

AGENDA

MEETING OF THE BOARD OF COMMISSIONERS

Chair: Sheila Kuehl

Thursday, June 24, 2021

1:30 PM Click [HERE](#) for public Zoom and Dial-in Info

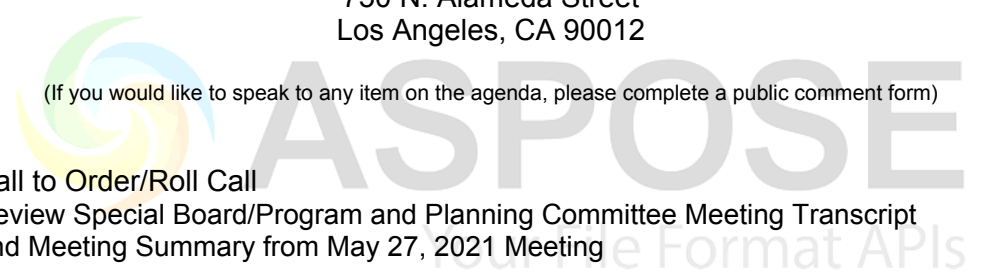
Meeting Location:

First 5 LA

750 N. Alameda Street

Los Angeles, CA 90012

(If you would like to speak to any item on the agenda, please complete a public comment form)

- 
1. Call to Order/Roll Call
 2. Review Special Board/Program and Planning Committee Meeting Transcript and Meeting Summary from May 27, 2021 Meeting 3
 3. **INFORMATION** 95
Supporting Home-based Care: Creating a More Equitable and Inclusive Early Learning System
 4. Break
 5. **INFORMATION** 117
2021 State Budget, Advocacy and Policy Priorities

Presenters: Becca Patton, Director, Early Care and Education; Gina Rodriguez, Program Officer, Early Care and Education; and Kevin Dieterle, Senior Program Officer, Early Care and Education

Presenters: Charna Widby-Martin, Chief of Government Affairs and Public Policy; Ofelia Medina, Senior Policy Strategist, Office of Government Affairs

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John A. Wagner

A PUBLIC ENTITY

and Public Policy; and Andrew Olenick, Policy Analyst/Strategist, Office of Government Affairs and Public Policy

6. Public Comment (for items not on the agenda)
7. Adjournment



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MEETING OF FIRST 5 LOS ANGELES PROGRAM AND PLANNING

Thursday, May 27, 2021

750 North Alameda Street, First Floor

Los Angeles, California 90012

STENOGRAPHICALLY REPORTED BY:
HEATHERLYNN GONZALEZ
CSR #13646

1 Thursday, May 27, 2021; Los Angeles, California

2 1:33 p.m.

3 -oOo-

4 COMMISSIONER ZEPEDA: Let's go ahead and call the
5 meeting to order. Welcome, everybody, to the program and
6 planning committee meeting. We're going to have a very
7 deep dive into the budget, which is extremely important
8 for us as we are -- the board is responsible, a fiduciary
9 agent or responsible for what goes on with the commission.

10 So let's go ahead and start with the roll call
11 and the instructions, Linda.

12 THE SECRETARY: Thank you so much.

13 Thank you and good afternoon, members of the
14 board and public. I'm Linda Vo with First 5 LA. And
15 before we begin today's meeting, I'm going to be going
16 over some importance information.

17 Pursuant to Governor Newsom's Executive Order
18 N-25-20, member of the First 5 LA board of commissioners
19 or staff my participate in this meeting via
20 teleconference. In the interest of maintaining
21 appropriate social distancing, members of the public may
22 observe this meeting telephonically or otherwise
23 electronically as listed on our website and this agenda.

24 To provide public comment, you may provide
25 written public comments by e-mail to lvo@first5la.org or

1 you can call (213) 276-9389 and do indicate the item
2 number your comment corresponds with. All public comments
3 corresponding to an agenda item must be received before
4 1:30 p.m. the day of the meeting. Any received after 1:30
5 p.m. will become a part of public records. And all public
6 comments received prior to 1:30 p.m. today will be read
7 aloud at the end of each item it coincides with.

8 And before we begin today's meeting do note the
9 following: Today's meeting will include video and audio
10 allowing all meeting participants and public members to
11 view presentations via shared screen. To minimize
12 background disruptions, all board members and staff should
13 place their lines on mute until called upon to speak. And
14 to minimize multiple people speaking at the same time and
15 ensure for a coherent dialogue, if board members would
16 like to speak to an item or have a question, please text
17 our committee chair Marlene Zepeda to express an interest
18 in speaking. And a reminder to also include your name
19 when texting.

20 Alternatively, you can also use the hand raise
21 function on Zoom or message me directly via the chat box
22 function, and I'll coordinate with the chair to indicate
23 an interest in speaking. And in the event that our
24 committee chair has some technical difficulties, we may
25 commit to not even texting her at all but only using the

1 hand raise function and the Zoom chat. And we'll keep you
2 posted on that.

3 A reminder to all board members to take yourself
4 off mute prior to speaking.

5 And, finally, if there is technical assistance
6 required during the meeting, do contact me at (213)
7 276-9389 or can you Zoom chat me and I'll connect you with
8 IT.

9 And with that, I'll be handing this meeting back
10 to our committee chair Marlene Zepeda.

11 Actually, Marlene, let me go ahead and do the
12 roll call since I have the floor.

13 Judy Abdo?

14 COMMISSIONER ABDO: Here.

15 THE SECRETARY: Linda Aragon?

16 COMMISSIONER ARAGON: Here.

17 THE SECRETARY: Astrid Heger?

18 COMMISSIONER HEGER: Here.

19 THE SECRETARY: Jonathan Sherin?

20 Romalis Taylor?

21 COMMISSIONER TAYLOR: Here.

22 THE SECRETARY: Marlene Zepeda?

23 COMMISSIONER ZEPEDA: Here.

24 THE SECRETARY: Carla Pleitez Howell?

25 COMMISSIONER PLEITEZ HOWELL: Here.

1 THE SECRETARY: Jacquelyn McCroskey?

2 COMMISSIONER McCROSKEY: Here.

3 THE SECRETARY: Deanne Tilton?

4 COMMISSIONER TILTON: Here.

5 THE SECRETARY: Keesha Woods?

6 Quorum is present.

7 COMMISSIONER ZEPEDA: Thank you, Linda.

8 THE SECRETARY: You're welcome.

9 COMMISSIONER ZEPEDA: So let's go ahead and look
10 at -- and talk about the transcripts from our last meeting
11 from April 22. Remember, we had a great presentation
12 about Region 4. It was the conclusion of our walk down
13 the -- I don't want to call it memory lane, but our review
14 of the Best Start communities.

15 And so if anyone has any comments or suggestions
16 for changes of the transcript, I will entertain those now.

17 Hearing none, I'm assuming that you're fine with
18 the transcripts and we'll take them as they are presented,
19 Linda. So that's Item 2.

20 So moving on to our big item for today, which is
21 the budget, optimizing our effectiveness. And some of us
22 have already looked at this budget before, but we have all
23 the big guns from First 5 presenting today from our all
24 our various departments. We have Raoul who might just be
25 on audio. But that's fine, Raoul. We like your voice.

1 Daisy from financing and planning. John Wagner. Becca
2 Patton from early childhood and education. Lee Werbel
3 from our communities division. Tara Ficek from our health
4 related systems. Diana Careaga from family supports and
5 home visiting. Reid Meadows, our senior county
6 strategist. And Jasmine Frost, our chief operating
7 officer. We have everyone available to answer any
8 questions that may come up during the course of the
9 presentation.

10 So I'll go ahead and hand that over I believe to
11 Raoul to start us off. Correct, Raoul?

12 MR. ORTEGA: Yes. Thank you, Commissioner
13 Zepeda. And I'm just so disappointed that you can't see
14 the smile on my face and that you're not able to see my
15 video. Because, you know, when I think of all of our
16 meetings and all of the touch points that we have with the
17 fiscal year budget process, the PPC one is the one that
18 really resonates with me the most because it's when you
19 have an administrative function coming together with what
20 drives our organization and the important work that we do.
21 So it's really an exciting moment for me to be partners
22 with my colleagues across the organization and to present
23 to you this budget through a different perspective than
24 just the numbers. It's really about the work that we're
25 going to engage in for fiscal year 21-22.

1 So for today, finance and my colleagues from the
2 center for child and family impact will speak to the
3 resources and the program projects that are driving the
4 proposed fiscal year 21-22 budget. Throughout the
5 presentation you will begin to see four emerging
6 imperatives that connects us all as one unit as we as an
7 organization together achieve and demonstrate impact
8 towards our north star. We operate and understand that we
9 are an organization with limited resources and that we
10 must live within our fiscal reality and look at
11 opportunities around sustainability. And that process and
12 responding to staff capacity bandwidth and revisiting our
13 internal procedures is key to optimizing our
14 effectiveness. And last but not least, looking at our
15 culture; how we ensure that the way we do our work
16 advances our values, not only internally but most
17 importantly externally, and specifically with an eye when
18 it comes to diversity, equity, and inclusion.

19 And though those are two impressive imperatives
20 that we seek and that we're seeing and that we identify.
21 You also notice that we are not alone in the work we are
22 proposing; that we value coordination with key leaders and
23 stakeholders; that we value the role of the workforce to
24 better engage and serve our target population and the
25 value of the -- on how important data influences our

1 decision making and how we do our work.

2 So that we will move on to our presentation. We
3 acknowledge that there is a lot of information to take on
4 in one meeting, but we will be breaking it up after the
5 first two programs present. We will open it up for some Q
6 and A, and then we will wrap up the presentation with
7 additional Q and As after the last two programs and
8 Jasmine covers the COE component. And though we may not
9 cover all the projects that you see within our proposed
10 budget, we do invite our commissioners to reach out to us
11 if we don't touch any of those programs. And if you have
12 any questions or anything that you'd like for us to
13 consider or to follow up on, we invite you to always reach
14 out to us and ask those questions because we are, as I
15 said, one unit and you are a critical thought partner of
16 the organization.

17 So from there, I'll pass it on to Daisy who will
18 give you a very high level of the overall budget, and then
19 we will pass it on to my colleague John Wagner who will do
20 a deeper dive with program.

21 Thank you.

22 MS. LOPEZ: Thank you, Raoul. Good afternoon,
23 commissioners, staff, and guests.

24 Can everyone see the presentation? Just want to
25 confirm. Yes.

1 So today's focus will be a deep dive discussion
2 of the core programmatic work driving fiscal year 21-22
3 budget. However, before we get to that, we will be
4 providing a high level overview of the total fiscal year
5 21-22 budget and the revisions to the long-term financial
6 plan.

7 So we would first like to begin by sharing some
8 reminders and updates regarding long-term financial plan,
9 or LTFP for short. The LTFP continues to reflect the
10 declining revenues, spending that exceeds revenue, and a
11 declining fund balance as spending in excess of the
12 revenue is offset by our fund balance resources. In order
13 to manage spending and our declining fund balance, we
14 pivoted away from projections to long-term spending plan
15 which established annual spending limits to fiscal year
16 27-28. Since the LTFP's approval at the July 2020 board
17 meeting, there have been some revisions based on changes
18 to the expenditures and revenues grounded in new
19 information for fiscal years 19-20 through 21-22. And we
20 do ask that you please refer to appendix A included in
21 today's materials for additional details regarding the
22 specific adjustments.

23 The updates to revenues and estimated spending
24 included in the LTFP and outlined in appendix A result in
25 an increase in revenue, a decrease in expenditures, and

1 consequently, an increase in our projected available
2 ending fund balance at fiscal year end 2028 from 4.2
3 million reflected in last year's LTFP to 55.9 million.

4 So we will continue to see fluctuations to the
5 total fund balance over the course of the long-term plan.
6 This is normal as we align to the final audited annual
7 expenditures, revised budgets, and revised revenue
8 projections from the state that we receive on an annual
9 basis.

10 As was communicated and established last year,
11 deviations from the approved annual limits require board
12 review and approval. As such, we will be requesting board
13 approval of the revised long-term financial plan next
14 month at the June 10th board meeting.

15 Now, we will take a look at a high-level overview
16 of the fiscal year 21-22 budget, which I should note falls
17 below the LTFP's established spending limit.

18 We begin with the budget discussion with an
19 overview of the budget framework. The fiscal year 21-22
20 budget framework has been revised to align with the
21 2020-2028 strategic plan, and First 5 LA's adopted
22 organizational structure. In this revised framework, we
23 pivot away from priority outcome areas and move toward a
24 more collaborative focus on the strategic plan strategic
25 priorities. We begin with the resources devoted to

1 strategic plan activities organized under two of the three
2 organizational components. This includes the Center For
3 Child and Family Impact and the offices. These are
4 followed by our legacy investments, the centralized
5 resources to support emerging opportunities, and our
6 internal operations, which includes costs related to the
7 third organization component, the Center For Operational
8 Excellence, as well as funds to support the operational
9 needs of our programs.

10 So today's presentation will focus on the
11 programmatic activities, mainly as they align with the
12 component 1A, Center For Child and Family Impact. But
13 before we go into the program detail, let's just take a
14 quick look at the overall proposed resources for 21-22.

15 The total proposed estimate for 21-22 reflected
16 in this table is \$100,000 higher than the estimate we
17 presented and shared at the special board budget and
18 finance committee meeting on May 6th and the materials
19 that were shared with the board on May 13th.

20 So as we discussed at those meetings, the
21 additional \$100,000 included in our operating budget will
22 be used to account for salary adjustments due to market
23 conditions or to ensure equitable pay.

24 So illustrated in this table, we see that the
25 proposed fiscal year 21-22 budget of 114.3 million is

1 roughly 9.5 million or 7.7 percent lower than the revised
2 20-21 budget. This is driven by net decrease in program
3 spending of \$9.2 million and by a decrease of
4 approximately \$316,000 in operating costs.

5 It should be noted that some of the projects and
6 project resources have been shifted and relocated from one
7 area of the budget to another to align with our structure.
8 There are also some resources that have been consolidated
9 and centralized in a different are of the budget than
10 where they lived in 20-21. So because of the
11 restructuring and due to some of the changes of how we're
12 reflecting these resources, comparison to prior year costs
13 will not be exact. And we will be sharing more detail and
14 more information about the activities that are driving the
15 budgets momentarily.

16 However, before we get to that, I would like to
17 call out a few items. So I did want to note that the
18 other category that's reflected in this table is included
19 here only for comparative purposes, as this line
20 represents projects that will not advance between --
21 beyond fiscal year 20-21 or whose activities were included
22 in a different budget for fiscal year 21-22, as I just
23 noted with the shifting of resources.

24 As has been the ongoing practice, legacy
25 initiatives continue to ramp down and sunset according to

1 plan. And the proposed 1.5 million in resources to
2 support emerging opportunities appears to be a significant
3 increase at first glance; however, this level of funding
4 is in line and consistent with previous years and it is
5 still less than the original 20-21 budget of \$3 million.
6 The seemingly significant variance to prior year is due to
7 the downward adjustment at mid-year to reflect that the
8 Covid-19 relief resources that were originally included in
9 the emerging opportunities program budget were instead
10 drawn from the individual program budgets.

11 So this budget continues to emphasize long-term
12 sustainability, minimizing costs, maximizing outcomes as
13 we continue to align our program costs with fiscal
14 realities of declining revenues and a declining fund
15 balance. The downward trajectory of expenditures was
16 expect and is below the long-term financial plan
17 established annual spending limit of 116.2 million that
18 was approved by the board in July 2020 for fiscal year
19 21-22.

20 So at this time, I would like to hand it over to
21 our executive vice president and head of the Center For
22 Child and Family Impact, John Wagner, who will kick off
23 the programmatic deep dive.

24 John.

25 MR. WAGNER: Thanks, Daisy. And good afternoon,

1 everyone.

2 I'm really pleased to be here as part of the
3 center for impact team to highlight some of the priorities
4 you'll be seeing as contained in our fiscal year 21-22. I
5 want to acknowledge the work of my predecessor, Christina
6 Altmayor and the work of the center leadership team whom
7 you'll hear directly from given the hard work that led up
8 that this conversation today. In addition, I also want to
9 acknowledge and thank Jasmine Frost and the center for
10 operational excellence, and specifically the finance team,
11 Raoul, Daisy, and their colleagues, for all of the work
12 required to put together this budget. Development of a
13 budget normally is a heavy lift. And doing it while
14 reflecting new and emerging work in addition to a new
15 structure is an even heavier lift. So thank you for that.

16 Before I turn it over to my team of colleagues
17 within the Center For Child and Family Impact, which was
18 formally known as the programs division, I do want to
19 provide some brief remarks providing a bit of context on
20 three things.

21 First, just a reminder, given our fairly new
22 structure, that the Center For Child and Family Impact
23 consists of the following teams or what we used to call
24 departments: The health systems team, the family supports
25 team, our ECE team, the communities team, and a fairly new

1 team called the center support team which is the mighty
2 team of three individuals that provide support to and
3 through across the center with thought partnership with
4 the four aforementioned teams based on specific skills
5 that these team members bring to our work.

6 The second point of context I'd like to make is,
7 as is often stated, budgets are a reflection of values and
8 priorities. I think the fiscal year 21-22 budget reflects
9 our best thinking on the resources needed to continue our
10 efforts to implement the strategic plan as endorsed by our
11 board in November of 2019. You'll see a mix of both our
12 continued commitment to some of our long-term investments.
13 We often refer to these as our anchor investments in such
14 areas like Welcome Baby, select home visitation, and our
15 work across our 14 Best Start communities.

16 In fact, nearly three-quarters or 71 percent of
17 the center's budget, which is the \$77 million recommended
18 budget, is dedicated just to these two long-standing
19 investments alone.

20 In addition to these anchor investments, you'll
21 also see and hear about some exciting new emerging work
22 across all of our departments or teams that, by
23 definition, is new or evolving. It's ramping up or it's
24 ramping down. Each speaker will be calling out some of
25 those highlights, as well as how we are working in

1 collaboration with the newly-formed offices. These
2 include the office of communications, the office for data
3 for action, the office for government affairs and public
4 policy, and the office of equity, strategy and learning.

5 As you'll hear from our highlights, these four
6 offices, which are part of our new organizational
7 structure, provide key critical functional leadership and
8 expertise to inform the work of our Center For Child and
9 Family Impact.

10
11 My third and final point is less about our work
12 and more about our fiscal reality. Yes, budgets are about
13 values and priorities, but they also need to reflect the
14 fiscal reality. Putting on my former hat over the admin
15 or operations side of the organization, I recall several
16 discussions with our commissioners on the budget and
17 finance committee as we presented our long-term financial
18 plan as we were getting ready to enter into our current
19 strategic plan. And the message was clear: Commissioners
20 didn't want First 5 LA to fully expend our fund balance
21 driving it to zero. It did want First 5 LA to increase
22 the amount of funding set aside in our reserves ensuring a
23 longer term fiscal strength. This budget does that
24 ensures we get through 2028 with some continued fund
25 balance, as Daisy mentioned.

1 And as we know, our fiscal context is such that
2 states estimates continue to forecast reductions in Prop
3 10 revenues each year. So you'll also see reductions in
4 some of our investments that reflect this fiscal reality.
5 So you will also see an increase in non-Prop 10 revenues,
6 especially in the area of the ECE and some exciting
7 emerging, revenue-generating work with health plans that
8 is very creative and important to recognize.

9 So with that, I will pass this on to Becca, who
10 is lead of our early care and learning team. After that,
11 Lee will present on the communities team. And as Raoul
12 mentioned, we'll take a break from the presentation so
13 that we have a few minutes for conversation with the board
14 to answer any questions or hear your thoughts. Then we'll
15 wrap up the presentation with the final three teams:
16 Health, family support, and the center support team.

17 Though there's no ideal way to break this
18 presentation up given the integrated nature of our work,
19 we did want to make sure we did have timing between the
20 presentations to ensure rich board engagement on any
21 questions and discussion.

22 After the center finishes our presentation, we'll
23 turn it back over to Jasmine with the Center For
24 Operational Excellence to provide her final remarks.

25 So with that, I'll turn it over to Becca.

1 MS. PATTON: Thanks, John. Really appreciate
2 that.

3 So the proposed ECE budget, I'll go through some
4 highlight and then, as John said, pass it to Lee to talk
5 about communities, and then we'll have some time for
6 questions.

7 So the proposes ECE budget is approximately 13
8 million. This is a reduction from previous fiscal years.
9 Reductions can be contributed to the sunseting of our
10 long-term investment in childcare 16 and the sunseting of
11 various other programs, in addition to a reduction in our
12 kindergarten readiness assessment investment.

13 As John mentioned, there is about five million in
14 revenue in the ECE budget. This revenue is from First 5
15 California, and it goes to two programs; one to support
16 the expansion of our Quality Start Los Angeles system and
17 the launch our dual language learner.

18 Tom is saying hi. I think she is the mascot of
19 First 5 LA at this point.

20 Okay. I think we're good. Okay. So let's go
21 into the highlights. So our two largest investments
22 within ECE continue to be Quality Start LA and our
23 kindergarten readiness assessment. Quality Start LA has
24 been refined to be more inclusive, and we have a specific
25 target now for family childcare homes to be enrolled

1 within the system.

2 Our KRA investment is seeing a shift this year.
3 So we will be sunsetting our KRA investments that are not
4 contained within Best Start geographies. We're also going
5 to take the next few months of the next fiscal year to
6 work closely with the communities team to determine what
7 is our long-term strategy and, therefore, long-term
8 investment for kindergarten readiness assessment.

9 While we do this analysis, we're going to pause
10 expansion of KRA so that we can move through the process
11 and ultimately determine what the future of KRA is. This
12 may result in a continued decline in our investment in KRA
13 over the subsequent fiscal years.

14 We are also launching a new investment within ECE
15 around home-based childcare providers. As we moved
16 through our last strategic plan, it became clear that
17 omitting a focus on home-based childcare providers is not
18 completely aligned with our new value around DEI and
19 investment guideline. So we are very new to this work.
20 So we're working closely with our partners, we're spending
21 time listening to providers on the ground, and we are
22 actually going to be presenting more information about our
23 initial thinking around our strategy for home-based
24 childcare providers at the June PPC meeting.

25 I will also like to mention that there's a small

1 investment in this strategy for this next fiscal year.
2 We're considering that a down payment, and I would expect
3 to see this investment to grow over subsequent fiscal
4 years.

5 We're also going to spend this year continuing to
6 focus on stabilizing and building back the childcare
7 system as we're emerging out of Covid, which has taken a
8 significant hit this year and has further exacerbated the
9 inequities within the system. So we're playing close
10 attention to that and figuring out how we can best support
11 the system as we bounce back from Covid.

12 Lastly, I want to highlight the work that we'll
13 be doing in partnership the Office of Government Affairs
14 and Public Policy. Currently, we have three policy and
15 advocacy funds spread throughout our organization: One
16 focused on ECE, one focused on health, and one focused on
17 the built environment. Andrew and OGAPP is currently
18 leading a process to better align these three disparate
19 policy and advocacy funds. And the goal will be to launch
20 a new integrated policy and advocacy fund during the next
21 fiscal year.

22 So this next fiscal year, you'll continue to see
23 budget within those three departments for the three
24 different paths, and then a new budget for the integrated
25 path to be launched within OGAPP's budget.

1 And with that, I'll hand it over to Lee who can
2 talk about communities's budget.

3 MS. WERBEL: Thank you, Becca. Thank you. Good
4 afternoon, everyone.

5 The total budget for communities for fiscal year
6 21-22 is a little more than \$17.5 million. Everything
7 included in next year's budget is consistent with what you
8 heard, and we were happy to share during the Best Start
9 deep dives, those Best Start learning sessions.

10 Primarily, we will continue to invest in building
11 the regional networks structure and amplify community
12 voice in Best Start regions. And this is all to cohere
13 systems change agendas. We will continue to learn from
14 community priorities and to more explicitly connect our
15 internal work and external partners to those communities
16 priorities.

17 The main elements really include strengthening
18 the networks and building the field. This includes the
19 regional network grantees in the Best Start regions with
20 approximately 14 million -- almost \$15 million of that
21 \$17.5 million directly supporting the work of the regional
22 network grantees.

23 This \$17.5 million budget represents a reduction
24 of approximately \$3 million over this year's budget. And
25 this includes a reduction in the regional network

1 grantees' agreements by ten percent or 1.65 million and
2 reduction of other projects, completion of projects, and
3 the transfer of work to other offices.

4 Implementing the ten percent reduction for the
5 regional network grantees is reflecting First 5 LA's
6 fiscal realities and is part of a broader effort in
7 partnership with the RNGs, or regional network grantees,
8 and communities to develop and advance a sustainability
9 strategy for their work.

10 I'd like to also take a moment here to share a
11 couple of examples of how communities, of how we are
12 connecting with other offices in the agency. So through
13 21-22, we will be working closely with the Office of
14 Government Affairs and Public Policy to support that more
15 integrated agency-wide policy advocacy fund that Becca
16 talked about. And we will be connecting also with OGAPP
17 on an ongoing basis regarding informing advocacy
18 priorities. During next year, we will be implementing our
19 Best Start learning agenda as you have heard in
20 collaboration with and with TA from the office for data
21 for action.

22 As a reminder, the Best Start learning agenda is
23 really how we will understand and communicate our progress
24 for this investment. The Best Start learning agenda will
25 help us establish proof of concept and help us illuminate

1 the impact of creating and strengthening the local
2 networks of community residents, leaders, and
3 organizations working with public systems to achieve
4 shared results.

5 We're also connecting to the Office of Equity
6 Strategy and Learning, which you know is headed by
7 Antoinette Andrews, and is a new function at First 5 LA to
8 facilitate organization-wide processes for implementing
9 and refining strategic plan, improving culture and
10 embedding First 5 LA values throughout and across our
11 work, and staff learning and engagement. We will be
12 connecting to OESL in many ways, especially or including
13 regarding, informing DEI approaches and strategies.

14 And now I think -- I don't pass the mic, but we
15 are available, right, for questions and answers.

16 COMMISSIONER ZEPEDA: Okay. Thank you so much
17 for those presentations.

18 Commissioners, are there any commissioners that
19 have questions, either about the early childhood piece or
20 the Best Start piece presentations?

21 Okay. Well, I'm going to ask Becca because this
22 is my wheelhouse, Becca, is early childhood, as you know.

23 Number one, I'm very happy to see this focus on
24 family childcare providers within early childhood. That's
25 so important, particularly as we come out of Covid, since

1 they're -- they're left -- they're some of the -- places
2 that are left standing as we go forward. So there is a
3 real need to really think about home-based childcare
4 within our system.

5 And also I think there needs to be -- and I'm
6 wondering if your office is thinking about how there will
7 be more of an emphasis on zero to three going forward
8 within our First 5 early childhood agenda as the State,
9 basically, will pick up most of the four-year olds in
10 transitional kindergarten. I know that there's been talk
11 -- there's a lot of talk about it. This needs to be I
12 think on our radar screen.

13 MS. PATTON: Yeah. So we have been moving in
14 that direction of wanting to have more of a focus around
15 infants and toddlers. As you know, we've historically
16 focused on preschool and four-year olds in particular.
17 And both sort of the science of brain development tells us
18 zero to three, and particularly zero to two is most
19 important. And I think also thinking about we know most
20 infants and toddlers are in home-based settings. So
21 that's actually our shift there is what prompted us to
22 think about home-based childcare providers in particular.

23 So, yeah. And we also know that that's where the
24 crisis of care is for access is for infants and toddlers.
25 So that was going to be our focus anyway and, as you said,

1 I think more of an imperative now as we're thinking
2 through what is the implications of the implementation of
3 a universal preschool program and what effect will that
4 have on our infant and toddler care supply.

5 COMMISSIONER ZEPEDA: And also something I've
6 been bringing up repeatedly for First 5s in general, and
7 that is how we work with the K-through-12 system as they
8 take in those four-year olds. It has tremendous
9 implications for our workforce, for our families, for our
10 work with K-through-12. And, hopefully, we can help
11 K-through-12 understand four-year olds -- and I'm showing
12 my -- my bias here -- understand developmentally
13 appropriate and culturally linguistically appropriate
14 practice for four-year olds.

15 I wanted to bring that up and just to underscore
16 because, when I first came on the commission, that was one
17 of the first things I was bringing up was family childcare
18 roles. So thank you for that.

19 Commissioners, are there any other questions for
20 Lee or for Becca on these two programs?

21 COMMISSIONER TAYLOR: I put something into you.
22 This is Commissioner Taylor.

23 COMMISSIONER ZEPEDA: Let me get my iPhone. Go
24 ahead, Commissioner Taylor.

25 COMMISSIONER TAYLOR: First of all, I totally

1 support what you're saying, Commissioner Zepeda, and what
2 Becca and the group and the team is moving on with the
3 needs to try to shore up home-based childcare and what we
4 can do to elevate that process.

5 But I wanted to kind of not take away from that,
6 but say, I support that. But I also want to talk about
7 communities. I want -- my question is for Lee.

8 Lee, are we working with these networks to come
9 up with sustainability strategies and resources to augment
10 their programs that they can get from other resources to
11 enhance what the community wants to do and what they're
12 trying to do within the community?

13 MS. WERBEL: Thank you. Thank you. I appreciate
14 that question. That's sort of a set up. Thank you very
15 much.

16 Yes, we are, and it is a process and I think --

17 COMMISSIONER TAYLOR: Sorry, Lee. My thing
18 dropped off for a minute. Can you start over?

19 MS. WERBEL: Sure. I actually said thank you for
20 the setup, so --

21 COMMISSIONER TAYLOR: Okay.

22 MS. WERBEL: So, yes. We are -- definitely
23 sustainability and resource mobilization has been a part
24 of this investment from the beginning when we first --
25 from the beginning when we issued the solicitation to

1 select the regional network grantees. It's part of the
2 work, and this ten percent reduction that we've put in
3 place for next year is the beginning of that. The -- the
4 concept of the sustainability is included in each of the
5 scopes of work for the regional network grantees.

6 So together we will be working with the regional
7 network grantees and communities to really fully develop a
8 sustainability strategy that we -- we would be happy to be
9 sharing with you all as it develops.

10 COMMISSIONER TAYLOR: That would be great because
11 there's a lot of resources going on out there to help the
12 community, and using their relationship and creativity in
13 connection to the community to access those resources that
14 will be focused and beneficial to the community is what my
15 expectation of those networks is as well as the work we're
16 doing with them so that we're thinking out of the box and
17 not that they're dependent on us to lead this -- this is
18 where we're teaching them to go after these resources so
19 they can keep doing the work with or without us.

20 MS. WERBEL: And the concept is not just the
21 resources in terms of dollar, but also sustaining the
22 effort, right, just being the capacity. So, yeah, it's
23 both. And so you'll hear more, but we're also happy to be
24 partnering with our center support team also in looking at
25 those other opportunities that are coming available.

1 COMMISSIONER TAYLOR: I just want to say -- I
2 just wanted to say, I heard some creative things that the
3 regional networks are doing to access other resources to
4 augment what they're doing or to enhance what they're
5 doing. And that's what I hope they will elevate as
6 they're moving forward, because that's what I hear.

7 MS. WERBEL: Yes, thank you. Exactly.

8 COMMISSIONER TAYLOR: I think Deanne has a
9 question.

10 COMMISSIONER ZEPEDA: Commissioner McCroskey is
11 next in the cue.

12 COMMISSIONER TAYLOR: Sorry.

13 COMMISSIONER TILTON: How do I get in the cue? I
14 have to get in the cue.

15 COMMISSIONER ZEPEDA: You have to text me or --
16 I'll put you in the cue, Deanne.

17 COMMISSIONER TILTON: I was on time today too.

18 COMMISSIONER McCROSKEY: Double, double thumbs
19 up.

20 I want to build on Romalis's question. And first
21 of all, lead to say, thank you, guys, so much for all the
22 work you did to put together the -- the highlights from
23 the various regions. It was very impressive and very
24 evocative of a lot of efforts coming to fruition, which is
25 fabulous. And I was also taken by the issue of

1 sustainability in part because I'm involved and I'm sure
2 other people are involved in parallel efforts to build
3 community decision making and leadership that are related
4 to the Best Start networks.

5 And so in child welfare, for example, it's --
6 it's communities of hope and it's thriving families.
7 Those are the two buckets of activity that are going on
8 right now, and in addition to teaching and helping people
9 get additional resources on their own. It does feel like
10 First 5 could play a really helpful role connecting some
11 of these efforts that are going on related to similar
12 issues and similar questions.

13 So I just wanted to make sure that we're -- you
14 also bring some information on that because it definitely
15 feels like there's -- there's some opinion that's changing
16 about the importance of direct community participation,
17 and we want to encourage that across all these systems.

18 MS. WERBEL: Uh-huh. Yes. Thank you. We will.

19 MS. BELSHE: Marlene, you need to unmute. And
20 Deanne as well.

21 MR. WAGNER: I think we lost Marlene. Let's go
22 to Deanne.

23 COMMISSIONER TILTON: Is it working?

24 COMMISSIONER ZEPEDA: Yes.

25 COMMISSIONER TILTON: Thank you so much for these

1 presentations. They are so important. And I do believe
2 that the probably most important part of this is the
3 inclusiveness within communities on different issues. I
4 just want to do my part in reminding people that children
5 under three are the most at risk. And as you may be
6 aware, our 30-year study of 1,000 children who were the
7 victims of fatal child abuse, over half of those were
8 under two and 75 percent were under three. So I need to
9 again remind people that as we -- as we work on these
10 issues, we need to know what we are preventing and in fact
11 we have done that. I credited First 5 very specifically
12 in reducing the number of child homicide over the last 30
13 years. So I'm so pleased about that.

14 What I will say is this: That in the meetings
15 that I have with the community child abuse councils as of
16 last week, I specifically asked how many of them -- and
17 there are 12 and they represent every area of the county,
18 and also the African American community the Pacific Asian
19 community, the deaf community. And only one of the
20 councils indicated they had a connection to our Best Start
21 centers. And that worries me a great deal because, in
22 fact, we need to have that input and we need to assure
23 that the -- the prevention that we are aiming for is also
24 connected to the high-risk community in our communities.
25 So in our -- in LA County.

1 So, again, thank you for all your great work. I
2 think we've made a big difference, but right now I see a
3 little bit of a disconnect as we focus on communities of
4 hope that we still need to remember that there are those
5 children under three years of age who are at high risk,
6 and we need to make sure that we have the best and
7 probably only effective prevention mechanism possible, and
8 that is the families and the community providers. It's
9 not going to be the public child protection system. By
10 the time it gets there, it's often too late.

11 So anyway, thank you.

12 COMMISSIONER ZEPEDA: Thank you, Deanne.

13 Excuse me, everybody. I got frozen out of my
14 laptop. I am now on my iPhone. And I believe
15 Commissioner Abdo was -- had a question.

16 COMMISSIONER ABDO: Yes. I'm wondering -- I
17 share your concern about this -- the educational system,
18 shall we say, taking over TK, which I think is a wonderful
19 thing. I'm just very concerned about whether the teachers
20 will have the kind of child development background that I
21 think is necessary for teaching four-year olds.

22 So I'm -- I'm just wondering, you mentioned that
23 you were going to be focusing on that, but what are we
24 going to be doing that will make a difference in what
25 school districts and end up doing to incorporate TK for

1 all?

2 MS. PATTON: So I think we're sort of waiting to
3 see what the final deal is for what the universal
4 preschool program will look like. And we have talked a
5 lot internally again with our OGAPP colleagues around what
6 is our goal in implementation and how do we ensure that
7 implementation is done in a way that's beneficial for the
8 four-year old children. So we don't have a full strategy
9 yet, but it is something we're looking at.

10 COMMISSIONER ZEPEDA: Can I just chime in here
11 and -- Judy, because this issue that you bring up is
12 something I've been dealing with for a long time, and that
13 is workforce development for early childhood education.
14 And I do share the same concern you have. And that
15 concern really goes to the hard work that life is
16 permitting for the workforce, which is governed by the
17 commission on teacher credentialing. Commission on
18 teacher credentialing does not have voting members on that
19 commission that have a background in early childhood or
20 know our mixed delivery system.

21 So my issue is that we need to really think about
22 who is licensing, what are the accreditation agencies
23 doing with respect to TK. And, absolutely, this is an
24 opportunity I hope to help them -- they might not want to
25 hear this -- really think about a more appropriate way to

1 train and prepare the workforce for individuals that are
2 working in the primary grades.

3 So that's sort of my editorial for today.

4 COMMISSIONER ABDO: I don't want to say that I --
5 I did teach kindergarten back in the day long ago when the
6 dinosaurs were roaming. And I -- I have an early
7 childhood credential which is what mostly kindergarten,
8 first, second teachers had which was very focused on child
9 development. And it was not the same as an elementary ed
10 credential. And I don't -- I don't know if people are
11 thinking that we should go back to that kind of model or
12 whether all teachers should get more child development,
13 though I think it's really important to focus it for
14 especially TK. But I -- I want to follow what is going on
15 here and to know what we can do individually to try to
16 have an impact in Sacramento on -- on what they're going
17 to do to actually implement this.

18 COMMISSIONER ZEPEDA: Correct. And I think we've
19 got to keep this -- Becca, we've got to think about this,
20 not only for First 5 but for the whole First 5 system
21 going forward.

22 I believe Commissioner Pleitez Howell has a
23 question.

24 COMMISSIONER PLEITEZ HOWELL: Thank you,
25 Commissioner.

1 Appreciation on hearing an overview of this
2 budget and the internal collaboration that's clearly
3 happening more than we've heard in some other
4 presentations. I think that's really helpful.

5 For these two components, the piece that I'm
6 curious about is, our budget shifts were response based on
7 pandemic. So there's a fine balance with continuing on
8 track with our strategic plan when the world completely
9 changed. And as we look at early learning, Commissioner
10 Zepeda has lifted up the structure is completely changing
11 for early care and education. And our budget in either --
12 in the early learning piece or when we talk about
13 government affairs, seeing what shifts we made in our
14 budgets to be responsive to that. And then with the --
15 the communities budget, it -- it's tough to swallow \$3
16 million decrease when we know what happened in communities
17 during these times. So a bit of, you know, this is cost
18 saving administrative or what have you or is it, we're not
19 investing in communities after this pandemic in the same
20 way. And I -- getting a little bit of clarity on that
21 would be helpful for communities.

22 And then for early learning, it would be helpful
23 to hear, yes, the \$8 million decrease has some legacy
24 things that we knew weren't going to be part of it. KRA
25 seems particularly important right now as we're having

1 these preschool discussions at the state level, so the
2 rationale for decreasing that. And no need for responses
3 now, but I do think it's something that we have to be
4 clear about just given what's happening in the world at
5 this time.

6 COMMISSIONER ZEPEDA: So Commissioner Pleitez
7 Howell, you do not want a response or do you want to see
8 if anybody has some thoughts on this issue?

9 COMMISSIONER PLEITEZ HOWELL: I think we hear the
10 budget again, Dr. Zepeda. So having that sort of blend
11 with the pandemic the rationale for variations would be
12 helpful as it links to the pandemic, but not right now.
13 But I do think the commission needs to hear.

14 COMMISSIONER ZEPEDA: Think about that for the
15 next presentation for the full commission meeting. Thank
16 you for that.

17 Are there any other commissioners that have
18 questions to either -- on early childhood or on the
19 community piece?

20 COMMISSIONER TAYLOR: This is Commissioner Taylor
21 again I sent in a note.

22 I think what I'm hearing in the conversation is
23 all on target, but I -- I would like to broaden come out
24 of the conversation to how this is going to change for the
25 parents and the communities as it relates to childcare

1 because there needs to be an integrated system that works
2 with the school and with childcare because these parents
3 have work to do and they don't always work 9:00 to 5:00,
4 and what are they going to do for those parents and how is
5 the system going to work.

6 So it shouldn't just be looked at as being,
7 what's the school going to do. It should be an integrated
8 system that serves the benefits of the child and the
9 family, the whole family. So what I'm concerned -- I've
10 not heard anything yet from the schools, how they want to
11 do it. There are models out there that have an integrated
12 approach that work with the parent and the child and the
13 school and the childcare as it relates to the how the
14 family is trying to survive economically.

15 COMMISSIONER ZEPEDA: Thank you, Commissioner.
16 I'm not sure that we can answer that right now.

17 Becca, I think really the issue is going -- we're
18 going to have to do a wait and see to see how this is all
19 going to play out, right, with TK and wrap-around services
20 and that kind of thing.

21 MS. PATTON: Yeah. I think we'll have a little
22 bit more details in implementation, but the point is a
23 salient one, I think. However, this sort of universal
24 preschool system looks like, it is not going to cover all
25 of the days that a family may be working, and so what are

1 the other options for children for childcare beyond the
2 school day hours --

3 COMMISSIONER ZEPEDA: Correct.

4 MS. PATTON: -- creating those partnerships in
5 the community.

6 COMMISSIONER ZEPEDA: Okay. Thank you.

7 Any other commissioners? I'm not -- I'm on my
8 iPhone, so I'm not able -- it's hard for me to look at
9 texts. So if you can let Linda know if you have a
10 question, that would be helpful.

11 Any other commissioners have questions or
12 comments they would like to raise on these two aspects of
13 our programming?

14 Okay. Hearing none, John, I think I need to send
15 it back to you. Is that correct?

16 MR. WAGNER: Yes. We've finished the
17 presentation on behalf of the Center For Child and Family
18 Impact team. Are we going to you, Diana, next?

19 MS. FICEK: I think it's me. Health systems.

20 MR. WAGNER: Okay. We have health systems.

21 MS. FICEK: Thank you, John.

22 Health systems 21-22 budget, which is a little
23 over 5.8 million and includes a small increase from the
24 current year. This upcoming budget represents continued
25 execution of two major strands of work: Early

1 identification and intervention system building, which
2 encompasses Help Me Grow LA, and our African American
3 Infant and Maternal Mortality Prevention efforts. Both
4 areas represent strong partnership with LA County
5 Department of Public Health who serves as our colead.

6 If health systems 21-22 budget had a motto, it
7 would be full steam ahead, which feels good to say after
8 this last year's challenges and disruptions due to Covid.

9 Before we dig into specific programmatic
10 highlights, I wanted to take a minute to elevate areas of
11 alignment between AAIMM, African American Infant and
12 Maternal Mortality prevention, and Help Me Grow. Key
13 features that exist across both our Help Me Grow and AAIMM
14 work include focus on prevention, moving the focus
15 upstream, as well as the whole child, not only focused on
16 physical health, but mental health and strength of the
17 parent caregiver/child relationship.

18 Additionally, both AAIMM and Help Me Grow are
19 centered around the social and economic factors that
20 impact maternal health and the subsequently a child's
21 health and development. Some examples include early
22 education opportunities, economic supports, systemic
23 racism and inequities, and exposure to ACEs or adverse
24 childhood experiences.

25 Finally, both Help Me Grow and AAIMM have set

1 strategies focused on strengthening and ultimately
2 transforming health care delivery, therefore, fundamental
3 to our success and strong engagement with our local health
4 plans to test and sustain this work. We're going to hear
5 a lot more about our health plan partnerships in the
6 upcoming slides.

7 So now that you have more information about how
8 foundationally our birth disparities AAIMM work and our
9 early identification Help Me Grow work align, we're going
10 to dig into a few programmatic highlights. They include
11 growing internal coordination and support from our office
12 of communications to provide guidance as well as
13 contractor support as AAIMM and Help Me Grow both have
14 dedicated strategies focused on creating and testing key
15 messaging, public awareness campaigns, including a strong
16 social media presence.

17 Another important area of progress and expansion
18 this next year is happening through our Help Me Grow
19 pathways work, which is focused on strengthening community
20 collaboratives to improve referrals and linkage amongst
21 each other's organizations through enhanced
22 infrastructure, improving practice change, and also better
23 use of technology. Five pathway collaboratives were
24 launched this last year in 2020 and two more will be begin
25 later this summer to ensure countywide spread.

1 And then, finally, this next year offers a new
2 and growing opportunity to direct resources in partnership
3 with health plans and private philanthropy through a
4 project focused on children's preventive behavioral health
5 services and supports. Specifically, this work would
6 support technical assistance to clinic sites to expand the
7 primary clinic team workflow and practices to better
8 integrate physical and behavioral health screening and
9 services for the whole family.

10 This model has been pilot tested by First 5 San
11 Francisco and their local health plan and has been shown
12 to show increase access to preventive care, improved
13 coordination of care, and maternal mental health, and to
14 strengthen child social emotional health and safety.

15 Our 150,000 line item for this work just got a
16 major boost through the Governor's May revise which
17 included a proposal of 100 million in the general fund to
18 support this work statewide.

19 This investment is a great example of a
20 supporting change at system level, no longer focused on
21 the direct service of the State's mental health services,
22 but providing the technical assistance and coordination
23 with the health plans to support needed training and
24 infrastructure to ensure implementation of this benefit
25 across provider and clinic networks.

1 And that includes the health highlights. So I
2 believe I'll pass it over to Diana Careaga from our family
3 supports team for her piece.

4 MS. CAREAGA: Thank you, Tara. And good
5 afternoon, everyone.

6 So for the family supports team, as you can see,
7 the total budget for fiscal year 21-22 is 40.1 million.
8 This does represent a increase of four percent from the
9 last fiscal year. The increase is due in part to assuming
10 oversight of the Welcome Baby virtual setting. And our
11 budget also includes funding for Little by Little, which
12 is consistent with the board action of expending --
13 spending down its balance of 3.2 million.

14 We also have a number of family engagement
15 investments that are sunseting as planned, which includes
16 Abriendo Puertas and Project Dulce. And we do have a
17 no-cost extension for baby-friendly hospital. Our last
18 baby-friendly hospital and their -- Baby Friendly USA
19 delayed their final offsite visits which resulted in
20 resignation due to Covid.

21 So before I get into the programmatic highlights,
22 I did want to acknowledge that our home visiting grants
23 are different, in that they are one of our last
24 significant remaining direct service grants and an anchor
25 investment, as John noted earlier. So we're always

1 cognizant of our fiscal constraints. And our goal is to
2 use the time we have within the strategic plan to make
3 strategic adjustments and shift over time to focus First 5
4 LA's role on coordination with partners and infrastructure
5 for the home visiting system.

6 And I also wanted to call out that, while the
7 bullets did not call out DEI specifically, it is a common
8 thread throughout the team's work as we work with the
9 office of equity, strategy, and learning to actively embed
10 DEI approaches into our strategies.

11 So I want to highlight a few examples of ongoing
12 coordination with internal and external partners. The
13 first is our coordination with the Office of Data For
14 Action for the Welcome Baby virtual study. So as I
15 mentioned, family support oversight of the study from ODFA
16 this year. As a reminder, we shared at the October PPC
17 that we pivoted from an impact study which would determine
18 what posed an unnecessary challenge to families during the
19 pandemic to a study focused on implementation and outcomes
20 of virtual home visiting for which there is little data on
21 the national front. So ODFA continues to lean their
22 expertise into the design and implementation of the study
23 and was leading efforts with WIC to gather data for a
24 comparison sample, and ODFA will be a close partner in the
25 analysis of the data when that time comes.

1 The next examples that I'm going to highlight for
2 our systems building approach. So in the past, First 5 LA
3 was one of the primary funders of home visiting. This has
4 shifted in the past few years with the entry of other
5 funding sources. So our investment is now one of many.
6 And as I mentioned, we're continuing to shift towards
7 focusing and investing on infrastructure, coordinating
8 with key partners, and leveraging and maximizing other
9 funding sources, so an approach that will lead us towards
10 a future state where the home visiting system is less
11 reliant on First 5 LA funding.

12 An example of this infrastructure support and
13 network creation is the family strengthening oversight
14 entity, also known as Los Angeles Best Baby's Network, or
15 LABBN. So this foundational infrastructure is critical to
16 the system. LABBN oversees a required set of trainings
17 for home visitors of over 150 hours regardless of funding
18 stream, and they also receive funding from providers under
19 Department of Public Health for this training and
20 technical assistance. This really allows for standardized
21 high-quality support for the workforce across the system.

22 And the fund -- this foundational support we also
23 have stronger families database which is used by providers
24 across the funding streams and allows us to tell the story
25 of home visiting in the county more effectively.

1 Finally, LABBN also oversees the Los Angeles home
2 visiting consortium, another foundational system element
3 which brings together over 50 organizations and
4 stakeholders every quarter to learn, advocate, and support
5 high-quality home visiting for families in LA county.

6 So as part of our sustainability efforts, we have
7 also continued engagement in our addition efforts in our
8 work with health plans in close collaboration with the
9 center support unit and health systems team. You'll hear
10 more about this example in the next presentation today
11 after break, but home visiting does yield outcomes of
12 interest to health plans that benefit them. So we have
13 been working closely with health plans to contract with
14 them for reimbursement, to develop and expand referral
15 pathways, to explore and pilot strategies across the
16 maternal and pediatrics spectrum, and really to explore
17 what First 5 LA's role can and should be in connecting
18 home visiting and health care plans. Again, we will share
19 more details later today. But again, another example of
20 how these efforts are contributing to the home visiting
21 system sustainability in our future.

22 And then, finally, First 5 LA continues its
23 interim leadership role in coordinating and leading
24 implementation of the home visit systems action plan that
25 was a result of the Board of Supervisor's motion in 2019.

1 The plan includes the strategic integration and
2 development of referral pathways between home visiting and
3 other family services and systems including Help Me Grow,
4 doulas, and early care and education. We will also
5 highlight in the upcoming presentation on data sharing
6 agreement with the Department of Public Health.

7 So we continue to work with our internal and
8 external partners to contribute to the development of a
9 universal high-quality home visiting system.

10 and with that, I will pass it on to Reid for the
11 center support unit.

12 MR. MEADOWS: Okay. So last and hopefully not
13 least. We have the smallest and newest team within the
14 center for child and family impact, the child center
15 support team, consisting of Ana Potere, Brittany Hojo, and
16 myself, all reporting directly to John Wagner. And our
17 role is really to work across the center for child and
18 family impact functional teams, so ECE communities, health
19 systems, and family supports, to drive stronger internal
20 integration and cultivate external partnerships that
21 advance First 5 LA's strategic priorities.

22 We're continuing to rebuild and refine our role,
23 but we envision working with the CCFI team, especially in
24 the areas of the sustainability, financing, and county and
25 philanthropic partnerships. And our budget can really be

1 broken down into these two broad categories of
2 sustainability and partnerships.

3 So we'll start with the quick overview of
4 sustainability and financing. And Anna and Diana will be
5 providing a deeper dive on this topic later in the
6 meeting. For the upcoming fiscal year, we're really
7 focused on sustainability in our home visiting
8 investments, working closely with the family supports team
9 to secure reimbursement from managed care plans. We're
10 also working to identify opportunities for additional
11 investment through philanthropic partnerships and federal
12 and state legislation. So our budget includes funding to
13 create a reimbursement infrastructure for First 5 LA to
14 secure payment, as well as consulting support from health
15 care experts to ensure we're maximizing potential revenue
16 both for Medi-Cal managed care plans as well as through
17 the statewide Medi-Cal efforts.

18 We're also supporting the county's implementation
19 of a family first prevention services act, or FFPSA. And
20 this all moves funding upstream to more prevention
21 services like home visiting. And depending on the State's
22 plan, potentially offer as a new funding stream to blend
23 and braid with.

24 So the second area of the center support team
25 budget focuses on county and philanthropic partnerships.

1 This includes our memberships in Southern California grant
2 makers, the center for strategic partnerships, which is
3 housed in the county's chief executive office, and the
4 bold vision investment, which bring together county and
5 philanthropic leaders to address the big systemic changes
6 needed for a thriving Los Angeles with the target of the
7 2028 Olympics.

8 So to work for some of our philanthropic
9 memberships are also in the office of government affairs
10 and public policy budgets. So we'll be coordinating
11 closely with them to ensure that we're fully leveraging
12 our relationships and learning curve.

13 We've also included flexible funding to lift up
14 and advance community identified priorities in the Best
15 Start region. So this includes long-standing investments
16 in child maltreatment prevention and emerging issues like
17 economic security. The board has heard about the many
18 efforts underway in places like the Antelope Valley to
19 build a strong infrastructure of primary prevention
20 services informed through a deep community engagement
21 process. And I think this is a good example where First 5
22 LA can lift up important work in communities and serve as
23 the connective tissue to broad prevention initiatives.
24 And Commissioner McCroskey mentioned the thriving families
25 sacred children initiative. That's a good example. This

1 helps strengthen our partnerships with DCFS at the office
2 of child protection.

3 With economic security, this is an issue that we
4 are beginning to explore. And through our partners like
5 the Center For Strategic Partnership, we have a unique
6 vantage point to build joint initiatives with both the
7 county and philanthropy that focus specifically on
8 financial stability for young children and their families.
9 I think this work continues to -- I think as this work
10 continues to take shape, we'll be sure to come back to the
11 board with a more detailed overview of our strategy here.

12 So, finally, the budget includes consulting
13 supports to understand opportunities for prevention and
14 early intervention in our mental health system. And
15 although DMH is shifting funding out of home visiting
16 services, there is still important prevention
17 opportunities underway, and this funding will ensure that
18 we have a strategic insight and technical assistance
19 needed to capitalize on those opportunities.

20 So, hopefully, this gives you a better overview
21 of the center support team and a better understanding of
22 how our projects are closely connected to the four
23 functional Center For Child and Family impact teams. I
24 think part of our job is really to drive internal --
25 greater internal integration among those teams, but also

1 to ensure that First 5 LA as a whole is connected to the
2 highest impact tables and opportunities with our county
3 philanthropic and our managed care programs.

4 I think with that, I'll pass it over to Jasmine
5 and the center for operational excellence.

6 MS. FROST: Thank you, Reid. Good afternoon,
7 commissioners. My name is Jasmine Frost, and I'm the
8 interim chief operating officer.

9 Today I would like to highlight some of the work
10 that COE does and the areas of linkage to the work that
11 CCFI and the organization does and how it aligns to our
12 priorities and values.

13 So while CCFI focuses on the programmatic side of
14 the organization, COE is a strong team that provides
15 critical administrative support to CCFI and the rest of
16 the organization. And we do this in areas of finance and
17 budget support, procurement of vendor management,
18 facilities and the physical space, and information
19 technology. Through these functions, we're always being
20 consistent in our efforts to optimize our effectiveness.
21 And while we are consistently doing this on a day-to-day
22 basis, we're also actively looking at areas to incorporate
23 and integrate ways that also improve CCFI's ability to
24 meet the demands of the families and children that use our
25 programs. And these are also critically identified in the

1 our strategic plans. Next slide please.

2 So some examples of these linkages include First
3 5 LA's CIP project both improving its physical space,
4 which is one of the larger undertakings this agency has
5 taken on, or the development of a process and policy to
6 receive non-First 5 LA Prop 10 funds.

7 Another area that I would really like to bring to
8 your attention is an area where COE is looking to
9 incorporate DEI, which is a high priority for the board
10 and First 5 LA. Currently, the CAPS team is working on a
11 procurement reform project which is part of First 5 LA's
12 effort to optimize effectiveness which, as you might be
13 aware, is one of our four strategic priorities in the
14 strategic plan. This policy will provide enhancement to
15 First 5 LA's internal systems that will in turn improve
16 our work -- I apologize -- as a grant maker and funder
17 while also including a focus on high priority areas such
18 as diversity, equity, and inclusion.

19 While I'm highlighting just a few here, it is
20 evident that COE's work is integral to supporting our
21 programs and allowing them to serve the children and
22 families that use our service.

23 As always, COE continues to listen and learn from
24 our colleagues to achieve this operational excellence and
25 better align with our values.

1 In closing, I'd like to thank my colleagues and
2 John Wagner and his team for their support. And with
3 that, I end my presentation and passing it on to Daisy to
4 close out. Thank you.

5 MS. LOPEZ: Thank you, Jasmine.

6 So our next steps, as you can see in the slide,
7 today marks the third of our four commissioner touch
8 points in the budget development process. If there are
9 any changes to the budget figures presented today, they
10 will be highlighted at the board of commissioners meeting
11 on June 10th when we return to the commission for formal
12 approval of the fiscal year 21-22 budget and revised LTFP.

13 So I want to thank you all for that informative
14 deep dive and expanding on some of the activities and
15 costs that we can anticipate for fiscal year 21-22. And
16 we thank commissioners for your thoughtful and probing
17 questions. So that is the end of the presentation, and we
18 will be taking questions.

19 COMMISSIONER ZEPEDA: Okay. Thank you, Daisy.

20 Commissioners, are there any questions? That was
21 quite a bit of information to cover in a short period of
22 time. We appreciate the succinctness of it. Does any
23 commissioners have any questions to direct to either Tara,
24 Diana, Reid, or Jasmine regarding their programs?

25 COMMISSIONER TAYLOR: I have --

1 THE SECRETARY: Commissioner Taylor.

2 COMMISSIONER TAYLOR: Sorry. Thank you.

3 I have one for the -- what do you call the center
4 for family support. I would like to know if we're going
5 to do what we're doing with regard to the community
6 building issue that Lee is doing and have on there a
7 transition of reductions in that investment over time so
8 that we can motivate our collaborative partners to go
9 after other resources in order to augment what they're
10 doing. And so I just saw that we kept increasing the cost
11 of the programs -- of this program, but there is no plan
12 for reduction as our funds go away. So I don't want to
13 create a false sense of we're going do it forever because
14 there is not going to be the funds to support it at that
15 level. So I'm hoping you come up with a whatever
16 reasonable reduction plan that you need to have for that
17 program to motivate those individuals to go after other
18 resources to deal with the program.

19 MR. WAGNER: Maybe I can just jump in here and
20 ask Diana to fill in any missing information.

21 I think what you're speaking to, Commissioner
22 Taylor, is the need to look at sustainability across the
23 organization which we all are actively engaged in doing.
24 And one of the things we will be getting into further on
25 in the agenda is some opportunities that are emerging out

1 of the family supports team to look at sustainability.
2 What is sustainable in one area may look very different
3 than what is sustainable in another area. So we do want
4 to explore ways in which we can engage with our external
5 partners, whether it be in the communities, whether it be
6 with the provider, external providers that we fund and
7 look at various options for sustainability.

8 As far as the center support team, the role that
9 Reid highlighted, county partnerships are also really
10 important and critical piece of this as is exemplified
11 with the CalWorks funding that came into the county for
12 serving home visiting services and supporting families who
13 are on CalWorks. You know, helping our role in making
14 sure that the county is best positioned to draw down those
15 kinds of external funding streams is also a really
16 critical role we can play. It's not funding that
17 necessarily comes to us, but it's funding that we can
18 ensure comes to the county and the families in the county.
19 But you'll hear more about that a little later on in the
20 agenda.

21 COMMISSIONER TAYLOR: Yeah, I like what -- John,
22 I like what she's doing and what they're doing relevant to
23 research and validation of that, the ongoing training,
24 collaboration and doing that. But the doing the
25 programmatic funding and grant funding to -- we've already

1 had the proof of concept that they've done a great job on.
2 What I want to do is motivate those providers to go after
3 funding just like we're doing with the regional networks
4 so that they will take and be motivated to do that. If we
5 keep funding them and we don't show any reduction, then
6 they are not going to do anything other than continue to
7 try to be funded by us, and that -- I don't want to set
8 them up for that, you know. I know you may be doing it
9 and I just don't know it, but I want to hear that because
10 I'm not hearing it.

11 MS. CAREAGA: I'll just add, Commissioner Taylor,
12 that's a great point. I think part -- (audio distortion)
13 explores sustainability strategies recognizing that home
14 visiting as a direct service grant is a challenge in that
15 we cannot sustain it in the long term. It's not within
16 our fiscal constraints. And trying to use data, as you
17 said, some of this emerging work around health plans to
18 bring in other stakeholders and parties of interest that
19 could help support. So we will be continuing to look at
20 that and shifting that focus over time.

21 COMMISSIONER TAYLOR: And I totally support us
22 being the center and the coordinator of the training and
23 the advocacy of the model that needs to be done because we
24 want the efficacy of that to continue. So I just want to
25 make sure that we're not sending our collaborating

1 partners who have been on this journey with us to prove
2 that this is the right way to go. And so I don't know
3 when that transition happens and everything, but I want to
4 be honest with them that that's going to happen.

5 COMMISSIONER ZEPEDA: Thank you, Commissioner
6 Taylor.

7 Other commissioners, any questions on these last
8 four pieces of the presentation?

9 Linda, has anybody contacted you?

10 THE SECRETARY: No, I don't see any hand raises
11 and no one has contacted me for additional comments or
12 questions.

13 COMMISSIONER HEGER: This is Astrid Heger. Can I
14 say something?

15 COMMISSIONER ZEPEDA: Absolutely.

16 COMMISSIONER HEGER: I realize that I am the -- I
17 feel like I'm the lone wolf voices howling in the night
18 here, but somewhere when we're talking about African
19 American infant maternal mortality, when we're talking
20 about school readiness, and we're talking about building
21 new systems and working with public health, et cetera, I
22 would -- I would love it -- I would love it if First 5 of
23 LA took -- at least query providers about screening for
24 FASD which is now epidemic in the African American
25 community and their children, and it's only gotten worse

1 through the pandemic. And we are going to see data
2 completely screwed up by the fact that the outcomes for
3 these kids is -- is dismal if we don't intervene sooner
4 and it is difficult because it's easy -- easy button is to
5 do nothing and not assess them, but it is -- we are the
6 one program in LA County that identifies and treats over
7 here and -- and we are inundated.

8 So since it's the single biggest cause of
9 developmental delay in the United States and since we're
10 talking about school readiness -- and I realize I've only
11 been on the commission a couple of years, but somewhere
12 somehow, can somebody at First 5 just sneak in when they
13 talk about ACEs for school readiness saying, we would love
14 to look into the importance of identifying and treating
15 FASD and getting these kids safe and ready for school.

16 So maybe it would take a presentation to the
17 commission sometime this year from those who are dealing
18 with these kids so that we all might be able to sing off
19 the same page and the same hymnal with Commissioner Heger.

20 COMMISSIONER ZEPEDA: Thank you, Commissioner
21 Heger.

22 Tara, would any of the budget money that's coming
23 from the Governor -- I think he has a hundred million
24 dollars in proposed budget for early intervention. Would
25 that be a place?

1 MS. FICEK: I -- I don't know if that's going to
2 directly focus on this particular issue, the. FASD and
3 Charna's team tracks the budget closer, so if she wants to
4 speak or if she has specifics about that.

5 MS. WIDBY MARTIN: The early intervention budget
6 in the May revise is directed towards early intervention
7 as special ed money, so looking at the, IDEA part C and
8 part B program and LEA preschools. We are looking at and
9 opening questions about screening and intervention and the
10 role in our advocacy and definitely take the note. So
11 thank you.

12 COMMISSIONER HEGER: And the one thing is that
13 all that money that's going to ACEs -- and you know that's
14 going one of my pet peeves -- is great. We're not
15 treating it. We're not paying anybody to treat it. And
16 it's not our thing. We're not in the Governor's office
17 directing this money. But I think we have a leadership
18 role in the state to be able to raise our hand and say, if
19 we're preventing and the most serious and significant
20 impact on these kids is prenatal exposure, especially in
21 the African American family, and -- you know, I realize
22 that I'm one of the whitest people in LA County, and I
23 keep saying that and as I apologize to caring this much.
24 But when I see that, you know, we're looking at 30 to 40
25 percent of the kids that are African American are coming

1 in with FASD in the foster care, I mean, this is
2 frightening.

3 So I would like to say -- we can do it and make
4 everybody happy and just say, we would like to advocate
5 that FASD be included in ACEs.

6 COMMISSIONER ZEPEDA: Okay. Thank you, Astrid,
7 for your passion about this topic and for bringing it up.
8 People have to hear things multiple times before they take
9 it in. So don't feel bad about bringing it up over and
10 over again.

11 COMMISSIONER HEGER: You know, Marlene, the thing
12 that really hits home with me is, when you sit here and
13 you watch these five kids, teenagers murder a therapist,
14 you know, on one of the transitional shelter, I know every
15 single one of those kids has been through my clinic
16 probably five or six times and every one of them has FASD.

17 COMMISSIONER ZEPEDA: Wow. Wow.

18 COMMISSIONER HEGER: And you here you go, whoa.
19 If this is what's on the horizon for us now that we've had
20 all these people isolated and alcohol is a comfort
21 medicine, what is it we're going to see. I don't know.
22 The easy button is to say, nobody is really paying that
23 much attention, it's expensive, they're brain damaged, and
24 so who cares. Well, I care. And so I'm going to keep
25 saying it. And I think we've done -- First 5 has done

1 some amazing things in leading a path to do -- to make a
2 difference, and I just think this is some place else that,
3 if we put our hand up, people are going to listen to us,
4 you know.

5 COMMISSIONER ZEPEDA: Right. Right.

6 COMMISSIONER HEGER: So anyway, that's my point
7 and I'd like to see us take that leadership role. Thank
8 you.

9 COMMISSIONER ZEPEDA: Thank you for that.

10 Other commissioners, any questions or comments on
11 these presentations?

12 I have a question for Diana, and it's -- it's
13 relatively minor on the -- on the virtual study -- or the
14 study where they're going to be checking on virtual
15 modalities, right, for home visitation. When will that
16 study be completed?

17 MS. CAREAGA: The study is going to be following
18 families until the child is 18 months old, half of their
19 completion in Welcome Baby, and we're initiating
20 recruitment in the next few months. So we're anticipating
21 2023 we would have final results, although we will have
22 similar needs along the way as we're collecting data and
23 some key points.

24 COMMISSIONER ZEPEDA: All right. I think that
25 holds a lot of promise going forward. And so it would be

1 good to get interim reports because I think that will help
2 with some of our -- our work with the health care system,
3 et cetera, et cetera. So I wanted to raise that question.

4 If there are no other questions for the
5 presenters, I want to thank you all for the presentation.
6 I want to echo John's comments, particularly for Raoul and
7 Daisy for the big lift. I don't know if all of you saw
8 the 300-some pages worth of material that they developed
9 and so with the -- with the help of all the team. So
10 under, you know, difficult circumstances. So really,
11 really thank you for that. And I think we're scheduled
12 for a break. I have 2:55 on my clock. So we'll come back
13 at 3:05. So let's go ahead and take a break and I'll
14 still be on my iPhone.

15 (A brief break.)

16 COMMISSIONER ZEPEDA: Okay. It's 3:05. Let's
17 see who's back. Okay. Let's go ahead and resume. I
18 think we're ready; right, Linda? Is everyone back?

19 THE SECRETARY: More or less.

20 COMMISSIONER ZEPEDA: We'll get that final break.
21 Okay. Break of a nonalcoholic nature.

22 Let's move on to Item 5. But before we proceed
23 with Item 5, I would like to just note that our fearless
24 leader, Kim Belshe, will recuse herself from this because
25 Kim sits on the board of the Blue Shield of California.

1 And since the next item really would focus on managed
2 health care plans, including Blue Shield, we -- it is
3 important that she recuse herself from these, and she will
4 not participate in any activity related to this particular
5 item.

6 So with that said, she will log off and then she
7 will log back on after. And, Linda, you'll let her know
8 when she can come back in -- log in as we move past Item
9 5.

10 MS. BELSHE: Thank you so much, Commissioner.
11 See you all in a bit.

12 COMMISSIONER ZEPEDA: Then moving on, we have
13 Item 5 which is the home visiting systems building and
14 sustainability. And Lee and Diana and Anna will be
15 presenting on this piece; correct?

16 MS. CAREAGA: That is correct. Anna's going to
17 be bring up the presentation PowerPoint, and we're looking
18 forward to following up on our comments about systems
19 building and sustainability. So thank you all for being
20 here. And we're going to be focusing on these two areas,
21 as I mentioned.

22 So on the next slide, you can see our goals for
23 today. We're going to provide key updates on home
24 visiting system building efforts and sustainability,
25 specifically our work with Medi-Cal managed care

1 partnerships. So I will be presenting on the home
2 visiting systems and Anna on the Medi-Cal managed care
3 partnerships. And we will have time at end for questions
4 and discussion.

5 On the next slide, you'll see that we have had an
6 overview of systems building efforts in the past including
7 touch points with the PPC listed here. So in regards to
8 systems building, policy updates, compensation and
9 retention, and evaluation.

10 And on the next slide similar -- a familiar image
11 for our pathway for systems change. So our home visiting
12 work is located within our strategic priority of
13 strengthening public and community systems with the goal
14 of providing leadership to support the development and
15 expansion of a universal system of voluntary home visiting
16 that buildings upon the existing infrastructure.

17 The next slide has a reminder our shared vision
18 for home visiting in LA County. And the slide after
19 really encompasses the four key areas of systems change
20 that are needed to achieve an optimum system of support.
21 This includes coordination with our county leadership and
22 stakeholders. We focus on the workforce to better engage
23 in target populations, funding sustainability efforts, and
24 common data collection efforts. And today we're going to
25 be focusing on three of these key areas, so coordination

1 and data and then funding.

2 So as we move into those so you can see on the
3 next slide we will be diving into. So on the next slide,
4 just a reminder, current efforts in response to the Board
5 of Supervisor's motion responses which directed First 5 LA
6 and the Departments of Public Health, Health Services,
7 Mental Health, and DCFS to bring a more focused effort to
8 create a coordinated and broadened approach to home
9 visiting. So the key funders group is really committed to
10 continuing these important systems building efforts.

11 I wanted to acknowledge that we know the
12 extraordinary demands that were placed on county
13 departments as a result of the pandemic that are still
14 ongoing, and that DPH requests First 5 LA to fund an
15 interim coordinating role for the next year or so to
16 continue to drive those factors forward.

17 The current focus of the key funders group is to
18 sustain the system while continuing that momentum towards
19 the long-term vision. And I would be remiss if I did not
20 note that we just had another Board of Supervisor's motion
21 pass last week by Supervisor Solis and Mitchell which
22 really demonstrates the continued focus and commitment to
23 home visiting as an important intervention.

24 So in the next slide I'm going to give you an
25 overview of our complex system of data to have everyone

1 grounded. So First 5 LA and DPH fund the same
2 community-based organizations to implement home visiting
3 services. DPH serves as an administrator for multiple
4 funding streams which are listed on the slide. And the
5 family strengthening oversight entity led by Los Angeles
6 Best Babies Network, or LABBN, supports all the providers
7 across funding streams providing technical assistance,
8 coordination and training, and data based reporting
9 support. And all of the providers use the same database,
10 the stronger families database.

11 So when the county expanded their home visiting
12 services in 2018, it was an accomplishment at a systems
13 level that all the funders agreed to use the same
14 database. This allows us to better capture data across
15 the program to better tell a countywide story of the use
16 of services, of family needs, and gaps families may be
17 experiencing in access and services.

18 The question this year became, how data is shared
19 across the same funders using that database. First 5 LA
20 has an agreement with LABBN and is able to receive
21 aggregate, nonidentifying information for clients under
22 First 5 LA's funding stream. DPH does not have a direct
23 agreement with LABBN so the DPH providers pull their own
24 reports from the database and each submit their aggregate
25 data directly to DPH which then compiles it together to

1 report on their investment.

2 So given how quickly the county's expansion
3 occurred in 2018, there was not a need at that time to
4 focus on the different data sharing processes, but that
5 changed this year with the state's CalWorks evaluation.

6 So on the next slide you can see the city
7 CalWorks funding includes a legislatively-mandated
8 evaluation. Some of the key questions of that evaluation
9 are really to measure the impact of intervening home
10 visiting services into the CalWorks programs and
11 addressing whether services and outcomes and well-being of
12 children and parents.

13 So Los Angeles is the largest county
14 participating in CalWorks home visiting, which means that
15 the data from LA is crucial to informing the State's
16 evaluation with great future policy and funding.

17 So everyone was clear that we needed to be able
18 to share the data from Los Angeles that would also include
19 personal health information which is protected under
20 HIPAA. It's not accessible to First 5 LA for safety
21 reasons and requires specific consent in order to be
22 shared. So we did not have a process or a mechanism in
23 place to release the data, particularly because it
24 included PHI to DPH or to the State's evaluation.

25 So just to give an analogy to explain this

1 challenge. So you can imagine a storage facility. The
2 facility is the database. First 5 LA owns and supports
3 the facility, but we do not have keys to enter the
4 facility due to Covid safety concerns. LABBN are the
5 caretakers of that facility. So they manage items that
6 come in and out of the facility from its providers who can
7 also go in and take out items specific to their site and
8 their clients. So in this situation, DPH can obtain
9 either directly or indirectly via the State's evaluators
10 data with PHI which LABBN as caretakers have no direct
11 agreement to hand over to DPH and no way for DPH to obtain
12 this data in any shape or form, whether it was aggregate
13 or PHI. And there was no data sharing agreement between
14 First 5 LA and DPH with a process or mechanism in place to
15 share the data with DPH from this facility.

16 So, hopefully, that analogy helps explain kind of
17 the challenges we were facing. So the next slide you can
18 see this is really a great example of the systems building
19 effort. Data is the key element that informs and guides
20 the systems planning and decision making and it needs to
21 be available.

22 So for the short-term solution, both DPH and
23 First 5 LA legal took the State's request to their
24 respective legal counsels and First 5 LA also consulted
25 with our legal counsel HIPAA consultant with the goal

1 being to ensure the client's data is being protected,
2 HIPAA requirements were being followed, and that
3 Los Angeles could include data in this very important
4 evaluation. Both legal counsels agreed that, given the
5 State's mandate that the data could be released and
6 included in the State's evaluation, which I mentioned will
7 inform future CalWorks funding opportunities and home
8 visiting.

9 And in the long term, the recommendation from
10 legal counsel was to have a data sharing agreement between
11 First 5 LA and DPH to provide a mechanism to be able to
12 share data more efficiently.

13 So on the next slide, you can see that this data
14 sharing agreement will allow First 5 LA to give permission
15 to LABBN to share the aggregate de-identified data
16 directly with DPH for specific providers to inform quality
17 improvements, to report on performance measures, and to
18 inform local, state, and federal advocacy efforts. We
19 would also offer pulling aggregate data across the funding
20 streams to better and more easily tell part of that
21 countywide story.

22 So in summary, the key take away is that, from a
23 systems building perspective, that coordination between
24 funders to address access to data is critical to support
25 the maintenance and expansion of the home visiting system

1 and a clear example of both practice change and policy
2 change in alignment with our strategic plan's approach to
3 systems change.

4 And, finally, DPH will have their own special
5 secure key to the database facility and ways to access
6 needed aggregate data to support their investment in the
7 home visiting system.

8 So with that, we're going to transition now to an
9 update in the next slide on another aspect of that system
10 building effort which is funding and specifically our work
11 with managed health care plans. So I'll pass it on to
12 Anna from our small and mighty center support team.

13 MS. POTERE: Thank you, Diana. And good
14 afternoon, Commissioners, colleagues, and guests.

15 There's been a lot of exciting talk about
16 sustainability today. And so I'd like to begin by framing
17 with First 5 LA's sustainability vision which is to create
18 a spectrum of equitable social services available to
19 pregnant and parenting women and their children and
20 supported by sufficient and sustainable funding.

21 So you can see this graphic here kind of
22 represents this maternity and pediatric spectrum of
23 services, lists some of First 5 LA's investments, many of
24 which were referenced earlier in the budget presentation,
25 and for today will be focusing on our sustainability

1 strategy around home visiting.

2 So specific to home visiting, our sustainability
3 strategy has three primary components. So first to
4 diversify home visiting funding sources to sustain
5 programs as First 5 LA revenue declines. Also to create
6 longer-term financing mechanisms to ensure stability for
7 providers and therefore for families. And third to
8 develop the necessary system infrastructure to support a
9 high-quality system with multiple funding streams. And
10 this really references back to what Diana was just talking
11 about of data sharing which is a key aspect of this, among
12 other efforts. This is really critical because the
13 infrastructure and the funding, the revenue generation are
14 inextricably linked. The funding, the revenue is only as
15 effective as the system it supports. So we're working
16 very closely together to ensure that is this part of our
17 sustainability strategy.

18 So while we are pursuing multiple sustainable
19 financing strategies for home visiting today, as Diana
20 referenced, I will be spending time focusing with Medi-Cal
21 managed care plans, which was also referenced during the
22 budget presentation.

23 So our approach with the managed care plans
24 related to home visiting has been to represent the home
25 visiting programs to help the plans understand the value

1 of home visiting across programs, particularly as it
2 relates to the goals and metrics for which the managed
3 care plans are held accountable for meeting. And this
4 strategy has resonated well with the managed care plans in
5 terms of understanding the value and the benefit of home
6 visiting and how it helps them to meet their
7 accountability goals. And we have now moved into more of
8 this role as an intermediary is one way we think about it.
9 Other terms that we have -- which we've talked about have
10 been aggregator, network creator. But, essentially,
11 because there are, you know, over 30 home visiting
12 programs across Welcome Baby and SHD and there are six
13 managed care plans in LA County, we really see it our role
14 as creating efficiency in this relationship between the
15 managed care plans and the home visiting agencies.

16 And another way to think about that is to imagine
17 six managed care plans each contracting with all of the
18 over 30 home visiting programs and the capacity that that
19 requires on both ends. And we feel, as First 5 LA, we can
20 represent the home visiting programs, not only in terms of
21 sharing that data and elevating the importance of home
22 visiting, but also to do this work on behalf of the home
23 visiting agencies so they can spend more of their time
24 with families.

25 And as we move forward with these partnerships

1 that I'll talk a little bit more about, we intend to
2 reflect on what we're and strategize accordingly on our
3 role -- on this role that we're currently playing so that
4 we can maximize the resources both of First 5 LA as well
5 as those of our partners.

6 So to get a little more specific on the managed
7 care plan partnerships we are engaged with, of the six
8 plans that I mentioned that were included on the previous
9 slide, we have the most active engagement with the two
10 represented here. So with Anthem Blue Cross, we are
11 currently discussing strategies to create referral
12 pathways from health care providers such as OB/GYNs and
13 pediatricians into home visiting. This happens to an
14 extent already on home visiting through the outreach that
15 is conducted, but we really want to think of this as an
16 opportunity to standardize that referral pathway from
17 health care providers to home visiting program across
18 programs and also reach a larger population of providers.
19 And we see this as especially important in increasing
20 prenatal enrollment in home visiting. Reaching women in
21 the prenatal period is of extremely high importance to
22 both us and to the managed care plans. So this is a
23 really fruitful area of our partnership.

24 And then with Promise Blue Shield, I believe
25 we've spoken at previous meetings about the referral pilot

1 that has been ongoing in the Antelope Valley for almost
2 two and a half years now actually. And Promise was very
3 pleased with the results of that for their members. And
4 so we are now very excited to share that we are in the
5 process of negotiating a contract that would result in
6 reimbursement to First 5 LA for home visiting services
7 provided to women who are -- and children who are enrolled
8 in Promise as their managed care plans. So this would
9 also allow us to expand that pilot beyond Antelope Valley
10 to two additional sites beginning July 1 is our goal.

11 We'll be bringing this to the June commission
12 meeting for action. And I'll talk a little bit more about
13 that in a moment.

14 I'm sorry. I also wanted to mention as listed
15 here that, with both plans we've executed nondisclosure
16 agreements for the protection of confidential information.
17 And we understand from our expert consultants that this is
18 standard practice with Medi-Cal managed care plans when in
19 the process of a contract.

20 So this is where we see ourselves going in the
21 future. We want to continue exploring this contracting
22 across Blue Shield and determining the path forward with
23 our partnership with Anthem. We also want to think about
24 what are the elements necessary to support these
25 partnerships and, as I referenced before, that we want to

1 keep examining what we are learning through these
2 partnerships and thinking about what role First 5 LA
3 should play as we are currently playing that intermediary
4 role.

5 Also want to ensure alignment between home
6 visiting system building efforts that Diana talked about
7 and sustainability efforts. As I said before, this is
8 really thinking about the system and the revenue
9 supporting one another. We want to think about innovative
10 pilots with other plans to test various strategies across
11 the maternal and pediatric spectrum. We've had -- we've
12 had a really good experience with home visiting and
13 helping the plans to understand the benefit of that, and
14 we really see that as an opportunity to open the door to
15 other services that we've prioritized. So that goes to
16 Number 5 as well in terms of applying the learnings of our
17 home visiting partnerships to other aspects of First 5
18 LA's portfolio of early intervention services.

19 And then just briefly I wanted to mention that
20 Medi-Cal managed care plans are not our only
21 sustainability strategy that we're pursuing. In addition
22 to the plans, we are pursuing opportunities right now.
23 And so as you can see here, there are state Medi-Cal
24 reform effort opportunities for home visiting as well as
25 for some of our other investment and priority areas.

1 There is family first prevention service implementation
2 that Reid referenced in his presentation. And then also
3 philanthropic opportunities such as the Pritzker Foundation
4 Community Innovation grants.

5 So a lot of exciting opportunities. And one
6 thing that is not noted here but that I wanted to mention
7 is that there are also some really exciting proposals in
8 Governor Newsom's May revise. For example, there are
9 proposals to have doula services become a Medi-Cal covered
10 benefit, for community health workers to become a Medi-Cal
11 service provider. So these are really additional
12 opportunities for us to consider sustainability across
13 that spectrum of maternal and pediatric supports for
14 families that we've -- we kind of started this
15 conversation with that -- that lovely graphic.

16 So now, I will turn this back over to Diana for
17 our next steps before we move to questions and discussion.

18 MS. CAREAGA: Thank you, Anna.

19 So as you can see on this next slide, we'll be
20 coming back to the June board meeting to request
21 authorization to execute an agreement with Promise Blue
22 Shield and further authorize our executive vice president,
23 John, to execute agreements with other health plans for
24 First 5 LA, acknowledging that Kim cannot be involved in
25 those.

1 And in September we will be coming back to the
2 board as well for approval of a data sharing agreement
3 between First 5 LA and the Department of Public Health.

4 So in the next slide, just to bring us back to
5 our systems building efforts, we kind of touched upon
6 efforts across three of the key areas to really address
7 gaps in data sharing practices and collaborate with the
8 key partner and contract with health plans as part of our
9 sustainability efforts to achieve an integrative,
10 family-centered and comprehensive system in home visiting.

11 So this brings us to our questions for you today
12 on the next slide, which is what questions do you have
13 about the systems building processes and data sharing
14 practices, or questions around sustainability or any
15 feedback that you may have. We'll open it up for
16 questions. Thank you.

17 COMMISSIONER ZEPEDA: Thank you, Diana and Anna,
18 for that presentation.

19 I believe Commissioner McCroskey is going to kick
20 off the questions and comments section here.

21 COMMISSIONER McCROSKEY: I'm at least going to
22 kick off the comment section. I just wanted to say how
23 exciting it is to hear about the kind of intermediary role
24 that First 5 is playing in particular public system,
25 community systems on both fronts. And -- and, obviously,

1 with -- without the funding, the sustainability issue is
2 the -- is a very frustrating discussion. But because I
3 have a particular love for the data side, these things get
4 complicated so quickly. And I'm very impressed with the
5 -- with -- with the solution, at least the short-term
6 solution you've come up with to allow the whole system to
7 move forward together, et cetera. Both of them I think
8 are potentially very interesting roles for First 5 to play
9 in this and other areas. So thank you.

10 MS. CAREAGA: Thank you.

11 COMMISSIONER ZEPEDA: Other questions from
12 commissioners?

13 Well, while you're pondering it, I do have a
14 question and a comment. And it -- let me start with the
15 question because it's related I think to Commissioner
16 McCroskey's love of data. And that has to do with, you
17 know, I really appreciated the storage analogy, Diana,
18 because that made it really very visual in my head as to
19 -- very concrete in my head as to kind of difficulties
20 you're having coordinating all these different systems.
21 But the Governor has talked about a cradle to career data
22 system. And it's just something to keep in mind as we
23 move forward because this -- how well these children do
24 via home visiting, the kinds of contributions that home
25 visiting makes to their development could be trapped;

1 right? We could see maybe some longitudinal outcome --
2 positive outcome from participating in home visiting. But
3 unless we're linked up to some kind of data system that
4 can track these children, not only within your own world
5 of home visiting but beyond, would be fantastic. So I
6 think hope springs eternal for our cradle to career data
7 system in the state of California.

8 I don't know if that was a question or comment,
9 but. And then the other -- more of a clarification in
10 First 5's definition of home visiting, it's zero to five;
11 correct? But yet, most of our services are prenatal and
12 maybe zero to two or zero to three in terms of the kinds
13 of home visiting activities that we've been involved with
14 and the kinds of programs that are -- that you describe.

15 MS. CAREAGA: I'll take these questions in
16 backwards order. So for Welcome Baby, we do have prenatal
17 enrollment so it's prenatal to five in the sense that we
18 want to make sure that the sooner we can engage families,
19 the better the outcomes are when they're in home visiting.
20 And for the more intensive programs, they -- most of them
21 serve families until the child is five.

22 COMMISSIONER ZEPEDA: Oh, okay.

23 MS. CAREAGA: It's prenatal until five.

24 Then the other comment just this -- we will be
25 monitoring the Governor's recommendations and where that

1 goes. I will say that part of one of the funding streams
2 California home visiting program is going to have a
3 California hub for data. So we are working with them to
4 ensure that families enrolled into that funding stream can
5 have that data shared at an aggregate level back to that
6 hub to inform a statewide story. So I think there's a lot
7 of activity in and promise in how do we connect all of
8 these data points.

9 COMMISSIONER ZEPEDA: All right. Thank you.

10 Other commissioners have questions or comments on
11 this presentation?

12 THE SECRETARY: Commissioner Taylor has his hand
13 raised.

14 COMMISSIONER ZEPEDA: Commissioner Taylor.

15 COMMISSIONER TAYLOR: First of all, Diana,
16 excellent work. This is what I'm talking about with
17 sustainability in different strategies. It's going to
18 become more complicated so the creativity and multilevels
19 of philanthropy and others to augment what we're doing to
20 being able to do that. I just totally support our
21 creativity and innovation that your team and this
22 organization is doing. So I think we sit strategically to
23 sit in that middle and work with all sides for the
24 betterment of children and families. And the data is
25 going to be the key to that ultimate saying, here is the

1 outcomes and this is what it means.

2 We are not talking enough about -- and I'm going
3 to go back to my colleague in Deanne Tilton. We have a
4 high risk under the home visitation piece. That data is
5 going to be critical to seeing how we're keeping children
6 safe and supporting what Deanne and everyone is trying to
7 do to say keeping children safe because a lot of it has to
8 do with parents not knowing what is right and what is
9 wrong and what they can and cannot do with the young
10 children. And educating them through this process is key.

11 So I want to thank you and your team. this is
12 the way to go. Keep doing it with our other colleagues on
13 the other side, which I'm sad we can't always hold up and
14 continue to fund at the level we want to fund it at. But
15 we just got to get real for that unfortunately. And it's
16 not because I want it, but because it's real and just
17 letting them know.

18 But I think this other enhancement that you're
19 doing with your team, Anna, on the other side of coming
20 with these different philanthropic issues might be the
21 offset that helps us to maintain this piece because we're
22 doing what I call voluntary services, and which is
23 different from other people that are implementing home
24 visitation which may or may not be voluntary because, when
25 you get into child welfare, it's not a voluntary system.

1 It's what you must do to keep your children. And so the
2 idea is -- and I totally support that because some parents
3 just willfully will not take that. And you need to help
4 them whether they want to or not.

5 So I just kind of wanted to add that thank you
6 for that. Thank you for a great job.

7 COMMISSIONER ZEPEDA: Other questions or comments
8 on this presentation for Diana and Anna?

9 THE SECRETARY: Commission Tilton has her hand
10 raised.

11 COMMISSIONER ZEPEDA: Go ahead, Commissioner.

12 COMMISSIONER TILTON: Thank you. Thank you so
13 much, Romalis, for your comments. I really appreciate it.

14 I want to emphasize how important information
15 sharing, data sharing is. It's an issue we confront all
16 the time between issues related to different disciplines
17 and different agencies. So many times, if data or
18 information has been shared, we could have saved a life.
19 And it's been told many times we could have saved the twin
20 towers if people had shared data and information.

21 I just want to comment too on the importance of
22 the prenatal aspect of this, certainly the zero to three
23 risk factors. It occurs to me that the focus on prenatal
24 also gives us the chance at that issue that Astrid Heger
25 brings up so passionately, and that is prenatal

1 consumption of alcohol and the disastrous effects of that
2 on -- on children and families.

3 I also wanted to ask about the flexibility and
4 creativity that will be allowed or can be allowed that we
5 can promote in the home visiting programs themselves. I'm
6 aware of the program in Antelope Valley, for example,
7 where home visiting recipients, parents who were
8 recipients of home visiting, are being trained to provide
9 home visiting and thereby using a workforce that initially
10 was on the other side of the provisional services.

11 So can somebody comment on how we might promote
12 this kind of flexibility or expansion and creativity where
13 it exists rather than duplication?

14 MS. CAREAGA: Those are all really important
15 comments, Commissioner Tilton. I agree, the prenatal
16 aspect is an opportunity to address the FASD and other
17 challenges. And I think our work with health plans is
18 also going to help us improve and increase our prenatal
19 enrollment. So there's a peripheral pathway issue.

20 And I think in terms of flexibility, you're
21 referring, as I understand it, to the home visiting
22 apprenticeship project. We had a number of partners in
23 AV, including home visiting providers in Antelope Valley
24 Community College that are doing a pilot to identify
25 families that have gone through home visiting and train

1 them in the work. So it's a -- one -- year and a half
2 project. And when they graduate, they'll be certified to
3 work in home visiting or childcare. So I think we're
4 definitely working with that project to elevate and see
5 what learnings we can do to address that whole career
6 ladder and how do you bring in some of those clients,
7 others with lived experiences into home visiting.

8 COMMISSIONER ZEPEDA: Thank you, commissioner.

9 Other questions on this presentation?

10 Okay. Well, hearing none, I want thank you both
11 for your presentations and we look forward to hearing more
12 as time goes on and as things evolve, particularly with
13 this innovation with working with health plans. I think
14 that's going to be a real highlight of our -- of First 5
15 as we move into this more partnership orientation that --
16 that we've been pursuing. So that's great.

17 Linda, were there any public comments on Item 3?
18 As always, I tend to forget. On Item 3.

19 THE SECRETARY: There haven't been any public
20 comments on any of the items thus far.

21 COMMISSIONER ZEPEDA: Then we don't have to ask
22 about Item 5.

23 So we can invite the executive director back into
24 the conversation and move on to Item 6, which is on the
25 strategic partnership with Dignity Community Care. And

1 that is a written only items. Are there any questions by
2 commissioners on that item?

3 Okay. Hearing none, I'll go ahead and move to
4 Item 7, which is also the strategic partnership to support
5 the KRA strategy. And that's also a written only.

6 Are there any questions regarding that?

7 Okay. Hearing none, I'll move to -- and I didn't
8 have a question. I thought did I, but I didn't.

9 Item Number 8 on the strategic partnership with
10 California Community Foundation on the bold vision for
11 equity 2028. That's written only. Any questions or
12 concerns about that?

13 THE SECRETARY: Commissioner Taylor has his hand
14 up.

15 COMMISSIONER TAYLOR: Yeah. I was looking at the
16 budgetary projection that -- for between now and June 30th
17 of 2028, that we are looking only for 3.9 million, and
18 that generates about an estimated expenditure each month
19 -- year of 560,000. And then I saw in the document they
20 were talking about 70,000 -- 700,000 for next year.

21 So I'm just saying, is this going to be an
22 incremental decline as is represented by the document and,
23 therefore, the 700,000 is consistent with that beginning
24 point of decline?

25 COMMISSIONER ZEPEDA: Okay. So, commissioner, is

1 this is not for Item 8. This is the budget in general;
2 correct?

3 COMMISSIONER TAYLOR: Yes. No. I'm sorry. I
4 was looking at Item 9. I'm sorry. I'm on Item 9. I'm
5 sorry.

6 COMMISSIONER ZEPEDA: Let's just go back. And if
7 there's any -- no questions on Item 8 we can move to Item
8 9.

9 SECRETARY: Commissioner McCroskey has her hand
10 up.

11 COMMISSIONER ZEPEDA: Okay. Commissioner
12 McCroskey. What are you responding to? Item 8?

13 COMMISSIONER McCROSKEY: I hope so. I don't
14 think we've yet seen the final Bold Visions report. Is
15 that right? And do we know when we expect that report so
16 there could also be a discussion about sort of -- you
17 know, just so we're all informed about the purpose of the
18 fund and the specifics and so forth? At least I haven't
19 seen the report yet.

20 MR. WAGNER: I'll just jump in here and tell you
21 what I know.

22 You're right. Bold Vision has undertaken effort
23 that is generating a report. We're at the point now where
24 there is a draft framework. I don't know the exact
25 release of the report. We're trying to schedule a time

1 for the funders to come back together and look at the
2 draft framework. My guess is that would lead to the, you
3 know, something being distributed which will not meet our
4 time frame for the strategic partnership. The board has
5 in the past approved the strategic partnership, and this
6 -- this action that would come back on consent would just
7 allow us to continue to be at that table and continue to
8 be part of that effort. And we can bring -- given your
9 comment, commissioner, we can bring when it's released
10 that report back and make sure it's given to the board.

11 COMMISSIONER McCROSKEY: Just to be clear, I
12 support the strategic partnership. I think there's been a
13 lot of work that could be helpful to us and which could
14 inform our thinking about other things, too.

15 MR. WAGNER: Yup.

16 COMMISSIONER ZEPEDA: Okay. Thank you.

17 Any other questions or comments on Item 8 by any
18 commissioner before we can move to Item 9?

19 Okay. Hearing none, let's move to Item 9. And I
20 believe -- and that one is on the partnership with First 5
21 Association, focus on policy issues.

22 So I think Commissioner Taylor had a question
23 about that.

24 COMMISSIONER TAYLOR: That was a budgetary
25 question. I'm just trying to get clarification. In the

1 write-up it talks about 700,000 for next year and then --
2 but yet the amount of funding for the next seven year is a
3 total of 3,920,000. And so if you divide that by seven,
4 that's 560,000 a year. So but I understand they talked
5 about decline. So I'm thinking, is this the beginning of
6 the decline at 700,000 to something lower than 560,000 at
7 the end? My question.

8 MS. WIDBY MARTIN: I can speak to that if that's
9 okay.

10 Yes. That's exactly what we're projecting. In
11 the past, we have supported the Associated at 708,000
12 total. And we're making a commitment to step down over
13 the seven years to a reduction of 20 percent overall. But
14 starting this year at 700,000, this would be the maximum
15 support over seven years at 3.92, but we will reevaluate
16 every year up to that limit.

17 COMMISSIONER TAYLOR: All right. But I'm just
18 going to throw this to the board, but mainly to Kim. This
19 is a great organization that does a lot to bring everyone
20 together. And we're key to that because we're doing a lot
21 of innovative things that a lot of other First 5s don't
22 have the opportunity do. And I don't want to -- at that
23 point when we get down to there in seven years from now, I
24 don't want that to be the last thing as to whether or not
25 we're going to do that. Okay? And because that -- we

1 might be cutting off our hand to spite our feet because we
2 may be trying to make avocations for the whole state as
3 well as LA that are vital. So it should be strategic,
4 understand that you're trying to live within the budget.
5 But, hopefully, a part of this concept will be strategic.
6 You know, what I mean?

7 MS. BELSHE: Yeah. Absolutely, Commissioner
8 Taylor. And if I can jump in here, Charna.

9 You know, we come to the board with proposed
10 multiyear contracts such as we've done with the regional
11 network grantees, our home visiting grantees, and now the
12 association because these are really anchor investments
13 and anchor partnerships. And so the board support for a
14 multiyear contract recognizing that every year you all
15 make a decision on that particular year's funding.

16 But, you know, the multiyear contract provides an
17 incredibly strong signal to those entities about this
18 organization's confidence in them and our belief in the
19 important strategic work that they do. It gives them some
20 much needed stability in terms of supporting their work
21 beyond the year-to-year cycle, and it signals to other
22 funders that this is an organization worth investing in.

23 So all of those -- all of those factors informed
24 Charna's recommendation that we go into -- I strong
25 agreement that we move in the direction of a multiyear

1 contract. At the same time, we also don't want to be
2 signaling that our resources, our investments are a given
3 at a steady state, especially as our revenues continue to
4 decline.

5 So that's the basis for our recommendation of the
6 multiyear contract and an expectation that over time, it
7 will decline by 20 percent. I will readily concede
8 there's no science to the 20 percent but, you know, we're
9 doing a steady decline with the RNGs of ten percent.

10 So we will revisit this every year, but we want
11 to be signaling that our -- our local funding is not a
12 given and we want to be incentivizing other funders to be
13 making this investment alongside First 5 LA.

14 COMMISSIONER TAYLOR: That's good, but the
15 strategic part, is that in a particular year? Like this
16 crazy year that we've just been through with the pandemic,
17 we might have to be strategic in not doing some things we
18 intended to do because of the environment and the
19 situation of this county, this state, and things of that
20 nature. So I'm just saying, as long as you're not wedded
21 to it if we need to.

22 MS. BELSHE: We are absolutely wed to our budget
23 and you want us to be wed to the budget. And as part of
24 the midyear process and other processes, we can and do
25 come to the board and say we need to -- we're recommending

1 some adjustments. You're absolutely right, we need to be
2 nimble. We need to be adaptive to the moment. If there's
3 something in the case of -- whether it be the association
4 of First 5s or other investments that require some
5 additional resources, that's on us to come to you and make
6 that case, but you all -- we always have the ability.

7 COMMISSIONER TAYLOR: Okay. That's what I wanted
8 to know.

9 COMMISSIONER ZEPEDA: Okay. Thank you.

10 Other -- any other comments or questions by
11 commissioners on Item 9?

12 Okay. Hearing none. Linda, am I to assume
13 there's no public comment on anything here or on that
14 we're not on the agenda?

15 THE SECRETARY: There are no public comments on
16 any of the agenda items and nothing for anything off the
17 agenda as well.

18 COMMISSIONER ZEPEDA: Okay. Then I think we are
19 adjourned. I want to extend our appreciation to the First
20 5 staff who worked so hard to put these presentations
21 together. And wishing you a nice Memorial Day weekend.
22 And we'll see you at next meeting.

23 Stop: 3:47 PM

24 C E R T I F I C A T E
25

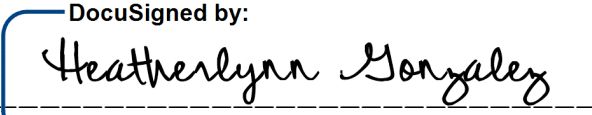
1 I, Heatherlynn Gonzalez, a Certified Shorthand
2 Reporter for the State of California, License
3 Number 13646, do hereby attest that:

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

7 The meeting was taken down stenographically and
8 transcribed into English under my supervision and
9 authority;

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

13 Attested to on this 8th day of June 2021.

14 DocuSigned by:
15 
16 -----
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18 CERTIFIED SHORTHAND REPORTER
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20 FOR THE STATE OF CALIFORNIA
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SUMMARY MEETING NOTES

**FIRST 5 LA
May 27, 2021
Special Board/Program & Planning Committee Meeting (VIRTUAL)
1:30-4:00 pm**

COMMITTEE MEMBERS PRESENT

Linda Aragon
Astrid Heger
Romalis Taylor
Deanne Tilton
Marlene Zepeda (Committee Chair)

Ex-Officio Commissioners:

Jacquelyn McCroskey
Karla Pleitez Howell

NON-COMMITTEE MEMBERS PRESENT

Judy Abdo

COMMITTEE MEMBERS ABSENT:

Bobby Cagle [Excused]
Barbara Ferrer [Excused]
Yvette Martinez [Excused]
Jonathan Sherin [Excused]
Keesha Woods [Excused]

STAFF PRESENT:

Peter Barth, Chief of Staff
Kim Belshé, Executive Director
Linda Vo, Board Relations Manager
John Wagner, Executive Vice President, Center for
Child and Family Impact

1. Call to Order / Roll Call

Committee Chair Zepeda called the meeting to order at 1:32 pm. Quorum was present.

2. Review Special Board/Program and Planning Committee Transcript from April 22, 2021 Meeting

Notes were received and filed with no deletions/additions or changes.

3. Optimizing Our Effectiveness: Presenting Draft Proposed FY 2021-22 Budget and Long-Term Financial Plan

First 5 LA's Finance team (Daisy L. and Raoul O.) shared documents that supported and facilitated a conversation around the FY 2021-22 Draft Budget and the Long-Term Financial Plan (LTFP). The presentation for this meeting was a high-level overview of the proposed Budget resources for FY 2021-22 as well as changes to the LTFP and focused on the programmatic activities driving the FY 2021-22 Draft Budget. Next steps include presenting this item for action at the June Board of Commissioners Meeting.

4. Break

5. Home Visiting System Building and Sustainability
A. Department of Public Health Data Sharing Agreement
B. Home Visiting and Managed Care Organization Partnership

Family Supports Director Diana Careaga and Senior Program Officer Anna Potere presented milestones critical to building a strong and sustainable voluntary home visiting system for L.A. County. They also highlighted First 5 LA's long-term funding of maternal and child health home visiting services

SUMMARY MEETING NOTES

in L.A. County, connecting the strategic dots between First5 LA's role as a program and policy leader and our sustainability goals.

6. **Amend the Strategic Partnership with Dignity Community Care in the Amount of \$265,000, for a Total Project Cost of \$1,168,876 to Coordinate the Provision of Training and Materials to Support the Department of Health Services' MAMA's Neighborhood Program Expansion through June 30, 2022 (Written Only)**

This was a written only item; no presentation was done.

7. **Amend Four Strategic Partnerships to Support First 5 LA's Kindergarten Readiness Assessment Strategy:**
 - **Amend a Strategic Partnership with Pomona Unified School District for an Amount Not to Exceed \$75,000 through June 30, 2022 for a Total Project Cost Not to Exceed \$319,481**
 - **Amend a Strategic Partnership with Connections for Children for an Amount Not to Exceed \$32,500 through June 30, 2022 for a Total Project Cost Not to Exceed \$198,511**
 - **Amend a Strategic Partnership with the City of Pasadena for an Amount Not to Exceed \$32,500 through June 30, 2022 for a Total Project Cost Not to Exceed \$209,807**
 - **Amend a Strategic Partnership with The Regents of the University of California for an Amount Not to Exceed \$700,000 through June 30, 2022 for a Total Project Cost Not to Exceed \$3,000,000 (Written Only)**

This was a written only item; no presentation was done.

8. **Amend the Strategic Partnership with California Community Foundation in the Amount of \$150,000 for a total project cost of \$501,282.05 to advance the Bold Vision Equity 2028 Fund through June 30, 2022 (Written Only)**

This was a written only item; no presentation was done.

9. **Amend the Strategic Partnership with the First 5 Association of California in the Amount of \$3,920,000 for a Total Estimated Project Amount not to Exceed \$6,377,000 through June 30, 2028 for Statewide Policy, Communications, and Systems Change Coordination (Written Only)**

This was a written only item; no presentation was done.

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

There were no public comments.

ADJOURNMENT:

The meeting adjourned at 3:47 pm.

NEXT MEETING:

The next Special Board/Program & Planning Committee meeting will take place on Thursday, June 24, 2021 at 1:30 pm.

VIRTUAL COMMITTEE MEETING

Meeting details will be posted per Brown Act Requirements

Meeting minutes were recorded by Linda Vo, Board Relations Manager

FIRST 5 LA

SUBJECT:

Establish a Strategic Partnership with the Child Care Alliance of Los Angeles (CCALA) in the Amount of \$5,000,000 to support First 5 LA's work to advance quality early learning and care for a period of 5 years.

RECOMMENDATION (PROVIDED AS INFORMATION):

This memo is provided as information for the Board's consideration at the June 24, 2021 Special Meeting of the Board of Commissioners & Program and Planning Committee. First 5 LA staff recommends that at the July 8, 2021 Commission meeting, the Board approve the establishment of a Strategic Partnership with the Child Care Alliance of Los Angeles (CCALA) for an amount not to exceed \$5,000,000 for the period of 5 years. Funds for FY 2021-2022 are included within the proposed First 5 LA Programmatic Budget under the Home Based Child Care Strategy, which will be presented to the Board of Commissioners for approval in June 2021. Beyond FY 2021-22, 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.

BACKGROUND:

As Quality Start Los Angeles (QSLA), LA County's quality support system for early learning and care providers, broadens its approach to expand access to quality supports in Los Angeles County to meet the needs of the county's mixed-delivery early learning and care systems, best practices and strategies continue to be explored for serving a varied provider pool which includes an increasing number of home-based care providers such as family child care homes (FCC) and family, friend and neighbor care (FFN). Quality support investments to date have largely centered the needs of publicly funded licensed, center-based care settings. Home-based child care, both licensed and unlicensed, is the primary setting of non-parental care in Los Angeles County and is particularly popular for the care of infants and toddlers. Home-based care often offers families more flexible hours, more affordable pricing, and more cultural and linguistic competence relative to center-based settings. Despite their prominence and strengths, relatively little is known about these providers and what they need to support their ability to provide quality care for children. These settings are less well-resourced and receive fewer targeted supports relative to licensed center-based care settings. While the COVID-19 pandemic shuttered many center-based settings, FCCs largely have remained open, allowing essential workers to provide essential services to our communities. Families have always relied on home-based care for the care of their youngest, and the pandemic exacerbated this reliance. If First 5 LA is to achieve its North Star, it is imperative that there is a better understanding of home-based care among First 5 LA, QSLA, other early education stakeholders and policy makers and that any quality supports are centered around both home-based providers and family their needs.

As such, the purpose of the landscape analysis of Family Child Care Homes (FCCs, licensed) and Family, Friend, and Neighbor (FFN) Child Care (home-based, unlicensed) is to:

1. Better understand these provider populations, their role and unique needs in providing child care in Los Angeles County.
2. Understand how the QSLA consortium can better support their ability to provide inclusive, quality care to children aged 0-5.

First 5 LA's Strategic Plan has four desired results for children and families, one of which is that children have high-quality early care and education experiences. Existing efforts have historically focused on licensed settings, but the current Strategic Plan is inclusive of unlicensed settings, including FFN. Staff are requesting a strategic partnership with CCALA because of its unique ability to engage with FFN providers receiving public dollars. Home-based child care is particularly relationship-based, and it is

important to utilize trusted relationships as a means of exploring how best to support quality early learning in these settings. While the proposed landscape analysis is an initial step in expanding our knowledge on how to support the provision of quality early learning in these settings, we will need to continue engaging this population following the landscape analysis. CCALA's position as alternative payment administrator positions them to instantly engage with the known universe of FFN providers receiving public dollars, and a long-term strategic partnership will allow staff to continually engage with this population.

The desired outcomes of the multiyear strategic partnership with CCALA include:

1. Informing and building the awareness of the needs of home-based care providers by sharing findings of the home-based landscape analysis with key stakeholders, including community-based agencies and policymakers.
2. Implementing policy and programmatic strategy recommendations based on the data gathered from the home-based landscape analysis.
3. Piloting strategies to strengthen home-based child care in Los Angeles County in both licensed and unlicensed settings.

Success of the strategic partnership with CCALA will be measured by:

1. Completion of the Los Angeles County home-based care landscape analysis.
2. Increased number of home-based providers participating in Quality Start Los Angeles.
3. Increased awareness and implementation of quality child care practices in home-based care settings.
4. Increased array of offerings by QSLA to better meet the needs of a variety of provider types, including home-based care providers.

The complete Family, Friend, and Neighbor care (FFN) population in Los Angeles, by definition, is unknowable because any unlicensed, non-custodial care arrangement can be considered FFN care. For the purposes of F5LA's of achieving the outcomes identified in First 5 LA's Strategic Plan, staff are specifically focused on FFN providers who are receiving subsidy from the state. This is for several reasons, the first being that this is a finite, knowable population and perhaps more importantly because those receiving subsidy are serving the populations furthest from opportunity (e.g., children from families with low-incomes). This is in alignment with not only First 5 LA's organizational values around equity. But also Quality Start Los Angeles' equity statement. The Child Care Alliance of Los Angeles and by extension, the Resource & Referral/Alternative Payment agencies that operate under the CCALA umbrella, is uniquely positioned to reach this group because they administer the state payments to FFN providers. The long-term partnership with CCALA will allow staff to be responsive and nimble to needs identified over the course of our FFN fact-finding. Not only does CCALA's have existing, well-established relationships with FFN providers, more importantly they are uniquely positioned to reach them as administrators of state payments to these providers, allowing us to expeditiously reach those FFN providers serving children from families who are often furthest from opportunity. It is realistic to expect that this FFN work will take many years: the initial landscape analysis, data analysis, focus groups, and subsequent program development and implementation require care, caution, and meaningful engagement with FFN providers along the way to be successful. The structure of this Strategic Partnership as written allows us to continue to work with CCALA (and by extension FFN providers themselves) over the course of our Strategic Plan to achieve our goals in supporting unlicensed care providers in providing quality care to some of LA County's most vulnerable populations.

Pursuant to the Procurement Policy, Strategic Partnerships of \$75,000 or more in a fiscal year must be presented to the Board for approval. Staff is requesting an establishment of a Strategic Partnership for an amount not to exceed \$5,000,000 to comply with this policy.

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

SUSTAINABILITY:

Based on the *Guidelines for the implementation of Governance Guidelines for Potential Strategic Partnerships for More than \$75,000*, the exceptions to these requirements include Strategic Partnerships releasing funds for good or services for the primary benefit of First 5 LA (e.g., vendors, consultants, etc.). The FCC and FFN landscape analysis results will be sustained by informing the ECE Team's home-base care strategy specifically piloting approaches to support providers and increase the number of home-based providers participating in quality support activities. As such, sustainability will be embedded in the design and criteria for piloting strategies. Data will also inform policy recommendations that will guide future advocacy efforts by the Office of Government Affairs and Public Policy. Additionally, the information from the landscape analysis will be leveraged by QSLA to increase their capacity for a unified quality support system that includes all provider types through lessons learned of how to best support and defining quality for home-based providers.

LEVERAGING:

Finally, the landscape analysis results will further inform the implementation of the Workforce Pathways Grant funded by the California Department of Education and spearheaded by the LA County Child Care Planning Committee and QSLA. The grant focuses on increasing access to career advancement for early educators and it seeks to support and engage home based providers. The landscape analysis will benefit First 5 LA as it implements the refined 2020-2028 strategic plan which by design is sustainable. The results of the landscape analysis will be leveraged to inform and align policy development and recommendations among early learning partners and other stakeholders in LA County.

CCALA is the overarching agency that represents the Resource and Referral (R&R) and Alternative Payment agencies in Los Angeles County and its Board is comprised of the executive directors of all the R&R and Alternative Payment agencies in LA County. Their unique role is conducive to leveraging and sustaining the recommended strategies informed by the landscape analysis. They will be able to leverage a variety of state & federal funding entering the R&R and Alternative Payment agencies in LA County. Additionally, because of their collaborative approach and strong relationships within this system, they are poised to implement and sustain long-term policy and programmatic recommendations.

JUSTIFICATION:

This Strategic Partnership meets the criteria below:

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

AND

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

The Strategic Partnership can provide specific resources needed by First 5 LA to implement an approved program or initiative in a manner or on a scale that makes the Strategic Partnership more cost effective than resources provided through a competitive solicitation.

In partnership with First 5 LA, QSLA, and other key stakeholders, CCALA (and the Resource and Referral and Alternative Payment agencies that operate under CCALA) will be responsible for conducting all portions of the proposed landscape analysis. CCALA is the overarching agency that represents the Resource and Referral (R&R) and Alternative Payment agencies in Los Angeles County and its Board is comprised of the executive directors of all the R&R and Alternative Payment agencies in LA County. In addition, CCALA is a QSLA coaching partner and provides a myriad of professional development opportunities for early learning and care providers throughout Los Angeles County. Thus, CCALA has deep and long-standing relationships within the early care and education field in LA County as well as existing relationships with FFNs and FCCs receiving state payments – the primary group of interest for this landscape analysis. CCALA is uniquely qualified to reach this audience because of their role as an administrator of these payments, in addition to their role as a trusted resource in the early learning and care field for provider professional development and training. They are immediately ready to reach these individuals for data collection upon contract execution. Because the landscape analysis will also have a focus group component, much of this work is heavily relationship-based, and the ability to leverage the existing and trusted relationships between CCALA and the R&R agencies under it, and the providers in LA County will facilitate data collection efforts. Were we to engage in a competitive solicitation, any agency would necessarily have to utilize CCALA to reach the target population and cultivate those relationships. This more direct means of communication between CCALA and providers will be a tremendous advantage in our ability to launch this work more expeditiously. No other party has access to this wide range providers across Los Angeles County. Accessing that provider pool would cost significant resources and additional time. CCALA already has the infrastructure set up to reach all provider types. Additionally, because CCALA is the umbrella organization of the R&R and Alternative Payment agencies, they have qualified and expert staff resources that have completed local evaluation work on LA County focused on home-based care and are also well-connected with other researchers who do the same.

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

In partnership with First 5 LA, QSLA, and other key stakeholders, CCALA will be responsible for designing and implementing the landscape analysis and providing an analysis of the data gathered. Because CCALA is the overarching agency that represents the Resource and Referral (R&R) and Alternative Payment agencies in Los Angeles County, they are uniquely positioned to reach this population given their existing relationship with home-based care providers. CCALA's Board is comprised of the executive directors of each R&R and Alternative Payment agency in LA County. In addition, CCALA is a QSLA coaching partner and provide a myriad of professional development for various provider types, and thus is intimately familiar with the quality support landscape countywide. Staff believe that CCALA's deep and long-standing relationships within the early learning and care field in LA County make them an optimal partner to conduct this work. FCCs and FFNs receiving state payments will be targeted for the landscape analysis. CCALA is distinctively qualified to reach this audience because of their role as an administrator of these payments. They are immediately ready to reach these individuals for data collection. Much of this work is heavily relationship-based, and the ability to leverage the existing and trusted relationships between CCALA and the R&R agencies under it, and the providers in LA County will facilitate data collection efforts. This more direct means of communication between CCALA and providers will be a tremendous advantage in First 5 LA's ability to launch this work more expeditiously. Additionally, because CCALA is the umbrella organization of the R&R and Alternative Payment agencies, they have qualified and expert staff resources that have completed local evaluation work on LA County focused on home-based care and are also well-connected with other researchers who do the same.

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

The 2028 Strategic Plan continues its focus on ensuring children have high quality early care and education experiences and identifies First 5 LA's Best Start Communities as places to pilot strategies to improve care in home-based child care settings, both licensed and unlicensed.

NEXT STEPS:

Staff anticipates returning to the Board for action on the approval of the Strategic Partnership and seek authority to execute a contract with Child Care Alliance of Los Angeles at the July Board meeting.

Supporting Home-Based Care: Creating a More Equitable & Inclusive Early Learning System

Becca Patton, Gina Rodríguez & Kevin Dieterle, ECE Team



Objectives

- Provide background & context of home-based care
- Share what we have learned & takeaways
- Provide an update on the home-based care landscape analysis & Strategic Partnership:
 - Multi-year Strategic Partnership with CCALA
 - 12-month contract to conduct the landscape analysis
- Learn from the discussion
- Share next steps

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Strategic Plan and Impact Framework

Result: Children have high quality early care and education experiences

Long Term System Outcomes: Quality, Accessible, Aligned, Sustainable

Short Term Markers of Progress:

- Increase capacity within a unified quality support system and include all provider types.
- Increase number of family child care and family, friend, and neighbor providers participating in quality support activities within Best Start geographies.

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Home-Based Child Care at a Glance

Includes licensed and unlicensed:

- Licensed: Family Child Care Home (FCC/FCCH)
- Unlicensed: Family, Friend, and Neighbor Care, Informal Care, Kinship Care (FFN)
- Majority of children receive care in home-based settings
- Home-based settings disproportionately serve infants & toddlers, the age group with lack of access that is most acutely felt by families
- Majority of workforce is women of color
- FFN care makes up approximately 50% of paid caregiving
- FFN is generally care to assist a family member or friend
- Traditionally not a community served in Los Angeles County's formal quality improvement efforts (i.e., QSLA)

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Quality Counts California: A New Mandate

- Building on First 5 CA's IMPACT initiative, IMPACT 2020 has an explicit mandate to serve the array of settings in which children receive care, including unlicensed care
- Quality Counts California (QCC) has reduced focus on rating; emphasized focus on quality improvement
- An equitable early learning system must prioritize home-based child care
- Quality improvement strategies to support home-based care providers should not be anchored to the QCC (QCC) Rating Matrix

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First 5 LA Learning & Takeaways

- System is largely dependent on FCC/FFN care
- During COVID - 49% of FCCs statewide report having been unable to pay themselves at some point
- 34% have taken on personal credit card debt to cover program expenses
- Providers that have reopened or plan to re-open estimate \$1,000-\$8,000 in re-opening costs to comply with health guidelines
- Existing Resource & Referral infrastructure and capacity of County and municipal governments inadequate to support child care
- Increased recognition of early learning workforce is essential, but issues of equity in compensation and working conditions remain
- Infrastructure for accessible, real-time data does not currently exist

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COVID: Supporting Home-Based Providers

- ECE COVID response team organized distribution of over 3 million supplies through the Resource & Referral agencies
- Philanthropic pooled funding provided stipends to LA Family Child Care Providers United (LAFCCPU)
- \$15 million from LA County & LA City for small grants to FCCs
- ECE COVID response team organized over 3,500 calls made to providers for vaccination outreach
- Hold harmless for providers and waiving family fees

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First 5 LA Learning & Takeaways

- Family Child Care (FCC) and Family, Friend & Neighbor (FFN) care is essential to CA's mixed-delivery early learning system.
- Home-based care has more flexibility to meet the needs of families (non-traditional working hours, linguistic needs, etc.).¹⁰⁷
- Do we know enough to support this segment of the ECE workforce?
- What is working well in home-based care and how can these aspects be strengthened?

First 5 LA Uniquely Positioned

- Catalyzer to bring about fundamental change – move forward with partners inside & outside of QSLA
- Convener & connector
- Leverage & align existing and emerging quality support opportunities
- Ensure family & community voice drive programmatic strategies

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First 5 LA Convened Partners to Design the Scope of the Landscape Analysis

- LA County Office of Education (LACOE)
- Child Care Alliance of Los Angeles (CCALA)
- Childcare Resource Center (CCRC)
- All Our Kin (provided technical assistance)

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Landscape Goals

- Increase understanding of the demographics and needs of the home-based child care (HBCC) sector in Los Angeles County
- Increase understanding of families accessing home-based child care in Los Angeles County and their reasons for choosing HBCC
- Identify successes in HBCC and barriers that limit supply, quality, and sustainability of home-based child care in Los Angeles County
- Identify and disseminate potential strategies that can be piloted to increase the supply, quality, and sustainability of home-based child care in Los Angeles County
- Identify and promote policies that prioritize home-based child care in Los Angeles County

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Landscape Analysis

- Landscape analysis will inform home-based quality support strategies
- Best Start Communities identified as geographic areas of highest priority
- Working with QSLA partners to inform strategy for landscape and programmatic implementation

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Next Steps

- Strategic Partnership with CCALA
(Network of Resource & Referral /Alternative Payment Agencies)
- Duane Dennis will provide expertise to build F5LA Internal Capacity (ECE Team, Integrated Teams, ECE Provider Advisory Council)
- Support and Technical Assistance for ECE Provider Advisory Council
- Board Action at the July Commission Meeting to execute the CCALA Strategic Partnership & move forward with the landscape analysis contract

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Child Care Unfiltered Video

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Guiding Questions for Discussion

- What are you hoping to learn about home-based care providers & the families they serve?
- Based on what is learned, how can the results of the landscape be used to inform our work?

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Discussion

Appendix - Landscape Research Questions

1. Who are Los Angeles County's home-based child care providers (HBCC)?
2. Who are the children and families that Los Angeles County's home-based child care providers serve? How do they view their provider?
3. How do Los Angeles County's home-based child care providers currently access resources, services, support, networks?
4. What do Los Angeles County's home-based child care providers need to become a successful family business? What are the barriers to success?
5. How has COVID-19 changed the experiences of Los Angeles County's home-based child care providers and the children and families they serve?
6. What policy changes are needed to build a stronger, more sustainable sector for the future? (will be determined from what is learned in the scan)

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First 5 LA

SUBJECT:

2021 State Budget, Advocacy and Policy Priorities

BACKGROUND:

In February, Commissioners approved First 5 LA's 2021 Policy Agenda, the first set of revisions to the Policy Agenda since 2017. Following adoption of the refined agenda, First 5 LA, through the Office of Government Affairs and Public Policy (OGAPP), has conducted advocacy for policies that support children and families, and that will ultimately help achieve the Four Results for Children and Families featured within the 2020-2028 Strategic Plan. Advocacy has occurred through multiple channels, including administrative opportunities, budget shaping and legislative support. Below is a discussion of the major advocacy OGAPP has undertaken this legislative session, organized by the medium through which that advocacy took place.

Administrative advocacy: Through administrative advocacy, OGAPP has shared First 5 LA policy and government affairs priorities with state departments and agencies, advocating directly for the implementation of rules, regulations and policies that support the needs of young children and families. Examples of OGAPP administrative advocacy includes:

- ***California Department of Education transition:*** All child care and development programs, except for California State Preschool Programs, are set to transfer from the California Department of Education (CDE) to the California Department of Social Services (CDSS) starting on July 1, 2021. The goal is for a more integrated and coordinated system of care to achieve the goal of promoting a high-quality, affordable system designed to comprehensively and effectively serve children, families, and the child care and development workforce. Throughout the transfer planning process, CDSS has held various stakeholder meetings to discuss, among other things, programmatic and administrative transition to ensure seamless continuity of services, equity within child care programs, and alignment with recommendations from the Master Plan for Early Learning and Care. These meetings have given members of the child care community an opportunity to voice concerns and recommendations on how to best transfer vital child care programs. Throughout the community engagement process, OGAPP participated in transfer calls and monitored the transition. When the draft of the transition plan was released, OGAPP participated in the meeting coordinated by First 5 Association to discuss major themes and priorities and develop specific feedback to the transition plan draft. With the transition date near, OGAPP will continue to both monitor and work with CDSS as it looks for ways to continue aligning and coordinating programs to best serve children and families.
- ***Master Plan for Early Learning and Care:*** Last December 2020, California Health and Human Services released the Master Plan for Early Learning and Care: Making California for All Kids to guide the development of a comprehensive early learning and care system for the state. The Master Plan serves as the state's roadmap to ensure all children now only have access to high-quality learning and care resources, but also that the ECE workforce has equitable opportunities that advance outcomes for children. Before the Master Plan was released, the OGAPP, the Center for Child and Family Impact and First 5 Policy Center provided valuable information and guidance for the development of its goals and objectives. Once the Master Plan was released, OGAPP started tracking and looking for ways to align the plan's goals with our legislative priorities and address gaps seen in the Master Plan, such as a stronger emphasis on infant and toddlers. Because this Master Plan aims to achieve its goals in the next ten years, this has provided both OGAPP and the ECE Coalition time to think about the

long-term strategies needed to support the development of a truly comprehensive birth-to-five system in California.

- *California Advancing and Innovating Medi-Cal (CalAIM)*: CalAIM is a set of broad-based reforms to California's Medicaid system, known as Medi-Cal, with goals that include improving the quality of services beneficiaries receive, more holistically supporting the program's highest utilizers and, overall, bringing down costs to the state. Throughout the CalAIM process, OGAPP has conducted advocacy to ensure state policymakers incorporate provisions within this effort that would benefit children and families. Now, after a year-long delay due to the COVID-19 pandemic, implementation is beginning, and as this occurs, OGAPP will continue working to shape and refine key aspects of CalAIM. For example, in response to proposals for Enhanced Care Management (ECM) and In-Lieu of Services (ILOS), First 5 LA advocated that young children and pregnant and post-partum women be included as populations of focus within the ECM benefit, and that evidence-based home visiting be added as one of the ILOS's health plans must provide. Internally, OGAPP has also been working with First 5 LA's Center for Child and Family Impact and Center Support Team to prepare for implementation of these CalAIM proposals in LA County. Finally, OGAPP has continued monitoring and responding to, both in writing and through public comment, CalAIM's Foster Care Model of Care workgroup, which continued to convene virtually during the pandemic. As that group moves toward finalizing its recommendations and proposals for supporting foster youth in the state, OGAPP has advocated for an approach that focuses on prevention, especially through the statewide adoption of evidence-based prevention models for pregnant women and families with young children.
- *California state Medi-Cal Waivers*: This year, California is renewing the waivers that govern its statewide Medicaid program, known as Medi-Cal. With current waivers expiring, the state is seeking federal approval for updated waivers in order to implement and operate aspects of CalAIM. As the state Department of Health Care Services was developing and preparing to submit the updated 1115 and 1915(b) waivers, First 5 LA advocated that the Medi-Cal system directly prioritize young children and families. Specifically, OGAPP advocated that the Medi-Cal waivers include provisions acknowledging children ages prenatal to 5-years old are a special population, even within the cohort of children more broadly defined. Along with this designation, young children should receive presumptive eligibility for all Medi-Cal services, particularly because, with the brain developing rapidly in the first five years of life, waiting for the accumulation of deficits that reach particular thresholds before families can receive certain care can harm optimal growth and development. OGAPP also advocated that Medi-Cal provide direct financial supports to pregnant women served by the program. Such a universal basic income pilot would help alleviate the worst impacts of family economic instability, including trauma and adversity that negatively effects child development and maternal health. First 5 LA advocacy cited real-world examples in its waiver feedback, including basic income programs in Jackson, Mississippi and Stockton, California, for example, that have helped recipients cover daily expenses, purchase school supplies for their children, and access healthier food options. Furthermore, direct financial payments to families through the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act and American Rescue Plan (ARP) helped reduce family anxieties during the pandemic and improved the ability of families to buy food and pay household bills.
- *Medi-Cal Managed Care Plan Reprourement*: California is currently in the process of reprocurring contracts for commercial managed care plans (MCPs) that provide Medi-Cal services. The state has never before undertaken an effort to reprocur MCP contracts in every county, which it is doing through this process. For this reason, reprourement presents a largely unprecedented opportunity to advocate for health equity and the prioritization of children's health, among other 2021 Policy Agenda and First 5 LA priorities. After launching the reprourement last October, the state Department of Health Care Services has now released a draft Request for Proposal (RFP) that lays out local health plan obligations, including new requirements for plans to hire Health Equity Officers; conduct health equity

trainings for their staffs; and ensure greater emphasis on children's services, including preventative care. First 5 LA, led by OGAPP, in partnership with the Center for Child and Family Impact, the First 5 Association and Health Management Associates, is currently developing a draft set of responses to the RFP. This includes calling on Medi-Cal to prioritize health plans that have strong records in promoting child health and closing disparities when awarding contracts. As implementation of the new contracts begins later this year and into 2022, OGAPP will continue advocating for priorities around additional incentive and accountability measures to ensure plans meet requirements under the federal Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) benefit. EPSDT requires that young children served by Medi-Cal receive a suite of preventative services that promote optimal development. However, despite clear statutory obligations, health plans are not currently ensuring all children receive this important care, and children of color are least likely to receive preventative services. The procurement process, which will govern the MCP contracts, provides a vital opportunity to ensure full compliance with preventative care obligations.

- **Advocacy to state committees, stakeholder meetings and agency convenings:** OGAPP has continued to monitor and provide feedback to relevant legislative and budget committees, as well as the wide range of state department convenings and stakeholder meetings, such as the Department of Health Care Services' Stakeholder Advisory Committee (DHCS SAC), Medi-Cal Children's Health Advisory Panel and Interagency Coordinating Committee, among others. Through these forums, First 5 LA has spoken to the importance of supporting families, treating children ages prenatal to 5-years old as a special population; and ensuring adequate access to health and early learning resources, as well as advocacy for pertinent Policy Agenda priorities.

Budget (Note: this memo may not reflect the most up-to-date information, as OGAPP submitted all Board materials due prior to the governor signing a final state budget. Thus, the information contained in this memo is a moment in time reflection of current budget negotiations. OGAPP will present all relevant updates during its presentation to the Board and provide a real time updated memo with analysis when a final budget is signed.)

On May 14, 2021, Governor Newsom unveiled his May Revision to the state budget. Dubbed the "California Comeback Plan," the governor's proposal featured total spending of \$267.8 billion, a more than \$40 billion increase from his January budget proposal. Early in the COVID-19 pandemic, state officials predicted a devastating and long-lasting recession, forecasting a \$54 billion budget deficit for the coming fiscal year. Now, 14-months after the initial COVID-inspired economic shutdown and in a major reversal from the most dire forecasts, the 2021 May Revision featured a record state budget surplus of \$75.7 billion, resulting primarily from the stock market's strength and greater than expected income tax revenues from high-income earners. Additionally, California received \$27 billion in federal resources through the American Rescue Plan, leaving the state with approximately \$100 billion in previously unexpected revenue. OGAPP's memo summarizing the May Revision and all relevant budget proposals is attached.

After the governor released his budgetary framework, the Legislature, on June 11, released its own budget proposal, as the state Constitution requires. The Legislature's proposal contained total spending of \$264.1 billion, largely in line with what Governor Newsom seeks to spend. The two sides are now negotiating final details, and while the frameworks feature many similar proposals indicating broad agreement between lawmakers and the administration, on several First 5 LA priorities, the Legislature's budget proposed significant changes compared to the May Revision:

- **Rate reform:** The Legislature proposed an additional \$1.1 billion above the May Revision to implement Child Care Rate Reform for child care and state preschool providers. Inclusion of this funding in the final budget would help more fairly compensate early learning providers, especially after the additional costs they have incurred due to the COVID-19 pandemic.

Importantly, though, neither the Legislature's proposal nor the May Revise include crucial systems changes that would establish alignment between the state's current two rate structures. This unaligned system is a root challenge that continues to perpetuate unfair wages, and creating an equitable system that reflects the true costs of caring for infants and toddlers is a crucial advocacy priority for First 5 LA. As such, First 5 LA is supporting SB 246 (Leyva), which features the important reforms to the child care rate reimbursement system that will create a fairer system of compensation (see the *Legislative* section of this memo for more details on this legislation).

- *Child care seats*: The May Revise proposed to fund 100,00 new child care seats, whereas the Legislature funded 206,500 new seats. The ECE Coalition will continue to prioritize increase child care spaces due to the significant need families across the state continue to face each year.
- *Universal Transitional Kindergarten*: The governor's May Revise proposed spending approximately \$900 million General Fund in 2022-23 to begin a phase-in approach to universal Transitional Kindergarten, growing that funding to \$2.7 billion in 2024-2025. The Legislature proposed a one-year delay to implementation compared to the May Revise, opening Transitional Kindergarten to all families with young children in 2025-2026.
- *Public Health infrastructure*: The Legislature proposed to provide \$200 million in funding for local health jurisdictions, state public health functions and public health workforce development, as well as an HIV/AIDS prevention program. Broadly, this funding would help build a more modern and equitable public health infrastructure in California, important after the COVID-19 pandemic exposed how insufficient the current system is. Public Health advocates also lobbied intensely for inclusion of direct funding to the state's public health systems and infrastructure, which they felt the May Revise failed to prioritize.
- *Food for All*: The Legislature proposed to expand eligibility for state-funded nutritional benefits to undocumented residents: Californians without legal status are currently unable to access CalFresh, California's Supplemental Nutrition Assistance Program (SNAP), which is especially concerning as rates of food insecurity have increased significantly during the pandemic. The May Revise did not feature such a proposal.
- *CalWORKs Home Visiting program*: The Legislature proposed to reinstate \$30 million in "ramp-up" funding for the program this year, which the governor wanted to eliminate. The restoration of this funding secures a key First 5 LA policy priority, as protecting the CalWORKs home visiting program from budget cuts was a significant focus of Advocacy Day meetings with legislators and their staffs, as well advocacy to the Newsom Administration.
- *Telehealth*: The Legislature proposed to adopt budget trailer bill language that aligns with AB 32 (Aguiar-Curry), which would permanently continue payment parity between audio-only and virtual health services (see the *Legislative* section of this memo for more details on this legislation). This reimbursement policy has occurred throughout the declared public health emergency (PHE) due to COVID-19. However, based on recommendations from the Department of Health Care Services, the May Revise proposed to reimburse audio-only telehealth services at 65 percent of the fee-for-service rate once the pandemic ends.
- *Paid Family Leave*: Families participating in California's Paid Family Leave (PFL) Program currently receive 60 to 70 of the wages they earn when they take time-off from work to care for a new child. However, that level of wage replacement is now set to drop to 55 percent, due to the expiration of previously passed legislation. In response, the Legislature's budget proposes to maintain the current level of wage replacement for one additional year. The May Revise did not feature any measures related to family leave policies. In the longer-term, First 5 LA is supporting AB 123, which would permanently raise the PFL's program level of wage

replacement to 90 percent of wages earned (see the *Legislative* section of this memo for more details).

After more than a year of intense and largely unprecedented challenges resulting from the COVID-19 pandemic, a robust policy response is necessary to support families, particularly families in the most impacted communities of color. As such, California's record surplus this year is particularly fortunate, and through their spending priorities, the Legislature and Administration have demonstrated they understand the depth of difficulties facing many families.

With the contours of the final state budget now becoming clearer, there appears not necessarily to be a comprehensive approach to supporting families, with policymakers instead providing funds to a myriad of individual services, programs and supports that are often disconnected or difficult to navigate and utilize. While the funding will undoubtedly benefit young children, implementation will be especially important this year, because if families cannot actually access or receive supports, the funding itself becomes much less effective. Due to the state's strong financial situation, California has a once-in-a-generation opportunity to build more effective systems, invest in families, and support our youngest children. First 5 LA, with OGAPP as the led entity, will continue to help policymakers connect the dots between currently disparate funding streams and priorities, and in the process build a more seamless and integrated systems of care infrastructure that holistically supports children and families. Internally, OGAPP will work closely with the Center for Child and Family Impact to support implementation of key budget items locally in Los Angeles County, partnering to develop strategies with local health plans that ensure families can receive care from newly state-funded doulas and community health workers, and access new dyadic care benefits through Medi-Cal, for example.

As California begins to move beyond the worst of the COVID-19 pandemic, policymakers must also ensure the state's path forward includes universally targeted and on-going supports for families, particularly in the most impacted communities of color. People of color have not only experienced higher rates of infection, hospitalization and death from the virus itself, but also disproportionately faced the economic disruptions, housing insecurities and mental health concerns that the pandemic has caused. First 5 LA will continue to focus our advocacy on ensuring policymakers robustly support the essential infrastructure necessary to strengthen the Whole Child and Whole Family framework connecting systems of care.

Legislative: First 5 LA is supporting several state bills in alignment with the 2021 Policy Agenda, as well as monitoring the progress of others, looking for opportunities to further shape and refine the proposed legislation.

- **SB 246 (Support):** This bill would establish a single regionalized state reimbursement rate system, called the Child Care Stabilization Formula, for early care and education services. Currently, California has two different and unaligned systems for funding the state's early learning services. Child care providers meeting Title 22 standards are reimbursed using a Regional Market Rate (RMR) that accounts for geographic economic cost factors, while directly state-contracted early learning centers that meet both Title 5 and Title 22 standards are reimbursed at a flat Standard Reimbursement Rate (SRR). Under this current unaligned system, providers receiving the SRR are required to meet more stringent training and program standards but are reimbursed at a lower rate than those receiving the RMR. In addition, both systems have inadequately low reimbursement rates hindering the state's ability to compensate teachers and providers for the true cost of providing services. These two factors have also limited California's ability to retain a stable early learning workforce and maximize program quality.
 - Current status: ASSEMBLY HUMAN SERVICES COMMITTEE
- **AB 92 (Support):** The bill would convene a workgroup of, among others, parents, childcare providers to develop an equitable family fee schedule. It would also require the family fees to

not exceed 1% of the family's monthly income and exempt families with an adjusted monthly family income below 75% of the state median family income from family fees. Finally, this bill would waive family fees for all families until October 31, 2023 and would prohibit the reduction in family fees from being absorbed by direct service contractors or family childcare providers and would also prohibit the number of childcare vouchers and contracted spaces from being reduced on account of the reduction in family fees.

- Current status: SENATE EDUCATION COMMITTEE
- **SB 316** (*Support*): This bill would allow Medi-Cal to reimburse Federally Qualified Health Clinics (FQHCs) and Rural Health Clinics (RHCs) for two services when a patient receives a medical visit and mental health or dental visit on the same day at the same clinic location. As such, it will increase access to mental health supports that are crucial after more than a year of unprecedented challenges caused by the pandemic, especially for families in most impacted communities of color. Black and Latino families have faced higher levels of sickness and death from COVID-19, and the trauma and grief from losing loved-ones and social isolation during stay-at-home order will carry on even as direct public health threats from the virus recede. Currently, Medi-Cal will only reimburse FQHCs for one service provided per patient visit, which creates barriers to care because families often must return to the clinic on a subsequent day to receiving necessary behavioral or mental health supports. As such, SB 316 will allow for greater access to mental health supports and create a more comprehensive and integrated system of care of FHQCs and RHCs.
 - Current status: ASSEMBLY HEALTH COMMITTEE
- **AB 123** (*Support*): This legislation would increase wage replacement provided by the California Paid Family Leave Program to 90 percent of a new parent's wages, up from the current level of between 60 and 70 percent of earnings. Increasing the level of wage replacement families receive through the state's Paid Family Leave program will allow more parents to take time-off from work to be with their child, crucial because positive attachments between parent and child, as well as parent-child bonding at the earliest stages of life, promote optimal health, well-being and developmental outcomes in children.
 - Current status: SENATE COMMITTEE ON LABOR, PUBLIC EMPLOYMENT AND RETIREMENT
- **SB 17** (*Watch*): This bill would establish a state Office of Racial Equity. First 5 LA currently features this bill as a "watch" position because OGAPP wants to understand what this Office's specific priorities and responsibilities would be, and how it would prevent the state's broader equity focused work from becoming siloed within it.
 - Current status: ASSEMBLY COMMITTEE ON ACCOUNTABILITY AND ADMINISTRATIVE REVIEW
- **AB 65** (*Watch*): This bill would create a statewide Universal Basic Income program to provide certain residents with \$1,000 each month. As such, the bill aligns with First 5 LA's 2021 Policy Agenda priorities around family economic security. However, OGAPP has focused its advocacy efforts administratively, calling for California to prioritize new mothers served by Medi-Cal and their children for receiving direct financial supports. AB 65 also does not currently feature a funding mechanism, leaving perhaps the single most important implementation question unanswered as of now. For these reasons, the legislation is currently featured as a "watch" position.
 - Current status: ASSEMBLY APPROPRIATIONS COMMITTEE
- **AB 32** (*Watch*): This bill would require the state to permanently continue all pandemic-related flexibilities related to telehealth that it temporarily implemented during the declared public health emergency caused by COVID-19. OGAPP is monitoring to the bill understand the Legislature's priorities on telehealth, and lawmakers incorporated its language into the Legislature's budget proposal. The administration previously incorporated a separate proposal from the Department of Health Care Services into the May Revise, that leaves certain components of AB 32 out, setting up a debate between lawmakers and the governor (see *Budget* section of this memo for more information on telehealth).

- Current status: SENATE HEALTH COMMITTEE
- AB 22 (*Watch*): This bill would extend universal access to full-day transitional kindergarten (TK) programs to all 4-year olds statewide, while also implementing TK quality improvements to address the social-emotional and early academic development of young children. OGAPP is monitoring this bill as it not only aligns with a significant priority of the Governor's 2022-2023 state budget, but also with the goals and priorities of the Master Plan for Early Learning and Care.
 - Current status: SENATE- PENDING REFERRAL
- AB 321 (*Watch*): This bill would authorize a part-day California state preschool program to provide services to 3- and 4-year-old children in families whose income is above the income eligibility threshold if those children come from a family in which the primary home language is a language other than English. The bill would also require that priority be given to a family in which the primary home language is a language other than English be admitted first if there is no family of the same priority with a child with exceptional needs. While the bill seeks to increase ECE access to young children, OGAPP is monitoring this bill to understand how an increase in eligibility for families above the current income eligibility threshold will impact the supply and demand of state preschool services.
 - Current status: ASSEMBLY HUMAN SERVICES COMMITTEE

2021 State Budget, Advocacy and Policy Priorities

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June 24, 2021



Discussion Overview

- Update Administrative Advocacy Priorities.
- Update State Budget proposals, negotiations and process.
- Highlight State Legislative priorities and roadmap through end of 2021-22 Session.
- Preview October PPC and November Board Meeting action on 2022 Policy Agenda Refinement.

First 5 LA State Policy Priorities in 2021

Advancing New Priorities:

- Stabilizing and safeguarding funding for early childhood programs and increasing equity across systems.

Influencing Administrative Policy Priorities, Development, and Implementation:

- Advancing the Master Plan for Early Learning and Care and align implementation to progress whole child and whole family priorities.
- Monitoring and informing the transition of child care programs to the Department of Social Services.
- Elevating early childhood development in the Medi-Cal Managed Care Plan contract procurement.

Advancing priorities on First 5 LA's 2020 Advocacy Agenda:

- Coordination of CalWORKs and public health home visiting.
- Developmental and ACEs screening incentive payments.
- ACEs Aware training, and outreach.
- Job Protected Family Leave.
- Prioritize child care family fees and a harmless provision for child care providers.
- Address racial equity in Quality Rating Improvement System (QRIS).

2021-22 Administrative Priorities: Health Systems

- **California Advancing and Innovating Medi-Cal (CalAIM):**
 - Policy shaping.
 - Co-developing strategies for implementation locally.
- **Medi-Cal Waivers:**
 - Children prenatal to 5-years old are a special population.
 - Direct financial supports for pregnant and postpartum women served by Medi-Cal.
- **Medi-Cal Managed Care Plan Reprocurement:**
 - Prioritize children's health services.
 - Prioritize equity in health and closing disparities.
- **Agency and department convenings and stakeholder meetings:**
 - Regular opportunities to communicate and advocate for First 5 LA Policy Agenda priorities.

2021-22 State Budget Priorities: Health Systems

	Governor's May Revise	Legislature's Proposal
Telehealth	Reimburse for audio-only telehealth visit through Medi-Cal at 65 percent of the Medi-Cal rate for the service rendered in fee-for-services.	Reject administration-proposed trailer bill on telehealth and instead utilize language consistent with AB 32.
Extended Medi-Cal eligibility for post-partum individuals	\$90.5 million in 2021-2022 and \$362.2 million annually between 2022 and 2028 to extend Medi-Cal eligibility for post-partum individuals from 60 days to 12-months.	Approve proposal to extend Medi-Cal eligibility for post-partum individuals.
Dyadic care services in Medi-Cal	\$200 million in total funds ongoing to provide dyadic care services through Medi-Cal.	\$800 million to support addition of dyadic services as a Medi-Cal benefit.
California Advancing and Innovating Medi-Cal (Cal AIM)	\$1.6 billion total funds in 2021-2022 and \$1.5 billion total in 2022-2023 to implement CalAIM.	Approves funding for CalAIM, with certain programmatic modifications.

*shaded proposals indicate differences between proposals in negotiation

2021-22 Legislative Priorities: Health Systems

Support positions:

SB 316: Reimburse Federally Qualified Health Clinics and Rural Health Clinics for two services when a patient receives a medical visit and mental health or dental visit on the same day at the same clinic location.

Priority watch positions:

SB 17: Establish a state Office of Racial Equity.

AB 32: Require the Department of Health Care Services to permanently continue telehealth flexibilities put in place during the COVID-19 pandemic public health emergency.

2021-22 State Budget Priorities: Family Strengthening

	Governor's May Revise	Legislature's Proposal
Paid Family Leave	No proposal included.	Extend AB 908 for one-year to ensure families continue receiving 60-70 percent wage replacement through California's Paid Family Leave program.
CalWORKS Home Visiting	Implement a one-time reduction of \$30 million from the CalWORKS Home Visiting program first passed in the final 2020 state budget.	Reinstate the previously eliminated \$30 million in "ramp-up" funding for the program.
Doula services	\$403,000 in 2021-2022 and \$4.4 million annually to add Doula services as a covered benefit in the Medi-Cal program, effective January 1, 2022.	Approve funding of Doula services as a Medi-Cal covered benefit.
Community Health Workers	\$16.3 million in 2021-22 and \$201 million annually by 2026-2027 to add Community Health Workers to the class of health workers who are able to provide benefits and services to Medi-Cal beneficiaries effective January 1, 2022.	Approve funding to provide Community Health Workers in the Medi-Cal program.
CalWORKs cash grants	\$142.9 million in 2021-2022 to fund a 5.3-percent increase in the maximum level of CalWORKs cash grants.	Approve the 5.3-percent increase in the maximum level of CalWORKs cash grants, as proposed by the May Revise.

*shaded proposals indicate differences between proposals in negotiation

2021-22 Legislative Priorities: Family Strengthening

Support positions:

AB 123: Increase wage replacement through the state's Paid Family Leave program to 90 percent of a new parent's wages.

Priority watch positions:

AB 65: Create a statewide Universal Basic Income program in California that provides certain residents with \$1,000 each month.

2021-22 Administrative Priorities: ECE

- **Transfer of childcare programs from California Department of Education to Department of Social Services.**
 - Transfer effective date July, 1, 2021.
 - Align and coordinate programs to best serve children and families.
- **Master Plan for Early Learning and Care recommendations advancement.**
 - 10-year Master Plan recommendations.
 - Track and align efforts with OGAPP and ECE Coalition on legislative priorities.
- **Department of Education and WestEd development of integrated services and community wellness centers.**

2021-22 State Budget Priorities: ECE

	Governor's May Revise	Legislature's Proposal
Child Care Spaces	100,000 ongoing subsidized child care spaces across state-funded programs.	206,500 spaces in Alternative Payment, General Child Care, Migrant Child Care, bridge program for foster children, and prioritizes ongoing vouchers for essential workers currently receiving short-term child care.
Universal Transitional Kindergarten	Creates a "14th grade of public education" by 2024-25 a series of investments beginning in 2022-23. <ul style="list-style-type: none"> • \$900 M in 2022-23, which will grow to \$2.7 B by 2024-25. • \$250 million one-time Proposition 98 GF for planning and implementation grants for all local educational agencies. • \$380 million to reduce staff ratios. • \$10 million one-time to update the Preschool Learning Foundations. 	Adopts universal Transitional Kindergarten (TK) as part of a mixed delivery system, phasing in expanded age eligibility to full implementation in 2025-26 and rebenching the Proposition 98 Guarantee to provide ongoing funding for the TK expansion of approximately \$2.7 billion at full implementation.
Child Care Rate Reform:	No proposal included.	\$1.1 billion in ongoing funds to implement Child Care Rate Reform for child care and state preschool providers.
Key One-time, COVID-related, Investments	Via federal Second Coronavirus Response and Relief Supplemental Appropriations (CRRSA), allocates a number of one-time investments including Family fee waivers for eligible families beginning July 1, 2021 through June 30, 2022, continued hold harmless through June 2022, one-time stipends (\$3,500-\$6,000) for licensed providers, and \$10.6 million for early childhood mental health consultation.	Approve one-time investments to stabilize providers growing out of the pandemic.

2021-22 Legislative Priorities: ECE

Support positions:

AB 92: Establish a more equitable sliding scale for family fees.

SB 246: Create a single, regionalized state reimbursement rate for child care, preschool, and early learning services.

Priority watch positions:

AB 22: Expand Transitional Kindergarten.

AB 321: Require that a family whose primary language is other than English receive priority for preschool and child care enrollment if there is no family of the same priority with a child with exceptional needs.

2021-22 State Budget Priorities: Communities

	May Revise	Legislature's Proposal
Homelessness	\$6.8 billion to address a broader portfolio of housing supports to help end homelessness in California. Includes \$2.75 billion over two years for additional acquisition and rehabilitation of facilities through Project HomeKey, of which \$1 billion would be intended for families experiencing homelessness or who are at risk of becoming homeless. An additional \$5.2 billion in federal funds would be used to support rental and utility assistance.	Provides \$8.5 billion in new funding for homelessness programs over the next two years. Includes \$1 billion in ongoing support for local governments to address homelessness, with over \$1 billion for various programs operated out of the Department of Social Services, and \$1.2 billion in federal ARPA funds for Project Homekey.
Immigration	\$105.2 million General Funds to continue a Rapid Response Program at the California Department of Developmental Services. An additional \$25 million for Undocumented Accompanied Minors through the Opportunities for Youth pilot project, legal services, state operations for the programs, and the California Newcomer Education and Well-Being program.	Approves the May Revise's proposal of \$105.2 million to continue a Rapid Response Program.
Food security	No proposal related to CalFresh eligibility and immigration status.	\$550 million in ongoing support to provide state-funded nutrition benefits to those ineligible for CalFresh or the California Food Assistance Program solely due to immigration status.

*shaded proposals indicate differences between proposals in negotiation

2021-22 Legislative Priorities: Communities

Priority watch positions:

AB 221: Requires the California Department of Social Services to provide a food assistance benefit statewide to low-income California residents, regardless of their immigration status.

SB 108: Establishes policy of the state that every human being has the right to access sufficient, affordable, and healthy food and requires all relevant state agencies to consider this policy when revising, adopting, or establishing policies, regulations, and grant criteria.

SB 4: Approves funding for infrastructure projects that will provide broadband access to no less than 98 percent of California households

AB 339: Requires public meetings to allow for the option of the public to attend meetings via a telephonic option or an internet-based service option, and to be able to provide public comment.

SB 274: Requires local agencies to provide local agency meeting materials by email to persons who request it, if technologically feasible.

What Comes Next

July

- 2021-22 final state budget goes into effect July 1 when California's new fiscal year begins.
- Deadline for Medi-Cal Managed Care Plan Request for Proposal feedback.
- State Legislature Policy Committees resume holding hearings and face a July 14 deadline to pass bills out of their jurisdictions.

August

- Legislature reconvenes on August 16 after conclusion of the summer recess.
- Budget Committee could bring up "junior" budget bills to determine spending related to federal funding and resources.

September

- Legislature faces September 10 deadline to pass bills; Governor has the rest of September to sign or veto any passed bills.
- Final meeting of CalAIM workgroups.

Activities and Engagement Opportunities

- Budget negotiations may continue through June 30th
- Continue legislative advocacy through to October 10th veto deadline.
- Refinement and development of 2022 Policy Agenda.
- Strategy alignment for 2022 advocacy priorities.



Questions and Discussion