

AGENDA

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

Budget & Finance Committee Chair: Robert Byrd

**Thursday, January 24, 2019
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 –
October 25, 2018
- **Marlene Zepeda, Committee Chair**

3. **INFORMATION** **119**
Early Childhood Priorities, Gubernatorial Engagement, and Proposed
California Budget
- **Kim Pattillo Brownson, Vice President, Policy and Strategy**
- **Becca Patton, Director, Early Care & Education**

4. Break

5. **INFORMATION** **141**
Impact Framework and Strategic Plan Refinement Process Launch
(SPR4)
- **Daniela Pineda, VP of Integration & Learning**
- **Christina Altmayer, VP of Programs**
- **Steven LaFrance, Founder & CEO, Learning for Action**

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	
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Jacquelyn McCroskey, DSW
Deanne Tilton

EXECUTIVE DIRECTOR

Karla Pleitéz Howell

EXECUTIVE VICE PRESIDENT

John A. Wagner

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6. **INFORMATION**

166

Families Outcome: Project Developmental Understanding and Legal Collaboration for Everyone (Project DULCE)

Implementation Grant from the Center for the Study of Social Policy (Written Only)

- **Barbara Andrade DuBransky, Director, Family Supports**

- **Leticia Sanchez, Senior Program Officer, Family Supports**

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, October 25, 2018
750 North Alameda Street, First Floor
Los Angeles, California 90012

REPORTED BY:
HEATHERLYNN GONZALEZ
CSR #13646

1 Thursday, October 25, 2018; Los Angeles, California

2 1:37 p.m.

3 -oOo-

4 COMMISSIONER ZEPEDA: Good afternoon, everybody.
5 Let's get started. Okay. Welcome to the program and
6 policy committee. As always, it looks like we might have
7 a shorter agenda. We'll see. Well, there are less items
8 than we normally have.

9 MS. BELSHE: We wanted to make sure we have
10 enough time. So it may not require all that. Trying to
11 be planful. Trying to be planful.

12 COMMISSIONER ZEPEDA: So we're going to start
13 with introductions like we always do. And looks like
14 everybody is around the table. So I'll start to my left.

15 COMMISSIONER CAGLE: I'm Bobby Cagle. I'm the
16 director at DCFS.

17 COMMISSIONER ARAGON: Linda Aragon, Department of
18 Public Health.

19 COMMISSIONER ABDO: Judy Abdo, Sheila Kuehl's
20 appointee.

21 MS. ALTMAYER: Hi. Good afternoon, Christina
22 Altmayer.

23 MS. PATTILLO BROWNSON: Good afternoon. Kim
24 Pattillo Brownson, First 5 LA.

25 MR. PISCA: Hello. I'm Nicholas Pisca, DPH.

1 MS. PENA: Cristina Pena, First 5 LA.
2 MS. PINEDA: Good afternoon. Daniela Pineda,
3 First 5 LA.
4 MR. JIMENEZ: Armando Jimenez, First 5 LA.
5 MR. LaFRANCE: Steve LaFrance, Learning For
6 Action.
7 MR. WAGNER: John Wagner, First 5 LA.
8 COMMISSIONER TILTON: Deanne Tilton, commissioner
9 representing ICAN.
10 COMMISSIONER TAYLOR: Romalis Taylor,
11 Commissioner.
12 COMMISSIONER HEGER: Astrid Heger from the Fifth
13 District, commissioner.
14 MS. BELSHE: Kim Belshe, First 5 LA.
15 STENOGRAPHER: Heatherlynn Gonzalez,
16 stenographer.
17 SPEAKER: Evelyn (inaudible), First 5 LA.
18 SECRETARY: Linda Vo, First 5 LA.
19 SPEAKER: (Inaudible) First 5 LA.
20 SPEAKER: (Inaudible) First 5 LA.
21 SPEAKER: (Inaudible) First 5 LA.
22 SPEAKER: Brian Farva, First 5 LA.
23 SPEAKER: Jamie (inaudible), First 5 LA.
24 SPEAKER: (Inaudible) First 5 LA.
25 SPEAKER: (Inaudible) First 5 LA.

1 SPEAKER: Jennifer Pippard, First 5 LA.
2 SPEAKER: (Inaudible).
3 SPEAKER: (Inaudible) First 5 LA.
4 SPEAKER: Charna Martin, First 5 LA.
5 SPEAKER: (Inaudible).
6 SPEAKER: (Inaudible).
7 SPEAKER: (Inaudible) First 5 LA.
8 SPEAKER: Antoinette Andrews Bush, First 5 LA.
9 SPEAKER: Lee Worbel, First 5 LA.
10 SPEAKER: Raphael Gonzalez, First 5 LA.
11 SPEAKER: Amato (Inaudible), First 5 LA.
12 COMMISSIONER ZEPEDA: Did I miss anybody? And
13 I'm Marlene Zepeda, the chair of the committee. District
14 1, Hilda Solis' appointee. So welcome, everybody.
15 We did the introductions, so let's look at the
16 transcripts. Commissioners, have you had a chance to look
17 at those? And if you have any comments or would like to
18 do some modifications or additions or typos.
19 Linda, you are reviewing for typos, right? She
20 looked at me like, yeah, right.
21 MS. BELSHE: She would never look at you that
22 way, Marlene.
23 COMMISSIONER ZEPEDA: Okay. If there are none,
24 if we can accept them by consensus. No objections.
25 Okay. Let's move on then to Item 3, which is

1 measuring First 5 LA's impact review of results for
2 children and families and monitoring measures. And
3 Daniela will be presenting, Armando, and Steven LaFrance
4 Learning For Action.

5 MS. PINEDA: Can you hear me? All right.

6 Good afternoon. So excited to be back with all
7 of you and to continue our conversation on this very
8 important project, impact framework. So we have the --
9 I'm here with my colleagues, Armando and Steven. And the
10 three of us are going to tag team in this important
11 conversation. I will get us started in it.

12 We really -- I just want to set some context. We
13 are continuing a conversation we started at the last board
14 meeting where we talked about -- we introduced a set of
15 results for children and families, as well as a set of
16 proposed what we call monitoring measures. So we have
17 three distinct topics that altogether contribute to us
18 moving this work forward.

19 So first we're going to revisit those results for
20 children and families and really have a space for having
21 more in-depth conversation with all of you to kind of get
22 more of your reflections and reactions to them, how you
23 think they tell a story of the work that we're doing at
24 First 5 LA. Then we're going to go back to the monitoring
25 measures and we'll have an opportunity to look at a couple

1 of updates, getting some really critical feedback from all
2 of you about how to think about those. And we'll have an
3 opportunity to reflect that and have some discussion. And
4 then the third piece distinct, but also related, we'll
5 introduce some thoughts about how we're going to approach
6 measurement. And then towards the end, we will also
7 remind us what is our next board touchpoint.

8 So in the way of really kind of rounding this
9 project for all -- some of you have been here through the
10 journey of the project and some of you are newer to it.
11 But I want to start with the why for us, right. So First
12 5 LA, as we talked about, our own north star as being our
13 aspirational goal. This is what we are working towards.
14 So getting children being ready to succeed in school and
15 life.

16 And really we talk about this in the sense that
17 we are working to help give kids their best chance through
18 a lot of preventive work, a lot of work to align services
19 and systems. So we need as part of this work to have a
20 way to measure how we're doing against this north star,
21 right? So this is what the work is about. We have
22 basically as an organization with the strategic pivot to
23 looking at systems change work, so, like, how do we
24 coordinate services and supports, right? We need to talk
25 about how do we think about success, what does that look

1 like. So we have undertaken a very robust effort in the
2 organization in the last two months to talk about what
3 does success look like, what are the tangible changes for
4 children and families that we expect to see, and how do we
5 expect to contribute to that, as well as how we are using
6 that to really tell a cohesive and unified story about all
7 our efforts. So really going from the specific program or
8 initiative or strategy to the collective whole of how do
9 we tell the story of our impact and measure it, of course.

10 So a couple more points I want to make about the
11 significance of this work. We are adding to some already
12 ongoing learning and evaluation efforts. As an
13 organization, we have a history of investing in learning
14 and evaluation. We have been implementing the strategic
15 plan since it was approved in 2015, of course, and we have
16 different efforts already in our outcome areas.

17 So we are adding with this impact framework
18 another layer that is more macro to understand the
19 progress. There are three components to that. The first
20 one is to really actually see, as we said before, if there
21 are substantive changes in children and family results.
22 We're also looking to see and measure as well how our
23 services and supports are better aligned, how they're
24 actually better serving families and children in the
25 county, and we're also looking to understand the

1 environment in which these changes have happened and how
2 the county continues to change over time.

3 We together, the measurement, learning, and
4 reflection that we do to look at data as we continue to
5 implement our strategic plan, now coupled with these more
6 macro layers of measurement is what allows us to talk
7 about our contribution.

8 Two more points here. What we're doing with
9 having the impact framework work, adding to their ongoing
10 learning and evaluation, is that we're now able to ask
11 different kinds of questions that we weren't doing before.
12 So now we're talking about, is the needle moving on those
13 results for children and families. So part of us
14 understanding if we're contributing to that has everything
15 to do with understanding if first level are things
16 changing materially for kids and families. Second, are we
17 actually seeing systems better aligned. Do we see
18 improvement, that has to be another precursor for us
19 understanding if we as an organization focusing on those
20 services and supports are making progress. And, third,
21 how are we contributing.

22 What is our unique role. So the one point I want
23 to leave us with as we go into recapping the results and
24 having that discussion is that I want to underscore that
25 this approach, looking at, first, what we're doing to

1 implement the strategic plan, second, looking at these
2 macro trends, and then third looking at our contribution,
3 is very innovative. The combination of the three things,
4 it is not something that is commonly done by
5 organizations. It's not -- and together -- so we have a
6 lot of -- a lot of nonprofits, a lot of funders aim to
7 measure at the activity level and at the level of
8 implementing their particular strategies. When we shifted
9 to doing systems and policy change work, looking at
10 services and supports, we're joined a set of organizations
11 that, and some of us who you've met. For instance, at the
12 May board meeting, we had the funder panels where folks
13 from innovative organizations came and talked about how
14 they're thinking about success. So it's a smaller group.
15 We are then further more leading in our endeavor to really
16 talk about our own tradition.

17 Now we have also discussed together that that's
18 complex, that what we're talking about here is not parsing
19 out a percentage of what we're doing in a collaborative
20 effort, but that we really want to understand how a whole
21 is moving, and if we have reasonable evidence. And by
22 that, I mean understanding of the forces that are helping
23 those things shift and an understanding of our
24 participation in that.

25 So that's what we're doing. That's why we're

1 doing that. And, of course, it's hard, but as our
2 executive director said before, it's well worth the
3 effort.

4 So with that, I'll transition to Armando who will
5 talk us through the results.

6 MR. JIMENEZ: Thank you. Good afternoon.

7 So for the remaining part of this discussion, I'm
8 going to be tag teaming with my colleague, Steven
9 LaFrance. And we're going to talk about three things:
10 One is that we introduced the results for children and
11 families at the board meeting previously. So we're going
12 to have an opportunity to dive deeper into those, get more
13 reflections and discussion. In addition, we're going to
14 talk about the monitoring measures, which we introduced at
15 the last commission meeting, and talk a little bit about
16 some additions and some changes that we made which, based
17 on input, was extremely valuable and helpful, and provide
18 those to you. The third is to talk a little bit about our
19 approach to measurement which is an opportunity for to us
20 think about our future work as staff and how do we make
21 these results measurable and how we can put those into
22 practice as an organization that is learning from the work
23 and also building upon the work that we've already done.
24 So that's the portion of the remaining part of this
25 discussion.

1 And for -- for review, the impact framework has
2 three primary components that we've outlined previously:
3 The results for children and families, the systems
4 outcomes, which we've touched upon in our discussions, and
5 the monitoring measures, which are an opportunity for us
6 to understand in the environment and those factors that
7 influence, not only children and families in LA county,
8 but the work that we do and the ways that we do the work.

9 So we talked about our process of identifying
10 outcomes and the results. And one of the things that we
11 encountered in that process is that, as we -- the staff
12 were articulating those results for each of the strategies
13 that they are involved in for each of the outcome areas,
14 we realized that we would have more results than we would
15 want to be able to talk about. And we had a process to
16 identify how to select them, how to make them more
17 manageable, meaningful, and to create a set that we could
18 communicate effectively.

19 So we used some criteria and we outlined those
20 previously, but just to -- for a refresher, we identified
21 a criteria called field research and eval -- the school
22 readiness dimension. So we talked about school readiness
23 and the definition of school readiness emanating from a
24 very early piece of work in 1998 from the National
25 Education Goals Panel which defines school readiness as

1 children are ready for school, schools are ready for
2 children, and families and communities are doing their
3 part to support children and their outcomes.

4 We also looked at alignment and how First 5 LA is
5 using the experience and expertise that we have and the
6 strengths that we have. We looked at our unique role, our
7 unique role as a convener, collaborator, partner, funder,
8 and how we can play that role in this work.

9 Finally, we also looked at alignment with county
10 states efforts. We identified a series of strategic
11 plans, statewide and LA county strategic plans, to be able
12 to understand where our work would align and how we might
13 partner for the future.

14 And here are the results. I'd like to read them
15 again. We -- we had that opportunity at the board
16 meeting, but if it's okay, I just wanted to read them so
17 they would be in our minds. The first result is, families
18 have the resources, opportunities, relationships, and
19 environment to optimize their child's development. The
20 second result is, children enter kindergarten without
21 previously unidentified developmental delays and connected
22 to developmentally appropriate services and supports.
23 The third result is, children are safe from abuse,
24 neglect, and other trauma. And the fourth result is,
25 children have high-quality ECE experiences prior to

1 kindergarten entry.

2 And before we have our discussion. I'd like to
3 make some high level observations. I shared these at the
4 board meeting, but I'd like to share them again. And I'm
5 sharing these with the lens of having had the opportunity
6 to work at First 5 LA since the very beginning of the
7 organization and seeing the evolution and development of
8 First 5 LA. But I wanted to say, it's really important
9 that this is the first time we as First 5 LA have had an
10 opportunity to articulate results for children and
11 families in such a comprehensive and concise way.

12 This has been a struggle for us at First 5 LA,
13 and not just us in Los Angeles, but across the state and
14 with other commissions. We've been used to talking about
15 what we do, all the projects that we do. But it has been
16 very difficult to talk about the results that we're
17 actually about to make and want to change. So I think
18 this is really important observation in terms of the
19 results that were just outlined.

20 The second observation is that individual results
21 that you see are powerful as independent result
22 statements, but together they create a holistic kind of
23 picture of what we want to accomplish and the changes that
24 we want to make in LA. And in a way, it's -- that the
25 whole is much greater than the sum of the parts. And for

1 those that have been involved in early childhood
2 development have -- understand that it's not just one
3 piece, it's multiple pieces together working together.

4 All of the results are grounded in our investment
5 guidelines that were outlined in the strategic plan.

6 And just to go back, they are about focusing on
7 prevention. Prevention is our area. This is the thing
8 that we want to make sure that we are putting our thumb on
9 in terms of the work. Systems change and policy is a
10 primary effort in which we do the work.

11 We want to have broad impact. As much of our
12 programs and our projects funded previously had impacts on
13 individuals, we seek to have an impact at countywide
14 level. There are over 600,000 children in LA county, and
15 one day we hope that they're all ready to enter school
16 prepared for school and for life.

17 We want to be able to think about improving
18 family strengths and building community capacity. We want
19 something to leave behind. This is something that we feel
20 that's very important for our work, is to build that
21 family strength, build the community capacity, and also
22 thinking about scaling up of evidence-based practices and
23 programs. Once again, we have an opportunity to identify
24 things that work and how they can be scaled and
25 implemented across the county.

1 The final investment guideline that's extremely
2 critical for us is how we engage partners at the very
3 beginning. We don't engage partners after we've created
4 something. We engage partners when we're thinking about
5 how to address the problem. And that's when it makes it
6 meaningful.

7 The other thing I wanted to mention, which was
8 something that was just brought to my attention in an
9 earlier meeting today, is I wanted to have you pay
10 attention to the first words of each of the results. The
11 first word of each result. And it is children and family.
12 So those in a sense, basically, talk about what the center
13 of our work should be and it gives focus to not only
14 ourselves but people externally around what matters to us.
15 So these are the words that kind of jump out, and they're
16 the first word in each of these results.

17 Finally, the last, last reflection is that the
18 results do not correspond each result to one outcome area.
19 The work that is here are strategies and outcome areas
20 across the organization actually correspond to many or all
21 of the results. And this is -- this is really, really
22 important because, again, going back in time, it is an
23 extremely important idea to think about integration, not
24 as an afterthought but as an organizational reflex. And
25 what I mean by that is, is that we automatically do it.

1 So as we think about our work actually linking to multiple
2 result areas, there is no conscious thought around working
3 with our colleagues, coordinating strategies, coordinating
4 activities, and sharing knowledge.

5 So, again, those are things that I think are
6 important as reflections for the results.

7 I just want to also highlight that we, as an
8 example of this integration and an example of this
9 relationship between our work and the results, some of the
10 things that we talk about, for example, in the families
11 result, the families and resources, opportunities,
12 relationships and environment to optimize their child's
13 development. So we think about the work that the
14 communities department is engaged in, about the work that
15 they're doing to build community capacity, their effort to
16 engage families in what matters in their community to help
17 them inform what happens in the systems and policies that
18 are related to what they are doing, the organizations, the
19 systems that they engage with. That's of critical
20 importance.

21 Beyond the communities department, our family
22 supports department is also heavily engaged in work that
23 contributes to this result. There's a tremendous amount
24 of work being done through home visiting and through other
25 family engagement efforts that brings to light the

1 importance of bringing resources to families and
2 connecting them to families.

3 In addition, there's also work that is happening
4 with the ECE department, which I feel is also something
5 that people don't normally think about, how does that
6 relate to the broader family context. But one of the
7 strategies is around the movement to build kindergarten
8 readiness assessment. And in that efforts, how do you
9 bridge the school to the community. How do you create a
10 connection from schools to the community, that
11 understanding of those children that are in those
12 communities, how they will be coming to them and what
13 kinds of things they need to be prepared for. So that's
14 another area where that department's work is contributing
15 to this particular result.

16 So if you -- if you go along these results, we
17 can find numerous examples of all different strategies and
18 different outcome areas that are contributing to these
19 results. And it just, basically, gives you a sense and
20 makes the point around the importance of these results
21 being not just related to one outcome area but across the
22 many outcome areas.

23 So the next part of the conversation is to talk
24 about the implications. And we mentioned these at the
25 board meeting previously, but just to go on to talk about

1 them, but we ourselves are thinking about these results,
2 not just from an opportunity to communicate more
3 effectively, but these are things we want to hold
4 ourselves accountable to. We want these changes. However
5 aspirational and large they may seem, we feel that it's
6 important for us to move the needle in these areas. It's
7 critical to for us to shout out to the world and to all
8 those that want to our partners that these are the things
9 that we want to be accountable to.

10 We also have these results that allow us to be
11 more focused. There are things that relate to the work
12 that fall outside of this particular area that we want to
13 make sure we as staff and the board are focused on doing
14 the work that orients itself toward these results.

15 The last is, how do we help understand who we
16 partner with. These results will help us think about who
17 are partners could be, should be, and how do we cultivate
18 those partnerships moving forward.

19 And the final thing, as I mentioned before, how
20 do we make ourselves put in a position to clearly
21 communicate what those results are. We've had an
22 opportunity with our communications department to talk
23 about being brand ambassadors, being ambassadors for First
24 5 LA. We went through an exercise where we talked about
25 how we engage with people, whether it's our neighbor,

1 family member, or if it's a stakeholder that we want to
2 engage with. We talked about who we are as First 5 LA. I
3 believe these results help us think about how to
4 communicate what we want to change and how important it is
5 those things are to change in order for us to get our
6 north star by 2028, which is not that far off.

7 So, finally, we -- we provided an example -- and
8 I think that there have been some discussions that we've
9 had which have been at a very, very high level. We talk
10 about these results, and they are at a high level. They
11 are at a countywide level. And we provided an example.
12 Again, we wanted to share again about how our work will
13 ultimately connect to these results. And this is one
14 example that was presented by staff at an earlier
15 conversation. And Tara and her health systems team or
16 health support team wanted to convey around developmental
17 delays. And so we talked about the training and
18 professional development of ECE providers and the
19 workforce on developmental screening and referrals. What
20 we want to have happen is, we want to have those knowledge
21 building and training and technical assistance translate
22 to practice, so that practice is that those screenings are
23 being done within those ECE environments.

24 As a result of that, children receive timely
25 developmental screening and are connected to the services

1 that they need. These are the kind of early systems
2 changes that we feel are important for us to note and
3 communicate and also for us to think, if they don't
4 happen, how do we address those, what are the things we do
5 to make those course corrections that we need to.

6 Finally, the next level is more children enrolled
7 in early intervention services. Those are things we
8 definitely want to keep our eye on. And that's an
9 improved system and support level change that, again, is a
10 longer-term level change that we want to be able to say
11 we'll be measuring, looking at, and monitoring to help us
12 understand if we're moving in the direction that we want
13 with that result.

14 And, finally, the result itself in that we hope
15 that children are able to enter kindergarten without any
16 previously unidentified delays. And this is the outcome
17 then and the result that we want to be able to say, this
18 is what we are seeing happen in LA county and what we are
19 contributing to and what our partners are contributing to
20 and how others can help us get to all children.

21 So I'm going to hand it off to Steven to talk
22 about and encourage a discussion on what we just talked
23 about.

24 MR. LaFRANCE: Good afternoon, commissioners.
25 And thank you very much, Armando and Daniela, for

1 beautiful and compelling presentation of the results. And
2 I just would like to open up for discussion to
3 commissioners any reflections and comments that you may
4 have about the results having heard them presented. And
5 maybe I should go back to the slide that has the four
6 listed.

7 As you've heard and as we've been presenting and
8 discussing with you all along, your feedback and input is
9 extremely helpful for us to think not only about the
10 results themselves, but the other processes that are
11 related that First 5 LA is engaged in as we're moving into
12 thinking about refining the strategy for the organization
13 and as we move into thinking about how to measure these
14 changes.

15 But focusing on the four results themselves, are
16 there any reflections, questions, or comments that
17 commissioners have that you'd like to share?

18 COMMISSIONER ZEPEDA: Go ahead, commissioner.

19 COMMISSIONER HEGER: I find being the newest
20 commissioner and also being one -- probably the only one,
21 maybe the only one here, I don't know, who has received
22 two funding -- two times funding support from First 5 LA,
23 and both in areas that I think are transformative, and I'd
24 like to -- and I think that now that I'm part of the inner
25 circle or inner square I'd like to speak to that.

1 I think that First 5 should own the things that
2 they brought to the table and what -- and things that they
3 impacted and changed. And I look at the -- at the four
4 blocks, and I like be -- you know, my conversation with
5 everyone here is, I think we should own the phrase that we
6 are First 5 LA, but children first and families first and
7 that they're supporting it. And I think that I would
8 speak to owning the tremendous impact on the safety of
9 children in this county that evolved out of the hub
10 system. Now the hub system was built in response to
11 Deanne Tilton Durphy's child death review thing and that
12 she basically said, there's a problem. And we came to you
13 and you funded a response and that we were going to change
14 things, and that really has cut child death from an
15 extraordinarily high number down to last year it was, six
16 or seven -- seven. And that's an extraordinary investment
17 from First 5, and I think First 5 should own that.

18 I think it's also interesting in talking with
19 Bobby Cagle that we look at the hub system and say we
20 would like it to be expanded into doing more
21 family-focused services, and it's about the family and the
22 child and that we're looking at prevention strategies
23 which is one of our goals.

24 So I think that we hear a lot of words and
25 there's a lot of things written down here, but I think we

1 should spiritually and emotionally claim that and say that
2 we are actually doing that.

3 I'm looking at what the blue ribbon commission
4 said after a tragic death five years ago and, basically,
5 said, we would like to coordinate an integrate service
6 plan for putting kids first at each one of the hubs and
7 identifying the resources there, identifying gaps and
8 building in those gaps. I think that's a challenge to
9 everyone in this room at First 5 as you put children and
10 the family first; that we look at the resources and
11 coordinate them and bring them together as how do we
12 amplify them.

13 I think that we haven't done a really good job of
14 putting forward who we are. I think we're a mystery to
15 many people in the county. And I will remind you my
16 newest -- I'm just telling you what -- what I'm
17 experiencing in my lectures in east LA where my clinic is
18 to the community, one of the things that I want you all to
19 think about, especially all you who work here back there,
20 is for a young woman to come to me and say to me, being
21 poor is lonely, being poor is lonely. And as I'm out
22 there advocating in my sort of change the world atmosphere
23 that I live in and I feel I can do anything and should do
24 anything, I know they say you can't stop poverty. But
25 what we're challenged to do here at First 5 is to change

1 loneliness. And you see that in home visitations. You're
2 seeing that in early childhood education and the idea of
3 connecting people, the idea of where single families,
4 especially single moms, live. How do we say, well, maybe
5 we can't change poverty, but we can change loneliness, and
6 that's part of what our job is. Since loneliness in my
7 field as a child abuse doctor, that loneliness is the
8 single biggest contributing factor to child abuse and the
9 danger that kids live in from both accidents as well as
10 from physical harm and sexual harm.

11 So I'm -- that's my spiel. And I think that
12 First 5 has done an amazing job at delivering service and
13 encouraging people to do that. I think you've done not so
14 great a job in claiming your success. So I'm really glad
15 that you're talking about outcomes and how that translated
16 into policy, and I think you should be a less -- I don't
17 believe in secrets, so I don't think there's any good
18 secrets really. But I think that you should just put it
19 out there.

20 MS. BELSHE: Yup. Yup. Well said.

21 COMMISSIONER ZEPEDA: Thank you. Other comments?

22 Commissioner Abdo.

23 COMMISSIONER ABDO: I want to talk a little bit
24 about communication because what we're talking about is
25 communicating with a lot of different players. So we're

1 -- when you wanted to us to look at children and families
2 as the thing that we focus on, what we usually are
3 focusing on is professionals and the adults who work in
4 this field. And -- and I think that our ability to
5 communicate to that group of people is -- is very good.
6 What we -- we have not really focused on in our new way of
7 looking at the world is how do we communicate to families,
8 maybe children too, but I'm really looking at the families
9 and -- and choosing ways and choosing language that
10 families can understand.

11 And I totally agree that we are an unknown entity
12 within our county. If you ask anybody, what does First 5
13 LA do, they -- what? So, you know -- and we all know
14 that. That's not new information. But what is it that we
15 can do to help families understand what we are doing and
16 how we are using a great deal of money to try and fix
17 things. And, yes, we can't fix poverty, but we can have
18 an effect on it. So that -- that's just kind of what I
19 would like to raise.

20 MR. LaFRANCE: Extremely helpful. Thank you,
21 Commissioner Abdo.

22 I'm reminded of when Armando used the shorthand
23 early in his presentation that really we're talking about
24 children are ready for school, schools are ready for
25 children, families and caregivers are prepared to provide

1 supports. And I think First 5 LA adds in that services
2 and systems also need to be doing their part. So that may
3 be getting us a bit closer to the communication challenge,
4 but I also think about this in the context of First 5 LA's
5 20 year anniversary coming up. And it's really an
6 appropriate sort of developmental stage as well to be
7 stepping more fully into an organization's identity and
8 speaking more clearly and powerfully to its identify and
9 its effect on the community, its impact on the community.

10 I appreciate both of the commissioners' comments
11 in that context.

12 COMMISSIONER ZEPEDA: Commissioner Tilton.

13 COMMISSIONER TILTON: Astrid Heger is our newest
14 commissioner. I'm the oldest. And we agree on just about
15 everything because we've been in the trenches for more
16 than 20 years actually.

17 So I want to kind of emphasize this point she
18 makes about loneliness. We call it isolation often, and
19 it is the leading factor for almost every problem that a
20 family might encounter. And you break that with home
21 visiting, you break it with communication, you break it
22 with teams, you break it with understanding the impact of
23 this isolation.

24 I wanted to hit on just a few other of the risk
25 factors that we should fold into our approach to the child

1 safety issue. Of course, the number one risk factor that
2 we can identify is the very young child. We're not
3 talking about four year olds. We're talking about
4 newborns, children under one, children under two. 75
5 percent of the children who die from child abuse are under
6 two. Half are under age one. So these aren't kids out
7 there in preschool, playing in the front yard. They're
8 basically invisible. So that would be something we want
9 to emphasize as focus. I think Romalis brought this up at
10 our last meeting, that zero to three versus just four year
11 old.

12 We have to think about domestic violence. I know
13 our chair, Sheila Kuehl's been very active in this area,
14 and it is absolutely integrated and so connected to harm
15 to children in so many different ways: Physical,
16 emotional educational. It's there in almost every case of
17 severe fatal abuse we look at. It's at least sometimes 89
18 percent. That's a big number.

19 Substance abuse. Astrid talks about fetal
20 alcohol syndrome. We need to think about more than just
21 fentanyl and cocaine, heroin, et cetera; the altered
22 capability of parents by virtue of a chemical in their
23 system.

24 Also, we miss chances a lot. There are points at
25 which a family, a parent -- often these parents are very

1 young. More often than not, they're very young when the
2 child is seriously hurt. But we miss the chance to teach
3 parents how to be parents. So we really have to look at
4 the possibilities of the elementary, junior high school
5 experience with kids. And I -- I love those programs
6 where they have a day care next to the high school campus.
7 And those are very effective. So trying to prepare people
8 for being parents, which is also connected to the issue of
9 men not being equipped whatsoever at changing diapers,
10 tolerating crying, knowing what to do when they're left
11 with a very small child, particularly a very young child.
12 And then we look at the unrelated. We -- half marriage
13 end in divorce and within the other 50 percent, there's a
14 lot of unhappiness. It's kind of depressing, but it's
15 true that -- that for every divorce, there's usually a
16 step parent or a boyfriend or whatever. So we often say
17 that leaving a child in the care of unrelated male
18 caretakers is very highly risky. And we just have to know
19 that. I'm not sure how that folds into what we're doing.

20 So I think I touched on the key factors that I
21 think we ought to think about when we're looking at child
22 safety. They also relate to accidental deaths, too.
23 Children who are -- it is -- teenagers are, you know,
24 crash their cars and all those kinds of things. But
25 little kids mostly under two, and there's a lot of factors

1 that go into that. But that's my little contribution to
2 the child safety.

3 MR. LaFRANCE: Thank you very much, Commissioner
4 Tilton.

5 COMMISSIONER ZEPEDA: Commissioner Taylor.

6 COMMISSIONER TAYLOR: I think my colleagues
7 covered most of what I was going to say, but I think what
8 we're talking about and I'm hearing is about
9 communications, social isolation, and the messaging we
10 have to put.

11 I totally agree that we tend to neglect the
12 male's role in the responsibilities of raising these
13 children and what they need to know. Traditionally, in
14 the tribal environment or even in the colonial village
15 thing, men were taught their roles and responsibilities as
16 a father and as a mentor for these children, and we as a
17 society have neglected that. We put all that burden on
18 the woman, which is not fair and not right. So we have to
19 do more to educate men what their roles and
20 responsibilities are in this process.

21 The other thing is that we talked about social
22 isolation. I think educators, what we call in the child
23 welfare system, social isolation is huge. Even though we
24 have a lot of people around us, we have become social
25 isolated. We don't even talk to our neighbor. So how do

1 we get help if we can't even talk to another person to
2 say, where can I get some help.

3 So when I look at this document under four, the
4 first line of defense is the family or the caregiver. And
5 that could be a mother, a grandmother, an aunt, uncle,
6 whatever. So the -- it should be modified to say,
7 families have and are aware of the resources,
8 opportunities, relationships, and environment to optimize
9 their children's development. If we don't make these
10 families aware they will not know.

11 I can't tell you how many don't know a lot of
12 things about where resources are down the street. All
13 right. So if you don't tell them what needs to be done
14 and how it needs to be done -- how many know about what we
15 know with regards to ECE, Help Me Grow, you know, those
16 kinds of things. What -- what does a family need to know
17 right away to care for their children. This should be
18 said. And if we want to get to the zero-to-three, it has
19 to start right there. Most of the children that are kept
20 are kept with relatives. They're not even in the -- the
21 Head Start community. And even that group doesn't tell
22 them what to do.

23 So it's important that we make these partners as
24 well as the general community aware of what is available
25 and what should be done for their children. They should

1 then -- they will become the advocate for their children.
2 And then if we do that, more will demand the early
3 assessment of their children. They will demand and go to
4 the doctor and make sure that the developmental reviews
5 are done. If we don't do that, it's not going to happen
6 and we will have all of these down the river things ready
7 but nobody coming to the door.

8 So I think the communications has to be about
9 getting the parents to understand, men and women and
10 everybody else, what needs to be done for these children.
11 And the sooner we do that, that will reduce a lot of other
12 things.

13 And the social isolation is key. And so how do
14 we get these other entities to understand their role in
15 breaking social isolation within some of these
16 communities, because it's everybody's responsibility.
17 Okay.

18 So that was just one little thing. They've
19 already said everything I was going to say, but I wanted
20 to add that because that has to be done.

21 MR. LaFRANCE: What I'm really appreciating about
22 the commissioners' comments are that you're both
23 reflecting on the results and you're also providing us
24 really helpful input into how we think about what we --
25 what we track specifically, as Commissioner Tilton was

1 sharing about kind of the specific risk factors and also
2 other commissioners' comments. And I think some of the
3 comments that are being made are also going to be useful
4 as we think about refining strategy and what do we think
5 are the best approaches to achieving the results here.

6 So I just wanted to connect the various dots
7 because your input is really helping us think both about
8 the results in this impact framework, but also both pieces
9 around it, which is kind of strategy which leads ahead in
10 the measurement which helps us know where we're at.

11 COMMISSIONER ZEPEDA: Commissioner Aragon.

12 COMMISSIONER ARAGON: I just want to piggy back
13 on that part, especially around the strategies because I
14 think that, when we're talking about communications to
15 families, I think it's great, but I also think they get to
16 be part of the solutions. And so in really thinking about
17 how we're doing family engagement and -- and community
18 engagement is huge. I know First 5 actually does a fairly
19 good job with that, but I would challenge us to kind of
20 take that to the next level so that they're not only aware
21 of the resources but they're part of the resources,
22 they're part of creating the resources whereas in the
23 solutions and the strategies.

24 I would just add that too.

25 COMMISSIONER TAYLOR: Can I just add one thing?

1 If we tell everybody in society what the role and their
2 responsibility with social isolation is that we need to be
3 better partners, then social isolation will be a thing
4 that the whole community starts to look at and their role
5 and responsibility to help one another and help these
6 families, and so that we don't have a young person walking
7 in there and saying, I'm alone. Well, that's because
8 nobody's reaching out to her. Nobody's engaging her. And
9 that's not just the parents; it's the whole society's
10 responsibility. So I'm going along with that to say,
11 that's another level of communications.

12 MR. LaFRANCE: Right.

13 COMMISSIONER ZEPEDA: Any other comments from
14 commissioners?

15 I have some questions and a comment.

16 Daniela, you mentioned that you were partnering
17 or you're working with other innovators about this whole
18 systems change the way that First 5 is now looking at
19 measuring impact. I wanted to ask about who -- who that
20 -- who that is and what's going on with that. I know that
21 this is innovative. This is ground breaking. And to the
22 extent that we can have some partners that are engaged and
23 thought partners who are engaged in similar work would be
24 very helpful.

25 And then the other question I had had to do --

1 and you mentioned that we need to know about the context
2 in which change is occurring. And I think that, if
3 Commissioner Smith was here, she'd be talking about all
4 about that. And that has to do with the qualitative
5 gauging and measuring of what it is that -- that we're
6 doing more broadly because the ultimate result is some
7 kind of an epidemiological indicator at the top where
8 there's no one-to-one correspondence. So gauging or
9 benchmarking that context would require some monitoring
10 and some reporting and some interest in how you're going
11 to go forward with that. And then have I a comment.

12 MS. PINEDA: Okay. Yes. So I did -- thank you
13 for the opportunity to talk through these things. And I'm
14 mindful of the time as well.

15 We have in the process of starting to come
16 together around the measurement part of it, we're starting
17 to reach out to different field, not just private
18 foundations, but others actually in the First 5 world.
19 I'm looking at Steven and Armando because we're partnering
20 on this.

21 So specifically funders. The Packer Foundation
22 is an integral partner in terms of we are learning about
23 their strategy. They talked to us in depth and we're
24 trying to understand how they've gone around specifically
25 using measures of readiness at a population level and how

1 they've engaged communities.

2 We also have a couple of planned conversations
3 with other foundations in people who are involved in
4 long-term place-based efforts, specifically in the making
5 connections work at the Annie E. Casey Foundation invested
6 in in over a decade. We are in close conversations with
7 some of the architects of that measurement strategy.

8 In terms of quality -- I want to move to that.
9 So that's more to come in terms of the who, in -- how do
10 we know as -- that we're not the only ones doing this kind
11 of work. We're also within the field of early childhood.
12 There are other trailblazers, if I may use that.

13 Moving to the context of measurement in terms of
14 the qualitative, you're absolutely spot on in that we
15 understand that a lot of things that we're more interested
16 in is the why. And oftentimes that doesn't lend itself
17 for counting things, but it's really important that we are
18 able to use nuance and systematic, whether it be
19 interviews or focus groups with specifics of populations
20 to understand how do those -- how do the people who are on
21 the ground in the trenches understand what is a change,
22 right. So we can say, well, there's a system working or
23 doesn't working, but we need to hear from people who are
24 actually doing the work. Say, no, actually, the
25 difference that I've seen, Daniela, in the last ten years

1 has been, we used to think about it this way, and now
2 we're doing -- we're taking this for granted. We are
3 working together.

4 So that is more nuanced, and that does require
5 not just mix methods, but really qualitative understanding
6 of the whys, and that's absolutely -- and, actually, this
7 is -- I want to hear your comment as well, but it's a good
8 pivot for the other two pieces, a good connection. I'm
9 not saying we should move, but to the monitoring measures
10 as well as measure of strategy. So clearly I'm very
11 animated because this is my favorite.

12 COMMISSIONER ZEPEDA: Commissioner Abdo has a
13 direct question maybe or a related question.

14 COMMISSIONER ABDO: I hope it's related. The
15 home visiting program that we've been working on forever
16 and that the county is now working on more globally than
17 we have been able to seems to me a place where we could
18 start connections with families very early, not quite
19 early enough, but quite early, and there must be
20 measurements in there. I think the home visiting programs
21 need to be more robust than they are at this point, but I
22 -- I think that from there parents are -- or families --
23 let's just say families are connected with lots of
24 different things, not even necessarily services. It can
25 address the whole loneliness issue, even if there's not a

1 need for direct social service for that family. There
2 still are huge needs. And I hope that we can find ways to
3 connect along there at the -- at that very beginning
4 connection.

5 Obviously, Best Start communities are places
6 where families are engaged. But the home visiting is
7 broader -- I hope it's broader.

8 MR. LaFRANCE: Yes, it is.

9 COMMISSIONER ZEPEDA: I would have a comment. I
10 would just like to pull back a little bit and look at
11 First 5 from, you know, 30,000 foot view because I've been
12 around it for that -- the whole entire period of time.
13 And just to remind us that we are moving in a completely
14 different direction than operate or want to operate in a
15 very different direction than we have previously operated.
16 I think the issue of communication is uneven. So, for
17 example, in my discipline in early childhood education,
18 people know who First 5 is. A lot of the parents know who
19 First 5 is because they get their little bags from LAUP
20 because of the strong relationship we have with Los
21 Angeles Universal Preschool. So it is kind of uneven.

22 So I kind of want to say that. It's not just a
23 complete parents don't know about us. It just depends on
24 what program you're talking about. But I think that we're
25 really seeing a paradigm shift, and that it's going to

1 take time I think to figure all of this out. And it needs
2 to be I think very intentional. And I think you're doing
3 that. And very thoughtful and you're engaging other
4 thought partners as you move forward because it's sort of
5 uncharted territory because, ultimately, where the rubber
6 hits the road is on the -- in this particular case, it's
7 going to be on any particular child outcome for any
8 particular program, but more importantly how is it
9 effecting the systems. And I think that that's what we're
10 really -- need to focus on, and it's going to be -- it's a
11 big lift. There's no question.

12 And I want to thank you for this and all the work
13 you're putting into this. It's hard to, you know, as I've
14 been saying, build a plane as you're flying it. So I just
15 wanted to remind commissioners that -- that this is
16 something that's -- it's brand new, frankly, for the
17 commission and also it's affecting other commissions up
18 and down the state as I'm hearing from other commissioners
19 as well.

20 MR. LaFRANCE: Thank you, Commissioner Zepeda.

21 If agreeable with this extremely valuable input,
22 I'm going to ask Armando to continue to move us through
23 the rest of the presentation, but this has been exactly
24 what we were hoping to hear and receive from everyone and
25 this will position us to be able to move into the November

1 8th board meeting with a recommendation. So thank you
2 very much.

3 And with that, Armando.

4 MR. JIMENEZ: Thank you.

5 So very quickly -- very, very quickly we're going
6 to go through -- and I just wanted to highlight something
7 that the chair, Supervisor Kuehl, mentioned which I
8 thought was a really great example of kind of the purpose
9 of monitoring measures and understanding the importance of
10 us thinking about how to help us understand the context in
11 which children and families live and those things that
12 help us understand that we need to see, monitor, and
13 understand those things in order to affect the work. And
14 she used an example of the swimmer. I thought it was
15 great because we don't necessarily are in the business of
16 teaching people to swim, but we sure do want to tell them
17 if the current is moving rapidly. We want to point them
18 to places where they do teach people how to swim, but
19 those -- in the senses are really good characterization of
20 how we thought about monitoring measures.

21 I'm going to go directly to the monitoring
22 measures, and I just wanted to highlight that, as a result
23 of the last discussion at the board meeting, we -- I know
24 that there's a lot, but I'm only going to highlight those
25 that have been included or added as a result of the input

1 we received from the previous commission meeting. One
2 area that was really important that was raised and
3 elevated was on newborn and exposure to drug and alcohol
4 that we would need to think about how we monitor those
5 exposures as children are being born and how important it
6 is to keep a pulse on.

7 The other issue that came up was maternal
8 depression, also postpartum care. Those are things that
9 we want to make sure that we also are monitoring over
10 time. And maternal substance abuse. So, again, aside
11 from the child having been exposed, but the mother's use
12 of substances, including tobacco. And I have to say that
13 that's also something that generates the revenue for us,
14 but we want to make sure that families especially are not
15 exposed or are smoking.

16 The other two measures that were included -- and
17 this gets to Commissioner Taylor's comment and I think
18 it's resonated with us and it's really important about the
19 parent and also the collective community's knowledge of
20 early childhood, and that we have to instill not just in
21 parents but the public broadly how important it is that
22 early childhood matters, brain development, all those
23 issues we are trying to communicate to not only parents
24 but stakeholders. So we felt that was extremely
25 important. And then as a result of your suggested

1 revision to the family result, that may actually be an
2 indicator of the result that we want to be tracking.

3 So, again, some of these here may be indicators
4 of the results that we outlined earlier. But for the
5 purposes of the discussion, these are things that we
6 currently have under the monitoring measures.

7 The final one is what was referred to as
8 school-based early care and education involvement. And an
9 example that I think came up with some discussion with
10 staff is, we could monitor the extent to which schools are
11 using local control funding formula dollars for early
12 childhood. We could look at the increase percentage of
13 schools that are using KRA assessments. We could use
14 different measures that relate to the school's engagement
15 in early childhood. Again, I think we have a long way to
16 go, but highlighting it and putting it out there, I think
17 is important.

18 So I know that this was -- this was -- we went
19 through them very quickly. And this will not be the last
20 opportunity for you to provide us with input, but we want
21 to assert that these monitoring measures are things that
22 we put in place. They will likely change over time. And
23 we wanted to say that we as a commission understand the
24 importance of us being tuned into those things that
25 matter. So over time, there may be things that added,

1 things that drop off because they're not helpful or useful
2 for us. And I just wanted to say that that's something
3 that is -- something we're going to look at over time.

4 So the final piece is just the approach to
5 measurement. And I wanted to highlight that our approach
6 is something that we feel and we're strongly committed to
7 having a very clear and research, evidence-based approach
8 to identifying what indicators we want to use.

9 MS. BELSHE: A question I want to ask is, do we
10 want to pause after the monitoring measures and invite
11 some further dialogue and feedback from commissioners
12 specifically on monitoring measures before we do an
13 initial kind of light touch preview to our measurement
14 approach?

15 MR. LaFRANCE: Sure.

16 MS. BELSHE: That was a somewhat rhetorical
17 question.

18 MR. LaFRANCE: No, it was. We would love to
19 pause. We're feeling cognizant of the time we're taking.

20 MS. BELSHE: We can take some extra time. We
21 absolutely can take some extra time. I just want to make
22 sure we're consistent and that we're coming back to the
23 board in November is specifically on the results for
24 children and families and the monitoring measures.

25 COMMISSIONER ZEPEDA: Commissioner Taylor has a

1 question.

2 COMMISSIONER TAYLOR: It's not even a question.
3 It's simply anecdotal information.

4 Everybody in this state understands the State's
5 First 5 effort at that level for children: talk, read,
6 sing. Very simple. There's all the commercials all the
7 time and very simple. And they're telling everyone that
8 that's what you do. Even the grandmother's doing that.

9 So the idea is that you're thinking that process
10 of that messaging for early childhood is key. And so some
11 of the things that when I say, are they aware, you know,
12 the simple question to the parent, are you aware of what
13 services are available and what is the importance of -- of
14 the ECE or the -- the evaluation for your child's
15 development by a doctor and stuff of that nature and
16 things of that nature, getting the right tool is the EDI,
17 the right tool for the preschool to use and stuff like
18 that.

19 So the idea is, is the child -- the parent is
20 aware of some things. It's very simple. Very -- because
21 if the parents are aware or the general public is aware,
22 then everybody's doing the same thing around these
23 children, right?

24 So that was my only thing around that, is that
25 don't forget anecdotal information is just as powerful to

1 say that the whole population is moved because you
2 measuring whether or not they understand, even though they
3 might not understand it deep dive, they understand it in a
4 broad sense.

5 COMMISSIONER ZEPEDA: Other comments by
6 commissioners?

7 On the ECE involvement, and this is -- I'll
8 reiterate what I said at the last general board meeting.
9 I was at transitional kindergarten conference on Tuesday,
10 and we are now seeing they don't want -- they call it the
11 first year of kindergarten. I call it preschool, but you
12 know, there's a difference. They're still the same age
13 children.

14 That it's becoming part of the K through 12 system. And
15 so when you mention LCFF, I've seen LCFF, which is local
16 control funding formula, which is extra money, for those
17 that you don't know, to school districts who have
18 high-risk populations, blah, blah, blah. I know I said
19 it, Kim, blah, blah, blah.

20 MS. BELSHE: Doctor's opinion.

21 COMMISSIONER ZEPEDA: She says I say this all the
22 time.

23 But anyway, the point is that there is a real I
24 would even say cultural divide, a philosophical divide,
25 pedagogical divide, all kinds of divides between it --

1 between how we conceptualize the zero-to-five child growth
2 and development and how the K-through-three in particular
3 conceptualizes it. So there needs to be a lot of work
4 done in that arena. And I don't know what the best
5 solution is for that yet. But I think this preK-3
6 movement that has occurred across the United States is one
7 way to do it without push down, obviously, of the
8 curriculum. But I think that's a big issue. But I've
9 seen LCFFs among them, and there's nothing happening on
10 early childhood in those local control funding formulas.

11 Judy.

12 COMMISSIONER ABDO: I think that's
13 extraordinarily important, especially right now because I
14 think pretty much everybody is trying to define what
15 school is, and we're -- we're used -- those of us who are
16 older than millennials I guess, are used to having school
17 start at kindergarten, and that's not true anymore. And
18 what is transitional kindergarten. I'm really glad you
19 were there. And then what is before that. And those are
20 all school. And so it's -- it's kind of important to look
21 at those as school.

22 But I -- I think the other thing that I'm -- I'm
23 concerned about here -- and I've been hearing this from --
24 from the generation that is before mine, so there are a
25 few early childhood experts who are still engaged in this

1 program -- in this field. And what I'm hearing from them
2 is that -- that the K12, K3, however you define it, world
3 of education and school districts have been looking at
4 moving their way of thinking into the younger ages so that
5 that kindergarten is kind of built on first grade teachers
6 want or they -- elementary principals want. And TK is
7 kind of like, well, how do we start earlier even and do
8 this -- and what we're doing my fear is, is that we're not
9 looking at what children need and what works at those
10 ages. We're looking at an old concept about school and
11 learning, and then -- and I -- the LCFF I think is part of
12 that problem because it's really looking at K12 and then
13 pushing things down.

14 So when I was being trained by people who are
15 older than I was at the time, we were not allowed -- I
16 mean, really we were not allowed to have children write
17 anything, read anything in kindergarten. We weren't even
18 supposed to label things because we -- the whole point of
19 kindergarten was play, social-emotional, working through
20 things verbally and with art and lots of activities, but
21 not academics.

22 And so I'm kind of caught in the middle of all of
23 this because I've been in the K12 world a lot. But I
24 still am tugged to the, four-year olds don't need to know
25 words, they don't need to read. Some of them are so

1 anxious to read, they'll knock down doors to read. Fine.
2 Let them. But to have the expectation that every
3 four-year old is going to be reading is not really what
4 children need in general.

5 That's my little speech.

6 COMMISSIONER ZEPEDA: I would just say we should
7 reverse the star and stay schools are ready for children
8 and children are ready for schools because, even in the
9 goals panel, the emphasis was not on schools. I know you
10 said that in your commentary, but it really wasn't. It
11 was on the children and what they needed to do to get
12 ready for school.

13 So okay. Are we beating a dead horse here now?

14 MS. BELSHE: I think it is important, given many
15 of the commissioners' comments have touched on
16 measurement, that even though this is really work that the
17 staff will be undertaking this fall and will be bringing
18 back to the board early in 2019, if we could spend just a
19 few minutes on kind of a light touch, is that possible, on
20 measurement and reporting?

21 COMMISSIONER ZEPEDA: Sure.

22 MS. BELSHE: Because it does help pull these
23 different pieces together.

24 COMMISSIONER ZEPEDA: Okay.

25 MS. BELSHE: Okay.

1 MR. JIMENEZ: Thank you. And I wanted to comment
2 on one thing that you mentioned, Commissioner Zepeda, and
3 that's around the systems measurement piece breaking
4 ground or being kind of leading and out in front. And I
5 think that that's kind of a theme for measurement in this
6 work, is that we will be breaking new ground with some of
7 this. And I do think that just foreshadowing some of our
8 discussions in the future, one of the questions may be the
9 extent to which us as a board are engaged in developing
10 new types of measures, and that -- and if they are things
11 that contribute to not only our work and our
12 accountability, but others. So that's something that we
13 feel may surface.

14 But I wanted to send a shout out to the
15 measurement team. We actually have a measurement team.
16 And they're really fantastic staff. They're brilliant,
17 and I -- we meet often and we talk about these issues.
18 And we've been thinking about how do we go about measuring
19 these results, not just results for children and families,
20 but as we go further into the systems results.

21 So we have some ideas and we wanted to share
22 them. And one thing is to, just broadly speaking, we talk
23 about several major components. One is the first thing we
24 need to understand that each of the results that we
25 identified are not likely to be represented by one

1 indicator. There's a lot packed in each of those results.
2 One of the first things we will have to do is to give
3 really strong thinking around which indicators represent
4 that result. Right? And there's some really good things
5 that we can draw upon: The literature, our conversations
6 with our colleagues, and other places and researchers.

7 So the second thing is we've -- our thinking
8 about creating and developing a set of criteria for us to
9 use. And is this not uncommon to this process. We've
10 looked at other areas where people have identified
11 indicators for different measures, and they've published.
12 There have been several publications. In fact, some of
13 the work that's underlying the results-based framework
14 that's identified criteria for selecting indicators. So
15 we've looked at those and we've come up with some indicate
16 -- criteria that we want to use to select the indicators
17 for our work.

18 The other thing is to leverage other related
19 measurement work. There is a lot going on in LA county.
20 There's a lot going on in the state and the nation around
21 measurement development, and we want to tap into that.
22 Finally, we want to just make sure we highlight possible
23 gaps.

24 So those are the key steps. So we -- again,
25 these -- these processes identifying the possible

1 indicators, we talked about how we want to do that.
2 Literature reviews, engaging experts, talking to others,
3 tap into our own experience. We've actually conducted
4 evaluations over the past 20 years, and we have come up
5 with measures that we may be -- may be suitable for moving
6 forward. We want to tap into that as well.

7 So, again, these -- these are some of the
8 criteria that we've outlined. These are common criteria
9 that are used in indicator selection. But just overall,
10 we talk about those areas of validity, wanting to make
11 sure that the indicator is actually related to the
12 outcome. We wanted to make sure that the indicator is
13 something that is recommended or used by others and others
14 in the field, others that have expertise.

15 Data quality is essential and critical. We feel
16 that it's important to understand how those measures that
17 we select are informed by data that is high quality, that
18 we're able to disaggregate by geography. This is
19 important for LA county because LA county as a
20 nation-state has variation throughout each -- across the
21 SPAs, within the SPA there's variation. So we want to be
22 able to disaggregate and have measures that allow us to do
23 that. Feasibility that -- can we have access, can we get
24 and obtain, and finally, utility.

25 The final one is, I like to think about this

1 indicator called communication power. And that is, do we
2 have a measure that is something that we can talk to
3 people and people say, wow, that is something that
4 resonates with me, that's something that's powerful. And
5 that's in the utility area. So those are, kind of
6 examples of how we're framing our criteria that we will
7 use.

8 And, finally, I wanted to outline how important
9 it is to leverage other measurement work. Currently,
10 there's efforts going on in LA county -- and I point to
11 some of them here, but they may not be all of them. But
12 one of the things I'm involved with is a data workgroup
13 that is tasked with developing prevention measures for the
14 child abuse and neglect for the Office of Child
15 Protection. There's lots of work being generated through
16 that.

17 The Chief Information Office is working to create
18 performance measures for county departments. And there's
19 some interesting and useful information that will result
20 from that as well. There's a healthy start index in which
21 Daniela has been involved with and Kim has been involved
22 with around helping us understand -- and it's a First 5
23 Association effort -- to assess children's youngest
24 children. And there's other things like EC Link, the
25 Portrait of Los Angeles, the Children's Data Network, the

1 Equity Index, the Neighborhood Data for Social Change
2 Effort, and the Interagency Council on Child Abuse and
3 Neglect.

4 And I have to look at Deanne who produces a
5 wonderful, very robust report which has lots of data and
6 useful data for LA county.

7 So I -- I just feel it's important to also
8 recognize that we want to look at other measures and see
9 if those measures will be useful for us.

10 And, finally, the finalizing the indicators and
11 that we will use this criteria. We will crosswalk those
12 indicators with other efforts to maximize our
13 opportunities for collaboration. We feel it's important
14 to also look at these indicators and talk to experts and
15 say, do these matter, do these relate. So we want to vent
16 those with experts. And we've done that previously and
17 it's been very helpful to us.

18 The last piece, which I highlighted in the early
19 part of the discussion, is we want to highlight gaps and
20 think about how we might create data development plans to
21 help us develop and create measures which do not currently
22 exist but need to.

23 I'm very interested in isolation. It would be
24 wonderful to be able to measure that at a population level
25 and how we might explore that.

1 This -- I just have one example, and I know that
2 -- no example. The example is there and if you -- no.
3 And if you have any comments about the example, I would be
4 happy to coordinate with you after.

5 MS. BELSHE: We'll have an opportunity at the
6 November board to go a bit more deeply into this and
7 preview it for the commission as whole, but I'm mindful of
8 the some of the other agenda items that we want to be
9 getting into. So I think we want to pause here and see if
10 there's any top-of-mind observations or questions, Steven,
11 about measurement, recognizing this is not a fall decision
12 point. This is something we'll be working on grounded in
13 the results and the monitoring measures that we'll bring
14 back to the board next year.

15 COMMISSIONER HEGER: Can I say one thing?

16 I really feel strongly about assessing the
17 validity of the data systems that you've list, and that I
18 think it would be worthwhile having some outside entity
19 that -- that actually looks at the techniques because
20 we're always -- those of us who are in the trenches are
21 always impacted by bad data. And when you have bad data,
22 you know, it really affects our ability to communicate
23 with the various offices in the county, and it also
24 impacts the leaders of many of the agencies ability to
25 deliver service because the data is quoted at them in the

1 LA Times.

2 So I personally think that it would be a good
3 idea to have a neutral data expert entity -- I know some
4 guys that are working in this field -- to look at why the
5 data systems and why some of the data -- I mean, I can
6 tell you that in looking at just in my field somebody did
7 an assessment, but they excluded all the children we saw
8 on day one for -- in the hubs to assess them for injury
9 because they didn't know how to integrate a zero factor.
10 In other words, if they saw them day one, they could do
11 one, but if it was a zero, they didn't know how to
12 calculate that in the data. So the data reflects nothing
13 about urgent or emergent resolution of issues. It only
14 deals with things after 24 hours.

15 So there has to be somebody that comes in and
16 looks at the data systems you're quoting for impact on the
17 county or you're going to end up with a lot of bad data.

18 MR. LaFRANCE: That's really helpful and perhaps
19 we can think about it both as we talk about highlighting
20 gaps but also data quality issues.

21 COMMISSIONER TAYLOR: I just want to say
22 something. We keep preaching zero to five in that 90
23 percent of the child's brain development is there, and
24 that's part of the lightning the community. But we need
25 to be tracking the zero-to-five community of children to

1 see what that dynamic is. And I know other data sets are
2 doing that, but if we're keeping -- if we're going to
3 preach to the community how important it is to get
4 assessed and follow and do that, we need to be able to
5 identify how those children in these various communities
6 are developing and whoever's tracking that now based on
7 the validity to be able to put that out there by area by
8 zone so that we raise the level of importance across not
9 only communities but every level of government that there
10 is, schools, county, fed, state, things of that nature,
11 what we're doing because then I think that's going to
12 catch their eye. So that data set is going to be very
13 important to keep focusing on zero to five and elevating
14 that information.

15 MR. LaFRANCE: Thank you, Commission Taylor.

16 I believe that may be very much what the Health
17 Start Index I've heard is going to be looking at.

18 COMMISSIONER ZEPEDA: Any other comments by
19 commissioners?

20 We do have a request to speak on this item from
21 Kathy Shriner.

22 Kathy.

23 SPEAKER: Thank you. And I won't -- I know
24 you're press for time, so I won't say very much.

25 For those who don't know me yet, I'm with Best

1 Start. I'm a volunteer member of Panorama City and
2 Neighbors so out in the San Fernando Valley.

3 I have been reading the materials last night
4 before this meeting and thinking, how does Best Start fit
5 into any of this. And what Commissioner Romalis said in
6 particular about the isolated families and the lack of
7 knowledge and awareness, it's our whole work. And we're
8 not involved in any way in any of this development of
9 information. And I feel kind of bad about that. Then I'm
10 the only person here who can even speak.

11 So I just really want to reiterate some of the
12 things that he's saying because we're looking at what's
13 our community change agenda. That's one of the things
14 we've been asked to do under this new system. And almost
15 all of it -- I just wrote down the words awareness,
16 access, and implementation.

17 When reaching out to low-income families, they
18 don't have the same access or awareness or ability to
19 implement all these great strategies we're talking about.
20 And so I just really hope that we don't lose track of that
21 sort of thing, please.

22 COMMISSIONER ZEPEDA: Thank you, Kathy. Thank
23 you. We'll definitely have that in mind.

24 Okay. Thank you, Daniela, Armando, and Steven,
25 for the presentation. You'll keep us posted as you move

1 forward. Thank you.

2 MR. LaFRANCE: Thank you, commissioners.

3 COMMISSIONER ZEPEDA: Moving on to Item 4, health
4 outcomes. Do we have our group here? The Help Me Grow
5 Los Angeles implementation, health systems engagement. We
6 have Cristina, Nicholas, and that's it. Cristina and
7 Nicholas, you are on.

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

10 So we are excited to share the latest on Help Me
11 Grow implementation. I'm joined here -- or we're joined
12 here with our guest speaker Dr. Nicholas Pisca. I want to
13 make sure I'm pronouncing his last name correct. He's the
14 research scientist with the Los Angeles Department of
15 Public Health, and he's part of the DPH team that is
16 working closely with First 5 LA to implement Help Me Grow
17 LA.

18 So moving forward -- I don't have my clicker. I
19 can't move forward.

20 Okay. Moving forward, we have three key items
21 for today's presentation. First we're going to highlight
22 our health system engagement efforts that we've been
23 leading here with First 5 LA and a number of stakeholders.
24 Second, Dr. Pisca is going to discuss findings from the
25 DPH-lead provider survey. And, third, I'll be sharing a

1 preview of LA Care pilot.

2 So just as a recap, during September PPC, I
3 shared the slide with all of you. It's a snapshot of our
4 work, the work that we're building upon, current work that
5 we're engaged with, and then work that we're seeing on the
6 horizon. So I hope this looks familiar.

7 For today's presentation, we're going to focus on
8 the work highlighted in purple, and this is work that's
9 directly contributing to the implementation of Help Me
10 Grow and more specifically the child health provider
11 outreach component of the model. So as a reminder, Help
12 Me Grow LA seeks to promote early identification of
13 developmental and behavioral delays in children between
14 zero and three and link children to intervention services
15 early. The Help Me Grow model includes four core
16 components, one of which is the child health provider
17 outreach component known as CHPO. And the Help Me Grow
18 recommendation report promoting young children's optimal
19 development offers a vision for each of the four core
20 components. And in the report, it really articulates that
21 the priority goal for CHPO should be to, quote, raise
22 early identification intervention standards and practices
23 across all -- all being a key word -- all child health
24 services sectors.

25 And what we as implementers have really come to

1 realize is, to achieve this goal, it requires targeted and
2 intentional engagement along with tailored strategies at
3 multiple levels across the health systems sector.

4 So what do I mean by this? Here is a very
5 simplified visual version -- visual -- of the multiple
6 levels that make up the health care sector from a micro to
7 macro vantage, starting with the child and family in the
8 center as the member of consumer of health care services.
9 Moving on out, we have individual medical providers. This
10 encompasses our pediatricians, our specialists, our
11 medical staff. Then we have our clinics and practices.
12 This is another level that exists. Moving on out further,
13 we have the individual practice association, known as
14 IPAs, and this is a network of individual providers and
15 physicians.

16 And IPAs offer several benefits. For example,
17 they provide technology support. They also enhance the
18 ability of this group to negotiate favorable contracts
19 with health plans, hospitals, laboratories, et cetera. So
20 joining an IPA, being part of an IPA is a tremendous
21 benefit for pediatricians and providers.

22 The next layer is our health plans. This
23 includes our Medi-Cal managed care plans as well as our
24 commercial health plans, and they contract with the IPAs.

25 And then we have our state policy level. This

1 level could also encompass federal policy, but for today
2 we're really focusing on state policy in particular
3 because of the high level of influence state policy has
4 over our sublevels. Also, for example, our local county
5 agencies, such as the Los Angeles Department of Public
6 Health, must also adhere and implement state policy and
7 guidance through their programs and services.

8 So to coin a phrase from Kim Belshe, I'm going to
9 complicate things for all of you. So let's complicate our
10 thinking. That's our phrase, let's complicate our
11 thinking as it relates to our nation-state of Los Angeles.

12 MS. BELSHE: Before we simplify.

13 MS. PENA: Simplify, complicate. Yes, it is a
14 tug of war.

15 So this is the complicated simplified version for
16 Los Angeles county. So our county's unique complexity is
17 really an output of the shared population size coupled
18 with diverse number of players at each level.

19 So as much as I'd love to dig into all the
20 levels, I'm going to hone in on one. Unlike other
21 counties across California, Los Angeles is of course
22 unique. Many counties will often have one Medi-Cal
23 managed care plan. We function with a two-plan structure.
24 So we have LA Care and HealthNet as the leading managed
25 care organizations. And interestingly enough, they

1 delegate out to four other plan partners which includes
2 Anthem, Kaiser, Molina, and Care First. So in total we
3 have six managed care, Medi-Cal managed care plan lines
4 operating in LA county. And we will share a little bit
5 more about how we're engaging with these six care -- six
6 plan partners later in the presentation. But I just want
7 to illuminate that this complexity, what it really means
8 for First 5 LA is that we have a lot of stakeholders to
9 target, and including with -- targeting with these
10 stakeholders is also building trust with them, learning
11 from them, and ideally partnering with these stakeholders
12 to implement system and policy change.

13 So there is a silver lining. We are currently
14 exploring challenges and potential opportunities
15 simultaneously with a number of these stakeholders, and
16 we're doing it at the various levels. This is a necessary
17 step so that we can identify sustainable policy and
18 systems solutions together.

19 I'm just going to highlight one example that
20 should be familiar to all of you here. Our efforts with
21 Assembly Bill 11, which was the first bill that First 5 LA
22 has cosponsored. And it really sought to change oversight
23 of reporting compliance of developmental screening at the
24 managed care level. And it did this through the state
25 policy level.

1 So despite the fact that AB-11 was vetoed by our
2 governor sadly, we have spotlighted early identification
3 intervention and the challenges at the state level and at
4 the managed care plan level. And in doing so, we're
5 prompting the Department of Health Care Services, again,
6 at the state policy level to really find an administrative
7 fix to this oversight gap.

8 So while this was our vehicle that we used and
9 not what we were betting for it to be passed, it still has
10 potential to change policy and systems change because of
11 the vehicle that we used to effect this level. Beyond
12 state policy, as you see here, there are a number of
13 levels where there are unique challenges and also
14 potential opportunities for First 5 and our partners to
15 leverage.

16 So as we move through the rest of the
17 presentation, I really want to encourage you to really
18 keep this visual in mind, in particular the levels,
19 because I will return to the those.

20 So transitioning over to some of our managed care
21 engagement efforts. Since February of this year, First 5
22 LA have been hosting ongoing meetings with Los Angeles
23 county six managed care plans and county health
24 departments, including DPH, the Los Angeles Department of
25 Health Services, and the Department of Mental Health on

1 maternal and child health topics. It's exciting because
2 we're creating a space that's unique to really exchange
3 information and dig deeper into each other's priority
4 areas and latest developments on this topic.

5 Earlier I emphasized targeted and intentional
6 engagement with key stakeholders. And this forum is just
7 an example of where this work is providing a learning
8 opportunity. We're coming together, we're learning, we're
9 enriching our understanding of each other's work, and
10 cultivating new partnerships to really get raising our
11 standards and practices across all child health system.

12 So now I'm going to actually pass it over to
13 Dr. Pisca who is going to share the findings on the DPH
14 provider survey.

15 MR. PISCA: Thank you, Cristina. Good afternoon,
16 everyone.

17 First, I'd like to start by saying I'm very
18 grateful to be in the partnership with Department of
19 Public Health and First 5 LA. We've been able to do some
20 really great work, and today I'm going to share some of
21 that work with you, starting with our survey.

22 So before we started out to do this work, we knew
23 that LA had some unique complexities to it. So we really
24 wanted to be data driven. So, naturally, we sought to
25 find the data. However, we didn't find the data. It

1 didn't exist. It was a giant mystery box in terms of what
2 were the sort of developmental screening practices among
3 providers. So this work is really fill in the gap. So we
4 decided to create our own survey and get that data.

5 Can everybody hear me?

6 Okay. So the survey of, practices screening, and
7 referrals and related barriers, like I mentioned, was
8 really to fill that gap. We didn't know what data existed
9 around this, so we decided to create it. And we knew that
10 we had to have some partners that can really capture the
11 breadth of LA. So we worked with CHDP, the county -- the,
12 DHS Long Beach and Pasadena. And in really short
13 turn-around, we were able to get about 300 respondents --
14 it says 273 there, but we've gotten a few more since --
15 with about a 20 percent response rate, which is pretty
16 good for an online survey in a quick turn-around.

17 In addition, about ten percent -- so nearly three
18 -- 30 people identified as wanting to be Help Me Grow
19 champions, which we felt was an indicator that it was the
20 right time to be doing and there's a lot of buy-in from
21 these providers to want to give us input to this.

22 So our preliminary findings -- so not
23 surprisingly, 95 percent of providers reported that they
24 conduct some sort of developmental screening effort. And
25 they also said that a large majority of them, 80 percent

1 of them, provided that they used the Staying Healthy
2 Assessment. So right on the surface this seems great.
3 However, when you dig a little deeper, the Staying Healthy
4 Assessment is actually not a screening tool. In fact,
5 it's just a ten-item questionnaire, and there's really
6 only one item that really gets at developmental screening,
7 and it's just to elicit if parents have any concerns. So
8 at best it's a surveillance tool that kind of gives an
9 assessment if an actual screening should be done, Despite
10 the Staying Healthy Assessment being labeled as pediatric
11 questionnaire. So this gave us some information that
12 there's some confusion about among our providers around
13 what exactly is a screening versus surveillance.

14 Now, when we tried to assess or when we did
15 assess like what providers report as barriers for
16 screening, not surprisingly limited time was something
17 that we found by and large was the number one reason. And
18 this sort of solidifies the little data that does exist.
19 Everybody mentioned in some place that limited time was a
20 major factor. However, it was very surprising when we
21 realized that the number one barrier to make a referral
22 was actually parent hesitation. This was very surprising
23 for us because we thought limited time and considering the
24 data that we do have and the data does exist shows at that
25 across race, ethnicity, SCS that by and large, parents

1 want developmental resources given to them. So this
2 question kind of brought up more questions than provided
3 answers.

4 So we knew that we have to dig a little deeper
5 into this. And our current presentation results here are
6 really descriptive. And right now we're currently doing
7 little more robust analyses, kind of looking at
8 relationships and variables. We're kind of really trying
9 to assess does the type of tool being reported used relate
10 to the type of barrier, and is one indicator more
11 influential than the other. Meaning does the type of tool
12 predict the barrier or does the barrier actually predict
13 the tool being used. We don't know. So we're trying to
14 do these analysis now.

15 And then we also understand that many of these
16 data don't make much sense without context, without rich
17 context. So we're in the process of doing key informed
18 interviews and focus groups with providers. And we really
19 want to sort of illuminate some of the complexities that
20 our data provided us. You know, parent hesitation. We
21 want to know what's really going on. We're very cautious
22 to be critical over providers who's on the front lines.
23 You know, we understand this is a very critical window
24 that parents get to see a providers and vice versa, and we
25 want to make sure that providers are capturing everything

1 that's going on, and there's a lot of things involved with
2 limited time, the type of tool, things like that. So
3 these efforts are being done right now.

4 Likewise, we would like to do a parent survey,
5 and we have things in motion to do a parent survey, key
6 informed interviews with parents and focus groups because
7 we realized the number one resource we have are the
8 parents. They're the number one. So we want to make sure
9 that providers are maximizing every opportunity they can
10 when they come in contact with parents because they are
11 the ones who know their kids. So we need to find out more
12 from them. They need to help us lead where this effort
13 goes.

14 So, naturally, we didn't find any data. This is
15 helpful in filling that gap. We're in the process of
16 doing a peer reviewed journal right now, creating a
17 manuscript to document this and fill in that gap because
18 we feel that, because of LA's complexities, we should be
19 the pioneers to be able to submit this and move forward.
20 So thank you.

21 MS. PENA: And may I just as a reminder, our
22 strategic partnership with DPH just launched July 1st. So
23 this is really exciting to have this kind of work among
24 others. This is one of many activities that the DPH team
25 is leading around Help Me Grow implementation efforts, but

1 we thought that this was such good findings to bring to
2 all of you today and, clearly, shaping our thinking as we
3 think about our strategies impacting child provider health
4 outreach work.

5 So moving to our third item for the presentation
6 is a preview of LA Care pilot. During September PPC, we
7 shared a brief overview about the findings from the
8 prediscovery phase. Just as a quick reminder, the
9 prediscovery phase initiated and financed by LA Care. And
10 the purpose of that was to inform the design of the LA
11 Care pilot, which is meant to focus on early
12 identification and intervention practices from the child
13 health provider, kind of outreach component.

14 So recommendations from this prediscovery phase
15 included modifying visit structures and work flow,
16 applying technology and leveraging team-base care purchase
17 to really foster practice change.

18 So what does that mean for the pilot? While
19 staff -- right now while staff and LA Care were continuing
20 to refine the details of the pilot, we are really excited
21 to share kind of a sneak peek preview with you.

22 So based on the prediscovery findings, coupled
23 with the vision of the Help Me Grow LA CHPO component, we
24 are placing an emphasis on the following objectives: So,
25 first, increasing screening rates with a validated tool

1 and referrals as needed. So how do we get past the
2 Staying Healthy Assessment, recognizing what it is and
3 what it isn't and how do we think critically about
4 validated screening tools. Second, increasing provider
5 knowledge about child developmental health and the tools
6 and referrals that exist. And then third, increasing
7 member knowledge of child development and access to
8 resources.

9 And so it's interesting about the conversation
10 earlier, this objective really gets at this awareness
11 piece. So how do we help members, in this case parents,
12 families, members, consumers know and understand what's
13 out there related to child developmental health and
14 resources.

15 And so LA Care and First 5 LA have really agreed
16 on thinking critically about this multi-tiered approach
17 for the pilot. And, again, I hope you're reflecting back
18 on this diagram that I've shared, the simple complex
19 diagram.

20 So we see this pilot as really an opportunity to
21 impact change at these various levels, and four come to
22 mind in particular. First at the member community level,
23 so, again, at the family-child level but working out with
24 the community because LA care does have platforms where
25 they're engaged with the community. Second is the

1 individual provider level. Third is at the clinic or
2 practice level, knowing that there's a number of providers
3 within LA Care network that are working at the clinic
4 setting. And then fourth, last but not least, of course,
5 is the health plan level. So really thinking about these
6 four levels for our pilot.

7 And, again, I really want to stress that we are
8 in the process of really refining the pilot. Part of
9 DPH's survey will absolutely help further inform our
10 thinking for the pilot. And as we work together, we're
11 really thinking about now fostering this long-term,
12 sustainable practice change with LA Care that can
13 contribute to strengthening early identification and
14 intervention beyond the life of the pilot. So this a
15 really big one. And that's where we're kind of really in
16 discussion and thinking critically about.

17 So staff plan to return to the board with
18 details. This includes budget timeline and certain for
19 sure, refined objectives in early spring with the goal of
20 seeking action.

21 So now turning to questions, we welcome comments,
22 questions from the board.

23 COMMISSIONER ZEPEDA: Thank you for the
24 presentation.

25 Questions, commissioners?

1 COMMISSIONER TAYLOR: My question is, first, what
2 tools should we be using based on, again, like our
3 colleague talks about impact framework, looking at what's
4 going on in the rest of the country around this issue of
5 development, what is the appropriate tool that will do it
6 efficiently, effectively, without over extending time
7 because that's going to be an issue we're going to have to
8 advocate with the State or the feds to give the provider
9 more time to charge so they can actually capture this
10 important data.

11 And that gets to my next question. What are --
12 what is and what are the data collection management and
13 analysis components of this effort. What are you going to
14 use to capture this information that says it works, it's
15 doing good, it's not doing good, so whenever you get that
16 together you can add that to explaining what we're going
17 to use a tool and is it valid -- is it a valid tool to --
18 to determine that.

19 And the last thing I'll say is, how does Welcome
20 Baby play in this and are they actually assessing
21 anything? And what tool are they using? Okay? Because
22 we're spending a lot of money on this. And -- and if we
23 haven't talked to them about doing and, you know,
24 participating in this process, then -- then, you know,
25 what I mean? And you can use your model of working with

1 LA Care to get them to do the same thing so you get more
2 data for the same kind of buck we're already paying for.

3 MS. PENA: All really, really great questions. I
4 will try to answer all three.

5 So interestingly with the early planning phase
6 for Help Me Grow, the recommendation in some ways was to
7 -- well, was to be tool agnostic, or at least First 5's
8 position is tool agnostic. However, there was a
9 recommendation to come to agreement on a standard tool or
10 a few standard tools knowing that there are over 20 tools
11 that are used for both developmental health and behavioral
12 health needs. Interestingly enough, part of I think the
13 findings and as we kind of think through the focus groups
14 that DPH is leading, the hope is that it does help inform
15 our thinking about the right tool; what's the appropriate
16 tool, what's the tool that's most likely to be efficient
17 in a given clinic setting, and how does that compare to,
18 for, example an ECE setting? Is it perhaps the same tool
19 or not and why.

20 And so part I think of the early research is to
21 help us try to identify -- please, Nick, jump in -- try to
22 help us understand which tool is preferred and why.

23 Interestingly enough, there are some other tools that are
24 out there that are partially validated. So while they are
25 exciting to watch, they're not fully validated but we are

1 monitoring those tools in particular because they also
2 screen for maternal depression, which we find fascinating,
3 and they're also free, which is also another caveat
4 because there is a cost at times with some of these
5 validated tools.

6 So we are thinking about this and -- and also
7 thinking about how it relates to Help Me Grow,
8 particularly the centralized access point which is that
9 other component. Because, again, there are four components
10 of the model, so then they're all really intertwined. So
11 when we think -- I'm going to try to answer your second
12 question with data collection component. I think this
13 blends in with how we're thinking about -- actually, let
14 me stake a step back.

15 Los Angeles County Department of Public Health is
16 really leading efforts to implement two of the four
17 components, so the centralized access point of Help Me
18 Grow, and the data and analysis component, which really go
19 hand in hand with one another. And that's an area where
20 we're really grappling with, how do we think about the
21 data, how do we think about measurement, and how do we
22 ensure that we have access to that data to monitor and
23 understand impact.

24 And please feel free to jump in at any point.

25 DR. PISCA: You're doing great.

1 MS. PENA: But I think this is a part where we're
2 really trying to wrap our head around, how do we make sure
3 that we're monitoring and collecting as we built out the
4 different components. So it's absolutely on our radar.

5 MR. PISCA: And I would just like to echo that
6 one of the reasons we're putting so much effort into the
7 research we're doing right now is for these purposes. We
8 want to make sure that -- this is a very big investment
9 and the choices that we make really are data driven. We
10 really think need to think very critically about,
11 considering, as Cristina mentioned, like just with the
12 tools, there are probably more than 50 developmental
13 tools, and they vary from some being administered in two
14 minutes and some an hour. So time is -- is thinking about
15 how they're administered and in what settings is
16 everything because I think you're absolutely right.

17 COMMISSIONER TAYLOR: We're going to be looking
18 for your guidance because you're the expert on getting the
19 right tool for the doctors and everyone that's involved.

20 The last one I need to hear about is what's going
21 on with Welcome Baby.

22 MS. BELSHE: Sorry, Christina. Did you want to
23 close on this issue before we get to commissioner?

24 MS. ALTMAYER: So I just want to make a
25 clarifying point is that we as First 5 LA don't

1 necessarily have to -- there are -- we look to industry
2 standards, particularly when we're talking about validated
3 tools and probably the best place for that is with the
4 American Academy of Pediatrics who has recommendations
5 about tools. And the ones that are most pervasively used
6 are those validated tools that AAP recommends, which is
7 Ages and Stages and Peds are the two.

8 So, yes, there are -- I just want to make sure
9 that we're being grounded that we -- this is not expertise
10 that we need to necessarily hold because there is
11 expertise within the field that we can rely upon in
12 supporting the implementation of developmental -- age
13 appropriate screening tools.

14 MS. BELSHE: And indeed that was the basis of
15 AB-11 if you recall.

16 MS. ALTMAYER: And AB-11, just to build on Kim's
17 comments, was about the fact that the way the standards
18 are written now gives discretion and doesn't set a
19 threshold standard about the use of a validated
20 developmental screening tool. So when we have data right
21 now, as you saw, and this is another example, which is
22 similar to data the State has that says, oh, developmental
23 screening is pervasive among Medi-Cal populations. We
24 know that that's not true because there isn't a definition
25 that says it has to be using a validated developmental

1 screening tool. So that's the pressure that we're putting
2 on the health system to say, you can't just say looking at
3 a child and doing a visual check meets the standard of
4 developmental screening. It has to be using a validated
5 tool that's recognized within an industry standard which
6 we're really relying on AAP to be.

7 MS. BELSHE: Quick answer to Welcome Baby.

8 MS. PENA: So part of the team is really focused
9 on integration and alignment with our other investments.
10 At last board meeting we shared our findings around QRIS.
11 We are working closely with the families department and
12 thinking critical about Welcome Baby and home visiting
13 efforts. They do screen as part of the requirement, so
14 they actually do screen at every visit, which is
15 fascinating because they screen beyond the recommended
16 three age intervals. And so we are thinking really
17 critically about how do we mimic some of our internal
18 research that we do with our QRIS investment for our
19 Welcome Baby so we can really dig at some of those unique
20 barrier beyond what we're assuming.

21 But, yes, it' definitely ECE alignment and we're
22 absolutely interested in understanding how that works. I
23 think we need to do some more thinking about the survey
24 and how we wrap them in and share out these findings with
25 multiple stakeholders.

1 COMMISSIONER TAYLOR: Are they using the tool
2 that --

3 COMMISSIONER ZEPEDA: For the Welcome Baby, I
4 thought we had the other tool that we were studying.

5 MS. ALTMAYER: Ages and Stages.

6 COMMISSIONER TAYLOR: They're using that one?

7 MS. BELSHE: Okay. I'm anxious about this one,
8 just being transparent. I'm -- I'm modifying that. So
9 maybe if there's any final comments or questions from
10 commissioners before we take a quick break.

11 COMMISSIONER ARAGON: Can I say something really
12 quickly? I promise.

13 I just wanted to add, great job, public health.

14 (Applause.)

15 But I also do actually have a serious comment.
16 And I think that just by the very nature of the population
17 that we're dealing with, the vulnerable children that we
18 are doing this. But I just wanted to -- just so we're all
19 really intentional about it, that this program, how it
20 addresses, you know, reducing disparities and promoting
21 health equity. I think that, especially just given the
22 department's focus on this, we have a center for health
23 equity that, you know, we want to make sure that, as we're
24 talking about this and the work that we're doing is really
25 aligned, that we're being intentional in talking about how

1 this is addressing it because I think it's really
2 important for us to make -- and remind folks that where
3 this comes in and those very important issues that we're
4 addressing.

5 So I just wanted to add that. So as we're
6 talking about, we're saying health equity and we're
7 talking about disparities and so forth and so on.

8 Thank you.

9 COMMISSIONER ZEPEDA: Thank you, Commissioner
10 Aragon.

11 I think we're ready for a ten-minute break. So
12 I'll see you back here in ten minutes.

13 (A brief break.)

14 COMMISSIONER ZEPEDA: Okay. I think we're ready
15 to resume.

16 MS. BELSHE: Becca is just emerging from the
17 restrooms. You're confusing.

18 COMMISSIONER ZEPEDA: Moving on to Item 6, to
19 establish a strategic partnership with Compton Unified
20 School District and Lowell Joint School district and amend
21 the strategic partnership with Los Angeles Unified School
22 District to expand the implementation of First 5 LA's
23 kindergarten readiness assessment strategy -- boy, this is
24 a mouthful -- and authorize First 5 LA staff to execute
25 with Compton Unified School District and Lowell Joint

1 School District and amend the agreement with Los Angeles
2 Unified School District.

3 They haven't been paying attention to you, Judy,
4 in terms of language. Okay.

5 COMMISSIONER ABDO: We're going to change this.

6 MS. BELSHE: As much as we can.

7 COMMISSIONER ZEPEDA: So we have Becca and Avery
8 and Ofelia presenting to us today about this very long and
9 complicated --

10 MS. PATTON: No, just legally.

11 Good afternoon, commissioners.

12 So before we get started, I just want to provide
13 some opening remarks before we begin our presentation. So
14 Becca Patton actually with the Early Care and Education
15 team now. So we're looking forward to presenting an
16 updated overview of our kindergarten readiness assessment
17 initiative. So this initiative presents an opportunity to
18 create greater integration across our outcome areas and
19 provide greater clarity and focus for our future
20 investments and policy and systems change.

21 By being able to measure the developmental
22 readiness of children as they're entering kindergarten,
23 we're able to determine both the assets and
24 vulnerabilities of LA county's child population. This
25 information can help us better target investments and

1 refine our strategies to better support communities,
2 families, and our systems of health and early care and
3 education.

4 So we'll hear in the presentation today an update
5 of our kindergarten readiness assessment initiative,
6 including data collected from last year's investment. You
7 are also going to hear about our plans for future
8 expansion and the impact this expansion has on the
9 initiative and budget. The material provided will give
10 you more information context.

11 Before we begin, I do want to highlight our
12 partnership with Los Angeles Unified School District. In
13 order to get a complete picture of all of LA county's
14 children, our care initiative should expand to include the
15 county's largest district. We currently have a moment in
16 time opportunity to establish a true partnership with Los
17 Angeles Unified School District, the second largest
18 district in the country. However, partnering with such a
19 large entity provides unique challenges and constraints as
20 we work within their existing infrastructure. So part of
21 these constraints and challenges means that the work is
22 continuing evolve. There's been some recent judgments as
23 you have an updated memo in front of you that represents
24 the latest information as we continue to expand our reach
25 with the kindergarten readiness assessment initiative.

1 So this initiative is very much a work in
2 progress, particularly for the out years, and we look
3 forward to your input and feedback as we update our
4 strategy, and we will continue to revisit with the board
5 as we seek that input.

6 So I'm now going to hand it over to Avery,
7 program officer in the early care and education team who
8 will start our presentation.

9 MR. SERETAN: Thank you, Becca. And good
10 afternoon, commissioners.

11 As you, recall in march 2018, we provided the
12 board with an update regarding our kindergarten readiness
13 assess and entered into a strategic partnership with
14 Unite-LA as well as renewed contract with UCLA's Center
15 for Healthier Children Families and Communities.

16 As Becca mentioned, today we're going to provide
17 you with another update on our kindergarten readiness
18 assessment. As you remember, kindergarten readiness
19 assessments are tools used to measure the school readiness
20 of children. Tools may be used for the purpose of
21 individual student assessment to guide instruction. These
22 tools are formative and summative assessments. Our KRA
23 tool, however, is meant to measure the holistic school
24 readiness of children on a population level.
25 Understanding the readiness of children on a population

1 level will allow to us advocate for policy and systems
2 change at the local, state, and national levels.

3 This afternoon we will also provide the board
4 information to establish two new strategic partnerships
5 with school districts to collect KRA data and information
6 to amend the current strategic partnership with the
7 Los Angeles Unified School District. And, lastly, we will
8 discuss recommended actions and next steps.

9 So you may recall that in October 2017 the board
10 approved strategic partnerships with eight communities and
11 school districts to launch a countywide KRA effort using
12 the early development instrument, or the EDI. These
13 districts and communities included the El Monte City
14 School District, Pomona Unified School District, Rosemead
15 School District, Mountain View School District,
16 Los Angeles Unified School District, Local District South,
17 Valle Lindo School District, the City of Pasadena, and
18 Connections For Children in Santa Monica.

19 The board approved the strategic partnerships for
20 a total of \$2 million through June 30th, 2020. Seven of
21 these eight communities participated in data collection
22 and are planning broader community engagement around these
23 results. The Los Angeles Unified School District data
24 collection pilot included 32 schools in local district
25 south. Cohort two in fiscal year 18-19 will expand these

1 efforts towards implementing a countywide KRA and build
2 upon data results and learnings from the first round of
3 data collection.

4 Our favorite slide -- becoming our favorite slide
5 here. As you heard from our integration and learning
6 colleagues earlier today, we here at First 5 have our
7 north star as our aspirational goal. It states that, by
8 2020 all children in LA county will enter kindergarten
9 ready to succeed in school and in life. One way to
10 achieve our north star is by looking at population level
11 data on children's readiness. First 5 LA's KRA initiative
12 does just this, by looking at what it means to be
13 kindergarten ready via data within our communities,
14 neighborhoods, and schools. It allows you us to look at
15 population level data and partner with various community
16 and communitywide stakeholders to address developmental
17 and school readiness gaps.

18 Throughout the state, there are three commonly
19 used kindergarten readiness assessment tools. The first
20 is the Desired Results Developmental Profile School
21 Readiness, or the DRDPSR, which is now known as the
22 Desired Results Developmental Profile Kindergarten, or
23 DRDPK. The second common KRA tool is called the
24 Kindergarten Student Entry Profile, or the KSEP. These
25 tools are both individual level assessments and can be

1 used as formative and summative assessments. Data is
2 typically collected annually.

3 While the results of these assessments can be
4 aggregated to a population level, the Early Development
5 Instrument, or the EDI, is collected every three years and
6 is the only tool that is reported at the population level
7 and geocoded by the student's home address. Reporting
8 results by a child's home address highlights
9 vulnerabilities by neighborhood rather than by individual
10 student, classroom, school, or school district.

11 The DRDPSR or DRDPK is used by Monterey County.
12 It captures data on approximately 35 percent of the
13 county's incoming kindergartners. The KSEP is used by ten
14 school districts in Marine county and was formerly used by
15 five school districts in Fresno county.

16 The EDI, on the other hand, is used by Oakland
17 Unified School District and Alameda County, and the
18 entirety of Orange County. Additionally, Fresno Unified
19 School District now collects EDI data as the investment
20 from First 5 Fresno to collect the KSEP ended in 2017.

21 So we have seen an increasing move toward
22 collecting the EDI data because it's a holistic tool and
23 measure developmental vulnerabilities on a population
24 level. You may recall that the EDI is a population-level
25 snapshot on childhood well-being and measures five

1 developmental domains as well as 16 subdomains. The five
2 developmental domains include physical health and
3 well-being, language and cognitive skills, social skills,
4 emotional skills, communication skills, and general
5 knowledge. Additional information regarding the EDI
6 domains as well the 16 subdomains are included in the
7 appendix at end of your slide deck.

8 Districts and community stakeholders are also
9 using EDI results to inform place-based planning and
10 decision making that will improve and optimize healthy
11 development for all children in the community. As a
12 developmental snapshot taken during the kindergarten year,
13 stakeholders use this information to both look back and
14 look forward. Cross-sector early childhood collaboratives
15 can use the EDI results to look back and reflect on how to
16 better prepare children for school. And school districts
17 can use the data to look forward to anticipate how they
18 can support children as they progress in school.

19 You can see from this map that the EDI has been
20 used to collect data in counties across the state,
21 including Alameda county, Fresno county, Los Angeles
22 county, Orange county, Santa Clara county, and Ventura
23 county. Los Angeles has implemented the EDI in 100
24 schools across seven school districts.

25 The objectives of the kindergarten readiness

1 assessment initiative are three-fold: First, we seek to
2 implement a countywide KRA tool and collect data to assess
3 developmental readiness of children in the community. We
4 also expect to strengthen the capacity of school district
5 and community stakeholders to utilize the data to support
6 policy and systems change.

7 Lastly, we strive to build the capacity of
8 community stakeholders to understand and act on the KRA
9 results.

10 Apologies for the small text, but hopefully you
11 can see it in your packet. The EDI is an ideal too for
12 informing place-based efforts because of its focus on the
13 population of children in the community. It is designed
14 to be collected on all children of kindergarten age in the
15 community and results are recorded neighborhood by
16 neighborhood, and school districts receive confidential
17 school level reports. The EDI reports are never reported
18 by individual child or teacher.

19 The EDI is feasible to implement at scale because
20 it's collected once every three years by kindergarten
21 teachers. Teachers wait until at least three months into
22 the school year and collect data via user friendly online
23 observational assessment based on teacher recall. Teacher
24 training is standardized so that data is collected and is
25 accurate and consistent.

1 The EDI research has found that teachers provide
2 valid and reliability data predictive of school success.
3 Districts are also asked to provide preschool information
4 from their information systems and teachers are also asked
5 preschool related questions on the EDI questionnaire.

6 So you may recall that the original strategic
7 plan objective was for five school districts and
8 communities to collect a countywide KRA data by 2020. The
9 original fiscal year 17-18 objective was for three school
10 districts and/or communities to pilot the EDI. Last year
11 we partnered with seven school districts and communities
12 to collect EDI data. KRA data was collected and mapped
13 for over 6,000 children, which represents approximately
14 five percent of the kindergarten population in Los Angeles
15 county.

16 The good stuff, the results. So this table shows
17 the year that the data was collected, the number of
18 children, the number of participating schools, the total
19 number of schools in the districts, and percentage of the
20 total schools that completed data collection. You will
21 notice that there were 6,506 total EDI records or children
22 that were mapped at 100 schools which represents 85
23 percent of the total participating schools.

24 Pomona Unified School District collected data on
25 half of their kindergarten children in their first year

1 and will complete the second half of data collection this
2 school year. Additionally, data from south LA represents
3 two of the five kindergarten networks within the
4 Los Angeles Unified School District local district south.

5 This chart shows the cumulative risk across the
6 five domains measured by the EDI. The red bar on the left
7 represents the percentage of children that are
8 developmentally vulnerable on one or more of the domains,
9 while the original bar represents the percentage of
10 children that are developmentally at risk on one or more
11 of domains. Together, the percentage of children that are
12 vulnerable and at risk indicated by the red and orange
13 bars on one or more of the domains is classified as not on
14 track, while the green bar represents the percentage of
15 children that are developmentally on track on all of the
16 domains. So, for example, 51 percent of the children in
17 El Monte are not on track, while 49 percent are on track.

18 While the percentage of not on track and on track
19 on all the domains across the school districts looks
20 similar, the variance is seen when examining specific
21 domain level results.

22 So this graph represents the percentage of
23 vulnerability within each of the five domains by school
24 district or community as measured by the EDI. As you can
25 see, the assets and needs of the school district look

1 different when you drill down to each specific
2 developmental domain. For example, 16 percent of El Monte
3 students are vulnerable in language and cognitive skills
4 as indicated by the orange bar, while approximately five
5 percent of students are vulnerable on physical health and
6 well-being as indicated by the blue bar.

7 This chart as well as the previous chart
8 represent a snapshot of school district data. Each
9 district receives an EDI map book consisting of ten
10 standard maps along with up to four additional indicator
11 maps chosen by local stakeholders. They also receive
12 excel table book and reference guide which contains a
13 comprehensive set of aggregated descriptive statistic
14 organized by separate tabs.

15 Additionally, they receive school reports and
16 de-identified child level data files. School districts
17 receive an EDI summary report which provides a snapshot of
18 vulnerability across the community. And communities and
19 school district will also receive their EDI results
20 layered with the compilation of ten neighborhood risk
21 indicators known as NRI. And these indicators will also
22 be mapped with community and neighborhood assets,
23 including parks and green space, transportation, health
24 care, and early education center so we can start to see
25 some overlaps in the community.

1 School districts have received their fiscal year
2 17-18 EDI results and are planning articulation meetings
3 between early ed centers and the K-12 system to focus on
4 better and more streamlined alignment which I know that
5 the board has been talking a lot about the alignment
6 between early ed and K-12, so that's embedded in the work
7 that they're doing.

8 So, for example, Pasadena recently hosted a
9 series of six EDI engagement meetings with over 80 parents
10 and caregivers. They discussed the communities current
11 EDI results and garnered overall stakeholders impressions
12 and questions. Based on these conversations, the City of
13 Pasadena developed recommendations for future work related
14 to early childhood well-being. I actually have copies of
15 their report here for you to peruse, but it is an in-depth
16 report about the comments and the concerns that were
17 garnered during those EDI sessions.

18 So I will now hand it over to my colleague,
19 Ofelia Medina, to discuss our fiscal year 18-19 projected
20 reach, as well as our recommended action and next steps.

21 MS. MEDINA: Thank you, Avery.

22 There's a lot of exciting data coming out of our
23 KRA initiative, and that was just with seven different
24 communities and districts. To further continue collecting
25 LA county data and to have -- to continue to inform our

1 local and state policy work, we're now requesting to
2 establish two new strategic partnerships with school
3 districts to collect KRA data. The districts are Compton
4 Unified School District and Lowell Joint School District.

5 We're also requesting an amendment to the
6 strategic partnership with Los Angeles Unified School
7 District, or LAUSD, to include two additional other local
8 school district and the remainder of the local districts
9 south. So as you recall, they're already part of local --
10 of our cohort one data collection, but now for the
11 remainder of that local district.

12 By moving forward with these two new district and
13 expanding their reach within LA unified and as well as
14 through our continued work with cohort one, we will
15 significantly increase the data collection in our KRA
16 initiative. By the end of fiscal 18-19, we will be at
17 about 13,000 students or about 14 percent of the
18 kindergarten population within LA county. So we'll jump
19 from five percent to 14 percent by the end of June of next
20 year.

21 A little bit more about our districts. The first
22 one is Compton Unified. It's actually the district that I
23 went to school, so I'm proud to present this. It includes
24 the cities of Compton and portions of the cities of Carson
25 and LA. It currently serves about 26,000 students at 36

1 educational sites or schools. Compton East Compton is
2 also one of our Best Start communities so we're really
3 excited to be able to integrate our work. And actually
4 our colleagues in the community department were the ones
5 that encouraged us to form the relationship with Compton
6 Unified and actually put us in contact with the district.
7 And we have already begun exploratory conversations what
8 the community engagement piece might look like once the
9 district has been engaged and collects data.

10 Our second district is Lowell Joint School
11 District. It includes the cities of Whittier, La Habra,
12 La Habra Heights, and it's right off the boarder of LA
13 county and our neighbor at Orange county. It serves about
14 356 total students at five education sites or five
15 schools. As part of the KRA initiative, we estimate data
16 collection of about 100 kindergartners by four teachers.
17 What makes the school district unique is the relationship
18 with our neighboring county, Orange county. As Avery
19 mentioned, they have hundred percent saturation in Orange
20 county, but because this school district sits right on the
21 border, they've only been able to collect data on three
22 out of five schools. This gives them an opportunity to be
23 able to have full saturation within the district, but also
24 connect with the work that Orange county is doing on EDI
25 collection.

1 And then, finally, LAUSD. So I expanded
2 amendment with -- our expanded partnership with LA Unified
3 will increase LAUSD's current EDI pilot to local districts
4 central and west and the rest of LAUSD south. As a
5 reminder, LAUSD south is currently a corporate one where
6 we supported 29 schools or two out of their five
7 kindergarten -- two out of the five local district
8 kindergarten networks. The amended partnership will allow
9 us to work with the remainder of south as well as all
10 local districts, central and local district west.

11 As part of the KRA initiative, we estimate data
12 collection of 10,000 students by 400 teachers during this
13 fiscal year. The increase support would also allow LAUSD
14 to develop the internal support staff needed for data
15 collection and use of data once they're collected at the
16 three districts. For example, it would also support
17 teacher articulation meetings between preschool teachers
18 and kindergarten teachers.

19 Again, with the additional districts and the
20 expanded work at LAUSD, we currently have a map just for
21 you to kind of see where we're at in our KRA initiative
22 and as a reminder again, by the end of fiscal year 18-19
23 with all the maps included in the map, we'll be at about
24 14 percent of children in LA county with KRA data
25 collected.

1 So our recommendation today is to amend the
2 current strategic partnership with LA Unified School
3 District for a total amount not to exceed 13.2 million
4 through June 30 of 2021 and amend the current agreement
5 with LA Unified in the amount not to exceed 2,720,000 from
6 November 12, 2018, to June 30th of 2019.

7 The increase in LAUSD's cost is due to the
8 scaling of the EDI pilot that will go from LAUSD local
9 south to the additional two districts, but estimates doing
10 for the total number of teachers trained to collect data
11 and the total hours spent on data collection. For
12 example, teacher stipends. Teacher stipends range from
13 \$250 to 400 per teacher depending on the local school
14 district policies related sub time and teacher release
15 time. Additional budget estimates include the cost of
16 data analysis and expenses related to community planning
17 for the EDI used but does not include any direct services
18 cost.

19 I do also want to point out that cost after
20 fiscal year 18-19 will be negotiated based on lessons
21 learned from year two expansion but limited to the total
22 strategic partnership so it will not exceed that amount.

23 Another recommended action is that we establish
24 strategic partnership with the two new districts, Compton
25 Unified and Lowell Joint School District for the period of

1 November 12th, 2018, to June 30th, 2021, and that we --
2 and that you authorize staff to execute agreement with
3 Compton Unified for an amount not to exceed 82,333 and
4 with Lowell Joint School District for an amount not to
5 exceed 40,000 for their period of December 1st, 2018, to
6 June 30, 2019.

7 So as you can see, there's a lot of work to be
8 done, and any -- I do want to point out that any
9 identified researcher that will be added during our
10 midyear budget adjustment process, which I'm happy to say
11 that we have already begun working on, and that the
12 recommended items that we brought to you today will be
13 brought to the board for November approval.

14 One last thing. Overall cost associated with our
15 expansion plan will be part of the long-term financial
16 process, but as part of that work we're also working with
17 UCLA and even internally to really look -- think about how
18 we're going to expand the initiative and what districts to
19 engage further. Through our SPR-3 process, we'll be
20 defining a recruitment strategy for our KRA initiative,
21 And equally important, our sustainability plan. We have
22 70-plus districts with kindergartners LA county. So we
23 want to make sure we have the best plan in motion to
24 address that need, but then also be able to collect data.

25 Allowing those lines, in the upcoming months

1 we'll be exploring the possibility of a potential
2 intermediary to support our expansion and reach.

3 And, finally, understanding that the majority of
4 children within our KRA initiative and just in general in
5 LA county are dual language learners or classified English
6 language learners in the school district. We are
7 exploring the creation of a ECE KRA dual language learner
8 policy that will list specifically at dual language
9 learners within the KRA context in LA county. But for
10 now, this is it.

11 So we know it's a lot of information and we're
12 limited on time, but Avery and I and Becca would love to
13 take any questions that you have at this point.

14 I would also like to acknowledge that Dr. Lisa
15 Stanley from UCLA Center For Healthier Children Families
16 and Communities is also here so she can answer specific
17 EDI questions as well.

18 COMMISSIONER ZEPEDA: Thank you very much for
19 that presentation. Avery, this is impossible to read.
20 Can I download this?

21 MS. MEDINA: Yes. I'll make sure you have an
22 electronic copy.

23 COMMISSIONER ZEPEDA: Commissioners, questions,
24 comments?

25 Commissioner Tilton.

1 COMMISSIONER TILTON: Two quick questions. Will
2 you define at risk and vulnerable, the difference?

3 MS. MEDINA: I would like to invite our colleague
4 Lisa Stanley to the floor.

5 DR. STANLEY: Hi, everyone. In the EDI
6 vulnerable is categorized as a child who scores at or
7 below the 10th percentile cutoff of the normative sample
8 that we have. I'm sorry. I didn't see who asked the
9 question, so I'm not -- thank you. Sorry.

10 And so the EDI is score is norm referenced based
11 on a normative sample that we establish. And at that
12 point then we we're able to identify each child's score is
13 either at or below the 10th percentile. For at risk, it's
14 being between the 10th and 25th percentile, and the child
15 is on track if they're scored above the 25th percentile.

16 COMMISSIONER TILTON: Another quick question.
17 We're amending the unified school district total amount to
18 13,200,000 --

19 MS. BELSHE: Up to.

20 COMMISSIONER TILTON: We've got two amends. And
21 where were they before? Where are they coming from?

22 MR. SERETAN: Yes. Great question. So we
23 currently have an agreement with the Los Angeles Unified
24 school District Local District South for a total of
25 143,000 for fiscal year 18-19. Thank you. So that number

1 is actually included in the total amendment amount. The
2 2.72 includes that initial 143,000 for fiscal year 18-19.
3 And that is due to the fact that we are expanding to two
4 additional local districts. So it will be the rest of
5 south including local district central as well as west.

6 MS. MEDINA: And then one more thing. The cost
7 is also associated with the fact that now a lot of the
8 work will also be at the central level to be able to
9 coordinate and organize a lot of the EDI work that's
10 happening at the local level. So while before we were
11 working specifically with local district south, now we're
12 working with three different districts and then also LAUSD
13 central at Beaudry.

14 COMMISSIONER ZEPEDA: Other questions or comments
15 from commissioners?

16 Commissioner Abdo.

17 COMMISSIONER ABDO: I'm very exciting about the
18 expansion within LAUSD. I wish it were the whole of
19 LAUSD. But I think this opens doors to lots of different
20 things, especially on the built environment issues that
21 we're, you know, working on. And I -- I just hope that at
22 every school there's a relationship that gets built with
23 the school administration that can further the -- the
24 community engagement of this school. Some schools are
25 much better at doing that than others.

1 COMMISSIONER ZEPEDA: Other questions or
2 comments? Commissioner Taylor.

3 COMMISSIONER TAYLOR: Yeah. I'm kind of
4 confused. We were supposed to have eight districts
5 implementing, right, communities implemented. Who did not
6 implement? Who did not implement?

7 MR. SERETAN: Great question. So Valle Lindo,
8 unfortunately, did not choose -- Valle Lindo School
9 District, which is connected to the El Monte city school
10 district, Union High School feeder pattern. It was El
11 Monte, Mountain View, Rosemead, and then the fourth feeder
12 school is Valle Lindo School District. Unfortunately, due
13 to capacity issues and a changeover with their
14 superintendent, they decided that last year was not the
15 appropriate time to participate in data collection. We do
16 hope that they participate in the future because it will
17 build out the complete data set for that feeder pattern.

18 COMMISSIONER TAYLOR: Okay. Do they understand
19 -- does the superintendent understand the importance of
20 this?

21 MR. SERETAN: I'm sorry?

22 COMMISSIONER TAYLOR: Do we explain to him what
23 we're -- he's going to get out of that to help his school
24 district do a better job?

25 MR. SERETAN: We sure have tried, but it is an

1 ongoing conversation. And I do think that looping back
2 with them in a cohort three perhaps would be a really
3 great time.

4 COMMISSIONER TAYLOR: Okay.

5 COMMISSIONER ZEPEDA: Commissioner Tilton.

6 COMMISSIONER TILTON: To what extent is LACOE
7 involved in this project, the county office of education?

8 MS. MEDINA: So directly there haven't been --
9 they're not at the table in terms of outreach into school
10 districts or anything like that. But they are aware of
11 the KRA work being done and facilitated by First 5 LA.
12 And in the future, actually one of our strategies as we
13 have -- I have an coming meeting to really talk about the
14 expansion, what that looks like. One of our strategies is
15 to seek LACOE's support but then also partnership in this
16 effort.

17 COMMISSIONER ZEPEDA: Other questions or
18 comments?

19 COMMISSIONER TAYLOR: I just have one more. When
20 we collected all this data and pulled together these
21 districts and things, what have they learned overall about
22 what they can do better?

23 MR. SERETAN: Great question. So our districts
24 are deep in the data analysis portion. They convene
25 quarterly at our So-Cal EDI learning exchange. This is

1 actually hosted by Lisa and her team. Our next month's
2 focus is really looking at how to integrate the EDI with
3 other data systems and other data sets that the school may
4 collect. So in Orange county, they linked their EDI data
5 to actually their third grade SBAC scores and were able to
6 show the predictive validity of the EDI on third grade
7 success. So school districts are in the process of
8 figuring out what data they have, what additional data
9 they might need to collect. I know the El Monte City
10 School District is actually looking to implement a
11 protective surveys -- protective factor survey with their
12 parents to overlay that data with the EDI as well.

13 MS. BELSHE: Which school districts?

14 MR. SERETAN: The El Monte School District. And,
15 actually, Rosemead as well as Mountain View. They're
16 doing it as a collaborative.

17 COMMISSIONER TAYLOR: I'm trying to understand
18 the strategy. We're investing a lot, so -- and we're to
19 leverage. So what is the ultimate strategy at the local,
20 state level?

21 MS. MEDINA: So at the local level, it really
22 depends on the school district and the community itself.
23 So part of our funding goes for the data collection but
24 then that phase two is, once you have the data, what are
25 you going to do. They are working and each of our

1 districts communities are at a different level, but
2 they're partnering with the local city officials, but also
3 community members to bring into action the data that
4 they're saying. Our districts, to be honest, just
5 received their data last month, about a month and a half
6 ago. So they're still in the socializing the data aspect
7 within even their own districts. So they're sharing it
8 with their board members, they're sharing it with
9 leadership within their school site. The expectation and
10 the plans that we've seen already is to start having those
11 conversations with parents, start having those
12 conversations with community members, start having those
13 conversations with city elected officials so that together
14 as a collective lead group within that community, start to
15 really dig down into what action steps can we implement
16 knowing that we have gaps in different areas.

17 COMMISSIONER TAYLOR: The only thing I'm excited
18 about is that normally we bring to the table things
19 because of what you do with regards to finding what is
20 going on and other areas, whether it be other states or
21 things, that would enhance that effort to -- so that there
22 would be a shared knowledge so they can see the importance
23 of this.

24 So what are we bringing to the table from other
25 areas based on your research and things that you've found

1 so they can get more and so we can help them elevate their
2 understanding.

3 MS. MEDINA: It is part of the conversation from
4 the learning exchange groups. Did you want to talk a
5 little bit about how you bring in the best practices and
6 lessons learned from others?

7 DR. STANLEY: Part of our role at UCLA, because
8 we are the national scale support arm for the EDI, is that
9 we also host a national learning network and we have close
10 relationships with the communities we've been working with
11 in about 15 states. So through that, which is a monthly
12 platforms for communities across the country to exchange,
13 that's our mechanism to get the LA county communities
14 sharing with communities in Texas in DC and New York.

15 Also, we're trying to hold that information to
16 pass it on to connect them in terms of a peer-to-peer
17 learning experience, because when you do see the kinds of
18 uses of EDI, you see it being used at a city, not yet a
19 state level, but at a city level to inform policy, at a
20 community level to engage the coalitions, at a parent, at
21 a teacher level to engage all for the purposes of getting
22 to action, not just for sharing.

23 So there are so many different examples happening
24 at each of those different levels and so when we see where
25 a community is actually ready and focused, whether their

1 place right now is to get this down to parents, then we
2 can kind of connect them up and provide tools that are
3 around helping parents translate, fully engage them around
4 data and literacy as a civic engagement tool; whereas, if
5 it's a coalition across sector collective impact group,
6 you know, they're really trying to think about alignment
7 strategies across sectors, so how can you bring in housing
8 as a partner and overlay their data to really build a
9 partnership between collective impact and housing.

10 So we try to bring that into the mix through our
11 national network and with the Southern California
12 Learning.

13 MS. PATTILLO BROWNSON: Commissioner Taylor, if I
14 can also just -- I think you're asking for examples from
15 other geographies. So one of our sister commissions in
16 Fresno has used a different KRA tool, but has worked with
17 the school districts over several years. And what it
18 essentially provides is an incontrovertible problem
19 statement where it's not a finger pointing exercise
20 uniquely. As we were discussing the K-to-12 context I
21 think, there's been a really robust and sometimes
22 controversial sort of K-to-12 conversation around
23 accountability and who's to blame. And I think uniquely
24 the KRA tool doesn't actually do that type of analysis.
25 It says, here's what children are missing and here are

1 various roles that different sectors of society can play,
2 be it the K-to-12 system, be it health systems, be it
3 civil society, United Way, housing departments. But the
4 idea is that it brings together a notion of a common
5 problem and common ways in which people should feel
6 obliged, required, and animated to actually contribute to
7 solving it.

8 So in the Fresno context, the housing department
9 actually pitched in. The K-to-12 system Fresno Unified
10 significantly increased its early childhood budget in
11 terms of both access and expansion into certain
12 geographies where they found that children were not
13 entering the K-to-12 system school ready, and also did
14 work with the parks.

15 MS. ALTMAYER: Similar, we've seen similar
16 examples in Santa Ana, for example, where the
17 superintendent and the school board in Santa Ana really
18 embraced the EDI results and made a commitment to
19 improving those, and then specifically articulated in ECE
20 strategy within their LCFF and dedicated LCFF funding over
21 a three-year period to support creation of hubs within a
22 community level and have made a targeted effort at
23 improving, let's say, competencies and skill sets of
24 informal childcare providers that they know are feeding
25 into Santa Ana Unified School District.

1 So I think the value of this is that it's not
2 prescriptive to say how each community and school district
3 should be solving the problem, but how do you bring
4 different vested interests and say for our community,
5 Santa Ana, Fresno, what's the solution that we want to
6 tackle.

7 The other point that I think -- I know it's
8 incredibly nearly impossible to read, but one of the
9 things I think is really important about Pasadena that
10 they surface in this report is the lack of awareness among
11 parents that they -- that came to the surface in the focus
12 groups when they met with parents, that parents were not
13 aware of some of the challenges and bringing this
14 visibility. And they've had a similar partnership between
15 PUSD and Pasadena city council to really intentionally
16 focus on how can we collectively improve the EDI results.

17 So it is a very local driven strategy, but I also
18 think the -- once you can get the results on a broader
19 state -- countywide effort, you can then inform statewide
20 advocacy efforts.

21 COMMISSIONER TAYLOR: You just mentioned
22 something I keep talking about, parent awareness and how
23 does not exist a lot And how important that is as a part
24 of the solution process. I know there's other aspects,
25 but you're getting to what I was trying to see the vision;

1 where are we going, what are we really trying to do with
2 this. And just that alone is very important. Just that.

3 COMMISSIONER ZEPEDA: Thank you. Any other
4 questions by commissioners?

5 Okay. I have a long list. My first comment is
6 this -- this is a very good exemplar of our first
7 presentation of the impact framework where we're trying to
8 do some systems change. So, Daniela, you're going to be
9 working with them and looking at --

10 MS. PINEDA: Yes. Yes.

11 COMMISSIONER ZEPEDA: So you can tell your story.

12 I was happy -- you know, when I first saw the
13 memo, the amount of money took my breath away. I was
14 concerned about that. And I think that's what
15 Commissioner Tilton was also referring to. So I was glad
16 to hear that it's going to be implemented yearly and that
17 we can look to see what we're accomplishing yearly as we
18 move forward because that's a lot of money.

19 MS. MEDINA: Yes. And just to note, so we are
20 still in negotiations with LAUSD for past fiscal year
21 18-19. So at this time, we're only requesting to amend
22 their current agreement for fiscal year 18-19 so they can
23 start data collecting actually in January. But budgets
24 past 18-19 are still -- we're still working with LAUSD.

25 COMMISSIONER ZEPEDA: So it was good -- and it

1 was good to hear about the leveraging stuff with the
2 district. LAUSD their R and D department is not very big,
3 And I know that they're under funded. So I sort of get
4 that.

5 And I was glad to hear about the DLL because
6 we've had long conversations about that; that 60 percent
7 of our children under age of five do not have English as a
8 primary language in the home, and that the way that this
9 assessment is conducted can put these children at a
10 disadvantage. We talked about equity with regards to the
11 Help Me Grow and all that. And this is a concern that I
12 have. So I'm happy to hear that that's going to be a
13 particular area of interest as you move forward. And I
14 think it will be beneficial for all districts.

15 I was also interested in how you chose the
16 districts with which to work. You didn't talk about what
17 criteria you would use. One of the things that I was
18 thinking was, you know, how amenable because you're not
19 only going to work with people that want to work with you,
20 right? But you also want to target districts -- because
21 we typically talk about where our investments will have
22 the better payoff, and often it is with the most
23 low-performing children actually. So I was kind of
24 looking. I didn't know what the Lowell School District
25 was, and it's in Whittier. And I was looking to see what

1 their demographics look like. So I was wondering if there
2 was any rhyme or reason to the way -- and then I was glad
3 the way that you explained how Lowell is connected -- it's
4 up against Orange county, so that kind of makes sense.
5 But is there a criteria that you're using when you choose
6 to work with particular school districts or even sections
7 of the LA Unified district?

8 MS. MEDINA: So what Avery and I, what we have
9 done is really look at the 14 Best Start communities and
10 look at what the infrastructure is there already. So
11 really, again, partnering with our colleagues over at
12 communities to put us in contact with superintendents and
13 start thinking about, what are the EDI KRA be beneficial
14 to your are and also are you ready. Some of the school
15 personnel, they don't really have capacity right now.

16 We're also very intentional of making sure that
17 we talk to areas or districts that are -- that are those
18 high-need areas, so area -- we always talk about the
19 communities along the 110. So really being intentional
20 about the districts and the partnerships that we already
21 have, but then also the need.

22 One of the -- again, I mentioned earlier that us
23 three were having the expansion strategy to really look at
24 LA county as a whole and what areas we really do need to
25 start working with, having those conversations so at end

1 of the day we get a real accurate picture of what LA
2 county looks like.

3 MR. SERETAN: May I also add that, in the initial
4 phases of the pilot year, which was last year, feels like
5 forever ago, we were sort of working with the coalition of
6 the willing, building upon the momentum of EDI. As you
7 know, Santa Monica and Pasadena had already collected EDI
8 in the past, funded through their cities. So we thought
9 it would be a good idea to work with them as our mentor
10 communities. El Monte City School District had also
11 previously collected EDI data as had LAUSD local district
12 south. So these districts were primed, ready to go for
13 data collection, were excited about get their results and
14 really had a system in place in their districts to take in
15 the data and have a community action plan. So we really
16 were building upon the EDI momentum that already existed
17 here in LA county.

18 COMMISSIONER ZEPEDA: Because we're taking a big
19 leap of faith when we engage in these relationships with
20 these districts as to what they're going to be able to do
21 with the information, and so that kind of makes me a
22 little nervous.

23 Commissioner Abdo.

24 COMMISSIONER ABDO: I also want to just mention,
25 because I was at -- in Santa Monica's school district when

1 we started, and I've seen the results year after year
2 after year at the task force. I think that after the
3 first year the teachers get much better at doing this. So
4 taking the first year's results as, oh, yes, this is --
5 this is the way it is, may not be the best time to say,
6 well, this is the problem or this is the solution. But
7 each year they get better and better at doing the
8 assessments.

9 MR. SERETAN: And I will say that in Santa Monica
10 last year was the first year that they were actually able
11 to fund these articulation meetings, which were very
12 powerful. Susan, from the school district presented at
13 one of the task force meetings and the teachers really had
14 very positive feedback about understanding the EDI
15 results, utilizing the results, and even crosswalking the
16 results with their DRDP. So those times that are carved
17 out for that teacher articulation is so critical to this
18 work.

19 COMMISSIONER ZEPEDA: I also had a question. You
20 mentioned an intermediary that you're going -- we're going
21 to employ the intermediary. What is the role of the
22 intermediary?

23 MS. PATTON: We're in the exploratory phase of
24 this right now. So a lot of staff time right now is in
25 the contract negotiation process and not as much time as

1 should be spent in the strategy development sort refining
2 our approach, especially to recruitment and then also
3 really making sure that we're supporting districts and
4 communities to have a robust community engagement accident
5 process once data is collected. So we are exploring if an
6 intermediary is feasible so that they could take more
7 responsibility for the contract negotiation process and
8 allow staff time to be redirected towards the strategy and
9 vision.

10 COMMISSIONER ZEPEDA: Then I have a question
11 about the kindergarten Common Core or the kindergarten
12 standards and to what degree are -- is the EDI or do the
13 school districts, are they concerned how the EDI
14 crosswalks or relates to the kindergarten standards?

15 DR. STANLEY: I was just going to say that,
16 because the EDI is holistic developmentally covering the
17 five domains, that it really is covering the same general
18 areas as the Common Core. It's also covering the same
19 general areas as the DRDP for that reason. It's just how
20 it's implemented in order to provide more geographically
21 based population measurement, which is what defines it
22 differently as an engagement tool for a broad sector of
23 the community as opposed to necessarily informing an
24 individual child's progress or curriculum development for
25 that child.

1 COMMISSIONER ZEPEDA: I would think that -- if I
2 were a school board member, that would be something that I
3 would be asking.

4 DR. STANLEY: Yes. And we've done crosswalks in
5 the past for different states and in California of the
6 Common Core just to show how in a little more detailed
7 fashion above just the five domains in terms of subdomains
8 and items where that crosswalk is.

9 COMMISSIONER ZEPEDA: And there is also some
10 discussion at the state level for a kindergarten readiness
11 assessment, and it's -- and its appropriateness. So I'm
12 going to defer to Christina on this issue.

13 MS. ALTMAYER: Thanks, Marlene.

14 Yeah. I think there is interest in First 5
15 California in learning more about how EDI and kindergarten
16 readiness tools are being used by First 5 commissions,
17 very much what the slide that Avery showed earlier with
18 the penetration around the state. I think as First 5
19 California thinks about its future strategic plan, they're
20 really interested in learning about it. And very timely,
21 at the break, I saw my phone was just invited to present
22 in January at the First Five California commission meeting
23 and talk about EDI.

24 So I think, hopefully, it's something that we can
25 put on First 5 California's agenda as they think about

1 their strategic plan.

2 So thank you for that question.

3 COMMISSIONER ZEPEDA: Okay. Well this is very
4 exciting, you know, even given all the caveats that I have
5 put forward and other people have put forward. And we're
6 looking for to hearing about the results because you said
7 they're analyzing the data right now. And -- and you'll
8 be telling us all about that.

9 MR. SERETAN: The board can expect a countywide
10 snapshot of where we currently are with the five percent
11 or so that we have right now at end of quarter two. So
12 more to come at the end of December.

13 COMMISSIONER ZEPEDA: Thank you very much.

14 If there's no other questions?

15 COMMISSIONER TILTON: Avery, is that your little
16 baby?

17 MS. SERETAN: It's my best friend's baby.

18 COMMISSIONER ZEPEDA: We didn't see the baby.

19 MR. SERETAN: -- waited four hours. I was there
20 every second. His name is Uriaha Ellis. He's the love of
21 my life.

22 MS. BELSHE: He's a cool dude.

23 COMMISSIONER ZEPEDA: How old is he in that
24 picture?

25 MR. SERETAN: He was brand new at that point.

1 Now he's five months, but this is how I picture him.

2 COMMISSIONER ZEPEDA: Thank you very much. And
3 thank you, Lisa, for coming.

4 If there no public comment.

5 SECRETARY: No additional public comment.

6 COMMISSIONER ZEPEDA: So I think we're adjourned.

7 MS. BELSHE: We are.

8 COMMISSIONER ZEPEDA: Until next time.

9 (At 4:24 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 6th day of November, 2018.

DocuSigned by:

Heatherlynn Gonzalez

AE10E8980664405
CERTIFIED SHORTHAND REPORTER

FOR THE STATE OF CALIFORNIA



Early Childhood Priorities, Gubernatorial Engagement and Proposed CA Budget

Kim Pattillo Brownson,
VP of Policy & Strategy

January 24, 2019



What's Driving our Work



120

Educating the Gubernatorial Candidates

- Live televised gubernatorial debate on NBC
- Individual candidate forums with funders and donors
- Statewide polling on voter support for early childhood, with oversample of LA County
- Candidate briefing on early childhood shortages data, policy opportunities and messaging
- Consensus policy blueprint shared with campaigns

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Communications

- Authored and supported op-ed placements by Kim Belshé, Rob Reiner, SPI Tony Thurmond & Asm. Kevin McCarty and Kim Pattillo Brownson in CalMatters, Capitol Weekly & San Jose Mercury News
- First 5 LA budget responses carried in Los Angeles Times, KABC-TV, KPCC-FM with Larry Mantle, KNX radio, California Public News Service
- Coordinated media call on Budget with First 5s and partners
- Budget statements, and budget analysis shared with stakeholders via e-newsletter and social media
- Statements of support for gubernatorial appointments

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Governor's Jan. 10 Budget Proposal: A Comprehensive Package

Family Strengthening

- \$78.9 million to home visiting to expand and make permanent the CalWORKs Home Visiting Initiative (HVI)
- \$23 million to double the federally-funded Maternal Infant Early Childhood Home Visiting (MIECHV) program within California Department of Public Health
- \$347.6 million increase to California Work Opportunity and Responsibility to Kids (CalWORKs) cash grants to bring families up to 50% of federal poverty line
- Announced goal of expanding Paid Family Leave from 6 weeks to 6 months, with task force to design options¹²³
- \$50 million for Child Savings Account in partnerships with F5s

Health

- \$45 million in state and federal funding to ensure all families on Medi-Cal receive Adverse Childhood Experiences (ACEs) screens
- \$60 million in state and federal funding to increase developmental screenings for young children, aligned with First 5 LA's sponsorship of AB 11
- \$7.5 million for Black Infant Health programs to address disparities in infant and maternal mortality for African American women

Governor's Jan. 10 Budget Proposal: A Comprehensive Package

Early Care and Education

- **\$750 million in one-time funding for full school-day, full school-year kindergarten facilities**
- **\$500 million in one-time funding to improve child care infrastructure, including support for professional development and facilities.**
- **\$247 million for the Cal State system in one-time funding to child care facilities**
- **\$125 million to enable all income eligible four year olds can access State Preschool Program, adding 200,000 spaces by 2022**
- **\$10 million for State Board of Education, Department of Finance, and Department of Social Services to create a roadmap toward universal preschool and quality, affordable subsidized child care.**

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What's Ahead

- Ongoing Appointments expected in next month
- Meeting with new appointees
- Now until April: Legislature considers Governor's Budget
- April 30: First 5 Advocacy Day
- May 15: May Revision to the Governor's Budget
- June 15: Legislative deadline to pass Budget
- June 30: Deadline for Governor to sign Budget
- Sept 13: End of Legislative session
- Oct 13: Last day for Governor to sign bills

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Questions?

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Early Learning: Deep Dive Priorities for the Year Ahead

Becca Patton, Director of Early
Care and Education



127

January 24, 2018



Objectives

- Provide an update on the alignment and integration of programmatic and policy work
- Confirm priorities for the year
- Discuss anticipated next steps

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Results for Children and Families

Results for Children and Families

Families have the awareness, 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

129

Expand access to affordable, quality early care and education in Los Angeles County.

- Increase public investment in quality early care and education for children birth to five.
- Embed quality standards and support ongoing quality improvement in all publically funded early care and education settings.
- Strengthen the early care and education workforce through increased compensation, competencies, and professional development.



2019 Priorities

Increasing Access to Early Learning

Access: Los Angeles County faces an overall lack of capacity in early learning programs.

State Policy Advocacy

- Governor's proposed budget: expand preschool access to all eligible 4 year old children by 2022
- ECE Coalition proposal: \$1 billion dollar investment to expand access in all settings and for all ages
 - Jointly funded by F5CA, F5LA, funding pending by Heising-Simons Foundation
 - AB 194, Gomez-Reyes

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Local System Building

- Ongoing work with LAUSD to engage leadership to prioritize ECE.

Increasing Access to Early Learning

Access: Los Angeles County needs an additional 124,000 spaces to serve all eligible children birth to 5.

State Policy Advocacy

- Governor proposed \$500 million for both facilities and workforce development

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Local System Building

- Babies and Toddlers Campaign
- Partnership with Los Angeles County

Quality: Ensuring Experiences are Enriching

Quality: Our current system disincentivizes quality. Additionally, California's Quality Rating and Improvement System only includes 14% of licensed providers, and there is no comprehensive data on how many providers utilize other quality improvement efforts..

State Policy Advocacy

- ECE Coalition ask for rate reform
- Aligning current investments in quality
- Workforce development

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Local System Building

- Quality Start Los Angeles
- Workforce development: Early Childhood Educator Competencies

State Policy Advocacy: Quality Improvement

Rate Reform

- Create a single reimbursement structure for providers that does not incentivize quality
- AB 125, McCarty

Quality Improvement Fund

- Align and improve the existing funding streams to improve quality.

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Local System Building: Quality Improvement

Quality Start Los Angeles

- Finalizing the local governance structure
- Braiding and blending funding streams
 - IMPACT: First 5 CA
 - First 5 LA Fund Balance
 - CA State Preschool Program Block Grant
 - Infant and Toddler Block Grant

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State Policy Advocacy: Workforce Development

Workforce: Existing workforce is undercompensated and not able to access the opportunities necessary to improve compensation. As a result, 58% of the workforce qualifies for public benefits, and there is a 30% annual turnover rate.

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- Legislation to reimagine and expand the AB 212 program
- PEACH advocacy to revise Child Development permit matrix

Local System Building: Workforce Development

ECE Competencies

- Embedding ECE competencies into professional development opportunities
- Aligning college course work to the ECE competencies

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On the Horizon

Using Data to Drive Our Efforts

Gathering data and information about the current system and children to inform future advocacy and system building.

State Policy Advocacy

- Preschool Development Grant Needs Assessment
- Kindergarten Readiness Assessment

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Local System Building

- Kindergarten Readiness Assessment
- County Fiscal Assessment and First 5 LA Financial Assessment
- Office for the Advancement of Early Care and Education's Strategic Plan
- First 5 LA's Strategic Plan Refinement Process

Questions?

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FIRST 5 LA

SUBJECT:

Strategic Plan Refinement and Impact Framework Process Update

SUMMARY:

At the November Board meeting, the Board provided directional endorsement of the proposed Strategic Plan Refinement process.

The intent of the Strategic Plan Refinement process is to build on the Impact Framework by using the four targeted county-level results for children and families and systems outcomes, as well as learning from our experience in policy and systems change work, and to *refine* our strategies to achieve our North Star that *“By 2028, all children enter kindergarten ready to succeed in school and life”*.

Input from PPC and Board discussions in September and November 2018 as well as staff feedback has informed the proposed process, assumptions, approach, and timeline. During this January PPC meeting, staff will present: the Board approved Four Results for Children and Families; the critical success factors for the Strategic Plan Refinement process; a roadmap of the proposed process, incorporating points of intersections with the Impact Framework process; and preview the February 2019 Board meeting discussion on Investment Guidelines.

BACKGROUND:

The Strategic Plan Refinement process will build on the foundational work of the last three years and provide an opportunity for the staff and Board alike to: consider the progress we have made in the first three years of implementation of the Strategic Plan; review key learning and insights generated from the plan implementation; assess changes in the landscape which influence our work both in terms of new opportunities and threats; and consider the capacity First 5 LA needs across all of its Divisions to do this work effectively.

The Strategic Plan refinement process will encompass four major phases as outlined below.

- **Phase I: Review** how our strategies have been and are being implemented to achieve our targeted outcomes and the resulting learnings. Key questions to be answered during this phase of the process include:
 - What progress have we made in the first three years and what have we learned from the first three years of implementation about **how** we do our work and the outcomes (**what**) we are working to achieve?
 - What has changed in the landscape in the last three years that impacts how we achieve our targeted outcomes?
 - What have we learned about First 5 LA's capacity to do this work?

- **Phase II: Reflect** on how changes in the landscape and our own implementation experience can inform our approach to achieving our targeted outcomes. Examples of questions to be answered during the reflect phase include:
 - How do **learnings from our progress** inform how we approach our future work?
 - How do changes in the landscape create new and/or unanticipated opportunities to advance our targeted outcomes?
 - How do the **Results for Children and Families**, as defined in the Impact Framework, inform our strategies and how we approach our work?

- **Phase III: Refine** our strategies to incorporate learnings from our own experience in policy and systems change work and our assessment of strategic opportunities to achieve our targeted outcomes. Examples of questions to be answered during the refine phase include:
 - How should we **refine and prioritize our strategies** based on our review and reflections?
 - How do we need to approach our work differently based on this review and reflection?
 - How can we best communicate our refined Strategic Plan to inform our partners and stakeholders?

- **Phase IV: Results** to document and assess First 5 LA's progress on achieving our North Star. Examples of questions to be answered during the results phase include:
 - What are realistic baselines and targets to measure progress?
 - How do we leverage other data collection efforts to minimize partner/grantee data collection burden?
 - How will monitoring progress inform our learning and refinement of our strategies on an ongoing basis?

DISCUSSION:

The Strategic Plan Refinement process will be grounded in the learnings from the first three years of implementation and the recognition that the fundamental elements of the FY 2015-2020 Strategic Plan continue to drive and prioritize our work. For example, we will “hold tight” to our North Star and policy and systems change orientation to maximize impact for young children and families. There are also elements of the Strategic Plan that we will “hold loose” to and refine as part of this process, such as our current strategies. During this meeting, staff will present the Strategic Plan Refinement Process roadmap, highlighting the refinement timeline for those elements. The first element for Board discussion will be the current Strategic Plan Investment Guidelines.

Strategic Plan Investment Guidelines

During the 2014 strategic planning process, the Commissioner spent significant time discussing and developing the six Investment Guidelines that provided clarity on how and where First 5 LA can have the most impact. The Investment Guidelines served as criteria for decision-making for all major components of the 2014 strategic planning process and serve as ongoing policy guidance for Board and staff during implementation. Together, the six investment guidelines represent a “six-part identity statement” for First 5 LA. The Commission’s investment guidelines are that First 5 LA will:

- Focus on **prevention**
- Focus on **systems and policy change**
- **Seek to have a broad impact**, affecting larger numbers of people
- Prioritize investments that **strengthen families** and, whenever possible, **improve community capacity**
- Prioritize the **identification and scaling up of evidence-based practices**
- **Engage partners at the earliest possible stage** of activity and/or investment

During this meeting, staff will present suggested revisions of the Investment Guidelines, grounded in current learning of our work and how they can be further refined to provide clear implementation guidance. Staff will highlight current learnings of the Investment Guidelines and seek feedback on the proposed revisions. Input from the discussion will be incorporated and shared during the February 14 Board of Commissioners meeting presentation.

STRATEGIC PLAN REFINEMENT AND IMPACT FRAMEWORK UPDATE

Christina Altmayer

Vice President, Programs

Daniela Pineda, Ph.D.

Vice President, Integration & Learning

Steven LaFrance


Founder and CEO, Learning for Action



Objectives

- Summarize Four Results for Children and Families
- Introduce Critical Success Factors for Strategic Plan Refinement Process
- Outline Strategic Plan Refinement Process Roadmap
- Preview Board Discussion on Investment Guidelines

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**Results for
Children and
Families**

Results for Children and Families Contributing to First 5 LA's North Star

North Star Aspiration



Dimensions of School Readiness

- Children are ready for school
- Schools are ready for children
- Families and communities prepare children for school

Results for Children and Families

Families have the awareness, 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

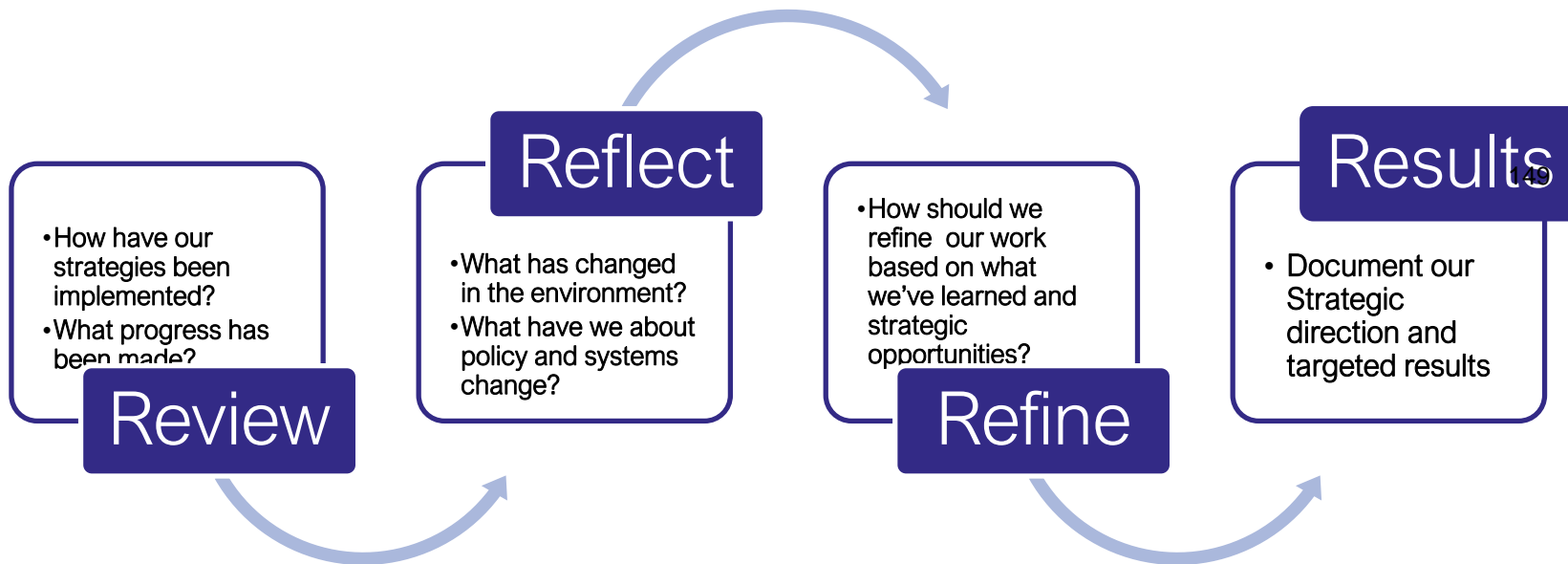
Strategic Plan
Refinement
Process



- Strategic Plan will build from the Impact Framework and the targeted ***Results for Children and Families***
- “Hold tight” to our North Star and outcomes; “hold loose” in our strategies
- Consider the capacity First 5 LA needs across all its Divisions to do this work effectively
- Leverage diverse stakeholder engagement and community outreach strategies conducted over the past three years to inform our planning process

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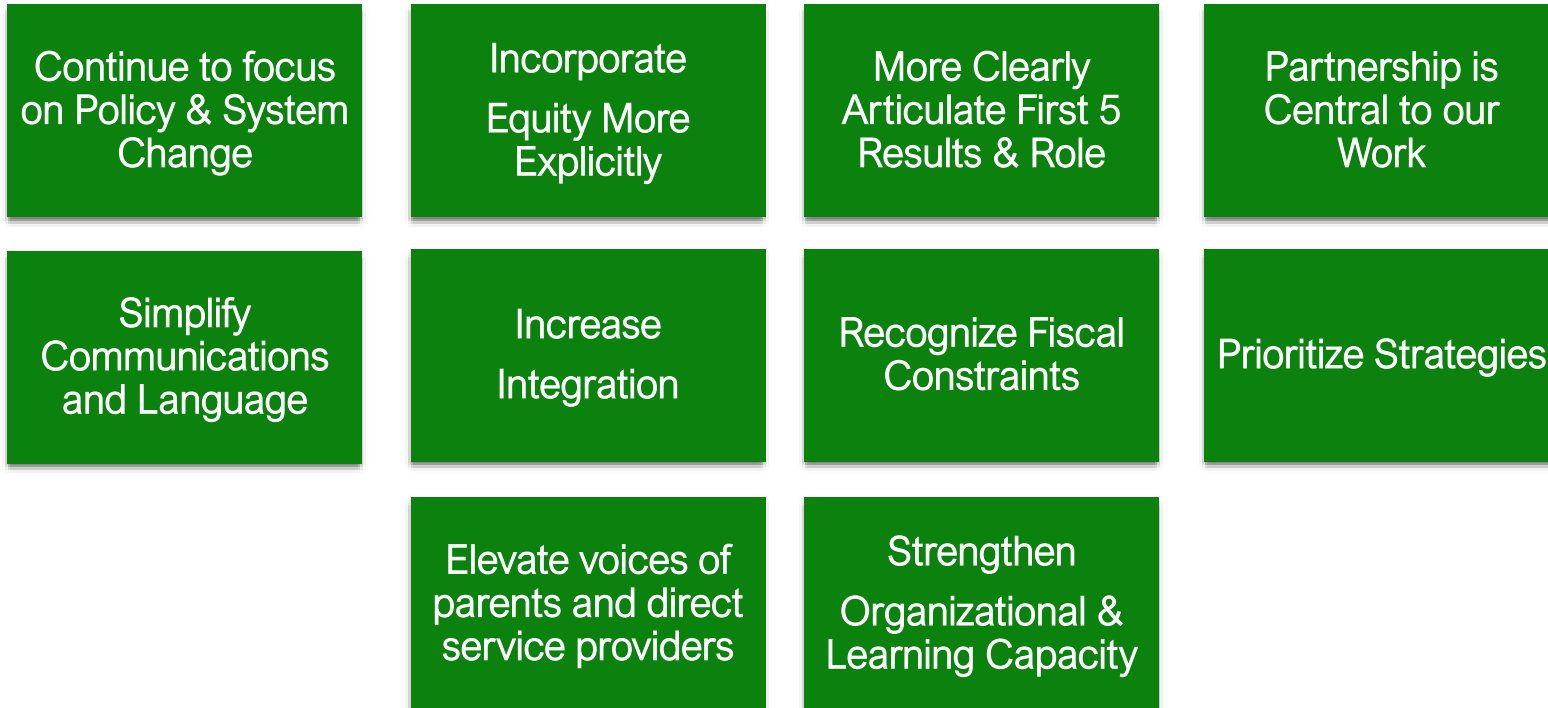
Proposed planning process will focus on **reviewing, reflecting, and refining** the current Strategic Plan



The Review phase will produce a holistic analysis of **impact** and progress of current Strategic Plan implementation to date, **changes in the environment** that influences First 5 LA's work, and **organizational capacity** to carry out the work effectively informed by:

- Review of Board minutes on Strategic Plan implementation (complete)
- Staff input on current plan implementation and Strategic Plan Refinement process (complete)
- Various County reports and internal/external research findings (see Appendix A)
- Interviews with Board members and other stakeholders (pending)

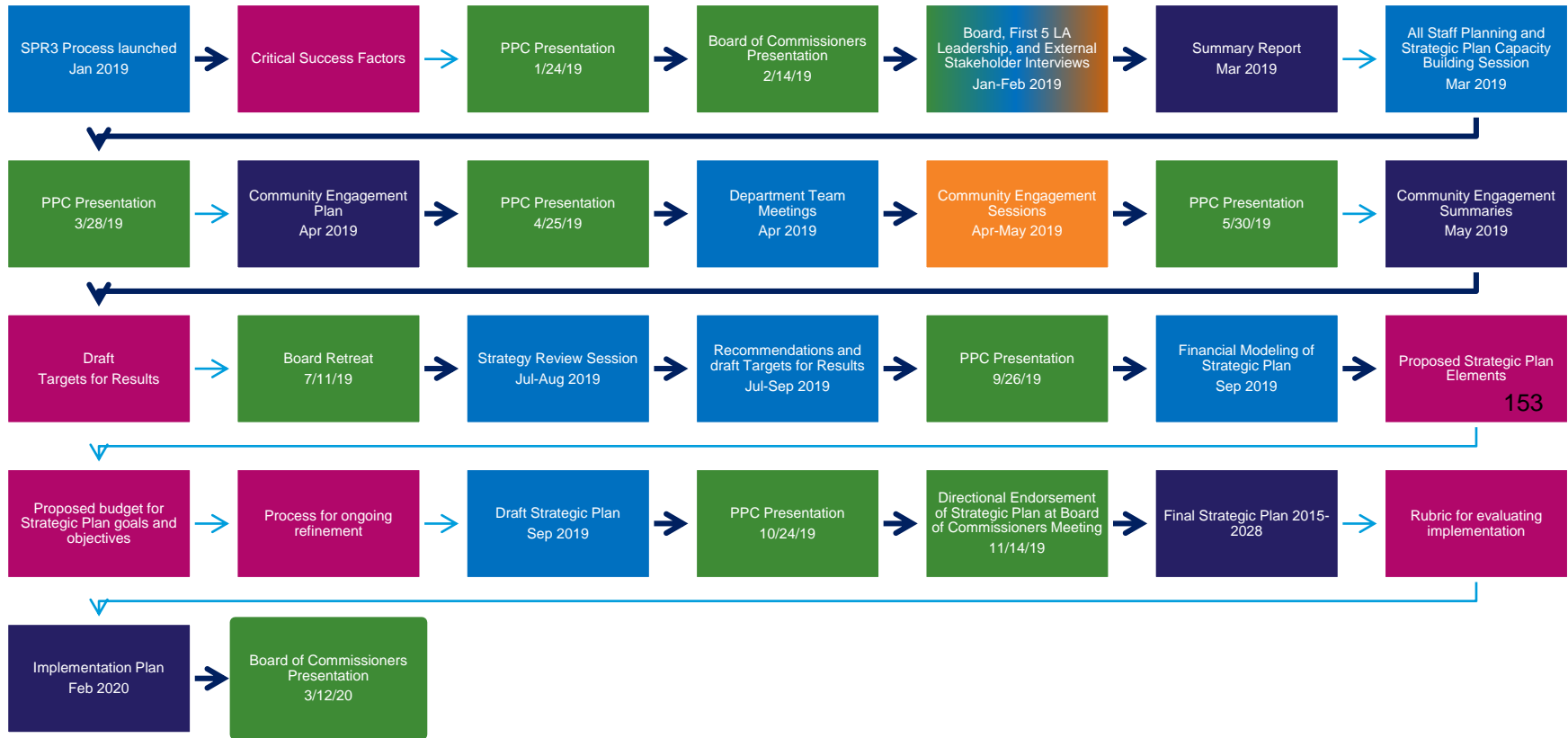
150



- Equity** Articulates how First 5 LA is working to ensure that all children are ready to succeed in school and life, with priority focus on those facing disparities along income, racial, ethnic and geographic lines
- Impact** Clearly identifies our intended impact and means to measure our progress
- Integration** Facilitates further integration of our work, highlighting cross-cutting, systems change approaches to achieving First 5 LA's "north star."
- Fiscal Constraints** Recognizes and reflects our fiscal constraints, projected revenue declines and fiscal stewardship to operate within expected resources
- Plain Speak** Is clear in language and approach for our diverse partners, staff, Board, public
- Priorities** Prioritizes what we must do to advance our policy and systems change work programmatically, organizationally, and operationally
- Capacity-Building** Leverages the process to enhance First 5 LA's ability, skill, and infrastructure for strategy development and implementation

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Strategic Plan Refinement Process Roadmap



LEGEND

- Community Inputs
- F5LA Inputs
- Key Decisions
- Board Inputs
- Key Deliverables

Investment Guidelines

Steven LaFrance,
Learning for Action



- During the 2014 Strategic Planning process, Commissioners spent time discussing and developing six Investment Guidelines that express the organization's point of view about how and where it can have the most impact.
- The Investment Guidelines served as criteria for decision making for all major components of the 2015-2020 strategic planning process, and serve as ongoing policy guidance to First 5 LA staff during implementation of the plan.¹⁵⁵
- Guidelines reflect best practices in literature defining clear strategy for funders.

The Overarching
Result We Seek:

*Children enter
kindergarten
ready to succeed
in school and life.*

Focus on **prevention**.

Focus on **systems
and policy change**.

**Seek to have a broad
impact**, affecting large
numbers of people.

Prioritize the
identification and
**scaling up of evidence-
based practices**.

Engage partners at the
earliest possible stage of
activity and/or investment.

Prioritize investments that
strengthen families and,
whenever possible, **improve
community capacity**.

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SPR4 provides an opportunity to revisit Investment Guidelines:

- What have we learned about the value of the guidelines for our work?
- Are the Investment Guidelines articulated in a way that provide clear implementation guidance?
- How should they be refined?

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- Equity has been identified as a critical priority issue by our Board and staff
- Engaging partners early has shifted First 5 LA's approach to working with partners to implement systems change work
- Incorporate Investment Guidelines in internal organizational policies and procedures to support implementation
- Need to reflect First 5 LA's fiscal stewardship to operate within expected resources

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Current Investment Guidelines	Suggested Concepts
Focus on prevention	
Focus on systems and policy change	Focus on systems and policy change <i>to have broad impact, affecting large numbers of children and families</i>
Seek to have a broad impact, affecting larger numbers of people	Remove and consolidate with above
Prioritize the identification and scaling up of evidence-based practices	159
Engage partners at the earliest possible stage of activity and/or investment	Engage partners <i>throughout the planning, development and execution of our work</i>
Prioritize investments that strengthen families, and, whenever possible, improve community capacity	
	<p>Add: Focus on children that have or are at the greatest risk due to disparities in outcomes (income, racial, ethnic, geographic)</p> <p>Add: Operate consistent with current and long-term financial resources and constraints</p>

- Do the suggested concepts reflect and align with your feedback?
- What changes or revisions would you propose?

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- Incorporate today's discussion and present the Strategic Plan Refinement process roadmap, Critical Success Factors, and Investment Guidelines at February 14 Board of Commissioners Meeting
- Begin key informant interviews to solicit input on program impact, environment, and organizational capacity
- Continue data review of progress of current Strategic Plan implementation to-date and learning

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REVIEW

REFLECT

January

February

March

- ❑ Official launch of process
- ❑ January PPC: Present roadmap, Critical Success Factors, and Investment Guidelines
- ❑ Begin scheduling and conducting key informant interviews
- ❑ Begin data review of current SP implementation progress and learning

- ❑ February BOC: Present roadmap, Critical Success Factors, and Investment Guidelines
- ❑ Complete key informant interviews
- ❑ Complete data review

- ❑ Develop summary report of Review processes
- ❑ Begin Reflect processes
- ❑ March PPC: Update on Review phase and Impact Framework

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Questions?

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Appendix

Appendix A: Data Review List

Below is a list of County reports and internal/external research findings that First 5 LA staff have reviewed and summarized for the Review Phase:

- 2015-2020 First 5 LA Strategic Plan Variance Focus Group Summary
- Investing Early: Taking Stock of Outcomes and Economic Returns from Early Childhood Programs (RAND, 2017)
- Equity Profile of Los Angeles (PolicyLink and PERE, 2017)
- Race Counts: Advancing Opportunities for All Californians (Advancement Project California, 2017)
- Achieving Fair Access to Early Education (UC Berkeley and AIR, 2018)
- The Road to Safety for Our Children (Blue Ribbon Commission, 2014)
- Getting Down Facts II: ECE in California (Stanford University, 2018)
- 2015-2020 First 5 LA Strategic Plan Variance Focus Group Summary

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First 5 LA

SUBJECT:

Implementation Grant from the Center for The Study of Social Policy (CSSP) for Project Dulce.

RECOMMENDATION:

This memo is provided as information for the Board's consideration at the January 24, 2019 Special Meeting of the Board of Commissioners and Program and Planning Committee. First 5 LA staff recommends that at the February 14, 2019 Commission meeting, the Board approve the following action related to Family Supports –Strategy 2 Family Engagement:

- A. **Approve a Budget Resolution 2019-01 to approve receipt of funds in the amount of \$100,000 per year for the next two years (total up to 200,000) from CSSP to implement Project DULCE.**
- B. **Authorize the Executive Director to complete execution of agreement with CSSP upon approval from the Board at the February 2019 board meeting to receive funds for a period beginning retroactively November 1, 2018 and ending on October 31, 2020**

BACKGROUND:

The staff report is anticipation of recommended action on the February Board agenda to receive funding from the Center for the Study of Social Policy for continued support of the Developmental Understanding and Legal Collaboration for Everyone project (Project DULCE).

On January 24, 2016, staff presented at the Special Meeting of the Board of Commissioners and Program and Planning Committee Meeting the opportunity to partner with the Center for the Study of Social Policy (CSSP) to launch Project Developmental Understanding and Legal Collaboration for Everyone (Project DULCE) in Los Angeles County. The original agreement/grant covered up to 80% of the costs (a total of (\$115,000) for one replication site over three years (ended October 31, 2018). The Center for the Study of Social Policy (CSSP) has offered First 5 LA additional funds to continue the replication and co-design of the Project DULCE model with an additional \$100,000 per year for two years (November 1, 2018 and ending on October 31, 2020).

DISCUSSION:

Project DULCE is an innovative clinical intervention model based on the Strengthening Families approach, which puts parent engagement as a foundation. Project DULCE is designed to address infant/family risks and needs at the earliest possible stage, and to partner with families to build strengths and capacities that foster optimal child health and development starting at birth. At its core, it is a practice change model that adapts the clinical/medical practice to improve service delivery and health outcomes. The health center location provides a platform for parent engagement and opens the door to addressing basic needs of families, thereby removing barriers to accessing services.

CSSP is investing in the evaluation of Project DULCE nationally led by Chapin Hall at the University of Chicago. The evaluation is currently underway and is expected to be completed by February 2020. Ongoing Continuous Quality Improvement activities have revealed that DULCE has achieved the following results:

- Been highly accepted by parents and families

- Improved patient retention
- Increased reimbursement
- Decreased no show rates
- Improved staff morale
- Improved family engagement strategies

Project DULCE is informative to First 5 LA as a model to spread systems improvement within clinic systems and the impact of interdisciplinary teams to influence the practice of pediatric clinics and those who provide services to families with young children. Project DULCE can be viewed as a quality improvement and systems change intervention that supports goals for patient-family-centered care and supports self-navigation, which can be further explored now in the replication of the Project DULCE model within participating clinic systems. Lessons learned will inform ongoing efforts to promote scaling and sustaining the model and/or practices.

Learnings from the Project DULCE evaluation will be shared with First 5 LA on an ongoing basis and will influence our sustainability efforts and approaches. The evaluation outlines 3 study focus areas:

- 1) Families: Systematically describe how family-centered pediatric service innovations influence parental capacity to address social determinants of health and protective factors.
- 2) Community Systems: Describe community approaches to the alignment and layering of programs, policies, services, and opportunities to address contributors to toxic stress among vulnerable families.
- 3) Medical Home: Investigate the process, facilitators, and barriers to implementing pediatric primary care innovations that empower families as drivers of their own service access and utilization.

Leveraged Resources— Through our Partnership with CSSP we have leveraged \$345,000 since February 2016. While funding was scheduled to end in October 2018, CSSP has confirmed they have funds available to continue piloting Project DULCE for an additional two years.

Simultaneously, as we partner with Chapin Hall at the University of Chicago in their national “Evaluating Community Approaches to Preventing or Mitigating Toxic Stress” study to evaluate Project DULCE, we will have leveraged \$15,000 in the course of 3 years through February 2020 as we serve as the local Field Interviewer liaison. First 5 LA has leveraged a total of \$560,000 as a result of this work.

NEXT STEPS:

Staff will return to the next scheduled Board of Commissioners meeting on February 14, 2019 to request approval of a budget resolution to accept receipt of funds in the amount of \$100,000 per year for the next two years (total up to 200,000) from CSSP to implement Project DULCE and authorize the Executive Director to execute the agreement with CSSP for a period beginning retroactively November 1, 2018 and ending on October 31, 2020, in light of the new funding CSSP received. CSSP will grant First 5 LA the full award amount in one lump sum following Commission approval and execution of the contract.