

# AGENDA

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

**Budget & Finance Committee Chair: Robert Byrd**

**Thursday, September 13, 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  
 - **Judy Abdo, Vice Chair**
2. **ACTION**  
 Consent  
 - **John Wagner, Executive Vice President**
  - A. Approve Commission Meeting Transcript and Summary Action Minutes - Thursday, July 12, 2018 3
  - B. Approve the Monthly Financial Statements Month Ending July 31, 2018 55
  - C. Contract: Approve One Renewal and Authorize Staff to Complete Final Contract Execution Upon Approval from the Board 61
  - D. Direct Staff to notify LA County there is no change to First 5 LA's Conflict of Interest Code 63
  - E. Approve Extension of Strategic Partnership with Center for Collective Wisdom to Implement Phase 2 of the Adoption of the Trauma and Resiliency Framework in the Communities Department Work, Including the Implementation of the New Best Start Regional Network Approach 65
3. **INFORMATION**  
 Remarks by the Commission Chair of the Board  
 - **Judy Abdo, Vice Chair**

**COMMISSIONERS**

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

**EX OFFICIO MEMBERS**

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

**EXECUTIVE DIRECTOR**

Karla Pleitez Howell

**EXECUTIVE VICE PRESIDENT**

John A. Wagner

**A PUBLIC ENTITY**

4.	<b>INFORMATION</b> Executive Director's Report - <b>Kim Belshé, Executive Director</b>	<b>69</b>
5.	<b>INFORMATION</b> July Board Retreat Debrief and Follow-up - <b>Daniela Pineda, VP of Integration &amp; Learning</b> - <b>Christina Altmayer, VP of Programs</b>	<b>109</b>
6.	Break	
7.	<b>INFORMATION</b> Families Outcome: Present Final Report on Strengthening Home Visiting in LA County - <b>Barbara Andrade DuBransky, Director, Family Supports</b> - <b>Linda Aragon, Director, Maternal, Child, and Adolescent Health (MCAH) Programs, LA County Department of Public Health</b>	<b>134</b>
8.	<b>INFORMATION</b> Birth Disparities Outcomes Update - Research Activities - Recommended Approval for Board Resolution 2018-04 to Accept Receipt of Funds in the Amount of \$150,000 From the University of Utah (Pritzker Children's Initiative) and Authorize the Executive Director to Complete Execution of Agreement Upon Approval from the Board for a Period Beginning Retroactively September 4, 2018 and Ending August 14, 2020 - Recommended Agreement with Growth Mindset Communication, Inc. for an Amount Not to Exceed \$310,000 for a Period Beginning Retroactively September 4, 2018 and Ending August 31, 2020 - <b>Barbara Andrade DuBransky, Director, Family Supports</b>  - <b>Lindsey Angelats, Senior Strategic Advisor</b>	<b>194</b>
9.	<b>INFORMATION</b> Public Comment (for items not on the agenda)	
10.	<b>ACTION</b> Adjournment	

## SUMMARY ACTION MINUTES

**FIRST 5 LA  
Board of Commissioners Meeting  
July 12, 2018  
1:30-4:30 pm**

**COMMISSIONERS PRESENT:**

**Commissioners:**

Judy Abdo (Vice Chair)  
Yvette Martinez  
Romalis Taylor  
Keesha Woods  
Marlene Zepeda

**Ex-Officio Commissioners:**

Karla Pleitéz Howell  
Jonathan Sherin  
Deanne Tilton

**COMMISSIONERS ABSENT:**

Jane Boeckmann (EXCUSED)  
Bobby Cagle (EXCUSED)  
Barbara Ferrer (EXCUSED)  
Sheila Kuehl (EXCUSED)  
Wendy Smith (EXCUSED)

**STAFF PRESENT:**

Kim Belshé, Executive Director  
Linda Vo, Board Relations Specialist/Board Secretary  
John Wagner, Executive Vice President

**LEGAL COUNSEL:**

Craig Steele, Attorney-at-Law

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

1. Commission Vice Chair Abdo called the meeting to order at 1:40 pm. Quorum was present.
2. Consent
  - A. Approve Special Commission Meeting Summary Action Minutes and Transcript - Thursday, June 14, 2018
  - B. Approve the Monthly Financial Statements Month Ending May 31, 2018
  - C. Contract: Approve Two New Grant Agreements and One Amendments and Authorize Staff to Complete Final Contract Execution Upon Approval from the Board
  - D. Approve Capital Improvement Plan
  - E. Approve Amendment of Strategic Partnership with Northeast Valley Health Corporation and The Children's Clinic to Expand the Implementation of Project Dulce to Additional Sites and Authorize First 5 LA Staff to Amend the Agreements with Northeast Valley Health Corporation and The Children's Clinic
  - F. Approve Strategic Partnership with Pomona Unified School District in the Amount of \$930,557 Over Three Years to Support "Reinvest in Success" Initiative and Authorize First 5 LA Staff to Execute an Initial Agreement for an Amount not to Exceed \$374,189 from August 1, 2018 to June 30, 2018
  - G. Receive and File Los Angeles County's Notice regarding Biennial Update to the Local Conflict of Interest Code for First 5 LA

**Approval on the following items only: A, B, C, D, E, and G**

**M/S (Keesha Woods/Marlene Zepeda)  
THE ITEM WAS UNANIMOUSLY APPROVED**

**Note: Item 2F was pulled off separately and voted on before the meeting adjourned.**

**M/S (Marlene Zepeda/Keesha Woods)  
THE ITEM WAS UNANIMOUSLY APPROVED**

## SUMMARY ACTION MINUTES

### **COMMISSION:** (Items 3 – 9)

3. Remarks by the Commission Chair of the Board
4. Executive Director's Report
5. Strategic Plan Review
  - Impact Framework Update: Communicating the First 5 LA Story and Our Results for Kids

Note: Breakout sessions in the form of gallery walks were conducted by staff with Commissioners.

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

### **ADJOURNMENT:**

The Commission adjourned at 4:24 pm.

### **NEXT MEETING:**

The next Commission meeting will take place on September 13, 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, July 12, 2018

750 North Alameda Street, First Floor

Los Angeles, California 90012

REPORTED BY:  
HEATHERLYNN GONZALEZ  
CSR #13646

1 Thursday, July 12, 2018; Los Angeles, California

2 1:42 p.m.

3 -oOo-

4 MS. BELSHE: All right. Madam Chair.

5 COMMISSIONER ABDO: All right. Here we go. I am  
6 going to call us to order and ask for a roll call.

7 SECRETARY: Judy Abdo.

8 COMMISSIONER ABDO: Here.

9 SECRETARY: Linda Aragon.

10 COMMISSIONER ARAGON: Here.

11 SECRETARY: Jane Boeckman.

12 Bobby Cagle.

13 Yvette Martinez.

14 COMMISSIONER MARTINEZ: Here.

15 SECRETARY: Romalis Taylor.

16 COMMISSIONER TAYLOR: Here.

17 SECRETARY: Kesha Woods.

18 COMMISSIONER WOODS: Here.

19 SECRETARY: Marlene Zepeda.

20 COMMISSIONER ZEPEDA: Here.

21 SECRETARY: Carla Pleitez Howell.

22 COMMISSIONER PLEITEZ HOWELL: Here.

23 SECRETARY: Jonathan Sherin.

24 Wendy Smith.

25 Deanne Tilton.

1 COMMISSIONER TILTON: Here.

2 SECRETARY: And Sheila Kuehl.

3 Quorum is present.

4 COMMISSIONER ABDO: Thank you.

5 All right. We have an exciting meeting here  
6 today; so we're going to move right into John presenting  
7 the consent agenda.

8 MR. WAGNER: Thank you, Madam Chair, and good  
9 afternoon, Commissioners.

10 There are a couple items to call your attention  
11 to on the consent. The first -- Item 2C contains three  
12 contracting items, two new contracts, and a contract  
13 amendment. The first new contract is with LFA Associates  
14 and is to help develop a performance measurement  
15 framework, also referred to as our impact framework, to  
16 assess what impact we are having in the four outcome areas  
17 of our strategic plan. This is a 12-month contract for  
18 \$199,485.

19 The second new contract is with SHI  
20 International, and it is our competitively selected  
21 preferred vendor for purchasing computers, laptops, and  
22 other IT-related equipment. It's an annual contract for  
23 \$100,000.

24 The third item on 2C is a contract amendment with  
25 the Ecology Center. For those of you who were here back

1 in 2010, the board set aside a total of \$2.5 million to  
2 provide food vouchers for families with kids zero to five,  
3 purchasing food at local farmers markets. This would add  
4 \$206,447 to the existing contract for some additional  
5 vouchers. Funding is within that original \$2.5 million  
6 allocation.

7 All funds for these items were included in the  
8 fiscal year 18-19 budget that you approved last month in  
9 June.

10 Item 2D is the 2018 capital improvement plan or  
11 CIP being brought forth for your action. This was a topic  
12 of in-depth presentation to the executive committee as  
13 well as the program and planning committee at the end of  
14 June, and reflects commissioners' input through those  
15 committee meetings. I want to acknowledge and really  
16 thank Carl, our SDA, and members of the admin team as well  
17 as our consulting team for their work on this.

18 Your action on this item and the corresponding  
19 resolution which is in your board materials, resolution  
20 2018-03, directs the following: I'll go through what  
21 you'll be voting on. The first is that it receives and  
22 approves the 2018 capital improvement plan required by the  
23 board's action last year when you set aside the capital  
24 improvement fund of \$6.9 million.

25 In addition, the resolution recommits the \$6.9

1 million set aside in the fund for the project outlined in  
2 the capital improvement plan. It further authorizes  
3 expenditures against the fund and waives the First 5 LA  
4 procurement policy when it makes sense for First 5 LA to  
5 piggy back on existing agreements that have been awarded  
6 by other public entities through a competitive  
7 procurement. And this enables First 5 LA to really get  
8 cost savings and efficiencies through purchasing --  
9 additional purchasing power because of economies of scale.

10 This resolution further authorizes our executive  
11 director to execute all agreements and amendments under  
12 the capital improvement plan unless required by state law  
13 that they come back to the board. It also requires  
14 further updates.

15 And the final action of this resolution  
16 authorizes the executive director to include what we're  
17 calling a facility preventative maintenance program, and  
18 that will be part of the annual budgeting process that  
19 you'll see every year as part of the budget.

20 Also on consent, Item 2E was presented at last  
21 month's program and planning committee and would extend  
22 the previously approved strategic partnerships with both  
23 the Children's Clinic and Northeast Valley Health  
24 Corporation. In addition, it would add \$880,000 to the  
25 overall project and it would authorize an additional

1 \$326,743 in our contract with the Children's Clinic and  
2 \$134,158 for the Northeast Valley Health Corporation,  
3 allowing each entity to add an additional clinic in their  
4 ongoing work to implement Project DULCE which, as you  
5 know, is a key component of our work to enhance engagement  
6 of parents and care givers.

7 And, finally, Item 2G is the biannual update to  
8 First 5 LA's local conflict of interest code. This covers  
9 staff who may be added or deleted from the county conflict  
10 of interest reporting requirements. No changes are being  
11 made this year, and the board must receive and file this  
12 item. And just to preview what will happen, this will  
13 come back to the board on consent in September and your  
14 action then will direct us to file this with the county.

15 With that, I'll turn these items for  
16 consideration back over to the chair.

17 COMMISSIONER ABDO: Thank you very much.

18 MR. STEELE: We need to -- I'm sorry, chair. We  
19 need to note for the record we're going to pull Item 2F.  
20 Some commissioners -- 2F. Some of the commissioners have  
21 some additional questions, and we'll bring that back at a  
22 future meeting. Item 2F will not be --

23 COMMISSIONER ABDO: 2F has been pulled from the  
24 consent calendar.

25 And so what we need is a motion to approve

1 everything except 2F.

2 COMMISSIONER WOODS: Madam Chair I make a motion  
3 that we accept consent calendars A, B, C, D, E, and G.

4 COMMISSIONER ABDO: Okay. Is there a second?

5 COMMISSIONER ZEPEDA: Second.

6 COMMISSIONER ABDO: All right. We have a motion  
7 and a second.

8 All in favor?

9 Anyone opposed?

10 Anyone abstaining?

11 All right. Then we will move on.

12 So we have my remarks. You may have noticed that  
13 -- all right. So there is an addition here. Kim is going  
14 to acknowledge a very special person to all of us.

15 MS. BELSHE: Thank you, Madam Acting Chair who --  
16 we'll speak to your "actingness" in a moment or two.

17 But before we kick off, I want to acknowledge  
18 that this is the last board meeting of my executive  
19 assistant, Karen Valencia. I know. Aw. In unison, aw.

20 So I -- she's probably not aware I was going to  
21 say a few words, but it seems only fitting and appropriate  
22 that we do say a few words. Karen has been offered and  
23 accepted a terrific position and a new role at the James  
24 Irvine Foundation, which is a terrific organization that  
25 we work with in different ways. I actually used to work

1     there myself many years ago. And it's a great opportunity  
2     for Karen to really grow and spread her wings  
3     professionally. So we are delighted for her, but,  
4     obviously, very, very sad for us.

5             Our board members see Karen on a monthly basis  
6     perhaps, maybe every couple of weeks. Those of us who  
7     work with her see her every day and see her kindness, her  
8     composure, her willingness to help, her professionalism,  
9     her respectfulness, and all the kind of behind the scene  
10    things that are so critical. The putting a board book  
11    together, putting meetings together, and making these  
12    meetings run as efficiently and effectively. So she  
13    really has been an important backbone to our work at First  
14    5 LA. And while we're delighted for her, we're sad for  
15    us.

16            So I wanted to offer a few words. I think Linda  
17    was going to say a few words and then we were going to ask  
18    to see if we could have a picture with the board and Karen  
19    as part of her parting gifts.

20            Linda, do you want to say a word or two before we  
21    as Ben to do his magic?

22            MS. VO: Yes. So, Karen, I know you and I have  
23    worked very closely together for the past few years, and  
24    you have been anything but short of amazing. I'm going to  
25    try not to cry. But you really do understand the

1 complexity of the work here, the needs of the  
2 organization. And you've done everything you could to  
3 help support First 5 LA in achieving better outcomes for  
4 the children of LA County. And it's difficult to sit here  
5 or stand here today and run through every single  
6 contribution you've ever made to First 5 LA. But in  
7 summary, you are a rock star. And I'm going to miss you.

8 (Applause.)

9 MS. BELSHE: Do a quick --

10 COMMISSIONER ABDO: We certainly can do a  
11 quick --

12 (A brief break.)

13 COMMISSIONER ABDO: I want to say, while you may  
14 see Karen every day, we get e-mails from Karen a lot. So  
15 it isn't like we only think of you once a month. So I  
16 think you're going to have a great time in your new  
17 position, and we will miss you.

18 All right. So you may have noticed that I am  
19 chairing the meeting. Why is that, you might ask. And  
20 that's because Sheila is not here and couldn't be here but  
21 wanted to be here. She's at another meeting that she had  
22 to go to.

23 So there's a couple of things that I wanted to  
24 say about what we're doing today, which is different than  
25 our normal meeting, right? Everybody's kind of prepared

1 for that. We're going to be talking about the impact  
2 framework which is kind of hard to understand what that  
3 means. So what -- what it's supposed to do is help us  
4 tell our story and to assess what -- what the work that  
5 we're doing and funding is actually accomplishing. So  
6 that's why we're talking about it today because there have  
7 been many years of work. There will be years ahead of us.  
8 But what difference are we making to families in LA  
9 county. And that's -- that's what we're going to be  
10 talking about today.

11 And the impact framework is designed to get input  
12 from various people - today, us - to help frame the future  
13 for the work that we will be doing as an organization.

14 Okay. Does everybody kind of understand what  
15 we're doing? I think Kim will explain more in detail just  
16 what we're going to do once we start --

17 MS. BELSHE: Yup, yup, yup.

18 COMMISSIONER ABDO: -- doing that. And then you  
19 all have a breakout list to show which group of people you  
20 are going to be with. But we're going to go to different  
21 rooms and participate in a process kind of meeting.

22 So that is what I have to say about today. And  
23 then Kim will give us more.

24 MS. BELSHE: And you'll be hearing more from  
25 Daniela in the breakout sessions about some of the

1 specific questions that we're eager to get your feedback  
2 and counsel on. As Judy noted, this is intended to help  
3 us tell our story. So give us some feedback on the extent  
4 to which it's helping us tell our story and communicate  
5 who we are and what we do. Inviting your questions on  
6 some of the issues or questions, concerns, the impact  
7 framework itself may raise for you. And then, finally, as  
8 we look to the future and how we refine our strategies,  
9 what are some of the questions being raised that may not  
10 be settled right now but we need to be considering in the  
11 context of refining our strategy going forward.

12 So those will be the kinds of questions we're  
13 going to keep repeating and encouraging you to give us  
14 feedback on.

15 So for my tee-up. What I want to do is to really  
16 talk at a very high level about who we are and why we do  
17 what we do and this question about, so -- by when are we  
18 going to get the job done. So I want to start by looking  
19 back and then looking forward. And the looking back is a  
20 continuation of our efforts to anchor where we are at this  
21 moment in time and to remind ourselves about how  
22 significant our strategic plan has been in terms of  
23 representing a pivot for this organization, a pivot in  
24 terms of our strategic direction with as we know much more  
25 keenly a focus on policy and systems change in partnership

1 with others; a pivot in terms of our role. Yes, we are a  
2 funder to be sure, but increasingly we're a convener and a  
3 catalyst and a collaborator and an innovator. And a pivot  
4 in terms of intended impact. It's really important for us  
5 to keep in mind this aspect of our pivot because we've  
6 moved from focusing on discrete individual services and  
7 individuals served to really looking at how do we  
8 contribute to change at a broader countywide population  
9 level. So that's a significant pivot and has implications  
10 for our strategic direction, our approach, our role, and  
11 how we think about measurement and learning.

12 So the overarching kind of big picture, north  
13 star that our strategic plan laid out for us is that all  
14 kids are going to enter kindergarten ready to succeed in  
15 school and life. And we're not just talking about some  
16 kids; we're talking about all kids. And I think that's an  
17 important piece for us to remind ourselves of. And I  
18 reflect upon -- I see Gabriel and I think -- when I see  
19 Gabriel, I think brand ambassador training, which many, if  
20 not all of us, have gone through. One of the things that  
21 that brand ambassador training really emphasized was the  
22 importance and the power of the why, reminding ourselves  
23 why we do what we do. What are the actual results for  
24 kids and families that we seek to be contributing to. And  
25 our personal connection to that why. All of us have a

1 personal connection to the why. And I know that -- you  
2 know, as I've talked about my own upbringing and  
3 experience being very mindful at a young age that not all  
4 kids have the same opportunities and really feeling  
5 gravitated to work where there's an opportunity to  
6 contribute to help expand opportunities for others,  
7 especially children and families.

8 So when I think about my work at First 5 LA, yes,  
9 I do think about individual kids to be sure, but I really  
10 think about all kids. And I think about our aspirations  
11 for all kids. So I think about this north star which  
12 really in so many ways speaks to my own personal values of  
13 fairness and my commitment to expanding opportunity and it  
14 speaks to my ambitions for First 5 LA. I really do have  
15 confidence in our ability to partner with others to ensure  
16 that this north star actually becomes a reality for the  
17 kids of LA county.

18 So I think it's a great why. It speaks to my  
19 head and my heart and my values, but it's not enough. It  
20 doesn't speak to an important aspect of our goals, which  
21 is, so, by when are we going to get this done.

22 As we think about our work going forward, as we  
23 think about measurement and learning, I think it's really  
24 important that we do put a stake in the ground and we do  
25 articulate by when we want to see these kind of changes in

1 partnership with so many others. So I want to talk a  
2 little bit about the by 2028 because that is putting a  
3 stake in the ground. That is saying that we've got  
4 ambitions and we've got a timeframe by which we want to  
5 contribute to these changes.

6 So here are a couple of the arguments or the  
7 rationales for why this ten-year time horizon really makes  
8 sense. First off, it has the virtue of being true. The  
9 kind of ambitions we have for kids, the outcomes and the  
10 strategies we've laid out in our strategic plan, those are  
11 not five-year outcomes. So as we've talked together as a  
12 board with staff, with the funders panel and others, doing  
13 this kind of population -- excuse me. Doing this policy  
14 and systems change and driving towards population of level  
15 outcomes is a long-term proposition. It's not going to  
16 happen overnight. And we need to acknowledge that.

17 While picking a date is not scientific, it also  
18 is informed by our experience. So learning from Welcome  
19 Baby and Best Start has given us a lot of insight to the  
20 kind of time that's required to really drive change at a  
21 large scale systems level. Having a date does create some  
22 energy and create some urgency. It really lets us know  
23 that there's a timeline by which we are putting ourselves  
24 on the clock if you will and drives urgency as I said.

25 I touched on this a moment ago. It is an

1 ambitious goal, but it reflects our confidence in this  
2 organization and our confidence that we can be ambitious  
3 and we can be successful.

4           The 2028 games are coming. And some people may  
5 just kind of smile and say, well, that's fun and clever.  
6 But you know what? It's a great opportunity. There is a  
7 lot of public and civic energy around the Olympics. And  
8 this question of, so what kind of city are we going to  
9 introduce not just to California but really to the world.  
10 And what do we want to say about LA as a place not just to  
11 live and play and have a job, but to learn. And what kind  
12 of values are we communicating in terms of how we treat  
13 our youngest children. So we think there's a great  
14 opportunity and a lot of energy around systems level  
15 change, including early learning as a part of that civic  
16 pride and civic energy.

17           And finally, by having a ten-year timeframe, it  
18 does give us a sense of where we're going and it gives us  
19 sufficient time to calibrate, to refine. And that's what  
20 we're going to be talking about in the context of the  
21 impact framework and what we're going to be talking about  
22 in the fall about our approach to refining our strategies  
23 going forward informed by our learning today in the  
24 learning from the impact framework.

25           So we can have the big vision. We can have the

1 ten-year timeframe. It begs the question of, how do we  
2 tell our story, how are we going to know if we're making  
3 impact, how are we going to hold ourselves accountable,  
4 when are we going to know that we need to make some  
5 changes. And, again, that's really what the impact  
6 framework is about.

7 So I wanted to offer that as a tee-up for the  
8 presentation and the discussion we're going to be having  
9 with you. I want to acknowledge -- Daniela is going to be  
10 coming up and doing kind of the context setting.

11 I want to acknowledge that Christina and Daniela  
12 together have formed just a really terrific and strong  
13 collaborative effort representing the I and L --  
14 integration and learning division and programs division.  
15 This really has been an organizational-wide effort, but  
16 principally lead by I and L, Daniela and programs,  
17 Christina. I want to acknowledge that terrific  
18 leadership.

19 So let me pause there and see if there's any  
20 initial comments, questions, reactions, recognizing that  
21 this really is kind of the tip of a -- an iceberg, a  
22 triangle, whatever image we want to bring where the impact  
23 framework and ultimately our strategy refinement effort  
24 will be undergirding.

25 COMMISSIONER ABDO: Okay. Kesha.

1           COMMISSIONER WOODS: I'd just like to say thank  
2 you for that information, Kim. It sets some context as  
3 you said but also gives us a lot of hope to move forward  
4 with the expected outcomes. And while the outcomes are  
5 not necessarily stated there, it -- it's showing that we  
6 need to be in a position to measure and look at where our  
7 kids are today and where we want them to be in ten years.  
8 So thank you. I'm looking forward to hearing from the  
9 team in terms of what's happening in -- overall. And I  
10 think more importantly I am very appreciative to the fact  
11 that we're being open with ourselves to ask the hard  
12 questions, open with ourselves to say continuous learning  
13 and being able to tweak our plan as we go along so we can  
14 get to our desired outcomes.

15           COMMISSIONER ABDO: Okay. Marlene.

16           COMMISSIONER ZEPEDA: I would also like to  
17 comment for those of you who are under 40 in the audience  
18 that this -- this is really realistic because I think,  
19 when we first -- when First 5 started, we would have these  
20 five-year benchmarks and we'd have specific and discrete  
21 things that we wanted to accomplish. And moving to a  
22 systems change framework really is quite distinct in that  
23 it does take a lot of time to make systems move and change  
24 and to coordinate. And I think those of us who have the  
25 experience of time understand that ten years actually is

1 probably much more realistic than five years, three years  
2 kind funding cycles that we often see. So I really am  
3 supportive of this ten-year timeframe and I'm hoping that  
4 we will be able to capture what that change looks like.

5 Commissioner Taylor and I were having a very  
6 lively discussion prior to this meeting about all the  
7 different levels and layers of change that have to happen  
8 both at the individual level and at the systemic level.  
9 So we -- I think many of us understand the complexity of  
10 the big picture, but it's trying to figure out the details  
11 and how we're going to measure it which I think makes us  
12 think, okay, this is -- well, this is going to be hard,  
13 but, hopefully, in the end, it will be worth it.

14 Thank you.

15 COMMISSIONER ABDO: Okay. I just want to say,  
16 again, how impatient I get when we look at a ten-year  
17 length of time. And I have to remind myself that that  
18 doesn't mean that we are where we are today and ten years  
19 from now there will be this giant change. What it means  
20 to me is, I have to keep reminding myself that things are  
21 going to be changing along the way and sometimes it will  
22 be slow and sometimes it will be rapid, but things will be  
23 changing. And our job is to make sure that the changes  
24 that are taking place are affecting the lives of all the  
25 children who live within our county and that we are making

1 a difference for all families who have children from zero  
2 to five. So I am excited about this, but I'm still  
3 impatient.

4 Okay. We're going to hear from Daniela and  
5 others.

6 MS. PINEDA: All right. Good afternoon,  
7 commissioners and guests.

8 It is really my pleasure to be up here today. I  
9 want to echo what Kim said and acknowledge that the impact  
10 framework work has real been a collaborative effort across  
11 the organization. There have been many, many hands in  
12 this clay, and we're better for it. We've made a lot of  
13 progress. So I want to thank our staff for the work that  
14 they have done thus far and for the work that we will do  
15 together going forward.

16 So for our conversation today we have three  
17 principle objectives. We are looking to talk about how  
18 First 5 LA is going about making systems and policy  
19 change, and what are the implications for how we intend to  
20 measure if we're making progress through this north star.  
21 We also are going to go in depth into the impact  
22 framework, really talk concretely about what this tool is,  
23 how we're going about it, what are the working hypothesis  
24 embedded in it. So we'll have an opportunity to get into  
25 the details for two of our outcome areas. And also we're

1 going to talk a little bit more about how this work is  
2 helping to inform as we move forward how we think about  
3 refining our current strategic plan.

4 So we can start talking about systems change  
5 without talking about why we're here. As Kim said, we  
6 have an ambitious north star. We are here as an  
7 organization dedicated for help -- to help children  
8 thrive. That is what we do. That is what I care about.  
9 That is what our staff cares about. So in order to get to  
10 this ambitious north star, we know there's a lot of work  
11 to be done. We know that it takes partnership. We know  
12 that it takes strategy. And we also know that it takes  
13 for us to understand where we are, how much progress we've  
14 made, and how we're -- how we're doing in terms of  
15 achieving our north star.

16 This last piece is where -- is really where the  
17 impact framework work comes in. It will help us tell the  
18 story of our progress over this period of time when we are  
19 also impatiently optimistic about the progress that we  
20 want to make for kids. This is really an exercise in  
21 asking measurement and learning questions of ourselves  
22 systematically. We are looking to really articulate what  
23 are the systems we're trying to change in key terms.  
24 We're looking to talk about the strategies we want to  
25 improve. How are we doing this. We are articulating both

1 short-term outcomes; you know, what are the those early  
2 changes that we want to see in systems and how they shift,  
3 as well as long-term outcomes.

4 And, finally, we're looking to call out the  
5 specific population-level changes we want to see for kids.  
6 And for us, the population here is LA county, 10 million  
7 people, right? So this is -- this is what the impact  
8 framework process is doing for First 5 LA, how we want to  
9 go about doing this work.

10 Our strategic plan, as you all know and are  
11 familiar with, lays out our charge to do this through  
12 shifting systems and shifting policies. And we know that  
13 it's very important to be clear about what these things  
14 are, so before you have a formal definition, but to be  
15 very explicit. When we talk about systems change work for  
16 our work -- for instance, in our early care and education,  
17 we're working with school districts to improve school  
18 readiness tools and to help develop a countywide  
19 comprehensive measure of what it means to be ready for  
20 school. We're doing that so that we can help move the  
21 needle on the number of kids who will be ready when they  
22 show up to school. So that's a specific type of systems  
23 change we're working on now.

24 In our health systems work, we're working to  
25 maximize available public funding for early identification

1 and intervention. We do this so that we can help increase  
2 a number of children zero to three who can, of course,  
3 screen for developmental behavioral delays. These are  
4 concrete systems changes that we're undertaking -- that  
5 we're working towards.

6 Our strategic plan, as you all know, lays out a  
7 very strong blueprint of how we do our work. So we're  
8 working to move systems to affect policy. Often we're  
9 looking to prevention. We're looking to make broad impact  
10 for the 619,000 kids zero to five who live in this county.  
11 We're looking for opportunities to strengthen families and  
12 to build community capacity to do work on behalf of kids.  
13 More often than not, we're looking to see that these work.  
14 We want to have evidence-based practices. We want to lift  
15 up those practices. We know other people are doing good  
16 work as well. And we also want to engage partners as  
17 early as possible.

18 Our strategic plan has a set of investment areas.  
19 And you can think of these as the how-tos. These are  
20 systems change strategies. You will -- in the second part  
21 of our meeting today, you'll have the opportunity to see  
22 these in action. You'll see our staff will tell you,  
23 here's how we are funding research and development and how  
24 we think that's going to help move the needle for kids.  
25 Here's how we're using strategic communications to help to

1 build awareness and to inspire other people to be  
2 champions for kids as we are. So you're familiar with  
3 this as well.

4 And I want to underscore the part of why  
5 partnership is so foundational, not only to our mission  
6 and to the way that we work is because we understand that  
7 the many factors that impact kids' lives are very complex.  
8 We're not taking them on our own. We are in partnership  
9 with others trying to make those shifts. And so it's  
10 really important because we believe that we can accelerate  
11 the pace of change if we partner with other people.

12 We've all had conversations about kind of what  
13 does it take to do this change. We've heard from other  
14 funders who are also maybe not perhaps working on early  
15 childhood systems, but who are also doing systems work.  
16 That it's very tempting sometimes to think that you start  
17 with the best practice and you see a little bit of a shift  
18 and an outcome and then you get to the results. But we  
19 also know from our experience, what we've learned from  
20 implementing our plan and from others, that complex work  
21 looks a little more like this. Right? So you might start  
22 with the best practice. You might seize an opportunity,  
23 you accelerate work. Sometimes you experience low  
24 progress. Sometimes there might be some backtracking that  
25 you have to do. Sometimes you find new paths. But this

1 is what we mean when we say this is not linear. This is  
2 how I can personally be impatiently optimistic about the  
3 process.

4 So we also know that systems change work -- doing  
5 this work is not unique to us, meaning that there are  
6 other people who are doing this and this is also has been  
7 their experience. We can think back to when we heard from  
8 other funders when they emphasized the many different ways  
9 in which sometimes they need to be opportunistic and seize  
10 those windows and sometimes have you to keep committed to  
11 reaching your north star.

12 So our approach to -- this approach to systems  
13 change work leads to us to a very particular need for us  
14 to update how we're talking about measuring our outcomes,  
15 how we're going to know we're getting to this north star.

16 So going back to what I said earlier, to make  
17 this very explicit, the impact framework for us is both a  
18 process that we're undergoing as an organization right  
19 now. And when we have gone through that process, it will  
20 become a very powerful tool. So just to explain this, the  
21 process that we're undergoing is for us to collect  
22 information. We're asking ourselves a set of systematic  
23 questions to identify systems, to say, here's how we think  
24 we're contributing to shifting systems in the short term,  
25 the early changes, as well as the long term.

1           We're also asking ourselves systematically, how  
2 do we think those shifting of systems is going to help us  
3 move this population-level outcomes in the county, right?  
4 So there is both we are posting that we're contributing to  
5 change directly and we have these ripples of contribution  
6 that we're going to -- that we're working to make in the  
7 county.

8           So once we've collected this data and we -- of  
9 course, there will be data sources and targets and work  
10 that we'll get into later. But for now, we're under the  
11 process. Once have you that, then this becomes really a  
12 powerful tool. And it's a tool not only because we  
13 already talk about why we care about this. We know that.  
14 But a powerful tool and to explain to other people clearly  
15 how is it that we're contributing to moving those systems  
16 and how we're going to return our north star. We hope  
17 this helps inspire other people to have this sense of  
18 urgency for the work just as much as we do.

19           So I just established that we need to change how  
20 we think about measurement. So I'll cover a little bit of  
21 specifics, right? So as Kim mentioned in her remarks,  
22 First 5 LA continues to evolve in doing systems work. And  
23 so we have done a tremendous job in the past of doing  
24 programmatic evaluation that help us understand how we  
25 delivered our system, how -- excuse me -- how we deliver

1 intervention and how -- you know, did we do it with  
2 fidelity right? And now as we move to this new work,  
3 First 5 LA is asking a different, broader set of questions  
4 about how is it that our effort contribute to broader  
5 change. So our strategy needs to take into account the  
6 time that it takes to do that. It also needs to take into  
7 account understanding the why. So, you know, I'm -- I'm  
8 thinking back to Commissioner Zepeda, Commissioner Smith's  
9 comments about really understanding that document that  
10 type of process data is so critical for us to understand  
11 the why and the mechanisms to help us move those systems.

12 I think the other pieces that -- as we're taking  
13 a step back and looking at this broad context, we are  
14 talking both about contributing directly and indirectly to  
15 change. Right? And so, as we heard in May from different  
16 funders, when you're doing this kind of systems work, it's  
17 very important to think about tracking the contribution  
18 you're making as opposed to the specific piece of your  
19 organization, your attribution. So this set of  
20 considerations help us guide our measurement effort.

21 We also -- you have heard from just the comments  
22 earlier that this kind of work is hard. And I want to be  
23 very concrete about why that's hard. When you're talking  
24 about systems from a measurement perspective, one of the  
25 key issues is, how do you determine what's going to be in

1 and what's going object out. So if you're going to say,  
2 here's a system we're trying to change part of it. So  
3 let's just, for example, say you're working with an  
4 organization and part of the strategy is to get them to  
5 work with five others. Every one of those organizations  
6 is its own system. So you can see how this gets  
7 complicated very quickly. So being able to determine  
8 what's in and what's out is very critical.

9 The second piece is that we are doing this --  
10 we're going to do this work in partnership with others.  
11 This also has an implication for measurement very simply  
12 put because it's harder to tease out the specific  
13 contribution we're making as an organization when we're  
14 working in a collaborative of people. So I'm echoing back  
15 to one of the comments that Commissioner Smith had where  
16 we talked about how it's really important for First 5 LA  
17 to be able to have this parallel track where we talk about  
18 our own organizational effectiveness and we're then  
19 looking as well at the health of the collective. So when  
20 we're working in partnership with others, how do we know  
21 that's working and how do we think about our own  
22 effectiveness.

23 And, lastly, we know the issue of time comes up  
24 for measurement as well is very -- is a real  
25 consideration. We know that, if we talk about set of

1 outcomes in the next couple of years, sometimes the  
2 environment changes and those things will become  
3 irrelevant. So you need to have a way to be able to go  
4 back and to account for those shifts.

5 So as we think about the work that First 5 LA is  
6 doing, in terms of shifting systems, we like to think  
7 about ripples of contributions in our work. So at the  
8 very bottom of this picture here, we're talking about the  
9 work that we're doing in the outcome areas. That's the  
10 closest to the sphere of control, right? So this is where  
11 we talk about we're implementing a strategy specific way.  
12 That's closest to our level of us being able to control  
13 and to improve.

14 As we move out to the outer layers here, we're  
15 talking more about being able to capture how we're  
16 directly and indirectly influencing outcomes. So if we're  
17 talking about short-term outcomes of systems at the county  
18 and a particular part of the county, et cetera, or  
19 long-term -- so long-term here, anywhere between six to  
20 ten years, right? This will capture both -- our antennas  
21 have captured both the direct things that we're expecting  
22 and the indirect way in which we're contributing.

23 And the last here level of contribution is at the  
24 county level. So the sphere of aspiration, this is really  
25 an acknowledgement that this last layer is farthest away

1 from our direct control, but we're nonetheless  
2 systematically working strategically to effect those  
3 outcomes. And we'll talk about that in a second. But  
4 First 5 LA's impact from our work is really trying to  
5 tackle, how do we get a holistic understanding of what's  
6 shifting in the environment and how we're contributing to  
7 those changes.

8 So here's how we're doing this. We are in our  
9 impact framework work looking at three levels of  
10 measurement. So the first level is in the county, right?  
11 So this are -- for our specifically population level  
12 changes, so for children and families in LA county. So we  
13 want to monitor and track how specific outcomes are moving  
14 in our contribution to those, whether that be directly or  
15 indirectly.

16 The second layer is more directly the work that  
17 we're doing to implement the strategic plan. So that's  
18 the work -- the outcomes and -- there are four outcome  
19 areas. And there we're looking to measure how we're  
20 contributing to systems changing in the short term and in  
21 the long term.

22 And the third layer of measurement is monitoring  
23 measures. And these are really data points that will help  
24 us understand how this environment is changing. We spend  
25 a lot of time talking about how change happens, and the

1 process is not linear. Our measurement strategy needs to  
2 account in a systematic way for how we see the environment  
3 changing.

4 So together, these three levels of measurement is  
5 what our impact framework -- is how our impact framework  
6 will allow us to know if we're reaching our north star.  
7 This is really very important because it's about where we  
8 are, it's about the progress that we're making or how  
9 we're not making progress sometimes. Right? And also how  
10 much farther we have to go. We are -- we have a lot of  
11 urgency in this work, and this is one way in which we're  
12 updating our measurement strategies to be able to take  
13 into account the type of work that we're doing.

14 So if you take a look at the screen now, this is  
15 a visual representation of how these three levels of  
16 measurement fit together. So if you take a look at the  
17 top, you really -- this is guided by our north star. So  
18 we by 2028 are working so that all children in LA county  
19 will enter kindergarten ready to succeed in school and  
20 life. That is our guiding north star. We hold tight to  
21 that. That is unwavering over the time that we're working  
22 on this.

23 On the left-hand side, you see that we have the  
24 First 5 LA outcome areas. So this is the work that we  
25 directly -- you know, this is -- we in partnership work

1 on. We believe that implementing those strategies will  
2 help to contribute to systems outcomes in the short term  
3 and in the long term. Right? So is this path from going  
4 to -- from the work that we do to shifting systems. Well,  
5 we believe it; therefore, we can move to impacting the  
6 needle at the county level. So this is how we believe we  
7 can contribute change. There's work that we do. Then  
8 we're helping to shift systems, and that is short term and  
9 it's long term, and that -- when we see those systems  
10 change, this is how we're contributing to making large  
11 impact in the county level.

12 This also acknowledges that, as I said, it's  
13 really important for us to have a strategy and have a look  
14 at the environment. So if you look across the bottom,  
15 those represent monitor measures, and this is simply put  
16 we're looking at things to monitor in the environment,  
17 both at the county level and also to the work that's  
18 closest to what we do.

19 So together the population -- the county level  
20 outcomes, which is LA county as our population, the work  
21 for First 5 LA, the four areas, will help us to monitor  
22 the progress we're making towards our north star. So this  
23 is how those three levels of measurement work together so  
24 that First 5 LA can have a comprehensive view not only of  
25 how we're moving the needle but of the environment in

1 which we're trying to operate.

2 So just so recap on where we are as an  
3 organization with an impact framework process. So right  
4 now we have two of the outcome areas, so early care and  
5 education and health systems, has started this process and  
6 are farthest along, and that's just a reflection of how we  
7 structure the engagement internally. So what you will  
8 hear about in the second part of our conversation in these  
9 gallery walks, you are -- we're going to have more of an  
10 in-depth conversation in those two outcome areas. So  
11 later on in the year, you'll hear more about family  
12 supports and communities. But today we're focused on  
13 those two outcome areas.

14 Another thing that I think is important to keep  
15 in mind as you go through the gallery walks is that we are  
16 -- we want you to really focus on the logic, the  
17 hypothesis -- the working hypothesis about how we're  
18 telling the story of these strategies contributing to  
19 change.

20 We, of course, will have data sources and  
21 measurement and things that we can share with you. But  
22 today we really want to focus on the logic, the working  
23 hypothesis, and what are those outcomes that we're calling  
24 out that we want to put a stake in the ground with.

25 So the last thing is that this -- from a process

1 has really prompted First 5 LA to think about what we're  
2 learning about how to do this work. So the impact  
3 framework is really about the current state. Here's where  
4 we're talking about the systems we're trying to impact,  
5 how we're trying to do it, how we're going to measure  
6 that. And that's really kind of reviewing the current  
7 state of our work, which has put us in a -- we have been  
8 able to be very reflective about what does it take to make  
9 systems change now entering our fourth year of the  
10 strategic plan. So that reflection, the data and those  
11 insights that -- undergoing this process is raising for us  
12 is going to position us really well to be an input as  
13 First 5 LA moves forward to consider how we're going to  
14 refine our current strategic plan.

15 So there's a relationship between what we're  
16 thinking about now with this impact work and how we'll use  
17 that information to consider how should we move forward so  
18 that should question, how should we update our strategies.  
19 It's not -- it's forward looking, but it will be informed  
20 by this work.

21 So the gallery walk sessions, this is really,  
22 really exciting. So just a very couple of things I want  
23 to expect there. We are going to after this take a break  
24 and then we will have a couple of rooms. So as I  
25 mentioned, we're going to focus on early care and

1 education and health systems. There's a total of five  
2 strategies across those two outcome areas. So we're going  
3 to have a gallery walk session. So the gallery walk  
4 sessions are really these small interactive presentations  
5 by staff where you'll have an opportunity to interact with  
6 the impact work we're doing very personally to hear from  
7 staff directly who are doing this work.

8 If you look at screen now, that's a picture of  
9 what a gallery walk session looks like. So staff will be  
10 able to talk to you about specifically how that strategy  
11 -- how we believe that strategy is helping to move  
12 outcomes for kids. So you will walking through this type  
13 of story board.

14 There will be five rotations. So we will have --  
15 we will provide information, et cetera. But we will have  
16 five rotations. And then after the five rotations, we  
17 will come back here and have an opportunity to share any  
18 reflection you have from going through that process.

19 As you -- before you take the break as you walk  
20 into those, there's a couple of things I want you to  
21 consider, to keep it in the back of your head.

22 So the first is, we're sharing where we are with  
23 our impact work right now, right? So we just want to see  
24 what it brings up for you. So what do you think about the  
25 systems work we're trying to target with -- in partnership

1 with others, right? How -- what do you think about the  
2 outcomes we're seeing that we're contributing to, and what  
3 does this bring up to you about measurement. I would  
4 personally love to hear that. And then the second  
5 question is more forward looking. I want to hear from you  
6 as we think about moving forward with our strategic  
7 planning work and refining that, what -- what does this  
8 raise for you about how do we move forward. We want to  
9 take the opportunity to hear from you and benefit from our  
10 insights. Like, what does this raise for how we should  
11 move forward.

12 So with that I'll turn it back to our Madam  
13 Chair.

14 COMMISSIONER ABDO: Okay. Are we going to move  
15 into the break right this minute?

16 MS. BELSHE: If there's any clarifying questions  
17 or comments for Daniel; otherwise, I think we have a  
18 little bit time before break and transition to the two  
19 breakout rooms.

20 COMMISSIONER ABDO: I just have to raise one  
21 thing that's changing already.

22 MS. PINEDA: Oh, okay.

23 COMMISSIONER ABDO: I just want to be part of our  
24 discussions within the gallery walks. And is that it used  
25 to be that we thought about children having their

1 preschool whatever, whether it was in school or in child  
2 care or at home. And then they went to school and the  
3 school was kindergarten.

4 Now, we have many different types of educational  
5 programs that happen from zero to five. And we have  
6 transitional kindergarten and we have kindergarten and who  
7 knows what other names of things there may be in the next  
8 ten years. So why don't we think about when children  
9 enter school as opposed to when they enter kindergarten?  
10 Because that's really what is going to be happening with  
11 hopefully all children in the county, is that they're  
12 going to be moving on a continuum that gets them into  
13 school whether they're two, three, four or five or six.

14 So that's -- that's just my contribution to the  
15 beginning.

16 So we will take a break and we will reconvene in  
17 our groups. Does everybody have this?

18 MS. BELSHE: And I'm going to ask -- we have some  
19 last minute cancellations. So Deanne, I'm going to ask  
20 you if you wouldn't mind, to join group one.

21 COMMISSIONER TILTON: I was going to volunteer to  
22 do that.

23 MS. BELSHE: We're on the same page. Thank you  
24 so much.

25 (A brief break.)

1           COMMISSIONER ABDO: I think we've had many  
2 opportunities in the last hour or so to give feedback.  
3 And so we're going to concentrate now on an item that we  
4 skipped over on the first go around of the consent  
5 calendar.

6           So now we're going to go back to the consent  
7 calendar.

8           John.

9           MR. WAGNER: Thank you very much, commissioner.  
10           We are going back to Item 2F. There were some  
11 questions regarding this item. We withheld it, so we're  
12 bringing it back for your consideration.

13           Item 2F would establish a strategic partnership  
14 with Pomona Unified School District. This is the  
15 third-largest school district in Los Angeles county. It  
16 would really be to fund and partner in the reinvest in  
17 success initiative. This was presented at last month's  
18 program and planning committee meeting. This would  
19 authorize funding of up to \$930,557 over a three-year  
20 period. And it authorizes staff to execute an annual  
21 contract of \$374,189. So your action on this would --  
22 would fund those amounts.

23           So I'll turn it back over to you, Madam Chair if  
24 there are any questions.

25           COMMISSIONER ABDO: Okay. So really what we need

1 is a motion and a second.

2 COMMISSIONER ZEPEDA: I motion to move the --  
3 what is the item number? 2F.

4 COMMISSIONER ABDO: To approve Item 2F as  
5 presented.

6 COMMISSIONER WOODS: I second the motion.

7 COMMISSIONER ABDO: All right. We have a motion  
8 and a second. And now we will vote. And let's do a  
9 little role call on this one. I know it doesn't need it,  
10 but let's do it.

11 Aye.

12 COMMISSIONER WOODS: Kesha Woods. Aye.

13 COMMISSIONER TILTON: Deanne Tilton. Aye.

14 COMMISSIONER TAYLOR: Aye.

15 COMMISSIONER MARTINEZ: Aye.

16 COMMISSIONER PLEITEZ HOWELL: No vote.

17 COMMISSIONER ABDO: That wasn't a "no." Does  
18 everybody get that? That wasn't a "no." She does not  
19 have a vote, which is one of the strange things about  
20 First 5. Some of us --

21 MS. BELSHE: The only strange thing.

22 COMMISSIONER ABDO: The only strange thing.

23 So thank you for completing the consent calendar.

24 So what would you like us to do that would help  
25 us get us to September?

1 MS. BELSHE: So I'm so delighted that you said  
2 get to us September, Commissioner, because I thought you  
3 were going to say get us to adjournment.

4 COMMISSIONER ABDO: That, I think is in all of  
5 our minds.

6 MS. BELSHE: You are amazing.

7 Actually, I would like to offer a couple of  
8 acknowledgments before responding to your question. And  
9 number one, is to acknowledge that today represents the  
10 Judy Abdo chairmanship trifecta because Judy in the past  
11 three weeks has chaired the executive committee and been  
12 acting chair of PPC and acting chair of the July board.  
13 So let's hear it for Judy.

14 COMMISSIONER ABDO: Thank you very much.

15 MS. BELSHE: And I also in my acknowledgements  
16 earlier of Daniela and the I and L team and Christina and  
17 the programs team, those are the two divisions that have  
18 been working most intensively on the shaping,  
19 facilitating, and substance of the impact framework. But  
20 I also want to acknowledge other partners in the  
21 organization are staff from the policy and strategy  
22 division. You saw a lot of our colleagues from community  
23 relations, strategic partnerships, policy and  
24 communications who've been actively involved, as well as  
25 even some staff from the admin division. So it really has

1     been an org-wide effort, and I wanted to make sure I  
2     didn't overlook that important, important point.

3             So to your question of what -- what's helpful to  
4     getting us to September is, you know, we were really  
5     interested just any top-of-mind reactions to the gallery  
6     walk as an approach for trying to present some very  
7     complex information, some just general feedback to how it  
8     tied together in terms of the story we're trying to tell  
9     and the relationship between the goals we seek, the  
10    systems we're focusing on, the activities, and indicators  
11    of progress. And we'll have a deeper discussion back in  
12    September. But this really was intended as just any kind  
13    of quick top-of-mind and then I'll make kind a few very  
14    brief comments before we adjourn about what to expect in  
15    the fall.

16            COMMISSIONER ABDO: Okay. Who's got top of mind?

17            Okay. Marlene.

18            COMMISSIONER ZEPEDA: I liked it because it was  
19    more informal and we could have more intense conversation  
20    with our commissioner colleagues, but it was too rushed.  
21    Where is Cheryl with her little bell?

22            You know, 12 minutes is just not enough time or  
23    however much time we had. I would have liked to see more  
24    time. So I don't know if that's something we can think  
25    about, if we do this again, maybe not everybody going to

1 everything kind of thing to have more time or some other  
2 way to do that.

3 But I think that there were a couple of  
4 reflections. And I'm -- John left I guess. But he kept  
5 -- he kept mentioning the unit of analysis relative to  
6 outcome that -- and we had a strong conversation about  
7 that. And that goes to one of my concerns in terms of  
8 metrics, is how do we operationalize these outcomes, and  
9 are we really talking about inferred outcomes as opposed  
10 to a data count of some sort or frequency count. So that  
11 was a theme.

12 And then also for me for the early childhood is the  
13 theme that ran across all of the different sessions or  
14 pieces of early childhood was the disconnect in a lot of  
15 ways between an early childhood philosophy orientation to  
16 child growth and development versus a K-through-12  
17 orientation to child growth and development. They tend  
18 not to even use the world development, and that presents  
19 both challenges and opportunities for us as we move  
20 forward as we continue to work with school systems.

21 So those are some of my take-aways.

22 COMMISSIONER ABDO: Deanne.

23 COMMISSIONER TILTON: I think it was really  
24 enjoyable for us to have this. I think it was different  
25 in -- I walked in the room and wondered where the podium

1 and the chairs and table were, and I didn't know what to  
2 do. And suddenly we were interacting with each other. So  
3 I like it. I do think it was kind of squished, kind of  
4 too much compression and a lot of movement. But I think  
5 it was hard on the presenters because, by the time we got  
6 to the last session, they had presented the same thing  
7 four times or five times. And so I -- I just kudos to  
8 them. I think they did a great job in presenting, but I  
9 really felt kind of sorry for them to have to go through  
10 this so many times.

11 And so -- other than that, I think it was  
12 different and I thought it was a great idea. And the  
13 question of where we go with it is -- I'm going to be  
14 really interested in what they do with that kind of input  
15 and that kind of a forum. In my mind, I can't exactly see  
16 how it's going to come together, but I'm sure it will in  
17 some way. I look forward to that.

18 COMMISSIONER ABDO: Okay. Anyone else?

19 COMMISSIONER TAYLOR: I'm agreeing with my  
20 colleague here. I think Deanne is right on. You guys did  
21 a great job putting up with us. The idea is that I want  
22 you guys to know that it was too high-level thinking.  
23 This is a very complex subject for us and the community  
24 understand it. We've got to drill down a little bit more.  
25 And that means we need to see the system more complex than

1 what I saw there because it was only at one level. It was  
2 at the agency government levels. You didn't talk about  
3 community-based organizations. You didn't talk about  
4 communities. You didn't talk about parents.

5 And then I want you to talk about yourselves  
6 because you're a part of it. And if you don't see how you  
7 play in this whole dynamic, this matrix, then we're going  
8 to go off on different tangents. My boss here won't get  
9 the best recommendation of saying what she should and  
10 shouldn't do as far as what you can do. I saw outstanding  
11 work that is being done by you. You're not talking about  
12 it.

13 And then there's a chart missing, the reflection  
14 about -- the third chart should be reflection, what we  
15 have already learned, what we have already done, and how  
16 is that going to project and what's going to be  
17 recommended as a strategy going forward. This matrix has  
18 to be very clear to us.

19 The reason I mention these other systems is if  
20 the community or any of these other people walk in that  
21 door and don't see themselves on that first chart, they're  
22 going to say you're not talking to us. They're going to  
23 say you're over there with them. And that's what I don't  
24 want. We need everybody on board for what you're trying  
25 to do. And they need to see themselves on that chart.

1 And it needs to bend that tether between all the things  
2 you say you're going to do, what is their roles.

3 One of the things we got to do is make simplify  
4 and put it in language that the community can understand.  
5 Talk, read, sing is a great move to get the major  
6 community to understand how they develop their child and  
7 what the parent in the community can do. Right? So not  
8 everything has to be done at the systems level of an  
9 agency. Totally with you on that. But what can the  
10 parent do? What can the community do? What can the CBOs  
11 that are providing community support to these families do  
12 to help on all the things they're trying to do?

13 COMMISSIONER ABDO: Okay. We're going to move  
14 along here. I was with you in many of those presentations  
15 and you did make those points at each one of them.

16 Carla.

17 COMMISSIONER PLEITEZ HOWELL: I also echo the  
18 sentiment of that's a lot of work. There was a lot of  
19 obvious thought, research that was put into all of it. It  
20 was really clear. It was easy to move along and try to  
21 help shape some of this. So thank you to you all for  
22 that.

23 There's three things that came up for us as we  
24 walked through this. One is in that category one, what  
25 systems are we working to change, we actually list our

1 partners. And being a partner is being different than the  
2 system you're trying to change. You could do both, but  
3 First 5 LA needs to do -- we need to do some soul  
4 searching of what does it mean when we're trying to change  
5 our partner and parts of what they do. And that's a hard  
6 question to ask. Especially, Kim Belshe, to the question  
7 you brought up, we're not showing up necessarily as a  
8 funder; we're showing up as a convener, a partner. And  
9 that's going to be a really hard role to figure out what  
10 that looks like for us.

11 The second thing that lifted up, in our  
12 strategies we're moving towards policy and advocacy as an  
13 organization. It's a muscle that Kim Patillo Brownson is  
14 helping us build in a different way. And as we do that,  
15 our metrics, our outcomes, our short-term outcomes need to  
16 call out some of the things we're doing in policy and  
17 advocacy, and we don't necessarily do that at the state  
18 level because we're looking for outcomes at the county  
19 level. So how do we lift up state level metrics or  
20 outcomes more.

21 And then, lastly, Daniela, to the -- what this is  
22 measuring and how we sort of see how we're really  
23 successful. One of the things that we're not really  
24 measuring is how we're scaling. So we pilot really great  
25 things, and then how do we give our knowledge to the world

1 of like, this is actually helping scale home visiting and  
2 we're -- I don't think we captured it in this framework,  
3 but there has got to be a place we capture how First 5 LA  
4 contributes or comes in and thinks about scalability,  
5 great programs that we incubate and figuring out what --  
6 even though it's not necessarily our outcomes, how are we  
7 really going to measure that.

8 COMMISSIONER ABDO: Thank you. Anyone else want  
9 to say anything?

10 I want to thank the staff, too. I think that  
11 wonderful work went into preparing for what we all  
12 experienced. And I agree, we needed more time. And I  
13 think we can work that out. We should probably use this  
14 format again because it really did help us to have  
15 conversations, and I think that that worked really well.  
16 And my experience was that all suggestions were accepted  
17 graciously. And I think that's wonderful. So it will be  
18 very interesting to see after it's all digested and  
19 brought back to us what everybody said.

20 Okay. So I think we're done.

21 MS. BELSHE: Okay. Let me thank you,  
22 commissioners, for the really thoughtful and active  
23 engagement. You know, on behalf of the staff, I really  
24 appreciate the positive affirmations of the work of the  
25 staff. A lot went into this. A lot of very careful and

1 thoughtful and analytic work and a lot of practice. And  
2 our storytellers -- we're going to do it with the all  
3 staff next week. So there's going to be at least one more  
4 opportunity to tell the story. They're telling them in  
5 their sleep to their husbands, their neighbors, their  
6 dogs. But they do it well. They do it with a tremendous  
7 intelligence and professionalism and graciousness.

8 Thank you for that.

9 In terms of next steps, I think we have another  
10 slide just to give you a snapshot. We'll come back in  
11 September and we'll give you an update on where we are  
12 with the other two outcome areas as well as further staff  
13 reflection.

14 You're absolutely right, Judy, all comments are  
15 accepted graciously. And part of our job is to try to  
16 make sense of that. So I know you give us that as a  
17 challenge. And, you know, I'm confident we got a lot of  
18 really good input and we'll look to you to further  
19 complicate our thinking when we give you a report out on  
20 what we think our best -- best judgment is in terms of  
21 moving forward for your consideration.

22 In the fall, we'll probably engage PPC before  
23 coming back to the full board. We want to talk with you  
24 about the county level outcomes and the monitoring  
25 measures that Daniela spoke to. We want that to be

1 reflective of all four outcome areas. So we've got a  
2 little bit more work to do on that.

3 And then Christina and I will talk with you all  
4 about the approach we intend to take or bring to the board  
5 for consideration about how we might think about  
6 approaching the reviewing, the reflecting on and  
7 ultimately refining our -- our current strategic plan  
8 informed by experience, informed by changing environment,  
9 informed by the impact framework.

10 So terrific work under way, terrific work  
11 continuing towards our north star, and terrific learning  
12 that we're confident will be helpful to sharpening our  
13 strategies going forward. So that's the process we want  
14 to share with you come September, October.

15 Okay. Did I get that right generally?

16 COMMISSIONER ABDO: Yes.

17 MS. BELSHE: We are excited and we're hopeful you  
18 all will be excited as well. So thank you for being good  
19 sports on the gallery walk.

20 COMMISSIONER ABDO: I would also like for someone  
21 to make the connection between the north star and  
22 astronomy and what that -- why north star means something  
23 to some of us and how we can make north star even more  
24 exciting as a concept. Somebody can think that one  
25 through. It's not going to be me.

1 MS. BELSHE: You know, Judy, you have been --  
2 you've had so many different jobs. I was ready for you to  
3 reference astronomy as one of your -- so noted.

4 COMMISSIONER ABDO: I do occasionally look at the  
5 stars.

6 All right. We are adjourned and we will see each  
7 other in September.

8 (At 4:25 PM, the meeting was adjourned.)

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C E R T I F I C A T E

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

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

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

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

Attested to on this 17th day of July, 2018.

DocuSigned by:  
*Heatherlynn Gonzalez*  
-----  
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CERTIFIED SHORTHAND REPORTER  
FOR THE STATE OF CALIFORNIA

**FIRST 5 LA**

**SUBJECT:**  
**Monthly Financial Reports**

**RECOMMENDATION:**  
**Approval of the monthly financial statements for the month ending July 31, 2018.**

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

**DISCUSSION:**

This report includes detailed financial information for the month ending July 31, 2018. The financial statements are unaudited and reported as a "soft close." We are currently in the process of closing the books and audited financial statements will be presented to the Commission in October 2018. For the FY 2017-18 year-end closing purposes, we converted from a cash basis to modified accrual basis and accounted for all assets and liabilities as of June 30, 2018. Beginning July 1, 2018, these statements revert to a cash basis and account for reversals of any accruals for either revenues or expenditures.

First 5 LA began the month with an unaudited cash balance of \$394.0 million. Tobacco Tax Revenue for May and June 2018 in the amount of \$10.9 million was booked as a receivable in FY 2018-19. We had \$454,000 in program expenditures and \$764,438 in operating expenditures. As a result, First 5 LA ended the month with a cash balance of \$392.8 million.

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

- Revenue and Expense Statement: Summarizes financial statements to highlight the starting cash balance, revenues received, program and operating expenses, and the ending cash balance for the month.
- Balance Sheet: Provides a "snapshot" view of the Commission's assets, liabilities and fund balance as of July 31, 2018.
- Detailed operating and program expenditures: Shows expenses against the FY 2018-19 Budget approved on June 14, 2018, 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  
July 31, 2018, Unaudited**

	<b>REVENUES AND EXPENDITURES</b>	
<b>Cash Balance as of June 30, 2018</b>	<b>\$ 393,998,169</b>	
<b>Revenue</b>		
Monthly State Allotments	\$ -	(1)
Medi-Cal Administrative Activities (MAA)	-	
State Commission - Other Program Funds	-	
Interest Income - Unreserved	-	
Investment Income - Other	-	
Rental Revenue - La Petite	-	
ECE-LA County IMPACT	-	
<b>Total Revenue</b>	<b>\$ -</b>	
<b>Expenses</b>		
<b>Program Budget (Attachment A)</b>		
2015-2020 Strategic Plan: Focusing For The Future	\$ 454,000	
Legacy Investments	-	
<b>Total Initiative/Program Expenses</b>	<b>\$ 454,000</b>	
<b>Pass-Through (Attachment B)</b>		
Medi-Cal Administrative Activities (MAA)	\$ -	
<b>Total Pass-Through Expenses</b>	<b>\$ -</b>	
<b>Operation and Administration (Attachment C)</b>		
Personnel	\$ 611,462	
General Operating	114,399	
Consultant Services	26,053	
Professional Services	10,314	
Travel Expenses	2,107	
Professional Development	103	
Capital Improvements	-	
<b>Total Operation and Administration</b>	<b>\$ 764,438</b>	
<b>Total Expenses</b>	<b>\$ 1,218,438</b>	
<b>Variance (Revenue - Expenses)</b>	<b>\$ (1,218,438)</b>	
<b>Cash Balance as of July 31, 2018</b>	<b>\$ 392,779,731</b>	<b>(2)</b>

**NOTE:**

- 1) Tobacco Tax Revenue for May and June 2018 in the amount of \$10.9 million was booked as a receivable in FY 2017-18.
- 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**  
**JULY 31, 2018, UNAUDITED**

INITIATIVE/PROGRAM	FY 2018-19 BUDGET	JULY EXPENDITURES	FISCAL YTD EXPENDITURES	BALANCE REMAINING
<b>2015-2020 STRATEGIC PLAN: FOCUSING FOR THE FUTURE</b>				
Strategic Plan Priority Outcome Areas				
Families	40,857,000	-	-	40,857,000
Communities	20,976,000	-	-	20,976,000
Early Care & Education Systems	23,261,000	175,000	175,000	23,086,000
Health-Related Systems	3,687,000	16,500	16,500	3,670,500
Strategic Plan Policy & Strategy Support				
Policy Agenda/Advocacy	3,015,000	200,000	200,000	2,815,000
Communications & Marketing	6,121,000	62,500	62,500	6,058,500
Communications - Conference Funding	250,000	-	-	250,000
Strategic Partnership-Cross-Cutting Funder Partnership	745,000	-	-	745,000
Strategic Partnership-Grantmaking Memberships	41,000	-	-	41,000
Strategic Partnership-Partnership Development	160,000	-	-	160,000
Community Engagement and Advocacy	256,000	-	-	256,000
Policy & Strategy - Emerging Opportunities	75,000	-	-	75,000
County Partnerships	50,000	-	-	50,000
Integration & Learning				
Communities of Practice	35,000	-	-	35,000
Data Development and Integration	975,000	-	-	975,000
Data Partnership with Funders	850,000	-	-	850,000
Grantee Assessment	75,000	-	-	75,000
Impact Framework	112,000	-	-	112,000
Knowledge Management	178,000	-	-	178,000
Learning Plan Development	200,000	-	-	200,000
Organizational-Wide Investment	96,000	-	-	96,000
Program Evaluation	3,320,000	-	-	3,320,000
Integration & Learning - Emerging Opportunities	100,000	-	-	100,000
<b>Subtotal 2015-2020 Strategic Plan</b>	<b>105,435,000</b>	<b>454,000</b>	<b>454,000</b>	<b>104,981,000</b>
<b>LEGACY INVESTMENTS</b>				
At-Risk Fathers Investment	295,000	-	-	295,000
Baby Friendly Hospitals	150,000	-	-	150,000
Black Infant Health	1,863,000	-	-	1,863,000
Children's Dental Care	372,000	-	-	372,000
Information Resource and Referral	620,000	-	-	620,000
Little by Little/One Step Ahead	3,925,000	-	-	3,925,000
Parent Child Interaction Therapy	4,428,000	-	-	4,428,000
Policy Advocacy Fund	55,000	-	-	55,000
<b>Subtotal Legacy Investments</b>	<b>11,708,000</b>	<b>-</b>	<b>-</b>	<b>11,708,000</b>
<b>TOTAL</b>	<b>117,143,000</b>	<b>454,000</b>	<b>454,000</b>	<b>116,689,000</b>

The FY 2018-19 Program Budget was approved by the Board of Commissioners on June 14, 2018.

**NOTES -PROGRAM EXPENDITURES BY FY 2018-19 BUDGET:**

Journal entries for FY 2017-18 accrued expenses were reversed in July 2018. The amounts reported are the actual program expenditures for July 2018.

LOS ANGELES COUNTY CHILDREN AND FAMILY FIRST - PROPOSITION 10 COMMISSION (AKA FIRST 5 LA)  
 EXPENDITURES - PASS-THROUGH  
 JULY 31, 2018, UNAUDITED

Attachment B

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

**Los Angeles County Children and Family First -  
Proposition 10 Commission (aka) First 5 LA  
Operating & Administrative Budget Update  
JULY 31, 2018, UNAUDITED**

OPERATION AND ADMINISTRATION EXPENSE	JULY ACTUAL	FISCAL YTD ACTUAL	FY 2018-19 BUDGET	FISCAL YTD VARIANCE
<b>Personnel Services</b>				
Salaries & Wages	510,642	510,642	14,062,486	13,551,844
Fringe Benefits	100,820	100,820	3,961,920	3,861,100
<b>Total Personnel Services</b>	<b>611,462</b>	<b>611,462</b>	<b>18,024,406</b>	<b>17,412,944</b>
<b>General Operating Expenses</b>				
ADP Payroll Charges	-	-	38,000	38,000
Workers Compensation Insurance	65,500	65,500	85,000	19,500
Utilities	16,549	16,549	165,000	148,451
Corporate Insurance	-	-	75,000	75,000
Mileage, Parking and Other Transportation	370	370	71,250	70,880
Telephones	45	45	67,000	66,955
Cell Phones & Mobile Devices	1,150	1,150	55,800	54,650
Outside Printing & Publishing	-	-	23,000	23,000
Other Supplies	-	-	20,250	20,250
Postage & Delivery	1,100	1,100	13,200	12,100
Educational Supplies	-	-	7,100	7,100
Office Supplies	2,741	2,741	88,000	85,259
Subscriptions & Publication	-	-	21,500	21,500
Equipment-Rents & Leases	2,276	2,276	119,000	116,724
Building Repair & Maintenance	16,878	16,878	192,000	175,122
Equipment Repair & Maintenance	500	500	24,000	23,500
Offsite Storage	7,290	7,290	34,400	27,110
Hardware & Software Maintenance	-	-	255,300	255,300
Miscellaneous/Contingency	-	-	75,000	75,000
Internal Meeting	-	-	133,100	133,100
Divisional Capacity Building	-	-	100,000	100,000
<b>Total General Operating Expenses</b>	<b>114,399</b>	<b>114,399</b>	<b>1,662,900</b>	<b>1,548,501</b>
<b>Consultant Services</b>				
Consultant Fees	-	-	1,214,800	1,214,800
Other Professional Fees	26,053	26,053	315,000	288,947
External Reviewers	-	-	2,500	2,500
<b>Total Consultant Services</b>	<b>26,053</b>	<b>26,053</b>	<b>1,532,300</b>	<b>1,506,247</b>
<b>Professional Services</b>				
Audit	-	-	80,000	80,000
Legal Fees	-	-	175,000	175,000
Professional Dues	1,250	1,250	123,552	122,302
Staff Recruitment	-	-	25,000	25,000
Commission Stipends	-	-	30,000	30,000
Web-Based Services	-	-	75,000	75,000
Bank & Other Service Charges	9,064	9,064	12,000	2,936
<b>Total Professional Services</b>	<b>10,314</b>	<b>10,314</b>	<b>520,552</b>	<b>510,238</b>
<b>Travel Expenses</b>				
Airfare	-	-	161,380	161,380
Lodging	-	-	162,200	162,200
Per Diem	2,107	2,107	76,200	74,093
Other Travel Expense	-	-	22,850	22,850
<b>Total Travel Expenses</b>	<b>2,107</b>	<b>2,107</b>	<b>422,630</b>	<b>420,523</b>
<b>Professional Development</b>				
Training Material & Supplies	-	-	12,500	12,500
Internal Training	-	-	94,400	94,400
Leadership Programs	(495)	(495)	102,000	102,495
Conference Registrations	598	598	210,000	209,402
External Education/Training	-	-	142,000	142,000
<b>Total Professional Development</b>	<b>103</b>	<b>103</b>	<b>560,900</b>	<b>560,797</b>
<b>Capital Improvements</b>				
Capital Outlay (Equipment Purchases)	-	-	126,000	126,000
<b>Total Capital Improvements</b>	<b>-</b>	<b>-</b>	<b>126,000</b>	<b>126,000</b>
<b>TOTAL OPERATING EXPENSES</b>	<b>764,438</b>	<b>764,438</b>	<b>22,849,688</b>	<b>22,085,250</b>

**NOTES - OPERATING & ADMINISTRATIVE BUDGET UPDATE:**

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

The FY 2018-19 Operating Budget was approved by the Board of Commissioners on June 14, 2018.

**Los Angeles County Children and Families First -  
Proposition 10 Commission  
Statement of Net Assets  
July 31, 2018 Unaudited**

<b>Current Assets:</b>	
Cash	\$ 2,139,540
Cash- Morlin Mgmt Corp	27,100
Investment:	
Operating and Allocated funds	382,021,851
Advance - LAUP	3,425,396
Advance - Regional Network (RN)	1,044,000
Other Receivables	5,107,239
<b>Total Current Assets</b>	<b><u>\$ 393,765,126</u></b>
<b>Fixed Assets:</b>	
Land	\$ 2,039,000
Building & Improvements	12,076,512
Furniture & Fixtures	627,671
Computer, Software & Accessories	1,855,305
Office Equipment	331,033
Accumulated Depreciation	(5,883,227)
<b>Total Fixed Assets</b>	<b><u>\$ 11,046,294</u></b>
<b>Total Assets</b>	<b><u><u>\$ 404,811,420</u></u></b>
<b>Liabilities and Net Assets</b>	
<b>Current liabilities:</b>	
Other Liabilities	\$ 10,774,637 (1)
<b>Total Current Liabilities</b>	<b><u>\$ 10,774,637</u></b>
<b>Net Assets:</b>	
Investment in capital assets	\$ 11,046,294
Restricted	382,990,489
<b>Total Net Assets</b>	<b><u>\$ 394,036,783</u></b>
<b>Total Liabilities and Net Assets</b>	<b><u><u>\$ 404,811,420</u></u></b>

**NOTES:**

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

First 5 LA

**SUBJECT:**  
Contract for approval

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

**BACKGROUND:**  
First 5 LA's approved programmatic budget for FY 2018-19 totals \$117,143,000 and the approved operating budget totals \$22,849,688. Funding for the renewal was included in the budget which was approved by the board on June 14, 2018. Upon approval of the agreement presented below, staff will complete final execution.

There is **one renewal** for approval with Public Health Foundation Enterprises, Inc. DBA Heluna Health. The Contractor leads the Women, Infants, and Children (WIC) Data Mining Research Partnership, a data partnership that pulls together and analyzes WIC administrative data for Los Angeles County and conducts a periodic survey of a random sample of WIC parents on a range of early childhood topics. During this contract period, the Contractor will: 1) work with First 5 LA to identify and measure possible indicators that may be tracked to support First 5 LA's Impact Framework; 2) conduct a minimum of three outreach activities to interested parties on accessing and utilizing WIC data; 3) submit two poster/oral presentations to conferences; 4) produce a minimum of four topical briefs; and 5) conduct research with maternal and child health outcomes using WIC survey and administrative data, and submit two research and evaluation papers to peer reviewed academic journals for publication.

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

Attachment A  
September 2018

RENEWALS										
DEPARTMENT	OUTCOME AREA / INITIATIVE/STRATEGY / PROGRAM	CONTRACT (PROJECT) INFORMATION	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?
Measurement, Learning & Evaluation	All \ NA \ Data Development and Integration\ WIC Data Mining Research Partnership	<p><b><u>PUBLIC HEALTH FOUNDATION ENTERPRISES, INC. (DBA HELUNA HEALTH) (#07030)</u></b>                      The Contractor leads the Women, Infants, and Children (WIC) Data Mining Research Partnership, a data partnership that pulls together and analyzes WIC administrative data for Los Angeles County and conducts a periodic survey of a random sample of WIC parents on a range of early childhood topics. During the last contract term, which was a survey year, the Contractor had numerous accomplishments, which included completing the data collection of the 2017 WIC survey; downloading State WIC administrative data for the Los Angeles County region for processing and analysis; completing issue specific briefs to inform First 5 LA's four programmatic outcome areas; engaging with First 5 LA via data workshops and meetings using the WIC survey data; sharing findings among WIC programs and external agencies serving children 0-5; and refreshing recent WIC administrative and survey data on the WIC Data Mining website. During this next contract period, the Contractor will 1) work with First 5 LA to identify and measure possible indicators that may be tracked to support First 5 LA's Impact Framework; 2) conduct a minimum of three outreach activities to interested parties on accessing and utilizing WIC data; 3) submit two poster/oral presentations to conferences; 4) produce a minimum of four topical briefs; and 5) conduct research with maternal and child health outcomes using WIC survey and administrative data, and submit two research &amp; evaluation papers to peer reviewed academic journals for publication.</p> <p>On July 11, 2002, the Board approved a research partnership and allocation of funds for this project. On October 8, 2015, the Board approved an extension to the Strategic Partnership to extend the project for five (5) years beginning November 1, 2015. The funds for this contract were included in the FY 18-19 budget, approved by the Board on June 14, 2018. The total project length and estimated total project costs are based on the most recent Strategic Partnership approval, which spans the length of the current Strategic Plan.</p>	Strategic Partnership	5 years	\$2,334,205	\$256,812	10/1/2018	6/30/2019	9/30/2020	62  Yes

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

**FIRST 5 LA**

**SUBJECT:**

2018 Biennial Update to First 5 LA's Local Conflict of Interest Code

**RECOMMENDATION (for Action):**

At the July 12, Board of Commissioners meeting, staff sought direction from the Board to receive and file Los Angeles County's notice regarding a biennial update to the local Conflict of Interest Code for First 5 LA. At the September 13<sup>th</sup>, Board meeting, staff is seeking direction from the Commission to file no changes to First 5 LA's Code with the County of Los Angeles.

**BACKGROUND:**

The Commission has adopted a local conflict of interest code as required by California's Political Reform Act ("PRA") and the statutes that implement Proposition 10. Because the Commission is a local public entity, the PRA requires that the Commission have this local code in place to designate which officials and employees are required to file various categories of annual statements of economic interests. The local code also sets forth the basic rules that prohibit public officials and employees from making, participating in making, or using their official positions to influence decisions of the Commission.

Like most local public entities in California, the Commission has for a number of years kept in place the Model Conflict of Interest Code promulgated by the Fair Political Practices Commission ("FPPC"). Every two years, the Commission is required to conduct a biennial review and update of the Code, if necessary, to keep the Code current. This year, the review and update must be completed prior to the end of December.

**DISCUSSION:**

Los Angeles County, as the "code reviewing body" for First 5 LA under State law, has provided notice that it is time for the required biennial review of First 5 LA's local Conflict of Interest Code. The purpose of this review is to ensure that the Code is current and accurate, and that the appropriate officers and employees are required to file Statements of Economic Interest. During the last biennial update to First 5 LA's Conflict of Interest Code in October 2016, First 5 LA revised its code to reflect the staff changes that resulted from its restructure. These updates proposed an addition of several new positions, deletion of old positions, and adjustments to current applicable titles/positions of the current code. Additionally, this update also proposed eliminating the titles and positions for LAUP, an organization for which First 5 LA has stopped serving as the filing officer since June 30, 2016. Since the last update, First 5 LA has not made any changes to its positions that would require any updates to its Conflict of Interest Code, and there has been no change in applicable law that would require any change to the local Code.

Following consideration of this Notice regarding the Biennial Update from Los Angeles County on First 5 LA's Local Conflict of Interest Code, staff recommends that the Board receive and file the Notice and staff's recommendation that no updates are necessary. At the September Board meeting, staff will recommend that the Board determine that there are no changes necessary to First 5 LA's Local Code and direct staff to timely file the appropriate response with the County.

# 2018 BIENNIAL REVIEW CERTIFICATION FORM

Submit now or no later than October 1, 2018

Name of Agency: \_\_\_\_\_

Name of Agency Head: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Agency Code Officer: \_\_\_\_\_ Office Phone No.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*Accurate disclosure is essential to monitor whether officials have conflicts of interest and to help ensure public trust in government. The biennial review examines current programs to ensure that the agency's code includes disclosure by those agency officials who make or participate in making governmental decisions.*

**This agency has reviewed its conflict of interest code and has determined that (check one box):**

**1. AN AMENDMENT IS REQUIRED (Check all that apply):**

Include new positions

Revise disclosure categories

Revise the titles of existing positions

Delete titles of positions that have been abolished and/or positions that no longer make or participate in making governmental decisions

Other (*describe*) \_\_\_\_\_

**2. THE CODE IS CURRENTLY UNDER REVIEW BY THE CODE REVIEWING BODY.**

**3. NO AMENDMENT IS REQUIRED.**

**If your code has not been amended in more than five years, amendments may be necessary.**

**Verification (to be completed if no amendment is required)**

*This agency's conflict of interest code accurately designates all positions that make or participate in the making of governmental decisions. The disclosure categories assigned to those positions accurately require the disclosure of all investments, business positions, interests in real property, and sources of income that may foreseeably be affected materially by the decisions made by those holding designated positions. The code includes all other provisions required by Government Code Section 87302.*

\_\_\_\_\_  
Signature of Agency Head or Designee

\_\_\_\_\_  
Date

**Please complete your form electronically by first typing in your name in the signature field above and then clicking the "Submit Form" button.**

*All agencies must complete and return this notice regardless of how recently your code was approved or amended. Please submit this notice no later than Monday, October 1, 2018.*

**FIRST 5 LA**

**SUBJECT:**

**Request to extend a strategic partnership with the Center for Collective Wisdom through June 30, 2020 in an amount not to exceed \$700,000 (Fund Balance Category: Committed for FY 2018-19 and Assigned for FY 2019-20)**

**RECOMMENDATION: (Provided As Action)**

This memo is provided as action for the Board's consideration at the September 13, 2018, Board of Commissioners meeting. This item was presented as an information item during the March 22, 2018 Special Commission/Program and Planning Committee meeting and the April 12, 2018, Board of Commissioners meeting as a component of the transition and implementation support required for the new structure for Best Start through the Regional Network Grant Awards. This strategic partnership began in May 2, 2018 to support initial implementation from May 2, 2018 to September 3, 2018 in the amount of \$74,500. Staff recommends that the Board approve an extension of a strategic partnership with the Center for Collective Wisdom through June 30, 2020 for a total amount not to exceed \$700,000. Funding for FY 2018-2019 was included in the FY 2018-2019 First 5 LA Budget which was approved by the Board on June 14, 2018. Funds to support this strategic partnership in FY 2018-2019 in the amount of \$300,000 are included in the FY 2018-2019 First 5 LA Programmatic Budget under Health Strategy 2 – Trauma Informed Care. The remaining amount of \$325,500 for FY 2019-2020 will be included in the FY 2019-2020 First 5 LA Programmatic Budget for Board approval in June 2019. 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. A summary of the staff recommendation for the Board's consideration and action is as follows:

- 1. Extend a Strategic Partnership with Center for Collective Wisdom through June 30, 2020 in the amount of \$700,000 for a total project cost of \$700,000 to continue supporting the adoption of the trauma and resiliency framework in the Communities Department work, including the implementation of the new Best Start Regional Network approach.**
- 2. Authorize First 5 LA staff to execute an amendment to increase the contract amount by \$300,000 and extend the term of the agreement to June 30, 2019, with a retroactive amendment date of September 4, 2018. (First 5 LA Programmatic Budget under Health Systems Outcome Area, Health Strategy 2 - Trauma-Informed Care, Program: Trauma-Informed Care)**

**BACKGROUND:**

In 2016, First 5 LA, along with The California Community Foundation, The California Endowment, The Conrad N. Hilton Foundation and The Ralph M. Parsons Foundation, contributed to a pooled fund for the Trauma and Resiliency-Informed Systems Change Initiative. As part of First 5 LA's Health Strategy 2 – Trauma-Informed Care, the Center for Collective Wisdom (C4CW) was supported by this pooled fund which is maintained by Community Partners, a third-party fiscal intermediary, to conduct initial exploratory work for this initiative. In 2017, C4CW generated a final report, "Trauma and Resiliency: A Systems Change Approach," informed by a cross system, countywide workgroup comprised of public-private partners. The report provided a developmental framework to promote a trauma and resiliency-informed systems change approach within organizations and institutions. Key guiding principles from this framework include: safety; trust and transparency; peer support; collaboration and mutuality; voice, choice, and self-agency; and culturally, historically, and gender-identity appropriate. Integrating systems change and community capacity building efforts to address both individual and community trauma and resiliency is one of the recommended strategies in the report. Extending the Strategic Partnership with the Center for Collective Wisdom would continue to leverage the Health Systems Department's countywide trauma and resiliency-informed systems change work.

Phase 1 of the project (May 2, 2018 – September 3, 2018 for \$74,500) included the following activities:

- 1) Support the Communities department understanding and adoption of the trauma and resiliency inform systems change framework and integration into the community capacity building approach.
- 2) Co-design full onboarding plan for the Best Start Regional Network grantees.
- 3) Facilitate initial orientation meetings for the Regional Network grantees between May and June 2018.
- 4) Facilitate joint meetings between First 5 LA staff and CSSP capacity builders to discuss and address ways to integrate the Regional Network grantees and subcontractors into Best Start.

Expanding the existing Strategic Partnership with the Center for Collective Wisdom will allow the Communities Department continue to leverage the Health Systems Department's countywide trauma and resiliency informed systems change work, building on lessons learned from the past transitions in Best Start. Phase 2 builds upon learnings from Phase 1 and focuses on the integration of the trauma and resiliency framework implementation principles and domains into the Communities Department work across the three strategies in the Communities Outcome area, particularly as it relates to the Best Start Regional Network approach.

Phase 2 of the project (September 4, 2018 – June 30, 2020 for \$625,500) includes the following activities:

- 1) Integrate the implementation principles and domains of the trauma and resiliency-inform systems change framework into the work of the Communities Department across the three strategies in the Communities Outcome area.
- 2) Facilitate monthly Best Start Regional Network Grantee Community of Practice sessions to support peer learning and build and/or strengthen policies, practices and perspectives that promote trauma and resiliency informed approach.
- 3) Provide technical assistance to First 5 LA and its grantees, contractors and partners as needed to ensure programmatic alignment with trauma and resiliency-inform systems change framework.
- 4) Serve as a thought partner and support the evolution of the Communities Outcome Impact Framework based on strategy implementation learnings.

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 extension of a strategic partnership for an amount not to exceed \$700,000 to comply with this policy. Section IV.5 of the Procurement Policy also states that contracts of \$75,000 or more requires Board approval prior to execution. Staff is also seeking approval to execute a retroactive contract amendment for the period of September 4, 2018 to June 30, 2019 for \$300,000.

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

Governance Guides #5 and #6 require the ability to access additional funding beyond First 5 LA funds and maintain programming and its impact on the wellbeing of children and families after the expiration of First 5 LA funds. Such provisions are not practical or consistent with the focus of the recommended extension of a strategic partnership with the Center for Collective Wisdom. The project supported through this strategic partnership focuses on First 5 LA and its grantees, contractors and partners, and therefore does not require additional funding from outside sources or sustainability beyond the contract period and First 5 LA funding.

**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 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.**

The strategic partnership builds on the work of the Health Systems Department with the Center for Collective Wisdom in order to implement the recommendations generated in the 2017 report. The first phase of the strategic partnership from May to September 2018 supported the Communities during the initial part of a major program transition to begin to develop a trauma and resiliency approach while onboarding the new Regional Network Grantees. Phase 2 of this expanded strategic partnership builds on Phase 1, and a competitive solicitation would require additional resources of time and money. A competitive solicitation will adversely affect the Communities Department's new relationships with the Regional Network Grantees by disrupting the continuity of the Community of Practice of sessions that are designed and facilitated by C4CW. Additionally, applicants responding to a competitive solicitation will be unfamiliar with the details of the work and would require significant resources of time and money to continue the programmatic work.

**The Strategic Partnership can implement an approved program or initiative more expeditiously than resources provided through a competitive solicitation.**

The recommended extension of the strategic partnership maximizes an immediate opportunity to simultaneously advance First 5 LA's Health Systems and Communities outcome areas. Integrating systems change and community change efforts to address both individual and community trauma and resiliency is one of the recommended strategies in the trauma and resiliency informed systems change report. The approval of the Best Start Regional Network grants in April 2018 presented an immediate window of opportunity to incorporate the recommendations of the report into the new structure for Best Start.

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

Extending this Strategic Partnership is in the best interests of First 5 LA because the Center for Collective Wisdom has over 30 years of experience in designing and facilitating large-scale multi-stakeholder change efforts, including processes to confront major budget shortfalls, plan for and implement major systems transformation, facilitate community capacity building, and improve outcomes of community well-being. For First 5 LA's Health Systems work, the Center for Collective Wisdom has been facilitating a countywide workgroup as well as engaging with county systems on trauma and resiliency informed systems change. Working with the Center for Collective Wisdom will seamlessly integrate the Health Systems Strategy into the Communities work.

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

Best Start is a systems change effort that focuses on adopting and implementing a new way of engaging communities, grounded in new relationships, norms, structures, resources, and processes. The proposed Extension of the Strategic Partnership supports all three strategies in the Communities Outcome area and Trauma and Resiliency Informed Systems Change (Strategy 2 of the Health Systems Outcome Area). It is also aligned with several of First 5 LA's investment guidelines in that it facilitates early engagement of partners, focuses on systems change, and builds community capacity.

# Memo

**To:** Board of Commissioners

**From:** Kim Belshé, Executive Director

**Date:** September 13, 2018

**Subject:** EXECUTIVE DIRECTOR'S REPORT

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## EXECUTIVE DIRECTOR'S HIGHLIGHTS

We look forward to the Commission's September meeting and welcoming a new Commissioner, Dr. Astrid Heger, to the Board. In October, the Board and staff will have the opportunity to thank former Commissioner Jane Boeckmann for her service, which dates back the very first meeting of the First 5 LA Board of Commissioners in November of 1999 (along with Commissioner Deanne Tilton!).

At the September Commission meeting, we will spend time sharing with the Board themes that emerged from the July Board gallery walks and discussions related to our evolving Impact Framework. As we have discussed with the Commission this past year, the Impact Framework is both a tool and a process that will support First 5 LA to tell our story, help us assess our progress and contribution to results, and enable us to use our experience and learning to refine our strategies. We're grateful for the comments, reactions, suggestions and questions shared by Commissioners; we're eager to share with you both what we heard as well as next steps for the Impact Framework process this fall.

In the context of the Impact Framework gallery walks, we heard a number of strategy-related questions and comments from Commissioners, such as: What have we learned based on the strategies and activities we've already implemented? Do we have the right system change strategies for the results we seek? How do our strategies reflect the changing ecosystem in which we do our work?

As a part of the staff report out from the July Retreat, we will discuss the relationship between the Impact Framework and the proposed process that will guide future refinements to First 5 LA's Strategic Plan in 2019. The intent of this 2019 Strategic Plan refinement process is to build on the Impact Framework by using targeted county-level outcomes and systems outcomes, learning from our experience in policy and systems change work, and an assessment of strategic opportunities to refine our strategies to achieve our outcomes. At the Board's September Program & Planning Committee meeting, we will introduce the proposed refinement process, key steps and timeline before coming back to the Commission later this fall for Board endorsement.

The Impact Framework and Strategic Plan refinement process are timely and exciting undertakings for First 5 LA. They are a reflection of First 5 LA's evolution and the significant pivot the organization took in the context of our Strategic Plan relative to First 5 LA's: (1) strategic direction and approach – we are

### COMMISSIONERS

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### EXECUTIVE DIRECTOR

Kim Belshé

### EXECUTIVE VICE PRESIDENT

John A. Wagner

focused on policy and systems change, in partnership with others; (2) role – we're a grant maker, to be sure, AND a convener, connector, catalyst and capacity-builder; and (3) intended impact – we seek to contribute to change at the county-wide population level.

First 5 LA's strategic shift in direction, role and intended impact reflect the bold goal established by the Strategic Plan – that all children in LA County enter kindergarten ready to succeed in school and life – not some children; all children. Together, our bold goal and strategic shift have made our work more complex and challenging – and, ultimately, more rewarding.

Our strategic direction envisions that First 5 LA will contribute to broader, longer-term impact for all kids in LA County at the systems and policy level. We've set out to do so by:

- acknowledging that change at the policy and systems change level is a long-term proposition that requires patience and an understanding of the early changes that precede change at a systems and population level;
- deepening our learning and problem-solving across diverse systems that influence child and family outcomes, such as our work across multiple county agencies and systems;
- better understanding the complex issues that influence child outcomes and engaging in upstream, preventative strategies, such as our work to advance a family-strengthening system of supports, including home visiting;
- expanding the partners in this work across multiple sectors to address the range of issues that influence family and child outcomes and engaging with partners in new, exciting and sometimes challenging ways;
- being nimble and adaptable to new opportunities as well as threats, an "offense/defense" mindset the current federal Administration has compelled, such as in response to immigration policy; and
- developing a new framework for measuring success for policy and systems change work.

Our discussions with the Board this fall about our Impact Framework and Strategic Plan refinement process are timely. On November 9th, First 5 LA will celebrate the 20th Anniversary of voter enactment of Proposition 10, which created the 58 First 5 County Commissions and First 5 CA. Over the past 20 years, First 5s throughout the state have honored the intent of voters to make young kids a priority by piloting new programs, building comprehensive systems of support for children and their families across our state, and broadening awareness of the importance of the early years.

But our job isn't over. Far too many of our children and families continue to struggle, as evidenced by sobering data related to poverty, housing instability, abuse and neglect, and grade level reading readiness. Now more than ever, to lead is to choose. I'm proud to be a part of First 5 LA, a First 5 – along with the First 5 Network - that is choosing to lead systems and policy change to ensure our kids, all of our kids, enter kindergarten ready to succeed in school and in life. That's why we do what we do.

## **ORGANIZATION-WIDE ACTIVITY HIGHLIGHTS**

### **I. FAMILY SUPPORTS**

#### **First 5 LA, in Partnership with LA County Department of Public Health, Launches Targeted Case Management Implementation with Select Home Visiting Grantees**

On July 25, 2018, First 5 LA and LA County Department of Public Health (DPH) jointly hosted a convening to launch implementation of the Targeted Case Management (TCM) sustainability strategy, aimed at leveraging federal Medicaid funding for investment in home visiting. First 5 LA's participation in TCM is one of many partnership opportunities which have arisen as a result of the 2016 Board of Supervisors home visiting motion. The opportunity enabled DPH, the County administrator for TCM, to

allow non-County entities, such as F5LA, to participate in the program.

The launch event included eighty participants, with representation from all nineteen select home visiting grantee agencies, the Los Angeles Best Babies Network, DPH and First 5 LA. Barbie Robinson, Director, Sonoma County Department of Health Services, and First 5 Sonoma Commissioner, provided the keynote address. Prior to her current appointment, Ms. Robinson worked at the Federal level overseeing the administration of Federal healthcare programs including Medicaid, the Children's Health Insurance Program, and the Medicare Fee for Service program for sixteen years. In her remarks, she emphasized the importance of home visiting grantee participation in Medicaid programs such as TCM. She stated that while the requirements of the program can be burdensome, TCM participation helps to ensure clients' holistic needs are met, expands access to more families, and ultimately aims to improve the overall quality of care for the population.

The implementation launch follows promising results from a pilot in early 2018 which tested the viability of TCM as a sustainability strategy for the select home visiting program. The pilot demonstrated strong alignment between the goals of the TCM program and First 5 LA home visiting models. The pilot also affirmed the opportunity to leverage federal funding for a significant proportion First 5 LA's investment in select home visiting, ensuring greater long-term sustainability for the home visiting system.

### **Foster Care Visitation Application**

In August 2018 the Los Angeles County Board of Supervisors passed a motion to support efforts by the Department of Children and Family Services to more efficiently and effectively complete visits between foster children and their parents. In January 2017, First 5 LA entered into a Strategic Partnership with The Los Angeles County Center for Strategic Public-Private Partnerships to contribute to the initial stages of this project.

In April 2017, the first child welfare-focused hackathon in Los Angeles County (County), #HackFosterCareLA, was held by the Pritzker Foster Care Initiative, the Conrad N. Hilton Foundation, First 5 LA, and the Department of Children and Family Services (DCFS). #HackFosterCareLA was a landmark event that convened partners from the private, philanthropic and public sectors to brainstorm solutions to pressing challenges facing children and youth in the foster care system. Participants spent 26 hours learning about each challenge, then designing technology-based solutions.

One of these challenges focused on facilitating family visitation between children in the foster care system and their biological parents and siblings. Court-ordered family visitations have been consistently linked to positive outcomes, such as fewer behavioral issues and the alleviation of attachment and adjustment disorders, as well as increases in the likelihood of reunification. During #HackFosterCareLA, technology professionals, in partnership with DCFS staff, advocates and others, created a promising proof of concept for a software application (app) scheduling tool that would significantly reduce the time it takes to coordinate, calendar, and confirm family visits, a task that consumes an estimated two million hours of staff time to coordinate four million hours of visits annually.

Sidebench Studios, LLC (Sidebench), a technology consulting firm, has been working with DCFS on the design and development of the scheduling tool, called Time2Connect. Sidebench and DCFS are now poised to complete their work on Time2Connect. DCFS has identified sufficiently flexible funding from its share of 2011 State Realignment funds to finish the work necessary to launch the app and begin to measure its impact.

**Staff Contact:** Barbara Andrade DuBransky (bdubransky@first5la.org)

### **Engaging Fathers**

On September 28<sup>th</sup>, First 5 LA grantee, Friends Outside in Los Angeles County will be organizing a Summit called Fatherhood Against The Odds - a conversation about strengthening relationships

between incarcerated and formerly incarcerated fathers and their children at Los Angeles Trade-Technical College from 9 am to 5 pm.

The purpose of this convening is to raise awareness amongst community service providers, government agencies, and other interested parties about the importance of creating better policies/procedures that result in increased engagement between incarcerated/reentry fathers and their children. Attendees of this event will provide input and recommendations to improve opportunities for men to reengage with their children and families with support from county systems.

**Staff Contact:** Leticia Sanchez (lsanchez@first5la.org)

## II. COMMUNITIES

### **Equity Matters: A Strategic Partnership with the USC Program for Environmental and Regional Equity**

"Young children ages five and under are among the most developmentally vulnerable to adversity, discrimination, and exclusion. ...Government agencies, philanthropies, and non-profits working to address these issues can have impact by recognizing that increasing equity—that is, closing racialized and other gaps—is a vital component to any program, policy, or intervention to enhance early childhood outcomes."

This quote is taken from an exploratory equity brief entitled First 5 LA: A Take on Equity (Attachment A). The brief and fact sheet (Attachment B) are products of a Strategic Partnership that First 5 LA established with USC Program for Environmental and Regional Equity (PERE) in 2017. First 5 LA's investment of \$50,000 leveraged over \$300,000 in contributions to support an effort by USC PERE, PolicyLink and the Weingart Foundation to develop an equity data infrastructure and associated set of tools for Los Angeles County.

This project builds from a larger effort by USC PERE and PolicyLink to highlight the potential impact of inequality on growth and the particular way in which persistent racial disparities may threaten future prosperity. In 2014, they released the National Equity Atlas, the first-of-its-kind resource for data to track, measure and make the case for inclusive growth in communities nationwide. This database incorporates hundreds of data points from public and private data sources for the 100 largest cities, 150 metropolitan regions and all 50 states. With local partners, USC PERE and PolicyLink have developed a robust indicators framework for measuring and tracking demographic change and equitable growth at the state and regional level. The PERE report on local issues, An Equity Profile of the Los Angeles Region, highlights the widening inequities in income, wealth, and opportunity in Los Angeles County and underscores the importance of closing racial gaps in economic opportunity and outcomes as key to the region's future.

The prenatal to age five exploratory brief and fact sheet were two additional products resulting from First 5 LA's contribution to the county analysis. Staff from the Communities Department and Strategic Partnerships Department worked collaboratively with USC PERE to produce these products as important inputs for First 5 LA to deepen its knowledge base and examination of issues related to prenatal to five populations through an equity lens. The brief includes a working definition of equity, the identification of key indicators, such as income, disaggregated by race/ethnicity, and the implications of inequity and disparities for supporting healthy child development in Los Angeles County.

First 5 LA's input and engagement with USC PERE also strengthened their ability to elevate the importance of prenatal to five populations in future equity discussions with other partners in Los Angeles County and within other regions across Southern California.

Although the formal strategic partnership with USC PERE ended in June 2018, the equity profile, prenatal to five brief, and fact sheet remain important resources as First 5 LA continues its policy and systems change work.

**Staff Contact:** Jonathan Nomachi (jnomachi@first5la.org); Alba Bautista, (abautista@first5la.org)

### III. EARLY CARE AND EDUCATION SYSTEMS

#### ECE Comprehensive Fiscal Analysis

As part of implementation of the 2017 Office of Child Protection Prevention Plan, Paving the Road to Safety for our Children: A prevention plan for Los Angeles County, the LA County Office of Child Protection, the Policy Roundtable for Child Care and Development, First 5 LA and other partners are convening the Prevention Plan Early Care and Education Workgroup. The workgroup's first priority has been to develop a comprehensive independent financial analysis to better understand of how funding is allocated to ECE services and systems within LA County. Recently the workgroup received a grant from the County of Los Angeles Quality and Productivity Commission to support the development of the financial analysis and recommendations and improve access to ECE programs. The Prevention Plan ECE Workgroup complements the financial assessment of the ECE sector, a project funded jointly by First 5 LA and the California Community Foundation in partnership with the Non-Profit Finance Fund.

**Staff Contact:** Ofelia Medina (omedina@first5la.org); Debra Colman, (dcolman@first5la.org)

### IV. HEALTH-RELATED SYSTEMS

#### ECCS CoIIN Learning Session in Arlington, VA

Health Systems Department staff attended the Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network (ECCS CoIIN) Learning Session in Arlington, VA on July 17-19. Funded by the federal Maternal and Child Health Bureau, the ECCS grant program is a multiyear initiative to improve early childhood service systems to increase age-appropriate developmental skills among 3-year-old children and reduce developmental disparities. There are currently 12 state grantees and First 5 LA Vice President of Programs Christina Altmayer serves as a faculty advisor to the ECCS grantee, New Jersey Department of Children and Families (DCF).

On behalf of Christina Altmayer, Cristina Pena and Alexandra Parma presented First 5 LA's policy and systems change approach to promoting developmental health, including the rollout of Help Me Grow-LA (HMG-LA). The session presentation was shared with Kimberly Martini-Carvell, Executive Director of the HMG National Center. Many of the current ECCS grantees are implementing the HMG model in addition to their ECCS CoIIN efforts. First 5 LA staff had the opportunity to learn from other states about their approaches to coordinating early childhood systems for improved developmental health. Of particular note, staff were a part of helpful conversations about meaningfully incorporating parent voice and perspective into programmatic and policy actions of early childhood systems.

**Staff Contact:** Alexandra Parma (aparma@first5la.org)

### V. POLICY, PARTNERSHIPS AND COMMUNICATIONS

#### Legislative Agenda

The 2018 Legislative Session came to a close on August 31, 2018. Over the past year, the Policy team was actively engaged in the policy development and advocacy of First 5 LA's Legislative Agenda in Sacramento. First 5 LA took formal support positions on 11 bills aligned with the Policy Agenda approved by the Board in November 2017. Of the 11 bills supported, six bills were passed by both

houses of the legislature, and are now awaiting approval by Governor Jerry Brown. He has until September 30 to approve or veto the legislation. The following bills awaiting signature are: AB 2289 (Weber), AB 2626 (Mullin), AB 2698 (Rubio), AB 605 (Mullin), AB 2960 (Thurmond), and AB 11 (McCarty). In addition, AB 992 (Arambula), which sought to establish the state CALWORKs home visiting program, and SB 982 (Mitchell), which sought to increase grant disbursements to CALWORKs families, were included in June in the Governor's signed 2018-2019 budget.

The Legislative Agenda was spearheaded by the organization's first sponsored legislation, AB 11 (McCarty), which seeks to ensure more children receive timely and appropriate developmental screenings. The legislation aligns with the Policy Agenda outcome related to improving systems to support the optimal development of all children through the earliest screenings, interventions, and connections to family-centered services. From inception, Policy staff worked closely with the author, co-sponsors, and across partners to develop the language for the bill. AB 11 demonstrates First 5 LA's policy and systems change approach, as the legislation has been a tool to highlight and educate the legislature and administrative agencies on the importance of developmental screenings. AB 11 was approved by the legislature, and is now awaiting a decision by Governor Brown.

The Policy team will provide a full update on bills that were approved by the Governor at the upcoming October meeting.

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

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

### **Legislator Engagement**

The Policy team continues to engage with policymakers both in Sacramento and in district offices to discuss First 5 LA's policy and legislative agendas, early childhood priorities, and to build stronger relationships with the elected officials who represent LA County. Meetings included staff and elected officials from the following offices:

- Governor Jerry Brown (CA)
- Senate Pro Tempore Toni Atkins (D-San Diego)
- Senate Appropriations Committee
- Senate Health Committee
- Senator Steven Bradford (D-Gardena)
- Senator Pat Bates (R-Laguna Hills)
- Senator Jim Beall (D-Campbell)
- Senator James Nielsen (R-Roseville)
- Senator Richard Pan (D-Sacramento)
- Senator Scott Wiener (D-San Francisco)
- Assemblymember Autumn Burke (D-Inglewood)
- Assemblymember Kevin McCarty (D-Sacramento)
- Assemblymember Luz Rivas (D-Arleta)
- Legislative Women's Caucus

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

### **LA n Sync Funder Collaborative**

First 5 LA has joined the LA n Sync collaborative, which aims to bring new federal and state funding to Los Angeles County and advocate for the region. LA n Sync is housed and managed by the California Community Foundation, and funded by local and regional philanthropic organizations. Because many federal and state grant applications supported by LA n Sync either require the commitment of significant

matching funds, or are greatly enhanced by the applicant's ability to access these funds, they created the Strategic Response Fund (SRF). Their current priority areas include securing funding from the Volkswagen settlement for Los Angeles County, 2020 Census, LA Counts, and CalFresh. SRF is a matching fund pooled by a consortium of philanthropies to increase the competitiveness of major federal and state grant applications.

Strategic Partnerships and Communities Department staff are working with LA n Sync to ensure that Los Angeles County is one of the CalFresh Fruit and Vegetable Electronic Benefit Transfer (EBT) Pilot sites. CalFresh is a significant opportunity for LA n Sync to engage in systems-level change within the realm of government entitlements. LA County loses approximately \$1.2B in federal subsidies each year due to inadequate subscription to the USDA SNAP (CalFresh in California) program. In May of 2017, the LA County Board of Supervisors motion directed Department of Social Services to increase CalFresh participation in LA County by 20% in the next two years.

The California Human Services Omnibus Budget Bill includes the statutory language from SB 900 (Wiener) and full funding for pilot implementation. The funding is expected to come to \$9 million in total, and includes: EBT programming upgrades to support CalFresh Fruit and Vegetable financial incentives; grants for local entities to implement pilot projects; and funding for the fruit and vegetable purchase incentives. The Department of Social Services will begin planning for the implementation of this initiative later this year. The funding will remain for pilot implementation for three years.

**Staff Contact:** Alba Bautista (abautista@first5la.org); Natasha Moise, (nmoise@first5la.org)

#### **Pasadena Early Learning Meeting - August 2018**

On July 18, 2018, Community Relations Department staff convened civic and community-based organizations and representatives of local and state elected officials to discuss opportunities to expand the City of Pasadena's support for its goal to be an Early Learning City by 2025. The City of Pasadena has shown strong leadership by adopting an Early Childhood Policy and establishing the Office of the Young Child. This meeting builds off of a May 2018 meeting Community Relations Department staff convened with organizations to gauge their interest in advocating to the City of Pasadena for stronger supports for early childhood development. At the July 2018 meeting the group focused on what funding, specifically, Cannabis tax revenues, can be garnered to help the City of Pasadena carry out its vision for young children. To inform this discussion the group reviewed data from various sources, including information collected through the Education Development Index (EDI) that shows the percentage of children ready for kindergarten in Pasadena dropped from 2014 to 2016. The group discussed strategies for developing messaging and engaging City Councilmembers and other stakeholders. The meeting was attended by the Altadena Children's Center, Child Care Alliance of LA, Children Now, City of Pasadena Office of the Young Child, Common Sense Action for Kids, Foothill Family Services, HillSides, LA Preschool Advocacy Initiative (LAPAI), LA County Office of Advancement of Early Education, Options, Young and Healthy, and staff representing Pasadena City Councilmember Victor Gordo, Senator Anthony Portantino and Assemblyman Chris Holden.

**Staff Contact:** Bill Gould (BGould@first5la.org)

#### **City of Los Angeles Cannabis Tax Measure Proposal**

Over the last few months, the City of Los Angeles was considering a November 2018 ballot measure to establish a Cannabis Reinvestment Trust Fund that would set-aside resources for early childhood and youth development programs. On July 31, 2018, the City Council decided to eliminate the November 2018 Cannabis tax ballot measure and amended the motion to have the City's Budget and Finance Committee explore ways to establish funding for child and youth development programs from the General Fund. The City Council then asked for the Chief Legislative Analyst's Office to return with a report to the Budget and Finance Committee within 45 days for further discussion. While the original focus of dedicated funding from Cannabis tax revenues for child and youth development did not come to fruition, First 5 LA's work with the coalition has yielded the opportunity to advocate for dedicated funding

for LA's children and youth via a different funding source. Community Relations Department staff will establish meetings with members of the Los Angeles City Budget and Finance Committee in August 2018 and will continue to advocate for funding to support children and youth.

**Staff Contact:** Alejandra Marroquin ([amarroquin@first5la.org](mailto:amarroquin@first5la.org))

### **National Family and Community Engagement Conference, Cleveland, Ohio**

From July 9th through July 12th, colleagues from the Communities and Community Relations Departments presented at the 2018 National Family and Community Engagement Conference in Cleveland, OH, and held a workshop titled, "Co-Leading with Parents & Caregivers for Community, Policy and Systems Change." The conference is an annual convening where school administrators, educators, families, and others come together to focus on solutions to enhance and expand engagement through family-school-community partnerships. This year's conference theme was "Organize. Harmonize. Amplify."

Based on this year's theme the workshop co-lead by the Communities and Community Relations Departments focused on past successes and lessons learned from previous parent engagement opportunities, and ways that First 5 LA continues to transform its relationship with parents and caregivers. Highlights included: an overview and mission of First 5 LA; Policy and Systems Change as First 5 LA's new framework for improved community and family systems; Best Start as a centerpiece for how First 5 LA incorporates the parent/caregiver perspective; lessons and best practices learned through Best Start to continue to build the work of Best Start; and exploring new opportunities to partner with parents/caregivers to identify and advance for policy and systems change priorities at the community level.

**Staff Contact:** Rafael González ([rgonzalez@first5la.org](mailto:rgonzalez@first5la.org)); Joaquin Calderon, ([jcalderon@first5la.org](mailto:jcalderon@first5la.org))

### **City of Long Beach Inauguration - August 2018**

On July 17, 2018, Community Relations Manager Leanne Drogin attended the City of Long Beach Inauguration Ceremony in which nine elected officials were sworn in. All nine officials were reelected to their respective offices. The nine officials included the Mayor; Councilmembers from Districts 1, 3, 5, 7, and 9; City Attorney; City Auditor; and City Prosecutor. During the Mayor's first term in office he established the Mayor's Fund for Education which focuses on early childhood education, internship opportunities, and improving college completion. First 5 LA has several investments and collaborations in the City of Long Beach such as Best Start, Welcome Baby, Home Visitation, Black Infant Health, Fatherhood Initiative, the Mayor's Fund for Education, and Long Beach Trauma and Resiliency Informed Taskforce.

**Staff Contact:** Leanne Drogin ([Ldrogin@first5la.org](mailto:Ldrogin@first5la.org))

### **BizFed's 4th Annual Freshman Policymaker's Party**

Staff from the Strategic Partnerships, Community Relations, and Public Policy & Government Affairs Departments attended BizFed's 4th Annual Freshman Policymaker's Party on Thursday, August 2nd. BizFed is an alliance and advocacy organization that unites more than 170 chambers, and 390,000 businesses, trade associations, minority business groups, and economic development organizations. They serve as a bridge between government and business in L.A. County, advocating for policies and projects that support the regional economy. The event introduced over 20 newly elected officials to the business community. It also created important opportunities to introduce First 5 LA to new partners, elevate our policy agenda, and emphasize the direct impact of early childhood investments on community development and successful economic growth.

Elected officials included:

Honorable Maxine Waters (D)  
U.S. Representative (43rd District)

Honorable Ling Ling Chang (R)  
State Senator (29th Dist.)

Honorable Laura Friedman (D)  
State Assemblymember (43rd Dist.)

Honorable Sydney Kamlager-Dove (D)  
State Assemblymember (54th Dist.)

Honorable Luz Rivas (D)  
State Assemblymember (39th Dist.)

Honorable Jesse Gabriel  
State Assemblymember (45th Dist.)  
Honorable Steven Bradford (D)  
State Senator (35th Dist.)

Jess Talamantes  
Council Member, Burbank

Chris Pimental  
Council Member, El Segundo

Norm Zezula  
Council Member, La Habra Heights

Susan Rubio  
Council Member, Baldwin Park

**Staff Contact:** Kim Milliken Hayden (kMilliken\_Hayden@first5la.org); Jamie Zamora, (jzamora@first5la.org)

### **Propel LA's 88 City Summit**

Staff from the Strategic Partnerships, Community Relations, and Communities Departments attended Propel LA's first annual 88 Cities Summit on Thursday, August 2nd. Propel LA is the Los Angeles Economic Development Corporation's (LAEDC) department implementing their 2016-2020 Countywide Strategic Plan for Economic Development. As a lead partner, First 5 LA is working closely with LAEDC and Propel LA to implement their goals and strategies which are closely aligned with First 5 LA's Strategic Plan.

The event convened over 90 municipal leaders, elected officials, higher education partners, and community partners. Speakers including Tommy Newman (United Way of Greater Los Angeles), Dr. Fernando Guerra (Leavey Center for the Study of Los Angeles, Loyola Marymount University), and Doug Baron (County of Los Angeles, Office of Chief Executive Officer) focused on a variety of topics impacting Los Angeles including homelessness and the housing crisis. The keynote was given by the Honorable Julian Castro, former U.S. Housing and Urban Development Secretary and Mayor of San Antonio, TX. The convening allowed elected officials to build awareness of First 5 LA, and staff to

engage with municipal and community leaders to begin cultivating early childhood champions, and identifying future partnership opportunities which advance our mutual goals.

**Staff Contact:** Kim Milliken Hayden (kMilliken\_Hayden@first5la.org)

### **LA Partnership for Early Childhood Investment/SCG: Education Panel**

On July 11, 2018, First 5 LA staff from the Programs and Policy and Strategy Divisions attended 'The Children's Trust: A Plan to Create Health Equity for All California Children' discussion with Alex Briscoe, former Director of the Alameda County Health Care Services Agency. The Children's Trust is a new initiative to leverage the power of behavioral health supports and strategies—and the resources behind them—to achieve healthy development and health equity for all children in California.

For the first time in our state's history, almost all children (97%) are covered by health insurance with a behavioral health benefit. These supports, which influence a person's behaviors and life choices to affect their overall health and wellness, could be applied across all child-serving systems. Yet the majority of children do not access this benefit, resulting in significant unmet need. Currently \$2.5 billion of unspent county and state mental health funds are eligible for federal match. These resources create an opportunity to generate significant new federal revenue dedicated to serving children living in poverty, and to close the gap between unspent public resources and unmet family needs.

Additionally, the Medi-Cal waivers (1915(b) and 1115)) are due for renewal in 2020, which presents an opportunity to transform the behavioral health system of care into a health equity tool. These funding and policy opportunities also have implications for the Health Systems strategies of trauma and resiliency informed systems change and Help Me Grow by increasing access to quality developmental screenings and interventions.

**Staff Contact:** Alba Bautista (abautista@first5la.org)

### **Immigration**

On July 23, staff from the Strategic Partnerships, Community Relations, Early Care & Education (ECE), Policy, and Family Supports Departments attended an immigration summit facilitated by the California Community Foundation (CCF), National Association of Latino Elected and Appointed Officials (NALEO), and Asian Americans Advancing Justice. This was the fourth and final event in a series of convenings funded in part by First 5 LA's Strategic Partnership with CCF, in support of their Deportation Defense Fund and work surrounding immigration issues. The specific focus of this event was ECE, though a wealth of information was presented on topics such as public charge, temporary protected status, the 2020 Census and hard-to-count populations, and the harmful effect of current immigration policies and enforcement on young children. Staff continue to monitor those issues most aligned with their work, in particular the Census, public charge, and the traumatic effects on children and families. Staff also continues to share learnings at the org-wide Immigration Workgroup meetings. The California Community Foundation will provide a final report on their work with First 5 LA funding at the conclusion of their contract at the end of October 2018.

**Staff Contact:** Gabriel Dee (gdee@first5la.org); Leticia Sanchez, (lsanchez@first5la.org)

### **Census 2020 Long Beach Convening**

Community Relations staff attended the "Census 2020 Regional Convening Long Beach" at the Long Beach Convention Center on Thursday, August 2nd. The convening was hosted by the California Governor's Office of Planning and the Research California Complete Count team. The convening included local groups, nonprofits, K-12, higher education, faith-based, city and county representatives interested in Census 2020 state and federal efforts. Guest speakers included California State Assembly Speaker Anthony Rendon (63rd District), Assemblymember Mike Gipson (64th District), Mayor of Long Beach, Robert Garcia and Dorothea Park, Chief Executive Office, County of Los Angeles.

Attendees received information on the challenges that specific populations at risk of being undercounted in the upcoming census face including children 0-5. As many as 500,000 young children 0-4 were undercounted in the 2010 Census. The state committee will work on a Statewide Outreach Strategy with input from a total of 24 convenings across California in an effort to respond to such challenges and

ensure a full and accurate count, and will inform all attendees once it becomes available.

**Staff Contact:** Fabiola Montiel (fmontiel@first5la.org)

### **The Raising of America**

During the month of August, Communications and Community Relations teams coordinated a Brown Bag screening of a five part documentary series titled, "The Raising of America." As an optional activity, First 5 LA staff were encouraged to attending screenings of episodes that explored how a strong start for all kids can lead to a healthier, safer, better educated, more prosperous and equitable country. In collaboration with the Integration and Learning department, attendees also had the opportunity to engage in facilitated pair-sharing and group discussions following two of the screenings. An average of 30 staff participated in each screening and discussion.

**Staff Contact:** Fabiola Montiel (fmontiel@first5la.org); Marlene Fitzsimmons, (mfitzsimmons@first5la.org)

### **Earned Media - Sacramento Bee "California Influencer Project" Features Executive Director Kim Belshé.**

This past June, First 5 LA Executive Director Kim Belshé was officially named as part of the Sacramento Bee and McClatchy News Service's "California Influencer" project. They have assembled a group of more than 50 of our state's respected political and policy experts to weigh in with their thoughts and ideas throughout the 2018 election season.

Executive Director Belshé's responses, along with those of other influencers, have been printed regularly in The Bee and McClatchy affiliated newspapers and posted on their websites. This is a great example of using influence to make an impact. By asking for input, and then sharing, the Bee hopes to drive the debate on issues. For First 5 LA, it's an opportunity to help shape this debate and make a greater impact for kids. The following are links to recent articles:

California's biggest environmental challenges? Water. Climate change. Political hot air:  
<https://www.sacbee.com/news/politics-government/influencers/article216465815.html>

'Pie in the sky' and a 'faux' plan: Influencers discuss health care and the governor's race:  
<https://www.sacbee.com/news/politics-government/influencers/article217284385.html>

More information on the project and the latest responses can be found at this website:  
<https://www.sacbee.com/news/politics-government/influencers/article217284385.html>

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

### **Opinion Editorial on Lack of Preschool Access for Parents**

On August 14, 2018, the San Jose Mercury News published an opinion editorial authored by First 5 LA's Vice President of Policy & Strategy Kim Pattillo Brownson and Bruce Fuller, a professor of education and public policy at UC Berkeley, to raise awareness around the lack of childcare options so many California families face. The op-ed discussed a UC Berkeley study that shows only 1 in 2 California preschoolers will find a space as parents ready their kids to go back to school. The op-ed can be found at <https://www.mercurynews.com/2018/08/14/opinion-back-to-school-optimism-try-finding-child-care-preschool/>

Additional media coverage included:

**LAist.com:** "Lots Of LA 4-Year-Olds Are Going to Preschool — But It Depends On Where You Live"

[http://www.laist.com/2018/07/25/lots\\_of\\_la\\_4-year-olds\\_are\\_going\\_to\\_preschool\\_but\\_it\\_depends\\_on\\_where\\_you\\_live.php](http://www.laist.com/2018/07/25/lots_of_la_4-year-olds_are_going_to_preschool_but_it_depends_on_where_you_live.php)

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

### **Levitt Pavilion Free Summer Concerts Series**

The Levitt Pavilion Summer Music Festival offered over 50 free family-friendly concerts by Grammy-winning artists and up-and-coming performers. Nightly features included a food court, vendors including community based organizations, and kid-friendly activities. The series included Latin, Jazz, Americana, World Music, Children's Night, and dance shows. First 5 LA provided a booth with resources for families, including Parenting Guides, Fathers Resource Guides, the First 5 LA Brochure, and a Potter the Otter book or tambourines. We also hosted an arts and crafts table for the children in attendance. Each week the craft/activity varies from creating musical instruments, to coloring, and engaging children in motor and writing development skills.

Estimated attendance: 200-400 families at each show

The following are the dates of First 5 LA sponsored events:

Sunday Aug 12<sup>th</sup>  
Levitt Pavilion LA  
MacArthur Park, Los Angeles

Sunday Aug 19<sup>th</sup>  
Levitt Pavilion LA  
MacArthur Park, Los Angeles

Sunday Aug 26<sup>th</sup>  
Levitt Pavilion LA  
MacArthur Park, Los Angeles

**Staff Contact:** Marlene Fitzsimmons (mfitzsimmons@first5la.org)

### **World Breastfeeding Celebration, Van Nuys, CA, Saturday Aug 11th**

The event was held in celebration of World Breastfeeding week (August 1 – August 7, 2018). The purpose of the health fair was to provide women in the community with a variety of available breastfeeding resources. As a community partner, First 5 LA participated with a booth and provided resources to families. Parenting Guides, Fathers Resource Guides, First 5 LA brochures, and breastfeeding resources were distributed, in addition to Children's Indestructible picture books designed for infants and babies.

Estimated attendance: 75 families attended the health fair

**Staff Contact:** Marlene Fitzsimmons (mfitzsimmons@first5la.org)

### **Assemblymember Richard Bloom Event: Family Resource Fair & Backpack Give-a-way, Saturday Aug 25<sup>th</sup>**

*Yucca Community Center, Hollywood, CA*

First 5 LA was invited by Asm. Bloom's office to participate as a community partner at the Family

Resource Fair and Backpack giveaway event. At the event, the First 5 LA booth served as a touchpoint for families to learn more about resources in their communities. Parenting Guides, Fathers Resource Guides, First 5 LA Brochures, and practice writing books were distributed to families with children 0-5 in attendance.

Estimated attendance: 300

**Staff Contact:** Marlene Fitzsimmons (mfitzsimmons@first5la.org)

**Speaker Anthony Rendon – Back-to-School Event, Saturday Aug 25th**

*South Gate Girls Club House, 4940 Southern Avenue, South Gate, CA 90280*

First 5 LA was invited by Speaker Rendon's office to participate as a community partner. The event was an annual backpack giveaway in service of local communities and children. More than 600 backpacks full of school supplies were given away to kids from all over the 63rd Assembly District. At the event, the First 5 LA booth served as a touchpoint for families to learn more about resources in their communities. Parenting Guides, Fathers Resource Guides, First 5 LA Brochures, children's writing workbooks, and other materials were distributed to families in attendance.

Estimated attendance: 600 families

**Staff Contact:** Marlene Fitzsimmons (mfitzsimmons@first5la.org)

**National Association of Commissions on Women Conference**

Fabiola Montiel, Community Relations Manager, and Kim Milliken Hayden, Strategic Partnerships Specialist, attended the 48th Annual National Association of Commissions on Women conference on Friday, August 3rd. Councilmember Monica Rodriguez (7th District, Los Angeles City Council) and Patricia G. Greene (Department of Labor, Director of the Women's Bureau) provided opening remarks on the intersections of health, wealth, and women to over 100 commissioners and advocates from across the country. Other sessions and panels addressed the lack of affordable childcare, women entrepreneurs, gender equity, health, domestic violence, and infant mortality. First 5 LA staff contributed to the conversation around L.A. County's plans for gender equity and the impact on economic growth by highlighting our policy agenda and critical advocacy work on behalf of L.A.'s youngest residents and their families.

**Staff Contact:** Kim Milliken Hayden (kMilliken\_Hayden@first5la.org); Fabiola Montiel (fmontiel@first5la.org)

**VII. LEGACY INVESTMENTS**

**Prenatal to Age 5 Workforce Development (P-5 WFD) Project Update**

The Prenatal to Age 5 Workforce Development (P-5 WFD) Project was a five-year First 5 LA investment led by ZERO TO THREE (ZTT) that ended on June 30, 2018. Designed to facilitate cross-sector collaboration among early childhood professionals in order to better serve young children and their families, the P-5 WFD Project included the development of Cross-Sector Core Competencies and a training program to embed these competencies in the field. Over the course of the project, a total of 165 LA County professionals participated in training, representing five sectors: physical health, mental health, child welfare and social services, early identification and intervention and early care and education. Based on survey data, 96% of participants gained a new appreciation to promote cross-sector collaboration, cooperation with professionals in related sectors, and cross-sector communication and information sharing, and 95% realized the need for a common language among professionals and core competencies that could be used as a foundation for collaboration and cooperation across the sectors. The data collected from the participants is reflected in ZTT's report, Findings and Recommendations for Cross-Sector Work in the Prenatal to Age Five Workforce.

Though First 5 LA's investment in the P-5 WFD Project has ended, the Cross-Sector Core Competencies developed through the project continue to serve as the framework for all of ZTT's professional development offerings. P-5 professionals from across the country can connect to learn by visiting the ZTT Learning Center where, in addition to the wide range of existing ZTT content, the P-5 Cross-Sector Core Competencies and online lessons will be available for a fee starting in October 2018. For LA County professionals, however, ZTT will continue to host a unique user community, free-of-charge, for up to 500 P-5 professionals per year for a period of 3 years. Professionals throughout Los Angeles will therefore continue to have access to the Competencies and online training at no cost to the participant.

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

## VIII. ADMINISTRATION & ORGANIZATIONAL DEVELOPMENT

*Nothing to highlight for this month.*

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

### **Northeast Valley Health Corporation (NEVHC) 45th Anniversary Gala and the League of Women Voters of Los Angeles "Celebrity Leadership Awards"**

During September 2018, First 5 LA will co-sponsor the Northeast Valley Health Corporation (NEVHC) 45th Anniversary Gala, and the League of Women Voters of Los Angeles "Celebrity Leadership Awards".

Leading with the mission to provide quality, safe and comprehensive primary health care to medically underserved residents of Los Angeles County, the Northeast Valley Health Corporation (NEVHC) provides over 300,000 patient visits annually. By the end of 2018, NEVHC will operate 17 health centers and 13 WIC centers-- work that furthers First 5 LA's collective vision for Communities, Early Care and Education Systems, Family Supports and Health-Related Systems. The 45th Anniversary Gala will take place on Thursday, September 20, 2018, at the Taglyan Cultural Complex. This event will feature special guest Dolores Huerta (President of the Dolores Huerta Foundation) and honor the following as champions in healthcare: The Honorable Tony Cárdenas (U.S. Congressman, 29th District); James Garrison (President, Pacific Federal, LLC); Carol Kim (Vice President of Community Investments & Public Affairs, Health Net); Bernie Klein, MD (Chief Executive, Providence Holy Cross Medical Center); Roger Seaver (President/CEO, Henry Mayo Newhall Hospital); Judith Maass, RN, NP (CEO, Olive View-UCLA Medical Center); and Gustavo Valdespino (President/CEO, Valley Presbyterian Hospital).

The 2018 Celebrating Leadership Awards, hosted by League of Women Voters of Los Angeles, will take place on Saturday, September 29, 2018, and honor Mayor Eric Garcetti, City of Los Angeles (Voting Rights Champion Award); Madeline Janis, Jobs to Move America (Community Advocate Award); and Raquel Beltran, Pat Brown Institute (League Activist Award). The League of Women Voters of Los Angeles is a non-partisan organization that encourages informed and active participation in government, works to increase understanding of major public policy issues, and influences public policy through advocacy on behalf of child care, early care and education, family leave and prenatal health care. The organization's annual event, Celebrating Leadership Awards honors leaders who have demonstrated, through their professional and civic work, a dedication to the values and goals upon which the League of Women Voters was established in 1920.

**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 June 22, 2018 and August 27, 2018. Copies of the executed contracts can be found here: <http://www.first5la.org/postfiles/files/Sept2018EDContracts.pdf>

### **#09476 THE ADVANCEMENT PROJECT– Contract Amount: \$74,400**

**Contract Period: 7/3/2018–5/31/2019**

The Contractor will engage in early care and education advocacy within the Los Angeles Unified School District (LAUSD) to impact the LAUSD's 2018-19 budget and the initial development of the 2019-20 budget.

### **#09411 BUMPERCAR, INC.– Contract Amount: \$74,950**

**Contract Period: 7/1/2018–6/30/2019**

The Contractor provides media planning and buying services to support public education efforts of the Communications Department at First 5 LA.

### **#08952 DEBORAH DARO TUGGLE – Contract Amount: \$45,712**

**Contract Period: 7/1/2018–6/30/2019**

The Consultant will provide assistance around program development and the Oversight Entity regarding ongoing quality assurance improvement for Welcome Baby. Welcome Baby provides Los Angeles County pregnant women and new moms with information, support and a trusted partner to help through the journey of pregnancy and early parenthood. The Consultant will deliver recommendations and appropriate measurement techniques on research questions and provide assistance to the development of available system linkages for extending Welcome Baby reach and impact. The Consultant will also will provide guidance to First 5 LA's Public Policy & Government Affairs staff on strategic opportunities and guide the development, implementation and oversight of planned, ongoing and current studies about First 5 LA's Family Strengthening programs.

### **#10096 HEALTH MANAGEMENT ASSOCIATES, INC.– Contract Amount: \$74,500**

**Contract Period: 8/1/2018–6/30/2019**

The Contractor provides technical expertise, assistance and support to the Family Supports and Health Systems Departments in several areas including partnership development, sustainability strategy development and fund leveraging, particularly with LA County departments and health plans.

### **#06740 HEALTHREACH – Contract Amount: \$30,450**

**Contract Period: 7/1/2018–6/30/2019**

The purpose of this contract is to provide First 5 LA with assistance in implementation of the Medi-Cal Administrative Activities (MAA) Program. The activities in the Contractor's scope of work include MAA coordination and administration, claiming plan implementation and training for First 5 LA staff and grantees, and ongoing technical assistance.

**#10086 HEATHERLYNN GONZALEZ – Contract Amount: \$28,800**

**Contract Period: 7/1/2018–6/30/2019**

The Contractor will provide verbatim stenographer services for all First 5 LA Commission and Special Commission/Program & Planning Committee meetings. These transcripts are used as official records (minutes) of the Board meetings.

**#09398 JANE HAMMERSLOUGH – Contract Amount: \$68,400**

**Contract Period: 7/1/2018–6/30/2019**

The Contractor is a writer for the development of publications to support First 5 LA's Family Strengthening public awareness efforts, including the quarterly Parenting Guide, online content and other collateral print materials.

**#09068 JULIA ANN JUSTUS DBA JUSTUS MCGINITY EXECUTIVE SEARCH – Contract Amount: \$74,400**

**Contract Period: 7/1/2018–6/30/2019**

The project is to conduct executive recruitment services for First 5 LA on an as needed basis throughout the 2015-2020 Strategic Plan period. The Consultant will complete the following for each recruitment: develop position description; develop marketing description and strategy for advertising positions; conduct research and create prospect and source contact list; develop candidate dashboard; create and administer written assessment tool; create and administer oral presentation if needed; recommend final candidates; manage selection process; facilitate deliberation meeting; prepare reference report; and provide contract negotiation and onboarding recommendations.

**#10037 MERCURY PUBLIC AFFAIRS LLC – Contract Amount: \$45,831**

**Contract Period: 7/23/2018–6/30/2019**

The Contractor will provide strategy consultation and support to First 5 LA staff on the LA City Community Reinvestment Fund Policy and Strategy Development. The Contractor will secure meetings with a variety of LA City Councilmembers, develop a strategy on how to approach the Councilmembers regarding the newly restructured Community Reinvestment Trust Fund language, work with First 5 LA on messaging for education purposes for a possible ballot initiative in the November 2018 election and provide consultation to First 5 LA and other partner organizations that are jointly working on this effort.

**#10009 MY TEAM EFFORT INC.– Contract Amount: \$52,500**

**Contract Period: 7/1/2018– 6/30/2019**

This project will involve providing guidance on the development of the Stronger Families Database Reporting data dashboard, which will be implemented for First 5 LA's home visiting programs as well as support in technical assistance in database management and priorities.

**#10091 SOUTHERN CALIFORNIA GRANTMAKERS – Contract Amount: \$74,500**

**Contract Period: 6/25/2018–6/24/2019**

Southern California Grantmakers is the fiscal sponsor for the County of LA's Center for Strategic Public Private Partnerships. In partnership with the Child Welfare Funders Collaborative, this project will eliminate the backlog to approve resource families within the Los Angeles County Department of Children and Family Services (where children 0-5 are disproportionately impacted) and develop a new process to prevent future backlogs.

**#09408 SUSAN SMALLEY DBA SMALLEY CONSULTING GROUP – Contract Amount: \$32,500**

**Contract Period: 7/1/2018–6/30/2019**

First 5 LA launched an organization-wide training initiative for all its employees in 2016. The Contractor will provide organization-wide training as needed to assist with professional development for the staff of First 5 LA.

As a part of the Kindergarten Readiness Assessment (KRA) project, various school districts across Los Angeles County are collecting Early Development Instrument (EDI) data. This is a population level

assessment that provides insight into young children's readiness for kindergarten, as well as highlights population wide vulnerabilities in 5 development domains. Once data is collected, school districts in partnership with community agencies will engage teachers and community stakeholders in understanding the results. Participating communities will attend quarterly So Cal EDI Learning Exchange meetings to share lessons and best practices with others collecting EDI data. Additionally, districts/communities will receive individual coaching from UCLA. Five contractors for KRA are included in this report below:

**#10019 CITY OF PASADENA – Contract Amount: \$73,491**

**Contract Period: 7/1/2018–6/30/2019**

In FY 18-19, the Grantee will conduct Action Planning Conversations using EDI data and will create an Early Childhood Hub Plan. The Grantee will also host a series of parent action planning conversations and will develop a communications plan centered on the EDI data.

**#10018 CONNECTIONS FOR CHILDREN– Contract Amount: \$65,991**

**Contract Period: 7/1/2018–6/30/2019**

In FY 18-19, the Grantee will conduct a follow-up teacher convening about the EDI data and prepare for early learning alignment. The Grantee will conduct two stakeholder conversations regarding EDI data and will conduct three focus groups to gather insights and develop an Early Learning Systems Alignment Toolkit.

**#10014 EL MONTE CITY SCHOOL DISTRICT– Contract Amount: \$73,493**

**Contract Period: 7/1/2018–6/30/2019**

In FY 18-19, the Grantee will co-host an Early Childhood Community Event. The Grantee will also co-design and distribute a neighborhood survey based on the Protective Factors to overlay with EDI data. Once the data is overlaid, the results will be shared with parents, community members and stakeholders. The results will also be shared with principals and administrators, kindergarten teachers, preschool and pre-K teachers, as well as early childcare providers. Additionally, the Grantee will host EDI conversations using the café model with residents and parents at partner host sites. Lastly, the Grantee will develop a communications plan for sharing the results and will provide trauma-informed care professional development training for early childhood educators and staff.

**#10040 MOUNTAIN VIEW SCHOOL DISTRICT– Contract Amount: \$30,710**

**Contract Period: 7/1/2018–6/30/2019**

In FY 18-19, the Grantee will co-host an Early Childhood Community Event. The Grantee will also co-design and distribute a neighborhood survey based on the Protective Factors to overlay with EDI data. The Grantee will develop an Early Childhood At-A-Glance Information Flyer for distribution and host one Pre-School and Kindergarten Articulation Meeting. Lastly, the Grantee will host two Coffee Chats with parents about community-wide EDI results and two Family Workshops on strategies that address needs identified in the EDI.

**#10020 ROSEMEAD SCHOOL DISTRICT– Contract Amount: \$30,735**

**Contract Period: 7/1/2018–6/30/2019**

In FY 18-19, the Grantee will co-host an Early Childhood Community Event. The Grantee will also co-design and distribute a neighborhood survey based on the Protective Factors to overlay with EDI data. The Grantee will also host two Coffee Chats with parents about community-wide EDI results and will design and develop web based and print communications related to EDI results and other Early Childhood data.

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

# FIRST 5 LA: A TAKE ON EQUITY



Photo Credits : Joey Zanotti & Salvation Army USA West

## JUNE 2018

Prepared by PolicyLink and the USC Program for Environmental and Regional Equity (PERE)  
Lead researcher and writer: Edward Muña

## SUMMARY

Today it is accepted that early childhood interventions have long-term benefits for children. Despite this evidence, an increasing number of children face poverty, lack adequate education, and have poor health outcomes. Through a survey of the literature as well as an analysis of demographic data, we have found that childhood inequities are a significant and growing concern for those working to impact young children. Children of color disproportionately face barriers to housing, education, and health care access. Which is a troubling finding when we consider that children of color constitute a majority of young children.

More importantly young children ages five and under are among the most developmentally vulnerable to adversity, discrimination, and exclusion. These barriers are the legacy of historical inequities faced by communities of color in housing, education, and health policy. As such, government agencies, philanthropies, and non-profits working to address these issues can have impact by recognizing that increasing equity—that is, closing racialized and other gaps—is a vital component to any program, policy, or intervention to enhance early childhood outcomes.

This brief was written by the PolicyLink/PERE partnership to advise First 5 LA on how to make equity operational.

## INTRODUCTION

While the nation is projected to become majority non-white by 2044, Los Angeles County reached that milestone in the 1980s. Since then, Los Angeles has experienced dramatic demographic transformation—driven, in part, by an influx of immigrants from Latin American and Asia. Today, demographic shifts—including migration trends—have slowed but the effects are evident particularly when looking at the county’s youngest residents.

Today, children of color constitute a majority of young children ages five and under and they are facing significant inequities. Los Angeles is the seventh most unequal among the largest 150 metro regions in the U.S. Poverty and working poverty rates for families with children under five are higher than the state average. Racialized income and early childhood education gaps persist. To ensure a thriving Los Angeles, leaders in the private, public, and nonprofit sectors must commit to putting all children on the path to success through equity-focused strategies to grow good jobs, build skills for work, remove barriers, and expand opportunities for children left behind.

## WHY EQUITY MATTERS FOR FIRST 5’S TARGET OUTCOMES

The first five years of a child’s life are the most critical for mental, physical, and social development. More than 90 percent of a child’s brain develops by age five (Huelke 1998). During these years, the child rapidly adapts and grows in response to their surroundings, allowing them to acquire the abilities and skills necessary to thrive. Recognizing the importance of this time in a child’s life, First 5 LA was established to invest funds from tobacco taxes into early childhood education and parent services in Los Angeles County.

In the early years of First 5 LA, its key priorities were to improve access to affordable and quality early childcare and education as well as developing ways to enhance education programs for children (First 5 LA 2017). Since then, First 5 LA has shifted its approach towards achieving meaningful, lasting change that addresses the complexity of the challenges faced by young children and their families. As a result, the organization has four

86 target outcomes:

- **Families:** Increased family Protective Factors
- **Communities:** Increased community capacity to support and promote the safety, healthy development, and well-being of children prenatal to age 5 and their families
- **Early Care and Education Systems:** Increased access to high-quality early care and education
- **Health-Related Systems:** Improved capacity of health, mental health, and substance abuse services systems to meet the needs of children prenatal to age 5 and their families

As the organization evolves, the challenges that children face are evolving as well. One particular aspect, and the focus of this paper, is the importance of equity in addressing the key challenges for young children. Children, but particularly young children of color are at risk for lifelong poverty, poor health outcomes, and educational setbacks.

Many of these risks are linked with historic adversity, discrimination, and exclusion faced by their communities in housing, education, and health care access (e.g. Avila 2004). At the core of these issues is an economic and governing system that has either ignored inequity or even put into place discriminatory public policy that denies good quality jobs, access to health care and opportunity to communities of color through red lining, segregation and historic disinvestment (Katznelson 2005). This trend cannot continue, not only for the immediate wellbeing of the children, but also for the future health of society and the economy. In order to strengthen the prospects for our future, we need to look at efficiency and effectiveness through a new lens -- just growth.

Research teaches us that the path to a thriving economic future must include equity. Institutions like the International Monetary Fund, the OECD, and Standard & Poor's are contributors to the growing body of evidence that finds that lower inequality contributes to economic success. The latest data analyses find that inequality hinders economic growth and prosperity, while greater economic and racial inclusion fosters economic mobility and stronger growth (Berg and Ostry 2011).

Other research emphasizes how diversity contributes to innovation, problem solving, and business success. Businesses with a more diverse workforce achieve a stronger bottom-line and higher market share (Herring 2009). Sustainable economic growth requires equity to be at its heart (Benner and Pastor 2012).

This paper applies the lens of just growth and equity taken from Policylink/PERE's work to the key outcome areas for First 5 LA, utilizing literature from the field as well as analyzing data trends to shine a light on the inequities faced by young children of color. The research shows that in each key outcome area significant racial disparities exist for young children of color. This makes a case for equity as a key consideration when addressing challenges across health, families, communities and neighborhoods, and early childhood education.

## Health

Early childhood is when children of color can experience significant health setbacks or even death. The literature on young children emphasizes that inequities experienced in early life have negative effects on the future success of many children. Recent infant mortality rates show that Black newborns are more than three times as likely to die in the first year of their life when compared to their white counterparts and Latino newborns almost twice as much (California Department of Public Health 2016). In addition, trauma experienced by communities of color can disrupt important developmental changes in young children that lies the groundwork for social orientation, brain function, and physical health. Toxic stressors like abuse, violence, malnutrition, or neglect, can cause the brain to "rewire" itself in order to survive and adapt to stressful situations creating serious cognitive, memory, and linguistic challenges (Wilson and Conyers 2013). Children of color who may suffer these developmental battles are also less likely to receive a diagnosis at an early age. Around a quarter of children under the age of six are at risk for developmental and behavioral delays (First 5 LA 2018a). Yet, despite the prevalence of these delays, there are lower screening rates for Latino, Black, and Asian-American/Pacific-Islander children in California leading to delayed diagnosis (Zuckerman et al. 2014).

## Early Childhood Education

In the case of autism spectrum disorder (ASD), doctors often diagnose children of color at older ages and with more severe symptoms (Zuckerman et al. 2014).

### Communities & Neighborhoods

Given the crucial development that occurs during the first five years, adversity, discrimination, and exclusion are particularly detrimental for young children. Children living in areas of concentrated poverty and racial segregation often face multiple barriers to academic achievement throughout their lives including reduced access to early childhood education, afterschool programs, and housing insecurity (Rothstein 2015).

Given the entrenched nature of racial segregation in the country's history, these disadvantages are difficult to escape (Rothstein 2017). One study shows that 67 percent of Black families originating from the poorest quarter of neighborhoods a generation ago continue to live in those neighborhoods, today (Sharkey 2013). This is especially troubling considering that there is growing evidence that generational exposure to these inequities can have a compounding effect.

### Families

Parent's resources play a large role in shaping child development. Mollborn and colleagues (2014) found that the length and duration of exposure to limited resources can change the course of development. Parents with prolonged resource disadvantage – depressed income, low maternal education, and small financial assets – often fared worse than their counterparts who experienced temporary or short-term disadvantage.

These dynamics are present across all racial and nativity groups but further highlight the potentially damaging consequences of failing to address racialized and gender disparities. Another study showed a 7 percent chance of “a child raised in a household at the bottom fifth of the income distribution rising to the top fifth.” However, for Black children, the chance of the same upward mobility from the bottom fifth is reduced to 2.5 percent (Gathright 2018).

Policymakers often invest in young children through early childhood education. For every dollar invested in early education programs there is a maximum \$14 dollar return to the economy in the long term (Duncan, Ludwig, and Magnuson 2007). Yet there is still persistent underinvestment in communities like Southeast Los Angeles and South Los Angeles – both predominantly Latino and Black neighborhoods – where there are large gaps in preschool enrollment for children (Lewis and Burd-Sharps 2017).

In fact, what we see statewide is a growing racial divide between the oldest sections of our society and the youngest. Two-thirds of seniors and working-adults in the United States are non-Hispanic white, while children of color make up a supermajority of children under five (Cardenas-Chaisson, Bruner, and Nelle Trefz 2014). This type of divide or the racial generation gap between the youngest and oldest in the country has an inverse relationship with education funding. In places where the gap is largest we tend to see relatively smaller investments in education and other crucial social supports that many young children need (Pastor, Scoggins, and Treuhaft 2017). As diversity increases among children ages five and under, so have the challenges.

## HIGHLIGHTS FROM THE DATA ANALYSIS

To understand the current condition in Los Angeles County, we undertook an analysis of quantitative data. Unless otherwise noted we drew our data from the 2012-2016 American Community Survey (ACS) Integrated Public Use Microdata as well as ACS Census 2012-2016 Summary File data. For the full data analysis, see the accompanying data profile. In this section, we lift up those results that are particularly illustrative of the trends in LA County and that might offer First 5 LA some particular guidance in their investment strategies.

## The region has led the nation’s demographic shift—but the pace of change is slowing

The current cohort of young children in Los Angeles County is the most diverse in generations. It is largely Latino, with a growing Asian-American/Pacific-Islander population (see graph below). These demographic changes are actively shaping the makeup of California and the United States and will turn the country into a majority people-of-color nation by the year 2044. While demographic change is churning the political, economic, and social landscape at the national level now, Los Angeles County has largely worked through its demographic change.

Since the 1980s, LA County grew from 7.5 million to 10 million residents (PolicyLink/Program for Environmental and Regional Equity 2017). People of color drove that regional growth and will continue to do so, but now at a slower pace. Since 2000, Los Angeles County Latino population grew by 13 percent adding 571,540 residents. In the same period, the Asian-American/Pacific-Islander population grew by 22 percent. Immigration has been a driver in the growth of the Asian population: 58 percent of the growth in the Asian population between 2000 and 2015 was from immigrants.

The growing Latino population is a result of increases in U.S.-born Latinos while experiencing a net loss in the number of foreign-born Latinos, who are leaving LA County.

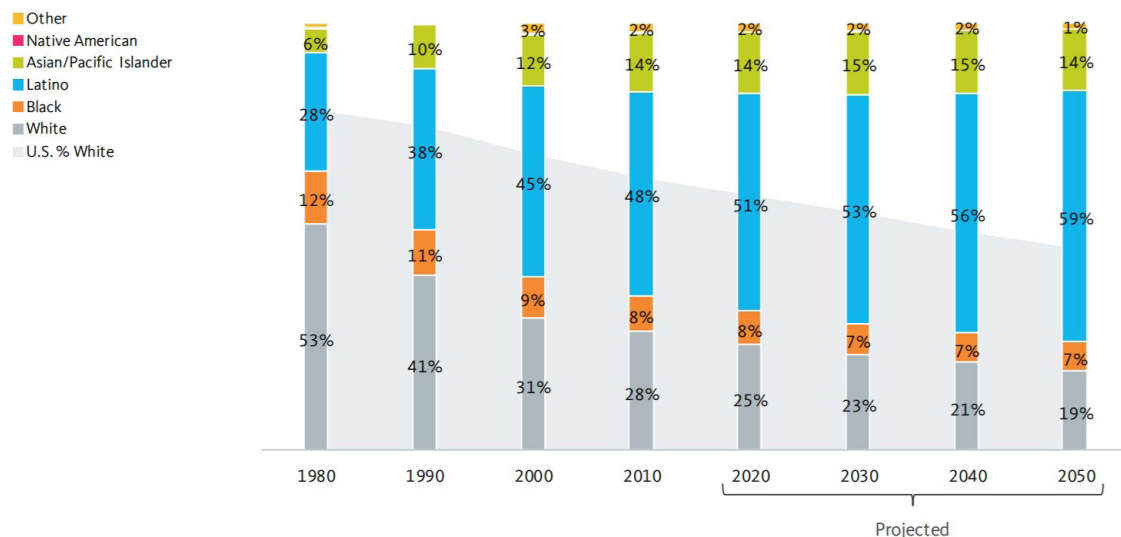
Many of the parents of young children are immigrants. Although net migration is leveling off, 49 percent of all parents of young children are foreign born and of them, 67 percent are not citizens. Among parents of young children, Latinos make up 59 percent, with Asians at 14 percent and African Americans at 7 percent. For young children, Latinos comprise around 62 percent of the population, followed by 10 percent for APIs and 7 percent for Black children. The white population accounts for a significantly smaller section of the young child population (16 percent) compared to 25 percent statewide.

## Inequities threaten the region’s long-term economic prosperity

### Racial Economic Inequities

The economy in Los Angeles County has bounced back and is continuing to grow, however that growth has been uneven across racial groups. In LA County 14 percent of children five and under have at least one parent who is unemployed while 13 percent of children under five in California have at least one parent who is unemployed.

The share of people of color is projected to increase through 2050  
Racial/Ethnic Composition, 1980 to 2050



Sources: U.S. Census Bureau; Woods & Poole Economics, Inc.

## ATTACHMENT A

These rates are highest among African Americans in California with 22 percent of children under five having at least one parent who is unemployed. On average, Black and Latino households in LA County with a child five and under in the household earned \$42,651 and \$43,905 a year respectively, while non-Hispanic whites earned over \$110,000 a year.

These trends translate into elevated poverty rates for many people of color throughout the county, which surpass state levels. Over 30 percent of children five and under have at least one parent in working poverty and these rates are even higher when broken down by race/ethnicity. Black and Latino children experience the highest economic insecurity rates, with 62 percent of black and 65 percent of Latino children living in households that are under 200 percent of the Federal Poverty Level. In addition, 58 percent of Black and Latino children are living in high poverty areas or census tracts where over 20 percent of their community members are below the federal poverty level.

### Education gaps

Parent education as well as exposure to early childhood education are predictors of success for many children later in life. In LA County, around 33 percent of parents with children five and under have a bachelor's degree or higher, but when broken down by race/ethnicity these rates change, as can be seen in the figure below.

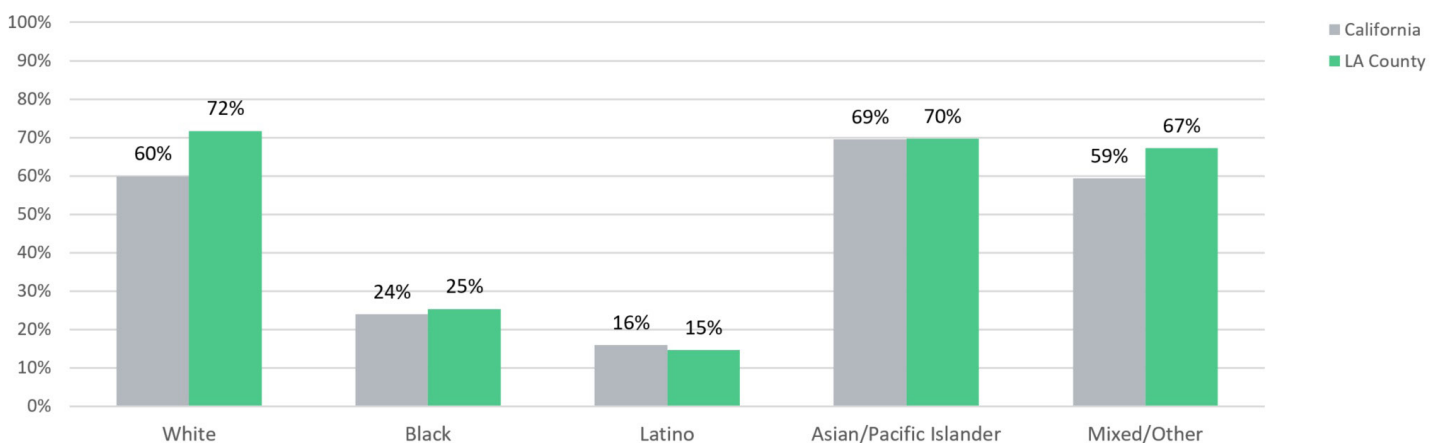
Only 25 percent of Black and 15 percent of Latino parents received a bachelor's degree or higher in LA County. In addition, 21 percent of young children in Los Angeles County are enrolled in pre-school and when broken down by race, Black and Latino children reported lower rates of preschool enrollment than their White and Asian-American/Pacific-Islander peers, around 22 percent and 19 percent, respectively.

### Neighborhood disparities and disconnect

Access to a safe and decent home is fundamental to a child's upbringing. It determines the environments in which children work, play, study, and develop social connections. Housing is also a stabilizing force for children and can enhance their success (Bruner, Strover Wright, and Noor Tirmizi 2007). In LA County, around 25 percent of Black and 30 percent of Latino parents with children five and under are homeowners, compared to 56 percent of white parents.

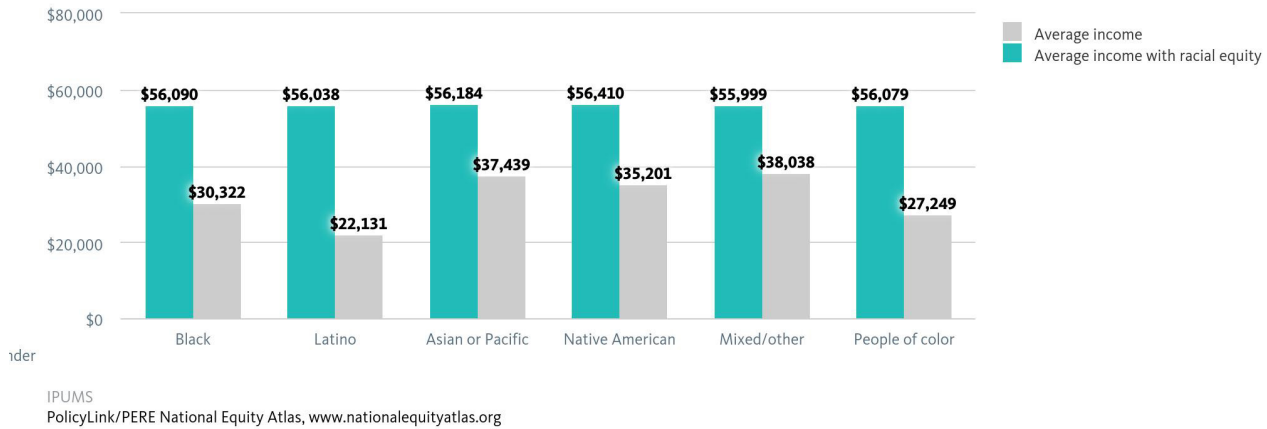
Some of the reasons for decreased levels of homeownership have to do with the rising real estate speculation and a large housing shortage across California. This imbalance of supply and demand has led to ballooning housing and apartment prices, which often places homeownership beyond the reach of Angelenos.

**Children Ages Five and under with at least One Parent who has a Bachelors Degree or Higher by Race/Ethnicity, Los Angeles County and California, 2012-2016**





Income by race/ethnicity: Los Angeles-Long Beach-Santa Ana, CA Metro Area, 2015



## IMPLICATIONS FOR DEVELOPING HEALTHY CHILDREN IN LOS ANGELES COUNTY

Los Angeles County's diversity is an asset in the global economy but inequities and disparities are holding the region back. To build a more equitable and sustainable regional economy, Los Angeles must take steps to ensure access to quality education, high-opportunity jobs, and affordable housing for families. To do that, PolicyLink/PERE suggests that First 5 LA consider the following emerging strategies:

### Foster knowledge communities

Research by Chris Benner and Manuel Pastor (2015) shows that regions that successfully integrate economic growth and equity have diverse and dynamic epistemic communities; what you know and who you know it with. These communities pool knowledge from different sectors strategically with the aim of closing gaps on racial equity. These communities:

- devise mechanisms to share knowledge and data,
- work to develop a sense of a common regional destiny,
- acknowledge the legitimacy of others' viewpoints,
- move from talk to action, and
- pursue multi-issue framing and relationship building that builds regional resilience.

Take this example from the east coast: In 2009, The Baltimore City Health Department launched B'more for Healthy Babies with Family League of Baltimore and HealthCare Access Maryland in order to address infant mortality crisis in the Black community (B'more for Healthy Babies 2016). Leaders from the corporate, nonprofit, academic, and government sectors came together. The initiative included a range of services, policies, and community outreach programs all centered on reducing infant mortality for this population including: support for postpartum women, the Sleep Safe initiative, early Head Start, and more (B'more for Healthy Babies 2016). Since its inception, infant mortality have been reduced by an astonishing 28 percent, closing the disparity between black and white infant deaths by almost 40 percent (Baltimore City Health Department 2014).

Although seemingly idealistic, the concept of "knowledge communities" makes sense. Communities that come together to address an issue work from a place of group consensus and strength instead of fighting against each other. As shown through data in this paper, racial inequity shows up across a variety of outcomes that affect business, housing, and education. Therefore, there is a natural business, local government, and community interest in reducing regional equity challenges together.

First 5 LA can work to address many of the inequities that influence childhood outcomes, but addressing some of the more systemic -

## **Align programs and practices with equity principles**

inequities such as housing burden will require cooperation with different stakeholders across public agencies, non-profits, and the business community.

### **Offer clear and measurable working definitions of equity**

Across the county, few if any agencies, funders, or equity stakeholders employ a common definition of equity or equitable implementation—and the fact that the overall goal is not clearly delineated can help to explain misunderstandings, limited progress, and other shortcomings (Carter, Pastor, and Wander 2013, 2018). With that in mind, we define equitable implementation as having three dimensions:

- **PAST.** Equitable implementation prioritizes investments that close historic racialized gaps, especially by wealth, environmental burden, and existing amenities in a way that will improve work, economic, and health opportunities for underinvested communities.
- **PRESENT.** Equitable implementation involves authentic partnership throughout the process that centers the perspectives of vulnerable communities, supports community-based participation and power, and results in shared decision making, while also strengthening the health and well-being of the entire region.
- **FUTURE.** Equitable implementation mitigates disparities likely to emerge in the future by leveraging funding for long-term community health and organizational capacity, anticipating and addressing future harm that may result from new investments in a place, and incorporates metrics and evaluation to promote adaptable and effective implementation.

Nevertheless, definitions are only as good as they are relevant and accepted by those working with them. As such, we recommend that First 5 LA engage in processes to shape a working definition of equity that resonates with its board, staff, and stakeholders. The one we have offered can be a starting point, but it should not be an ending point.

Building on a common definition of equity, First 5 LA needs to create the scaffolding to integrate equity into the fabric of the organization. By incorporating equity considerations into decision-making across sectors and policy areas in funding guidelines, strategic plans and program goals we are ensuring that all decision-makers are informed about the potential equity consequences of various policy options during the policy and program development process.

As an example, after the Mayor of Seattle learned that only 16 percent of people of color make up green jobs across NGOs, government agencies, and foundations he convened sixteen organizations across multiple sectors to address how to create equity in environmental initiatives. What resulted was the Equity and Environment Initiative, which focused specifically on increasing more engagement with communities of color in environmental programs. This initiative focused on four major agenda items: Creating Equity in City Environmental Programs; Focusing on Jobs, Local Economies and Youth Pathways; Creating Healthy Environments for All and Reshaping the Environmental Narrative and Creating Community Leadership (City of Seattle Equity & Environment Initiative 2016).

This initiative incorporates equity throughout the strategic plan including actions such as creating pathways, programs, and support structures for young people of color to lead in the green economy, developing an equity assessment of health environments, and launching a broader communications effort to connect cultural experiences of locals to the environmental narrative. As recognized in the Seattle case and elsewhere public agencies and philanthropic organizations need to take responsibility and put skin in the game of reducing regional equity challenges by creating policies, programs, and practices that address equity.

### **Use data to understand the cultural and social nuances of the population**

93 Data can help stakeholders come together to gain a shared understanding of the equity challenges,

to develop solutions and joint action, and to track progress towards equity and growth over time. Our work examining equitable implementation with LA County Measures M and A shows that there is a thirst to have neighborhood-level metrics that are reviewed externally by community members and the development of new metrics to gauge progress on transportation and parks projects and their impacts on inequalities. Furthermore, data and metrics should include quantitative and qualitative data to balance data points on housing, income and park space with on-the-ground experiences of community members and organizations.

The development of the Parks Needs Assessment by the LA County Department of Parks & Recreation was a major milestone in tracking community conditions as well as parks and open space assets in neighborhoods throughout LA County. The process for compiling the tool included extensive engagement to review and gather feedback on the indicators as well as the prioritization of parks projects (Los Angeles County Department of Parks & Recreation 2016). And although not entirely reflective of an equity analysis (demographics supplement park metrics but are not a metric itself), it is a step forward in the use of data and research as a basis for action (Los Angeles County Department of Parks & Recreation 2016).

### **Engage and Build Power among Parents**

The racial generation gap is the demographic cleavage in our society between older adults and youth. In order to be sure that young people are invested in, like prior generations, their parents need to be equipped to advocate in the public square. Organizing parents can create a strong force for policy change and a constituency that can bring attention to inequity.

Recognizing the power of parents, organizations such as Community Asset Development Re-defining Education (CADRE) develop campaigns and movement-building programs that promote parent leadership in ensuring that children receive quality education regardless of place.

Their work includes tackling pervasive issues in South LA such as the criminalization of youth of color as well as school climate and the right to

literacy for Black and Latino Youth in South LA (Community Asset Development Re-defining Education 2017). SEIU Local 1877 a union organizing janitorial workers also recognized educational attainment as a key issue affecting the Latino population in Los Angeles. Many of the janitorial workers with children sent their children to low performing schools where their children had difficulty obtaining quality education. In response, Local 1877 created “Parent University”, a series of workshops in which parents discuss and learn about educational issues. Topics covered include: parent rights; school governance structures; understanding report cards and standardized tests; and more (Terriquez et al. 2009). The workshops were formulated to meet the learning needs and interests of janitors many of which were busy and had limited English proficiency. The workshops took place at the union hall and at work sites and were short or scheduled during janitors’ lunch breaks.

The region needs intentional strategies to build authentic avenues for increased participation in all aspects of the political process—from the basic act of voting to serving on boards and commissions to electing strong equity advocates as political leaders. Parents need to be engaged in the decisions that affect their children’s lives from housing development in their neighborhoods to funding programs and services.

### **Do not shy away from the tough issues with regard to race**

Dealing with the issue of race is a difficult but necessary step in working towards equity. Historical disadvantage is a current issue because policy makers cemented it the region through discriminatory housing policy and historic disinvestment in communities of color. In order to make any headway on these issues funders, government officials, and community-based organizations must recognize and center this history as a part of the solution for addressing inequities. Economic growth will be weak if we do not address the systematic barriers that make it challenging to lift Black and Latino parents out of housing burden, unemployment, and poverty. First 5 LA has the opportunity to close racialized outcomes by facing race.

## CONCLUSION

The current disinvestment in early childhood and K-12 education leaves young children in need of opportunity. A stronger California is only possible if children are given the resources they need to succeed from the earliest ages. This means connecting them with the economic growth and opportunities that exist because of our diverse population, which brings consumers, workers, and capital together.

This report provides an opening for an equity conversation and uses data to show how equity intersects with the work of First 5 LA. However, in order to get to a better future, where we have Health, Communities, Families, and Early Childhood Education in place, First 5 LA will need to start a richer conversation about what equity means, why it should take center stage in future planning, and how we can measure progress and ensure accountability along the way.

There is no better time than now. Across Los Angeles, equity is being investigated, understood, and adopted across sectors. First 5 has the opportunity to be a leader in this emerging approach to work: putting equity first. Doing so will close racialized gaps, set its grant-making apart, and lead to a stronger, more vibrant Los Angeles.

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## EQUITY BY THE NUMBERS...

Demographics	LA County		California	
<b>Total Population (Children 0-5)</b>	<b>758,939</b>		<b>3,000,490</b>	
By Race/Ethnicity				
White	125,937	17%	764,624	25%
Black	52,916	7%	148,190	5%
Latino	468,203	62%	1,578,911	53%
API	75,483	10%	318,692	11%
Native American	930	0.1%	8,912	0.3%
Other	35,470	5%	181,161	6%

<b>Total Population (Parents of Children 0-5)</b>	<b>1,268,033</b>		<b>5,145,651</b>	
By Race/Ethnicity				
Non-Hispanic White	269,529	21%	1,625,661	32%
People of color	998,504	79%	3,519,990	68%

Nativity (Children 0-5)				
US-Born	741,735	98%	2,936,781	98%
Foreign-Born	18,017	2%	66,613	2%

Nativity (Parents of Children 0-5)				
US-Born	650,680	51%	3,029,443	59%
Foreign-Born	618,614	49%	2,121,119	41%

Naturalization Rates of Foreign-Born Parents				
US-Born	33%		34%	
Foreign-Born	67%		66%	

Economic Vitality	LA County		California	
<b>Parent Unemployment<sup>1</sup></b>	<b>14%</b>		<b>13%</b>	
By Race/Ethnicity				
Non-Hispanic White	10%		9%	
Black	16%		22%	
Latino	17%		17%	
API	8%		10%	

<b>Economically Insecure Children (0-5 yrs; 200%FPL)<sup>2</sup></b>	<b>52%</b>		<b>47%</b>	
By Race/Ethnicity				
Non-Hispanic White	20%		26%	
Black	62%		62%	
Latino	65%		62%	
API	29%		26%	
Other	25%		28%	

<b>Parent Working Poverty Rates (16+ yrs)<sup>3</sup></b>	<b>31%</b>	<b>25%</b>
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<b>Median Household Income (Children 0-5)</b>	<b>\$57,077</b>	<b>\$63,768</b>
By Race/Ethnicity		
Non-Hispanic White	\$111,390	\$95,297
Black	\$42,651	\$43,278
Latino	\$43,905	\$46,368

Readiness	LA County	California
<b>Highest Parental Educational Attainment (25+ yrs)<sup>4</sup></b>		
Less than high school	17%	14%
High school grad or GED	21%	19%
Some college	29%	31%
BA or higher	33%	36%

<b>Bachelor's Degree or Higher (25+ yrs)<sup>4</sup></b>		
By Race/Ethnicity		
Non-Hispanic White	72%	60%
Black	25%	24%
Latino	15%	16%
Asian American / Pacific Islander	70%	69%
Other	67%	59%

<b>Pre-K Enrollment (Children 0-5)</b>	<b>21%</b>	<b>20%</b>
By Race/Ethnicity		
Non-Hispanic White	27%	23%
Black	22%	20%
Latino	19%	17%
Asian American / Pacific Islander	24%	23%
Other	25%	22%

<b>Health Insurance Rates (Children 0-5)</b>	<b>96%</b>	<b>96%</b>
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<b>Low Birthweight<sup>5</sup></b>	<b>7.2%</b>	<b>6.8%</b>
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<b>Infant Mortality Rate<sup>6</sup></b>		
By Race/Ethnicity		
Non-Hispanic White	2.9	3.7
Black	9.5	10.1
Latino	4.2	4.5
Asian American	3	3.1
Multi-Racial	3.9	6.1

## ATTACHMENT A

**Sources:**

Unless otherwise noted all figures in this factsheet are based on PolicyLink/ PERE analysis of data from the U.S. Census Bureau's 2015 American Community Survey (ACS) 5-Year summary file and 2012-2016 ACS microdata from the Integrated Public Use Microdata Series (IPUMS).

**Notes:**

1. Universe includes children (0-5) with any civilian, non-institutional, parent, age 16 and over, in the household.
2. Percent of children (0-5) who are below 200% of the poverty level. 200% is used to account for higher cost of living in Los Angeles County.
3. The Universe of 'working poverty' includes children (0-5) with any civilian, non-institutional, parent, age 16 and over, in the household who worked in the last year
4. Universe includes children (0-5) with any parent (25 +) in the household.
5. A child with 'Low Birthweight' includes any child weighing less than 2,500 grams or 5lbs, 8 ounces at birth. Figures based on data from the Centers for Disease Control & Prevention, Natality data on CDC WONDER.
6. Mortality rates include all children born in the calendar year and subsequently died within the following twelve months. Infant mortality rates are based on data reported by the California Dept. of Public Health, Center for Health Statistics, Birth Cohort Files.
7. High poverty areas include any census tract in which over 20% of the population is below 100% of the federal poverty level.
8. Rent Burden is defined as the percent of children (0-5) living in households spending more than 30% of household income on gross rent.
9. The Child Opportunity Index is a composite of indicators across three domains: educational opportunity, health and environmental opportunity, and social and economic opportunity compiled by diversitydatakids.org and the Kirwan Institute for the Study of Race and Ethnicity. The vintage of the underlying indicator data varies, ranging from years 2007 through 2014. The map was created by ranking the census tract level Overall Child Opportunity Index Score into quintiles for the region.

Connectedness	LA County	California
<b>Living in Owned Homes (Children 0-5)</b>	<b>38%</b>	<b>43%</b>
By Race/Ethnicity		
Non-Hispanic White	56%	55%
Black	25%	24%
Latino	30%	33%
API	52%	57%
Other	33%	37%
<b>% Living in High Poverty Areas<sup>7</sup></b>	<b>46%</b>	<b>38%</b>
By Race/Ethnicity		
Non-Hispanic White	14%	18%
Black	58%	52%
Latino	58%	52%
API	24%	20%
Other	56%	47%
<b>Children in Rent Burdened HH<sup>8</sup></b>	<b>38%</b>	<b>33%</b>
<b>Children in Severely Rent Burdened HH</b>	<b>21%</b>	<b>17%</b>
<b>Children in Carless Households</b>	<b>6%</b>	<b>5%</b>
<b>Transit Commuters (Parents 16+ yrs)</b>	<b>7%</b>	<b>5%</b>
<b>Children with Limited Supermarket Access</b>	<b>1%</b>	<b>4%</b>
<b>Child Abuse or Neglect Allegations (per 1000 children)</b>	<b>58.82</b>	<b>56.16</b>
<b>Children Living in Low or Very Low Opportunity Areas</b>	<b>LA County 54%</b>	
By Race/Ethnicity		
Non-Hispanic White	17%	
Black	72%	
Latino	69%	
API	24%	

# First 5 LA: A Take on Equity

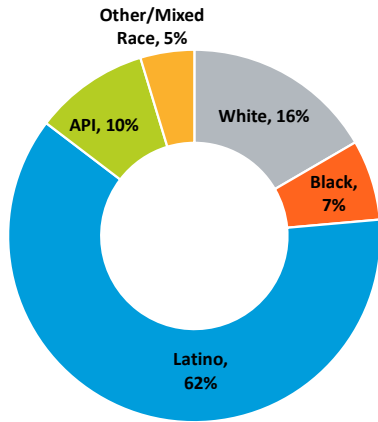
ATTACHMENT B

**Note:** All figures presented here are for Los Angeles County.

Los Angeles' diversity is a major asset in the global economy, but inequities and disparities are holding the region back. To build a more equitable Los Angeles, leaders in the private, public, nonprofit, and philanthropic sectors must commit to putting all children on the path to economic security, healthfulness and academic success through equity-focused strategies and policies to grow good jobs, build capabilities, remove barriers, and expand opportunities for children being left behind.

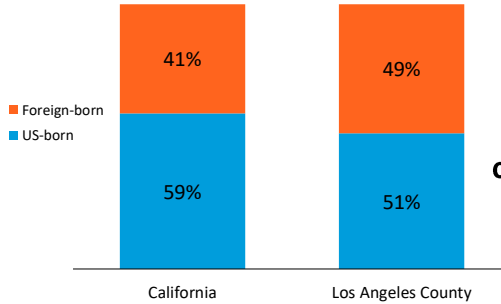
## LA kids and parents are more diverse than ever

Children 5 and under by Race/Ethnicity, 2012-2016



**79%** of parents with children under five in LA County are people of Color

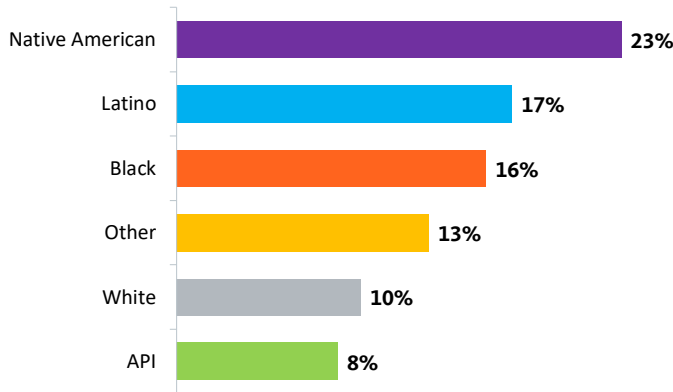
Parents children five and under by Nativity, 2012-2016



**67%** Of foreign-born parents with children under five in LA County are not citizens

## Inequities threaten the region's long-term economic prosperity

Percent of children 5 and under with at least one parent unemployed by Race/Ethnicity, 2012-2016<sup>1</sup>



**Over 60%** of Black and Latino children under 5 are below 200% of the Federal Poverty Level<sup>2</sup>

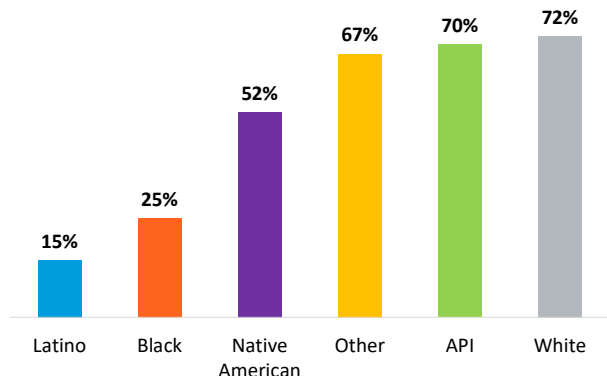
**Over 30%** of all parents with children under five are in working poverty<sup>3</sup>

White median household income is over **2x** that of Blacks and Latinos

## Health and education gaps persist

Around 33% of parents with children under five have a bachelor's degree or higher but inequities exist

Percent of parents with children under five with a Bachelor's Degree by Race/Ethnicity, 2012-2016<sup>4</sup>



**22%** of Black children and **19%** of Latino children ages 5 and under are enrolled in pre-k while 27% of whites are enrolled in pre-k

**7.2%** of all children born in LA County have a low birth weight compared with **6.8%** for California<sup>5</sup>

Infant mortality rates for Black newborns are

98 **3x** higher than their white counterparts<sup>6</sup>

## LA children are walled off from opportunity

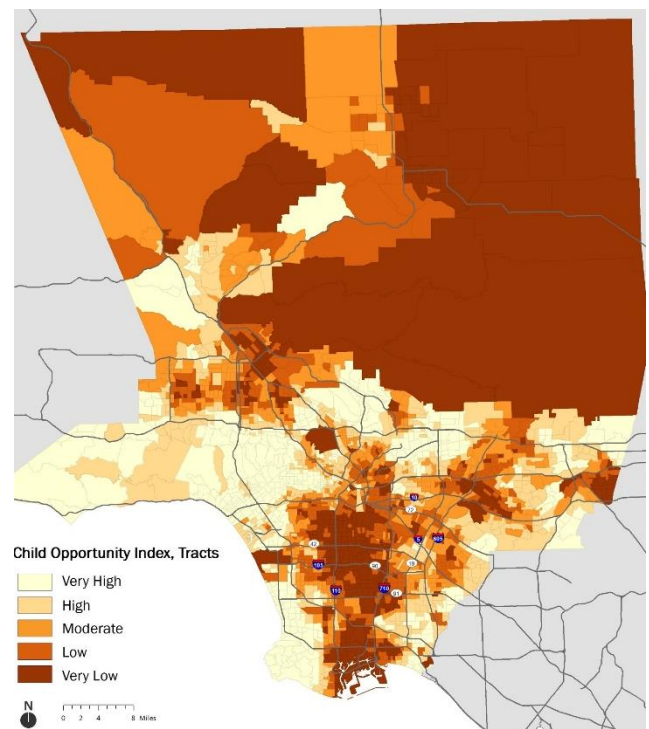
ATTACHMENT B

**58%** of Black and Latino children under 5 live in areas of high poverty<sup>7</sup>

**39%** of children 5 and under live in rent burdened households<sup>8</sup>

### Child Opportunity Index, 2011-2014<sup>9</sup>

The Child Opportunity Index measures educational, health, environmental, and social/economic opportunity across a region. This measure, shown to the right, indicates large neighborhood disparities in child opportunity across the county particularly concentrated in South and Southeast Los Angeles, suburban communities to the east, parts of the northern San Fernando Valley, and parts of the port and City of Long Beach to the south. According to the index, **72%** of Black children and **69%** of Latino Children under 5 live in 'low' or 'very low' opportunity neighborhoods.



## Equity is the path forward

In order for our region to continue prospering we must ensure that regardless of race, gender, socioeconomic status and nativity, children have the following in place:

**Economic Vitality** - Where **families** including parents or caregivers have the resources and assets they need to support their children including high-quality jobs and the ability to engage in business activity.

**Connectedness** - Safe, healthy, and engaged **communities** where children and their parents can thrive and are connected to the resources needed to be healthy and productive.

**Readiness**- Affordable, quality childcare including **early childhood education** and access to quality coordinated services that promote **health**.

### Sources:

Unless otherwise noted all figures in this factsheet are based on PolicyLink/PERE analysis of data from the U.S. Census Bureau's 2015 American Community Survey (ACS) 5-Year summary file and 2012-2016 ACS microdata from the Integrated Public Use Microdata Series (IPUMS).

### Notes:

1. Universe includes children (0-5) with any civilian, non-institutional, parent, age 16 and over, in the household.
2. Percent of children (0-5) who are below 200% of the poverty level. 200% is used to account for higher cost of living in Los Angeles County.
3. The Universe of 'working poverty' includes children (0-5) with any civilian, non-institutional, parent, age 16 and over, in the household who worked in the last year.
4. Universe includes children (0-5) with any parent (25+) in the household.
5. A child with 'Low Birthweight' includes any child weighing less than 2,500 grams or 5lbs, 8 ounces at birth. Figures based on data from the Centers for Disease Control & Prevention, Natality data on CDC WONDER.
6. Mortality rates include all children born in the calendar year and subsequently died within the following twelve months. Infant mortality rates are based on data reported by the California Dept. of Public Health, Center for Health Statistics, Birth Cohort Files.
7. High poverty areas include any census tract in which over 20% of the population is below 100% of the federal poverty level.
8. Rent Burden is defined as the percent of children (0-5) living in households spending more than 30% of household income on gross rent.
9. The Child Opportunity Index is a composite of indicators across three domains: educational opportunity, health and environmental opportunity, and social and economic opportunity compiled by diversitydatakids.org and the Kirwan Institute for the Study of Race and Ethnicity. The vintage of the underlying indicator data varies, ranging from years 2007 through 2014. The map was created by ranking the census tract level Overall Child Opportunity Index Score into quintiles for the region.



Communities				
Early Childhood Education				
AB 1754	McCarty (D-Sacramento) Friedman, E. Garcia, Bonta	Pre-K For All Act of 2018: This bill, the Pre-K for All Act of 2018, would require the state to provide all 4-year-old children who meet those eligibility requirements with access to early care and education programs.	Sponsored by Early Edge  Held in Senate Appropriations Committee	Support
AB 2001	Reyes (D-San Bernardino)	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.	Sponsored by Child Care Resource Center (CCRC), and Child Care Development Administrators Associations (CCDAA)  Held in Senate Appropriations Committee - Suspense	Support

AB 2292	Aguiar-Curry (D-Winters)	<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>Held in Senate Appropriations Committee</p>	Support
AB 2626	Mullin (D-South San Francisco)	<p>Child Care and Development Services Act: This bill would make a number of changes to family eligibility, contracting, and professional supports to help counties capture more funding allocated to child care each year.</p>	<p>Sponsored by State Superintendent of Public Instruction Tom Torlakson</p> <p>Passed by Legislature, awaiting approval by Governor.</p>	Support 102

AB 2698	Rubio (D-West Covina)	Education: Child Care: This bill emphasizes the importance of ensuring children are ready to transition into Kindergarten, and particularly connects to social-emotional and behavioral readiness. This bill would require the legislature to find and declare research that supports the connection between early identification of social-emotional concerns and linkage to mental health intervention and positive emotional outcomes, including reduction of pre-school expulsion.	Sponsored by Kidango  Passed by Legislature, awaiting approval by Governor.	Support
AB 605	Mullin (D-South San Francisco)	Day Care Centers: Birth to first grade license option. Creates single license for center based care regardless of ages served.	Sponsored by Child Care Resource Center (CCRC)  Passed by Legislature, awaiting approval by Governor.	Support
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.	Passed by Legislature, awaiting approval by Governor.	Watch

AB 2960	Thurmond (D-Oakland)	<p>Child Care Online Portal: This bill would require the Superintendent, on or before June 30, 2022, to develop and post on the department’s website, for use by the general public, an online portal for the state’s comprehensive child care and development services, as provided. The bill would require the online portal to accomplish certain things, including assisting families in gaining access to information about child care and development services, as provided. The bill would require, on or before January 1, 2020, the Superintendent to submit a report to appropriate committees of the Legislature detailing the current landscape of programs that provide child care and development services, among other things.</p>	Passed by Legislature, awaiting approval by Governor.	Support
SB 837	Dodd (D-Napa)	<p>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.</p>	Senate Appropriations Committee – Held in Committee under submission	Watch 104

SCR 41	Pan (D-Sacramento)	<p>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.</p>	Senate Rules Committee	Watch
105				
<b>Health</b>				
AB 11	McCarty (D-Sacramento) Bonta, Carrillo, Kamlager-Dove, Nazarian	<p>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.</p>	<p>Sponsored by First 5 Association, Children Now</p> <p>Passed by Legislature, awaiting approval by Governor.</p>	Support
AB 1893	Maienschein (R-San Diego) Acosta, Baker, Beall, Gallagher, Harper, Kiley, Rodriguez	<p>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.</p>	<p>Signed by Governor Brown, Chaptered by Secretary of State Padilla</p>	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  Assembly Floor	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.	Passed by Legislature, awaiting approval by Governor.	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.	Passed by Legislature, awaiting approval by Governor.	Watch
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.	Held in Senate Appropriations 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 (CAPP)  Held in Senate Appropriations 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.	Signed by Governor Brown, Chaptered by Secretary of State Padilla	Watch
AB 3032	Frazier (D-Sacramento)	Maternal Mental Health: The bill would require a general acute care hospital that has a prenatal unit to develop and implement, by January 1, 2020, a quality management program related to maternal mental health disorders including, but not limited to, postpartum depression.	Sponsored by 2020 Moms, Maternal Mental Health Now  Passed by Legislature, awaiting approval by Governor.	Watch
<b>Sustainability</b>				

<p>AB 1744</p>	<p>McCarty (D-Sacramento)</p>	<p>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.</p>	<p>Held in Senate Appropriations Committee</p>	<p>Watch</p>
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**FIRST 5 LA**

**SUBJECT:**  
**July Board Retreat Debrief and Follow Up**

**SUMMARY:**

First 5 LA launched the development of the Impact Framework early in 2018. The purpose of the Impact Framework is to help First 5 LA update its approach to measuring progress in the context of the current Strategic Plan 2015-2020. It is a measurement and learning process in which our collective working hypotheses are made explicit. It spells out how First 5 LA will do its part to ensure that *all children in L.A. County enter kindergarten ready to succeed in school and life by 2028 – First 5 LA's North Star*. The effort includes the development of measurement and reporting plans that outline the way in which we will assess the specified outcomes and report out our progress. As such, the Impact Framework will also serve as a powerful communication tool for telling the First 5 LA impact story. That is, it will highlight the key population-level changes to which First 5 LA is seeking to contribute on behalf of kids, speak to the role that the organization plays to support those changes and will report out progress made toward these outcomes.

During the September Board meeting, we will have an opportunity to discuss further the Impact Framework. Specifically, the objectives for this discussion are:

- To share the key themes that emerged from Commissioners' feedback on the Impact Framework
- To share staff reflections about the feedback we received and how we are incorporating it
- To introduce a discussion on how the Impact Framework informs First 5 LA's ongoing review of the Strategic Plan and preliminary plans for refining the Strategic Plan
- To share key upcoming milestones and Board touchpoints for the Impact Framework and the Strategic Plan refinement process.

After a short staff presentation, Commissioners will have an opportunity to offer further reflections and feedback on the Impact Framework.

**BACKGROUND:**

On July 1, 2015, First 5 LA began the implementation of its current Strategic Plan. The current strategic plan represents a significant pivot away from provision of direct services and towards advocacy for systems and policy change. As such, First 5 LA has changed the way it works, partners and defines success. At times we can be a collaborator, convener, capacity-builder, funder, and/or advocate. The Impact Framework effort reflects a new approach to measurement and learning that reflects First 5 LA's shift to policy and systems change work.

In the measurement context, this change represents a paradigm shift in how First 5 LA defines progress. Whereas progress in direct services can be understood as delivering concrete services with tangible outputs<sup>1</sup>, success in systems work looks different. As we have learned from other funders who are doing systems change work and from our own experiences implementing the current strategic plan, early markers of systems change progress may be represented by increased visibility of an issue

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<sup>1</sup> *Outputs* here are defined as the most immediate sets of accomplishments necessary, but not sufficient, to produce outcomes and impacts.

among field actors, improved quality of a partnership, increased data availability and use, increased political will or public engagement, or improved communications. These types of process measures represent early progress in collaborative system change efforts<sup>2</sup>. However, to fully account for First 5 LA's impact, these process measures must be supplemented with a set of outcome measures that track changes in the environment, in systems, and at the population level. Success for First 5 LA is defined by its contribution to shifting systems alongside other organizations working toward similar goals. As such, First 5 LA's Impact Framework is a robust effort to capture changes by prioritizing measurement at three distinct levels:

- 1) *County-Level Outcomes* - these are our population-level markers of progress. Our population is L.A. County. First 5 LA expects to indirectly contribute to shifting these outcomes so that we make progress towards our North Star.
- 2) *Systems Outcomes* (short- and long-term) - these are our markers of progress for changing systems so that they work better for families and children. First 5 LA expects to both directly and indirectly contribute to changing systems so that they work better for families and children and thus support population-level outcomes.
- 3) *Monitoring Measures* - these are a set of measures that First 5 LA will monitor in its effort to track how the changing environment impacts children and how we do our work.

Taken together, these levels of measurement will help First 5 LA to tell its impact story.

### **JULY BOARD RETREAT:**

At the July Board retreat, Commissioners had an opportunity to view the current development of the Impact Framework and to provide staff with feedback. The retreat started with a short presentation about the purpose of the Impact Framework and an update on the data collection process. Afterwards, Commissioners participated in a series of interactive storytelling or "gallery walk" sessions. There were a total of five sessions, each corresponding to a strategy within the Health-Related Systems and Early Care and Education outcomes. We selected these two outcome areas because they are the furthest along in development of the Impact Framework at that time. At the gallery walk sessions Commissioners heard how First 5 LA is working, in partnership with others, to change systems in the short (1 to 5 years) and the long term (5 to 10 years) so that systems work better for families and children. First 5 LA expects that shifting these systems will indirectly contribute to moving the needle on a set of population-level outcomes across L.A. County.

Commissioners were encouraged to provide feedback on two questions:

1. What questions does the proposed Impact Framework raise about the targeted systems, outcomes and metrics?
2. What questions does the proposed Impact Framework raise that we need to consider as First 5 LA explores refinement of the current Strategic Plan?

### **DISCUSSION:**

Following the Board retreat, staff analyzed and distilled the feedback from Commissioners into a set of key themes. Below is a summary of the themes that emerged from Commissioners' feedback on the Impact Framework.

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<sup>2</sup> For examples of outputs and outcomes and population-level changes in systems work see *When Collective Impact Has an Impact: A Cross Site Study of 25 Collective Impact Initiatives* retrievable at: [http://orsimpact.com/DirectoryAttachments/542018\\_95838\\_731\\_CI\\_Study\\_Report\\_May\\_2018.pdf](http://orsimpact.com/DirectoryAttachments/542018_95838_731_CI_Study_Report_May_2018.pdf)

### Theme 1: Content Integration

- The Impact Framework presents an opportunity to make explicit the connections across our work. Make sure to take the time to consider how strategies can be further integrated.
- The organization-wide approach is ambitious, as First 5 LA is a large organization. Be sure to share what you are learning from undertaking this type of organization-wide process. Has engaging in this process helped staff see new or unexpected connections across the work?

### Theme 2: Communicating the First 5 LA Story

- The Impact Framework can be a powerful communication tool. Be sure to emphasize the unique role that First 5 LA is playing as it partners with others to change systems. The storytelling should emphasize *how* First 5 LA partners with others.
- Consider when there are opportunities to be consistent in the definitions you are using for key terms; for example, how are you defining trauma across all the work? Also remember to keep language as accessible as possible. This is particularly important when you share this work with communities. The concepts must be accessible in terms that families can understand.

### Theme 3: Measurement Considerations

- Be clear about the types of outcomes and outputs you seek. First 5 LA is focused on the 0-5 population; therefore, the population-level outcomes we seek to impact necessarily happen early in the life span.
- Consider how you will determine what the baseline for change will be for each outcome. Be specific about the criteria you will use to select the data sources you will use to measure progress.
- To measure success you must be clear about the size of the change you expect to see. What counts as progress? How will you set targets that you will work to meet? Once you establish baselines consider what type of target makes sense.

### Theme 4: Questions about Strategy

- Many of the questions and feedback from Commissioners focused on how First 5 LA is implementing its current Strategic Plan. The questions ranged from wanting to understand how we selected the systems we aim to change to how our system change work is linked with and informed by our engagement with families and communities.
- Other questions about strategy focused on what First 5 LA has learned from the last three years of implementing the Strategic Plan. Commissioners encouraged staff to consider how to apply these lessons moving forward.

After sharing the key themes above, staff will provide some reflections about the feedback we heard from Commissioners and how it is guiding the current development of the Impact Framework. The latter part of the staff presentation will introduce Commissioners to current thinking about the Strategic Plan refinement process.

### **NEXT STEPS:**

The development of Impact Framework will continue this fall. The Family Supports and Communities outcome areas are currently undergoing the data collection phase of the process. Staff anticipates sharing a list of County-level measures and monitoring measures for Board consideration and feedback at the Board of Commissioners meeting on October 11<sup>th</sup>. Commissioners will have an opportunity to discuss the prioritized County-level measures at the Special Meeting of the Board/Program and Planning Committee meeting on October 26<sup>th</sup>. In addition, Commissioners will hear more about the measurement plan, particularly the criteria used for selecting data sources. Staff will bring a refined set

of County-level outcomes and monitoring measures for Board approval to the November Board of Commissioners meeting on November 8<sup>th</sup>.

Additionally staff will introduce a proposed process for refining the Strategic Plan at the September Special Meeting of the Board/Program and Planning Committee meeting. This will include a description of the process, a set of key steps and a timeline.

# Board of Commissioners Meeting

September 13,  
2018



## JULY BOARD RETREAT DEBRIEF AND FOLLOW UP

Daniela Pineda, Ph.D.  
Christina Altmayer



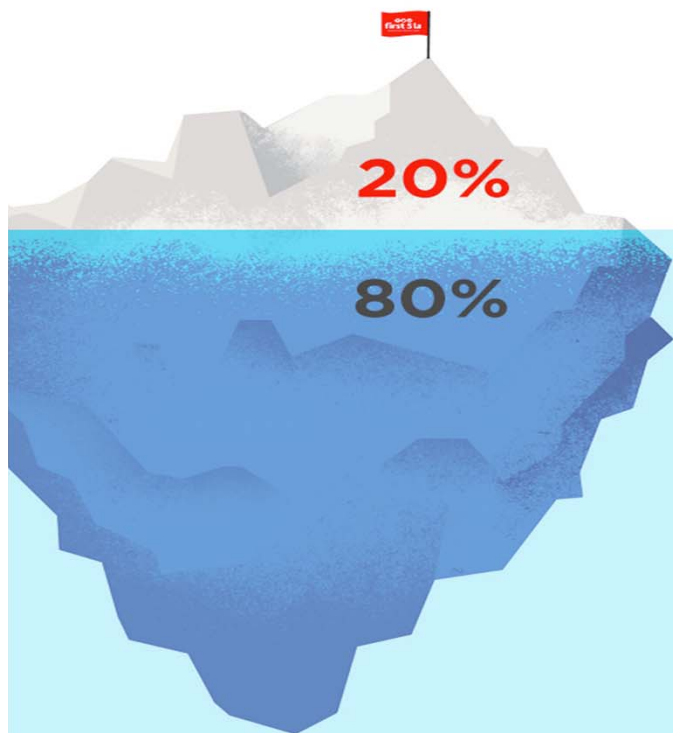
- Discuss key themes from Commissioner feedback on First 5 LA's impact framework
- Share staff reflections from July Board retreat and Commissioner feedback
- Introduce early thinking about Strategic Plan refinement process
- Share upcoming milestones for both Impact Framework and Strategic Plan refinement process

**By 2028,  
all children in  
L.A. County will  
enter kindergarten  
ready to succeed  
in school and life.**

### The Impact Framework is:

- A learning and measurement **process** to collect key data, determine outcomes and report progress
- A powerful communications **tool** to tell a clear story about the impact First 5 LA seeks

# The Impact Framework is multilayered



## Report out progress headlines:

- What population-level changes are we contributing to on behalf of kids?
- How are we contributing to making systems work better for families and children in L.A. County?

## Track and Manage Progress:

### Performance over time

- Qualitative and quantitative process measures
- Early changes we expect to see in systems
- Monitor the changing environment

### Learning

- What are direct and indirect effects of the work? What are unintended consequences of the work?
- When does it make sense to course correct?
- What is our unique role? What enables effective collaboration?

- What systems are we working to change?
- How is First 5 LA contributing to improving systems?
- How will we know we are making progress?
- What does success look like for children and families in L.A. County?

1. Content of Impact Framework
2. Communicating the First 5 LA story
3. Measurement Considerations
4. Questions about the Strategic Plan

- Impact Framework is a tool to tell First 5 LA's impact story and track progress toward our North Star
- A series of gallery walk sessions to preview progress to date on two outcome areas
- Feedback on content of Impact Framework, telling our story, measurement considerations, and strategy

## HEALTH SYSTEMS – EARLY IDENTIFICATION AND INTERVENTION (EII)

As outlined in the 2015-2020 Strategic Plan: Increased effectiveness and responsiveness of screening and early intervention programs across health, mental health and substance abuse services systems

WHAT SYSTEMS ARE WE WORKING TO CHANGE?	HOW IS FIRST 5 LA CONTRIBUTING TO IMPROVING SYSTEMS?	HOW WILL WE KNOW WE ARE MAKING PROGRESS?	HOW WILL WE KNOW WE ARE MAKING PROGRESS?	WHAT DOES SUCCESS LOOK LIKE FOR CHILDREN AND FAMILIES IN L.A. COUNTY?
SYSTEMS	SYSTEMS CHANGE APPROACHES	SHORT-TERM OUTCOMES (1-5 YEARS)	LONG-TERM OUTCOMES (6-10 YEARS)	COUNTY-LEVEL OUTCOMES
<p><b>L.A. COUNTY CHILD AND FAMILY SERVING SYSTEMS</b></p> <ul style="list-style-type: none"> <li>– DEPARTMENT OF PUBLIC HEALTH (DPH)</li> <li>– DEPARTMENT OF MENTAL HEALTH (DMH)</li> <li>– DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS)</li> <li>– COUNTY AGENCY CONTRACT &amp; VENDOR PROVIDERS</li> <li>– ECE CENTERS (QRIS SITES)</li> <li>– MANAGED CARE ORGANIZATIONS (MCO)</li> <li>– REGIONAL CENTERS</li> <li>– SPECIAL EDUCATION LOCAL PLANNING AREAS/ SCHOOL DISTRICTS</li> </ul>	<ul style="list-style-type: none"> <li>– SERVICE DELIVERY SYSTEM IMPROVEMENT</li> <li>– POLICY AND ADVOCACY</li> <li>– PROVIDER TRAINING</li> </ul>	<ul style="list-style-type: none"> <li>– INCREASED AWARENESS AND NORMALIZATION OF EII</li> <li>– INCREASED DEMAND FOR EII</li> <li>– IMPROVED CAPACITY OF COUNTY CHILD AND FAMILY SERVING SYSTEMS TO PROVIDE EII</li> <li>– MAXIMIZE AVAILABLE PUBLIC FUNDING FOR EII</li> <li>– IMPROVED DATA FOR CONTINUOUS QUALITY IMPROVEMENT ACROSS EII</li> </ul>	<ul style="list-style-type: none"> <li>– INCREASED NUMBER OF CHILDREN WITH DELAYS IDENTIFIED EARLY AND ENROLLED EARLY IN INTERVENTION SERVICES</li> <li>– INCREASED COMPLIANCE WITH STATE AND FEDERAL REQUIREMENTS</li> <li>– REDUCED HEALTH DISPARITIES RELATED TO EII</li> <li>– INCREASED PUBLIC INVESTMENT TO SUSTAIN EII</li> <li>– INCREASED USE OF DATA FOR POLICY AND DECISION MAKING</li> </ul>	<ul style="list-style-type: none"> <li>– INCREASED # OF CHILDREN (0-5) SCREENED FOR DEVELOPMENTAL AND BEHAVIORAL DELAYS</li> <li>– INCREASED AND SUSTAINED ENROLLMENT TO APPROPRIATE INTERVENTION SERVICES AND SUPPORTS</li> <li>– DECREASED # OF CHILDREN ENTERING KINDERGARTEN WITH UNIDENTIFIED DELAYS</li> </ul>

### 1. Integrate work when it makes sense

- Consider how to integrate your approaches across all our work
- Share insights from undertaking an integrated approach to outcomes

### 2. Communicating the First 5 LA story

- Highlight First 5 LA's role as convener, collaborator, capacity builder, funder and advocate
- Use consistent definitions and accessible language

### 3. Measurement Considerations

- Highlight types of outcomes and outputs you will track
- Consider how you will determine baselines and criteria used to select data sources
- Set specific targets – what is the size of the change we seek?

- Tell the First 5 LA impact story
- Focus on early life span outcomes
- Continue to leverage board and partner expertise
- Share our vision for impact with our partners
- Share approach to measurement

# Next Steps for Impact Framework

Fall 2018 – October

- ❑ September PPC: Introduce approach for selecting a set of priority County-level outcomes and monitoring measures
- ❑ October BOC: Introduce proposed list of County-level outcomes and monitoring measures
- ❑ October PPC: In-depth discussion on County-level Outcomes and Monitoring Measures

Fall 2018 – November

- ❑ November BOC: Seek Board approval of County-level outcomes and monitoring measures

Spring – Summer 2019

- ❑ Develop measurement & reporting plans

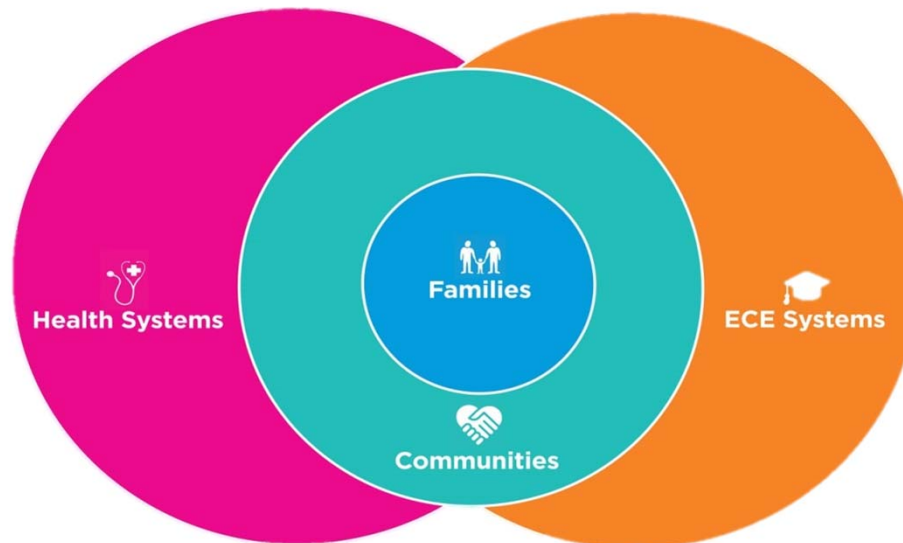


# Strategic Plan Refinement Process

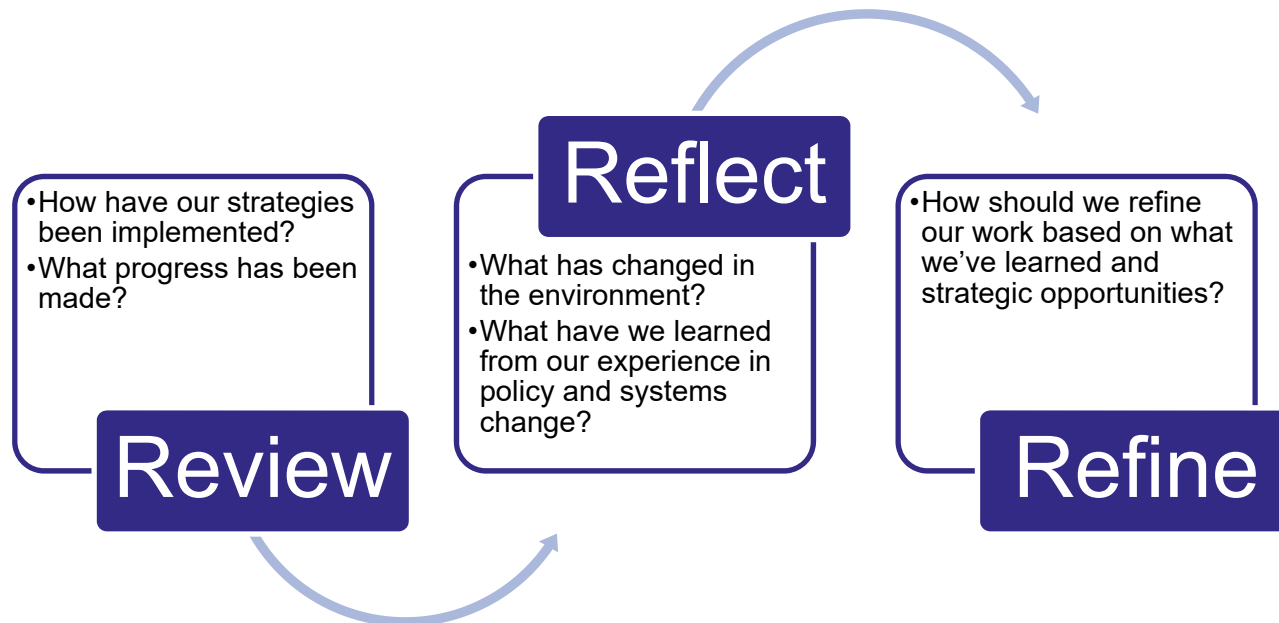
### The gallery walk highlighted questions and comments from Commissioners about how we achieve our outcomes:

- What have we learned based on what we've already done?
- Do we have the right system change strategies?
- **Examples:**
  - How are we making parents aware of developmental delays?
  - How are we engaging families? What's working?

- The 2015-20 Plan recognizes that it will take more than five years to make meaningful progress on our targeted outcomes – i.e., First 5 LA’s outcomes are “evergreen”



- Proposed planning process will focus on ***reviewing, reflecting, and refining the*** current Strategic Plan



## Strategic Plan Implementation

- How well have we implemented strategies and activities to date?
- Have we implemented the “right” strategies/activities to achieve optimal progress towards outcomes?

2015-2018

## Impact Framework Development

- What County-level impacts & monitoring measures can measure progress towards the North Star?
- What systems-level outcomes could have the greatest potential to contribute to these County-level impacts?
- To what extent are these County-level impacts and systems change outcomes grounded in current work?

2018-2019

## Strategic Plan Refinement

- What progress have we made and what have we learned in the first 3 years of implementation?
- What has changed in the landscape in the last 3 years that affects how we achieve our targeted outcomes?
- What have we learned about F5LA’s capacity to do this work?

2019

- **Short Term**
  - Consolidate feedback of lessons learned from First 5 LA's and others' planning and implementation processes
  - Solicitation underway to identify consulting resources to support refinement process
- **Board Engagement**
  - Present an overview at the September PPC to introduce the proposed process, key assumptions and timeline
  - Seek Board endorsement at the November Board meeting including consulting support
- **Process Milestones**
  - Launch process "officially" in January 2019
  - Target completion of Strategic Plan Refinement Process by November 2019

## Fall 2018 – October

- ❑ September PPC: Introduce approach for selecting a set of priority County-level outcomes and monitoring measures
- ❑ October BOC: Introduce proposed list of County-level outcomes and Monitoring Measures
- ❑ October PPC: In-depth discussion on County-level Outcomes and monitoring measures
- ❑ September PPC :Introduce the proposed process, key assumptions and timeline

## Fall 2018 – November

- ❑ November BOC: Seek Board approval of County-level outcomes and monitoring measures
- ❑ November BOC: Seek Board endorsement including consulting support

## Spring – Summer 2019

- ❑ Develop measurement & reporting plans
- ❑ Launch process officially in January 2019

### Key

- ❑ Impact Framework
- ❑ Strategic Plan Refinement Process

A photograph of a woman with long dark hair and sunglasses, wearing a black top and blue jeans, sitting on a grassy field. She is laughing joyfully. Two young boys are lying on the grass in front of her. The boy on the left is wearing a blue and orange plaid shirt and blue jeans, looking towards the woman. The boy on the right is wearing an orange and white striped shirt and blue jeans, also laughing. The background is a blurred green field under bright sunlight.

Questions?

The logo for 'first 5 la' is located in a white circle. It features the text '1st' in a blue circle, a hand icon in a blue circle, and 'LA' in a green circle, followed by 'first 5 la' in a bold blue font. Below this, the tagline 'Giving kids the best start' is written in a smaller blue font.

**1st** **LA**  
**first 5 la**  
Giving kids the best start

**First 5 LA**

**SUBJECT**

Family Supports: Strengthening Families through Home Visiting Systems Building

**BACKGROUND**

First 5 LA seeks to promote the increase of protective factors through contributing to the county's network of family engagement and strengthening strategies. Home Visiting services emerge as a key approach to ensuring newborns are welcomed into the county and their families are supported in these critical early years of their child's development, based on families' unique strengths and needs. First 5 LA joins a broad array of contributors to building and sustaining a high-functioning system to connect with all families in the perinatal period. Particularly, First 5 LA's Family Supports Outcome goals are closely aligned to those of the County of Los Angeles as it relates to providing family strengthening supports that are tailored to families' needs, with home visiting being a critical component to preventing poor child and family outcomes and ensuring families are effectively connected to the county's safety net, as needed. The Board of Supervisor's Home Visiting motion, passed in December 2016, directed the Department of Public Health to lead an effort to expand and enhance the system of home visiting supports in partnership with First 5 LA, the LA County Perinatal and Early Childhood Home Visiting Consortium (LAPECHVC), Office of Child Protection, and several child and family-serving County departments. In response, First 5 LA, along with this group of countywide leaders have partnered to build out this vision and plan which calls for a coordinated system of home visiting for families of children 0-5 in LA County.

**SUMMARY**

Since the passing of the December 2016 Home Visiting Motion the First 5 LA Commission has had multiple discussion about First 5 LA's contribution to this countywide effort. In recent months the board has discussed both the sustainability and accountability of the home visiting system. At the May 2018 Program & Planning Committee Meeting the board discussed state and local opportunities to expand and sustain high-quality integrated services. At the June 2018 board meeting Dr. Deborah Daro, Senior Research Fellow at Chapin Hall, presented on the status and future of the home visiting field, with an emphasis on the outcomes and impact associated with home visiting, particularly from a systems-level perspective.

In July 2018, a plan to achieve the aims laid out by the board of supervisors in the motion was submitted to the LA County Board of Supervisors in a report titled "Strengthening Home Visiting in LA County: A Plan to Improve Child, Family and Community Well-Being." Today's presentation will summarize key components of the plan, including expansion efforts and commitments made by participating agencies and organizations to

- build a coordinated system of referrals into home visiting;
- strengthen the connections of home visiting participants to an array of community services;
- increase utilization of state and federal dollars to support home visiting expansion;
- integrate with related county priorities; and
- enhance the ability for agencies to effectively reach, engage and assist in achieving outcomes for diverse populations within the county.

The presentation will provide a summary of the report recommendations and proposed implementation plan. A copy of the full report is included in this agenda item.

**Attachment:**

*Strengthening Home Visiting in LA County: A Plan to Improve Child, Family and Community Well-Being*, July, 2018. Final Plan submitted to the LA County Board of Supervisors from Dr. Barbara Ferrer, Director, County of Los Angeles Department of Public Health.



# **STRENGTHENING HOME VISITING**

## **in Los Angeles County**

**A PLAN TO IMPROVE CHILD, FAMILY,  
AND COMMUNITY WELL-BEING**

Los Angeles County Department  
of Public Health & Health Agency

135

**JULY 2018**

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## Dedication

This report is dedicated to all the mothers and fathers of Los Angeles County, with gratitude for the love and resilience they share with our children each day.



# Executive Summary: Plan Purpose, Context, and Overview

This plan represents a collective promise to do better by Los Angeles County's next generation.

We know the health and well-being of Los Angeles County's future community members are deeply influenced by their experiences as children. While growth and development occur throughout childhood, the prenatal and early years are a critical period for early childhood intervention. The strategies laid out within this document embody more than just "next steps." They embody a commitment by the County of Los Angeles, the County's Department of Public Health, First 5 LA, and their community partners to provide the timely, powerful supports needed for our families and communities to thrive.

An optimal system of family supports would strategically layer an array of effective evidence-based, innovative, and community-responsive resources that assists in achieving strong outcomes for all families. In addition to offering high-quality interventions, this full suite of supports would be offered in a coordinated manner that would facilitate access for families to the full set of community resources each family may need. This plan focuses on the unique role of home visiting<sup>1</sup> within this system of care.

Home-based parenting support, termed "home visiting," has received local, state, and national attention as an effective prevention strategy. It has been proven

through research to be a valuable intervention for helping families to be strong, healthy, nurturing, and successful.<sup>2</sup> It has even been lauded as "transformative" in local parent focus groups.<sup>3</sup> In general, home visiting improves family outcomes directly through coaching parents on topics such as parent-child relationships, maternal health, and child development. It also can play a key role as a connector within the

broader human service delivery system, facilitating the efficient utilization of a full range of human services and basic community supports. When implemented with quality and fidelity, home visiting is a resource that helps families connect with health-promoting resources, nurtures relationships, promotes safety, and supports socioeconomic stability. In addition, it contributes to the health of the broader social support system by bridging clients to other needed services, identifying service gaps, and advocating for critical supports.

Evidence-based home visiting has been a resource woven into our local landscape for over 30 years, with various home visiting programs being funded by a range of local and federal, public and private sources. Yet within Los Angeles County, there has never been a "system" that strategically connects these resources. Despite its strong models, Los Angeles has lacked the coordination needed to ensure that resources are allocated equitably and are sufficiently available throughout the region. The need to navigate among multiple home visiting programs with varied entry requirements, catchment areas, and service models has made it challenging for parents and professionals to link families to the programs that best meet their needs. This lack of coordination has impeded the most effective use of resources where they do exist. A better system of coordination and referral can increase the equitable allocation of resources and address existing gaps in home visiting services, especially for high-risk populations.<sup>4</sup> It can help improve access for populations at higher risk of poor outcomes resulting from multi-generational marginalization by strengthening linkages to home-based support and other family support services.

Home visiting functions optimally within a larger system of family supportive services. A fundamental component of home visiting is assisting families to connect with additional specialized resources so that their comprehensive needs and goals may be met. As one prevention model, home visiting will not necessarily be the full solution for families at highest risk. Some families will need more focused interventions depending on the nature and severity of family challenges. Families in which there is a prevalence of substance abuse, for example, will need more intensive mental and behavioral health interventions that are directly linked

"[The staff] always has great advice and resources! I like the visits and the activities we do according to my child's age and development. Even though I'm not a first-time mom, there's things I've learned that help me be a better parent and have new experiences with the baby."

—Andrea, Child Care Resource Center PAT

<sup>1</sup> For purposes of this report, home visiting is defined as follows: Perinatal and early childhood home visiting is a family-centered support and prevention strategy with services delivered by trained staff in the home that: (1) is offered on a voluntary basis to pregnant women and/or families with children through the age of five; (2) provides a comprehensive array of holistic, strength-based services that promote parent and child physical and mental health, bonding and attachment, confidence, and self-sufficiency, and optimizes infant/child development by building positive, empathetic, and supportive relationships with families and reinforcing nurturing relationships between parents and children; and (3) is designed to empower parent(s) to achieve specific outcomes that may include healthy pregnancy, birth, and infancy; optimal infant/child development; school readiness; self-sufficiency; and prevention of adverse childhood and life experiences. This definition was based on a definition established by the LA County Perinatal and Early Childhood Home Visitation Consortium and vetted by County leadership.

<sup>2</sup> See Appendix A | Summary of Outcomes for full details of the research relating to home visiting outcomes.

<sup>3</sup> See Appendix B | Excerpts from Focus Group Analysis for focus group findings.

<sup>4</sup> High-risk may be defined in many ways, and in some cases has particular meaning specific to context. In keeping with the Board of Supervisors' motion and collective County departmental priorities, the term "high-risk," when used generally in this report, is inclusive of both risk of involvement with the child welfare system and risk of adverse health outcomes.

“You helped me so much when I needed it the most. Being pregnant and depressed was something I never imagined I’d find myself feeling. Your visits got me through. Thank you for understanding me and knowing that I wasn’t losing my mind . . . I learned how to be strong and take care of myself. And thanks to you and me, I feel better again and have my life back.”

—Candice, Northridge Hospital Medical Center Welcome Baby

with their needs, beyond the scope of the home visiting program. Yet, while home visiting alone may not address all the needs of all families, building out a universal home visiting system is an innovative strategy for supporting both high- and low-risk families. Establishing a universal system helps foster a norm

of parents seeking and accessing supports, which increases the identification and acceptance rates of families that may need intensive supports at the same time that it provides resources to all families. In addition, home visiting can help high-risk families navigate to the additional supports they need. In a large urban area like Los Angeles, understanding how to access existing early childhood education health and social service systems can be a challenge even for the most experienced. Families with young children need access to different kinds of help as their children grow and change. In addition, when home visitors identify those additional resources to be in short supply, their voices can proactively inform policy and system changes (as this report illustrates via the example of mental health resources).

Recognizing the opportunities for improvement, the Board of Supervisors unanimously passed a motion on December 20, 2016, instructing the Department of Public Health (DPH), in collaboration with First 5 LA, the LA County Perinatal and Early Childhood Home Visitation Consortium (the Consortium), the Office of Child Protection (OCP), the Children’s Data Network (CDN), and the departments of Health Services (DHS), Mental Health (DMH), Public Social Services (DPSS), Children and Family Services (DCFS), and Probation, to “develop a plan to coordinate, enhance, expand, and advocate for high-quality home visiting programs to serve more expectant and parenting families so that children are healthy, safe, and ready to learn.” Specifically, the Board directed DPH to:

- I. Assess how national models and best practices, including those with a single entry portal, may inform or be adapted to improve outcomes for Los Angeles County.
- II. Create a coordinated system for home visitation programs that includes a streamlined referral pathway and outreach plan to ensure maximum program participation, especially in Los Angeles County’s highest-risk communities. A single responsible department or organization may be

identified to maintain the coordinated referral system.

- III. Identify gaps in services for high-risk populations based on a review of effective national models, existing eligibility requirements, and cultural competencies. The plan should develop strategies to address these gaps.
- IV. Increase access to voluntary home visitation for families at high risk of involvement with the child welfare system, consistent with the recommendations of the Los Angeles Blue Ribbon Commission on Child Protection.
- V. Collect, share, and analyze a standardized and consistent set of outcome data leveraging the Consortium’s Los Angeles County Common Indicators pilot project.
- VI. Include a framework to maximize resources by leveraging available funding, and, where possible, identify new and existing, but not maximized, revenue streams (through state and Federal advocacy, and opportunities for local investments) to support home visiting expansion.

The value of an enhanced home visiting system was affirmed in the Los Angeles County 2016–2020 Strategic Plan, Objective I.1.6, which directs the county to “support the leadership of First 5 LA, in partnership with the County, the Home Visitation Consortium, and others, to build a universal voluntary system of home visitation services through a streamlined system of referrals and improved integration of services.” Similarly, the OCP prevention plan, *Paving the Road to Safety for Our Children* (Appendix C), identified home visiting as one of its seven core strategies for preventing child abuse. The OCP emphasized home visiting as part of an inclusive network of family supports, alongside early childhood education, prevention and aftercare services, and other systemic solutions. Home visiting also plays a role in meeting several priority areas and goals outlined in the 2015–2020 Los Angeles County DPH Community Health Improvement Plan (CHIP).



This home visiting system-building work is also intertwined with the County's focus on reducing health disparities. In 2017, in response to stark disparities in health outcomes among African-American families and other Angelenos, the Los Angeles County Health Agency launched the Center for Health Equity. As referenced in the Center for Health Equity's 2018 document *A Pathway to Equity: The Five-Year Plan to Close the Black-White Gap in Infant Mortality*, home visiting services can play an important role in reducing disparities in infant mortality and maternal and child health. Culturally responsive, high-quality home-based programs can help ensure that families are able to access needed health and social services and supports. In so doing, they can help to reduce the risk of preterm birth and other adverse health outcomes.<sup>5</sup> The potential for synergy between home visiting and other efforts makes the

current report particularly timely: we have a unique opportunity to make home visiting an important component in a coordinated, comprehensive system of care serving families from preconception through early childhood.

This report addresses each of the elements listed in the December 2016 motion, laying out a

plan for transforming the home visiting landscape in Los Angeles that is comprehensive in scope, integrated with other systems, and responsive to community challenges.

In response to Board motion directive I, the report summarizes key lessons learned from the review of national systems, including those related to single-entry portals and opportunities to expand home visiting capacity by better leveraging funding. These lessons are outlined in the "What National Research and Local Gap Analysis Taught Us" section of this report starting on page 14.

The "What National Research and Local Gap Analysis Taught Us" section also identifies current service

capacity and gaps (directive III in the Board motion) using quantitative analysis and stakeholder input. Opportunities identified include (a) building new referral partnerships and infrastructure to support broader and easier entry into home visiting; (b) filling service gaps by expanding the accessibility and volume of both targeted universal (offered regardless of individual risk status to all residents in communities facing elevated population risk) and programs designed for more specific high-risk groups; (c) improving perinatal mental health support; and (d) piloting innovative models to better serve high-priority populations (including families at risk of child welfare involvement or imminent adverse health outcomes). Discussions of the current local home visiting landscape highlight gaps in services that are a function of multiple causes. As the volume of home visiting services has grown, funds have been prioritized to identify and serve high-risk populations based on criteria set by models and by various funding sources. While availability and access has grown for these populations, limitations still exist based on geography, age, and enrollment period.

Gaps also exist related to disproportionately poor outcomes among segments of the county population that have historically been disenfranchised and could benefit significantly from improved outreach and inclusion. Most notably, there are opportunities to improve outreach and responsiveness to the African-American community and other racial or ethnic minorities who suffer from higher infant mortality rates and preterm births. It is crucial to the success of the Los Angeles County Health Agency equity initiatives to acknowledge that African-American maternal and infant health outcomes remain significantly worse compared to other racial and ethnic groups, and that these differences are not explained by traditional "high-risk" characteristics— income, education, health insurance access, for example. The deeply rooted structural racism that continues to pervade the culture explains much of this problem, and addressing that underlying social determinant is essential to the ultimate success of these efforts. As a result of this uneven playing field, while this report describes a vision and a plan to create a system that provides universal access to a spectrum of home visiting services for all families in the county, it is appropriate and important to include strategies that recognize and target the disproportionate need among African-American families and that ensure that population is being adequately reached and served. With those caveats, home visiting as part of an

"If I didn't have this program, I wouldn't know what to do. When I first got pregnant, I was so scared ... I was going to end up having an abortion ... But all the stuff that [she] has been teaching me, learning how to stop being stressed out ... stuff to bring me and my daughter closer together ... learning how to help [my daughter with] her language development. I never knew that until she taught me about it."

—Eniya, Child and Family Guidance Center HFA

<sup>5</sup> Published research demonstrating reductions in low birthweight, preterm birth, and infant mortality affiliated with home visiting programs include:

- 1) Lee, E., Mitchell-Herzfeld, S., Lowenfels, A., Greene, R., Dorabawila, V., DuMont, K. (2009). Reducing Low Birth Weight Through Home Visitation A Randomized Controlled Trial. *American Journal of Preventive Medicine*, Volume 36, Number 2, 154–160.
- 2) Olds, D. L., Kitzman, H., Hanks, C., Cole, R., Anson, E., Sidora-Arcoleo, K., Luckey, D.W., Henderson, C.R., Holmberg, J., Tutt, R.A., Stevenson, A.J., Bondy, J. (2007) Effects of nurse home visiting on maternal and child functioning: age-9 follow-up of a randomized trial," *Pediatrics*, 120 (4), e832–845.
- 3) Olds, D.K. (2014). Effects of home visiting by nurses on maternal and child mortality: Results of a 2-decade follow-up of a randomized clinical trial. *JAMA Pediatrics*, 168(9): 800–806.
- 4) Kitzman, H.O., et al. (1997). Effects of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing: A randomized controlled trial. *Journal of the American Medical Association*, 278(8), 644–652.

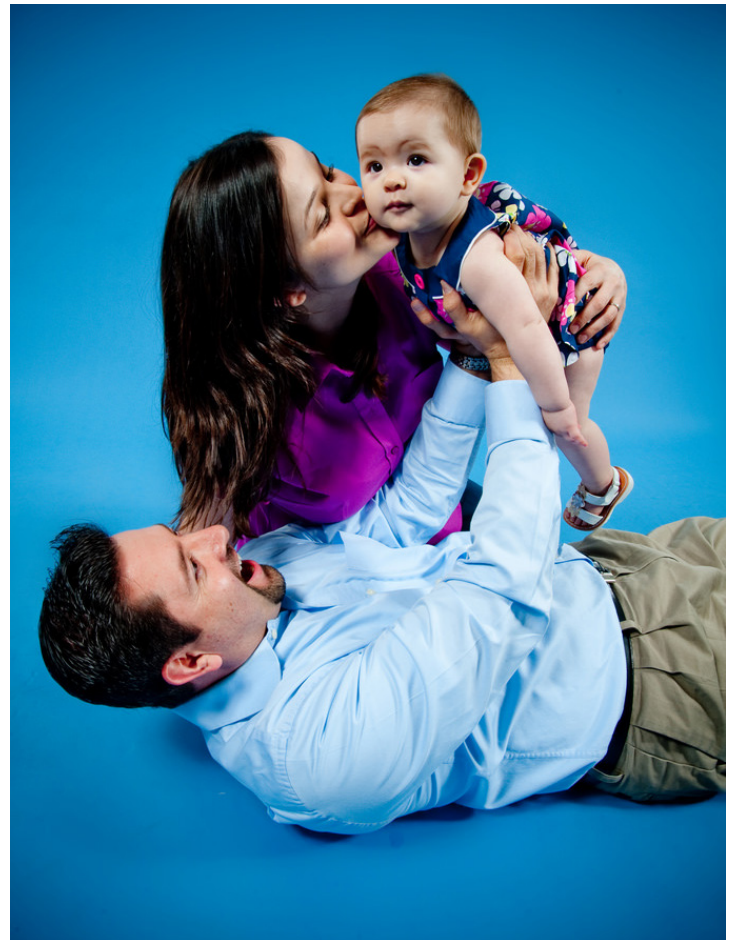
integrated support network can enhance health and social equity for all families.

Responses to the challenges of improved countywide coordination (Board motion directive II) and improved access for families at high risk of child welfare involvement (Board motion directive IV) are addressed in the final section of this report. That section lays out steps to develop a more coordinated and effective system that is responsive to community needs, easy to access and navigate, and anchored in community-level partnerships. The proposed home visiting system includes new referral partnerships for high-priority populations, an enhanced electronic referral infrastructure, perinatal mental health supports, and expansions both of current evidence-based and of innovative services. Recommended areas for investment include coordinated referral technology, the development of new pathways that increase linkages from County programs to home visiting services for families at high risk of involvement with the child welfare system, and a commitment to universal screening and parent coaching in the prenatal and early postpartum period to improve timely access to needed services. A universal approach is recommended to help foster a norm of perinatal parent support, both to improve outcomes for the entire population and to reduce stigmatization based on what may be perceived as a deficit approach to targeting.

To address the need for improved data standardization (Board motion directive V), the plan proposes a multi-pronged approach in the “Our Proposed Solutions | Data” section on page 22 that includes (1) a long-term evaluation to assess program outcomes (including healthy births, child safety, family well-being, and cost-avoidance); (2) an annual analysis of program metrics, including but not limited to common indicators shared across all programs (Appendix D | Consortium Data Indicators); and (3) the ongoing measurement of community need and subpopulation need, available capacity, and utilization, to inform continuous improvement of the overall system.

Strategies for better use of current funding and to add new resources (Board directive VI) are discussed in the “Our Proposed Solutions | Funding” section on page 27. These strategies can increase capacity for the more intensive home visiting models that are most appropriate for high risk families, as well as less intensive programs intended for universal use.

This proposed plan addresses two additional issues that are not explicitly mentioned in the Board directive but are closely linked to achievement of the aims that are addressed: 1) reinforcing linkages between home visiting and other family support system elements; and 2) recommendations regarding workforce development. The “Home Visiting’s Role in Our Broader System of Care” section (page 7) explores ways in which home visiting services work with other key community



investments to support strong, healthy families. The “Our Proposed Solutions | Workforce” section (page 26) lays out important activities related to strengthening the home visiting workforce capacity that are essential to ensure optimal support for families. Many of the recommendations in this section (such as the creation of a perinatal mental health clinical support team and countywide training in implicit bias), are directly responsive to the current gaps identified in our system. Others relate to ensuring long-term workforce strength. In the closing section, the plan outlines recommended next steps, including commitments that County departments and partners have made to implementation, recommendations for countywide collaborative oversight, and opportunities for ongoing County support.

This plan, *Strengthening Home Visiting in Los Angeles County*, was developed at a time of widespread commitment to supporting families and improving outcomes for young families. It is intended to serve as a blueprint for transformation—a guide for building coordination and strategic investment that our families and future generations deserve. It will serve as a core framework on which to develop and layer more detailed implementation plans for County departments and partners to execute wherein universal home visiting may play a crucial role in a comprehensive set of strategies designed to maximize outcomes for young children and their families.

# Acknowledgments

This report is the culmination of intense work and broad contributions by diverse stakeholders within the Los Angeles and national home visiting landscapes. A deep debt of gratitude is owed to all who helped to define our path toward the “North Star” of optimal family support in our community. This section attempts to capture our heartfelt thanks.

The leadership of all County departments and organizations named in the December 20, 2016, motion convened monthly to build a common vision for planning and collaboration, informed by the results of research and stakeholder input. Along with DPH leadership, participants included directors, deputy directors, and other leaders from the departments of Children and Family Services, Public Social Services, Mental Health, Health Services, Probation, the Los Angeles County Office of Education, the CDN, First 5 LA, the OCP, the Center for Strategic Public-Private Partnership (CSPPP) and the Consortium, represented by staff from its backbone agency, Los Angeles Best Babies Network (LABBN). Through these convenings, County departments established a shared commitment to collaborating with provider agencies, community members, and one another to achieve an optimal and integrated system of high-quality home visiting support in Los Angeles County. Without such leadership, this plan would not have been possible.



In addition, DPH convened a biweekly cross-agency research and advisory team to support the integration of best practices and broader stakeholder engagement within the planning. This team included representatives from DPH, First 5 LA, OCP, the Consortium, LABBN, CSPPP and CDN. The guidance, time, and hard work of this group were invaluable to this plan’s development.

Numerous home visiting provider agencies shared their wisdom and perspectives during the planning process, both through their participation at Consortium meetings and through their Community Roundtable participation (see page 17). Parents shared their perspective via focus groups.

Big Orange Splot, LLC, provided facilitation, research, and technical expertise to inform and support optimal planning. Ongoing national expertise was provided by Chapin Hall Senior Research Fellow Dr. Deborah Daro. The Doris Duke Fellows from Chapin Hall and doctoral students from the CDN and the Consortium contributed research on national models and the local home visiting landscape, respectively. This support was essential to ensuring that our plans integrated best practices and were responsive to local needs.

The health, business, and philanthropic communities also played important supporting roles. Senior leadership from Care First, Health Net, LA Care, and Health Care LA IPA lent their expertise both in individual interviews and as joint participants with DHS and DPH in Maternal Model of Care meetings hosted by First 5 LA. The Partnership for Early Childhood Investment funded the Consortium’s local landscape research. The Reissa Foundation supported the DPSS pilot in SPA 6. The Blue Shield Foundation and First 5 LA co-funded technical assistance support for the rollout of DMH expansion funding. The Carl and Roberta Deutsch Foundation underwrote DHS’s MAMA’s Neighborhood focus groups. Representatives from the California Endowment, the Partnership for Early Childhood Investment, the Crail-Johnson Foundation, the W.M. Keck Foundation, the Reissa Foundation, and First 5 LA also lent their expertise as ambassadors for the philanthropic sector as part of an ad-hoc funders workgroup convened by CSPPP. This group helped develop and vet the proposals coming out of the County’s planning efforts, such as requests for data infrastructure and capacity-building. Collaborative partners also met with staff from the Los Angeles County Economic Development Corporation and the Los Angeles Area Chamber of Commerce, who lent guidance and expressed willingness to partner in support of future home visiting workforce development.

We deeply thank each of these entities for their contributions to this greater whole.

# Vision and Guiding Principles

To frame the development of this plan, the leadership of each of the County departments and organizations named in the motion began by articulating a shared commitment to building an optimal home visitation system in Los Angeles County. Together, these collaborators developed a vision statement and guiding principles to serve as the foundation for inter-departmental and cross-sector collaboration around home visiting services for Los Angeles County families.

Fundamental to these discussions was a recognition not only of the value of effectively connecting families to home visiting, but also of doing that in a way that is integrated within the broader set of family support programs available to parents. These tenets are reflected both in the Guiding Principles that stakeholders adopted (below) and the plans they collectively developed.

## OUR VISION

Together, we aspire to achieve the following vision of high-quality home visiting supports for Los Angeles County families:

A system of voluntary, culturally responsive, home-based family-strengthening services available to all Los Angeles families with children prenatally through age five that

- Optimizes child development
- Enhances parenting skills and resilience
- Safeguards maternal and infant health
- Prevents costly crisis intervention
- Reduces adverse childhood experiences
- Demonstrates improved educational and life outcomes

Under this vision, all Los Angeles families with young children would have access to trusted support and coaching in their homes, matched appropriately to their needs, so that they and their children may thrive.

## OUR GUIDING PRINCIPLES

1. Universal access to effective prenatal and early childhood support is beneficial for all children's health and development, for maternal health, for enhancing parental capacity, and for our community as a whole.
2. Some families can also benefit from intensive home visiting support to address complex sets of challenges.
3. Home visiting has been proven through research to be an effective perinatal resource; it attains key family well-being and health outcomes, reduces the need for crisis intervention, and triages families to the appropriate level of additional resources and community activities.
4. Home visiting is not the only effective perinatal and early childhood resource and it is not the sole or optimal fit for all parents; however, for parents who voluntarily participate in home visiting services, research shows it is among the most impactful.
5. Families will have the opportunity to access resources through multiple paths. To maximize families' access to home-based support, we commit to building and refining referral pathways:
  - a. That are attractive and easy to navigate from the family perspective (provided efficiently via trusted community providers)
  - b. That are effective in finding and attracting "at-risk" and prenatal families in particular
  - c. That are informed by process design principles so they work both for families and for staff in the involved departments.
6. Effective data collection and coordination is essential to ensure the highest quality services and optimal resource allocation.
7. Improving coordination can result in even better outcomes for our families and our community by ensuring that (a) resources are maximized and (b) system connections are efficient and effective. Home visiting system coordination efforts should support, leverage, and be pursued in alignment with other change initiatives underway in Los Angeles County, including but not limited to the County Strategic Plan, the Office of Child Protection's prevention plan, Help Me Grow, and other early childhood systems-change initiatives.
8. There is a fundamental shortage of resources to meet the full potential need for home-based support in Los Angeles County. Expanded and more flexible financing is needed. Adjustments also should be made to current program recruitment and collaboration to ensure that existing funds are fully utilized, particularly for prenatal women, at-risk parents, and marginalized families.

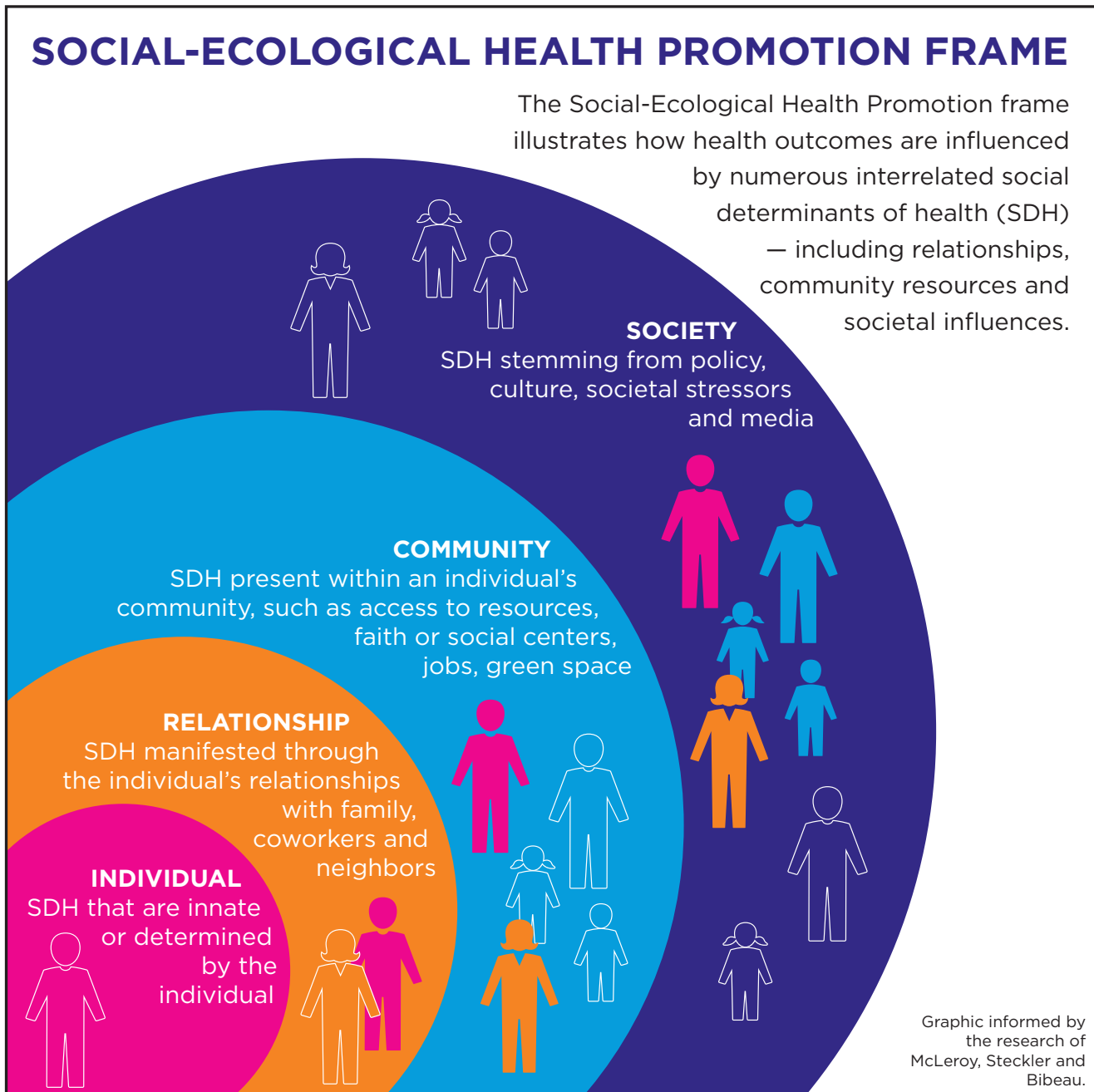
# Home Visiting's Role in Our Broader System of Care

The County's home visiting system coordination efforts will support, leverage, and be pursued in alignment with other change initiatives underway in Los Angeles County, including but not limited to the Health Agency's health inequity initiatives, the County Strategic Plan, the Office of Child Protection's prevention plan (Appendix C), Help Me Grow, and other early childhood systems-change initiatives.

As highlighted earlier, one of the guiding principles of this planning has been the knowledge that home visiting, while an important resource, is one of many valuable resources for families in Los Angeles. Family health and success are influenced by broad

socioeconomic determinants,<sup>6</sup> including environmental factors (such as access to safe housing, nurturing early care and education, parks, and nutritious foods) and experiences with trauma (including violence, abuse, and racism). At a systemic level, it is important that we are addressing all of these factors in balance—ensuring both service-level resources and a community-level ecosystem that supports universal well-being.

Other County investments are being pursued in parallel with this home visiting expansion. The alignment of these investments—particularly aligning resources to be timely, clear, and easily accessible from the family's perspective—is crucial for our success.



<sup>6</sup> Social-ecological health promotion concepts and graphic were informed by McLeroy, K. R., Steckler, A. and Bibeau, D. (Eds.) (1988). The social ecology of health promotion interventions. *Health Education Quarterly*, 15(4), 331-377.



These supports represent a web of mutually reinforcing resources connected by referral bridges. Home visiting both welcomes families from and ushers families to other system hubs within that web.

Because of these relationships, home visiting plays a valuable role in assessing the extent to which these resources are coming together to support families. If the balance of resources is off, home visiting agencies can be among the first to recognize which other resources are suffering capacity shortages most acutely.

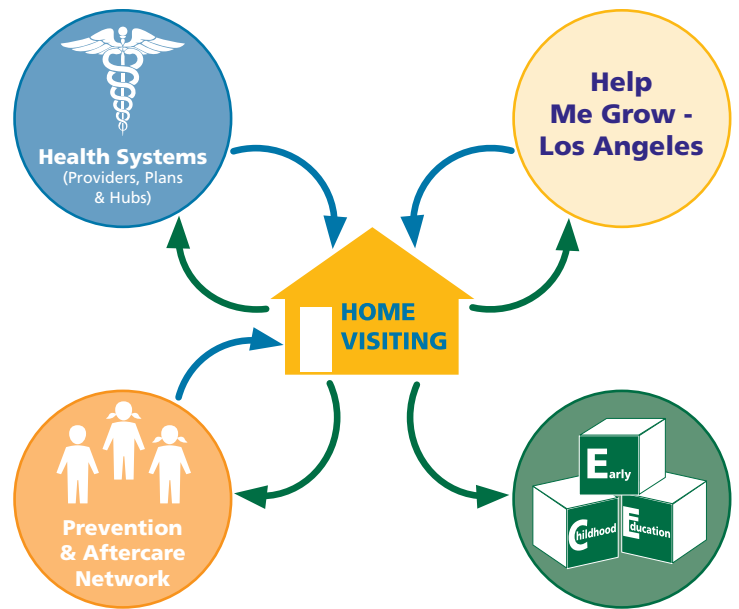
### ALIGNMENT OF HOME VISITING WITH COUNTY HEALTH EQUITY INITIATIVES

Strategies that address health disparities and enhance home visiting investments will be mutually reinforcing. By strategically expanding access to home visiting, and by increasing the training and mental health resources available to home visitors, the County will be strengthening the impact that home visiting can have on infant mortality and birth disparities. At the same time, as the County's Center for Health Equity deepens its focus on reducing infant mortality, it will be rolling out additional resources and trainings that strengthen the knowledge and skills of home visitors and other key workforce groups (medical providers, educators, agency staff). Home visitors will serve as an ongoing resource for disseminating knowledge about these new resources and helping families access them in a timely manner.

The chart on page 10 outlines some of the many ways in which home visiting investments are anticipated to support the County's strategic initiatives on infant mortality, as outlined in its Pathway to Equity report.

### ALIGNMENT AMONG HOME VISITING, EARLY IDENTIFICATION AND EARLY CARE AND EDUCATION SYSTEMS

In well-coordinated early childhood systems, home visiting connects and refers families to health services, social services, and other family support systems. As part of this important connector role, home visitors can refer families to early identification and intervention (EII) supports to address a child's developmental delays and behavioral concerns. It can also provide parent education on how to identify high-quality early care and education (ECE) options, and can assist families in navigating the significant complexities of ECE program enrollment—something that is essential both for child development and economic stability.



There is significant alignment between home visiting and EII's desired outcomes, such as promoting healthy child development and school readiness. Approximately 1 in 4 children ages from birth through age six are at risk for developmental and behavioral delays.<sup>7</sup> Despite this prevalence, only 21% of young children receive timely developmental and behavioral screenings in California.<sup>8</sup> Home visitors help remedy this challenge. Home visitors monitor children's development, conduct screenings at the recommended periodicity, and refer to appropriate intervention services when needed. They equip families with tools to encourage healthy development and knowledge to monitor developmental milestones. In addition, they encourage them to talk to their child's health provider about healthy development. Home visiting programs can also act as an intervention support for children with or at risk for delays. Risk factors that prioritize families for more intensive home visiting (such as child maltreatment/neglect and parental substance use) are also predictors of developmental/behavioral delays in children. This presents an opportunity for home visitors to monitor these risk factors as early as pregnancy, identify children who may be at risk for developmental/behavioral delays, and provide more intensive supports as needed. Evidence indicates that high-quality home visiting programs can improve child development.<sup>9</sup>

The strong alignment between home visiting and EII efforts has been strengthened through federal policy and funding. In 2017, the U.S. Department of Education (which administers the Individuals with Disabilities Education Act—Part C, or IDEA Part C, funding for early

<sup>7</sup> Bethell, C.D., et al. (2011). A National and State Profile of Leading Health Problems and Health Care Quality for US Children: Key Insurance Disparities and Across-State Variations. *Academic Pediatrics*, 11(3 Suppl), S22–33.

<sup>8</sup> Children Now (2018). 2018 California Children's Report Card.

[https://www.childrennow.org/files/9015/1975/3343/RC18\\_FINALonlineSPR.compressed.pdf](https://www.childrennow.org/files/9015/1975/3343/RC18_FINALonlineSPR.compressed.pdf)

<sup>9</sup> Supplee, L. & Adirim, T. (2012). Evidence-based home visiting to enhance child health and child development and to support families. *American Psychological Association*. <http://www.apa.org/pi/families/resources/newsletter/2012/07/home-visiting.aspx>

Pathway to Equity Strategy	How Home Visiting Helps
One Key Question®	Home visitors will be trained on OKQ, enabling them to offer a reflective space for families to discuss family planning concerns or options, including dynamics between caregivers (including contraceptive coercion) that may be affecting family planning health.
Risk reduction	Home visitors provide ongoing referrals and support for smoking cessation and other risk-reduction goals (including stress management support).
Universal access to effective medical interventions	Home visitors associated with DHS's MAMA's Neighborhood Visits pilot will deliver medical interventions shown to reduce preterm births (including progesterone and low-dose aspirin) to patients for whom those treatments are indicated but inaccessible. In addition, all home visitors will help mothers become self-advocates in relation to perinatal health care and will support women in carrying out medically advised regimens.
Enhanced mental health services	Home visitors act as front-line mental health support for pregnant and parenting mothers, providing direct consultation for families (with the support of the enhanced mental health team described below), screening parents for depression and other perinatal mood disorders, and building bridges to more intensive therapeutic supports when appropriate.
Early referral to services	All home visitors in Los Angeles will be helping families use the validated instruments of the ASQ-3 and the ASQ-SE2 to assess child development, and will connect families in need of specialized services to the appropriate resources. Home visitors help families obtain transportation, child care, linguistic/cultural understanding, and other resources needed to attend appointments and follow through on medical or other advice.
Improving parent support, stress awareness, and self-confidence	In addition to providing direct support, home visitors play important roles in educating parents regarding the impacts of stress, stress reduction techniques, breastfeeding/parenting techniques, and community engagement activities so that parents feel confident and connected.

intervention services for infants and toddlers with disabilities) and the U.S. Department of Health and Human Services (which funds Maternal Infant Early Childhood Home Visiting), released joint guidance<sup>10</sup> encouraging their grantees to better coordinate and collaborate across the two programs. The guidance recognizes that both funding sources require grantees to be embedded in a centralized or coordinated early identification, intake, screening, and referral system so that program providers are positioned to refer families to needed services in an appropriate and timely manner. The guidance also calls for integrated funding across early childhood sectors. One national example of this type of integrated funding in action is in Connecticut, which in 2013 established an Office of Early Childhood by combining programs and funding from five separate agencies including IDEA Part C, child abuse and prevention, EII, and home visiting.

In Los Angeles County, there have been many efforts to strengthen and better coordinate EII. DPH and First 5 LA are currently planning for the implementation of Help Me Grow (HMG) in Los Angeles County, a model that promotes local cross-sector collaboration to bolster the early screening and surveillance of developmental and behavioral delays for all young children. HMG seeks to coordinate existing systems that serve children with or at risk for delays and their families—such as home visiting—to ensure that families receive appropriate intervention services and supports. As of 2018, DPH has been recognized as the organizing entity for HMG–LA, which means it will be responsible for providing fiscal and administrative oversight for the long-term sustainability of HMG–LA and for facilitating cross-sector coordination to strengthen early identification and intervention in Los Angeles County.

<sup>10</sup> U.S. Department of Education & U.S. Department of Health and Human Services. (2017). *Collaboration and Coordination of the Maternal, Infant, and Early Childhood Home Visiting Program and the Individuals with Disabilities Education Act Part C Programs*. <https://sites.ed.gov/idea/files/ed-hhs-miechv-partc-guidance.pdf>

DPH's role as both the organizing entity for HMG and the lead agency for home visiting within Los Angeles County provides a unique opportunity for leveraging and aligning these two systems. For example, one prominent opportunity for synergy includes the potential to bridge referral technologies related to both efforts into one "go-to" resource for families and professionals. Another is the opportunity to support the maximization of federal and state funding streams to support both efforts.

Similarly, DPH is uniquely positioned to support synergy between these initiatives and early childhood education resources in Los Angeles, as a result of its

new role overseeing the Los Angeles County Office for the Advancement of Early Care and Education. DPH's position at the nexus of these three systems opens opportunity for cross-sector training, technological integration, financial leveraging, and other reforms to improve how these parts of our broader family support network come together to help families. These shifts present new opportunities to realign these systems to be more accessible, easier to navigate, more effective, and more responsive to families. In these three significant roles, DPH is uniquely positioned to help transform and better coordinate referral services and supports for the early childhood population.

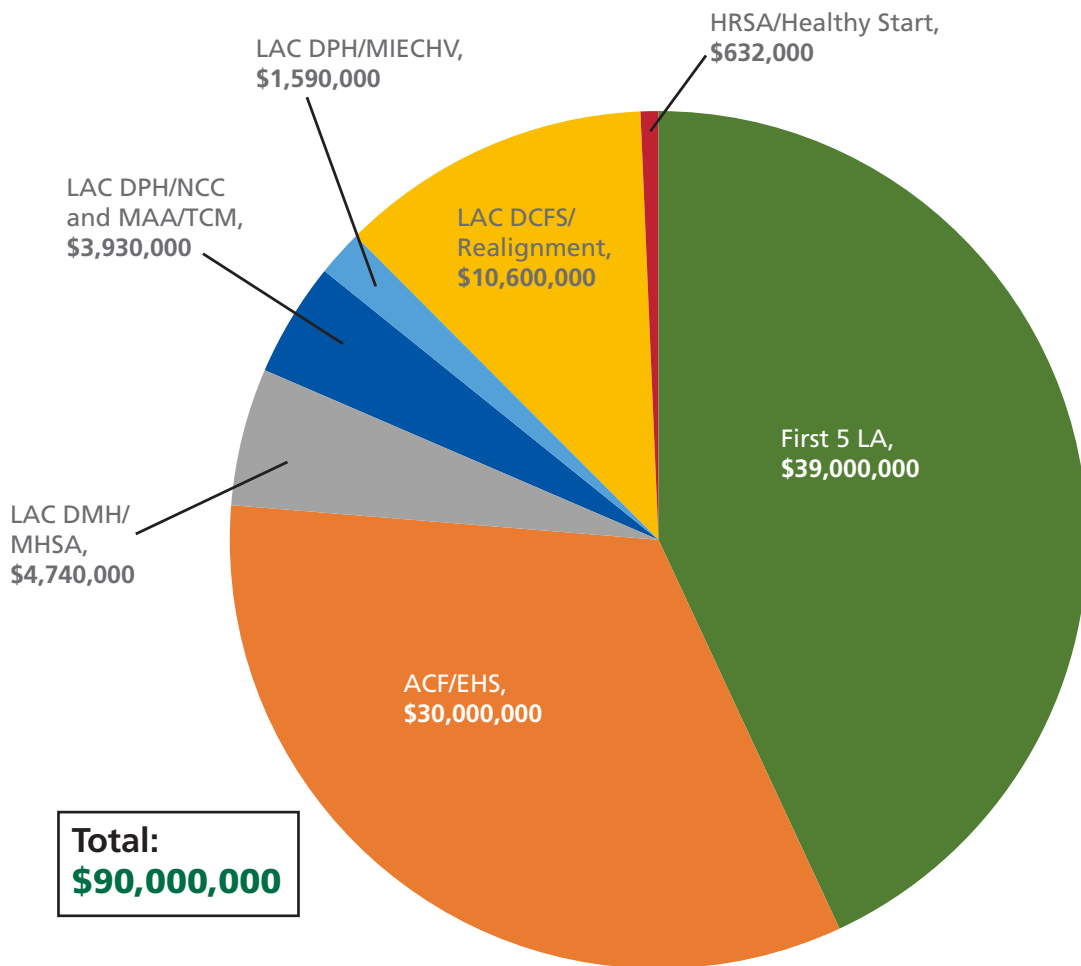


# Baseline Los Angeles County Home Visiting Investments

At the outset of this planning process, the baseline state of home visiting included a strong but disconnected foundation of publicly funded programs. As of 2017, publicly funded home visiting programs in Los Angeles were funded through the contributions of five local governmental entities, plus numerous contracts awarded by the federal government to local nonprofit organizations. The graph below illustrates these major public funding sources.<sup>11,12</sup>

Collectively, these funding streams enable 55 local nonprofit organizations plus DPH Maternal Child and Adolescent Health (MCAH) to provide home visiting services with a total capacity for helping approximately 24,500 families per year, including intensive services to approximately 9,500 high-risk families per year. In addition, a handful of smaller home visiting programs are run by nonprofit agencies using philanthropic or grant dollars.<sup>13</sup>

## Governmental Funding of Home Visiting in Los Angeles County, 2017 Estimates



<sup>11</sup> Family interventions provided in the home (such as home-based therapeutic interventions) are not reflected here because they do not match the preventative home visiting definition above. Nonetheless, it is worth noting that a substantial amount of funding is also available for such services in Los Angeles, and comes alongside the funding displayed here to meet the full needs of our families, as may be appropriate based on each family's situation.

<sup>12</sup> Notes for "Governmental Funding of Home Visiting in Los Angeles County, 2017 Estimates":

\*ACF/EHS: The Federal Administration for Children & Families funds Early Head Start programs. This funding is estimated based on an extrapolation of actual capacity using comparative volume and intensity of services.

\*LAC DMH/MHSA: DMH supports home visitation programs using Mental Health Services Act (California Proposition 63) Prevention and Early Intervention funds.

\*LAC DPH/NCC and MAA/TCM: DPH uses County General Funds (Net County Cost) combined with Federal Title XIX (Medicaid) matching funds that can be claimed via the Medicaid Administrative Activities (MAA) and Targeted Case Management (TCM) programs.

\*LAC DPH/MIECHV: DPH also receives funds from the Federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program administered by the Health Resources & Services Administration (HRSA) Maternal Child Health Bureau.

\*LAC DCFS/Realignment: DCFS funds home visitation programs using state realignment funds.

\*HRSA/Healthy Start: The Health Resources & Services Administration (HRSA) Maternal Child Health Bureau administers the Federal Healthy Start program.

\*First 5 LA: First 5 LA receives funding from California's Proposition 10 tobacco tax and makes investments to optimize the health and early life experience of children from before birth through age five, including home visiting.

<sup>13</sup> Based on simple calculations using the figures above, a rough estimate for the average cost of home visiting programs in Los Angeles per family per year is \$3,675. However, program costs can vary widely based on the program model implemented with differing staffing patterns, frequency of visits, duration of service, and other factors. Los Angeles County has the opportunity to adjust overall cost and capacity to serve a greater number of families by making strategic decisions regarding which models to invest in primarily.

All publicly funded models in Los Angeles focus their efforts on promoting healthy child development, addressing maternal mental and physical health, supporting nurturing family relationships, and assisting families in achieving self-defined goals (such as improved financial or relational stability). The specific foci, curricula, and restrictions of these programs vary by model. Each model has a defined curriculum, methodologies, staffing requirements, frequency of client contact, service length, entry requirements, intended outcomes, and actual outcomes as demonstrated through research. Eligibility for each model may be limited by model or by local funder to specific risk, income, geographic, and/or age criteria.

The majority of models operating in Los Angeles are restricted to families meeting a “high-risk” threshold based on family characteristics (such as poverty, substance abuse, or geography). Some of these thresholds are set based on national model guidelines; others have been established by local funders seeking to reach particular subsets of the population. These models offer services with high frequency (two to four visits per month) and longer duration (six months to

five years). One model, Welcome Baby, screens families for level of risk and offers a lower frequency (six to nine contacts) to families who are identified as being at low or moderate risk, and refers families at higher risk and meeting geographic criteria to more intensive home visiting models. Welcome Baby has been implemented in 14 birthing hospitals delivering babies who live in some of the County’s highest-risk communities.

Los Angeles County currently has multiple federally designated “evidenced-based” programs, including Nurse-Family Partnership, Early Head Start, Healthy Families America, and Parents as Teachers (see Appendix E I Executive Summary, Home Visiting in Los Angeles County for more detail). The remainder of Los Angeles’ programs may be described as “evidence-informed,” as they adapt elements of evidence-based programs and implement them in alternative service models tailored to meet the needs of specific populations.

The following chart summarizes the models and capacity funded by Los Angeles County departments, First 5 LA, and the federal government as of June 2017.<sup>14</sup>

Funding Entity	Models	Families/Year
First 5 LA	Welcome Baby Healthy Families America Parents as Teachers	15,000 general 3,100 high-risk
Federal Office of Head Start	Early Head Start	3,450 high-risk
Los Angeles County Department of Children and Family Services	Partnerships for Families	1,260 high-risk
Los Angeles County Department of Public Health Los Angeles County Department of Mental Health	Nurse-Family Partnership Healthy Families America	1,210 high-risk
Federal Health Resources and Services Administration	Healthy Start	500 high-risk

Also noteworthy at the outset of the planning process was the existence of a significant baseline of collaboration and infrastructure. Through the partnership of DPH, First 5 LA, LABBN, and community agencies, the Consortium has been acting as a bridge among programs for several years. Most notably, since 2015, with financial support from the Partnership for Early Childhood Investment and First 5 LA, Consortium members across multiple models have been collaborating to promote quality, coordination, measurement, and sustainability among home visiting agencies. Infrastructure already in place included data systems for each program that performed various types of outcome tracking, demographics, client interactions, and enrollment functionality. The Stronger Families database utilized by First 5 LA-funded programs

provided a direct referral connection between hospital teams and home visiting provider agencies. Coordination, training, and technical support is provided to First 5 LA’s Stronger Families Network of Welcome Baby and home visiting agencies through the Family Strengthening Oversight Entity, which is managed and delivered by LABBN, Maternal Child Health Access, and PAC/LAC (Perinatal Advisory Council: Leadership, Advocacy, and Consultation). Telephonic support was in place for DPH’s Nurse-Family Partnership program. Along with the service investments outlined above, these existing leadership commitments, community collaborative efforts, philanthropic investments, and infrastructure elements contributed to a solid foundation that positioned Los Angeles well for the development and implementation of system-wide plans.

<sup>14</sup> Appendix E I Executive Summary, Home Visiting in Los Angeles County provides additional details regarding the state of home visiting at the outset of our planning process.

# What National Research and Local Gap Analysis Taught Us

In keeping with the Board motion's sections I and III, analyses both of national research and of the Los Angeles County home visiting landscape were used to ground this plan in nationwide best practices and current local data. Inputs included:

- 1) Guidance from national and local experts funded by the Office of Child Protection and First 5 LA
- 2) Extensive research funded by the Partnership for Early Childhood Investment and First 5 LA on behalf of the Consortium to support system improvement efforts
- 3) Expertise and insights shared by home visiting provider agencies, advocates, and prospective client families at Consortium-hosted community input sessions and First 5 LA-funded focus groups

Based on these combined sources, seven priority system changes surfaced as opportunities to better meet community needs:

1. Develop a centralized, coordinated referral technology to help families and professionals navigate complex eligibility rules
2. Expand resources by better leveraging existing funding and by identifying new sources
3. Expand eligibility criteria to reach families excluded by criteria built into current evidence-based programs
4. Increase prenatal recruitment and marketing activities to broaden access and improve birth outcomes
5. Explore additional opportunities to ensure that home-based services are optimally supporting health equity, such as by piloting innovative models or strengthening workforce practices, based on data analysis and evaluation results
6. Improve perinatal mental health supports
7. Improve connections with and the leveraging of health care system resources.

Details of the learning garnered from each source are explained more fully below, including the single-entry portal, national best practices, gap analysis, and funding exploration required by the Board motion.

## NATIONAL RESEARCH

Our review of national models and best practices included interviews with leading researchers from Chapin Hall (at the University of Chicago) and the University of Southern California. This review affirmed the value of many of the structures already in place and collaborative efforts already underway, such as current data tracking, best-practices adoption, and referral improvement efforts being led by the Consortium.

Research regarding portals of entry helped to inform our recommendations relating to the creation of a coordinated electronic infrastructure to improve access for families. Single-entry portals (mentioned specifically in the Board motion, and sometimes called “centralized intake”) that require all applicants to flow through one central application system have been implemented in some jurisdictions. Research found pros and cons to such systems that should be carefully weighed before pursuing such an investment, and that single-entry systems may be better suited to areas with less pre-existing infrastructure and more centralized authority.<sup>15,16</sup> Los Angeles has a number of currently functioning referral pathways and enrollment systems. Requiring programs to fully forgo these existing paths and systems in order to adopt a single, centralized enrollment system poses three concerns: 1) there is a risk that existing working pathways are weakened; 2) the costs of changing enrollment and recruitment procedures to make this large a shift outweigh the anticipated benefits; and perhaps most importantly, 3) Los Angeles County does not have the authority to mandate participation by programs funded via federal or other non-local sources.

Research suggested that the optimal fit for Los Angeles would be a “coordinated” entry system, in which centralized technology and collaboration supports the broad and efficient engagement of families. Under this entry model, Los Angeles would benefit from coordinated referral technology that improves the connection of families from various gateways to the available programs that fit their needs. This type of centrally managed technological tool would help families identify and connect efficiently to the local programs for which they are eligible, so that they may easily choose and access the right resource for their family.

National-level research also identified valuable opportunities to expand funding, including:

- The use of untapped funding streams such as Temporary Assistance to Needy Families (TANF) and Mental Health Services Act—Prevention and Early Intervention (MHSA-PEI)
- The maximization of underutilized streams, such as Medicaid Targeted Case Management (TCM)
- Other health-sector strategies such as Medicaid waivers and the improved leveraging of health benefits available under Medi-Cal and private health plans.

<sup>15</sup> National Evidence-Based Home Visiting Model Alliance. (2017). C-Intake: Lessons Learned and Recommendations.

<sup>16</sup> Maternal Infant and Early Childhood Home Visiting (MIECHV) Technical Assistance Center. (2014). MIECHV Issue Brief on Centralized Intake Systems. [https://www.greatstartgeorgia.org/sites/default/files/miechv\\_issue\\_brief\\_centralized\\_intake.pdf](https://www.greatstartgeorgia.org/sites/default/files/miechv_issue_brief_centralized_intake.pdf)

## LOCAL LANDSCAPE ASSESSMENT

The assessment of local data in 2017 revealed three prominent “pain points” that systemic planning might help resolve:

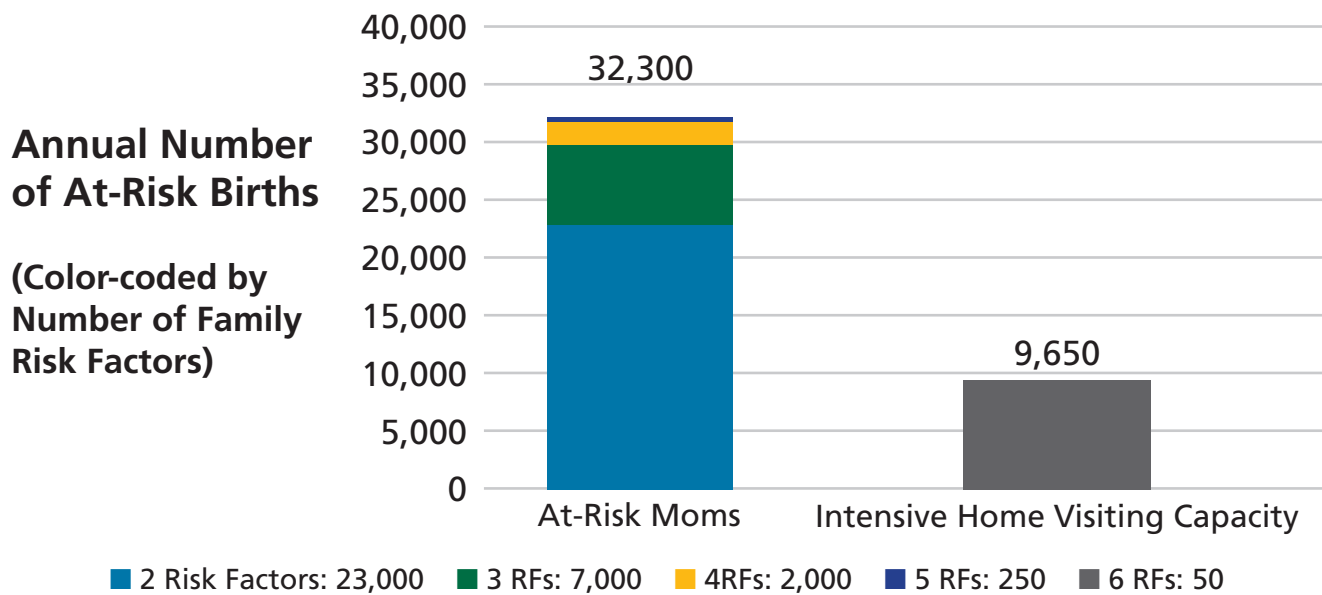
- A lack of funds to meet the full community need
- Overly narrow eligibility criteria that limit access for families who could benefit from home visiting
- Under-developed prenatal recruitment

### Funding Gaps

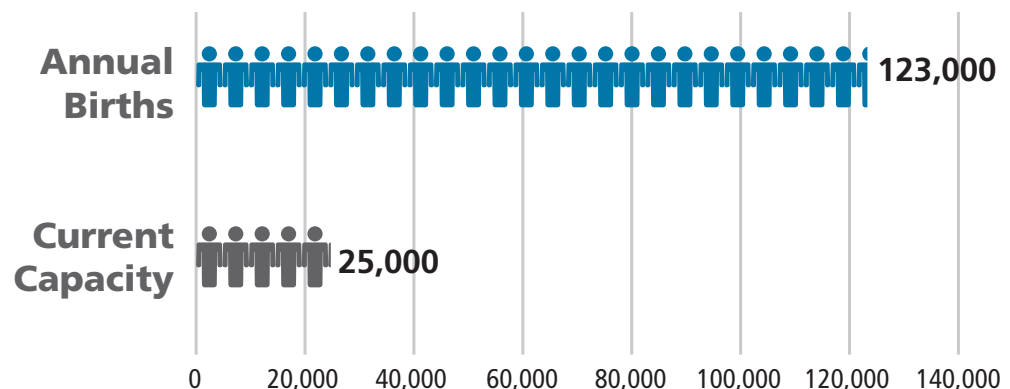
Comparing current home visiting capacity to full community need revealed substantial gaps in services for both high-risk populations and the general Los Angeles County population.

Using 2014 DPH Los Angeles Mommy and Baby project (LAMB) survey data and methodology informed by Children’s Data Network research, the number of families giving birth in Los Angeles County each year who exhibit at least two risk factors<sup>17</sup> was estimated to be approximately 32,000. More recent calculations performed by First 5 LA in conjunction with the Children’s Data Network estimated that achieving this estimate of 32,000 intensive service slots would correlate to a systemic capacity to reach approximately 60% of all children projected to have a child protective services referral by age 5.<sup>18</sup> Meanwhile, only 9,650 spots currently exist for intensive home visiting for these families in Los Angeles. The graph below illustrates this gap between the number of at-risk families and the volume of intensive services available on an annual basis.

## Intensive HV Programs in LA: Need vs. Capacity



Comparing the 15,000 openings for less-intensive home visiting services with the 123,000 births in Los Angeles County in 2016,<sup>19</sup> one can see the substantial gap remaining to achieve a truly universal system. Current funding provides sufficient capacity to serve only 12% of the general population.



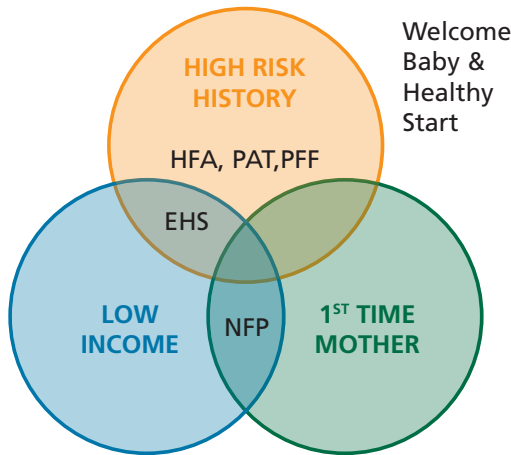
<sup>17</sup> Risk factors in our analysis included: teen mom, depressed while pregnant, used illicit drugs while pregnant, physically abused while pregnant, entered prenatal care after three months, achieved less than a high school education, and being homeless while pregnant. Risk factors were chosen based on a combination of Children’s Data Network research regarding child abuse risk factors and the expertise of the Consortium Data Workgroup. Findings from the LAMB survey were extrapolated to the number of women who give birth annually in Los Angeles County for a population estimate.

<sup>18</sup> The full Children’s Data Network analysis may be accessed at <https://s3.amazonaws.com/childrens-data-network/LA+HV+Consortium+Presentation+4.5.2018.pdf>.

<sup>19</sup> Los Angeles County birth rate data source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics.

## Eligibility Challenges

Each Los Angeles–based home visiting model has its own eligibility requirements based on geography, age, income, and/or risk profile.<sup>20</sup> In some cases, these eligibility restrictions have been established by the local funding agency to focus resources on particular high-risk subpopulations; in others, by the national fidelity model. The combined impact of these restrictions is that many families are simply not able to access home visiting services because of local eligibility requirements. Substantial subsets of our population are left out of all home visiting programs.



Furthermore, the complexity of eligibility makes it very difficult for professionals and families to know which programs to reach out to for help. Without a centralized mechanism to match resources to family needs, even qualified families frequently miss out on available programs. This challenge will only be exacerbated as additional capacity is added to the system: when more services are available, it will be even more important for the complexity of eligibility to be ameliorated through technology or policy changes so that parents may efficiently connect with the best program for their family and so that resources are fully utilized.

### Prenatal Outreach Opportunities and Birth Disparities

Our research also pointed to a need for greater prenatal outreach. Data in early 2017 and interviews with home visiting providers showed that the Los Angeles programs with unused capacity generally required prenatal or at-birth enrollment. Other programs were at full utilization or have since reached full capacity.

Furthermore, prenatal outreach is particularly important because it is key to supporting healthy birth-weights and to improving equity in birth outcomes. Across the lifespan, Los Angeles County exhibits sharp disparities in health and social outcomes among different racial and ethnic subgroups. Most notably, infant mortality in Los Angeles County is 10.4 per thousand live births for African-American residents, compared to 3.9 per thousand for Hispanic residents, 3.2 per thousand for White, and 2 per thousand for Asian/Pacific Islanders. In other words, an African-American newborn in Los Angeles County is more than three times as likely to die in the first year of life as a White newborn, and more than five times as an Asian/Pacific Islander.<sup>21</sup> The following chart, from the Los Angeles County Center for Health Equity, shows these rates from 1996 to 2016. Events and exposure before, during, and following birth affect infant mortality rates.

The table on the following page also illustrates this point, comparing rates of low birthweight and very low birthweight neonates in addition to infant mortality rates among different races or ethnicities.<sup>22</sup> The significantly higher rates of both conditions among African-Americans again describe a situation not simply attributable to traditional socioeconomic or environmental risk factors. A growing and consistent body of research points to the toxic effects of chronic stress caused by exposure to pervasive structural racism. A model that measures and sums individual risk factors to assign those who would benefit from more intensive home visiting models may fail to consider this underlying cultural and societal issue, which places African-American women at higher risk for poor birth outcomes regardless of other individual characteristics.

These data point to opportunities to improve health outcomes through more intentional efforts to engage disenfranchised populations during pregnancy and between pregnancies. For example, building non-stigmatizing pathways into home visiting from medical providers, community-based organizations, health plans, early learning settings, and County Departments could improve our ability to reach such families, and thereby to affect birth outcomes. We also may be able to improve health equity via other efforts, including but not limited to piloting other innovative models. Last but

<sup>20</sup> Geographic Restrictions: Programs restricted to specific Service Planning Areas include Healthy Start and Antelope Valley Healthy Families America. Early Head Start is federally restricted by ZIP Code. Programs restricted to one of the 14 localized Best Start neighborhoods include Welcome Baby, Healthy Families America, and Parents as Teachers per local First 5 LA guidelines.

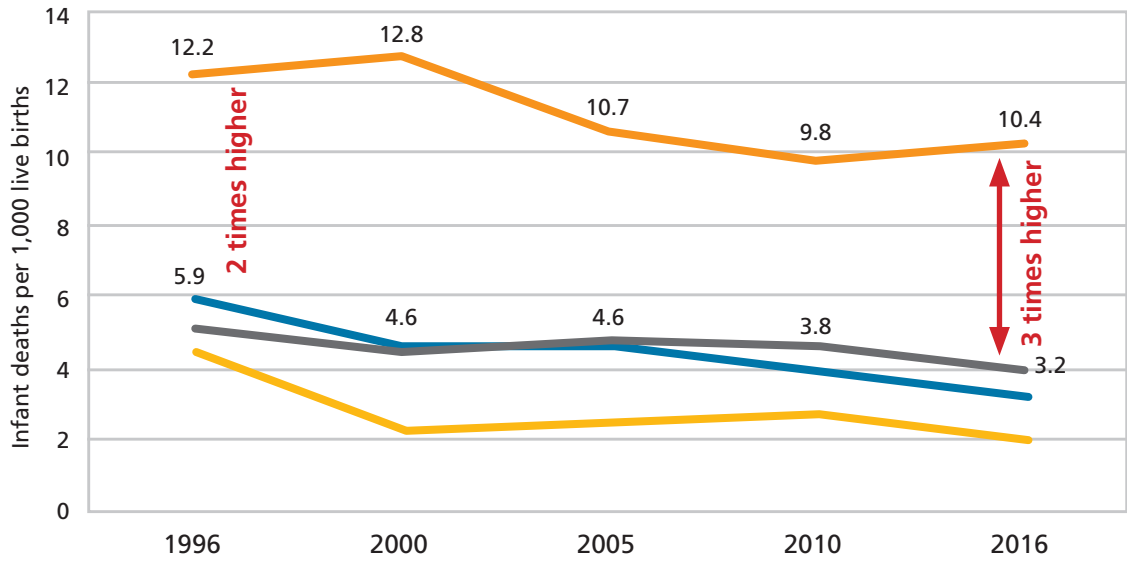
Age Restrictions: Most intensive programs in Los Angeles require entry at or prior to birth. Nurse-Family Partnership is restricted to families entering before 28 weeks gestation. Healthy Family America and Parents as Teachers are available only to families immediately after hospital delivery per local First 5 LA requirements. Partnerships for Families is restricted to families entering prenatally or up to the child's first year. Welcome Baby is available only to families entering at or prior to birth. Entry into Healthy Start extends from the prenatal period through age two. Early Head Start is available from the prenatal period through age three.

Income and High-Risk Restrictions: Welcome Baby services are available to families of all incomes and risk profiles. Healthy Start is available to families who fit a demographic profile defined in each program's funding application based on a community history of risk. In Los Angeles County, Healthy Families America, Parents as Teachers, and Partnerships for Families are available only to families that have a history of high risk. Early Head Start is available to families that have a high-risk history and who are low income. Nurse-Family Partnership is available to low-income first-time mothers.

<sup>21</sup> Center for Health Equity, Los Angeles County Bureau of Health Promotion. (2018). A Pathway to Equity: A Framework to Close the Black-White Gap in Infant Mortality. <http://paclac.org/wp-content/uploads/2018/06/IM-Brief.pdf>

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

— White  
— African American  
— Latino  
— Asian Pacific Islander



**Infant Mortality and Very Low and Low Birthweights Los Angeles County, 2016**

Mother's Race/Ethnicity	Total Live Births	Infant Mortality		Low Birthweight Less than 2,500 grams		Very Low Birthweight Less than 1,500 grams	
		Total	Deaths per 1,000 Live Births	Total	%	Total	%
African American	8,425	88	10.4	985	11.7	210	2.5
Asian	19,608	40	2.0	1403	7.2	166	0.8
Latina	67,666	261	3.9	4556	6.7	772	1.1
White	22,808	73	3.2	1429	6.3	194	0.9
<b>County-wide Total</b>	<b>122,941</b>	<b>495</b>	<b>4.0</b>	<b>8,783</b>	<b>7.1</b>	<b>1,430</b>	<b>1.2</b>

not least, building a culturally responsive workforce can optimize perinatal and early childhood care and foster health and social equity.

**Community Provider Roundtable and Parent Focus Groups**

Over 90 local home visiting providers and advocates gathered at a Community Roundtable hosted by the Consortium to share their expertise and input regarding community needs and opportunities for system improvement. Key insights included:

- The need for improved perinatal mental health training, connections, and clinical supports for pregnant and new mothers suffering from perinatal mood and anxiety disorders
- A confirmation of the need for more flexible eligibility and funding to make home visiting services available to all families for whom they are a fit
- Interest in exploring medical billing options
- Interest in technological infrastructure to improve efficiency, outreach/engagement, referrals, billing, and outcome tracking
- A desire to strengthen ties with the medical community

Focus groups of current and prospective home visiting participants were conducted by SocialQuest and First 5 LA to gain community member perspectives. These sessions reaffirmed the themes enumerated earlier (see Appendix B | Excerpts from Focus Group Analysis). Parents cited the transformative impact of home visiting: those who commit to home visiting often experience deep, life-changing benefits and many wish they could have more visits. They also emphasized that home visiting acted as a gateway for them to other needed supports, such as housing and mental health counseling. At the same time, they pointed to the disappointment and frustration of current “leaky” referral pathways and eligibility complexity. They underscored the need for greater social support to counteract isolation and depression during the perinatal period. Parents also identified other opportunities for innovation and improvement, including improving the engagement of families (by better communicating the benefits of home visiting when offering programs and by increasing word-of-mouth promotion), increasing the use of texting, and greater father engagement.

<sup>22</sup> Source: California Vital Statistical Birth and Death files, 2016; created by LACDPH MCAH Programs, Research, Evaluation and Planning Unit

# Our Proposed Solutions

Four key areas for system change were identified as key to realizing an optimal system of support in Los Angeles County:

1. **Coordination:** Building new processes, technology, and pathways to improve access
2. **Data:** Establishing common data elements across programs to guide continuous quality improvement, measure results, and convey shared impact
3. **Workforce:** Recruiting, training, and sustaining excellence
4. **Funding:** Expanding the volume, flexibility, and capacity of our funding infrastructure

This section delineates the recommendations of the County Departments and their partners within each of these action areas, and the commitments that stakeholders have made to move those recommendations forward.



## COORDINATION

This section delineates recommended strategies for realizing a coordinated system of supports that expectant and parenting mothers can access easily and early, and that provides the right combination and intensity of services to meet families' needs. It outlines key steps to achieving our vision of a system that provides access to families through multiple environments, including but not limited to County, medical, and community environments. It does so recognizing that home visiting services represent one important resource within a broader set of family supports that we seek to coordinate for the benefit of our families.

The concepts proposed herein build on national research on single-entry portal and coordinated entry systems, and the local gap analysis requested by the Board of Supervisors. This section highlights both technological and organizational opportunities. It brings together the strengths of governmental, medical, and community service providers both as referral pathways into home visiting and as resources to meet each family's needs.

The three strategies that emerged as most valuable for improving access to home visiting—especially for those Los Angeles County families who are most vulnerable—were:

- Building a coordinated referral infrastructure that includes centralized technology
- Increasing pathways from County programs into home visiting and other community supports to better meet the needs of high-risk populations
- Embedding universal prenatal and postpartum screening and access to home visiting within the primary health care system, leveraging and building upon existing health supports.

Bringing together the public and private sectors around these three system changes is a critical first step in helping Los Angeles County children and families thrive.

### Coordinated Referral Technology

Investments in referral technology and related infrastructure could address the challenges currently faced by providers and families attempting to access appropriate services. Current challenges identified by stakeholders include:

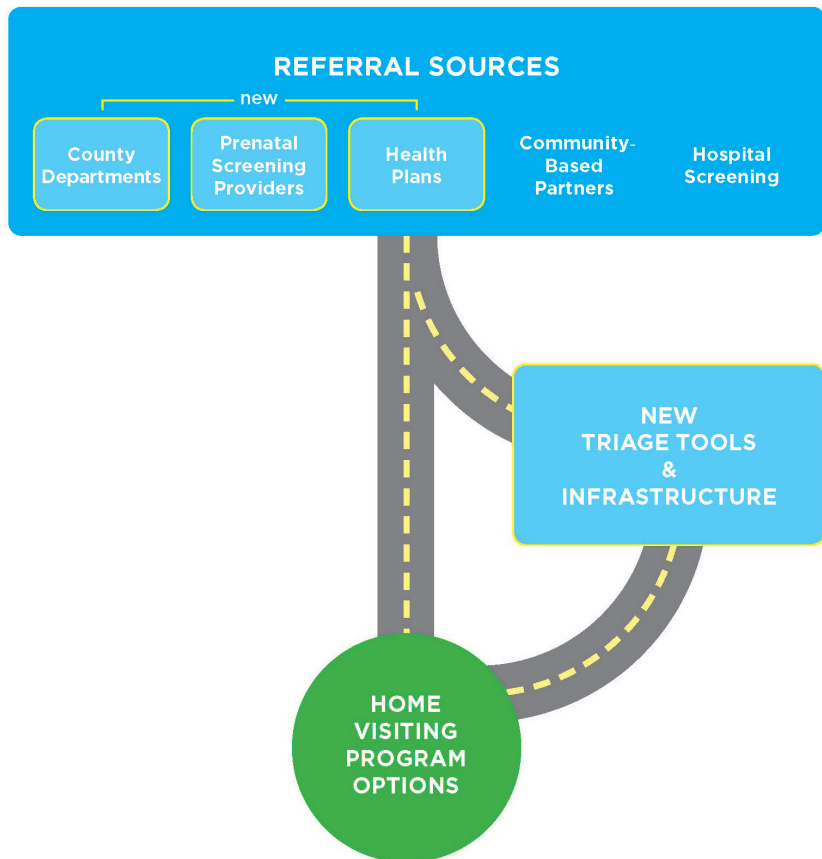
1. The diversity of programs and variability of eligibility criteria across programs make it challenging for referring agencies and

health care providers to know which programs to offer families (which programs they are eligible for, which are located in their geography, and which are the appropriate fit for the family's needs).

2. The large volume of provider agencies across the county, along with the insufficient distribution<sup>23</sup> and dynamic nature of programs, makes it hard for referring agencies to maintain the up-to-date contact information and forms required to efficiently connect people with programs.
3. There currently is no shared<sup>24</sup> way for referring agencies to track or check real-time program enrollment or capacity; when programs are full, parents become frustrated, losing momentum and general trust in the resources being offered.

Building a coordinated electronic referral system, with affiliated telephone hotline, would help to resolve these challenges. DPH, the Consortium, and First 5 LA are ready to collaborate to develop and maintain this needed electronic system. This effort is anticipated to take place in two phases. Phase I is the development of electronic eligibility and program information look-up ("triage") functionality. Phase II is the integration of this functionality into broader DPH, First 5, and other electronic and telephonic referral systems.

## New Referral Pathways & Tools



<sup>23</sup> Hasenfeld, Chen, Garrow & Parent. (2013) Spread thin: Human service organizations in poor neighborhoods. The State of the Nonprofit Sector in Los Angeles Report. UCLA Luskin School of Public Affairs Center for Civil Society. [https://www.socalgrantmakers.org/sites/default/files/resources/The%20State%20of%20the%20Nonprofit%20Sector%20in%20Los%20Angeles%20Report%202013\\_Human%20Services%20Orgs.pdf](https://www.socalgrantmakers.org/sites/default/files/resources/The%20State%20of%20the%20Nonprofit%20Sector%20in%20Los%20Angeles%20Report%202013_Human%20Services%20Orgs.pdf)

<sup>24</sup> At this time, the Stronger Families database provides this capability for First 5 LA-funded Welcome Baby, HFA, and PAT programs only.

The Consortium, DPH, and the Center for Strategic Public-Private Partnerships (CSPPP) are already collaborating on Phase I, transitioning the Consortium's existing manual referral directory into an electronic format. This electronic build is being made possible through the joint sponsorship of several philanthropic foundations with the coordinating support of the CSPPP. This step will address many of the difficulties professionals have in determining the correct program to meet their client families' circumstances and accessing the contact information and forms needed.



have committed to pilots, process changes, and investments to create and improve referral pathways into home visiting programs for high-risk, pregnant, and parenting clients.

In response to concerns about narrow eligibility criteria, DPH piloted an expansion of its Nurse-Family Partnership program criteria in Service Planning Areas (SPAs) 1, 3, and 8, accepting not only first-time parents but also parents who are already raising other children. It anticipates spreading this expansion countywide in the upcoming year.

First 5 LA has also committed funding for DPH to engage in a one-year planning process to define the exact scope, system integration, resource requirements, and sustainability plan of Phase II. This planning year will allow sufficient time to clarify the optimal set-up to meet community members' needs, including but not limited to possible integration with Help Me Grow infrastructure, First 5 LA's Stronger Families referral mechanism, and other relevant systems. Such connections could help resolve the third challenge listed above—parent frustration—by enabling parents and referring professionals to know in real time whether or not agencies have the capacity to take on new families, before encouraging parents to enroll.

To accompany this electronic system, a telephonic resource for referral support will be established. Because of DPH's existing commitment to managing a hotline for both Nurse-Family Partnership and Help Me Grow, DPH is well positioned to provide this new resource. In fact, there is a benefit to merging all home visiting resources into existing systems—broadening their purpose rather than creating another stand-alone system. Leveraging and expanding existing resources offers a more streamlined referral system, providing professionals and families seeking services with one central resource rather than multiple numbers to call.

### New Pathways and Access for At-Risk Populations

The second key area of focus is the need for increased system-wide capacity to offer home visitation to families at high risk of involvement with the child welfare system, consistent with both the recommendations of the Los Angeles Blue Ribbon Commission on Child Protection and the Board of Supervisors' motion. To address this need, multiple County Departments

DPSS launched two pilots to explore opportunities to connect its most at-risk families to preventative supports:

- A pilot in SPA 6 that refers Family Stabilization families with children from before birth to age three to the Prevention & Aftercare Network and home visiting supports (with financial support underwritten by First 5 LA)
- A pilot in SPAs 1 and 3 in which a DPH Public Health Nurse is paired with a clinical social worker to offer interventions, referrals, and services, including home visiting, to eligible California Work Opportunity and Responsibility to Kids (CalWORKs) families in crisis

These pilots illustrate creative cross-departmental collaboration and are potential models for the expansion of access to intensive home visiting services for DPSS families. Both pilots demonstrated great success in engaging parents and connecting them with resources. In fact, the SPA 6 pilot was able to fill all funded home visiting spots faster than was anticipated, and provided learning that informed state-level home visiting funding discussions. Building off the early success of these pilots, DPH and DPSS are dedicated to the expansion of these services Countywide in fiscal year (FY) 2018–2019, so that Family Stabilization clients in all SPAs will have access to referrals and health and home visiting support.

DCFS and DMH have committed to utilizing MHSA-PEI funds to help build linkages for families who have had a child abuse report filed that does not meet the statutory criteria for an in-person response, and who would like to be connected to community services. Research has demonstrated that such families are at higher risk for re-reporting and the later removal of children into foster

care. DCFS is working with its Prevention & Aftercare Network partners to build intentional bridges for these families to connect to home visiting agencies and other supports. DMH is funding expanded resources for Prevention & Aftercare Networks to provide these linkages, as well as exploring ways to improve access to home visiting for DCFS-connected families who utilize Los Angeles County Medical Hub Clinics and other community supportive services. In addition, DCFS has collaborated with Early Head Start (EHS) providers to build a “Head Start and Early Education Referral System” to connect DCFS clients to EHS services. DCFS also refers DCFS-supervised pregnant and parenting teens to home visiting services when applicable.

DHS has also launched a pilot funded through its Section 1115 Whole Person Care waiver. The focus of this pilot is the creation of new home visiting offerings for high-risk,<sup>25</sup> Medi-Cal–eligible clientele. This program is being built as an extension of DHS’s existing MAMA’s Neighborhood, which has set the standard of care for perinatal health support in Los Angeles through its success in recruiting vulnerable women and having an impact on their psychosocial and medical well-being. This pilot enables DHS to fill a gap it had identified in its existing service reach, allowing it to engage a very high-risk population to whom it must bring services to achieve retention in clinical and other supports. DHS is building out connections to these resources in the context of additional comprehensive prenatal and extended post-partum services.

Probation plans to train its investigation, supervision, and triage staff to connect pregnant and parenting families to home visiting supports. It anticipates rolling out training to approximately 500 staff beginning in early FY 2018–2019.

To support the inflow of at-risk families coming from these new County referral pathways, and to ensure more equitable access to services for at-risk families in general, DMH has identified MHSA-PEI funds that it is reallocating to new prevention programming, including funding for home visiting services in FYs 2018–2019 and 2019–2020. The focus of this investment will be the expansion of services for families at risk of child maltreatment and/or adverse birth outcomes. After this initial two-year period, DMH will review and determine future investment plans based on outcomes and on the availability of funding.

The expanded home visiting services funded through MHSA-PEI will be rolled out in collaboration with DPH, with DPH as the program operations and oversight lead. DPH and DMH have chosen the Nurse-Family Partnership, Healthy Families America, and Parents as Teachers models for this expansion because of their fulfillment of MHSA evidence-based criteria specifically

in relation to the prevention of child maltreatment. They have also chosen to invest in two new, innovative models that seek to reach specific at-risk populations: MAMA’s Neighborhood Visits, which will serve high-risk Medi-Cal eligible families interfacing with the County medical service system, and Family Stabilization Support, which will serve DPSS Family Stabilization clients. DPH, DMH, and DPSS are committed to these services being operational in early FY 2018–2019.

DMH and DPH will use this expansion opportunity to address the eligibility-driven access issues outlined in the “What National Research and Local Gap Analysis Taught Us” section starting on page 14. Healthy Families America and Parents as Teachers programming will be open to families in all areas of the county and will not be restricted to families referred from hospitals (consistent with national model guidelines), as with currently funded programs. Further, it will allow high-risk families living outside First 5 LA–designated Best Start communities to be offered one of these more intensive home visiting programs. MAMA’s Neighborhood Visits will also be offered countywide. As mentioned earlier, Nurse-Family Partnership funding will be open not only to first-time parents (the restriction prior to the commencement of this planning process), but also to families expecting additional children. These modifications will add the flexibility needed to connect previously excluded at-risk families to the right home visiting program for their family.



<sup>25</sup> High-risk as defined by DHS includes homeless, at risk of homelessness, incarceration, domestic violence exposure, substance abuse, severe and persistent mental illness, or experiencing a medically high-risk pregnancy. 157

## Universal Screening, Achieved via Medical System Integration

The third pillar of improving access for families is the implementation of universal prenatal and post-partum screening, triaging, and resources. This approach ensures access to the most intensive services for families who would most benefit from these supports, while providing opportunities for all families to get off to a strong start. The goal of this type of “targeted universalism” is to achieve an outcome-driven division of resources, providing each family with the level of assistance they need to succeed.<sup>26,27</sup>

This build-out of universal supports is crucial to ensuring health equity, as it assures that access to strength-based supports are open to all families, including specific populations who may not have had access to or elected to engage in prior service options. It de-stigmatizes maternal support, making key resources (such as lactation, perinatal mental health, and community referrals) part of standard practice.

This effort will have an intentional prenatal outreach emphasis for three reasons: (1) because of the importance of prenatal supports in reducing disparities in infant mortality; (2) because of the research demonstrating women’s increased receptiveness to making healthy changes during pregnancy; and (3) because of the immense body of research demonstrating the impact that prenatal health can have on life-long, multi-generational health and other outcomes.

By building partnerships with the health sector, such as with health plans and Comprehensive Perinatal Services Program (CPSP) leadership, we aim to ensure that all mothers are connected with timely prenatal supports. This integration with the medical system will augment the bridges being built between home visiting and social service settings—such as DPSS, DCFSS, Women, Infants and Children (WIC), and other pathways referenced above—to ensure universal access for all Los Angeles County families. This connection will include screenings and “warm hand-offs” to appropriate home visiting supports, as well as other important resources such as obstetric care, WIC nutrition supplements, and public assistance options. Pre-existing integrated screening mechanisms in each of these various environments will be leveraged whenever possible to avoid duplicative inquiries regarding sensitive information. These mechanisms will be used in conjunction with the new coordinated infrastructure to efficiently connect families to appropriate resources, using common factors to triage appropriately within the context of each environment.

“When we talk about universal services, we don’t talk about giving everybody the same thing. We talk about giving people the level of service that they need. And that service may come from a publicly funded service. It may come from their own informal support system. It may come from their neighbors and friends. It’s about linking families up to resources . . . looking at the context in which families live and asking if we can enrich that context with a set of services and a set of welcoming opportunities to receive services in ways that will really make a difference.”

—Dr. Deborah Daro, Chapin Hall

The second universal outreach point we aim to make is at birth. Under this vision, all families would be offered the opportunity for at least one post-partum home-based coaching session to ensure that the transition into parenting is healthy and successful. This visit, scheduled automatically as part of the hospital discharge process, would include breastfeeding support, connections to pediatric care, maternal mental health screening, trauma screening, and referrals to

resources as may be appropriate. Recognizing that family needs and/or interest in participation may change during pregnancy, families would also be (re)screened during this visit for their eligibility for home visiting. Families would then be offered services appropriately matched to their level of need and interest. Families with multiple risk factors could be offered the opportunity for up to five years of intensive home-based support to help realize optimal child development, family well-being, and life goals.

Under this vision, all pregnant women and families with young children in Los Angeles County would have access to trusted professional support and coaching in their homes—right-sized based on their needs and preferences—so that they and their children thrive.

Page 23 illustrates this model for universal access in Los Angeles.

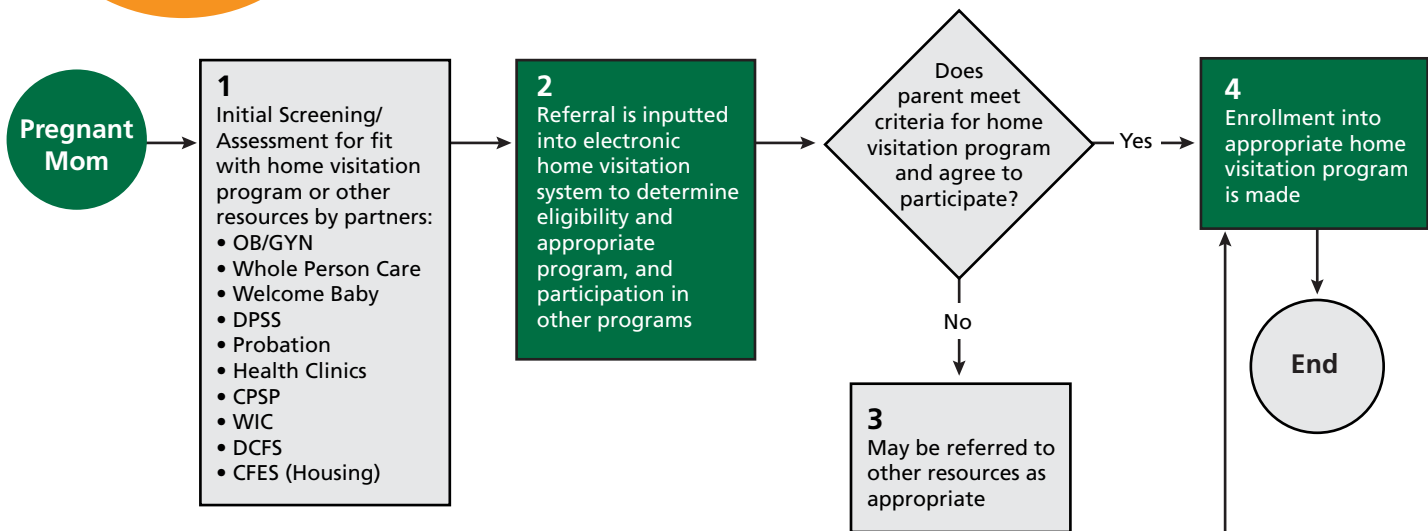
To move this vision forward to reality, County leaders and First 5 LA have developed strategic partnerships with health plan leaders, who are increasingly interested in improving coordination with community-based service providers. First 5 LA has taken the lead on this health sector partnership development. It hosted multiple forums to gain health plan input and leverage their expertise as we build a system of care for mothers and infants that incorporates home visitation. Interviewees and participants included senior-level health plan leaders in health education, care management, and medical services. These interviews and gatherings yielded significant information from the plans on their perspectives regarding the value of home visitation and their current initiatives to provide enhanced pre and post-natal support. In partnership with DPH and DHS, First 5 LA will continue to nurture the relationships with health plan leaders established during this planning process. These efforts will aim to further unite health plan resources and County maternal and child health services under a shared agenda of ensuring timely prenatal care and reducing birth inequities.

<sup>26</sup> Powell, J.A. (2008). Post-Racialism or Targeted Universalism, *Denver University Law Review* 86, 785. “Targeted universalism” is the strategy of using population-specific interventions to achieve universally desired outcomes.

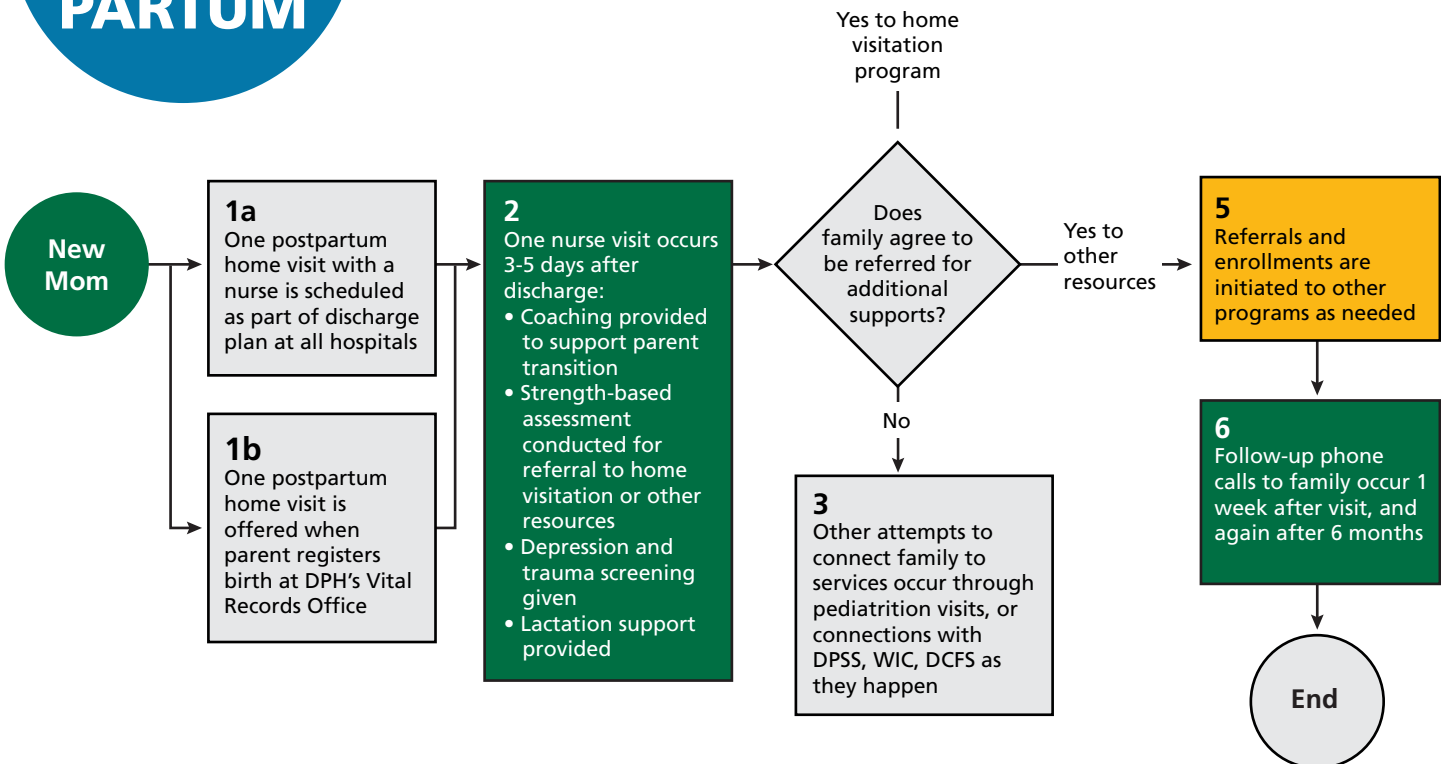
<sup>27</sup> Powell, J.A., Menendian, S., Reece, J. (2009). The importance of targeted universalism, *Poverty and Race*, 18 (March-April).

# Universal Home Visitation Model for Los Angeles County

## PRE-NATAL



## POST-PARTUM



## DATA

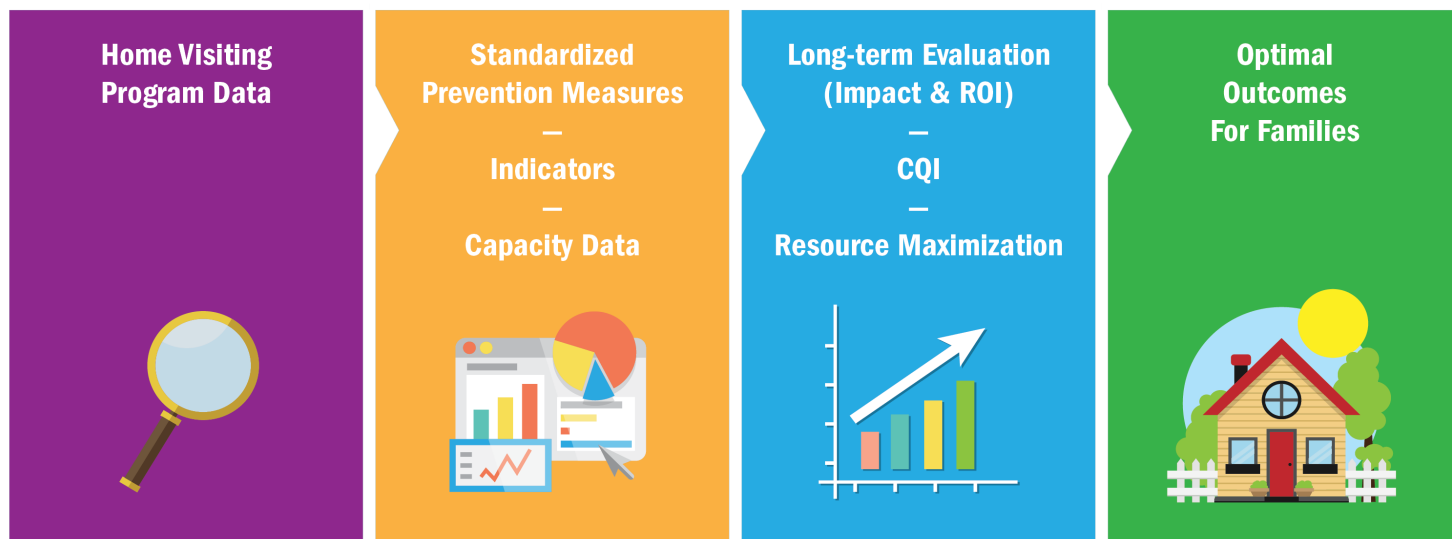
Three interrelated purposes exist for collecting, analyzing, and reporting data on home visiting: 1) performance measurement; 2) continuous quality improvement; and 3) capacity development and resource planning. Some elements related to each of these purposes are already in place both at the individual program level (as supported by current home visiting funders) and at the countywide collaborative level (led primarily by the Consortium to date). The countywide home visiting system envisioned in this plan will build on these existing data systems. It will also align its efforts with the work underway through the Office of Child Protection to develop a countywide child maltreatment prevention measurement system.

We envision three major outcome domains—healthy births, safe children, and strong families—each of which would include multiple indicators and measures that could be used to understand results at the family, program, community, and system levels. A fourth domain focusing on finance is also proposed to help decision-makers track cost savings and cost avoidance. National research by the respected nonpartisan group Washington State Institute for Public Policy and other academics

have found various home visiting models to yield between \$0.12 to \$20.25 for every dollar invested;<sup>28</sup> by incorporating an ongoing analysis of cross-departmental cost/benefits associated with home visiting programs into the Institute’s research and evaluation strategies, we will gain invaluable information to inform future strategic investment and operational planning.

To fulfill this crucial system need, we propose a three-pronged approach to performance measurement and information management:

1. Measurement and reporting on system-wide results in the four key domains—healthy births, safe children, strong families, and cost savings/avoidance
2. Regular tracking of programmatic reporting, including the core set of common indicators developed by the Consortium (Appendix D), as well as other potential standardized measures such as the Protective Factors Survey and parent feedback mechanisms
3. Ongoing analysis of administrative data to map program capacity, track system resource utilization, and assess needs and gaps (e.g., based on geography, underserved groups, and/or program selection criteria).



### Roles and Metrics

First 5 LA, in partnership with the Children’s Data Network (CDN), has made a commitment to the long-term countywide population-level measurement of results and will be leading our long-term countywide evaluation efforts. Using data-matching with available administrative datasets, partners will analyze the impact that countywide home visiting has on healthy birth, child safety, and family well-being metrics. It will also examine cost savings and cost avoidance achieved via the County’s investment in home visitation. This analysis will be directly tied to and aligned with measurement of child abuse prevention efforts within the County,

as called for by the Office of Child Protection in its prevention plan (Appendix C).

The Consortium’s Data Workgroup has already provided leadership in developing common outcome, process, and descriptive “indicators” for tracking program performance across all home visiting programs in Los Angeles County (based on Maternal, Infant, and Early Childhood Home Visiting, or MIECHV, program data reporting requirements; the Pew Charitable Trusts’ Home Visiting Campaign; Healthcare Effectiveness Data and Information Set (HEDIS) quality measures; and the data currently being collected by home visiting programs in

<sup>28</sup> Perrigo, J.L., & McCroskey, J. (2018). “Home visiting models: What do we know about cost effectiveness?” Unpublished manuscript, Suzanne Dworak-Peck School of Social Work, University of Southern California, United States. Detailed WSIPP cost-benefit reports may also be accessed at <http://www.wsipp.wa.gov/BenefitCost>.

the region). The Board of Supervisors' motion specifically calls for the leveraging of these indicators as a mechanism for achieving a common data platform for all Los Angeles County home visiting programs. In keeping with this directive, these indicators (Appendix D) will serve as a framework for shared outcome reporting and ongoing quality improvement across County, First 5 LA, and other programs. The Consortium will continue to play the lead in this reporting effort, developing an online data visualization platform for easy review and use of the data. The Department of Public Health, First 5 LA, DCFS, and the Los Angeles County Office of Education will meanwhile play key roles in ensuring

timely data contribution and the use of the information for quality improvement.

Additional standardized measures of family well-being or program effectiveness may also be adopted as our system evolves, including but not limited to a Protective Factors survey (which will be required for all DMH, DPH, and First 5 LA-funded programs as of July 2018). Each model also utilizes parental feedback loops (including exit surveys, focus groups, and/or parent advisory boards) and model-specific outcome analyses to inform continuous quality improvement.

Outcome Areas	Measurement Method	Sample Suggested Metrics <sup>29</sup>
Healthy Births	Children's Data Network	<ul style="list-style-type: none"> <li>• Decrease in health disparities among racial subgroups</li> <li>• Reduction in pre-term births <sup>I</sup>, low birthweight <sup>H,I</sup>, infant mortality <sup>I</sup>, severe maternal morbidity</li> </ul>
Safe Children	Children's Data Network & Consortium Indicators	<ul style="list-style-type: none"> <li>• Decrease in child protective service referrals <sup>C</sup></li> <li>• Decrease in substantiated abuse and neglect <sup>C</sup></li> <li>• Decrease in removals <sup>I,C</sup></li> <li>• Increase in DCFS Hotline referrals to community supports</li> <li>• Decreased emergency room visits <sup>I,H</sup></li> </ul>
Strong Families	Consortium Indicators and other measures of <i>Maternal &amp; Child Health</i>	<ul style="list-style-type: none"> <li>• Increase in well-child visits, <sup>I,H</sup> post-partum visits, <sup>I,H</sup> prenatal visits, <sup>I,H</sup> immunizations, <sup>H</sup> and insurance rates <sup>I</sup></li> <li>• Increased breastfeeding rates <sup>I</sup></li> <li>• Increased maternal depression screening <sup>I</sup></li> <li>• Improved postpartum family planning rates <sup>I</sup> and increased inter-pregnancy intervals</li> <li>• Improvement in California Maternal Quality of Care/ California Maternal Data Center (CMQCC/CMDC) measures</li> </ul>
	Protective Factors (includes Parenting and Family Financial Strength outcomes)	<ul style="list-style-type: none"> <li>• Increased parent knowledge of child development <sup>P</sup></li> <li>• Increased parent resilience <sup>P</sup></li> <li>• Improved social and emotional competence of children <sup>P</sup></li> <li>• Improved access to concrete supports in times of need <sup>P</sup></li> <li>• Increase in parental social support <sup>P</sup></li> </ul>
	Consortium Indicators & Help Me Grow/TBD measures of <i>Early Childhood Development</i>	<ul style="list-style-type: none"> <li>• Increased screening and access to Regional Center services for child developmental delays <sup>I</sup></li> <li>• Improved 6-year-old math and language scores</li> </ul>
Cost Savings/ Avoidance	Children's Data Network and Consortium Indicators	<ul style="list-style-type: none"> <li>• Exact cost savings and avoidance metrics will be determined by the Prevention Plan Evaluation Team. Metrics will be informed by County input (may include measures such as decrease in ER use and NICU/ICU stays, long-term special education needs, decrease in long-term use of public assistance, decrease in criminal involvement, others) <sup>C</sup></li> </ul>

<sup>C</sup> Indicates outcome that could be part of Children's Data Network evaluation

<sup>I</sup> Indicates outcome or related process measure is tracked as part of LACPECHVC Indicators

<sup>H</sup> Indicates outcome is a HEDIS measure, CHIPRA measure, and/or a health plan priority

<sup>P</sup> Indicates outcome is tracked as part of the Protective Factors survey

<sup>29</sup> For the purposes of this table, suggested metrics include a sample of measures currently collected in different systems. Some focus on service processes and are important for quality improvement, while others reflect program outcomes. Only a subset are currently collected regularly for all families participating in home visiting programs.

Last but not least, to ensure that our investments are being optimally distributed over time, we propose that DPH, First 5 LA, CDN, and the Consortium partner to provide an ongoing assessment of home visiting program availability and usage compared to community needs. This assessment will entail monitoring the geographic, demographic, and linguistic distribution of community need and comparing that need to local home visiting program capacity and utilization. It also may include the assessment of additional measures of system health, such as the need for linkage to other resources, the success rates of such linkages, and participant retention. Having this type of high-quality capacity, utilization, community need, and gap assessment data is essential to achieving optimal resource allocation—not only for home visiting services, but also for related community-based family supports. By monitoring this pulse of resource availability and utilization, we will have the information we need to make informed future decisions about where resource adjustments and innovation may be needed.

### Outcome Framework

Through commitment to the approaches outlined above, the County will be able to keep an ongoing watch on how well County home visiting programs are contributing (as part of the larger family support system) to crucial community-level outcomes, including ensuring healthy births, safe children, strong families, and cost savings/avoidance.



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The following overarching outcome framework was developed to cross-walk how both long-term and annual data tracking efforts may come together to help us track, evaluate, and learn from our home visiting system. This framework was informed by input from the aforementioned County partners and developed in collaboration with the OCP Prevention Plan Evaluation Team and Children's Data Network leadership. Because the OCP countywide prevention measurement system with which we hope to align our home visiting evaluation work is not yet in place, this section describes an overall approach to measurement and data management rather than specifying a finalized measurement plan.

The chart on page 25 illustrates our four outcome domains, with proposed measurement methodologies and sample suggested metrics that could be affiliated with each outcome area. Steps needed before a specific measurement scheme is adopted would include system mapping, the analysis of existing data sets, and a cross-validation of possible measures.

### WORKFORCE

Crucial to the success of these systems-change efforts is the recruitment, training, and preservation of a strong workforce. This domain is particularly important as we seek to activate home visiting as a resource for achieving health equity. To optimally help our diverse community, including high-risk, marginalized communities, we must be intentional about building a diverse and culturally humble workforce. As we expand funding for services, we need to simultaneously expand the volume and skills of our workforce. Quality is essential; we must provide support to our teams to ensure that they are able to thrive and mature amid all these dynamic changes. As we launch new models, referral pathways, clinical resources, billing mechanisms, and data practices, we need to provide ample support to our staff.

Five workforce investments will be pursued to meet these needs:

1. Increased perinatal mental health cross-training and clinical support
2. Capacity-building and practice improvements to increase cross-cultural humility, improve engagement, and reduce implicit bias
3. Recruitment of additional home visitors and program leadership from communities that mirror the diversity of our families
4. Investigation into turnover and salary rates, accompanied with solutions to address any challenges identified
5. An analysis of long-term opportunities to bolster the home visiting field by exploring opportunities for community members, students, and others to access career ladders and roles in the home visiting workforce

## Perinatal Mental Health Capacity Building

The first of these efforts is already underway. DMH has committed to partnering with the Consortium, DCFS, and other home visiting networks to increase perinatal mental health cross-training and resource coordination. DMH and the Consortium have already launched trainings and training needs-assessments in four SPAs, and will be rolling resources out to all SPAs over the upcoming year. DMH will leverage its trauma-informed models, screening components, training modules, regional navigators, and field-capable home-based services as tools in these efforts. This work will build and strengthen the bridges between these resources and home visiting networks in Los Angeles County.



in Los Angeles County has the resources and opportunities needed for optimal health and well-being throughout their lives; it strives to advance racial, social, economic, and environmental justice in partnership with committed County partners, local organizations, and community members. CHE includes the Institute for Cultural and Linguistic Inclusion and Responsiveness, which aims to improve cultural humility and respect, particularly within the County's health care delivery system. The principles, tools, trainings, and other resources offered by the Institute align with broader initiatives to improve cultural and linguistic respect and can inform efforts to improve the responsiveness of the home visiting workforce.

DPH and DMH have also committed to utilizing DMH-PEI funds to establish a centralized team of clinical social workers to provide therapeutic supports to home visiting clients and staff, as well as other professionals. With this improved perinatal mental health training, referral, and direct clinical support, home visitors will have a stronger capacity to help prenatal and post-partum mothers who are experiencing depression or other perinatal mood and anxiety disorders. Through the enhanced capacity these efforts will build, home visiting programs will be better positioned to achieve the desired outcomes of reducing the risk of adverse childhood experiences, of improving maternal health, and of improving parental capacity to provide nurturing, developmental stimulation, and economic well-being to their families.

## Improving Cultural Humility, Engagement, and Implicit Bias

To address the inequities in our current health and social service delivery system, we must recognize and ameliorate the implicit bias and lack of cultural humility that have acted as barriers to effective family support. We will train and transform our workforce from leadership to front-line so that our full approach—including model structure, family connection/outreach, engagement, and ongoing service relationships—are more responsive to and respectful of the diverse perspectives, histories, and cultures of our population.

In 2017, the Los Angeles County Health Agency launched the Center for Health Equity (CHE), which is housed within DPH.<sup>30</sup> CHE's mission is to ensure that everyone

DPH, DMH, First 5 LA, and other partners are committed to providing training for the home visiting workforce on cultural humility, implicit bias, and other health equity related topics. The partners are also committed to identifying policy changes that may be needed to support our staff teams in providing optimal support. One step that has already been taken to support this effort has been the funding by First 5 LA of research and focus groups to inform future efforts. The results from focus groups of African-American mothers regarding the perceptions of service delivery systems and programs, and of research regarding how African-American women engage with clinical services, will be used to inform future program design and policy efforts that will frame the services our workforce delivers.

## Recruitment

The third of these efforts is also already underway. The departments of Public Health, Mental Health, Health Services, and Public Social Services are in the process of rolling out a substantial expansion of Nurse-Family Partnership, Healthy Families America, Parents as Teachers, MAMA's Neighborhood, and Family Stabilization services in Los Angeles. As part of this effort, DPH will provide direct hiring and training for new Nurse-Family Partnership, Family Stabilization, and MAMA's Neighborhood Visits staff, and will also underwrite recruitment and training resources for Healthy Families America and Parents as Teachers. Los Angeles Best Babies Network will coordinate and deliver trainings and technical assistance to support high-quality practice during this staff expansion. To further health equity goals, there will be targeted efforts to increase

<sup>30</sup> <http://publichealth.lacounty.gov/CenterForHealthEquity/>



diversity in the home visiting workforce, such as the inclusion of more people of color and individuals with a variety of language skills. This create not only more equitable employment opportunities for persons from many different communities, but a better alignment of the workforce with the population of clients being served can improve trust, bonding, effectiveness of communication, and overall outcomes for these families.

### Human Capital Management

The fourth workforce investment is being led by First 5 LA, which is underwriting research on turnover and salaries among Los Angeles County home visitors, informed by the efforts of the Consortium. This research will then be utilized by the Consortium, DPH, First 5 LA, and partnering agencies to assess the adequacy of current workforce salaries and supports. Where systemic concerns or opportunities are identified, partners will work collaboratively to implement solutions that will guarantee a secure, dedicated, and well-maintained workforce.

### Career Pathway Development

The Consortium, County, First 5 LA, and community partners are additionally interested in developing long-term workforce development opportunities. These explorations would include opportunities to create intentional career pathways into and within the home visiting field, opportunities to integrate pathways for community members into the field, and potential partnerships with higher education institutions. With sufficient investment, the Consortium is particularly well positioned to lead this type of system-wide workforce development, as it operates as a strong platform for cross-model exploration, collaboration, and high-quality workforce support.

DPH is especially interested in the paraprofessional components of this exploration as an opportunity to improve engagement with and outcomes among disenfranchised community members. During the upcoming year, DPH will be examining opportunities to expand on the paraprofessional workforce in the system by increasing investments in the promotora, doula, and/or family partner-based models that employ trained paraprofessionals and community members in various perinatal support roles. These paraprofessional options are intended to provide more diverse resources to better meet the unique preferences of our community. These models would offer lower-intensity alternatives—provided by trusted community members—to “hard-to-reach” families who might otherwise not accept assistance. Focusing primarily on prenatal and post-partum health outcomes, they represent an opportunity for Los Angeles to innovate and reduce health disparities. They also have the additional benefit of providing career-ladder opportunities for community members who may not have a post-secondary or graduate education but who have valuable lived experience.

### FUNDING

A key directive of the Board motion is “to identify a framework to maximize resources by leveraging available funding, and where possible, identify new and existing, but not maximized, revenue streams to support home visiting expansion.” To this end, current research was reviewed and key experts interviewed on the types of financing strategies used by home visitation efforts in other states and localities. National resource-maximization strategies were assessed with an eye toward what may be feasible in Los Angeles County. Based on this work, several opportunities were identified.

Achieving scale is indeed one of the most pressing challenges facing the network of home visiting programs in Los Angeles County. As delineated above, research comparing the capacity of home visiting in the region to community need revealed a shortage of resources for both intensive and universal services. Furthermore, sustainability is a challenge. First 5 LA is currently the largest funder of home visiting in Los Angeles County, having invested approximately \$39 million in FY 2016–2017. First 5 LA funding continues to decline with the loss of tobacco revenue, however, jeopardizing the long-term sustainability of existing service capacity in the system.

Opportunities identified to maximize resources in Los Angeles included:

- Leveraging previously untapped local funding streams, such as MHSA-PEI
- Improving the leveraging of federal funding streams by augmenting current billing and contracting mechanisms

- Ensuring that service providers have the appropriate training and technical assistance to participate successfully in federal fund leveraging
- Pursuing new or untapped state and federal sources, such as TANF funds and Medicaid Waivers
- Implementing multiple financing strategies simultaneously, in a blended and/or braided fashion
- Implementing advocacy strategies in parallel to sustainability efforts to ensure long-term outcomes are met
- Coordinating investments across funders in an intentional manner to maximize impact—including synchronizing how home visiting investments are utilized in concert with other health and social sector investments

Because of the varying levels of “readiness” of these opportunities, our framework recommends these opportunities be pursued in two phases.

### Phase I: Immediate Term Opportunities to Expand Funding for Home-Based Services

To realize our vision for home visiting in Los Angeles, it will be necessary to both maximize available leveraging opportunities and identify new sustainable revenue streams. Strategies for expansion that are currently in various stages of execution include:

- DMH Mental Health Service Act (MHSA) investment
- Medicaid Targeted Case Management (TCM) expansion
- Temporary Assistance for Needy Families (TANF) investment
- Medicaid waivers

As explained earlier, DMH MHSA fund allocation is a major strategy that partners have committed to support both intensive services and innovative pilots in 2018. DPH and DMH will be utilizing MHSA-PEI dollars in FYs 2018–2019 and 2019–2020 to expand funding for evidence-based Nurse-Family Partnership, Healthy Families America, and Parents as Teachers models and for new MAMA’s Neighborhood Visits and Family Stabilization services. They anticipate services launching July 2018. After this initial two-year period, DMH will review and determine investment based on availability of funding.



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Targeted Case Management expansion is a key strategy being implemented in 2018 to maximize federal revenue for home visiting. TCM uses a combination of local funds (such as First 5 tobacco tax revenue) to leverage Federal Title XIX (Medicaid) funds. TCM services are the most commonly billed services by home visiting programs in the nation, but this strategy had not been fully maximized in Los Angeles County because of local restrictions. The Department of Public Health, recognizing that federal funds were being left on the table, has now made the requisite policy adjustments to enable participation by non-County entities including community-based organizations. In early 2018, First 5 LA and DPH partnered on a pilot with five First 5 LA-funded home visiting grantee sites to test the applicability of this strategy. The results of the pilot, which ended in April, demonstrate a strong alignment between home visiting models and TCM. The early financial projections also point to a considerable TCM federal return. Based on these promising findings, the pilot will be expanded to the remaining 16 First 5 LA grantee sites in a phased approach throughout the course of FY 2018–2019.

In 26 states across the nation, TANF is a source of funding for home visiting programs. This past year there were multiple bills and proposals to similarly dedicate TANF funds to home visiting at the California state level, thanks in no small part to the advocacy of First 5 LA and its partners. Multiple local entities, including DPSS, took part in educating state-level decision-makers regarding the valuable role home visiting can play in strengthening families and helping parents to access benefits. As proposals were discussed, a collective voice from Los

Angeles County informed policymakers. Numerous organizations, including the Consortium, adopted official support positions. The pilots launched in Los Angeles County by DPSS (described in the Coordination section) helped pave the way for state-level investment by demonstrating the viability and value of such investment. As a result, a set-aside has been included in the 2018–2019 California Budget for a two-year pilot of TANF-funded home visiting across the state. This new state funding increases home visiting resources in California substantially; Los Angeles County is well positioned to draw a significant portion of these funds. Los Angeles

County's tracking and communication of results from this first-time state investment will be critical to supporting long-term sustainability.

Medicaid waivers represent both a short- and long-term strategy. As discussed earlier, DHS identified the Medicaid Section 1115 waiver's Whole Person Care program as an opportunity to expand home visitation in Los Angeles County over the next four years. In partnership with DPH, the program will serve as a mechanism to test a blend of programs in an evidence-informed effort to reach some of the region's most vulnerable pregnant and parenting families. The expansion of the DHS prenatal program MAMA's Neighborhood will not only fill short-term gaps in the existing home visiting landscape, but will also serve as a demonstration that can inform future state plan amendment proposals to secure sustainable medical funding streams.

In addition to expanding funding for home visiting programs, it will also be important to leverage County departmental supports to augment home visiting during Phase I. For example, although DCFS's Partnerships for Families program is included among the home visiting models described in this report, other DCFS family-centered services programs are not. It would be worthwhile to assess whether or not DCFS programs

such as Family Preservation, Child Abuse and Neglect Prevention, Intervention and Treatment (CAPIT), Adoption Promotion and Support Services, and Relative Support Services could be better aligned with evidence-based home visiting models. A recent analysis of funding for DCFS family-centered services contracts in 2016–2017 showed annual expenditures of over \$50 million dollars. Lessons learned from evidence-based home visiting models could help to improve results for participating families, and extend the current system. Similarly, DMH programs (such as Wraparound, Full Service Partnership, Parent-Child Interaction Therapy, and Triple P) and health-focused programs led by the Health Agency offer additional supports in parallel to and/or layered on top of home visiting. Optimizing linkage and synergy among these programs will be important to fully maximizing the impact of our resources in Los Angeles.

### Phase II: Additional Opportunities to Offset Costs and/or Expand Equitable Universal Perinatal Support

Over the next year, while Phase I implementation is underway, the partners will continue to explore additional opportunities to expand the resources available to support all families universally in their prenatal health and post-partum well-being. Such exploration will include an examination of partnerships that may provide new access ports, potential venues for screening/assessment, and/or potential cost offsets.



These potential Phase II opportunities include:

- Comprehensive Perinatal Services Program (CPSP)
- Women, Infants and Children (WIC)
- Private and public health plan partnership
- Expansion of state-approved extended health benefits for perinatal care
- Medicaid reimbursement
- Hospital community benefits funding
- Other potential Medi-Cal and health system–sponsored opportunities

The first three of these are leveraging and relationship-building opportunities. CPSP, health plan benefits, and WIC are all resources currently available to low-income families in Los Angeles, but they are not utilized by all families who are eligible. CPSP providers offer prenatal screening, prenatal and postnatal health education, and resources to Medi-Cal families, including in the home. WIC offers lactation, nutrition, and referral services. Health plans offer telephone referrals and other supports. Two health plans also offer home visiting services in the Antelope Valley. Molina Health Plan’s Care Connections program offers free in-home postpartum visits by a nurse practitioner. The providers who deliver these services all are well positioned to provide prenatal screening and referrals to intensive home visiting where appropriate. They also each provide valuable low- and medium-intensity perinatal support services (such as lactation, nutrition, coaching, and resources), with CPSP in particular having the capacity to provide those services in the home environment.

TCM and hospital community benefits are both monetary resource opportunities. Similar to the expansion of TCM for intensive services, described above, TCM may be utilized to expand the funding of low- or medium-intensity programs such as Welcome

Baby. Hospital community benefits are another potential funding source to underwrite low-intensity perinatal supports.

An important part of our plan will be partnerships with health sector and other players to deeply analyze and build upon these opportunities. Engaging health plan leadership, WIC leadership, and hospital leadership is a crucial step to ensuring that the home visiting system we build both fully leverages and smoothly integrates with health sector and other existing perinatal resources. In partnership with these leaders, we will further clarify the optimal prenatal screening and referral mechanisms, the suite of services available to low- to moderate-risk families, and the alignment of funding streams that will best finance those resources.

In late FY 2018–2019, learning from Phase I implementation will be integrated with learning about these potential Phase II partnership and funding opportunities. Phase I implementation is anticipated to garner important knowledge that will help inform Phase II implementation priorities—including but not limited to a clarification of workforce needs (through the salary and career-ladder studies), a clearer definition of Los Angeles County’s birth disparities investments, and a more accurate quantification of cost savings/avoidance related to certain strategies (such as TCM billing expansion). This knowledge will be combined with learning about the health sector and other opportunities listed above as next steps are determined.

Together, these two components will inform a second potential rollout of investments that could begin as early as FY 2019–2020.

The following table summarizes these Phase I and Phase II opportunities.

Current Funding	Phase I Expansion	Phase II Opportunities
<ul style="list-style-type: none"> <li>• DCFS</li> <li>• DMH</li> <li>• DPH</li> <li>• First 5 LA</li> <li>• Federal Administration for Children &amp; Families (Early Head Start)</li> <li>• Federal HRSA (Healthy Start)</li> </ul>	<ul style="list-style-type: none"> <li>• DMH MHSA-PEI funds</li> <li>• Expanded Title XIX TCM billing</li> <li>• DHS/Whole Person Care Medicaid waiver</li> <li>• CalWORKs funds</li> </ul>	<ul style="list-style-type: none"> <li>• Medi-Cal and health system opportunities</li> <li>• Hospital community benefits</li> <li>• CPSP</li> <li>• Existing health plan benefits</li> <li>• WIC</li> <li>• Probation</li> </ul>

# Where Do We Go From Here?

The Department of Public Health and its partners (County departments, First 5 LA, the Consortium, the Children's Data Network, health sector leaders, and home visiting providers) are ready to implement the key elements outlined in the attached plan—building centralized referral tools, bolstering the strength of our workforce, solidifying common data practices, and rolling out new funding streams. These elements, including the specific commitments enumerated below, are anticipated to be completed during FY 2018–2019, with the exception of the Phase II referral technology build-out anticipated in FY 2019–2020. The partners will also continue to look for connections to integrate this home visiting work with other nascent related work underway in the county, such as prevention plan implementation, reduction in birth disparities, Help Me Grow, and early childhood education efforts.

## COUNTY DEPARTMENTAL COMMITMENTS

The following are commitments made by each department to support the implementation of this plan.

### Department of Public Health

- Building and maintaining coordinated telephonic and electronic referral infrastructure (including supporting a Phase I eligibility tool build being led by the Consortium and leading the Phase II integrated build)
- Launching DMH-PEI funded evidence-based service expansion
- Providing public nursing staff to be part of integrated teams in both the DHS MAMA's Neighborhood Visits pilot and DPSS's Family Stabilization program
- Expanding the Nurse-Family Partnership program to provide greater support in SPA 6 (in line with the Center for Health Equity's goals) and to enlarge the geographic reach of its expansion pilot so that non-first-time parents may access services throughout the county
- Collaborating with DMH to provide centralized clinical perinatal mental health services to home visiting clients
- Exploring and piloting innovative models for supporting highest-risk families and communities experiencing adverse health equity outcomes, including but not limited to infant mortality
- Ensuring that training resources are in place for the full home visiting workforce related to implicit bias and the smooth ramp-up of newly funded services
- Partnering with First 5 LA to expand TCM billing to First 5 LA-funded Healthy Families America and Parents as Teachers providers
- Pursuing an ongoing assessment of community need and service utilization, in partnership with First 5 LA, the Consortium, Children's Data Network, and other stakeholders

### Department of Mental Health

- Funding service and infrastructure expansions using DMH-PEI funds during FYs 2018–2019 and 2019–2020
- Establishing a centralized perinatal mental health clinical support team
- Ensuring that training resources are in place for the full home visiting workforce related to trauma-informed care and perinatal mental health

### Department of Health Services

- Fully launching MAMA's Neighborhood Visits, including establishing an evaluation for the program and realizing strong workforce development for its new teams
- Establishing a multidisciplinary collaborative care model for case management that includes a partnership with DMH and expanded paraprofessional roles within its home visiting teams
- Exploring the implementation in DHS of a doula program for women delivering babies, in partnership with community-based doula organizations
- Unifying DHS's prenatal care delivery with the Office of Diversion and Reentry, the Los Angeles County Sheriff's Department, Juvenile Court Health Services, and Probation to minimize care gaps and maximize engagement in home visiting programs

### Department of Public Social Services

- Expanding the Family Stabilization pilot countywide, in partnership with DPH and DMH
- Pursuing new state funding, as may be approved in the Governor's budget, to support expansion of home visiting services for CalWORKs beneficiaries

### Department of Children and Family Services

- Ensuring that Partnerships for Families home visitors are trained to administer ASQ and PHQ-9 screenings, to align screening and data practices with countywide efforts
- Modifying data-tracking system to capture countywide data indicators
- Participating in countywide data-sharing to support a cross-model, collective evaluation
- Integrating home visiting referrals into the suite of community resources made available to families through Prevention & Aftercare network navigators, both for families within the general population and for families who have been the subject of DCFS Child Abuse Hotline calls

## Probation

- Providing training for probation staff to connect pregnant and parenting families to home visiting support and to recognize this as an essential component of case planning efforts
- Integrating home visiting referrals into the array of services made available to adult probationers, probation youth, and their families
- Combining resources and efforts with County stakeholders to explore new and innovative models for supporting parents/pregnant youth detained in probation facilities or in short-term residential treatment programs (STRTPs)

## LACOE

- Participating in countywide data-sharing to support cross-model, collective evaluation
- Continuing to partner to bridge Early Head Start and other home visiting–related resources

## Office of Child Protection

- Supporting coordination across departments as home visiting system changes roll out
- Continuing to support the alignment of home visiting data initiatives with other County child abuse prevention evaluation efforts
- Continuing to support alignment of home visiting with other prevention strategies such as ECE and Prevention & Aftercare Network investments
- Providing consulting support for plan implementation as needed

## PARTNER COMMITMENTS

In addition, the following commitments have been made by partnering entities:

### First 5 LA

- Continuing state and federal advocacy to expand resources and support for home visiting in Los Angeles County
- Leading health sector engagement, developing clarity on how health systems and social systems can best partner to support family well-being
- Funding focus groups and research to help partners better understand the experiences and perspectives of African-American families when interfacing with the health and social sectors
- Partnering with DPH to ensure that home visiting providers are supported in a smoothly coordinated expansion of Healthy Families America and Parents as Teachers
- Partnering with DPH to expand Targeted Case Management participation countywide in 2018; providing necessary capacity-building and technical assistance support for 21 First 5 LA grantee agency sites to join the TCM platform
- Providing funding to support SHIELDS for Families, Inc., to provide home visiting to 50 DPSS clients

via the pilot mentioned above, and support future expansion of home visiting services that may be funded through state budget allocation

- Partnering with DPH to explore optimal integrated referral system development, including evaluating opportunities to integrate community resources, home visiting, Help Me Grow, and other family resources into existing and/or new infrastructure
- Providing funding for Children’s Data Network–led long-term evaluation and actively participating in countywide data-sharing to support a cross-model, collective evaluation
- Providing state- and federal-level education to policymakers
- Funding Los Angeles Best Babies Network as a critical body for enhancing quality and workforce development for existing and new programs
- Funding a home visiting workforce salary and turnover analysis

## LA County Perinatal and Early Childhood Home Visitation Consortium

- Providing timely ongoing feedback from home visiting providers and advocates regarding system gaps and needs (both within home visiting and within the broader community)
- Leading the data-indicator collection and analysis
- Leading the development of the Phase I online home visiting eligibility functionality
- Partnering with other entities to support best practices and a high-quality workforce
- Continuing to support the home visiting workforce through training, advocacy, and support
- Working with DMH to coordinate perinatal mental health training and referral supports for home visitors across programs

## Children’s Data Network

- Leading long-term evaluation efforts, including an integration with the OCP Prevention Plan Evaluation

## Los Angeles Best Babies Network

- Leading workforce development and program quality initiatives
- Coordinating trainings for new MAMA’s Neighborhood Visits, Healthy Families America, and Parents as Teachers staff
- Providing backbone staffing for the Consortium to help coordinate its data, best-practice, referral, and advocacy efforts

## Center for Strategic Public-Private Partnerships

- Leading the integration of philanthropic expertise and resources into ongoing implementation
- Coordinating the sponsorship of the electronic referral eligibility technology build-out
- Coordinating the sponsorship of DMH expansion technical assistance by the Blue Shield Foundation

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To support ongoing systems-level coordination and quality improvement efforts, DPH proposes to initiate and host a long-term home visiting system guidance body. This body would include the following types of representation: home visiting clients, County departments that fund or refer into home visiting, nonprofit provider agencies (including representation across models and levels within these organizations), Consortium members, evaluators, independent advocates, health plans, hospitals, and other partners (such as WIC, housing, disability, employment, education, or philanthropy). In addition to this direct representation, the guidance body will also leverage existing resources (such as parent advisory boards, exit surveys, focus groups, Consortium workgroups, and other provider groups) to garner and integrate parent and provider voices. This body would be responsible for ongoing system monitoring, adjustment, and advocacy, as well as the identification of opportunities to deepen the connections between this home visiting work and other nascent related work underway in the County (such as prevention plan implementation, reduction in birth disparities, Help Me Grow, and early childhood education efforts).

DPH will also monitor and pursue system improvements outside of this guiding body, not only within DPH's own programs, but also as a champion and coordinator with its County partners.

- Adopt the policy that all County-funded home visiting programs will utilize validated screenings for maternal depression and infant-toddler development.
- Support the establishment of a countywide electronic referral system.
- Adopt the policy that all County-funded home visiting programs will participate in countywide data-sharing and analysis, as outlined above.
- Consider piloting universal postpartum support for mothers delivering at Los Angeles County birthing hospitals in FY 2018–2019, including requiring that a home and/or virtual visit be offered as part of the postpartum discharge of all mothers delivering at a piloting County DHS-operated hospitals.
- Consider establishing linkages between all County prenatal medical providers and home visiting family supports.



# Appendix A | Summary of Outcomes



**Mission:**  
To coordinate, measure and advocate for high quality home-based support to strengthen all pregnant and parenting families so that the children of Los Angeles County are healthy, safe and ready to learn.

**SUMMARY OF OUTCOMES:  
What Research Proves  
Home Visiting Impacts**

Report as of June 19, 2017



Photo based support. Right, early, impact a better

# Appendix B | Excerpts from Focus Group Analysis

7/16/2018


Excerpts from:

**first 5la**  
An Ecosystem of Communications to Support the Family Engagement Strategy

Findings from Home Visiting Qualitative Research Study  
January 2018

Prepared by:  
**SocialQuest**


**Moms from all over Los Angeles County**



**Findings across 6 Service Planning Areas, representing 5 distinct cultural identities in 3 languages, exploring 2 different home visiting programs (Welcome Baby, Healthy Families America and Parents as Teachers), at least 4 different roles within the Home Visiting Network and an extensive literature review.**


# Appendix C | Paving the Road to Safety for Our Children

**PAVING THE ROAD TO SAFETY FOR OUR CHILDREN:  
A Prevention Plan for Los Angeles County**



Los Angeles County Office of Child Protection (OCP)  
JUNE 2017

# Appendix D | Consortium Data Indicators



**Los Angeles County Perinatal and Early Childhood Home Visitation Consortium Data Workgroup**

**Home Visiting Program Outcome Indicators**

**Mission:**  
To coordinate, measure and advocate for high quality home-based support to strengthen all expecting and parenting families so that the children of Los Angeles County are healthy, safe and ready to learn.

These indicators are intended to measure short term outcomes for clients of all major LA County home visiting programs. They are based on the intended outcomes of the programs, national data collection efforts such as MIECHV and the Per Home Visiting Project, and health care quality measures such as HEDIS.

- Breastfeeding**
  - Any breastfeeding and exclusive breastfeeding
  - Inflation and three-, six-, and twelve-month Intakes
- Depression Screening**
  - Positive screens for depression
- Well-Child Care Visits**
- Timely Postpartum Follow-up Visits**
- Mother's Insurance Status**
- Child ED/ER Visits**
- Child Maltreatment**
- Child Development**
  - Screening, referral, and Regional Center assessment
- Adequate Prenatal Care**
- Postpartum Family Planning**

Photo based support. Right, early, impact a better

# Appendix E | Executive Summary, Home Visiting in Los Angeles County



**Executive Summary  
Home Visiting in Los Angeles County:  
Current State, Gaps & Opportunities**



Home visiting is a form of family support that includes parent coaching and comprehensive resource referrals provided by trained professionals in the home and community environment. It has been proven through research to be effective in reducing child abuse and neglect, improving child development, reducing preterm births, improving maternal and child health, increasing school readiness, reducing reliance on public financial benefits, and reducing crime. It is an invaluable model for improving family outcomes, preventing expensive crisis based intervention, and engaging families to appropriate and needed services.

The Los Angeles Perinatal and Early Childhood Home Visitation Consortium ("LACEDVHC") is performing a deep analysis of the current home visiting landscape in Los Angeles, including current models, capacity gaps and maximization opportunities. The purpose of this analysis was to provide a solid foundation of data with which to ground future planning and advocacy. This executive summary provides an overview of the key findings from that research.

**Key Findings:**

- Los Angeles County has both "passive" & intensive home visiting models. **Universal home visiting models** are shorter-term, less frequent models that focus on perinatal well-being, including preventing adverse health, parenting, and developmental outcomes, and covering to identify individuals in need of more intensive support. They are offered to all pregnant and new parents in a community, regardless of family risk attributes. In Los Angeles County, our "universal" program is "Welcome Baby" - it is active, but it is currently only available to mothers delivering at 4 of the County's hospitals.
- Intensive models are longer term and more frequent. While the specific focus varies by program, intensive models typically include an emphasis on healthy child development, the prevention of child abuse or neglect, mental health, maternal health, and self-sufficiency. Intensive models are only available to parents who meet specific risk, income, geographic, and/or age criteria. The various intensive models have different curricula/methodology, staff requirements, frequency of client contact, length of services, entry requirements, intended outcomes, and actual outcomes as demonstrated through research. The LACEDVHC document "Program Details for LA County Home Visitation Programs" summarizes many of these differences.

**Partnerships for Families**



Photo based support. Right, early, impact a better

# Strengthening Families Through Home Visiting Systems Building

September 13, 2018

Barbara Andrade DuBransky,  
Director, Family Supports

Linda Aragon  
Director, Maternal, Child and Adolescent Health  
LA County, Department of Public Health



# Presentation Objectives

- Provide an update on Home Visiting System Building and Sustainability Strategies
- Identify early successes and ongoing opportunities to advance the vision for home visiting, consistent with First 5 LA's Strategic Plan and the County plan submitted to the Board of Supervisors in July 2018

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# First 5 LA's Focus on Home Visiting Update

- Home Visiting as First 5 LA's most significant and long-standing direct services investment, representing 35% of FY17-18 annual programmatic budget
- First 5 LA currently the largest funder for home visiting in LA County, representing 45% of total funding in LA County
- Intent to promote a high-quality, integrated countywide system of family strengthening supports
- Countywide efforts to develop a home visiting system – Department of Public Health-led collaborative plan submitted to the Board of Supervisors in July 2018

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# Early Intervention and Prevention Services

*Home visiting represents one important resource within a broader set of family supportive and prevention services*

**An optimal system of family supports would:**

- Provide families with access to a range of evidence-based services, innovative, <sup>175</sup> and community-responsive resources
- Connect families through a trusted resource to the full set of community resources that can support them and their child's development

**Home visiting has a unique role within this system of care**



# Why Home Visiting?

## Positive Family Functioning

- Enhanced parent-child interactions
- Prevention of child maltreatment
- Connection to additional specialized resources to meet families' unique needs

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## Maternal and Child Health

- Better birth outcomes
- More efficient use of healthcare

## School Readiness

- Enhanced child development & early detection of developmental delays
- Early literacy & Social competence skills
- Parent involvement in learning



# Welcome Baby Pilot Study Findings

- **Welcome Baby participation associations included**
  - More likely to attempt breastfeeding and to breastfeed exclusively for the first 4 months
  - More responsive, encouraging and affectionate parenting
  - Had higher quality home environments & home learning activities and more teaching behaviors by mother
  - More outdoor play & lower overweight & obesity
  - More engagement in activities outside the home for the family
  - More positive behaviors in children
  - Stronger communication, problem-solving and personal-social skills & greater social competence in children
  - More likely to receive child care subsidies
  - Lower maternal stress

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# Home Visiting Motion

***Charge of Motion Response Workgroup led by Department of Public Health:***  
“Develop a plan to coordinate, enhance, expand and advocate for high quality home visiting programs to serve more expectant and parenting families.”

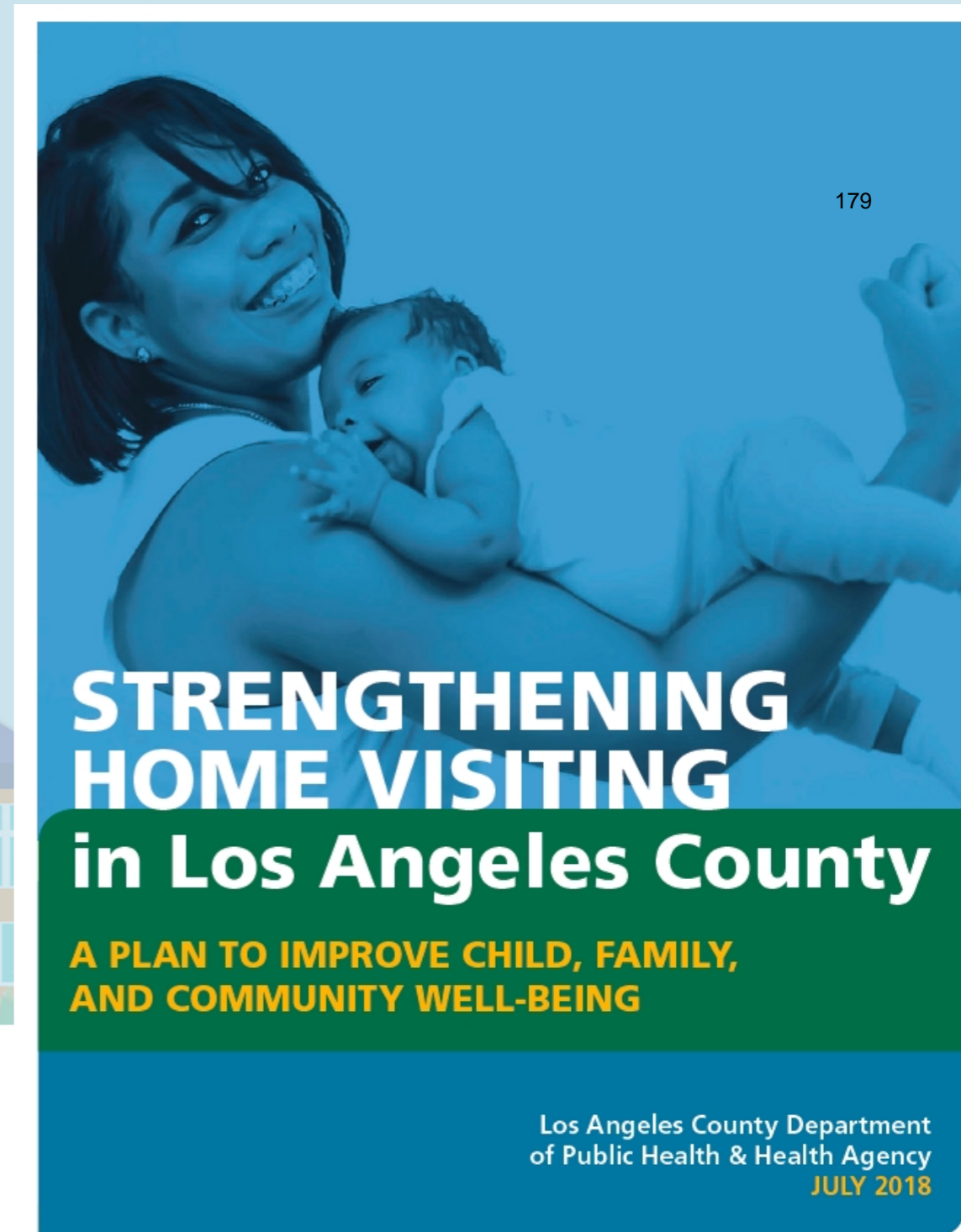
178

## ***Recommendations:***

- 1) Create a coordinated system for home visitation programs
- 2) Assess national models and best practices
- 3) Identify gaps in services and strategies to address gaps
- 4) Increase access for high risk families
- 5) Collect, share and analyze standardized data in a consistent manner to inform outcomes
- 6) Develop a framework to maximize resources to support expansion and sustainability

# *Strengthening Home Visiting in Los Angeles: A Plan to Improve Child, Family and Community Well-being*

- Public Health Department
- Office of Child Protection
- Home Visiting Consortium
- Children & Family Services Department
- Public Social Services Department
- Mental Health Department
- Health Services Department
- Probation Department
- Libraries
- Office of Education
- Center for Strategic Public Private Partnerships
- Children's Data Network



# The Vision

“A system of voluntary, culturally responsive, home-based family-strengthening services available to all Los Angeles families with children prenatally through age five that:

- Optimizes child development
- Enhances parenting skills and resilience
- Reduces adverse childhood experiences
- Prevents costly crisis intervention
- Safeguards maternal and infant health
- Demonstrates improved educational and life outcomes

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Under this vision, all Los Angeles families with young children would have access to trusted support and coaching in their homes, matched appropriately to their needs, so that they and their children may thrive.”



# Recommended System Improvements



# Key Points in the Plan

- Prioritize populations for more intensive home visiting
  - Families at risk of adverse birth outcomes
  - Children at risk of abuse and neglect and their families
- Home visiting is part of AND a connector to a system of resources for families; home visiting is not the solution for all families, but is an important component of within a system of family supports
- Funding that has been identified to expand home visitation programs and improve systemic infrastructure

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# Implementation Progress: Early Wins

- Memorandums of Understanding between Department of Mental Health and Department of Public Health allocating \$40M in Mental Services Health Act-Prevention and Early Intervention funds over 2 years to expand evidence-based home visiting services and address prior gaps in our system <sup>183</sup>
- Perinatal mental health training and referral support for home visiting workforce rolled out in 5 Service Planning Areas through Department of Mental Health-Consortium partnership; remaining Service Planning Areas in process



# Implementation Progress: Early Wins

- Scaling tested sustainability strategies
  - Pilot with Department of Public Health for leveraging MediCal Targeted Case Management funding completed successfully & in process of expanding to full Healthy Families America and Parents as Teachers provider network
- California budget included CalWORKs funding for home visiting; LA Department of Public Social Services is in the process of preparing an application in partnership with Department of Public Health for LA County to draw down funds

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# Funding & Sustainability

## Opportunities Underway

- Department of Mental Health  
Mental Health Services Act-  
Prevention/Early Intervention funds
- Expanded Title XIX Targeted Case  
Management billing
- Department of Health Services/Whole  
Person Care
- CalWORKs Funds

## Future Expansion Opportunities

- MediCal and health system opportunities
- Hospital community benefits
- CA Perinatal Services Program
- Existing health plan benefits
- Women Infant and Children (WIC)
- Probation

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# Highlights in Process

- Exploring partnerships/strategies to leverage health delivery system supports and services
- Strengthening of Countywide quality improvement and evaluation mechanisms
  - Establishment of Countywide Prevention metrics & collection of common indicators
  - Strengthening curriculum of Department of Children and Family Services' Partnerships for Families program
- Testing new models and platforms to engage mothers earlier in supportive services
  - Partnership with Department of Health Services – Mama's Neighborhood
  - Partnership with Department of Public Social Services – Expanded access for CalWORKs beneficiaries

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# Home Visiting Collaborative Leadership Body

**Fall 2018:**

Planning and Development Period

**Early 2019:**

Proposed Launch

**Who:**

Clients, agencies, representatives from County departments, First 5 LA, Consortium, evaluators, health plans, hospitals, and other partners (such as Women Infants and Children [WIC], housing, disability, employment, education, philanthropy)

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**Purpose:**

To monitor and make recommendations regarding home visiting system investments, streamlining, and integration with related work underway in the County.



# Future Milestones

<b>October 2018</b>	Home visiting collaborative leadership body kick-off
<b>November 2018 – June 2019</b>	Expansion of system capacity through new Department of Mental Health and CalWORKs funding
<b>June 2019</b>	Expansion of Department of Public Health Targeted Case Management draw down to all Healthy Families America and Parents as Teachers providers
<b>June 2019</b>	Enhanced mental health consultation and training established for perinatal providers; including home visitors and clinic-based paraprofessionals
<b>December 2019</b>	Coordinated electronic referral system with affiliated telephone hotline established.
<b>July 2020</b>	Integration of universal prenatal and postpartum screening, support and access to home visiting within the primary health care and County health systems

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# Questions



# Additional Information

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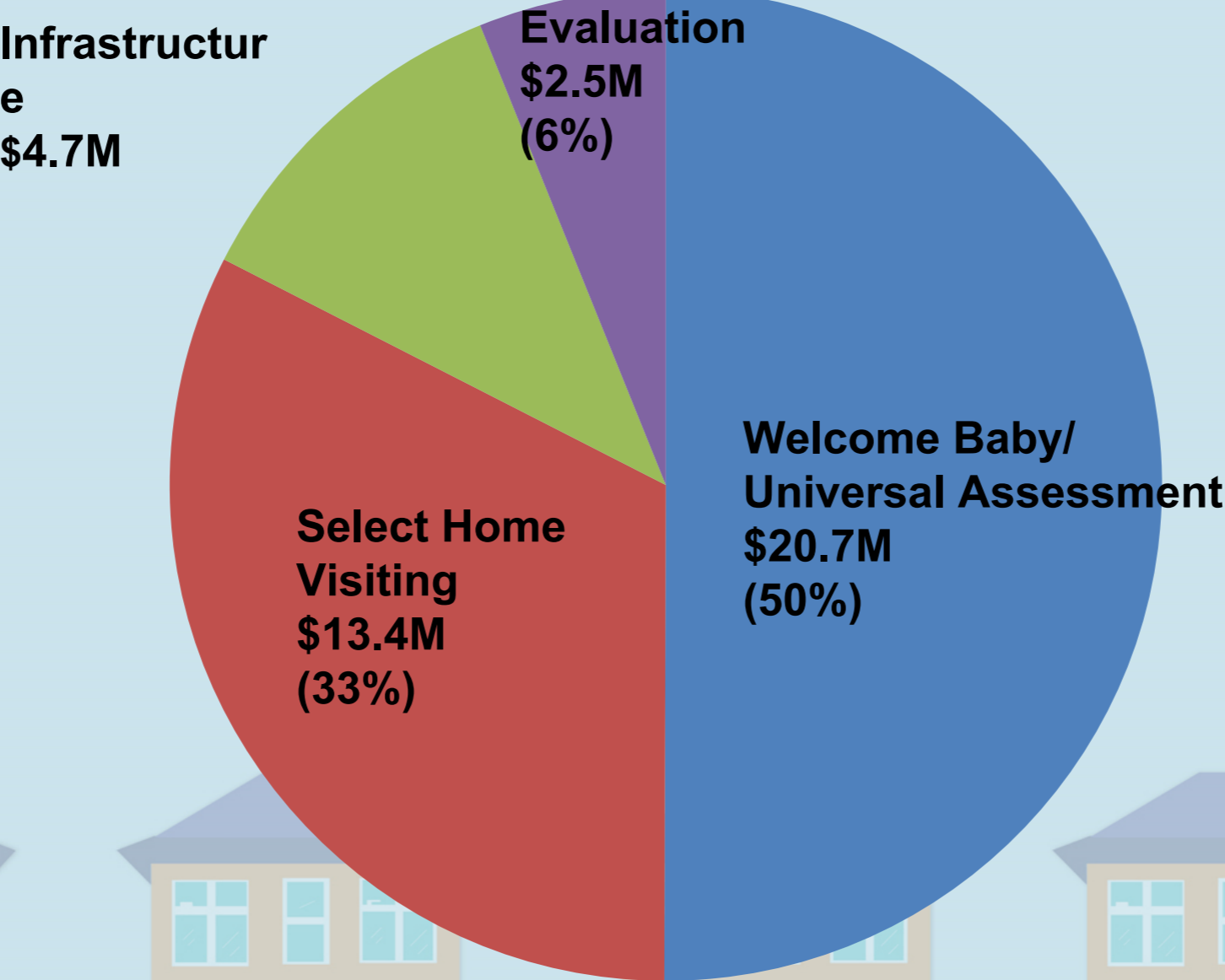


# First 5 LA Funded Home Visiting Services



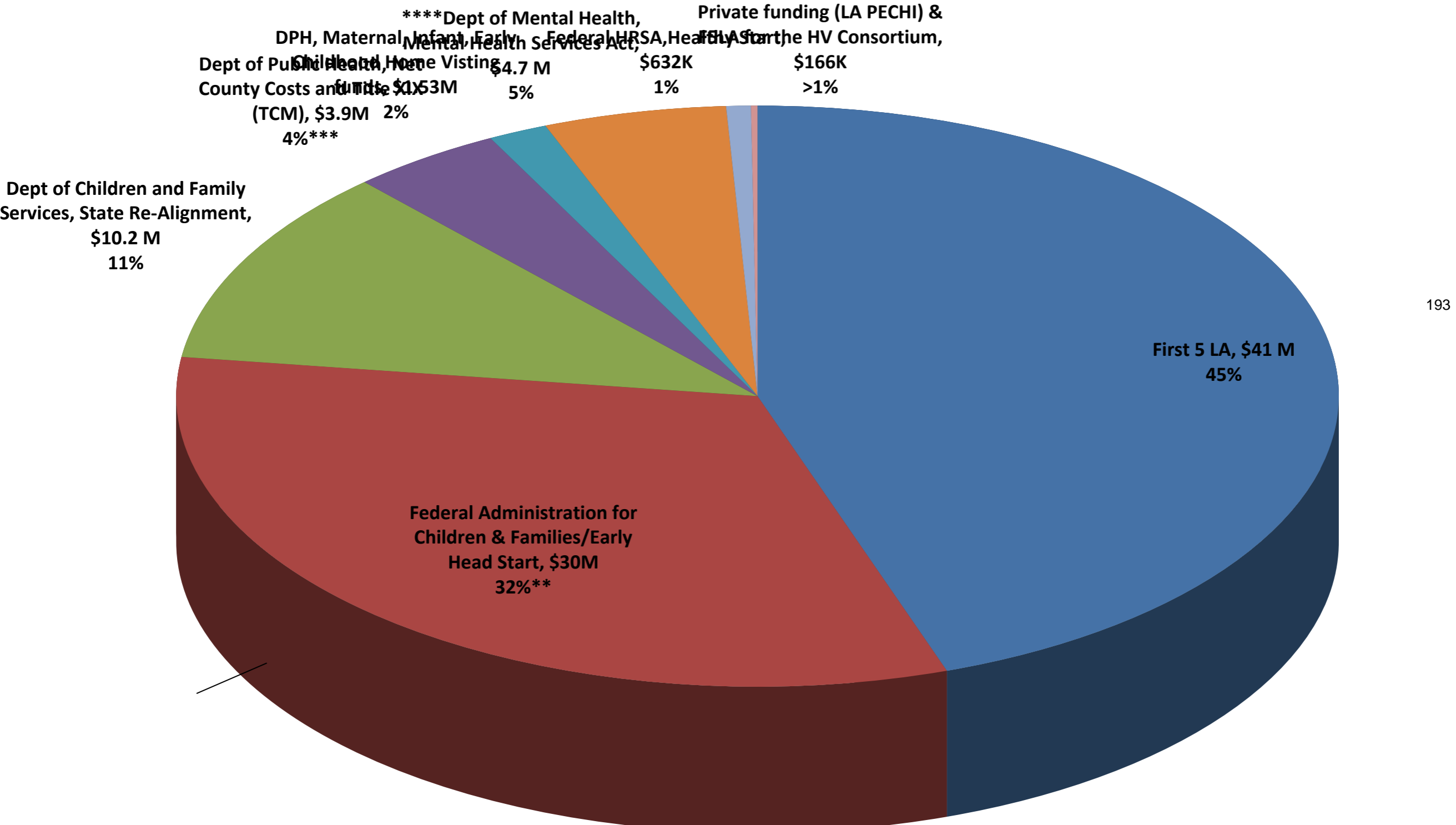
# Home Visiting Allocation by Investment Type

## Total FY17-18 HV Budget Estimate - \$41M



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# Home Visiting Funding Landscape in LA County, FY16-17\*



*\*Data collected by Consortium (2016), updated by Rochelle Alley(2017)*  
*\*\*Estimate to be refined*

*\*\*\*Expansion anticipated in FY18-19*  
*\*\*\*\*Significant expansion in FY17-18*

**FIRST 5 LA**

**SUBJECT:**

African-American Birth Disparities Update

**RECOMMENDATIONS:**

The following recommendation is provided as information for the Board's consideration at the September 13, 2018, Board of Commissioner's Meeting. First 5 LA staff recommends that at the September 27, 2018, Special Meeting of the Board of Commissioners/Program & Planning Committee, the Board approve the following items listed below:

1. Approve Board Resolution 2018-04 to accept receipt of funds in the amount of \$150,000 from the University of Utah, fiscal agent on behalf of the Pritzker Children's Initiative, and authorize the Executive Director to complete execution of agreement upon approval from the Board for a period beginning retroactively September 4, 2018 and ending August 14, 2020.
2. Authorize First 5 LA Staff to Execute an Agreement with Growth Mindset Communication Incorporated for an amount not to exceed \$310,000 for a period beginning retroactively September 4, 2018 to August 31, 2020. (Fund Balance Category: Committed).

**BACKGROUND:**

On April 3, 2018, the Board of Commissioners reviewed First 5 LA's evolving strategy, in partnership with the Department of Public Health, to address and reduce birth disparities. The Los Angeles County Health Agency's Center for Health Equity's focus on eliminating African-American infant mortality disparity has created a critical opportunity to align First 5 LA family strengthening, communities and health systems outcome work with the efforts of the Health Agency. First 5 LA has participated in the African-American Infant Mortality convenings, contributed to the development of a Health Equity Action plan, and has identified areas where First 5 LA is well positioned to contribute to this effort. The Center's Health Equity Action Plan formally identifies the reduction of African American Infant Mortality (AAIM) as a critical priority. The plan outlines a set of strategic priorities, goals, strategies and objectives to focus the work, and is a public commitment to achieving a set of defined equity goals. One of the key named strategies to improve birth and infant outcomes is to expand access to home visiting and other supports to ensure all women receive effective pre and postnatal support.

The memo below provides: 1) an update on First 5 LA's research-oriented approach to better understand African American women's experience with health and social services and supports; and 2) First 5 LA's successful fund leveraging work resulting in an award of a competitive National award, the Pritzker Fellowship, to advance the planning and implementation of the County's African-American Infant Mortality (AAIM) reduction plan. Staff will return to the September Program and Planning Committee (PCC) meeting with a request to consider two supporting actions: 1) to accept \$150,000 in matching grant funds from the University of Utah, the fiscal agent for the Pritzker Children's Initiative; and, 2) to contract with Melissa Franklin of Growth Mindset Communications to serve as the designated Fellow supported by the grant award.

## **PROJECT DESCRIPTION:**

In partnership with the Department of Public Health (DPH), First 5 LA advanced two research projects to assess African-American women's use of and experience with health and social services during and following pregnancy.

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

- pregnancy and birth;
- prenatal services;
- the role of race and racism in birth outcomes; and
- social, economic and structural factors associated with birth outcomes.

Central findings include an opportunity to increase health sector trust and engagement, as well as African American women's knowledge of their increased risk of preterm birth. These findings support a call to explore the development of a public communications campaign, to transform the health care delivery system to meet the needs of African American women, and to route women to more effective clinical care. The final report will be released this Fall.

**2) Utilization Analysis:** First 5 LA collaborated with the State Department of Health Care Services (DHCS) on a pioneering effort to profile the health care utilization of Medi-Cal enrollees of childbearing age, by race. It is anticipated that this data will be available in early 2019 and will inform the work of public health leaders seeking to identify key patterns in disparities.

This project will analyze and profile the health services utilization of pregnant African-American Medi-Cal enrollees in Los Angeles County. 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?
- Service Maximization: Are African-American enrollees able to access all services-including Comprehensive Perinatal Services- to which they are entitled?
- 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?

## **3) Pritzker Children's Initiative, Fellow**

In addition, First 5 LA sought and was awarded the maximum potential funding from the National Pritzker Children's Initiative to further critical stakeholder communications work with the African American community, in support of the County's AAIM reduction plan. The Sorenson Center at The University of Utah is acting as a fiscal agent on behalf of the Pritzker Children's Initiative. The \$150,000 in funding will be matched by First 5 LA, supporting the work of a proposed Pritzker Fellow with expertise in this domain. Pritzker Fellows are established leaders who work in twelve communities across the country over two years to advance a project that will improve outcomes for children prenatal to three. It is proposed that the Pritzker Fellow will advance a birth disparities strategy, in concert with the Department of Public Health.

## **Anticipated Outcomes**

These investments align with First 5 LA's policy and systems change orientation by informing efforts to monitor and bolster African-American women's utilization of primary, prenatal, and post-natal services. The work to improve birth outcomes and reduce birth disparities is consistent with First LA's outcomes of strengthening through connecting families to supports, as

well as improving health systems to meet the needs of children prenatal to age 5 and their families. The receipt of actionable qualitative and quantitative data will inform key County and State birth disparity reduction initiatives, including the California Department of Public 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 pursuit and receipt of funds to support stakeholder communications and facilitation leadership through the Pritzker Fellowship will contribute to the successful local implementation of AAIM projects. The ultimate goal is to ensure all women across Los Angeles County are fully engaged in timely, clinically-effective, equitable, and patient-centered perinatal care and supportive services.

**NEXT STEPS:**

First 5 LA staff will return to the Board to share key focus group findings, as well as patterns gleaned from the utilization analysis. 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 home visitation. First 5 LA staff is recommending the following actions for your consideration at the Program and Planning Committee on September 27, 2018:

- Accept \$150,000 in funds over two years from University of Utah, the fiscal agent for the Pritzker Fellowship.
- Contract with Ms. Melissa Franklin of Growth Mindset Communications, to further a birth disparities reduction strategy, in concert with the Department of Public Health.

In concert, these actions will advance the critical communications and stakeholder activities required to support the implementation of the African American Infant Mortality reduction plan.

**RESOLUTION NO. 2018-04**

**A RESOLUTION OF THE LOS ANGELES COUNTY CHILDREN  
AND FAMILIES FIRST PROPOSITION 10 COMMISSION:  
APPROVAL OF RECEIPT OF PRITZKER COMMUNITY FELLOW GRANT FUNDS**

The Board of Commissioners of Los Angeles County Children and Families First Proposition 10 Commission (“the Commission”) hereby finds and resolves as follows:

**Whereas**, pursuant to the Fund Balance Policy approved on October 13, 2016, the Commission is required to approve via Resolution the receipt of restricted funds, thus formally acknowledging and reflecting externally imposed constraints placed on the use of these resources; and

**Whereas**, the University of Utah (“University”) awarded First 5 LA a grant to be used to select, hire and host an individual (known as the “Pritzker Community Fellow”) to be fully dedicated to support the community’s local Prenatal to Three (PN-3) initiative.

**NOW, THEREFORE, BE IT RESOLVED THAT:**

1. Up-front funding received from the University in the amount of up to \$75,000 per year, for a maximum of two consecutive years and up to a maximum aggregate amount of \$150,000, will be considered restricted for fund balance purposes; and
2. The executed copy of this Resolution shall be retained on file as evidence of the Commission’s actions herein.

**PASSED, APPROVED AND ADOPTED THIS 27<sup>th</sup> DAY OF SEPTEMBER 2018, BY THE FOLLOWING VOTE:**

AYES: Commissioners \_\_\_\_\_

NOES: Commissioners \_\_\_\_\_

ABSTAIN: Commissioners \_\_\_\_\_

\_\_\_\_\_  
Sheila Kuehl  
Chair, First 5 LA

\_\_\_\_\_  
Kim Belshé  
Executive Director

# Targeted Birth Disparity Reduction

Barbara Andrade DuBransky, MSW  
Director of Family Supports

Lindsey Angelats, M.S., PMP, FACHE  
Senior Strategic Advisor

September  
2018

1<sup>ST</sup>  LA  
**first 5 la**  
Giving kids the best start

# Presentation Objectives

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- Provide an update on First 5 LA's partnering work with Department of Public Health to reduce the significant disparities in birth outcomes
- Provide update on First 5 LA's research-informed approach to better understand African-American women's experience with health and social services and supports
- Announce First 5 LA's receipt of an competitive award, the Pritzker Fellowship, to advance the planning and implementation of the County's African-American Infant Mortality reduction plan
- Inform the Board of request to contract with Melissa Franklin of Growth Mindset Communications to serve as a Fellow, an action to be considered at the Program and Planning Committee



# Background

# Birth Disparities in LA County

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- African-American infants die at more than **3 times the rate** observed for White and Asian infants
- Mothers of other races demonstrate better birth outcomes than African American mothers, **despite experiencing similar or greater disparities** related to poverty, educational attainment, and access to health care
- **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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# Connection to 2015-2020 Strategic Plan

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Birth Disparities reduction aligns with Family and Health System outcomes:

- Increasing family protective factors, by supporting family resiliency and helping families access targeted supports in times of need
- Improving capacity of health, mental health, and substance abuse services systems to meet the needs of children prenatal to age 5 and their families

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# First 5 LA's Support

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- Aligning work in improving birth outcomes with supporting Department of Public Health's Five Year Health Equity Action Plan
- Developing research to inform this work
  - Qualitative research, via focus groups
  - Health services utilization analysis
- Leveraging resources and partnerships
  - Successfully pursued and awarded a grant through the national Pritzker Children's Initiative

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# Home Visiting and Health Equity

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- The Department of Health released the Health Equity Action plan in July 2018
- A central goal is to reduce the gap in infant mortality rates between white and black/African American babies by 30% in LA County, via three strategies:
  - Strategy 1: Reduce Chronic Stress in women's lives
  - Strategy 2: Block the pathway from social stress to physiological stress.
  - Strategy 3: Intervene as early as possible before stress has taken a toll on health.
- The Plan recommends expanding home visiting as a key method to help block the pathway from women's social stress to physiological stress
- First 5 LA is partnering with DPH to ensure more women have access to this support during pregnancy and the post-partum period

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# Early Findings

# Data Analysis Update

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- ✓ Collaborated with the State Department of Health Care Services (DHCS) to access critical Medi-Cal data to help answer 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 accessing all prenatal services to which they are entitled?
  - Are there key differences in utilization of primary care and prenatal services by race, ethnicity, or geography?

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Data will be available later this Fall and will be shared with the Board, as well as our DPH and health plan partners.

# Objectives: Focus Group

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- 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 women's choices

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# Focus Group Findings

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- Distrust and lack of engagement in the health care system, as well as limited knowledge of increased risk of preterm birth as African-American mothers
- Recommendation to explore communications campaign, to transform the health care delivery system, and to route women to more effective clinical care
- Final Report will be released later this Fall

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# Pritzker Fellowship

# Pritzker Fellowship

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- First 5 LA applied for a competitive national award, the Pritzker Fellowship, and was awarded maximum funding (\$150,000 over two years, as a 1:1 match)
- A Pritzker Fellow is an established leader embedded in one of twelve areas nationwide to provide community capacity to enhance local supports for infants, toddlers and their families
- First 5 LA's Fellow was named in the application and in partnership with DPH, will lead stakeholder engagement process
  - First 5 LA is seeking to contract with Melissa Franklin of Growth Mindset Communications as the Fellow
  - Scope of Work will include developing a communication plan, supporting a local and/or countywide AAIM awareness campaign, as well as advancing implementation of the objectives in the Health Equity Plan, in partnership with DPH leaders

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# Next Steps

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- Focus Groups: Final Report Released September 2018
- Quantitative Analysis: Will return to share findings with Board this Fall
- Future Action items at Program and Planning Committee
  - Accept \$150,000 over two years, from the University of Utah, the fiscal agent for the National Pritzker Children's Initiative, as a 1:1 match
  - Approve contract with Melissa Franklin of Growth Mindset Communications, a candidate preapproved by the Funder as LA's Fellow

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Questions?

