin to prevent preeclampsia and preterm birth.
- **Enhanced mental health services** for women with a range of mental health needs, from those experiencing depression or anxiety related to pregnancy or childrearing, to those with ongoing mental illness. Strategies include training of home visitors and clinic-based paraprofessionals on evidence-based, preventive mental health interventions and implementation of enhanced mental health consultation for perinatal providers across the county.
- **Early referral to services** for women whose babies are born preterm or with congenital health problems. We want to ensure that mothers receive home visiting support and coaching and that infants receive excellent care early in life. Achieving this calls for enhanced coordination between clinical providers and state-funded services for children with special health care needs.

Where do we start?

This plan reflects over a year of conversation with women, providers, county agency staff, clinicians and social service organizations. A first step towards moving forward is sustaining and building that collaborative effort.

Collaborating with key partners, including:

- **The women most directly affected by birth outcome inequality.** All our efforts must lift up women’s voices, recognizing their expertise both about the sources and the impact of stress in their lives and the best ways to make change.
- **Other county agencies.** Our plan calls for collaboration across all county departments starting with our partner health agencies but including agencies that we don’t usually think of as health resources. Agencies like Parks and Recreation, the LA County Library, Public Social Services, and schools – all have roles to play in promoting both the awareness and the interventions that comprise the plan.
- **Community-based organizations and providers.** These are the programs that women are most likely to encounter on a day-to-day basis, where they are most likely to receive prenatal care, child care, WIC nutrition support and other food and housing assistance. Contributions these organizations can make are woven throughout the plan.
- **Birth hospitals.** These institutions, 64 of them in LA County, are both direct sources of care to women and leaders in shaping health care practice.
- **Philanthropy and health care payers.** Our plan emphasizes enhancing services that already exist and finding resources to pay for those that do not. But it is an ambitious plan, and new initiatives will require new sources of funding. We look to ongoing partnership with funders to help us support these new efforts.
- **The California Department of Public Health and statewide advocacy organizations** such as the March of Dimes. Statewide partnership is key, especially when change is called for at the policy level or when we seek to improve health care practice at a statewide level.

What can you do?

Join with us! We need your feed-back both on what we propose to do and on the best ways to do it. At the local level in the county’s high-risk communities, join us in forming coalitions to tailor this broad menu of strategies to meet your local needs. If we are correct that birth outcome inequality is a social issue, it will take a social, collaborative movement to close the gap. We hope you will continue to be part of that effort.



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April 2018

1ST  LA
first 5 la
Giving kids the best start

Presentation Objectives

1. Provide background on African-American birth disparities in Los Angeles and preview the Department of Public Health's planned eradication strategy
2. Provide update on First 5 LA's policy and systems change approach, in alignment with the LA County Department of Public Health, to reduce the disparity in birth outcomes
3. Preview proposed action plan

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Background

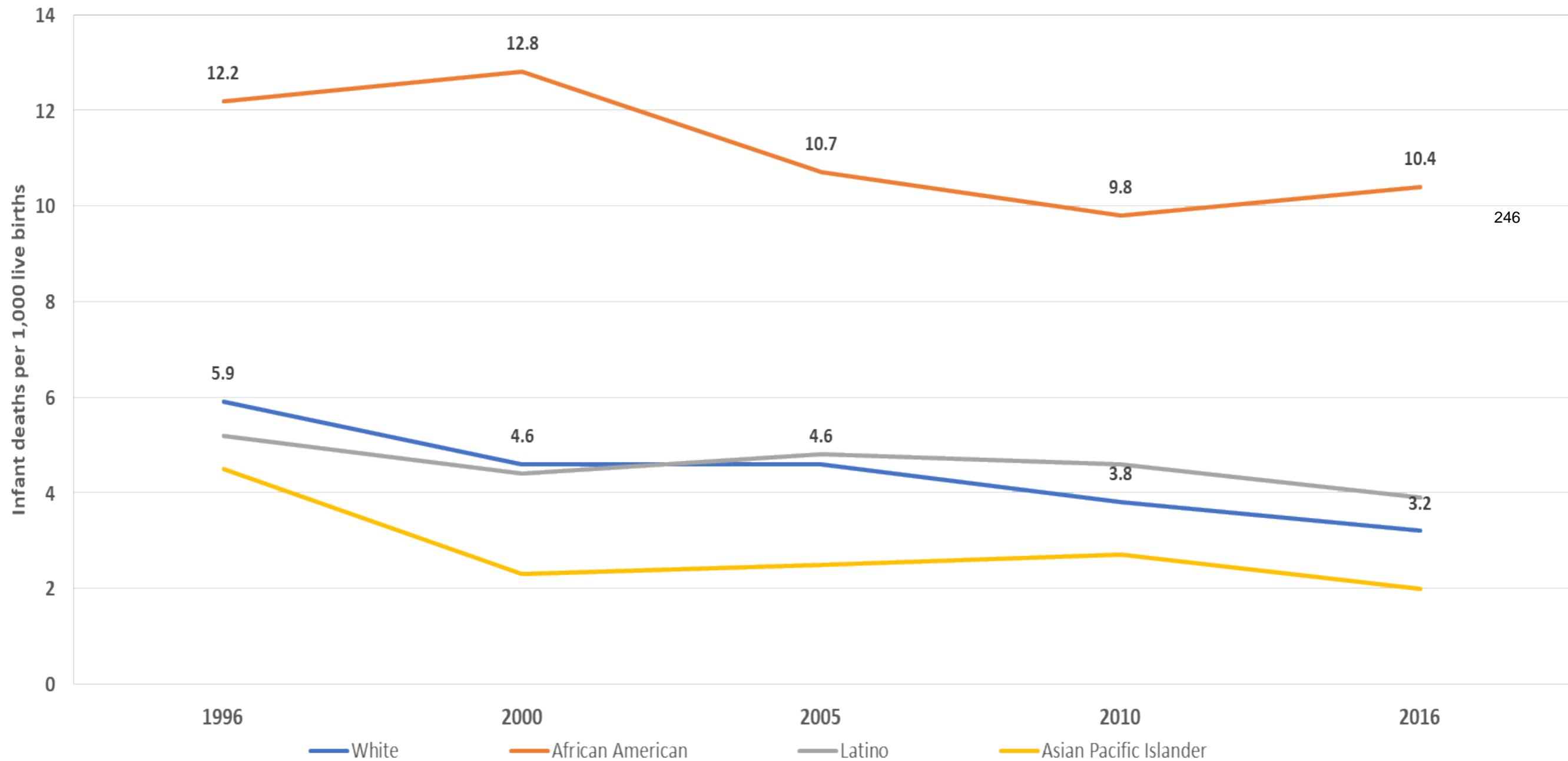


Birth Disparities in LA County

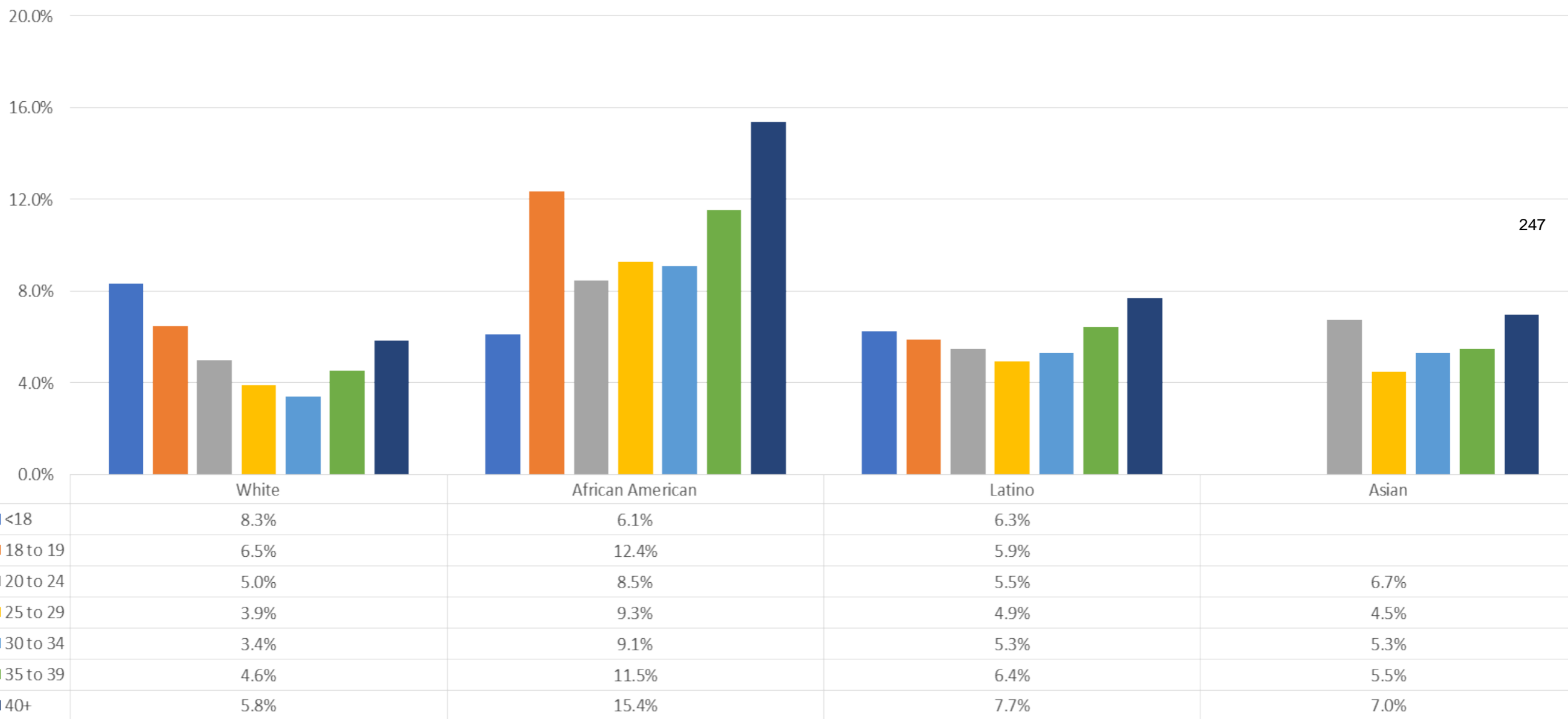
- African-American infants die at more than **3 times the rate** observed for white and Asian infants
- Exposure to racism and racialized stress throughout the lifespan can negatively impact birth outcomes
- Clinical and social services may not be responsive to the needs of African-American women

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The Challenge: LA County Infant Mortality by mother's race/ethnicity, 1996-2016



A clue: low birthweight by maternal age and race/ethnicity



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State and County Efforts

County

Center for Health Equity

- LA County Health Agency Initiative
- 5 Year plan to close gap in infant mortality for Black, Native American and Native Hawaiian babies
- Tailored initiatives to address the needs of Black women and engage with residents and community partners

State

CDPH Community Birth Plan

- California Department of Public Health/March of Dimes-led initiative²⁴⁸ to address African-American Birth Disparities
- Plan includes clinical interventions, health plan engagement, health promotion, and quality of care
- First 5 LA participates on taskforce, along with DPH and community leaders



Proposed Strategies

Initiative Overview

- \$500,000 approved by the Board on November 14, 2013
 - Intent to support policy and systems change approaches that address the disparity in positive birth outcomes for African-American families
 - Complements First 5 LA's ongoing efforts to study and reduce disparities (2014 Birth Outcomes Exploratory Study, Black Infant Health, Home Visiting sustainability)

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First 5 LA's Support of DPH Efforts

Quantitative Analysis - Data Analytics Project:

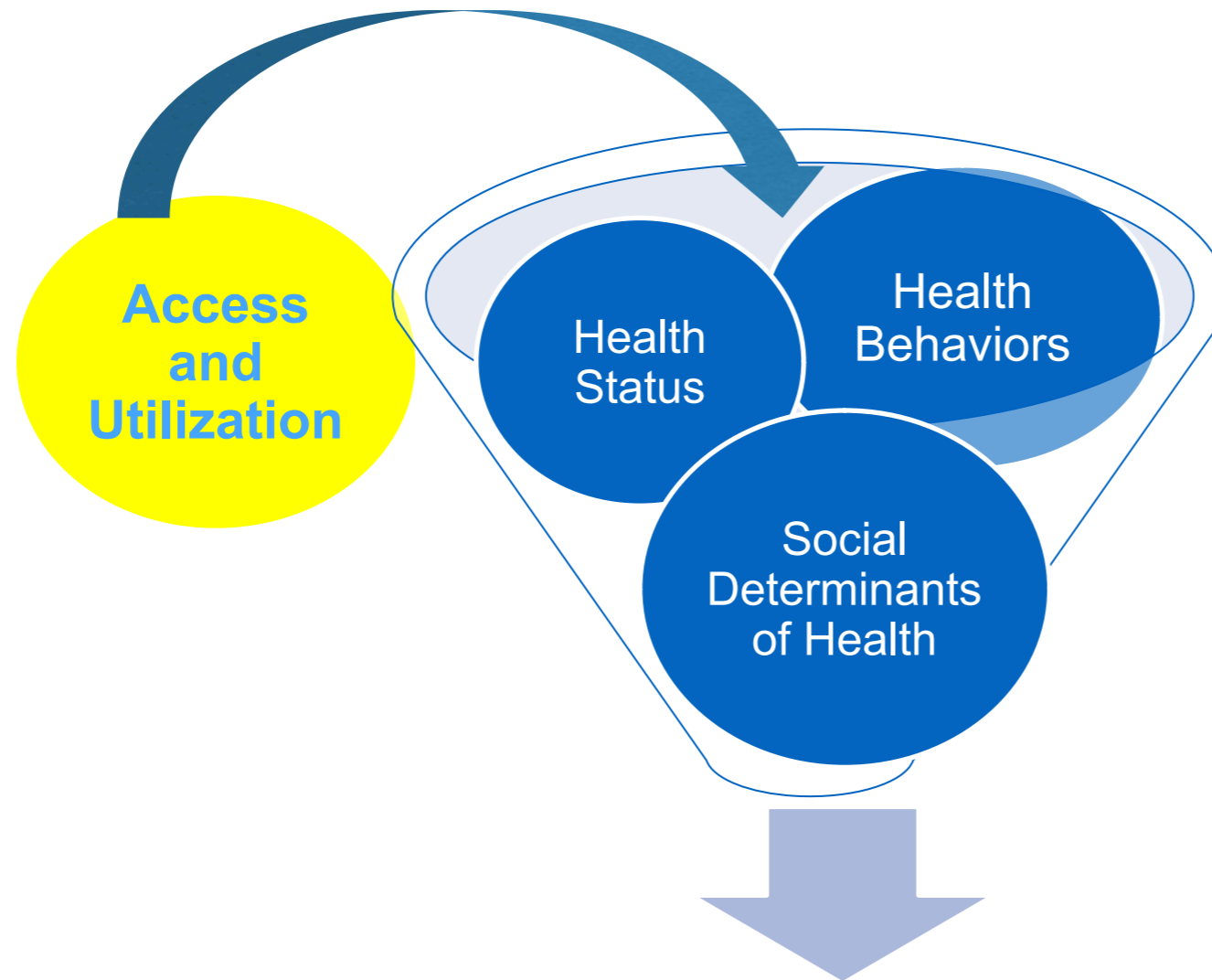
- Understand how publically-insured African-American women are engaged with clinical services.

Qualitative Analysis - Focus Group:

- Focus groups with African-Americans mothers regarding perceptions around service delivery systems and programs.

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Utilization Data- A Key Ingredient to Inform Birth Disparity Reduction Efforts



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Ongoing Initiatives to Reduce Birth Disparities:

- CA Department of Health Community Birth Plan
- Center for Health Equity African American Infant Mortality Plan
- Home Visiting System Building

Proposed Data Analysis

Three Key Questions:

- Are African-American women engaged in primary care or health services, including comprehensive prenatal care, prior to pregnancy?
- Are African-American mothers enrolled in Medi-Cal Managed Care accessing all prenatal services to which they are entitled?
- Are there key differences in utilization of primary care and prenatal services by assigned health care provider or geography?

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Scope of Analysis:

Identify Patterns in African-American Women's Utilization

Usual Source of Care

- Identify when, and where African American women seek primary care prior to pregnancy
- Measure exposure to preventative care and the existence of a usual source of care

Care Engagement

- Identify if, when, and where, and to what degree African American women seek care during pregnancy
- Provide deep-dive report where African American women are delivering

Access and Utilization

- Compare African American women's actual utilization of recommended prenatal services (clinical, nutrition, health education, psychosocial) to utilization of other racial/ethnic groups

Regional Variation

- Highlight regional, health care provider variation in African American members' utilization of covered services and supports covered by Medi-cal. 254

Focus Groups

- Key Questions
 - How do women determine what services they engage with?
 - How do women view the relationships between racism and health care experiences?
 - How do women experience clinical care and social services?
 - What are women's sources of support?

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Anticipated Outcomes: Focus Group

- To increase understanding of African-American Mothers', Grandmothers' and Childbearing-Aged Women's perspectives about:
 - Pregnancy and Birth
 - Available clinical and social services
 - The role of race, and racism, in birth outcomes
 - How social, economic, and structural factors contribute to birth outcomes, and how sources of community support can be amplified
 - The process of accessing clinical care: where, when and how it's accessed and what influences choices

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Informing the Work of First 5 LA

- Better understanding experiences of women in accessing and engaging with clinical and supportive services
- Improving the cultural responsiveness of prenatal approaches
 - Trauma-Informed Care
 - Community Capacity Building
 - Home Visiting
- Informing sustainability strategies

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Next Steps

- Focus Groups: Recruitment currently in progress
- Quantitative Analysis: Developing detailed project scope and data resources and, as appropriate, will return for board action
- Continue to explore how the DPH Infant Mortality Plan can inform our work and how our programs/strategies can support targeted outcomes

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Questions?



Report from March 2018 Board Discussion

Board of Commissioners
Meeting

April 2018

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First5LA.org

Discussion Goals

- Engage Commissioners in a discussion of key themes and issues emerging from the March Board breakout discussions
- Provide an opportunity for Commissioners to provide additional direction to staff on these emerging areas of work

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Discussions Grounded in Investment Guidelines

Used the six investment guidelines as a framework to highlight our work with County partners

- Focus on **prevention**.
- Focus on **systems and policy change**.
- **Seek to have broad impact**, affecting large numbers of people.
- Prioritize investments that **strengthen families** and, whenever possible, **improve community capacity**.
- Prioritize the **identification and scaling up of evidence-based practices**.
- **Engage partners at the earliest possible stage** of activity and/or investment.

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Breakout Discussions

#1 Focus: Prevention

- Prevention Plan – Office of Child Protection (OCP) Partnership

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#2 Focus: Systems and Policy Change

- Early Identification and Intervention of Children's Developmental Needs- DPH Partnership

#3 Focus: Broad Impact and Evidence-Based Practices

- Home Visiting System – DMH Partnership

Overall Themes: Staff Reflections

- The power of F5LA- L.A. County partnerships.
- Be strategic – and opportunistic.
- Language matters.
- Focus and prioritize.

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Overall Themes: Staff Reflections

- Trust is an anchor.
- Think and act “upstream”.
- Look for integration opportunities.
- This work takes time.

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Commissioner Report Outs

#1 Focus: Prevention

- Prevention Plan – Office of Child Protection (OCP) Partnership
- Wendy Smith – Networks

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#2 Focus: Systems and Policy Change

- Early Identification and Intervention of Children’s Developmental Needs- DPH Partnership
- Pending

#3 Focus: Broad Impact and Evidence-Based Practices

- Home Visiting System – DMH Partnership
- Romalis Taylor



Questions & Discussion

Breakout Discussion #1 Focus: Prevention

Topic: Prevention Plan - Office of Child Protection (OCP) Partnership

March 8, 2018

Discussion Summary

Opening Remarks

This breakout discussion focused on First 5 LA's partnership with the County to support implementation of the Office of Children Protection leadership on the County Prevention Plan. First 5 LA's intentionality around alignment with the OCP prevention plan is grounded in its FY2015-2020 investment guidelines: focus on prevention, engage partners at the earliest stages, seek to have broad impact, strengthen families and improve community capacity, identify and scale best practices, and focus on policy and systems change. First 5 LA's input is informing how the County funds prevention services, invests in community resources, and explores ways to connect and build up community networks that embrace a family-strengthening approach to their work. The discussion highlighted recent progress and work underway, including:

- On June 30, 2017, OCP submitted to the county Board of Supervisors a report entitled: *Paving the Road to Safety for Our Children: A Prevention Plan for Los Angeles County*.
- The prevention plan outlines seven strategies and OCP is working to develop an implementation plan for these strategies through individual workgroups focused on each strategy; First 5 LA is supporting several of these workgroups.
- The breakout session highlighted initial thinking emerging from the workgroup focused on strategy #1 of the Prevention Plan, i.e. "Networking the Networks". This strategy recognizes that Los Angeles County is home to number of service providing agencies that operate as referral networks for supporting families. By better connecting these "networks of providers" families will have access to a greater range of supports in a more seamless and integrated way.
- First 5 LA is aligning its work to improve the coordination of services and supports (aligns with strategy #2 of the Communities Outcome area) with strategy #1 of the County Prevention Plan rather than develop a separate initiative with similar goals.

Key Conversation Points

- Network approach has the potential to reduce or eliminates inefficiencies and barriers to accessing supports between systems.
- It is important to examine and understand the barriers to families' access to services.
- Public education and family engagement are important to promote the use of prevention services and supports.
- A challenge is how to integrate a coordinated approach into the "mega-systems", such as child welfare, public health, and mental health, and how to get these "mega-systems" to engage communities differently.
- There is a value in making public systems more community-friendly and a need to re-educate staff to community-based orientation. There are often confusing messages between different county departments.
- Prevention is about the strengthening the prevention networks, not the silos created by institutions and systems of institutions. The issue is the complexity of living. Systems leaders tend to try to fix families instead of fixing the systems in which they live.

- There has been a historical system of racism and oppression that has had a tremendous impact on families.
- Networks of organizations need the right mix of supports and quality. The discussion suggested that a set of principles or values that networks pledge to follow be part of the work. These principles may include cultural appropriateness, linguistic competency, and being trauma-informed.
- Schools, faith-based, grassroots organizations, federally qualified health centers, and legal aid organizations are places of access. There are other community-level spaces that can be leveraged to increase awareness and access to resources.
- Strategies should also focus on friends, families, and neighbors. Agencies alone cannot provide all the support and resources families need.
- Prevention should not be narrowly defined. Some county agencies such as the Department of Mental Health and the Department of Children and Family Services are not typically considered to have a focus on prevention.

Additional Considerations

- It is important to engage parents by having meetings on their schedule and in their communities, providing stipends/compensation, and ensuring an equal voice.
- Although they are not necessarily connected to county, family day care is vitally important. They are generally small but usually networked.
- Non-licensed childcare providers are seen as informal, important community resources that are not regulated. They are missing opportunities for resources to build their capacity to support families.

Breakout Discussion #2 Focus: Systems and Policy Change

Topic: Early Identification and Intervention of Children's Developmental Needs- DPH Partnership
March 8, 2018

Discussion Summary

Opening Remarks

This breakout discussion focused on how F5LA is utilizing multiple strategies in partnership with key systems leaders from diverse disciplines across the county to implement systems and policy change to increase children and families' access to timely and valid development screening and referrals to appropriate services and supports using the national Help Me Grow (HMG) model as a framework. Examples of our work in this area include:

- Adaption of the Help Me Grow model, a national system change model, aims to improve the coordination and functioning of developmental and behavioral screening, assessment and early intervention supports through cross-sector collaboration in order to build efficient and effective early childhood systems that support families so that children can grow, develop and meet their full potential. As a systems change model (and not a program or a direct service), HMG seeks to have broad impact for all children 0-5 years old residing in LA county by building upon existing infrastructure and platforms and leveraging federal, state and local funding to support sustainability.
- First 5 LA, in partnership with Los Angeles County Department of Public Health, is committed to strengthening early identification and intervention systems and supports for children at risk and with developmental and behavioral delays through the implementation of Help Me Grow in Los Angeles County. First 5 LA is working to support DPH to support implementation as the countywide organizing entity.
- First 5 LA is also advancing state policy to ensure increased early identification through Assembly Bill 11 which required that developmental screening services for children under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program comply with the periodicity schedule and the validated screening tools established by the American Academy of Pediatrics.

Key Conversation Points

- Developmental screening is a tool, not the end. Linkage and connection to services is crucial. If families aren't ultimately connected to the services, it is a frustrating experience for everyone.
- Response has to be tailored; every child does not need the same support. The approach to early identification and intervention must be different than immunizations and other well child visit components, in which the interventions are standardized.
- Expansion of screenings should include an increase in opportunities to screen (locations, venues where families are) including settings that serve a majority of young children such as family care and other nontraditional providers that support young children and their families (Libraries, Parks, Religious and Faith-Based, Resource and Referral Agencies (R&Rs)). It is also important to expand screenings to consider multiple needs (housing, child development, maternal health).
- Training is an important component of this work not only for healthcare (pediatricians) but also for ECE providers who need to be able to work with children with special needs. ECE Providers often see that a child is not on track developmentally as they work closely with so many children and on a daily basis.

- A challenge is looking at this work with an equity lens to support our most vulnerable children. There is an opportunity to work with Best Start Communities to hear directly from parents the issues they experience every day and use that information to guide the development of HMG.
- Work does not need to be linear i.e., work on screenings and then on interventions. Work needs to be dynamic and responsive to community needs.
- Important role for parents in this work; recognize the importance of supporting parents in understanding the value of screening, diagnosis and supports (e.g. PSAs can support parent awareness and understanding). At the same time, parents who have a child with a delay/disability have experience navigating the system and offer valuable expertise and knowledge. We need to think about where there are opportunities and a role to guide and inform HMG.(e.g. Paid Family Advocates to design and inform care plans)
- Early identification provides opportunity for cost savings and system improvement opportunities as early intervention can decrease the need for special education and individual education plans after age 5.
- QRIS has incentive to do screenings:
 - ASQ-3 and Social Emotional required components of rating system
 - Center-based care sites and family child care settings are opportunities for screening
 - Coaching and technical assistance can be available to providers.
- Schools may be reluctant to support expanded screening because of the perception that schools are responsible for intervention thereby increasing their costs.
- A systems approach needs to consider key transition points (e.g. 0-3 to K-12) Schools may not see the value of early intervention because funding for early intervention is outside of their of scope of responsibility; need to make the case for schools to have a role in early education and the long-term value of early investments.

Additional Considerations

- An Early Identification and Intervention (EII) system doesn't exist, there are many systems doing pieces of EII work. What are the systems that we are thinking of changing?
 - Health: health plans, clinics and safety net, county systems, health providers
 - ECE: schools districts, early learning settings
 - CBOs: family supports
 - Regional Centers
- How to build systems that are client-centered? Coordinated systems of care look at the client as the system and provide coordinated access to different services. And include family friendly language: "Ages and stages" is family friendly language vs "developmental screening"

Breakout Discussion #3 Focus: Broad Impact and Evidence-Based Practices

Topic: Home Visiting System – DMH Partnership

March 8, 2018

Discussion Summary

Opening Remarks

This breakout session focused on First 5 LA's partnership with DMH and other child and family serving county departments to build a universal home visiting system. This system-building work is aligned with First 5 LA's investment guidelines which focus on having a broad impact and the scaling up of evidence-based practices. Universal approaches ensure broad impact by reaching a large number of families and home visiting strategies are proven to prevent poor child and family outcomes in the domains of health promotion, school readiness and child safety and well-being.

- December 2016 Board of Supervisors Home Visiting Motion calls on child and family serving departments to explore their role in scaling up high-quality home visiting in Los Angeles County.
- Building a universal perinatal and early childhood home visiting system creates an opportunity for multiple child and family serving county departments to focus on prevention and address multiple unique challenges, such as increasing maternal depression screening and effectively engaging women in mental health services, as needed.
- The breakout session highlighted the Department of Mental Health's (DMH) commitment of \$50M over two years to expand access to home visiting for families and children at-risk of poor mental health outcomes due to child welfare involvement and poor birth outcomes.
- DMH brings experience with home visiting to this effort due to their existing partnership with the Department of Public Health (DPH) to provide mental health enhancement to DPH's Nurse Family Partnership (NFP) program.
- First 5 LA and the Home Visiting Motion Response Workgroup are supporting DMH's efforts by providing home visiting knowledge, systems-level coordination and technical assistance.

Key Conversation Points

- The benefits of home visiting are well known, the challenge is to optimize expanded investment to increase the numbers served and range of services based on the level of family risk/need. There is broad excitement for the redirection of county resources towards home visiting and the associated systems change that it spurs.
- Ensuring the size, needed qualifications and cultural and linguistic appropriateness of the workforce were raised as challenges. The workforce needs to be equipped with culturally relevant curriculum, the skill and capacities to build trust with families, be supported with reflective supervision, and be deployed through a broad range of agencies.
- Home Visiting services create an opportunity to connect families to needed resources and to support families in the context of their communities, particularly isolated families and families living in poverty. Home Visiting also provides an opportunity to promote a more seamless system for families, through warm handoffs, the ability to overcome access barriers and connections to the appropriately qualified staff for various needs (i.e. mental health services).
- Providing services in a timely and responsive manner to best meet families' needs is a critical challenge.
- Model fidelity (consistent deployment of the curriculum and structure of the program) was identified as both a benefit and a challenge. While research demonstrates that the replication of the model has a high likelihood of achieving results, making changes or additions to meet unique needs of families can reduce the effectiveness of the model.
- The partnership with DMH was acknowledged as critical to responding effectively to mental health concerns raised by families participating in home visiting.

- A benefit of home visiting is the opportunity to connect families to high-quality early learning environments.

Additional Considerations

- Critical points of engagement with families that were identified included:
 - Schools
 - The Department of Public Social Services
 - Juvenile Court System
 - Department of Children and Family Services, with home visitors as partners that families view as separate from the child welfare system
 - Teen Parents, including expecting and parenting foster youth
 - Fathers
 - Sharing parents' and caregivers' stories with other parents and caregivers
- It is critical to ensure that the home visiting and prevention plan workgroups leverage their respective efforts.