

# AGENDA

## SPECIAL MEETING OF THE BOARD OF COMMISSIONERS AND PROGRAM AND PLANNING COMMITTEE

Chair: Marlene Zepeda

Thursday, February 27, 2020  
1:30 PM - 4:30 PM

### Meeting Location:

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

#### 1. ACTION

Call to Order / Roll Call  
- Marlene Zepeda, Committee Chair

#### 2. INFORMATION

Review Program and Planning Committee Meeting Notes and Transcript from  
October 24, 2019

- Marlene Zepeda, Committee Chair

#### 3. INFORMATION

2020-2028 Strategic Plan: Implementation and Learning Approach

- Christina Altmayer, Vice President, Programs

- Kim Hall, Interim Director, Measurement, Learning and Evaluation

- Kaya Tith, Strategic Plan Project Manager

- Alex Hildebrand, Senior Consultant & Director of Strategy Consulting,

Learning for Action

#### 4. Break

#### 5. INFORMATION

Population Level Developmental Index (Formerly Known as KRA): Progress on  
Implementation

· Establish a Strategic Partnership with Long Beach Unified School District  
(LBUSD) in the Amount of \$90,000 for a period of 27 months to Participate in the  
Kindergarten Readiness Assessment (KRA) Initiative

- Becca Patton, Director, Early Care & Education

- Marcy Manker, Senior Program Officer, Early Care & Education

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#### COMMISSIONERS

Los Angeles County Supervisor  
Sheila Kuehl  
*Chair*  
Judy Abdo  
*Vice Chair*

Jane Boeckmann  
Bobby Cagle  
Barbara Ferrer, Ph.D.,  
M.P.H., M.Ed.

Yvette Martinez  
Romalis J. Taylor  
Keesha Woods  
Marlene Zepeda, Ph.D.

#### EX OFFICIO MEMBERS

Karla Pleitez Howell  
Jonathan E. Sherin, M.D., Ph.D.  
Wendy Smith, Ph.D., LCSW  
Jeanne Tilton

#### EXECUTIVE DIRECTOR

Kim Belshé

#### EXECUTIVE VICE PRESIDENT

John A. Wagner

#### A PUBLIC ENTITY

6. **INFORMATION**

Home Visitor Compensation and Turnover Analysis Results

- **Diana Careaga, Senior Program Officer, Family Supports**
- **Maura Harrington, Senior Vice President, Center for Nonprofit Management**
- **Sharlene Gonzalian, Assistant Director of Programs, Los Angeles Best**

**Babies Network**

7. **INFORMATION**

Public comment (for items not on the agenda)

8. **ACTION**

Adjournment



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**FIRST 5 LA**  
**Special Commission/Program & Planning Committee Meeting**  
**October 24, 2019**  
**1:30-4:30 pm**

**COMMITTEE MEMBERS PRESENT:**

Romalis Taylor  
Keesha Woods  
Marlene Zepeda

Wendy Garen [Excused]  
Deanne Tilton [Excused]

**NON-COMMITTEE MEMBERS PRESENT:**

Judy Abdo  
Deborah Innes-Gomberg (Alternate)

**STAFF PRESENT:**

Christina Altmayer, Vice President of Programs  
Kim Belshé, Executive Director  
Linda Vo, Board Relations Manager  
John Wagner, Executive Vice President

**COMMITTEE MEMBERS ABSENT:**

Bobby Cagle [Excused]  
Barbara Ferrer [Excused]  
Karla Pleitéz Howell [Excused]

**EXTERNAL PRESENTER:**

Steven LaFrance, Founder & CEO, Learning for Action

**CALL TO ORDER / ROLL CALL: (Item 1)**

1. Committee Chair Zepeda called the meeting to order at 1:33 pm. Quorum was present.
2. Review Special Board/Program & Planning Committee Meeting Summary and Transcript – September 26, 2019

Special Board/Program & Planning Committee Meeting Transcript for September 26, 2019 was received and filed

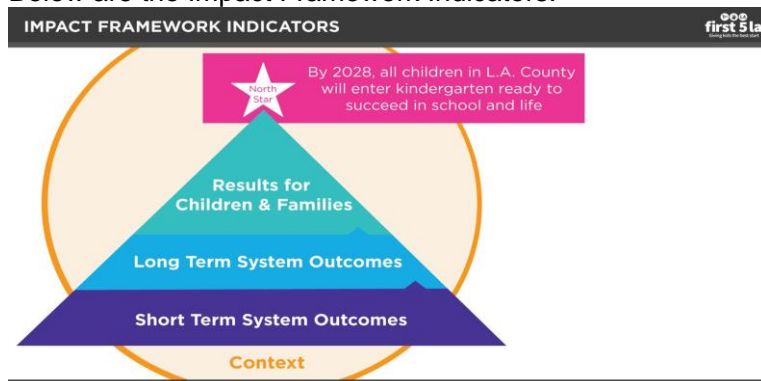
**3. Impact Framework: Contextual Indicators (Formerly known as Monitoring Measures)**

Ms. Hall presented on First 5 LA's Impact Framework with three objectives in mind:

1. Review how the Impact Framework will help First 5 LA track and measure progress towards our North Star
2. Review revised Contextual Indicators and current data for select indicators
3. Preview next steps for the Impact Framework

Ms. Hall reminded the Commission that the impact framework is a tool to measure progress towards the North Star. She also underscored the importance of how the impact framework will not account for everything First 5 LA needs to know and that other sources will be needed to guide our strategy, make decisions, etc.

Below are the Impact Framework Indicators:



One of the intentions of the of the Contextual Indicators is to provide key contextual information to help inform First 5 LA’s strategies. One refinement criterion, therefore, was the extent to which the Contextual Indicator was relevant and could be informative to First 5 LA’s work.

Child Characteristics	Maternal Characteristics	Family Resources	Community Characteristics
<ul style="list-style-type: none"> <li>•Birth Rate</li> <li>•Infant Mortality Rate</li> <li>•Low Birth Weight</li> <li>•Well-Child Visits</li> <li>•Preventable Child Injuries</li> <li>•Healthy Weight</li> <li>•English Learner Designation</li> <li>•Special Education</li> <li>•3<sup>rd</sup> Grade English Language Arts Level</li> </ul>	<ul style="list-style-type: none"> <li>•Prenatal Care</li> <li>•Postpartum Care</li> <li>•Maternal Depression</li> <li>•Breastfeeding</li> <li>•Educational Attainment</li> </ul>	<ul style="list-style-type: none"> <li>•Food Insecurity</li> <li>•Homelessness</li> <li>•California Strong Start Index (CASSI)</li> <li>•Poverty</li> </ul>	<ul style="list-style-type: none"> <li>•California Healthy Places Index</li> <li>•Access to Transportation</li> </ul>

As next steps, First 5 LA will begin working with system partners and other data owners to obtain the most appropriate and comprehensive data available for the Contextual indicators. Staff also hope to work with commissioners to identify who in their respective agencies and networks First 5 LA should connect with around data for specific indicators.

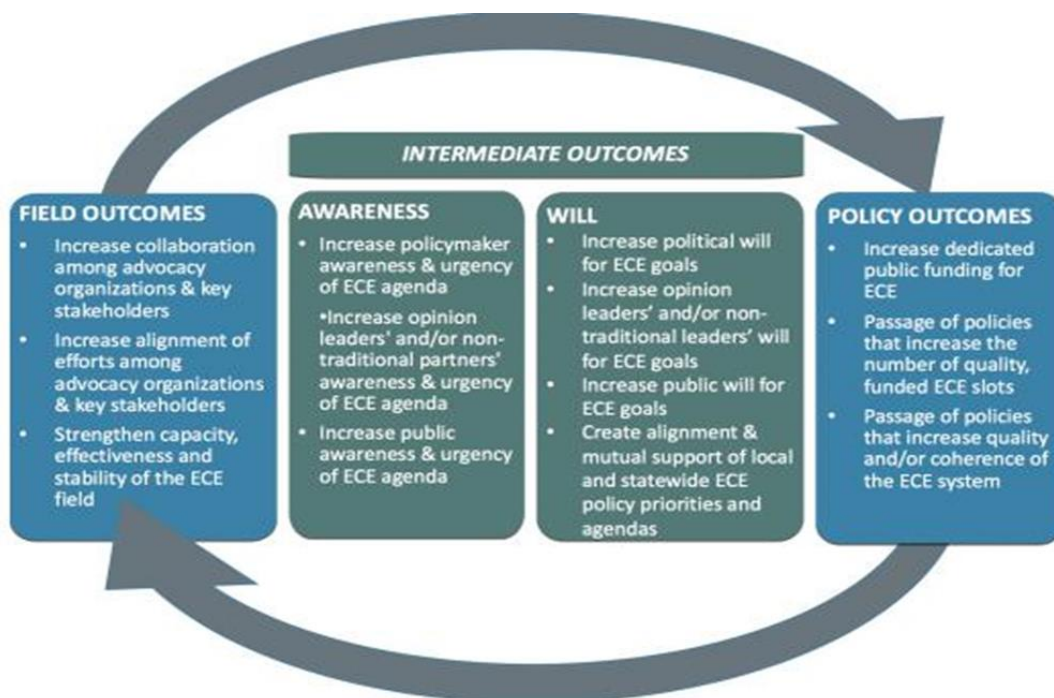
Once secured, First 5 LA will disaggregate the Contextual indicators by race, income and geography whenever possible and this would be shared with Strategy Refinement teams to support implementation planning.

There was no further discussion on this item.

**4. Policy and Advocacy Funding**  
**A. Lessons Learned from ECE Policy and Advocacy Fund**

Ms. Patton, Kalenik, Freeman and Mr. Barth presented an update on the ECE Policy and Advocacy Fund (PAF) that was approved in 2016 and how First 5 LA approaches grantmaking within this fund. In addition, they presented lessons learned from the first two years of implementation.

They covered the goals of the ECE PAF:



Below is a structure of ECE PAF:

<b>Intermediary: Community Partners</b>
<ul style="list-style-type: none"> <li>• Provides grant administration and management</li> <li>• Coordinates and provides individualized technical assistance for grantees</li> <li>• Serves as neutral organizer and facilitator of grantee convenings</li> <li>• Oversees learning and evaluation of the fund</li> </ul>
<b>First 5 LA Role</b>
<ul style="list-style-type: none"> <li>• Provides overall vision and strategy development</li> <li>• Brings policy and systems change and subject-matter expertise</li> <li>• Serves as a grantee partner and fellow advocate</li> <li>• Retains final funding approval and decision rights</li> </ul>

<b>Partnership Fund</b>	<ul style="list-style-type: none"> <li>• Multi-year grants up to \$350,000 annually for anchor agencies with advocacy presence in Los Angeles and Sacramento</li> <li>• Provides consistent, flexible funding for key partners</li> </ul>
<b>Field Building Fund</b>	<ul style="list-style-type: none"> <li>• Grants up to \$75,000 to build capacity for organizations to participate in coalitions, increase Sacramento or Los Angeles presence, or engage non-traditional partners</li> </ul>
<b>Rapid Response Fund</b>	<ul style="list-style-type: none"> <li>• Funding up to \$50,000 for discrete, time-limited projects that address field-wide needs</li> </ul>

Since the launch of ECE PAF, First 5 LA has increased its focus on a “whole family” and “whole child” advocacy frame including issues related to health and family support systems. The First 5 network is increasingly partnering with child health advocacy organizations to implement an ECD agenda.

As next steps, Staff plan to request approval for a Strategic Partnership with Community Partners in the amount of \$600,000 to pilot health and family strengthening advocacy grants through 2021. Pending approval, initial grants expected to be awarded in early 2020.

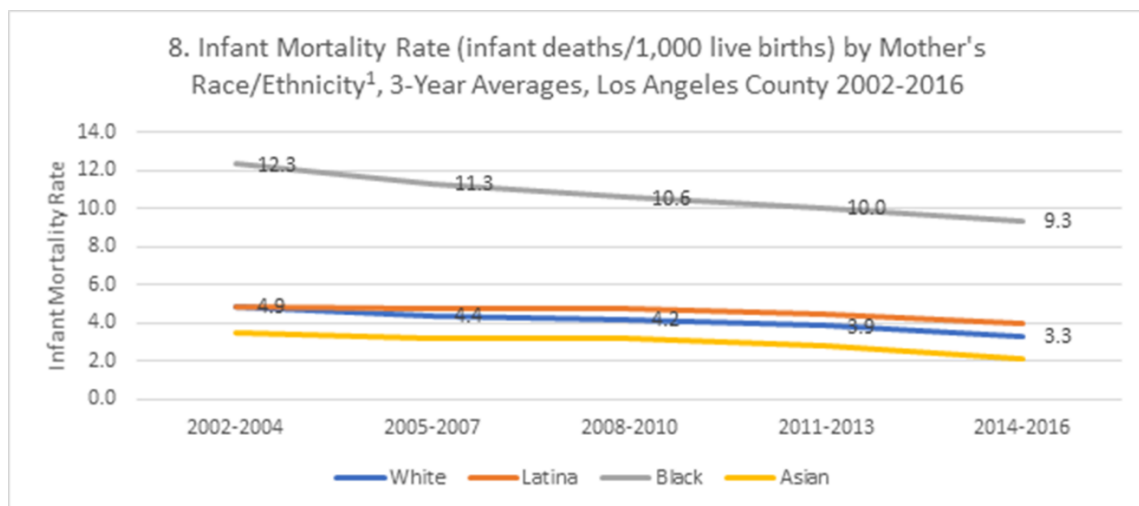
There was no further discussion on this item.

**5. Break**

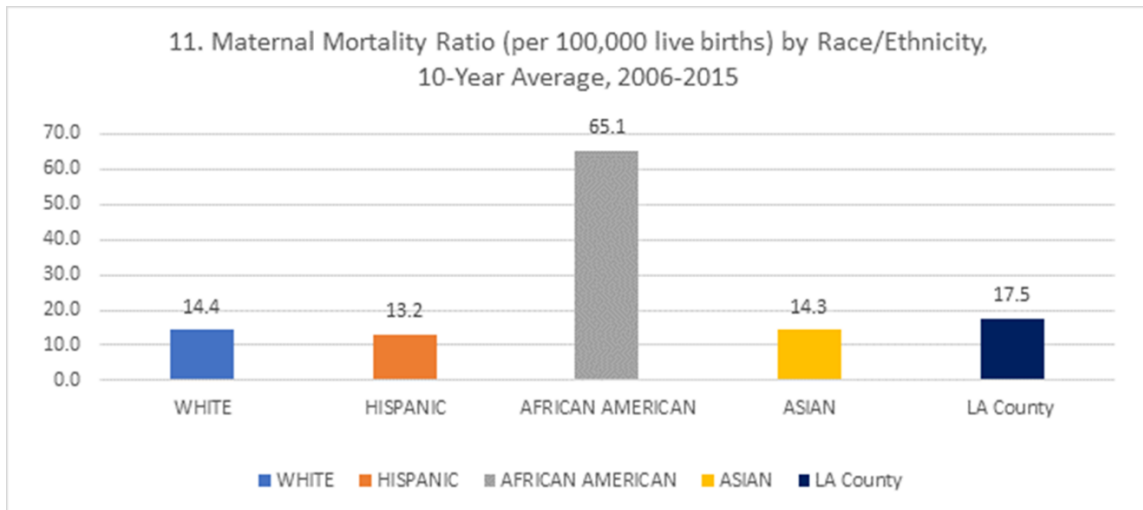
**6. Authorize First 5 LA to Receive Funds from Los Angeles Department of Public Health (LADPH) for Contributions to County-Wide Efforts to Reduce African American Infant and Maternal Mortality (AAIMM) for Strategic Communications Initiative**

Ms. Sims and Franklin presented an update on First 5 LA’s African American Infant & Maternal Mortality Strategic Communications Initiative and how First 5 LA is Contributing to the County-wide Effort to Reduce Birth Disparities. They also provided an information item to receive funds for a strategic communications initiative.

The graph below that was presented highlighted African American Infant Mortality. It shows African American babies in LA County are two to three times more likely to die before their first birthday than babies of other races.



The next graph presented highlighted African American Maternal Mortality and shows African American mothers in LA County are four to five times more likely to die after childbirth than mothers of other races.



Root causes of this disparity were presented and include the following:

- Research shows that the root cause of these birth disparities is racism.
- The daily trauma of racism creates chronic, toxic stress that negatively impacts health outcomes for African American women and babies.
- This effect is called weathering.

In partnership with DPH, First 5 LA will support efforts to reduce birth disparities include:

- Support of the Black Infant Health Program
- Maternal Early Identification & Intervention
- Home Visitation
- Leveraging Investments through Los Angeles Partnership for Early Childhood Investment

Specifically, First 5 LA efforts include:

- Leveraging Anthony & Jeanne Pritzker Family Foundation funding for Fellow Melissa Franklin
- Strategic communications, stakeholder engagement and other technical assistance support to Department of Public Health
- California Department of Health Care Services data requests on Medi-Cal prenatal health care utilization of African-American enrollees within the County to inform key County and State birth disparity reduction initiatives
- Research to better understand African-American families' experiences with systems of care, improve the recruitment and retention of African-American families in home visitation and increase home visitation workforce diversity

As part of next steps, First 5 LA will be requesting from the Board the approval to receive \$350,000 for AAIMM Strategic Communications Initiative from DPH to support strategic communications. This would be for a period of two years and will get approved via Contracts Consent. The project is projected to launch in January 2020.

There is no further discussion on this item.

**8. Public Comment (for items not on the agenda)**

There were no public comments.

**ADJOURNMENT:**

The Commission adjourned at 3:59 pm.

**NEXT MEETING:**

The next Special Commission/Program & Planning Committee meeting will take place on February 27, 2020 at 1:30 pm.

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

Meeting minutes were recorded by Linda Vo, Board Relations Manager.

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MEETING OF FIRST 5 LOS ANGELES PROGRAM AND PLANNING  
Thursday, October 24, 2019  
750 North Alameda Street, First Floor  
Los Angeles, California 90012

STENOGRAPHICALLY REPORTED BY:  
HEATHERLYNN GONZALEZ  
CSR #13646

1 Thursday, October 24, 2019; Los Angeles, California

2 1:35 p.m.

3 -oOo-

4 COMMISSIONER ZEPEDA: Good afternoon, everybody.  
5 Hope you're keeping cool.

6 So welcome to our program and planning committee.  
7 And let's start with introductions. Let me go to a person  
8 that's sitting for the first time in the front.

9 COMMISSIONER HEGER: I'm Astrid Heger. I'm the  
10 commissioner for the Fifth District.

11 COMMISSIONER ABDO: I'm Judy Abdo. I'm on the  
12 commission and I'm here because Sheila Kuehl appointed me.

13 MS. MARTIN: Charna Whitby-Martin, First 5 LA.

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

15 MS. PATTILLO BROWNSON: Kim Pattillo Brownson,  
16 First 5 LA.

17 MS. FREEMAN: Cynthia Freeman, community  
18 partners.

19 MS. KALENIK: Jamie Kalenik, First 5 LA.

20 MS. PATTON: Good afternoon. Becca Patton, First  
21 5 LA.

22 MS. HALL: Kim Hall, First 5 LA.

23 MS. RYKACZEWSKA: Agnieszka Rykaczewsak, First 5  
24 LA.

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

1 MS. ALTMAYER: Hi. Good afternoon. Christina  
2 Altmayer, First 5 LA.

3 COMMISSIONER WOODS: Keesha Woods, Los Angeles  
4 County Office of Education.

5 COMMISSIONER TAYLOR: Romalis Taylor, First 5 LA,  
6 commissioner.

7 COMMISSIONER INNES-GOMBERG: Debbie  
8 Innes-Gomberg, Department of Mental Health, sitting in for  
9 Dr. Sherin.

10 MS. BELSHÉ: Kim Belshé, First 5 LA.

11 THE REPORTER: Heatherlynn Gonzalez,  
12 stenographer.

13 SPEAKER: Good afternoon. Amado Ayalla  
14 (phonetic), First 5 LA.

15 SPEAKER: Good afternoon, (inaudible), First 5  
16 LA.

17 SPEAKER: (Inaudible).

18 MS. BELSHÉ: Raoul?

19 SPEAKER: Raoul Ortega, First 5 LA.

20 SPEAKER: (Inaudible).

21 SPEAKER: Jennifer Pippard, First 5 LA.

22 SPEAKER: Rafael Gonzalez, First 5 LA.

23 SPEAKER: Barbara Masters, consultant  
24 (inaudible).

25 SPEAKER: Good afternoon, Jessica (inaudible),

1 Healthcare Alliance Los Angeles.

2 SPEAKER: (Inaudible).

3 SPEAKER: (Inaudible).

4 SECRETARY: Linda Vo, First 5 LA.

5 SPEAKER: Evelyn Floyd, First 5 LA.

6 COMMISSIONER ZEPEDA: Did we get everybody?

7 Okay. Welcome, everybody.

8 We go to Item Number 2, which is the transcript  
9 and meeting summary. And I'll have you note that we have  
10 both the actual transcript and we have a summary, just to  
11 note that for the commissioners. I just want to make a  
12 note that I thought that was a great idea to do that, and  
13 I think I find that helpful.

14 So are there any comments on the transcript or on  
15 the meeting summary from last time from anyone? If not,  
16 we'll just go ahead and take them as approved.

17 Moving onto Item 3, which is the impact  
18 framework, the contextual indicators, formerly known as  
19 monitoring measures. And we have Kimberly Hall and I  
20 cannot pronounce this. And I've just been reading how you  
21 really need to learn how to pronounce people's names.

22 MS. BELSHÉ: Give us an assist.

23 MS. RYKACZEWSKA: Agnieszka Rykaczewska.

24 COMMISSIONER ZEPEDA: Okay. We'll have to record  
25 that and practice it from learning and evaluation.

1           So welcome.

2           MS. HALL: Yes. Good afternoon, commissioners.  
3 I'm Kimberly Hall, and I'm the interim director for  
4 measurement, learning, and evaluation. You might recall  
5 that last month, I provided an update on the result  
6 indicators for the impact framework. Today we'll be  
7 talking about the contextual indicators for the impact  
8 framework.

9           So today's presentation has three objectives.  
10 First, I want to remind you of how we're planning to use  
11 the impact framework as a tool for measuring progress.  
12 And then as part of a broader update on the revised  
13 contextual indicators, we're going to talk about the  
14 criteria that we used to prioritize contextual indicators,  
15 the revisions we made based on some of the feedback we  
16 heard, and then to share the current state of the  
17 indicators based readily available data. And then we'll  
18 end the presentation by outlining next steps.

19           So let's begin by reviewing the impact framework.  
20 So you may recall seeing this visual here before in the  
21 past and also on the impact framework video. So really,  
22 as we described in the video and in past presentations,  
23 the impact framework is primarily a tool to measure  
24 progress towards the north star. So the image on the  
25 slides depicts a person in the control tower who's

1 monitoring conditions in order to relay that information  
2 to those who need it. So here, First 5 LA, we're going to  
3 be monitoring conditions or what we refer to as indicators  
4 and using what we learn to gauge our progress, but also to  
5 guide our efforts. And we also plan on sharing what we  
6 learn with others, with our partners in the communities as  
7 well as our partners in other systems.

8           So before updating you on the contextual  
9 indicators specifically, I just want to remind you of some  
10 past conversations we've had with the board about the  
11 impact framework. Starting in fall of 2018 when the board  
12 endorsed the four results for children and families and  
13 the set of indicators we referred to at time as monitoring  
14 measures but are actually we now refer to as the  
15 contextual indicators. So today we'll be talking about  
16 sort of an update from what we shared with you last fall.

17           We also had a conversation in spring 2019 where  
18 we introduced the four long-term system outcomes. And  
19 those outcomes are principally about systems being  
20 accessible, quality, aligned, and sustainability.

21           Last month we presented the revised result  
22 indicators, which brings us to today conversation which  
23 will be focused on the contextual indicators.

24           So the next series of slides identifies the  
25 different types of indicators we'll be monitoring as a

1 part of the impact framework. We went through each these  
2 slides in detail last month so we'll go through them a  
3 little bit more quickly today. So to get us started, this  
4 first slide really -- it -- it depicts the -- what we  
5 refer to as the indicator pyramid. And it shows how the  
6 different levels and types of indicators build on each  
7 other to form our understanding of the results for  
8 children -- I'm sorry -- of the north star, which is  
9 depicted at the top.

10 This slide here shows the indicators that are  
11 closest to the north star, and those are our result  
12 indicators or the indicators for the results for children  
13 and families. These represent the child and family  
14 conditions that signal progress towards the north star.  
15 We're going to use that information to really gauge how  
16 well systems are working for children, and those are the  
17 indicators that we presented to you last month.

18 The second layer of indicators are the long-term  
19 system outcome indicators. And these are the indicators  
20 that reflect the conditions and systems which we feel need  
21 to exist in order for them to really -- for systems to  
22 meet the needs of children and families. And we'll use  
23 information about the long-term system outcome indicators  
24 to measure the progress of our system change efforts.

25 The bottom layer of the pyramid are what we're

1 now referring to as short-term markers of progress. And  
2 these are the indicators that are going to -- we believe  
3 are going to reflect early changes that are happening  
4 within the system that are going to signal progress  
5 towards longer system outcomes which are really helped to  
6 signal course corrections that we may need to make and  
7 also help to guide our near-term strategy.

8           The indicator pyramid is enclosed by the context.  
9 This context represents LA county. And the indicators  
10 associated with the context are what we're referring to as  
11 contextual indicators, which is what we'll be talking  
12 about today. These indicators reflect the conditions  
13 within the county that are relevant to our priorities and  
14 strategies. They really give us information about the  
15 characteristics of children, of families, and of  
16 communities, and about the availability of key resources  
17 that can help us to really understand the LA county  
18 context, our landscape, and inform our system change  
19 strategies.

20           So to bring all of the indicators together, we  
21 really just want to highlight here that the pyramid  
22 captures all of the indicators that really are going to  
23 help us -- that we're really trying to change. So we're  
24 trying to change things within the pyramid; whereas, the  
25 outer circle or the context is really -- they're not

1 necessarily things that we're trying to change but they're  
2 going to help us think about how we can our work to the  
3 environment.

4 So let's now shift our focus to the contextual  
5 indicators. Again, these are the indicators that are  
6 going to help us understand our context and inform our  
7 strategy. I'm going to skip this slide here.

8 So the first thing I want to do is just walk you  
9 through the process of developing the contextual  
10 indicators. As I mentioned previously, we presented  
11 contextual indicators to the board last fall. At the time  
12 there were 30 indicators that we were considering. After  
13 that meeting last fall, we went through a process of  
14 prioritizing indicators. And through that prioritization  
15 process, we landed on 13 key indicators based on a set of  
16 criteria.

17 And so you may be wondering how we went from 30  
18 to 13, why did we land on 13. Before I talk more about  
19 the criteria that we used, I do want to share that, after  
20 taking those 13 to staff, we got a lot of feedback that  
21 maybe some things that were taken out should be  
22 reconsidered, and that some of the things that maybe  
23 weren't on the original list are things that we should  
24 consider.

25 And so that led us to a process of really

1 revisiting the criteria that we originally set and  
2 actually going through yet another refinement process and  
3 rethinking from the original set of 30 to what really made  
4 the most sense, what were really the most important  
5 contextual indicators of all of the things that we could  
6 look at because there are so many things that are  
7 happening with children, families, communities, and  
8 systems that we could pay attention to, but really what  
9 was most important.

10 So we consider today as a continued part of that  
11 refinement process. So we're going to be sharing with you  
12 the current indicators that are under consideration, but  
13 we are definitely wanting to hear back from the board  
14 around whether or not these indicators that we're  
15 currently looking at really resonate with you. And once  
16 we've gone through that process, we'll be moving closer to  
17 being able to finalize the set of contextual indicators  
18 that we will include in this sort of initial launch of our  
19 impact framework.

20 So what I'd like to do now is to review the  
21 criteria that was used to prioritize the contextual  
22 indicators, starting in the upper level with the  
23 significance to First 5 LA's work. So this criteria was  
24 really about identifying those potential indicators that  
25 would provide information to help inform First 5 LA's

1 strategy. And so we really wanted to identify indicators  
2 that were relevant and could be informative. And I say  
3 relevant and informative because there are a lot of things  
4 that are relevant to what First 5 LA does. We have a  
5 broad portfolio of areas that we focus on, the systems  
6 that we work in. But one of the key things we wanted to  
7 consider is what's going to be informative or has a high  
8 likelihood of informing and helping us to tailor our  
9 strategy and our approach so that we could sort of narrow  
10 and not have sort of a running laundry list or a catchall  
11 of possible things to monitor.

12 The next criteria was uniqueness. And so this  
13 criteria was really aimed at addressing some of the  
14 redundancies that we saw among contextual indicators and  
15 which started to emerge as we developed result indicators.  
16 So in this instance, if a potential contextual indicator  
17 that we were considering was redundant or very similar to  
18 another contextual indicator or to a result indicator, we  
19 decided to exclude it.

20 The next criteria was alignment with external  
21 measurement efforts. So we wanted to really see to what  
22 extent or to maximize the extent we could align our  
23 contextual indicators with other early childhood  
24 measurement efforts. And some examples of those are the  
25 LA County prevention metrics which are being developed, as

1 well as the early childhood learning and innovation  
2 network and communities like EC Links, performance  
3 measures, as well as the First 5 Association indicators.  
4 And one of the things that really supported our use of  
5 this criteria is that we wanted to be able to compare how  
6 is LA county doing, how are children and families of very  
7 young children zero to five doing. So in the case of  
8 county prevention metrics, they're looking at all children  
9 under 18. First 5 Association is looking at children  
10 statewide. ECE Links is looking at a larger scale. So we  
11 really wanted to be able to compare ourselves with other  
12 jurisdictions.

13 And then, lastly, we looked at data availability.  
14 So this was really important. We wanted to choose  
15 indicators where we will a viable data source. There were  
16 some idea that people talked about, important things that  
17 we could be looking at, but we weren't able to identify a  
18 data source. So in those instances we decided to exclude  
19 those indicators for now, and as we revisit indicators in  
20 the future, if we identify data sources, we will  
21 reconsider them.

22 So the next few slides provide examples of how we  
23 applied the criteria so that you could see how we decided  
24 so wither include or exclude something based on these  
25 criteria.

1           So the first is significant to First 5 LA's work.  
2   And as you see here, one of the criteria -- potential  
3   indicators that was considered was the utilization of  
4   public libraries. This potential indicator was eliminated  
5   due to the limited significance to our work. So while we  
6   consider libraries to be important community resources, we  
7   thought -- we determined that knowing the level of  
8   utilization is unlikely to inform our strategy. And so  
9   really thinking about, is this going to inform what we're  
10  doing, again, was something that we considered.

11           Also, just wanted to mention there is a table in  
12  Attachment 1 which identifies all of the 30 indicators  
13  that we brought to you last year and whether we decided to  
14  keep it, eliminate it, or change it in some way. And  
15  where we did eliminate it, we referenced which criteria  
16  was used. So that might be helpful for those of you who  
17  are interested.

18           So the next slide shows how the uniqueness  
19  criterion resulted in the elimination of access to parks  
20  and recreation as a contextual indicator. So this one  
21  here was eliminated due to the fact that it is now a  
22  result indicator. So I do want to point out that we  
23  developed the initial set of contextual indicators before  
24  we had result indicators. So once we decided on the ten  
25  result indicators, if there was overlap, we eliminated a

1 contextual indicator. And that's what happened in this  
2 case.

3 So this slide here shows how healthy weight, we  
4 considered it as a potential contextual indicator. It was  
5 retained because it is an important indicator of  
6 children's health, and it's also something that will be  
7 tracked through the LA county prevention metrics. As I  
8 mentioned before, they're looking at zero to 18. The  
9 First 5 Association is also looking at it, but they'll be  
10 looking at it statewide. So through our impact framework,  
11 we'll be able to speak to healthy weight, particularly  
12 things like obesity and overweight among young children  
13 specifically in LA county?

14 COMMISSIONER INNES-GOMBERG: Are you taking  
15 questions now or at the end?

16 MS. HALL: At the end, unless there is a  
17 clarification question.

18 COMMISSIONER INNES-GOMBERG: I'm just trying to  
19 understand the differences between a contextual indicator  
20 and results indicator. And I was wondering if it relates  
21 to a process measure that gets you to an outcome measure.  
22 Is that the distinction?

23 MS. HALL: That's not the distinction, but I'm  
24 really glad that you asked that question because I do want  
25 to clarify that the result indicators are things we're

1 trying to change. We think that our efforts, the  
2 strategies that we implement are going to result in  
3 progress in terms of those result indicators. So if it's  
4 something we want to see more of, we're expecting to see  
5 an increase; or something we're trying to minimize, we  
6 expect to see a decrease.

7 With the contextual indicators, we're not  
8 necessarily trying to make a change, but we want to pay  
9 attention to whether or not there are changes or whether  
10 or not those issues kind of remain static or don't change  
11 over time because we think knowing, for example, if we're  
12 seeing an increase in the number of children who are  
13 obese, it might inform something that we do in working  
14 with others. And so then it may become a result indicator  
15 in that instance. But for right now, it's just wanting to  
16 understand what's happening in the environment so we can  
17 tailor our responses appropriately.

18 COMMISSIONER INNES-GOMBERG: Thank you. I  
19 appreciate the clarification.

20 MS. HALL: So the last example here is the  
21 criteria of data availability. So newborn drug and  
22 alcohol toxicity was a potential contextual indicator that  
23 was eliminated because we were not able to identify a data  
24 source.

25 So as I mentioned previously, these decisions

1 were made at this point in time. Should a new or data  
2 sources that we weren't be able to identify become  
3 available, there will be times -- and I think we talked  
4 about them last month during the SPR4 presentation about  
5 how we will have these regular review and refinement  
6 cycles where we'll revisit not only on our strategies but  
7 also our indicators to see if there's things that we  
8 should be adding or changing or thinking about  
9 differently.

10 So this slide here presents the revised  
11 contextual indicators. I won't walk through each of them.  
12 But just in terms of a high level summary, I do want to  
13 call out that we landed on 20 contextual indicators that  
14 fit into four domains. So they're child characteristics,  
15 maternal characteristics, family resources, and community  
16 characteristics.

17 I do want to point out that we worked in close  
18 collaboration with the -- the team developing the  
19 countywide prevention metrics. And so we do have  
20 significant overlap across these domains in terms of the  
21 kinds of indicators that we will be looking at over time.

22 This slide presents current data for contextual  
23 indicator 9. So we wanted to share an example of the kind  
24 of things that we'll be tracking based on these contextual  
25 indicators. Contextual indicator 9 is the annual

1 percentage of kindergartens in LA county who have been  
2 designated as English learners. And so what we see here  
3 based on current data is that, in the 18-19 school year,  
4 30 percent of kindergartners in LA county were classified  
5 as English learners. This represents a decrease of five  
6 percent from the prior year, which is a continuing  
7 downward trend in the number of children who have been  
8 classified as English learners.

9 I do want to point out that current data and  
10 trends for all of the contextual indicators are included  
11 in attachment 3 for your reference.

12 So now I'd like to walk you through the next  
13 steps for the contextual indicators and upcoming impact  
14 framework conversations.

15 So one of our immediate next steps is to begin  
16 working with our system partners and other data owners to  
17 ensure that we have the most appropriate and comprehensive  
18 data available. In fact, we hope to work with  
19 commissioners to identify who in your respective agencies  
20 and networks could really help us to ensure that we have  
21 the best data available for specific indicators.

22 Once we secure this data, we will be  
23 disaggregating by race and common geography wherever  
24 possible. We also mentioned that we would be doing the  
25 same with the result indicators. And then we're going to

1 share what we learn with the strategy refinement teams.  
2 As we mentioned at the outset, we really expect the  
3 indicator data is going to help inform our strategy so as  
4 we're -- I'm sorry, not the strategy refinement teams, but  
5 the teams who will be developing the implementation plans.  
6 We think it's going to be really helpful for them to have  
7 the most current and up-to-date information around these  
8 contextual indicators so that, as we're thinking about how  
9 we achieve the priorities and objectives set out in our  
10 refined strategic plan, that we have information available  
11 about the context.

12 So in spring 2020, we will be coming back to the  
13 commission and we expect that the conversations we are  
14 going to have at that time will be focused on the system  
15 outcome indicators. We've been focused, as you know, on  
16 the results and the context as we develop our strategies  
17 which are really going to be aimed at improving systems  
18 and systems change. We're going to identify those system  
19 outcome indicators, and we will be bringing those to the  
20 board for your consideration.

21 So that concludes my presentation. We've  
22 identified a couple of questions that we'd be happy to  
23 hear from you about. But we also want to open it up to  
24 any questions that you may have for us.

25 COMMISSIONER ZEPEDA: Okay. Thank you very much,

1 Kim. That was an excellent presentation, very thorough.

2 Commissioners, questions? Comments?

3 COMMISSIONER TAYLOR: You want to go first?

4 COMMISSIONER INNES-GOMBERG: No.

5 COMMISSIONER TAYLOR: Okay. I have a question.

6 I've been looking at the sheet in the back of the

7 he detail, the long one we have here. And I'm sorry.

8 Thank you. And I've looked at all the indicators. A lot

9 of them, especially on Page 6 and it goes on to 7 and 8,

10 have "to be determined". Do we not know or how is this

11 going to -- how are you going to be able to capture this

12 data if we don't know where we're going to get the

13 information? At least that's what it feels like when I

14 look at this chart. And there's a lot of holes, so --

15 MS. HALL: So one of the things that we've been

16 doing very recently is having conversations with the --

17 the team from the CIO and OCP office about their

18 indicators. So we took our list of indicators, we

19 compared it to their list of indicators, and we talked

20 about where do we have alignment, where can we work

21 towards bringing together to create some alignment. So

22 some of what you're seeing as holes are things that were

23 decided upon in recent conversations where we would try to

24 get closer to what the county was going to be looking at

25 in terms of their prevention metrics. So what we did in

1 those conversations was to identify where the data would  
2 be coming from. So we referenced the specific data  
3 source.

4 So you can see the TBD is listed in the column  
5 for most recent data, historical data trends, but we do  
6 identify the data source. So in those instances, it's  
7 that we haven't been able to secure the data yet to put it  
8 into this document, but it is a work in progress. We just  
9 need to have the necessary conversations to submit the  
10 requests and secure the data. But given our existing  
11 relationships with these entities, we are confident that  
12 we are going to be able to obtain this data.

13 In part, we wanted also to have this conversation  
14 with the commission especially in light that some of these  
15 are changes. And I'll talk about Number 5 in particular,  
16 the change that we made. That was a change that was very  
17 recently made. Originally, the indicator that we had here  
18 was looking at the number of emergency room visits -- of  
19 annual number of visits of children zero to five. In  
20 conversations with the county, we realized that they were  
21 going to be looking at preventable childhood injury which  
22 took into account not only emergency room visits, but  
23 hospital visits for what are being defined as preventable  
24 childhood injuries. So we thought that this was a much  
25 more specific indicator. So it's looking at what is

1 preventable. And when we think about -- you know,  
2 sometimes there's a legitimate reason for an emergency  
3 room visit -- not a legitimate, but a serious medical need  
4 versus something that is considered a preventable injury,  
5 like a burn or a fall or a drowning or a car accident.

6 We thought that this would actually provide us  
7 with more specific information, and that we'd also get  
8 more detailed information in terms of having not only  
9 hospital visits but also hospitalizations -- I'm sorry --  
10 emergency room visits and hospitalizations, but we haven't  
11 secured that data yet. We do intend to.

12 COMMISSIONER TAYLOR: Yeah. Because I'm looking  
13 at eight of these indicators that current data source is  
14 not indicated. And it says, "to be determined." So I  
15 don't know if you're going through -- you're telling us  
16 you're going to be able to get that data and find that  
17 data in order to measure that particular indicator or not.  
18 Because when is the time frame for us to see that -- that  
19 information?

20 MS. HALL: So what we're doing right now and  
21 really the purpose for today is to kind of vet the final  
22 set of indicators. We do intend to gather as much data as  
23 we can. One of the things that I mentioned is our next  
24 steps, is to work with our partners to get the most recent  
25 data available. We do intend -- we're expecting that some

1 of this data, for example, the natal care data is going to  
2 come from vital records -- vital statistics, but we  
3 haven't secured that data yet. We provided what data was  
4 available. And that was one of the things that I  
5 mentioned when I referred to this handout, is this is the  
6 data that is readily available and that was publicly  
7 available.

8 We haven't gone through the process of submitting  
9 formal data requests for information that isn't publicly  
10 available because we wanted to get the board's input on  
11 whether you all think these are the right indicators.  
12 Once we get that signal from you all, we will be, as I  
13 say, submitting those data requests, taking the steps that  
14 we need to in order to secure the data, and we'll be  
15 coming back with that information.

16 Yes. So I think that's -- that's a next step,  
17 but we tried to provide as much information as we could to  
18 give you a sampling of what it's going to look like when  
19 we are able to report on this data fully.

20 MS. BELSHÉ: But to be clear, consistent with the  
21 criteria that Kim spoke to about data availability, we are  
22 confident that there's data available. It's a question of  
23 not if, but really where and which. So like there's a TBD  
24 under child poverty. We know there are indicators and  
25 data on child poverty, but there's some policy decisions:

1 Do we go with the federal definition, do we go with the  
2 more California specific.

3 And as Kim noted, and I really want to commend  
4 the team, for really engaging with our county partners  
5 that are undergoing their own process. So it's a really  
6 good bidirectional relationship. So what decisions they  
7 make is going to influence what we come back and bring to  
8 you all.

9 So as Kim said, this is where we are. There is  
10 data, but there's some policy decisions we can make with  
11 our partners.

12 COMMISSIONER TAYLOR: I only have one more thing.  
13 Thank you to listening for what I said about child abuse  
14 and records. I like the way you reframed that and how  
15 we're going to look at it. It's going to be the reduction  
16 in that, in the number of kids detained versus the number  
17 of kids detained. I see that as a negative. If we're not  
18 preventing, then you're going to detain more kids  
19 unnecessarily. So thank you for that. And I like the way  
20 you did that already. But I -- I was looking at the data  
21 because I read all of this, and I said, where is the data.  
22 And thank you for the clarification, Kim.

23 All right. Thank you.

24 COMMISSIONER HEGER: Can I just make a note?

25 Well, I think that if we're looking at data on injuries to

1 children that can be prevented, there is two things that  
2 -- data you need to look at. Number one, you need to  
3 look at -- first thing is the number of cases that are  
4 reported to DCFS. And then you need to compare that trend  
5 to the number of kids that are detained. And you also  
6 need to look at the number of children that actually, if  
7 reported, are seen and evaluated for possible abuse or  
8 neglect. But that's -- those are the real statistics are  
9 going to tell you what we're actually providing to the  
10 kids in that age because there's a lot -- there's a huge  
11 debate going on in the county right now over the kids not  
12 being seen that are reported.

13 So I mean, I know that -- I just -- I just talked  
14 to DCFS yesterday, was it? I guess it was yesterday. And  
15 we've also -- we're going to be looking at hotline and the  
16 calls coming in. So I think, if we really want to talk  
17 about impact and we have to look at all those -- all those  
18 statistics. Because, if we're looking at prevention, the  
19 first time you have a call, if you really want to prevent,  
20 you react. And if you screen out most of the cases that  
21 are called in the hotline, then you're -- the data about  
22 detaining or not detaining or the detention things are  
23 going to go down, but you haven't really looked at the  
24 kids very well.

25 So it is a huge debate among physicians right now

1 in the county in charge of this responsibilities. And if  
2 you want to know where the data is, you can come talk to  
3 me because I know where the data is.

4 COMMISSIONER ZEPEDA: Thank you for that.

5 Other questions or comments?

6 COMMISSIONER TAYLOR: I just want to add to what  
7 she's saying. The safety of these children, the babies,  
8 the children zero to five, is tremendous. They don't take  
9 -- when there's a physical abuse to one of the systems  
10 that county set up for review of those children to see if  
11 they're actually been hurt. And they can do a scan to  
12 determine whether or not they've ever been hit or broken.  
13 That is a huge safety issue. And there's no way that a  
14 clinician or a social worker can actually tell about that  
15 without a doctor actually looking at that child and  
16 actually doing a scan and doing what they do to check the  
17 fact to see if that child has been physically abused  
18 because they can't speak to it.

19 COMMISSIONER HEGER: I think that First 5 could  
20 do an enormous data assessment right now, which would be  
21 really interesting to do as sort of non -- sort of outside  
22 of the systems looking back at what the data shows and  
23 looking at like -- for example, I'd like to know the ages  
24 of the kids that are reported to the hotline. And I think  
25 in terms of zero to five, it's very clear what the

1 protocol is saying for the county about how you treat the  
2 zero to five year olds. Are they actually being seen  
3 would be a really good question to ask, and look at that  
4 data in that group, like how are we responding to that  
5 group. Because we could certainly advocate that every one  
6 of those kids in zero to five, which is what we're  
7 recommending, be evaluated for possible prevention  
8 strategies within the household.

9 So all those questions are things we could raise  
10 that could have an enormous impact on the safety of kids  
11 in the county, and it's not that they're not necessarily  
12 being asked. But, I mean, there's a lot of data sets that  
13 are in silos that need to be looked at across the board.

14 COMMISSIONER ZEPEDA: Any other questions or  
15 comments from commissioners?

16 Okay. I have -- I think -- I think using  
17 existing data sets will help from an efficiency standpoint  
18 with your work because I mentioned last time when you  
19 presented this, I'm concerned about the workload issue. I  
20 think this is huge. And so trying to think about what is  
21 doable and realistic within, you know, our goals and  
22 objectives is important.

23 I also liked -- and I mentioned this to Kim  
24 earlier when I was reviewing the material. The use of the  
25 word "context" to me is huge. For those of you who don't

1 have my historical background, i.e. age, will you note  
2 that there has been a shift in developmental psychology  
3 and in child development that focuses on the context in  
4 which children are embedded in a real more instrumental  
5 way than it has ever been, both in theory and research.

6 So this focus on context for me is really  
7 important. I think it heralds a different way of thinking  
8 about the children and also thinking about the systems in  
9 which children are embedded.

10 I also like -- I also think, Kim, that the -- and  
11 if I were in your shoes, I think family resources and  
12 community characteristics are almost the same things in  
13 terms of context. You can talk about it either way. So  
14 it's going to be important to -- to think about that and  
15 then to cross tab it with your geography part. I think  
16 that's going to be the -- and that's why I keep saying --  
17 thinking to myself, if I were in your shoes, it was like,  
18 Oh, my God, I'm going to need a lot of help here. So  
19 that's really important.

20 So I really commend you on this. I think those  
21 of us who have been seeing this work over time really  
22 appreciate the thoroughness and -- and really the logic  
23 behind this process as we move forward.

24 So other comments or concerns?

25 COMMISSIONER WOODS: Just a comment.

1 COMMISSIONER ZEPEDA: Sure.

2 COMMISSIONER WOODS: And I too appreciate the  
3 presentation and information. One of the comments that  
4 Kim made was, in terms of looking at data, it's not that  
5 it's not available; it's what data set we go after whether  
6 that be the state level or the federal, just using it in  
7 terms of poverty. And my recommendation is both.

8 I know that's a heavier lift, but given that we  
9 -- California is unique. There's none like us. But we  
10 also have to take our California message to the federal  
11 level so we can get systems changed there as well. And  
12 they're only going to be interested in the federal  
13 numbers. So when we look at the federal and then compare  
14 it against the state, we'll have more information and more  
15 stories to tell. So I really do recommend that we are  
16 looking at both of those numbers or those populations,  
17 groups.

18 COMMISSIONER ZEPEDA: Okay. If there are no  
19 other questions, again, thank you for the presentation.  
20 Very much appreciate it. Thank you.

21 Okay. Moving on to Item Number 4, our policy and  
22 advocacy funding group is here, and they're going to talk  
23 to us about the policy -- policy and advocacy fund. Becca  
24 is here, Jaime is here, and Cynthia is here. Is that all?  
25 Who am I missing?

1 Peter, are you talking too?

2 MR. BARTH: Little later.

3 COMMISSIONER ZEPEDA: Oh, you're in part two. So  
4 let's go to part 1, A. Thank you.

5 MS. PATTON: Good afternoon, commissioners, First  
6 5 LA staff, community. So I'm Becca Patton, director of  
7 the early care and education team.

8 So today we're going to do a deep dive into the  
9 early care and education policy and advocacy fund. As  
10 you'll remember last commission meeting, we did a  
11 high-level overview of the past two years of  
12 implementation. So today is an opportunity for a little  
13 bit deeper analysis. We're going to elevate some lessons  
14 learned and solicit input from commissioners on the future  
15 of policy and advocacy funding for First 5 LA.

16 So to get started, I'm going to turn it over to  
17 the incredible project manager of this team, Jamie.

18 MS. KALENIK: Thank you, Becca.

19 Building off our presentation from the October  
20 10th board of commissioners meeting, our objectives for  
21 today are to start by briefly reviewing First 5 LA's  
22 approach to grant making through the ECE policy and  
23 advocacy fund or, as you'll hear us reference it, ECE PAF.

24 Next, we'll spend the bulk of our time sharing  
25 the outcomes and lessons learned from the first two years

1 of the initiative, including hearing from Cynthia Freeman  
2 who is here from Community Partners, the intermediary  
3 organization that administers the fund.

4 At that point, we'll pause for discussion with  
5 commissioners before turning it over to our colleagues in  
6 the policy department to discuss the next phase of policy  
7 and advocacy funding at First 5 LA.

8 First, a few points to ground our discussion. As  
9 First 5 LA sought to maximize its impact through  
10 contributions to systemic change, the 2015 strategic plans  
11 saw one of the sharpest plummets from direct services to  
12 policy and systems change in the ECE outcome area, which  
13 is where this initiative is focused.

14 So in 2016 the commission approved the initial  
15 contract for ECE PAF with long-term financial projections  
16 estimating 15 million expended through 2021. At the  
17 outset of the project, we conducted a very intentional  
18 design phase that sought to understand the ECE advocacy  
19 landscape as well as best practices for funding advocacy.  
20 And though there were many key learnings from this process  
21 that guided the design, one of the biggest take aways was  
22 that funders of advocacy should focus on the outcomes they  
23 hope to see, not on the specific tactical outputs of  
24 grantees.

25 And so guided by that principle and outcomes laid

1 out by the strategic plan, we outlined the goals for ECE  
2 PAF. These goals include both policy outcomes, such as  
3 increasing dedicating funding for ECE, as well as outcomes  
4 for the field, as increasing collaboration among advocacy  
5 organizations.

6 On this graphic, the arrows indicate that these  
7 policy outcomes and field outcomes are mutually  
8 reinforcing. A stronger and more aligned ECE advocacy  
9 field is better situated to advance policy goals, and  
10 policy successes incentivize continued collaboration,  
11 stability in the field.

12 Understanding that these outcomes are long-term  
13 changes, we also identify intermediate outcomes to be  
14 measured in building awareness and will around ECE issues.

15 We will continue to revisit these goals as we  
16 discuss our progress to date. But before we dive in, I  
17 want to quickly review the structure of the fund.

18 Community partners serves as the intermediary for  
19 ECE PAF providing a number of services, including  
20 day-to-day grant administration and oversight of the  
21 learning and evaluation for the fund. This arrangement  
22 allows First 5 LA to engage more deeply as a partner to  
23 grantees in advancing policy priorities and building  
24 alignment in the field while still maintaining final  
25 decision for funding in line with our responsibilities as

1 a public agency.

2 The grants from the policy and advocacy fund are  
3 issued in three ways. The majority of the funding is  
4 distributed through the partnership fund which provides  
5 multiyear grants to a small number of anchor organizations  
6 that focus both on LA county and statewide ECE policy.

7 The field building fund offer grants to  
8 strengthen the capacity of other organizations to  
9 contribute, including to support their participation in  
10 the ECE coalition and other collaboratives or to  
11 incentivize nontraditional partners to join in ECE  
12 advocacy.

13 Finally, the rapid response fund provides  
14 resources to support one-time projects that address  
15 field-wide needs, such as research or communications.

16 If you are interested, you can find a list of  
17 grantees and sample rapid response projects in the  
18 attachments to today's materials.

19 But with that review, I'll turn it back over to  
20 Becca to share some of the outcomes of this initiative.

21 MS. PATTON: Thanks, Jamie.

22 So I'm going to spend sort of next few minutes  
23 overviewing sort of our theory of change and what we've  
24 accomplished over the past two years in intermediate  
25 outcomes and policy outcomes section.

1           So as Jamie highlighted, Community Partners is  
2     our intermediary. And as part of that, we have an  
3     embedded learning team. So our learning team are Soila  
4     (phonetic) Consulting, who is also here today. Thank you.  
5     Has been able to lift up realtime learning for us as we've  
6     gone through the fund for the past few years, while also  
7     capturing the actual accomplishments of PAF.

8           So one of the pieces the learning team measured  
9     was an increase in awareness and will building. So as  
10    part of this, the learning team does track some of the  
11    tactics used, such as legislative visits, but they've also  
12    conducted key stakeholder interviews in Sacramento,  
13    including interviews with both legislative and committee  
14    staff. So this temperature check allows us to track  
15    progress year to year, but also provides us realtime  
16    feedback on how our tactics are helping to shape our  
17    strategies.

18           So we have seen an increase in collaboration  
19    amongst PAF grantees in conducting legislative visits. So  
20    this is actually changed our own internal practice as  
21    well. So our government affairs team lead by Jaime Zamora  
22    works hand in hand with PAF grantees to schedule  
23    legislative visits, often ensuring that at least two to  
24    three organizations are represented when we have  
25    interactions with LA delegation. And we also have a PAF

1 grantee here as well that we work very closely with those  
2 visits.

3 So that's sort of legislative visits. But from  
4 the feedback from the interviews that the learning team  
5 has conducted has not only changed the field sort of  
6 realtime practice, but has also changed our perspective  
7 that shapes the way we do our work.

8 So based on that feedback and interviews, we've  
9 worked to create similar data. We've coordinated and  
10 aligned messaging, particularly during the height of  
11 budget advocacy. And I want to lift up sort of this quote  
12 on the slide here that is from a key ECE legislative  
13 consultant around, don't assume that ECE is always  
14 competing with other policy priorities. I think that was  
15 a real sort of eye-opening moment for the field of  
16 understanding sort of what our power was and sort of how  
17 we should shape our advocacy because of that feedback.

18 So I'm going to move over to the actual policy  
19 outcomes because, in addition to immediate outcomes, we  
20 ultimately want to be mindful of tracking our ultimate  
21 impact in policy so we ensure that we're making real  
22 change to our ECE system.

23 So the learning team monitors our policy outcomes  
24 by sourcing from the PAF grantees what they believe to be  
25 the biggest wins for that year of funding. So as you can

1 see from that slide, there's been progress not only in  
2 Sacramento, but locally as well. There's been increased  
3 investment in access for children and families, but  
4 there's also been infrastructure investments in facilities  
5 and workforce, as the commission knows as we've reported  
6 on our own policy progress.

7 We've also seen new movement locally, both with  
8 LAUSD and our own partners in county government. So LAUSD  
9 has created a birthday roadmap in addition to expanding  
10 their dual language learner pilot in their ECE settings.  
11 And our own county government, our board of supervisors,  
12 passed a motion to look at county-owned facilities that  
13 might be converted into early care and learning  
14 facilities. So the assessment did not yield many results.  
15 Spoiler alert. It only identified one county-owned  
16 facility. However, that has been a catalyst for increased  
17 action and involvement and partnership with our county  
18 around how we can prioritize early care and education  
19 within our full county. And you've seen that both in the  
20 work of the babies and toddlers campaign lead by two of  
21 our PAF grantees and the county support of the county  
22 fiscal assessment.

23 So it's important to note that all of the policy  
24 wins on here were not only supported by multiple PAF  
25 grantees, but they were designed, developed, and

1 implemented by multiple PAF grantees working together. So  
2 we're continuing to see that increased collaboration and  
3 alignment. And we're going to talk more about that. I'm  
4 going to hand it over to Cynthia to talk through the field  
5 outcomes. But before we do that, I do want to highlight  
6 some of the investments that have come out of the rapid  
7 response fund.

8 So as Jamie mentioned in the beginning, our rapid  
9 response fund provides support to discrete time-limited  
10 projects that are identified by PAF grantees for First 5  
11 LA. And this bucket of funding within PAF is the most  
12 flexible, responsive, and timely, and has primarily  
13 supported work over the past two years in three  
14 categories: Research, the blue ribbon commission, and  
15 communication. So I'm just going to lift up an example in  
16 each of those categories.

17 So the majority of the funding has been spent on  
18 research. And one research project that I mentioned  
19 earlier that has been supported was the county fiscal  
20 assessment. So this assessment is primarily funded by the  
21 county; however, PAF contributed supplemental funding to  
22 expand the number of community profiles that were created.  
23 These profiles are a funding snapshot of providers by  
24 neighborhood, comparing revenue with actual cost to run  
25 early learning programs.

1           So in addition to supporting more community  
2 profiles being developed, our funding is also going to  
3 increasing dissemination and communications of the  
4 findings and the final report.

5           The next category of support is the blue ribbon  
6 commission. So as a reminder for commissioners, the BRC  
7 was convened by Speaker Rendon two years ago, and last  
8 spring they issued their final report. Again,  
9 supplemental funding from PAF supported focus groups of  
10 parents that informed and vetted the final recommendations  
11 that ended up in the final report for the BRC.

12           And then, finally, we have the category of  
13 communications. So some funding was used to support  
14 communications outreach for the ECE coalition's budget  
15 ask. This was so successful that our partner in the ECE  
16 coalition, First 5 California, is now actually  
17 contributing a portion of their own communications  
18 contract to support the coalition's broader communication  
19 needs going forth.

20           So with that, I'm going to hand it over to  
21 Cynthia, senior direction of programs at Community  
22 Partners. So Cynthia and the rest of the team at  
23 Community Partners have been great co-conspirators of this  
24 work, and they've been our intermediary since the fund's  
25 inception.

1 MS. FREEMAN: Thank you. Good afternoon.

2 So let's talk about -- so, I have the magic  
3 thing.

4 Okay. Let's talk about field outcomes. So the  
5 PAF strategy goes beyond strengthening individual  
6 organizations that are all working on the same issues.  
7 What is novel here is that we are also very deliberately  
8 trying to strengthen the field as a whole and increase the  
9 relationships and communication and alignment among  
10 groups. So how do we do this?

11 First they get flexible funding so they can beef  
12 up and sustain their advocacy stuff. Second, we bring  
13 them together not to plan specific advocacy campaigns, but  
14 to build bonds and trust with each other. We convene them  
15 two to three times a year, some place beautiful. We're  
16 doing this actually at Descanso Gardens. They share  
17 meals, they share professional gossip, they talk about the  
18 overall conditions in context. And everyone's favorite  
19 part is that we carefully match them up in groups of two  
20 or three people and we send them out in nature for an hour  
21 with a starting prompt or question, and then they use that  
22 time to build bonds.

23 So a few years ago, for example, we sent the  
24 policy directors from the Child Care Resource Center and  
25 the LA Chamber of Commerce out to walk in nature together.

1 They sort of knew who each were, but had never really  
2 connected before. And now they've spent the last year and  
3 a half collaborating on research into workforce child care  
4 needs.

5 We sent staff from Advancement Project and  
6 Crystal Stairs, who are both working with parent leaders,  
7 out together. They ended up bonding around what it was  
8 like growing up going to Catholic school. This was not  
9 the prompt we had given them. And then they decided to  
10 cross-train and convene parents across LA together and do  
11 some Sacramento advocacy days.

12 So these were examples of what happens when we  
13 make this space for people to stretch out beyond immediate  
14 campaign planning and connect as human beings.

15 And partly because of this -- so if we go to the  
16 next slide. And partly because of the First 5 support for  
17 other initiatives that bring different players in the  
18 field together, such as coalitions, we have really seen  
19 movement over time in how grantees view field-wide  
20 alignment and collaboration.

21 So when we started interviewing people two and a  
22 half years ago, including some First 5 commission members  
23 -- I know we spoke with you, Marlene, and I think a few  
24 others, Karla -- way back when we were co-designing this,  
25 everyone told us the field was highly fragmented. And

1 over the past few years, we're seeing a shift in that  
2 feeling. Grantees report that the ECE field is more  
3 stable, it's more effective, and there is better consensus  
4 on policy priorities.

5 So does that mean it's all unicorns and rainbows  
6 and there are never moments of friction or loss of trust  
7 or conflict? No. But people feel it's worthwhile to stay  
8 in the game, and they work on repairing breaches when they  
9 happen. And the convenings I mentioned and other ways we  
10 work to keep up the health of the field overall become  
11 mechanisms to support that repair and conflict resolution  
12 as well.

13 And we know this from grantees. When we asked  
14 them the -- and by "we," I mean our fabulous learning team  
15 -- asked about the factors that led to increased  
16 consensus, they pointed to the presence of ECE PAF. So  
17 money to pay their staff to be able to show up in  
18 community and do the work, and also to build and  
19 strengthen relationships among advocates and among  
20 nontraditional partners like the business community, and  
21 be able to work together in coalitions.

22 What's interesting to me here is that they feel  
23 more change is a driven by strengthening the field  
24 internally than by even a major change in the external  
25 conditions such as a new governor. So you'll see that was

1 only about ten half of them said that they felt like that  
2 increased consensus more that was just having time and  
3 space together so they can keep on gaining strength by  
4 building with each other continuously and then be poise to  
5 take advantage of windows of opportunity in the policy  
6 environment when they open, rather than feeling like they  
7 have to wait until all the stars are aligned in the policy  
8 environment before they start collaborating.

9 So from our -- so I was asked to just speak  
10 briefly before we rap up and go to discussion to kind of  
11 pull the curtain back a little bit and give some  
12 perspective on how the framework of going through an  
13 intermediary is working. So some strengths are that, as a  
14 large organization that does this all the time and has a  
15 deep bench, we can comfortably meet all of First 5's needs  
16 for accountability with public money. We can fill out any  
17 matrix you need filled out, any scope of work that needs  
18 to be detailed. We have a financial reserves so we can  
19 front money to grantees. We have dedicated finance and  
20 contract staff. We have the infrastructure that many of  
21 the grantees don't so we can do the public accountability  
22 piece. We have very seasoned program staff, including my  
23 colleague Lupes Florio (phonetic), who's here today,  
24 consultants like our fabulous learning team led by Leo  
25 Solo (phonetic), Barb Masters, whom I think you all know

1 is an expert in this. All of this allows us to take the  
2 public money with high accountability and do the grant  
3 making and evaluation and other activities that feel much  
4 more flexible and responsive to the grantees for them, and  
5 that build on our strengths and experience around  
6 convening, peer learning, and facilitation. And just to  
7 kind of ground truth this, Child Care Alliance is here in  
8 the room. So during the comment period, if you want a  
9 reality test my perception of how easy and fabulous we're  
10 making this for you, please, we welcome that transparency.

11 SPEAKER: Happy to.

12 MS. FREEMAN: Okay. I would say we also free up  
13 first 5 staff time. And you may not know this, but your  
14 staff works really, really hard and doesn't have a lot of  
15 time. So we're able to give them some time and a little  
16 bit of distance so that they can show up in the field as  
17 policy advocates as well.

18 It's unusual to have the funder also be a  
19 frontline advocacy player. And it gives us an amazing  
20 amount of intel and insight on what the grantees are  
21 really doing. Sorry, Christina. And also how they are  
22 showing up in the fields. And I would say that dual role  
23 as a peer and a power, an advocacy player, also presents  
24 occasional challenges, namely that First 5 is both a grant  
25 maker trying to strengthen the players in the field,

1 knowing that those players each have their own vision and  
2 agenda. And also you are an advocate in your own right.  
3 And naturally, as an advocate, you are trying to move  
4 chess pieces around on the board in service to your vision  
5 and agenda.

6 So I do think there's occasional tension there  
7 about the extent to which First 5 as advocate has a little  
8 bit of outsized powers to move allies and punish  
9 dissenters because you also have the shackles and you  
10 could take them away, whether real or perceived. I have  
11 definitely not seen that happen, but I think there's a  
12 little anxiety about, if First 5 wants us to do  
13 something --

14 COMMISSIONER ZEPEDA: Better do it.

15 MS. FREEMAN: But they're going to send Vinny,  
16 you know.

17 So I would just say, there's an additional -- I  
18 don't want to overstate the challenges. It's like five  
19 percent of what's going on. But I would say there's an  
20 additional wrinkle of complexity when different folks  
21 within First 5 have slightly different perspectives and  
22 advocacy strategies that they are trying to advance and  
23 maybe different -- are feeling pressures in a different  
24 way as a public entities as well or from other public  
25 entities.

1           So there are a few complications to navigate  
2 around this both for grantees and for us as the  
3 intermediary. I think for us the biggest defect has been  
4 some occasional slow downs in regrant approvals and rapid  
5 response funds turnaround. I think our original fantasy  
6 was we would turn those around in a week. Sometimes it's  
7 taking a little longer than that now. As well as some  
8 experiences of having changes to the guidelines and  
9 reporting requirements shifting in midstream. I want to  
10 be crystal clear that everyone at every level in every  
11 department that we have worked with here on PAF has been  
12 deeply committed to your mission, highly professional,  
13 super responsive, kind and fun and good looking people and  
14 a delight to work with. So as we talk about these  
15 relatively minor challenges, these are not of  
16 interpersonal issues. These are not about bad actors.  
17 And as things come up, there are avenues to work on this  
18 together precisely because of the ethos of PAF. We've  
19 embedded communication, relationship building,  
20 opportunities to have conversation and build trust into  
21 the grant making, into the convening, into the evaluation  
22 process, and into our relationship with First 5. So these  
23 give concrete avenues to address concerns when they come  
24 up.

25           I will stop here and we can open the floor for Q

1 and A. Hard questions will go to the First 5 staff. I'll  
2 take the easy ones and discussion, and I can expand on  
3 anything.

4 COMMISSIONER ZEPEDA: All right. Thank you very  
5 much for the presentation.

6 Questions or comments, commissioners?

7 COMMISSIONER INNES-GOMBERG: I wanted to thank  
8 you for your presentation. It was really interesting.  
9 And I had a question, and it was prompted by the policy  
10 outcomes where you were tracking legislative bills I think  
11 per year.

12 What is First 5's role in terms of messaging and  
13 in terms of kind of honing in on a particular legislative  
14 agenda and who you go to and what -- I guess, what are the  
15 mechanics of that?

16 MS. PATTON: We have an internal process for our  
17 own legislative agenda. So our legislative agenda, when  
18 we are sort of sourcing bills that we can take positions  
19 on, we first look for alignment to our policy agenda,  
20 which the commission has approved. Then we go through an  
21 internal analysis that is sort of about impact  
22 feasibility. And then once we have sort of sign off  
23 internally for approval, we are set to sort of run. But  
24 we make sure that that is public, especially to our PAF  
25 grantees. And so we're in constant communication with

1     them and they're very clear about sort of which bills  
2     we're supporting, which bills we're not supporting.

3             That process is managed out of Peter's shop. So  
4     I don't know if you wanted to add any more commentary to  
5     that process.

6             MR. BARTH: Sure. And I also think -- Cynthia  
7     mentioned and Jaime mentioned that there's an interplay  
8     between our grant making for the policy fund and our role  
9     as a funder and convener of the early care and education  
10    coalition. So I want to -- I want to call that out  
11    because, as Cynthia mentioned, when we bring our grantees  
12    together under the auspices of the policy advocacy fund,  
13    we do so not for them to do work campaign planning, which  
14    bills are we going to support or opposed. It's about the  
15    trust building, it's about the nature walks, which sounds  
16    very soft for someone in a hard policy role, but it  
17    actually -- I mean, again, we do things that we then ask  
18    questions about, is it working, does it build trust.

19            But the ECE coalition then serves as an  
20    intentional space where work planning does happen. And so  
21    part of the expectation is, if you're receiving some PAF  
22    funding and the goal is to be more transparent with your  
23    partners, can you then at the ECE coalition table where  
24    you're doing the work planning say, our organization cares  
25    deeply about ECE facilities, and here's what we want to

1 see happen. So we're going to work on some legislation  
2 around this issues. Who else cares about that. Who else  
3 wants to weigh in on that. And so that's how you start to  
4 build an agenda.

5 So the expectation for our team at First 5 LA is  
6 that we may not weigh in on every bill that a member of  
7 the coalition or a PAF grantee supports, but that we're  
8 really transparent about what we're going to use our  
9 limited staff resources and time on when we're advocating,  
10 not necessarily as a signal to the field that we don't  
11 support you doing that work, but just that we're each  
12 going to try to take pieces of what needs to happen to a  
13 comprehensive agenda forward.

14 COMMISSIONER INNES-GOMBERG: Thank you.

15 COMMISSIONER HEGER: Can I ask a question?

16 COMMISSIONER ZEPEDA: Sure. Absolutely.

17 COMMISSIONER HEGER: So as somebody that writes  
18 grants, can you give me an example of an agency funded  
19 through this fund and the impact that they've had in the  
20 community that they serve? In other words, like, do we  
21 have a direct impact or are we talking about, you know,  
22 like sort of a general, like, we're all going to go to  
23 Sacramento together and ra-ra and support a bill. But  
24 what actual impact -- give me an example of impact. Pick  
25 an agency you fund.

1 MS. PATTILLO BROWNSON: I'll be happy. So  
2 Advancement Project has done facilities work at the county  
3 level, as well as the state level. And AB-48, which is  
4 the preK-t-12 facilities bond for the first time this year  
5 included the permissibility of preschool facilities in  
6 that \$15 billion fund. That's never happened previously.  
7 There's been multiple -- over ten years' worth of efforts  
8 to include that as a permissible use of funds, and that  
9 happened under their grant this year.

10 COMMISSIONER HEGER: So we really are looking at  
11 legislative changes at that level in local -- any local  
12 impact? I mean, are we looking at state? I'm just  
13 curious because I've never gotten an advocacy grant, and  
14 I'm just interested in how do I apply. No, I'm not. I  
15 mean, I'm seriously -- because I like to look at impact.  
16 But we give money. I'd like to know what we expect to get  
17 back.

18 COMMISSIONER ZEPEDA: Is someone going to answer  
19 that or is that just --

20 COMMISSIONER HEGER: Yeah. I mean, we're getting  
21 bills passed, which is great --

22 MS. PATTON: Yeah. So our local -- so  
23 Advancement Project has done some work at the local level.  
24 So they were supportive in sort of getting the facilities  
25 assessment done in partnership with the county. I also

1 think most of our local work has been demonstrated through  
2 the work at LAUSD. So both the expansion of the dual  
3 language learner pilots within LAUSD and the  
4 birth-to-eight roadmap that was created by LAUSD.  
5 Multiple PAF grantees were participating in those.

6 COMMISSIONER HEGER: Okay. I think I understand.

7 MR. BARTH: I think to be clear -- and maybe,  
8 Becca, you want to say a few words about the interplay  
9 between the policy fund and other ECE local investments  
10 that are being made because of the goal of the fund is  
11 actually policy development and advocacy. So things like,  
12 we're an organization like the LA Area Chamber of  
13 Commerce. We represent the major employers of the region.  
14 We believe that access to quality affordable early care  
15 and education is an important issue, not just for those  
16 who care about young children, but for the employers in  
17 the region. So we're going to make sure we add this to  
18 our advocacy agenda as we meet with leaders of the city  
19 council, leaders at the county, at the state and on a  
20 nation level. And we're going to produce reports with --  
21 under the brand of and research arm of the LA Area Chamber  
22 of Commerce talking about intersection so that we can  
23 build more champions who are maybe more primarily  
24 concerned with economic development as a reason for  
25 existing and maybe haven't historically taken a position

1 on early education. But there's an interplay then also  
2 with some of the work funded not necessarily through the  
3 policy fund, but through the ECE department in other ways  
4 that are about directly improving quality in early  
5 learning facilities in the community or improving the  
6 workforce with our local partners. So I don't know if you  
7 want to say more about that.

8 MS. PATTON: Yeah. So one of the increases in  
9 state investment that the ECE coalition was supportive  
10 this past year was the inclusion of more money around  
11 workforce development. So that was a policy and advocacy  
12 push that a lot of the PAF grantees supported, the ECE  
13 coalition was supportive of. Now that we have the money,  
14 what we are spending time doing now in partnership with  
15 some PAF grantees but our partners in some of our other  
16 investments, is ensuring that workforce development will  
17 be rolled out as local stipends for our early education  
18 workforce. And we know that existing already in LA  
19 county, we have both the AB-212 program that's run out of  
20 the Office for the Advancement of Early Care and  
21 Education. And we also do a lot of workforce development  
22 within Quality Start LA.

23 So we're working closely with our partners and  
24 with CDE to make sure that the implementation of that  
25 additional dollars is in alignment with AB-212 and Quality

1 Start LA so it will continue to have greater impact rather  
2 than sort of be duplicative or be in competition with.

3 COMMISSIONER HEGER: I know that Judy -- can I  
4 just follow-up on this? I don't want to interrupt you.

5 COMMISSIONER ABDO: No. Go ahead.

6 COMMISSIONER HEGER: See, I think that's really  
7 -- and I've got a great idea, see, that I can apply to  
8 community partners for. I found myself in Malaysia  
9 talking about child abuse, and I asked them if they had  
10 any way that they dealt with victims of child abuse or  
11 domestic violence, if they have any laws, did they have  
12 foster care, did they have shelters. And had they said  
13 no. And I said, well, why am I here. And they said,  
14 because children who are abused don't learn and are not  
15 part of the workforce. And it was almost like crop  
16 development, you know. It was like an economic -- an  
17 economic effort, which I thought was a unique way of  
18 looking at -- at kids living with -- you know. As you  
19 know, they don't read at the same rate. They don't learn  
20 at the same rate.

21 So, yeah, I'm thinking about that. I think  
22 that's -- I mean, that was an interesting eye opener for  
23 me because I'm so used to being in the US where we are  
24 going to respond. But in a third-world country where it's  
25 not an economic advantage to us to have kids living with

1 abuse.

2 COMMISSIONER ZEPEDA: I think the issue for me is  
3 that it's a trickle down effect in a certain way, that  
4 there's a synergy between the advocacy and then the  
5 outcome. It's not a direct linear correspondence. And I  
6 think that's what throws us off sometimes.

7 Judy, you had a question?

8 COMMISSIONER ABDO: Well, it's more of a comment  
9 and then a question. When the legislature is making their  
10 decisions on bills, I understand how the coalition of ECE  
11 groups can make a huge difference. And I'm happy to see  
12 that the whole atmosphere is much better than it used to  
13 be. But sometimes at the last minute, there's a need to  
14 communicate with individual legislators, and that does not  
15 mean that we all fly up there.

16 But what I'm wondering is if you are thinking  
17 about a role for -- for commissioners in those sort of  
18 last minute -- what I do is text my contacts in  
19 Sacramento, my assembly member and state senator and some  
20 of the other ones that I know well who don't necessarily  
21 represent me specifically. And I'm wondering if there is  
22 any thinking about how to kind of organize that kind of  
23 influence quickly as needed.

24 MR. BARTH: So I think there are two answers to  
25 that question. One is, this is -- that goes back to go

1 back to that different but relationships between our role  
2 as a funder of advocacy versus an advocate directly. So  
3 as advocates directly, we absolutely are doing that  
4 because we know how important it is to have the  
5 conversation throughout the year and also in those moments  
6 of policy committee hearings, can we make sure that we or  
7 those of -- just as a reminder, thanks to the support of  
8 the commission, we also do have Sacramento-based advocates  
9 who can actually then walk across to the building quickly  
10 and say, hey, we need this. So that's our role as an  
11 advocate.

12 We have to be careful sometimes as a public  
13 agency that we're not supporting grassroots lobbying,  
14 which is us telling other people what to do as independent  
15 voters and citizens and decision makers. So with our  
16 funding for advocacy, we may not be paying for others or  
17 paying for the mobile -- mass mobilization of people to do  
18 it. But what we are doing is contributing to  
19 organizations who also have deep relationships with  
20 decision makers to make sure that there's general  
21 education and awareness of the issue.

22 It's one thing for First 5 LA to be giving voice  
23 to it or individual commissioners or staff who have  
24 individual relationships. It's another thing if, when  
25 they get that text, it's also -- it's the 30th time

1 they've heard that this is an important issue. And so for  
2 an organization -- for multiple organizations who receive  
3 our general nonlobbying but advocacy grants, it's really  
4 great because it's not just us anymore, and it's -- it is  
5 partners like the LA Chamber who have maybe had a meeting  
6 with a member a month ago saying, hey, have you heard  
7 about how important access to child care is that's quality  
8 and affordable to your business in your community, to this  
9 business that's your major employer. And then for a month  
10 later, when they get the phone call or the meeting with  
11 our advocate to be able to say, hey, you know how you're  
12 choosing between these two priorities, First 5 LA as an  
13 advocate says you should choose this one priority.

14 And so that's the hope is that it's -- when we  
15 were thinking about the evaluation, we're trying to have a  
16 learning framework that's as specific as possible but also  
17 acknowledging that in advocacy it is not an attribution  
18 game, it is a contribution game, and that we want as many  
19 contribution points as possible so that it's easier to  
20 draw the comparisons between our work as an advocate and  
21 our funding and the decisions that are made.

22 So short answer is, yes, we want to make sure  
23 that we're doing that as an advocate to the best ability  
24 possibility, and that within our guidelines as a public  
25 agency, we're funding the context and environment for the

1 work to happen.

2 COMMISSIONER ABDO: Thank you.

3 COMMISSIONER ZEPEDA: Other questions or  
4 comments?

5 Romalis.

6 COMMISSIONER TAYLOR: I just want to say I  
7 support this model. It's -- it plays out to what we're  
8 trying to do. One, is, is that we're talking about  
9 integration. We have two wonderful team members here that  
10 are doing an outstanding job. And so the idea is, is that  
11 we want to step back. Instead of being seen as a forward  
12 trying to tell everybody what to do, we have an  
13 intermediary that's doing that for -- with us, for us, and  
14 for the others that we're trying to engage into this. And  
15 what I see is the outcome.

16 The outcome is that we've lifted up the ECE issue  
17 and we've made it important to everyone because we've got  
18 greater numbers of partners that see the benefit of that  
19 from different perspectives. And so that's very powerful,  
20 and I -- and I think we need to continue that.

21 I'm going to let you go on with the other one  
22 because I have a comment once you get through with the  
23 policy that goes on about what we're going to do going  
24 forward.

25 So I just want to say, I think this model works.

1 I see you found the outcome. I see learning going on with  
2 it, and we're trying to perfect that learning. And we're  
3 now saying, hey, this model works, we can do this or that  
4 do make it even better to get the outcomes for the  
5 children and families we care about. And that's what it's  
6 ultimately about. And we don't need to lose that  
7 perspective, even though we're all struggling to do it.  
8 Perspective is the children that we're trying to help and  
9 the families.

10 So thank you very much. I just wanted to add  
11 that into it.

12 COMMISSIONER ZEPEDA: Keesha, did you have a  
13 comment?

14 COMMISSIONER WOODS: No, I didn't.

15 COMMISSIONER ZEPEDA: I just want to make the  
16 comment -- and I think this is related to what  
17 Commissioner Taylor said, and that is what Cynthia said  
18 about strengthening the relationships between these  
19 organizations because early childhood is a mixed delivery  
20 system, and you often will hear where we are at cross  
21 purposes sometimes. And right now, we need to be speaking  
22 with a united voice. Given the early learning master  
23 plan, we have an opportunity to move the needle some, I  
24 think. But we need to be more effective and think about  
25 how -- how to do that in a coalition which is harder to

1 pull together, but it is -- it's necessary. And this is  
2 something that other disciplines have done better than we  
3 have.

4 And so -- and I appreciate, Cynthia, you being  
5 very honest about, you know, the elephant in the room  
6 being First 5 putting pressure on these organizations and  
7 that it's important to have an intermediary to kind of  
8 feel that out. So I also think it's a good model and I  
9 think we're getting some payoff from it. And so I really  
10 think that this is a wise investment going forward. So  
11 thank you for that.

12 COMMISSIONER ZEPEDA: Okay. Now we'll move on to  
13 part B.

14 COMMISSIONER TAYLOR: That's where the real  
15 question is.

16 MR. BARTH: So I think there are two frames to  
17 this very quick part. One is, what are we going to do  
18 today moving forward through the end of the -- through the  
19 end of the ECE policy funds. So right now the ECE PAF is  
20 scheduled to sunset at end of 2021. So what we're coming  
21 to you today and then back in November is where we see  
22 some opportunities for expansion and modification now  
23 until that point in time.

24 The second frame where we don't have any  
25 recommendations at this moment but we want to start

1 getting you all thinking, is what happens after 2021. As  
2 we finalize our refined strategic plan, what does a 2021  
3 to 2028 time horizon look like in terms of grant making.

4 And as Jamie said, the reason why we launched  
5 with a refined policy fund focused on early care and  
6 education in 2016 was that represented the biggest,  
7 sharpest pivot from where we were heavily invested in  
8 direct services to our role as a systems change agent.  
9 But during that time since 2016, we've done a lot of work  
10 as an advocate around a more whole child frame. And when  
11 I say "whole child," I really mean, First 5 LA looking at  
12 families and individual children as entire -- as  
13 individual entities that have lots of needs and lots of  
14 opportunities, rather than segmenting them and saying,  
15 well, here we're going to look at the child care need and  
16 here we're going to look at health care need and here's  
17 we're going to look at the development need and we're  
18 going to look in terms of different buckets, and  
19 acknowledging, these are the same families, these are the  
20 same children, and how can we start to support our  
21 advocacy and our policy work in a similar vein.

22 And so with that in mind, the board did approve  
23 for this fiscal year an expansion of the policy fund at  
24 \$600,000 because we wanted to make sure that we could  
25 start to apply the lessons learned that we had focused

1 specifically on early care and education to some of the  
2 child health and development priorities that we have been  
3 advocating for over the last couple of years.

4 So to tee this up just a little bit, I have  
5 Charna Whitby-Martin who wasn't here to hear all the  
6 praise from the board about the success we had. She was  
7 the driver of Assembly Bill 1004, which is the first time  
8 -- love to embarrass her -- the first time that First 5 LA  
9 in our role as an advocate shaped legislation from the  
10 very beginning that will now be law as it has been signed  
11 by the Governor.

12 So Charna, I'll hand it over to you.

13 MS. MARTIN: Yeah. So we passed a bill this  
14 year. That was pretty exciting. But I think what's been  
15 so interesting about the process and the development of  
16 our health and families advocacy in the last two to three  
17 years has been that we're really at the table with  
18 nontraditional partners. There's not a lot of  
19 organizations that I try to meet with and persuade to not  
20 oppose us that have child in the name. Like, I am  
21 developing relationships that we've not had much depth  
22 with in the past because not -- our bill, while it is an  
23 early childhood bill, our 1004 is about developmental  
24 screening of infants and toddlers, it really was a health  
25 plan bill and it really -- while we had the full list of

1 First 5s a lot of the ECE coalition members sign on to  
2 support the bill, I spent the majority of my time with the  
3 Association of Health Plans trying to negotiate with DHCS  
4 and meeting with the primary care association. That  
5 was --

6 MR. BARTH: Department of Health Care Services.

7 MS. MARTIN: Thank you.

8 And it really brought up how much space there is  
9 to grow, not only in our advocacy but as a field, because  
10 the health organizations that we do work with that are  
11 child focused are mostly adolescent focused. So we show  
12 up to a lot of the DHCS stakeholder groups and say, but,  
13 remember early counts. And when we say early, we mean  
14 really early, not like ten or 18; we mean zero to five and  
15 we mean pregnant. You know, upstream as we can get and  
16 what prevention actually is.

17 I think what's so exciting about this opportunity  
18 is that field building piece. It's not a field that's  
19 already competing or having asks that are crystallized.  
20 It is really getting groups that are already making asks  
21 in our space to remember early childhood counts,  
22 incentivizing that, and giving capacity for them to learn  
23 to with us.

24 We spent a lot of time with California First  
25 Association for Health Plans this week talking about

1 preventative health care in the childhood space and  
2 disparities in pediatrics health and what that actually  
3 looks like and how different that is for adults. And  
4 there's a lot of interest and apprehension, but there's a  
5 lot of room to partner and bolster our agenda and theirs  
6 if we can just inform it. So I'm excited for the  
7 opportunity to kind of look at what that field building  
8 needs.

9 MR. BARTH: Nice work. So just to build on  
10 Charna's comments, while we as an advocate have been  
11 leaning into this space and on a programmatic side have  
12 been leaning into funding a lot of great work locally, now  
13 is the time, especially with a governor who has  
14 prioritized a broad early childhood development frame for  
15 his agenda, to start to support some of our organizations  
16 to be able to carry some of this work, to prioritize the  
17 young children when we're talking about things like  
18 Medicaid waivers and health plan spending and our  
19 developmental -- need for developmental services.

20 So what we're proposing to use the \$600,000 for  
21 is to expand our strategic partnership -- enter into a  
22 strategic partnership with Community Partners, to expand  
23 our existing policy fund to include up to \$600,000 in  
24 grant making between now and the end of the policy fund  
25 2021, focused using the field building and the rapid

1 response framework that we have just shared with you to  
2 support some grants that will help us further bolster  
3 child development advocacy.

4 Our intention is that this is -- we're calling it  
5 a pilot because our intention is to use this time of  
6 funding, not only the early care and education policy  
7 fund, but also this expanded fund and also the very  
8 hyper-local built environment policy fund that our  
9 communities team is running and to spend 2020 thinking  
10 about what are we learning so that we can try to present  
11 and make recommendations for a vision of a more integrated  
12 early childhood development funding approach beyond 2021.

13 So what we have coming before the board at  
14 November 14th is a request to enter into this contract  
15 with Community Partners so we can start doing this work  
16 today, learn from this work, and come up with stronger  
17 recommendations for what we think First 5 LA should be  
18 doing with policy and advocacy grant making with new  
19 strategic plan.

20 So with that, if you have any questions I'd love  
21 to take them.

22 COMMISSIONER ZEPEDA: Questions or comments,  
23 commissioners?

24 Commissioner Taylor.

25 COMMISSIONER TAYLOR: It's about time. The idea

1 is, I like you looking forward ahead of time and trying to  
2 take this fund to say, how is that going to come with our  
3 now strategic plan and what is that strategy layout to do  
4 that, and integrate and bring the others along.

5 You weren't here to hear it, but you never gave  
6 up. You and the whole team never gave up on this. And  
7 thank you, thank you, thank you. I wanted to say thank  
8 you. I've been up there and trying to advocate for this  
9 with them, so I know how hard that is. And we finally got  
10 over the -- we have a governor that's paying attention to  
11 these young kids. But I really think adding this medical  
12 portion of this to what you're already doing with ECE and  
13 bringing on those advocates is going to be extremely  
14 important. And let's add the dimension, because I think  
15 someone talked about it, the value of this has to do with  
16 these kids will be the staff, employees, creators, and  
17 things of tomorrow. And for the health and all the -- and  
18 we have to talk about that.

19 So I'm down with this. I just think that what we  
20 have to do is, I want to hear how, when you start thinking  
21 it out and strategizing it out, how that's going to look  
22 and what are you going to come back to the commission with  
23 to say how you're going to bring in line with our  
24 strategic plan and our goal and our commitment going  
25 forward. Right?

1           So I'm really interested in hearing more about  
2   that when you get there. But I'm excited. I really am,  
3   because I think planning ahead of time is better than  
4   after the fact, you know. Saying, oh, what do I? What am  
5   I going to do next? This kind of forward thinking, and I  
6   like forward thinking. So let's see what you come up  
7   with, you know, and you're already hearing I'm down. So  
8   I'll just end with that.

9           COMMISSIONER ZEPEDA: Other questions or  
10   comments, commissioners?

11          COMMISSIONER HEGER: I just want to say one  
12   thing. One thing that came back around to me this week in  
13   the clinic was, you know, we had that -- we had a meeting  
14   with the new Surgeon General, and we think she's all  
15   interested in adverse child experiences which, of course,  
16   is one of my -- that phrase is a pet peeve of mine. That  
17   now we're talking about screening, she is beginning to  
18   talk about FASD and exposures in utero which, for the  
19   first time I've heard her present that, and -- which I  
20   think came directly out of First 5. I don't think that  
21   would have been something she would have picked up on if  
22   it hadn't been mentioned and emphasized and supported.

23          And since that's the biggest cause of  
24   developmental delays in children in the United States, I  
25   think it's quite -- I'm glad that we're -- that you are

1 humoring me in my -- in my obsession with this as I look  
2 at foster kids who have a huge percentage of that.

3 So I wanted to thank you guys for supporting that  
4 and then watching that shift now, which is encouraging to  
5 many of us who have to deal with those kids on a  
6 day-in-and-day-out basis.

7 COMMISSIONER ZEPEDA: Other questions, comments?

8 As someone who actually read the RFA or RFP for  
9 the master plan, there is specific language in there that  
10 speaks to the issue of connecting early learning to  
11 health. And when I read that, I went, oh, boy. But -- so  
12 it's not only forward looking, it is current. And so that  
13 would put us in a good position to advise whoever the  
14 contractor is going to be, which I understand will be  
15 announced in a couple weeks, because I think that's a big  
16 lift.

17 Having worked with development -- with  
18 pediatricians who have like one month of training in child  
19 development, there is a real need to work with them. I  
20 think there are a lot of pediatricians out there that want  
21 to focus on this. And it gives us an opportunity to move  
22 into, as you said, Charna, with nonconventional -- maybe  
23 that's not the right term -- partners to expand our -- our  
24 thinking about what early childhood and optimal  
25 development is within the early childhood period. So it's

1 very exciting. So it's -- you're building the plane as  
2 you're flying it, but I think we're going to be in a  
3 position to exert some influence hopefully on the master  
4 plan.

5 COMMISSIONER HEGER: Can I just say one thing,  
6 Marlene?

7 You know, it's really interesting because as a  
8 pediatrician who spent one month in developmental  
9 education -- appreciate that comment. But having said  
10 that, it's very interesting because we have a big child  
11 abuse organization meeting coming up in the spring. And  
12 one of my best friends is -- you know, he and I are going  
13 to -- we put the goal to put a presentation in about  
14 what's happened in health is that we've abdicated  
15 development training and assessments and we've abdicated  
16 child abuse out of the general pediatric population to  
17 specialists who then create a sorority/fraternity  
18 atmosphere whereby we're not encouraging the generalists  
19 in pediatrics to focus on that, which is really the major  
20 -- should be the major focus of pediatrics right now  
21 because we stamped out disease by immunizing. So we've  
22 basically created this silo effect rather than a  
23 horizontal effect.

24 So he and I have proposed that we -- we're going  
25 to present to one of the specialty organizations on that

1 we should all become generalists again, and the  
2 generalists should be exactly -- right. Because we're not  
3 trained. And you know who's really not trained are mental  
4 health professionals. And they have no idea what we do in  
5 my field.

6 But I do think that that's an interesting view of  
7 pediatrics and something we can -- we can advocate for is  
8 that we get back to -- that ever practice understands the  
9 impact of developmental delay.

10 COMMISSIONER ZEPEDA: And I think that the new  
11 screening bill will advance that agenda a little bit  
12 because it's going to be force them to do some  
13 developmental screenings and then they're going to have to  
14 think about, okay, what does that mean.

15 MR. BARTH: It's certainly forcing conversations.  
16 I think part of -- at the next board meeting our team will  
17 focus a little bit more on an advocacy interview, so not  
18 us -- this is about us a funder of advocacy and the great  
19 work that Becca and her team have been leading. Next  
20 month we'll talk a little bit about us as an advocate.

21 But I think part of the piece, as wonderful as it  
22 is to have a bill passed, the hard lift now comes as we're  
23 having conversations with these systems. But I do want to  
24 give thanks for calling that out because that is so much  
25 of what we're trying to do.

1 I also want to thank commissioners for the  
2 insights and the support in terms of moving now rather  
3 than waiting. I think one of the conversations we had  
4 earlier this year was, we acknowledge that we need to  
5 start to support again, using a bit of a wonky whole child  
6 approach to our work, a broader frame. And one option is  
7 was, we waited until the ECE policy fund sunsetted before  
8 we started to think about what that would look like. We  
9 as staff decided we would recommend, no, we need to move  
10 now, even if it's small dollar amounts, targeted, piloted  
11 approach, because we wanted to make sure we weren't  
12 missing opportunities today, but then also then, when we  
13 made recommendations, they were informed by real activity.

14 So we think -- I am very grateful to hear the  
15 comments and support in that regard.

16 COMMISSIONER HEGER: What do you think would  
17 happen if we advocated for -- in renewing -- you know,  
18 like when you have American Academy of Pediatrics meetings  
19 or ACOG, we could talk about the idea of alcohol in utero,  
20 et cetera, that we actually advocated, as you apply to  
21 renew your license, and we have to demonstrate that we  
22 some have so much continuing medical education, that we're  
23 beginning to look at the developmental issues in the  
24 pediatric population and asking that those issues be  
25 addressed in training because my -- I'm not overwhelmingly

1 impressed with the commitment by my colleagues in my field  
2 toward this issue because it's time consumptive which is  
3 dollar -- not consumptive.

4 So I'm just saying I think there's a way of  
5 encouraging people to at least hear rather -- whether they  
6 practice or not. It's a huge, big concern of mine because  
7 -- yeah.

8 COMMISSIONER ZEPEDA: And just in closing,  
9 Charna, I'd like to just think -- want us to think about  
10 also mental health.

11 COMMISSIONER TAYLOR: Yeah.

12 MS. MARTIN: Yes.

13 COMMISSIONER ZEPEDA: As we're moving towards --  
14 I know it's a lot more stuff, but there may be -- there  
15 may be other resources available within the mental health  
16 field that could be directed or thought of as -- as  
17 focusing on the zero to five.

18 MS. MARTIN: Yes. Absolutely. Behavioral health  
19 and mental health are my top three like stakeholder groups  
20 that we attend.

21 COMMISSIONER TAYLOR: Can I jump on that one?

22 He mental health, they have MHSA funding, but I  
23 don't see the kind of focus on zero to five that I think  
24 MHSA should be doing and how -- and coming forward with  
25 creative and innovative ways to help the parent and the

1 child, the whole family. And that money -- let me tell  
2 you, the -- the departments cannot spend that money fast  
3 enough, but for all the need. Why? Because resources are  
4 not always there.

5 But I want to go back to what my colleague said  
6 about the young people. If we don't pay for it now, even  
7 though it take as a little more, cost more now, you're  
8 going to pay 20 times that later on when those kids are  
9 not healthy, when those kids are not developmentally  
10 appropriate in the sense of where they should be and  
11 things of that nature.

12 So we need to be spending this with those  
13 individuals that are doctors and legislators that say, we  
14 need to help these children now so that we don't have the  
15 more complicated issues later that's going to cost  
16 everybody more money and more time than they have.

17 MS. MARTIN: Absolutely. And I would highlight  
18 also that a lot of our advocacy -- I mean, all of our  
19 advocacy in alignment with the program outcomes and our  
20 investments here in LA. And I am spending a good amount  
21 of time talking and highlighting Dr. Sherin's work, and  
22 especially the PEI dollars being spent on home visiting in  
23 LA county as an example for other counties and at the  
24 state level if that prioritization of what actual  
25 prevention means and what upstream actually means. So I'm

1 glad that you brought that up.

2 COMMISSIONER HEGER: There's one more thing I'll  
3 just tell to you update. I'm sorry to dominate this, but  
4 you're talking about health.

5 So Dr. Sherin and the DMH has invested a goodly  
6 amount of money in our program training providers to start  
7 dealing with FASD because there has not been knowledge on  
8 how we're going to treat this. And we're probably the  
9 only place in the state that's licensed to use the latest  
10 treatment for that. So if you know if we have anybody  
11 that's interested in that, we're also interested in  
12 building up the entire repertoire of providers in the  
13 county of LA that will do FASD treatments since there's a  
14 sense that it's hopeless and so why doing anything. And  
15 in my mind, there are only a very few things that are  
16 hopeless, and I won't share those with you.

17 COMMISSIONER ZEPEDA: Well, thank you very much  
18 for the presentations. This was very enlightening. And I  
19 look forward to the next presentation and where we're  
20 going and what we've accomplished. Thank you again.

21 So let's go ahead and take a break, right, for  
22 ten minutes and we'll be back in about ten.

23 (A brief break.)

24 COMMISSIONER ZEPEDA: Okay. Everybody. Let's  
25 reconvene. Get the party from the outside in.

1 MS. BELSHÉ: Okay. Gang, here we go. Jamie,  
2 will you shut the door, please? That's a sure signal to  
3 people. Then we get to call them out for being late  
4 coming in.

5 COMMISSIONER ZEPEDA: Okay. Let's reconvene.

6 We have Item 6, which is information only, which  
7 is the authorization to receive funds from the LA County  
8 Department of Public Health.

9 Commissioners, are there any questions about  
10 that? It's a presentation.

11 MS. BELSHÉ: It's a presentation for information.

12 COMMISSIONER ZEPEDA: Oh, okay. I thought it was  
13 written only.

14 MS. BELSHÉ: Nope. Nope.

15 COMMISSIONER ZEPEDA: I apologize. We've got the  
16 real deal. I'm sorry. Sorry, Brandi. Sorry, Melissa.  
17 I guess I'm anxious to go home, I suppose.

18 So we have a presentation from Brandi Sims and  
19 Melissa Franklin to talk to us about the focus on  
20 reduction of African-American infant and maternal  
21 mortality rates, which are really quite startling actually  
22 when you think about it.

23 So welcome and --

24 MS. BELSHÉ: I think Christina might do a brief  
25 intro.

1 COMMISSIONER ZEPEDA: Okay. Christina.

2 MS. ALTMAYER: Thank you. I'll be very brief.

3 So we're excited to bring this to you. You may  
4 recall that about a year ago we successfully applied and  
5 received funding from the Pritzker Foundation to support  
6 this work. So today is an update on this. We're very  
7 excited. Brandi Sims is our program officer in our family  
8 supports department that has been coordinating our work  
9 with and bringing in multiple different staff throughout  
10 the organization. So while she's been a point person,  
11 it's really been a team effort across multiple departments  
12 and divisions, including our work with policy.

13 You'll hear a little bit about the state funding  
14 that we supported in the Department of Public Health in  
15 securing for another PEI, the perinatal equity initiative,  
16 not the prevention and early intervention funds, as we go  
17 through the alphabet soup of state funding sources.

18 And I also just wanted to take a moment. I don't  
19 Melissa has presented before the commission either. So we  
20 have two newbies this afternoon. Melissa is our Pritzker  
21 fellow. She a founder and CEO of her company called  
22 Growth Mindset Communications, and she really has  
23 tremendous expertise in communications. She is actually a  
24 First 5 LA alum. In her former life, she was very  
25 involved with the launching of our Best Start work, and

1 specifically the communication strategy that was related  
2 to Welcome Baby. So she has a long history of working  
3 with us.

4 I personally also got to meet Melissa when she  
5 was -- now it's probably 18 months ago or maybe even a  
6 little bit longer. So you may recall, as we were starting  
7 to look at this issue, First 5 LA launched a series of  
8 focus groups with African-American women and black women  
9 to understand what was some of the challenges that they  
10 were having as they were experience the health care  
11 system, what were their perceptions. And Melissa was very  
12 instrumental in guiding and leading those focus groups,  
13 which informed not just our welcome Baby work but also  
14 this work today. And she personally have a very  
15 compelling story about her own experience. And it was  
16 really that meeting that we had that kind of brought me to  
17 tears in all honesty when she told her own story about  
18 being a mother of two children and her experiences in the  
19 health care system and really the bias that she personally  
20 experienced. And after hearing that conversation as we  
21 were exploring the Pritzker fellow, I'm like, I know the  
22 person that would be perfect for leading this work.

23 So we're very excited that she's been guiding it  
24 and it's been a great partnership with not just Melissa  
25 and Brandi, but the team that's here that's really helped

1 coordinate so much of this work and also an incredible  
2 partnership with Department of Public Health that's been a  
3 great leader in this.

4 So with that, I will turn it over to Brandi who  
5 will get it started.

6 MS. SIMS: Good afternoon, commissioners. And  
7 thank you, Christina, for that introduction.

8 So today, Melissa Franklin and I are going to be  
9 sharing information around the Los Angeles Context For  
10 Birth Disparities, First 5 LA's investments in support of  
11 reducing the disparity, as well as Los Angeles county  
12 African-American Infant and Maternal Mortality Initiative  
13 or AAIMM. And last, we'll be provided information around  
14 our requests for First 5 LA to be authorized to receive  
15 funds from the Department of Public Health in support of a  
16 strategic communications initiative.

17 So across the United States, there's been a  
18 consistent disparity in birth outcomes for  
19 African-American infants and mothers. So infant mortality  
20 is the death of an infant within the first year of life.  
21 Infant death is not only a personal tragedy, but it's also  
22 considered an indicator of societal well-being,  
23 particularly for subgroups. And here in Los Angeles,  
24 African-American babies are two to three times more likely  
25 to die before their first birthday than babies of other

1     races.

2             And you can see on this slide that while the  
3     mortality rate has reduced slightly between 2002 and 2016,  
4     the disparity in rates has remained. And we actually  
5     recently received data from 2017 that shows that, not only  
6     has the rate gone up, but the gap has also widened. And  
7     the most frequent cause of infant death are complications  
8     related to preterm birth and low birth weight.

9             So African-American mothers not only face  
10    disproportionate rates of preterm birth and infant loss,  
11    but they're also four to five times more likely to die in  
12    the first year postpartum than mothers of other races.  
13    And the leading causes are eclampsia and preeclampsia,  
14    which are complications that are characterized by high  
15    blood pressure.

16            So previous efforts to explain and address  
17    disparity have really focused on individual  
18    characteristics and behaviors of the mother. So is the  
19    mother eating her vegetables, is she accessing prenatal  
20    care and social services, is she smoking. But the  
21    research shows that these factors and characteristics  
22    don't explain the disparity. So, for example, black women  
23    who smoke have worse birth outcomes than white women who  
24    do not smoke. Black women who have professional degrees  
25    such as doctorates actually have worse birth outcomes than

1 white women who have not completed high school.

2 And the research shows that the root cause of  
3 these disparities is racism. So the daily trauma of  
4 dealing with racism creates a physiological response of  
5 chronic toxic stress. And this has what we call a  
6 weathering effect on the body, that impacts health  
7 outcomes in a number of ways but really manifests as birth  
8 outcomes including preeclampsia and preterm birth. And  
9 these impacts are really compounded by the reality of  
10 implicit bias in our health care system where  
11 African-American women are frequently dismissed, sometimes  
12 disrespected, and often receive substandard care.

13 So here in Los Angeles through the leadership of  
14 Dr. Ferrer and the Department of Public Health, they are  
15 leading an effort to really address this disparity here in  
16 Los Angeles county. So in partnership with the Department  
17 of Public Health, First 5 LA and other stakeholders are  
18 really building a collective around a common goal of  
19 reducing the disparity by 30 percent within five years.  
20 And we understand that this is going to require some  
21 challenging conversations around race and equity, a focus  
22 on elevating parent voice, as well as the voice of  
23 community-based organizations that have been leading this  
24 work on the ground for quite a while, and also  
25 interdisciplinary and innovative strategies to address the

1       disparity.

2               And, luckily, we are up to the task. So in the  
3 year that AAIMM has been established, we've had a number  
4 of accomplishments so we have convened a countywide  
5 steering committee that includes over 20 stakeholder  
6 engagement -- stakeholder organizations, including  
7 funders, community-based organizations, and academic  
8 partners, to help inform both the design and  
9 implementation of interventions. We've also established  
10 community action teams to get community input in those  
11 same interventions. And both the steering committee and  
12 the committee action teams were able to inform LA county's  
13 application to draw down funds from the California State  
14 Perinatal Equity Initiative. We also have been able to  
15 secure over \$400,000 in private investments for backbone  
16 and programmatic support. And we've also secured  
17 additional funding through DHS whole person care, \$1.2  
18 million over two years, so \$2.4 million to expand doula  
19 access for African-American families in Los Angeles  
20 county.

21               So these accomplishments are also undergirded by  
22 both the Center for Health Equity's five-year plan, and  
23 the California State Perinatal Equity Initiative. So the  
24 Center for Health Equity is a Los Angeles health agency  
25 initiative that's led by the Department of Public Health.

1 And their five-year plan has five focus areas, one of  
2 which is infant mortality. And the aligned strategies  
3 really focus on reducing maternal stress and mitigating  
4 their impacts on health through community engagement,  
5 provider training, research, public awareness, and  
6 interventions at the clinical and community level. These  
7 interventions are funded in part through the California  
8 State Perinatal Equity Initiative, which is funding that  
9 really expands the initiatives or interventions that can  
10 work in concert with the Black Infant Health program. And  
11 so through the funding formula Los Angeles county is  
12 eligible to receive \$1.4 million annually in perpetuity.  
13 And we were able to support the Department of Public  
14 Health in leading a community stakeholder engagement  
15 process to identify the interventions that would be funded  
16 under PEI.

17 So the interventions that were prioritized by the  
18 community are group prenatal care, preconception,  
19 innerconception planning, fatherhood, and doula access.  
20 And, again, doula access is being funded separately  
21 through DHS whole person care dollars. So although it's  
22 referred to in the PEI application, it's being funded  
23 separately.

24 So the Center for Health Equities' five-year plan  
25 really creates a unique opportunity for First 5 LA to

1 review our own strategies that are aligned to the AAIMM  
2 goal. So we are reviewing our support of Black Infant  
3 Health program in light of the expansion dollars that are  
4 being made available under PEI. We are looking at  
5 strategies to integrate maternal health with our early  
6 identification and intervention work, which you guys saw  
7 as a focus area in our strategic refinement process.  
8 We're looking at ways to improve our ability to meet the  
9 needs of African-American families through home  
10 visitation. And we're also looking at opportunities to  
11 leverage investments through our historic partnership with  
12 the Los Angeles Partnership for Early Childhood  
13 Investment.

14 This work is also supported through a allocation  
15 that was approved by this board in 2013. So at that time,  
16 there were three allocations that were endorsed. So the  
17 first one was \$500,000 to support policy and systems  
18 approaches to address the disparity. And on the next  
19 slide, I'll talk about some of the strategies that have  
20 been funded through that allocation. And we also have  
21 \$7.2 million to extend support of the Black Infant Health  
22 program for five years, as well as \$600,000 to support  
23 at-risk fathers of children zero to five.

24 So through the \$500,000 allocation, we've been  
25 able to leverage funding from the Pritzker Family

1 Foundation for our Pritzker fellow, Melissa Franklin. And  
2 a lot of accomplishments that we spoke to previously are  
3 really through the result of her efforts. We've also had  
4 additional staff providing support around strategic  
5 communications, stakeholder engagement, and other  
6 technical assistance to the Department of Public Health.  
7 And we've also funded data and research to explore  
8 African-American families' utilization and experience with  
9 systems of care in an effort to inform interventions and  
10 also figure out ways to improve our own support of  
11 African-American families.

12 And now I'm going to hand it over to Melissa to  
13 share information around the strategic communications  
14 initiative.

15 MS. FRANKLIN: Thank you and welcome,  
16 commissioners. Thank you for having me. And I just have  
17 to say what an honor and a privilege it is for coming off  
18 of such a tremendous market experience with this issue  
19 personally and to many years later to be able to be a part  
20 of advancing positive change. It really is a blessing in  
21 this work. And also I'm not very unusual in this work.  
22 There are quite a few African-American women engaged in  
23 this great work that have similar experiences and very  
24 personal connections. So I just thank you and just  
25 greatly appreciate your support of this work in this way.

1 I'm going to focus a bit on strategic  
2 communications. You know, one of the really marked  
3 findings from the focus groups that First 5 LA funded as a  
4 relative lack of awareness of this actually being a thing,  
5 a lack of awareness around the disparity as it relates to  
6 African-American infant and maternal mortality, but also  
7 what the solutions were. So the women that we spoke with,  
8 they definitely did not connect chronic stress, the stress  
9 of exposure to racism throughout the generations or  
10 personally to any harms to their bodies and definitely not  
11 to negative birth outcomes.

12 I have to say, over the past year, due to media  
13 reports and social media, there is a broaden awareness but  
14 what we're receiving anecdotally in terms of from black  
15 women is that they are absolutely frightened to have  
16 children. We've spoken with pregnant black women, and  
17 they feel that they are either at a heightened risk of  
18 dying or that their babies are as well. And receiving  
19 that feedback, I have to say, is very discouraging and  
20 heartbreaking and it speaks to a need of complete and  
21 strategic and thoughtful communications that doesn't just  
22 highlight the problem, but speaks to solutions.

23 There have been plenty of investment in  
24 interventions and resources and solutions in this. Work  
25 in the past year alone, there have. I mean, Brandi has

1 called a lot of them out. But if folks are not aware of  
2 them, they will not avail of them.

3 So looking at, how do we move forward with  
4 strategic communications in a way that really advances  
5 change, we can think about it in two ways: One, how do we  
6 communicate to black families; and, two, how do we  
7 communicate to the system or the individuals that are  
8 operating in the system. I always think of it as, how do  
9 we influence the yeast so that the bread will rise. You  
10 know, the folks within the system, how are they  
11 interacting with black women, how can we support that.

12 So really that is the focus of the strategic  
13 communications work that we have to do, is fostering  
14 demand generation, black women calling forth access to  
15 doulas, asking for 17-P injections if they've had a prior  
16 preterm birth because now they know that it decreases  
17 their chances of have another preterm birth. These are  
18 all things that would really would be a part of a  
19 thoughtful communications campaign.

20 Also, just looking at social cognitive behavior  
21 research. You know, moving people from awareness to  
22 adopting certain actions really requires culturally  
23 relevant communications, peer models, so individuals in  
24 ads and in materials that look like your audience and  
25 write. And that demonstrates the behaviors that we want

1     them to adopt versus just the fear or horrible thing  
2     that's happening that we want to change.

3             And, finally, really doing that for the system as  
4     well, providers and others in community-based  
5     organizations. How do you become a village for a black  
6     families in this way. How do you behave in a way that's  
7     supportive. How do you counter or own bias. How do you  
8     -- if you know a pregnant black woman and you're at a  
9     community-based organization, are you aware of access to  
10    doulas and to home visitation and all these supports.

11            Speaking of home visitation, that's one of the  
12    things that came out in our understanding of how aware  
13    folks are of interventions was, during the process of  
14    identifying community priorities for the PEI grant  
15    opportunity, there was a list of interventions that the  
16    State provided, one of them being home visitation  
17    programs. And so we worked with communities for them to  
18    rank which ones they felt should fall at the top of the  
19    list in terms of addressing African-American infant and  
20    maternal mortality. And across the board in Antelope  
21    Valley and in south LA, which are our focus areas, home  
22    visitation landed at the bottom. And when we asked the  
23    reason why, it really was, need to understand more, do not  
24    understand this, not clear as to what it is. And I  
25    thought, oh, gosh, this is an area that we really have to

1 address very directly. As a mother of two preemies, I  
2 benefited from home visitation. Had nothing to do with  
3 the amount of money I made or didn't make, but it sure  
4 transformed my parenting experience. Did I not know what  
5 I was doing? Yes, I did not know what I was doing. And I  
6 would like to find a parent who does when they first have  
7 their child, second, third, or fourth child. It was  
8 absolutely transformative. So I feel that's a particular  
9 area to focus on, is helping folks understand these  
10 interventions.

11 There is a dearth of awareness around home  
12 visitation among the sector itself, you know, among  
13 stakeholders and other groups that provide work in a  
14 perinatal space. They too -- they were the ones actually  
15 that indicated, I need to learn more about communication.

16 So really moving forward with a very strategic  
17 plan that increases awareness but focuses both on the  
18 system itself and black families is what will advance  
19 adopting these actions toward a change.

20 MS. ALTMAYER: Do you want to mention the work  
21 you're doing with --

22 MS. FRANKLIN: There's so much great work around  
23 the engagement space through First 5's efforts and  
24 convening health plans. You know, a particular health  
25 plan has emerged with an interest in addressing

1 African-American infant and maternal mortality, and that's  
2 HealthNet. And through a series of meetings -- and it  
3 really wasn't just around AAIMM in general. It's about  
4 how First 5 LA can partner with health plans to advance  
5 wellness for families and young children.

6 There came an interest in our supporting them and  
7 creating implicit bias training, which they in turn seek  
8 to recommend to a host of hospital leaders as part of  
9 their Cherished Futures initiative where they bring  
10 together leaders from MLK hospitals, Cedars Sinai, Kaiser  
11 Permanente who are looking to address AAIMM as well.

12 In addition to that, we'll be consulting with  
13 them on how to develop a provider-focused communications  
14 campaign that really helps their provider network  
15 understand what is AAIMM, what's the reason behind it, and  
16 how do you talk to patients about it and how do you become  
17 a more supportive providers; not how you're the problem,  
18 but how you could be the solution. That's one of the  
19 great advancements of this work, is being in every space  
20 possible connected to our resources, our networks, our  
21 stakeholders in order to, again, you know, make that yeast  
22 rise a little bit more with understanding of this work and  
23 fostering solidarity around it as well.

24 MS. SIMS: So First 5 LA is well positioned to  
25 lead this work. So we have already been providing a lot

1 of strategic communication support such as creation of the  
2 website blackinfantsandfamilies.com, which is really a  
3 depository for all of the information and interventions  
4 being created here in Los Angeles county around this  
5 effort. And we're also a trusted source for information  
6 and resources.

7 And so our request to the board is to have  
8 authorization to receive \$350,000 from the Department of  
9 Public Health to lead a strategic communications  
10 initiative in support of this work. This would be a  
11 memorandum of understanding that would be in effect  
12 through June 2021 with the goal of really increasing  
13 public awareness and utilization through culturally  
14 responsive core messaging that's created in partnership  
15 with communities.

16 So next steps would be us returning to the board  
17 for approval via contracts consent, and the project would  
18 be launching in June 2020. We also anticipate returning  
19 to the board as our strategies around support of this work  
20 evolves.

21 So that concludes our presentation. So now we  
22 are happy to answer any questions that you guys may have.

23 COMMISSIONER ZEPEDA: Thank you for your  
24 presentation.

25 Commissioners --

1           COMMISSIONER HEGER: I'm not going to waste  
2 everybody's time in this room, but I would really like to  
3 connect with you two because I'm so glad somebody  
4 mentioned the word racism because that's what I've been  
5 saying all along when they say, why are these -- why are  
6 mothers and babies dying. And being the MD here, I'm  
7 like, I see it all the time. And we have -- I talked to  
8 -- I'm not going to -- they've already heard my spiel.

9           I have some really interesting ideas. And one of  
10 my board members is African-American. She is very  
11 interested in -- in creating a model program that would  
12 set a standard because my -- my goal is always action and  
13 that's not just talking about it. And she's very  
14 interested in it.

15           So maybe you have a little bit of time afterwards  
16 you can talk to me and I'll put you in contact with  
17 Deborah Santana, who's very interested in bringing sports  
18 figures and show biz people into creating a model, which I  
19 think would be great. And I did talk -- both Christina  
20 and Kim are both sick of me in bringing this up.

21           MS. BELSHÉ: That will never happen. Nope.

22           COMMISSIONER HEGER: And the idea of how we could  
23 actually support, particularly the kids in the zero to  
24 five and all of that.

25           And the one other comment that I have about

1 racism and preeclampsia and all of the hypertensive issues  
2 that we see in an African-American population, you know,  
3 stress really does make you hypertensive. And there's,  
4 you know, it's interesting we say it's so prevalent in the  
5 African-American population and we don't ever address the  
6 real cause of the hypertension, which I think, you know,  
7 we've just said, oh, it's part of that -- that ethnic  
8 group that they have hypertension. We don't talk about  
9 stress.

10 So I -- I think that's something that we need to  
11 really talk about more.

12 COMMISSIONER ZEPEDA: Thank you.

13 Commissioner Woods.

14 COMMISSIONER WOODS: Thank you. Ditto as to  
15 everything she said. And I want to offer our -- or my  
16 support as well.

17 I'm trying to do expansion on Early Head Start in  
18 the Willowbrook, Watts, and Lynwood area. Lynwood is also  
19 high number of African-American families/. So our talking  
20 about this together as we try to bring in pregnant moms is  
21 like a perfect pilot project. So, absolutely, if we could  
22 talk so we could be -- support each other as we try to get  
23 this launched.

24 MS. SIMS: Thank you.

25 COMMISSIONER ZEPEDA: Other questions, comments?

1 Commissioner Taylor.

2 COMMISSIONER TAYLOR: When you're putting this  
3 plan together, did you ever bring together the  
4 African-American pediatric association to be a part of  
5 that group to talk about how we deal with the implicit  
6 bias and the training that needs to be done?

7 MS. FRANKLIN: There was a couple of places where  
8 that association is intersected. One is through the LA --  
9 our LA county steering committee to address AAIMM, which  
10 Brandi had mentioned had consisted of primarily black-led  
11 community-based organization. And one organization in  
12 particular, I dream for racial health equity has been  
13 engaging with that organization in order to bring forth  
14 implicit bias training, but creating it together. Right?

15 So it's different us sitting at a table and  
16 determining based on research what makes sense for  
17 implicit bias training for providers and it's different  
18 when you're thinking about it delivered by  
19 African-American providers. So that's one of the next  
20 steps as a group. And that's the value of having the  
21 steering committee members, so it's not just two folks  
22 kind of taking the charge and trying to be in every space  
23 together.

24 COMMISSIONER TAYLOR: Let's make sure they're on  
25 it because they would be the ones to go out into the

1 community and create an authenticity to the issue. So  
2 that's what I want to make sure that we're doing.

3 The other thing is that I'm glad to hear you're  
4 doing implicit bias training and everything like that for  
5 the providers so they understand the impact of their  
6 thinking around the people, you know, and saying, well,  
7 hey, they just African-Americans and they got high blood  
8 pressure. No. They got high blood pressure because of  
9 the systemic bias of the system and the way they're  
10 treated.

11 The other issue I have and the question I have  
12 is, are we making sure that we have a program of outreach  
13 to all African-American women because I think about  
14 Beyonce and Serena Williams who could have died from their  
15 birth. So like you said, it's not about where you are  
16 economically, it's not just about the poorest; it's all  
17 African-American women. So, hopefully, when we have this  
18 campaign, it's going to be to reach out to all  
19 African-American and women and let all African-American  
20 women know what they don't know and what help they need.

21 Because I'm glad you brought up the issue about  
22 the fact that they're now being concerned whether or not  
23 they should have one when we should be telling them how to  
24 have one healthy, right, for them and the child.

25 The other thing is that is that my colleague

1 brought up -- really the supervisor brought up ethnic  
2 media. Be very careful about who you go to and how you go  
3 to it to make sure you're reaching out to the appropriate  
4 media. Don't forget that the African -- the African  
5 people are Caribbean people don't always listen to the  
6 same radio station as the African-American. So if you're  
7 going to get all Africans, then you need to get -- to make  
8 sure that we're reaching out to those groups too, so they  
9 get to know because sometimes everybody see us as one  
10 race, and we're not. So the idea is that we want to make  
11 sure that those people are getting it.

12 And my last question is, I noticed that the funds  
13 have not been spent that we got for 7.5 million. What's  
14 going on?

15 MS. SIMS: Are you referring to the 7.2 million  
16 that was allocated to the Black Infant Health Program?

17 COMMISSIONER TAYLOR: Yeah.

18 MS. SIMS: So those funds have been drown down.

19 COMMISSIONER TAYLOR: They have been?

20 MS. SIMS: Yes, they have, yes.

21 COMMISSIONER TAYLOR: Because I've been looking  
22 at the last few reports, and I don't see anything  
23 happening. So what's going on?

24 MS. BELSHÉ: That was an expiring initiative,  
25 Romalis. That's going back to 2013. That slide is

1 speaking to --

2 COMMISSIONER TAYLOR: I see 2 million that's not  
3 spent, so I don't know what that means.

4 MS. ALTMAYER: 2 million of the Black Infant  
5 Health?

6 COMMISSIONER TAYLOR: It was part of the legacy  
7 funding. That's still sitting there. So my point is, are  
8 we doing anything with it?

9 MS. ALTMAYER: The funds for the Black Infant  
10 Health initiative have been fully allocated and  
11 contracted. The -- there is some funds that DPH, a very  
12 small percentage of their funds that have not been spent.  
13 But those funds have been expended, as well as the 600,000  
14 to the fatherhood initiative.

15 The 500,000 to support policy and systems change  
16 was the piece that was spent last -- the 7.2 went into  
17 contracts with the Department of Public Health, with  
18 Pasadena Public Health Department and Long Beach Public  
19 Health Department.

20 I can go back and make sure and provide a report.

21 COMMISSIONER TAYLOR: Would you do that? Because  
22 I want to know why I keep looking at the that legacy fund  
23 and it's not being spent on this issue.

24 MS. BELSHÉ: Manuel, does that make -- Manuel  
25 oversees our expiring initiative process. Does that

1 number ring a bell for you?

2 SPEAKER: No, I would have to go back.

3 MS. BELSHÉ: We'll follow up.

4 COMMISSIONER TAYLOR: I just want to know what's  
5 going on with that, because this is a hot issue. So I  
6 just -- if we think it's hot, then why is it still sitting  
7 there. All right? Because that's my concern, somebody's  
8 not getting helped. All right? All right.

9 That's it.

10 COMMISSIONER ZEPEDA: Thank you, Commissioner  
11 Taylor.

12 MS. ALTMAYER: There is funding that's expanded  
13 from the State for black infant health. And we had an  
14 active role last year in the advocacy for the continued  
15 funding of that, as well as the funding for PEI. I don't  
16 want to promise, but I will certainly --

17 COMMISSIONER TAYLOR: Just look at the legacy and  
18 you'll see it sitting there. I haven't seen any moment in  
19 months.

20 MS. PATTILLO BROWNSON: Commissioner Taylor, I  
21 also just wanted to add that the Governor signed SB-464  
22 last week which was a bill that would require implicit  
23 bias trainings for all medical professionals in the OB  
24 space. And this is, again, great outgrowth of the work  
25 from Brandi and Melissa, and First 5 LA was glad to

1 support that bill and even more excited when the Governor  
2 signed it.

3 COMMISSIONER TAYLOR: Who is doing the training?

4 MS. PATTILLO BROWNSON: That's going to be  
5 contracted from the State. Bill signing is step one.

6 COMMISSIONER TAYLOR: Let's make sure it's  
7 culturally competent, whatever, and relevant.

8 MS. ALTMAYER: I will say one of the things that  
9 -- just following up on Melissa's comments that has been  
10 very exciting about this is the recognition and the  
11 awareness, even among some of our health plan partners  
12 about this. And we're excited to see that many of them  
13 are taking initiative to address this issue.

14 So HealthNet, Dr. Pujamatal (phonetic) has been a  
15 great partner from HealthNet that has been piloting the  
16 expansion of doulas in the Antelope Valley. And that's  
17 also been our partner to look at this expansion of  
18 training. So other health plans are looking at what needs  
19 to be done about doulas.

20 So while we're talking about our funding and also  
21 the state funding, it's happening within a larger  
22 initiative that I think the effort that the Department of  
23 Public Health that First 5 LA's contributed to is really  
24 raising the awareness not just among, obviously,  
25 African-American black women, but also the health system,

1 which has been talked about for many years, as Dr. Heger  
2 probably knows, but I feel like there's movement with  
3 intentional expansion of interventions that have some  
4 proof behind them.

5 COMMISSIONER TAYLOR: I know Holly Mitchell is  
6 very interested in this issue.

7 MS. BELSHÉ: That was her bill.

8 COMMISSIONER TAYLOR: Yeah, I know. I just came  
9 back from a select committee on immigrant families and  
10 well-being, children well-being, and how the immigrant  
11 issue for -- one of the presenters talked about  
12 African-Americans as well as other immigrants and how  
13 devastating this implicit bias of this government is  
14 having on these children and these families as they come  
15 in, and it's devastating. It's just the tragic thing I've  
16 ever seen.

17 But anyway, I just wanted to make sure that we're  
18 not, you know, overlooking that and we're actually putting  
19 it to use. Okay.

20 COMMISSIONER ZEPEDA: Other questions or  
21 comments?

22 COMMISSIONER HEGER: I just want to give you  
23 another update on one of my next projects so we can all  
24 live in a sense of humor, is talking to foster kids, there  
25 are like 873 African-American girls between the ages of 12

1 and 18 in the foster care system. One of their major  
2 requests was to have access to getting their hair done.

3 So we're starting a hair salon. So if any of you  
4 are interested to provide a resource for them and also  
5 build into education and mental health and all of that  
6 other kind of stuff. So it's to kind of keep me amused  
7 and the field of child abuse. But really it was a very  
8 interesting listening to them give feedback.

9 And on the immigration, I have an immigration  
10 attorney that works with me in the clinic. She said when  
11 the African-American kids are detained at the border, they  
12 cut all their braids off. They just cut their hair down  
13 because they don't know how to deal with their --

14 COMMISSIONER TAYLOR: Which traumatizes the kids.

15 COMMISSIONER HEGER: They just dehumanize them  
16 right from beginning. It's an appalling thought to think  
17 about that.

18 So, anyway, if you're interested on Sundays,  
19 we're looking for somebody to fund a van so we can have a  
20 mobile beauty salon. Go figure, right.

21 COMMISSIONER TAYLOR: This is where the mental  
22 health portion comes for the zero to five group as well.

23 COMMISSIONER ZEPEDA: I have a question about the  
24 communication strategy, Melissa. Is it targeting both the  
25 providers? It sounds like it's targeting both the

1 providers and the individual potential moms.

2 MS. FRANKLIN: Yes, it is. And it really has to  
3 be if we're going to see change and not -- otherwise,  
4 women will arrive into a system that's not ready for them  
5 or operating effectively on their behalf. By effectively,  
6 really just being able to point black women to other  
7 resources or how they're being treated. Or even having  
8 the knowledge that exposure to racism is harmful for a  
9 black woman's body changes how a provider may listen to,  
10 hear, or respond to challenges that are presented to them.  
11 And that's the whole idea. We're not looking to change  
12 behavior of black women. We're looking for them to be  
13 more aware of this as a challenge and what the path to  
14 support looks like, so how to activate their village. And  
15 we're really focused on the village themselves seeing  
16 themselves as part of that and activating themselves  
17 appropriately.

18 COMMISSIONER ZEPEDA: And with that being said,  
19 I'm wondering if this is enough money.

20 COMMISSIONER TAYLOR: I was thinking the same  
21 thing.

22 COMMISSIONER ZEPEDA: Because I kept thinking,  
23 who's the population, how are you going to reach them, how  
24 are you going to find out what is the most effective  
25 communication strategy because it could be doing an app or

1 doing something like that, or being in the hair salon  
2 talking to them or, I don't know, running a lot of focus  
3 groups to kind of figure out what kind of messaging is  
4 going to resonate, going through nontraditional media  
5 channels possibly, et cetera, et cetera, et cetera, and  
6 then working with the system, the health care people. So  
7 I would just want to put that out there. I know we're  
8 supposed to be concerning about our monies, but -- but I'm  
9 just thinking --

10 COMMISSIONER TAYLOR: This is a very important  
11 issue.

12 COMMISSIONER ZEPEDA: I'm just thinking about, as  
13 you go through this, think about that. And then we can  
14 talk about it some more.

15 MS. ALTMAYER: And this immediate action is  
16 really for us to accept the funding from DPH. So DPH is  
17 receiving the funding from the state perinatal equity  
18 initiative, and they're looking for us to execute that  
19 portion of the scope of work, you know, which I think  
20 they're -- they believe that First 5 LA is well  
21 positioned. But I think it's something that -- that's  
22 kind of the immediate step so we can demonstrate that we  
23 are acting on the State funding which will be important  
24 for continued funding from the State, which is part -- in  
25 part why DPH is bringing it to us because they believe we

1 can mobilize more efficiently and quickly to spend those  
2 funds.

3 COMMISSIONER ZEPEDA: Right. With an eye maybe  
4 towards other possible funding sources.

5 MS. ALTMAYER: Absolutely. And we are also, as  
6 Melissa and Brandi mentioned, the Partnership for Early  
7 Childhood Investment, which is a group of philanthropic  
8 funders has created a -- I guess it's like an ad hoc group  
9 of funders that are interested in supporting, addressing  
10 the African-American infant and maternal mortality issues.  
11 So we believe that additional philanthropic funding is  
12 going to be brought to bear on this as well as they're  
13 continuing to explore. And I think they've done a great  
14 job of educating. We've had presentations at the  
15 partnership, continued communications.

16 So we don't believe that this is all of the  
17 funding that's going to be necessary. This is the  
18 beginning of this support and we're excited for additional  
19 State funding as well as philanthropic funding to  
20 contribute to this.

21 COMMISSIONER ZEPEDA: Commissioner Taylor.

22 COMMISSIONER TAYLOR: You guys are the most  
23 creative people I know. So I don't want to you hamper our  
24 creativity on a dollar. I want you to continue to lead  
25 like you've always done. So I'm looking forward to your

1 creative energy. And if you need our support for that  
2 creative energy to have the impact and that we can measure  
3 and effect -- we can become the model for others to do up  
4 and down this state throughout this country for that  
5 community. And that's what I'm looking for you guys to  
6 become so they will listen to what works and what doesn't  
7 work. So if we need another dollar to do that, then do  
8 it.

9 I say that with blessings from Kim. I don't want  
10 to get in trouble because I will go in there and get  
11 whipped. No. I'm just kidding. She's the greatest  
12 leader here. But I'm just saying, I don't want to hamper  
13 you guys leadership and ingenuity and creativity in this  
14 area. I want you to be the leaders of that. And if we  
15 need to support you as a board to do that, then we will.

16 COMMISSIONER HEGER: I think we should get money.  
17 There's more concentration of black wealth in LA county  
18 than almost anywhere else in the country. And I think  
19 that we've talked about how do we leverage private money,  
20 and I think that that's where we come in with advocacy,  
21 the issue that, you know, I can go talk to my buddies and  
22 say, why don't we do this, which they're all excited  
23 about. And I want to talk to you about. But I think  
24 getting them to say First 5 is behind it and then begin to  
25 build a fund out that actually addresses some of the

1 issues, I think it's -- I don't always agree with  
2 Commissioner Taylor. Most of the time, I do. But I think  
3 that it's not just access or communication, it's the idea  
4 that we demand quality.

5 COMMISSIONER TAYLOR: Yes.

6 COMMISSIONER HEGER: And there's a big difference  
7 there.

8 COMMISSIONER ZEPEDA: It's true.

9 COMMISSIONER TAYLOR: Yes.

10 COMMISSIONER ZEPEDA: If there's no other  
11 questions, I'd like to thank Brandi and Melissa for your  
12 important work.

13 (Applause).

14 COMMISSIONER ZEPEDA: And then is there any  
15 public comment or request for public comments?

16 SECRETARY: No public comments.

17 COMMISSIONER ZEPEDA: We stand adjourned.

18 Thank you, everybody.

19 (The meeting was adjourned at 4:02 PM.)  
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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 stenographically 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 2019.

DocuSigned by:

*Heatherlynn Gonzalez*

AE10E8980664405  
CERTIFIED SHORTHAND REPORTER

FOR THE STATE OF CALIFORNIA

**FIRST 5 LA**

**SUBJECT:**

**2020-2028 Strategic Plan: Implementation and Learning Approach**

**BACKGROUND:**

The 2020-2028 Strategic Plan articulates First 5 LA's prioritized and focused role on working with others to strengthen families, communities, and systems of services and supports so that all children in L.A. County enter kindergarten ready to succeed in school and life (First 5 LA's North Star). Systems change work is complex and requires working with diverse partners such as parents, community members, grantees, County agencies, elected officials and others. To help navigate the complexity of this work and measure progress toward First 5 LA's North Star, the Impact Framework is being developed to identify data that will be monitored during implementation to:

- Gauge how well systems are working for children and families
- Assess the effectiveness of First 5 LA's systems change implementation strategies
- Guide course-correction
- Understand First 5 LA's context and inform implementation

Since the Board approval of the 2020-2028 Strategic Plan during the November 14, 2019 Board of Commissioners meeting, staff are currently in the planning process to develop strategies for implementing the refined Strategic Plan, including short-term markers of progress for the next three years. Implementation planning will take place through June 30, 2020 with launch of the refined Strategic Plan on July 1, 2020.

**DISCUSSION:**

During the February 27, Special Board/Program and Planning Committee meeting, staff will provide an overview of the implementation and learning approach that informs First 5 LA's current implementation planning process. The objectives for the discussion are to:

- Present the implementation planning approach and how Impact Framework is informing the prioritization of implementation efforts
- Review Board guidance and decision-making points throughout implementation of the strategic plan
- Preview the Strategic Plan Review Cycle and how the Impact Framework will inform refinements

**NEXT STEPS:**

At the February 13, Board of Commissioners meeting, staff previewed the priority implementation issues that staff will be working through over the next six to twelve months and previewed future Board engagement sessions on the related challenges and opportunities. Beginning at the February 27, Special Board/Program and Planning Committee meeting through April 2020, staff will provide examples that highlights our increasing partnerships with health plans to increase access to development services and home visiting; working with State administration to address early childhood priorities and increasing partnerships within our 14 Best Start communities for the expansion of developmental readiness data.



# 2020 – 2028 STRATEGIC PLAN: IMPLEMENTATION AND LEARNING APPROACH

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Learning for Action



- Present the implementation planning progress and how Impact Framework is informing the prioritization of implementation efforts
- Preview Board guidance and decision-making points throughout implementation of the strategic plan
- Preview the Strategic Plan Review Cycle and how the Impact Framework will inform refinements

# Our Pathway for Systems Change



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

## We Want Systems To Be

- Accessible
- Quality
- Aligned
- Sustainable

## Results for Children and Families

- Families optimize their child's development.
- Children receive early developmental supports and services.
- Children are safe from abuse, neglect, and other trauma.
- Children have high-quality early care and education experiences.

## We Change Systems By

- Policy change
- Practice change
- Will building

## Our Strategic Priorities

- Strengthen public & community systems
- Advance & build on community experience
- Expand influence & impact with data
- Optimize our effectiveness

## Our Values

Collaboration Integrity Learning Diversity, Equity and Inclusion

## Our Investment Guidelines

Equity • Sustainability • Partnership • Prevention • Systems Change • Evidence and Innovation

# How Can we Change Systems?

## First 5 LA's Contribution to Systems Change

**Systems change** is complex work. Meaningful and sustained change requires the collaborative efforts of multiple partners, across multiple sectors, working on the multiple elements inherent in systems change.

At First 5 LA, we believe that **our best contribution** to changing systems is employing three approaches:

### Policy Change<sup>1</sup>

Efforts to change rules governing institutions, practices, and resource allocation. Policy can be set by both public institutions (e.g., government) and private institutions (e.g., hospitals or employers).

### Practice Change<sup>1</sup>

Efforts to change the expectations, skills, habits and capacities of systems. Examples of practice change include reworking pediatric office patient procedures to ensure children regularly receive a validated developmental screening and referral to resources, promoting dual-language learner best practices in early childhood settings, and supporting local government agencies to effectively engage families and communities.

### Will Building

Efforts to build and sustain the will, relationships and networks to change norms, attitudes, behaviors and beliefs.

In implementing these systems change approaches, First 5 LA will deploy a **range of tactics** including public education, partnership development, advocacy and, most fundamentally, data. These three systems change approaches are interrelated and reflect our experiences over the past five years that demonstrate the need to work on all three approaches in parallel to effect change in systems.



<sup>1</sup> Coffman, 2007. *A Framework for Evaluating Systems Initiatives*.



**Implementation  
Planning**

# Implementation Planning Approach

	Key Planning Questions	Key Impact Framework Questions
<b>Strategic Priority and Objectives</b>	<ul style="list-style-type: none"> <li>How can First 5 LA develop an integrated approach to implementing First 5 LA's Strategic Priority?</li> <li>How do we plan to sequence progress on the Strategic Priorities and objectives over the first 3 years of implementation?</li> </ul>	
<b>Results for Children and Families</b>	What Results for Children and Families will the objectives advance?	Which indicators(s) for the Results for Children and Families will this objective target?
<b>Primary Systems</b>	What primary system(s) is First 5 LA prioritizing to achieve the objective that will reach the Results for Children Families?	Which long-term system outcome(s) will be prioritized to improve conditions for Children and Families in each primary systems?
<b>System Change Approaches and Tactics</b>	What will be our approach(es) to changing the primary system(s)? What key tactics will be deployed?	What are the early milestones or system changes (i.e., Short Term Markers of Progress) we expect to see in the first three years?
<b>Values and Investment Guidelines</b>	<ul style="list-style-type: none"> <li>How will implementation of the objective align with our Values and Investment Guidelines?</li> </ul>	

# Illustrative Example: Universal System of Voluntary Home Visiting

	Key Planning Questions	Key Impact Framework Questions
Strategic Priority and Objectives	<ul style="list-style-type: none"> <li>• Strategic Priority: Strengthen Public and Community Systems</li> <li>• Objective: Provide program and policy leadership to support development and expansion of a universal system of voluntary home visiting that builds upon existing infrastructure</li> </ul>	
Results for Children and Families	Result: Families have the resources, opportunities and relationships to optimize their child's development	Result Indicator: L.A. County families who participated in home visiting programs at any point prenatally through age 5
Primary Systems	Home Visiting System in Los Angeles County, including all providers, programs, and funders at the local and state level	Long-Term System Outcomes: Accessible, Aligned, Quality, Sustainable
System Change Approaches and Tactics	<ul style="list-style-type: none"> <li>• <b>Policy Change:</b> Administrative policy changes to streamline funding streams</li> <li>• <b>Will Building:</b> engage key stakeholders, funders and providers to increase understanding of benefits and needs of diverse revenue streams</li> </ul>	Short-Term Markers of Progress: Demonstrated evidence of capacity to effectively braid, and maximize available revenue to create sustainable funding for the home visiting system
Values and Investment Guidelines	<ul style="list-style-type: none"> <li>• Use data to inform recruitment and retention strategy for high-risk populations</li> <li>• Collaboration with diverse stakeholders and bring diverse perspectives and voices</li> <li>• Create sustainable funding for home visiting system</li> </ul>	



# Implementation

## *Implementation actions consistent with Strategic Plan*

### **Budget Approval**

- Mid-Year Budget Adjustments
- Annual Budget
- Long-Term Financial Plan

### **Procurement and Contract Approval**

- Annual Contract Renewals
- Monthly Board Consent Items

### **Annual Public Hearing**

- Annual public hearing of First 5 LA's Strategic Plan, consistent with Proposition 10 requirements

## Questions for Implementation

### Budget Approval

- How can we connect information about the Impact Framework to the budget so that we can understand to what resources are being allocated in support of our outcomes and how the allocation of resources is related to progress?

### Procurement and Contract Approval

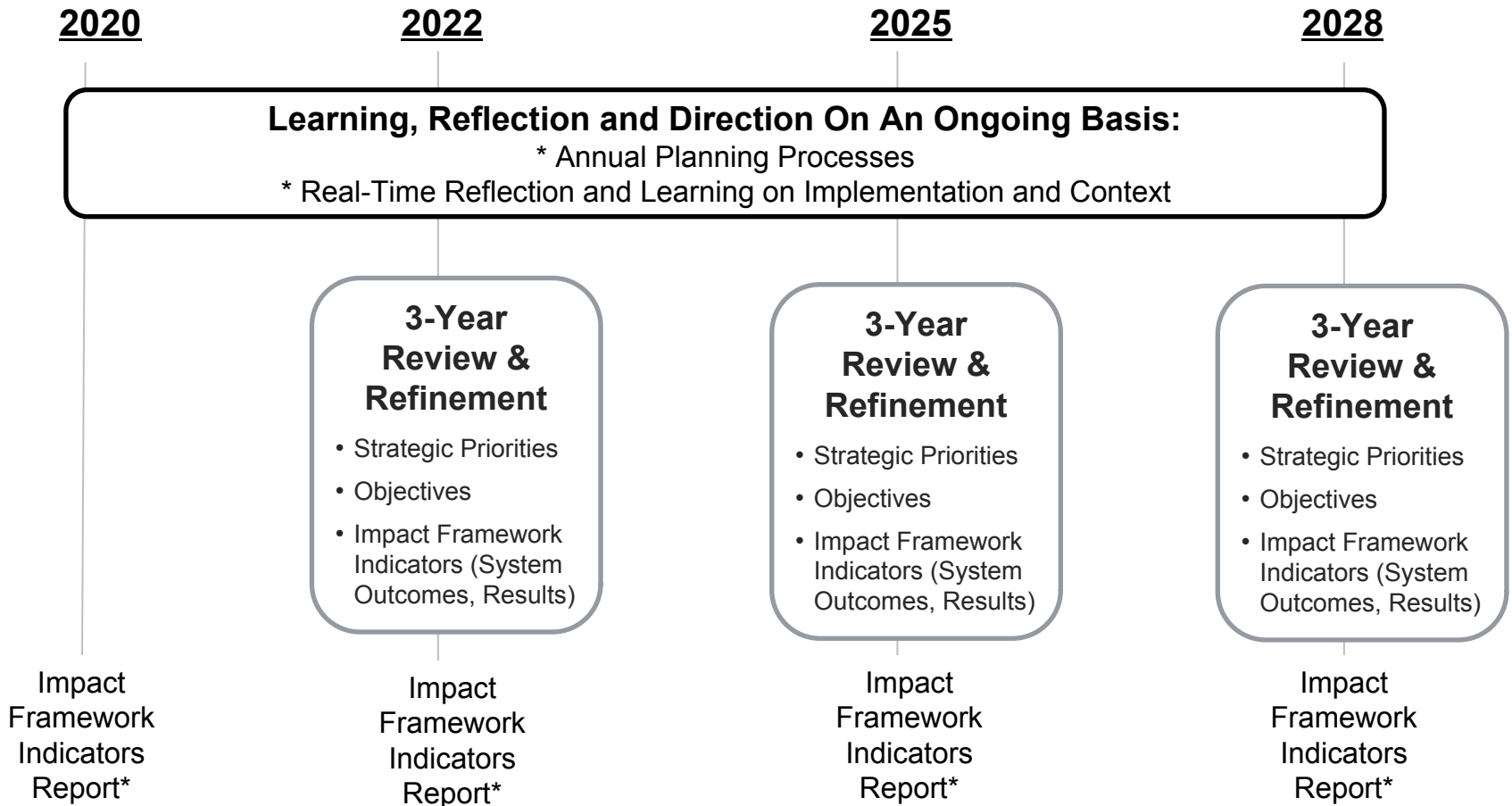
- How can we leverage the grantee and contract monitoring structure as a data source for learning about progress?

### Annual Public Hearing

- How can we report on the progress of our Strategic Plan as measured by the Impact Framework considering the time horizon needed for system- and population-level change to occur?

A photograph of two women and a child sitting on a blue and white patterned blanket on a lawn. The woman on the left is holding a young child. The woman on the right is smiling and gesturing with her hands. A large pink circle is overlaid on the left side of the image, containing the text 'Review & Refinement Cycles'.

# Review & Refinement Cycles



\* Dependent on availability of data sources

Purpose: To review, reflect and refine our strategies based on our learning from implementation, changes in the landscape, and assessment of strategic opportunities

## Assess Progress & Context

Data sources:

- Formal sources: indicator tracking, contract monitoring, initiative evaluations, data partnerships
- Informal: staff and partner experience and observations, environmental scan

## Staff Evaluation & Learning

Example Questions:

- What progress are we seeing?
- What are we learning from implementation?
- What changes are occurring in the landscape? How does that impact implementation?

## Board Engagement

Example Questions:

- What progress are we seeing?
- What are we learning from implementation?
- What changes are occurring in the landscape? How does that impact implementation?

## External Partners and Stakeholder Engagement

Example Questions:

- What are opportunities to make major progress towards our strategy?
- What are areas should First 5 LA improve its ability to partner with others on system change efforts?

Questions?



FIRST 5 LA

**SUBJECT:**

**Establish a Strategic Partnership with Long Beach Unified School District (LBUSD) in the Amount of \$90,000 for a period of 27 months to Participate in the Kindergarten Readiness Assessment (KRA) Initiative.**

**RECOMMENDATION (PROVIDED AS INFORMATION):**

This memo is provided as information for the Board's consideration at the February 27, 2020 Special Commission/Program and Planning Committee Meeting. First 5 LA staff recommends that at the March 12, 2020 Commission meeting, the Board approve the establishment of a Strategic Partnership with LBUSD for an amount not to exceed \$90,000 for a period of 27 months. Funds for FY 2019-2020 are included within the First 5 LA FY 2019-20 draft Mid-Year Revised Programmatic Budget under ECE Strategy 1 – Policy/Advocacy: Kindergarten Readiness Assessment which will be presented to the Board for approval in March 2020. Beyond FY 2019-20, funds will be pulled from the assigned fund balance which will be brought to the Board of Commissioners for approval in June of the corresponding fiscal year. At the time of budget approval, requested resources will shift from the Assigned resource category of the fund balance, dedicated for broad Strategic Plan purposes, to the Committed category, amounts dedicated for a more specified purpose via resolution. Staff does not anticipate returning to the Board to seek authority to execute a contract via Contract Authority since annual contracts are anticipated to be less than \$75,000.

**BACKGROUND:**

**Kindergarten Readiness Assessment (KRA)**

In November 2019, the board approved the 2020-2028 Strategic Plan. This strategic plan reaffirms First 5 LA's commitment to expanding a population-level measurement of school readiness in support of systems level change. In particular, First 5 LA is prioritizing expansion in Best Start geographies and ensuring data collected is used in community decision making.

Since the Board approved a KRA initiative in 2017, school readiness data has been collected on 12,826 students from nine different districts/communities (see Appendix A for details). If this strategic partnership is approved, we anticipate collecting data on an additional 10,038 kindergartners, bringing the total data collection to 22,864 students since 2017. This represents 17.8% of LA county kindergartners. School readiness data was collected using the Early Development Index (EDI). The EDI is a population-level tool which provides insight into young children's readiness for school, as well as highlights population wide vulnerabilities in five development areas including: social competence, emotional maturity, language and cognitive skills, communication skills, and physical health and well-being. The EDI measures a student's school readiness three to eight months after kindergarten entry. The instrument is a reflection tool administered by kindergarten teachers. Once data is collected, school districts in partnership with a local community agency will engage teachers, community members and other stakeholders in understanding the results and developing strategies for targeted improvement. Objectives of the strategy are also to strengthen the capacity of school districts and community agency staff to utilize the EDI to support policy and systems change and to build the capacity of community stakeholders to utilize EDI data to advance and inform community action.

Establishing a Strategic Partnership with LBUSD will further EDI data collection and saturation countywide, while also prioritizing the work of our Best Start Community in Long Beach. Population-level data on childhood wellbeing will allow the district to better understand the needs of their incoming students and will provide community-based organizations with neighborhood level data which is best suited for policy and systems change work.

Pursuant to the Procurement Policy, Strategic Partners of \$75,000 or more in a fiscal year must be presented to the Board for approval. Staff is requesting an establishment of a Strategic Partnership with Long Beach Unified School District (LBUSD) in the Amount of \$90,000 for a period of 27 months to comply with this policy.

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

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

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

**Leveraged Resources** – A Strategic Partnership with LBUSD will leverage several resources including:

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

**JUSTIFICATION:**

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

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

**AND**

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

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

First 5 LA's population-level school readiness strategy involves supporting the collection and use of data using the EDI. Given that the EDI can only be completed by kindergarten teachers, the successful implementation of this project is dependent upon the involvement of school districts. In most communities, the lead agency for the EDI implementation is a school district. The proposed Strategic Partnership is the only entity within this community that has the capacity and authority to collect data from kindergarten teachers.

Establishing this Strategic Partnership is in the best interest of the Commission because: (1) The EDI is administered by school districts who can use collected data to inform policy and systems change; (2) It will continue to leverage ongoing momentum for use of the EDI in Los Angeles County; (3) It will support the school districts' ability to leverage EDI data to support systems change in the community.

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

The proposed Strategic Partnership is aligned with the current 2015-2020 Strategic Plan and is aligned with Strategic Priority #2 and Strategic Priority #3 of the newly adopted 2020-2028 Strategic Plan. EDI data allows First 5 LA to advance and build upon community experience. School readiness data supports stakeholders and community partners to connect, maximize and coordinate public resources, and build local assets and relationships. The EDI informs community planning, activates partners, spurs innovation, and promotes advocacy for improved learning environments for children. Additionally, EDI data expands First 5 LA's influence and impact. The Strategic Partnership with LBUSD expands the use of the EDI and will inform our work, demonstrate progress, build public will, and help to strengthen our advocacy role.

**NEXT STEPS:**

Staff anticipates returning to the Board for action on the Strategic Partnership at the March Board Meeting.

**Appendix A**

Site	2016-2017		2017-2018		2018-2019		Cumulative 3-Year As of 2018-2019		2019-2020 in Progress (Projected)	
	Children	Schools	Children	Schools	Children	Schools	Children	Schools	Children	Schools
Compton Unified School District					1485	21	1485	21		
El Monte City School District			849	14			849	14		
LAUSD LD Central					1817	22	1817	22	2604	39
LAUSD LD East							0	0	2217	36
LAUSD LD South			2472	29			2472	29		
LAUSD LD West					692	14	692	14	2211	35
Long Beach Unified School District							0	0	1140	10
Mountain View School District			650	10			650	10		
Pasadena Unified School District	1232	18					1232	18	1205	17
Pomona Unified School District			807	14	767	13	1574	27		
Rosemead School District			226	4			226	4		
Santa Monica/Malibu Unified School District	559	11	495	11	775	11	1829	11	661	10
<b>TOTAL</b>	<b>1791</b>	<b>29</b>	<b>5499</b>	<b>82</b>	<b>5536</b>	<b>81</b>	<b>12826</b>	<b>170</b>	<b>10038</b>	<b>147</b>

# Population-Level Measurement of School Readiness: Progress on Implementation

Becca Patton  
Marcy Manker

February 27, 2020

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# Today's Goals

- Discuss how implementation of population-level measurement of school readiness aligns with 2020-2028 Strategic Plan
- Preview proposed action to develop new strategic partnership with Long Beach Unified School District to collect school readiness data
- Recommend action




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# Background

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- In October 2017, First 5 LA approved Strategic Partnerships to launch countywide population-level measurement of school readiness effort using the Early Development Instrument (EDI).
- For FY19-20, the Board approved \$4,864,000 in investments to support data collection and community action in nine communities/districts across L.A. County.
- In the 2020-2028 Strategic Plan approved in November 2019, First 5 LA reaffirmed commitment to the use of a population-level school readiness measurement tool, with a refined focus on expansion in Best Start geographies.

# New Strategic Focus



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

## Strategic Priority: Expand influence & impact with data

*Objective: Advocate and support the expanded use of a population-level measurement of school readiness to inform community action.*

## Strategic Priority: Advance and build on community experience

*Objective: Expand the adoption and integration of a population-level measurement to capture an accurate snapshot of school readiness in L.A. County, drive early childhood systems change, and highlight best practices in diverse communities.*

# The Early Development Instrument (EDI)

## Communication Skills

- Ability to use language
- Communicate needs and understand

## Language & Cognitive

- Abilities with reading, writing, numbers, shapes

## Physical Health & Well-Being

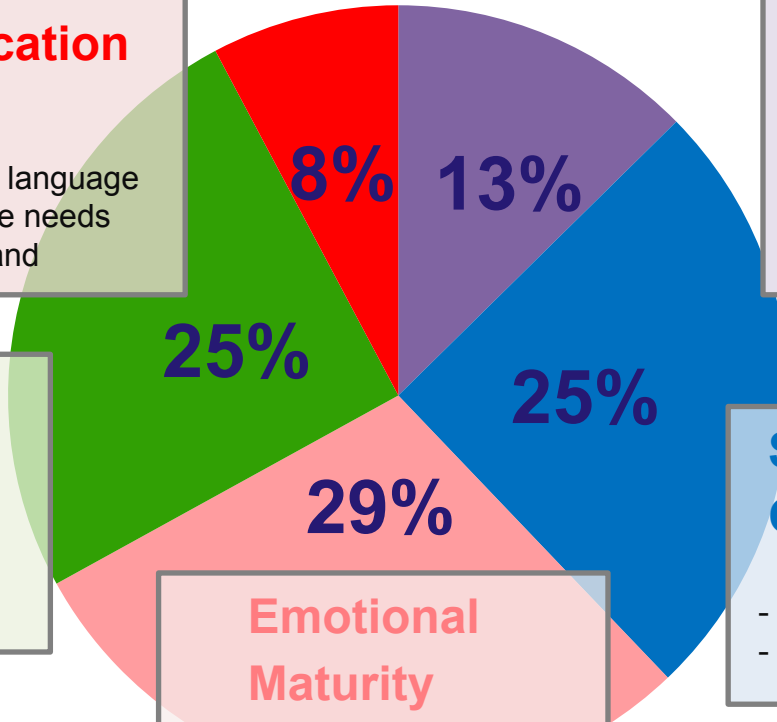
- Motor skills
- Physical readiness

## Social Competence

- Getting along with peers,
- Respect for others

## Emotional Maturity

- Emotional wellbeing, feeling sad, fearful, etc.

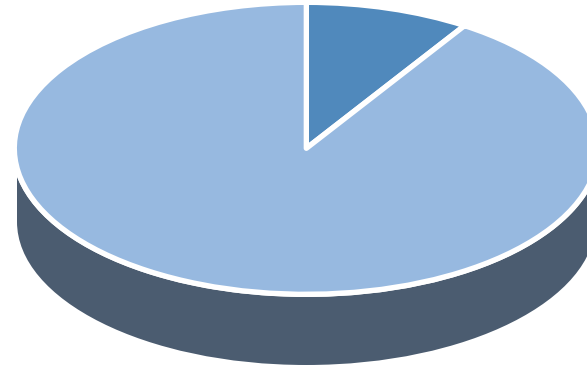


# Implementation to Date

## 9 School Districts & Communities



LA County EDI Saturation



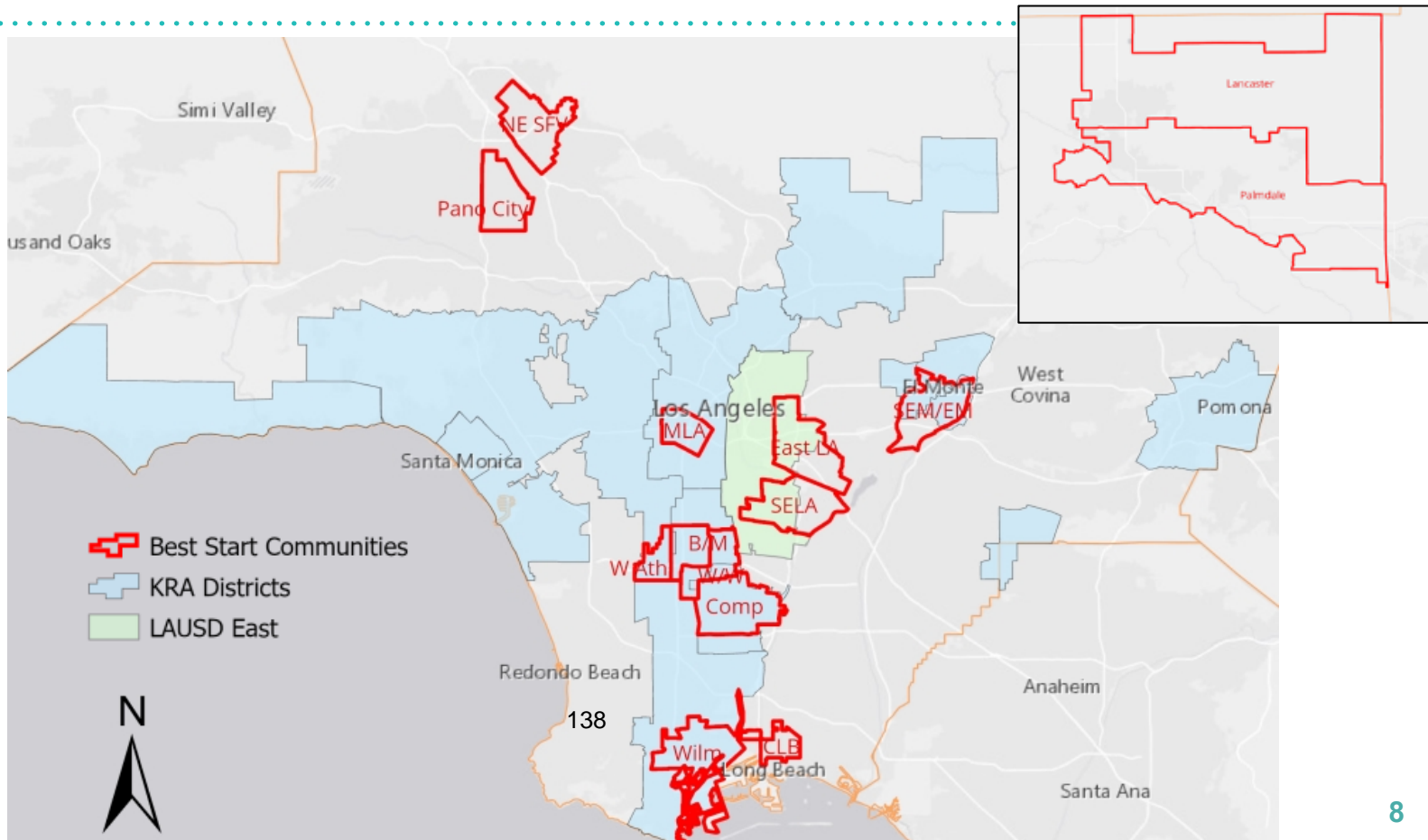
EDI Data:  
10%

Readiness data collected representing 12,826 children of 127,879 total Kindergarten population

# EDI Implementation Detail

	2016-2017		2017-2018		2018-2019		Cumulative 3-Year As of 2018-2019		2019-2020 in Progress (Projected)	
	Children	Schools	Children	Schools	Children	Schools	Children	Schools	Children	Schools
Compton Unified School District**					1485	21	1485	21		
El Monte City School District**			849	14			849	14		
LAUSD LD Central**					1817	22	1817	22	2604	39
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# Implementation in Best Start Communities



# Best Start: El Monte Example

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- El Monte SD collected EDI data in 2018
- 14 schools, 882 children
- How is El Monte using data to target resources?
  - Tri-District partnership with Rosemead and Mountain View developing local policy priorities
  - Developing “Day of the Young Child” convening for local policy-makers
  - Formed workgroup with members from City of El Monte, South El Monte, local school districts, El Monte Parks and Rec to develop strategies to increase screenings, early detection and intervention
  - Hosting “Parent Café” trainings to train parent leaders to lead community conversations around EDI data
  - Developing community EDI report

# Long Beach Unified

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## District Overview:

- Serves 6,140 Kindergartners in 56 schools

## Proposed data collection:

- 1,140 students at 10 schools in year one
- 2,293 students at 22 in year two
- Data collected will represent 56% of Long Beach Kindergarten population
- Will bring total EDI data to 22,846 students for FY20, representing 17.8% of LA County Kindergarteners

## Investment:

- \$90,000 for a period of 27 months

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# Long Beach Community Involvement

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- Cross-organizational collaboration to engage Mayor's Office, School District, and Long Beach Health Department
- City Level commitment to population-level measurement of school readiness through ECE Strategic Plan and All Children Thrive Collaborative
- Best Start Community eager to use school readiness data

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# Opportunities for Alignment with Best Start

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- School readiness data available/will be available in South LA, Metro LA, East LA, Southeast LA – what are opportunities to better align this work? How can Long Beach inform other Best Start efforts?
- Compton example: Communities and ECE team assessing options for CBO to lead data efforts in community – what lessons learned can support better alignment across communities?

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# Opportunities for Expansion with Best Start

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- Emerging partnership with Palmdale district in Antelope Valley
- Opportunity to re-engage LAUSD Local District South for increased saturation in LAUSD
- Opportunity to engage Valley Lindo and Garvey for increased saturation in El Monte/East LA

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# Recommended Action

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- Establish strategic partnership with Long Beach Unified School District for a period of 27 months.

Questions?



# Appendix



# Appendix A: The Early Developmental Index (EDI)

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



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# Appendix B: The Early Development Instrument (EDI)

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

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# Improving Recruitment and Retention in Home Visiting Programs

Home Visitation Programs-Los Angeles County  
Compensation and Turnover Study



# Los Angeles County Home Visiting Vision

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



# Study Background & Purpose

## COMPENSATION AND TURNOVER STUDY

- Compare salary ranges for key home visiting roles to market rates
- Identify factors contributing to turnover and retention in home visiting programs

# Model of Staff Retention

## COMPENSATION

**Measured against:**  
Market Rates  
All-Program Rates  
Program-Specific Rates



## BENEFITS

**Defined as:**  
Time off policies  
Reimbursements  
Merit increases  
Perks that ease the financial and emotional cost of the work

# Study Timeline



**Collect &  
Analyze  
Turnover Data**



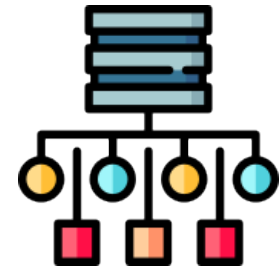
**Formulate  
Recommendations**



**Collect &  
Analyze  
Compensation  
Data**



**Identify and  
Assess Trends**



# Compensation Study Participants

Program Model	# Home Visitors	# Program Managers	#Program Directors
Welcome Baby 13 of 14	60	9	8
Healthy Families America 11 of 12	67	14	12
Parents as Teachers 7 of 9	59	12	10
Early Head Start 4 of 22	26	4	2
Partnerships for Families 4 of 10	11	5	5
Nurse Family Partnership 1 of 1	41		
Healthy Start 1 of 1	4		

# Turnover Study Participants

Home Visitors

Managers/Supervisors

Program Model	#	Program Model	#
HFA	26	HFA	10
PAT	11	PAT	3
PFF	1	PFF	2
WB	18	WB	10
EHS	1	EHS	1
Total	57	Total	26

# Compensation Study Market Comparisons





# COMPENSATION STUDY FINDINGS

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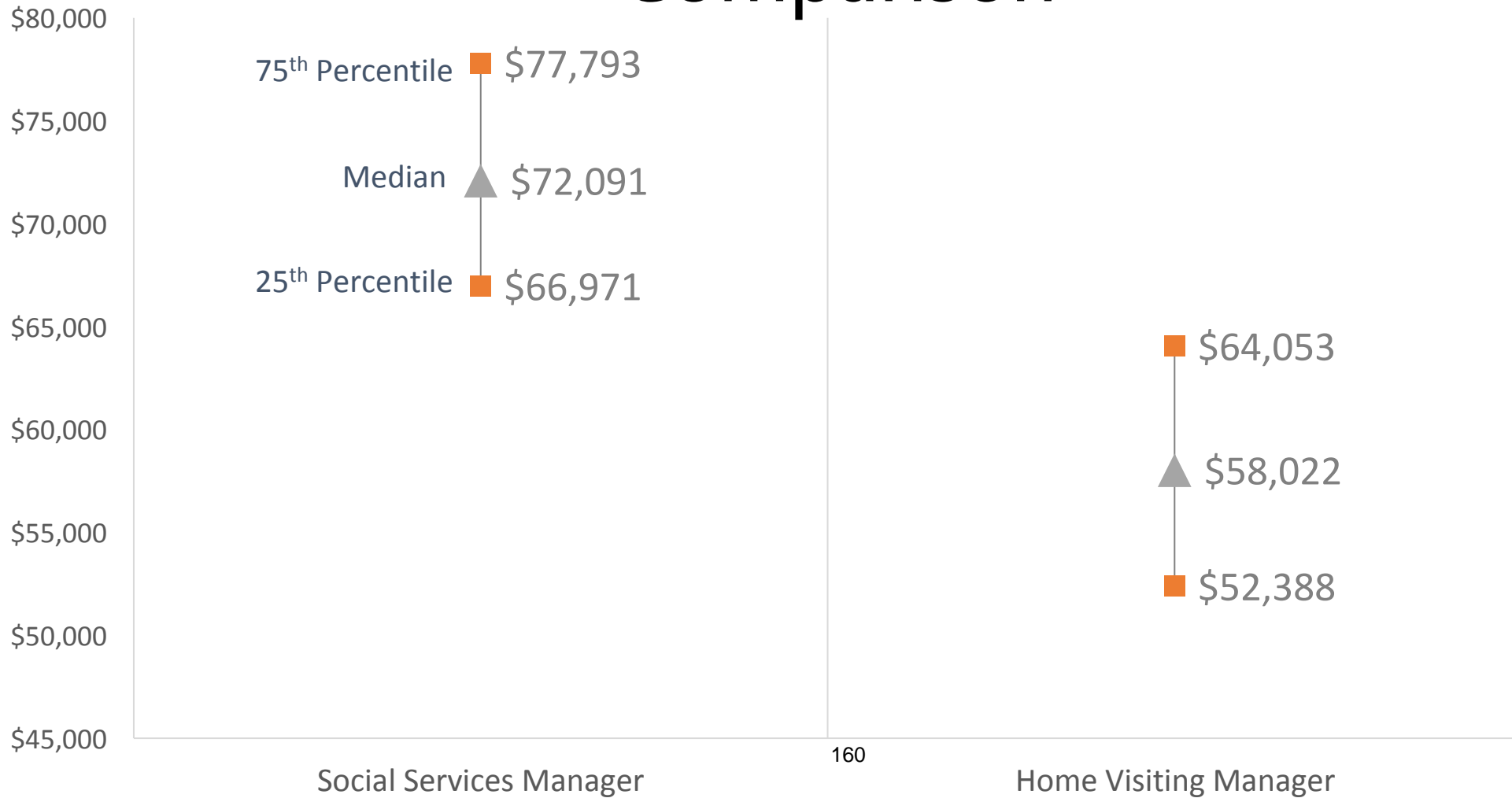
# Compensation Study Job Title Categories

	Welcome Baby	Healthy Families America	Parents as Teachers	Early Head Start	Partnerships for Families
Home Visitor	<ul style="list-style-type: none"> <li>•Parent Coach</li> <li>•Parent Coach 1</li> <li>•Parent Coach 2</li> </ul>	<ul style="list-style-type: none"> <li>•Family Support Specialist</li> <li>•Family Support Worker</li> <li>•Family Support Counselor</li> <li>•Home Visitor</li> </ul>	<ul style="list-style-type: none"> <li>•Parent Educator</li> </ul>	<ul style="list-style-type: none"> <li>•Home Base Educator</li> <li>•Early Child Parent Coach</li> <li>•Home Visitor</li> </ul>	<ul style="list-style-type: none"> <li>•Home Visitor</li> <li>•Prenatal &amp; Child Development Educator (M.A.-Level)</li> </ul>
Home Visiting Program Manager		<ul style="list-style-type: none"> <li>•Home Visitation Supervisor</li> <li>•Clinical Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>•PAT Manager</li> <li>•Manager/Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>•Home-based Supervisor</li> <li>•EHS program Supervisor</li> </ul>	
Home Visiting Clinical Supervisor	<ul style="list-style-type: none"> <li>•Clinical Supervisor</li> </ul>				<ul style="list-style-type: none"> <li>•Clinical Supervisor</li> </ul>
Director of Programs	<ul style="list-style-type: none"> <li>•Program Director</li> <li>•Welcome Baby Manager</li> </ul>	<ul style="list-style-type: none"> <li>•Program Manager</li> </ul>	<ul style="list-style-type: none"> <li>•Director of Programs</li> <li>•Select Home Visitation Administrator</li> </ul>	<ul style="list-style-type: none"> <li>•EHS Program Manager</li> </ul>	<ul style="list-style-type: none"> <li>•Program Director</li> <li>•PFF Program Manager</li> </ul>

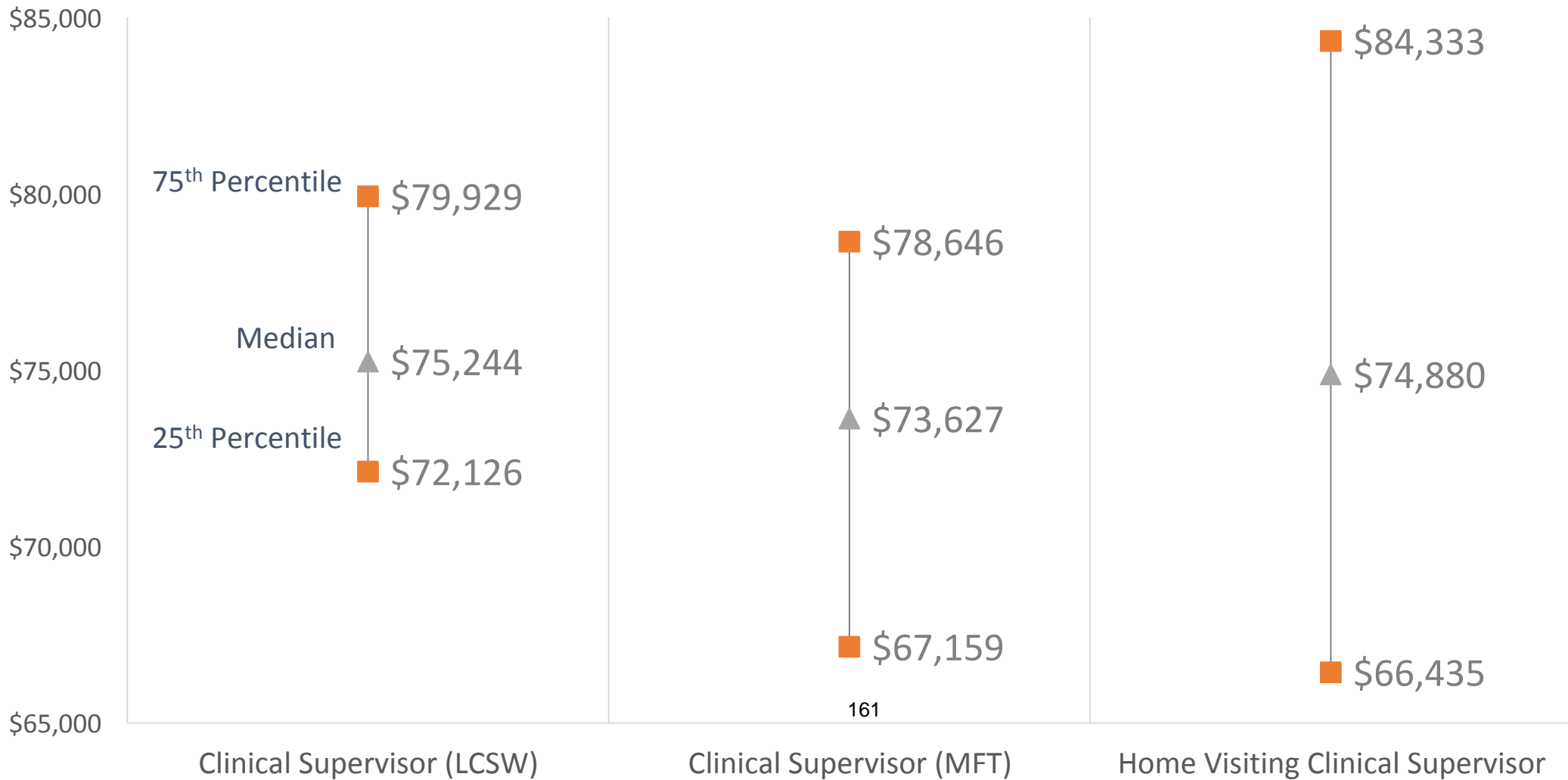
# Home Visitor Comparison



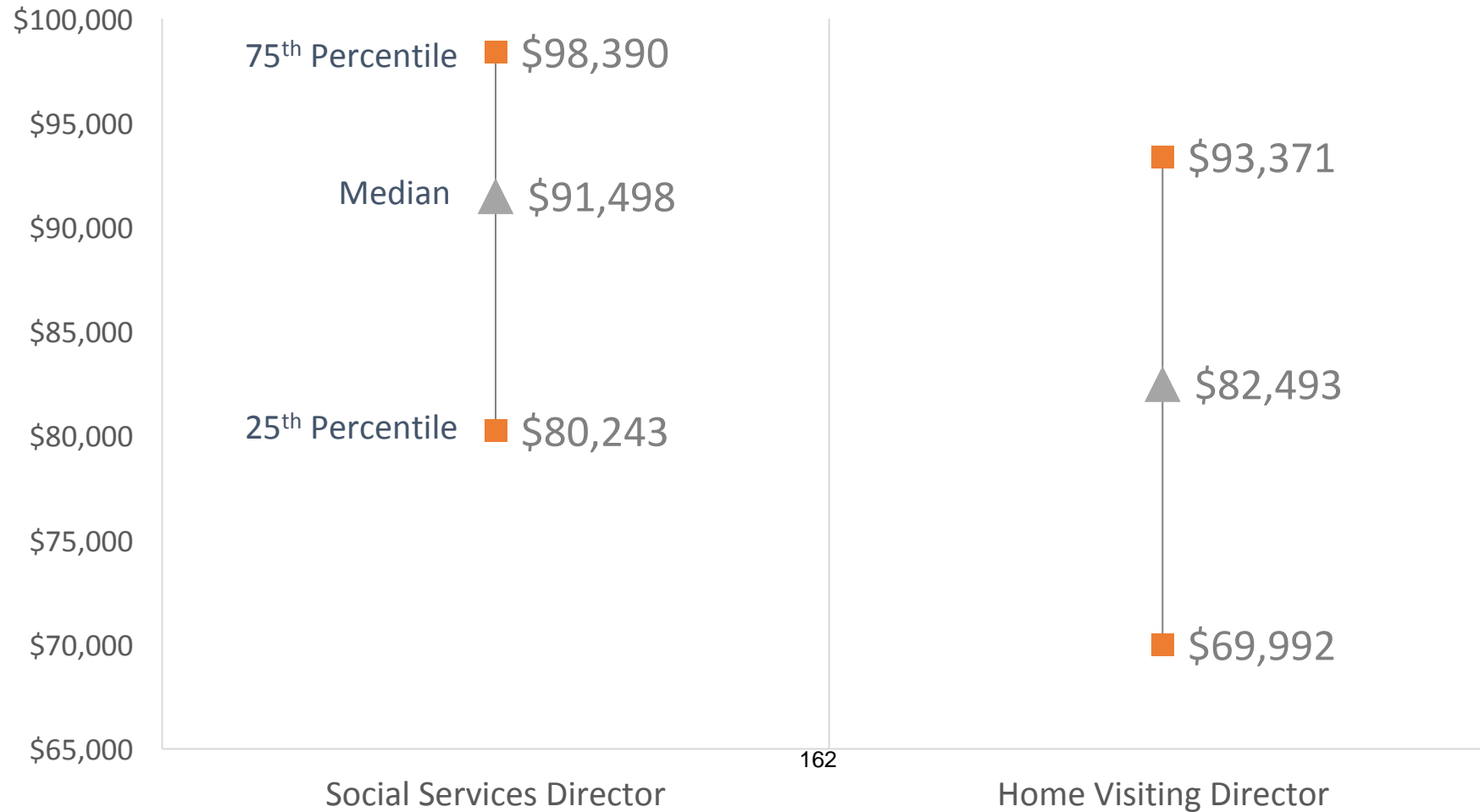
# Home Visiting Program Manager Comparison



# Home Visiting Program Clinical Supervisor Comparison



# Home Visiting Program Director Comparison

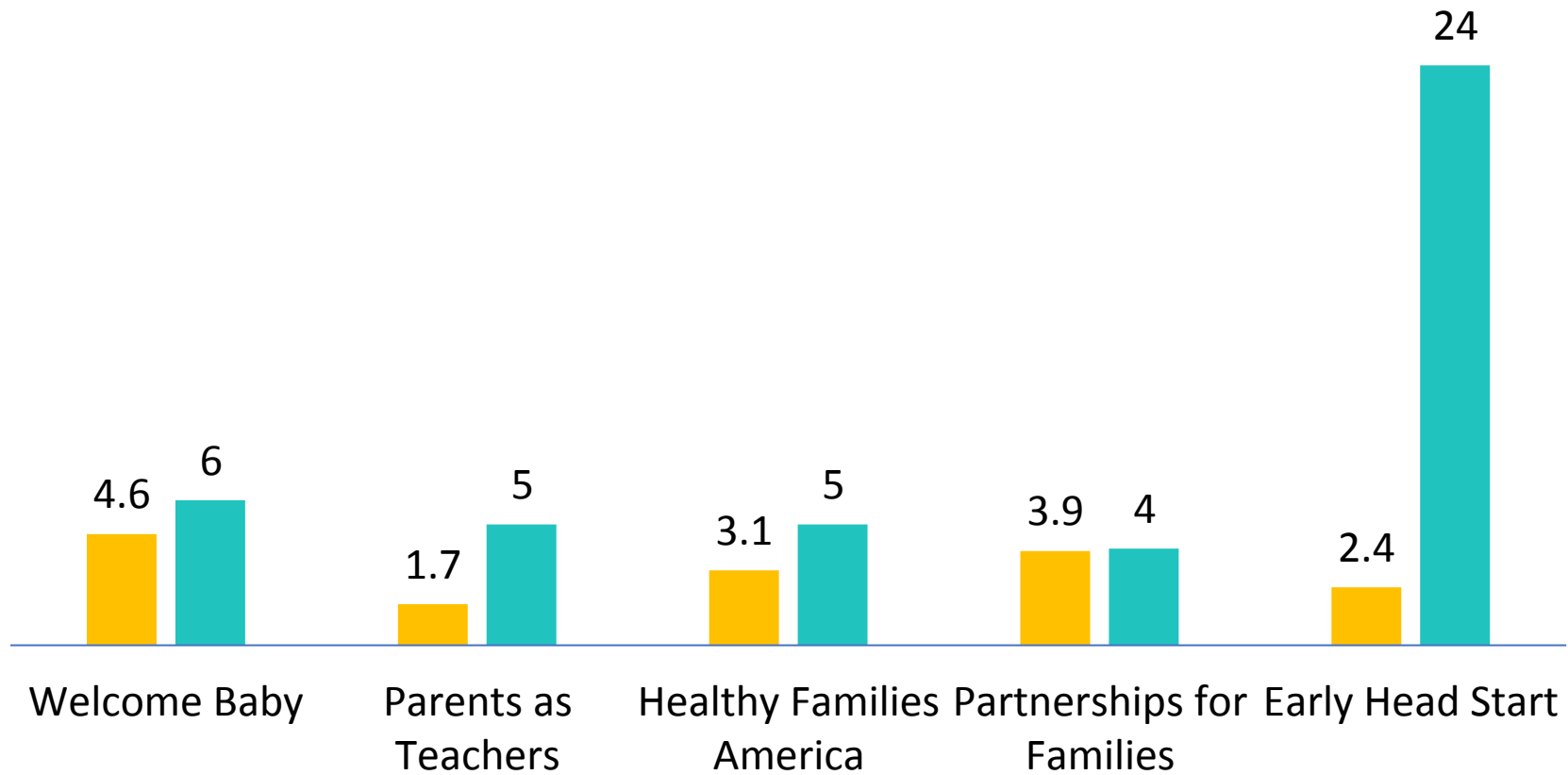




# TURNOVER STUDY FINDINGS

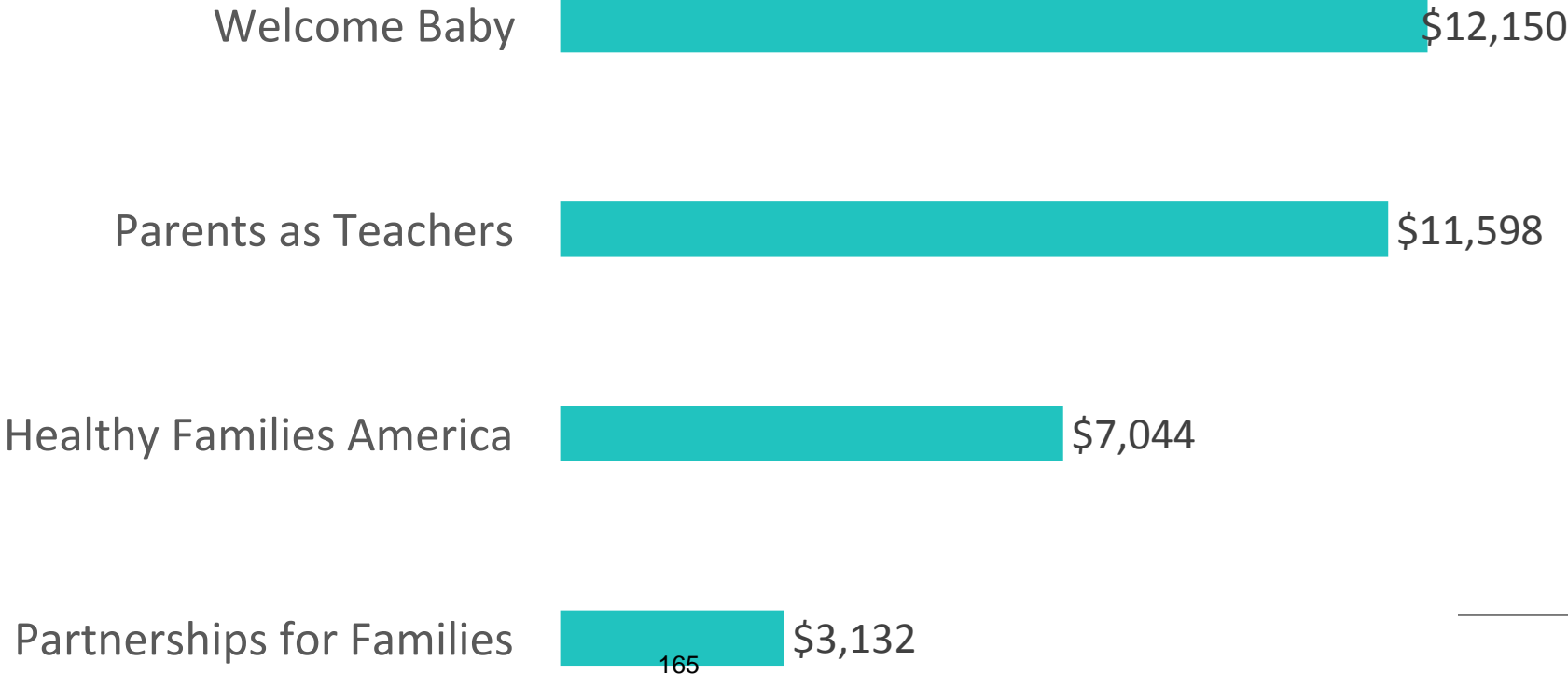
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# Tenure by Program Model



# Turnover Costs

Cost per employee by program model



# Turnover Trends

- Work environment
- Caseload + workload
- Characteristics of clients' living conditions
- Home Visiting team dynamics
- Organizational culture
- Formal benefits

# Recommendations



- Develop a Template of Salary Step Ranges
- Adopt a Shared Policy and Practice Guide for Home Visiting Program Salary Assignments
- Identify All Job Requirements in Determining Pay Ranges
- Account for Additional Outside Factors Influencing Compensation Rates in Southern California
- Mental Health Benefits
- Reimbursement for Costs Incurred by Home Visitors
- Car Care Stipends
- Opportunities for Advancement

# Perspective from the Field: Oversight Entity

## Retention Challenges

- Hospital and community-based organizations differences
- Staff shifting between sites
- Expansion implications on workforce

## F5LA: Implementation & Next Steps

- Impact on F5LA contracting and home visiting compensation
- Ongoing monitoring of workforce retention
- Efforts to coordinate and align with other funders to support workforce retention

# THANK YOU

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