

# AGENDA

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

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

**Thursday, October 25, 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  
 - **Marlene Zepeda, Committee Chair**
  
2. **INFORMATION** **3**  
 Review Program & Planning Committee Meeting Transcript –  
 September 27, 2018  
 - **Marlene Zepeda, Committee Chair**
  
3. **INFORMATION** **131**  
 Measuring First 5 LA's Impact: Review Results for Children and  
 Families and Monitoring Measures  
 - **Daniela Pineda, VP of Integration & Learning**  
 - **Armando Jimenez, Director, Measurement, Learning &  
 Evaluation**  
 - **Steven LaFrance, Founder and CEO, Learning for Action**
  
4. **INFORMATION** **166**  
 Health Outcome: Help Me Grow Los Angeles Implementation -  
 Health Systems Management  
 - **Cristina Peña, Senior Program Officer, Health Systems**

**COMMISSIONERS**

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

**EX OFFICIO MEMBERS**

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

**EXECUTIVE DIRECTOR**

Karla Pleitéz Howell

**EXECUTIVE VICE PRESIDENT**

John A. Wagner

**A PUBLIC ENTITY**

- Nicholas Pisca, PhD Research Scientist, L.A. County

**Department of Public Health**

5. **Break**

6. **INFORMATION**

**186**

ECE Outcome: Request to Establish Strategic Partnerships with Compton Unified School District and Lowell Joint School District and Amend the Strategic Partnership with Los Angeles Unified

School District to Expand the Implementation of First 5 LA's Kindergarten Readiness Assessment

Strategy and Authorize First 5 LA Staff to Execute New Agreements with Compton Unified School District

and Lowell Joint School District and Amend the Agreement with Los Angeles

Unified School District (KRA) Cohort 2 Districts and Update on Implementation

- **Ofelia Medina, Senior Program Officer, Early Care**

**& Education**

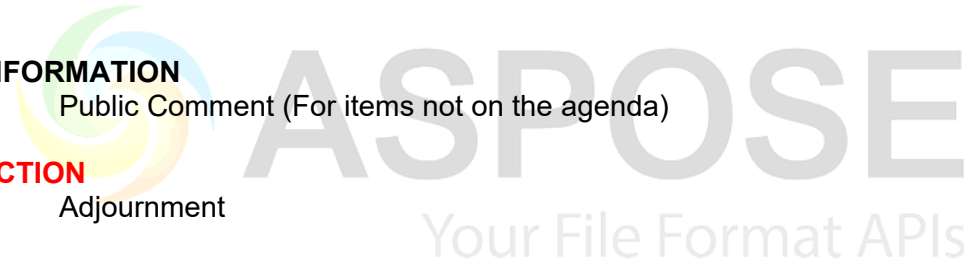
- **Avery Seretan, Program Officer, Early Care & Education**

7. **INFORMATION**

Public Comment (For items not on the agenda)

8. **ACTION**

Adjournment



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MEETING OF FIRST 5 LOS ANGELES PROGRAM AND PLANNING  
Thursday, September 27, 2018  
750 North Alameda Street, First Floor  
Los Angeles, California 90012

REPORTED BY:  
HEATHERLYNN GONZALEZ  
CSR #13646

1 Thursday, September 27, 2018; Los Angeles, California

2 1:04 p.m.

3 -oOo-

4 COMMISSIONER PLEITEZ HOWELL: Good afternoon,  
5 everyone.

6 MS. BELSHE: Good afternoon.

7 COMMISSIONER PLEITEZ HOWELL: Thank you for  
8 shushing everyone. That was perfect.

9 MS. BELSHE: Other duties.

10 COMMISSIONER PLEITEZ HOWELL: Welcome to our  
11 first P and P meeting of the fall. We officially  
12 celebrated the last days of summer this weekend. So adieu  
13 to those beautiful, long days where we get to stay up  
14 later and do the good work that we've been doing.

15 As we turn in to the fall, it is a time of  
16 reflection for a lot of organizations. A lot of  
17 organizations take this time to think about, what are we  
18 going to be doing in the upcoming year, what are our areas  
19 of focus going to be. And First 5 LA is no exception.  
20 This is a time of reflection for us. And as we look at  
21 that, our agenda reflects it.

22 So you will hear updates on the impact story, how  
23 do we tell the good the work that we're doing, what will  
24 it look like. We will talk about the refinement process  
25 for our strategic plan. We will have a full discussion on

1 our financial reports, go over some waiver information,  
2 And then discussions on Help Me Grow and the annual report  
3 for First 5 California.

4 I've been reminded it is a full agenda. So we  
5 will be moving very quickly through some of this  
6 information, and we're starting a little bit early just to  
7 make sure we're able to cover all that.

8 So we're going to go through introductions. And  
9 before we start introductions around the table, we'd like  
10 to welcome Arturo Valdez for presenting LACOE for the  
11 first meeting at First 5.

12 Is there anything you'd like to say as we welcome  
13 you to this first meeting?

14 COMMISSIONER VALDEZ: I'm just happy to be here  
15 and I'm here in the seat of Keesha Woods, who works with  
16 LACOE in early education. So thank you for having me.

17 COMMISSIONER PLEITEZ HOWELL: Thank you for being  
18 here with us.

19 Let's go around the table and introduce  
20 ourselves. We'll start at the table and then we'll go  
21 this way.

22 So Carla Pleitez Howell representing First 5 LA.

23 COMMISSIONER MARTINEZ: Yvette Martinez, and I am  
24 the representative appointed by Supervisor Haan to  
25 District 4.

1           COMMISSIONER HEGER: I'm Astrid Heger from  
2 District 5.

3           COMMISSIONER CAGLE: Bobby Cagle. I'm the  
4 director of the Los Angeles County Department of Children  
5 and Family Services.

6           COMMISSIONER ARAGON: I'm Linda Aragon from DPH.

7           COMMISSIONER ABDO: I'm Judy Abdo. I represent  
8 the Third District, Sheila Kuehl's district.

9           MS. ALTMAYER: Hi. Good afternoon. Christina  
10 Altmayer with First 5 LA.

11          MR. LaFRANCE: Good afternoon. I'm Steven  
12 LaFrance, founder and CEO of Learning For Action, and  
13 providing consulting with you all on the impact framework.

14          MR. JIMENEZ: Good afternoon. My name is Armando  
15 Jimenez. I'm director of measurement learning and  
16 evaluate here at First 5.

17          MS. ANGELATS: Good afternoon. I'm Lindsey  
18 Angelats with First 5 LA from the programs division.

19          MR. GAYDEN: Carl Gayden, First 5 LA.

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

21          COMMISSIONER VALDEZ: Arturo Valdez, LACOE.

22          COMMISSIONER TILTON: Good afternoon. I'm Deanne  
23 Tilton, and I'm commissioner representing ICAN.

24          COMMISSIONER TAYLOR: I'm Romalis Taylor. I'm  
25 commissioner for Supervisor Mark Ridley Thomas' district.

1 COMMISSIONER SMITH: I'm Wendy Smith. I'm  
2 representing the Commission for Children and Families.

3 MS. BELSHE: Good afternoon. Kim Belshe, First 5  
4 LA.

5 THE REPORTER: Heatherlynn Gonzalez,  
6 stenographer.

7 SPEAKER: Amato (inaudible), First 5 LA.

8 SPEAKER: Jennifer Pippard, First 5 LA.

9 SPEAKER: Tara Ficek, First 5 LA.

10 SPEAKER: Gabriel Sanchez, First 5 LA.

11 SPEAKER: Lee Worbell, First 5 LA.

12 SPEAKER: Ann Isabel, First 5 LA.

13 SPEAKER: Christal Green, First 5 LA.

14 SPEAKER: Alexandra Harma, First 5 LA.

15 SPEAKER: Joaquin Caldron, First 5 LA.

16 SPEAKER: Joseph Williams, First 5 LA.

17 SPEAKER: (Inaudible) Williamson, First 5 LA.

18 SPEAKER: Anastasia (inaudible), First 5 LA.

19 SPEAKER: Raoul Ortega. First 5 LA.

20 SPEAKER: (Inaudible), First 5, LA.

21 SPEAKER: (Inaudible), First 5 LA.

22 SPEAKER: (Inaudible), First 5 LA.

23 SPEAKER: Barbara Andrade Dubransky, First 5 LA.

24 SPEAKER: Brian (inaudible), First 5 LA.

25 SPEAKER: Shannon (inaudible), First 5 LA.

1           SPEAKER: And Silvia Swilley, alternate  
2 commissioner. Second District.

3           THE SECRETARY: Linda Vo, First 5 LA.

4           SPEAKER: Evelyn Floyd, First 5 LA.

5           COMMISSIONER PLEITEZ HOWELL: Welcome, First 5  
6 LA. And at this -- did we miss anyone? Terrific.

7           Let's move on to Item Number 2. Item Number 2 is  
8 an overview the meeting transcripts. The commissioners  
9 received this about a week ago. So at this time, we will  
10 entertain a motion to accept the minutes.

11          COMMISSIONER TAYLOR: I move we accept the  
12 minutes as written.

13          COMMISSIONER PLEITEZ HOWELL: Any second?

14          COMMISSIONER ARAGON: I second.

15          MS. BELSHE: We generally just receive them.

16          COMMISSIONER PLEITEZ HOWELL: And they're in  
17 receipt.

18          MS. BELSHE: So received. Thank you.

19          COMMISSIONER PLEITEZ HOWELL: Thank you. Moving  
20 on to Item Number 3. Lindsey.

21          MS. BELSHE: And this I should note  
22 parenthetically is an action item which is unusual for the  
23 Programming and Planning committee, which as board members  
24 know, we convene as a special meeting of the board to  
25 enable all commissioners to attend. We try not to take

1 action here but maintain action in our regularly early  
2 monthly meetings; however, there's time urgency with this  
3 particular matter, which Lindsey will speak to.

4 MS. ANGELATS: Good afternoon, commissioners,  
5 and thank you. I return to you after our most recent  
6 board meeting where we spoke about the striking birth  
7 disparities between African-American women and white  
8 women. Specifically, we know that African-American women  
9 experience loss of an infant three times greater than  
10 white women, and that this disparity persists despite  
11 education, geography, or other social demographic factors.

12 I come to you for two specific actions today and  
13 to announce again that we were the successful recipient of  
14 \$150,000 grant from the National Pritzker Initiative.  
15 Specifically, this fund will enable to us further  
16 stakeholder work with the African-American community, with  
17 community-based organizations, and with the public sector  
18 to successfully implement the Center for Health Equities  
19 African-American Infant Mortality Reduction Plan.

20 The second action pertains to selection of the  
21 fellow, an individual that we will contract with from the  
22 firm Growth Mindset Communications. Some of you may  
23 remember her from a previous employment at First 5 LA.  
24 Melissa Franklin. She has exceptional depth in  
25 communications and stakeholder work. She facilitated our

1 recent focus group with African-American women throughout  
2 Los Angeles county, speaking about birth experience and  
3 perceptions of the health care system. And in addition,  
4 she will be working very closely in concert with the  
5 Department of Public Health, specifically Helen O'Connor,  
6 to collectively advance policy and systems change work in  
7 support of the timely implementation of a plan that  
8 reflects consumer input.

9 So specifically there are two actions before you  
10 today: One is to approve a board resolution to accept the  
11 funds from the grant maker. It is retroactive  
12 specifically due to the timing of the award; and the  
13 second one pertains to the contract with Growth Mindset  
14 Communications.

15 MS. BELSHE: So if you go to the first slide.  
16 Lindsey, I think you did a quick summary both of your  
17 comments earlier to the board as well as this abbreviated  
18 slide deck. So I'm not sure who's advancing the slides.  
19 Armando is. There we go.

20 So what Lindsey just articulated was a brief  
21 update on the work that we're doing with DPH supported by  
22 Pritzker, the receipt of this grant and the two specific  
23 approval items. So I think we're eager for any final  
24 questions or comments; otherwise, we're looking for the  
25 board to entertain a motion.

1 COMMISSIONER PLEITEZ HOWELL: Commissioner  
2 Taylor.

3 COMMISSIONER TAYLOR: Just one thing. In the  
4 write-up that you have, it shows under recommendations  
5 that the extension of the contract is to August 31st,  
6 2020, but in the next steps it shows August 14th, 2018.  
7 So is -- is there a conflict in that? So we need to  
8 correct it.

9 MS. ANGELATS: Sure. And just to clarify,  
10 commissioner, the contract with the University of Utah  
11 ends August 14th. All of the recipients of the grants of  
12 all counties, it ends that. We have proposed extending  
13 the contract for Growth Mindset Communications to the 30th  
14 to deal with any outstanding deliverables associated with  
15 trailing business.

16 MS. BELSHE: So it's just providing us a little  
17 bit of wiggle room to get the final reporting.

18 COMMISSIONER TAYLOR: I just wanted to make sure.  
19 That's it.

20 You need a motion?

21 COMMISSIONER ABDO: Are we ready for a motion? I  
22 move approval for the staff recommendation.

23 COMMISSIONER TAYLOR: I second.

24 COMMISSIONER PLEITEZ HOWELL: Any other  
25 discussion?

1           Seeing none, let's take a vote.

2           All those in favor please say aye.

3           COMMISSIONERS: Aye.

4           COMMISSIONER PLEITEZ HOWELL: Any opposed? Any  
5           abstentions?

6           Terrific. Passes.

7           Thank you so much, Lindsey.

8           All right. Moving on to Item Number 3. Are we  
9           on time?

10          MS. BELSHE: Yes. Good job. Good job.

11          COMMISSIONER PLEITEZ HOWELL: Item Number 4,  
12          telling the First 5 LA impact story.

13          Armando, we'll turn it over to you.

14          MR. JIMENEZ: So thank you. Before we start the  
15          presentation, I'd like to provide a little context and,  
16          hopefully, helpful context leading into the discussion.

17                 In 2007 a group of experts and researchers in  
18          education came together to do a comprehensive review of  
19          education in the state of California. And they issued a  
20          report that was called, "Getting to the Facts". Last  
21          month, there was actually a follow-up report called  
22          "Getting to the Facts Two", which was, again, an  
23          opportunity to really examine both the progress that was  
24          made since that initial report and also to highlight some  
25          reforms and efforts that need to happen in order to

1 improve the quality of education in the state of  
2 California.

3 One of the things I wanted to call out that's  
4 extremely important for the conversations that we're going  
5 to have now and in the future is, one of the main findings  
6 of the report is that California's children are behind  
7 before they enter kindergarten. And that's probably no  
8 surprise to all of you. But it's important to also note  
9 that this is exemplified by the fact that six out of ten  
10 students in LA county do not read at grade proficiency by  
11 third grade. That's an incredible gap that needs to be  
12 made up. The report calls for specifically system efforts  
13 to really close that achievement gap.

14 So third grade reading scores is important  
15 because it's a really established, in terms of the  
16 evidence, predictor of future success in school and in  
17 life. But it's also an indicator of the quality of the  
18 early care and education system that those children  
19 actually developed through.

20 So one of the things I wanted to point out is our  
21 goal is that by 2028 all children in LA county will enter  
22 kindergarten ready for school and life. So this -- in  
23 fact, this report highlights and shine as a light on the  
24 importance of that goal and also the findings related to  
25 the focus on systems and improving systems for early care

1 and education and, broadly speaking, early childhood  
2 development. It also highlights the importance of our  
3 work moving forward.

4 I happened to be trained in public health, and on  
5 occasion I connect with old colleagues who still are  
6 involved in public health work. At one of the recent  
7 meetings I actually ran into some folks who are involved  
8 in tobacco control. And one of the things that they were  
9 talking about, which was very exciting as a health  
10 professional, is that they see their north star as zero  
11 prevalence in the state of California, establishing a  
12 smoke-free California. So as a public health  
13 professional, I'm overjoyed for the overall health and  
14 well-being of Californians. But as a person that actually  
15 depends on revenue for -- for early childhood, it actually  
16 magnifies the importance of the work and the importance of  
17 what we do now to the point in time that we've established  
18 our goal. And I think that that's -- it's a really  
19 important highlight of the sense of urgency that we all  
20 have to do this.

21 So before we go on, I'd like to acknowledge all  
22 of the staff in the organization that have been involved  
23 in the impact framework process. There have been multiple  
24 touch points. And, in fact, it's beyond the program staff  
25 in the organization. Actually administrative staff have

1     been engaged, have provided a lot of interesting and  
2     extremely important feedback in our process. It's really  
3     elevated the thinking that we have and the thinking that's  
4     gone into the work that you'll see and you'll see in the  
5     future.

6             So the last thing I want to do is, I wanted to  
7     introduce you to Steven LaFrance who is our thought  
8     partner in this work. He's a consultant that's supporting  
9     the impact framework. And Steven has extensive experience  
10    in this process and has worked with not only other  
11    commissions but other organizations, help craft impact  
12    frameworks and think about outcomes and helping establish  
13    and outline outcomes that are meaningful. But also in  
14    addition to his work and his colleagues' work at LFA, I  
15    also wanted to call out that Steven brings an enormous  
16    amount of passion to the goal, and his passion for  
17    children I think shows in the work that we've had thus  
18    far. And I really look forward to the work moving  
19    forward.

20            So I'd like to pass it on to Steven.

21            MR. LaFRANCE: Thank you very much, Armando, for  
22    setting that really valuable context and for the warm  
23    introduction.

24            Good afternoon, commissioners. It's a pleasure  
25    to be presenting to you today. I look forward to the

1 discussion that we'll have today and in future  
2 conversations regarding the impact framework. And maybe  
3 that in part Armando's referring to the fact that I've  
4 spent the past ten years working as a member of a board of  
5 directors myself in an organization that works with youth  
6 in the child and welfare system, and all the work that  
7 First 5 does to prevent children from becoming involved in  
8 the child welfare system in the first place and then  
9 supporting them as they do and to strengthening families  
10 and communications to support children to be successful in  
11 school and in life is, as Armando said, very near and dear  
12 to my heart.

13 Moving through the presentation today, really we  
14 have a few objectives that we seek to achieve. We want to  
15 catch you up on the work that we've been doing to develop  
16 the impact framework. Our substantive conversation today  
17 will be on the criteria that we're proposing for selecting  
18 the outcomes that, as Armando said, will help us to both  
19 understand whether or not we're making progress towards  
20 our north star. It will help us be able to communicate  
21 and tell the story of how First 5 has contributed to  
22 achieving this very important goal. And it will help us  
23 to know how to make refinements to strategy and how we do  
24 our work over time as well. So those are why the criteria  
25 are so important for selecting the outcomes and why we're

1 going to focus there today. We'll also ensure you're  
2 clear on where the next steps will be for board engagement  
3 in this process.

4 Starting at the beginning with a little bit of an  
5 overview of where we are, a couple of points that I want  
6 to clarify is that, essentially, at this point in time we  
7 are making our way towards a recommendation on population  
8 outcomes and systems outcomes. I'll talk more about each  
9 of those in a minute, as well as some monitoring measures  
10 that are part of the impact framework. And part of our  
11 process for getting there is to have the discussion with  
12 you all today on the criteria so that we have your  
13 endorsement on how we're thinking about going from a  
14 broader list of potential outcomes to a more focused set.

15 From having developed the outcomes, which, again,  
16 is in our very near term future work with you all, of  
17 course, there will be a measurement plan, a reporting plan  
18 so that we can have the data, understand what it means for  
19 strategy, understand how we can better tell our story of  
20 First 5 LA's impact. That is what follows on from having  
21 determined the outcomes. But I do want to point out that  
22 more or less at the stage of this process where you see  
23 kind of the phase two to phase three getting into  
24 measurement and reporting, from a calendar standpoint, you  
25 will also begin to engage in your strategy refinement and

1 reflection process, which Christina Altmayer will be  
2 talking about later today.

3 I just wanted to put name and voice to the fact  
4 that these processes are very much related to each other.  
5 They will inform each other. We're having the  
6 conversation about how will we measure and track progress  
7 and success, and that will feed into and inform strategy  
8 refinement down the road.

9 As a matter of clarifying what we are looking at  
10 in the impact framework, we want to just talk about some  
11 of the different ways of thinking about how First 5 LA's  
12 work ripples out into the world and has effects at  
13 different levels and how we'll be able to track progress  
14 towards and contribution towards change at each of them.

15 So at, of course, at the very core of this, we  
16 have the actual work of First 5 LA. That's where you have  
17 the absolute direct control over what you do, how you do  
18 it, and can most easily measure and speak to what's coming  
19 up that work if you will, the deliverables, the outputs,  
20 et cetera.

21 But, of course, you also want to know, not just  
22 what are the outputs and the deliverables, but what is the  
23 actual change that you're contributing to. And those  
24 occur both on the short-term and the more long-term basis.  
25 Your sphere of influence and control there will vary from

1 direct to less direct, more indirect. Regardless, you  
2 will seek to measure at each these levels and have a sense  
3 of the degree to which you're contributing to and  
4 achieving some of the short-term and long-term outcomes  
5 that are intended to be the -- the aspirations for your  
6 investments. But really the impact framework is operating  
7 at this top level where we're really going to be talking  
8 about the population outcomes, the children and family  
9 outcomes that are ultimately what First 5 LA's work is all  
10 adding up to.

11 So part of the conversation that we'll be having  
12 with you after today when we talk about criteria for  
13 selecting population outcomes is the degree to which the  
14 actual outcomes that staff will recommend and that you'll  
15 discuss in fact capture First 5 LA's overall aspirations  
16 for how children and families will be different and better  
17 off which connects to the context that Armando said,  
18 knowing that so many children in California and in LA  
19 county start school behind and, therefore, often -- or  
20 have difficult chances of catching up. The main takeaway  
21 here being the impact framework is operating at the  
22 highest level at the population outcome level.

23 Armando stated at the beginning, we're looking to  
24 identify population outcomes that make measurable this  
25 north star, that by 2028, all children in LA county will

1 enter kindergarten ready to succeed in school and life.

2           So how do we make that measurable? As I said in  
3 the previous slide with the concentric circles, we'll  
4 define the set of population outcomes. These are the  
5 child and family level changes that reflect progress  
6 towards that north star that we just reviewed. For  
7 example, one of the working outcomes that we're in  
8 dialogue about is this example here that families have the  
9 resources, opportunities, and relationships to nurture  
10 their child's optimal development. So that is an example  
11 of a possible population outcome that First 5 LA may have  
12 as part of its framework that would articulate a  
13 measurable reflection towards the north star of all  
14 children entering kindergarten ready to succeed in school  
15 and life.

16           The next level of the impact framework will  
17 articulate systems outcomes. As Armando said at the start  
18 and as we know based on First 5 LA's strategic plan, the  
19 evidence all points to, in order to have really a hope of  
20 having an impact at a population level, work has to happen  
21 at a systems -- at the systems level; that systems  
22 fundamentally need to shift and improve so that they can  
23 work better for children and families so that the majority  
24 and all of Los Angeles county's children have the supports  
25 they need, that all families have the supports they need,

1 and communities are prepared to support children and  
2 families to set children up to enter kindergarten ready  
3 for school and life.

4 The third dimension of the impact framework will  
5 be a set of monitoring measures that help to track how the  
6 environment and the conditions in which children and  
7 families are living and operating affect not only their  
8 lives and their chances of achieving the population  
9 outcomes we'll determine as part of this framework, but  
10 also may have implications for how First 5 does its work.  
11 So we all know that there's some descriptive aspects of  
12 child and family circumstances such as income and housing  
13 status that very much affects how able they are to prepare  
14 their children, how prepared families are to prepare their  
15 children, how well children are able to enter school and  
16 learn at their optimal potential, and other factors that  
17 are at play like transportation and other practical  
18 barriers that make access to services either easy or  
19 difficult; therefore, setting up the families to be able  
20 to get access to the supports they need, children to get  
21 the services they need. So that is the third level at  
22 which there will be a set of measures for the impact  
23 framework.

24 I know I'm going through this relatively quickly.  
25 I know that a lot of this can be on the more technical

1 side. Knowing that you have a packed agenda, I'm flowing  
2 through on the faster side. I'm just going to take a  
3 moment to pause to say that, if there are any questions as  
4 I go along, please do interject and ask them.

5 COMMISSIONER TAYLOR: I have one.

6 MR. LaFRANCE: Sure.

7 COMMISSIONER TAYLOR: The issue for a lot of our  
8 communities is awareness of anything. So one of the  
9 things we should be tracking is the parents' and families'  
10 awareness of what is available and are we communicating  
11 that on an ongoing basis. That's a huge issue for a lot  
12 of our communities.

13 MR. LaFRANCE: I appreciate the comment,  
14 Commissioner Taylor. And just quickly flip back to share  
15 the example of a population outcome about families having  
16 the resources, opportunities, and relationships. A big  
17 part of that, of course, is access, just as you're  
18 pointing out. And I think it's important to state that,  
19 as you'll hear later on, we're looking to have a small  
20 number of focused outcomes, but underneath them will be a  
21 number of measures that unpack them. This example of  
22 families having the resources, opportunities, and  
23 relationships to nurture their child's optimal development  
24 will require an understanding of access.

25 COMMISSIONER TAYLOR: And the only reason I say

1 that is, when you look at families that are struggling and  
2 need, they're not even aware of what is available. And  
3 that's the struggle.

4 MS. BELSHE: Yup.

5 COMMISSIONER TAYLOR: So we have a make that a  
6 priority, to get the message out and make them aware that  
7 there are help and resources for them and how to access  
8 it.

9 MR. LaFRANCE: That's right.

10 COMMISSIONER TAYLOR: If they're not aware, they  
11 won't know where to go.

12 MR. LaFRANCE: Right. Awareness precedes all.

13 COMMISSIONER TAYLOR: Thank you.

14 COMMISSIONER SMITH: And could you maybe specify  
15 a little bit what kinds of relationships you're pointing  
16 to when you mention families having them. You know, what  
17 are you thinking about there?

18 MR. LaFRANCE: Sure. Absolutely. I think there  
19 are a number of different types of relationships that we  
20 want to ensure families are in so that they can be  
21 resilient and strong and support their children's  
22 readiness. For example, that they have strong  
23 relationships with the services and providers in their  
24 communities, that they are receiving services that are  
25 respectful that they trust, that are culturally relevant,

1 that they have relationships with each other in  
2 communities so that they can advocate for what they see as  
3 priorities for supporting their children and being stable  
4 and strong, that they also have relationships with  
5 policymakers or decision makers or those who can advocate  
6 with and for them.

7 So I think it's a diverse set of relationships  
8 that we're referring to. And it's both kind of within  
9 family, within community, but also within sort of system  
10 and networks.

11 COMMISSIONER SMITH: So in that, in the county  
12 level outcomes and population level markers -- I mean,  
13 this is a gigantic piece.

14 MR. LaFRANCE: It is.

15 COMMISSIONER SMITH: Right.

16 MR. LaFRANCE: It is. It fundamentally is. And  
17 it builds on Commissioner Taylor's point that, you know,  
18 awareness is one thing, but no one builds meaningful  
19 connection or relationship unless there's trust, respect,  
20 it's built on a foundation of mutual understanding about  
21 where you're coming from and what you need. And  
22 underlying all this conversation is that there will be a  
23 lot of complexity in how we go about the measurement  
24 approach, that that -- and that will -- and that will be  
25 where we get to this in process.

1           COMMISSIONER SMITH:  Sorry.  I was getting ahead  
2  of you.

3           MR. LaFRANCE:  No, not at all.  Without  
4  meaningful dialogue and engagement, I can prattle on and  
5  none of this would land, necessarily.  So I appreciate the  
6  questions.

7           COMMISSIONER TILTON:  I have a question.

8           MR. LaFRANCE:  Yes, Commissioner Tilton.  Hi.  
9  Good to see you.

10          COMMISSIONER TILTON:  On a systems level, we  
11  haven't covered that yet in our comments.  Can you  
12  describe the systems you're talking about.  And when we  
13  talk about wanting to change them directly and indirectly,  
14  I'm a little bit baffled by what you mean by that.  Since  
15  I work with systems, I know how hard it is to change and  
16  to identify what we should change and who's willing to be  
17  changed.

18          MR. LaFRANCE:  So -- yes.  Another good example  
19  of where there's a lot to unpack underneath this large  
20  concept of systems and systems change.  Your first  
21  question was about, what do we mean by systems.  So we're  
22  talking about both private and public systems and formal  
23  and informal systems.  But to give examples to make it  
24  concrete, we know that there's a lot of work that First 5  
25  LA does in partnership with DCFS, with LACOE, with the

1 Family Resource Centers and networks, with the Child  
2 Health Coordinating Council and so on, that in partnership  
3 with the systems, First 5 LA envisions and is engaging in  
4 currently, but will be now even more explicitly holding  
5 itself accountable to goals like -- that those systems  
6 coordinate with each other better to make sure that  
7 families' needs are met, that they're bringing principles  
8 of trauma-informed care into their work so that they are  
9 better helping families heal and strengthen and become  
10 more resilient, that systems of community-based providers  
11 are more responsive to feedback from families and that  
12 they are networked with each other to ensure families are  
13 getting the services they need. Again, all very big,  
14 gnarly kinds of aspirations to hold. And in some ways we  
15 might agree it's audacious for First 5 LA to be stating so  
16 boldly that it will hold itself accountable to systems  
17 change that will result in better supports for families  
18 and children. But that is in fact the nature of your  
19 strategy and strategic plan. And this framework  
20 essentially aims to make that measurable so that you can  
21 track progress, make changes to strategy over time, and  
22 communicate about what you're achieving more -- more  
23 easily.

24 COMMISSIONER TILTON: So I would just suggest --  
25 and this is just a matter of messaging or wording -- that

1 if you say First 5 expects to change systems directly and  
2 indirectly, that we might want to kind of include improve  
3 or facilitate or something other than, we're going to go  
4 change those systems.

5 MR. LaFRANCE: Very helpful. Yes. I appreciate  
6 the point. That's right. And how First 5 LA engages in  
7 partnership very much will influence the outcome of work  
8 with systems.

9 Moving right along and getting to the core  
10 substance of what we would like to get some additional  
11 feedback on from you today. We have identified and are  
12 proposing today a set of criteria for selecting the  
13 population outcomes that will be part of First 5 LA's  
14 impact framework. The first criterion is field research  
15 and evidence. We are strongly referencing and drawing on  
16 the evidence based on what is known to contribute to  
17 progress on First 5 LA's north star, specifically that  
18 children enter kindergarten ready to succeed in school and  
19 life. And, in fact, in the next slide I have a definition  
20 of that to propose based on the field research and  
21 evidence.

22 Criterion Number 2 is the potential for impact:  
23 What is the degree to which First 5 LA is uniquely  
24 positioned to fill a gap in the field. So looking for  
25 outcomes that express that gap that First 5 LA can fill

1 and, therefore, have a stronger sense that has made a  
2 contribution to that population outcome.

3 Third, is that we're looking to choose outcomes  
4 that are aligned with First 5 LA's experience and  
5 strengths, given the body of knowledge this organization  
6 has developed, the relationships it has established, and  
7 the commitment to integration that First 5 LA has  
8 determined as part of its strategy. And by "integration,"  
9 I mean looking at how you can bring all of the tools in  
10 your toolkit to bear on achieving impact, program, policy,  
11 communications, any and all ways in which First 5 LA can  
12 achieve impact. We're looking for outcomes that express  
13 integrated work and build on First 5 LA's experience and  
14 strengths.

15 And then the fourth is alignment with county and  
16 state outcomes. The degree to which we can align  
17 population outcomes for First 5 LA that are with those  
18 that are being adopted by or used by LA County and the  
19 State, the more we'll be able to say powerfully about how  
20 First 5 LA is contributing to impact that is at a  
21 meaningful scale and possibly having an influence beyond  
22 the county.

23 As I mentioned, the first criterion regards field  
24 research and evidence. There's a lot of words on these  
25 slides, and so I'm just going to kind of speak to the

1 essence of what we're trying to get to here. But as I  
2 mentioned, we're drawing heavily on the field research and  
3 evidence on what does it mean for children to be ready for  
4 school -- ready to succeed as they enter school, not only  
5 in school, but also in life. And there's really kind of a  
6 three-part framework here. One is that children  
7 themselves have to be ready, emotionally, physically,  
8 cognitively, but also schools have to be ready for  
9 children. We know that a big part of child's success as  
10 they enter kindergarten has to do with how well they are  
11 integrated, how well their families are engaged upon  
12 entry, how well the preK system articulates with the  
13 K-to-5 and K-to-12 system.

14 And then third families and communities have to  
15 be ready to prepare children for school as well.  
16 Communities have a high stake in the healthy development  
17 of children. They have an obligation to support families.  
18 Early care and education has to be high quality,  
19 accessible. And information and services have to be  
20 there, and, as Commissioner Taylor pointed out, families  
21 have to be aware of them.

22 So children ready for school but also schools  
23 ready for children, and families and communities preparing  
24 children. This is the definition that we're anchoring to  
25 as we think about defining population outcomes for First 5

1 LA's work.

2 On this page, you see essentially a visual  
3 depiction of what we'll tee up the next couple of slides  
4 that I want to share, and that is that the criteria exist  
5 for a reason, and that is because we're running a large  
6 number of possible outcomes through a set of filters. And  
7 that is exactly what the criteria are intended to do. So  
8 you see a funnel here, where as you can imagine, Armando  
9 referenced at the start, a lot of people at First 5 LA  
10 have been thinking about this question of what might the  
11 outcomes be at the population level. And so there have  
12 been a lot of good ideas put on the table. And we have to  
13 take those good ideas and we have to apply this criteria  
14 to run them through a funnel so that we have a focused set  
15 that will help us be able to tell the story in a  
16 compelling way, track progress in a meaningful way, and  
17 adjust strategy over time so we're having the optimal  
18 impacts possible, in the context of limited resources and  
19 time, as you pointed out, Armando.

20 So I've alluded to our goals in the impact  
21 framework development process. We want a focused set of  
22 population outcomes that meaningfully define progress and  
23 compel staff and partners to engage in our work.

24 We are looking to select population outcomes that  
25 meet all of the criteria, but most importantly reflect

1 dimensions of school readiness and, as I've said, that  
2 reflect First 5 LA's work holistically. We're really  
3 placing an emphasis on the degree to which the outcomes  
4 speak to integrated work, not the work of a single  
5 strategy or a single initiative.

6 So what does that mean? That means that, in the  
7 end, if we have a focus set of outcomes that have been run  
8 through a set of criteria which we'll open up for  
9 discussion in a moment, it means we're defining what we're  
10 going to hold ourselves accountable to. It should focus  
11 and guide commission decisions about strategy as you're  
12 moving into a strategy reflection and refinement process.  
13 That in turn focuses and guides how staff channel their  
14 time and resources. It also will focus and guide how  
15 First 5 LA engages in partnership and who you decide to  
16 partner with. Lastly, it should clarify communications,  
17 yes, for the purposes of telling the story because on the  
18 surface that is critically important, but also to optimize  
19 the degree to which you can coordinate, integrate, and  
20 achieve impact through your investments and efforts.

21 Thank you for listening to the presentation, for  
22 the questions along the way. And at this point, I would  
23 like to open up for discussion on the questions we have  
24 posed regarding, first, the dimensions of school readiness  
25 that we've shared and whether the criteria are the

1 so-called right ones, if you will, for selecting  
2 population outcomes.

3 MS. BELSHE: Why don't you go back to the funnel?

4 COMMISSIONER SMITH: Yeah. That's where I'm --

5 MR. LaFRANCE: Point of reference, yes.

6 COMMISSIONER SMITH: So one of my questions about  
7 -- well, it isn't actually about the funnel. It's about  
8 the next slide. Sorry. The -- it's not really stated as  
9 a criterion, but the idea of wanting to reflect First 5's  
10 work in a holistic way in whatever those outcomes that are  
11 selected are. And I guess what I'm wondering -- I like  
12 that idea, but I'm wondering, then, whether it -- how we  
13 will also -- not we, but probably you -- will make it  
14 possible to at the same time call out what the more  
15 separate parts of First 5 are that may be impacting that  
16 outcome and may need to be refined.

17 MR. LaFRANCE: Excellent question. Yes.

18 So I have emblazoned in my memory a slide that  
19 Daniela presented at the last commission meeting. For  
20 those of you who were at the meeting may recall the  
21 iceberg image that Daniela showed. Essentially, she was  
22 showing that there's kind of the waterline and then  
23 there's kind of the tip of the iceberg that's showing and  
24 everything else that's below.

25 So you're touching upon this very important point

1 that the impact framework is looking at that kind of tip  
2 of the iceberg, the very point of it, and sort of what is  
3 laddering up to that point. But below all of that is all  
4 of the -- are all of the strategies, the initiatives, the  
5 individual pieces of First 5 LA's work. There is -- there  
6 is a whole other body of work that First 5 LA engages in  
7 to assess and measure and evaluate not everything, but  
8 where you determine to focus priorities for evaluation and  
9 learning that will help understand the contributions. So  
10 it's -- the challenge is we're kind of talking about this  
11 tip of it without talking about the component parts that  
12 contribute, but they are there. If that makes sense.

13 COMMISSIONER SMITH: Is does make sense, but if  
14 what we're measuring -- the object of our attention for  
15 measurement is the tip really, I'm -- I may just be  
16 missing something, but it's hard for me to see in  
17 measuring those outcomes how we will tie the outcomes to  
18 particular parts of what's below the iceberg.

19 MR. LaFRANCE: Right. So let's take an example.  
20 Really, it's an excellent question and it's something we  
21 really have to have our brains wrapped around because the  
22 nature of what we're asking you to engage in requires  
23 this, like, okay, we're going to start here, but there's  
24 all this other stuff underneath it.

25 So the example of families have the resources,

1 opportunities, and relationships to nurture their child's  
2 optimal development, this is a working example of a  
3 population outcome that we're formulating. This -- coming  
4 up with this is the result of having asked the communities  
5 outcome area team, health, family supports, and ECE teams  
6 develop essentially very elaborate what you might consider  
7 like logic models where they say, here are all the  
8 strategies and initiatives and investments, and here's  
9 what we expect them to result in And this is why they're  
10 important in the bigger picture. And then we looked  
11 across all of those logic models and said, where are the  
12 strands that are in common.

13 So in the communities outcome area, there's a big  
14 body of work to work in communities around advocating for  
15 the services and supports and creating awareness, et  
16 cetera. So the communities team has a set of  
17 understanding of what their work does to contribute to the  
18 this example.

19 In the health care area, there's work around the  
20 fact that services in systems for families have to be  
21 trauma informed and that they, in being so, will meet the  
22 needs of families and provide the resources and  
23 opportunities and relationships to nurture their child's  
24 optimal development.

25 So there are these underlying sort of road maps,

1 if you will, that have been what we've built up from to  
2 get to that -- the tip of the iceberg piece.

3 COMMISSIONER SMITH: And that's very helpful. I  
4 guess I'm thinking about the other end, which is the  
5 breaking it down, you know, once we have measured the  
6 actual outcomes, then this aggregating or, you know,  
7 piecing it apart again to see well what is the refinement  
8 we have to make.

9 MR. LaFRANCE: Sure. And I think that you're  
10 talking about, essentially, where we need to marry  
11 together different aspects of the work and that we're  
12 putting the highest level of the framework, you know, out  
13 for discussion at this point. We're going to have to  
14 marry it with the work that's happening more at the  
15 component part level and we're going to have to not only  
16 see what we're learning about progress, but also what it  
17 means for the work.

18 So you're absolutely anticipating what's going to  
19 need to be done both from a practical and a strategic  
20 standpoint. And it's just the stage of the game we're at  
21 is kind of this early part of it.

22 COMMISSIONER PLEITEZ HOWELL: Commissioner  
23 Taylor.

24 COMMISSIONER TAYLOR: I'm a little looking at  
25 things from a family standpoint. We need to engage the

1 family to understand the importance of their effort. The  
2 children zero to three, a lot of the families don't know  
3 what they can do and what's out there to be done to help  
4 them. Early childhood education or Early Head Start, Head  
5 Start are very important and things you can do before you  
6 even get them to that. And child care is very important.  
7 We have all these children out here that don't have any of  
8 that. I mean, huge gaps in the system. So I'm down for  
9 research, but I want to research to look at what's going  
10 on for the children zero to three.

11 Now, schools have stepped it up to do preK to get  
12 into the four-year old and do that. But how do we get the  
13 children ready for even that and how do we educate the  
14 general populace and the systems how important it is and  
15 what steps they can do to get the child ready. And we're  
16 doing things at different levels with different groups to  
17 do that, but we need to focus the effort on what is it  
18 that we're targeting and what are we trying to get done.  
19 If we don't do that, then we're going to be all over the  
20 place still.

21 So the idea is, we have to deal with the most  
22 important thing first, is those zero to three is being  
23 left without a real focus and a real push because schools  
24 are starting to step up to go to preK or four-year old.  
25 And since our effort is zero to five, we need to push on

1 zero to three real hard and make sure that something's  
2 going on with the State and everyone that these children  
3 have quality child care that is educating and developing  
4 them and their parent, you know. And that's the real  
5 push. So that the parent can better support the child.  
6 And we can keep them safe from abuse and other things  
7 because, under that education, that's going to happen.  
8 But if we don't -- if we focus and we don't take the  
9 research, what is the child's brain developing between  
10 zero to three, four to five, and things like that so that,  
11 when we get them into the system, more eyes are looking at  
12 these kids and can help them.

13 But the parent needs to understand what they can  
14 do. We can't even get some of these parents to get an ECE  
15 or an evaluation of their children early on so we can help  
16 to have a positive trajectory. So that needs to be put  
17 out there.

18 So what I'm trying get to is, we need to focus on  
19 the child and what it is that the child and the parent  
20 needs to help them and what are the tools we need to get  
21 and what are the systems efforts we need to push in to  
22 make sure that happens. And if we have to go up to talk  
23 to the Governor, we can do that too.

24 I love his commercial, one of them potential. He  
25 was really for these kids. and so I want to -- I want to

1 make sure that we have a focus that we can tap into that  
2 and push him to do even more because he's -- one of them  
3 is committed really well to educating children from beyond  
4 on, all the way through schools. Even something I had  
5 seen that hasn't been happening in years is trade tech,  
6 like a trade school. Everything doesn't have to be a  
7 business thing. So the idea is success and all across the  
8 board.

9 MR. LaFRANCE: I appreciate your points,  
10 Commissioner Taylor, and I hear them as speak to the first  
11 and third dimensions of school readiness. The child has  
12 to be ready, the families as well and to early ages --

13 COMMISSIONER TAYLOR: Zero to three.

14 MR. LaFRANCE: Thank you.

15 COMMISSIONER PLEITEZ HOWELL: Any other  
16 commissioner comments? Questions?

17 COMMISSIONER HEGER: I just want to ask one  
18 question. I'm brand new at this, so you'll have to excuse  
19 my ignorance.

20 I guess would I echo what you're saying is I'm --  
21 I guess I'm confused. Are we researching the systems that  
22 are in place and whether the systems are ready for the  
23 child or the family as sort of looking at the system, or  
24 are we looking at the actual impact of the child and the  
25 family and whether they're actually accessing what they

1 need in order to achieve?

2 You know, being a child abuse physician, I tend  
3 to read the description here and realize that none of the  
4 children I see have any of this. And I'm not sure if --  
5 and I absolutely, Romalis, agree with you. I don't think  
6 they have any knowledge how to get there.

7 So I guess in this research, I'm sort of  
8 concerned that we don't miss the child and that we -- that  
9 the outcome also doesn't reflect -- we should reflect  
10 exactly what we need to do in order to improve that  
11 particular component, like what's the really missing  
12 pieces because I -- I'm happy to know what's there and I'm  
13 happy to know the process and all of that, but I'm much  
14 more concerned about the individual family and child and  
15 how do we actually implement change and that identify that  
16 we need change but -- we know we need change, but how do  
17 we actually implement that and what would be -- I wrote  
18 down navigators when you were talking about the families,  
19 that these families need navigators and a map on how to  
20 get to services.

21 So tell me how we're going to do that.

22 MR. LaFRANCE: Sure. Thank you, Commissioner  
23 Heger. The short answer to your question is that we are  
24 going to look at both outcomes at the system -- about the  
25 system itself and systems themselves, as well as the

1 children and families. We feel it's imperative to look  
2 the both. First 5 LA very much endeavors to have an  
3 impact on systems so that children and families are better  
4 off at the county -- at the population level and are  
5 committed that families and children are at the center,  
6 and that without markers of how they are doing, we won't  
7 -- we won't be able to tell the full story, we won't be  
8 able to understand the impact, we won't be able to improve  
9 our work. So it really is both.

10 There will be measurement that happens about the  
11 systems themselves and there will be measurement about  
12 children and families, and it will happen over time.  
13 These will be trends that are tracked over time.

14 COMMISSIONER HEGER: My personal sense is that we  
15 should -- I love the idea that we have First 5 LA. I  
16 think that our motto should be children first, you know,  
17 that we are making children the most important part of  
18 what we do in this county or the state for that matter.  
19 But I think that's my focus is -- I think the systems have  
20 routinely failed to provide what needs to be here. And I  
21 think until we put children first as our motto, we're  
22 going to continue to fail them, and that means our  
23 resources have to go that direction.

24 That's my soapbox for the day.

25 COMMISSIONER PLEITEZ HOWELL: Commissioners and

1 Steven, we've ran out of time. Just a few last of  
2 comments on this. So very clearly coming out of the  
3 commissioners is lifting up child outcomes and being more  
4 specific about that. We heard that from several  
5 commissioners.

6 Two quick comments as takeaway. In terms of  
7 what's missing for the criteria is thinking about First 5  
8 LA's infrastructure. So we talk about being convener and  
9 igniter, and if we could fit that into some of the  
10 criteria that we already have, but adding it on would help  
11 us tell that story.

12 So thank you very much for your time. Sorry to  
13 rush you.

14 MR. LaFRANCE: No, not at all.

15 COMMISSIONER PLEITEZ HOWELL: We appreciate the  
16 information.

17 Last comments.

18 MR. JIMENEZ: Just the last comment is that we  
19 are going to be taking this input that we've gotten today  
20 and looking at those criteria. We will come back in  
21 October at the commission meeting to present outcomes that  
22 we are recommending for us as a commission to think about,  
23 as well as monitoring measures which Steven described.  
24 That will, again, in the PPC committee meeting in October,  
25 we will be having more discussion around those outcomes

1 and monitoring measures. And November is when we will  
2 actually recommend approval of the outcomes and monitoring  
3 measures.

4 And, again, I think for Commissioner Smith, the  
5 measurement discussions will start to evolve once the  
6 board approves the outcomes and the monitoring measures.

7 MS. BELSHE: So what Armando very graciously is  
8 saying is, we appreciate your patience as we work stepwise  
9 through this process. Today's conversation was very  
10 process oriented. It's clear commissioners are very eager  
11 to hear more about kids, hear more about families. That's  
12 really going to be the focus of the outcomes themselves.

13 And but as Steven and Armando shared, the process  
14 we have been working on and that commissioners have been a  
15 part of through the gallery walks, yielded, as Steven  
16 said, many, many child and family outcomes. And so we  
17 need to bring some -- some priority setting and the  
18 criteria reflect a lens that we're suggesting we bring.  
19 So we'll have more opportunity with the full board to  
20 discuss it in October, but at the forefront of that  
21 conversation will be the outcomes for kids and families.  
22 And, hopefully, you'll get a clearer picture where kids  
23 fit into this, which absolutely is at the center of our  
24 work.

25 Thank you, Steven. I know you're going to have

1 to take off to catch a plane, but we're glad to see you  
2 and we'll see you at the next PPC meeting in October.

3 MR. LaFRANCE: Thank you very much,  
4 commissioners.

5 COMMISSIONER PLEITEZ HOWELL: All right.

6 Christina, turning it over to you for Item Number  
7 5.

8 MS. ALTMAYER: So good afternoon. And I'm very  
9 excited for this conversation this afternoon to talk about  
10 the plans for the proposed strategic plan refinement  
11 process. I was reflecting that in 1999 I worked on the  
12 first county commission strategic plan that was submitted  
13 to First 5 California, which mean that's I'm super  
14 qualified for this or I've just been around in the First 5  
15 world way too long. But really excited to talk a little  
16 bit about this strategic plan refinement process.

17 So what I wanted to start with is give you a  
18 little bit of context for the proposed process, just spend  
19 just a few minutes about the learnings from the strategic  
20 plan implementation to date. And then, hopefully, we can  
21 have some time for discussion. I know it's a jam packed  
22 agenda, so I will try to move as expeditiously as  
23 possible.

24 The first point, which really should ground all  
25 of our discussions, is our north star, what we were are

1 working towards: All children in LA county will enter  
2 kindergarten ready to succeed in school and life. And I  
3 think what you'll note here, which we've spoken about at  
4 previous meetings, is that we've added a date here and  
5 we've set a target that by 2028 this is what we hope to  
6 achievement. And we see that date as both a motivating  
7 and mobilizing factor. It is aspirational for sure. We  
8 are not naive about that. But we hope that this date will  
9 drive increased commitment and mobilization to make  
10 children first.

11 So I want to start with understanding of our four  
12 outcomes, which we believe are fundamental to all of this  
13 work, and that they're also what we call evergreen,  
14 meaning that our focus on the families as the core center  
15 of all of our work, as well as recognizing that families  
16 and children live within communities, and that we are  
17 focused on the two primary systems which impact our  
18 youngest children most significantly, early care and  
19 education and the health systems, will continue to be  
20 fundamental to our work. So we see those as being  
21 evergreen, recognizing that those four systems, so to  
22 speak, working hopefully cohesively and coordinated  
23 together will help us achieve our targeted outcome, our  
24 north star.

25 So just by way of recap, these are our four

1 outcomes. We start with families at the center, which are  
2 our focus on increasing family protective factors. This  
3 is one of our four current outcomes in our current  
4 strategic plan. We recognize, as I said, that children  
5 and families live within communities, and there is an  
6 important role of communities to help support and promote  
7 children's safety, healthy development, and their growth.  
8 And then there are two systems which significantly impact  
9 the first five years: Our health systems, which is an  
10 important platform for preventative services, and the  
11 early care and education system. And for each of these  
12 outcomes areas that we've spoken about in the past, we  
13 know that there are improvements that need to be made. We  
14 also know that these systems need to be more responsive to  
15 the needs and more accessible to the needs of the  
16 families.

17 So, again, as I said, the strategic plan that was  
18 adopted in 2015 and as we are currently approaching the  
19 fourth year of implementation, really recognized that  
20 making meaningful change in these four areas will take  
21 more than five years and there was a recognition that our  
22 commitment is a long-term commitment, which is something  
23 that we're going to be looking to affirm in this strategic  
24 plan refinement process.

25 The most significant change that there was in the

1 adoption of the 2015-2020 strategic plan was this focus on  
2 policy and systems change. There's an intentional focus  
3 that said, if we want to make a difference in the lives of  
4 all children in LA county, that we're not going to be able  
5 to do that through direct services, but that we had to,  
6 one, focus on prevention; two, recognize that we have to  
7 change the systems that already exist that should be  
8 supporting children and families, but only through given  
9 both First 5 LA's limited resources that there are  
10 institutional, functional programs that exist in services  
11 that we need to have working better for families; and that  
12 in order to make this work, the partnership was going to  
13 be essential.

14 So I know we talk a lot about policy and systems  
15 change and sometimes we get caught in the jargon of what  
16 does that actually mean. So I thought it would be helpful  
17 to talk just for a moment about the pivot that we've made  
18 in our work using home visiting as an example of what it  
19 means to move from our direct services to policy and  
20 systems change and how we've accomplished some of the  
21 things that are highlighted in these bullets here. I know  
22 we've talked a lot about home visiting. So, hopefully, it  
23 will be an example that will resonate based on prior  
24 presentations that you've received.

25 So the prior strategic plan, home visiting was a

1 significant direct service as it is today. Home visiting  
2 is our most significant programmatic investment. But our  
3 work in home visiting has really changed significantly  
4 under the current strategic plan. So one of the things  
5 that we did to understand how we can support communities  
6 and parents and families is we listened to moms that  
7 either chose to participate or didn't participate in home  
8 visiting programs. You may recall we spoke with you  
9 recently about the lessons that we learned from doing  
10 those focus groups. So we captured that information and  
11 then used that information to inform many of our county  
12 partners about how we need update and change home visiting  
13 in the way it's delivered to families so that it's more  
14 responsive to families' needs.

15 We also did research on how can home visiting be  
16 funded from a sustainability perspective because we knew  
17 that First 5 LA's revenue was declining. So our work  
18 involved a lot of research to understand the places where  
19 we were leaving money on the table and what were the  
20 opportunities to better leverage federal funding and state  
21 funding. We also did work with our own partners to  
22 improve their capacity to deliver services more  
23 effectively from both input that we received from parents,  
24 which are a critical voice in this, as well as how they  
25 could be better positioned to building up their own

1 capacity through better leveraging funding. And it wasn't  
2 just to talk to them about that, but this work has been  
3 the on the ground I would say working hand in hand with  
4 community organizations. So it's training. It's  
5 supporting them so that they understand how they can  
6 better capture funding, how they can better report their  
7 outcomes.

8 It's also been working collaboratively with  
9 partners throughout the county, DPH, DCFS, health care so  
10 that we can give them information from what we've learned  
11 about how they're approaching home visiting. So, again,  
12 it's not just about the programs, Welcome Baby, that First  
13 5 LA directly funds. It's how do we take that research,  
14 how do we take our learnings and share it so we're moving  
15 towards a more systematic approach for all families.

16 So that's a just a bit of an example. I think we  
17 often think about systems change and what does that mean  
18 on the ground. What it means on the ground is really  
19 working in partnership with system owners, primarily at  
20 the county level, but also with families and community  
21 organizations to sort of bring what we hear to the  
22 important partners that can act on that information.

23 So building on Steven's presentation, the  
24 strategic plan refinement process that we're going to talk  
25 about this afternoon really represents the need to pause

1 and reflect. Not pause in hard work. We're not slowing  
2 down in any way. But to also understand what lessons  
3 we've learned from the first three years of implementation  
4 of our strategic plan. So we both want to understand what  
5 we've learned and then build upon the new work that we've  
6 done through the impact framework that Steven just spoke  
7 with you about. So we absolutely see that in our  
8 strategic plan implementation that has gone on for the  
9 past three years, we have had some learnings. We've  
10 understood what works and what doesn't work. So we want  
11 to both continue to incorporate those learns, but also  
12 think about, how does that impact our work longer term.

13           You heard Steven talk quite a bit about the  
14 impact framework. And that will help us to understand  
15 more specifically about the systems changes that we seek,  
16 as well as the population targets that we are looking to  
17 improve, meaning what's -- what are the measurable ways  
18 that we want to make a difference in the lives of children  
19 and families and how do we keep those markers forefront in  
20 the work that we're doing.

21           And then, finally, the strategic plan refinement  
22 process, as I was just saying, gives us an opportunity to  
23 step back and look at the work that we've done, what have  
24 we learned, how do we incorporate those learnings, and how  
25 should that inform our work going forward, but staying

1 grounded in the north star and the four outcome areas that  
2 I talked about earlier.

3 So I know I've gone through this a little bit  
4 quickly. Happy to pause here for a moment if there's any  
5 questions before I go through some of the initial  
6 learnings that we've had that will inform our work.

7 Yes, Judy.

8 COMMISSIONER ABDO: I'm noticing a sort of a lack  
9 of connection between the word "kindergarten" and the word  
10 "school" when we're talking about children being ready. I  
11 personally like using the word "school" because children  
12 enter school at different ages and they don't always enter  
13 school at kindergarten. Sometimes they enter much earlier  
14 and sometimes even later. So it just seemed to me that we  
15 might want to be consistent in the use of children being  
16 ready to enter something.

17 MS. ALTMAYER: I hear that message. I think  
18 we've had that "ready to succeed in school and life" to  
19 say the preparation work, and kindergarten has been a  
20 milestone marker of children at age five, which is the  
21 constraint with -- but that's a good point.

22 COMMISSIONER ABDO: It's just that things are  
23 changing.

24 MS. ALTMAYER: Exactly. Thank you.

25 COMMISSIONER TAYLOR: I think it's important that

1 you really lay out the reflective process so that we're  
2 looking at things uniquely as it relates to systems  
3 change, maybe an impact change or an influence on where  
4 policy and practice should be. That's one area. But the  
5 other one could be the shifting or the integration and  
6 collaboration of resources to more better serve the  
7 community or the provision of information to parents that  
8 educate them and develop their knowledge to be ready. So  
9 part of that assessment needs to be, are parents aware.  
10 We need -- when you ask them the question, are they aware  
11 and what do they want, because that process literally  
12 needs to be very clear. That's the most important one  
13 because my colleagues are saying is, not everybody is  
14 going to school right away. So that means some  
15 communities, some families can't even afford child care.

16 So what are we doing in the middle, in that  
17 meantime to help educate the parent and the child and give  
18 them some tools through different processes to get their  
19 children ready and to help them to be ready in developing  
20 their children in advance. So that's the kind of thing  
21 about when we're looking at reflection what have we done  
22 about that and what do they know.

23 MS. ALTMAYER: Yes. And I know that was a theme  
24 that came up at the July meet when we went through the  
25 gallery walk about, are we recognizing the importance of

1 parents being able to advocate and understand the critical  
2 environment and all of the components of early childhood.

3 So those are the -- that is absolutely some of  
4 the learnings. You know, one of the things that I want to  
5 highlight here, that we have learned quite a bit about  
6 what it means to do policy and systems change over the  
7 last three years, and we will continue to learn more. It  
8 does -- I think what our lessons learned most  
9 fundamentally reinforce is that, if we do want to make  
10 changes for the maximum number of children, for the  
11 children -- the approximate 126,000 children that are born  
12 each year in LA county -- we have to change the systems  
13 that are intended to support them, that either our  
14 resources aren't sufficient to make that maximum impact  
15 that we seek for children, and that there are existing  
16 systems, and the systems change work is both valued and  
17 recognized and important.

18 We've also learned about the importance of  
19 demonstrating future possibilities by early wins and the  
20 critical nature of having partnerships. So if we believe  
21 that systems change is going to lead to making the most  
22 significant impact on the most children, then the partners  
23 are essential to that work because many of these systems  
24 are county systems, they're state systems, they're outside  
25 the control of First 5 LA. So us showing up as a trusted

1 partner, that can be a resource to fill gaps that they  
2 cannot directly solve is both valued and needed.

3 So we know that we play an important role as a  
4 convener, as a connector, as a catalyst -- lots of Cs here  
5 -- as a capacity builder, and that's it's a role that is  
6 unique and valued by our county partners as well as state  
7 partners and other partners. So we are definitely filling  
8 a gap. But one of the challenges that we've learned about  
9 our implementation at that we need to pause and reflect on  
10 is that our current plan is complex and sometimes we get  
11 caught in what is systems change and sometimes our own  
12 intents can be a barrier to moving things forward and to  
13 engaging partnership.

14 So we need to both understand how we can make our  
15 language more accessible and be more compelling in our  
16 message to generate more effective partnerships. And I  
17 think one of the things we're gaining better awareness and  
18 understanding about is our own competencies that we need  
19 to have in order to do this work successfully. So we're  
20 learning by doing a bit in this policy and systems change  
21 arena, and we are increasingly understanding the skills  
22 that it takes for us as an organization to be effective in  
23 this space.

24 So as we approach this strategic plan refinement  
25 process, as I said, there's some things that we're holding

1 tight, our north star, our four outcome areas. But there  
2 are some areas that we need to refine and we need to be  
3 asking ourselves about. One of the key questions that we  
4 need to address is, how do we better integrate our work so  
5 that the services and the supports for families are more  
6 accessible. Families don't think about my early child --  
7 my early childhood education and my health. They think  
8 about their child holistically. And to the degree our  
9 work can be more holistically approached, we will achieve  
10 better outcomes for children. You'll see later on in the  
11 presentation examples of where I think we're doing this  
12 better and better but we need to learn more.

13 Equity is an important question. As we look and  
14 reflect back on some of the discussions that there's been  
15 at board meetings this year, this issue of equity comes  
16 up. We have an intentional focus on closing disparities.  
17 You just heard Lindsey talk about birth disparities. But  
18 does our focus on disparities sufficiently incorporate an  
19 equity lens. That's a question that we'd love to explore  
20 with you all.

21 Prioritization. There are some strategies  
22 perhaps that are preceding strategies before other work  
23 can happen and having a better understanding of our  
24 prioritization. And then as I alluded to earlier, better  
25 understanding about what are the organizational capacities

1 that we need in order to do this work most successfully.

2 So as we think about the proposed refinement  
3 process that we look to launch earlier this year, we're  
4 really thinking about it in three stages. The first stage  
5 is a review stage to really understand what progress we've  
6 made in the first three years of our strategic plan  
7 implementation, what we've learned, but also to look at  
8 the environment in which we do our work. How -- so much  
9 has changed. And there's other areas that we think  
10 change. You know, I often use the example that we didn't  
11 anticipate back in 2014 about the board motion on home  
12 visiting, going back to my earlier example, and that has  
13 significantly changed the landscape in LA county. There's  
14 also significant changes that, you know, perhaps have not  
15 been as positive as we think about challenges for the  
16 immigrant families here in Los Angeles county. So the  
17 landscape has changed and we need to be cognizant about  
18 how that impacts our work.

19 Second phase of this work is a reflection --  
20 reflection phase. So based on what we review, how does  
21 this change how do we need to approach our work?  
22 What is the implications of our learnings and the change  
23 in the environment for how we do our work? And what have  
24 we learned from going through the impact framework?  
25 Again, as Commissioner Taylor referenced, you know, it is

1 impactful to step back and look at the systems that you're  
2 looking to change because it helps you identify the gaps  
3 in places where we have not been as intentional if that's  
4 the change we seek. And that came up in July as we looked  
5 through the maps of the different areas. And one area  
6 that came up is, are we thinking as robustly as we need to  
7 about engaging families and communicating to families  
8 about what they should know and how can we help them know  
9 the best information to support their child's development.

10 And then the final phase is what we're calling  
11 the refinement phase, which makes of the most sense.  
12 Build on what you learn. How do you incorporate it and  
13 then actually make the change. So, again, I want to  
14 reference that one of the intentional through lines in  
15 this is both to think about the work that we do  
16 externally, but also the work that we do internally. So  
17 what are the capacities that we need to develop in order  
18 to be showing up as the best system and policy change  
19 agent that we can be.

20 So our process is, again, really thinking about  
21 three phases. Our review, looking at the lessons learned  
22 over the past three years. And not only the lessons  
23 learned, but I want to add that there has been quite a bit  
24 of different opportunities in which we've identified what  
25 we need to listen to from our stakeholders, county

1 partners. So I referenced earlier the focus groups.  
2 We've done a series of focus groups with parents, with  
3 participants in our home visiting. Also, we just recently  
4 did a series of focus groups with African-American women  
5 about their experience with the health care system. So we  
6 want to review on not just our own experience, but other  
7 opportunities that we've had to hear from our important  
8 stakeholders and really incorporate that feedback as we  
9 look to refine our strategic plan.

10 Again, the second phase is this reflection phase  
11 to really think about what is the information that we've  
12 learned telling us about how we move forward. And then  
13 the final stage would be our refinement.

14 Our goal is to walk through this process  
15 launching it formally in January of 2019 and to conclude  
16 in November of 2019.

17 So there are a few processes assumptions. I  
18 apologize. I know there's a lot of small font on this  
19 slide. I think this is a recap of many of the points that  
20 I made. And I just provided us some examples, some of the  
21 stakeholder processes that we've engaged in over the past  
22 three years that can be important in forming information  
23 for our discussions.

24 We have an RFQ underway to procure some technical  
25 assistance and some consulting support that will guide our

1 strategic plan refinement process, and we're hoping to  
2 have that consultant identified, and we'll bring that  
3 recommendation to the November board meeting.

4 So here is a very high level timeline of walking  
5 -- of the process where we are today and what we hope to  
6 have through the summer with a targeted conclusion of  
7 November 2019.

8 So happy to take any questions or comments.

9 COMMISSIONER PLEITEZ HOWELL: Any questions?  
10 Commissioner Taylor.

11 COMMISSIONER TAYLOR: Thank you. What I wanted  
12 to say is, I'm glad to see that you've looked at the  
13 point of reflection that says, there needs to be a change.  
14 And one of the things I think you ought to highlight under  
15 refinement is the opportunity and flexibility needed to  
16 make changes as we go. I keep talking about, if we're  
17 looking at a ten-year plan, then we need to review faster  
18 than five years; maybe two years, one year, whatever  
19 because, like you were saying when you picked it up dead  
20 on, the environment has changed. And if we don't adjust  
21 in the environment, we lose the opportunity to have  
22 maximum impact at a key strategic moment. So I'm hoping  
23 that we put in the strategic planning this opportunity  
24 under refinement to refine the plan as the environment and  
25 the landscape changes or the needs of our communities

1 change. And you talked about the immigrant community and  
2 what's going on now and our ability to be adaptable to  
3 help them.

4 So that's the idea that -- I would just add that  
5 as a part of your refinement element.

6 MS. ALTMAYER: Thank you.

7 COMMISSIONER PLEITEZ HOWELL: Other questions or  
8 comments?

9 COMMISSIONER MARTINEZ: I would just say I  
10 appreciate you giving specific examples of when you have  
11 refined or made change or switched course or, you know,  
12 because I think that makes it -- it really brings it home  
13 for some of us and we can sort of memorize those little  
14 tidbits when we're asked to talk about high level things  
15 like impact frameworks and all these things. We need some  
16 tangible examples that we can use to explain what we're  
17 working on.

18 COMMISSIONER PLEITEZ HOWELL: Commissioner Smith.

19 COMMISSIONER SMITH: To a similar point, I was  
20 really glad to see that you included something about -- I  
21 don't know if you called it language or maybe  
22 communication, but that -- the need for much more specific  
23 concrete ways of talking about not only what we do, but  
24 what we mean to do here. I think it's just so helpful. I  
25 feel like it took me a year and a half to start to learn

1 the language, and I wouldn't mind unlearning it.

2 MS. BELSHE: I appreciate your transparency.

3 COMMISSIONER PLEITEZ HOWELL: Other questions or  
4 comments?

5 Christina, I will add, this is a really helpful  
6 way of approaching our strategic plan instead of diving in  
7 to a whole new five years after it took a long time for us  
8 to come up with this. And staying focused is really,  
9 really helpful.

10 I'll echo what Commissioner Smith and Martinez  
11 shared in terms of our messaging for this. So there is an  
12 expectation that First 5 LA will redo the strategic plan.  
13 And the refinement process will require us to have some  
14 messaging in terms of why we're not going through that  
15 process, why this is the strategically smart thing to do.  
16 And the examples that you shared, Christina, in terms of,  
17 here is where we have amazing successes. I would add the  
18 \$1 billion for babies is an incredible success that was  
19 lead by First 5 LA. But having that as we transition to a  
20 refinement process would be really helpful.

21 And then two smaller things. As we think of the  
22 future questions, the incredible that we're looking at.  
23 Equity, it is a topic that comes up. The other topic that  
24 comes up is revenue generation and how we're seeing our  
25 future revenue decline and what First 5 LA is thinking and

1 doing about additional revenue or what areas we're  
2 exploring. And there's parts of that within our current  
3 strategic plan, but it has been something that's come up.

4 And then the last part. During the strategic  
5 plan process, community engagement was a big piece of it  
6 and then our assumptions have that there's some  
7 information that we have from community engagement  
8 already. The early, early planning of how we're going to  
9 include additional or -- how we're considering community  
10 voice and what that would look like and if it becomes part  
11 of our refinement process and the steps and makes it  
12 really clear when those opportunities will be available  
13 and for what purpose. So will it be once we've refined  
14 and these are the final answers, we're just getting ideas  
15 for strategy or will it be input on some additional  
16 landscape issues that we do not see and being clear  
17 amongst ourselves what that will look like.

18 MS. ALTMAYER: Thank you.

19 COMMISSIONER PLEITEZ HOWELL: Thank you so much.  
20 Thank you for actually putting us just four minutes behind  
21 and you started later. So thank you very much. We are  
22 scheduled for a break. Let's see. That one's off. So  
23 let's come back in ten minutes. We're at 2:35. Thank you  
24 so much.

25 (A brief break.)

1 MS. BELSHE: Thank you, Rafael.

2 COMMISSIONER PLEITEZ HOWELL: Okay. Perfect  
3 timing. Welcome back. Still a full room, it looks like,  
4 because people are really excited to hear about the annual  
5 financial report. So, Raoul, turning it over to you.

6 MR. ORTEGA: Thank you, Commissioner Howell.  
7 And, yes, it's very exciting, and it's very exciting in  
8 multiple ways. One is because, as we look at within the  
9 organization and we look in the department, we're always  
10 looking for opportunities to help promote from within inside  
11 and put staff in leadership positions. And I'm excited  
12 that Sharareh, who will be presenting today, is taking a  
13 critical lead role in the fiscal year 17-18 audit. And  
14 I'm very excited that she will be representing the overall  
15 overview and the findings and be providing some fiscal  
16 highlights for the 17-18 financial audit.

17 In addition, she'll be covering some information  
18 on the fund balance and will also be diving into a little  
19 analytics and do something three-year comparisons and,  
20 again, provide some next steps on where we go next.

21 But before we move on and I pass it to Sharareh,  
22 a couple of things from where I sit as director of  
23 finance. What you see is a reflective of our revenue  
24 that's coming into the organization and our expenditures  
25 that are going out of the organizations. Both the revenue

1 and the expenditures are aligned and it's what we  
2 projected throughout our LTFP and is what we projected --

3 MS. BELSHE: LTFP?

4 MR. ORTEGA: Sorry. Long-term financial  
5 projections. And it's also reflective what we bring to  
6 the board and what the board adopts through the process  
7 and the midyear budget process.

8 So everything is aligned. It's what we expected  
9 to occur for fiscal year 17-18. And nothing outside of  
10 the ordinary did occur in fiscal year 17-18. So I'm very  
11 happy to announce that everything is in alignment and we  
12 continue to move forward and take this information and  
13 move on.

14 And from there, I'd like to pass -- pass it on to  
15 Sharareh to just go a little bit deeper into the audit  
16 report.

17 MS. MOTAMED: Thank you, Raoul. Good afternoon,  
18 commissioners, first 5 LA staff and guests.

19 I would like to begin my presentation with a  
20 brief overview of what the comprehensive annual financial  
21 report, or CAFR, is. First 5 California requires each  
22 county to prepare audited financial statements in  
23 accordance with generally accepted accounting principles.  
24 These consist of basic financial statement and  
25 supplemental statement at the fund level. The

1 presentation of the CAFR is above the normal reporting  
2 requirements set by California Health and Safety Code and  
3 First 5 California management guides. The CAFR goes  
4 beyond the scope of basic financial statement and State  
5 compliance. It introduces additional requirements such as  
6 a complete statistical section and expanded narrative by  
7 including the letter of transmittal and the management's  
8 discussion and analysis. The CAFR does reflect a detailed  
9 viewed of the commission's financial position at the  
10 moment in time as of June 30th, 2018, as well as overall  
11 financial health of the organization.

12 Now, I would like to go over our audit process or  
13 CAFR journey, specially for the new commissioners or  
14 anyone who is not familiar with our process.

15 The audit planning and process takes several  
16 months to complete within three different phases. First  
17 is interim field work which happens in July, then final  
18 field work in August, and finally reporting. The audit  
19 process impacts the whole organization, including  
20 interviews with senior management, staff and  
21 commissioners, confirmation of pending litigation from our  
22 legal counsel, as well as diving deep into our accounts  
23 payable files to assure appropriate internal controls are  
24 in place.

25 As steward of public funds, commissioners have

1 oversight and must approve this report to be submitted to  
2 State controller's office and First 5 California by  
3 November 1st.

4 Staff and management work with auditors in  
5 putting together the CAFR with our auditing firm providing  
6 their final independent opinion. The report -- the report  
7 is being presented today for your review and will be going  
8 to board of commissioners meeting in October for approval  
9 to consent.

10 Today I'm very happy to announce that our  
11 auditors, Vavrinik, Trine, Day & Company, or VTD, noted  
12 that the financial statements are presented thoroughly in  
13 accordance with generally accepted accounting principles  
14 and on modified opinion. Separate from opinion, which was  
15 included the procedure over the new chart of accounts  
16 during VTD's normal course of performing their assigned  
17 functions of the audit, no material deficiencies in  
18 internal control were identified. There were no finding  
19 or observation that were made. In other words, it  
20 represent a clean audit.

21 Now, we are looking at fiscal year 17-18  
22 highlights. In June 2017, board of commissioner approved  
23 the total budget of \$144.9 million for this fiscal year.  
24 123.3 million was assigned to the program budget and 21.6  
25 million was for operating budget. In April 2018, the

1 board approved a revised budget of 139.8 million, an  
2 overall reduction of 5.1 million was mainly related to the  
3 program budget.

4 Total revenue for first fiscal year 17-18 was  
5 roughly 79 million, which 72.3 million of that was for  
6 tobacco tax. This amount is the combination of 69.1  
7 million of actual tobacco tax revenue and 2.2 million of  
8 Prop 56 backfill. The 69.1 million tobacco tax revenue is  
9 slightly lower than 71 million that was projected by the  
10 Department of Finance Board of Equalization in May 2018.  
11 There is the revenue was for State commission program  
12 funds, medical administrative activities, California  
13 Department of Education grant and investment income.

14 Total expenditure was 122.2 million. 101.5  
15 million of that was related to program expenditure, and  
16 20.7 million was for operating. Total expenditures of  
17 122.2 million exceeded the total revenue of roughly 79  
18 million by 43.3 million, causing a decrease in our net  
19 position and reducing our overall fund balance by this  
20 amount.

21 This information also can be found in the draft  
22 CAFR starting with Page 15.

23 I would like to transition to our fund balance  
24 now by using this slide to remind the actions that the  
25 board of commissioners take in order to approve the levels

1 of restriction of our resources.

2           These pie charts reflects the distribution of our  
3 fund balance of 379.42 million as of June 30th, 2018. I  
4 will start by the level of restrictions and board actions.  
5 The blue part of the chart is for unassigned fund at 57.8  
6 million. The red section is for assigned funds at 125.3  
7 million. The green part is for committed fund at 195.3  
8 million. And finally the purple section is for  
9 nonspendable at 1.04 million. A further breakdown of  
10 classified hierarchy can be found under note 5, pages 25  
11 and 26 of the draft CAFR.

12           On the next few slides, I will talk about some  
13 trends and activities for fiscal year 17-18 that we're  
14 observing. This graph reflects our declining fund  
15 balance. As I presented in the prior pie chart, fund  
16 balance as of July -- as of June 2018 is 379.4 million,  
17 which decreased 42.7 million, or almost ten percent, from  
18 the prior year balance of 422.1 million. This decrease is  
19 primarily due to our expenditure exceeding our revenue.

20           This slide reflects revenue versus expenditure,  
21 which continue a pattern of spending in excess of revenue.  
22 Focusing on fiscal year 17-18 on the right-hand side of  
23 the graph, total revenue decreased from approximately 90  
24 million in fiscal year 16-17 to roughly 79 million for  
25 17-18. The decrease was mostly due to ending of child

1 signature program and partnership for families that ended  
2 in December 2016.

3 As I mentioned in prior slides, total expenditure  
4 of 122.2 million for 17-18 were exceeded total revenue of  
5 roughly 79 million by 43.3 million causing a decrease in  
6 our net position and fund balance by this amount.

7 This last graph represent the program versus  
8 administrative expenditures as aligned to First 5  
9 California financial management guide. For 17-18 the  
10 administrative costs of 12.5 million or 10.2 percent of  
11 total actual expenditure is below the spending cap of 13  
12 million approved by the board during midyear revision.  
13 Please note that our administrative rate is still one of  
14 the lowest administrative rates compared to other First  
15 5s.

16 The total program expenditure of 109.7 million  
17 for 17-18 include provider grants and allocation, as well  
18 as operation expenditure in direct support of programmatic  
19 effort. The decrease in program expenditure of  
20 approximately 10 million compared to the prior year is due  
21 to legacy investment ending or ramping down as well as  
22 slower ramp up of activities that originally projected.

23 And, finally, the next steps for the CAFR. As I  
24 mentioned earlier, the draft CAFR presented today for your  
25 review will go to the board of commissioners meeting

1 consent calendar in October for approval in alignment with  
2 our governance guidelines. Because the commission  
3 received a clean audit with no finding or observation by  
4 our auditors, staff has recommended the approval of fiscal  
5 year 17-18 CAFR through the consent in order to streamline  
6 the review process with our commissioners.

7           Upon approval, the report will be submitted to  
8 State Controller's office and First 5 California by  
9 November 1st to complete our reporting requirements. The  
10 CAFR information will also be used to inform and update  
11 the long-term financial projection which will be presented  
12 starting in January and seek board approval in February.

13           Before I end my presentation, I would like to  
14 thank the commissioners for their continuing support and  
15 guidance as well as our executive team for their  
16 leadership and support. I also would like to thank the  
17 finance department staff for their support in completing  
18 the clean audit and our auditors from VTD for their hard  
19 work with completing the CAFR.

20           Before we take any questions, I would like to  
21 introduce Mr. Roger Alfaro, partner of our audit firm  
22 Vavrinek, Trine, Day & Company, to say a few words about  
23 our audit.

24           Mr. Alfaro.

25           MR. ALFARO: Thank you. Good afternoon,

1 commissioners.

2 As the independent external auditor, we're  
3 pleased to report that, in addition to the clean opinion  
4 that has already been discussed, we did not encounter any  
5 significant difficulties in the conduct of our work, nor  
6 did we have any disagreements with staff regarding  
7 accounting, auditing, or financial reporting matters. The  
8 commission staff was supportive in providing us access to  
9 the individual that we needed to speak with within the  
10 organization as well as access to the documents that we  
11 needed to complete our work. And with that, we appreciate  
12 serving as the independent external auditors.

13 Thank you.

14 COMMISSIONER PLEITEZ HOWELL: Thank you all for  
15 that information. And, Sharareh, thank you so much for  
16 the overview and for being here for the first time in  
17 front of the commission. Really appreciate it.

18 (Applause.)

19 COMMISSIONER PLEITEZ HOWELL: Any questions or  
20 comments from commissioners?

21 MS. BELSHE: Other than who are those gorgeous  
22 children?

23 MS. MOTAMED: Those were my kids when they were  
24 under five. They are 25 and 27 now. I am so proud of  
25 them.

1           COMMISSIONER TAYLOR: I have one comment.

2           COMMISSIONER PLEITEZ HOWELL: Yes, Commissioner  
3 Taylor.

4           COMMISSIONER TAYLOR: I want to commend the  
5 auditor and the staff for the excellent work in the  
6 financing of this organization and continuing to help us  
7 support the great work of these excellent individuals that  
8 work for us. And appreciate and encourage you to continue  
9 to do the good work.

10          COMMISSIONER PLEITEZ HOWELL: Thank you. Other  
11 comments?

12          Well, thank you very much. Work like this  
13 requires that the whole organization shuts down often. So  
14 we know that there was a lot of different groups  
15 contributing. And we look forward to hearing the  
16 presentation with the full commission. Thank you.

17          MS. BELSHE: Actually, just to manage  
18 expectations, absent any other suggestion by committee  
19 members, our intent is to bring this to the board on the  
20 consent agenda. So much as you may wish to have a  
21 reprise, we would regretfully decline that opportunity and  
22 bring it forward on consent.

23          COMMISSIONER PLEITEZ HOWELL: That's terrific.  
24 Thank you for managing.

25          Moving on to Item Number 7. We have information

1 on the resource and referral inquiry update and a request  
2 for waiver. Tara will walk us through that conversation.  
3 Thank you.

4 MS. FICEK: All right. We'll get into place.  
5 Good afternoon, everyone.

6 We do have an update and an action. Well,  
7 today's presentation is serving as information requesting  
8 to the board to go for action in October. But we are  
9 bringing an update to you on the latest work around  
10 information resource and referral, which I will use the  
11 acronym IR and R for the rest of the presentation just to  
12 keep with time. And just as a reminder to the  
13 commissioners, staff last presented on IR and R earlier  
14 this year at February and Programming and Planning  
15 committee meeting and then again at our March board. And  
16 you may recall that that presentation did include a  
17 request for an extension of a six-month extension of 211  
18 LA's contract, our contract with 211 LA. And there was  
19 really kind of two reasons for that extension. Number  
20 one, we were thinking about the environment in which the  
21 larger IR and R environment across the country, and the  
22 CEO's office was in the middle of a competitive RFP  
23 process at that time. So we wanted to ensure any  
24 long-term strategy for First 5 LA included an update and  
25 was informed by the accident CEO's decision on IR and R,

1 and we also wanted to take some time to complete an  
2 internal inquiry to determine the role of IR and R systems  
3 and their contributions across our strategic plan.

4 So dare I say for IR and R, we did a little bit  
5 of review, reflect, and refining.

6 COMMISSIONER TAYLOR: All right.

7 MS. FICEK: And we are here to bring that  
8 information to you today.

9 So we are going to be -- what are our goals for  
10 the presentation? We're going to go over, the internal  
11 inquiry was completed last month, so we're going to be  
12 sharing the key findings from that inquiry with you. In  
13 addition, we also have important updates. As I mentioned,  
14 the CEO's office has moved through their RFP competitive  
15 process so we have important updates related to that work,  
16 which also helped inform then staff's recommendation that  
17 we are putting before you today around a six-month  
18 extension of 211 LA strategic partnership, which then  
19 requires the board to waive Governance Guideline Number 7  
20 and 9.

21 So briefly, a bit of background around our  
22 investment in IR and R. First 5 LA has invested in this  
23 area for quite some time. Initial efforts actually go  
24 back to 2001. And our contract with 211 LA began back in  
25 2005. And since then, we have contributed a total amount

1 of 19.7 million. And currently we support approximately  
2 19 percent of 211 LA's operating IR and R budget, which  
3 equates to about 1.2 million per year. That supports ten  
4 full-time positions as well as the proportion of time for  
5 an additional ten other staff members.

6 The majority of 211 LA's infrastructure and  
7 operating budget is supported by LA county through the  
8 CEO's office, which is about 80 percent of their budget,  
9 which affirms why they are an important partner in this  
10 work and is part of our presentation today.

11 So during the summer, July and August, First 5 LA  
12 staff from our health systems team and Isbell, who is to  
13 my left, and Alexandra Parma, who you'll hear from later  
14 during the EII presentation, we conducted an internal  
15 inquiry on the role and contribution of IR and R systems  
16 across all four of our outcome areas and wanted to really  
17 look at what our current and past support of IR and R has  
18 been, how are parents accessing and utilizing it, and how  
19 should First 5 LA funds be directed to support IR and R  
20 going forward.

21 So I'm going to hand it to Ann to now dig into  
22 some of the findings and the details of the inquiry  
23 process.

24 MS. ISBELL: More details on the inquiry process  
25 of findings can be found in Appendix A of your memo.

1           We took a two-pronged approach in our internal  
2 inquiry on the role and contribution of the IR and R  
3 systems across all four outcomes area. First, findings  
4 from recent studies on how parents access information were  
5 taken to consideration. In addition key documents  
6 including previous inquiry findings, budgets and grant  
7 progress reports were reviewed for history and current  
8 status of IR and R in First 5 LA to provide us with  
9 sufficient background information.

10           Secondly, interviews were held to capture and put  
11 on prior, current, and potential roles of IR and R at  
12 First 5 LA, particularly for our four outcome areas. In  
13 total 12 interviews were held with 16 staff. Interviews  
14 lasted between 30 to 60 minutes and were structured around  
15 a core set of questions that were sent to participants  
16 prior to being interviewed.

17           Recent research shows that while parents tend to  
18 turn to families and friends, particularly those who are  
19 parents themselves, entrusted professionals, such as  
20 pediatricians, teachers, and other providers, they're also  
21 turning more and more to digital sources like Internet  
22 searches, websites, blogs, social media, apps, and texts  
23 services to get information. Parents are overwhelmed by  
24 the large number of sources and have rightly raised  
25 concern over the quality of these sources.

1           Looking more specifically at our 211 LA  
2 investment, call volume from the past three fiscal years  
3 shows a decrease in the number of callers. Calls from our  
4 target population decreased over 18 percent over this time  
5 period compared to eight percent decrease in the overall  
6 total call rate. The decline may be partially explained  
7 by the 281 percent increase in the number of calls -- the  
8 number of 211 LA online database searched over this  
9 period, which supports research findings that parents are  
10 turning more and more to online sources.

11           Several consistent themes emerged during staff  
12 interviews about gaps in the current IR and R system,  
13 ideas for strengthening IR and R for LA county and First 5  
14 LA's evolving role in IR and R. Every person interviewed  
15 identified technology innovation as an important  
16 consideration, which also relates to the research on how  
17 parents access information. Many interviewees identified  
18 there's insufficient data as an issue for multiple aspects  
19 of IR and R services across the county that results in a  
20 lack of detailed data for us and what callers' needs are.

21           There was a sense of among interviewees that 211  
22 LA is a vital county resource, but 211 isn't the only IR  
23 and R. Some are decentralized to a specific community and  
24 are specialized in zero-to-five population may be more  
25 aligned to our investments.

1           The majority of staff interviewed expressed the  
2 belief that families are more comfortable and are more  
3 likely to look for resource and referral support from a  
4 trusted entity before reaching out to a call center.  
5 Additionally, the importance of a warm handoff in ensuring  
6 the quality and success of a referral emerged as a strong  
7 theme.

8           The final theme that emerged throughout the  
9 interview process was the need for IR and R systems to  
10 close the loop on referrals made in order to know the  
11 impact of these systems.

12           In addition to the overall themes described,  
13 information emerged on the current role and potential  
14 considerations for IR and R services by outcome area.  
15 Communities would like to see more community-driven  
16 services and sees value in support capacity of local  
17 trusted organizations who can facilitate warm handoffs and  
18 referral followup.

19           In early care and education, parents utilize  
20 multiple IR and R systems to find child care and early  
21 care and education, with a major system being California  
22 Department of Education-funded child care resource and  
23 referrals.

24           Under family supports, home visitors connect  
25 families to many resources. And the home visitation

1 consortium has a resource direct beyond the process of  
2 building out.

3 In health systems, other counties have partnered  
4 with 211 for centralized access point of Help Me Grow.  
5 And interest was also expressed in supporting partners'  
6 capacity to provide resources and referrals related to  
7 early identification, intervention, and trauma-informed  
8 care.

9 It is recognized that 211 LA provides invaluable  
10 service the county, but also that parents and caregivers  
11 use a variety of IR and R services. Our research and  
12 interview findings have shown that parents and caregivers  
13 are utilizing trusted local sources and that many of our  
14 investments include a referral coordination and navigation  
15 component that connects families to local resources.

16 Considering families are relying more on  
17 technology such as internet and other mobile platforms  
18 over a centralized call center demonstrates 211 LA's  
19 current capacity is not set up to meet the evolving needs  
20 of parents and caregivers. 211 LA's general countywide  
21 support is important and a needed service. However, it's  
22 not aligned with our 2015 to 2020 strategic plan.

23 Therefore, First 5 LA funds to support IR and R are best  
24 directed in support of local entities capacity instead of  
25 a more general countywide IR and R effort.

1           The findings also support a larger exploration of  
2 IR and R strategy for First 5 LA through the strategic  
3 plan refinement process, which should include, but is not  
4 limited to, the following: Supporting a study with  
5 parents and caregivers of young children and our grantees  
6 on their perception of IR and R needs, gaps, and  
7 challenges and strengths. Request data from 211 LA on  
8 service needs and engage in conversations with the CEO  
9 about larger data explorations. Explore how the needs of  
10 each of First 5 LA's outcome areas relate across  
11 investments to determine how First 5 LA focus strategy  
12 around IR and R could enhance each investment areas'  
13 capacity to connect families to local resources.

14           In addition, recommendations emerged more  
15 specific to our partnership with 211 LA that Tara will  
16 address.

17           MS. FICEK: As I mentioned at the introduction,  
18 First 5 LA has been working closely with the CEO to track  
19 their IR and R, RFP status and timeline, and was informed  
20 back in July that 211 LA was selected to receive the  
21 county's contract. The CEO and 211 LA have now moved into  
22 contract and budget negotiation. And their initial  
23 timeline anticipated that negotiation process to be  
24 completed by the end of this year. That's why our  
25 six-months extension of 211 LA's First 5 LA contract also

1 aligned with the end of that -- the end of the year  
2 timeline. However, recent updates from the CEO have  
3 confirmed that the negotiation process is going beyond  
4 that timeline, and that they are going to be going back to  
5 the board of supervisors to request a 12-month extension  
6 of the County's contract with 211 LA sometime in November  
7 to ensure the IR and R services remain in place while they  
8 complete the negotiation process.

9           Recently, the CEO also shared that during this  
10 negotiation process, they also will be completing an  
11 assessment of their current IR and R work and determining  
12 what are the necessary components of an IR and R system  
13 for the county going forward that can both meet current  
14 county needs as well as emerging county needs related to  
15 IR and R. And because of this extended negotiation  
16 period, the CEO and then First 5 LA discussed continued  
17 First 5 LA support through a one-time six-month bridge  
18 fund that would maintain 211 LA's operations and  
19 infrastructure, obviously, minimizing any disruption in  
20 services. And then the bridge fund would also offer the  
21 CEO time to finalize that assessment and determine what a  
22 comprehensive IR and R system should look like for the  
23 county going forward. At the same time, it also allows  
24 the county the opportunity to identify long-term  
25 sustainable funding for 211 LA.

1           So our recommendation today takes into  
2           consideration our long-standing partnership with both the  
3           CEO and with 211 LA, and also provides the opportunity to  
4           sustain the infrastructure that First 5 LA funding has  
5           been supporting over the last 13 years. So First 5 LA as  
6           a part of the six-month bridge funding, we have asserted  
7           conditions tied to our funding, which include First 5 LA  
8           is part of this county assessment -- IR and R assessment  
9           team that will analyze and formulate the final  
10          recommendations regarding the county's IR and R -- future  
11          IR and R strategy. We want to use the findings that Ann  
12          just shared from our internal inquiry to advise the county  
13          on their IR and R needs and information seeking  
14          preferences of parents and caregivers and families of  
15          young children, and hoping that we can influence the  
16          direction of the IR and R countywide system going forward.

17                 In addition, we have also stated another  
18          condition there is only one extension. Our funds will  
19          support the -- be supported the January through June  
20          period, but the county will need to identify long-term  
21          sustainable funding beyond that January through June  
22          period.

23                 So as such, First 5 LA staff is recommending the  
24          commission extend our strategic partnership with 211 LA  
25          for the -- for their IR and R contract. The amount is

1 noted there, the 620,000 for the period again of January  
2 through June. That is a maintenance of their current  
3 contract and budget. There's been no adjustment or  
4 increase of funds there. The extension, as mentioned,  
5 does require the board to waive Governance Guideline  
6 Number 7 because we're extending beyond their current  
7 contract end date, and also requires a waive of Governance  
8 Guideline Number 9, alignment with the strategic plan  
9 because, as Ann mentioned, through the inquiry finding, we  
10 identified that 211 LA -- general operating support of 211  
11 LA is not aligned with our strategic plan. So we would  
12 need to waive Number 9 as well.

13 And that is it. So we can open it up to  
14 questions.

15 COMMISSIONER PLEITEZ HOWELL: And before we dive  
16 into questions, we also have to welcome Ann for the first  
17 time presenting, giving an overview of that process and  
18 providing detail. Thank you, Ann.

19 (Applause.)

20 COMMISSIONER PLEITEZ HOWELL: Questions by the  
21 commissioners?

22 Yes, Commissioner Tilton.

23 COMMISSIONER TILTON: I think this is extremely  
24 important. Thank you for your presentation. And it also  
25 ties to the -- the issue that Romalis brought up earlier;

1 that is, what does -- what do the families and community  
2 know was available for them. So I'm wondering how that  
3 might tie into the extent -- well, the continuation of our  
4 partnership with 211, since we know now that families are  
5 more connected to social media than they are to the  
6 telephone, how might we expand the -- the ability of 211  
7 to reach families who might not otherwise know what's  
8 available to them.

9 MS. FICEK: I think that's our opportunity as a  
10 part of that county assessment team, our seat at the table  
11 for that. So I think our hope is to bring the learning  
12 from our internal inquiry here and --I mean, I think we've  
13 done quite a bit of work over the last year reaching out  
14 to parents and asking, you know, what's the best way.  
15 They're accessing and utilizing information both within  
16 their community and larger countywide. So I think we have  
17 -- I think our hope is, we can share and offer that  
18 learning to the county and build upon, hopefully, learning  
19 they also have in that same area to then inform their IR  
20 and R strategy going forward. So how that influences  
21 technology or how 211 LA, their kind of strategy around  
22 enhancing technology going forward, I think is then a  
23 conversation that will need to take place as part of the  
24 budget and contract negotiation between the county and 211  
25 LA.

1           COMMISSIONER TILTON:  And then another question,  
2   just because I'm really concerned about this.  How are we  
3   keeping track of the number 211 calls that get referred to  
4   the child abuse hotline?

5           MS. FICEK:  We track -- currently, they report to  
6   us the top ten reasons for their zero-to-five calls.  It's  
7   not broken out specifically at that level.  I think that  
8   could be -- we could ask 211 to -- I mean, if they're  
9   currently tracking that, I don't know.  I would have to  
10  ask to find out.  That's not a current requirement of  
11  their data -- monthly data reports to us.

12          COMMISSIONER TILTON:  It might take some  
13  rethinking in terms of how they identify those, but  
14  certainly a lot of calls that come in just for information  
15  might trigger a concern about the children, the safety of  
16  the children in the home.  So if you do that --

17          MS. FICEK:  Are you asking about maybe that  
18  exchange between 211 and a call that comes in to maybe  
19  prompt or explore if there's another need or greater need  
20  around child safety or --

21          COMMISSIONER TILTON:  Yes.

22          COMMISSIONER PLEITEZ HOWELL:  Thank you,  
23  commissioner Tilton.

24          Commissioner Abdo and then --

25          COMMISSIONER ABDO:  This pushes my buttons of why

1 are we waiting so long. I remember this issue being at a  
2 committee meeting I think when I very first joined this  
3 board, which wasn't all that long ago, but it was  
4 certainly at a time when already we knew that social media  
5 and technology was the way to be connecting with -- with  
6 young parents, and that 211 was not the answer. So here  
7 we are three-and-a-half years later. I don't remember  
8 exactly.

9 It just seems to me that if a technology company  
10 that's -- I mean, I'm thinking because I'm from Santa  
11 Monica. I'm thinking about Bird and Lyft, and, you know,  
12 the scooter people. They know how to do this fast.  
13 They're not always perfect, but nobody is. Seems to me we  
14 could be on a parallel path now and -- not we necessarily,  
15 the county so that -- that we don't just keep as a county  
16 just extending, extending, extending a program that we  
17 know is not reaching the young families. So it is not  
18 helping them. It's helping some. But I don't know about  
19 you, but I don't use my phone that much anymore either. I  
20 use social media and technology to connect, so -- and to  
21 get information. So I -- I just had to express my  
22 frustration.

23 COMMISSIONER PLEITEZ HOWELL: Thank you. Yes,  
24 Commissioner Heger.

25 COMMISSIONER HEGER: Has anybody called 211

1 lately and asked for help? Have we run test balloons to  
2 see what information they're actually giving out over the  
3 phone? I mean, we have a huge problem with connecting our  
4 patients with resources in the community. And to be  
5 honest with you, 211 is the last resource. So maybe we  
6 ought to kind of -- you know, I agree with you that I  
7 think that it's the Internet and getting them hooked up  
8 with that which is where they're going. And I mean, I  
9 know I'm going to go back and have my staff call 211 every  
10 day with questions and see what -- what comes out of it.  
11 I'm not -- I'm not trying to say we shouldn't use 211.  
12 I'm just saying, how is it helping us. So that's my -- I  
13 agree.

14 COMMISSIONER PLEITEZ HOWELL: Thank you.  
15 Commissioner and -- Commissioner Taylor.

16 COMMISSIONER TAYLOR: First, I want to commend  
17 you on an excellent report, you and your staff, Tara.  
18 Good job.

19 This report, this attachment or appendix A looks  
20 like what we should be seeing as a commission when you  
21 review each one of these as a reflective document. It  
22 tells me a lot about what you thought, what we've been  
23 doing, and shows some tracking, even though it goes way  
24 back, but it's more informative about what needs to be  
25 done. This is a good report. I'm going to commend you on

1 that.

2           The second thing is, we need to highlight the  
3 fact that parents need to know that there's an open slot.  
4 In other words, making calls to these vendors that may  
5 already be full and put you on the waiting list doesn't  
6 help them, especially when there's a high need of  
7 immediate services. So it's that kind of thing. This --  
8 I support this as a means to do an impact with 211 to  
9 enhance their web-based presence to be more responsive to  
10 communities and families and that talk -- and that  
11 identify vendors -- they're multiple that they can access  
12 one that actually has available space for them to actually  
13 engage in services.

14           So they're -- your report highlights that, puts  
15 it out there, identifies some clear, other significant  
16 advancements in these kinds of services that target our  
17 population. You make reference to the fact that we need  
18 to develop a -- an application that focuses on our  
19 population and what we're trying achieve. I think that's  
20 a good idea. So parallel to doing this, we should also --  
21 you should come back to us with our parallel alternate  
22 recommendation of what you want to do going forward. This  
23 is a good way to say, if we can enhance and impact what  
24 211 is doing, that's an impact effort or a systems change  
25 effort to them and may help the general population.

1           But I want to know what you want to come back  
2 with and say, what should we do be doing to help our  
3 client population to engage what they really need that  
4 more reflects what we're talking about.

5           I guess to the thing, I don't want to keep paying  
6 for this if we can't get what we need for our clients and  
7 our children and our families. And that -- that needs to  
8 be supported back to our colleagues in children services,  
9 DPSS, DPH, and all that that says, this is where the  
10 families can go to get these services that they're going  
11 to say they need based on their assessment and evaluation  
12 of need. Okay?

13           And then so -- I'm just saying, first, thank you.  
14 Great job. But also come back with, what are we really  
15 going to do going forward in our strategic plan because  
16 this is informative to say, where we are and where we  
17 should be going. Two different things. Okay?

18           COMMISSIONER PLEITEZ HOWELL: Thank you,  
19 Commissioner.

20           Other comments?

21           COMMISSIONER HEGER: So what would happen if we  
22 invested in NowPow, which actually has a system of  
23 creating an access in regions for services to families  
24 that are at high risk, and then they get a rating. The  
25 people that their directed to, there's a handoff and they

1 get to call back and make sure that they were hooked up  
2 with the service and they get to rate it and they get a,  
3 you know, star rating or whatever, and they also have a  
4 report on whether it was available or not, because that --  
5 that's what we really actually need. I mean, to have  
6 families --

7 COMMISSIONER TAYLOR: I'm with you on that.

8 COMMISSIONER HEGER: To hook somebody up with a  
9 resource and say they couldn't get in for six months is  
10 not helpful to a family living in crisis. So, you know,  
11 I'm -- I would be -- I mean, I'm new to this, so I don't  
12 count, but I'm like --

13 COMMISSIONER TAYLOR: Please don't say that.

14 COMMISSIONER HEGER: I'm just saying is that we  
15 have to have means whereby families can report back to us  
16 if they didn't get a service.

17 I sit on another board, and they funded that  
18 somebody that takes six months to gets resource to the  
19 family. And I'm like, I don't want to fund that. I want  
20 it to be six minutes. So that's how I -- you know. So  
21 I'm just saying I'd like to know more -- I'd like you to  
22 call 211, find out who they refer you to, pretend to be  
23 somebody who needs it, and find out how long it takes to  
24 get hooked up to the service so that there's a real  
25 assessment of what they're actually doing.

1 MS. BELSHE: I think what you're hearing from --  
2 from the staff is, we're ready to move in a different  
3 direction.

4 COMMISSIONER HEGER: God.

5 MS. BELSHE: And I think what you're hearing us  
6 say as well is, we want to continue to lead with  
7 partnership with the county. So the county is extending  
8 their negotiations with 211 in part because they do want  
9 to be raising in a more forceful explicit way some of  
10 these very issues that are, frankly, to not unique to our  
11 population. It's not just families and caregivers that  
12 aren't using telephone. Probably some people around this  
13 table maybe don't use phones much more anymore, right?  
14 We're not the target population.

15 COMMISSIONER CAGLE: As little as possible.

16 COMMISSIONER HEGER: Do not call me.

17 MS. BELSHE: So it's in the spirit of partnership  
18 to -- that we're recommending extend this contract for six  
19 months, give the CEO's office the time they requested to  
20 finish their negotiations, and be at the table, as Tara  
21 said, to press our case with our data and our learning  
22 about how technology and web-based solutions need to be a  
23 part of 211 broadly, not just a part of population. So  
24 that's an opportunity for us, that's an opportunity for  
25 the county broadly, but, ultimately, that's going to be a

1 county decision. They really are the owners of that large  
2 platform, right? So we're saying, let's try to influence  
3 that, let's try to make it work for those who don't rely  
4 upon telephones, give it a good go.

5 However, what we're really going to be focusing  
6 on through our strategy refinement is, what is -- to your  
7 point, Romalis -- what is IR and R? What does that look  
8 like for us? Is it a Yelp-like app? You know, is it  
9 something else entirely? That's the work that needs to be  
10 done and that's a really concrete example of how do we  
11 refine our strategies to be more responsive to the  
12 populations we're serving.

13 You know, we get this need -- we need the wave  
14 the governance guidelines. That's a decision ultimately  
15 you all will make. We will need seven of nine votes. But  
16 it's in the spirit of partnership with the county  
17 supporting, being responsive to a request that they've  
18 made, and putting it forward it a way where the conditions  
19 are aligned with our interest, which is to try to get that  
20 county contract -- not our contract. It's the county  
21 contract to bring more of a web-based approach.

22 Does that make sense? Questions?

23 COMMISSIONER TAYLOR: I just want to say one  
24 thing. I think you need to share your report with the CEO  
25 because I think it's very informative and it will help

1     them to see and guide them as a collaborative partner on  
2     what they need to do with regards to the rest of the  
3     population that needs services that may not be within our  
4     target population, but there's other needs out there that  
5     needs to be addressed, and they need to have the same kind  
6     of look that you have given us in this outstanding report.

7             So I just wanted to say, I'm still with you. We  
8     -- part of our thing with system change is to influence  
9     our collaborative partners to make change. And so giving  
10    them that report will influence how they do it and how  
11    they engage 211 to step up their game. And if not, it  
12    will inform them that maybe they need to make a change  
13    with 211 because they're not stepping it up and they're  
14    behind times with their efforts to do engagement.

15            MS. BELSHE: And I would, finally -- and did I  
16    appreciate your point, which is so important about part of  
17    our role -- we say we aren't the agent of scale and  
18    sustainability, but our role as we build trust-based,  
19    authentic, engaged relationships with our county partners  
20    is to try to influence in a positive constructive way  
21    those owners of the systems. And this contract I think is  
22    a really good example.

23            I would also note -- you're right, Judy. We've  
24    been talking about this issue for a while. And 211 to its  
25    credit has made some changes. The 211 today, if you go

1 online, it's a very different 211 than back in the day.  
2 And we're not taking credit for that. But I want to  
3 acknowledge that -- their efforts to evolve. That being  
4 said, what we have learned is they just haven't evolved  
5 enough. Moreover, what we have learned, as Ann noted, is  
6 the decentralized aspect of information resource and  
7 referral that we're hearing from our families. It's not  
8 the big monolithic IR and R; it's how do we get connected  
9 to information about developmental screenings and early  
10 interventions, how do we get connected to home visiting  
11 referrals, how do we know where to go. That's a very  
12 different type of IR and R than a big monolithic, more  
13 telephonic-oriented system.

14 COMMISSIONER TAYLOR: And I want to say, looking  
15 at what they wrote, they actually -- some of these  
16 platforms go down to the community level, which would be  
17 more relevant for our client population because some of  
18 the community people, as we've learned from metro north or  
19 the metro program, is that they define their community by  
20 blocks, four blocks. And if you can't drill down to that  
21 and tell them everything that's within those four blocks  
22 that they can access. And then mobility is an issue.

23 So we have to have -- make sure that they're  
24 stepping up their game to get down to that level to meet  
25 the needs of these families and these children. So it's

1 very important. And I'm going to tell you, from the other  
2 side of that, if they don't get this stuff timely, it --  
3 that forces the county to hold on to the children longer  
4 than need be. So the key got to be timely engagement of  
5 services for these families. I mean, real timely  
6 engagement.

7 COMMISSIONER PLEITEZ HOWELL: Sounds like you  
8 have you plenty of feedback. We'll hear this back.

9 The one thing is talking about someone who's not  
10 in the room when we're hearing this. It would be  
11 important to hear the 211 perspective as well because they  
12 might have different responses as we make some of these  
13 decisions. So as we look to this coming back, looking at  
14 that would be really helpful.

15 MS. BELSHE: My only comment to that, Karla, is  
16 in the spirit of the county really owns this relationship.

17 COMMISSIONER PLEITEZ HOWELL: Yes, yes.

18 MS. BELSHE: So I would just -- I would just  
19 encourage the board to think about, is that -- is that the  
20 relationship we want to be building or is it really our  
21 relationship with the county.

22 COMMISSIONER PLEITEZ HOWELL: Yes. That's a good  
23 point.

24 MS. BELSHE: So if it would be helpful for the  
25 board to hear from the CEO's office, that might be --

1 either in writing or in words.

2 COMMISSIONER PLEITEZ HOWELL: Yes.

3 COMMISSIONER TAYLOR: Yes. Absolutely.

4 MS. BELSHE: Maybe that would be an  
5 appropriate --

6 COMMISSIONER PLEITEZ HOWELL: That is. And thank  
7 you for that context setting. Yes.

8 COMMISSIONER TAYLOR: But please give them your  
9 report so, when they come in --

10 MS. FICEK: They have it. We have shared it with  
11 the CEO's office, and they're very interested in being  
12 able to share it with other partners. So I think they  
13 want to make sure that we're comfortable with sharing it,  
14 and we are. We're saying it's a public document and  
15 hopefully it will inform their conversations.

16 COMMISSIONER PLEITEZ HOWELL: Thank you, Tara and  
17 Ann.

18 We're going to move on to Item Number 9, the  
19 health systems outcome conversation. And we're going to  
20 turn it over to Cristina.

21 MS. PENA: Are we on? Good afternoon,  
22 commissioners.

23 Today the health systems team will be sharing our  
24 latest strategic developments for our early identification  
25 and intervention for developmental and behavioral delays.

1           So we have three key items for today's  
2 presentation. The first is sharing important findings  
3 from the field. And this includes updates related to  
4 California Assembly Bill 11 and findings from the LA  
5 healthcare prediscovery Phase, which will inform our LA  
6 Care pilot. In addition, we're going to highlight our  
7 quality rating and improvement integration study and our  
8 regional center engagement efforts. Second, the team will  
9 be providing status on our Help Me Grow implement and  
10 demonstration work. Third, we will be highlighting an  
11 example of how our health system's team is aligning our  
12 work with other First 5 LA investments in the El Monte and  
13 South El Monte communities.

14           So since we came to the board last back in  
15 April PPC, our work has evolved over time. And I'm going  
16 to just provide a quick snapshot of past, current, and  
17 future work just to orient the board to what's been going  
18 on.

19           So we are continuing to build upon the early  
20 design and planning phase for Help Me Grow LA. And this  
21 includes using the Help Me Grow LA recommendation report  
22 that was provided to inform implementation. We are also  
23 continuing to learn from our first connection grantees.  
24 And just as a reminder, this includes six grantees across  
25 LA county who are conducting developmental screenings,

1 care coordination, and intervention. And then this past  
2 July 1st, our five-year strategic partnership with the  
3 Los Angeles County Department of Public Health, who I will  
4 now refer to as DPH going forward, who is serving as our  
5 Help Me Grow organizing entity. This contract officially  
6 started July 1st.

7 So there's a lot of work underway, diverse  
8 activities and efforts that are supporting our policy and  
9 systems change work. It's also contributing to our  
10 engagement efforts with key stakeholder and then, of  
11 course, contributing to Help Me Grow implementation.

12 And just on the horizon, we have our LA Care  
13 pilot that we're preparing for. We're also looking  
14 forward to sharing exciting work that DPH is leading, and  
15 this includes the development of Help Me Grow business  
16 plan and the launch of three Help Me Grow advisory  
17 committees. We're also anticipating the launch of the  
18 Help Me Grow demonstration community in 2019.

19 So as you can see, there's a lot underway, but  
20 for today's presentation, we are going to focus on the  
21 items under currently underway category that is  
22 highlighted in black. And then in the future we'll bring  
23 updates related to the other items to future board  
24 meetings.

25 So I'm going to pass it over to my colleagues,

1 Krystal Green and Alexandra Parma, who are going to  
2 provide the latest on the highlighted activities.

3 MS. GREEN: So thank you, Cristina, and thank  
4 you, commissioner.

5 As you know, First 5 LA is the co-sponsor of  
6 Assembly Bill 11, which would require the California  
7 Department of Healthcare Services to provide more  
8 oversight of managed care plan reporting and compliance  
9 around the enforcement of developmental screening  
10 services. While AB-11 did pass both the Senate and  
11 Assembly floors with unanimous support on September 21st,  
12 the bill was vetoed by the Governor citing that the  
13 additional oversight and reporting of home plan compliance  
14 would be too costly. Despite the outcome, we do  
15 acknowledge the bill is somewhat of a small win for First  
16 5 LA. It is the first time First 5 LA has sponsored  
17 legislation and represents an important first step in  
18 really drawing administrative focus on early  
19 identification and intervention.

20 And at this time, staff will continue to work  
21 administratively to encourage CHCS to really fix the  
22 oversight gap and to identify and address inconsistencies  
23 in screening.

24 So at this time, I'll pass it over to my  
25 colleague, Alexandra Parma, to provide and update on the

1 LA Care pilot.

2 MS. PARMA: Thank you, Krystal.

3 So First 5 LA and LA Care, as you know have a  
4 long history of working together. And LA Care was really  
5 instrumental in our launch of Help Me Grow in 2016. And  
6 now LA Care has committed to partnering with First 5 LA on  
7 a pilot to strengthen early identification and  
8 intervention in the county. And in this pilot, we will be  
9 exploring systems change at the managed care level, but  
10 then also practice change at the clinic level. So we will  
11 be coming back to this committee in a month at the October  
12 PPC to give you some more details about this pilot, so  
13 budget objectives and timeline. We wanted to highlight  
14 some work that's already underway today.

15 So between January and August of this past year,  
16 LA Care led and supported the cost of research for the  
17 pilot. And we've called this the pre-discovery phase. And  
18 interviews were conducted with clinics across the county  
19 to get a better sense of developmental monitoring and  
20 screening at pediatric providers' offices. And this  
21 research put forth some recommendations about improving  
22 early identification and intervention. Recommendations  
23 include changes to clinic and visit design, technology,  
24 the benefits of teen-based care, and work flow changes.

25 So next steps, as I mentioned, we'll be back here

1 in a month to give you some more information about the  
2 pilot and those details. And then for November, we will  
3 be requesting action to approve a strategic partnership  
4 with LA Care.

5 So now we're going to highlight some emerging  
6 work focused on engaging with our stakeholders and also  
7 exploring alignment between Help Me Grow and early  
8 identification and intervention and other investments at  
9 First 5 LA.

10 So as we're seeking to leverage investments and  
11 efforts that already exist at First 5 and in the county,  
12 we're really trying to plan with an eye towards  
13 sustainability. And as we are learning from others in the  
14 field who are already engaged in this work, we're really  
15 trying to ensure that our implementation and that our  
16 decisions are made with data in mind.

17 So, first, I want to highlight some our  
18 integration work with our early care and education  
19 department here at First 5 and their investment in quality  
20 rating and improvement systems. So staff at First 5  
21 identified alignment between QRIS, or quality rating and  
22 important systems, and Help Me Grow because one of the  
23 elements that ECE sites are rated on is developmental  
24 screening. And so we took a three-pronged approach to  
25 this exploration. First, we reviewed and further analyzed

1 the data that we had. So from this analysis, we saw that  
2 most ECE sites who are participating in QRIS are scoring a  
3 one or two out of five points.

4 Then we surveyed QRIS coaches to learn more about  
5 the barriers that they're experiencing at the ECE sites to  
6 doing developmental screening and referral. And then most  
7 recently in the past few weeks, we have conducted some  
8 facilitated conversations with ECE coaches to learn more  
9 about the barriers, but then also to ask their input on  
10 what may be some helpful resources for them as they try to  
11 do this work in the field.

12 So some high-level findings from those  
13 conversations include the need for training on  
14 implementing a validated screening tool, help in trying to  
15 have a sensitive conversation with parents and caregivers  
16 when a developmental delay or concern is identified, and  
17 then also access to easy-to-use resource directory that  
18 they can feel confident in referring families when they do  
19 identify a concern.

20 So our next step is that we're going to review  
21 all this research that we found. And we're really excited  
22 to use all of this to help inform the Help Me Grow  
23 rollout.

24 So now I'm going to turn it back over to Krystal  
25 to highlight some of our work engaging with our

1 stakeholders.

2 MS. GREEN: Thank you, Alexandra.

3 So from March to June of this year, First 5 LA,  
4 in partnership with the Los Angeles County Department of  
5 Public Health, held individual meetings with each of the  
6 Los Angeles county regional centers executive leadership  
7 and early start management, really to get a better sense  
8 of their unique and collective needs and to explore  
9 opportunities for alignment to Help Me Grow LA. There  
10 were a number of findings that emerged from those  
11 discussions, but today I'll only highlight a few.

12 Across the board, we did hear that regional  
13 centers are receiving an increase in referrals,  
14 particularly over the last two years. They did report a  
15 positive rapport with our First 5 LA First Connections  
16 grantees, with the majority of children referred being  
17 deemed ineligible and appropriate match for either early  
18 start or Lanterman services.

19 In terms of areas for improvement, we did hear  
20 that many regional centers are received mixed quality  
21 referrals, and they identify the need for increased  
22 provider outreach and education regarding regional center  
23 eligibility and referral processes.

24 Timely access to early intervention was also  
25 identified as a concern with the majority of children that

1 are eligible for early start, they're actually getting  
2 referred to the regional center when they're closer to age  
3 three. So it's really limiting their time to enroll and  
4 benefit from the early start program.

5 And then finally, the transition process from the  
6 regional center to the school district was also identified  
7 as an area for improvement, particularly among some of the  
8 smaller school districts. However, overall the regional  
9 centers did report a positive working relationship with  
10 the Los Angeles Unified School District.

11 And so in terms of next steps, staff -- we're  
12 excited and we look forward to continued partnership  
13 development with the regional centers, really with the  
14 opportunity to co-identify opportunities to develop  
15 systems change efforts as it relates to strengthening  
16 early identification and intervention in the county.

17 So with that being said, I will turn it over to  
18 my colleague, Cristina Pena, to provide an overview of our  
19 Help Me Grow LA demonstration communities concept.

20 MS. PENA: Great. Thank you. So now turning to  
21 Help Me Grow implementation demonstration. Just as quick  
22 reminder, Help Me Grow LA seeks to promote early  
23 identification of developmental and behavioral delays in  
24 young children with an emphasis -- on young children, but  
25 with an emphases on children zero to three, and then in

1 addition, to link children to intervention services as  
2 early as possible. And beyond assessing the child's  
3 developmental health, receive a developmental screening  
4 tool as really an opportunity to bolster engagement and  
5 communication between providers and families, so to really  
6 help have a more in depth, trusting conversation with the  
7 hopes that this is an entry to address other health needs,  
8 including social determinants of health from a holistic  
9 prospective.

10 So turning to Help Me Grow, the Help Me Grow  
11 recommendation report promoting young children's optimal  
12 development which was released last fall, 2017, advised  
13 that First 5 LA, DPH, and planning partners adopt an  
14 incremental phased-in implementation approach for Help Me  
15 Grow LA to test and refine strategies, to strengthen early  
16 identification and intervention before scaling countywide.

17 Since finalizing this early design and planning  
18 phase, staff has been thinking critically about the  
19 function of the demonstration communities with an eye  
20 toward sustainability and applying evidence such as the  
21 learning shared by Krystal and Alexandra to further define  
22 and develop the concept for Help Me Grow demonstration  
23 communities.

24 So as we aim to more effectively connect young  
25 children to screenings and early intervention services for

1 delays, we must first take a step back and acknowledge  
2 that early identification, or in this case EII, is really  
3 a continuum rather than just one system. And all seven of  
4 these key sectors that are listed on this slide play a  
5 unique role in educating -- providing educations,  
6 screenings, care coordination, and intervention services.  
7 And often the unique needs of a child and family will  
8 dictate which sectors are responsible for providing early  
9 identification and screenings for young children with or  
10 at risk for delays.

11 So based on First 5 LA's exploration with key  
12 stakeholders and the current data, we know these sectors  
13 are often operating in silos. And for many families  
14 seeking services, the experience is literally a Chutes and  
15 Ladders game. As a result, we also know that far too many  
16 children who are at risk or have a delay are not accessing  
17 intervention services early enough or at all before the  
18 age of five.

19 So this visual, albeit it's a work in progress,  
20 but this visual illustrates today's current EII continuum  
21 in which the referral pathways between key sectors are not  
22 linked or well coordinated with each other. So if you  
23 could turn your attention to the monitors. For those  
24 looking at your individual slides, I don't know if it's in  
25 presenter mode.

1           What we see is, this is -- the demonstration  
2 communities concept aims to move from this status quo,  
3 this status quo that you're seeing here to -- fingers  
4 crossed that animation works. Yay -- to this new paradigm.  
5 With the referral pathways -- and technology hates me so  
6 I'm very happy to that worked.

7           This is the new paradigm we see. And in this  
8 paradigm, referral pathways in a given community are  
9 strengthened by improving working relationships and  
10 processes between our key centers to more effectively  
11 deliver early identification and intervention. And in  
12 doing so in partnership we can begin to transform the EII  
13 continuum to be more coordinated, integrated, and  
14 multidirectional.

15          So the Help Me Grow demonstration communities aim  
16 to apply technology, infrastructure, and practice change  
17 to strengthen and expand our referral pathways. We would  
18 like each demonstration community to be charged with  
19 testing practices to more accurately match and link  
20 children at risk and with delays to appropriate services  
21 and supports. So we envision that the demonstration  
22 communities would ultimately identify aspects within the  
23 referral process to improve. So just for an example,  
24 agreement by the demonstration community partners to use a  
25 standard electronic referral form to fast track referrals

1 and reduce wait time between screening and enrollment to  
2 services. So, again, trying to seek more timely,  
3 immediate access at an earlier age is really what we want  
4 these demonstration communities to test and hopefully  
5 succeed at.

6 When fully implemented, the demonstration  
7 communities will overlap with LA county's seven regional  
8 center catchment areas providing a foundation for  
9 countywide reach and positioning us and our partners to  
10 speed and scale systems change practices.

11 I'm sorry. I went ahead.

12 Our next steps, because there are next steps.  
13 Staff are currently working closely with our contracts  
14 department to explore procurement design, and we  
15 anticipate returning to the board in spring 2019 with  
16 refined objectives, budget timeline, and we're aiming to  
17 release an RFP or some type of procurement vehicle for the  
18 demonstration communities in summer 2019.

19 So moving on to the last segment of the  
20 presentation. Our communities relations team has been  
21 bringing staff together who oversee investments in our  
22 Best Start communities to exchange information and inform  
23 strategy development. And highlighting South El Monte/El  
24 Monte communities as our case study today, I'm going to  
25 showcase how our health systems team is approaching

1 leveraging, integration, and alignment from this early  
2 identification intervention perspective.

3 So Help Me Grow is the opportunity to leverage  
4 existing efforts underway. For example, not only is the  
5 South El Monte/El Monte communities one of our Best Start  
6 communities, but First 5 LA has also been partnering with  
7 the El Monte School Districts to assess children's  
8 kindergarten readiness through the collection of data  
9 which can show vulnerabilities such as language and  
10 cognitive function in a given neighborhood. Our health  
11 team is tracking this work closely, particularly because  
12 we see an opportunity to leverage this data to inform Help  
13 Me Grow outreach and education efforts, as well as chart  
14 impact in a given community down the road.

15 You will -- actually, the board will hear much  
16 more about kindergarten readiness assessment efforts from  
17 our ECE team in October. So stay tuned. They will have a  
18 deep dive for you. But we are tracking this work closely.

19 Next, we see an opportunity to integrate across  
20 our three key First 5 LA investments. So as you know, we  
21 have our investment in quality rating and improvement  
22 system, our QRIS site. We also invest with our home  
23 visiting and with our Welcome Baby and home visiting  
24 efforts underway. And then we also have investments in  
25 our early identification and intervention, first

1 connection grantees. All three of these investments have  
2 numerous sites within the El Monte/South El Monte  
3 communities. And we see this as an opportunity to really  
4 think critically about the learnings across all three  
5 investments and more intentionally integrate these efforts  
6 in the community.

7 So as Christina Altmayer shared earlier in the  
8 presentation, really recognizing that we can better  
9 integrate these efforts, that it doesn't have to just sit  
10 in one particular outcome area. So this is an opportunity  
11 to really think critically what it looks like in a given  
12 community on the ground, both proximity and how our  
13 stakeholders are working together. Stakeholders,  
14 partners, they're both.

15 Finally, aside from leveraging and integrating  
16 with First 5 LA investments, we also have the opportunity  
17 to align our work with county efforts that are underway.  
18 So, for example, the San Gabriel Pomona Regional Center  
19 has received State funding to highlight the collaborative  
20 to educate ECE staff about working with children with  
21 special needs with the goal of reducing expulsion rates  
22 among the young children with disabilities, including  
23 those who have developmental and behavioral delays.

24 Along with our first connection grantee, Hill  
25 Family Services, First 5 LA is also part of this

1 collaboration effort. And we've been asked to join as a  
2 partner. So we see opportunity to share our learnings  
3 from the field, both from our first connection investment,  
4 and also at our -- with QRIS work and exploration, but  
5 also along our partners that our ECE team has fostered and  
6 is working with closely.

7 So while this is just one community in  
8 Los Angeles county, South El Monte/El Monte illustrates  
9 the many touch points for leveraging alignment and  
10 integration at the community level.

11 And I also realized that we transitioned from  
12 Help Me Grow LA demonstration communities straight to the  
13 El Monte/South El Monte study. But I do want to  
14 acknowledge that this case study is an example in many  
15 ways of what we envision or what we're seeking to catalyze  
16 between cross-sector partners in the Help Me Grow  
17 demonstration communities with the caveat that we're going  
18 to really focus on strengthening the referral pathways.

19 So for next steps. In October, we will be  
20 bringing details for the LA Care pilot to the board and  
21 seeking action in November to approve a strategic  
22 partnership with LA Care for the pilot. And in spring  
23 2019, we anticipate providing updates on DPH's Help Me  
24 Grow implementation efforts, and more to come about the  
25 Help Me Grow demonstration communities.

1           So now our team is happy to answer any questions  
2 or comments that you have.

3           COMMISSIONER PLEITEZ HOWELL: Terrific. And the  
4 day of many firsts. Alexandra and Krystal, thank you so  
5 much for your first presentations.

6           (Applause.)

7           COMMISSIONER PLEITEZ HOWELL: Questions by  
8 commissioners?

9           Commission Heger.

10          COMMISSIONER HEGER: I tell you what. I think is  
11 this is a really amazing opportunity to bring something to  
12 the forefront with doing this developmental and we have  
13 the ability to provide the leadership because it's all  
14 over the place. But we have an enormous problem in LA  
15 county called fetal alcohol spectrum disorder for kids  
16 that are at high risk and that are hitting. And the  
17 regional center is turning them away. We're not  
18 identifying them as we -- as we do the screenings because  
19 there's a very interest in whether it actually exists or  
20 not exists. And it's been a 15-year odyssey running the  
21 initial have hub and getting the hubs in the county to  
22 start looking at this.

23          And I would invite you -- in the interest in time  
24 because we have a time constraint here. Why not talk to  
25 me afterwards and then come out and talk to my staff and

1 get a presentation on what these kids are looking at  
2 because we're now getting the referrals back from the  
3 regional centers to do an assessment on them that they're  
4 turning down because they may be smart but they have all  
5 these other kinds of impact with the alcohol on their  
6 ability to be emotionally mature. And they go on to try  
7 to kill their parents. So it's probably something that  
8 could interest the population in general.

9 But I think if you come and learn about it, then  
10 we can be a voice to say, as you screen -- and we would  
11 also like you to have you screen for FASD. Because if we  
12 can do -- change and treat these kids at age three, four,  
13 and five, we can probably avoid some of the problems as  
14 they get older. And as -- as we know from DCFS, they now  
15 make up about 60 percent of the kids failing placements  
16 when they hit 12 or 15. So their impact on us escalates  
17 as they get older.

18 So I'm just going to say, great, let's do this.  
19 We're doing this in our clinic. But the idea that we can  
20 persuade the population in this county to make it a huge  
21 deal is important. And then -- then we can work on  
22 treating and bringing change. But we don't recognize it  
23 as a -- as a public health issue, I think we're going to  
24 be in trouble anyway. That's my second soapbox.

25 COMMISSIONER PLEITEZ HOWELL: Thank you,

1 Commissioner Heger.

2 Other questions? Comments?

3 Yes, Commissioner Taylor.

4 COMMISSIONER TAYLOR: I want to push that back  
5 even further than three. We need to do it when DCFS gets  
6 those babies under investigations, that immediately should  
7 be a priority to have those children assessed and  
8 determine what those children's needs are, and it should  
9 be a priority to get them into help right away.

10 So I see you put them on there, and that's great  
11 because that's what DCFS needs, but that partnership needs  
12 to be with DCFS as well as Dr. Heger, and that's  
13 important. Now, it's extremely important as well as for  
14 our client population.

15 My question gets to be is, what is the outcome  
16 for children. Have you defined that? Have you looked at  
17 it in this test group? You need to have that in advance  
18 so you can determine if we're making any progress.

19 The other thing is, what does it look like, you  
20 know, from that perspective. If we're going to get  
21 referrals. It goes back to that thing about timeliness.  
22 If they sit on there and have to wait and wait, it just  
23 goes downhill real quick for these families. And their  
24 ability to get their children back and get help and get  
25 what they need just goes downhill even more. And for

1 those poor families that are not a part of DCFS, it's just  
2 as critical.

3 So I want to push back to say, we need to make  
4 sure -- and I'm glad you're focusing on the zero to three.  
5 I'm with you on that. But it needs to be also this issue  
6 about availability and timely service. And if you're  
7 going to use a pilot, I want to hear more about what is  
8 the -- what is the base level and what are we shooting  
9 for.

10 MS. PENA: Okay.

11 MS. BELSHE: Good connection to the impact  
12 framework.

13 MS. PENA: Yes. And to attempt to answer the  
14 question on the larger goals for the demonstration  
15 communities, we are absolutely thinking critically about a  
16 set of standard goals for all the demonstration  
17 communities so that there's consistency in what they're  
18 being tested or measured against, and really thinking  
19 critically just to name a few while they're still being  
20 refined, but really thinking critically about reducing  
21 wait times. So we know that there's wait time up to six  
22 months to receive a referral. How do we get those times  
23 down across all our demonstration communities so that  
24 that's a standard goal, again, with the focus of  
25 technology, but then also making sure that there's linkage

1 to early intervention services at the earliest stage  
2 possible.

3 So I know you're saying two, but as soon as a  
4 screening is done and there's an identification of a  
5 concern or a potential delay, ensuring that the referral  
6 pathways are functioning smoothly and efficiently so that  
7 children and families are not bounced between services.  
8 Because that's another thing we've seen in the field where  
9 they might have a referral, but they're not being referred  
10 to the right entity or there's a missed opportunity to  
11 refer in network in some instance within the same site  
12 that the children are already being seen, for example, by  
13 their pediatrician.

14 So trying to think really critically about how to  
15 reduce duplication, reduce redundancy, speed up the  
16 process, streamline, fast track. These are all words that  
17 we're really -- and goals more than words -- goals that  
18 our team has been really thinking critically about, and  
19 that's what we want to see as our result through the  
20 demonstration communities.

21 COMMISSIONER TAYLOR: I hear three or four  
22 indicators you've already identified and the baseline is  
23 for one of them, it takes six months before they get  
24 anything. If they can't reduce that to less than a month,  
25 then -- then that's the ultimate goal, maybe the north

1 star. But we need to get away from the six to the one.

2 And you mentioned three or four others that I'm  
3 already hearing that you already have yourself identified  
4 as indicators of success in this process. And if we share  
5 that with our colleagues on the other side, like regional  
6 center and others, about getting the services and the  
7 assessment timely for these kids, then we know that we're  
8 going to move that whole process forward and we already  
9 have some indicators that's you've already identified.

10 COMMISSIONER PLEITEZ HOWELL: Commissioner Smith.

11 COMMISSIONER SMITH: Thank you. It's -- that  
12 was, I mean, extremely interesting and substantive because  
13 it had so many parts.

14 I want to be sure that I understand the  
15 demonstration community concept. Is it that all of these  
16 partners that you identify -- any door, you know, any  
17 child in any one of these places or institutions is  
18 entering the Help Me Grow path?

19 MS. PENA: Potentially. So we see the  
20 demonstration communities as our rollout to strengthen a  
21 key aspect of the EII continuum. At the same time, we're  
22 still working to implement the other four components of  
23 Help Me Grow, which includes the centralized access point,  
24 data collection, and analysis, the community and family  
25 engagement piece, and then, of course, the provider

1 outreach piece. So we see them almost on parallel tracks  
2 and we also see that there's -- the successful Help Me  
3 Grow will also be reliant on making sure that the referral  
4 pathways and that our key sectors who are doing the early  
5 identification and intervention are also working  
6 efficiently and effectively.

7 So to -- it's -- it's tricky to say that if by  
8 entering, therefore, they're part of the Help Me Grow  
9 system, but potentially.

10 COMMISSIONER SMITH: Yeah. I mean, in other  
11 words, it's not that all these come into play once they've  
12 been at the central access point.

13 MS. PENA: Correct.

14 COMMISSIONER SMITH: It's that any school or CBO  
15 or whatever can identify that child as, you know, part of  
16 those services; right?

17 MS. PENA: Absolutely. So as we think about  
18 sustainability and the reality and the complexity of LA  
19 county, we're not envisioning every child from zero to  
20 five go through the Help Me Grow centralized access point.

21 We also see that there's opportunity to  
22 strengthen through our sectors and our partners core  
23 pieces so that ideally we don't have to go through the  
24 Help Me Grow centralized access point. Ideally, we hope  
25 that there's promotional material. We're changing kind of

1 the standard and addressing stigma through our Help Me  
2 Grow efforts, but not necessarily assuming that all  
3 children will go through Help Me Grow access point.

4 We'd rather have the system work well -- all the  
5 system, all the sectors. So we see that on a parallel  
6 track as we're implementing Help Me Grow in this larger  
7 kind of space.

8 COMMISSIONER SMITH: So at some point we'll be  
9 seeing what the proposal is for the demonstration  
10 communities, so what they will be doing learning how to do  
11 in other words?

12 MS. PENA: Correct. Yes.

13 COMMISSIONER PLEITEZ HOWELL: Any other comments?  
14 Questions.

15 MS. FICEK: I would just add one other thing to  
16 that. One of the comments we heard during the planning  
17 process for Help Me Grow from our countywide stakeholder  
18 work group was, as were -- knowing the centralized access  
19 point was going to take some time and also considering the  
20 size and diversity of LA county, we wanted to focus  
21 efforts locally or regionally to build out and strengthen  
22 capacity within communities to identify children early and  
23 connect and link them to appropriate services and  
24 supports. So that was some of the original kind of  
25 feedback and input that helped us shape the design around.

1 As the centralized access point is developed and being  
2 designed, led by LA County Department of Public Health, we  
3 need to do some work around demonstration communities to  
4 really get this work focused locally and support someplace  
5 within communities.

6 COMMISSIONER TAYLOR: Can I add one more?

7 I like when you always ask the parents, what do  
8 they think of what we're doing. And so somewhere in there  
9 part of that indicator is, what does the parent think and  
10 what are those issues that -- you know, like you brought  
11 up before, what do they think needs to be done and what is  
12 important to them in order to engage the systems. Right?  
13 And so that -- that needs to be a part of that analysis.

14 And then our colleagues on the other end of how  
15 they engage that process to give services for their  
16 clients because they're defacto parents of these children.  
17 So we want to make sure they're satisfied as well. So we  
18 need to assess their opinion of what needs to be done as  
19 well.

20 COMMISSIONER PLEITEZ HOWELL: And I will just add  
21 a last comment on Assembly Bill 11. What First 5 LA is  
22 doing really just a terrific job of is taking the lessons  
23 learned on the ground and bringing that to the state  
24 level.

25 So about four or five years ago when we were

1 exploring early intervention, we showed up and talked --  
2 we, First 5 LA, showed up and talked to the Assembly and  
3 didn't have concrete examples. And came back and said,  
4 we're going to come back with somebody really concrete.  
5 And four years later, the first time we're sponsoring  
6 legislation, both the Assembly and the Senate say yes,  
7 this, is really amazing work. And it required a lot of  
8 staff here to pull that together. That is an amazing  
9 impact story to tell. And we will have a new governor  
10 that will listen to it slightly differently in a few  
11 months.

12 COMMISSIONER TAYLOR: Hopefully.

13 MS. BELSHE: The question was, was there a veto  
14 message?

15 MS. GREEN: I can defer to our policy expert in  
16 the room. But there was a veto message. It was very  
17 brief and it spoke to the sense that it's something that  
18 is already mandated and that it would be too costly to  
19 administer additional review and oversight. Although the  
20 bill does not ask for us to duplicate existing reviews,  
21 just to kind of leverage current processes to then focus  
22 on developmental screening for children zero to three.

23 MS. ISBELL: That's perfect.

24 COMMISSIONER TAYLOR: We need to educate the  
25 legislators on the down side for these children. We're

1 not getting these assessments timely and younger and  
2 getting those services faster, and what it's going to cost  
3 the State if they don't engage this process earlier for  
4 these children. So we need to get numbers and information  
5 that educates the State on what's going to happen to these  
6 children and give them some numbers and quantify numbers  
7 that says, this is what this child costs you now, and if  
8 you don't do anything, this is what it's going to cost you  
9 in the future. And I think they'll see the benefit of  
10 doing something sooner and investing the money here rather  
11 than later. So we need to do a look and take your skills  
12 to bring that to their attention like my colleague has  
13 said.

14 Because we went up there, and I'm going to tell  
15 you, without the information you gave us and the stuff we  
16 had, we would have not had the success that we had in  
17 doing that. And I didn't do anything. All I did was take  
18 what you said and advocate what you said. And thank you  
19 for giving it to me. But we were able to help these  
20 children. So kudos to you for doing that and letting me  
21 be a part of it. Thank you.

22 COMMISSIONER PLEITEZ HOWELL: Thank you,  
23 Cristina, Alexandra, and Krystal.

24 We are going to move on to Item Number 10 and  
25 your report, Armando. Welcome back.

1           MR. JIMENEZ: Thank you. I couldn't think of a  
2 more exciting thing to end the meeting than the state --  
3 report to the State annual for First 5 California. So I  
4 know that -- some people.

5           Before I start, I wanted to extend a heartfelt  
6 thanks to almost all of the individuals in the  
7 organization, most of which participate in this process  
8 either by communicating with our grantee partners or  
9 helping gather data for this. Also, a big shout out to  
10 our finance team. As you heard before, they do a  
11 marvelous job organizing the financial data, which we used  
12 for this process. So a major thanks. And also we have  
13 several partners, grantees here who I want to thank  
14 because they actually are the ones that supply the data to  
15 us.

16           So for those of you who may not know, as a  
17 commission we have a requirement to report data to First 5  
18 California. It's one of the few requirements that we  
19 have, but it's important that we as a commission are open  
20 and transparent about the data that we do report to the  
21 State. The requirements include presenting the data to  
22 all of you, which we are doing now. The second part of  
23 that requirement is your approval of the data. The third  
24 requirement is that we actually submit it. And that  
25 submission date, for whatever reason, is October 31st. I

1 need to find out what the significance of that is, but --  
2 at one point I will.

3 So the -- the report that we submit to the State  
4 is in three parts. One is the expenditure data which is  
5 in the first part. The second, it's called demographic,  
6 but it's programmatic data. The third is an evaluation  
7 summary. This is not an evaluation of the commission as a  
8 collective, but it represents reports that are generated  
9 during the fiscal year.

10 In your packet, you actually have what are called  
11 the AR-1, AR-2, and AR-3. You will be happy to know I  
12 will not go through any of the details in that  
13 information. It is simply to allow to you understand what  
14 we as a commission provide to the State. And it's  
15 required that you approve that data.

16 I'm going to talk a little bit about the process,  
17 not a lot. But what I want to emphasize is that, what's  
18 happening here at First 5 LA and it's part of our culture  
19 now and something that I appreciate is that we do a lot of  
20 reflection and learning and we build upon that learning to  
21 make revisions for the next year. So one of the things  
22 that we have learned in our process of gathering data from  
23 our partners, is we realize we only need to collect what  
24 we need to report. And this is really important because  
25 we want to be able to minimize the kinds of burden on our

1 partners in terms of the data they collect.

2 Now we want to make sure that you understand that  
3 we do require our grantee partners to submit data that's  
4 relevant for us. But data that we submit to the State  
5 commission comes in different forms, and we want to make  
6 sure we minimize the burden. So what we've learned is  
7 that we've streamlined our process of data collection.  
8 We've actually reduced a number of questions.

9 The second thing that we've learned is we've  
10 targeted the surveys that we've created to our grantees to  
11 do the type of work they do. So, for example, our systems  
12 partners get surveys that organize itself around the  
13 systems work. Those grantees that focus around providers  
14 organize the questions around the provider work. And  
15 those that provide direct service -- of those that we have  
16 do have that provide direct service, those questions  
17 relate to that. It makes it so much easier for our  
18 partners to complete the data, the surveys and submit the  
19 data to us.

20 I also realize that one of the big learnings that  
21 we've had is how important it is to make sure that we're  
22 available for questions in the moment. Initially, a few  
23 years ago we established webinars and trainings for our  
24 grantees. And we found out oftentimes between the time  
25 they were trained and the time that they were actually

1 submitting the data, they had almost forgotten all of the  
2 training concepts. So we make sure that we were available  
3 to answer questions in the moment.

4 So I wanted to just talk about their -- the  
5 initial part of what we do is, we outreach to both staff  
6 and the grantees, letting them know that we're about to go  
7 through this process to collect data from them. We submit  
8 and start sending out surveys to grantees in the early  
9 summer, starting May sometimes into the month of June. We  
10 collect that data all through the course of the summer.

11 The third thing we do is we work with our finance  
12 colleagues to gather all of the expenditure data. And  
13 that's important that that expenditure data aligns with  
14 the auditing process. One of the things that we have to  
15 do is make sure we cross-reference all of the data that we  
16 submit through this process with the audited financials.

17 The last thing we do, which is probably the most  
18 complicated -- and I won't go into a lot of detail, but  
19 the State -- First 5 California has reporting categories  
20 that are different from the way we do our work. So in  
21 other words, our four outcome areas that we have as First  
22 5 LA are not things that are reported to the First 5  
23 California. So what we must do is map the program and  
24 expenditure data to the categories that First 5 California  
25 has created.

1           One of the issues I wanted note is that it  
2 creates some limitations for us in terms of our ability to  
3 tell a First 5 LA story because these categories are  
4 really around what the First 5 California is organizing  
5 their data around.

6           That being said, I would like to highlight a  
7 couple of very, very high level findings from the data  
8 that we've generated thus far. Actually, I'm -- just to  
9 note, this is the expenditure data that is also aligned  
10 with what the finance team presented to you all before.  
11 So I won't spend much time here.

12           This is a chart of our expenditures based on the  
13 categories that First 5 California has defined. What I  
14 would like to point your attention to is the percentage of  
15 work that is under the category of systems of care. And  
16 in terms of expenditures, it represents 24 percent of our  
17 work. Now, one of the things that's very important for us  
18 as First 5 LA in our shift from orienting our work away  
19 from exclusively direct services to systems change and  
20 policy and advocacy, is that percentage of the pie will  
21 become bigger over time. And it has become bigger  
22 compared to previous years.

23           This next one, the real highlight of this  
24 particular chart is to show, I mean, over the course of  
25 the last fiscal year, we engaged with nearly 250,000

1 individuals, basically, children, families, and providers  
2 that were served through our work, our collective work.  
3 That's important and that's a significant amount of  
4 engagement with those children, families, and providers  
5 that we need to.

6 So this particular graphic -- and, again, I  
7 wanted to point your attention away from the colors  
8 because those are the First 5 California reporting  
9 categories. But I wanted to pay attention to the actual  
10 chart or the actual numbers. If you notice, most of our  
11 work is oriented towards children. If you notice, the  
12 difference there in the chart, there are children,  
13 families, and providers. Most of our work is focused on  
14 the children.

15 Finally, the other thing I'd like to highlight is  
16 that this shows the age distribution of the children and  
17 families that -- the children actually that we serve.  
18 What's important here is that, if you notice, that  
19 zero-to-one category is the highest percentage. If you  
20 were to go back in time five, six years and you were to  
21 look at a chart, the actual distribution would be towards  
22 four and five year olds. And one of the things that we  
23 always hoped that that -- is that distribution would shift  
24 towards what we see here from a developmental perspective.  
25 Addressing children at the earliest opportunity is most

1 beneficial and from an evidence base is the most  
2 impactful.

3 So our next steps. Our next steps is that you  
4 will see this in the consent calendar which needs your  
5 approval in order for us to be able to submit it. And  
6 then we will actually be going onto this First 5  
7 California system and submitting the data on October 31st.  
8 And I will be dressed up as your favorite super hero  
9 whoever while I do that.

10 But any questions or anything that you would like  
11 to ask about the process, I'd be happy to answer.

12 COMMISSIONER SMITH: You know, Kim was just  
13 telling me how the organization of data is kind of not  
14 current for us. But I was saying to her that, as, you  
15 know -- maybe I can't consider myself a new commissioner  
16 anymore -- I actually found it very helpful to have a  
17 better overview of, you know, what we're doing and who  
18 we're serving. So I -- you know, I welcome it. And I  
19 think the slides you showed us were very helpful.

20 COMMISSIONER PLEITEZ HOWELL: Any other comments  
21 questions?

22 All right. Upon hearing none, thank you so much  
23 for your time, Armando.

24 Are there any public comments?

25 SECRETARY: No public comments.

1                   COMMISSIONER PLEITEZ HOWELL: No public comments.

2       Ladies and gentlemen we're at 4:10. Thank you.

3                   MS. BELSHE: Show off.

4                   COMMISSIONER PLEITEZ HOWELL: Thank you so much  
5       for your time. Any objections to ending the meeting at  
6       4:10 by fellow commissioners?

7                   Hearing none. Thank you.

8                   (At 4:11 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 10th day of October, 2018.

DocuSigned by:

*Heatherlynn Gonzalez*

AE10E8980664405  
CERTIFIED SHORTHAND REPORTER

FOR THE STATE OF CALIFORNIA

## FIRST 5 LA

**SUBJECT:**

**Measuring First 5 LA's Impact: Review of Results for Children and Families and Monitoring Measures**

**BACKGROUND:**

First 5 LA works to ensure that “by 2028, all children in L.A. County will enter kindergarten ready to succeed in school and life.” The 2015-2020 Strategic Plan places families at the center of this work and focuses on supporting parents and caregivers.

**Where We Have Been**

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. The 2015-2020 Strategic Plan also highlights our intention of making impacts at the population level for children and families in L.A. County.

The shift away from direct services to policy and systems change corresponds to a greater emphasis on our role as a thought partner, collaborator, convener, capacity builder, catalyst, grantmaker and advocate. Considering that we are dramatically changing the way in which we do our work, our approach to learning and measuring progress must be adjusted as well. Our previous learning and measurement work focused on implementing large-scale initiative evaluations that documented and described stories about discrete programs. Our ability to talk about progress was limited to the program participants that were part of the various initiatives. We struggled to tell a more comprehensive and integrated story of the impact of collective work for children and families.

As a way to help us tell a more powerful story about the progress we are making as we implement the current Strategic Plan, we introduced the Impact Framework. The Impact Framework is both a process and a tool and represents a significant paradigm shift in the way we measure our progress. The Impact Framework engages staff from across the organization, who have been participating in a series of structured processes to document pathways between their work and systems outcomes and the results we seek for children and families. The staff engagement extended beyond the program outcome areas, and all divisions and departments were involved in the discussions. As a process, First 5 LA's Impact Framework is a robust effort to capture changes by prioritizing measurement at three distinct levels:

- 1) *Results for Children and Families* – Child- and family-level changes that reflect progress towards our North Star
- 2) *Systems Outcomes (Services and Supports)* – Improvements in systems so that they work better for families and children
- 3) *Monitoring Measures (Environment)* – A set of measures to track trends that impact children, families and our work

Taken together, these components will help First 5 LA to measure our progress and communicate our impact story.

## **Where We Are Now**

In previous discussions staff has provided an overview of the Impact Framework, and outlined our criteria-driven process to select results for Children and Families. At the October 11, 2018, Commission Meeting, staff presented a focused and holistic set of Results for Children and Families that we intend to use to assess First 5 LA's progress in achieving our North Star. Staff also highlighted possible implications for selecting a focused set of Results for Children and Families using previously discussed criteria. The results presented for feedback and dialogue included:

- a) Families have the resources, opportunities, relationships and environment to optimize their child's development.
- b) Children enter kindergarten without any previously unidentified developmental delays and connected to developmentally appropriate services and supports.
- c) Children are safe from abuse, neglect, and other trauma.
- d) Children have high quality ECE experiences prior to kindergarten entry.

In addition, staff also presented a set of recommended Monitoring Measures that would allow First 5 LA to understand the environment in which children and families live and thrive in Los Angeles County.

The Monitoring Measures presented were organized into the following categories: a) Child Characteristics, b) Maternal Characteristics, c) Family Characteristics, d) Resources and e) Community Characteristics.

Finally, staff outlined a series of Board discussions that will lead to the approval of the Results for Children and Families and Monitoring Measures in November 2018.

## **DISCUSSION:**

### **Where Are We Going**

The purpose of this presentation and discussion are as follows:

- Provide an overview of the Impact Framework and progress to date
- Discuss proposed set of Results for Children and Families and revised Monitoring Measures for Board consideration
- Review approach to measurement and indicator selection criteria
- Review proposed next steps regarding Board engagement

During the Oct 11, 2018 Board meeting Commissioners had the opportunity to reflect and comment on Results for Children and Families and Monitoring Measures. Staff reviewed all of the feedback and input from the Board meeting, and several items were added to the list of Monitoring Measures. This meeting will provide Commissioners with additional opportunities to review and reflect on the Results for Children and Families as well as the revised list of Monitoring Measures.

In addition, staff will outline our approach to measurement that will include indicator identification, selection and review. Indicators for the Results for Children and Families and the Monitoring Measures will be selected using a set of criteria that includes the following:

- 1) Relevance – There is a clear relationship between the indicator and the outcome.

- 2) Credibility – The indicator has been recommended or is being used by leading experts and organizations.
- 3) Sound Methodology – The approach to measurement is robust.
- 4) Disaggregation – Data can be disaggregated by geography, demographic characteristics and other factors.
- 5) Reliability – Data is captured consistently, and there is an acceptable amount of missing data.
- 6) Accessibility – First 5 LA can obtain access to the data.
- 7) Cost – Data can be obtained at a reasonable cost.
- 8) Communication Power – The indicator is clear and easy to understand for policy makers, stakeholders and the general public.

Finally, staff will highlight the opportunities to leverage specific ongoing measurement efforts in L.A. County and the State in order to inform our work and work collaboratively.

**NEXT STEPS:**

At the November 2018, Board of Commissioners Meeting, Commissioners will have the opportunity to approve the proposed Results for Children and Families and Monitoring Measures. Staff will introduce the Measurement Plan and the Reporting Plan in the spring and summer of 2019.

## MEASURING FIRST 5 LA'S IMPACT: REVIEW OF RESULTS FOR CHILDREN AND FAMILIES AND MONITORING MEASURES

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Daniela Pineda, Ph.D.

Vice President, Integration & Learning

Armando Jimenez

Director, Measurement, Learning & Evaluation

Steven LaFrance

Founder and CEO, Learning for Action



- Provide overview of Impact Framework and progress to date
- Discuss proposed set of Results for Children and Families and revised Monitoring Measures for Board consideration
- Review approach to measurement and indicator selection criteria<sup>135</sup>
- Review proposed next steps regarding Board engagement

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

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## 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

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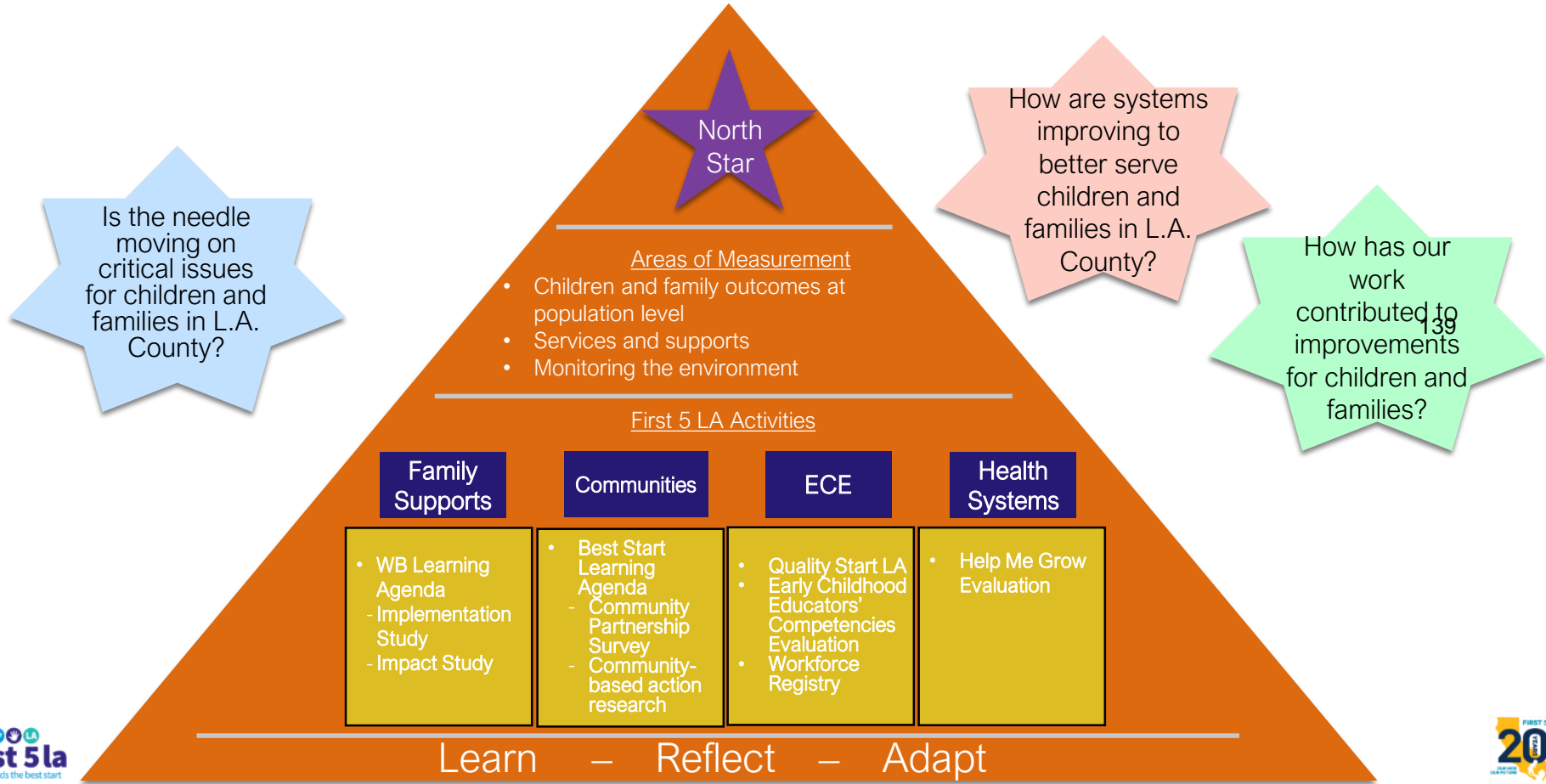
### Areas of Measurement

- Children and family outcomes at population level
- Services and supports
- Monitoring the environment

### First 5 LA Activities

Family Supports	Communities	ECE	Health Systems
<ul style="list-style-type: none"><li>• WB Learning Agenda</li><li>- Implementation Study</li><li>- Impact Study</li></ul>	<ul style="list-style-type: none"><li>• Best Start Learning Agenda</li><li>- Community Partnership Survey</li><li>- Community-based action research</li></ul>	<ul style="list-style-type: none"><li>• Quality Start LA</li><li>• Early Childhood Educators' Competencies Evaluation</li><li>• Workforce Registry</li></ul>	<ul style="list-style-type: none"><li>• Help Me Grow Evaluation</li></ul>

Learn – Reflect – Adapt



# Results for Children and Families

140

## 1. Results for Children and Families

Child and family changes at the population level that reflect progress towards our North Star

## 2. Systems Outcomes (Services and Supports)

Improvements in systems so that they work better for families and children<sup>141</sup>

## 3. Monitoring Measures (Environment)

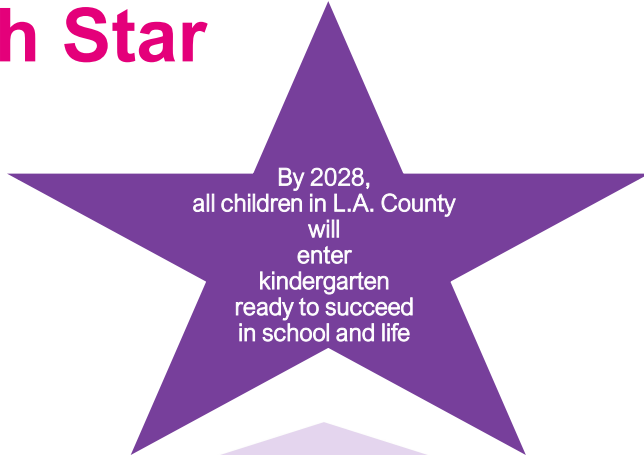
A set of measures to track trends that impact children, families and our work

- Field Research and Evidence: School Readiness Dimensions
- Alignment with First 5 LA's Experience and Strengths
- Unique Role
- Alignment with County/State Outcomes

142

# Results for Children and Families Contributing to First 5 LA's North Star <sup>10</sup>

North Star Aspiration



143

Results for Children and Families

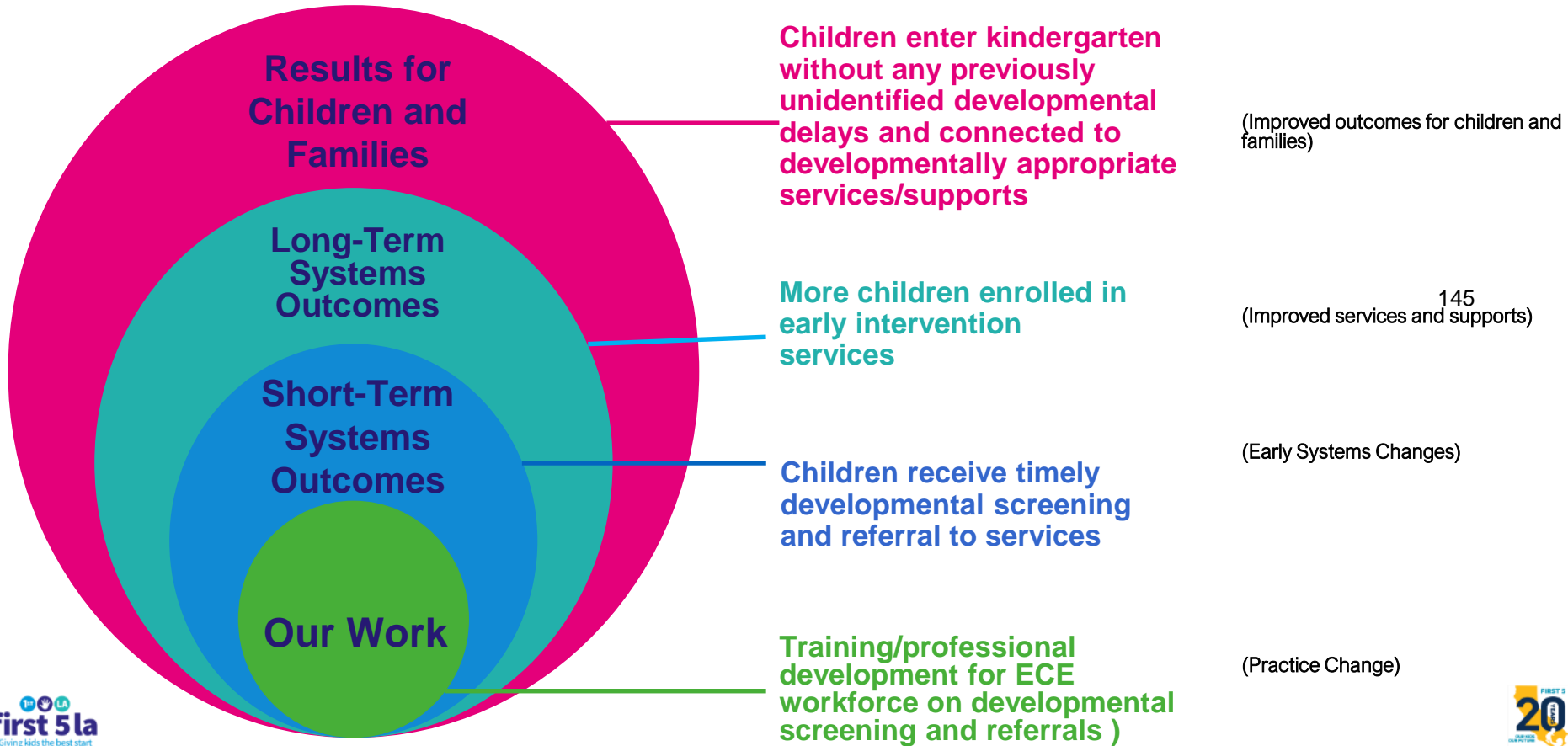
Families have the resources, opportunities, relationships and environment to optimize their child's development

Children enter kindergarten without any previously unidentified developmental delays and connected to developmentally appropriate services/supports

Children are safe from abuse, neglect, and other trauma

Children have high-quality ECE experiences prior to kindergarten entry

- Define that to which we are holding ourselves accountable
- Focus and guide Commission decisions about strategy
- Focus and guide how staff channel their time and resources
- Focus and guide who we partner with and how we engage in partnerships
- Support clear communications



Do you have any additional reflections on the Results for Children and Families?

146

Monitoring Measures help us to understand the environment in which we work.

147

## What are monitoring measures?

- Measures that help us 'keep a pulse' on the environment that affects children, families, and our work
- Can be descriptive of family and child characteristics and/or environmental conditions

148

## How will we use monitoring measures?

- Track trends over time
- Understand the context in which children and families live

# Revised List of Monitoring Measures

## Child Characteristics

- 1) Birth Rates
- 2) Low Birth Weight
- 3) Infant Mortality
- 4) Overweight/Obesity
  
- 5) Abuse/Neglect
- 6) Foster Care
- 7) Individual Family Service Plan
  
- 8) Special Education
  
- 9) English Learner Designation
  
- 10) 3<sup>rd</sup>-Grade Reading Levels
  
- 11) Newborn - Drug/Alcohol Toxicity

## Maternal Characteristics

- 12) Prenatal Care
- 13) Breastfeeding
- 14) Education Attainment
- 15) Working Outside the Home
  
- 16) Maternal Depression**
- 17) Post-Partum Care**
- 18) Maternal Substance Use**
  

## Family Characteristics

- 19) Structure
- 20) Housing Cost Burden
- 21) Income

## Resources

- 22) Food Insecurity
- 23) Homelessness
- 24) Emergency Room Visits
- 25) Health Insurance

## Community Characteristics

- 26) Access to Transportation
- 27) Access and Utilization of Public Libraries
- 28) Access to Parks and Recreation
- 29) Parent/Community Knowledge of Early Childhood**
- 30) School-Based ECE Involvement**

149

Do these proposed Monitoring Measures sufficiently capture and track trends that could affect First 5 LA's work and achievement of outcomes?

150

# Approach to Measurement

151

- Identify possible indicators for the Results for Children and Families and the proposed Monitoring Measures
- Apply criteria to select the indicators we want to use and measure for the Impact Framework
- Leverage other related measurement work
- Highlight possible gaps

152

- Examine the peer reviewed literature
- Connect with others doing similar work (First 5's, Foundations, Public Entities)
- Talk to the experts
- Tap into our own experience (previous evaluations, research and data projects)

153

## Validity

- Clear relationship between indicator and outcome
- Indicator recommended or being used by leading experts and organizations

## Data Quality

- Robust approach to measurement
- Ability to disaggregate by geography, demographic characteristics, etc.
- Data captured consistently with an acceptable amount of missing data

154

## Feasibility

- First 5 LA can gain access to the data
- Data can be obtained at a reasonable cost

## Utility

- Clear and easy to understand for policy makers, stakeholders and general public

- Office of Child Protection – Data Workgroup (Tasked with developing prevention measures for Child Abuse and Neglect)
- LA County – Chief Information Office (Launching a countywide effort to capture and report performance metrics within major departments)
- Healthy Start Index – First 5 Association effort to assess California’s youngest children
- Other efforts – EC-LINC, Portrait of Los Angeles, Children’s Data Network, Equity Index, Neighborhood Data for Social Change, Inter-Agency Council on Child Abuse and Neglect (ICAN) data reports

155

- Use the criteria to help us define a smaller set of useful indicators.
- Crosswalk the indicators with other efforts to maximize opportunities to collaborate on measurement and reporting
- Vet indicators with external research/measurement experts.
- Highlight gaps and create data development plans for future consideration.

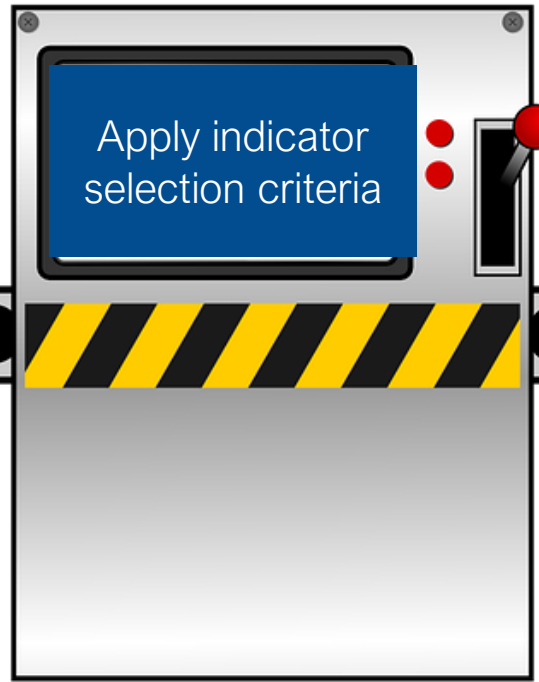
156

- Monitoring Measure - Childhood Overweight/Obesity
- Possible Indicators:
  - a) Parent Assessment Self-Report
  - b) Most recent weight (percentile)
  - b) BMI (85<sup>th</sup>-95<sup>th</sup> percentile, over 95<sup>th</sup> percentile)
  - c) DEXA\* Scan

157

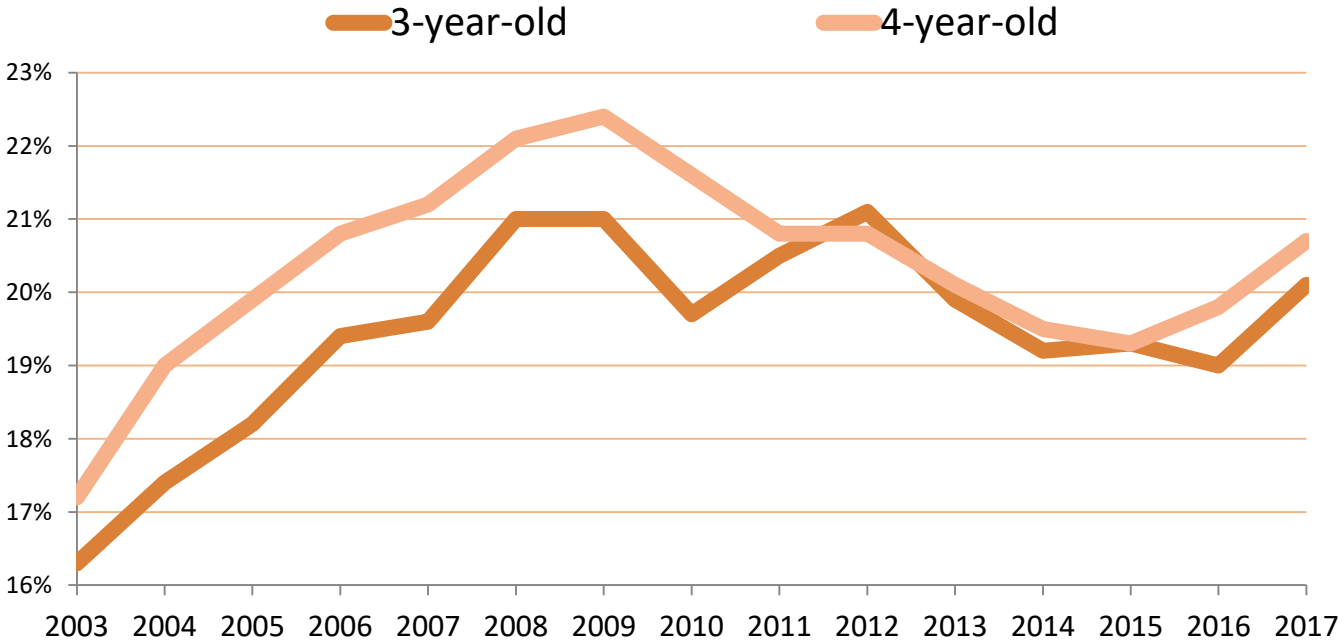
\* A dual energy X-ray absorptiometry scan (DEXA) – Is a tested and highly accurate procedure used to quantify lean, fat, bone mass, and visceral fat.

- Possible Indicators:
- 1) Parent Self-Report
  - 2) Recent Weight
  - 3) BMI
  - 4) DEXA Scan



158

## % Overweight in WIC Children



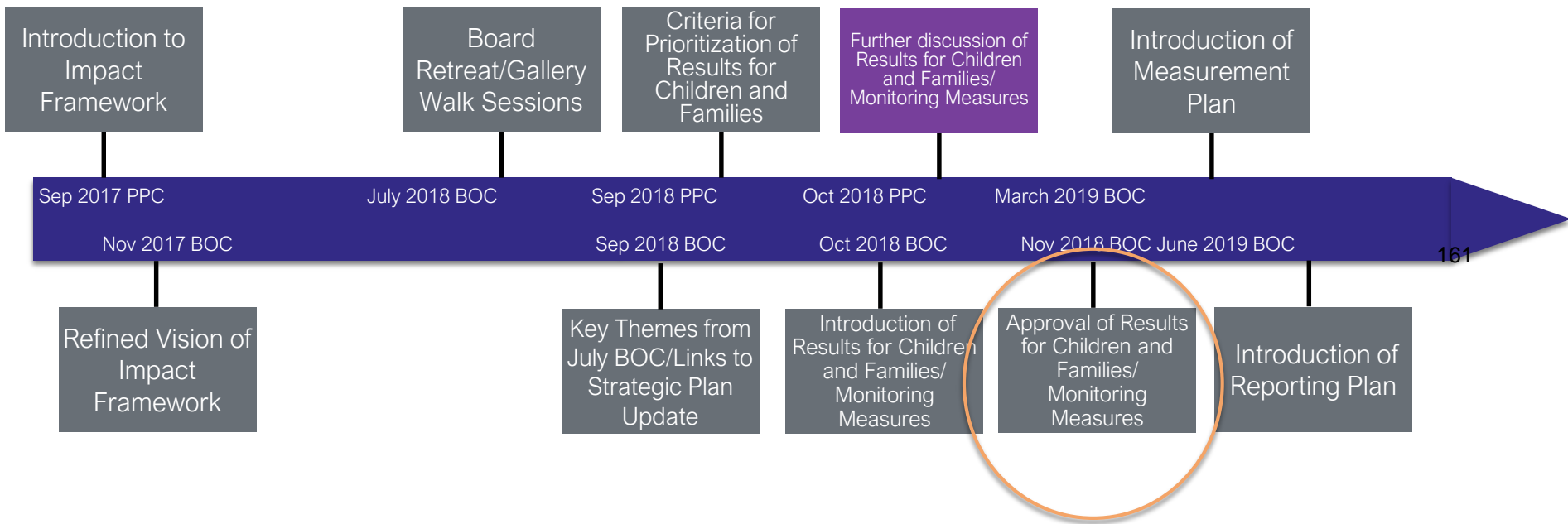
159

Do you have any questions or comments on the indicator selection criteria that we intend to use for our measurement work?

160

Are you aware of other significant measurement efforts that we should know about and with which we should connect?

# Next Steps for Impact Framework



161

Key

BOC=Board of Commissioners Meeting PPC= Special Board/Program and Planning Committee Meeting

A woman with long dark hair and sunglasses is lying on her stomach on a grassy field, laughing joyfully. She has her arms around two young boys. One boy, wearing a blue and orange plaid shirt, is sitting up and smiling. The other boy, wearing an orange and white striped shirt, is lying on his stomach and laughing with his mouth open. The background is a soft-focus green field under bright sunlight.

Thank You!

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

**1<sup>st</sup>**  **LA**  
**first 5 la**  
Giving kids the best start

# Appendix

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- 1. Field Research and Evidence:** The degree to which field research and evidence identify outcomes most relevant to achieving our North Star
- 2. Alignment with First 5 LA's Experience and Strengths:** The degree to which the outcome is aligned with First 5 LA's body of knowledge, experience, strengths and role (convener, catalyst, capacity-builder and integrator)<sup>164</sup>
- 3. Unique Role:** The degree to which First 5 LA is uniquely positioned to fill a gap in the field
- 4. Alignment with County/State Outcomes:** The degree to which the outcomes align with those being adopted or used by L.A. County or the State

- 1. Children are Ready for School:** Children have the physical well-being and motor development, social/emotional and language development, and cognitive and general knowledge to enter Kindergarten ready to learn.
- 2. Schools are Ready for Children:** Schools outreach to families of pre-K children, communicate expectations and standards, support family engagement, coordinate curriculum with pre-K providers, and have the capacity to connect children and families with the services they need.
- 3. Families and Communities Prepare Children for School:** Communities have a stake in the healthy development of young children and an obligation to support families. High-quality early care and education is available and accessible, and information and services for children and families are accessible and culturally appropriate.

\***Source:** National Education Goals Panel (1998). *The National Education Goals Report: Building a Nation of Learners, 1998*. Washington DC: U.S. Government Printing Office.

## FIRST 5 LA

### **SUBJECT:**

Provide strategy developments for the Help Me Grow-Los Angeles (HMG-LA) implementation: health systems engagement efforts. Highlights will include summary of First 5 LA's ongoing engagement with L.A. County's managed care plans on maternal and child health, important findings from the Los Angeles County Department of Public Health's (LACDPH) provider survey of practices, screening, referrals and related barriers (SUPRB), and a preview of the L.A. Care Health Plan pilot.

### **BACKGROUND:**

Identifying young children with or at risk for developmental and behavioral delays is an essential first step toward ensuring that all children have the opportunity to reach their optimal physical, mental and socioemotional health and well-being. However, in California, only 21 percent of children receive timely developmental-behavioral screenings, resulting in California ranking 43<sup>rd</sup> among states for the rate of young children who receive developmental screenings. First 5 LA, in partnership with L.A. Care Health Plan, the Los Angeles County Department of Public Health (LACDPH), and the American Academy of Pediatrics (AAP)-California Chapter 2, launched planning for Help Me Grow (HMG) in 2016 to strengthen early identification and intervention systems in the county. Currently, First 5 LA and LACDPH are co-leading the implementation of Help Me Grow for L.A. County (HMG-LA).

HMG is a national system change model, which aims to improve the coordination and functioning of developmental and behavioral screening, assessment and early intervention supports through the following four essential core components: Child Health Care Provider Outreach; Community & Family Outreach;<sup>1</sup> Centralized Access Point; and Data Collection and Analysis.

The model works to promote cross-sector collaboration in order to build efficient and effective early childhood systems that support families so that children can grow, develop and thrive to their full potential. Successful implementation of HMG leverages existing resources, maximizes opportunities within public agencies and across system functions, and advances a coalition of providers and sectors working collaboratively toward a shared agenda.

On November 9, 2017 the Board approved the establishment of a Strategic Partnership with LACDPH to serve as the organizing entity for HMG-LA and on April 26, 2018 authorized the scope of work and budget for year 1 (FY18-19) of the five-year Strategic Partnership. On July 1, 2018, the Strategic Partnership with LACDPH officially commenced and together First 5 LA and LACDPH have been working in close collaboration on strategy design and implementation of the four core components.

First 5 LA and LACDPH have been leading activities to further inform the HMG-LA Child Health Provider Outreach (CHPO) component, including ongoing engagement with L.A. County's managed care plans to increase awareness about HMG-LA efforts and identify opportunities for collaboration related to maternal and child health; a partnership with L.A. Care to design and implement a pilot to strengthen early identification and intervention among providers; and surveying county providers from the Child Health and Disability Prevention program and Department of Public Health in Los Angeles, Pasadena and Long Beach to better understand current practices and identify barriers related to screening and referrals.

### **STATUS OF WORK:**

The HMG-LA recommendation report "Promoting Young Children's Optimal Development" released in October 2017 serves as a foundation for the vision of HMG-LA and provides guidance to First 5 LA,

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

LACDPH and partners for implementing each of the HMG-LA core components. The report recommends “the first priority of CHPO should be to raise early identification standards and practices across all child health service sectors.” Furthermore, the “HMG-LA CHPO values an outreach approach that educates and motivates child health care providers to standardize the practice of conducting developmental surveillance and screening; encourages conversations between providers and families about child developmental health; and facilitates access to relevant tools, resources and trainings for providers.”

Staff have been exploring opportunities to strengthen early identification and intervention in alignment with recommendations across various levels within the health care sector, including at the individual health care provider and clinic levels, the Individual Practice Association (IPA) and health plan levels, and the state policy-regulatory level with the California Department of Health Care Services. Activities currently underway prioritized for today’s presentation include a summary of ongoing engagement efforts with L.A. County’s managed care plans on maternal and child health; findings from the LACDPH-led provider survey; and a preview of the L.A. Care pilot.

***L.A. County Managed Care Plan Maternal and Child Health Engagement:***

Since Spring 2018, First 5 LA staff have been hosting standing quarterly meetings on the topic of maternal and child health with the county’s six managed care plans and county health departments, including LACDPH, the Los Angeles Department of Health Services (DHS), and the Los Angeles County Department of Mental Health. Discussions generally include exploring care management, integrated care, referral practices between care provider and community resources, as well as, exchanging information about First 5 LA, health plan and county efforts related to maternal and child health. Staff have presented on First 5 LA’s early identification and intervention efforts, including HMG-LA implementation and findings from the L.A. Care Pre-Discovery Phase. These conversations have yielded significant information from the plans about priority interests and opportunities for enhancement and improvement through HMG-LA, including the CHPO component.

***Los Angeles County Department of Public Health’s Survey of Practices, Screening, Referrals and Related Barriers (SUPRB):***

As the HMG-LA Organizing Entity, LACDPH is tasked with supporting implementation planning of the HMG-LA infrastructure (Centralized Access Point and Data Collection and Analysis); developing a HMG-LA countywide spread and scale strategy; and identifying sustainable federal and state funding to support HMG-LA activities. Since commencing the first year of a five-year Strategic Partnership on July 1, 2018, LACDPH has been conducting an environmental scan of county programs and practices related to early identification and intervention within LACDPH, Long Beach Health and Human Services (LBHHS), and Pasadena Public Health Department (PPHD) to inform strategy and the development of a HMG-LA Business Plan.

Starting in July, LACDPH designed and conducted the “Survey of Practices in Screening, Referrals and Related Barriers” (SUPRB) to better understand provider practices across L.A. County to inform HMG-LA implementation, including the CHPO component. Over 270 health providers representing the Los Angeles County Child Health and Disability Prevention (CHDP) program, DHS, LBHHS, and PPHD were surveyed during Quarter 1. Preliminary findings indicate that while 95 percent of providers report they conduct developmental screenings, over 80 percent of providers identify the Staying Healthy Assessment (SHA) as the leading screening tool used even though the SHA is not classified as a standardized validated developmental screening tool to monitor developmental or behavioral delays in young children. Additionally, SUPRB also assessed providers’ perceived motivations and barriers to conducting developmental and behavioral screening and referrals. For example, providers identified “limited time” and “limited staff” has the greatest barriers to screening while “parent hesitation” and “unsure who provides services” were selected as the greatest barriers to making a referral. LACDPH is currently engaged in deeper analysis of the survey’s results and these findings are helping to further inform the CHPO strategy design.

***L.A. Care Pilot—Early Vision:***

Since co-launching HMG-LA's early design and planning, L.A. Care has continued to support the implementation of HMG-LA with a commitment to partner with First 5 LA to pilot activities to strengthen early identification and intervention practices among child health providers. Furthermore, L.A. Care provides health coverage to over half of the birth to five population in L.A. County eligible for Medi-Cal and also offers commercial health coverage through Covered California. Their scope and reach make L.A. Care a valuable key partner to influence system change and increase countywide impact.

Over the last year, L.A. Care initiated and supported the cost of a Pre-Discovery Phase to inform and guide the structure of the pilot. Findings from the Pre-Discovery Phase were released in September 2018 and the recommendations address optimizing the ability of providers to have productive conversations about developmental health with families and to assist families in accessing additional services as needed. For example, recommendations included modifying visit structure and workflows, applying technology, and leveraging team-based care approaches to foster improved practice change to strengthen early identification and intervention.

Based on the Pre-Discovery Phase findings coupled with the proposed vision for HMG-LA CHPO, staff and L.A. Care are placing an emphasis on increasing screening rates with validated tools and when appropriate, referrals among providers; increasing provider knowledge on developmental screening and referrals; and increasing member knowledge of child development and access to resources. Additionally, staff and L.A. Care are exploring a multi-tiered approach for the pilot which includes leveraging L.A. Care's existing provider, member and community outreach efforts; using L.A. Care's Health Information Technology Department's expertise to support practice transformation to increase screening and referrals at safety-net clinics and private practices; and investing in technology and workflow improvements at select clinics. The pilot's chief objective is addressing system and practice change at various levels of the health sector, including at the individual provider and member level, the clinic/practice level and at the health plan level. Staff and L.A. Care are currently exploring how the pilot can foster long-term and sustainable practice changes within L.A. Care that can contribute to strengthening early identification and intervention beyond the life of the pilot.

As L.A. Care and First 5 LA are further finalizing the design of the L.A. Care pilot, findings from the LACDPH-led provider survey are also being considered. Staff will present details for the pilot (objectives, budget and timeline) at a Program and Planning Committee meeting in early spring 2019.

**NEXT STEPS:**

Staff are working closely with L.A. Care to refine the pilot, including the objectives, scope of work and budget and expect to return to the Board in Spring 2019.

# HELP ME GROW– LOS ANGELES IMPLEMENTATION: HEALTH SYSTEMS ENGAGEMENT

Cristina J. Peña, Senior Program Officer, First 5 LA

Nicholas Pisca, Ph.D Research Scientist, L.A. County  
Department of Public Health



- Highlight Help Me Grow—L.A.’s health system engagement efforts
- Discuss findings from the Los Angeles County DPH **S**urvey of **P**ractices, **S**creening, **R**eferrals and Related **B**arriers (SUPRB)<sup>f70</sup>
- Preview L.A. Care Pilot

## Building Upon

- ❑ HMG-LA Early Design & Planning Phase
- ❑ First Connections: partnership with 3 Federally Qualified Health Centers, 2 family service agencies and 1 family resource center
- ❑ Strategic Partnership with Los Angeles County Department of Public Health (LACDPH)

## Currently Underway

- ❑ Policy & Systems Change
  - ❑ AB11
  - ❑ L.A. Care Pilot: Pre-Discovery Phase
- ❑ Stakeholder Engagement
  - ❑ Regional Centers
  - ❑ MCO Health Plans
- ❑ HMG Implementation
  - ❑ Demonstration Communities
  - ❑ QRIS Integration Study
  - ❑ Office of Child Protection, HMG & Communities
  - ❑ Home Visiting & HMG

## On the Horizon

- ❑ Launch L.A. Care Pilot
- ❑ LACDPH HMG Business Plan
- ❑ HMG Advisory Committees
- ❑ Launch HMG Demonstration Communities

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## Building Upon

- ❑ HMG-LA Early Design & Planning Phase
- ❑ First Connections: partnership with 3 Federally Qualified Health Centers, 2 family service agencies and 1 family resource center
- ❑ Strategic Partnership with Los Angeles County Department of Public Health (LACDPH)

## Currently Underway

- ❑ Policy & Systems Change
  - ❑ **L.A. Care Pilot Preview**
- ❑ Stakeholder Engagement
  - ❑ Regional Centers
  - ❑ **MCO Health Plans**
- ❑ HMG Implementation
  - ❑ **LACDPH Provider Survey (SUPRB)**
  - ❑ Demonstration Communities
  - ❑ QRIS Integration Study
  - ❑ Office of Child Protection, HMG & Communities
  - ❑ Home Visiting & HMG

## On the Horizon

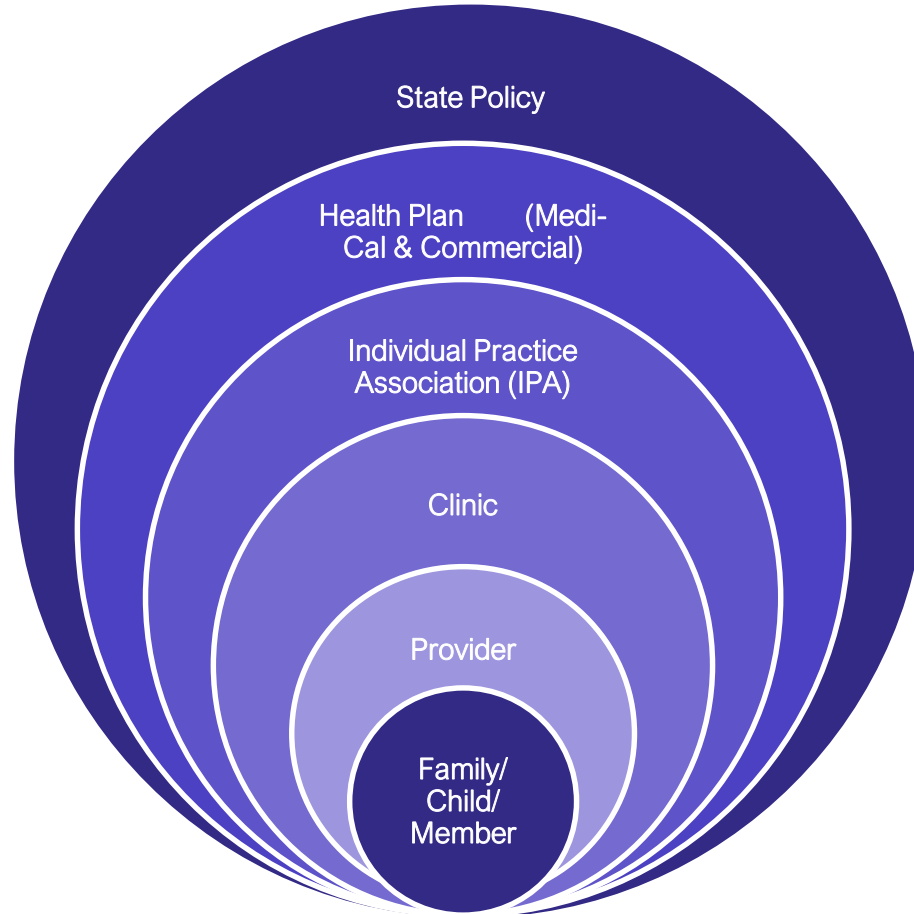
- ❑ Launch L.A. Care Pilot
- ❑ LACDPH HMG Business Plan
- ❑ HMG Advisory Committees
- ❑ Launch HMG Demonstration Communities

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## CHPO Goal:

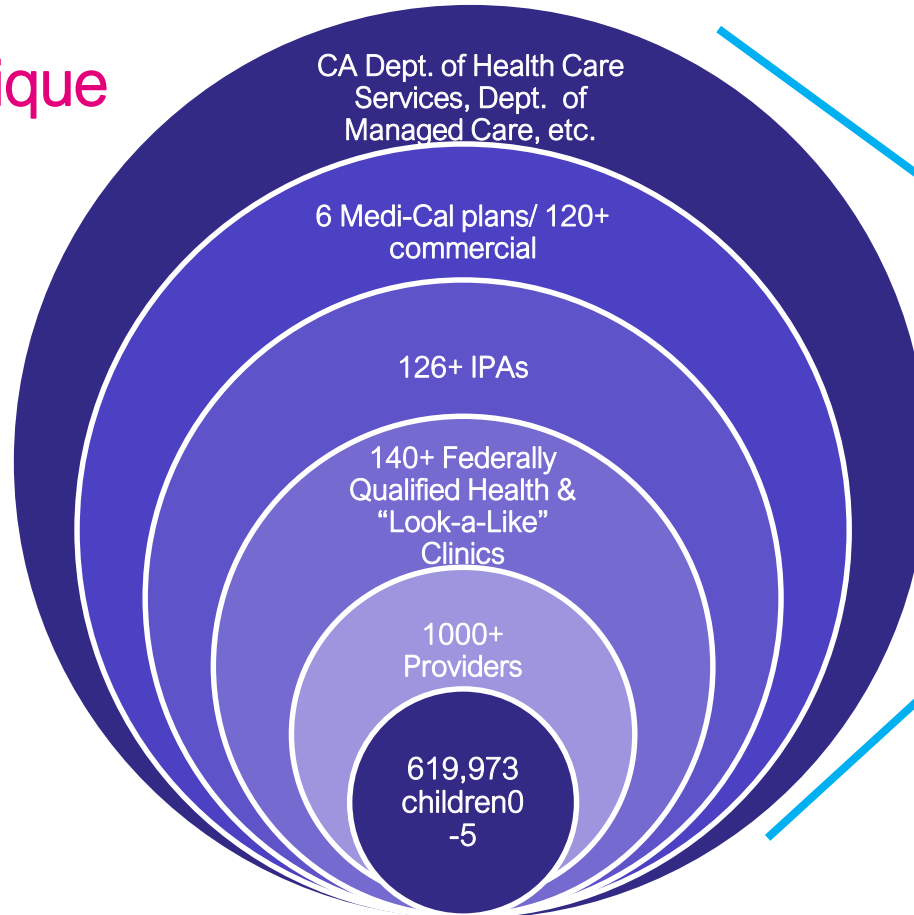
- “...*Raise early identification and intervention standards and practices across all child health service sectors.*”
  - *HMG-LA Recommendation Report*
- Requires engagement at multiple layers across the health system sector

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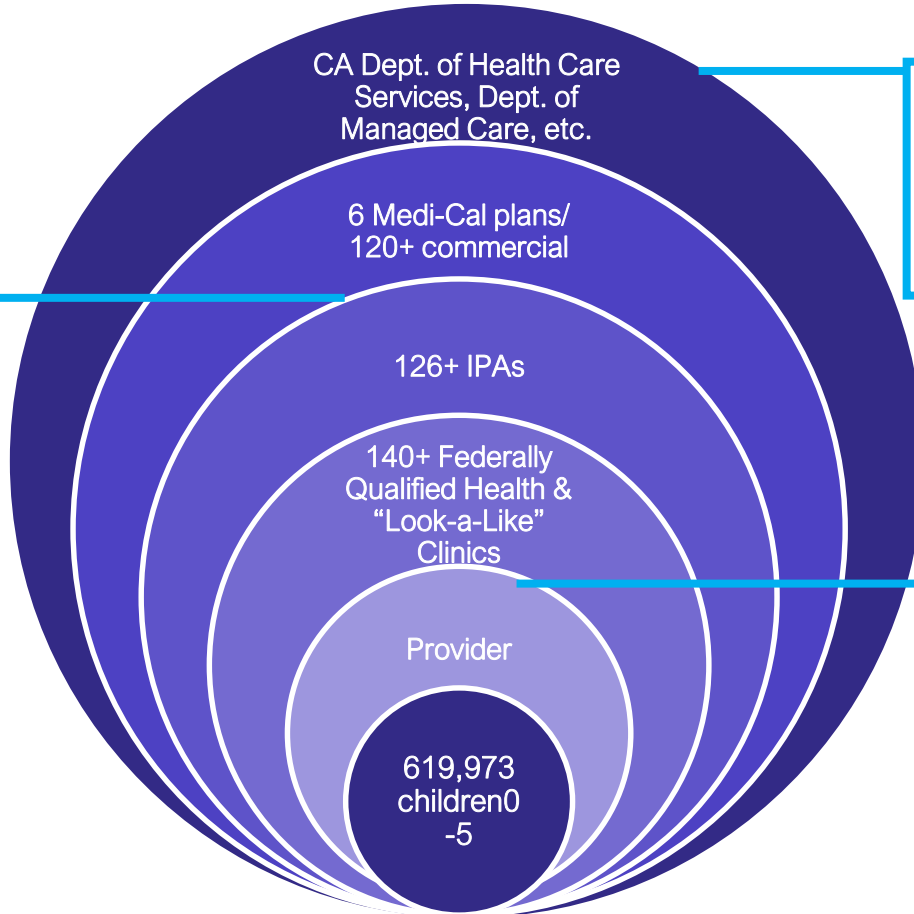
## L.A. County's Unique Complexity



Diverse representation of stakeholders and partners

1,75

## Challenges & Opportunities



**Challenges:** Interpretation of Regulations, Fixed Resources, etc.

**Opportunities:** Monitoring and Oversight Standards, Data Collection, Quality Metrics, etc.

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**Challenges:** Limited Time, Capitated Rates, etc.

**Opportunities:** Workflow Redesign, Training, Technology, Workforce Development etc.

**Challenges:** Delegation, Quality of Encounter Data, Frequency of Audits, etc.

**Opportunities:** Pay-for-Performance, Technical Assistance, Member and Provider Communication, etc.

## Overview:

- First 5 LA hosts quarterly meetings on maternal and child health with the county's six managed care plans and county health departments (e.g.: DPH, DHS, and DMH)
- Yields information about priority interests and opportunities to enhance or improve the health system across partners

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## Learnings:

- Providers do not always know how to navigate in-network benefits and external resources for their patients
- Need to identify community-based, supportive developmental and behavioral health resources beyond in-network and Regional Centers
- Existing opportunities to communicate and engage with members beyond the visit with a provider (e.g.: Pop-up clinics/screenings, in-network home visits, member outreach, anticipatory guidance, etc.)



## Purpose:

- Identify real and perceived barriers among county health providers (n-273 respondents)
  - L.A. County Child Health and Disability Prevention (CHDP) program
  - L.A. County Department of Health Services (DHS)
  - Long Beach Health and Human Services (LB HHS)
  - Pasadena Public Health Department (PPHD)
- Inform HMG-LA implementation
- Create database of HMG-LA champions

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## Preliminary Findings:

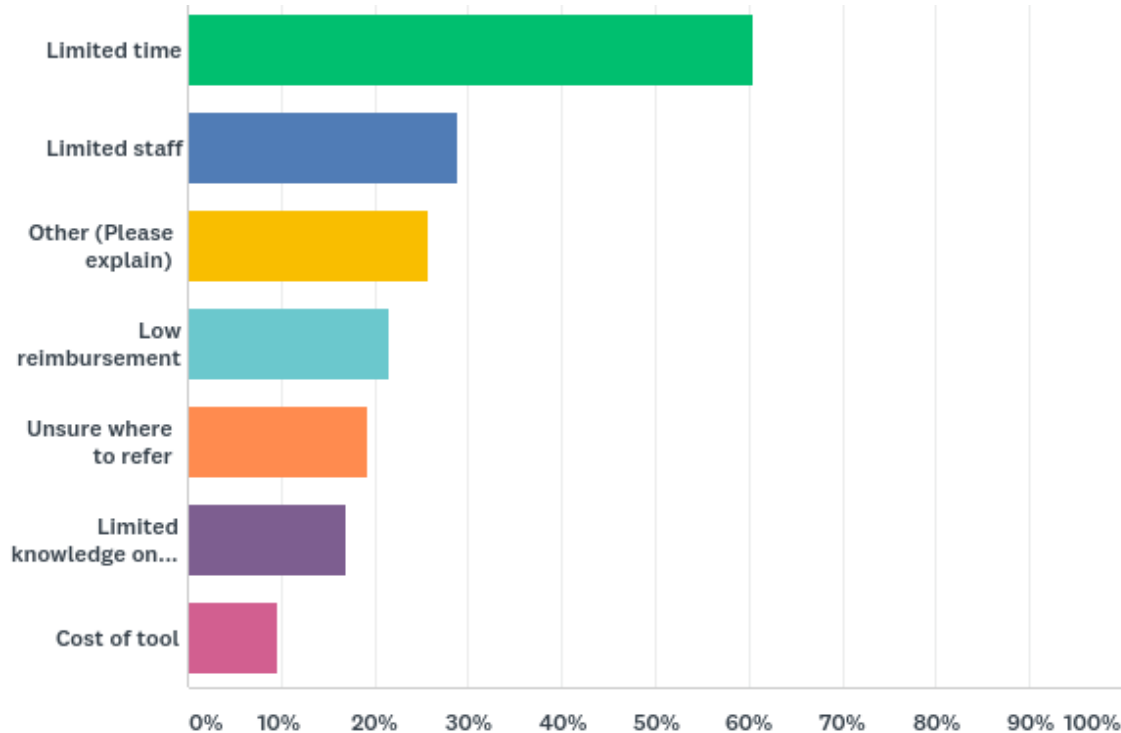
- 95% of providers report that they conduct developmental screening
- Over 80% of providers indicate using the “*Staying Healthy Assessment*” (SHA) as a screening tool

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\*SHA is **not** classified as a standardized validated developmental screening tool to monitor developmental and behavioral delays in young children



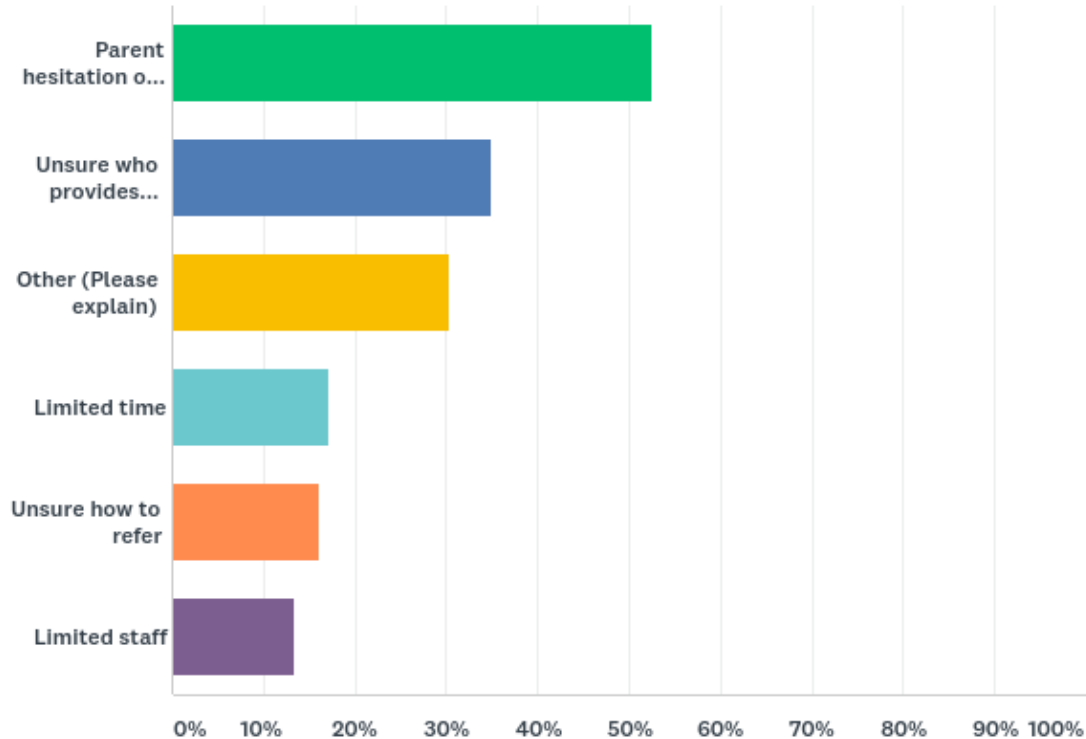
Question: What are the barriers to screening for developmental and/or behavioral delays? (Choose all that apply)



180



Question: What are the barriers to making a referral?  
(Check all that apply)



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## Next Steps:

- Deeper analysis
- Key informant interviews and/or focus groups
- Parent survey
- Publication

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## Pre-Discovery Phase Findings:

- Address optimizing ability of providers to have productive conversations about developmental health with families and assist families in accessing additional services
- Recommendations explore:
  - Appointment systems & continuity
  - Pre-visit planning
  - Waiting room and rooming protocol
  - Clinical encounter
  - Referral processes, resources & coverage issues

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## Objectives:

- Increase screening rates with validated tools and referrals when appropriate
- Increase provider knowledge of developmental screening and referrals
- Increase member knowledge of child development and access to resources



## Multi-tiered Approach:

- Member and community level (family & child)
- Health provider level
- Clinic and private practice level
- Health Plan level

# Questions

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**FIRST 5 LA**

**SUBJECT:**

Request to

1. Establish new Strategic Partnerships with Compton Unified School District for an amount not to exceed \$205,000 and Lowell Joint School District for an amount not to exceed \$155,000 to participate in the Kindergarten Readiness Assessment (KRA) Initiative from December 1, 2018 to June 30, 2021. (Fund Balance Category: Committed for FY 2018-19 and Assigned for FY 2019-20 and FY 2020-21).
2. Authorize First 5 LA Staff to enter into negotiations and execute agreements with Compton Unified School District for an amount not to exceed \$82,333 and Lowell Joint School District for an amount not to exceed \$40,000 to participate in the KRA Initiative from December 1, 2018 to June 30, 2019.
3. Amend the current Strategic Partnership with Los Angeles Unified School District to participate in the KRA Initiative for an amount not to exceed \$13,200,000, subject to negotiation, from November 12, 2018 to June 30, 2021 to support costs associated with expanding implementation within Los Angeles Unified School District and providing the support structure necessary to best utilize the data from the KRA. (Fund Balance Category: Committed for FY 2018-19 and Assigned for FY 2019-20 and FY 2020-21).
4. Amend the agreement with Los Angeles Unified School District by \$2,600,000, for a total cumulative amount not to exceed \$2,720,000 from November 12, 2018 to June 30, 2019.

**RECOMMENDATION (PROVIDED AS INFORMATION):**

This memo is provided as information for the Board's consideration at the October 25, 2018 Special Commission/Program and Planning Committee Meeting. First 5 LA staff recommends that at the November 8, 2018 Commission meeting, the Board approves the following:

- Establish Strategic Partnerships with Compton Unified School District and Lowell Joint School District and amend the current Strategic Partnership with the Los Angeles Unified School District to include two additional Local Districts for a total amount not to exceed \$13,600,000 for the period of November 12, 2018 to June 30, 2021. These funds augment the \$2,000,000 previously approved for the KRA strategy to establish Strategic Partnerships with seven districts and communities (City of Pasadena, Connections for Children, Mountain View School District, Los Angeles Unified School District Local District South, El Monte City School District, Pomona Unified School District, and Rosemead School District) and brings the total amount not to exceed \$15,600,000 across all 9 Strategic Partnerships, and
- Authorize staff to execute agreements with Compton Unified School District for an amount not to exceed \$82,333 and Lowell Joint School District for an amount not to exceed \$40,000 from December 1, 2018 to June 30, 2019 and amend the existing agreement with Los Angeles Unified School District in the amount not to exceed \$2,720,000 from November 12, 2018 to June 30, 2019. Agreements beyond FY 2018-19 will be established after implementation of the current fiscal year.

Authorized uses of funding under this agreement, consistent with First 5 LA's investment guidelines and Strategic Plan, are limited to the following categories of expenses:

- **District coordination and teacher engagement** – Funding can be used to provide coordination, recruitment, training and technical assistance to support the engagement/participation of district personnel in the administration of the data collection efforts. Examples include administrative, data/technology and project management expenses.

- **Data collection and data collection readiness** – Funding is available to support teacher training, stipends, and related materials and supplies to support the implementation of the KRA tool and data collection. Examples of other eligible uses may include technology support and preparation of data files to support data collection, consolidation and submission.
- **Community engagement and action planning** – Funding provided under these agreements may be used to support community and local planning and convening efforts to develop local action plans to address the results of the KRA data. School districts may partner with local community agencies to assist in the data engagement efforts, parent and communication education campaigns, develop and/or implement other local action plans to address areas for improvement identified in the results.

Funding from First 5 LA is not intended to be used for direct service provision, including direct funding of any early care and education services, and must be consistent with First 5 LA investment guidelines.

Initial funds for FY 2018-19 are included within the current First 5 LA Programmatic Budget under ECE Strategy 1 – Policy/Advocacy: Kindergarten Readiness Assessment, which was approved by the Board of Commissioners in June 2018. Any identified need for additional resources will be added during the mid-year budget adjustment process. Funds for FY 2019-20 and FY 2020-21 will be included in the appropriate First 5 LA Programmatic Budget which will be brought to the Board of Commissioners for approval in June of the corresponding fiscal year. At the time of budget approval, requested resources will shift from the Assigned resource category of the fund balance, dedicated for broad Strategic Plan purposes, to the Committed category, amounts dedicated for a more specified purpose via resolution.

**BACKGROUND:**

**Kindergarten Readiness Assessment (KRA) Initiative** – The 2015-2020 Strategic Plan included a priority on identifying a kindergarten readiness tool. To build a better understanding about the school readiness of children entering kindergarten, First 5 LA has embarked on an endeavor called the Kindergarten Readiness Assessment (KRA) Initiative. First 5 LA has the opportunity to build on the momentum from school districts’ experience and interest in using the Early Development Instrument (EDI) as a tool for evaluating students’ developmental and school readiness. The EDI is a population level assessment which provides insight into young children’s developmental readiness for kindergarten, as well as highlights population wide vulnerabilities in five domains including social competence, emotional maturity, language and cognitive skills, communication skills, and physical health and well-being. The EDI measures a student’s school readiness three to six months after kindergarten entry. The instrument is a reflective tool administered by kindergarten teachers. Once data is collected, school districts in partnership with local community agencies will engage teachers, community members and other stakeholders in understanding the results and developing strategies for targeted improvement. The three primary objectives of the KRA initiative are to: 1) Implement a KRA and collect data to assess the kindergarten readiness of children in the community; 2) Strengthen the capacity of school districts and local community staff to utilize KRA to support policy and systems change; and 3) Build the capacity of community stakeholders to understand the results of KRA.

At the October 12, 2017 Board of Commissioner meeting, the Board approved the establishment of Strategic Partnerships with the City of Pasadena, Connections for Children, Mountain View School District, Los Angeles Unified School District Local District South, El Monte City School District, Pomona Unified School District, Rosemead School District, and Valle Lindo School District for First 5

LA's Kindergarten Readiness Assessment strategy for a combined total not to exceed \$2,000,000 through June 30, 2020.

In Fiscal Year 2017-2018, five school districts collected EDI data and seven total communities began planning for deeper stakeholder engagement. Budget allocations were based on the total number of teachers trained to collect data, and the total hours spent on data collection. Teacher stipends ranged from \$250 to \$400 per teacher depending on School District policies related to substitute time and teacher release time. Additional budget allocations included the cost of data analysis and expenses related to community planning for EDI data use. By continuing to support KRA and further EDI data collection, First 5 LA ensures that momentum is not lost in this key ECE policy and advocacy strategy identified in its 2015-2020 Strategic Plan.

Pursuant to the Procurement Policy, Strategic Partnership of \$75,000 or more in a fiscal year must be presented to the Board for approval. Staff is requesting the establishment of Strategic Partnerships with Compton Unified School District and Lowell Joint School District and extension of the current Strategic Partnership with Los Angeles Unified School District for an amount not to exceed \$13,600,000 to comply with this policy. The proposed amount for each Strategic Partnership will vary depending on the number of teachers that will be participating in kindergarten readiness data collection and the approved stakeholder engagement strategy. First 5 LA continues to be in negotiation with LAUSD on the teacher engagement strategy for FY 2019-20 and FY 2020-21 and the final Strategic Partnership amount will be determined based on the refined number of schools/teachers targeted for participation. The final amount will be consistent with the limitation of expenses outlined above.

Section IV.5 of the Procurement Policy also states that contracts of \$75,000 or more require Board approval prior to execution. Staff is seeking approval to execute an agreement with Compton Unified School District for the period of December 1, 2018 to June 30, 2019 for an amount not to exceed \$82,333. Section IV.5 of the Procurement Policy also states that contract amendments of \$75,000 or more or 10% or more of the total contract amount within a fiscal year, whichever is greater, require Board approval prior to execution. Staff is seeking approval to execute a contract amendment for Los Angeles Unified School District for the period of November 12, 2018 to June 30, 2019 for an amount not to exceed \$2,720,000. In the coming months, staff will begin the process of establishing an intermediary to manage future contracting efforts for the Kindergarten Readiness Assessment (KRA) project.

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

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

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

attract other First 5 Commissions and funders interested in leveraging resources to advance a statewide KRA system.

**Leveraged Resources** – Strategic Partnerships with Compton Unified School District, Lowell Joint School District and Los Angeles Unified School District will leverage several resources including:

- Utilization of the existing expertise of school districts and communities that have already implemented the EDI and are at the point of data utilization
- In-kind support of school districts

**JUSTIFICATION:**

**This Strategic Partnership meets the criteria below:**

- The Strategic Partnership can provide specific resources needed by First 5 LA to implement an approved program or initiative in a manner or on a scale that makes the Strategic Partnership more cost effective than resources provided through a competitive solicitation; or
- The Strategic Partnership can implement an approved program or initiative more expeditiously than resources provided through a competitive solicitation; or
- The Strategic Partnership can provide a demonstrated level of ability or expertise that is only available in the community through the proposed Strategic Partnership; or
- The Strategic Partnership provides an opportunity to leverage First 5 LA funds to produce additional funding for the program or initiative or service.

**AND**

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

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

- First 5 LA's Kindergarten Readiness Strategy involves supporting the collection and use of data using the EDI. Given that the EDI can only be completed by kindergarten teachers, the successful implementation of this project is dependent upon the involvement of school districts. In most communities, the lead agency for the EDI implementation is a school district. The proposed Strategic Partnerships are the only entities within these communities who have the capacity and authority to collect data from kindergarten teachers.
- Establishing these Strategic Partnerships is in the best interest of the Commission because: (1) The EDI is administered by school districts who can use collected data to inform policy and systems change; (2) It will continue to leverage ongoing momentum for use of the EDI in the Los Angeles County; (3) It will support school districts' ability to leverage EDI data to support systems change in communities.

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

- The proposed Strategic Partnerships are aligned with the adopted Strategic Plan because the Early Care and Education (ECE) Systems strategy seeks to improve access to affordable, quality, sustainable ECE through improving policies and systems. One activity within this priority focus area involves partnering with communities to encourage their school districts within L.A. County to adopt a single KRA. Based on continued conversations across Los Angeles County, staff recognizes the developing momentum and the value in supporting

an intentional learning strategy on the use of the EDI to promote systems level change. These Strategic Partnerships will allow First 5 LA to not only support school districts in collecting EDI data, but also provide critical areas of support as communities use EDI data to inform systems change. The Strategic Partnerships for First 5 LA's KRA strategy will enhance First 5 LA's ECE policy and advocacy efforts by supporting existing and emerging KRA efforts in Los Angeles County. Currently, there is no way of knowing if children in L.A. County enter kindergarten ready to succeed.

**Kindergarten Readiness  
Assessment: Progress  
Updates & Strategic  
Partnerships for Cohort 2**  
Avery Seretan & Ofelia Medina

October 25, 2018



# Today's Goals

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- Provide the strategic and statewide context for kindergarten readiness assessments (KRA)
- Provide an update on the kindergarten readiness assessment progress in L.A. County
- Provide information to establish two (2) new strategic partnerships with school districts to collect kindergarten readiness data
- Provide information to amend the current strategic partnership with Los Angeles Unified School District (LAUSD)
- Recommended Action & Next Steps

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# Background

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- In October 2017, First 5 LA approved Strategic Partnerships with eight communities/districts to launch Countywide KRA effort using the Early Development Instrument (EDI):
  - Total \$2 million through June 2020
  - 7 of the 8 communities implemented
  - Included LAUSD pilot with 32 schools in Local District South
- Cohort 2 expands and builds on first results and learnings

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# Strategic Focus

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*Population-level data on children's readiness helps to assess achieving our North Star*

# Statewide Context

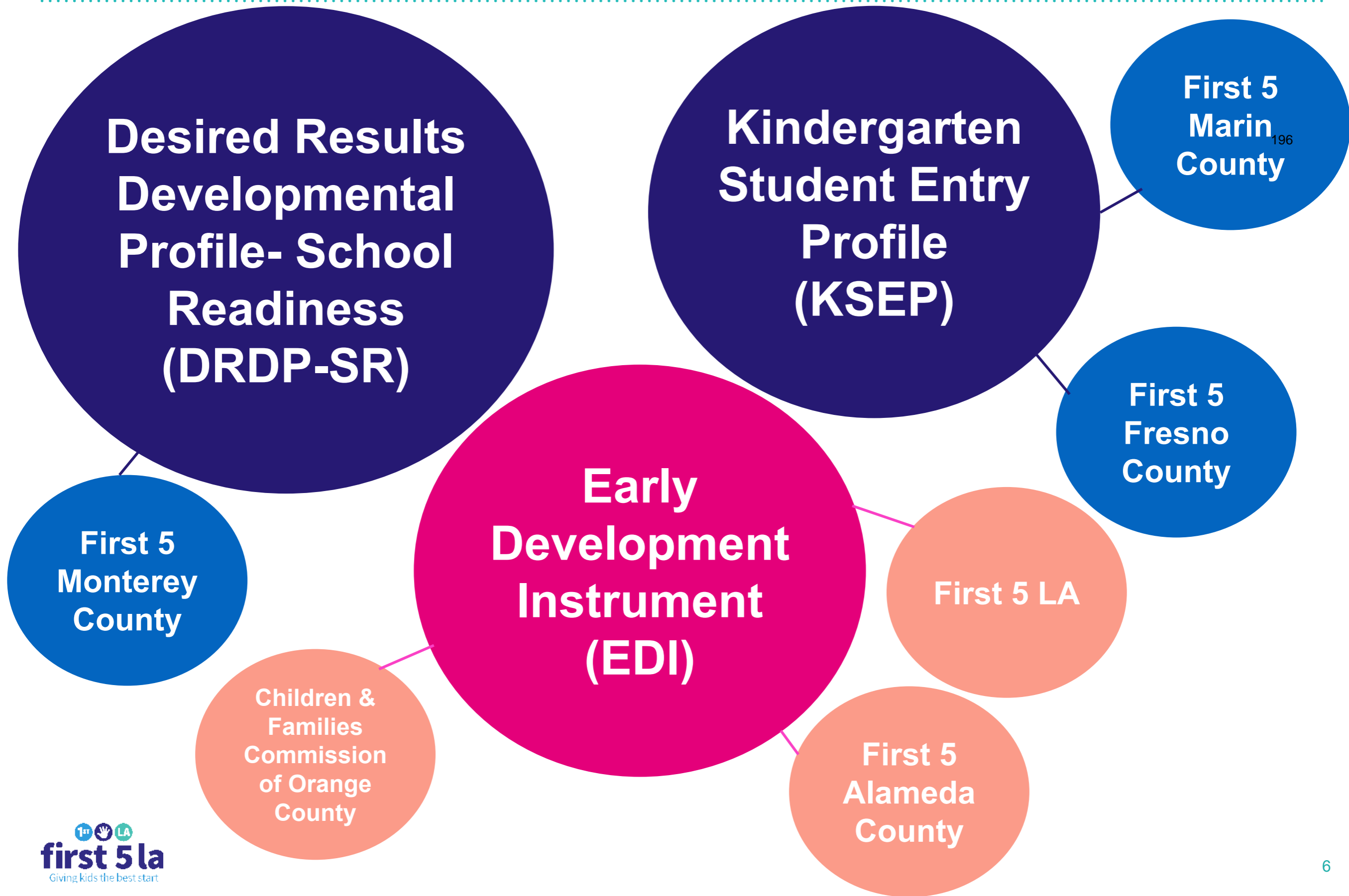
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**Desired Results  
Developmental  
Profile- School  
Readiness  
(DRDP-SR)**

**Kindergarten  
Student Entry  
Profile  
(KSEP)**

**Early  
Development  
Instrument  
(EDI)**

# Statewide Context



# The EDI

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- **Alameda County-** Oakland Unified School District
- **Fresno County-** Fresno Unified School District
- **Los Angeles County-** 7 school districts
- **Orange County-** 100% saturation
- **Santa Clara County-** Franklyn McKinley Unified School District
- **Ventura County-** 4 school districts



# LA County Objectives

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- Implement a tool to collect population level data to assess the kindergarten readiness of children in the community
- Strengthen the capacity of school district and community stakeholders to utilize kindergarten readiness data to support policy and systems change
- Build the capacity of community stakeholders to understand and act on the results of the kindergarten readiness assessment

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# EDI Characteristics

## Population focus

- Community results reported by neighborhood geography
- District receives confidential school level reports
- Never reported by child or teacher

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## Holistic measure

- Covers five developmental domains, 16 subdomains

## Feasible to implement at scale

- Collected once every 3 years by K teachers
- User-friendly, online observational assessment, recall

## Internationally validated

- Developed at McMaster's University, Canada
- Successfully used in over 15 countries
- National indicator in Australia
- Strong reliability and validity
- EDI Predicts later standardized test scores (UCI Validation Study)



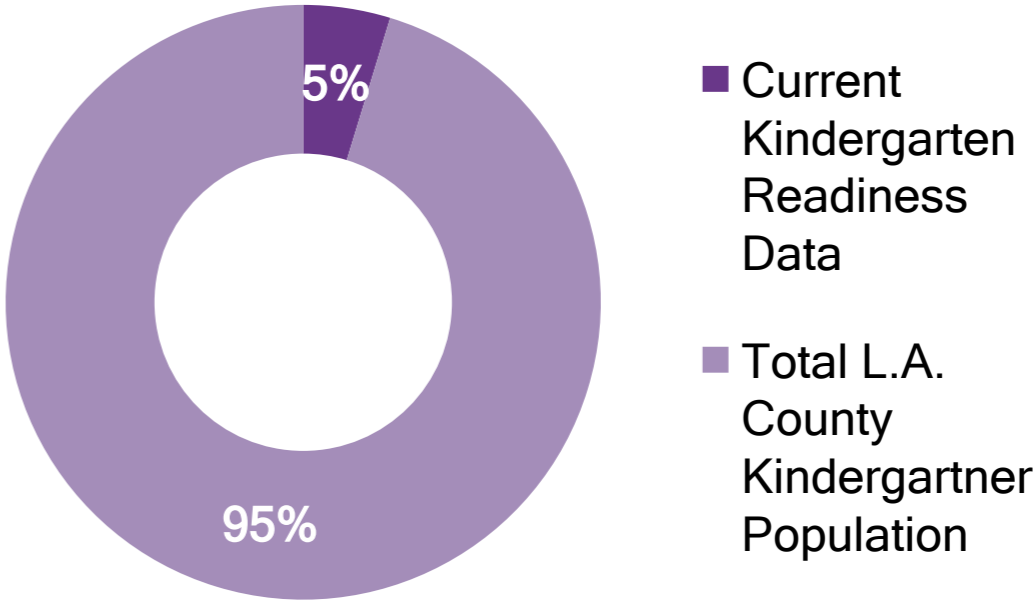
# FY 2017-2018 L.A. County Reach

## 7 School Districts & Communities



### Current Progress

200



**Kindergarten readiness data collected/mapped for 6,506 children**

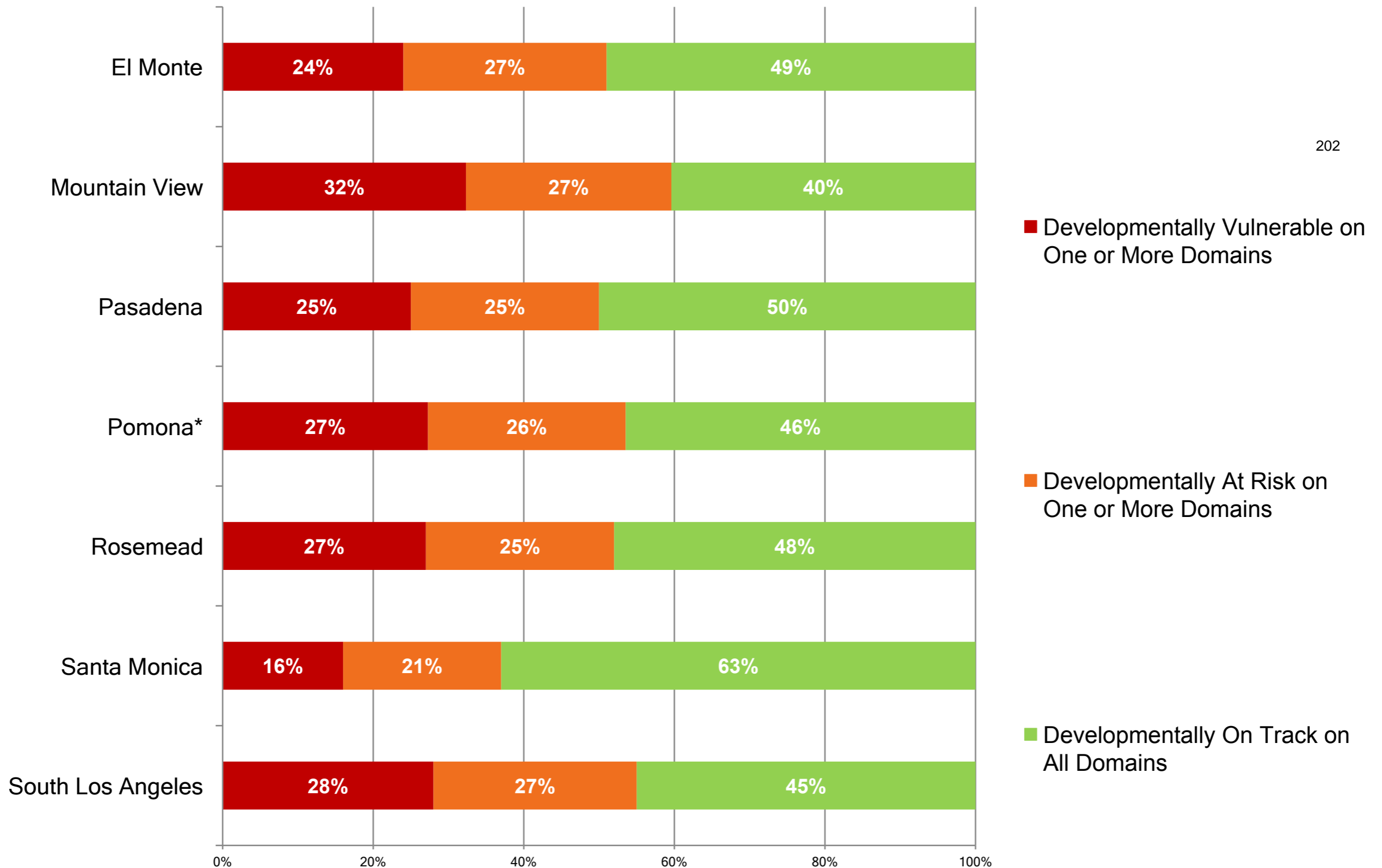
# EDI Participation, 2018

	Year	Children	# of Participating Schools	Total Schools in District	% of Total Schools
<b>El Monte</b>	2018	818	14	14	100%
<b>Mountain View</b>	2018	662	10	10	100%
<b>Pasadena</b>	2017	1,131	18	18	100%
<b>Pomona</b>	2018	757	14	29	48%*
<b>Rosemead</b>	2018	186	4	4	100%
<b>Santa Monica</b>	2018	495	11	11	100%
<b>South Los Angeles</b>	2018	2,457	29	31**	94%
<b>Total mapped</b>		<b>6,506</b>	<b>100</b>	<b>117</b>	<b>85%</b>

\* Remaining Pomona schools will be participating in 2018-2019

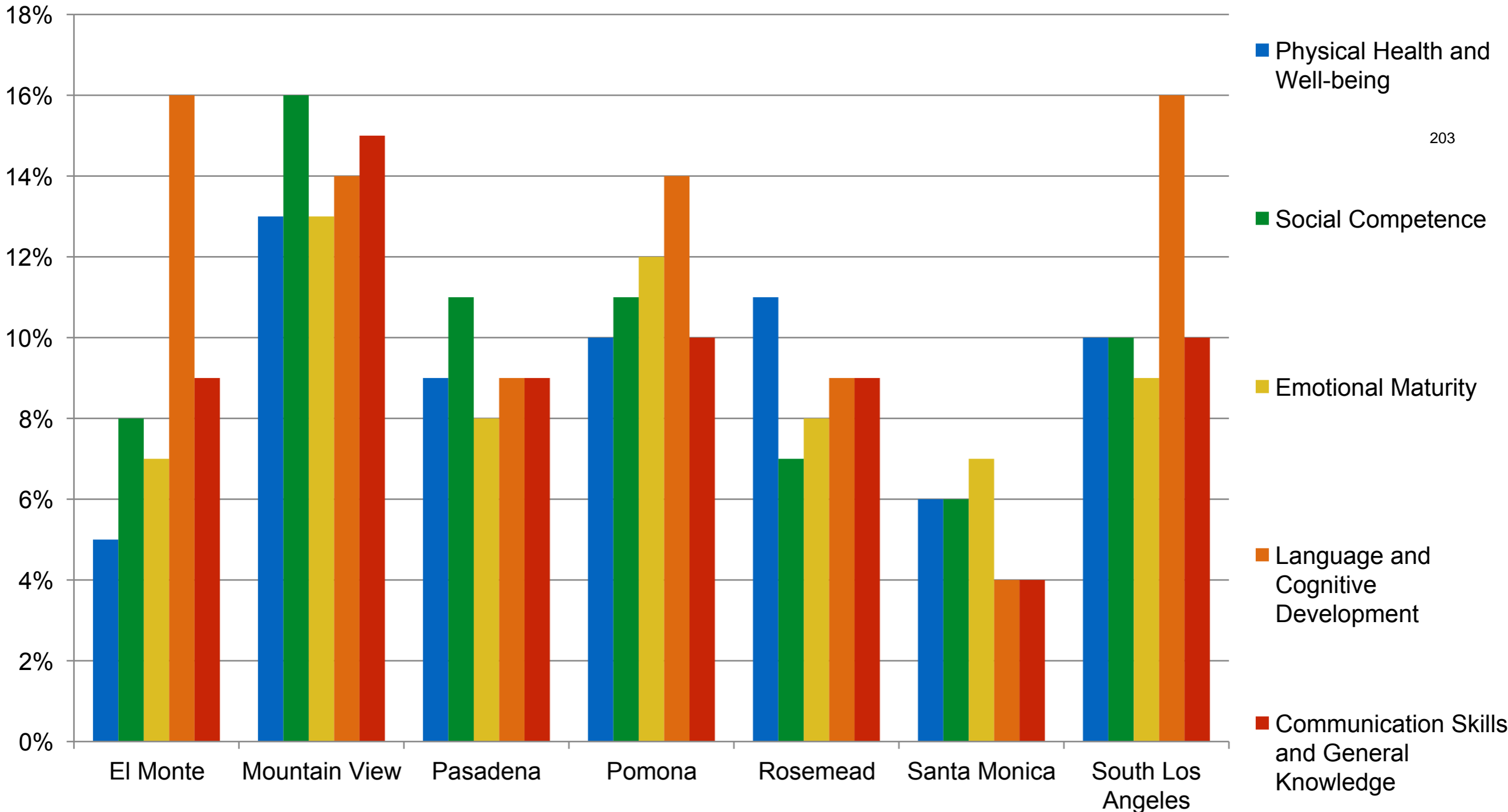
\*\* The N of schools in LAUSD-South only considers 2 of the 5 kindergarten networks

# Cumulative Risk Across Five Domains, 2018



\* Pomona EDI results are pilot data because they represent only 48% of schools participating in year 1 of a 2-year effort. Results therefore are likely not representative of the overall community and should be interpreted with caution.

# Domain Level Results, 2018



# FY 2018-2019 Projected Reach

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- Two (2) new school districts
  - Compton Unified School District
  - Lowell Joint School District
- One (1) amended school districts
  - Los Angeles Unified School District
- 530 kindergarten teachers
- 13,000 children
- 14% of L.A. County

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# Compton Unified School District

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- Encompasses the city of Compton and portions of the cities of Carson and Los Angeles
- Currently serves approximately 26,000 total students at 36 education sites

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# Lowell Joint School District

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- Encompasses portions of Whittier, La Habra, and La Habra Heights
- Borders Orange County and Los Angeles County
- Currently serves approximately 356 total students at 5 education sites

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# Los Angeles Unified School District

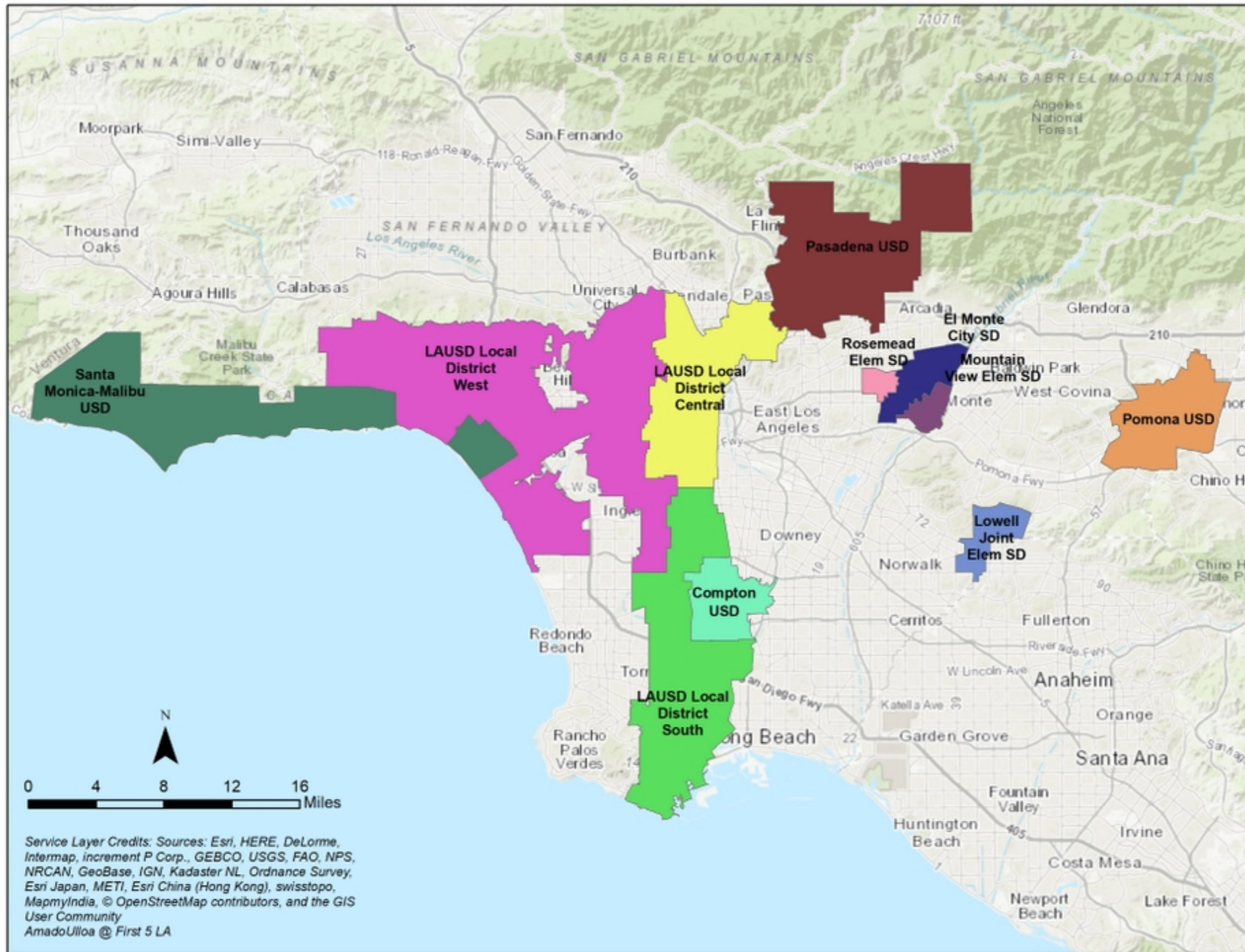
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- Local District Central: 88 elementary schools
- Local District West: 98 elementary schools
- Local District South: 53 elementary schools
  - Current LAUSD investment piloted with Local District South

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Total: 239 education sites

# Proposed Geographic Reach



# Recommended Action - LAUSD

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- Amend the current Strategic Partnership with Los Angeles Unified School District for a total amount of \$13,200,000 through June 30, 2021.
- Amend the existing agreement with Los Angeles Unified School District in the amount of up to \$2,720,000 from November 12, 2018 to June 30, 2019 (first year of expanded costs).
  - Increase in LAUSD budget is due the support needed within the district to expand the penetration and infrastructure for implementation.
  - Budget estimates include costs associated with data collection, data analysis, and community planning for data use.
  - Costs for 2019 through 2021 will be negotiated based on lessons learned from year 2 expansion, but limited to total Strategic Partnership.

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# Recommended Action – Other Districts

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- Establish strategic partnerships with two (2) new partners including Compton Unified School District and Lowell Joint School District for the period of November 12, 2018 to June 30, 2021.<sup>210</sup>
- Authorize staff to execute agreements with Compton Unified School District for up to \$82,333 and Lowell Joint School District for up to \$40,000 for the period of December 1, 2018 to June 30, 2019.

# Next Steps

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- KRA contracts over \$75,000 will be presented to the Commission on the consent calendar on November 8<sup>th</sup> for approval, consistent with First 5 LA's Procurement Policy.
- KRA Contracts under \$75,000 will be approved by the Executive Director, consistent with First 5 LA's Procurement Policy.
- Any identified need for additional resources will be added during the mid-year budget adjustment process.
- Projected costs associated with our expansion plan will be part of the updated Long-term Financial Projection (LTFP).
- Future Work:
  - Through the Strategic Plan Refinement process, set goal and define recruitment strategy for KRA expansion in LA County and sustainability plan.
  - Explore potential intermediary to support expansion.
  - Staff is exploring the creation of an ECE KRA Dual Language Learner Policy Brief.

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# Questions?

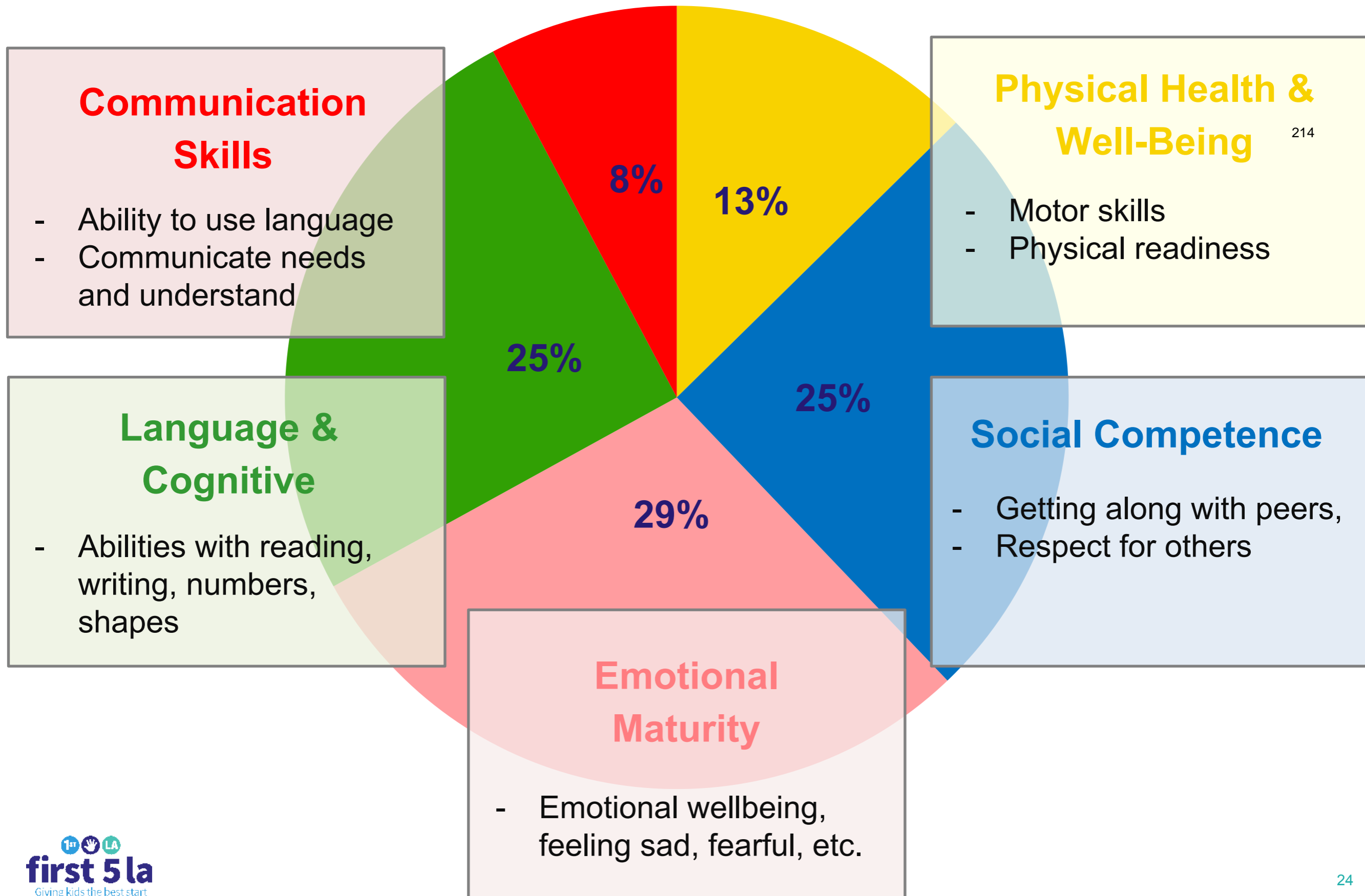
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# Appendix



# Appendix A: 5 Developmental Domains



# Appendix B: EDI Measurement

<u>Vulnerable</u>	<u>At-Risk</u>	<u>On Track</u>
0 to $\leq$ 10 <sup>th</sup> percentile	$>10^{\text{th}}$ to $\leq$ 25 <sup>th</sup> percentile	$>25^{\text{th}}$ - 100 <sup>th</sup> percentile
<i>Most likely to experience problems later in school</i>	<i>Not vulnerable but lower than expected</i>	<i>Meets developmental milestones and expected to be successful in later grades</i>



# Appendix C: 16 Developmental Subdomains

- Physical readiness for school day
- Physical independence
- Gross and fine motor skills

## Physical Health and Well-being



- Overall competence with peers
- Respect and responsibility
- Approaches to learning
- Readiness to explore new things

## Social Competence



- Prosocial and helping behavior
- Anxious and fearful behavior
- Aggressive behavior
- Hyperactive and inattentive behavior

## Emotional Maturity



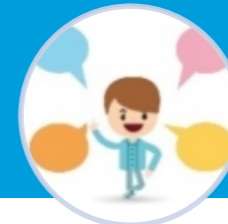
216

- Basic literacy skills
- Interest in literacy/numeracy and memory
- Advanced literacy skills
- Basic numeracy skills

## Language and Cognitive Development



## Communication Skills and Gen. Knowledge



# Appendix D: How the EDI is Used

Who	What	How EDI Used
<p>Cross sector service providers and policymaker</p>	<p><b>Community profile</b> mapped by neighborhood</p> <p><i>Where children live</i></p>	<p>217</p> <ul style="list-style-type: none"> <li>• Understand neighborhood context</li> <li>• Catalyst to engages cross-sector partnerships dedicated to improving the lives of children</li> <li>• Inform planning, investment and actions</li> <li>• Monitor progress of community effort over time to assess collective impact and investments</li> </ul>
<p>Education Sector Prek-4 &amp; K-12</p>	<p><b>Center/School level reports</b> (confidential to LEA)</p> <p><i>Where they go to school</i></p>	<ul style="list-style-type: none"> <li>• Inform professional development</li> <li>• Engage parent and parent councils</li> <li>• Inform curriculum development</li> <li>• Inform parent teacher conferences</li> <li>• Improve school transition efforts and alignment from preK-4 to Kindergarten</li> </ul>